South Eastern Health and Social Care Trust

# Winter Surge Plan 2026/27

South Eastern Trust response to Winter Surge Planning Guidance for HSC Trusts

How we will work with patients, service users, carers, staff, partner organisations and communities to deliver safe, effective care throughout the Winter months.

# Winter Plan Themes at a Glance

- PREVENTION
- INCLUSION HEALTH
- OPERATIONAL READINESS
- URGENT AND EMERGENCY CARE
- IMPROVING PATIENT FLOW THROUGH OUR HOSPITALS
- AMBULANCE HANDOVER
- DISCHARGE
- ALTERNATIVE PATHWAYS
- ELECTIVE CARE
- WORKFORCE SUSTAINABILITY
- DIGITAL AND DATA
- PAEDIATRICS
- MENTAL HEALTH
- SOCIAL CARE
- DATA MONITORING
- GOVERNANCE AND ASSURANCE
- NEIGHBOURHOOD MODEL

*The information in this document provides additional detail about our plan that will support the Trust's response during winter 2026/27. As this is an operational planning document developed in line with Department of Health guidance, it includes some healthcare terms, service names and acronyms commonly used across the health and social care system. While we have aimed to make the document as clear as possible, some technical language is necessary to meet planning.*

# PREVENTION

Prevent illness and help people stay well throughout Winter

## WHAT THE TRUST IS DOING

- Deliver seasonal flu and COVID-19 vaccination, alongside maternal RSV and pertussis vaccination and targeted programmes for vulnerable groups
- Provide clinics across hospital and community settings, with District Nursing vaccination for housebound patients
- Deliver the childhood flu programme through the School Immunisation Service from October to December 2026
- Support vaccination in prison settings and for eligible care-home residents, helping reach people who may be less likely to use community services
- Run accessible staff vaccination clinics across Trust locations and use targeted communications to address barriers and improve uptake
- Share clear Winter health, eligibility and access information through Trust communication channels.

# INCLUSION HEALTH

Protect people who may be disproportionately affected by Winter

**WHAT THE TRUST IS DOING**

- Work with statutory, independent, voluntary and community partners to identify people who may need additional support during Winter
- Use local intelligence through Integrated Neighbourhood Teams, initially focusing on vulnerable older people at risk of deterioration or hospital admission
- Provide specialist support through the Homeless Health Nurse, including vaccination, health education, signposting and partnership work with hostels
- Strengthen healthcare in prisons and links to community services to support continuity of care on release
- Support people with mental ill-health or learning disabilities through preventive care, crisis response and coordinated discharge planning
- Work with supported living providers, carers and community organisations to help people remain well in their communities.

# OPERATIONAL READINESS

Maintain safe capacity and respond quickly when pressure increases

**WHAT THE TRUST IS DOING**

- Maintain daily oversight of staffed capacity, equipment, supplies, infection prevention, demand, occupancy and workforce pressures
- Operate seven-day site coordination, with a hub at the Ulster Hospital managing flow across Ulster, Lagan Valley and Downe Hospitals
- Use defined regional escalation thresholds and Trust full-capacity assessments to trigger agreed actions across hospital and community services
- Maximise capacity across all three hospital sites, including direct admission pathways to Downe and Lagan Valley where appropriate
- Support early multidisciplinary ward rounds and timely decision-making about discharge plans
- Use the Collaborative Bank with Belfast Trust to improve workforce flexibility and reduce reliance on agency staffing
- Maintain clear escalation and resilience arrangements in acute mental health and prison healthcare services.

# URGENT AND EMERGENCY CARE

Help people access the right care and improve flow through hospitals

**WHAT THE TRUST IS DOING**

- Promote Choose Well, Phone First, Urgent Care Centres, ambulatory services and Same Day Emergency Care as alternatives to Emergency Departments where appropriate
- Use targeted public campaigns to explain access routes, reinforce the importance of attending appointments and support early discharge discussions
- Strengthen senior clinical oversight of proposed admissions and review decisions to admit each weekday morning
- Implement the new Acute Medical Model, including consultant cover and a focus on patients leaving the Acute Medical Unit (a medical assessment ward) promptly
- Use Frailty, Mental Health Liaison and Home Treatment services to avoid admission or support earlier discharge where safe
- Work with Northern Ireland Ambulance Service (NIAS) through direct referral, community and specialist pathways, including the Community Single Point of Access.

# IMPROVING FLOW THROUGH OUR HOSPITALS

Increase use of urgent care at the hospital front door and support timely movement through services

**WHAT THE TRUST IS DOING**

- Maximise Same Day Emergency Care and ambulatory care services enabling more patients to be assessed, reviewed, treated and discharged home without the need for a hospital admission
- Use the Hospital and Community Flow programme to manage the full urgent and emergency care pathway and strengthen senior oversight of admissions
- Implement the Getting it Right First Time (GIRFT) (national review recommendations) action plan through the new Acute Medical Model, including a focus on balancing patients in and out of the Acute Medical Unit each day
- Require alternatives such as Hospital at Home, community pathways and Same Day Emergency Care (SDEC) to be explored before admission, with proposed Emergency Department (ED) admissions verified by an ED Consultant
- Review decisions to admit every weekday morning through Consultants and/or the Frailty Team, and provide Acute Medical Unit consultant cover at weekends
- Use Urgent Care Centres, Phone First, direct-access routes and Northern Ireland Ambulance Service (NIAS) links to direct lower-acuity patients to the most appropriate setting
- Prioritise timely specialty review, diagnostics and review of long-stay patients, while maximising Mental Health Liaison and Home Treatment to improve flow and support earlier discharge.

