

Chief Executive Update on Emerging Issues and Achievements – for Trust Board (Public) on 8 January 2026

1. Emerging Risks/Updates on Risks

1.1 Royal College of Emergency Medicine (RCEM) – 8 December 2025 – Overcrowding and corridor care in Northern Ireland emergency departments **Dr Brian Armstrong**

A recent Royal College of Emergency Medicine (RCEM) and All Party Parliamentary Group for Emergency Care report highlighted the significant number of patients being cared for in chairs, corridors and ambulances in EDs across England, and the associated harm this causes.

Northern Ireland faces the same problem. RCEM's Trainee Emergency Research Network's (TERN) UNCORKED study found that found the proportion of patients in 'escalation areas' (such as corridors) was consistently higher than other UK nations with 1-in-3 patients (33.6%) in these spaces compared with an average of around 1-in-5 across the UK as a whole.

The fundamental issue remains delayed discharge, and the harm that comes from Exit Block. The Trust is working to develop more direct admission pathways for patients and in particular for elderly patients, and to strengthen our H@H service. We have discussed with NIAS how we could support them to reduce transfer to hospital.. Their data though suggests around 25% of ambulance crews are off the road due to delayed handover, which again leads to harm.

Latest BHSCT winter 2025/2026 update indicates unscheduled care services are under significant pressure from an unusually early and high surge in flu cases, which has reached record levels for this time of year.

Performance and Capacity: Adult ED waiting times remain challenged, however, ambulance response and handover times have generally improved compared to the same time last year due to earlier preparations, substantial investment and an increasing focus on "same day emergency care" SDEC,

community rapid response teams and expanding the Community Discharge Hub.

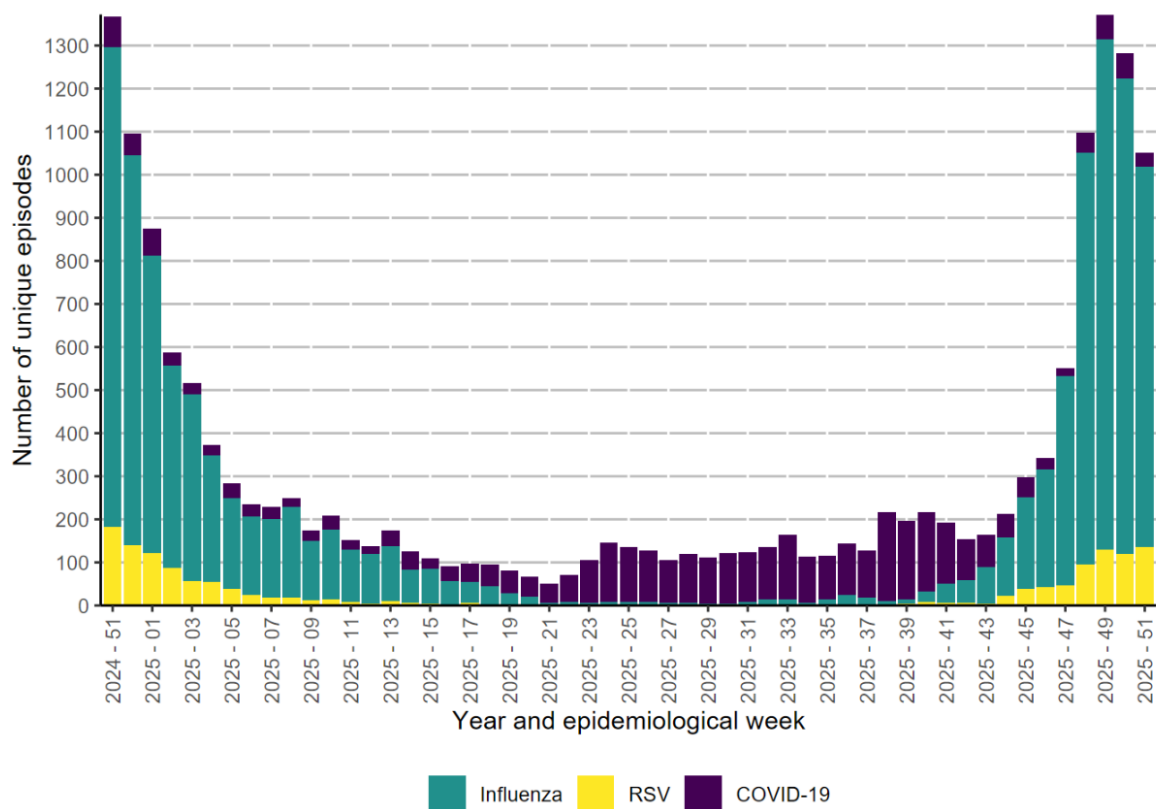
Outlined below is the latest BHSC Ambulance Handover Performance from 15th Dec to 28th Dec, compared to other NI Trusts, in regards to the 2 hours max backstop Target. The Trust performance is improving again, after a dip in early Dec.

