South Eastern Health and Social Care Trust

Paper No: SET/155/26
Trust Board Meeting: 30 September 2026
Public Agenda Item 4.5

Title of Paper: Support & Intervention Framework - Unscheduled Care Support and Intervention 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. It 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 emergency department 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 will be presented to the public Trust Board on 30 September to provide transparency and assurance. An Unscheduled Care Assurance Board meeting involving the South Eastern Trust co-chaired by Strategic Planning and Performance Group (SPPG) and Public Health Agency (PHA) was held on 18 September, providing external scrutiny and oversight of performance and improvement actions. At the request of the Chair, a copy of the SIF Level 4 Terms of Reference have been tabled at today's meeting for Members' consideration (**SET/156/26**).

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 and 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 and 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 and 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 and 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 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.
7.0	**Risk Register:**
	It is listed on BAF? Yes ☒ No ☐ Is it listed on CRR? Yes ☒ No ☐

Lead Director:	**Helen Moore, Director of Planning, Performance & Informatics**
Date:	**18 September 2026**

Reasons for Paper Presentation

Decision	*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 South Eastern Trust's current escalation status (as at 7 September 2026) under the Support and Intervention Framework, including descriptions of each level.

Level 1

- Non compliance with timescales for the Regional Procedure for the reporting and follow-up of SAIs
- Ulster Hospital Stroke Service
- Theatre scheduling and cancellations in LVH
- Diagnostic Reporting Turnaround Time (DRTT) Two Day Performance

Level 2

- Ongoing inability to provide short breaks for Children with Disabilities
- Increase in Prison Population above commissioned capacity
- Safety and Quality in Lakewood Secure Facility

Level 3

- Iveagh Inpatient Facility – Delayed Discharge

Level 4

- Ambulance handover & Reducing Time spent in ED

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