Department of
Health
An Roinn Sláinte
Männystrie O Poustie
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Overarching Winter Preparedness Plan 2025/26

MINISTERIAL FOREWORD

My three-year strategic plan, published in December 2024 based around the three pillars of Stabilisation, Reform and Delivery, coupled with the re-set plan I published in July, with its focus on whole system working, delivering as effectively as we can with the resources we have, and working with Partners to create a Neighbourhood model of care, very much shape the development of this overarching Winter Preparedness Plan.

I must also be realistic with the public and our Health and Social Care staff about the context within which this plan has been developed. As a Health and Social Care system we face significant financial constraints which means there are not huge sums of additional funding to direct towards winter pressures. Similarly, I understand the frustration of staff that I have not yet been able to resolve pay awards, and the real risk that has created of industrial action, which I know neither Trade Unions or I want, and which I am determined to work to resolve.

We also know, particularly in recent years, winter pressures can place considerable additional demands not only on an extremely dedicated and committed workforce that is forced to go the extra mile day in, day out but also on patients, families and carers.

The longer-term goal must be the reduction of demand.

We are committed to the ‘Neighbourhood Model’ moving health care closer to home and supporting early intervention across primary care, community care and social care to improve health outcomes. We also have to ensure that those who come to our hospitals this winter are the people that need to be there and when their period of consultant-led care is over they can return to community settings in a timely fashion.

In this context this plan focuses on:

- getting the biggest impact we can from the initiatives that we have put in place in previous years and targeting those that have been most effective; and

- identifying what more we can do for those who we know are impacted most by winter.

It is to shape this latter action that I asked the Chief Medical Officer and the Chief Nursing Officer to lead a series of events to explore the learning from the previous winter to determine what actions could be employed to provide a collaborative approach to system-wide pressures. This has resulted in a series of actions to target older people living with frailty, who we know are impacted significantly by winter, and to support their care and interaction with the HSC system this winter and moving forward in the longer-term.

I am determined that a focus on prevention and genuine partnership working will yield positive benefits as we enter the 2025/26 winter period and beyond. I extend that partnership to the public and to health workers and remind all who are eligible to take up our vaccination programmes.

Mike Nesbitt
Minister of Health

SUMMARY THEMES AND ACTIONS

<table>
<tr><td>Prevention</td><td>

The Public Health Agency will be supported by my Department in promoting vaccine uptake and increasing uptake rates for HSC staff compared to previous years.
Deliver key Vaccination Programmes:

COVID-19 Vaccination Programme (October to January).
Influenza (key focus September to December).
Respiratory Syncytial Virus (year-long from September).
Shingles (year-long from September).
Up to date Immunisation (year-long).

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<tr><td>Pharmacy and General Practice</td><td>

Access to medicines and community pharmacist advice through:

Emergency Supply Service for situations where people have run out of their medicines when their general practice is closed.
A Sunday and bank/public holiday rota service to enable the public to access medicines and the advice of pharmacists outside normal opening hours.
a network of 60 pharmacies offering access to a regionally agreed list of specialist medicines required for palliative care.
A community pharmacy care home support service, provided by 124 pharmacies working with care homes to optimise systems.

Delivering health services through ‘Pharmacy First’ participating pharmacies for:

Emergency Hormonal Contraception (EHC).
Uncomplicated urinary tract infections.
Sore throat services.
Treatment of shingles (pilot).

Working with General Practices to:

increase capacity to meet the anticipated growth in demand over the winter.

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	deliver proactive support and care to those in nursing and residential care homes, through completing medical care plans, including assessing whether referral to an ED is needed.
Hospital Care	- Improve emergency care through: - Tacking ambulance handover delays through a new approach to collaborative working between Trusts and the Ambulance Service, to reduce maximum handover delays from four hours to two hours from September to December, with further reductions to achieve a 15 minute standard. - Increasing alternatives to Emergency Departments by improving access to and use of Same Day Emergency Care (SDEC) services which are now in place in all hospitals across acute medicine, respiratory and cardiology, with frailty assessment at the front being introduced this year on a number of sites. - Improve elective care to reduce ED pressures through implementation of the Elective Care Action Plan. - Establish a Paediatrics Winter Planning Team to: - establish daily situation report (SITREP) calls to clarify demand and capacity - improve repatriation of patients from Belfast to other areas. - address non-clinical transport delays and work to secure additional twilight hours into the Northern Ireland Specialist Ambulance Response service. - Improve mental health and learning disability bed pressures, reducing demand on Emergency Departments and ensuring the right care in the right place. - Improvements in social care delivery to improve system flow from hospital through: - Efficiency measures, including Trusted

	Assessors, Early Review Teams and a digital solution to more easily identify care home placement availability; o Maximising the capacity of Trust homecare provision with a focus on hospital discharge; o Extending care and support options by removing barriers to the uptake of self-directed support, including through streamlining of direct payment processes and piloting of managed budgets; o Greater use of block homecare contracts/the introduction of homecare zones to address unmet homecare need; o Delivering regional consistency in the protection of homecare packages when people are admitted to hospital, so that a homecare package is immediately available when an individual is deemed medically fit for discharge from hospital; and o The introduction of measures to stabilise the workforce, including improvements in pay and terms and conditions and a campaign to promote work in adult social care
Local Planning and Preparations	• All Trusts have worked with the Regional Control Centre to develop an operational unscheduled care improvement plan, with targeted actions across a range of areas from pre-hospital care through to acute care and into the community, which will include: o Trust Plans to deal with pressures and any surges in demand. o Increasing supply of social care packages to support discharge. o Local ambulance handover plans. o Business continuity and risk management plans.
The 'Big Discussion – Whole System Flow' series	• Improving the whole system approach to managing and meeting the care needs of the elderly and those living with frailty through: o Identification and risk stratification of frailty in over 65s in a consistent and system wide

	approach across the HSC; o Increased training across the HSC and Primary Care workforce; o Use of a consistent and agreed frailty assessment tool across the HSC and primary care • Keeping people well at home - enhanced care in care homes: o A programme to pilot a geriatric assessment, providing MDT response, as needed, and to complete an advanced care plan for all care home residents of three GP practices in west Belfast, to be completed by 31 March 2026. • Avoiding ED attendance and admission for end-of-life care for those whose preference is to be at home, achieving a reduction in avoidable attendances at the nine EDs across Northern Ireland by at least 25% for people requiring end of life care through: o The Belfast Community Palliative Care Hub providing a single point of referral and triage for all community palliative services within Belfast area. o Each HSC Trust, by end November 2025, providing a 'one page' updated list of palliative care services with primary care and NIAS colleagues. o A review and consolidation of the community pharmacy palliative care network, by December 2025. o Increasing by 20% the number of community pharmacies which have signed up to The Daffodil Standards, by December 2025. o A pilot aimed at increasing availability of anticipatory care medicine via supply of 'just in case' boxes, to be completed by March 2026, to inform wider rollout. o Complete implementation of urgent community prescribing by Northern Ireland Hospice for adult patients receiving end-of-life care, to be completed by March 2026.

