Unscheduled Care Assurance Group Progress Report

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Purpose: For assurance

Introduction and Background

1. Unscheduled Care pressures continue to be one of the top issues for the Trust. Pressures manifesting in Emergency Departments had reached serious levels in 18/19 and while the pandemic changed patterns of demand for a short period in spring 2020, the level of pressure is continuing to increase and is consistent with the trajectory in pre-pandemic years. While pressures are year round, the increase in respiratory infections intensifies pressures in the winter period.

2. The Royal College of Emergency Medicine has recently published a snap survey of the lead consultants across Northern Ireland's EDs. The document clearly articulates how distressing and challenging it can be for staff and patients working and receiving care under these circumstances. The document is available aon the RCEM website. https://rcem.ac.uk/wp-content/uploads/2025/12/RCEM_NI_ED_Corridor_Survey_Analysis_Dec2025.pdf

3. Recent changes in Belfast have made the Trust a leader in terms of regional performance. Nevertheless, the Trust is continuing to experience extreme pressures, with high levels of overcrowding in the Emergency Department, and a reliance on escalated, beds and spaces over our funded capacity. This paper provides an overview of the current position, key achievements, progress against commitments, and our priorities for further development.

Governance & Oversight

4. While the impact of unscheduled care pressures is felt most acutely in the ED, any solutions must focus on the entire patient journey. The Trust has established an Unscheduled Care Programme Board to oversee performance and to drive improvements. Under the new governance and assurance framework, this group will become the Unscheduled Care Assurance Group and will report regularly through the Performance and Transformation Committee. The Group is co-chaired by the Medical Director and the Director of Nursing and supported by the Planning, Performance and Informatics team.

5. In terms of regional oversight, there are a number of different mechanisms and reporting lines in place:
    i. A bi-weekly regional unscheduled care meeting, chaired by SPPG;
    ii. Escalated issues on our Support and Intervention Framework;
    iii. The Regional Control Centre (RCC) conducts a co-ordination role across all Trusts and collects data on key metrics multiple times each day.

Local and regional priorities for improvement

6. The Chief Nursing Officer and Chief Medical Officer are leading on a programme of work entitled *The Big Discussion* which is focused on improving unscheduled care quality and performance. The work is driving seven projects with representation from across Trusts and regional bodies. These are:
    i. Identification of Frailty in the 65+ Population across Primary Care and HSC;
    ii. Preventative visits for older adults with frailty (led by the Belfast Director of ACOPS);
    iii. Enhanced care in care homes (led by the Belfast Director of ACOPS);
    iv. End of life care;
    v. Provision of appropriate (realistic) care based on balance of benefit, risk, and need (with avoidance of over-investigation/over-treatment);
    vi. Frail Elderly Falls Pathway – Reducing Deconditioning and Avoiding Unnecessary Conveyance;
    vii. Advance care planning;
    viii. Fractured Neck of Femur Pathway Improvement Group.

7. The Trust received £2m growth funding during the summer to invest in unscheduled care. The priority for this funding was to reduce ambulance handover delays, with quantifiable improvements across ambulance handovers to be evident by Winter 2025.

8. Through the RCC, all Trusts have agreed the following priorities:
    i. NIAS and community demand management;
    ii. Same day emergency care (SDEC);
    iii. Improving patient flow through the hospital;
    iv. Creation of alternative pathways;
    v. Improving complex discharge pathways.

