Trust Board
Unscheduled Care Pressures Update

29 January 2025

SET/03/25

South Eastern Health and Social Care Trust

Christmas / NY Period

It was anticipated that the Trust would face significant challenges over the Christmas / NY period. At the request of the RCC and SPPG, the Trust drafted a Christmas Plan focussing on 5 key areas:

1. Actions to be taken in advance of the Christmas and New Year period
2. Maintaining front-of-hospital capacity and flow
3. Maintaining inpatient/ward capacity and flow
4. Maintaining other key hospital services
5. Maintaining hospital discharge and community capacity

Despite having plans in place, main issues over the period included:

- Hospital sites working beyond capacity continuously
    - Up to 86 non-designated beds in operation
    - A constant high number of Decisions To Admit (DTAs) – 60+
    - Increased number of medical outliers – up to 75
- Delays with Internal Hospital Assessments and radiological interventions
- High numbers of patients presenting with Mental Health conditions
- A backlog of discharges for patients who require community support to discharge
- Increasing length of stay particularly of older people and a more complex inpatient case mix
- A dramatic and atypical flu season – Flu A&B, RSV and Covid

As a result, 3 early alerts issued: 30/12/24, 31/12/24 and 06/01/25

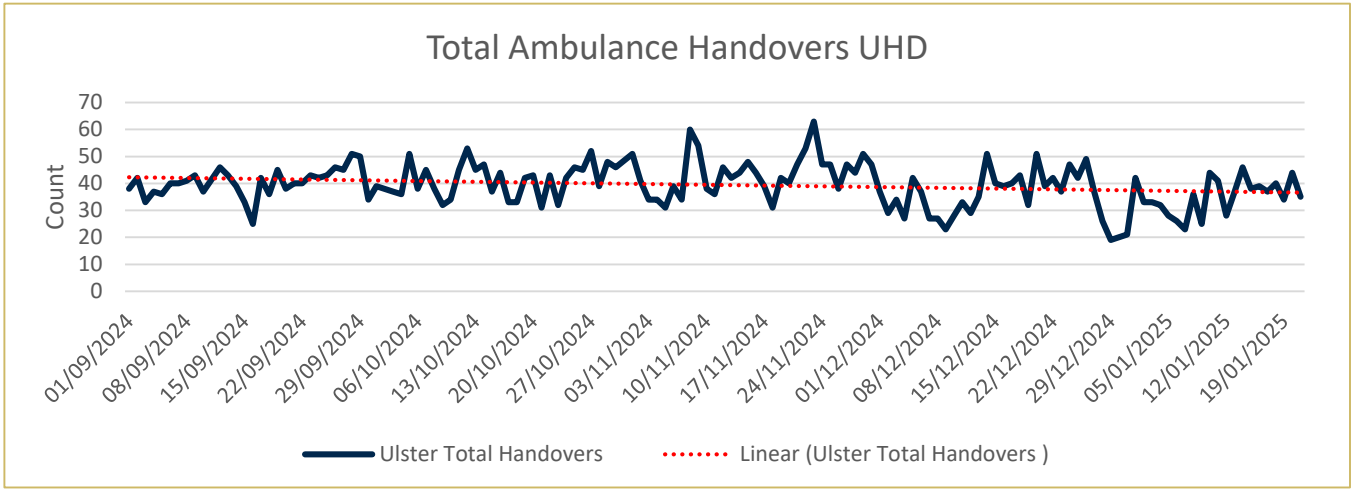
Actions Taken Dec 24 - Jan 25

- **Continued focus on actions outlined in Locality Plan for Unscheduled Care across 4 themes**

- **Additional Actions**
  - Stepping down non-urgent meetings
  - All but essential face to face training has been postponed
  - Additional staff have been brought in across the MDT to provide care for patients
  - Additional medical staff – focused on the weekends has been secured
  - Additional radiology lists were undertaken following the Christmas public holiday period
  - Additional opening hours were provided for the Discharge Lounge during the and immediately after the Christmas period Additional lead nurse support at weekends
  - Support from Central Nursing teams to wards, specifically helping with students, feeding patients and at elbow support for Epic
  - Additional overtime to support services staff to reduce delays and ensure timeliness of ward cleans.
  - Encourage the use of IPC measure e.g. utilising appropriate PPE and promoting vaccinations

