

Notes & Actions - ED Taskforce Implementation Oversight Group Meeting

Date: Time: Venue: Chaired by :	Monday, 5 December 2016 3.00pm – 4.30pm Indigo Room, Basement, Dr. Steevens Hospital Tony O’Brien, Director General, HSE and Liam Doran, General Secretary, INMO
Members attending	<ul style="list-style-type: none"> • Mr Tony O’Brien (TOB) • Mr Liam Doran (LD) • Minister Simon Harris, Minister for Health (SH) • Ms Angela Fitzgerald, Deputy National Director, Acute Hospitals Division (AF) • Mr John Hennessy, National Director, Primary Care (JH) • Mr Pat Healy, National Director Social Care (PH) • Mr Paul Connors, National Director Communications (PC) • Ms Grace Rothwell, Head of the Special Delivery Unit (GR) • Mr Stephen McMahon, Chair, Irish Patients Association (SMcM) • Professor Garry Courtney , Clinical Lead Acute Medicine Programme (GC) • Dr. Gerry McCarthy, Clinical Lead Emergency Medicine Programme (GMcC) • Ms Tracey Conroy, Assistant Secretary DOH (TC) • Mr Damien McCallion, National Director Emergency Management & National Ambulance Services & Winter Planning (DMcC)
Apologies	<ul style="list-style-type: none"> • Dr Colm Henry • Professor Mary Day • Mr Liam Woods
Attendees	<ul style="list-style-type: none"> • Ms Marita Kinsella, DOH • Ms Joanne Lonergan, DOH • Ms Rosarii Mannion, HR HSE (RM) • Ms Ann Martin, Acute Hospital Division HSE (AM) • Ms Anne Keating, SDU • Mr Willie Reddy, SDU <p style="margin-top: 10px;">Sheila Corcoran - Baxter, (SCB) – Secretariat</p>
Agenda Item	
1. Opening Remarks	
	<p>TOB welcomed attendees and introduced DMcC and SCB to the Group.</p> <p>TOB advised that the ED Taskforce Implementation Oversight Group would meet on a monthly basis over the Winter period with the following dates confirmed:</p> <ul style="list-style-type: none"> • Monday 13th February 2017 at 3pm • Monday 13th March 2017 at 3pm <p>January 2017 date to be confirmed by the Director General’s Office, once same agreed.</p>

2. Notes and Actions of Previous Meeting	
	The notes and actions of the previous meeting, held on 6 th September 2016 were agreed.
3. Documentation issued in advance of the Meeting	
	Documentation circulated to the members in advance of this afternoon's meeting, listed as items a) and b) was noted and taken as read.
4. Winter Planning & Preparedness	
Winter Planning	<p>DMcC detailed the respective trends in ED Attendances, TrolleyGAR Returns and Delayed Discharges year on year.</p> <p>DMcC provided an update in terms of the Winter Initiative and the progress to date, noting the targets and challenges associated.</p>
AHD	<p>AF provided an update in respect of Winter Preparedness and outlined the issues that arose last winter and the measures in place this winter to avoid reoccurrence, noting a better understanding of winter requirements and more purposeful engagement with HGs and CHOs this year to mitigate against same.</p> <p>AF stressed the requirement to optimise the capacity we have, to reopen closed beds and open new planned beds, to ensure optimal staffing over the Christmas and New Year period including rostering of Senior Decision makers and the requirement to ensure optimal weekend discharging.</p> <p>SH noted some improved performance in recent days, and acknowledged the level of engagement with staff, and the work completed to date. SH expressed concern in relation to a recent incident involving an elderly patient. TOB outlined the steps taken to resolve the issue.</p> <p>LD expressed the view that the hospital where this incident occurred has a number of challenges, including nursing vacancies and closed beds. LD advised that his members were very frustrated at these issues both in this hospital and in many locations throughout the country.</p> <p>SMcM also expressed concern at this recent incident and acknowledged that the incident has been investigated with remedial actions completed as appropriate. SMcM noted the closed beds report and asked how it was proposed to open new beds when so many beds were closed. Discussion ensued. TOB requested that AF provide a detailed listing of the 301 beds associated with WI 2015 / 2016.</p> <p>LD asked that detail relating to the staffing recruited to open these additional beds also be provided.</p> <p>TOB asked that same be forwarded to the secretariat for sharing with the winter group in advance of the next meeting.</p>
Social Care	PH provided an update in relation to Social Care, with specific emphasis on the WI measures, detail of which was outlined in the WI Template as shared with members re NHSS, TCB, HCP etc PH expressed confidence that the DD target will be met by