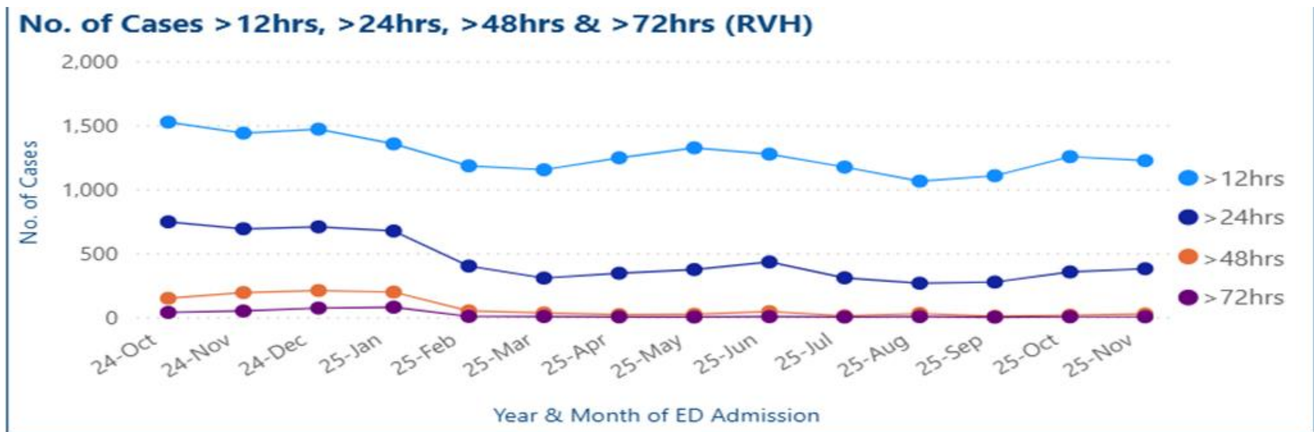
9. The Trust's Winter plan and the workstreams established in the Trust's USC Assurance Group also reflect these priorities. A full progress update on actions in the Winter Plan is included at **Annex 1**.

Reduction in long waiting times

10. The Trust continues to make significant, measurable progress in reducing prolonged Emergency Department waits.

11. A major contributing factor has been the redevelopment and operational redesign of Acute Medical Unit 2F in January 2025. The transformation of Ward 2F into a high-performance AMU with timely senior medical review and early decision making has directly contributed to improvements in >12 hr waits. As a result of this change, there has been a significant reduction in the number of patients waiting on trolleys in the RVH Emergency Department.

12. Since October 2024, this has resulted in:
    i. Average DTAs decreased from 39 to 24 (28.5 % reduction);
    ii. Maximum DTAs reduced by 30% from 74-52;
    iii. Average number of patients waiting >24 hours in ED reduced from 6-4.



No. of patients waiting more than 12/24/48/72 hours at RVH

Ambulance Handover

13. Across Northern Ireland, ambulance handover times have deteriorated significantly and persistently over recent years. There is a strong culture in Belfast EDs of turning around ambulances as quickly as possible. The ED teams have put additional effort into this and this is reflected in our performance. SPPG wrote to the Trust in December to commend our team on their continued performance despite high numbers of ambulance arrivals:

"Performance data for November shows that despite having the highest number of ambulance arrivals (1,297), the Royal Victoria Hospital had 139 delays over the 2.5-hour threshold, representing 7% of all ambulance arrivals. Of the larger emergency departments, this is the best performance, equal with Altnagelvin Hospital. At the Mater Hospital, 4% of arrivals breached the 2.5-hour threshold, equating to 21 ambulances of a total of 490 arrivals.

Overall, BHSCT has maintained its improved ambulance handover performance, which is a significant achievement given the sustained pressures across the system. I want to acknowledge and commend the continued efforts of your teams in delivering these improvements and supporting patient flow."

Hospital Site	Ambulance Arrivals	Number of delays >2.5 hours	Ambulance Handover Delays/Total Ambulance Arrivals
Ulster Hospital	1297	383	30%
Craigavon Area Hospital	1250	268	21%
Antrim Area Hospital	1512	272	18%
Causeway Hospital	588	57	10%
Daisyhill Hospital	577	44	8%
Royal Victoria Hospital	1981	139	7%
Altnagelvin Hospital	1127	76	7%
Mater Hospital	490	21	4%
South West Acute Hospital	640	15	2%

Regional Ambulance Handovers: November

Same Day Emergency Care (SDEC)/Ambulatory Pathways

14. The Trust has an ongoing focus on protecting ED capacity for emergency care, by supporting the prevention of unnecessary hospital admissions by developing appropriate alternative pathways; as well as improving patient flow through to discharge and enhancing community care.

