

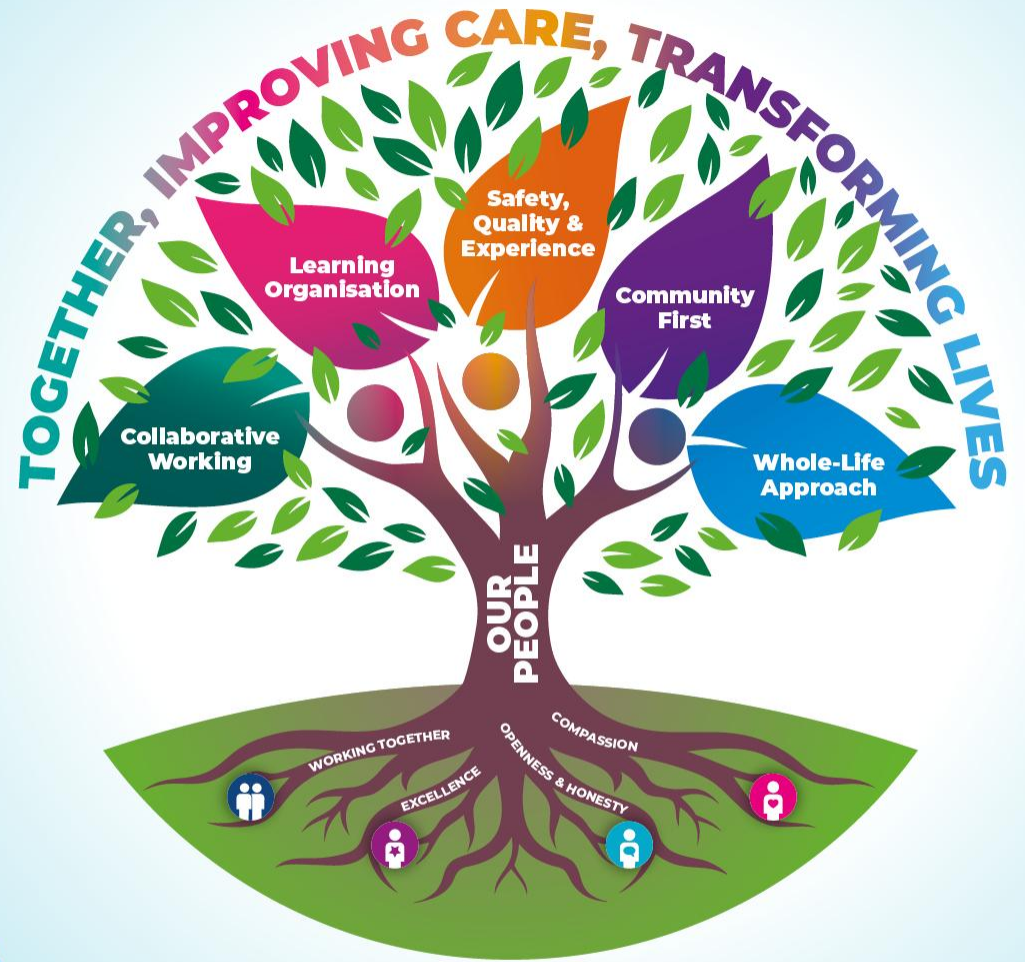
Daisy Hill Hospital

Mary Burke

Chief Operational Officer DHH

Dr David Mawhinney

Clinical Director MUSC DHH



Southern Health
and Social Care Trust

TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

