

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

<b>Date:</b> <b>Time:</b> <b>Venue:</b> <b>Chaired by :</b>	<b>30<sup>th</sup> May, 2016</b> <b>2pm – 4pm</b> <b>Boardroom Dr. Steevens Hospital</b> <b>Tony O’Brien, Director General, HSE</b>
<b>Members attending</b>	<ul style="list-style-type: none"> <li>• Tony O’Brien, Director General, HSE (Co-Chair) (TO’B)</li> <li>• Liam Doran, Irish Nurses &amp; Midwives Organisation (Co-Chair) (LD)</li> <li>• Minister Simon Harris, Minister for Health, DoH (SH)</li> <li>• Liam Woods, Interim National Director, Acute Hospital Division, HSE (LW)</li> <li>• John Hennessy, National Director, Primary Care, HSE (JH)</li> <li>• Pat Healy, National Director, Social Care, HSE (PH)</li> <li>• Rosarii Mannion, National Director, HR, HSE (RM)</li> <li>• Angela Fitzgerald, Deputy National Director, Acute Hospital Division, HSE (AF)</li> <li>• Grace Rothwell, HSE, Head of Special Delivery Unit (SDU) (GR)</li> <li>• Steve McMahon, Irish Patients Association (SMcM)</li> <li>• Gary Courtney, HSE Acute Medicine Programme (GC)</li> <li>• Mary Day, CEO, Ireland East Hospital Group (MD)</li> <li>• Tracey Conroy, Department of Health (TC)</li> <li>• Michael Fitzgerald – Head of Ops &amp; Service Improvements for Older People, Social Care (MF)</li> <li>• Dr. Gerry McCarthy, HSE Emergency Medicine Programme (GMcC)</li> </ul>
<b>Invitees attending</b>	<ul style="list-style-type: none"> <li>• Ann Martin – Head of Communications, Acute Hospital Division, HSE (AM)</li> <li>• Marita Kinsella – Department of Health (MK)</li> <li>• Majella Fitzpatrick, Special Advisor, Minister for Health (MF)</li> <li>• Dr. Diarmuid O’Shea, Clinical Lead, National Clinical Programme, Older People (DO’S)</li> <li>• Dr. Siobhan Kennelly, Clinical Lead Integrated Care Programme, Older People (SK)</li> <li>• Avilene Casey, Exec. Performance Improvement Lead, Office of the Director General, HSE (AC)</li> <li>• Willie Reddy – HSE, Special Delivery Unit (WR)</li> <li>• Anne Keating – HSE, Special Delivery Unit (AK)</li> <li>• Killian Keogh – Project Vision Support (KK)</li> <li>• Brian O’Dwyer – Project Vision Manager (BO’D)</li> <li>• Brigitte Burke – HSE Acute Hospitals Division, HSE (BB)</li> <li>• Nessa Lynch - HSE Acute Hospitals Division, HSE (NL)</li> </ul>
<b>Apologies</b>	<ul style="list-style-type: none"> <li>• Dr. Colm Henry, National Clinical Advisor and Group Lead for Acute Hospitals, HSE</li> </ul>
<b>Agenda Item</b>	
<b>Welcome and Introduction</b>	<p>TO’B welcomed Minister Harris to the meeting and introduced those present. Minister Harris advised that he would take the opportunity, at this his first EDTF Meeting, to hear first-hand the issues arising and the actions underway.</p>