15. We have used a proportion of the £2million growth funding to introduce a Regional Emergency & Acute Care Therapy Team (REACTT) model. This aims to develop an ED Falls & Frailty MDT, providing rapid & early assessment of elderly patients and reducing inpatient admission rates for frail, older people. The model ED aligns with national best practice guidance, improves patient safety and experience, and helps meet operational performance standards.

16. Since October 2025, the team have provided acute geriatric assessments for older adults aged > 64 in the ED. Patients who are most likely to achieve same day discharge are prioritised. The REACTT Team’s complements the strong

integrated community pathways, including Acute Care at Home, Discharge2Access, Geriatric Falls Clinic and the Acute Frailty Unit.

17. The November Highlight report indicated that after six weeks of introducing the REACTT model, 242 patients had been reviewed – 77 of whom were admitted (31.8%) of frail, older patients. There was a daily average of 8 patients. In comparison, control data of a similar patient cohort in May/June 2025 had an admission rate of 58%, representing a 45% reduction in admission rates as a ratio.

18. The mean time to ambulance off-load was 71 minutes in contrast to 118 in May/June period. The median time to assessment from first registration was 67 minutes in contrast to 170 in May/June period. The median time to DTA/discharge was 191 minutes versus 465 in the May/June figures. Readmission and mortality rates are well below national averages.

19. Services across the Trust have put in place direct or rapid access pathways for unscheduled patients. Trust staff have compiled a fully updated list of all direct access and rapid access pathways across all specialties, as well as the relevant contact details for each service. This has been shared with NIAS and primary care providers and will be developed into a more user friendly page tiger format in the coming weeks.

Discharge

20. Through the USC Assurance Group, the Trust established a Discharge Steering Group in November 2024. This oversees two distinct subgroups on the Community Discharge Model and Discharge Coordination (Simple and Complex) and Specialty Pathways.

21. The group has used a quality improvement methodology to roll out education measures to improve the calibre of data quality and enhance recording. All RVH wards have undertaken discharge quality improvement projects, and they report regularly to the Discharge Coordination and Specialty pathways subgroup.

Use of data

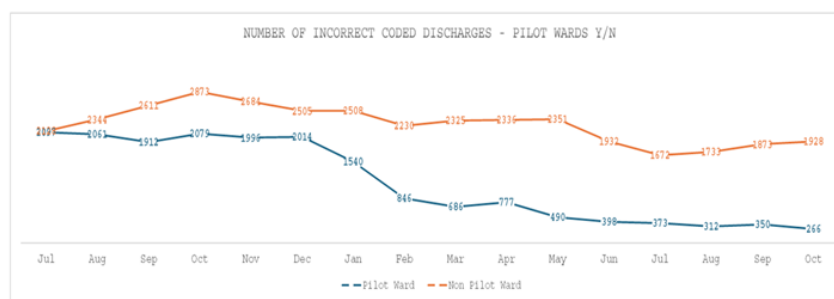
22. A Complex Discharge Business Intelligence dashboard has been developed to enable stronger performance management. There are twice daily complex discharge meetings on the RVH site at which it is reviewed and actions agreed.

23. The group has reviewed and updated patient correspondence on admission and undertaken a patient experience survey. Work is underway to update the Reluctant Discharge Policy and associated guidance has been developed, based on legal advice from Directorate of Legal Services.

Coding of medically fit patients

24. Quality Improvement work has been undertaken to improve the recording of discharge. Since the introduction of Epic, there has been a trend of under recording of simple discharges. From January 25-May 25, there were 5611 coded as simple discharges, compared to 17809 in the same period the year before. This can have a direct impact on discharge delays.

25. A pilot project commenced with the ward clerk designated as the person responsible for recording discharge and this has significantly improved recording in wards in the Royal, Mater and BCH.