	• Provision of appropriate (sensible) care that seeks to provide timely patient care based on need, balancing clinical evidence with individual preferences, promoting a more collaborative relationship between patients and professionals, through: o System/process improvements, avoiding over investigation and treatment, thereby improving flow and reducing length of stay. o Equipping patients, families and staff with knowledge and support to achieve effective shared decision making using realistic care approaches. o The development and implementation of a 'SENSIBLE' care framework for all health and social care providers. • Introduction of a frail elderly falls pathway to reduce deconditioning and avoid unnecessary conveyance. This will aim to reducing by 25% the unnecessary conveyance of patients over 65 to EDs following a fall and the development of an appropriate, alternative pathway for those who present, through: o Delivery of a pilot focussed on a pre-hospital environment to reduce conveyance to Emergency Departments and enable the development of an evidence base for regional implementation. • Implementation of Advance care planning through: o Ensuring effective use of existing medical care plans for residents of care homes. o Developing with PHA Colleagues, a full implementation plan for the Advance Care Planning Strategy. o The development of Level 1, 2 and 3 training modules on ACP by the Clinical Education Centre for rollout. • Improved fractured neck of femur services by reducing time to theatre to the National Hip Fracture Database (NHFD) standard of 48hrs for patients with a confirmed fractured neck of femur,

	a standard Northern Ireland is currently not meeting, through: o The development of an action plan to increase by 65% the proportion of patients with a fractured neck of femur receiving surgery within 48 hours of admission.

OVERARCHING WINTER PREPAREDNESS PLAN: SUPPORTING NARRATIVE

INTRODUCTION

In light of current pressures, and the significant financial deficit the Department is facing, this will undoubtedly be another difficult winter for our Health and Social Care (HSC) service. To help mitigate these pressures, and deliver the best possible care to those who need it, we will again ask HSC and the public to work in partnership to help protect vital services.

Following direction from the Health Minister in early 2025, this year's plan incorporates the outputs from the 'Big Discussion' workshops led by the Chief Medical Officer and Chief Nursing Officer. The focus of the discussions was to build upon our usual efforts to manage winter pressures by improving whole system patient flow by. This process identified a need for particular focus on interventions to improve the care of those older people living with frailty, who have been identified as some of the most vulnerable to the risks associated with the winter period.

As a result, seven areas for improvement have been identified, which focus on reducing hospital demand by supporting older people to stay well and receive appropriate care in the community, delivering person-centred care, to ensure that care aligns with an individual's personal goals and what matters most to them, through shared decision making so that the right care is delivered in the right place, first time. While this is a fundamental principle of all care, it is particularly important as we age and towards the end of life to maintain dignity and avoid unnecessary hospital admissions. This includes improving the use of advance clinical care planning and enhancing pathways for patients.

Additionally, this overarching Winter Preparedness Plan identifies other key measures and steps that the Department, the Trusts and other key partners are taking to help manage the additional pressures associated with the winter period. This includes enhancements for Primary Care services, efforts to tackle prolonged ambulance handover times and improvements to the Community Pharmacy service to help people remain well in the community. The Plan provides details on the extensive vaccination programme being undertaken across the winter period, as we

attempt to minimise the impact from winter infections such as influenza, Respiratory Syncytial Virus and COVID-19. We would call on all those eligible to receive a vaccine or vaccines, to please do so as early as possible to protect themselves and their families and to protect our vital HSC services.

The actions outlined in the Plan align with the Minister's Health and Social Care Reset Plan, which he published on 9 July 2025. The Reset Plan aims to reset the HSC system in terms of financial stability, priorities and culture, with a focus on health prevention measures, out of hospital care, standardisation of pathways, whole system working and the use of data to improve service delivery. These elements are evident throughout the Plan and HSC will exemplify them in the steps being taken to mitigate the anticipated additional winter pressures.

Finally, we are aware that, like all plans, there is a need to recognise that the HSC may face significant risks as we implement it throughout the winter months. We have therefore included a section in the plan that sets out the key risks we believe could impact our ability to manage the expected pressures and have indicated the actions and mitigations we would anticipate would minimise them, should they arise.

DELIVERY PROGRAMMES/ACTIONS

Prevention

Vaccination programmes against diseases such as influenza, COVID-19 and Respiratory Syncytial Virus (RSV) are a critical element in helping to protect the health of our population and reduce the pressures on our health and care services during the winter months.

The Department has again taken steps to prepare a COVID-19 booster and influenza vaccination programme ahead of this winter, with both vaccines largely being administered together in one visit. In addition, the universal (RSV) immunisation programme for older adults and for pregnant women (for infant protection), which was introduced in autumn 2024, will continue throughout the year. There are engagement and communication plans in place to inform and promote the vaccination programmes.

While over 800,000 COVID-19 and Influenza vaccinations were administered via a multi-provider programme in 2024/25, uptake of both vaccinations has declined in some eligible cohorts in recent years. There are many factors that may have contributed to declining vaccination uptake rates and, while work to improve uptake rates is ongoing, it may take time before we see the results.

The Public Health Agency (PHA) has established a multi-disciplinary working group to identify and implement how to improve vaccination uptake rates and my Department is represented on this group.

PHA continues to work with the UK Health Security Agency on a four nations basis, to consider the factors which impact on immunisation programme delivery and uptake across the UK and to develop a consensus on the main barriers and challenges which need to be addressed.

COVID-19

Advice from the Joint Committee on Vaccination and Immunisation (JCVI) on the COVID-19 vaccination programme has continued to adapt as the country has transitioned from pandemic response to recovery. As COVID-19 becomes an endemic disease, the focus of the programme is shifting towards targeted vaccination of the oldest adults and individuals who are immunosuppressed. These are the two groups who continue to be at higher risk of severe disease, including mortality (death).

The Department has accepted the JCVI advice to offer COVID-19 vaccination in autumn/winter 2025 to the following cohorts, and the programme will run in Northern Ireland from October 2025 to the end of January 2026:

- all those aged 75 or over;
- all those living in care homes for older adults; and
- immunosuppressed individuals aged 6 months and over.

Influenza

The influenza vaccination programme aims to provide protection to those who are at higher risk of influenza associated morbidity and mortality and to reduce transmission of infection to all age groups through the vaccination of children.

In line with JCVI advice, the autumn/winter influenza Vaccination Programme began in September 2025 for children and pregnant women, with the other cohorts to be offered vaccination from early October 2025. The programme will run jointly with the COVID-19 vaccination programme, with both vaccines largely being administered during the same visit to those eligible for both vaccinations.

Based on JCVI advice, the following groups will be eligible in the 2025/26 autumn and winter influenza programme:

- those aged 65 years and over on 31 March 2026;
- those aged 18 years to under 65 years in clinical risk groups;
- those in registered residential care homes;

- carers in receipt of carer’s allowance, or those who are the main carer of an elderly or disabled person;
- close contacts of immunocompromised individuals;
- pregnant women;
- preschool children aged 2 to 4 years on 1 September 2025;
- primary school aged children (Primary 1 to Primary 7);
- secondary school aged children (up to and including year 12);
- children in clinical risk groups aged from 6 months to less than 18 years;
- high-risk poultry and avian animal health workers; and
- all health and social care workers.

