

Winter Surge Planning Guidance for HSC 2026/27

Western Health and Social Care Trust Detailed Response

18th September 2026

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1. Prevention

Expectation

Trusts must maximise their use of vaccinators and ensure every contact with eligible individuals is used to encourage, promote and carry out vaccinations.

Response

The Trust will continue to support and deliver vaccination programmes for its workforce and eligible population groups in line with Public Health Agency (PHA) guidance and regional priorities. Every appropriate contact with eligible individuals will be used to encourage vaccination, provide information on its benefits and, where possible, administer vaccines.

To improve vaccine uptake among frail older people and other clinically vulnerable adults, the Vaccination Team will continue a targeted programme across Care of the Elderly and Rehabilitation wards. Eligible patients will be proactively identified and offered vaccination during their hospital stay. Following successful implementation in 2025/26, this approach will be further developed and embedded within the Trust's Winter Surge Plan.

The Trust continues to face challenges arising from non-recurrent funding arrangements, which limit the ability to establish a sustainable vaccinating workforce capable of supporting both year-round and seasonal vaccination programmes.

Specialist Community Public Health Nurses (SCPHNs) in Health Visiting and School Nursing services play an important role in promoting and delivering childhood immunisation programmes across the Trust.

Health Visitors promote vaccination during all Healthy Child, Healthy Future contacts, providing parents and carers with evidence-based information and addressing concerns. Working in partnership with GP practices, they support delivery of pre-school vaccination programmes, helping to reduce the incidence of vaccine-preventable diseases and associated pressures on health and social care services during winter.

School Nurses deliver vaccination programmes across all schools, including special schools, ensuring equitable access to immunisation and helping protect children and young people from seasonal infectious diseases.

The annual school flu vaccination programme will commence on 28 September. In partnership with the PHA, School Nursing teams will:

- Deliver health promotion and education sessions in advance of vaccination programmes.
- Maintain regular liaison with regional colleagues and the PHA.
- Implement early planning arrangements, including agreed vaccination dates with schools from June.
- Coordinate delivery of more than 50,000 vaccines across Trust schools, with schedules agreed with Movianto, Child Health Services and Trust Transport.
- Communicate directly with schools regarding vaccination sessions and consent processes.
- Process consent forms efficiently and respond promptly to parental queries.
- Promote vaccination throughout the year during contacts with schools, children, young people and families.
- Apply learning from previous years to improve programme delivery.
- Utilise School Nursing bank staff, where required, to support the programme.
- Target schools with lower uptake rates through additional health promotion activity in partnership with the PHA.
- Use school communication platforms to encourage the return of consent forms.
- Provide mop-up sessions to maximise uptake opportunities.
- Deliver vaccination sessions in Education Other Than At School (EOTAS) settings.
- Monitor performance and submit regular key performance information to the PHA.

Vaccination is available to all children regardless of social circumstances. SCPHN teams also provide targeted support to vulnerable children and families, including those affected by disability, safeguarding concerns, homelessness or seeking asylum. Through advocacy, targeted interventions and timely referrals, they help ensure equitable access to vaccination services and contribute to reducing health inequalities.

Subject to vaccinators being available, the Respiratory Syncytial Virus (RSV) vaccination programme will be expanded after Christmas to include Respiratory and Care of the Elderly wards.

The Trust will also continue to provide antenatal vaccination programmes across maternity services.

Together, these measures support winter resilience by reducing the spread and impact of infectious diseases, preventing avoidable hospital admissions,

protecting vulnerable people and helping maintain health and social care capacity during periods of increased seasonal demand.

Expectation

In relation to annual seasonal influenza vaccination programme for staff, Trusts must strive to improve on the prior year's delivery, with an indicative target of 50% of relevant staff (including IS) being provided with a vaccination. Trusts to set out how this will be achieved including easy access across Trust locations and engagement with those parts of the workforce with historically lower uptake rates to help understand staff concerns and address any barriers.

Response

The Trust recognises the important role staff vaccination plays in protecting patients, maintaining workforce resilience and supporting safe service delivery throughout periods of increased winter demand.

While acknowledging the challenges associated with vaccine hesitancy and uptake, the Trust will implement a targeted improvement programme for Winter 2026/27 to maximise participation and work towards the regional aspiration of 50% vaccination coverage. Key actions include:

- Visible leadership support and promotion of vaccination across all services.
- Improved access through onsite, mobile and drop-in vaccination clinics, with extended opening arrangements where feasible, including weekend provision, support for night staff and vaccination opportunities aligned to shift handovers.
- Targeted communications and education initiatives to address vaccine hesitancy and highlight the benefits of vaccination for patients, staff and families.
- Use of vaccination champions within clinical and support services to promote uptake.
- Regular monitoring of vaccination rates, with targeted interventions in areas of lower uptake. The Vaccination Team will continue to engage directly with service areas and provide local vaccination opportunities where these support improved participation.
- Close partnership working with the Public Health Agency and regional colleagues to support programme delivery and share learning.
- Oversight by a named vaccination lead, supported by a clear delivery plan and regular review of uptake by staff group, service and location.

- Ongoing review of vaccination performance, access barriers, vaccine supply and any emerging outbreaks through established winter governance arrangements, with issues escalated and reported through appropriate Trust governance processes, including the Trust Vaccination Group.
- Staff communications that support informed choice while reinforcing the responsibility to protect patients, colleagues and vulnerable service users.

The Trust has achieved year-on-year improvement in staff influenza vaccination uptake, reaching 29.9% in 2025/26. The delivery model used during 2025/26 will be repeated, with additional targeted engagement in areas where uptake has been lower.

The Trust will also seek to improve the validation of vaccinations received through primary care services, recognising that vaccinations obtained outside Trust programmes may not have been fully captured in previous years. This will support more accurate reporting of uptake and a better understanding of overall workforce protection.

