

SET Unscheduled Care Ambulance Handovers and Winter Preparedness

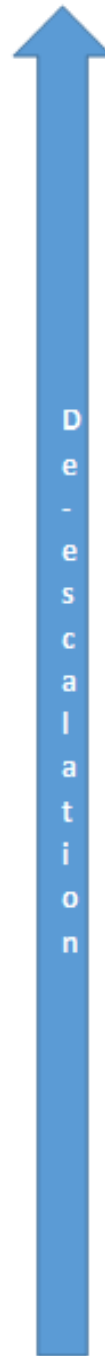
Trust Board Update
26 November 2025



Support and Intervention Framework

Escalation and Intervention Levels

E s c a l a t i o n	<p>Steady state – no intervention required – Trust generally operating effectively – any issues picked up through routine oversight arrangements</p>
	<p>Level 1 – area of concern identified- emerging, potentially serious concern to service delivery, quality, safety, effectiveness– Informal level of support and guidance but no intervention e.g. Failure to demonstrate budgetary control and/or insufficient focus on productivity/efficiency. Notified in writing. Local recovery plan required. More frequent monitoring</p>
	<p>Level 2 – enhanced monitoring of area of concern –issues not resolved by Level 1 or direct escalation to level 2 given seriousness. Local recovery plan and enhanced monitoring – regular meetings at Director level– need to show proactivity e.g. ongoing performance challenges, risks with no identified action/timetable</p>
	<p>Level 3 – enhanced monitoring and support for provider – where previous concerns not resolved at levels 1 or 2, scale of concern, systemic concerns or ongoing performance challenges – Formal recovery plan –proactive approach, clear milestones and responsibilities – significantly enhanced monitoring and scrutiny. Trust CE to cooperate and provide leadership re agreed recovery actions</p>
	<p>Level 4* - senior external support for provider. Targeted intervention – decision taken by Perm Sec. Failure to deliver recovery plan at level 3, significant weaknesses re financial sustainability, reputation, governance, quality of care or patient safety. DOH take/coordinate action and direct intervention to support Trust. Interventions undertaken by SPPG as directed by Perm Sec. Appropriate external support may be given to Trust. E.g. Mentoring for Board/ET members - co-opting experts onto Board as Independent Advisors for finite period. DOH Review.</p>
	<p>Level 5* - Intervention at HSC Board level- Decision by Health Minister as advised by DOH/SPPG/PHA. Involves exercise of Ministers' power of intervention. Only used in exceptional circumstance. Targeted support, suspension/removal of duties from individuals or whole Board. Assessment through quality surveillance, existing knowledge, formal and informal investigations. Draw on expertise/advice of national colleagues and use of external organisations and independent advisors</p>
	<p>*NI Public made aware of concerns at Level 4 and 5. Level 4 and 5 - serious problems or concerns re existing leadership's ability to rectify</p>
	<p>Escalation and de-escalation to and from Level 1 will take place as necessary and be decided by DOH/SPPG/PHA</p>



Two SIFs related to unscheduled care, consistent across all Trust's.

1. Ambulance Handover
2. Reducing Time Spent in ED for Patients (with focus on those over 12 Hours)

Primary of this presentation will be on ambulance handover times.



The Regional Mandate: (NIAS Handover)