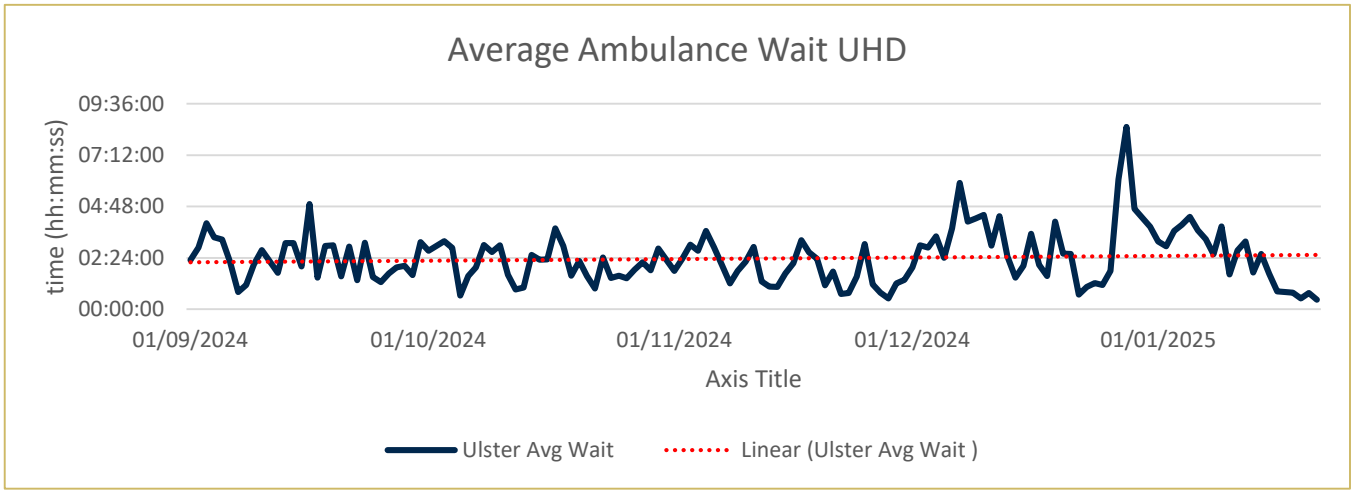
- **Regional Reset and Learning week supported by RCC**