Collectively, these actions aim to improve staff vaccination uptake, strengthen workforce resilience and reduce the risk of disruption to services during the winter period.

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2. Inclusion Health

Expectation

Measures to mitigate disproportionate impact of winter on vulnerable groups, eg homeless, including improved access to preventative healthcare, support safe discharge pathways, and maintain close working with public and voluntary sector partners.

Response

The Trust recognises that some individuals and communities are more vulnerable to the effects of winter and will continue to work with partners to improve access to services, support early intervention and reduce avoidable hospital admissions.

The Addiction Team and Homeless Liaison Nurse work closely with the Emergency Department and Acute Medical Team to maintain effective pathways for people experiencing homelessness, substance misuse issues and other complex needs.

The seasonal vaccination programme will support vulnerable groups, including people with severe mental illness, learning disabilities, physical and sensory disabilities, substance misuse issues, homelessness and complex care needs. Working with Trust Vaccination Teams, Primary Care, the Public Health Agency, the Housing Executive, and community and voluntary organisations, vaccination will be promoted and delivered through inpatient, community, residential, supported living, day care and outreach services.

Vaccination status will be considered as part of admission and discharge planning to improve access to preventative healthcare and support safe discharge. Targeted outreach will focus on groups with historically lower vaccination uptake to help reduce health inequalities and improve winter resilience.

To support prevention and early intervention, a number of initiatives are in place across the four Trust-managed GP practices, including:

Chronic Disease Management

- Dedicated clinics in all four practices to support people with Type 2 diabetes through regular review and optimisation of treatment plans.
- FeNO testing in all four practices to support the timely diagnosis and treatment of asthma in adults and children.
- Spirometry testing in Brookeborough/Tempo, Fintona, and Dromore & Trillick practices to support the assessment and management of respiratory conditions, including COPD.

Frailty

- A multidisciplinary frailty clinic in Dromore & Trillick Practice involving GPs, pharmacists, social workers and physiotherapists.
- Individual care plans for all residents of Gilbrooke Nursing Home.
- Monthly GP and pharmacy reviews for nursing home residents to identify deterioration early and support timely intervention.

Accessible Services

- Additional GP clinics across all four Trust-managed practices from November 2026 to support increased seasonal demand.
- Delivery of the Age Friendly Strategy for the Fermanagh and Omagh District in partnership with community and voluntary organisations, with a focus on access to information and support, dementia services and early intervention.
- An Early Frailty Intervention CAWT project, involving community-based professionals working across border areas, to identify frailty earlier and support timely intervention.

Together, these measures will improve access to preventative healthcare, support vulnerable people to remain well and independent, reduce health inequalities and strengthen resilience during the winter period.

3. Operational Readiness

Expectation

Trusts must:

- **Maintain safe staffed bed levels**

Response

The Trust will seek to maintain safe staffed bed levels throughout the winter period in line with its established safe staffing model. Key measures include:

- Daily oversight of bed occupancy, staffing levels, patient acuity and skill mix, supported by workforce planning, recruitment within available resources, and demand and capacity management processes.
- Established governance and escalation arrangements to support timely responses to staffing shortages, rising admissions and bed pressures.
- Protection of inpatient capacity through proactive discharge planning, improved patient flow, use of community alternatives to admission where available, and flexible deployment of staff where required.
- Ongoing oversight from senior clinical and operational leaders to maintain safe and effective services during periods of increased demand.
- Escalation of ward areas, where required, in accordance with the Trust's escalation policy to ensure patient safety and safe staffing levels are maintained.

- All medical beds, including escalation and non-designated beds, will remain available and appropriately staffed. Staffing gaps are reviewed through site coordination meetings held four times daily, with staff redeployed where necessary to maintain patient safety.
- To facilitate ventilation upgrade works, Ward 50 has temporarily relocated to Ward 25. During this period, capacity will reduce from 25 to 24 beds. The pathway bed will remain on Ward 24 to support patients presenting with COVID-19 symptoms. Following completion of the works in February 2027, Ward 50 will return to the North West Cancer Centre with its full capacity of 25 beds and two escalation spaces. The Trust will continue to review funded staffing levels with the aim of increasing bed capacity further.

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- **Define escalation triggers and actions**

Response

Escalation triggers, actions and responsibilities are clearly set out within the Trust's Hospital Site Escalation Plan, which remains aligned to the Regional Escalation Tool.

Site coordination arrangements operate Monday to Friday with Assistant Director oversight, supported by seven-day patient tracking. Daily coordination hub huddles review patient safety, staffing, patient flow, capacity, operational pressures and governance issues.

During periods of significant pressure, pre-agreed measures may be implemented, including:

- Prioritisation of urgent and safety-critical care.
- Reduction or postponement of non-essential meetings and improvement activity where appropriate.
- Deployment of suitably skilled staff to priority areas.
- Enhanced senior clinical decision-making and oversight.
- Escalation of unresolved staffing issues through established governance arrangements.

Any service reduction will be subject to consideration of patient safety, workforce impact and recovery requirements.

- **Implement a structured escalation framework**

Response

The Trust operates a structured escalation framework through its Hospital Site Escalation Plan. Escalation levels for both hospital sites are monitored and shared daily, with triggers and associated actions clearly defined for hospital wards and community facilities.

Escalation levels are aligned with the Regional Escalation Tool and are assessed four times daily, seven days a week. Roles and responsibilities are clearly defined to support a coordinated response to operational pressures.

The Trust will maintain daily oversight of workforce and service pressures through site coordination arrangements and will monitor emerging risks using regional surveillance information and local intelligence. Where increased demand or outbreaks are anticipated, surge and business continuity plans will be activated, including additional staffing, enhanced senior decision-making support and strengthened discharge arrangements to maintain patient safety, service continuity and patient flow.

- **Ensure critical care surge capacity**

Response

The Trust will continue to participate in regional surge planning arrangements to manage critical care demand during periods of increased pressure.