# IMPROVING AMBULANCE HANDOVER AND RESPONSE TIMES

Release ambulance crews sooner and reduce avoidable conveyance

**WHAT THE TRUST IS DOING**

- Maintain Release to Rescue handover and escalation arrangements, rapid capacity actions and validation of prolonged delays
- Review learning from breaches and track actions through the Hospital and Community Flow programme
- Provide a Mental Health Practitioner within the NIAS Control Room to support Hear & Treat and alternatives to Emergency Department conveyance
- Strengthen direct access routes to frailty, ambulatory care and rapid assessment services
- Introduce a phased Single Point of Contact for Care Homes, initially in North Down and Ards, to direct people to the most appropriate service
- Use Trust non-emergency transport and pre-planned alternatives where appropriate.

# DISCHARGE

Support people to leave hospital safely and without avoidable delay

**WHAT THE TRUST IS DOING**

- Begin discharge planning early and use senior clinical and multidisciplinary review to identify and resolve barriers
- Maximise the Ulster Hospital Discharge Lounge, transition capacity and early movement from wards, including opening on public holidays except Christmas and Boxing Day
- Use Discharge to Assess, the Early Review Team and a Home First approach so recovery and assessment can continue at home where appropriate
- Expand and embed weekend and nurse-facilitated discharge, Trusted Assessor arrangements and coordinated transport planning
- Recruit additional Allied Health Professionals and Social Workers to improve rehabilitation, reablement and discharge assessment
- Work daily with brokerage, care homes, home-care providers and the voluntary sector to secure support and maintain capacity over weekends and holidays
- Use the Short Term Assessment Team to promote independence and review ongoing care needs.

# ALTERNATIVE PATHWAYS

Provide safe alternatives to hospital admission and support earlier discharge

**WHAT THE TRUST IS DOING**

- Provide up to 40 Hospital at Home beds, subject to patient complexity, dependency and staffing, with nursing support available into the evening
- Use technology to help identify Emergency Department patients who may safely complete treatment through Hospital at Home
- Maximise Outpatient Parenteral Antimicrobial Therapy (OPAT) (IV antibiotics) in home and clinic settings, supported by a dedicated Peripherally Inserted Central Catheter (PICC) placement service to avoid delays
- Maintain GP-aligned District Nursing teams providing 24/7 care, including support for frailty, palliative and end-of-life needs
- Strengthen community surge arrangements across District Nursing, GP Out of Hours, Social Work and care homes
- Maximise intermediate-care beds, rehabilitation and reablement, with additional Allied Health Professional (AHP) hours or seven-day working during surge where possible
- Use Technology including remote monitoring to support care and clinical oversight at home.

# ELECTIVE CARE

Protect planned appointments, diagnostics and treatment as far as possible

**WHAT THE TRUST IS DOING**

- Actively manage clinic and theatre capacity, with weekly monitoring of theatre utilisation and urgent and red-flag performance
- Prioritise red-flag cases during periods of extreme pressure
- Maximise ambulatory pathways and day surgery to reduce the need for inpatient beds
- Continue delivering surgical ambulatory care five days a week
- Review and, where possible, increase radiology capacity to support timely diagnostics and patient flow
- Maximise use of the Lagan Valley Hospital Regional Day Procedure Centre.

# WORKFORCE SUSTAINABILITY

Maintain safe services and support staff through peak Winter pressure

**WHAT THE TRUST IS DOING**

- Review staffing levels, skill mix, leave and absence trends, with escalation where workforce risks emerge
- Ensure senior clinical and operational decision-makers are available to support safe care and timely decisions
- Put a comprehensive Christmas and New Year service plan in place, including additional focus on discharge before and after the holiday period
- Prioritise staffing to sustain safe cover in the Trust's 24/7 Emergency Department and support Northern Ireland Ambulance Service community response
- Use cross-cover and contingency planning in Psychiatric Intensive Care, Perinatal Mental Health, Healthcare in Prison and Addictions services
- Keep psychological support available to staff and continue practical measures that support resilience.

# DIGITAL AND DATA

Use information and technology to target support and improve care

**WHAT THE TRUST IS DOING**

- Monitor admissions, length of stay, ambulatory pathways, ambulance conveyance, Phone First use and vaccination uptake to shape the Winter response
- Use daily vaccination information and weekly public-health reporting to adjust clinic frequency and communications
- Work with the Public Health Agency to embed the SAPPHIRE dashboard and inform the developing Neighbourhood Model of Care
- Use Quality Improvement methods and Trust data to target and reform services
- Introduce technology-enabled care in Learning Disability services to support independence
- Use encompass to improve information sharing and continuity of care, including within prison healthcare
- Develop a Local Mental Health Collaborative to strengthen information sharing and care coordination.

