

## Notes & Actions - ED Taskforce Implementation Oversight Group Meeting

<b>Date:</b> <b>Time:</b> <b>Venue:</b> <b>Chaired by :</b>	<b>Monday 13<sup>th</sup> March 2017</b> <b>3.30pm – 5.30pm</b> <b>Indigo Room, Basement, Dr. Steevens Hospital</b> <b>Mr. Stephen Mulvany, CFO and Liam Doran, General Secretary, INMO</b>
<b>Members attending</b>	<ul style="list-style-type: none"> <li>• Mr Stephen Mulvany (SM), Co-Chair (deputising for Mr. Tony O'Brien)</li> <li>• Mr Liam Doran (LD), Co-Chair</li> <li>• Minister Simon Harris, Minister for Health (SH) – joined the meeting at 3.55pm</li> <li>• Mr Liam Woods (LW)</li> <li>• Ms Angela Fitzgerald (AF)</li> <li>• Mr Pat Healy (PH)</li> <li>• Ms Grace Rothwell (GR)</li> <li>• Mr Stephen McMahon (SMcM)</li> <li>• Professor Garry Courtney (GC)</li> <li>• Dr. Gerry McCarthy (GMcC)</li> <li>• Mr Damien McCallion, (DMcC)</li> <li>• Dr Colm Henry (CH)</li> <li>• Professor Mary Day (MD)</li> <li>• Ms Rosarii Mannion (RM)</li> <li>• Mr Brian Murphy (BM)</li> <li>• Dr David O'Hanlon (DOH)</li> </ul>
<b>Apologies</b>	<ul style="list-style-type: none"> <li>• Mr Tony O'Brien</li> <li>• Mr John Hennessy</li> <li>• Mr Paul Connors,</li> <li>• Ms Tracey Conroy</li> </ul>
<b>Attendees</b>	<ul style="list-style-type: none"> <li>• Ms Marita Kinsella (MF)</li> <li>• Ms Majella Fitzpatrick (MF)</li> <li>• Ms Sarah Cooney (SC)</li> <li>• Ms Anne Keating (AK)</li> <li>• Ms Ann Martin (AM)</li> <li>• Sheila Corcoran Baxter – <b>Secretariat</b></li> </ul>
Agenda Item	
<b>1. Minutes and Actions from Meeting 6<sup>th</sup> January 2017.</b>	
	<p>SM noted the Minutes and Actions arising from the previous meeting of 6<sup>th</sup> January 2017. LW requested that Action Point 1 be amended to reflect Social Care as the owners. Minutes approved subject to this requested amendment.</p> <p><u>Update re January Action Points:</u></p> <ul style="list-style-type: none"> <li>• <b>Action 1 - PH circulated the January 2017 Closed Beds in the Community Draft Report. PH advised that the finalised report would be circulated over the coming days. <u>Follow up action required.</u></b></li> <li>• <b>Action 2 - PH confirmed that a communication had issued to the system</b></li> </ul>

	<p>confirming no inappropriate HCP reductions were to occur. <u>Complete.</u></p> <ul style="list-style-type: none"> <li>• Damien McCallion to meet with Liam Doran re Escalation Issues in a number of sites. <u>Follow up action required.</u></li> <li>• GR outlined the ongoing work of KK to develop a paper on low uptake of flu vaccine by healthcare workers. Final report pending, not yet due.</li> <li>• Social Care provided an update on ICPOP – papers circulated to members. <u>Complete.</u></li> <li>• AHD to provide increased clarity re the respective staffing provision for planned additional beds to LD. AF to provide clarity on additional staffing for additional beds. LD sought a discussion in this regard, and also sought clarity regarding staffing for the proposed modular builds.. <u>Follow up action required.</u></li> </ul> <p>SM proposed that a meeting be arranged outside of this forum to address the following actions which require follow up:</p> <ol style="list-style-type: none"> <li>1. Discussion re escalation issues in a number of sites</li> <li>2. Clarity on additional staffing for the additional winter beds that opened</li> <li>3. Clarity re proposed modular builds in the context of staffing and recruitment.</li> </ol> <p>Action assigned to DMcC.</p>
<p><b>2. Winter Initiative Template &amp; Summary Status Winter Report (previously circulated)</b></p>	
	<p>SM noted the reports and advised the Group that this item would be taken as read.</p>
<p><b>3. Influenza Surveillance Report Week 9</b></p>	
	<p>SM noted the report as circulated, same was taken as read. DMcC provided a brief overview noting agenda item number 5.</p>
<p><b>4. Activity / Performance Overview, to include 30DMA</b></p>	
	<p>GR provided a general overview in terms of activity and performance noting the following:</p> <ol style="list-style-type: none"> <li>1. 8am Trolleys were reduced by 21.7% on same day last year</li> <li>2. YTD 8am TrolleyGAR count is reduced by 3.5%</li> <li>3. The current 30DDMA represents a reduction of 11.5%</li> </ol> <p>GR advised that largely attendances and admissions were down year on year (February 2017 unvalidated as at 13.03.17) and that whilst incidences of flu were</p>

reduced Norovirus persisted. GR noted improvements in 7 day discharging, weekend and early discharging and in <24hr PET.

GR noted that GUH had been expressed as a site of concern last week and that as such it was appropriate to look at the key aspects of performance in GUH and handed over to her colleague Anne Keating, SDU Improvement Lead to present.