Available critical care capacity will be maximised, and where appropriate, patients may be transferred to other centres to support safe and timely care. An escalation plan is in place should critical care capacity become fully utilised, including the provision of ventilated care within theatre areas and, if necessary, consideration of reductions in elective activity to maintain safe critical care services.

- **Maintain equipment readiness**

Response

The Trust will maintain established arrangements to ensure clinical and community equipment is available and ready for use throughout the winter period. This includes:

- Routine equipment checks, planned maintenance and stock monitoring.

- Close working with Community Equipment Services and independent providers.
- Early identification of equipment needs through admission and discharge planning to support timely discharge and help prevent avoidable admissions.
- Ongoing monitoring of equipment availability and associated risks through operational and governance processes.
- Contingency and escalation arrangements to manage increased demand and ensure equipment is available to support safe and effective care in the most appropriate setting.

Together, these measures will support the delivery of safe, effective and resilient services throughout the winter period, helping to maintain patient safety and respond effectively to periods of increased demand.

4. Urgent and Emergency Care

Expectation

- **Improving Patient Flow through our hospitals**

Increased proportion of patients seen, treated and discharged by Same Day Emergency Care in accordance with Trust specific GIRFT recommendations.

- Increased urgent care offered via Trust urgent care centres for lower acuity patients in line with SEDIT benchmarking.
- Improved information and pathways for people with palliative and end of life care in the community ensuring KIS information is up to date, directories re access to nursing and medical support is clear in and out of hours and all palliative care patients are on a palliative care register for each Trust area to reduce incidence of avoidable transfer to hospital.
- Advanced care planning should be proactively promoted and reviewed to support timely decision-making, patient choice and avoidance of unnecessary hospital attendance or admission

Response

The Trust will continue to improve patient flow by reducing delays in assessment, treatment and discharge, ensuring hospital beds are available for

those with the greatest clinical need. This work aligns with GIRFT Acute Medicine recommendations and the Better Care for Older People Programme.

Planned developments include expansion of ambulatory care capacity at Altnagelvin through the proposed relocation of eight inpatient beds within the Ward 41 footprint. This will increase capacity for same-day care and support direct Northern Ireland Ambulance Service referrals.

Extended Emergency Nurse Practitioner hours in Altnagelvin and South West Acute Hospital (SWAH) will help avoid unnecessary admissions and provide additional out-of-hours clinical support.

The Emergency Same-Day Surgical Assessment (ESSA) service at SWAH operates Monday to Friday and provides assessment, treatment and care for suitable surgical patients without the need for admission. The appointment of specialist doctors will further strengthen the service, allowing more patients to receive treatment and return home on the same day where clinically appropriate. ESSA also supports patient flow from the Emergency Department and helps reduce unnecessary transfers to Altnagelvin Hospital.

The Planned Supportive Treatment Unit (PSTU) in the Sperrin Oncology Treatment Unit provides planned supportive treatments for clinically stable cancer patients in a dedicated outpatient setting. Dedicated triage facilities, consultant-led ward rounds and ward-based pharmacy support help ensure timely assessment, treatment and discharge.

Cancer Services are also developing plans for an Acute Oncology and Haematology Unit, providing a dedicated pathway for patients requiring urgent specialist assessment and treatment. This will help reduce avoidable Emergency Department attendances and ensure patients receive care in the most appropriate setting.

The rollout of “Just in Case” medication kits will continue across hospital wards from September 2026 to support timely care and discharge planning.

Allied Health Professionals (AHPs) will focus available capacity on frailty, falls prevention, deconditioning and supporting same-day decision-making. Early assessment and intervention will help avoid unnecessary admissions and support appropriate community-based alternatives where possible.

- **Improving Ambulance Handover and Response Times**

Minimise handover delays so that community response times can be improved and ensure patients access care in an appropriate setting. This includes hospital handover backstop of 45 minutes which will require full implementation

of the handover protocol (including safety withdrawal) in order that ambulance crews can be released for community response.

Response

The Trust will work to maintain and improve current performance by supporting timely ambulance handovers and patient flow through the hospital system.

Key actions include:

- Promoting earlier discharge to improve bed availability.
- Introduction of a Hospital Ambulance Liaison Officer (HALO) at SWAH.
- Progressing arrangements for 24/7 senior nursing cover at SWAH.
- Continued monitoring of handover performance through established operational oversight arrangements.

These actions will help reduce delays, improve patient flow and support ambulance availability for emergency responses in the community.

- **Discharge**

Expectation

Trusts must ensure that clinical leaders are support in ensuring appropriate actions are embedded with regard to SENSIBLE care.

Promotion of early ward rounds 7 days per week by senior decision makers to ensure timely discharge.

- Internal processes must be streamlined to ensure minimal delayed discharges of patients following their episode of care. Simple delayed discharges are to be no more than 4 hours by 30/06/26
- Discharge delays associated with Trusts IHAP were to be eradicated by 01/04/26 as Trusts should ensure action commences at point of admission and is completed in line with estimated discharge date. If action is still required, this should be completed prior to the winter surge period.
- Discharge lounges, discharge to assess and early review teams must be maximised within existing resource

- Enhance working with the care home, care at home and voluntary sector to support timely discharge

Response

The Trust continues to support senior clinical staff in delivering timely and effective discharge planning.

While seven-day ward rounds are not available in all areas, early ward rounds are encouraged wherever possible to support prompt decision-making and discharge. Existing seven-day models include the Ambulatory Care Service at Altnagelvin, 24/7 senior nursing cover within Emergency Departments and extended EPIC service provision at Altnagelvin.

The Trust is developing a single integrated discharge team to provide a more streamlined discharge process, maximise available resources and support a “Home First” approach wherever appropriate.

Although challenges remain in eliminating all discharge delays associated with hospital-based assessments and care arrangements, significant progress has been made in reducing delays and improving patient flow.