Performance



Daily Average 01/09/24 - 21/01/25

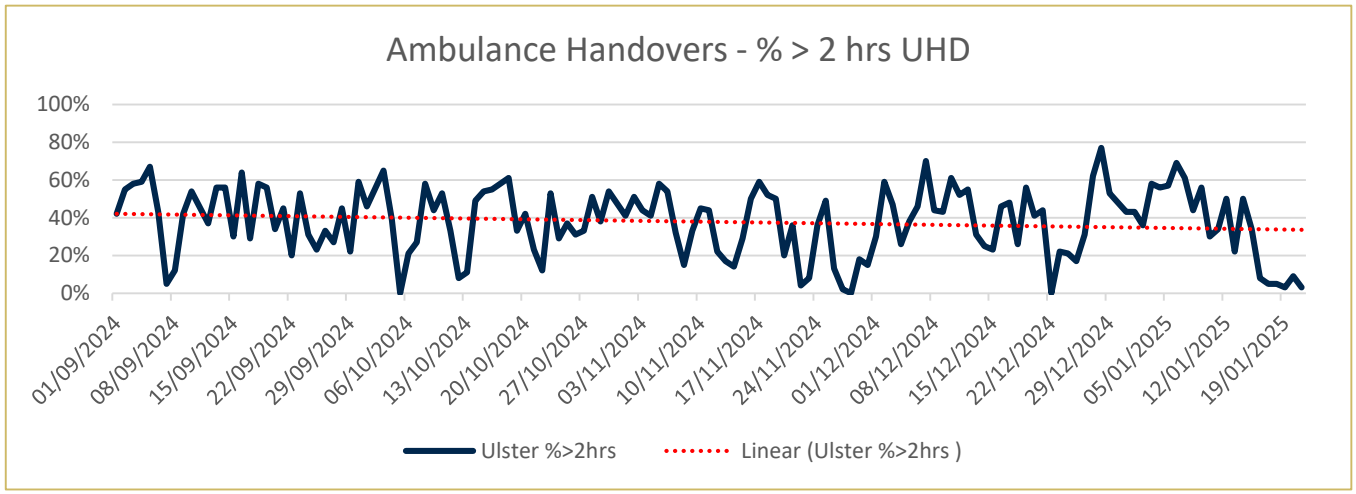
UHD 39.4
RVH 61.3
AAH 48.1
CAH 37.5

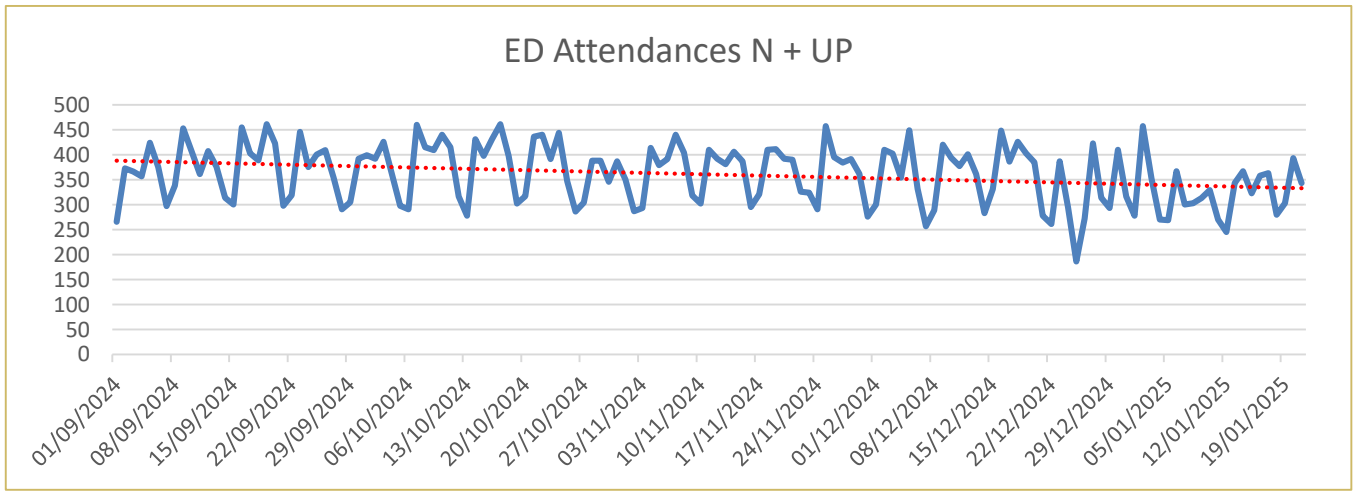


Daily Average 01/09/24 - 21/01/25

UHD 2:22:18
RVH 1:40:43
AAH 1:47:03
CAH 2:00:31

