

Notes & Actions - ED Taskforce Implementation Oversight Group Meeting

Date: Time: Venue: Chaired by :	21st December 2015 09:00am – 11.00am Dr. Steevens Hospital Tony O’Brien, Director General, HSE
Members attending	<ul style="list-style-type: none"> • Leo Varadkar – Minister for Health • Tony O’Brien – Director General, HSE (Chair) • Liam Woods – Interim National Director, Acute Hospital Division, HSE • Liam Doran – Irish Nurses & Midwives Organisation (Co-Chair) • Brian Murphy – Special Advisor to Minister Varadkar • Angela Fitzgerald – Deputy National Director, Acute Hospital Division, HSE • Tracey Conroy – Department of Health • Colm Henry – National Clinical Advisor and Group Lead for Acute Hospitals, HSE • Gerry McCarthy – HSE Emergency Medicine Programme • Steve McMahon – Irish Patients Association • Michael Fitzgerald, Lead Older People, Social Care • John Hennessy – HSE National Director Primary Care • Pat Healy – HSE National Director Social Care • Gary Courtney – HSE Acute Medicine Programme • Mary Day – CEO, Ireland East Hospital Group • David Hanlon – Group Lead Primary Care Integrated Care Programme • Michael Fitzgerald – Head of Ops & Service Improvements for Older People, Social Care • Avilene Casey, Exec. Performance Improvement Lead, Office of the Director General, HSE • Grace Rothwell, Head of Special Delivery Unit (SDU)
Invitees attending	<ul style="list-style-type: none"> • Maurice Powers, Group CEO, Saolta, • Ann Cosgrave, COO, Saolta, • Pat Nash, Clinical Director, Saolta • Tony Canavan, CHO, Area 2 • Pat Bennett, CHO Area 8 • Ann Coyle, CHO Area 8 • Gerry O’Neill, CHO Area 9 • Mary Walsh, CHO Area 9 • Prof. Paddy Broe, Interim Group CEO, RCSI HG • Margaret Swords, COO, RCSI HG • Valerie Caffrey, RCSI HG • Paul Connors – Head of Communications, HSE • Rosarii Mannion – National Director, HR, HSE • Martina Kinsella – Department of Health • Brian O’Dwyer – ‘Project Vision’ Manager • Killian Keogh – ‘Project Vision’ • Brigitte Burke - HSE Acute Hospitals Division, HSE • Nessa Lynch - HSE Acute Hospitals Division, HSE
Apologies	None
Agenda Item	Notes and Actions
Notes & actions of previous meeting	The notes and actions of the meeting of 30 th November were agreed

