South Eastern Health and Social Care Trust

Trust Action Plan in Response to Strategic Planning and Performance Group (SPPG) Unscheduled Care Support and Intervention Level 4 Escalation

12 May 2026

South Eastern Health and Social Care Trust

1.0 Introduction and Context

On 13 February 2026 the Strategic Planning and Performance Group (SPPG) wrote to the South Eastern Trust setting out the need for urgent and sustained improvement in ambulance handover performance and patient flow through the Emergency Department (ED) at the Ulster Hospital. Following further discussion with the Trust at a recent Support and Intervention (SIF) meeting the Trust received correspondence on 24 April 2026 to advise that, following agreement with the Permanent Secretary (as per the framework), this matter is being escalated by SPPG to Support and Intervention Framework (SIF) Level 4.

The purpose of Level 4 is to highlight the seriousness of the issue but importantly to support the Trust with the additional capacity, capability and external support required to address these issues effectively, in the interests of patient safety, staff wellbeing and system resilience.

In response firstly the Trust acknowledges the escalation to SIF Level 4, and recognises the significant impact ambulance handover delays and long ED waits (>12 hours) have on performance, quality, patient safety, and wider system resilience such as NIAS capacity to respond to emergency calls and deliver timely care. The Trust fully accepts the need for urgent, sustained and measurable improvement.

This document sets out SET's comprehensive, externally supported action plan which addresses patient flow, safety risks and demand management, with clear accountability, milestones and measurable outcomes. Regular progress updates will be provided to SPPG via a formal Assurance Board as required to enable recovery and potential de-escalation.

The Trust is required to fully implement the Release to Rescue Protocol to eliminate all ambulance handovers exceeding two hours from go-live on 27 April 2026; to improve handovers in line with the new trajectory of 45 min maximum delay set out in DoH Strategic and Operational Planning Guidance 2026/27; and to stabilise and reduce ED waits so that no patient waits longer than 12 hours, including delivering a minimum 10% reduction in >12-hour waits as per Strategic Outcomes Measures (SOMs 2025/26).

SPPG support for the Trust's continued relationship with partners including PA Consulting, provision of funding to enable the project with AKESO to continue and the use of national best practice is appreciated. SPPG also noted an openness to discussing whether there is any other support that would be helpful.

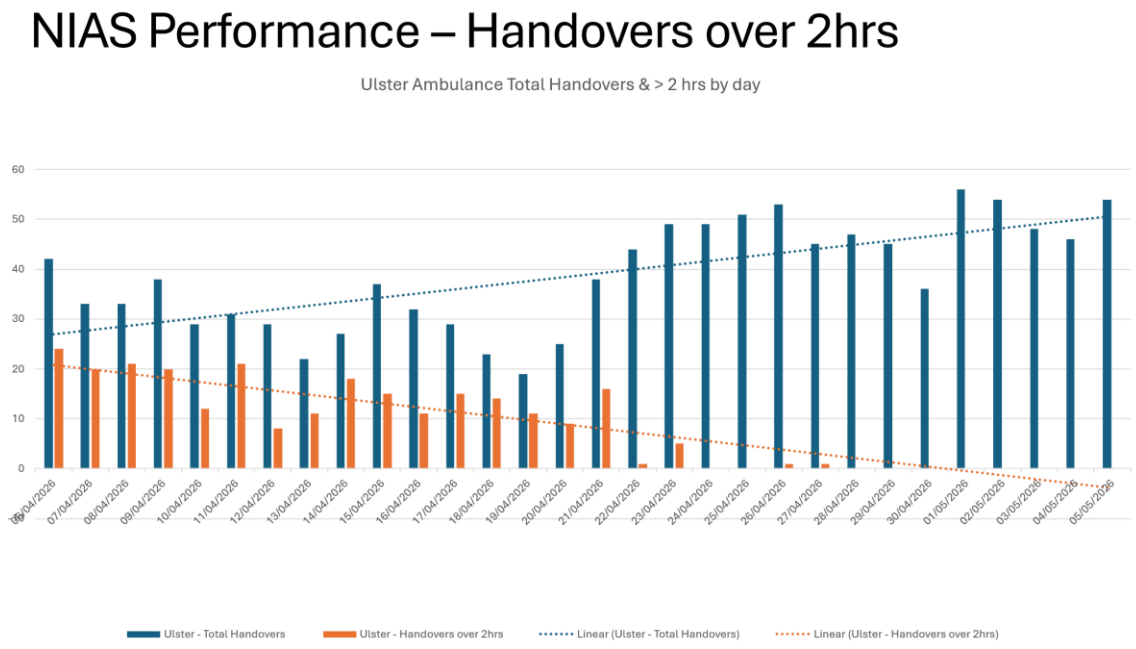
2. Progress to date and early impact of actions