HSC South Eastern Health and Social Care Trust

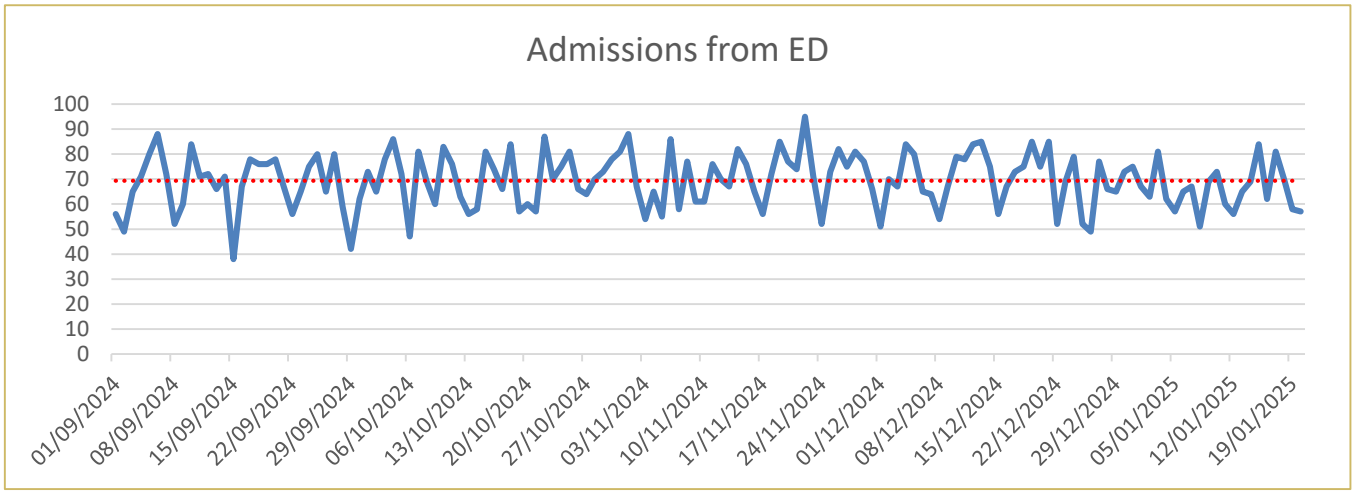


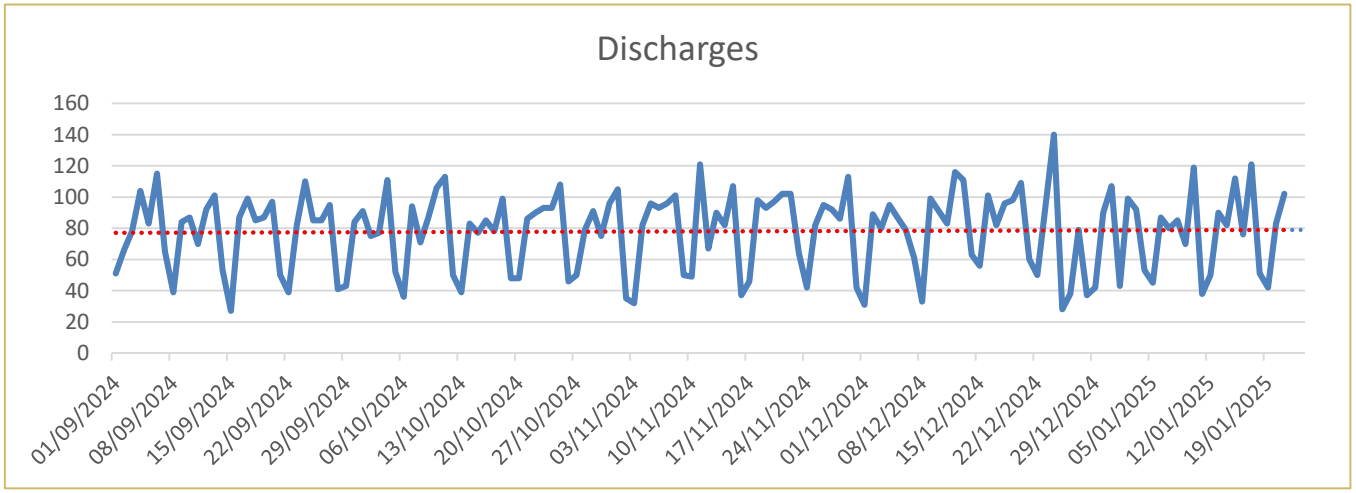


Daily Average 01/09/24 - 21/01/25

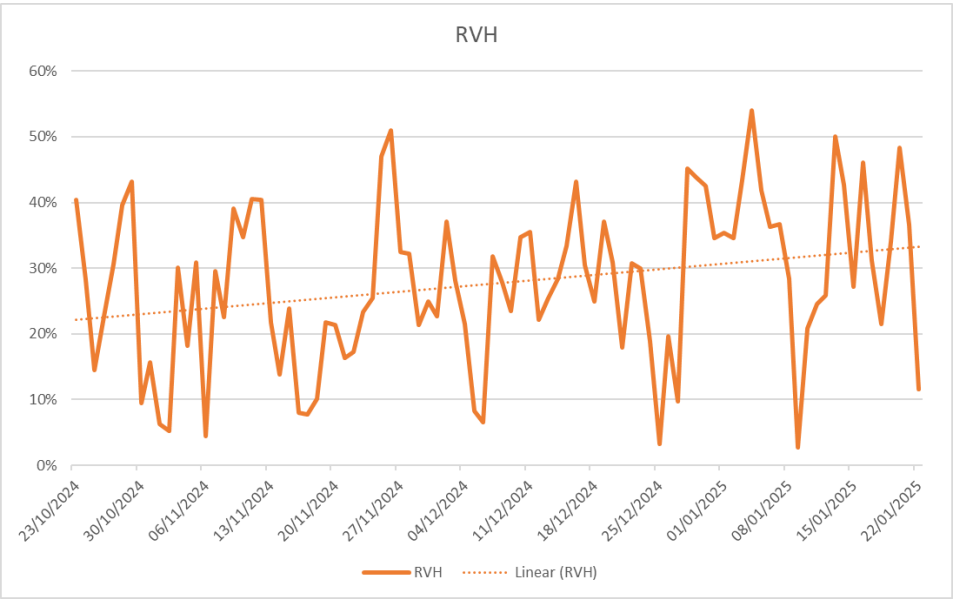
UHD 38%
RVH 27%
AAH 25%
CAH 31%

South Eastern Health and Social Care Trust





