HSC Support & Intervention Framework

Trust Board Summary Report – June 2026

Purpose

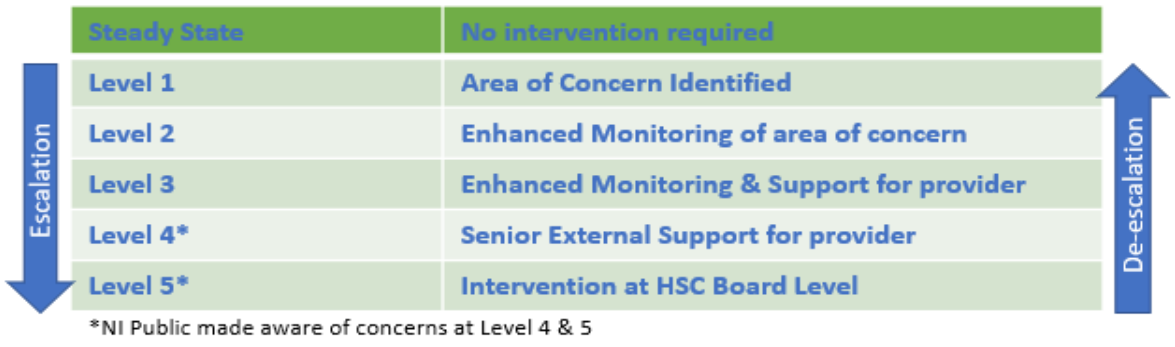
The purpose of this paper is to provide Trust Board with an update on the Trust position in relation to current areas of concern reported under the HSC Support & Intervention Framework (SIF).

Background

The HSC Support and Intervention Framework was issued to all Trusts at the end of October 2024. It sets out the Department of Health's approach for gaining assurance from HSC organisations in relation to the delivery of ministerial priorities and other key deliverables as set out in the Strategic Outcomes Framework (SOF) and associated Systems Oversight Measures (SOMs) and specifically outlines the approach to support and intervention where there are matters of concern that need to be addressed.

Its intention is to ensure early identification of emerging issues and concerns, so that they can be addressed before they have a material impact or performance deteriorates further. It is important to note that the SIF is not intended to be an overview of the performance of the Trust. Furthermore, it does not reflect all areas of service risk that exist at any point in time within the Trust, i.e. there may be other areas of service risk that exist within the Trust that are not included on the SIF. Areas for escalation to the SIF can be identified by the SPPG, the PHA and the Trust.

The framework outlines five levels of escalation that provide a model for support and intervention by Department of Health (DoH)/ Strategic Planning & Performance Group (SPPG)/ Public Health Agency (PHA), from Level 1 (Area of Concern Identified) to Level 5 (Intervention at HSC Board level). In monitoring the identified escalation areas, bi-monthly accountability escalation meetings are held between the SPPG and the Trust.



At the commencement of the SIF arrangements in November 2024 the Strategic Planning and Performance Group (SPPG) of the Department of Health notified the Trust of ten areas of performance concern that were identified by the SPPG and Public Health Agency. Since November 2024, there have been 6 de-escalations, 10 closures, 2 escalations upwards and 6 new escalations. The escalation status as it was at March 2026 is shown in Appendix 1.

Current Status

The SPPG issued the most recent position in relation to the SIF for SHSCT on 28th April 2026, which reflected the outcome of the bi-monthly accountability escalation meeting held on 9th April 2026. This reflects that there have been three positive changes to the escalations since the last Trust Board Update in March 2026 as follows:

STSIF24-010Management of Obstetric Services – this escalation has now been removed and has been placed onto the SPPG Watching Brief Log. The service however remains fragile and this has been highlighted by the Trust and is recognised by SPPG. The de-escalation is an acknowledgement of the significant work undertaken by the Trust specifically in relation to the management of the service and the position will be reviewed and adjusted as necessary.

STSIF24-003CAH Main Theatre Productivity – this escalation has been removed in acknowledgement of the significant progress and sustained improvement in Craigavon Area Hospital theatre activity.

