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

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| Date:  Time:  Venue:  Chaired by: | Thursday 27th September 2018  2.30pm – 4.30pm  Indigo Room, Dr. Steeven’s Hospital  Ms. Anne O’Connor, Deputy Director General Operations  Ms. Phil Ni Sheaghdha, General Secretary, INMO |
| Attendees  On Teleconference | * Ms. Anne O’Connor (AOC), Co-Chair * Ms Phil Ní Sheaghdha (PNS), Co-Chair * Mr. Joe Ryan (JR) * Mr. Liam Woods (LW) * Ms. Angela Fitzgerald (AF) * Ms. Grace Rothwell (GR) * Professor Garry Courtney (GC) * Dr Gerry McCarthy (GMcC) * Dr David Hanlon (DH) * Mr David Walsh (DW) * Dr Kevin Kelleher (KK) * Mr Martin Dunne (MD) * Mr Paul Bolger (PB) * Mr Stephen Mc Mahon (SMcM) |
| Apologies | * Dr Vida Hamilton * Ms Mary Day |
| Opening Remarks | AOC welcomed all attendees and introduced the session. |
| Agenda Item |  |
| 1. Draft minutes and actions from meeting held 15th June 2018 |  |
|  | AOC referenced the circulated minutes and actions from the last ED Taskforce meeting dated 15th June 2018 and requested agreement for sign-off. No issues addressed with previous minutes and AOC signed off on same. |
| 1. Current performance / activity overview – August 2018 data |  |
|  | GR presented an overview of current performance for August 2018 and year to date.  Particular reference was made to increases in ED attendances and admission (total and 75+ years old cohort).  SMC spoke of the recent USC Care Forum and asked if it was intended to share the learning arising. GR confirmed same.  PNS raised concerns regarding the trolley figures as presented by GR noting that same excluded ward trolleys. AF advised that on Monday GUH had 46 reported trolleys in their 8 am count and that 10 ward trolleys were included in this count. General discussion re the SDU morning count and the IMNO Trolley Watch took place, PNS advised that she was meeting with the SDU over the coming weeks to further discuss the matter in the context of a number of specific sites.  PNS noted that she does receive a daily FCP report but proposed that the focus should be on de-escalation, and on use of normal capacity. LW agreed and noted that Escalation was an ‘extraordinary measure’.  AOC advised of a recent Emergency Medicine conference in Manchester where it was apparent that the NHS is facing similar challenges to ourselves.  AF noted that there is a need to distinguish between surge and FCP, however, if all capacity remains in use, cycle of escalation will continue.  PNS noted that there are Escalation policies in place and stated that hospitals have the right to cease all activity when in FCP. PNS noted that AMAUs were not functioning efficiently at present given use as surge capacity.  GC noted that some AMAUs were functioning but agreed that others were not due to ‘boarding’. There was some discussion on the hours of service of AMAUs and the variances that exist nationally.  KK asked why the HSE has not undertaken a study to identify the causal factors behind continually rising ED Attendances and noted that in the Netherlands hospitals ran at 80% occupancy and were no older than 20 years old and comprised single ensuite accommodation.  GMcC requested approval for funding for a proposed research project to identify key casual factors behind ED Attendances. LW committed to discussing same with GMcC after the meeting with a view towards early progression.  PNS referenced admissions from Private Nursing Homes as an issue and reference the request for updated data as available data not complete, LW referenced an initiative in NHS ‘Starline’ where NH telephone ambulance prior to attending EDs and are triaged appropriately. Agreed to follow up and revert with requested data  PNS expressed the view that CIT provide a service that is publically run and not staffed or budgeted to provide such service to private nursing homes, that and that Private Nursing Homes are in effect private businesses and suggested that they are not currently employing the required appropriately qualified staff to manage the current demand. PNS recommended that a policy for Private Nursing Homes be developed to ensure that they manage unwell patients in a suitably resourced environment. PNS noted that the time and costs associated with transferring and admitting these patients are significant to the HSE.  DW noted there are Private Nursing Homes who would like to treat patients if they become unwell but suggested that costs were a factor.  Delayed Discharges by Hospital Groups were discussed, DDs are at a higher level and a recent study showed whilst there were delays to listing patient’s as DDs, there also was a need for increased funding.  LW noted the increased level of DDs currently listed and when funding and capacity are loaded into the management of DDs they can see results. LW recalled lowest number of DDs was 450, currently >600, and this cohort of patients are taking up significant acute capacity.  AF noted that there is a cohort if complex cases whilst they may not be high numbers they bed days usage for these patients is high.  PNS asked were children with complex discharges in all sites listed in the National DD portal, same was confirmed. |