The expectation is that the majority of vaccinations will be completed by early December 2025. The vaccination programmes will be implemented using a combination of school nursing teams, GPs, community pharmacies and Trust-led vaccination clinics, with all providers encouraged to co-administer the influenza and COVID-19 vaccines during the same visit.

All care homes across Northern Ireland have been paired with a community pharmacy partner who will ensure that residents and staff are offered both vaccinations. In addition, Trusts will offer vaccination to housebound patients who are unable to attend their GP surgery. Community pharmacies and Trusts will also provide an alternative option for those who do not attend their GP surgery. There are sufficient supplies of the various types of influenza and COVID-19 vaccines in Northern Ireland to vaccinate all those who are eligible.

All Trust employed Health and Social Care Workers in Northern Ireland are eligible to receive the flu vaccine either through Trust clinics or via a community pharmacy. The PHA is planning to undertake a piece of behavioural science work with QUB, specifically in relation to HSC worker vaccination hesitancy, with a view to identifying issues and improving uptake rates. Though Trust plans for occupational vaccination are already established, depending on the findings of the background research, specific behavioural interventions during the 2025/26 influenza vaccine campaign may result from this work

Respiratory Syncytial Virus (RSV)

RSV is a common respiratory virus that can cause serious lung infections. For most people, RSV infection causes a mild respiratory illness. Globally, RSV infects up to 90% of children within the first 2 years of life and frequently reinfects older children and adults. While RSV infection can occur at any age, the risk and severity of RSV and its complications are increased in older adults and in neonates and small infants.

All adults turning 75 years of age on or after 1 September 2025 are eligible for the RSV vaccination via their GP. In addition, the vaccine is offered to all pregnant women from 28 weeks gestation aimed at providing infant protection. This is a year-round, ongoing programme.

There is also an RSV vaccination programme for high-risk infants, focusing on those born prematurely and those with specific medical conditions. For these babies, the risk of contracting RSV in their first winter is extremely serious and has a significant impact on our health service each year.

Shingles

While not a seasonal illness, Shingles can be very painful, especially for older people and people with a weaker immune system. In some cases, the pain persists for several months or even years.

The vaccination programme runs throughout the year, with each programme year starting on 1st September. Individuals aged 65 or 70 years of age are invited to receive 2 doses of the Shingrix vaccine. All severely immunosuppressed individuals aged 18 years and over are also eligible for the vaccine.

Other vaccines, including measles, mumps and rubella (MMR)

Healthcare employers should ensure that all staff are up to date with their routine immunisations and should ensure that they have evidence that their staff are protected against measles and rubella infection. Protection of healthcare workers is important for their own benefit and for the protection of their patients.

The Department has policies in place for a range of vaccination programmes for different eligible groups including children, pregnant women and older adults. Targeted programmes are also available for subgroups of the adult population. Ensuring the public are up to date with all vaccinations they are eligible for protects individuals from infectious diseases and their complications, as well as protecting their families and wider community. This in turn reduces the impact on community, primary and secondary care services.

Community Pharmacy

Community pharmacy is one of the four pillars of primary care in Northern Ireland and community pharmacies across the region provide vital services for local communities, including the dispensing of over 45 million prescription medicine items each year. Community pharmacies are often the first point of contact with the HSC, with an estimated 123,000 patients and members of the public visiting community pharmacies every day in Northern Ireland to access medicines and seek advice from skilled pharmacists and pharmacy staff. They are accessible and convenient, with over 99% of the population living within five miles of a community pharmacy, and in some rural areas, community pharmacies can be the only readily accessible source of primary health care.

This winter, community pharmacies will support HSC priorities and population health by providing access to safe and reliable supplies of medicines, professional advice, and clinical services to prevent and treat illness. The skills of community pharmacy teams will be utilised to increase capacity within the HSC, manage acute demand, and support people to maintain their wellbeing and live healthy, active lives.

Public health services

As in previous years, it is anticipated that vaccinations for both flu and COVID-19 will be offered in over 300 community pharmacies located across Northern Ireland, offering vaccines to eligible patient groups and administering to residents of care homes.

In addition, over 500 community pharmacies will take part in 'Living Well' health promotion campaigns throughout the winter. During October and November 2025, a 'Stay Well This Winter' campaign will run, which will encourage and support people, including older adults and those with underlying health conditions, to take actions to ensure they stay well over the winter months. The campaign, which saw pharmacy teams engage directly with over 60,000 people between December 2024 and January 2025, will advise people on measures to protect themselves from illness, how to self-care for minor illnesses and when to see the doctor. It will provide an opportunity to reiterate messages to promote vaccination and ensure antibiotics are used appropriately.

Over 500 community pharmacies will continue to provide Lateral Flow Devices to people with underlying health conditions who may potentially be eligible for antiviral treatment in the event of contracting COVID-19.

Access to medicines and pharmacist advice

Community pharmacies provide a safe and reliable service supplying prescribed and over the counter medicines and providing access to the advice of highly trained pharmacists and pharmacy teams. All pharmacies can provide adherence support for people to take their medicines following assessment of need, in accordance with statutory requirements in the Disability Discrimination Act 1995.

All pharmacies offer an Emergency Supply Service for situations where people have run out of their medicines when their general practice is closed. Up to 19,000 items per month are supplied via this service including medicines for diabetes and inhaler devices, avoiding the need for patients to attend Out of Hours (OOH) medical services or Emergency Departments to access these medicines or go without essential treatment.

A Sunday and bank/public holiday rota service is in place to enable the public to access medicines and the advice of pharmacists outside normal opening hours. In addition to the supply of medicines required at end of life from all pharmacies, a network of 60 pharmacies offers access to a regionally agreed list of specialist medicines required for palliative care, and work is underway to further meet the

needs of this vulnerable patient cohort by reviewing the current supply and advice model and improving anticipatory prescribing to proactively manage medication requirements. To help maintain supplies of medicines during periods of severe supply disruption, pharmacies also have access to Serious Shortage Protocols (SSP). 23 SSPs were in use during 2024/25 and they enabled community pharmacists to supply a specified medicine or device when the prescribed item was not available.

A community pharmacy care home support service is provided by 124 pharmacies who work with care homes to optimise systems for the ordering, supply, storage, administration and disposal of medicines. The skills and expertise of pharmacy teams will strengthen medicines management processes in care homes and support the safe, effective and efficient supply and use of medicines by care home residents.

Services to increase HSC capacity and meet population health needs

'Pharmacy First' is a service provided by community pharmacies in Northern Ireland, where people can seek advice and treatment for a range of illnesses and health conditions without the need to see a GP. All pharmacies offer the 'Pharmacy First for Everyday Health Conditions' service. On average, over 14,000 people per month avail of this service and in 2024/25 169,291 patients were supplied a total of 196,498 medicines by their community pharmacist for the treatment of 13 common conditions.