In preparation for the Release to Rescue go-live on 27 April 2026, the Trust implemented a set of immediate, whole-system actions to strengthen **in-flow**, **through-flow** and **out-flow** across unscheduled care services. These actions were designed to provide immediate operational grip, reduce prolonged ambulance handover delays, restore ED flow, and support delivery of the regional Release to Rescue requirement while maintaining patient safety and staff wellbeing.

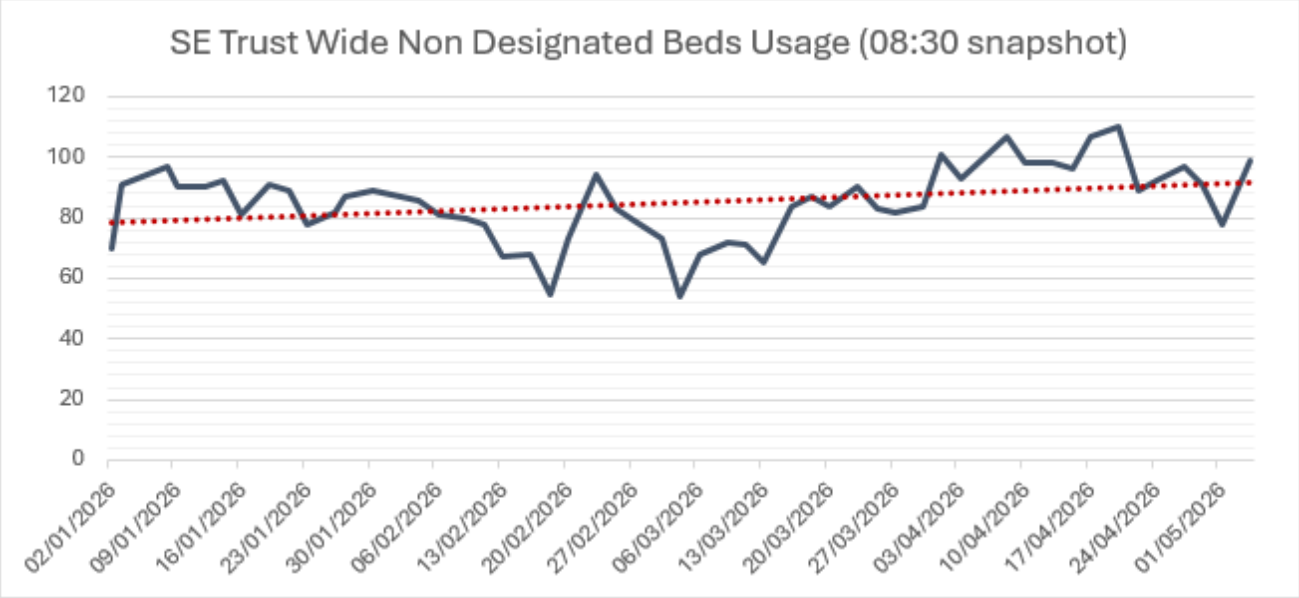
Immediate actions implemented included:

- Acute and Community reset weeks (from 13 April 2026)
- Clinical Executive led and focused programme of work to implement Emergency Reset and Release to Rescue
- Increased grip and control in ED around internal processes and escalations relating ambulance handover. SET Expectations around zero tolerance to >2-hour ambulance handover
- Identification of early flow, (10 patients by 0900hrs) from Acute Medical Unit (AMU) to speciality wards
- Focussed work on wards with most complex discharges
- Increased discharges and discharge lounge utilisation.

These actions have delivered early impact, particularly in ambulance handover performance. Since the Release to Rescue go-live on 27 April 2026 and up to 5 May 2026, no patient waited in an ambulance for more than two hours, demonstrating immediate operational control and alignment with the SPPG requirement to eliminate handover delays exceeding two hours from go-live.