Improvement Trajectory – Phase 1

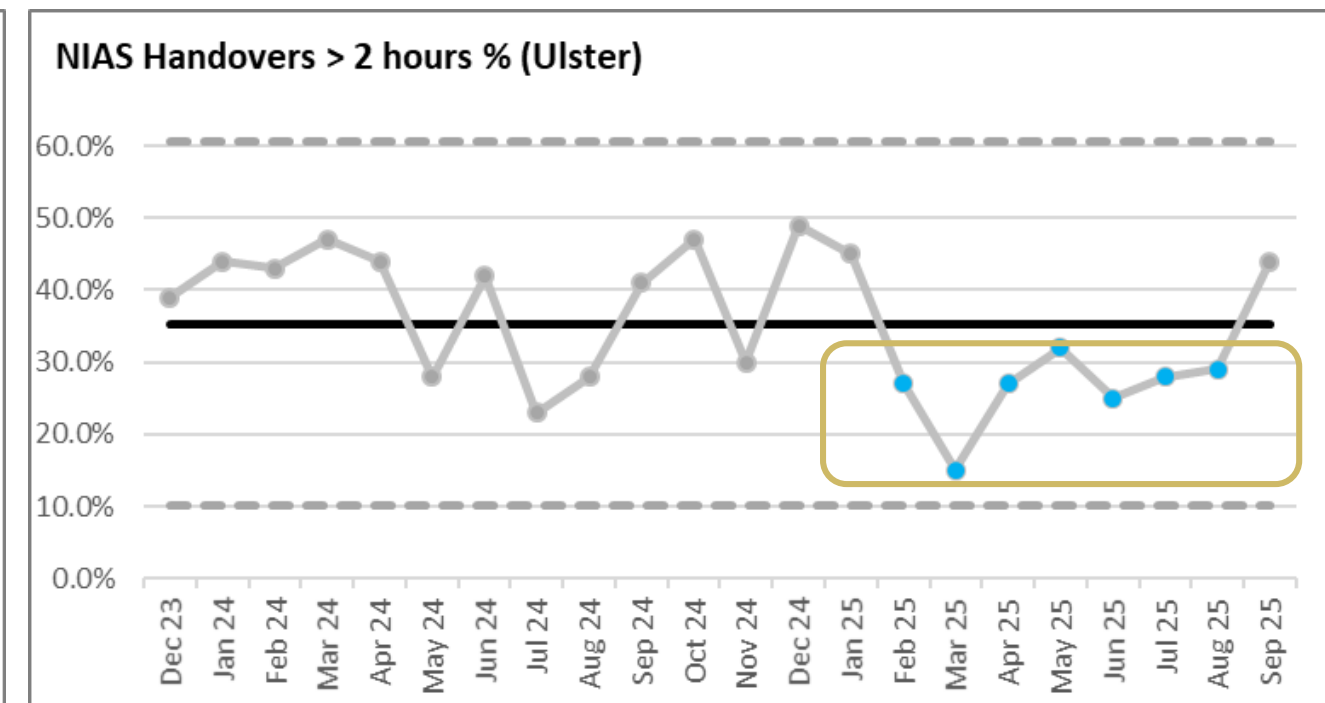
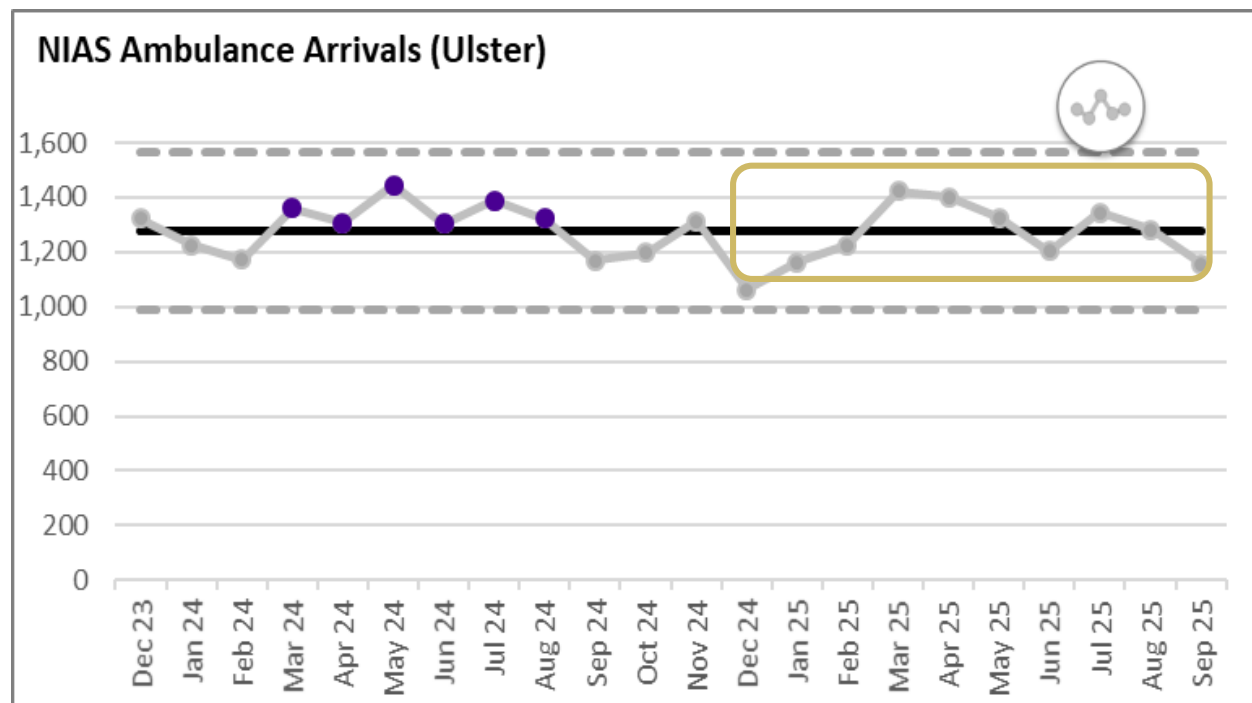