% Handover Within 2 Hours by Site and Regionally 15 Dec 2025 - 28 Dec 2025



Date		Belfast		Northern		South Eastern	Southern		Western		Regional
		RVH	Mater	AAH	Causeway	Ulster	CAH	Daisyhill	Altnagelvin	SWAH	
15/12/2025	Mon	51.02%	70.59%	76.00%	54.55%	79.55%	58.14%	50.00%	87.88%	84.62%	69.35%
16/12/2025	Tues	80.00%	100.00%	69.05%	38.89%	39.47%	92.68%	81.82%	64.71%	94.74%	74.09%
17/12/2025	Wed	96.36%	100.00%	66.67%	41.18%	44.44%	86.49%	100.00%	90.00%	100.00%	81.00%
18/12/2025	Thurs	88.46%	100.00%	63.27%	89.47%	46.88%	100.00%	100.00%	90.48%	78.57%	83.66%
19/12/2025	Fri	80.88%	94.44%	61.70%	76.47%	51.16%	100.00%	95.45%	85.71%	89.29%	80.59%
20/12/2025	Sat	96.83%	100.00%	96.00%	84.00%	51.06%	97.44%	95.45%	66.67%	100.00%	86.10%
21/12/2025	Sun	94.03%	93.75%	82.00%	94.12%	53.85%	68.29%	84.62%	77.78%	100.00%	81.70%
22/12/2025	Mon	91.18%	86.36%	72.92%	70.00%	84.44%	68.18%	80.95%	94.87%	92.00%	83.94%
23/12/2025	Tues	94.59%	100.00%	100.00%	71.43%	93.48%	81.08%	88.24%	96.88%	100.00%	93.24%
24/12/2025	Wed	95.00%	100.00%	100.00%	100.00%	100.00%	97.56%	88.89%	97.22%	95.00%	97.27%
25/12/2025	Thurs	100.00%	100.00%	100.00%	95.00%	87.93%	100.00%	100.00%	100.00%	100.00%	96.95%
26/12/2025	Fri	98.67%	100.00%	100.00%	76.00%	94.12%	98.04%	92.00%	95.12%	81.82%	94.84%
27/12/2025	Sat	93.55%	100.00%	100.00%	85.00%	80.00%	92.16%	87.50%	92.50%	85.71%	91.67%
28/12/2025	Sun	82.14%	90.91%	86.54%	80.00%	47.37%	81.25%	77.78%	90.48%	93.75%	80.65%
Total		89.50%	94.84%	84.06%	75.63%	69.00%	87.58%	88.03%	87.82%	92.49%	85.51%
01 Dec 2025 - 14 Dec 2025		77.69%	89.23%	59.04%	74.52%	55.15%	66.07%	81.62%	89.30%	85.87%	73.59%
17 Nov 2025 - 30 Nov 2025		86.67%	90.05%	78.03%	85.45%	65.10%	72.91%	87.63%	90.54%	91.72%	82.23%

Flu Incidence & Vaccination: The vaccination programme is a key preventive measure. As of late December 2025



Staff Flu Vaccination

Table 1:

Number of Trust-employed HSCWs vaccinated and vaccine uptake by Trust

HSC employer	Number vaccinated	Population	Vaccine uptake
BHSCT	6,451	22,007	29.31%
NHSCT	3,295	12,126	27.17%
NIAS	372	1,543	24.11%
SEHSCT	4,346	11,273	38.55%
SHSCT	2,711	12,326	21.99%
WHSCT	3,206	11,775	27.23%

Table 2:

BHSCT - Number of HSCWs vaccinated and vaccination uptake by job role

Job role	Current number of vaccinations administered	Vaccine uptake
Admin & Clerical	796	21.37%
Estates Services	87	34.39%
Medical & Dental	1,245	61.03%
Nursing & Midwifery	2,045	26.85%
Professional & Tech	1,408	35.07%
Social Services	288	12.94%
Support Services	582	26.98%

2. **Key Achievements**

2.1 **Queens Nurse awards**

Mr Colin McMullan

Congratulations to Gillian McAleer, Andrea Bell and Martina McCarney from Adult Community and Older People’s Services who recently received the “Queens Nurse” title awarded by the Queens institute of Community Nursing (Qicn) in recognition of their commitment to leading and delivering high standards of patient care and continually improving practice in the community. Presentations were made by Michelle Bateman, QN, Deputy Chief Nursing Officer for England.

2.2 **Belfast Inclusion Health Service**

Ms Kerrylee Weatherall

Prior to the displacement of the Belfast Inclusion Health Service in July 2024, the Trust had been involved in lengthy negotiations for a considerable time to secure a city centre property for lease with the landlord of Donegal Quay, subject to planning permission being granted. The Trust has now received positive news that its planning application has been approved. The Trust is progressing the signing of a lease agreement, a business case and a design team to undertake the necessary works. The Trust remains committed, along with our delivery partners to a shared city-wide vision for a multiagency integrated ‘one stop shop’ model to support the health, social, emotional and accommodation needs of the homeless population and has been in liaison

with the Belfast City Council and Extern to scope the feasibility of further services working with the homeless population to co-join them in this location.