<p>Progress Report of Agreed Winter Resilience Plans</p>	<p>Angela Fitzgerald presented on the Winter Resilience Plans. She provided an update as follows:-</p> <ul style="list-style-type: none"> • The situation is now positive with more beds becoming available than originally provided for. • 201 of the 301 beds were now available but not all were open. Approximately 140 – 150 are open with the remaining 50 available to respond to a surge situation • The Childrens Hospital Group (CHG) were in the ‘high risk’ category due to shortage of nursing staff and have cancelled surgeries. They are highly dependant on graduates in new year. • In Saolta 15 of the 30 beds will be available in 1st week of January with 15 relating to the capital build • There are now 25 beds in CUH - not the original 30 - Risks were notified in relation to the Mercy Hospital, Cork • Tallaght are on track to open on a phased basis • Loughlinstown are now 13, increased from 10. – additional support to be available in relation to the increase from 5 to 7 patients daily to move from St. Vincent’s • RCSI – 24 Cherryward beds are available from January and staffing is not an issue <p>Tracey Conroy sought clarification in relation to the difference between ‘available’ beds and ‘open’ beds. Angela Fitzgerald advised that beds can be open and staffed and some can be available to flex up in times of surge.</p> <p>Steve McMahon queried why the beds could not be opened immediately if patients were now waiting in ED. Angela Fitzgerald advised that it is necessary to keep pressure on the flow through the hospital as some sites were performing better than others.</p> <p>Minister Varadkar queried the ability to flex up quickly enough to respond to a surge – he noted that St. Vincents is regularly overcrowded. Angela Fitzgerald advised that this will be addressed with an agreed Escalation Policy which she expect to be agreed shortly with INMO. She further advised that the Escalation Steps will now happen at an earlier stage in the patients journey</p> <p>Action: Angela Fitzgerald to progress agreement of Escalation document</p> <p>Brian Murphy questioned the time lag between a bed being available and a bed becoming fully open. Angela Fitzgerald confirmed that beds are available to be turned on when required – she further advised that the CHO’s were working consistantly to decrease the number of DDI’s which allows further scope to flex up.</p> <p>Minister Varadkar raised a query regarding the Sligo and Naas beds. Angela Fitzgerald advised that there was an agreement with Naas to open 11 beds but she has been recently advised that this will not now happen due to challanges regarding staffing. She further advised that the view of the SDU was that the admission rate in Naas was high.</p> <p>Action: SDU/Angela Fitzgerald to work with Naas to improve flow</p> <p>Liam Doran queried the increase from 5 to 7 target in relation to Loughlinstown/ St. Vincent’s flow and advised that the staff were working in a very unsatisfactory situation in St. Vincents. Mary Day clarified that the the increase in numbers when realised will be due to process change and putting appropriate pathways in place. Mary Day advised the meeting that the Group Director of Nursing will manage St. Columcille’s over the coming weeks and she expected that this focused management will yield benefits. Angela Fitzgerald agreed.</p>
<p>Site Specific Progress Reports RCSI Hospital Group Social Care / Primary Care in Group Area</p>	<p>RCSI Hospital Group</p> <p>Margaret Swords presented an ED Taskforce update in relation to RCSI Hospital Group and advised as follows:-</p> <ul style="list-style-type: none"> • RCSI have strong governance structure in place with ED taskforce steering Committee in place, regular unscheduled care meetings and a Patient APP Forum with Inflow and Egress subgroups. • RCSI had two Exemplar wards

- Executive team members are on call at all times
- Escalation procedures have an agreed colour coding
- Risk Areas have been identified in a Gap Analysis and one priority area identified is in relation to patients over 75 years
- LOS in Beaumont is reducing slowly but improving.
- CIT and OPAT are working well
- Increasing use of ANP's prescribing
- 7 day clinical rosters are in place
- Beaumont Hospital were reducing elective admissions until mid January
- Strong CHO involvement
- Clear increase in DDI's – beds not available in community
- Cloghan under negotiation with HIQA

Liam Doran queried if there was any HIQA restriction on any facility and how many beds this impacted. The meeting was advised that the CHO is continuing to maximise all beds until the process with HIQA was finished - Louth had 11 beds in this category but they could be used as Long Term Care beds while HIQA issues are ongoing. There was a loss of 8 beds in Chapel View. Others have been appealed and a decision was awaited in relation to St. Mary's. Brian Murphy requested a site by site list of all beds, including the number in each facility and the number open.

Action: Gerry O'Neill / Mary Walsh / Pat Healy to submit site by site list of all beds, how many are open.

Steve McMahon asked if patients who are ready for discharge could be moved to a less acute / intensive care area

Garry Courtney advised that the status of elderly patients is very fluid and may change from day to day. Angela Fitzgerald confirmed that patients can be cohorted but patients may have complex needs and comorbidities. She confirmed that the changing status of patients is recorded and patients are suspended from the DDI list if their status changes.

Liam Doran queried if HIQA relaxed their requirements would more beds become available in the public sector sites. Pat Healy advised that there was significant issues in Donnybrook and Mountmellick and they will continue to make a case to HIQA.

Michael Fitzgerald advised that 20 private beds will come on stream next year. Liam Doran cautioned regarding relying on these beds as the private sector may not get staff if public sector could not. Pat Healy advised that Northern Cross can pay a premium that cannot be paid in the public sector. He further noted that the issue in Donnybrook and Mountmellick is not a staffing issue.

TO'B advised that it is necessary to be clear on what is restricted

Action: Pat Healy to forward list of restricted sites, number of beds, and actions in place to mitigate

Margaret Swords tabled a document outlining the rosters arrangements for access to community services over the holiday period.