The 'Pharmacy First for Emergency Hormonal Contraception (EHC)' service ensures that women and young people aged 13 years and over have timely access to sexual health advice and free EHC (including the provision of bridging contraception) when clinically indicated. The service is currently provided by almost 400 community pharmacies, which includes pharmacists who are independent prescribers. On average, over 1,900 women and young people availed of this service each month during 2024/25, with over 23,000 consultations undertaken.

The 'Pharmacy First - Uncomplicated Urinary Tract Infection (UTI) in Women Aged 16-64 years' service is now offered in over 450 community pharmacies across Northern Ireland. The aim of the service is to facilitate the assessment and treatment of women aged 16-64 years presenting with symptoms of lower urinary tract infection

in the community pharmacy. On average, over 1,700 patients per month avail of this service.

The ‘Pharmacy First Sore Throat Service’ will be available from over 400 pharmacies until 31st March 2026 and offers a high-quality, efficient and effective clinical pathway for people aged five years old and over with sore throat, helping to free up GP time for management of other complex and urgent cases. Using point of care testing in the pharmacy setting, the service supports the appropriate use of antimicrobials and more fully uses the skills of pharmacists to deliver accessible clinical care. Over 8,700 people accessed the service between December 2024 and March 2025, helping to relieve pressure on other urgent care services.

A ‘Pharmacy First pilot service for the treatment of shingles’ has been available from 50 community pharmacies since 6th January 2025 and will continue to be available until 31st March 2026. 4,711 prescription items were issued for Aciclovir and Valaciclovir between November 2023 and March 2024, and the pilot aims to explore whether inclusion of shingles within the ‘Pharmacy First’ service offers the potential for some of this GP workload to be managed solely within the community pharmacy setting.

GP services

As in previous years, General Practice will continue to play a crucial role in helping to manage additional service demand and to keep people well this winter. Approximately 200,000 patient encounters are being carried out on a weekly basis by GP practices, with approximately 50% of these being face to face. It is critical that GP practices are supported in delivering this core service.

This winter, the Department will:

- Provide additional support to both General Medical Services (GMS) and GP OOH services to support practices to increase their capacity to meet the anticipated growth in demand over the winter; and
- Provide additional support to assist GP practices across Northern Ireland to deliver proactive support and care to those in nursing and residential care

homes. This will be through completing medical care plans, including assessing whether referral to an ED is needed, and via a GP led fortnightly proactive review.

As a result of this additional support, we anticipate the delivery of around 10,000 medical care plans for patients in nursing and residential care homes and over 8,000 additional sessions to help manage winter pressures in general practice.

Hospital care

Ambulance handover delays

Improving ambulance handover times is a key priority due to the impact these delays have on the Northern Ireland Ambulance Service's (NIAS) capacity and ability to respond to emergency calls in the community.

Earlier this year, Departmental officials, along with clinicians from Trusts and NIAS, visited a hospital in London to discuss their approach to improving ambulance handover times by releasing ambulances in a more timely manner. The HSC Trusts and NIAS have been asked to implement a similar approach to that seen in London and to put targeted interventions in place by October 2025. This will assist in improving ambulance handover times. The Department and Trusts have given a commitment to support the implementation of regional ambulance handover guidance through a collaborative and system-wide approach. The guidance sets out a tiered approach to reducing handover delays, lowering the maximum threshold each month from four hours from 1 September down to a maximum of two hours by 1 December 2025. Once the two-hour target has been achieved, Trusts will be required to deliver further improvements, moving towards the 15-minute handover standard.

Same Day Emergency Care (SDEC)

The Getting It Right First Time (GIRFT) Review of Emergency Medicine recommended the implementation of Same Day Emergency Care (SDEC) services to provide alternative options to Emergency Departments for delivering urgent care, to alleviate pressure on Emergency Departments and improve patient flow. The

Department commenced an SDEC programme of work in August 2024. The first step was the setting of an ‘SDEC Standard’, followed by a baseline assessment of Trust services against these standards. As a result, SDEC services are now in place in all hospitals across acute medicine, respiratory and cardiology, with frailty assessment at the front door being introduced this year on a number of sites.

Elective care

As in recent years, the Department is determined to ensure that hospitals continue to have a relentless focus on the delivery of elective care services this winter. Given the current waiting times and the challenging financial position, it is essential that HSC fully utilises all available capacity as we come into the winter period. The Department will continue to work with Trusts to ensure a whole system focus and drive the performance and efficiency agenda to ensure that current resources are fully maximised to support elective services coming into the winter.

The Department’s updated Elective Care Framework (ECF) and Implementation Plan sets out a thematic plan designed to reduce waiting lists and increase capacity across the elective care system. The Implementation Plan sets out a breakdown of how the funding allocated for waiting list activities in this year’s budget will be invested with a targeted focus to ensure core capacity is expanded regionally on a sustainable basis across Health and Social Care.

Paediatrics

The Child Health Partnership (CHP) Paediatric Winter Planning Team, which involves members from the Department, PHA and each Trust was reinstated on 18 June 2025

The Winter Planning Team identified the following actions for the winter period:

- Daily situation report (SITREP) calls to clarify demand and capacity;
- Repatriation of patients from Belfast to other areas;
- Draft communications pathway/glossary to help communication between Trusts; and

- Non clinical transport delays and work to secure additional twilight hours into the Northern Ireland Specialist Ambulance Response service (neonatal and paediatric capacity) to ensure fair, equitable access for neonatal and paediatric patients and manage bed demand and capacity. The extension of neonatal transport has been achieved and will commence imminently. The twilight service for other repatriations requires funding, but staffing and vehicles have been identified.

Mental health and learning disability

The Department recognises that there are existing, significant regional bed pressures across mental health and learning disability inpatient services, including delayed admissions from Emergency Departments. These pressures are likely to become more pronounced as demand for beds across the health system increases during winter months. Work is, therefore, ongoing to identify options to address regional mental health and learning disability inpatient bed pressures, including consideration of proposals from Trusts on increasing bed capacity in the short term. These include reconfiguring some parts of existing wards and reallocation of resources to enable timely discharge of patients to community placements and to prevent admissions through increased community support, including crisis services.

Learning disability strategic action plan

Alongside this, the Department continues to work on a Learning Disability Service Model (LDSM) as part of a wider exercise to improve outcomes for children and adults. A 14-week public consultation on the LDSM commenced on 19 August 2025. The Department will be hosting a series of regional engagement events during the consultation and details will be published on the Department’s website.

Community assessment and treatment services and crisis/intensive support currently form part of the proposed service model. The Department recently approved an improvement plan and funding to enable Trusts to facilitate safe and expedient discharges, to improve bed capacity within specialist Learning Disability Beds. Work is ongoing with Trusts to consider how best to improve flow and enhance Community Assessment and Treatment, Crisis/Intensive Support Services as part of ongoing

work linked to the Learning Disability Inpatient and Community Service Development Plan.

Inpatient Learning Disability beds are considered regional assets. Draft Clinical Network terms of reference have been shared by the Department with Trust directors. These terms of reference are being revised to support further discussion with directors regarding the establishment of a clinical network, to enhance collaborative working to support admissions and safe and timely discharges.