| 1. Unscheduled Care Forum |  |
|  | AOC thanked GR and her team and all who participated in the organising of the USC forum and commented on the success of same.  GR informed group that thank you letters had been issued to all presenters and guest speakers.  GR presented the report on the USC forum noting the proposed areas of focus that arose under the themes of;   1. Factors influencing attendances 2. Factors influencing admissions; 3. Factors influencing the patient journey; and 4. Factors influencing discharge.   The areas of focus highlighted are as follows:   * Older persons * Community Intervention Teams * Whole System Overview – Integrated Working * Diagnostics * Discharging * The Acute Setting – Post Admission     ED taskforce members were asked to review the report and feedback to GR by Friday 12th of October.  There was some discussion by members around the presentations and the resultant report and the next steps.  AOC noted the action plan would be to cross reference the work already underway, to support and endorse priorities.  PB complimented the USC forum, he noted it was clear from the presentations that a high number of the initiatives were reliant on individuals and posed the question in terms of sustainability.  PB noted variation in composition and service delivery model, he queried the impact of variation on a standardised approach nationally.  AOC noted that hospitals operate FITT teams with different supports and structures in place.  LW noted that hospitals tend to link in with each other as shared learning but in turn establish what their structures and resources permit.  AF noted that whilst roles and responsibilities differ from each site that the outcomes and measurements should be the same. LW noted that evaluating the current work was very important.    GC questioned, have there been reviews done on initiatives that required funding if they are currently functioning , if not could they pull back the funding and issue it elsewhere.  AOC asked members to review the report as shared and reflect on discussions had and submit feedback to GR by Friday 12th of October. |
| 1. Update Capacity Proposal |  |
|  | JR advised that discussions were ongoing between DoH and DPER and the sense that with the budget approaching that it was unlikely that we would be advised of any additional funding in advance of same.  JR advised that HGs and CHOs were meeting with DDG and senior officials over the coming weeks to formally review their winter plans. AOC noted that the key component for this winter is for an integrated approach that works well.  GR confirmed that winter plans had been received from all HGs and CHOs to date.  PNS advised that it had been agreed at a recent WRC Session that winter plans would be presented here today.  Discussion ensued re winter preparedness and additional funding for capacity etc. and the status of each process, AOC confirmed that meetings were scheduled with HGs and CHOs for the coming weeks and that as it stood the HSE awaited confirmation of any additional funding for Q4 and beyond from DoH.  PNS questioned what components of the Winter Plan were contingent on funding and what was the lead time for same.  AF noted that some initiatives require funding and proposed that there should be a focus on egress options.  DW informed group that funding is required for HSPs and noted a lead in time for providers.  AF further noted the high volume of patients in the community awaiting HSPs and suggested a need to prioritise both acute and community demand.  PNS posed a question to DoH as to the funding provided for the capacity review and referenced the commitments in the service plan as published to deliver stated new beds in 2018 on time and on budget.  PB advised that DoH remained in discussions with DPER on funding, and acknowledged the requirement for additional funding for capacity measures noting that elements not achieved in 2018 will be included in 2019 plans.  PNS questioned if capacity is not available what measures are being put in place in hospitals, DW advised of the schedule of meetings planned with HGs and CHOs.  All present agreed that early clarity is required re any additional funding. |
| 1. Update Lessons Learned 2017/2018 |  |
|  | JR informed group that the Lessons Learned document has been submitted as a penultimate draft to DoH. |
| 1. Evaluation report of the 2017/2018 Flu Season |  |
|  | Dr Kevin Kelleher presented the Evaluation report of the 2017/ 2018. |
| 1. Emergency Medical Services |  |
|  | Mr Martin Dunne presented on the Emergency Medical Services (EMS) to Mobile Medical Services (MMS). |
| Next Meeting | DW concluded the meeting, Co-Chairs to discuss matters arising from the USC Forum and agree the next meeting date(s). |

**Actions:**

1. GMcC requested approval for funding for a proposed research project to identify key casual factors behind ED Attendances. LW committed to discussing same with GMcC.
2. LW referenced an initiative in NHS ‘Starline’ where NH telephone ambulance prior to attending EDs and are triaged appropriately. Agreed to follow up and revert with requested data.
3. ED taskforce members were asked to review the report and feedback to GR by Friday 12th of October.