

HSC Support & Intervention Framework

Trust Board Summary Report – September 2026

Purpose

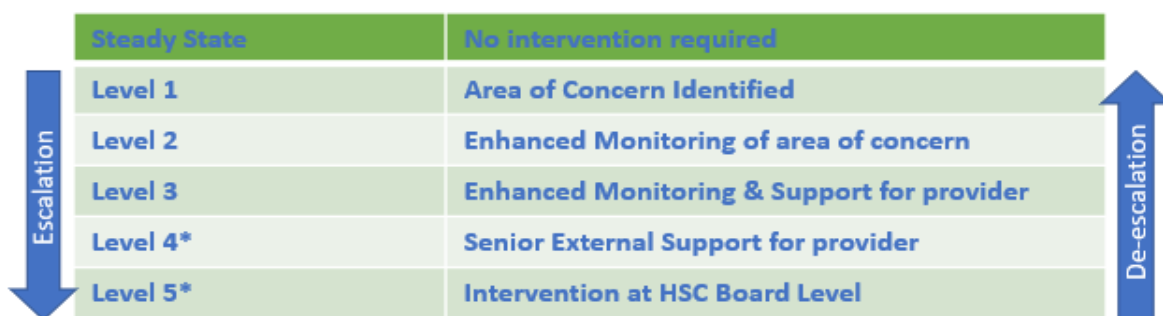
The purpose of this paper is to provide the Trust Board with an update on the Trust position in relation to current areas of concern reported under the HSC Support & Intervention Framework (SIF).

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.



*NI Public made aware of concerns at Level 4 & 5

Current Status

The current profile comprises of two Level 1 escalations, three Level 2 escalations and three Level 3 escalations.

SPPG issued the most recent position in relation to the SIF for SHSCT on 24th August 2026, which reflected the outcome of the bi-monthly accountability escalation meeting held on 5th August 2026. The next meeting is scheduled for 6th October 2026.

Table 1 – SHSCT Current Areas of Escalation as at August 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
STSIF25-018	Diagnostic Reporting Turnaround Time (2-day performance)
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 20th August 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 (three consultant vacancies out of a commissioned five-consultant model supported by the wider team) which 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 current level of service stability remains reliant on locum capacity and therefore remains vulnerable, particularly considering regional recruitment challenges at both consultant and specialist doctor levels. The service are however pleased to report that a recent recruitment exercise for a permanent Haematology consultant was successful and the new consultant has commenced in post. As at 8th September, there are 2.8 wte substantive consultants in post supported by 1 wte locum consultant.

With the arrival of the new substantive consultant, the service are progressing with work to review the current service model and identify further opportunities to strengthen and stabilise service delivery. A multidisciplinary workshop is planned for 24th 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, including the development of skill mix across Community Mental Health teams, to mitigate the risk presented by the continued inability to recruit to vacant consultant posts with high-cost locums currently supporting the Community Mental Health teams and Home Treatment Crisis Response. The high-cost locum supporting the Bronte inpatient ward has left post and the Trust is seeking contingency arrangements until a replacement can commence in October 2026. 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.

The service have developed and shared a risk assessment document with SPPG and have initiated assessment of new patients referred since 1st April 2026.

The Trust welcomed 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):** SPPG confirmed de-escalation from level 3 to level 2 on 05 May 2026 following agreement 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.

It is accepted that DHH regularly achieves 28+ sessions per week however it continues to experience peaks and troughs particularly aligned to Bank holiday and peak leave periods and this has been true for the summer period with lower than expected uptake of sessions.

Efforts continue to maximise use of available sessions, however this is not possible across every service due to the finite number and availability of operators and competing clinical demands. The service plan to elevate activity levels during the autumn period to catch up on lost capacity however this is dependent on the availability of operators.