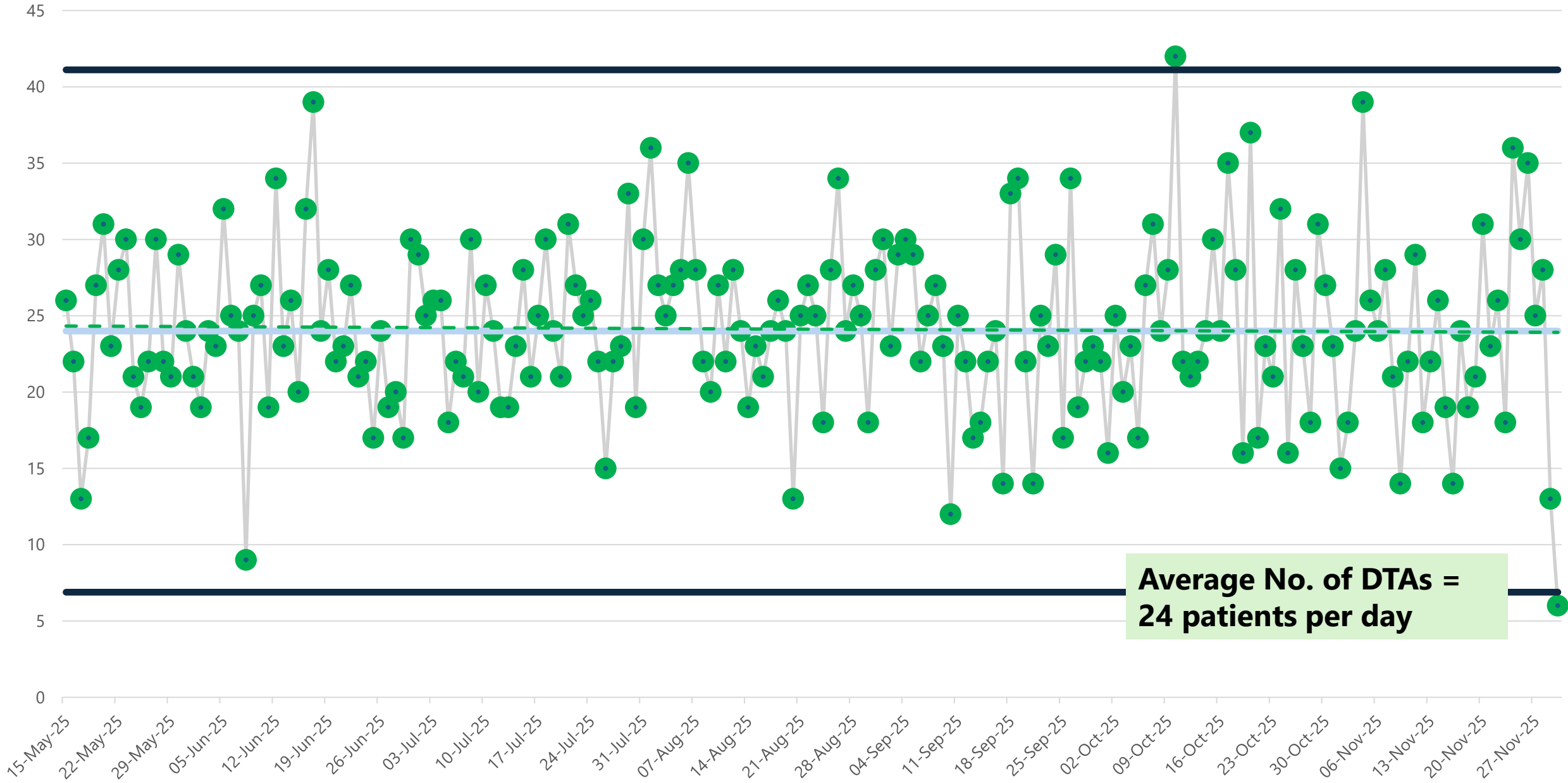
Context

- Inpatient Bed Complement (*commissioned, undesignated and outliers*)
- Inpatient Admissions
- Inpatient Discharges
- Medical Inpatient Length of Stay
- Recommended Bed Complement post-bed modelling
- Workforce
- Further Developments