A Consultant of the Day model operates within Oncology and Haematology inpatient services, supporting timely ward rounds and seven-day discharge decision-making with dedicated Acute Oncology support.

Access to rapid COVID-19 and influenza testing will continue to be monitored throughout the winter period to support safe and timely discharge arrangements.

While the Trust does not currently have a dedicated Discharge to Assess service, existing Early Review Team and Occupational Therapy rehabilitation resources will be used to maximise opportunities for people to return home safely.

The Trust will continue to maximise available domiciliary care capacity, supported by a dedicated delayed discharge coordinator who works to facilitate timely discharge from hospital.

Work is also ongoing to improve the transition of patients from hospital to primary care, supported by adherence and care home pharmacists.

Pilot initiatives will continue to support earlier discharge. These include:

- A **Discharge to Assess pilot**, enabling medically stable patients to return home sooner, where assessment and recovery support can take place in a more appropriate home environment.
 - A **Reablement pilot**, supporting people discharged from Altnagelvin Hospital and Intermediate Care facilities who require domiciliary care, helping them regain independence and recover at home.
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- **Alternative Pathways**

Expectation

Hospital at Home

Maximise the provision of short-term acute care in patients' homes and care homes. Provide home based alternatives to prevent unnecessary admission or enable early discharge which should include OPAT services

Response

The Trust will continue to maximise use of its Hospital at Home service across the Northern Sector and Fermanagh areas, supporting people to receive appropriate care in their own homes and avoiding unnecessary hospital admissions where possible.

The service accepts referrals from GPs, hospitals and care homes, and opportunities to expand capacity within existing resources are being explored. Dedicated pharmacy support is available across both the northern and southern areas of the Trust.

A business case for Outpatient Parenteral Antimicrobial Therapy (OPAT) is currently being developed to align services with regional provision.

Intermediate Care

Expectation

Expand bed based step down capacity within resources available

Improve flow from acute settings

Drive alternatives through maximising use of digital technology, eg virtual wards

Explore how digital technology and remote monitoring/testing can support early patient discharge / ED admission to protect inpatient bed capacity

Response

Intermediate Care services will continue to support patient flow by making best use of available bed capacity and community services.

Escalation arrangements for Intermediate Care services are included within the Trust's Hospital Site Escalation Plan.

The Trust will continue to explore opportunities to use digital technology to enhance care, support discharge planning and improve service coordination. Digital tools are already used to monitor activity, identify trends and support effective planning and oversight.

Expectation

Adhere to strict clinical governance standards if a non-designated space is being offered for patient care

Response

The Trust has an approved Standard Operating Procedure for the use of escalation and non-designated beds, developed in partnership with the Professional Nursing Team.

Where non-designated care areas are required during periods of exceptional demand, they will be used in line with agreed procedures and governance arrangements to ensure patient safety, appropriate staffing and quality of care are maintained.

5. Elective Care

Expectation

Trusts must build on existing initiatives to enhance and streamline capacity by maximising resources and protecting elective care from winter pressures through ring-fencing

Response

The Trust will continue to protect elective and day procedure capacity as far as possible during periods of increased winter demand, helping to ensure patients with the most urgent clinical needs continue to receive timely treatment.

Key actions include:

- Prioritising time-critical and red flag procedures where capacity is affected by winter pressures.
- Maximising the use of available funding and resources to maintain access for patients requiring urgent treatment.
- Protecting dedicated day procedure capacity and avoiding the use of inpatient beds for day case activity wherever possible.
- Making best use of elective surgical facilities at Omagh Hospital and the South West Acute Hospital (SWAH) Elective Overnight Stay Centre (EOSC) to support red flag and time-critical patients, including procedures that may require a short overnight stay where capacity permits.
- Maximising the delivery of outpatient and non-theatre-based procedures, including flexible cystoscopy, hysteroscopy and other appropriate diagnostic and treatment pathways.
- Daily review of elective admissions and activity through established operational management arrangements to ensure appropriate oversight of demand and capacity.
- Extending Acute Care Unit General Surgery provision from 8.00am to 6.00pm to support assessment and treatment of suitable patients without requiring admission through the Emergency Department.

These measures will help maintain access to planned care, reduce delays for urgent patients and make the best use of available theatre and treatment capacity throughout the winter period.

Expectation

Trusts should make day surgery the default for many procedures, further developing the Day Procedure and EOSCs and expanding the ambulatory care model.

Response

The Trust will continue to expand the use of day surgery and ambulatory care pathways wherever this is clinically appropriate.

Patients requiring procedures such as laparoscopic gallbladder surgery, hernia repair and other minor surgical interventions will, where suitable, be managed through planned day procedure pathways at Omagh Hospital Day Procedure Centre and the SWAH Elective Overnight Stay Centre rather than through unscheduled hospital admission.

By increasing the use of day surgery and short-stay elective pathways, the Trust aims to improve patient experience, reduce unnecessary hospital stays and protect inpatient capacity for patients who require more complex or urgent care.

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6. Workforce Sustainability

Expectation

Maintain minimum safe staffing levels during and after the key bank holiday dates. This will require consideration of skill mix, management of leave and plans to manage unexpected or seasonal levels of absence

Response

The Trust will implement enhanced workforce planning arrangements throughout the winter period, particularly during Christmas, New Year and the early weeks of January when demand for services is typically highest.

Workforce plans will be reviewed regularly to help maintain safe staffing levels across priority services through proactive management of annual leave, careful oversight of skill mix, targeted use of additional staffing resources and the deployment of staff to areas of greatest need where appropriate.

The Trust will maintain daily oversight of workforce pressures through established site coordination processes and will monitor emerging risks using regional surveillance information and local intelligence. Where increased demand, outbreaks or staffing pressures are anticipated, surge and business continuity plans will be activated. This may include additional staffing support, enhanced senior clinical decision-making and measures to support patient flow and timely discharge.

