



Southern Health
and Social Care Trust

TOGETHER, IMPROVING CARE, TRANSFORMING LIVES



Winter Plan

2026/27

Working Together to Provide Safe, Timely Care This Winter



Our plan for supporting patients, families and communities from October 2026 to March 2027.



Our plan for winter

Winter is a busy time for health and social care. More people can become unwell, particularly with respiratory illnesses, and demand for urgent, emergency and hospital care can increase.

This plan explains the practical steps the Southern Trust will take to help people get the right care as quickly and safely as possible. Our aim is to provide more care close to home where this is safe, reduce avoidable hospital visits and admissions, improve care for people who do need hospital treatment, and help patients return home as soon as they are ready.

Our winter approach

- Help people access the right service for their needs.
- Provide safe alternatives to Emergency Department attendance or hospital admission where appropriate.
- Assess and treat people earlier when they do need urgent or hospital care.
- Reduce unnecessary delays during a hospital stay.
- Support safe and timely discharge, with care at home or in the community where appropriate.
- Maintain safe services during the busiest winter periods.

A note about this document: Some services described below are designed for people who meet specific clinical criteria. Clinical teams will decide the safest and most appropriate care pathway for each person.



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Working together



Excellence



Openness & Honesty



Compassion



The wider strategic context

Our Winter Plan is part of a wider approach to improving health and care throughout the year. It supports the Southern Trust's strategic priorities, including collaborative working, continuous improvement, Safety, Quality & Experience, Community First and a Whole-Life Approach. It also reflects regional winter planning and urgent care priorities, with a strong focus on prevention, care closer to home, timely care and making the best use of available health and care resources.

Winter pressures affect the whole health and care system, not hospitals alone. Our response brings together primary care, community services, social care, ambulance services, pharmacy, care homes and voluntary and community partners so that people can receive coordinated support in the most appropriate place.

Our five strategic objectives

Our Winter Plan is built around five connected objectives

Prevent	Prevention and early intervention to help people stay well and reduce avoidable illness.
Avoid	Avoid unnecessary attendance and admission by providing safe alternatives where appropriate.
Treat	Provide timely assessment, treatment and discharge when people need urgent or hospital care.
Coordinate	Improve whole-system coordination so hospital, community, primary care and social care services work together.
Support	Maintain workforce resilience and operational readiness so services can respond safely when demand increases.

Our five strategic objectives

Our Winter Plan is built around five connected objectives

Prevention and public health	Support vaccination, self-care, infection prevention, winter wellbeing and appropriate use of services.
Reducing inequalities	Improve access and support for people who may be more affected by winter pressures, including vulnerable and socially isolated people, carers and rural communities.
Care closer to home	Strengthen primary care, community pharmacy, community nursing, Hospital at Home, neighbourhood working and community-based alternatives to admission.
Protecting planned care	Protect cancer, urgent and time-critical services and maintain planned activity wherever possible.
Workforce resilience	Support staffing, flexible deployment, vaccination, staff wellbeing and operational readiness through winter.

The sections that follow explain how these priorities translate into practical actions for patients, families and communities this winter.



The Timely Care Programme



Our Winter Plan builds on the Trust's Timely Care Programme, a year-round programme bringing hospital, community and social care teams together to improve how people move through urgent and emergency care. The programme focuses on earlier assessment, alternatives to hospital admission, faster access to tests, better coordination within hospitals and helping people leave hospital safely when they are ready.

During winter, these established services provide an important foundation for the additional winter measures described in this plan.

Hospital coordination and ambulance handover

What we are doing

Hospital site coordination will support communication between Emergency Departments, wards and operational teams, with a continued focus on patient flow and timely ambulance handover.

What this means for patients

Better coordination can reduce avoidable delays, help beds become available sooner and support ambulance crews to return to the community more quickly.

Specialist frailty care

What we are doing

The Frailty Integrated Team provides early specialist and multidisciplinary assessment for older people living with frailty, working alongside Emergency Department and Hospital at Home services.

What this means for patients

Suitable patients can receive specialist assessment earlier and, where safe, return home the same day or as soon as possible with appropriate support.

Cardiology ambulatory care

What we are doing

Specialist cardiology pathways provide assessment, treatment and follow-up for suitable patients without the need for an inpatient stay, including direct referrals from hospital and primary care pathways.

What this means for patients

Patients can receive specialist heart care sooner and may be able to avoid admission or leave hospital earlier with planned follow-up.

Respiratory ambulatory care

What we are doing

Respiratory teams provide same-day assessment and treatment and can identify suitable patients in Emergency Departments and wards who can be managed through ambulatory or community pathways.