STSIF24-008 Theatre Scheduling and Cancellations in DHH (adult and paediatrics) - de-escalated from level 3 to level 2. This was based on performance to the end of March 2026 and follows significant improvement work by the Trust to increase the number of theatre sessions delivered on a weekly basis.

The current escalations are shown overleaf in Table 1.

Table 1 – SHSCT Current Areas of Escalation as at April 2026

(areas on bold were escalated onto the SIF at the request of the Trust)

LEVEL 1: AREA OF CONCERN IDENTIFIED	
STSIF25-015	Waits for Red Flag Breast Assessment
LEVEL 2: ENHANCED MONITORING OF AREA OF CONCERN	
STSIF24-008	Theatre scheduling and cancellations in DHH (adult and paediatrics)
STSIF25-013	**Haematology Services**
STSIF25-016	**Consultant Psychiatry workforce**
LEVEL 3: ENHANCED MONITORING & SUPPORT FOR THE PROVIDER	
STSIF25-011	Reducing Time Spent in ED for patients (especially > 12 hours)
STSIF25-012	Ambulance Handover
STSIF25-014	**Gastroenterology Service Pressures and Recovery Planning**
LEVEL 4: SENIOR EXTERNAL SUPPORT FOR THE PROVIDER	
N/A	None identified
LEVEL 5: INTERVENTION AT HSC BOARD LEVEL	
N/A	None identified

In accordance with the Trust's SIF Reporting Framework the paragraphs that follow provide the following for each item noted above, depending on its current escalation level:

- Level 1 – Identified for information;
- Level 2 – High level assessment; *and*
- Level 3 – Short update to ensure familiarisation with the issue, the actions required and underway to address it, and the progress made.

Where an area of concern identified on the SIF aligns with a risk that is currently on the Trust's Corporate Risk Register (version 30 April 2026) this is also noted below for information.

Level 1 SIF Areas – For Information

The Trust's SIF Reporting Framework notes that Level 1 areas will be identified for information but not reported on.

Level 2 SIF Areas – High Level Assessment

The current assessment of the existing Level 2 areas of concern is as follows:

- **STSIF25-013 - Haematology Services:** This service has been challenged due to Consultant Haematologist vacancies in the Southern Trust (three consultant vacancies out of a commissioned five-consultant model supported by the wider

team) which had led to increased waiting lists for Red Flag referrals. Early Alerts were submitted to the Department of Health in 2023/24 and a further Early Alert on 27 February 2025, followed by a request by the Trust to add the service to the SIF in June 2025. Engagement was held with SPPG and other Trusts at this time to access support and take forward actions to stabilise the service, including the addition of 2 high-cost locums.

The impact of the stabilisation actions taken forward remains relatively positive. As at 29th April 2026, there were 31 patients waiting for red flag appointments (4 patients deferred) waiting an average of 23 days. The average wait dropped to 16 days for patients not deferred. By comparison, in May 25, there were 64 red flag patients waiting and the longest wait was 44 weeks.

As previously noted, the current level of service stability remains heavily reliant on locums and therefore remains vulnerable, particularly considering regional recruitment challenges at both consultant and specialist doctor levels. As at 11th May 2026, there are 1.8 wte substantive consultants in post and 1 wte locum consultant which has impacted on capacity. To mitigate the impact on red flag patients waiting, the service has made amendments to consultant clinic templates, increased Advance Nurse Practitioner capacity and commenced recruitment of a replacement locum.

The service is pleased to confirm that a recent recruitment exercise for a permanent Haematology consultant was successful and it is anticipated that the successful candidate will commence post in September 2026.

The Trust is continuing to engage with the Regional Haematology Pressures group and the Committees in Common to address widely acknowledged regional haematology workforce challenges.

- **Link to Corporate Risk Register** – Access to safe, timely and high-quality care in the haematology service (Risk No. 1.9) is included as an Extreme Risk on the Corporate Risk Register.

- **STSIF25-016 - Consultant Psychiatry workforce**: Escalated to the Department of Health and SPPG by the Trust in light of sustained and significant psychiatry workforce pressures and following a request by the Trust, this service was added to the SIF as a Level 2 escalation in June 2025.

