

Approved Notes & Actions - ED Taskforce Implementation Oversight Group Meeting

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| Date: Time: Venue: Chaired by : | Monday 3rd July 2017 2.00pm – 4.00pm Indigo Room, Dr Steevens Hospital Mr. Tony O'Brien and Mr. Liam Doran, General Secretary, INMO |
| Members attending | <ul style="list-style-type: none"> • Mr Tony O'Brien (TOB), Co-Chair • Mr Liam Doran (LD), Co-Chair • Minister Simon Harris, Minister for Health (SH) • Dr Colm Henry (CH) joined the meeting at 2.15pm • Mr Paul Connors (PC) • Ms Tracey Conroy (TC) • Ms Grace Rothwell (GR) • Professor Mary Day (MD) • Mr John Hennessy (JH) • Mr Stephen McMahan (SMcM) • Professor Garry Courtney (GC) • Dr Gerry McCarthy (GMcC) • Ms Rosarii Mannion (RM) • Dr David Hanlon (DH) |
| Apologies | <ul style="list-style-type: none"> • Mr Liam Woods, Dr. Colm Henry in attendance as A/National Director • Mr Pat Healy • Ms Angela Fitzgerald • Mr Damien McCallion • Ms Stephanie O'Keeffe |
| Attendees | <ul style="list-style-type: none"> • Ms KathyAnn Barrett • Ms Marita Kinsella (MF) • Ms Sarah Cooney (SC) • Ms Noreen Moran (NM) • Ms Ann Martin (AM) • Sheila Corcoran Baxter – Secretariat |
| Opening Remarks | TOB welcomed Ms KathyAnn Barrett, Press Advisor to the Minister, to the meeting and introductions were made. |
| Agenda Item | |
| 1. Notes and Actions from Meeting 8th May 2017 | |
| | <p>TOB noted the Minutes and Actions arising from the previous meeting of 8th May 2017.</p> <p>JH noted two amendments under Primary Care, amendments as follows:</p> <ul style="list-style-type: none"> • Decrease in GP Out of Hours attendances in Q1 2017 of approximately 5% • 35,000 patient referrals to CIT and OPAT across all 13 sites - same is a full year projection. <p>Subject to these amendments the Notes and Actions were approved.</p> |

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| <p>2. Integrated Care Programme for Older Persons End of Year Report</p> | |
| | <p>Item 3 on the Agenda, GR referred to the document as circulated in advance of the meeting and the summary document included in meeting packs for today.</p> <p>GR gave a high level overview of progress to date as well as the key priorities for 2017.</p> <p>Discussion ensued, members keen to fast-track the roll-out of the programme and to see evaluation of impact.</p> <p>GC presented some detail on the roll-out of the programme to date in SLK and noted that 6 months data would be available for the next EDTF meeting.</p> <p>LD queried the different skillset of the different ICPOP teams nationally, GR to follow up with Social Care.</p> <p>LD asked why trolleys had increased in SLK in 2017 given the Acute Floor model, the ICPOP programme and the philosophy of 'seeing people at the front door'. GC responded noting the current challenges associated with the recent CRE outbreak.</p> <p>Members concurred that CRE represents a significant challenge.</p> <p>LD asked how long it would take to roll-out ICPOP to all sites. MD responded advising that was already underway in IEHG in this regard. LD asked what preparatory work could be undertaken today in Limerick as an example to fast-track the roll-out of the programme. Social care to provide an update for the next meeting.</p> |
| <p>3. Activity/Performance Overview, to include 30DMA (previously circulated)</p> | |
| | <p>CH provided an update in respect of year to date and May 2017 data, as circulated prior to the meeting. CH noted that ED attendances had increased for March, April and May 2017, and noted increased attendances by persons aged over 75 years in April and May 2017, and the corresponding impact on acute capacity, and performance.</p> <p>Discussion took place regarding the 'PET / Trolley quadrant', GMcC asked if the same quadrant could be produced based on AD Admissions, GR to explore.</p> <p>SMcM raised a number of issues including closed beds and delays in the Fair Deal scheme. TOB confirmed no delays in the FD scheme and confirmed that closed beds reports would be provided at future meetings.</p> <p>SH noted that 15 hospitals had improved ytd, he expressed concern that demographics challenges would cloud performance measurement. SH queried the linkage between staff shortages and bed closures.</p> |