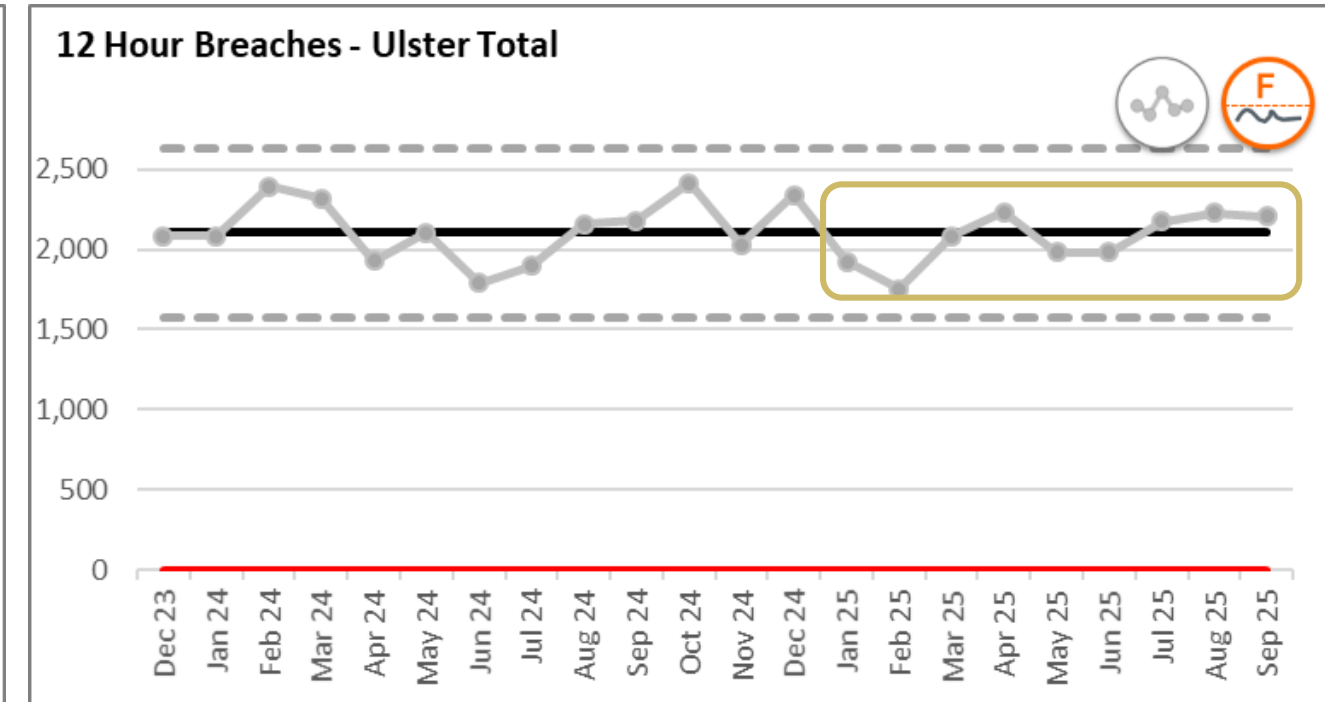
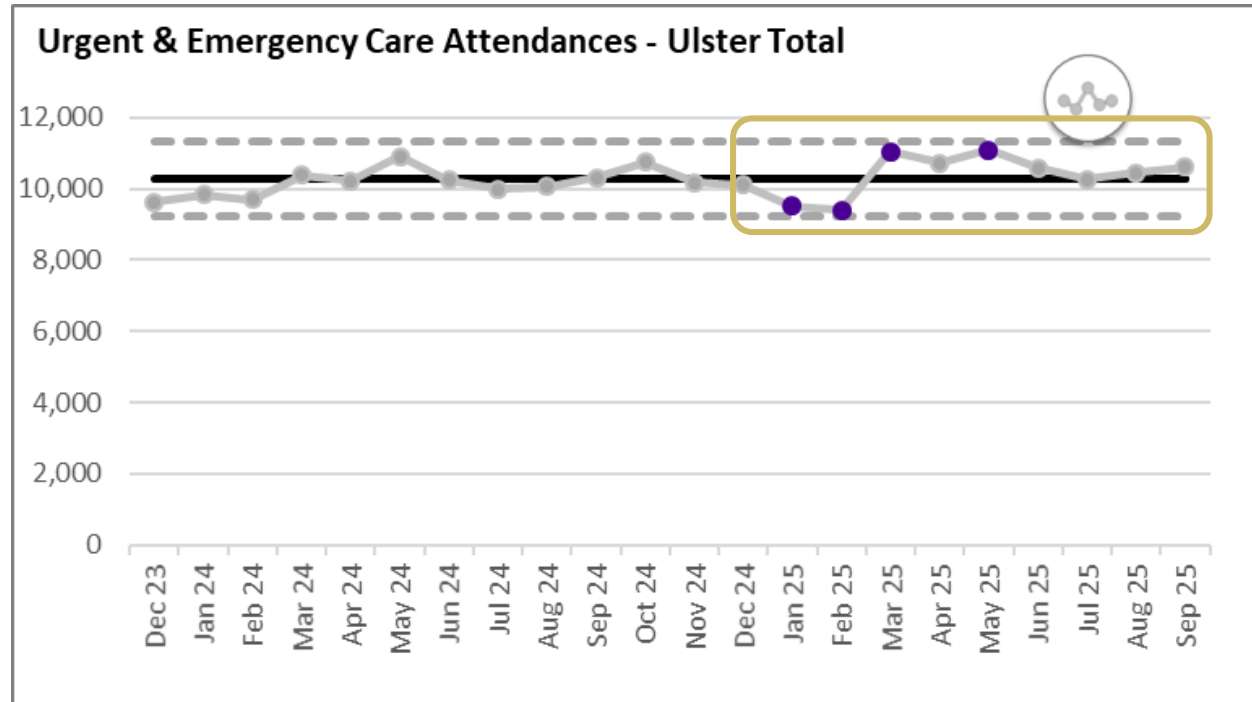
- 1st September** – No handover delays > 4 hours
- 1st October** – No handover delay > 3 hours
- 1st November** – No handover delay > 2 hrs 30 mins
- 1st December** – No handover delay > 2 hours