Safe staffing levels will be supported through recruitment to critical vacancies within agreed workforce controls, active management of sickness absence and ongoing review of staffing requirements across services. Any temporary redeployment of staff during periods of pressure will be time-limited and supported by appropriate senior clinical oversight.

Pharmacy services will continue to provide support over bank holiday periods, with Altnagelvin Hospital prioritising dispensing for discharges, emergency admissions and urgent ward requirements, while South West Acute Hospital will maintain a dispensary service.

The Trust recognises that workforce controls associated with financial pressures may affect staffing flexibility. Available resources will therefore continue to be prioritised towards services with the greatest clinical need and highest risk.

Professional standards for nursing, midwifery and Allied Health Professionals will be maintained throughout periods of escalation. Standards of care will be monitored closely, with any concerns escalated promptly through established governance and operational management arrangements, including the Accountability and Assurance Group and daily coordination processes.

Together, these measures will support safe, effective care and help maintain service resilience throughout the winter period.

Expectation

Ensure senior decision makers are present across all shifts.

Response

The Trust will maintain senior clinical and operational leadership throughout the winter period through established consultant, senior nursing, management and on-call arrangements. Additional medical staff will be rostered in areas experiencing higher levels of demand.

Directorate leaders will oversee bed occupancy, patient flow, staffing pressures and delayed discharges, supported by established governance and escalation processes.

Senior managers will monitor service pressures, staffing levels and available capacity to support timely decisions around admissions, discharges and escalation arrangements, helping to maintain safe and effective services.

Senior nursing leaders will provide visible leadership across both hospital sites and remain closely connected to site coordination arrangements. Senior nursing support will be available both during and outside normal working hours through on-call arrangements, with daily review of nursing and Allied Health Professional (AHP) staffing risks and clear escalation processes where patient flow or safe staffing levels are affected.

Expectation

Manage leave to maintain service continuity over peak periods

Response

Annual leave will be carefully managed to help maintain safe staffing levels during periods of increased demand, particularly over the Christmas and New Year period.

Managers will approve leave in line with service requirements and anticipated operational pressures. Nursing and medical rotas will be closely reviewed,

particularly during holiday periods and weekends, to ensure appropriate staffing levels are maintained and services remain safe and effective.

Expectation

Optimise skill mix and cross-training

Response

The Trust will continue to ensure that staffing levels and skill mix are appropriate to meet the needs of patients across hospital and community services.

Workforce planning will support the deployment of staff to areas of greatest need, helping services respond effectively to changing demand throughout the winter period.

Recruitment and workforce stabilisation measures will focus on maintaining a balanced multidisciplinary workforce, including nursing, medical, social work, psychology, occupational therapy, pharmacy and support staff.

Opportunities for cross-training and workforce development will continue to be promoted to increase flexibility and support staff to work safely across services when required. Cross-service working and competency-based training will help strengthen workforce resilience during periods of increased demand or staff absence.

Regular review of staffing establishments, vacancies and sickness absence will support effective workforce planning, while senior managers will maintain oversight of skill mix requirements to help ensure safe, high-quality care is maintained throughout the winter period.

Expectation

Interrogate and understand patterns of service utilisation and uptake of vaccinations dynamically and respond promptly to insights therein.

Response

The Trust has established a Vaccination Steering Group to oversee and review vaccination uptake throughout the vaccination programme.

Regular monitoring of uptake data will help identify trends, areas of lower participation and any barriers to access. This information will be used to target communications, engagement and vaccination activity where it is needed most.

The Steering Group will ensure the staff vaccination programme remains responsive to emerging information, with timely action taken to support increased uptake and improve access where required.

The Trust also participates in a regional children's vaccination uptake steering group, working with partners to share learning and support improvements in vaccination uptake across the region.

Expectation

Use data tools – including the SAPPHIRE intelligence dashboard – to target resources effectively to best manage the most vulnerable within our communities

Response

Within community and older people's services, a custom-built business intelligence application is used to inform in the moment and historical trend analysis to inform areas where services and pathways can be improved for the benefit of patients.

Expectation

Use digital tools in conjunction with service improvement methodology to maximise the opportunity for care to be proactive, provided in the most suitable environment at the best time to those most in need.

Response

Available digital tools (eg encompass and other performance dashboards) and data intelligence will be used to support proactive, data-driven care and ensure service users receive care in the most appropriate setting at the earliest opportunity.

UKCONs Triage digital assessment is in place, providing 24hr Telephone triage assessment cover 7 days a week.

Digital information will be used to identify those at greatest risk, monitor demand, capacity and delayed discharges, support patient flow, and target community-based interventions.

Through established quality improvement programmes and governance arrangements, data will inform service redesign, operational decision-making and resource allocation, helping to reduce avoidable admissions and improve outcomes during periods of winter pressure

7. Paediatrics

Expectation

Protocols for the repatriation of paediatric patients from busier units to units with more capacity, ensuring those patients who require tertiary level care can access this in a timely manner

Response

The Trust will continue to work within agreed regional arrangements to ensure children and young people can access the right level of care as quickly as possible.

Plans are in place to increase capacity within the Paediatric Assessment Unit and extend operating hours when demand increases. This will support timely

assessment and treatment, helping to reduce unnecessary hospital admissions where appropriate.

Emergency Departments will continue to have direct access to the Paediatric Assessment Unit for assessment and to inpatient paediatric beds when admission is required. During periods of increased pressure, Nurse Practitioners will provide additional support to facilitate direct assessment and admission pathways, helping ensure children receive care in the most appropriate setting.

Expectation

Ensure promotion of the uptake of all vaccination programmes for children and in particular encourage parents to ensure their children aged 2 years and over take up the offer of influenza vaccinations. Trusts should also encourage pregnant women to take up the offer of RSV and Pertussis vaccination when invited to do so

Response

The Trust will continue to support and deliver vaccination programmes in line with Public Health Agency guidance and regional priorities.