Inpatient Bed Complement

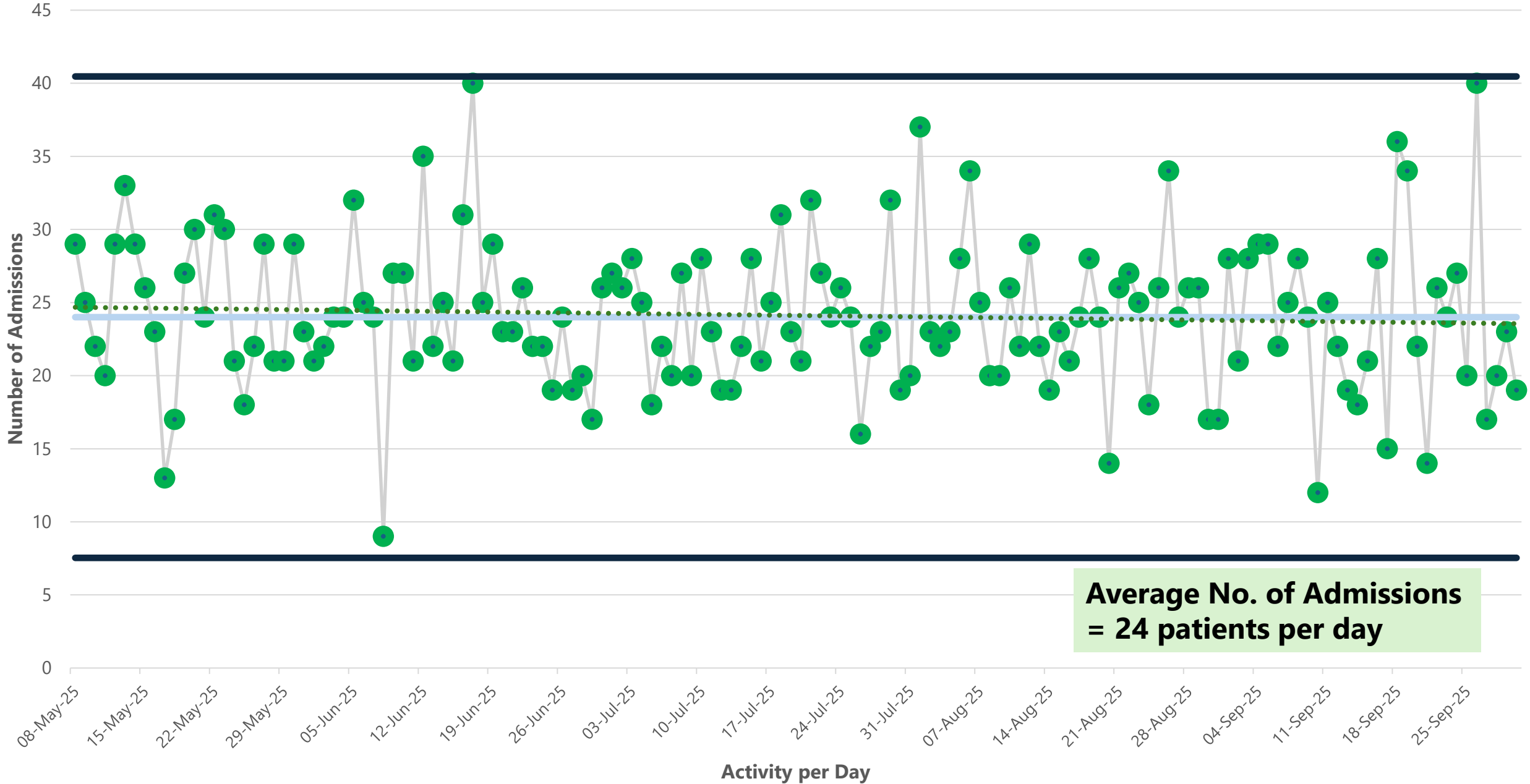
	No. of Commissioned Beds	No. of Un-commissioned Beds	No. of Undesignated Beds that are regularly in Use	Average No. of Outliers
5 South	34	0	9	0
5 North and CCU	34	0	4	0
Level 4 Care of the Elderly and Rehab	28	0	6	0
Acute Medical Unit	0	17	2	0
Enhanced Care Unit	8	0	2	0
Elective Overnight Stay Centre	0	0	0	12
Total Beds in Use	104	17	23	12

No. of patients who wait in DHH ED before they are admitted, discharged or transferred from 15 May 2025 to 30 November 2025