NIAS > 2 hr Performance

Time	30 rolling days UHD (up to 14/11/25)	30 rolling days REGION (<i>Other Big 4</i>) (up to 14/11/25)
Over 3 hours	17%	11%
Over 2 hours	29%	20%
Longest Wait (% of Days with longest wait)	12:06 (16.7%)	13:34 (83.3%)
Time	30 rolling days UHD (up to 15/10/25)	30 rolling days REGION (<i>Other Big 4</i>) (up to 15/10/25)
Over 3 hours	44%	32%
Over 2 hours	16%	8%
Longest Wait (% of Days with longest wait)	15:15 (70%)	15:15 (30%)

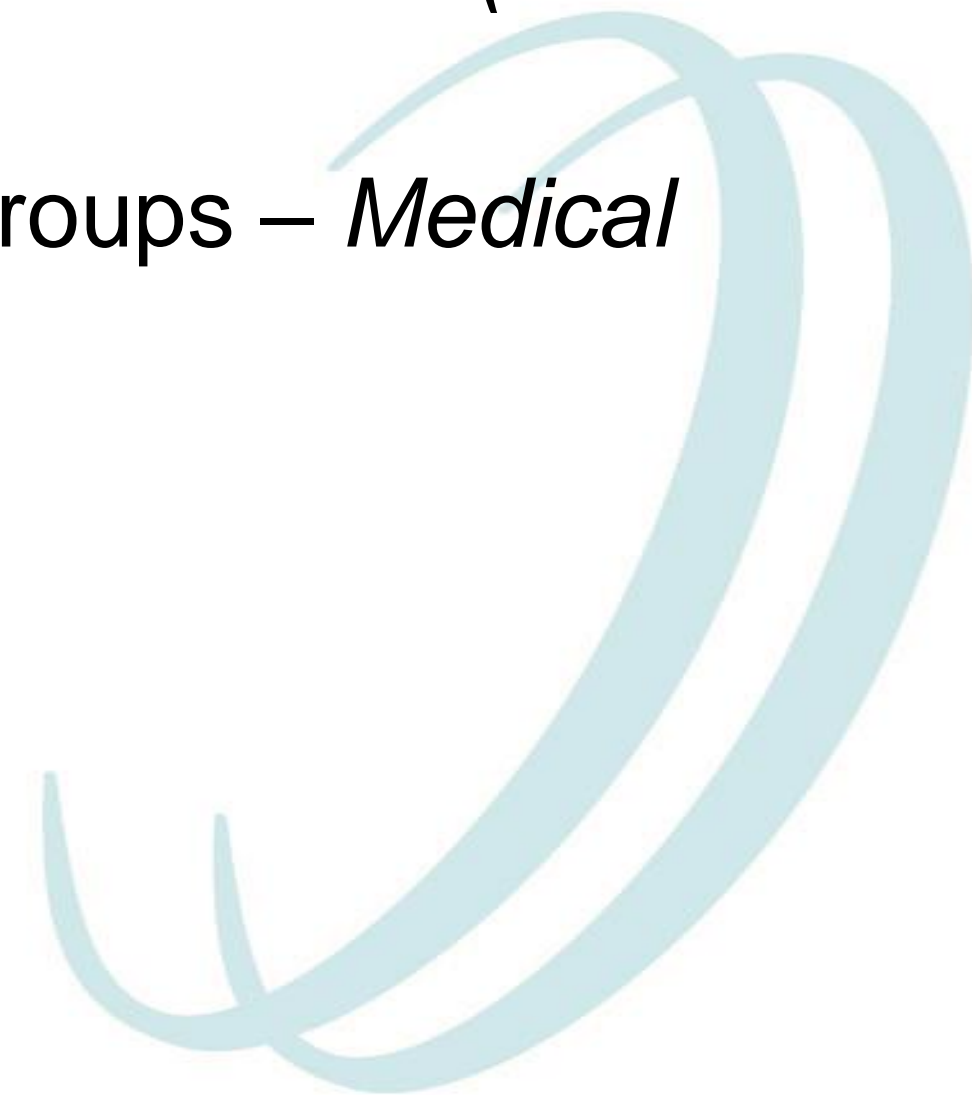
Monthly Unscheduled Care Performance



What analysis has shows is that our ambulance delays increase significantly depending on the numbers of people awaiting admission to a hospital bed.

What action is being taken?

- £2m USC Growth funds – *approved by SPPG*
- SET Locality Plan for Unscheduled Care – *developed in conjunction with Regional Co-ordination Centre colleagues*
- Immediate actions following USC pressures workshop on 21/10/2025 and Senior Leadership Team on 18/11/25 – *to include learning from Belfast Trust (Trust closest to achieving standard)*
- Leadership refresh of USC oversight and implementation groups – *Medical Director and Director of Nursing led accountability*
- Clinical engagement / oversight / ownership
- Weekly update to EMT



USC Growth Funds (as of 13/11/2025)

Title	In Place Y/N?	Comments / Mitigation
HAH Expansion	Y	Across whole Trust area from August 2025
Expansion of Early Review Team & Home Care Support	Y	Commenced August 2025
Expansion of Care Home Liaison Role	Y	Commenced November 2025
Expansion of Frailty at Front Door Service	Y	Commenced August 2025
Medicines Optimisation Pharmacist	Y	Start date in coming weeks
Live Take Acute Physician	N	Scoping Locum cover in the interim (anticipate progress within next two weeks)
MH Home Treatment Team overnight	Y	Commencing December 2025
Patient Flow Twilight Shift	N	Redirecting resource into alternative in short term whilst recruitment is ongoing to bolster Discharge Lounge

Immediate Actions for USC

Key: Y = complete / IP – in development / N – not complete

Pre Hospital Demand	In Place Y/IP/N	SDEC / ED Alternatives	In Place Y / IP /N
Hospital at Home require additional consultant	IP	Ambulatory Hubs to pull from ED – e.g. successful pilot in GI	IP
Patients arriving to ED OOHs: Develop alternative model for next day care	IP	Extend UCC opening hours 8am-8pm	IP
ED aligned Social Worker to signpost	Y	Passport patients maximised in LVH	IP
Scope pathways for urology/nephrology patients in community	IP	Communicate Community Alternatives to ED Teams	Y
Early identification of patients suitable for Hospital at Home	IP		

Immediate Actions for USC

Key: Y = complete / IP – in development / N – not complete

Improving Flow	In Place Y/IP/N	Improving Discharges	In Place Y / IP /N
Communications to Ward Staff use of Discharge Lounge / alt to ED / bed boarding	Y	Review and embed use of Discharge checklist	IP
Post Take Ward Round in ED	IP	Review and communicate Equipment Protocol to all staff	Y
ED Handover to Wards	Y	Accountability throughout day including IHAPs to Control Room	IP
Full Capacity Protocol	IP	Implement EPCO	IP
Stanrdised approach to identify / handover patients from UH to LVH / DH	Y	Communicate changes to EPCO to care homes	IP
Discharge Lounge Use / extension of Hours	IP		
Locate Patient Flow in ED	IP		
10 Moves from ED by 10 am	IP		

Key Messages – This is a team sport!