  The Trust continues to utilise business continuity measures as far as possible to mitigate the risk presented by the continued inability to recruit to vacant consultant posts with high-cost locums currently supporting Bronte inpatient ward, the Community Mental Health teams and Home Treatment Crisis Response. This reliance on locums remains a significant risk in the context of the new agency framework changes if we are unable to secure locums at the new tender rates.

On a more positive note, the recent success in appointing a consultant to the Perinatal Service in January 2026 has stabilised this element of the service.

As part of ongoing regional engagement, the Trust attended a SPPG/DOH coordinated workshop on 26th March 2026 and feedback is awaited from previous engagement through meetings of the Consultant Psychiatry Workforce Pressures Sub-Group which were held in November and December 2025. Mutual support currently remains unavailable.

The Trust welcomes the addition of Adult Psychiatry services as a priority action for the Committees in Common agenda.

- **Link to Corporate Risk Register** – Risk to business continuity and service delivery due to shortages of Consultants in General Adult Psychiatry & Psychiatry of Old Age (Risk No. 1.1b) is included as an Extreme Risk on the Corporate Risk Register.

- **STSIF24-008 - Theatre scheduling and cancellations in DHH (adult and paediatrics):** Confirmation from SPPG was received on 05 May 2026 to de-escalate to level 2.

  This is due to the now agreed position that DHH Elective Overnight Stay Centre is commissioned for 35 lists per week across 42 weeks of the year = 1470 elective sessions. When delivered across 52 working weeks of the year (in line with SPPG-agreed regional approach for theatre performance moving forward) this equates to 28.3 per week.

  With recent successful recruitments to Nursing in DHH and a continued focus on session uptake; it is accepted DHH regularly achieves more than 28 sessions per week however it continues to experience peaks and troughs particularly aligned to Bank holiday periods and peak leave periods. The Trust accepts that a decline in uptake in peak leave periods must be picked up across the year to ensure attainment. In this regard Trust will continue to aim for 35 sessions per week to ensure dips in activity can be clawed back across the year.

  - **Link to Corporate Risk Register** – Access to elective services (Risk No. 3.1) is included as a High Risk on the Corporate Risk Register.