The level of escalation across the Trust remains high, reflecting continuing pressure across the wider urgent and emergency care pathway. To achieve the reductions in turnaround times noted, the level of escalation / non designated beds across the Trust's hospital infrastructure has remained high, see chart overleaf.



The Trust is concerned about its ability to balance the USC performance alongside achieving the significant savings required in 2026/27.

The Trust recognises that early operational improvement must now be converted into sustained and embedded change. The Trust is therefore developing a sustained improvement plan, with clear milestones, accountable owners, measurable outcomes and strengthened governance arrangements, to ensure that early gains are maintained and translated into reductions in ED 12-hour waits.

3. Development of a Sustainable Action Plan and Trust Response to SIF Level 4 Escalation

The Trust has developed a comprehensive and clinically-led action plan to sustain the early improvements achieved through Release to Rescue and associated flow interventions. The plan has been co-produced with frontline clinical leaders, whose leadership and engagement are critical to delivering and maintaining safe, sustainable change.

Development of the plan has been supported by regional colleagues, SPPG, and informed by national best practice, including GIRFT, with subject-matter expert input and external support from PA Consulting and AKESO providing structured challenge, analytical capability and improvement expertise.

The action plan spans the full pre-hospital and ED pathway, from community alternatives to ambulance arrival and triage, through to decision-making and admission, inpatient flow, discharge, and mental health pathways, ensuring whole-system alignment rather than isolated interventions.

It explicitly addresses SIF Level 4 improvement requirements, including the expansion of ambulatory care and hub modelling, delivery of Same Day Emergency Care (SDEC),

development of urgent and rapid access clinics, strengthened admission avoidance, and implementation of GIRFT-aligned flow improvements.

Specific improvement areas are clearly defined within the plan, with actions mapped to their impact on front-door pressure, ED throughput, bed release and discharge capacity, supported by named clinical and operational accountability, milestones and measurable outcomes to support continued improvement and de-escalation consideration.

4. Action Plan

This action plan sets out the Trust's coordinated response to addressing ambulance handover delays and eliminating Emergency Department waits in excess of 12 hours, and is structured across three inter-dependent sections — **inflow**, **through-flow** and **out-flow** — to drive end-to-end improvement across the unscheduled care pathway. Please see action plan at Appendix 1.

5. Anticipated Impact and Improvement Trajectory

The Trust will monitor 2-hour ambulance performance, and in addition will monitor performance against the 45 minute target noted in the Strategic and Operational Planning Guidance 2026/27.

The Trust will monitor performance against the Ulster Hospital Emergency Department (including Urgent Care Centre) 12-hour breaches to achieve a 10% reduction in 2025/26 outturn (as per System Oversight Measure /SOM).