	<p>year end.</p> <p>LD advised of a suggestion that there was a financial limit associated with HCPs in CHO2 and advised of intelligence received which suggested that PHNs were being asked to review existing packages in order to enable 'recycling' of hours.</p> <p>LD further advised of challenges in the NE in relation to 'egress' and noted a number of beds closed in public long stay facilities.</p> <p>PH acknowledged staffing pressures in some locations in respect of the provision of HCPs but advised that TCB was being used to mitigate the impact of same.</p> <p>PH advised of steps underway to reopen some beds in the Cottage Hospital and thereafter in Oliver Plunkett's if staffing allows.</p> <p>PH advised of challenges in CHO2 and of the measures underway to address same. PH noted that there is a budget for HCPs and that as such it is not an endless resource, but confirmed that CHO2 had sufficient resource to meet demand.</p> <p>LD asked what measures are underway to attract staff for HCPs, PH advised of a completed tender process and of FETAC training being progressed.</p> <p>SMcM sought assurance that HCPs are not 'trimmed' in order to provide another HCP. PH assured that there were no inappropriate reductions in this regard and committed to reminding front line staff in this regard as requested by SMcM.</p> <p>TC asked that a report on 'Closed Community Beds' to provided to the EDTF members.</p>
Primary Care	<p>JH provided an update in relation to Primary Care, with specific emphasis on the WI measures, detail of which was outlined in the WI Template as shared with members, key issues, CIT activity is on track and the funding allocation for Aids and Appliances has been spent in full.</p> <p>SH queried the GP Out of Hours service and plans to expand same. JH noted that the service was pretty much in all locations now and that for remaining areas GP agreement was required.</p> <p>LD queried the CIT for Clonmel. JH confirmed that same was on track and expressed confidence that this service will support the hospital.</p> <p>JH noted a lesser CIT uptake in general in respect of admission avoidance, discussion ensued. TOB asked AF to look at EDs in terms of their admission avoidance referrals to CIT and provide an update to members in advance of the next meeting.</p> <p>LD asked when a decision would be made as to the preferred and accepted CIT Model. TOB suggested that this was a matter for a different Forum.</p> <p>LD noted an overall reduction in the numbers of PHNs now in the community and queried the plans to address same. JH noted that the numbers of PHNs were slightly down on last year but further noted that the numbers of RGNs had increased. JH advised of sponsorship of PHNs in the Primary Care Manpower Plan.</p>
AOB	<p>LD raised the issue of adherence to the Escalation Policy by some sites and the request for visits by the SDU to address. TOB asked that DMcC look into same and progress accordingly.</p> <p>TOB thanked all members for their attendance and for their contributions in 2016 and</p>

	wished all a happy Christmas.
Actions	<p>AF to provide a detailed listing of the 301 beds associated with WI 2015 / 2016, and the related staffing numbers, to the secretariat for circulation to members in advance of the next meeting.</p> <p>PH to provide a Report on Closed Beds in the Community to the secretariat for circulation to members in advance of the next meeting.</p> <p>PH to issue communication to CHOs ensuring no inappropriate reduction of HCPs.</p> <p>AF to provide a report to the secretariat for circulation in advance of the next meeting detailing the referrals from EDs to CIT for admission avoidance.</p> <p>DMcC to discuss instances of non-adherence with the Escalation Policy with LD and progress agreed actions as appropriate.</p>