South Eastern Health and Social Care Trust

Paper No: SET/103/26
Trust Board Meeting: 24 June 2026
Public Agenda Item 8.2

Title of Paper: Support & Intervention Framework (SIF)
Unscheduled Care: SIF Level 4 Escalation

For Decision	For **Assurance**	For Information	For Discussion

1.0	**Background:**
	The Department of Health's Support and Intervention Framework (SIF) provides a structured approach to identifying, monitoring and escalating performance concerns across Health and Social Care organisations. The SIF operates across five escalation levels with Level 4 representing targeted intervention and external support agreed by the Permanent Secretary in response to significant risk or sustained deterioration. A summary of the Trust's current escalation status, including descriptions of each level, is provided in Appendix 1. The Trust was formally notified on 24 April 2026 that Unscheduled Care performance has been escalated to SIF Level 4 in relation to Ambulance Handover delays and patient flow through the Emergency Department: *SIF Title/ Reference Number: SESIF24-005: 12 hour waits in ED and Ambulance hand over delays.* In response, the Trust developed a comprehensive, clinically-led and co-produced Action Plan - supported by regional partners and external expertise - setting out the Trust's coordinated response to addressing ambulance handover delays and ED waits in excess of 12 hours. In addition, enhanced governance arrangements were established to ensure clear oversight, assurance and accountability.
2.0	**Key Issues:**
	The Trust continues to prioritise delivery of its action plan to address ambulance handover delays and reduce emergency department waits including the elimination of waits in excess of 12 hours. Despite sustained effort, performance remains under significant pressure due to ongoing demand and system constraints. Current performance and progress against improvement actions will be presented to Trust Board on 24 June 2026 to provide transparency and assurance. The Trust's most recent update in relation to the Level 4 SIF, provided to SPPG on 11 June, is attached in Appendix 2. An Unscheduled Care Assurance Board meeting involving the Trust co-chaired by SPPG and PHA was held on 15 June 2026, providing external scrutiny, oversight of performance and improvement actions. The Trust also received feedback and recommendations from GIRFT (Getting it Right First Time) on 10 June 2026 following its review of the Trust's acute medicine and emergency care model. These recommendations will be considered and progressed as part of the Trust's wider SIF Level 4 Action Plan.

3.0	**Link to Strategic Objectives:**
	Our People ☐ Population Health & Health Inequalities ☐ Delivering Care Closer to Home ☐ Hospital Care ☒ Safety, Quality and Experience of Care ☒
4.0	**Resource Implications (inc Organisational, Financial, Human Resources):**
	1. Organisational
	Delivery of the SIF Level 4 Action Plan is being progressed through the reprioritisation of existing organisational resources, supported by enhanced governance arrangements and regional coordination.
	2. Financial
	Actions are currently being delivered however this is creating a financial pressure on available resources. The financial position will continue to be monitored with any additional pressures escalated through established governance arrangements as required.
	3. Human Resources
	Delivery of the Action Plan is supported through the prioritisation of existing workforce capacity alongside clinical and operational leadership. Workforce implications will be kept under review as implementation progresses.
	4. Environmental Factors? Yes ☐ No ☒
	No specific environmental impacts have been identified at this stage. This will remain under review as actions are implemented.
5.0	**Impact on Safety, Quality and Experience (SQE):**
	1. Safety
	The escalation to SIF Level 4 reflects material risks to patient safety associated with delays in access to Urgent & Emergency Care. The Action Plan is focused on reducing delays, improving patient flow, and mitigating risks associated with 12 hour waits in ED and ambulance hand over delays. Progress will be monitored through the SIF De-escalation Framework & associated governance structures including the Unscheduled Care Assurance Board.
	2. Quality
	Sustained system pressures present risks to the timeliness and quality of care. Implementation of the action plan aims to improve care delivery and performance through strengthened clinical pathways and operational processes. Progress will be monitored through the SIF De-escalation Framework & associated governance structures.