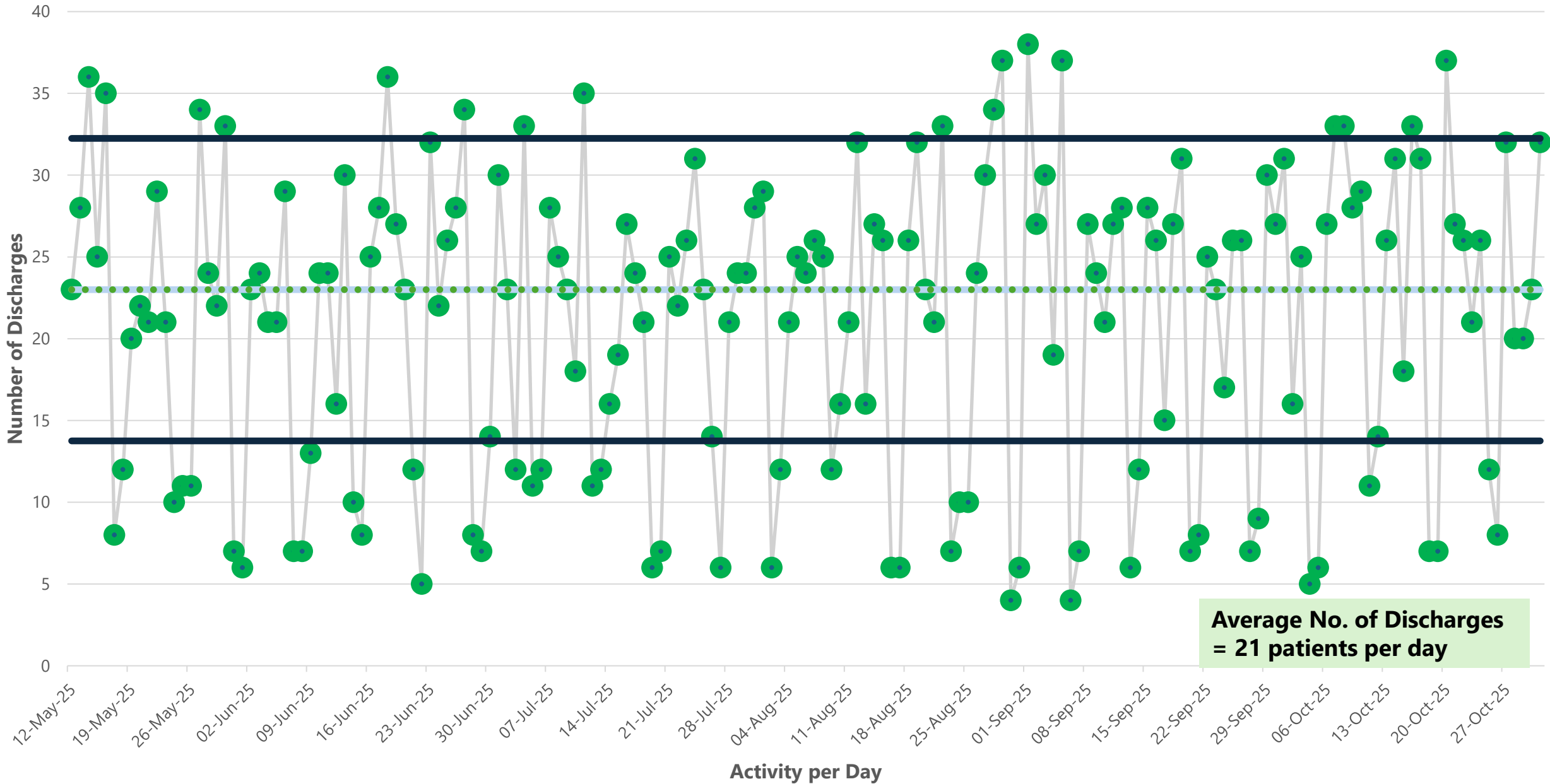
**Average No. of DTAs =
24 patients per day**

Number of Patients admitted under DHH Acute/ General Medicine from 8 May 2025 - 31 October 2025