Coding improvement following pilot

26. The team has also taken the following measures:
    i. Developed a Standard Operating Protocol, to clarify and reiterate roles and responsibilities as regards delayed discharges;

ii. Communication and checklists for ward areas re the process for discharge escalation process and the concept of the golden patient (to identify patients for next day's discharge so that elements of the patient's discharge can be arranged in advance);

iii. One whole time equivalent Trusted Assessor is in post in the Royal, and the role has been reviewed.

iv. Weekly meetings have been established with Beaumont Independent Care Home Providers.

v. An audit was undertaken to identify high referral rates.

Simple Discharges

Belfast Trust

Simple Discharges

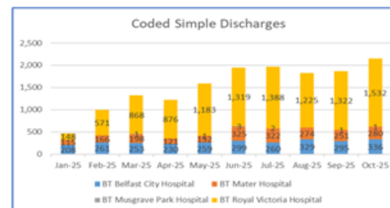
Jan 25 - Oct 25

By Month - By Hospital - By No of Simple Discharges

Source EPIC

excludes Complex and Transfers

Discharge Month	BT Belfast City Hospital	BT Mater Hospital	BT Musgrave Park Hospital	BT Royal Victoria Hospital	BT Northern Ireland Cancer Centre	TOTAL
Jan-25	208	115		148		471
Feb-25	261	166		571		998
Mar-25	253	198	1	868		1,320
Apr-25	230	121		876		1,227
May-25	259	152	1	1,183		1,595
Jun-25	299	325	3	1,319		1,946
Jul-25	260	322	2	1,388	1	1,973
Aug-25	329	274		1,225		1,828
Sep-25	295	251	1	1,322		1,869
Oct-25	336	280	1	1,532		2,149
Jan 25 to May 25 Total	*1,211*	*752*	*2*	*3,646*	*0*	*5,611*
Jan 24 - May 24 Total	*2,287*	*2,029*	*1,917*	*10,895*	*681*	*17,809*
Variance	*-47%*	*-63%*	*-100%*	*-67%*	*-100%*	*-68%*



Simple Discharges: January – October 25

27. As a result of this work, the team has maintained improved performance in terms of discharge activity.

Care Homes

28. Support to care homes is ongoing and the group have identified the following potential tests of change:

i. Development of Advanced Nurse Practitioner into care homes;

ii. Creating a pathway for replacement of tubes;

iii. Direct referrals from Care Homes to Hospital at Home service;

iv. Widening of respiratory team criteria;

v. Development of mobile x-ray unit.

29. A trainee Advanced Nurse Practitioner commenced training in September 25 and it is envisaged that another one may commence training in 2026.

30. The group is continuing to gather data on baseline to identify if changes made are delivering the improvements needed. Further details will be provided in future reports.

Fractures

31. Current demand for Adult Fracture services in the Royal Victoria Hospital (RVH) is significantly in excess of funded capacity levels in terms of Fracture theatres sessions, beds and associated staffing. Due to the increase pressures, a significant number of fracture patients are sent home to wait for a delayed admission date for fracture surgery.

32. In particular, there is an unacceptable delay for neck of femur (NOF) patients. Trust Board has been advised previously of the tensions between providing regional specialist services and local DGH services. The RVH is the designated Major Trauma Centre (MTC) for Northern Ireland. The capacity required to deliver this means that DGH capacity (e.g. hips) is reduced. As a result of this, despite delivering the 2nd highest number of hip operations in the UK (a dedicated orthopaedic hospital delivers the most), our performance on time to theatre for NOF patients is the worst in the UK.

33. Across the UK, the average number of NOFs delivered in a MTC is 429. The RVH carries out approximately 1100. Overall, only 17% of NOF in the UK are done in MTCs, with 83% done in DGH units. The RVH is doing 46%.

34. Increasing fracture activity can only be done within current resources at the cost of elective activity. This is resulting in cancellation of elective activity to ensure the unscheduled fracture patients are seen in a timely manner. Up to 10 elective lists per week are cancelled to switch to trauma lists in MPH.