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

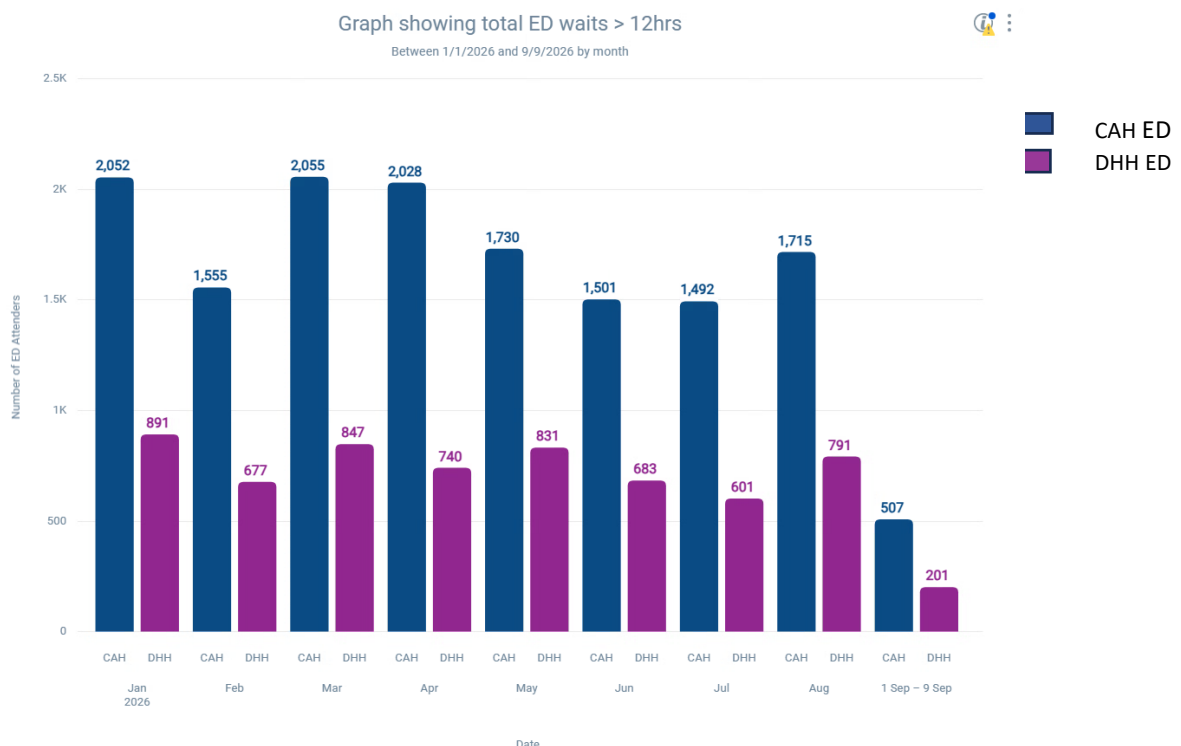
Level 3 Areas – Update

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’*.

August 2026 has seen an increase in the number of patients waiting more than 12 hours by comparison to the decreasing trend noted between April and July 2026. There were 1,715 patients waiting more than 12 hours in August 2026. Whilst this is an increase on the July 2026 figure of 1,492, it remains below the 2,055 and 2,028 patients waiting more than 12 hours in March and April 2026 respectively.

Graph 1



Source: STBITeam_Timely Care Pillar 4 KPI (Epic ID 325083)

Table 1. SHSCT ED attendances and waits more than 12 hours

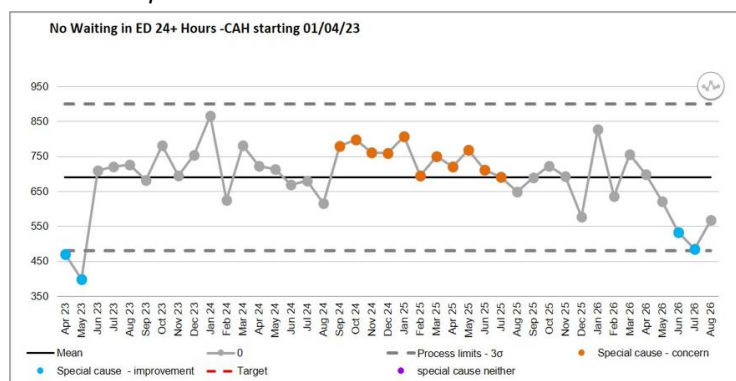
Date	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
ED Attendances								
CAH	4291	4868	5703	5631	6010	5888	6242	6291
DHH	3010	3496	4054	4008	4224	4022	4352	4313
Total	7301	8364	9757	9639	10234	9910	10594	10604
No waiting more than 12 hours								
CAH	2052	1555	2055	2028	1730	1501	1492	1715
DHH	891	677	847	740	831	683	601	791
Total	2943	2232	2902	2768	2561	2184	2093	2506
% waiting more than 12 hours								
CAH	47.8%	31.9%	36.0%	36.0%	28.8%	25.5%	23.9%	27.3%
DHH	29.6%	19.4%	20.9%	18.5%	19.7%	17.0%	13.8%	18.3%
Total	40.3%	26.7%	29.7%	28.7%	25.0%	22.0%	19.8%	23.6%