<b>Notes and Actions of Previous Meeting</b> <b>18/04/2016</b>	The notes and actions of the previous meeting were agreed.
<b>SDU Report</b>	<p>GR provided an update on the continuing work of the SDU and the following was noted:-</p> <ul style="list-style-type: none"> <li>• Site Visits - 17 review visits have been completed to date resulting in 8 key actions being identified and assigned to the relevant sites. Common themes have emerged across all sites. GR advised that there is evidence of improved commitment and ‘operational grip’ and that the Escalation Framework has enabled a shared focus and improvements in local relationships. It was agreed that momentum should be sustained across the sites.</li> <li>• ED Taskforce Actions - GR presented an overview of the implementation of the 87 EDTF Actions, noting the current focus. GR advised that the 8 key actions arising from the Escalation Review Visits have been aligned to 30 ED Taskforce Actions, and noted that these represented the focus for all sites moving forward.</li> </ul> <p>TC raised a query in respect of a key action relating to over 75’s and noted that the figure presenting has doubled over the last year. The meeting was advised that there was evidence of good practice in dealing with this cohort of patients in some sites (Beaumont, GUH). SMcM queried how quickly pockets of good practice could be quantified and shared. It was agreed that the SDU should be proactive in ensuring that this was achieved.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>GR to continue to progress the implementation of the ED Taskforce Actions and continue with site visits.</b></li> <li>• <b>GR / SDU to ensure identified good practice is quantified and shared across sites.</b></li> </ul>
<b>ED Performance</b>	<p>AF provided a briefing on ED Performance for May 2016 and YTD. The following points and actions were noted:-</p> <ul style="list-style-type: none"> <li>• Difference in the INMO figures compared to HSE figures was highlighted and it was noted that the INMO data was over 5 days, with HSE reporting over 7 days – however the trends were noted as similar.</li> <li>• 30 Day Moving Average (DMA) decreased by 20% with 8am TrolleyGar down by 13%.</li> <li>• ED Attendances were up 6% ytd with significant variation across hospitals.</li> <li>• Admissions YTD show an increase of 5.5%.</li> <li>• An increase of 6% was identified in the over 75 yr. category – this was discussed, AF advised that a Group was in place to look at this in respect of Winter ‘17 with membership including SDU, Social Care, Older Persons and Clinical Care Programmes . GC suggested that the role of the Community Geriatrician should be included in the deliberations. This was agreed and AF advised that the focus will be on a number of high impact changes.</li> <li>• AF provided an overview on PET activity, and advised that the data was poor in some sites especially those with no Electronic Recording System. The impact of the lack of electronic recording in many sites was discussed.</li> </ul>

	<ul style="list-style-type: none"> <li>• TC stated that this issue needs a quick resolution and may require a policy decision. It was agreed that some actions could be taken at local level and a clear directive should issue to ED's that timely manual recording should take place and batch discharging should be avoided. It was noted that an electronic system in all sites may be a long term plan.</li> </ul> <p>T O'B queried if the increase in attendances signified a new level of demand and AF confirmed that there was evidence of an 'ageing factor'. GC raised caution in terms of under 6's displacing older people. LW noted that more analysis needed to be undertaken in respect of activity in the Paediatric hospitals. MD advised that the IEHG had initiatives in place to increase the bed stock and reduce LOS and create balance in the system.</p> <p>SMcM raised the issue of a recent report on Nutrition and Hydration stating that a significant number presenting to the Acute Service were malnourished. AF advised that a baseline assessment will need to be done. This was supported by the Group.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>AF to work with Winter Planning '17 Group to identify key high impact initiatives</b></li> <li>• <b>LW/AF to activate study in respect of Paediatric activity in respect of under 6's</b></li> <li>• <b>AF to report back to Group on baseline assessments regarding levels of Nutrition and Hydration in patients presenting to the Acute Services.</b></li> <li>• <b>TC/AF/GR to look at policy and action in relation to ED Electronic Recording systems in all ED's.</b></li> <li>• <b>AF to issue directive to all ED's in respect timely recording of PET - manual if necessary.</b></li> </ul>
<p><b>Presentation: Older Persons Pathway (Guest Presentation)</b></p>	<p>Dr. Diarmuid O'Shea and Dr. Siobhan Kennelly gave a presentation to the Group on 'Older People, Acute Hospital and Service Integration'. The main areas presented on were as follows:-</p> <ul style="list-style-type: none"> <li>• Increased need profiled up to 2026</li> <li>• The rate of current access and detail of current resource impact</li> <li>• Good Care Practice – based on a HUB and Spoke Model with Day Hospital and specialist Geriatric services at the centre.</li> <li>• Acute Care including Chronic Disease and Frailty Management</li> <li>• Integrated Care, Care Pathways, Governance Structures and Pioneer Areas</li> </ul> <p>The following issues were raised and discussed:-</p> <ul style="list-style-type: none"> <li>• SMcM queried if costings were available on the Programme as presented - the cost of not implementing the Programme were discussed.</li> <li>• PH suggested that a dedicated piece of work needed to be done in 4 sites with delegated staff assigned to this.</li> <li>• LD queried how the Programme as outlined related to the current situation where Social Care is looking at reducing the cost of care.</li> <li>• GMcC welcomed the presentation and agreed with a recommendation of cohorting patients and advised that there is evidence that this leads to better outcomes.</li> </ul>