35. A Revenue Business Case for approximately £4million has been submitted to SPPG for Investment in Trauma and Orthopaedic Service. If secured, this will be used for additional recruitment to provide stabilisation for current pressures and demands, and implementation of an additional three fracture theatre sessions, with six additional beds in the RVH.

36. Until the recurrent money is allocated to deliver the additional fracture sessions in-hours from April 2026, additional fracture evening sessions have been scheduled. This commenced with one additional list week of 17th November, and it is anticipated that this will increase to two additional lists per week January – March 26. The service aims to facilitate 25 - 30 additional lists between November and March.

37. This will not be a simple issue to resolve, particularly in the context of limited investment. Meetings have been arranged in the New Year with the SPPG and the RCC to discuss options to increase demand and also to manage demand more effectively across Northern Ireland.

Next steps

38. There have been very significant improvements in unscheduled care in Belfast Trust due to the interventions introduced by members of this group. The Trust is now the strongest performer in Northern Ireland in this area.

39. Nevertheless, the Trust is still operating above funded capacity in order to maintain flow through the hospital, with 40-60 patients routinely being cared for in temporary beds across the hospital every night and ongoing crowding in the emergency department.

40. In addition to progressing the work being taken forward through the Trust's winter plan, and the significant regional work on the Big Discussion, we are planning to focus heavily on the expansion of SDEC and direct access pathways for patients.

41. The Trust's involvement team has also developed and carried out a survey of ED attenders in order to find out more information on the reasons for attending our EDs. The results of the survey will help to inform the future direction of work in this area.

Recommendation

42. Trust Board is asked to note:
    i. the governance and oversight arrangements for unscheduled care improvement in the Trust;
    ii. The considerable work that has taken place in recent months and the plans for how this will be developed; and,
    iii. The significant improvements in performance that have led to a de-escalation of the two Support and Intervention issues.

Annex 1: Winter plan – action timescales and RAG rating

Reducing Ambulance off load Times

Winter Plan 25/26 Priority	Trust Action plan	Status, as per 11.12.25
Building capacity for care in people's own homes	Continued focus on admission avoidance for respiratory patients on the Community Respiratory Team caseload, through home assessments, clinic attendance, in-reach into residential and Care homes especially for those on home oxygen or home ventilation. Operational Monday – Friday 8:00am – 6:00pm Additional staffing to maximise District Nursing Capacity to deliver OPATS/IV antibiotics at home.	In Place
Provide additional support to healthcare within Care Homes	Community Emergency Response Team on call arrangements in place Senior Community Discharge Hub @ Social Work Hub Rota in place. Senior staff will be on RVH site on weekend and bank holiday periods (exception Christmas Day) - Continuous acceptance of referrals and facilitation of admissions up to Christmas and from 23 Dec – 5 January 2025 - Focus throughout December 2024 on discharging patients home from hospital and from all blocked independent sector contract beds to free up capacity	In place
New Rapid Emergency & Acute Care Therapy Team in ED	A proportion of SPPG Growth monies have been used to secure a **Regional Emergency & Acute Care Therapy Team** (REACTT) model. It aims to develop an ED Falls & Frailty MDT providing rapid & early assessment of elderly patients and reduce inpatient admission rates for frail, older people. This is achieved through a senior decision-maker being available to identify suitable patients. REACTT is a team-based approach with a multi-disciplinary rapid assessment team deployed at peak times. Implementing a REACTT model in the ED aligns with national best practice guidance, improves patient safety and experience, and helps meet operational performance standards. Since October 2025, the team have provided acute geriatric assessments for older adults aged > 64 in the ED. Patients who are most likely to achieve same day discharge are prioritised. The REACTT Team's complements the strong integrated community pathways, including Acute Care at Home, Discharge2Access, Geriatric Falls Clinic and the Acute Frailty Unit.	In place