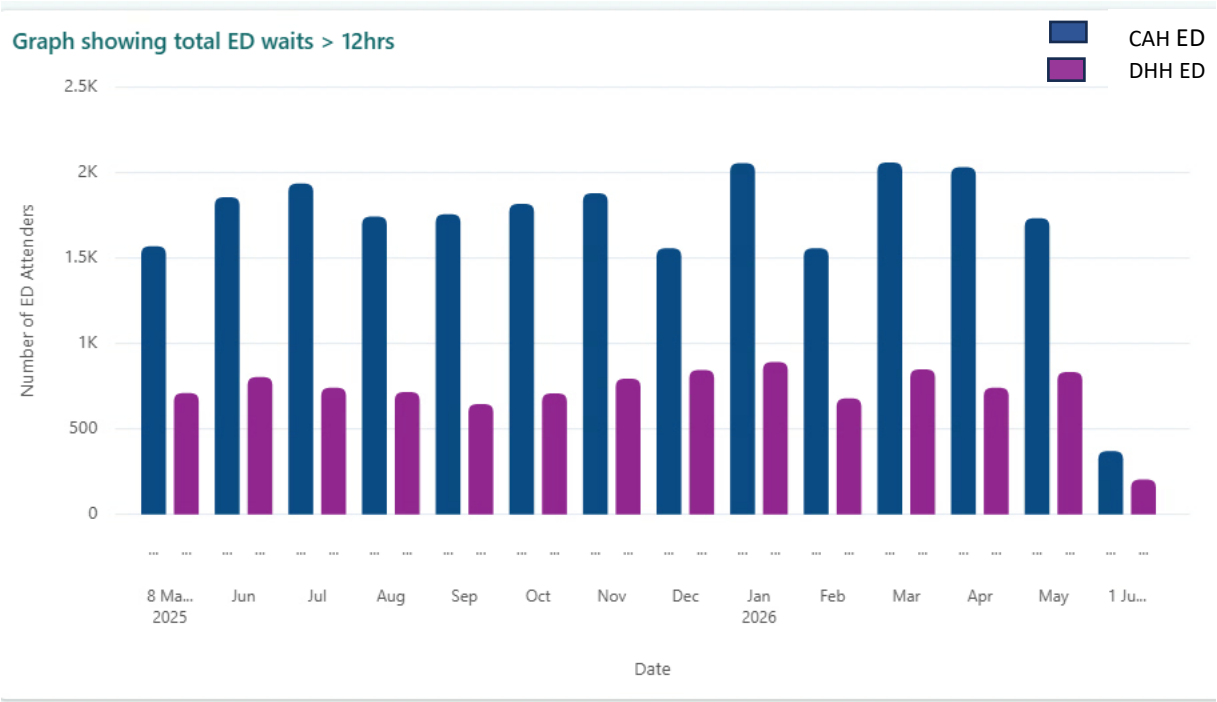
Level 3 Areas – Update

The current update on the existing Level 3 areas of concern is as follows:

- **STSIF25-011 - Reducing Time Spent in ED for patients (especially > 12 hours):** Under this escalation SPPG has identified the target for time spent in ED as: *'by March 2026 to have reduced the level of 12hr waits in each ED by 10% in each month from 2024-25 levels'*.

Performance in **CAH ED** shows improvement in May 2026 with 1,730 patients waiting more than 12 hours. This is -298 fewer than in April 2026 which saw 2,028 patients waiting more 12 hours.

DHH ED performance in May 2026 shows an increase of +91 in comparison to April 2026, with 831 patients waiting more than 12 hours in DHH ED in May 2026 and 740 waiting more than 12 hours in April 2026.



The Trust is continuing efforts to reduce long waits for patients and whilst there has been some reduction between 2024 and 2025 in waits >24 hours, further efforts are required, in particular to reduce the numbers waiting >12 hours.

An Extended Emergency Medicine Ambulatory Care (**EEMAC**) area, led by ED clinicians has been established to provide a protected, non- escalation ambulatory pathway for patients and enable the ED to work towards the four-hour target of being assessed and onward pathway of care completed. This would include diagnostics and specialist review or treatment. By separating ambulatory patients from higher acuity cases, EEMAC will improve flow, and directly support the sustainability of Release to Rescue (R2R) performance.

The EEMAC is an additional element to support the other Timely Care initiatives with potential to reduce ED waiting times for some patients and is one aspect to support the improvement of overall ED flow.

Release to Rescue (R2R) as set out in STSIF25-012 Ambulance Handover, has been implemented and forms part of a whole-system approach designed to improve patient flow and impact on ED wait times. This approach is underpinned by close operational collaboration between NIAS, ED clinicians and Patient Flow Teams, supported by Control Room oversight to optimise flow from ED to wards. This has been further strengthened by a community RESET, increasing Homecare capacity and supported by Single Discharge Teams, helping to sustain momentum on both simple and complex discharges and relieve pressure on acute hospital capacity.

The Control Room are commencing work to define the ideal flow state across the 24-hour period to allow the Trust to forecast daily downstream capacity requirements. This should allow the Trust to identify the number of discharges, transfers and internal bed moves required to ensure that the inpatient capacity is released in a consistent and continuous process throughout the day. The aim is to support steady movement of ED bed waits, minimise accumulation of delay and reduce overcrowding within the ED department.

Timely Care update – Medical Service Review As part of the Trust's ongoing Timely Care programme and its wider focus on improving ambulance hand over and reducing time spent in the Emergency Department (ED), a programme of specialty service reviews is being undertaken. This work is intended to address the underlying drivers of ED pressure, including demand, capacity, flow and length of stay.

The reviews will provide a clear assessment of both elective and unscheduled demand across specialty services, alongside an evaluation of current, funded and required capacity—including workforce, bed allocation, systems and processes—to meet this demand safely and sustainably. Emphasis will be placed on identifying opportunities to reduce reliance on acute inpatient beds through alternative clinical pathways, ambulatory models and more effective use of non-acute settings.

The programme will also examine average length of stay, benchmarking performance against comparable hospitals, and identify actions to support timely progression to medically fit status and discharge. In parallel, existing medical models of care across the Trust will be reviewed to identify the most efficient and effective approaches for both patient outcomes and workforce sustainability.