Source: STBITeam_Timely Care Pillar 4 KPI (Epic ID 325083)

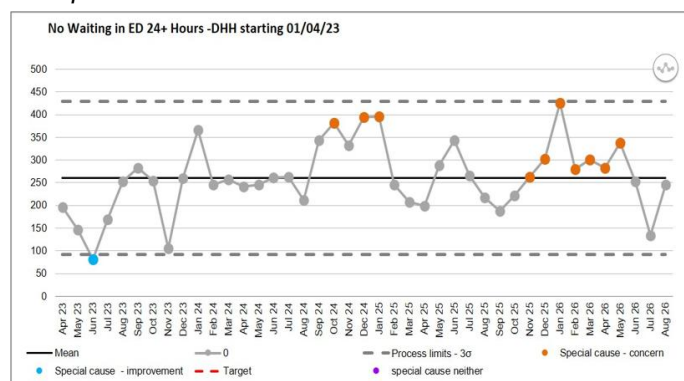
Further analysis shown in table 1 above, indicates that relative to numbers attending, the Trust have maintained improved levels of patient flow and operational performance across the urgent and emergency care pathway in August 2026 with the percentage of attendees seen within 12 hours (27.3% in CAH and 18.3% in DHH) just below levels in May 2026 (28.8% in CAH and 25% in DHH) when attendance numbers were comparable.

Graphs 2 and 3 below indicate trends in the numbers of patients waiting more than 12 hours in ED in the period from April 2023 to August 2026.

Graph 2



Graph 3



In the period from April 2026 to August 2026, ED attendances (62,314) have increased by 4.8% (2,854) compared to the same period in 2025/26 (59,460). 12-hour waits in April 26 – August 26 (12,211) have decreased by -8.3% (1,100) compared to the same period in 2025/26 (13,311).

Regional comparison of performance against the DoH Strategic Outcome Measures (SOMs) Framework shows that in the year to date (April to July 2026), whilst no Trust is meeting the target of a 10% reduction in 12-hour waits, SHSCT are performing better than the regional average with performance of + 15.78% in comparison to the regional average of +18.86%.

The Extended Emergency Medicine Ambulatory Care (EEMAC) area, led by ED clinicians was established in May 2026 providing a protected, non- escalation ambulatory pathway for patients to enable the ED to work towards the four-hour target of being assessed and onward pathway of care completed.

EEMAC is an additional element to support our other Timely Care initiatives to improve patient flow and has become a significant and increasingly established component of CAH Emergency Department activity, with patient numbers growing substantially over recent months and a positive impact on 12 hour waits and ambulance offload noted.

In addition to the measures detailed above and to ensure that this positive impact on 12-hour waits is maintained over time, the Trust has commenced work with senior clinicians on initiating a hybrid speciality take and agreeing patient dispositions from ED. This will be further developed at the Medical Summit Workshop planned for Monday 14th September.

In relation to the recent GIRFT review of Acute Medicine in SHSCT, all medical specialities have completed a Clinical Operational Standards (COS) self-assessment and these have been sent to the GIRFT team.

The Trust's winter plan is due to be submitted to SPPG by 18th September 2026.