3. Other Updates

3.1 Role of Trusts in supporting innovation and research: the 150 day target for set-up of clinical trials

Mr Chris Hagan

Correspondence was received by all Trust Chief Executives from the Interim Permanent Secretary on 16 December 2025.

The key actions for the Trust arising from the correspondence are that HSC Trusts are expected to:

Monitor performance against the 150-day clinical trial set-up target, with a particular focus on commercial interventional trials. Performance at Trust level will be published via the HSC R&D Division web site and will be publicly available.

Embed monitoring of this target into routine governance: Ensure regular Trust Board-level review and presentation of data, holding the organisation to account and ensuring effective intervention and support.

Take immediate action: Boards should actively use the data to drive improvement.

Discussion will take place as to how BHSCCT responds to the challenges outlined.

3.2 Robotic Assisted Surgery (RAS) in BHSCCT

Mrs Tara Clinton

Through regional workshops, the Robotic sub group members agreed to support the delivery of Robotic Assisted Surgery in NI, with a coordinated regional specialism RAS approach.

Two key principles were agreed, a phased regional specialism implementation plan in place with HSCTs working collaboratively to reach this ambition, and

implementation of RAS in NI should be equitable and sustainable to improve patient and staff outcomes.

It was acknowledged some HSCTs were in a state of readiness for the implementation of the Robotic Assisted Surgery, and following a request from BHSCT a commissioning decision was made to support the development of RAS with BHSCT in line with the Regional Strategy through the provision of revenue funding on the approval of a business case.

To support future RAS growth and meet rising demand, plans are underway to procure a second robot for BCH theatres, capital funding has been secured via charitable trust funds. In addition, a further robot is being acquired from the city deals funding, and is being considered for a regional RAS theatre based in RVH Level 3 theatres. This site has been strategically selected due to its co-location with multiple regional surgical specialties (Thoracic Surgery, Cardiac Surgery, ENT/Head & Neck Surgery). This will also create an ideal environment for collaborative research, data sharing, and the development of high-quality clinical evidence, by introducing a multidisciplinary robotic hub.

Going forward the BHSCT robotic hub will support a regional training pathway once developed, and will be an integral part of the planned roll out of Robotic Assisted Surgery in NI.

3.3 Service Reconfiguration

Mr Colin McMullan

A review of service configuration on our acute sites has commenced with the purpose of considering the best location for services and opportunities to reconfigure and also with the aim of decongesting the Royal site. There has been discussions with Trust Board regarding service reconfiguration from September 2022 with references in several subsequent meetings. Throughout 2025 targeted engagement work has been undertaken with Care of the Elderly with representation from the Adult Community and Older People's Services and Unscheduled Care directorates. Several

workshops have been facilitated by the Planning and Equality Team throughout 2025 to look at options for the future configuration and vision for Care of the Elderly (COE). COE acute wards are currently in Ward C in the Mater, Ward 5E in RVH and Meadowlands 3, MPH. Care of the Elderly are keen for their 3 wards to be collated onto one site alongside an assessment area that could enable direct admissions to the ward. This would enable older people to be admitted directly to the ward and not have to go through ED. It would offer opportunity to strengthen pathways with Hospital at Home and other community services and also help with recruitment and retention of medical staff.

There has been extensive engagement with teams via several workshops, and also with trade unions, service user representatives and with individual professional staffing groups.

Executive Team had agreed the 2 options were to move the 3 COE wards and establish a direct access assessment area on either the Mater or BCH site. The Mater option would require other teams to vacate to another site to create space for the COE wards to move in. The Mater option would, however, enable COE teams to continue working alongside respiratory and other specialties. Executive team concluded that the BCH option was the most viable to take forward and offered the best opportunity to merge 3 wards (75 beds available) and establish a direct assessment unit.

A medical rota to cover BCH out of hours has been developed and will require approval by NIMDTA by March 2026 in order to start planning medical changeover for August 2026. This would be the effective date of the move for the BCH option.

The Mater Trustees were updated on 16th December.

The next steps will be to continue staff engagement, undertake management of change processes as requested by individuals, Standard Operating Procedures development, recruitment of existing medical vacancies, etc. The

implication of wards moving will also need to be considered in terms of clinical rotas across other sites.

Phase 2 of service reconfiguration has commenced and workshops are scheduled with several specialties. A plan for the vacated space in RVH, Mater and MPH will be agreed in the coming months.

The full paper of options for COE service reconfiguration is available upon request.

3.4 Corporate Plan

Mr Alastair Campbell

The Trust Board held an initial workshop in December 2025 to discuss the Trust's top strategic priorities for the next five years, aligned with government policy but tailored to our current circumstances and context. Following discussion, it was agreed that we would focus on the five key themes of our people, our patients, our performance, our partners, and our potential. We plan to use these themes as a basis for the Trust's new corporate plan, setting out how we will deliver the Department of Health's Reset Plan, while also focusing on our own organisational priorities, services and programmes. As the corporate plan will be the main strategic plan for our organisation, we believe it's essential that staff, service users and other stakeholders have an opportunity to have their say about what should go into the plan. In the coming weeks and months, we will be holding engagement events with staff, members of the public and other key stakeholders to further refine and develop the final document.