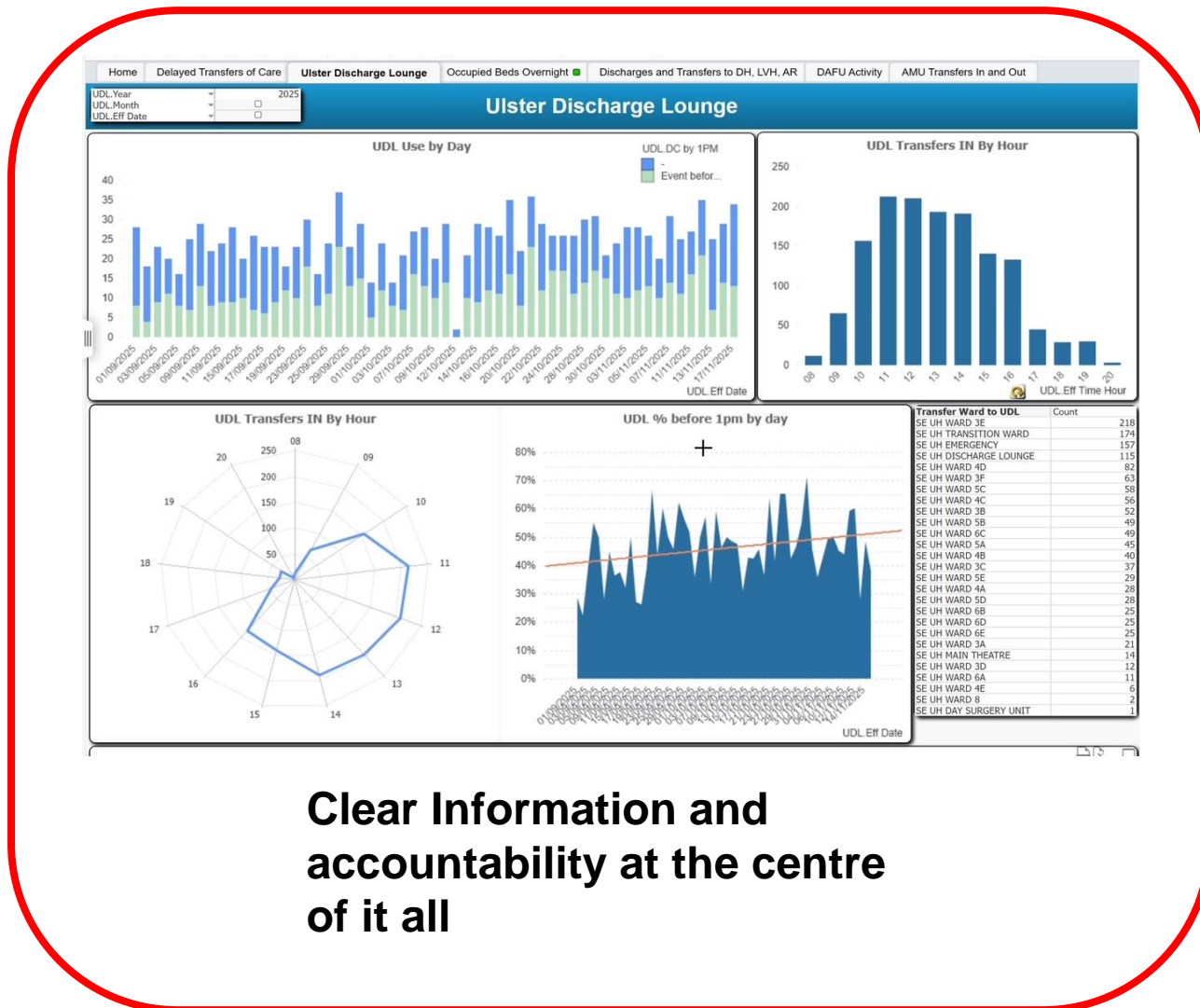
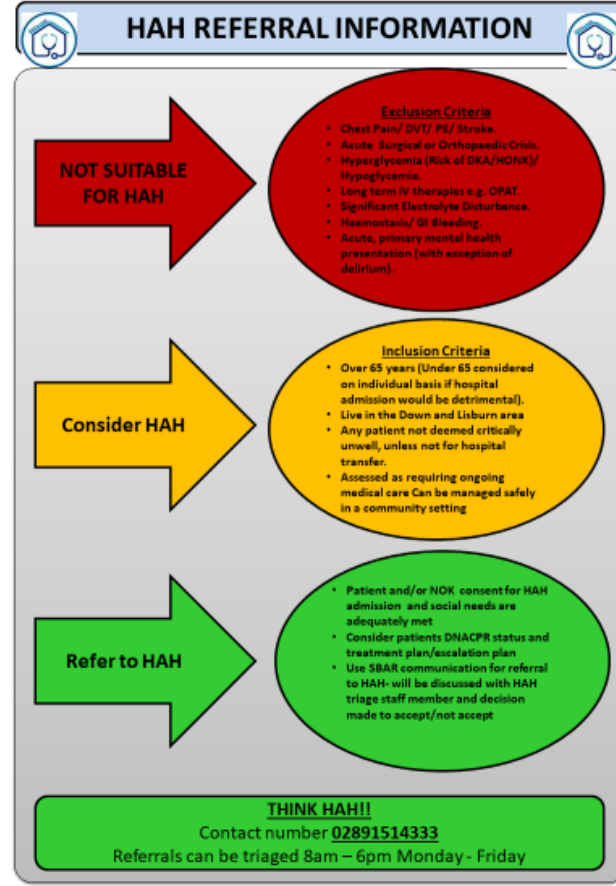
8 TIPS to enable PATIENT FLOW