AK noted Attendances and admissions, reduced year on year, conversion rate 32%, PET improving with all PETs above the national average. AK further noted good AvLOS for Medicine and Surgery.

AK noted high numbers of surgical inpatients coupled with improved Theatre Nurse staffing and increased theatre sessions and the restoration of the surgical day ward for scheduled care as the principal variation.

AK also noted a new feature of >200 ED attendances on Fridays and the average DDs at 22 inpatients.

AK advised of work underway in respect of the National Patient Flow Improvement Programme (GEHCF) and expressed the view that all stakeholders were engaged and committed.

SMcM sought clarity on TrolleyGAR versus Trolley Watch. GR provided detail on the variance in reporting by HSE and INMO. SH asked that perhaps sometime over the coming months (in advance of next winter) that a common methodology be agreed and utilised moving forward.

SMcM queried if the extra beds as part of the winter initiative had opened or were they contingent on a modular build. GR confirmed that a greater number of acute beds had opened as part of the winter initiative than was originally planned and referred to the winter initiative template as circulated.

SMcM asked what the impact of Winter activity and FCP had been on electives. AF provided an update on the discussions underway with the Minister and DOH in respect of meeting scheduled care targets and associated funding. LW added that the system needed to ensure optimal use of current resources in the first instance.

LD stated that AL was cancelled for nursing staff to open the additional beds in GUH and expressed the view that this was inappropriate.

LD also raised the issue of sites not reporting FCP as they are obliged to do. GR advised of work underway to enable a daily FCP Report to be issued to the Co-Chairs as per the National Escalation Framework.

LD also raised the issue regarding potential fines for sites who did not adhere to the national escalation framework. Discussion ensued. LW advised that same remained a potential. Further discussion took place re positive incentives and rewards for improved levels of performance, perhaps in the context of attracting resources.

5. Influenza / Norovirus Update	
	As per item 3.
6. Update on Integrated Care Programme for Older Persons	
	<p>PH outlined the Integrated Care Framework for Older Persons and progress to date in St Luke's Hospital, Kilkenny (SLK). GC gave an overview of the programme in SLK. The Group discussed the importance of integration with the community. GMcC stated the importance of safe, confident discharging.</p> <p>PH advised of the steps underway currently to roll out the Programme to a further 6 sites. LD sought clarity on the staffing involved to date, PH agreed to circulate a detailed breakdown of WTEs.</p>
7. Lessons Learned Winter 2016 / 2017 Moving Forward	
	<p>DMcC informed the Group of the work underway to assimilate learnings from Winter 16/17 and identify priorities for next Winter and year ahead. A session with the HSE and DOH will take place in the coming days to progress this.</p> <p>SH advised that earlier planning was required for next winter and expressed the view that the January exceptional measures perhaps should not have been deemed exceptional.</p> <p>SH acknowledged the breadth of work undertaken and commended the measures which had a positive effect on trolley numbers, in particular the reduction in DDs.</p> <p>SH stated that the emphasis on primary and social care initiatives was correct but articulated that two issues were of the utmost concern moving forward, Staffing and Capacity.</p> <p>SH expressed the view that there had been very productive discussions recently regarding the recruitment and retention of nurses and he hoped that the proposals would be accepted.</p> <p>SH queried the differential between different sites and different groups. SH noted that the east coast in general performed much better than the remainder of the country.</p> <p>SH referenced the focus sites noting that perhaps for next winter we should have fewer focus sites.</p> <p>SH proposed that a 'suggestion box' type arrangement be enabled to receive proposals from the wider stakeholder audience in respect of next winter and that the ideas submitted be stress tested accordingly.</p> <p>GMcC advised of an interesting study conducted by the Royal College of Emergency Medicine into who attends ED. GMcC to forward study to SH.</p> <p>LD again raised the issue of senior decision makers. CH agreed that more senior clinical decision makers were needed and advised that as with nursing there were staffing challenges in medicine also, noting vacancies and Locums etc.</p>

	<p>Some discussion surrounding changes to medical and nursing training took place. GR advised of work currently underway to examine Consultant and NCHD staffing in a number of sites and compare same with the respective performance of each site.</p> <p>Discussion surrounding out of hours community and CIT support, noting that there are both public and private operators in the system. PH advised the John Hennessy, Primary Care division was examining this issue.</p> <p>The Group agreed that ICPOP has brought about significant advances for the older person. SM stated that ICPOP would form a big part of discussions with DPER in terms of Service Planning and the Estimates process.</p>
<b>8. AOB</b>	
	There was no other business.
<b>Actions</b>	<ul style="list-style-type: none"> <li>• <b>PH to circulate finalised report on closed Community Beds.</b></li> <li>• <b>GR to progress the FCP Daily Report to the Co-Chairs.</b></li> <li>• <b>GMcC to forward study by the Royal College of Emergency Medicine in terms of 'who attends the ED'.</b></li> <li>• <b>PH to circulate a detailed breakdown of WTEs associated with ICPOP</b></li> <li>• <b>Damien McCallion to arrange a session with Liam Doran to address 1. escalation Issues in a number of sites, 2. Clarity regarding staffing and the additional winter beds, and 3. Staffing and the proposed modular builds.</b></li> </ul>