	<ul style="list-style-type: none"> <li>• TC complimented the work already done and advised that there was an onus on all to fully support the Programme in the context of Estimates '17</li> <li>• PH suggested that a National Steering Group was required to provide a systematic approach to progressing.</li> <li>• LW suggested that there was no need to Pilot the Programme and advised that the stratification of types of care is important.</li> <li>• SK noted that a point of care other than ED should be the default.</li> <li>• TO'B advised that whatever action is taken must meet demand and resources may need to be 'borrowed'.</li> </ul> <p><b>Action:</b>  <b>AF/GR/PH to work with Programme Leads to progress further work in relation to 'Older Persons' care</b></p>
<p><b>HR Update</b></p>	<p>Rosarii Mannion updated the meeting in respect of developments in HR and advised as follows:-</p> <ul style="list-style-type: none"> <li>• There are tensions in the system in relation to a recruitment pause</li> <li>• ADON posts and other agreed posts in WRC are progressing.</li> </ul> <p>LD advised that there is confusion in the system regarding recruitment pause, particularly at individual hospital level where it appears that senior nurse / midwifery managers are receiving conflicting messages.</p> <p>TO'B clarified that recruitment can only take place where resource is available.</p> <p>LD advised of anticipated bed closures and disputes given the current staff shortages and the inability of hospitals to recruit. LD referenced OLOL as a site of concern in this regard, and referenced CUH as a location where difficulty would arise regarding staffing to support new and existing beds</p> <p>LW confirmed that recruitment continues in respect of approved development posts (€13.1m), the additional posts as agreed in WRC and the posts exempted such as ICU and Paediatrics. He noted the growth numbers of nursing wte's in the past year.</p> <p>Minister Harris requested that a bottom up exercise be completed in respect of staffing levels and clarity should be provided to all the Acute Services in respect of recruitment. LW advised that a benchmarking exercise is already underway in respect of appropriate staffing levels and he cited 'Birthrate Plus' as an example of this. PH advised that Social Care is working with INMO re appropriate staffing levels and skill mix.</p> <p>It was agreed that RM would provide clarification to HG's in respect of recruitment.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>RM to provide clarity to HG's in respect of current recruitment policy</b></li> <li>• <b>PH/ LW/AF to continue to work together, conjointly with staff representative bodies, to determine appropriate levels of staffing and skill mix</b></li> </ul>

<p><b>Social Care Division Report</b></p>	<p>PH provided an update on developments in Social Care and the following main points and actions were noted:-</p> <ul style="list-style-type: none"> <li>• Delayed Discharge figures in 2016 are following a similar trend to the 2015 figures with both showing spikes in weeks 16 to 19 – this may be as a result of seasonal influence and the effect on numbers of bank holidays.</li> <li>• The 4 week wait time for ‘Fair Deal’ is being maintained</li> <li>• €20m was provided to support maintenance of ELS from 2015 – as a result the number of DD for home care was low in Qtr 1, 2016, but is now rising.</li> <li>• Social Care are profiling activity and funding by reducing provision over the summer period to increase again in the winter period.</li> <li>• Transitional Care Beds were provided in Qtr 1. at an average rate of 152 per week, compared with the 109 resourced in the Service Plan 2016.</li> <li>• Bed Bureau is progressing as planned</li> </ul> <p>Minister Harris raised a query in relation to the impact of constraints on ‘Home Help’. PH advised that an additional €20m will be required to ensure ELS is maintained and growing demand is met, particularly through the Winter period. TO’B requested that issues in relation to additional funding and Estimates’17 be taken at a separate forum.</p> <p>The issue of hospital admission avoidance was discussed at length, LD queried the staffing and skill mix, and expansion of the role of nurses, working in publicly funded Care of the Older Persons Services in this regard, and requested formal discussions with Social Care Management to progress same.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>PH to continue to link with AF in respect of an integrated response to DDI’s, admission avoidance and egress.</b></li> <li>• <b>PH to raise issue in respect of Estimates ’17 and additional funding for ‘Home Help’ at a separate forum.</b></li> <li>• <b>Formal discussions re staffing and skill mix, and the expanded role of nurses in Care of Older Persons Services to be scheduled.</b></li> </ul>
<p><b>Primary Care Division Report</b></p>	<p>JH provided an update on current status in respect of Primary Care. The following main points and actions were noted :-</p> <ul style="list-style-type: none"> <li>• The current key focus is on hospital admissions avoidance, early discharge and Minor Surgery.</li> <li>• Out of Hours data shows evidence that activity is higher each month than corresponding month in previous years. The data presented and the impact of the under 6 yrs. was discussed and it was agreed that JH will bring analysis of the impact of this new demand to next meeting.</li> <li>• Referrals to CIT’s and increasing - 13 CIT’s working with CIT/OPAT Programme, South Tipp and Clare have just come on board on short term basis.</li> <li>• Primary Care is working closely with Integrated Care Programme for Older People and the Emergency Medicine Programme.</li> <li>• 8 Community Diagnostic Ultrasound sites are now active with a further 8 planned. The activity recorded is a total of 320 scans per week (16,640) per year.</li> <li>• 24 GP’s in 20 practices are participating in the minor surgery pilot</li> <li>• Chronic Disease Management posts are progressing</li> </ul>