Winter Plan 25/26 Priority	Trust Action plan	Status, as per 11.12.25
Expand SDEC (Same Day Emergency Care)	New clinics set up for Gynae, Neuro and Respiratory, and medical consultants and Imaging to review current arrangements in relation to imaging of patients with hip pain and requiring lower limb Dopplers to aid more timely access to assist SDEC. Surgical Ambulatory Unit established 6th January 2025 to provide investigations, care and treatment for the ambulatory emergency surgical patients who would otherwise require admission to hospital.	In Progress
New Hepatology Hot Clinic	Hot clinic based in ACC. Commenced 18 Nov 2025. This will allow selected liver patients presenting to ED to be diverted to hot clinic in ACC (such as decompensated cirrhosis with bilirubin <100). The clinic will also allow earlier discharge for patients requiring very close monitoring. New hot clinic will also be used as an ED alternative.	
Phone First	This service currently only Monday to Friday 08:00-18:00, outside of this, calls are redirected to GP	In Place
Improved weekend alternative pathways - Adults and Children	Belfast Trust currently operate the Multi Agency Treatment Team providing cover for NIAS control Fridays and Saturdays 7pm-3am, and Sundays 3pm-11pm , to improve weekend alternative pathways 24/7 Oncology and Haematology telephone advice/ triage service. With rapid assessment and treatment Extended hours of Children's Programmed Treatment Unit to 7/7 day service	In place
Remodel for patient-centred palliative and end of life care	A single point of contact for community palliative and end of life patients to access services to support and maintain patients at home. Operational Monday - Friday 9:00am - 5:00pm	In place
Skill-mix reform in our Primary Care Out of Hours service	GP OOH now has changed to Primary Care OOH and benefits from a multi-disciplinary skill mix including nurse, paramedic and pharmacy Available from 6:00pm – 8:00am for urgent medical attention by telephone triage and assessment only OOH.	In progress
Enhanced capacity with Hospital at Home service	Senior medical & Nursing cover provided across H@H and the 3 Meadowlands wards for decision making and discharging	In place

Winter Plan 25/26 Priority	Trust Action plan	Status, as per 11.12.25
	H@H operational accepting new referrals over 7 days New referral guidance in place from Dec 2024 - NIAS will refer all over 65year old care home residents and 75+ year olds who reside in own home and who meet criteria to H@H service Nursing and medical cover rostered for Community Nursing over the holiday period.	
In addition to Winter plan 2025/2026	Alternative ambulance discharge transport from discharge lounge	In place
	ED Ambulance Navigator - Escalation	In place

Reducing Time in Emergency Departments

Winter Plan 25/26 Priority	Trust Action plan	Status, as per 11.12.25
Provide alternatives to ED e.g. Urgent Care Centre, Acute Medical Assessment unit and Acute Frailty Assessment Unit	New model for management of Acute Medical, Care of Elderly and Respiratory Patients (Live Take) Acute Frailty Assessment Unit operational 24/7 including bank holidays and 2F will remain as Short Stay Unit until new model is implemented on 13th January 2025. Medical and Nursing cover in place over public holidays (offered all Junior Doctors the opportunity of working 27th December as locum shifts or time in lieu) Lead Consultant is clearly identified for each shift & on call rota developed - Senior Decision Makers available 24/7	Partially in place
Consideration for virtual clinics, rapid access arrangements, service helplines and patient-initiated follow-up.	Rapid access clinics / Slots to ensure available slots to facilitate flow for ED patients and aligned to improving utilisation of SDEC Zone B Rapid access clinics on CCG for GPs to refer to ambulatory cardiology unit, ENT, Paediatrics and Gynae. An additional CCG has been established for Urology. A virtual clinic project group has been established and is chaired by CCIO/DMO to roll out more virtual wards A directory of services has been developed to highlight alternative services including helplines, rapid access pathways and CCG pathways	In progress