HSC South Eastern Health and Social Care Trust


RVH
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01/01/2025
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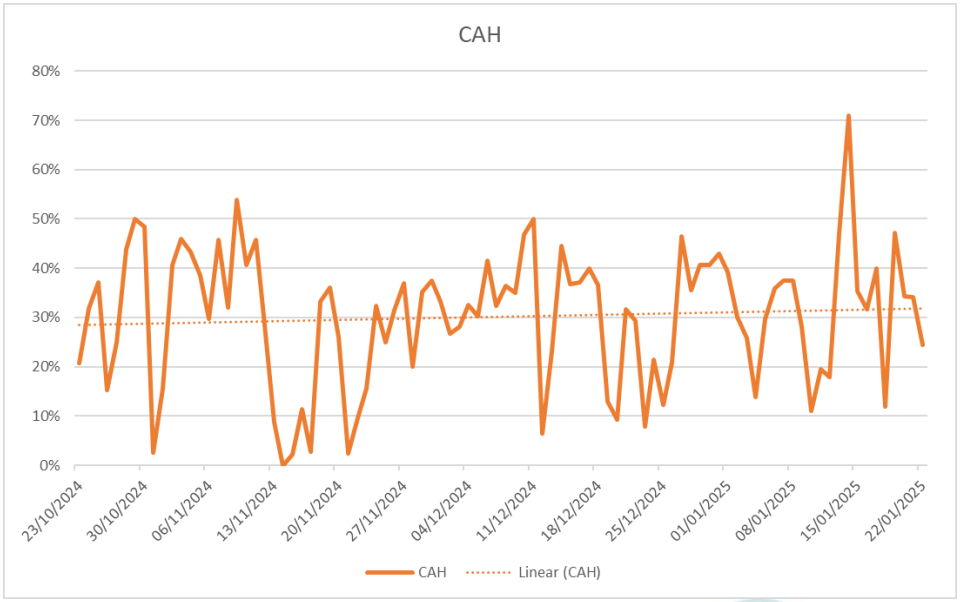
15/01/2025
22/01/2025
RVH
Linear (RVH)