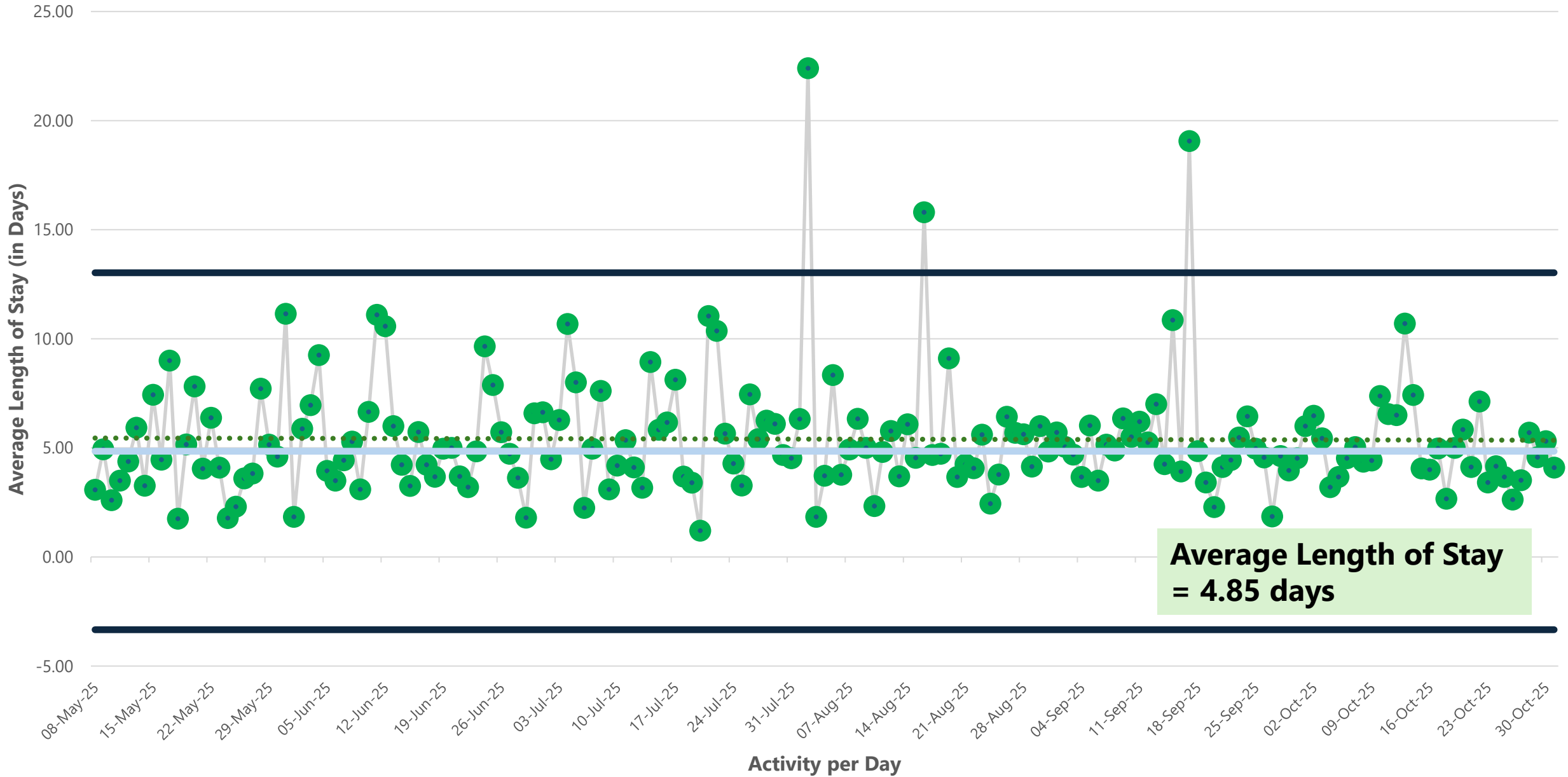


**Average No. of Admissions
= 24 patients per day**

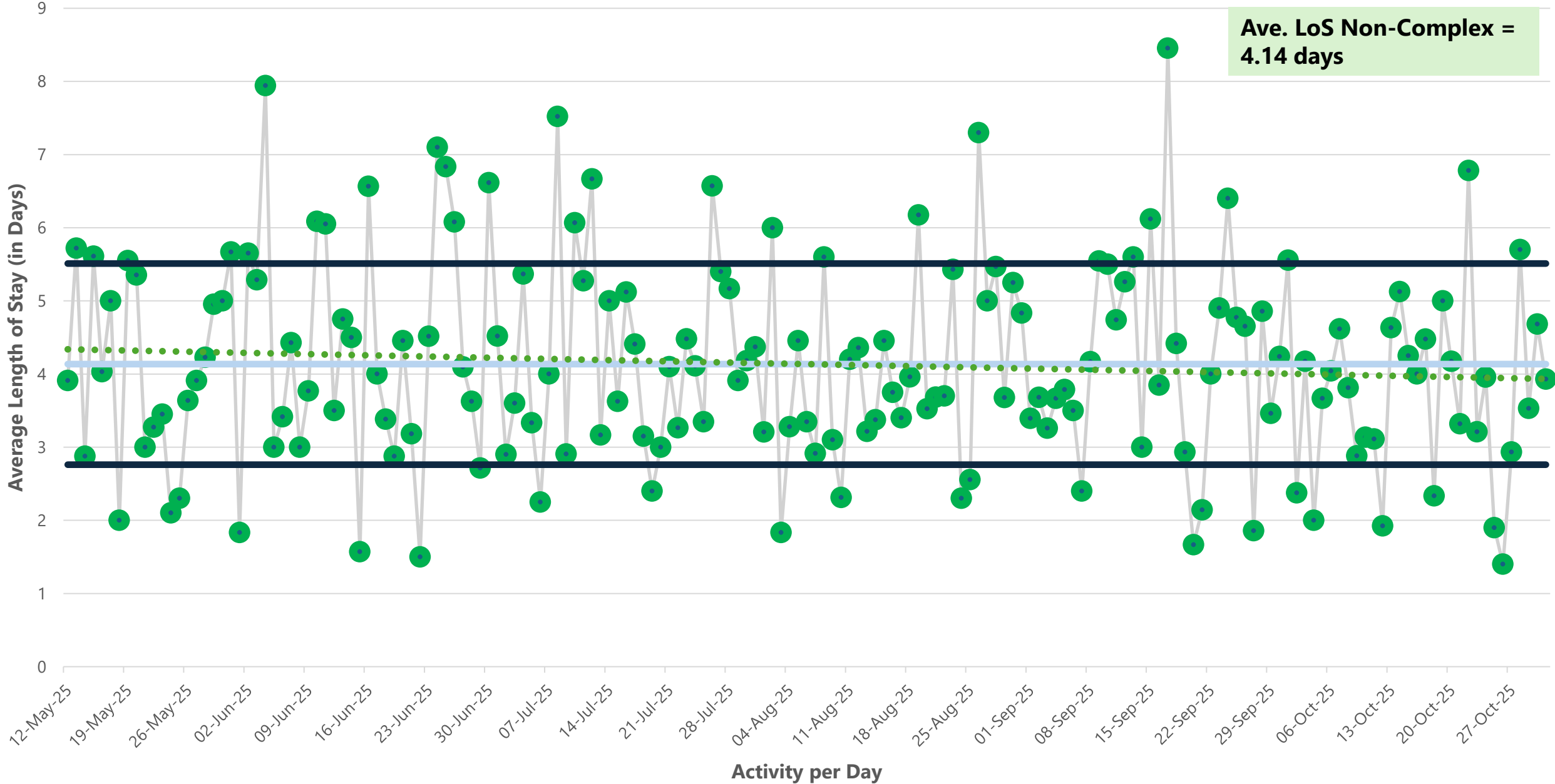
No. of IP discharges per day that are coded under Acute/General Medicine at DHH from 12 May 2025 to 31 October 2025