Every appropriate contact with children, young people, parents, carers and pregnant women will be used to promote the benefits of vaccination and encourage uptake of recommended immunisations.

Particular emphasis will be placed on supporting uptake of childhood influenza vaccination, as well as RSV and pertussis vaccination during pregnancy, helping to protect children and families from seasonal and vaccine-preventable illnesses during the winter period.

Expectation

Include measures to increase uptake by all paediatric staff of the offer in the influenza vaccination including easy access to the vaccine.

Response

The Trust will continue to make seasonal influenza vaccination easily accessible for paediatric staff and all other eligible staff groups.

A programme of vaccination clinics will be delivered across the Trust's main hospital sites, alongside outreach provision to mental health facilities and other service locations where required.

The Vaccination Team will continue to work directly with clinical teams to provide local vaccination opportunities within service areas where this supports higher uptake.

To maximise accessibility, vaccination clinics will be available at a range of times, including weekends, shift handovers and arrangements that support night-duty staff.

8. Mental Health

Expectation

Trusts must identify short term bed capacity solutions

Response

The Trust will continue to maximise the use of available mental health inpatient beds through improved patient flow, timely discharge planning and regular reviews of bed capacity and utilisation.

Demand for Adult Mental Health services is monitored on an ongoing basis to identify emerging pressures and support the development of short-term solutions when additional capacity is required. The Trust will also continue to develop alternative pathways of care to help reduce avoidable admissions and ensure inpatient beds are available for those with the greatest clinical need.

Expectation

Trusts must progress rehabilitation and acute inpatients facilities

Response

The Trust is progressing a number of initiatives to improve mental health and learning disability inpatient services and support recovery-focused care.

These include the redevelopment of Learning Disability inpatient facilities, the continued resettlement of long-stay patients from Lakeview, implementation of mental health service improvement projects and ongoing planning for investment in both inpatient services and community-based alternatives to admission.

Work is also continuing to develop community assessment hubs and strengthen rehabilitation pathways, helping people access the right care and support in the most appropriate setting.

Expectation

Trusts must agree escalation procedures for extended delays.

Response

The Trust has established arrangements to monitor delayed discharges, patient flow and operational pressures across mental health services.

Where delays occur, clear escalation processes are in place through existing governance structures, Regular Review Group meetings and the Acute Operational Group. These arrangements help ensure issues are identified, reviewed and addressed promptly, supporting safe and effective care and improving patient flow.

Expectation

Trusts must continue to work up more suitable alternative places of safety so demand on EDs is reduced.

Response

The Trust will continue to strengthen alternatives to hospital admission through community mental health services, crisis response pathways, same-day assessment models and the Mental Health Pathfinder Collaborative.

In addition, work is ongoing to enhance community-based assessment and treatment services, providing more appropriate care options for people experiencing mental health difficulties and reducing reliance on Emergency Departments wherever possible.

Together, these measures aim to improve access to timely mental health support, promote recovery and ensure people receive care in the most appropriate setting.

9. Social Care

Expectation

The Trusted Assessor model must continue to be implemented to help improve the timeliness of assessments for older people moving from hospital into residential or nursing care.

Response

Although the Trusted Assessor post is not currently funded on a permanent basis, the Trust continues to support the role to help ensure assessments for residential and nursing home placements are completed as quickly as possible. This supports timely discharge from hospital and helps people access the most appropriate care setting without unnecessary delay.

Expectation

Work must continue to develop and implement the Care Home Availability App by winter 2026 if possible as this will provide improved real time visibility of residential and nursing home capacity supporting earlier and more informed discharge planning ahead of winter.

Response

The Trust awaits completion of the regional Care Home Availability App and will implement the system once available.

In the meantime, the Trust has introduced its own digital solution to provide real-time information on available residential and nursing home places. This supports discharge planning by helping staff identify suitable placements more quickly and efficiently.

Expectation

Work must continue to develop a system that captures care home demand. This will support better forecasting, matching of patient need to available provision and earlier engagement with providers.

Response

The Trust has arrangements in place to monitor demand for care home placements across both hospital and community settings. This information helps support forward planning, engagement with providers and timely identification of suitable care options for patients who require residential or nursing home care.

Expectation

Work should continue to build on the demonstrable benefits of early review teams.

Response

The Trust will continue to maximise the contribution of Early Review Teams within available resources. These teams play an important role in supporting timely discharge, reducing delays and helping people receive the right care in the most appropriate setting.

Expectation

Trust must encourage providers to be more agile in relation to their capacity, being mindful of the need to consider increasing fuel costs and wear and tear on cars especially in rural areas.

Response

The Trust continues to work closely with providers to support service delivery across rural areas. To strengthen home care capacity in rural communities, 20 leased vehicles have recently been introduced for Home Care staff working across Fermanagh and rural areas of the Northern Sector. This supports staff mobility and helps maintain service provision for people living in more remote locations.

Expectation

Trusts must engage with providers to ensure there is no downturn in discharge capacity over holiday periods and weekends.

Response

The Trust works closely with domiciliary care and care home providers throughout the year to maximise available capacity and support timely hospital discharge.

Particular focus is given to maintaining discharge capacity during weekends, bank holidays and other peak periods to help avoid delays and ensure people can return home or move to the most appropriate care setting as soon as they are ready.

Expectation

All Trusts must work to fully implement the CareLine Live system to maximise savings to schedules which could then be recycled back into the system to address elements of unmet need or to support schedules experiencing staff absences and therefore to maintain existing services safely.

Response

The Trust will continue to roll out CareLine Live across its in-house domiciliary care service. CareLine Live supports more efficient scheduling and management of care services. As part of the Trust's wider service improvement programme, in-house home care rotas have already undergone significant optimisation through the Delivering Value agenda. While substantial additional capacity is not anticipated from the full rollout of the system, it is expected to support efficient use of resources, improve service oversight and help maintain safe, reliable services during periods of increased demand or staff absence.