What this means for patients

More patients with respiratory conditions can receive timely specialist care without an unnecessary admission or prolonged hospital stay.

Faster access to diagnostic tests

What we are doing

Timely Care supports faster access to diagnostic imaging and blood tests for Emergency Department, ambulatory and inpatient services.

What this means for patients

Faster test results can help clinical teams make earlier decisions about treatment, admission or discharge.

Single Discharge Team and weekend discharge support

What we are doing

The Single Discharge Team coordinates hospital discharge for people who need additional services, with enhanced weekend support to maintain discharge activity throughout the week.

What this means for patients

Patients can have care and support arrangements coordinated earlier, reducing unnecessary delays once they are ready to leave hospital.

Extended Discharge Lounge

What we are doing

Extended evening and overnight discharge lounge arrangements provide a dedicated area for suitable patients who are ready to leave hospital but are waiting for final arrangements such as medicines, transport or collection.

What this means for patients

Patients can complete the final steps of discharge in an appropriate area while hospital beds are released earlier for people who need admission.

Early Review of care at home

What we are doing

The Early Review Team reviews new or increased domiciliary care packages after discharge and adjusts support as a person's needs change.

What this means for patients

People receive care that better reflects their current needs, while available home-care capacity can be used to support others who need it.

Vestibular rehabilitation

What we are doing

Specialist physiotherapy provides assessment and treatment for suitable adults attending Emergency Departments with dizziness, balance problems or falls.

What this means for patients

Earlier specialist assessment can help suitable patients return home safely and may reduce unnecessary admission, investigations or repeat visits.

Making best use of day and ambulatory care

What we are doing

The Day Clinical Centre will support suitable follow-up and review appointments, helping free ambulatory services to focus on new and urgent patients.

What this means for patients

Patients can access follow-up in the most appropriate setting while urgent ambulatory capacity remains available for people who need it most.

Focused Winter Actions

Building on the year-round services described above, we know that winter brings additional pressures across health and social care. Our winter planning is informed by evidence, experience and learning from previous years, including the patterns of demand we know we are likely to see and the actions that have been most effective in responding to these pressures.

For winter 2026/27, we will further strengthen capacity and put additional targeted measures in place across hospital, community and social care services. These focused winter actions are designed to help avoid unnecessary hospital visits and admissions, improve care for people who need to come to hospital, support patients to leave hospital as soon as it is safe, and maintain safe and timely services during the busiest periods.



Helping people avoid unnecessary hospital visits and admissions

Not everyone who needs urgent care needs to attend an Emergency Department or stay in hospital. We are strengthening services that can assess and treat suitable patients in other settings.



Phone First and Urgent Care Centre

What we are doing

We will make dedicated urgent GP appointments available for suitable patients who would otherwise be managed through the Emergency Department.

What this means for patients

More people can be directed to the right service sooner, helping reduce unnecessary waits in the Emergency Department.

Direct referrals from the Northern Ireland Ambulance Service

What we are doing

We are strengthening referral routes so that, where it is clinically appropriate, ambulance teams can connect some patients directly with mental health services or Hospital at Home.

What this means for patients

Some patients may be able to receive specialist support without first attending an Emergency Department.

Extra GP Out-of-Hours support

What we are doing

We plan additional GP Out-of-Hours cover during busy weekday evenings and weekends.

What this means for patients

People with urgent primary care needs can have more opportunities to access GP care during peak winter periods.

Same-day specialist care

What we are doing

We are strengthening specialist same-day pathways for conditions including diabetes and respiratory illness.

What this means for patients

Suitable patients can receive specialist assessment and treatment and return home the same day, rather than being admitted overnight.

Support for children and families

What we are doing

We will strengthen paediatric medical, nursing and pharmacy support during busy periods.

What this means for patients

Children can access specialist assessment and treatment more quickly, with safer and more timely movement through hospital services.

Earlier support for older people living with frailty

What we are doing

Specialist teams will assess older people with frailty earlier when they attend hospital and identify safe alternatives to admission where possible.

What this means for patients

Older people can receive the right support earlier, helping them remain independent and avoid an unnecessary hospital stay where this is safe.

Improving care when people come to hospital

For people who do need hospital care, we want assessment, treatment and decisions about next steps to happen without unnecessary delay.



Earlier senior clinical assessment in Emergency Departments

What we are doing

Senior clinicians will provide earlier assessment and decision-making at the hospital front door.

What this means for patients

Important tests and treatment can start sooner, and patients can be directed to the most appropriate service as early as possible.

Social work support in Emergency Departments

What we are doing

Social workers will help identify social care, safeguarding and practical issues earlier in a patient's visit.

What this means for patients

Problems that could delay safe care or discharge can be addressed sooner and support can be linked up across hospital, community and social care services.

