

Minutes of Meeting of the Phase I Taskforce Steering Group and Pilot Planning and Implementation Group 2.30 pm, 24 th March 2017 Department of Health (Conference Room 227)		
Meeting called by:	Dr. Siobhan O'Halloran (SOH) (Chair)	Type of meeting: Phase I General and Surgical Settings Taskforce Steering and Pilot Planning and Implementation Group Meeting
Attendees:	Dr Philippa Ryan Withero (PRW), Professor Jonathan Drennan (PJD), Mr Paddy Barrett (PB), Ms Joan Regan (JR), Mr Liam Doran (LD), Ms Claire Mahon (CM), Ms Avilene Casey (AC), Mr Kevin Figgis (KF), Ms Mary Wynne (MW), Mr John Delamere (JD), Ms Liz Roche (LR), Ms Sheila McGuinness (SMG), Ms Karolina Farrell (KFa), Mr Michael Murray (MM)	
Teleconference:	Professor Anne Scott (AS), Ms Raymonde O'Sullivan (ROS), Professor Garry Courtney (GC), Ms Therese Dalchan (TD), Ms Anne Burke (AB), Mr PJ Hathaway (PJH)	
Apologies:	Ms Helen Byrne, Ms Martina Byrne, Ms Sinead Lardner	
Purpose of the Meeting:	Phase 1 General and Surgical Taskforce Steering Group and Pilot Planning and Implementation Group Meeting	
Agenda Item	Whom	Discussion
Welcome.	SOH	SOH welcomed those attending this meeting and those who joined this meeting by teleconference. Apologies were also noted. SOH congratulated LD on the news that he is retiring as General Secretary of the INMO. She acknowledged Mr. Doran's contribution in relation to the Taskforce.
Review of Draft Minutes	Group	The Minutes of the last minutes were adopted.
Update on Actions	PRW	PRW advised that the actions from the last steering group and Pilot Planning and Implementation Group meetings have been completed or would be completed by the end of this meeting.
Presentation by Professor Jonathan Drennan on the Evaluation of the Pilot Implementation of the Framework for safe nurse Staffing and Skill Mix	PJD	<p>PJD delivered a presentation: <i>Evaluation of the Pilot Implementation of the Framework for safe nurse Staffing and Skill Mix</i>. PJD stressed the complexity of the research and indicated that the short timeframe and period of industrial unrest might have an impact on the findings. He listed the aims of research (to measure the impact of implementing the pilot on nurse-sensitive measures and in relation to economic measures) and its objectives (the impact of finding on nurse sensitive issues, patient outcomes, safety CLUES, patient experience, framework of nurse outcomes and cost implications). He listed the three sites of research and the data collection tools used. The results of the research highlighted the high percentage of agency staff (almost 30%), the need to implement nurse-sensitive patient outcome measures, the high number of tasks left undone (reported by 85.4% nurses during the last shift) or delayed due to the lack of time (95% of the nurses), low job satisfaction among nurses and high patient satisfaction levels. In conclusion, PJD pointed to causes of concern: the events of missed care, high levels of agency usage and the low level of staff satisfaction. He also stressed the need for further analysis in relation to this area. PJD also has a concern in relation to NIMS data as it requires a lot of cleaning and can be incomplete</p> <p>PJD said that one of the wards is very stable as they have a low reliance on agency. KF asked if the system can tell you if a HCA was given where an RN was asked her. LR said that there is antidotal evidence that this is true in some cases but often, it is a HCA that is required. With regard to possible interventions, TD said that leadership and education should also be examined. AS said that when compared to the RNforecast, it would appear that things have deteriorated and she noted that parallels with the RNforecast with regard to care left undone. LD asked if the system calculates the amount of time given up by staff in terms of delayed or lost tea breaks. PJD confirmed that the system does not perform that calculation. PJD, in response from a question from LD, said that the system can establish the RN/patient ratio. PJD confirmed that the next steps would be to stabilize the nurse workforce. He noted that it would take a while to see the change improve as the transition to the new system require bedding down and the new nurses need to be trained.</p>

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		<p>Mr Flaggis asked for an update on the HCA review. SOH said that that review is separate from the work of this Group although there is a link to this Group. SOH said that the evaluation report would be prepared by end April 2017. She confirmed that they have research funding for the next three years. LR noted that anecdotally, the framework is making a difference.</p> <p>LD, while acknowledging the importance of using an comprehensive evidence base to convince Senior Management in the HSE and the Department, asked when the rollout to the next 10 wards would be arranged. SOH said that the CNO's Office is developing its thinking around that question and would revert to the Group. SMG said that the use of panels to recruit should be used where they are available.</p>
Presentation by Dr Philippa Ryan Witheron on Enhanced Care	PRW	<p>PRW delivered a presentation on enhanced care. Mary Wynne said that "frailty" should be added as it is often under-assessed. PRW said it is proposed that the management of enhanced care would be the responsibility of a CNM3. LD asked for specifics in relation to how the system would work. He also said that if there is a regular need for enhanced care, this should be built into the workforce. PRW said that the CNM3 would develop a protocol for how the system for enhanced care would operate. LD said that the responsibility would be more appropriate to an Assistant Director of Nursing post. SOH said that the matter would need to be discussed further.</p>
Date of next meeting	Group	To be decided
Actions		
Item		Assigned to
Prepare Evaluation Report by End April 2017		PJD
Consider further the proposed CNM3 role for enhanced care		Group