10. Data Monitoring

Expectation

Trusts must use data to drive operational decision making. Key metrics:

- Bed occupancy

- ED waiting times
- Ambulance handovers
- Length of stay
- Staff absence
- Infection rates

Response

The Trust will monitor a range of metrics relating to flow, capacity, workforce and community measures to assess the effectiveness of the winter actions. These will include:

- ED performance – percentage of patients admitted, transferred or discharged within 4 hours, and numbers waiting over 12 hours.
- Ambulance handover – percentage completed within 2 hours, longer delays and ambulance hours lost (NIAS to report)
- Admission avoidance – use of SDEC, Hospital at Home, Ambulatory and other alternatives.
- Acute capacity – bed occupancy, corridor/undesigned bed usage.
- Length of stay – median NEL by month
- Timely discharge – percentage of simple discharges within 4 hours of clinical readiness, before-1pm discharges and weekend performance
- Delayed discharge – patients remaining after they are ready to leave, reasons for delay and delayed bed days
- Community and social-care capacity – increase in packages of care, reduction in unmet-need hours, ERT performance, home-care hours provided.
- Winter resilience – staff absence and rota gaps, infection outbreaks and staff influenza vaccination uptake.

11. Communication Plan

Expectation

- Deliver coordinated messaging

Response

- The Winter Plan will be published on the Trust website and shared through both internal and external communication channels.
- Consistent messages for staff will be communicated through Staff West, Trust communications and the monthly staff magazine. Key winter messages will also be reinforced through regular leadership videos and staff updates.
- Information for the public will be shared through the Trust website, social media channels and other communication platforms to ensure people are aware of available services and key winter health messages.
- The Trust's **Better Care for Older People** programme will continue to be promoted throughout the winter period.

Expectation

Promote self-care and use of services that are most appropriate to need.

Response

The Trust will support the **Right Care, Right Place** campaign through digital, social media and local communication channels, helping people access the most appropriate service for their needs.

Campaign activity will focus on:

- Appropriate use of Emergency Departments.
- Awareness of Minor Injury Units and Urgent Care and Treatment Centres.
- Community-based services, including community pharmacy and GP Out of Hours services.
- Same Day and Ambulatory Care services and the benefits they offer.
- Children's winter health and advice for parents and carers.

The campaign will encourage people to seek advice early, manage minor illnesses safely where appropriate and access the right care first time.

Expectation

Clearly signpost access routes to care

Response

The Trust will provide clear and accessible information about how and where to access care and support.

Communications will help patients, service users and carers understand the range of services available and how to access the most appropriate care based on their needs, including hospital, primary care, community and urgent care services.

Expectation

- Implement local communication plans that:
 - Promote alternatives to ED
 - Encourage attendance at scheduled appointments
 - Improve and encourage access in primary and community care
 - Support early patient and staff engagement in discharge planning

Response

The Trust's winter communications programme will support improved patient flow, promote appropriate service use and encourage timely discharge from hospital where clinically appropriate.

Communications relating to hospital services will focus on:

- Promoting the **Better Care for Older People** programme.

- Raising awareness of the different professional teams involved in discharge planning and the importance of planning for discharge from the earliest stage of a hospital stay.
- Helping patients and families understand that recovery is often best supported at home or in a community setting when it is safe to do so.
- Encouraging attendance at scheduled appointments and highlighting the impact that missed appointments can have on service capacity and waiting times.
- Promoting use of the **My Care** app and other digital tools that support patient access to services and information.

Communications relating to community services will focus on:

- Hospital at Home services.
- Integrated Neighbourhood Teams.
- Support available for vulnerable individuals and communities, including people experiencing homelessness.
- Falls prevention and maintaining independence.
- Seasonal health messages, including staying warm and well during winter.
- Reducing loneliness and social isolation through awareness of available support and community resources.

Appendix 1: Glossary of Terms, Organisations and Acronyms

This glossary explains healthcare terms, services, organisations and acronyms used in the Winter Surge Plan. It is intended to help patients, carers and members of the public better understand the actions being taken to prepare health and social care services for increased winter demand.

Term / Acronym	Explanation
Acute Care	Healthcare provided for serious or urgent medical conditions requiring immediate treatment.
Acute Oncology	Specialist care for people experiencing urgent complications related to cancer or cancer treatment.
Addiction Team	A specialist team supporting people affected by alcohol, drug or other dependency issues.
Admission Avoidance	Services designed to help people receive care without needing to be admitted to hospital.
AHP (Allied Health Professional)	Healthcare professionals such as physiotherapists, occupational therapists, dietitians and speech and language therapists who support treatment and recovery.
Ambulatory Care	Assessment and treatment that allows patients to return home on the same day without an overnight stay
Antenatal Vaccination	Vaccinations offered during pregnancy to protect both mother and baby.
Better Care for Older People Programme	A Trust-wide programme focused on improving care, experience and outcomes for older people.

Term / Acronym	Explanation
CAWT (Cooperation and Working Together)	A cross-border partnership that develops health and social care services across Northern Ireland and the Republic of Ireland.
Care at Home (Domiciliary Care)	Personal care and support provided in a person's own home.
CareLine Live	A digital system used to plan, schedule and monitor home care services.
Community Equipment Services	Services that provide equipment such as hospital beds, hoists and mobility aids to support people at home.
Consultant of the Day	A senior hospital doctor responsible for overseeing patient care and making key decisions on a particular day
COPD (Chronic Obstructive Pulmonary Disease)	A long-term lung condition that affects breathing.
Deconditioning	Loss of strength, mobility or fitness that can happen during illness or after a prolonged hospital stay.
Delayed Discharge	When a patient is medically ready to leave hospital but remains because ongoing care or support arrangements are not yet in place.
Discharge to Assess	An approach that enables people to return home when medically ready, with assessments and support provided in their own home.
ED (Emergency Department)	The hospital department that provides treatment for serious illness and injuries.