Acute medical care

What we are doing

A dedicated Acute Medical Unit will support rapid assessment, treatment and discharge for suitable medical patients.

What this means for patients

Patients can receive focused medical care earlier, with the aim of reducing unnecessary delays and lengthy hospital stays.

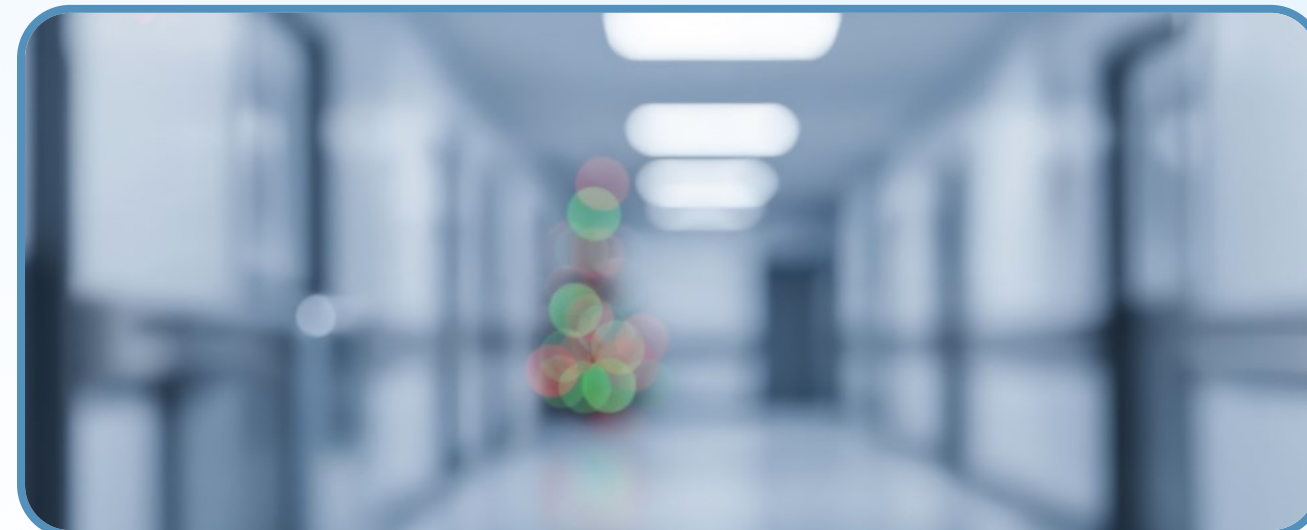
Rehabilitation services

What we are doing

Rehabilitation services will use a more focused therapy-led model, supported by community rehabilitation, Hospital at Home and Discharge to Assess pathways.

What this means for patients

Patients can receive rehabilitation focused on recovery and independence, with support to move safely to the next stage of care as soon as possible.



Helping patients leave hospital as soon as it is safe

Staying in hospital longer than needed can affect a person's independence and recovery. We will plan for discharge early and work across hospital, community and social care services to help people leave hospital when they no longer need acute care.

Senior multidisciplinary reviews

What we are doing

Clinical and care teams will regularly review patients who have been in hospital the longest and work together to resolve

What this means for patients

Complex issues can be addressed earlier so that patients do not remain in hospital unnecessarily.

Discharge to Assess

What we are doing

Where appropriate, patients who are medically ready can leave hospital while longer-term care, rehabilitation or support needs are assessed at home or in a community setting.

What this means for patients

People can recover in a more familiar environment while receiving the support and assessment they need.



Trusted Assessor

What we are doing

A dedicated role will strengthen links between hospitals, community services and care homes for people who need ongoing residential or care-home support.

What this means for patients

Suitable patients can move to the most appropriate care setting more quickly once they are ready to leave hospital.

Rapid Access Clinics

What we are doing

Rapid follow-up clinics at Daisy Hill Hospital will provide specialist medical review for suitable patients following an earlier discharge.

What this means for patients

Some patients can go home sooner with the reassurance of timely specialist follow-up, helping avoid unnecessary days in hospital or readmission.

Focused care for older people with frailty

What we are doing

Dedicated acute medical capacity will support timely specialist and multidisciplinary care for suitable older people living with frailty.

What this means for patients

Earlier assessment and discharge planning can help reduce the time frail older people spend in hospital and support care closer to home.



Working with care homes and home-care providers

What we are doing

We will work closely with statutory and independent care homes and home-care providers, including through regional partnership arrangements, to support capacity, continuity of care and timely discharge throughout winter.

What this means for patients

Stronger coordination across hospital and community care can help people move safely to the right care setting and help prevent avoidable delays.