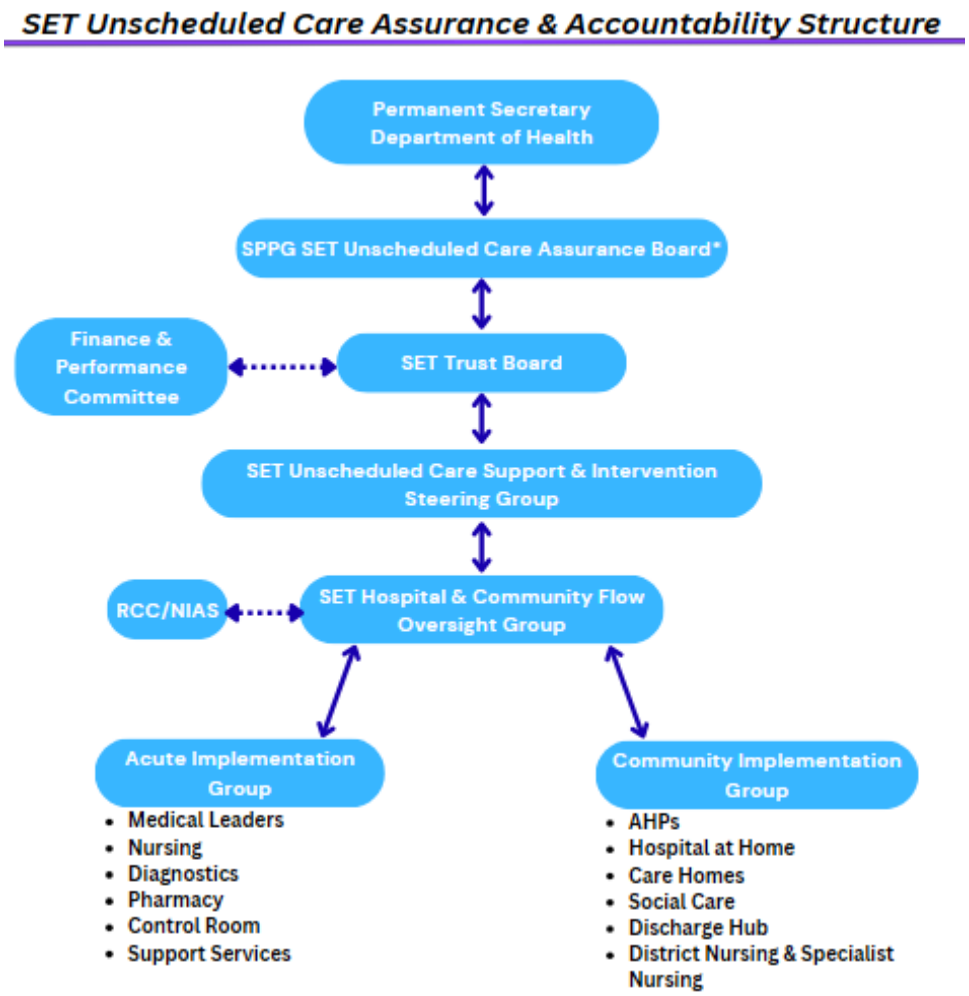
	25/26 actual	**26/27 SOM target (10% reduction)**
April	2235	2012
May	1983	1785
June	1984	1786
July	2175	1958
August	2227	2004
September	2208	1987
October	2158	1942

November	2227	2004
December	2319	2087
January	2495	2246
February	2388	2149
March	2436	2192

The Trust has begun to monitor NIAS handover performance against the 45 minutes noted in the SIF proforma, which already demonstrates early success.

6. Enhanced Governance Assurance and Accountability Structures

The Trust has estabished the following enhanced governance assurance and accountability structures:



6.1 SPPG / SEHSCT Unscheduled Care Assurance Board

To support delivery of sustained improvement, SPPG will provide direct senior-level oversight through a formal Unscheduled Care Assurance Board. The Board will be chaired by the SPPG Chief Operating Officer and will report directly to the Department of Health Permanent Secretary.

While final arrangements are subject to confirmation by SPPG, the Assurance Board is expected to include representation from the Public Health Agency Chief Executive, SPPG Director of Performance, and senior Trust leadership. The Board will provide structured challenge, coordination and system-level assurance on progress against the agreed action plan.

6.2 SEHSCT Unscheduled Care Support and Intervention Steering Group

In response to the SIF Level 4 escalation, the Trust has established an Unscheduled Care Support and Intervention Steering Group, providing executive-level oversight of actions to address ambulance handover delays and 12-hour ED waits.

The Steering Group will:

- Review current performance across ambulance handovers and >12-hour ED waits
- Consider breaches, contributory factors and learning, including any Release to Rescue investigations
- Assess patient safety and quality impacts arising from delays
- Agree and oversee further corrective actions
- Provide:
    - Monthly progress reports to the Finance & Performance Committee
    - Monthly formal updates to the Trust Board
    - Fortnightly progress updates to, and participation in, the SPPG/SEHSCT Assurance Board (frequency to be confirmed)

In addition, the Trust Board will receive a weekly performance update on key metrics, circulated by the joint Chairs of the Hospital and Community Flow Oversight Group.

The Steering Group will be chaired by the Chief Executive and include the Trust Chairman, a Non-Executive Director, and members of the Executive Management Team, including the responsible Service Director and Chairs of the Hospital and Community Flow Oversight Group. Final membership and meeting frequency will be confirmed once SPPG assurance arrangements are agreed.

6.3 Operational Oversight and Delivery

The Hospital and Community Flow Oversight Group will report to the Steering Group and will lead operational delivery of the action plan. Working in partnership with PA Consulting, Akeso and the Regional Coordination Centre, the Group will oversee implementation, monitor performance, and prepare progress reports against agreed metrics.

