

## **Interim Chief Executive Update on Emerging Issues – for Trust Board (Public)** **on 9 January 2025**

### **1. Emerging Risks/Updates on Risks**

The principal focus for the Trust at the time of drafting this report remains the management of Unscheduled Care pressures.

The Trust continues to experience severe & unrelenting unscheduled care pressures, with a 350% increase in flu cases compared to the same week last year. The system is working extremely hard to care for patients. We owe a great debt of gratitude to our staff. We apologise to all patients who are waiting longer than they should and thanks patients and families for their continuing co-operation.

We have publicly appealed to help the health service get through this winter, including by using services appropriately, getting vaccinated if eligible, re-introducing mask wearing, cooperating with hospital discharge processes.

The Trust are deploying all available levers to reduce pressures where possible. These include maximising available hospital bed capacity ( 80 plus boarding spaces RVH/Mater), 2 fracture wards in MPH, promotion of Phone First & SDEC

Priorities remain maximising patient flow through hospitals and reducing ambulance turnaround times at Emergency Departments.

Key Challenges include :-

1. Spike in Flu Cases: we anticipate flu cases to peak over the next three weeks, adding significant demand pressures on local services.
2. Staff Absences: Increasing flu cases are leading to high levels of staff absenteeism, impacting service delivery.
3. High Acuity and Demand: we are seeing more patients with severe health conditions, affecting not just the elderly but also individuals with long-term health conditions.
4. Infection Prevention and Control: High levels of flu and norovirus are making it difficult to isolate patients with serious underlying health conditions, leading to ward closures and longer waits for beds.
5. Lack of Beds: Hospital bed capacity is well over 100%, with patients facing long waits and trusts struggling to discharge patients due to a lack of social care support.

6. Re-directed Capacity: Extra capacity put in place for winter, such as same-day emergency care, is being converted into regular ward capacity

Actions which have been taken in the community include :-

- Increasing hospital at home capacity and referrals. There has been an increase in the active caseload from November onwards. Referrals are open at weekends from start of October.
- Increasing domiciliary care capacity to support early discharge and review increases to packages of care 2 weeks after discharge. 42% decrease of domiciliary care following discharge and review.
- 8 additional unfunded beds in Killynure kept open.
- Work on-going to increase care home bed capacity and discussions with providers on-going to open beds. Work also on-going to support care homes that are in escalation and closed to admissions.
- Community Complex Discharge Reset Day – complex discharges have increased from November and the team have reconfigured daily meetings, attendees and focus of resource to support discharges. AHPs, Hospital Social Work now join daily discharge hub meetings which has produced higher complex discharges.

We can assure Trust Board that everything that can be done by the HSC system in the current situation is being done. Longer term solutions require both investment and reform to increase capacity and ensure services can better meet the needs of our community.

I can also confirm that we have established an Unscheduled Care Improvement Project Board to meet monthly to ensure a coordinated approach within the Trust to all these issues. I anticipate the first report will come to Trust Board in February 2025.

## **2. Key Achievements**

I remain very proud of the work of our staff in the most difficult of circumstances.

## **3. Other Updates**

I will be happy to provide any further updates which the Board require, at the Board meeting.