The Learning Disability Daily Dashboard for bed availability remains operational and will be subject to review and amendment as required.

Social care

The Department recognises that winter preparedness cannot simply focus on primary and secondary health care settings, or what happens within formal hospital settings, but a significant and critical contributor to the delivery of effective services must be focused on ensuring that appropriate care is provided in social care settings and in people's own homes. This will ensure that those who can be treated in nursing or residential care settings, or with support can remain in their own home, are provided with appropriate care to ensure they do not unnecessarily attend Emergency Departments. Likewise, where someone requires social care support, once they are medically fit to be discharged from hospital, this care must be available without undue delay.

The Department recognises that resolving pressure in social care cannot solely be the remit of government, or those providing services. It must be stressed that while the health and social care system has a vital role to play in these areas, individuals, families and carers can also assist in working with health professionals to ensure critical care beds are not being unduly occupied when social care support is offered. The public has a responsibility to partner with the system to alleviate winter pressures by working with the Trusts to accept care when it is offered, even when this may not be the first choice of setting or provider.

Like many parts of health and social care delivery in Northern Ireland, adult social care and support is in urgent need of reform, and that reform is ongoing, but it will take time to deliver this fully. The Department of Health, working with the Social Care Collaborative Forum (SCCF) has developed a 10-year Strategic Plan to implement the reform of adult social care and support.

There are, however, a number of immediate actions that are ongoing to alleviate winter pressures. The Department is ensuring robust implementation of measures to improve system flow, including early reviews of care packages that have already been provided to ensure the needs of individuals are being properly met; this has already delivered a significant number of hours of care being redirected to other users to address unmet need. The Department will also introduce regional consistency in terms of the protection of care packages when people are admitted to hospital, so that a care package is immediately available when they are fit for discharge. We will look at the introduction of block home care contracts to address pressures, particularly in relation to delayed discharges, rural areas or postcodes with high levels of unmet need. Other initiatives are ongoing to look at better utilisation of statutory home care provisions and the development of digital solutions to ensure the accurate availability of care home beds is better managed across all Trust areas.

Local Trust Planning

Preparations by Trusts to prepare for winter pressures include measures such as increasing the capacity of Hospital at Home services, providing additional short-stay inpatient beds and increasing the number of step-down/intermediate care beds. Interventions vary from Trust to Trust, based upon local needs, and also include measures such as frailty and multidisciplinary team assessment at the front door, an expansion of ambulatory and same day emergency care services and enhance capacity for early review teams and discharge co-ordination.

Trusts have also worked with the Regional Control Centre to develop an operational unscheduled care improvement plan, with targeted actions across a range of areas from pre-hospital care through to acute care and into the community. This includes an assessment of Trust surge planning and various approaches to social care

provision to support discharge, such as interventions around anticipatory care planning for care home residents, the implementation of integrated single discharge teams and an assessment of domiciliary care packages.

These plans have been developed to help manage pressures which are all year round, but which often increase in the winter months, especially for the elderly population.

To support the Trust in the development of these plans, and in particular to improve ambulance offload and ultimately ambulance response times in the community, £10m of funding has been repurposed and made available to Trusts for targeted initiatives which are to be in place by the end of October 2025. These initiatives are now part of the Trust Unscheduled Care Improvement plans which will provide additional capacity going into winter and beyond and Trusts are on course to have these in place ahead of winter.

In addition, an investment of £12m has been provided to increase capacity to treat more patients with fractures and improve performance. Extra operating lists and fracture beds are already in place across our Trusts, with more coming on stream in the coming months.

This additional capacity across a range of services supplements existing hospital provision and aims to avoid admission and provide alternative pathways for patients.

Managing Demand Surges

The Regional Co-ordination Centre has operational oversight of hospital services and, working with the Northern Ireland Ambulance Service and Trusts, will take action to help manage pressures across all our hospitals.

At times of increased pressure, all hospitals have the capability to open additional hospital beds. In total across our hospitals, an additional 258 beds can be opened to help manage demand.

ENHANCED PROGRAMMES/ACTIONS

The 'Big Discussion – Whole System Flow' Approach

Recognising the challenges of winter 2024/25, the Health Minister asked the Chief Nursing Officer and Chief Medical Officer to lead a series of events to explore the learning from winter 2024/25, as preparations were made for winter 2025/26. The 'Big Discussion – Whole System Flow' approach was established as a key mechanism to deliver on the Minister's ask.

Work took place between March and June 2025 with key stakeholders from across the Health & Social system to explore the learning from winter 2024 and plan a collaborative, system-wide response to the anticipated pressures of 2025. In light of increasing winter pressures and the growing needs of an ageing population with complex health conditions, this work was intentionally framed through the lens of older people living with frailty. Strong and sustained commitment from system leaders has been given to this process, reflecting the collective support and recognition that this is a high value, priority piece of work.

The work explored shifting population demands, rising system strain and real patient experiences - culminating in the identification of critical 'red lines' - unacceptable standards, such as: corridor care; prolonged ambulance delays; overcrowded Emergency Departments; poor experience; and emotional toll on both patients and staff. These insights directly shaped the development of seven targeted improvement action plans, detail in which can be found attached at **Appendix A**.

Whilst the whole system approach to this work has focussed on these seven specific action plans, with in several places a target of completion for March 2026, work is ongoing within each project on a continual basis with key milestones set within the timeline between now and then for each. The learning from these outputs and the Big Discussion series will help to establish an agreed methodology for whole system improvement, to assist in the reset of our Health and Social Care system to meet the current and future needs of the population.

The overarching aims of the 'Big Discussion - Whole Systems Flow' approach has sought to:

- Build on and enhance previous and existing approaches to managing winter pressures;
- Strengthen support in community and residential care, to reduce reliance on hospital care, by improving support in familiar settings, supporting people to stay well and be cared for at home and by enhancing clinical care in care homes;
- Support the delivery of person-centred healthcare by aligning care with individual goals, which is especially important near the end of life to ensure dignity and comfort, to support care delivery and avoid unnecessary hospital admissions;
- Aid in proactive identification and risk stratification of frailty, exploring and supporting tailored clinical responses to common presentations for frail older adults such as falls and respiratory concerns, to enable timely, appropriate interventions that reduce harm, improve outcomes, and avoid unnecessary conveyance; and
- Ascertain the current use of advance care plans (sometimes referred to as medical care plans) to ensure that care preferences are known, documented, and are fully considered by HSC staff, to help ensure best and most appropriate person-centred care for residents. The Department's advanced care planning policy, 'Advanced Care Planning: For Now and For the Future', was originally launched in October 2022 and provided a solid base for this work, further details of which can be found at: doh-acp-now-future-advance-care-plan-polcy.pdf

'Big Discussion - Whole System Flow' approach and engagement with the public

Early in the 'Big Discussion – Whole Systems Flow' approach, it became evident very quickly of the need and desire to engage with the public and explore how we should do this. The Patient and Client Council (PCC), as part of this whole systems approach, were asked to consider how a 'Big Discussion' with the public on this issue could take place.