CAH
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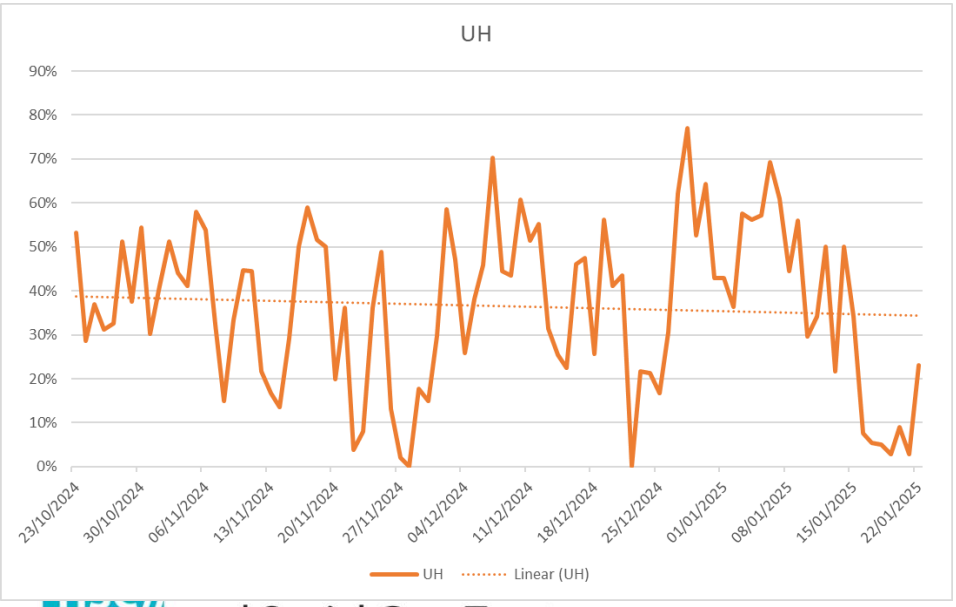
22/01/2025
CAH
Linear (CAH)


UH
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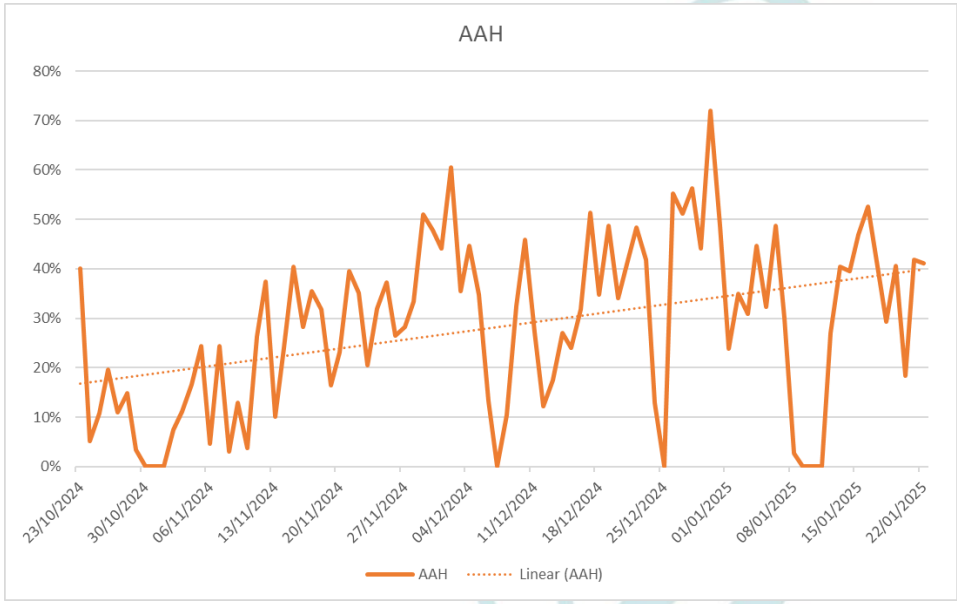
22/01/2025
UH
Linear (UH)


AAH
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25/12/2024
01/01/2025
08/01/2025
15/01/2025
22/01/2025
AAH
Linear (AAH)

Table highlighting pressures regionally on 07/01/25

07 01 2025	ED DTAs 8AM	ED DTAs 1800	Change from 0800-1800	NIAS waits 0800	NIAS waits 1800	Change from 0800-1800
RVH	60	48	-12	4	11	7
Mat	20	18	-2	0	0	0
Antrim	66	56	-10	6	4	-2
CAU	32	35	3	1	7	6
Ulster	73	59	-14	7	1	-6
CAH	62	58	-4	1	2	1
DHH	34	27	-7	0	0	0
ALT	54	46	-8	0	1	1
SWAH	21	28	7	0	2	3
Total	422	375	-47	19	28	8

Update from Locality Plan - Community / Admission Prevention

- **Care Home Beds**
  - 3783 including Statutory Residential across the Trust
  - 15 additional beds in the enhanced care unit Hamilton suite opened on Monday 20th January – 5 x 1:1 and 10 x enhanced care

