**Approved Notes from EDTF Supplementary Meeting – 30.08.19**

This supplementary meeting was scheduled to agree the final detail in respect of the planned Unscheduled Care Forum, the meeting also took the opportunity to look at current performance and to discuss winter planning 2018 / 2019.

**In Attendance:**

* Anne O’Connor, DDG Operations – Co-Chair
* Phil Ni Sheaghdha, General Secretary INMO – Co-Chair
* Dr. Colm Henry, Chief Clinical Officer, HSE
* Joe Ryan, National Services Division
* David Walsh, Community Operations
* Grace Rothwell, SDU
* Dr. Gerry McCarthy, Emergency Medicine Programme
* John Hennessy, Strategy & Planning
* Dr. David Hanlon, NCAGL, Primary Care
* Dr. Vida Hamilton, NCAGL, Acute Operations
* Ann Martin, HSE Communications
* Stephen McMahon, Irish Patients Association
* Paul Bolger, Department of Health
* Aisling McQuaid, Department of Health

**Activity**

* GR provided an overview of current activity. CH queried the Mater’s conversion rate, response noted the inclusion of Smithfield Attendances in their ED Attendance data hence the lower conversion rate. PNS queried the August Tallaght Hospital trolley count and committed to providing the INMO trolley count in respect of same. Discussion took place regarding performance at a high level and it was noted that two metrics were significant, firstly the conversion rate and secondly the actual beds available for ED admissions.
* SMcM queried the numbers of closed beds at present, GR noted same were between 50-75 the last few weeks with particular challenges around isolation and infection with a small number being closed due to refurbishment.
* SMcM noted that activity was running consistently at 5% higher than last year for >75s and asked if same would be modelled in to winter planned.

**USC Forum**

* GR provided an overview of the planned event as outlined on the final Draft Agenda as shared at the meeting, noting same is intended to be a working meeting to identify ideas from front line staff as to areas of focus moving forward with the EDTF as the overarching Forum to progress .
* AOC and PNS acknowledged the significant work to date in terms of organising the event.
* SMcM queried the inclusion of the ‘patient voice’ and it was agreed that SMcM would address the Forum at the opening of the afternoon session.
* Draft Agenda with an amendment to reflect the aforementioned change was approved by the EDTF with a requirement for a report on the key themes emerging to be presented at the EDTF Meeting on the 27th of September.
* SMcM queried the numbers of cancellations arising from Escalation and also queried how many ED Attendances were linked to Outpatient and Day Case Waiting Lists.
* PNS noted some tension from unions in respect of the planned forum and advised that some unions were concerned as to the impact on existing agreements in place. It was confirmed that the planned event is not a decision making event but rather that the event would result in ideas / themes / key areas of focus for the EDTF to consider at it’s next meeting, existing agreements would not be affected. PNS proposed that consultation be undertaken with the unions on the key areas of focus arising, and advised that she would be happy to undertake that.
* There was some discussion as to revised membership of the EDTF, PNS noted that that if there was obvious improvement in a location that it would be sensible and appropriate for that location to be invited to come and present to the EDTF and vice versa.
* PNS noted that the EDTF terms of reference include sharing of information but that the purpose of the EDTF and the planned Forum were not one and the same.
* It was agreed that the planned Forum is an EDTF Initiative and that the key themes arising will be shared with EDTF at the next meeting for review and consideration, and that then there would be discussion as to the next steps.
* It was proposed that the next steps could potentially see a revised approach by the EDTF with potential for an overarching Steering Group that would meet on a quarterly basis receiving updates and reports from a number of working groups, each of whom would be tasked with progressing the key themes / initatives arising from the Forum.
* CH noted that the event enables broader debate and an opportunity to showcase good work that positively impacts on patients.
* DH queried publicising the event and discussion took place re same. It was agreed that the forum is a private working meeting with opportunity to report on same after the event, and it was agreed to have a statement prepared for issue after the event and to post the presentations on the HSE website after the event.

**Winter Planning**

* AOC provided an overview on the revised structures in place in the HSE and on the new approach this winter, i.e. winter to be managed by the Senior Operations Management Team, in line with the new governance arrangements.
* AOC noted that Winter Plans have been submitted from HGs and CHOs and that the next steps would involve review by responsible National Directors with potential for final reviews to culminate in a Winter Summit type event.
* SMcM queried the Capacity Proposal and asked if X site opens X beds is same would reduce trolleys by X and further queried the impact of the various planned initiatives on trolleys.
* Discussion took place regarding use of bed occupancy as the measure this winter noting trolleys as only one indicator. SMcM queried the opening date for the new elective hospitals.
* PB updated all on the current status of the Capacity Proposal and noted that we now had a funded 10 year plan albeit that the same is heavily funded towards the latter end.
* AOC noted that the reason patients are on trolleys is complex and noted an essential requirement to build primary care capacity to keep patients at home.
* SMcM advised that group of the potential for further adverse weather over the coming weeks.
* PNS noted the inability of the system to recruit for this winter, and further noted the absence of a funded workforce plan for 2018 and expressed much disappointment in this regard noting the potential impact on staff in EDs again this winter.
* PNS queried the likelihood of additional HCPs for this winter and asked how same would be allocated and what would be done to support those areas where demand was already in excess of budget.
* PNS expressed the view that we had a real problem with >600 patients on trolleys in June of this year and as it stood no agreed funded winter plan in place.
* PB noted the requirement to move to an annual budget cycle and noted the 3 Year Plan as a good plan and supported the move to multi-annual planning. PB further noted that there were non-resource actions that could be pursued.
* PNS noted no plan, no confidence of funding and serious challenges ahead and asked what services would be curtailed to make sure that existing resource is focussed on EDs.
* AOC noted that we needed to look at a range of things including process improvement and noted the now accepted need for additional capacity, and noted that the plan has been submitted and has been approved by the DoH and that discussions were ongoing with DPER.
* CH noted lots happening in terms of improvement and noted SlainteCare and the Capacity Review, and concluded that we need to impact the front end and need to knuckle down on variation noting that the case has been made to be less of an acute hospital centric service.
* PNS again asked what services will be curtailed and noted that we needed to advise patients.
* AOC concluded discussions advising that discussions are ongoing with DPER and that we needed to allow that process to conclude.
* PNS noted that the next meeting is scheduled for the 27th of September and noted the requirement for an absolute position and plan for that meeting.

END