HSC South Eastern Health and Social Care Trust



- Discharge Planning**
Begin discharge planning upon presentation / admission, with support from all PDT members. Consider alternative pathways and services listed in the directory
- Communication with patients & families**
Timely and frequent communication around discharge planning should take place to manage expectations for hospital and community care
- Timely & Consistent Completion**
Complete all assessments and forms consistently – including Transition Forms and Behavioural Charts/EPD – and before the patient is medically ready for discharge
- Expected Date of Discharge**
Complete EDs regularly and accurately to support prioritising assessment and treatment
- Equipment**
Order all equipment together – even before the patient is medically ready, to support timely delivery. Follow up with encompass order for district nursing
- Medically Ready**
All patients should be recorded as Medically Ready on encompass before they discharge
- Day of Discharge**
Before discharge, prioritise ordering transport and medication, notifying family, arranging final tests, and completing onward referrals
- Discharge Lounge**
Any patient discharging home, unless deemed not suitable, should be transferred to the Discharge Lounge as early as possible in the day

Directory
Click here for Ambulance Protocol and ordering guidance
Click here for Equipment Request Form – acute only



Clear Information and accountability at the centre of it all

HSC South Eastern Health and Social Care Trust



Scan the QR code below for more information about accessing our services



Providing Alternatives to ED – with great details, including use of technology to accurately record what services are available and access points and methods

Early Discharge and Discharge Lounge

- At start of morning, assist medical colleagues in identification of patients who are likely ready for discharge and will require discharge letter to be finalised
- Use the Discharge Lounge. The Discharge Lounge is available from 08:00 to 20:00, Monday to Friday. Use of the Discharge Lounge has been inconsistent. The Discharge Lounge can be contacted directly using extensions 11021 or 11020. Vocera can also be used 'Call Discharge Lounge Nurse'
- Transfer of patients to the Discharge Lounge do not need to be delayed while awaiting medicines to be delivered to the ward. If medicines counselling is required, this may need to be delivered in the Discharge Lounge by the pharmacy team. Important that ward staff flag this to the Pharmacist as a reminder.
- Ward staff should highlight to the Pharmacy team any patients who require ambulance transport to support discharge and/or there is a cut off time for the care home or care package. This will assist the Pharmacy team prioritise scripts.

Patient Transfers from the Emergency Department

- To facilitate timely transfers of patients from ED, wards must:
- Inform the relevant Patient Flow Manager when the bed has been vacated
- Identify patients who could reverse board to create a substantive space for a patient at the beginning of their acute pathway
- ED staff will contact the ward by Vocera to handover over. If no response or call not returned, ED will commence transfer of patient to ward. ED Nurse will make entry in patient notes of who the ward can contact to receive handover.