- **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. 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: PSS1 NIAS Long Term Trends Report 9th June 26)

During the period from 09/08/26 to 07/09/26, NIAS daily data indicates;

CAH

- 885 out of 1313 (67.4%) handovers in less than 1 hour
- 337 out of 1,313 (28.7%) handovers between 1 and 2 hours
- 43 out of 1,313 (3.8%) handovers between 2 hours and 2 hours 15 mins
- 8 out of 1,313 (0.6%) handovers breached 2 hours 15 mins
- Daily average handover time = 48 mins 41 secs

DHH

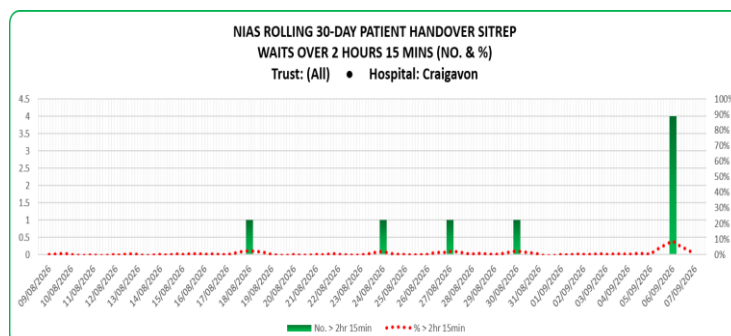
- 469 out of 566 (82.8%) handovers in less than 1 hour
- 88 out of 566 (15.5%) handovers between 1 and 2 hours
- 7 out of 566 (1.2%) handovers between 2 hours and 2 hours 15 mins
- 2 out of 566 (0.4%) handovers over 2 hours 15 mins
- Daily average handover time = 38 mins 42 secs

2 Hour 15 min Performance

CAH

30 day rolling period for CAH from 09/08/26 to 07/09/26

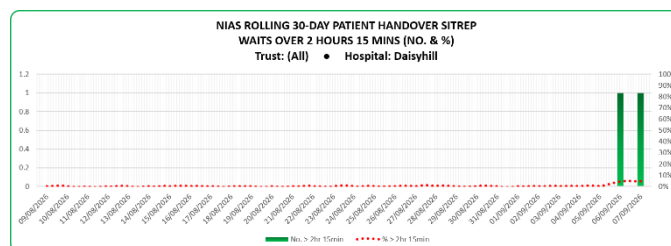
Date to
30-day total **8** **1%**



DHH

30 day rolling period for DHH from
from 09/08/26 to 07/09/26

Date over 2hr 15m
30-day total 2 0%



Improvement demonstrated in ambulance turnaround times since April 2026 has been impacted by our ongoing initiatives to improve patient flow for unscheduled care.

As referenced above in relation to STSIF25-011 - Reducing Time Spent in ED for patients, the Extended Emergency Medicine Ambulatory Care (EEMAC) area, led by ED clinicians was established in May 2026 providing a protected, non-escalation ambulatory pathway for patients to enable the ED to work towards the four-hour target of being assessed and onward pathway of care completed.

EEMAC is an additional element to support our other Timely Care initiatives to improve patient flow and has become a significant and increasingly established component of CAH Emergency Department activity, with patient numbers growing substantially over recent months and a positive impact on 12 hour waits and ambulance offload noted.

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- **STSIF25-014 - Gastroenterology Service Pressures and Recovery Planning:**

This service is experiencing ongoing challenges due to a significant number of consultant 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.

Consultant workforce shortages remain the principal risk for the service. A workforce task group has been established to explore options available to increase and stabilise consultant staffing levels. The service are pleased to report that a substantive consultant gastroenterologist has been appointed and commenced in their post.

£1.1m of additional funding allocated to the Trust has been used to reduce and maintain a significantly improved and positive position in relation to the numbers of the red flag waits waiting more than weeks.

- At 8th September 2026, there were 11 patients waiting for their first red flag appointment with the longest wait at 5 days. This has reduced from 1,045 in June 2025 when 95 patients were waiting more than 52 weeks.
- At 8th September 2026, there were 3411 patients waiting for their first urgent appointment. This has significantly reduced from February 2026 when we had 5216 waiting

Recommendations from an independent external review which was completed in June 2026 have been received and incorporated into a programme of transformation which will build upon and maintain the significant improvements in red flag waits.

As part of the transformation work;

- A trial of Enhanced Triage commenced in September 2026. This program is targeting a 30-40% reduction in the numbers of referrals requiring traditional consultant outpatient review through enhanced referral management, pathway diversion and return-to-referrer processes where appropriate.
- Capacity for Specialist Gastroenterology medical cover on Ward 1 South has increased and there is consultant medical presence on the ward 5 days per week.
- The service are progressing with a programme work to review and improve inflammatory bowel disease (IBD) services and pathways.

- **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.