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| | <p>CH advised that demographics was a context rather than an excuse and he noted significant variation that was not entirely explained by demographics.</p> <p>Request that activity / performance reports moving forward reflect numbers as well as percentages.</p> <p>CH noted the variance in senior decision makers in our 29 EDs.</p> <p>LD referenced a 'fixation on hospitals and on hospital services' and noted a previous reluctance to filling vacant junior doctor posts with ANPs.</p> <p>LD referenced a number of sites that were not reporting FCP and whose performance had disimproved year on year. LD referenced a teleconference with 14 INMO reps held earlier today and staff are demoralised, he put it to the taskforce that current actions were not working, that HGs were at WTE ceilings and that he was very worried about Q3.</p> <p>Discussion ensued re system constrain, TOB confirmed that the health system operated within a budget and that budgetary constraints applied.</p> |
| <p>4. Winter Planning 2017/2018</p> | |
| | <p>GR presented an overview of the Lessons Learned from Winter 2016/2017 and noted the current status in terms of priorities for Winter 2017/2018.</p> <p>LD noted that doing more with what you have is fine but stated that there are hospitals that require funding support.</p> <p>SH noted that every measure supported this winter must impact positively on trolley numbers and on the patient experience.</p> <p>LD queried if the proposed 'modular builds' would proceed, and asked how it was proposed to staff them given the current staffing deficits. TOB confirmed that consideration was being given to modular builds at the present time.</p> |
| <p>5. Summary Report Influenza Season (2016-2017)</p> | |
| | <p>GR referenced the document as circulated and the summary document as included in member's packs for the meeting.</p> <p>GR gave a high level overview of the final draft report and advised that Dr Kevin Kelliher would finalise the Report shortly, same to be circulated on receipt.</p> <p>SH referenced the low uptake by nurses and urged that action be taken to increase same. LD advised he was happy to assist in this regard.</p> |

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| 6. HR Update | |
| | <p>RM provided an update on nursing recruitment and stated that everything possible was being done to optimise staffing.</p> <p>RM advised that delegated authority has been issued to all DoNs.</p> <p>LD stated that there appeared to be disparity between the national HR function and recruitment at hospital level and stated that staffing levels contribute to ED overcrowding and to ward overcrowding. TOB advised that the Nursing Forum should be used deal with this issue.</p> |
| 8. Model of Care Moving Forward – Emergency Medicine Programme: | |
| | <p>GMcC provided a further update on the Programme and informed that group that the Trauma Network Policy document was pending.</p> <p>TC advised that the Trauma policy was almost complete and advised that the Minister intended to bring same to Cabinet in September. TC suggested that same will kick-start other essential reconfigurations in Q4.</p> <p>Members concurred re the requirement for public confidence, building of capacity and clinical leadership in advance of any reconfiguration.</p> |
| 10. Schedule of Further meetings: | |
| | <ol style="list-style-type: none"> 1. Monday 4th September 2017 at 2pm – DSH 2. Monday 4th December 2017 at 2pm - DSH |
| 11. AOB | n/a |

Actions

1. Draft notes and actions from previous meeting to be amended to reflect Primary Care amendments – SCB
2. Social Care to advise as to the differing compositions of ICPOP teams in terms of skill-set – Social Care
3. Social Care to provide an update on ICPOP evaluation and roll-out for the next meeting, noting any preparatory work that could be undertaken in the short term – Social Care
4. SDU to include an additional PET quadrant, same to reflect PET and ED Admissions – SDU
5. Closed Beds Reports for Acutes and for Community to be provided for future EDTF meetings – AHD & Social Care
6. Future activity / performance reports to reflect trolley numbers as well as percentages – SDU
7. Final Influenza Report to be circulated to EDTF members on receipt – SCB