This Group meets weekly and is jointly chaired by the Medical Director and the Deputy Chief Executive / Executive Director of Nursing, Midwifery and Patient Experience, supported by Acute and Community Implementation Groups meeting fortnightly and monthly respectively.

6.4 Performance Reporting to SPPG

The Trust will provide fortnightly progress reports to Trust Board and SPPG, including delivery against agreed actions, key risks and mitigating actions, to support oversight and inform consideration of progression or de-escalation within the Support and Intervention Framework.

7. Daily Operational Oversight

Daily operational oversight is in place across acute and community services to maintain grip on ambulance handover performance and minimise Emergency Department (ED) waits exceeding 12 hours. This is achieved through an integrated, whole-system approach that provides real-time visibility, rapid escalation and coordinated decision-making.

The Trust's Control Room provides the central operational hub, coordinating system flow across hospital and community settings. The Control Room monitors key performance metrics throughout the day, including ambulance handover times, ED capacity and waits, bed availability, discharge readiness, and community capacity. This facilitates early identification of emerging pressures and timely deployment of mitigating actions.

Within acute services, daily, multidisciplinary site-level huddles, safety and flow reviews ensure continuous oversight of ED flow, admissions, inpatient movement and discharge. Senior clinical and operational leaders are actively involved, supporting rapid decision-making and escalation where required, including implementation of Release to Rescue protocols, use of escalation capacity and prioritisation of early transfers.

In parallel, community operational oversight focuses on admission avoidance, timely discharge and support for flow out of hospital. Community managers and services work closely with the Control Room to maximise availability of Hospital at Home, intermediate care, rapid response and other community alternatives, ensuring system decisions are taken with full visibility of community capacity.

This daily, multidisciplinary operational grip ensures that:

- Performance against ambulance handover and ED 12-hour metrics is actively managed in real time
- Risks to patient safety and quality are identified and escalated promptly
- Actions across acute and community services are aligned and mutually reinforcing
- Learning from breaches or near-breaches informs same-day and next-day corrective action

Daily operational oversight provides the foundation for sustained improvement, supports delivery of the action plan, and underpins formal reporting and assurance through Trust, Assurance Board and SPPG governance arrangements.

8. Patient Safety and Quality Impact

A recent regional audit of Non-Designated Beds (Corridor Care), commissioned by the Chief Nursing Officer, identified that the use of additional care spaces, particularly within Emergency Departments (ED) is associated with increased risk to patient safety, quality and experience. The Trust is actively mitigating these risks through implementation of the regional audit improvement actions, with a clear focus on strengthening safety, consistency and assurance within ED. This includes targeted improvement in key care quality indicators (including NEWS2 monitoring and escalation, falls and pressure ulcer prevention), supported by enhanced audit and strengthened clinical oversight to ensure early identification and escalation of risk.

Patient experience within ED remains positive overall; 75% of Care Opinion stories for ED demonstrate no or low criticality levels with patients continuing to report high levels of confidence in staff; however, recognising that experience can be impacted in this environment, the Trust is prioritising measures that improve the patient experience and maintain confidence

The Trust's plan is underpinned by a clear and consistent focus on quality, with all actions planned, implemented and evaluated in line with the SET Quality Approach and the Quadruple Aim. Each improvement within the action plan is supported by a defined measurement framework to ensure delivery of safe, effective and sustained improvement, aligned to system priorities. This includes measures of impact on service delivery and patient flow, efficiency and capacity utilisation, patient safety and outcomes, and patient and staff experience, alongside explicit balancing measures to identify and mitigate any unintended consequences. This structured approach provides assurance that improvement activity is evidence-based, measurable and subject to ongoing monitoring and learning.

The Trust evolving Innovation Team is partnering with clinical teams, industry and academia, recognising innovation as a system stabilisation lever. Acknowledging and building the evidence base of the evolving potential of tech enabled models to support flow, reduce unscheduled care demand and deliver care safely closer to home during sustained SIF escalation.