Four dedicated working groups have been established to progress this work:

1. Elective demand, capacity, workforce and bed allocation
2. Unscheduled demand, capacity, bed utilisation, length of stay and clinical pathway development
3. Medical models of care across acute sites

4. Alternatives to hospital admission, including virtual and community-based models

➢ **Link to Corporate Risk Register** – Risk to safe, high-quality care due to unscheduled care pressures is included as an Extreme Risk on the Corporate Risk Register (Risk No. 3.7)

- **STSIF25-012 - Ambulance Handover:**

NIAS Release to Rescue (R2R), as described above for STSIF25-011 - Reducing Time Spent in ED, has delivered rapid improvement since its introduction on 27 April 2026, with both acute hospital sites now meeting the regional 2-hour handover and turnaround target for NIAS. This improvement reflects a whole-system approach, underpinned by close operational collaboration between NIAS, ED clinicians and Patient Flow Teams, supported by Control Room oversight to optimise flow from ED to wards. This has been further strengthened by a community RESET, increasing Homecare capacity and supported by Single Discharge Teams, helping to sustain momentum on both simple and complex discharges and relieve pressure on acute hospital capacity.

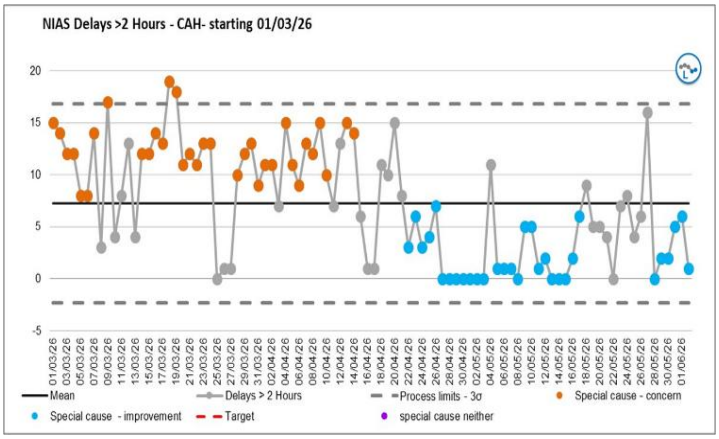
Prior to the 27th April and implementation of Release to Rescue (R2R), for the months of January to April 2026, the average wait times in CAH and DHH were as follows;

Hospital	Ambulance Patient Handover Times (Hr:Min:Sec)							
	Jan-26		Feb-26		Mar-26		Apr-26	
	Average	Longest	Average	Longest	Average	Longest	Average	Longest
CAH	02:29:38	19:15:00	01:44:07	15:10:16	01:49:11	10:35:05	01:24:25	13:58:48
DHH	01:24:20	08:22:00	00:52:46	07:04:28	01:00:05	04:54:21	00:48:47	03:57:07
All (Region)	01:22:42	21:50:44	01:11:56	19:35:22	00:58:39	12:58:57	00:54:08	19:29:42

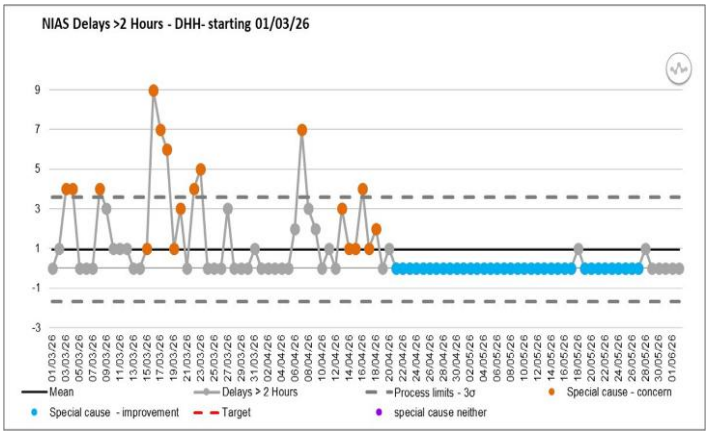
(Source: PSSI NIAS Long Term Trends Report 9th June 26)

SPC Charts below illustrate significant improvement achieved over both CAH and DHH sites in the numbers of patients waiting >2 hours for Ambulance Handover in the period from 01.03.26 to 02.06.26.