	3. Experience
	Delays in access to care and extended waiting times impact patient experience. Actions are focused on improving timeliness of care and overall patient flow with the aim of enhancing patient experience and reducing prolonged waits. Progress will be monitored through the SIF De-escalation Framework & associated governance structures.
6.0	**Key Risks and Proposals to Mitigate:**
	1. Key Risks
	There remains a risk of ongoing pressure on Emergency Department capacity and patient flow with consequential impacts on patient safety, quality of care, financial burden and wider system performance including ambulance responsiveness.
	2. Proposals to Mitigate
	Mitigation is being managed through implementation of the comprehensive SIF Action Plan and regular reporting through enhanced governance and assurance structures. The Trust will provide fortnightly progress reports to Trust Board & SPPG including delivery against agreed actions, key risks and mitigating actions, to support oversight and inform consideration of progression or de-escalation within SIF.
7.0	**Risk Register:**
	It is listed on BAF? Yes ☒ No ☐ Is it listed on CRR? Yes ☒ No ☐

Lead Director:	**Helen Moore, Director of Planning, Performance and Informatics**
Date:	**17 June 2026**

Reasons for Paper Presentation

Approval	*Used when an item requires a formal agreement or endorsement by the meeting / committee members. Examples are approving minutes, budgets, proposals or policies.*
Assurance	*Used when an item can be measured against a certain criteria / standard. Examples are a project is on course with delivery or financial targets are being met.*
Information	*Used when an item is presented for the purpose of updating or informing the attendees without requiring a decision or action, such as reports, updates, or announcements.*
Discussion	*Used when an item is listed primarily for open discussion, brainstorming or gathering input from the members without requiring an immediate decision.*

Appendix 1

The information below summarises the Trust's current escalation status (as at 17 June 2026) under the Support and Intervention Framework including descriptions of each level:

Level 1

- ENT – service concerns
- Women's Health - Tulip Service
- Non-compliance with timescales for the Regional Procedure for reporting and follow up of SAIs
- Theatre scheduling and cancellations in LVH
- Ulster Hospital Stroke Service
- Diagnostic Reporting Turnaround Time

Level 2

- Ongoing inability to provide short breaks for Children with Disabilities
- Increase in Prison Population above commissioned capacity

Level 3

- Iveagh Inpatient Facility – Delayed Discharge
- Safety and Quality in Lakewood Secure Facility

Level 4

- 12 Hour Waits in ED and Ambulance Handover Delays

Level 5

Steady state – no intervention required – Trust generally operating effectively – any issues picked up through routine oversight arrangements

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

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

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

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.

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 exeptional 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 organisationa and independent advisors

*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

Escalation and de-escalation to and from Level 1 will take place as necessary and be decided by DOH/SPPG/PHA

Appendix 2

SESIF24-005 (***incorporates SESIF25-016***)	**12-Hour Waits in ED** and **Ambulance Handover Delays**.
Trust	**South Eastern Trust**
Escalation Level	**Level 4** *(Targeted Intervention and Senior External Support for Provider)*
Rationale for Level	This issue has been at level 3 since 17 June 2025. However, due to ongoing poor performance has now been escalated to level 4.
Escalated by	Brian McAleer (APPD)
Date of Escalation	9 April 2026
Issue description	GIRFT Review of Emergency Medicine states that patients start to experience harm when they spend more than 8 hours in an ED. The System Oversight Measures (SOMs) target is for Trusts to reduce the number of patients waiting more than 12 hours in ED against the Trust baseline of 23,974 by 10%. In 2025/26, 26,019 patients waited over 12 hours in the ED, significantly above the target of 21,577; with Q4 performance of 25% and 8.53% for full year. Ambulance handover delays cause significant impact in NIAS's capacity to respond to emergency calls and provide timely care. All Trusts gave a commitment to reducing handover delays, specifically to alleviate any delay over 2 hours from 1 December 2025. SEHSCT has demonstrated the highest percentage of 2-hour breaches since this commitment. Between 7 Feb and 7 Apr 2026 (60 days), 34% of ambulance arrivals have exceeded two hours - compared to 21% in the same period in 2025. Ulster is the worst-performing hospital for handover longest waits with the longest maximum handover delay regionally at 12:58:57, exceeding all other hospitals (3 Mar – 1 Apr). While allowance was made for the difficult regional position in January, performance during the current reporting period remains a significant and escalating concern. In the context of the corporate priority to improve flow from ambulances through ED and into inpatient care, there is a clear and urgent requirement for immediate and sustained improvement. Consequently, escalation to SIF Level 4 is required to enable enhanced grip, pace and system-level intervention to address the ongoing performance deterioration and associated patient safety risks.