# PAEDIATRICS

## Maintain access to appropriate care for children and young people

**WHAT THE TRUST IS DOING**

- Maintain rapid-access assessment pathways for children and young people
- Work through regional paediatric networks to coordinate escalation, repatriation and access to specialist care
- Use a dedicated area, where appropriate, to cohort children with infections
- Promote seasonal influenza vaccination for eligible children aged two and over through public and service communications
- Continue school-based vaccination and dedicated weekly maternity vaccination clinics
- Provide accessible flu vaccination and targeted communications for paediatric staff.

# MENTAL HEALTH

Strengthen community alternatives while maintaining safe inpatient pathways

**WHAT THE TRUST IS DOING**

- Maintain Safer Ward arrangements and deploy escalation measures where clinically necessary
- Expand Home Treatment Team, Mental Health Liaison Services and strengthen Approved Social Wokers to provide alternatives to admission and support earlier discharge
- Expand and strengthen approved Social Worker support to provide Home Treatment and Mental Health Liaison services to provide alternatives to admission and support earlier discharge
- Mitigate workforce pressures through recruitment, temporary staffing and service contingency plans
- Develop a medium-term solution for Psychiatric Intensive Care while maintaining interim safety and continuity arrangements
- Establish a Local Mental Health Collaborative with people with lived experience and community, voluntary, independent and statutory partners
- Strengthen community rehabilitation, supported living and care-management capacity Trustwide.

# SOCIAL CARE

Use community capacity effectively and help people remain independent

**WHAT THE TRUST IS DOING**

- Use the Care Home Liaison Service across hospital sites to support earlier and more timely discharge
- Support regional implementation of the Care Home Availability App when available
- Capture care-home demand twice daily and share information with relevant teams to match need to available provision
- Build on the Early Review Team and multidisciplinary assessment-at-home model, focusing on rehabilitation and reablement
- Zone home-care staff to make effective use of travel and available time, including in rural areas
- Engage care homes and providers on seven-day discharge and continuity over weekends and holidays
- Use CareLine Live to recycle available capacity and support unmet need or staff absence.

# DATA MONITORING AND ESCALATION

Turn real-time information into timely operational action

**WHAT THE TRUST IS DOING**

- Use daily information to monitor occupancy, Emergency Department waits, ambulance handovers, length of stay, delayed discharge, workforce pressure and infection risks
- Use the data available to bring hospital and community measures together and support trend analysis
- Develop further analysis of length-of-stay patterns to support targeted action
- Use exception reporting to identify pressure points and agree actions through operational oversight arrangements
- Share a weekly summary of key performance measures at Trust Board level
- Use the information to support escalation decisions and coordination across the system.

# GOVERNANCE AND ASSURANCE

Maintain clear accountability and oversight throughout Winter

**WHAT THE TRUST IS DOING**

- Maintain Trust Board and Executive Management Team oversight of Winter delivery, performance and operational pressure
- Use the Hospital and Community Flow Oversight and Assurance Board to review delivery, risks and actions
- Escalate unresolved issues to regional partners where required
- Provide regular performance information to the Department of Health and regional partners
- Monitor outcomes across urgent care, ambulance handover, admission avoidance, acute capacity, length of stay, discharge, community capacity and workforce resilience
- Use established governance arrangements to support accountability and timely action throughout the Winter period.

# NEIGHBOURHOOD MODEL OF CARE

Provide earlier, coordinated support for vulnerable older people closer to home

**WHAT THE TRUST IS DOING**

- Engage in the development of Integrated Neighbourhood Teams bringing together GP practices, community pharmacy, nursing, social care and voluntary and community partners
- Use risk information and local intelligence to identify older people at risk of deterioration or hospital admission
- Provide proactive reviews covering medicines, long-term conditions, frailty, falls, nutrition and social support
- Coordinate rapid multidisciplinary responses through Hospital at Home, community nursing, AHPs, social care, voluntary-sector support and remote monitoring
- Work with Community Pharmacy to optimise medicines and reduce avoidable harm
- Build on existing services, including Community Appointment Days and the alternative pathways information booklet for GPs, Northern Ireland Ambulance Service (NIAS) and care homes
- Measure impact through admissions, conveyance, delayed discharge, bed days, patient experience and collaborative working.

# What this plan means for people

A Winter response built on working together to provide safe, effective care while supporting more people to receive care closer to home

### 1 Stay well

Vaccination, Winter health advice and earlier support for people at greatest risk.

### 2 Right care first time

Clearer routes to urgent, community and same-day services, reducing avoidable hospital attendance.

### 3 Think home first

Hospital at Home, Early Review, Discharge to Assess, IV antibiotics at home or clinic settings and remote monitoring.

### 4 Safe flow

Senior decisions, discharge lounges, care-home coordination and real-time escalation.

### 5 One system

Partnership with NIAS, primary care, community pharmacy, social care and voluntary organisations.

### 6 Learning and oversight

Daily data, clear governance and regular review of outcomes and pressures.

**Our priority remains the delivery of safe, high-quality care for the people who rely on our services.**