Winter Plan 25/26 Priority	Trust Action plan	Status, as per 11.12.25
PATH (Psychiatric Assessment and Treatment Hub)	Operational 24/7, include 5 recliner chairs including holiday period Winter pressures may force temporary downturn	In place
ED transfer teams	Fully operational & expanded RVH Discharge Lounge to support NIAS off-load from 7:00am - 11:00pm	In place
Mental Health Liaison service	Primary Care OOH can provide support for patients requiring mental health assessment in the community and ED depts. (RVH urgent care GP will also support for RVH) Concern re lack of voluntary LES uptake by GPs during day leading to lack of capacity to undertake mental health assessments.	OOH support in place Not sufficient capacity in GP practices re LES to undertake MH assessments
Expanded number of fracture theatre lists	Comprehensive fracture service available inclusive of public holidays - only exception is Christmas day. Fracture procedures planned ahead of holiday period and ensure patients REPAT back to resident Trust. - Speciality escalation plan will be implemented if there is a surge in fracture admissions. - Contacts for MPH in the event of having to transfer patients to create additional capacity (if elective patients are to be cancelled to allow fracture patients to be transferred to MPH the Co-Director T&O / Director to authorise)	In place
Direct access clinics within RBHSC	Available slots within clinics to facilitate flow for ED patients and alternatives to ED attendance	In Place
In addition to Winter plan 2025/2026	Previous uplift of 5 additional beds in RBHSC, is now a new baseline. RBHSC will continue with Consultant of the Week model over Holiday period.	In Place

Timely Hospital Discharge

Winter Plan 25/26 Priority	Trust Action plan	Status, as per 11.12.25
Increase number of social workers (x 2 posts) who support discharge planning	Discharge Hub & Social Work, Intermediate Care and Community Nursing cover in place across seven days to facilitate discharges (exception Christmas day)	In Place
Provide enhanced support within Discharge hub	Twice weekly escalation meetings in place with SET, daily fracture meeting in place with NHSCT and weekly meetings in place to focus on all other NHSCT delays. Daily discharge huddle meetings scheduled twice daily over Monday - Friday and on once daily on Saturday and Sunday - Rapid response domiciliary service in place to facilitate same day discharges home and to prevent hospital admission - All wards provide assurance that patients have been reviewed and equipment ordered	In place
Aim to provide Discharge co-ordinators for most medical specialties	Respiratory Nurse Specialist in place to support the Royal Emergency Departments (Operational Monday – Friday 8:00am – 6:00pm) to facilitate the earlier discharge of asthma and COPD Named points of contact identified on each ward	
Appoint a second Trust Assessor	Out for recruitment	
Twilight service for NISTAR	Fully Operational for twilight nurse led transfers Stand up of Twilight service 3-11pm. Initially for Friday-Monday cover, as greatest demand, would require funding for 7/7, to secure sustainability.	
Improving capacity across blocked Care Home beds provision	Focus throughout December on discharging patients home from hospital, and from all blocked independent sector contract beds to free up capacity	In progress
In addition to Winter plan 2025/2026	Microbiologists to commence review of Musgrave Park Hospital patients on IV antibiotics to support earlier discharge.	In Progress
	Internal RESET Week took place Monday 6th January 2025	In progress

Protecting Elective Care

Winter Plan 25/26 Priority	Trust Action plan	Status, as per 11.12.25
Consideration for admission on day of surgery	Admission on Paediatric Same Day of Surgery model will require additional investment in pre-assessment. IPT being drafted.	In progress
Continue working regionally to reduce length of stay and address waiting lists	Regional REPAT protocol to be further developed Currently covers multi- specialties including paediatrics, overseen by RCC	Interim measures in place
Continue partnership working with the Independent Sector	Aim for 90% of anticipatory care planning will be in place for those Independent Sector Care Home residents who are at the end of life or palliative stage. Continue to provide in-reach support to independent sector Nursing Homes to implement the key priorities identified in Enhanced Clinical care Framework. Continue to track residents from hospital who attend ED to identify appropriateness of attendance and learning for alternative pathways to be explored. Independent sector care home providers to share their on-call arrangements and to share available bed capacity.	In progress