The PCC proposed that the work would be carried out in different phases, with an initial phase focused on generating a baseline understanding of the public's beliefs and feelings about health, and their knowledge of winter pressures, whilst at the same time recognising the broader strategic direction of Health and Social Care in Northern Ireland through the Reset Plan and Neighbourhood model.

In the attitudinal survey, PCC were interested in gaining an understanding in a number of areas, which included:

- What was important to the public in accessing health and social care;
- Public knowledge of winter pressures;
- How the public received and understood information about HSC services and winter pressures;
- Public knowledge and experience of staying well during winter; and
- What influence the public thought they could have in helping to alleviate pressures on services.

PCC carried out the initial phase and analysis at pace and have published this week a new attitudinal report, *'What the Public Think'*, further details of which can be found at: - pcc-what-the-public-think.pdf. This report provides a regional baseline of public understanding and expectations around health and social care services, particularly in relation to winter pressures. A key finding from report has been how we communicate with the public to ensure they know how to access the right pathways at the right time to more effectively meet their care needs.

RISK AND RISK MANAGEMENT ACTIONS

While the measures outlined above will go some way to mitigating the pressures we expect HSC to face this winter, there is no doubt that there are a number of significant risks that could hinder these efforts.

Given the financial deficit the Department is facing this year, it is not currently possible to direct additional investment to winter pressures; therefore, the Winter Preparedness Plan focuses on optimising what can be delivered within the Department's existing financial baseline, while aiming to maintain patient safety and quality of care.

Funding for the Northern Ireland Ambulance Service

There is a potential risk that additional funding allocated to support ambulance services during the winter period may not be fully utilised. This risk is primarily linked to workforce constraints within NIAS.

NIAS is currently finalising its 10-year Workforce and Financial Plan, which sets out a strategic approach to growing and sustaining its workforce in line with projected service demand. This plan is underpinned by the findings of the Operational Research in Health demand and capacity review, which identifies the scale of workforce expansion required to meet current and future pressures. However, any identified need for additional paramedics is constrained by the local training capacity. The Department has taken steps to address this by increasing the number of paramedic training places from 50 to 65 per year, but this expansion will take time to translate into deployable workforce capacity. As a result, even with additional funding available, NIAS may face challenges in rapidly scaling up frontline services, which could limit the ability to implement short-term service enhancements or surge capacity measures during peak winter demand.

This risk will be monitored closely through the Support and Intervention Framework process, ensuring that the implementation of the NIAS 10-year Workforce Plan aligns with service demand. This approach will support strategic oversight of workforce growth, training capacity and operational delivery throughout the winter period.

Funding for General Practice

There is a potential risk that additional funding allocated to support General Practice during the winter period may not be fully utilised. The additional funding is allocated to purchase additional GP sessions over the winter period from GP Contractor Practices. GP Contractors are currently engaged in collective action and the risk may be realised limiting the uptake of additional sessions.

Industrial action

There is a significant risk that industrial action across key staff groups within the Health and Social Care system will occur during the winter period, driven by delays in securing funding for the 2025/26 recommended pay awards. This action may include strikes or action short of strike, and is likely to result in reduced service capacity, disruption to elective and emergency care, and increased pressure on an already stretched system.

Multiple professional bodies (Royal College of Nursing, British Medical Association NI Consultants, British Dental Association NI Hospital Dentists) have formally entered into, or signalled intent to enter into, industrial disputes with the Department of Health. Formal notifications have been received and further escalation remains possible. These disputes are centred around the level of pay awards and delays in implementation, creating heightened risk of industrial action during a critical period for service delivery.

A number of mitigation measures have been put in place to manage this risk, including:

- Ministerial Direction to implement recommended pay uplifts for Medical & Dental and Agenda for Change (AfC) staff;
- Ongoing engagement with Trade Unions to maintain dialogue and transparency around funding and timelines; and
- Waiting List Reduction Target Scheme (WLR) offering enhanced payments for elective activity to maintain service delivery during periods of disruption.

However, there are limitations to these mitigation measure. Funding for pay awards remains unsecured, creating uncertainty and implementation timelines are subject to public finance processes, while the effectiveness of the WLR scheme is dependent on staff participation, which may be limited during industrial action.

Ongoing Approved Social Work (ASW) industrial action in out of hours services is likely to continue to impact on EDs, as there are occasions when the availability of ASWs to assess someone who is waiting in an ED for admission to a psychiatric hospital can be limited by the action. The availability of acute admission beds in mental health and learning hospitals can lead to delays for patients and ASWs waiting for a bed to become available, often in an ED. A review has been undertaken by the Department's Strategic Planning and Performance Group on the provision of ASW out of hours services, with a series of recommendations which are currently being considered by the service. While further work is required on the availability of acute admission beds, support to the ASW service was communicated by the Chief Social Worker earlier in the year and a number of mitigations have been developed by the most impacted Trusts, including:

- Trusts working towards the implementation of the ASW standards;
- Trusts continuing with mitigations around industrial action – to be monitored via Statutory Function processes;
- Trusts engaging regionally and locally to identify solutions to prolonged waiting times;
- Agreed escalation procedures for extended delays;
- Risk mitigation strategies, including a daily regional 'huddle';
- Exploring alternatives to ASW involvement during extended delays;
- Trusts reporting monthly activity to the Strategic Planning and Performance Group; and
- Trusts confirming the number of warrants requested under Article 129(4), which will be included in the ASW Core Data Set.

Any potential industrial action by the nursing profession would pose a significant patient safety risk across the HSC system. For this to happen over the winter period

could have a significant impact on the HSC’s ability to respond to the expected additional winter pressures.

The impact would be particularly challenging if, as has been mooted, none of the previous derogations were to be permitted. During previous disputes, derogations were agreed for emergency theatres, urgent chemotherapy, red flag surgery, ICU mental health services, maintaining services to highly complex patients in the community and Emergency Departments. Without those derogations, many significant services would be highly vulnerable, and it is anticipated that they would be unable to function or respond to provide the lifesaving care with the urgency required. This could result in a significant patient safety risk with higher levels of mortality and morbidity and result in extensive prolonged delays for patients whose planned procedures had to be cancelled. This is challenging particularly for those with findings that require time critical interventions.

Industrial action by the nursing profession would have a direct impact on waiting times, the reset and reform agenda and also on potential financial savings plans. The likely impact would potentially require HSC to instigate a full emergency planning response.

General Practice industrial action

There is a potential risk that GP collective action in support of reopening the 2025/26 contract negotiations may result in a reduced number of appointments for patients being provided compared to the same point last year. This would add pressure to an already stretched system.

Mitigation measures put in place to influence the scope of possible realisation of risk include:

- Contractors reminded regarding their contractual responsibilities and patient safety;
- Ongoing monitoring by the Department of Contractors adherence in terms of contractual responsibilities; and

- Seeking to engage representative body in development of new model of care and negotiations for future GMS Contract.

Both the actual realisation of risk and the influence of mitigation measures may be influenced by factors outside the Departments immediate control.

Staff sickness absence

The unavailability of staff due to sickness absence presents a risk to service delivery, particularly during the winter period. Overall annual sickness absence levels, while decreasing from 8.17% in 2023/24 to 7.97% in 2024/25, are still higher than pre-pandemic levels.