Daily actions to support discharge planning and discharge for medically fit patients

On a daily basis, there will be specific actions ward teams will need to complete to support the planning or actual discharge of medically fit patients. Examples of these will be consistent completion of behavioural charts (particularly through the overnight period), ensuring the principle problem and medical histories are entered, keeping family and patients updated on discharge arrangements. When an action is not completed it is likely to extend the patients stay by at least one day. Please ensure nursing, medical and AHP colleagues work together to ensure all elements are complete.

19-Oct to Today	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19				
Mater																																				
RBHSC																																				
Royal																																				
Antrim																																				
Causeway																																				
Ulster																																				
Craigavon																																				
Daisy Hill																																				
Altnagelvin																																				
SWAH																																				











SCORING PART 1								
INDICATOR	VALUE	SCORING					SCORE	WEIGHTED SCORE
Number of Patients in ED	117	0 to 110	111 to 150	151 to 180	181 to 200	201 or more	1	1.5
Resus capacity % Occupied	60	0 to 25%	26 to 50%	51 to 75%	76 to 100%	101% or more	2	3
Time to Triage	6	0 to 15 mins	16 to 30 mins	31 to 45 mins	46 to 60 mins	61 mins or more	0	0
Time to Clinician	180	0 to 30 mins	31 to 60 mins	61 to 180 mins	181 to 360 mins	361 mins or more	2	3
DTAs in ED	52	0 to 15	16 to 25	26 to 40	41 to 55	56 or more	3	4.5
Number of Ambulances	2	0	1 to 2	3 to 4	5	6 or more	1	1.5
Maximum Ambulance Wait Time	83	0 to 30 mins	31 to 60 mins	61 to 120 mins	121 to 180 mins	181 mins or more	2	3

SCORING PART 2								
INDICATOR	VALUE	SCORING					SCORE	WEIGHTED SCORE
Net Bed Capacity	-87	>-50	-50 to -59	-60 to -69	-70 to -79	<-79	4	40

Understanding how we are doing – using RCC regional dashboard

Winter Pressures...?

HELP US HELP YOU

-  **Selfcare:** To treat an ache, pain, upset stomach, cough or cold, get plenty of rest, take simple pain killers if needed and use over the counter medicines.
-  **Children's symptom checker:** If your child is feeling unwell, you can use our symptom checker below to gain a better understanding of what might be happening and where to get treatment. [Visit the Children's Symptom Checker here.](#)
-  **Your local pharmacist:** Can give confidential, expert advice and treat a number of minor ailments such as aches and pains, skin conditions, allergies, eye conditions, upset stomach and emergency contraception.
-  **Your GP:** Provide expert medical advice and diagnosis, referring you for further care or consultation as needed.
GP Out of Hours: For people needing urgent medical treatment but cannot wait until their GP practice opens. Available from 6.00pm during the week until your GP surgery opens the next morning; 24 hours on Saturdays, Sundays and public holidays..
-  **Primary Eyecare Assessment & Referral Service:** Treats sudden eye conditions such as red eyes, sudden reduction in vision, eye pain or a foreign body in the eye. [Find out more on the HSC website](#)
-  **Mental healthcare:** If you are experiencing mental health difficulties there are a range of services available to help you. More information is available on the [NI Direct website](#).
-  **Emergency Dental Treatment:** If patients have an urgent dental need they can follow advice on the [HSC website](#).
-  **Minor Injuries Unit:** Treats injuries that are not life threatening such as broken bones, sprains, bites and burns.
-  **Urgent Care Centre:** Treats injuries that are not life threatening such as broken bones, sprains, minor scalp wounds and suturing of minor wounds.
-  **Emergency Department:** Provides the highest level of emergency care for patients, especially those with acute illnesses or trauma, such as heart attacks, stroke, serious accidents or head injuries.

WHAT THE TRUST WILL DO - OUR WINTER PLAN

Health and Social Care Trusts have developed robust plans to reduce ambulance handover delays and make sure our services operate as safely as possible this Winter. A summary of the work the Trust plans to do is set out below:

[Think Home First](#)

[Alternative Urgent Care Services](#)

[Improving Patient Flow](#)

[Improving Discharge Processes](#)

Summary

- We remain in a difficult position – demand is extremely high
- Our challenge remains that our capacity does not meet our demand without significant reduction in length of stay (though our length of stay benchmarks well)
- In the last few weeks, we have made progress, there is a lot more to do
- We need to stay together on this
- Leadership is key across all service areas
- Partnership is critical – both internally and externally



Thank you