Regional coordination and winter surveillance

What we are doing

The Trust will use regional and local information on respiratory illness, vaccination, demand and capacity and will participate in regional coordination and escalation arrangements when required.

What this means for patients

Services can respond earlier and in a more coordinated way when winter pressures increase across the health and care system.

Fracture service surge arrangements

What we are doing

We will monitor demand for fracture services and, if winter pressures increase, use agreed arrangements to increase clinic capacity where required.

What this means for patients

People needing fracture assessment and treatment can continue to access timely care during periods of increased demand.



Keeping services running safely during the busiest periods

Winter includes periods when demand can be especially high, including Christmas and New Year. We are planning additional support so that assessment, treatment, tests and discharge can continue throughout these periods.

Christmas and New Year multiprofessional staffing

What we are doing

We will strengthen the wider multiprofessional workforce across Craigavon Area Hospital and Daisy Hill Hospital during the holiday period, including clinical, diagnostic, pharmacy, therapy, social care and support services where required.

What this means for patients

Ward reviews, treatment and discharge planning can continue during weekends and public holidays, helping maintain safe care and patient flow.

Extended evening support for diagnostics

What we are doing

Portering services will operate later in the evening to help patients get to and from diagnostic tests in both hospitals.

What this means for patients

Tests can be completed more promptly, helping clinical teams make earlier decisions about treatment, admission or discharge.

How we will monitor winter pressures

The Trust will monitor demand, patient flow, ambulance handovers, hospital capacity, delayed discharge, respiratory activity and workforce pressures throughout winter. Local operational information will be considered alongside regional surveillance so that additional actions can be taken when pressures increase.

What we want this plan to achieve

- Fewer avoidable Emergency Department attendances and hospital admissions.
- Earlier assessment, diagnosis and treatment.
- Shorter unnecessary waits in hospital.
- More same-day care where it is safe and appropriate.
- Better support for older people, children and people with complex health or social care needs.
- More patients able to return home safely as soon as they are medically ready.
- Better use of hospital, community and social care capacity throughout winter.



Working together for safe, timely care this winter



What can you do to help this winter?

If you become ill or injured and need medical help or advice, Choose Well by using the health service that is most appropriate for your needs.

Choosing well helps you receive the right care at the right time, while helping emergency services remain available for people who need emergency medical care the most.

Take some time to find out about the range of health services available and what each service can offer. The Choose Well guide below can help you decide where to go for advice, assessment or treatment.

Play your part help our Health and Care Service
Please choose the service most appropriate for your symptoms

	Selfcare - to treat an ache, pain, upset stomach, cough or cold, get plenty of rest, take simple pain killers if needed and use over-the-counter medicines.
	Your local pharmacist - they are there to give confidential, expert advice and can treat a number of minor ailments such as aches and pains, skin conditions, allergies, eye conditions or upset stomach and emergency contraception.
	Your GP - they will give expert medical advice and diagnosis, referring you for further care or consultation as needed.
	Primary Eyecare Assessment & Referral Service - treats sudden eye conditions such as red eyes, sudden reduction in vision, eye pain or a foreign body in the eye. Go to: https://online.hscni.net/our-work/ophthalmic-services/eyes/
	Mental Healthcare - if you experiencing mental health difficulties there are a range of services available to help you. Go to: https://www.nidirect.gov.uk/articles/mental-health-support
	Emergency Dental Treatment - if patients have an urgent dental need then they can follow the advice on the HSC website. https://online.hscni.net/our-work/dental-services/out-of-hours-emergency-dental-treatment/
	Minor Injuries Unit - treats injuries that are not life threatening such as broken bones, sprains, bites and burns.
	Urgent Care Centres - treats injuries that are not life threatening such as broken bones, sprains, minor scalp wounds and suturing of minor wounds.
	Emergency Department - provides the highest level of emergency care for patients, especially those with acute illnesses or trauma, such as heart attacks, stroke, serious accidents or head injuries. Call 999 when there is a risk to life or serious injury.



Your support is vital at this critical time.

Other ways you can help yourself and health services this winter

- Take up seasonal vaccination when you are offered it.
- Use community pharmacy, primary care and other local services when they are suitable for your needs.
- Follow infection prevention advice and take steps to look after your health and wellbeing.
- Plan ahead for repeat prescriptions and other healthcare needs, particularly before weekends and holiday periods.
- If your condition is life-threatening or a serious emergency, seek emergency help without delay.



Our staff and partners will work across hospital, community, primary care and social care services to respond to winter pressures and help people receive care in the most appropriate place. The focus throughout will remain on safe, compassionate and timely care.

Find out more: visit the “How to use your health services” information on the HSC website.

Working together for safe, timely care this winter

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