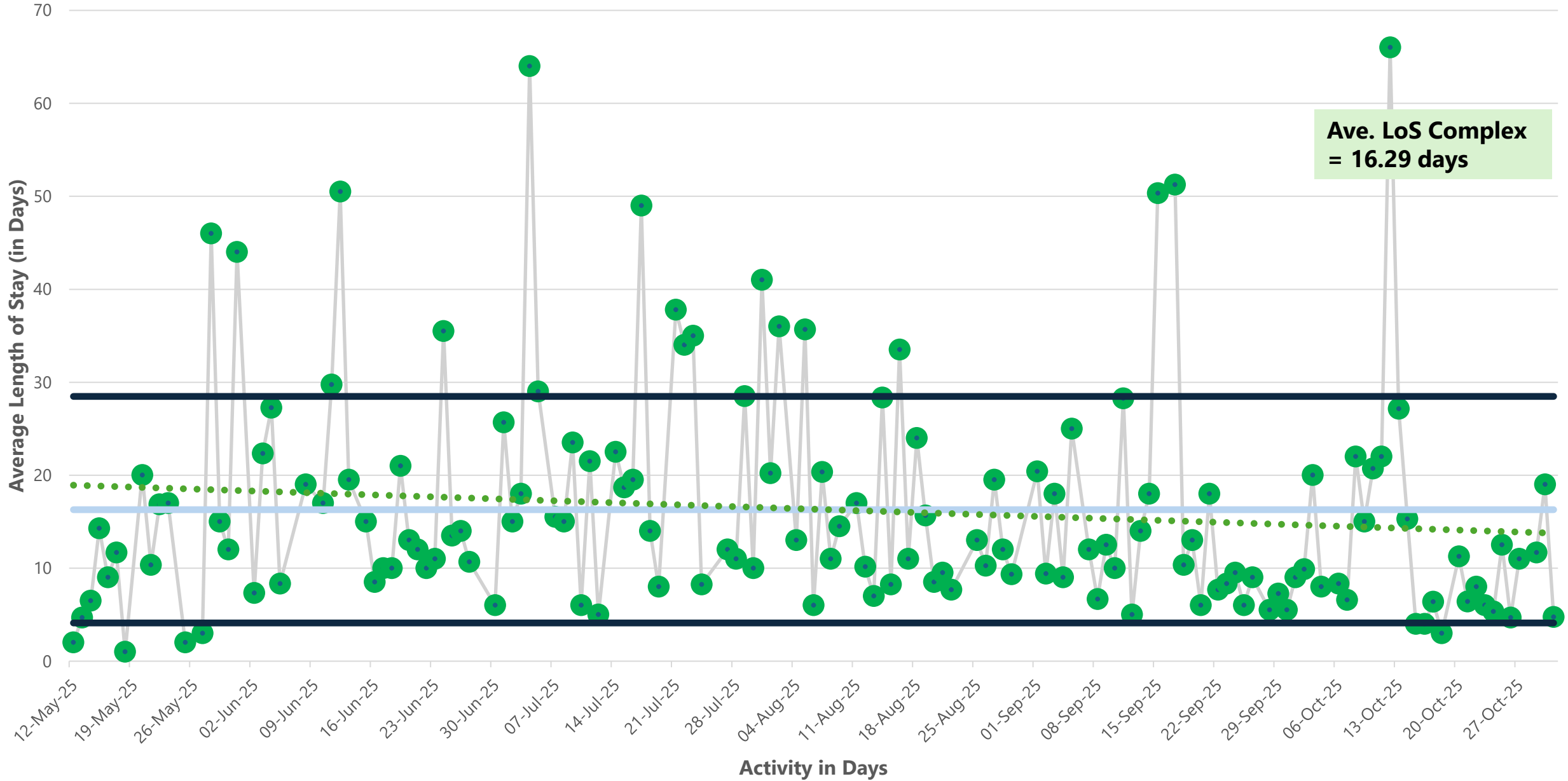
Average Length of Stay of Patients discharged from DHH and are coded under Acute/ General Medicine from 8 May 2025 to 31 October 2025 (total LoS data for Non-Complex and Complex Delays)



Average Length of Stay of Inpatients coded as Non-Complex under Acute/General Medicine at DHH from 12 May 2025 to 31 October 2025



Average Length of Stay of Inpatients coded as Complex under Acute/ General Medicine at DHH from 12 May 2025 to 31 October 2025



10 Common ED presentations that convert into inpatient admissions and their associated length of stay

Admission Diagnosis	No. of Admissions	Average Length of Stay	Admission Diagnosis	No. of Admissions	Average Length of Stay
Acute Coronary Syndrome (NSTEMI, Unstable Angina)	161	3.40	Cellulitis	51	9.53
Pneumonia (LRTI)	150	9.31	Seizure	47	4.10
Acute Kidney Injury	91	5.64	Delirium	43	13.5
Alcohol Withdrawal/ Intoxication	77	8.38	Atrial fibrillation	43	4.62
COPD	77	6.64	Collapse	39	4.06