9. Support Required from SPPG and System Partners

To support system stabilisation and mitigate the sustained and severe pressures currently being experienced, the Trust is seeking the following commissioner and Departmental actions, in line with SIF Level 4 escalation expectations:

9.1 System Governance, Assurance and Accountability

- Clarification and confirmation from SPPG regarding the governance, assurance and accountability arrangements for the SPPG-chaired Assurance Board, including:
    - defined membership and system representation
    - agreed frequency of meetings,

  - clarity on decision-making authority and escalation
  - defined de-escalation pathways for SIFs
- This is required to ensure effective system grip, pace of delivery, and collective accountability during sustained escalation.

9.2 Leveraging Innovation

- Commissioning decisions to reflect emerging Trust innovation impact analysis, including:
  - Heart Failure at Home remote monitoring – reducing unscheduled care attendances and non-elective admissions.
  - Hospital at Home integrated remote monitoring – supporting clinical decision-making, skill mix optimisation, capacity and patient safety.
- SPPG support for robust impact evaluation of innovation pilots, to inform future service transformation commissioning rather than short-term escalation measures.

9.3 Flow and Discharge – Workforce Capacity

- SPPG approval and Department of Health financial support is required to fund 7-day working across key services to relieve flow constraints, reduce reliance on non-designated beds and sustain improvement. This includes extended 7-day capacity in:
  - Social Work (13.5 WTE required)
  - 14 AHP professions (30.4 WTE required), and
  - Relevant diagnostic services, balancing Unscheduled Care and inpatient demand.
- Funded 7-day working will enable earlier assessment, consistent daily discharge planning, reduction in delayed discharges, reduced use of non-designated beds, reduction in TOIL / overspend, and mitigation of escalation risk across acute sites.

9.4 Care Home Capacity and Regulatory Constraints

- System-level intervention to address ongoing care home capacity constraints, particularly for patients requiring:
  - dementia nursing care,
  - dementia with additional support, and
  - alcohol-related brain injury / delirium.
- DoH support with RQIA is requested to review current categories of care, specifically to consider recognition of delirium as a category of care, which is currently preventing timely discharge for patients without a formal dementia diagnosis and contributing to prolonged length of stay.

9.5 Patient and Family Refusal of Discharge

- Regional policy and legal guidance is requested for situations where:

  - the Trust Escalation Protocol has been fully applied, and
  - patients and/or families continue to refuse discharge despite clinical fitness and all escalation steps being exhausted.
- At present, no further actions are available to Trust staff, resulting in avoidable bed blocking and sustained escalation pressure.

9.6 Independent Sector Capacity – Weekends and Bank Holidays

- Commissioner-led solutions are required to address lack of access to Independent Sector providers for new domiciliary care packages over weekends and Bank Holidays.
- This includes enabling timely decision-making for admissions to Independent Sector care homes at weekends and Bank Holidays; while this is an agreed delegated duty, many providers will not proceed without Registered Manager approval.
- These constraints remain a significant contributor to delayed discharge during periods of heightened escalation and undermine 7-day flow ambitions.

9.7 DHCNI/ encompass support

- SET cannot currently report on Same Day Emergency Care, the Trust will require regional support to ensure that the activity delivered can be accurately reported on to monitor improvements via encompass.
- The Trust would also welcome support to address the regional confidence in discharge delays data available on encompass.
- Support for interoperability, enabling remote monitoring technologies to integrate into encompass for connected service delivery.
- Partnership with Trusts to evolve Technology Enabled Care, embedding digitally supported care within discharge planning and admission avoidance pathways.
- Support from DHCNI and encompass to strengthen digital support for the Acute Medicine model, improving push/pull between Acute Medicine and specialty wards.

9.8 System Partners

- Working with NIAS as a system partner with a focus on
  - Supporting increased use of see & treat / hear & treat
  - Appropriate Care Home conveyances with continued referrals to H@H as appropriate
  - SDEC provision and direct admits
  - Increased NIAS support to discharge from hospital
  - HALO provision to be kept in line with Release to Rescue
  - Reduction of out of area conveyances
- Will be monitored via fortnightly meeting with RCC / NIAS

10. Next Steps

This action plan sets out the Trust's coordinated response to improving ambulance handovers and eliminating Emergency Department waits exceeding 12 hours, structured across three core components — inflow, through-flow and out-flow — to drive end-to-end improvement across the unscheduled care pathway.

Delivery of the actions within the plan will be supported through enhanced governance and assurance arrangements, with clear milestones, accountability and reporting to the Assurance Board to sustain improvement and support consideration of SIF de-escalation.