Term / Acronym	Explanation
Elective Care	Planned treatment or surgery arranged in advance rather than delivered as an emergency.
ENP (Emergency Nurse Practitioner)	An experienced nurse with advanced skills who can assess, diagnose and treat many urgent conditions.
Encompass	Northern Ireland's digital health and care record system that allows information to be shared securely between services.
EOSC (Elective Overnight Stay Centre)	A facility where patients can undergo planned procedures that may require a short overnight stay.
EOTAS (Education Other Than At School)	Education provision for children and young people who are unable to attend mainstream school.
EPIC Service	A service that supports patient flow and timely discharge from hospital through coordinated assessment and intervention.
ERT (Early Review Team)	A community-based team that reviews patients shortly after discharge to support recovery and reduce readmission.
ESSA (Emergency Same-Day Surgical Assessment)	A service that allows suitable surgical patients to be assessed and treated without being admitted to hospital.
Escalation Plan	A set of agreed actions activated when health services experience increased pressure or demand.

Term / Acronym	Explanation
FeNO (Fractional Exhaled Nitric Oxide) Testing	A breathing test that helps diagnose and monitor asthma.
Frailty	A condition that can make older people more vulnerable to illness and slower to recover.
GIRFT (Getting It Right First Time)	A programme that promotes best practice and improved patient outcomes across health services.
GP (General Practitioner)	A family doctor who provides primary healthcare services.
HALO (Hospital Ambulance Liaison Officer)	A role that helps improve communication and patient flow between ambulance services and hospitals.
Health Inequalities	Differences in health outcomes or access to healthcare experienced by different groups of people.
Home First	An approach that supports people to recover at home whenever it is safe and appropriate.
Hospital at Home	A service that provides hospital-level treatment and monitoring in a patient's own home.
HSC (Health and Social Care)	The publicly funded health and social care system in Northern Ireland.
IHAP (Integrated Hospital Assessment Process)	A process used to assess patients' needs and support discharge planning.

Term / Acronym	Explanation
Integrated Neighbourhood Teams	Groups of health and social care professionals working together locally to provide coordinated care closer to home.
IS (Independent Sector)	Organisations outside the Health and Social Care system that provide healthcare or social care services.
KIS (Key Information Summary)	An electronic summary of important patient information that helps professionals make informed decisions about care.
Length of Stay (LOS)	The amount of time a patient spends in hospital.
MDT (Multidisciplinary Team)	A group of healthcare and social care professionals from different disciplines who work together to plan and provide care
Mental Health Pathfinder Collaborative	A programme that develops new approaches to mental health support and access to care.
Minor Injury Unit (MIU)	A service that treats less serious injuries without requiring attendance at an Emergency Department.
Movianto	The healthcare logistics provider responsible for vaccine storage and distribution.
NIAS (Northern Ireland Ambulance Service)	The ambulance service for Northern Ireland.
OPAT (Outpatient Parenteral)	A service that allows patients to receive intravenous antibiotics without staying in hospital.

Term / Acronym	Explanation
Antimicrobial Therapy)	
Operational Pressures	Increased demand or challenges affecting the ability of services to provide care.
Pathway Bed	A dedicated hospital bed used for a specific patient group or clinical pathway.
Patient Acuity	A measure of how seriously ill patients are and the level of care they require.
Pertussis (Whooping Cough)	A highly infectious respiratory illness that can be particularly serious for babies.
PHA (Public Health Agency)	The organisation responsible for health improvement, health protection and public health programmes in Northern Ireland.
Palliative Care	Care that aims to improve quality of life for people living with serious or life-limiting illness.
PSTU (Planned Supportive Treatment Unit)	A dedicated outpatient service providing supportive treatments for clinically stable cancer patients.
Primary Care	Healthcare services delivered in the community, including GP practices, pharmacies, dentists and optometrists.
Reablement	Short-term support that helps people regain independence following illness, injury or hospital admission.
Regional Escalation Tool	A framework used across Northern Ireland to assess and respond to healthcare pressures consistently.

Term / Acronym	Explanation
RSV (Respiratory Syncytial Virus)	A common virus that can cause serious breathing problems in babies, older people and vulnerable adults.
Right Care, Right Place	A public information campaign encouraging people to use the most appropriate health service for their needs
SAPPHIRE Dashboard	A digital performance and intelligence dashboard used to monitor activity, demand and service pressures.
SCPHN (Specialist Community Public Health Nurse)	Specialist nurses, including Health Visitors and School Nurses, who focus on public health and prevention.
SDEC (Same Day Emergency Care)	Assessment and treatment that enables suitable patients to receive urgent care and return home on the same day.
SEDIT Benchmarking	A method used to compare urgent and emergency care performance and identify opportunities for improvement.
Senior Decision Maker	An experienced clinician, such as a consultant or senior nurse, who can make timely decisions about patient care.
Site Coordination	Processes used to oversee hospital capacity, staffing, patient flow and operational pressures.
Skill Mix	The balance of staff with different qualifications, experience and roles needed to safely meet patient needs.
Spirometry	A breathing test used to diagnose and monitor lung conditions.

Term / Acronym	Explanation
Surge Capacity	Additional staff, beds or resources that can be brought into operation during periods of exceptional demand.
SWAH (South West Acute Hospital)	The Western Trust's acute hospital located in Enniskillen.
Trusted Assessor	A professional who completes assessments that can be accepted by multiple care providers, helping to speed up discharge arrangements.
UKCONs Triage	A digital clinical triage system that provides telephone assessment and advice services.
Vaccination Champion	A member of staff who promotes vaccination and encourages uptake among colleagues.
Virtual Ward	A service that allows patients to receive monitoring and treatment at home using digital technology and clinical oversight.
WHSCT (Western Health and Social Care Trust)	The organisation responsible for delivering health and social care services across the western area of Northern Ireland.