Bed Modelling Scenarios – DHH Medicine

	Non-Complex	Complex	Geriatric Medicine	Recorded Deaths	Total No. of Occupied Bed Days	Net Inpatient Bed Requirement
Base Case: Current 2024 scenario	$8885 \times 3.54 / 0.90 =$ 34,948 beddays	$452 \times 25.17 / 0.90 =$ 12,641 beddays	$315 \times 40.92 / 0.90 =$ 14,322 beddays	$262 \times 12.60 / 0.90 =$ 3,668 beddays	65,579 beddays	180 beds
Scenario 1a. Take 10% off Average LoS for Non-Complex Discharges and 20% off LoS for Geriatric and Complex Discharges <i>with no change to LoS of Recorded Deaths</i>	$8885 \times 3.36 / 0.90 =$ 33,171 beddays	$452 \times 20.14 / 0.90 =$ 10,115 beddays	$315 \times 32.74 / 0.90 =$ 11,459 beddays	$262 \times 12.60 / 0.90 =$ 3,668 beddays	58,413 beddays	160 beds
Scenario 1b. Use LoS data from Scenario 1a but factor in a 3% reduction in admission rates <i>with no change to LoS of Recorded Deaths</i>	$8618 \times 3.36 / 0.90 =$ 32,174 beddays	$438 \times 20.14 / 0.90 =$ 9,801 beddays	$305 \times 32.74 / 0.90 =$ 11,095 beddays	$262 \times 12.60 / 0.90 =$ 3,668 beddays	56,738 beddays	155 beds

Medical Workforce

	DHH Medicine	DHH Renal Medicine	DHH Cardiology
Consultants	<p>4 Trust employed consultants Supported by 8 locum consultants, some of which with a sub-specialty</p> <ul style="list-style-type: none"> • 2 respiratory • 1 gastroenterology • 2 diabetes and endocrine <p>Rolling advert to recruit substantive consultants, with 2 already shortlisted for an interview on Jan'26</p>	<p>5 Trust employed consultants</p> <p>Supported by another Trust employed consultant who also covers Acute Medical Unit at CAH</p>	<p>4 Trust employed consultants</p> <p>Supported by 1 locum consultants</p> <p>All consultants in cardiology provide cross site cover</p>
SAS/ Specialty Doctors	<p>2 Trust employed SAS Grade doctors with a sub specialty in respiratory</p> <p>3 additional locally trained specialty doctors recruited – to commence between –Dec'25 – Aug'26</p>	<p>3 Trust employed SAS Grade Doctors</p>	<p>2 Trust employed SAS Grade doctors</p> <p>1 additional specialty doctor recruited and had commenced from Nov'25</p>
Clinical Fellows	<p>10 locally trained doctors were recruited as Clinical Fellows and were in post between Aug-Dec'25</p> <p>5 additional locally trained doctors have applied for clinical fellow posts, with interviews due to take place in Dec'25</p>		



Nursing Workforce

- 15.0 WTE newly qualified and locally trained nurses commenced between Sep-Dec 2025, with an additional 12.0 WTE due to commence on Jan'26
- Appointment of a Nurse Development Lead for DHH Medicine
- Recruitment of Advanced Nurse Practitioners

Further Developments to Rebuild Medical Services

- Medical Workforce Review January 2026
- Nursing Workforce Review
- Service Development
 - Business case to commission a 17-bedded Acute Medical Unit
 - Expansion of the Frailty Team in the Emergency Department
 - Re-evaluation of Demand and Capacity to enhance the DHH Day Clinical Centre
 - Review of top ten presentations to consider admission avoidance pathways
 - Cross Border and Inter Trust initiatives to rebuild specialty services on the DHH site
- Recruitment and Retention
 - Following Successful recruitment of 10 clinical fellows and 3 specialty doctors (*all of whom worked in DHH as NIMDTA trainees*)
 - Clinical Fellow Programme (Leading the Way)
 - Recruitment of ED Specialty Doctors and Clinical Fellows
 - Ongoing recruitment of substantive consultants
 - Recruitment Open Day
 - Training and Recruitment of Advanced Nurse and Clinical Practitioners
 - Nurse Development Lead and Chest Pain Nurse
- Share the Learning/ Quality Improvement Day Feb 2026