In terms of absence management, the Department has set staff absence reduction targets for each HSC organisation and each HSC Trust has developed a dedicated plan which is reported to individual Trust Boards. Progress against target is reported and discussed at regular accountability and governance meetings (in-year and end-year) and via the DOH/HSC Human Resources Directors' Forum. Targets agreed for 2025/26 are for HSC Trusts to reduce absence rates by 7.5% against their 2024/25 sickness absence levels, while smaller ALBs have a target to reduce sickness rates by 5% against 2024/25 sickness absence levels.

HSC Trusts continue to deliver a range of resources and initiatives to support their staff to stay healthy and remain in work. These are informed by 'Strengthening our Core: A Regional Framework for HSC Staff Health and Wellbeing in the Workplace' which was launched by Minister Nesbitt in September 2024. Work is ongoing to implement the recommendations arising from the Review of HSC Occupational Health Services, with a view to developing enhanced and robust HSC Occupational Health Services.

Vaccination uptake

Low vaccination uptake rates increase the risk of hospitalisations, severe illness, and deaths, especially in vulnerable populations like the elderly and those with underlying conditions. This puts significant strain on our healthcare system and community, as

widespread disease spreads more easily, exacerbates existing health conditions, and causes broader societal disruption.

To mitigate this risk, the Public Health Agency (PHA) has developed a 2025/26 Winter Vaccinations Public Relations and Social Media Plan, which will run until end March 2026. The Plan, in conjunction with the 'Stay Well' campaign, which will run in October and November 2025 in over 500 Living Well community pharmacies, will promote early uptake of the free influenza, COVID-19, Respiratory Syncytial Virus (RSV) and pneumococcal vaccines, for those who are eligible.

Throughout September 2025, the PHA will deliver a programme of professional engagement sessions with GPCNI, Community Pharmacies and care home management and staff to provide support and focus on promotion of the vaccination programmes, and maximising uptake.

Professional training packs and e-learning for influenza and COVID-19 vaccinations have been developed and shared with all vaccination providers in advance of the autumn/winter programme, including the importance of vaccination and increasing uptake rates for the programmes. These resources are designed to empower healthcare professionals to deliver immunisations safely and effectively and to answer parents' and/or patients' questions confidently and accurately. This supports the National Institute for Health and Care Excellence (NICE) Guidance and recommendations for providers to 'get the basics right', as an essential step towards increasing uptake.

Public promotional and information materials, including the N.I Direct pages for both influenza and COVID-19 vaccinations, are currently being updated which will be the main source of public information regarding vaccination programme eligibility and access details. Additionally, the PHA website is currently undergoing a comprehensive review which will improve access to vaccination programme information for both public and professionals.

With regards to increasing vaccination uptake in the Health and Social Care worker cohort, the PHA has commissioned a behavioural science research project, to

include vaccination hesitancy, with a view to identifying issues and improving uptake rates.

Vaccine effectiveness against hospital admission varies (approximately 60% for influenza), and this changes annually depending on the type of virus strains in circulation, the time between vaccination and infection, and how much the virus has mutated and changed since the strains were selected for inclusion in the vaccine. There are uncertainties that will remain even after efforts to improve vaccine uptake, including which type circulates, and when the season begins; therefore, it is challenging to quantify the degree of residual risk.

COMMUNICATION

We recognise that effective communication will be a critical element in ensuring understanding and impacting behaviour throughout the winter period. We will adopt an integrated communications approach involving the Department and all HSC organisations. Communications will be both overarching and regional and operational at a local level. We have also established a Strategic Communications Group which includes senior communications professionals from across the HSC system. As part of its work, it will focus on required communications, engagement and delivery over the coming months.

CONCLUSION

As in previous years, HSC is anticipating a challenging winter period, as the number and severity of illnesses increase and services come under additional pressure. The Department and HSC have focused on taking a whole system approach to addressing these additional pressures, guided by the outworkings of the 'Big Discussion' workshops.

It is important to note, however, that while the steps taken will go some way to mitigating the anticipated pressures, they cannot be eradicated altogether. Additionally, there are significant risks present that challenge the ability of HSC to respond, such as the substantial funding issues facing the Department and the associated impact of potential industrial action, along with increases in staff sickness rates and a reduction in vaccine uptake.

In order to successfully navigate the upcoming winter period, it remains vitally important that we all play our part, to make sure that HSC services are ready and available for those who need them most.

APPENDIX A

TARGETED IMPROVEMENT ACTION PLANS

Action Plan 1 – Identification and risk stratification of frailty in over 65s

Action Plan Overview

- Identification of Frailty in the 65+ population across Primary Care and HSC to enable improved prevention, early targeted intervention and a reduction in avoidable hospital admissions;
- To improve the early identification and visibility of frailty in the 65+ years population receiving services from hospital or community-based teams, through Encompass;
- To enhance uptake of frailty education for the HSC system and Primary Care workforce, to build capability and support effective identification and management of frailty, positively impacting patient outcomes;
- Embedding validated frailty assessment tools (Rockwood Clinical Frailty Score - CFS) into clinical workflows across hospital and community settings, to improve visibility and consistency of frailty identification and support subsequent management; and
- Generating a regional frailty prevalence baseline to inform planning, service design, and population health management.

Action Plan Goal: To ensure that people aged 65+ years within Primary Care will be screened for frailty using a validated tool and that the data generated will inform Regional Frailty Prevalence.

Action Plan Objective: By 31 March 2026, support a consistent, system-wide approach to frailty identification in people aged 65+ across HSCNI and Primary Care by implementing a validated frailty assessment across HSCNI, testing the feasibility of the use of a validated tool in Primary Care (including identification of resource requirement), generating a regional prevalence baseline and supporting delivery of Tier 3 frailty education to prioritised groups of the workforce to build workforce capability.

Outcomes

- By December 2025, all Trusts will have in place an implementation plan and will have commenced roll out of the Frailty Education Programme to priority staff groups;
- By December 2025, all District Nurses will have completed Tier 3 Frailty Education Training;
- By December 2025, the pilot of the eFI Frailty Tool in the Southern Area Integrated Partnership Board will be completed;
- By March 2026, the resource requirement for wider scale rollout of the eFI tool will be identified, including feasibility and implementation planning;
- By March 2026, the Rockwood Clinical Frailty Scale will be embedded and fully implemented within Encompass across Hospital, ED, and community services, supported by reporting dashboards and aligned education;
- By March 2026, a regional frailty prevalence baseline will be generated; and
- By March 2026, there will be further roll out of the frailty education programme to wider workforce groups, including GPs and pharmacists, and work to embed the education into induction and undergraduate/postgraduate curricula will be underway.

Action Plan 2 - Keeping people well at home - enhanced care in care homes

Action Plan Overview

- To Improve early intervention for people living with frailty and co-morbidity at home through more systematic planning of care and improved engagement with wider community services; and
- Leading to full implementation of the recommendations from the Enhancing Clinical Care Framework to ensure that people living in care homes receive timely wrap around care and reduce avoidable admissions to hospital.