CAH



DHH



The Extended Emergency Medicine Ambulatory Care (EEMAC) area as described above for STSIF25-011 - Reducing Time Spent in ED, has been established to provide a protected, non-escalation ambulatory pathway for patients and enable the ED to work towards the four-hour target of being assessed and onward pathway of care completed. It is expected that separating ambulatory patients from higher acuity cases, EEMAC will improve flow, and directly support the sustainability of Release to Rescue (R2R) performance.

- **Link to Corporate Risk Register** – Risk to safe, high-quality care due to unscheduled care pressures is included as an Extreme Risk on the Corporate Risk Register (Risk No. 3.7)

- **STSIF25-014 - Gastroenterology Service Pressures and Recovery Planning:** This service is experiencing ongoing challenges due to a significant number of consultant vacancies (six permanent vacancies) which resulted in increased waiting times for Red Flag referrals. This area of concern was initiated as a Level 1 escalation in June 2025, however in recognition of the ongoing significant challenges within this service it was escalated to Level 2 in August 2025 and further to Level 3 in October 2025.

  Following the recent positive impact of Waiting List Initiative funding on the waits for a first red flag appointment, the service is pleased to report that the Trust has received a funding allocation to continue WLI activity for the first quarter of 2026/27. This will be used to maintain the red flag waits <2 weeks until the end of June 2026 and will also be used to see some of our longest New Urgent waits. This investment has been welcomed by the Trust however it falls short of what is needed to bring the service in line with the rest of the region. Further funding is needed and indications are required if we are to source capacity in advance of waiting times extending.

As at 30th April, there were 16 RF patients waiting for their first appointment and the service is continuing with work to validate our waiting lists. Admin validation of all new patients waiting >1 year is complete and a programme of validation for patients waiting >6 months has commenced.

The service is pleased to confirm that they have recently appointed a permanent Consultant, due to commence in August. A recruitment exercise for further consultant posts has commenced.

On Friday 1st May, a multi-disciplinary workshop was held and focused on identifying opportunities for improvements in care for patients across a number of service areas and how staff resources are utilised to ensure safe and effective delivery of care. An action plan has been developed with key priority areas identified for immediate and longer-term action in order to streamline and improve pathways and activity.

In addition to internal efforts, the Trust have secured the input of an independent external reviewer who will be coming to Southern Trust on 10th and 11th June. We hope that this visit will support identification of sustainable service models and prioritisation approaches to ensure safe, equitable, and timely care delivery across the entire gastroenterology service, while addressing current demand and capacity challenges.

- **Link to Corporate Risk Register** – Access to safe, timely and high-quality gastroenterology services (Risk No. 1.7) is included as an Extreme Risk on the Corporate Risk Register.

Appendix 1: SIF Escalations reported to March 2026 Trust Board

Table 1 – SHSCT Current Areas of Escalation as at March 2026

LEVEL 1: AREA OF CONCERN IDENTIFIED	
STSIF25-015	Waits for Red Flag Breast Assessment
STSIF24-010	Management of Obstetric Services
LEVEL 2: ENHANCED MONITORING OF AREA OF CONCERN	
STSIF24-003	CAH main theatre productivity
STSIF25-013	Haematology Services
STSIF25-016	Consultant Psychiatry workforce
LEVEL 3: ENHANCED MONITORING & SUPPORT FOR THE PROVIDER	
STSIF24-008	Theatre scheduling and cancellations in DHH (adult and paediatrics)
STSIF25-011	Reducing Time Spent in ED for patients (especially > 12 hours)
STSIF25-012	Ambulance Handover
STSIF25-014	Gastroenterology Service Pressures and Recovery Planning
LEVEL 4: SENIOR EXTERNAL SUPPORT FOR THE PROVIDER	
N/A	None identified
LEVEL 5: INTERVENTION AT HSC BOARD LEVEL	
N/A	None identified