SPPG / PHA actions to date	• SPPG funded support to Trust from AKEESO & PA Consulting to identify possible solutions to poor ED/unscheduled flow. • SPPG COO letters of 13.2.26 & 23.3.26 to SET highlighting deterioration in ambulance handover performance in Dec 2025, Jan & Feb 2026. • SIF meeting 9.4.26, SPPG advised may escalate to Level 4 due to continued deterioration in performance for 12-hour ED waits and Ambulance Handovers. • Letter from COO SPPG 24.4.26 confirmed escalation to Level 4 for Ambulance Handover delays and ED 12-hour waits.
Requirements of the Trust	SEHSCT to develop action plan, in conjunction with external provider, to set out clear actions to stabilise and improve performance against targets and trajectories below. Plan to include modelling of ambulatory care/Hubs to strengthen urgent care pathways and include clear milestones and measurable outcomes. Plan to be presented to Assurance Board with fortnightly progress updates. Ambulance Handovers: • maintain existing trajectory of reducing maximum handover delays from 4 hours wef 1.9.25 to 2 hours wef 1.12.25. • use of all levers to eliminate all ambulance handover delays >2 hours from 27.4.26 (Release to Rescue Go Live). • improvement in line with new trajectory of 45 min maximum delay set out in DoH Strategic and Operational Planning Guidance 26/27. ED 12-hour Waits: • no further deterioration (increase in number of >12 waits) • reduction in >12 hours waits of 10% against baseline as per 25/26 SOMs
<u>Trust Response</u> Progress against agreed actions *(including indication of move towards de-escalation / escalation)* (June 2026)	The Trust developed an action plan as requested in collaboration with PA Consulting which includes clear actions to stabilise and improve performance against targets and trajectories. This was submitted to SPPG on 18 May as requested. The Trust has established an Unscheduled Care Support and Intervention Level 4 Escalation - Governance Assurance and Accountability Process, shared with the SPPG on 30 April. SPPG confirmed it is content with this approach.

	Since then, the Trust has implemented this Governance structure and a Hospital and Community Flow Oversight Group (chaired by the Trust's Medical Director and Deputy Chief Executive/Executive Director of Nursing, Midwifery and Patient Experience) meets weekly and reports into the SET Unscheduled Care Support and Intervention Steering Group. This structure is set out on the attached along with the agenda for the weekly Oversight Group and provides progress with improving performance to date. This is monitored closely each week and action plans are adjusted accordingly. External support by way of RCC / PA / Akeso, is also in place and biweekly meetings with NIAS continue with RCC support.  02.06.26_SEHSCT HCF OS Agenda & V As part of this governance a weekly performance summary is provided including ambulance performance against the 2 hour and 45 minutes trajectories. Since March 2026 NIAS handover has reduced from an average of 2 hours 1 min in March 2026 to an average of 1 hour 4 mins as at 25-31 May 2026. The Trust also reports 12 hour performance on a weekly basis and from the attached you can see that as at 31 May there has been no deterioration against March 2026 at an average of 77% of patients seen within 12 hours.
Timescale for improvement	Immediate
Next review date	June 2026