	<ul style="list-style-type: none"> <li>• Work is continuing in Bru Caoimhin to provide a service to homeless people through the provision of two GP clinics and one weekly nurse led clinic.</li> <li>• Recruitment is continuing in respect of CNS's for the Palliative Care Community Services.</li> </ul> <p>LD sought assurances that the Chronic Disease Management posts would be progressed. JH advised that as funded posts there is no issue regarding recruitment.</p> <p>LD queried why CIT referrals were low in particular areas - GR agreed to review the situation in South Tipp, Clonmel, in respect of performance improvement. LW noted that he intends to have a special meeting with SSWHG on this matter.</p> <p>AK referenced Letterkenny as a site potentially requiring additional CIT support, agreed that same would be discussed following the meeting.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>JH to present analysis of under 6's GP Out of Hours at next meeting</b></li> <li>• <b>JH to meet with SDU on issues arising re CIT/OPAT uptake</b></li> <li>• <b>LW to organise special meeting with SSWHG in respect of performance in South Tipp hospital.</b></li> </ul>
<p><b>Acute Hospitals Division Report</b></p>	<p>AF provided an update on current status in respect of Acute Hospitals and the following points and actions were noted :-</p> <ul style="list-style-type: none"> <li>• ED attendances are up by 6% year to date with the busiest Adult ED being GUH.</li> <li>• Highest Admission rate is Letterkenny at 38.4% - noted also that Letterkenny are good performers regarding PET and Trolley waits.</li> <li>• Contributory factors to over 24hrs is requirement for telemetry and isolation</li> <li>• Good performers were noted as Naas, St. James's, Mater, Connolly, OLOL, Portiuncula and Kerry General with poor performers noted as Kilkenny, Tullamore and Cavan.</li> <li>• There is a sustained increase in ED attendance of over 75's.</li> <li>• Current ED pressures have impacted on Scheduled Care with deteriorating wait list performance.</li> <li>• The curtailment of Home Care will directly impact performance</li> <li>• There are challenges in securing appropriate placement of Young Chronic Sick patients and those waiting for Rehabilitation. Challenges also exist in relation to appropriate placement of elderly patients waiting for Complex Care – it was noted that this may not always be funding issue</li> </ul> <p>SMcM requested a report on the number of electives cancelled. AF advised that this is available. LW cautioned that some sites do not book procedures when they are expecting a surge so this should be noted when figures are reviewed.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• <b>AF and Winter Planning Group to identify key high impact changes – including initiatives to manage the over 75 year patient cohort.</b></li> <li>• <b>LW/AF to instigate an initiative with relevant stakeholders to look at how complex cases can be managed more effectively</b></li> <li>• <b>AF to forward data on number of electives cancelled for 2015 and year to date to SMcM.</b></li> </ul>

<b>Winter / Future Planning</b>	LW provided an update on the main focus areas for Winter Planning 2017. Minister Harris welcomed a 2 year focus in respect advanced planning.
<b>AOB</b>	Minister Harris acknowledged the excellent work to date.