Margaret Swords advised that the focus is on the appropriate pathway of care – right patient, right bed all of the time. She noted that this will have a very positive impact on LOS.

CHO 9 Update

Mary Walsh presented and update on Social Care & Primary Care Initiatives – Winter Capacity Plan and advised the meeting on the following:-

- Governance arrangements in place to manage the Winter Plan.
- An update was provided on Home Care Packages, Intensive Home Care Packages and Transitional Care funding
- Case Managers are in place – roles to put focus on ensuring that patients with complex needs can navigate the system
- Respite & Oprah Project – increase respite beds in North Dublin and multi agency

	<p>project supporting up to 30 people in 70 – 95 age group.</p> <ul style="list-style-type: none"> • CIT/OPAT 20 – 25 referrals per week from each of the hospitals in CHO 9 • Delayed Discharges – Significant decrease <p>Steve McMahon raised the issue of complex transfers and asked if they are captured. He noted to the meeting that Nursing Home Ireland had stated that they need more resources in respect of complex cases. Mary Walsh advised that there are still shortages of places for Dementia and Trachea patients. The meeting was further advised that there is a list of patients for which additional support funding was being paid.</p> <p>Liam Doran raised a query regarding Cuan Ross. Mary Walsh advised that there has been extensive advertising for nurses and interviews have recently taken place. However a significant number who were offered posts were not registered. Gerry O’Neill reiterated the urgent need for additional nursing staff.</p> <p><u>CHO 8 Update</u></p> <p>Pat Bennett acknowledged the good collaborative work underway with RCSI Hospital Group. He advised the meeting as follows:-</p> <ul style="list-style-type: none"> • There was good governance structures in place with daily contact with the hospitals • The Community Geriatrician post has been resubmitted to CAC • There has been significant improvement in the provision of Respite Care • Complex cases were impacting on delayed discharges and additional funding is required to support enhanced services provision. <p>Liam Doran acknowledged the work done in RCSI over the last 6 – 8 months and advised that this method of working helps everybody and is the right way to operate.</p>
<p>Site Specific Progress Reports Saolta Hospital Group Social Care / Primary Care in Group Area</p>	<p><u>Saolta Hospital Group Update</u></p> <p>Pat Nash presented and update on ED Taskforce Implementation in Saolta Hospital Group. He advised as follows:-</p> <ul style="list-style-type: none"> • 17 beds were lost to make way for the current capital development • 15 beds opening by 31st December – Phase 1 of conversion of Physio area, with additional 15 beds opening in early February (Phase 2). • Saolta have a longer term plan for 75 beds in a new ward block – dependent on capital funding • PET times are not good and trolley numbers remain high • Marginal change in the ALOL • There is no Delayed Discharge issue in GUH • Two ED Consultant posts remain vacant despite efforts to recruit • A Steering Group and three subgroups have been put in place with significant clinical input • Challenges arise from inflow from other sites with transfers from the North West having an impact. • Communication Plan in place which includes a ‘Christmas Plan’ – Group intend to be proactive • Inflow Group in place to improve escalation process and keep AMU as an 8am to 8pm service. A Frail Elderly Assessment Team (FEAT) is in place in ED. • Throughput Group in place – 24hr inpatient diagnostics activated, Bi-directional flow policy in place, ward cohorting in place to maximise skill mix and turnaround • Egress Group in place – streamlining the process , Whiteboards being used, CIT use is slow but getting better, OPAT is improving. • Weekend discharges is an issue – Will work on getting one of each specialist teams to cover weekends • GUH is pilot for National Patient Flow Initiative . <p>Action: Maurice Power/Pat Nash to work on progressing structured weekend working to ensure senior decision makers are available on weekends</p>

Tracey Conroy enquired regarding Saolta's proposal with regard to senior leadership. Pat Nash advised that Saolta were actively recruiting ED consultants and noted the difficulty in retaining those recruited.

A discussion took place regarding the Consultant Contract Types that can be offered in the Public Service. Angela Fitzgerald advised that there is a Type 'C' Consultant Committee and applications received are considered. Minister Varadkar advised that if it is necessary to recruit consultants then this should happen. Angela Fitzgerald confirmed that no application for 'Type' C post had been received by the Committee

Action: RM / LW to provide clarity to the Group regarding any directive issued in respect of the recruitment of consultants 'Types' – Types as outlined in the Consultant Contract 2008 and as applies to consultants on the pre 2008 contracts.