Outcomes

- A programme to pilot a geriatric assessment, providing MDT response as needed, and to complete an advanced care plan for all care home residents of three GP practices in west Belfast, to be completed by 31 March 2026

Action Plan 3 – Avoiding admission for end-of-life care (NB This will also be informed by the report of the Health Committee inquiry into Palliative Care expected shortly)

Action Plan Overview

- To minimise avoidable ED attendance and hospital admission for people receiving end-of-life care so that their preferences are respected, avoidable ambulance conveyances are reduced and patients are not admitted to hospital unnecessarily for the last hours or days of life when their preference is to be at home.

Action Plan Goal: Reduce to zero avoidable Emergency Department attendances for people requiring End of Life Care.

Action Plan Objective: By 31 March 2026, demonstrate a reduction in avoidable attendances at the 9 Emergency Departments across Northern Ireland by at least 25% for people requiring End of Life Care.

Outcomes

- To build on the launch of the Belfast Community Palliative Care Hub earlier this year, which acts as a single point of referral and triage for all community palliative services. This includes both routine and urgent referrals for all patients registered to a GP within the Belfast Area;
- By end November 2025, each HSC Trust will share a 'one page' updated list of palliative care services with primary care and NIAS colleagues;
- By December 2025, a review and consolidation of the community pharmacy palliative care network will be complete, including review of the number and range of palliative care medicines held by pharmacies;
- By December 2025, the number of community pharmacies which have signed up to The Daffodil Standards, jointly developed by the Royal College of GPs and Marie Curie, will have increased by 20%. This will raise awareness and provide further support for people affected by advanced serious illness and for those receiving end of life care. Further details on The Daffodil Standards can be found at: The Daffodil Standards;

- A pilot assessing the impact of supply of 'just in case' bags within the Western Trust area on increasing availability of anticipatory care medicines will be completed, with the results informing decisions about wider rollout, to be completed by March 2026; and
- Implementation of urgent community prescribing by Northern Ireland Hospice for adult patients receiving end-of-life care to be completed by March 2026.

Action Plan 4 – Provision of appropriate (sensible) care

Action Plan Overview

This action plan seeks to provide appropriate and timely patient care based on need balancing clinical evidence with individual preferences, promoting a more collaborative relationship between patients and professionals. It seeks to encourage innovation, reducing unwarranted variation in care ensuring that resources are used where they deliver the greatest benefit and which demonstrate:

- System/process improvements, ultimately avoiding over investigation and treatment, thereby improving flow and reducing length of stay (pilot areas will identify several short to medium term measures); and
- Patients, families and staff equipped with knowledge and support to achieve effective shared decision making using realistic care approaches.

Action Plan Goal**:** Culture change based on the concept of Sensible care so that patients/clients only receive evidence-based care that is based on need and their wishes. The core goal is to deliver more value by focusing on outcomes that matter to patients, while making sustainable use of finite resources.

Outcomes

By 31 March 2026, to develop and implement a 'SENSIBLE' care framework for all health and social care providers, through:

- Development of a framework which underpins the core principles related to SENSIBLE care, which has been tested with staff and the public and endorsed by the Department. Identification of clinical champions on SENSIBLE care principles and clinical engagement across specialities;

- Delivery of a training programme for staff on advanced clinical decision making and the principles of SENSIBLE care as proof of concept within SHSCT, with plans for wider rollout;
- Standard Operating Procedure developed and tested which promotes multi-disciplinary working at ward level, relating to advanced clinical decision making, underpinned by principles of SENSIBLE – outcome measures to include reduced length of stay;
- Developed and tested pathway for frailty at the front door team, which includes the identification and early responsive treatment using SENSIBLE care principles;
- Delivery of co-designed tech enabled care at home for cardiology and palliative patients, to reduce the need for admission and to pick up deterioration quicker; and
- Regional improvement plan related to specific stroke/diagnostics/pre-op assessment/cardiology/radiology pathways delivered, under the auspices of SENSIBLE care, which will identify and reduce unwarranted clinical variation.

Action Plan 5 – Frail elderly falls pathway – reducing deconditioning and avoiding unnecessary conveyance

Action Plan Overview

- To develop a pathway for frail elderly attending ED following a fall that minimises deterioration and deconditioning;
- To avoid unnecessary conveyance to hospital for frail elderly patients following a fall, where needs could be safely met in community settings; and
- To review pathways for respiratory conditions, which is one of the most significant reasons for ambulance transfer and acute admission to hospital.

Action Plan Goal: To minimise deconditioning in falls patients, by reducing by 25% the number of unnecessary conveyance of patients over 65 to Emergency Departments following a fall and the development of an appropriate alternative pathway for those who present.

Outcomes

By 15 December 2025, to deliver a pilot focussed on a pre-hospital environment to reduce conveyance to Emergency Departments and enable the development of an evidence base for regional implementation, through:

- Development of information for teams on the pathways, to be made available for patients with frailty within each Trust; and
- Enhanced decision making in the NIAS control room, to allow NIAS to establish the most suitable pathway for patients.

Action Plan 6 – Advance care planning

Action Plan Overview

- Advance care planning* (ACP) is a voluntary process of person-centred discussion between an individual and their care providers about their preferences and priorities for their future care. These are likely to involve several conversations over time and with whoever the person wishes to involve.

Action Plan Goal: Individuals in care homes receive care that is based on their documented wishes.

Action Plan Objective: In support of longer-term implementation, by 31st March 2026, the processes required to support the effective roll out of advance care planning in a care home population will have been tested and the lessons learnt identified to inform future system wide implementation.

**Further details on the advance care planning policy can be found at: doh-acp-now-future-advance-care-plan-polcy.pdf*

Outcomes

- A review of medical care plans already in place under the local enhanced services for individuals living in care homes will take place, promoting best practice and use of such plans across the system;
- Level 1 training modules on ACP have been developed by the Clinical Education Centre for rollout;

- Work is due to complete on ACP training modules 2 & 3, with planned release for staff groups from November 2025, recognising that training is only one element of ACP; and
- By March 2026, working in conjunction with colleagues in PHA, a fully detailed implementation plan on ACP in its broader sense will be completed.

Action Plan 7 – Fractured neck of femur improvement group

Action Plan Overview

- To reduce time to theatre to the National Hip Fracture Database (NHFD) standard of 48hrs for patients with a confirmed fractured neck of femur. Northern Ireland is currently not meeting this standard, which has significant impact on older people with fractured neck of femur, including longer length of stay post operatively, poor outcomes and, for many, higher costs for social care post fracture.

Action Plan Goal**:** To improve the patient journey on a fractured neck of femur pathway to meet 48-hour target time to theatre.

Outcomes

By March 2026, the action plan seeks to increase by 65% the proportion of patients with a fractured neck of femur receiving surgery within 48 hours of admission, through:

- targeted process improvements, staff engagement and enhanced clinical coordination
- Streamlining the patient journey for individuals with a fractured neck of femur injury, from ambulance arrival to admission; and
- Reducing the average time for each patient to theatre, to improve patient outcomes in line with best practice.