- **Hospital at Home**
  - Numbers of patients on caseload is increasing in line with plan to increase to 60 beds by September 25 – currently 16 / day
  - Work on this is progressing at pace with workstream meetings ongoing – workforce, digital, finance and performance, engagement

- **Advance Care Planning / Palliative Care Service**
  - Ongoing awareness and training to ensure that individuals wishes are recognised and recorded to enable appropriate intervention / pathway and maintenance in patients homes if and when possible
  - Nursing Home Palliative Care Service from Mar 23 – Dec 24 - 474 domiciliary reviews & 80 acute admissions avoided

- **Falls Service**
  - Falls prevention education sessions taking place – 243 citizens and 40 staff attended over Q3
  - Pathway with NIAS in place for direct referrals

- **BT Health Innovation Collaboration for remote monitoring of Cardiology patients**
  - Launched new care pathway pilot 28th Oct.
  - This involves remote monitoring of patients with chronic heart failure and who are end of life as part of a new ambulatory pathway. Timeframe of the project is 1 year and will have 60 patients included.

Update from Locality Plan - Same Day Emergency Care (SDEC)

- New Regional SDEC Task and Finish Group has been established across 5 work streams
  - Pathways
  - Quality & Outcomes
  - Data & Definitions
  - Workforce & Training
  - Engagement

- Key actions to take forward against each of the work streams have been identified, and will be taken forward by nominated representatives

- Internal teams have already taken steps to improve access to SDEC
  - **Respiratory pilot** with respiratory hub staff and ED / Ward to strengthen the in reach into ED daily**.**
  - **Gastro Hub** engaging with Emergency Department Clinicians and GPs to identify improvement ideas
  - **Frailty Intervention Team -** This Consultant Led and ANP led service focuses on frail older people within the Emergency Department. The limited resource provides an advisory service for medical and nursing inpatient teams and focuses around admission avoidance with the support of community based services.

Update from Locality Plan - Improving Hospital Flow

- **Early Flow**
  - Emphasis on patients transferring to Discharge Lounge whilst awaiting discharge when appropriate
  - For patients in the Downe or LVH, where appropriate, patients should sit out to await discharge.
  - Ward teams, working closely with our Discharge Hub and Patient Flow team to expedite issues impacting flow
- **Full Capacity Protocol**
  - Workshop planned for 6th February 25 with wide representation from across Directorates
  - Metrics linked to the new Yara system being developed by the RCC: no of attendances, admissions , DTAs, Medically Fit
- **NIAS Shift Change Plan**
  - Agreement from NIAS to support inter-facility transport for Category 2 patients. This will support NIAS to take patients to the right place of care for their needs
  - From 11th November, Hospital at Home have opened their referrals pathway to NIAS directly, preventing hospital attendances where there are better alternatives
- **Control Room Function**
  - Rapid appraisal conducted the week 16th December 2024. High level findings included:
    - Admin: Two people required to support the meetings to provide a consistent
    - Review of action cards and SOPs to support consistent control room function
    - Focus on early discharges and Accountability
- **Nurse Led Discharge**
  - QI Team attended Medical Directorate meeting to explore appropriate clinical involvement in driving this forward
- **NIAS Collaboration**
  - Additional Non-Emergency Crew in place to support discharges and is reported to be working well

Update from Locality Plan - Improving Discharge Processes

- **Early Review Team**
  - Since the commencement of ERT in October 2023 to the end of December 2024:
  - 615 patients have discharged via ERT
  - 2,916.61 hours of social care recycled
  - Savings of £64,194.59 (based on £22.01 / hour rate for IS social care)
  - In October ERT started to accept referrals for under 65

- **Home Care Service**
  - SE Trust unmet Home care at close of Thursday 16th January 2025 was 183 packages / 1528 hours
  - Maintaining position of best in the region
  - Surpassing SPPG target for 31st March 2025:
    - Total target 1961 Current actual 1528
  - Success is due to a combination of factors including CUP model, SE Homecare opened a new run and two IS Providers also opened new runs.

Next Steps

- Regional Reset & Learning Week Debrief
- Continue to deliver on USC Locality Plan and engage with 25/26 USC Regional Work Plan