CHO Area 2

Tony Canavan presented an update on the Winter Planning in this Area and advised the Group as follows:-

- Governance arrangements are in place with good relationships with all the hospitals
- There is no issues with DDI's
- The Trolley waits are a priority for the CHO
- Working on getting increased discharges at weekends
- CIT is fully operational
- Working through issues with HIQA re facility in Achill
- Working with Galway City Council regarding assistance with people who are homeless
- Hospital Avoidance measures are in place with use of CIT, Homeless services, Respite and Hospice Care.

The Challenges were identified as follows:-

- The weather is a problem in the Area because of flooding – 40 patients evacuated in Blackrock Nursing Home and threats to Merlin Park, Unit 5 & 6.
- Home help hours have increased
- Agencies are struggling with staffing issues, particularly recruitment
- Spending more on aids and appliances

Overview on progress on ED Taskforce Plan

Angela Fitzgerald updated on overall status as follows:-

- PET times have improved and work will continue to get compliance – Waterford at 95% compliance was cited as a good example
- Work will begin to look at creating separate areas within ED to better manage flow
- 15 hospitals are now regarded as 'improver sites'
- 11 sites are static or disapproving – SVUH activity increasing, OLOL could be performing better, Naas have recruitment issues, Galway to address senior decision making issues, Kilkenny has challenges.
- Overall DDI's are now at 570 which is an improvement
- A round of meetings will take place regarding specific actions with Hospital Group CEO's and CHO over the coming weeks
- Metrics will be put in place to independently measure progress on taskforce actions

The meeting was advised that In order to maintain flow over this winter period, particularly from 24th to 29th an individual analysis will issue to all Hospital Groups of their activity last winter for the period 23rd December '14 to 11th January '15 – this to inform their decisions for this winter period

It was noted that all Hospital Group CEO's are to issue names and details of those covering leave periods over the coming weeks and to issue communications to the public regarding the Christmas leave period

Liam Doran reiterated his previous concern regarding ability of facilities to recruit the necessary compliment of nursing staff. He made particular reference to the issue in CUH re

	<p>private recruitment</p> <p>Angela Fitzgerald advised that a full briefing on the 88 taskforce actions will be given at the next meeting of the Group</p> <p>Action: Angela Fitzgerald to issue analysis of period 24th – 29th December '14 to all Hospital Groups</p> <p>Action: Angela Fitzgerald to hold 'preparedness' meetings over the coming weeks with CHO's / CEO Hospital Groups</p> <p>Action: Hospital Group CEO's to forward to Angela Fitzgerald the details of those covering the leave period</p> <p>Action: Hospital Group CEO's to advise the Public of service arrangements over the holiday period</p>
<p>Close</p>	<p>Minister Varadkar acknowledged all the work progressed by the Group members and wider staff in the past year and hoped that this will be sustained over the holiday period and into the rest of the Winter. He acknowledged the enormous risks facing the hospitals in relation to managing ED's. He wished all well for the holidays.</p> <p>TO'B advised that he will be holding separate Co-Chair meetings on Wednesdays, starting 6th January</p> <p>Liam Doran asked that the members of the Group highlight to the wider system the importance of compliance with the Escalation Directive – he noted that people on the ground need to see the changes. This was endorsed by TO'B and Minister Varadkar</p> <p>Steve McMahon advised the group that he was very concerned about the electives being cancelled as patients can deteriorate while waiting. Angela Fitzgerald advised that a risk assessment is done when managing this cohort of patients. Paddy Broe noted that it is necessary in 2016 to develop separate planned surgical activity so it is not impacted by ED issues.</p> <p>Action: Angela Fitzgerald / Liam Woods and Clinical Leads to look at progressing separate surgical pathways in 2016</p> <p>Action: TO'B's office – Co-Chair meetings to be organised</p>
<p>AOB</p>	<p>None raised</p>
<p>Date of Next Meeting</p>	<p>January 29th, 2016, 9am to 11am</p>