

Approved Notes & Actions - ED Taskforce Implementation Oversight Group Meeting

Date: Time: Venue: Chaired by :	Monday 4th September 2017 2.00pm – 4.00pm Indigo Room, Dr Steevens Hospital Mr. Tony O'Brien, Director General 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) • Mr Dean Sullivan • Mr Paul Connors (PC) • Mr Liam Woods (LW) • Ms Tracey Conroy (TC) • Ms Grace Rothwell (GR) • Mr John Hennessy (JH) • Mr Stephen McMahan (SMcM) • Professor Garry Courtney (GC) • Dr Gerry McCarthy (GMcC) • Ms Rosarii Mannion (RM) • Dr David Hanlon (DH) • Ms Angela Fitzgerald • Mr Damien McCallion • Ms Samantha Rayner (SR for Pat Healy)
Apologies	<ul style="list-style-type: none"> • Mr John Connaghan • Dr. Colm Henry • Mr Pat Healy • Professor Mary Day
Attendees	<ul style="list-style-type: none"> • Ms Sarah Cooney (SC) • Ms Ann Martin (AM) • Sheila Corcoran Baxter – Secretariat
Opening Remarks	<p>TOB welcomed Mr Dean Sullivan, Deputy Director General - Strategy, to the meeting and introductions were made.</p> <p>TOB noted that Mr. John Connaghan, Deputy Director General – Operations was unable to attend on this occasion but noted that he would attend future meetings.</p>
Agenda Item	
1. Notes and Actions from Meeting 3rd July 2017	
	<p>TOB noted the Minutes and Actions arising from the previous meeting of 3rd July 2017 and same were approved.</p>

<p>2. Final Influenza Report (as circulated in advance of the meeting)</p>	
	<p>SH noted the issue of low uptake and proposed that same could no longer be tolerated. SH referenced the model for the HPV vaccine and queried if we needed to do similar for Influenza.</p> <p>DMcC advised that HGs and CHOs had submitted their Flu Plans in the last week and that same were currently being reviewed.</p> <p>It was acknowledged that a higher level of vaccine uptake by health workers was required this winter and a campaign was in development to encourage same.</p> <p>TC stated that same needed to be incorporated fully into the HG / CHO Winter Plans.</p> <p>PC asked that the INMO partner with HSE, PC and LD to progress same.</p> <p>The group discussed uptake in the context of community facilities, DH to investigate the level of uptake amongst HSE and private nursing homes and the delivery of vaccine at site.</p> <ul style="list-style-type: none"> • LD and PC agreed to discuss partnership in developing information and education campaign. • DH to investigate the delivery of the influenza vaccine to healthcare staff in nursing homes.
<p>3. Update Acute Hospitals Division (as circulated in advance of the meeting)</p>	
	<p>LW presented the Activity and Performance Report and Closed Beds Report as circulated in advance of the meeting.</p> <p>SMcM queried the closed beds and surge beds as reported. TOB noted that the system will always have an element of closed beds but noted that the level of surge capacity in use was a concern.</p> <p>SMcM expressed concern at the current and potential future impact of CRE and queried dedicated funding to enable preparedness and recovery from same. TOB expressed the view that he shared the concern and agreed that the HSE needed to make a fundamental provision for investment in this area. TOB noted recent investment in acute infrastructure and further noted recently issued national guidance in relation to CRE and the holding of patients in facilities suitable for isolation.</p> <p>SH noted 14,103 additional attendances ytd to the end of July and static trolleys, he noted this is a key message. SH referenced the CUH and 93% of patients with non-admitted PET of 6hrs or less as seen on Twitter.</p> <p>SH expressed the following concerns:</p> <ol style="list-style-type: none"> 1. Re elective activity – can we get visibility on same

