



<b>Title of Paper: <u>Unscheduled Care Pressures – January 2026</u></b>		
<b>For Decision</b> Requires majority decision prior to implementation or action	<b>For Discussion</b> Requires consideration and debate.	<b>For Noting</b> Contains information Members should be made aware

## 1.0 Background

The Urgent and Emergency Care system across Northern Ireland has faced significant challenges for a number of years, despite investment and reform. Whilst pressures have developed in Emergency Departments over years due to increasing attendances, the primary reason for these pressures has been, and remains, the inability to safely flow patients who require inpatient care through the health and social care system. January 2026 has seen increased pressures in all hospitals across Northern Ireland, with high numbers of admissions in EDs, lengthy waits to be seen by a clinician, excessive ambulance handover times and delays in discharge from hospital

The Trust has taken a collaborative approach to managing risk across the unscheduled care pathway through its Hospital and Community Flow Oversight Group, led by the acute and community directors. In December 2025, this governance arrangement was strengthened with Medical Director and Executive Director of Nursing assuming the leadership role of the Hospital and Community Flow Oversight Group.

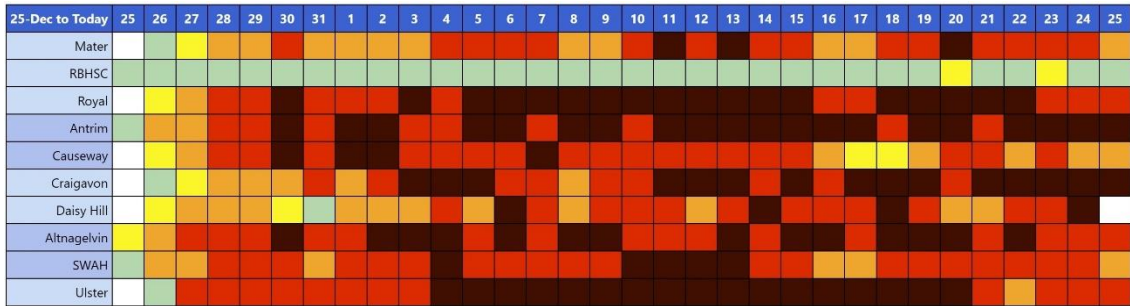
The Trust received £2m (FYE) recurrent investment from SPPG in 2025/26, which has been prioritised to support pathways and services that reduce the pressures within ED, primarily focused on the care of the older person.

The Trust published its Winter Plan, along with the Department of Health and all other Trust's on 16<sup>th</sup> October 2025, which was developed along four main themes:

- **Think Home First** – supporting and caring for people in the community and in their own homes if possible
- **Alternative Urgent Care Services** – providing an alternative range of services to prevent ED attendance and avoiding hospital admission
- **Improving Flow** – focusing on flow through and out of hospital to ensure patients are seen, treated, and discharged as quickly and safely as possible
- **Improving Discharge Processes** – ensuring timely discharge is vital to supporting recovery

## 2.0 Key Issues

The past three weeks has seen sustained pressure on the Trust's hospital and community teams, which is highlighted below on the Regional Escalation Tool. This shows the Ulster Hospital remained in the highest level of escalation every day from 4<sup>th</sup> January 2026 to the 20<sup>th</sup> January 2026.



This has resulted in patients experience delays in accessing care in our Emergency Department, both for those who self-present to ED and those who arrive by ambulance. This has been an incredibly difficult time for patients and staff as the Trust attempts to maintain the safety of the care it provides during a period of highest escalation.

During this period, initial analysis shows:

- Non-elective admissions were not significantly increased from the same period last year
- Discharge performance was strong (averaging over 600 discharges per week).
- Ulster Hospital length of stay for non-complex discharges is reduced by over 1 day compared to January 2025, and over 0.5 days for complex discharges.

Length of Stay in days (Ulster Hospital)*	Jan 2025	Jan 2026	Change
Non-Complex	7.0	5.8	-1.2
Complex	12.5	11.9	-0.6

\* data from 1-18 January

- Patients waited significantly long times in ED for admission to an inpatient bed
- Elective work was carefully scheduled to protect urgent, cancer, and regional work
- Intensive Care was carefully managed as part of the regional network to ensure capacity available for those who required ICU level care
- Prioritisation of patient safety led to plan to maximise onsite bed capacity
- Patients have presented with more complex onward care needs compared to 2025, leading to an increase in those in hospital who have required additional community support for discharge. (8% increase in complex vs simple discharges)
- Hospital at Home has been operating at full capacity during this period across all 3 locality areas, including taking patients directly from the NIAS control team prior to an ambulance being dispatched.

**3.0 Resources Implications (inc Organisational, Financial, Human Resources)**

Despite significant financial challenges facing the Trust, patient safety has, and remains the Trust’s top priority. The Trust therefore made a decision to maximise bed capacity in a planned way to ensure this could be delivered in a safe and cost-effective manner, seeking to reduce reliance on agency staff.

#### **4.0 Impact on Safety, Quality and Experience (SQE)**

There is no doubt the experience of staff and patients is not in line with what is expected or deserved. At times of such significant pressure, the operational teams will prioritise the safety of the patients receiving care. This will mean that some will not have the experience SET would want and may wait longer for care than is acceptable or may not receive their first choice of community care arrangements.

The Trust has been managing our response to these pressures very closely. This has included, but not limited to:

- Multiple daily safety briefings, led by Director and Assistant Directors
- Maximising available hospital beds
- Increasing staffing in relevant areas
- Prioritising actions that support discharge
- Enhanced medical leadership engagement sessions
- Reducing non-clinical activities to support service delivery
- Daily communication to key staff in relation to service pressures
- Maximising community capacity including use of the relevant escalation processes
- Support our Northern Ireland Ambulance Service colleagues, the Trust prioritises and ensures compliance with Category 1 release requests.

Ensuring support to staff has critical over this time, and Trust senior managers have been prioritising visibility and direct support to our staff delivering care.

#### **5.0 Key Risks and Proposals to Mitigate**

The Director of Unscheduled Care, Medicine and Cancer and Director for Primary Care and Older Peoples Services provide a weekly update to the Executive Management Team, alongside a detailed weekly report provided by our Performance and Information team. This allows EMT to make decisions in relation to mitigation with the most relevant, accurate data available.

The Trust continues to monitor pressures very closely to balance clinical risk across services. The Trust is focused on reducing pressures on the Ulster Hospital site primarily by improving flow and reducing overcrowding in ED. The Trust will continue to engage with SPPG colleagues in relation to demand and capacity challenges that exist, as well as taken active part in regional for a to highlight and progress improvements.

The key actions to deliver the improvements within the Trust's control are collectively held in the Hospital and Community Flow Locality Plan and are overseen through the Hospital and Community Flow Oversight Group.

**Lead Directors:**     **Marc Neil, Director of Unscheduled Care, Medicine & Cancer & Veronica Cleland, Interim Director of Primary Care & Older People's Services**

**Date:**                **26 January 2026**