	<ol style="list-style-type: none"> 2. Re surge beds in use – is this influenced by elective activity 3. Re John’s in Limerick – will the closed beds open 4. Need accuracy around what constitutes a ‘trolley’ in trolley counts, noting appropriate and inappropriate spaces <p>LW responded to the queries noting that on an annual basis our volumes have increased on the elective side, that escalation impacts on day wards, that GUH chose to protect their day ward this year, hence more day cases and more surge beds in use, beds in St. John’s to open in October, and agreed that we needed a consistent approach to counting.</p> <p>There was much discussion around the counting of trolleys, LD expressed the view that the INMO had no gain in incorrectly counting and was always acting on information supplied by the individual hospitals themselves. It was agreed that patients housed in new infrastructure AMUs, CDUs etc. (e.g. Kilkenny & Limerick) did not reflect the original criteria for trolley watch, i.e. no privacy, oxygen/suction. It was agreed that TOB and LD would, at the earliest opportunity, visit these two sites with a view to having this clarified and reviewed by the INMO as quickly as possible.</p> <p>LD further advised that outside of the aforementioned there were a number of sites where this wasn’t an issue, he noted senior decision maker presence, nursing recruitment challenges, non - implementation of the escalation directive, lack of managerial focus, lack of implementation of agreed actions, participation in agreed for as being issues that required resolution.</p> <p>LW responded to the issues and advised that data was not intended to negate the known challenges that we all face.</p> <p>TOB agreed with the requirement to review and refresh and noted the refreshed focus on ‘operations’ with the appointment of Mr John Connaghan, Deputy Director General Operations.</p> <p>LD referred to the recent change in the Agency Framework and noted the impact of same on front line staff. RM advised that consultation with a wide range of stakeholders had been undertaken in advance of the change to the contract. LD and LW will discuss the impact of same outside of the meeting.</p>
<p>4. Update Social Care (as circulated in advance of the meeting)</p>	
	<p>SR gave an overview of the Social Care update as circulated including the Closed Beds report.</p> <p>There was discussion re the challenges around providers and carers, and re complex discharges.</p> <p>TOB referenced the HIQA impact e.g. formerly 33 beds in District Hospital in Carlow, now 18.</p> <p>LD referenced task transfer for long stay facilities to support admission avoidance, and queried potential roll-out to nursing homes.</p>

	<ul style="list-style-type: none"> • SR and Michael Fitzgerald (MF) to engage with Nursing Homes Ireland re same.
5. Update Primary Care (as circulated in advance of the meeting)	
	<p>JH gave an overview from Primary Care as per report circulated.</p> <p>SH sought data on the number of homeless people using services. JH to provide same.</p> <ul style="list-style-type: none"> • JH to circulate data on the number of homeless people accessing services.
6. HR Update (circulated at the meeting)	
	<p>RM referred to the HR Update as circulated, and spoke of the revised agency tender and associated arrangements.</p>
7. Activity/Performance Overview – July Data	
	<p>GR noted that LW had covered the activity and performance overview but advised of the additional slides now included in the pack as requested at the previous meeting.</p> <p>TC queried the high number of Delayed Discharges (DD) in a number of sites, and asked for specifics in terms of actions underway to address same.</p> <p>SR and AF provided details on the causes for the increase in DDs in certain sites including bed capacity, difficulty in getting HCAs, the prevalence of complex cases, homelessness and wards of court. AF noted that we are at funding and capacity max.</p> <ul style="list-style-type: none"> • TOB asked that SC and AHD have discussions outside of this forum.
8. ‘Improving Access’ / Winter Preparedness Update	
	<p>DMcC updated the Group on the workstreams underway on improving access and winter preparedness. DMcC advised that integrated winter plans were due for submission on 22.09.17, and the intention was to have a shared learning event / winter summit in mid to late October.</p> <p>SMcM queried national and local level targets for winter.</p> <p>LD queried the inclusion of modular builds in any plans and how same would be staffed. DMcC confirmed that same were included but not be delivered in this calendar year.</p>

9. Acute Floor Model / Concept	
	GC presented an overview of the work underway to progress an Acute Floor Model, a draft paper is nearing conclusion and it is hoped to submit a paper to the National Director of Acute Hospitals on 30 th September 2017 and then to the Leadership Team in October 2017 for consideration.
10. ICPOP Update (as circulated in advance of the meeting)	
	GR advised that the updates as circulated were in response to queries raised at the previous meeting.
11. Schedule of Further meetings:	
	1. Monday 4 th December 2017 at 2pm - DSH
11. AOB	n/a

Actions

1. LD and PC agreed to discuss partnership in developing influenza vaccine information and education campaign – PC and LD
2. DH to investigate the delivery of the influenza vaccine to healthcare staff in nursing homes – DH
3. SR and MF to engage with NHI re task transfer in nursing homes – SR and MF
4. JH to provide data on the number of homeless people using the services – JH
5. SC and AHD engage on the DDs and progress actions to reduce same.