Northern Ireland Ambulance Service
Health and Social Care Trust

NIAS Winter Plan

2026/27

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Introduction and Background

Health and Social Care across Northern Ireland continues to face significant financial and operational pressures. At the same time, there is a clear need to reform how care is delivered, with greater emphasis on prevention, earlier intervention, stronger community services, and providing care closer to people's homes.

This is the direction set out in the HSC Reset Plan. NIAS supports that ambition and has an important role in helping patients receive the right response in the right setting, including through clinical navigation, the Integrated Clinical Hub and access to appropriate alternatives to emergency department conveyance.

Each winter brings additional pressures for health and social care services. As demand increases across our hospitals, community services and social care, our priority remains the same: providing safe, high-quality care for the people who rely on us.

The Northern Ireland Ambulance Service (NIAS) plays a vital role in ensuring the safe, effective, and compassionate delivery of pre-hospital and emergency care across Northern Ireland. Each year, the autumn and winter periods bring additional operational pressures across the health and social care system, including higher levels of acute illness, increased demand on emergency departments, and sustained challenges in patient flow and discharge.

Last winter, our staff continued to demonstrate extraordinary commitment and compassion in supporting patients, service users and families during periods of significant pressure. Together with our partners across health and social care, we introduced new ways of working, expanded services closer to home and continued to improve how people access care and support. These developments are helping more people receive the right care, in the right place, at the right time.

As we prepare for winter 2026/27, we know the challenges facing the Ambulance Service and the wider health and social care system remains significant. Demand for ambulance services and urgent and emergency care continues to grow, more people are living with complex health needs, and seasonal illnesses place additional pressure on services during the winter months. At the same time, we remain committed to transforming how care is delivered, enabling more people to remain independent and receive support closer to home wherever possible.

This Winter Preparedness Plan sets out the actions, priorities, and enablers that will support the Service's response to these pressures while maintaining patient safety and staff wellbeing.

It aligns directly with regional system priorities agreed across Health and Social Care (HSC) partners and reflects our commitment to collaborative working, innovation, and resilience during the most challenging months of the year. It also highlights the important role that all of us can play by choosing the most appropriate service when we need care and by taking steps to look after our own health and wellbeing throughout the winter period.

By continuing to work together with patients, service users, carers, staff and partner organisations, we can ensure that people receive timely, safe and effective care throughout winter 2026/27.

The following sections, 'NIAS Response to System Priorities,' summarises the specific actions and deliverables that will be implemented across autumn and winter 2026/27 in collaboration with Trusts, Primary Care, other system partners and with the support of the public. There is also a significant role that the general public can play in helping to reduce the winter pressures facing the entire health system during these challenging times.

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What the Public Can Do to Help Over Winter

To help alleviate unnecessary pressures on our system, including requesting ambulance support, patients, service users, carers and families should follow the Choose Well advice and use the appropriate health service for your needs.

Self Care: 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.

Children's symptom checker: If your child is feeling unwell, you can use our symptom checker to gain a better understanding of what might be happening and where to get treatment.

Your local pharmacist: Can give confidential, expert advice and treat a number of minor ailments such as aches and pains, skin conditions, allergies, eye conditions, upset stomach, and emergency contraception.

Your GP: Provide expert medical advice and diagnosis, referring you for further care or consultation as needed.
GP Out of Hours: For people needing urgent medical treatment but cannot wait until their GP practice opens. Available from 6.00pm during the week until your GP surgery opens the next morning. 24 hours on Saturday, Sunday and public holidays.

Primary Eyecare Assessment and Referral Service: Treats sudden eye conditions such as red eyes, sudden reduction in vision, eye pain or a foreign body in the eye.

Mental healthcare: If you are experiencing mental health difficulties there are a range of services available to help you. More information is available on the NI Direct Website.

Emergency Dental Treatment: If patients have an urgent dental need they can follow advice on the HSC website.

Minor Injuries Unit: Treats injuries that are not life threatening such as broken bones, sprains, bites and burns.

Urgent Care Centre: 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 ease for patients, especially those with acute illnesses or trauma, such as heart attacks, stroke, serious accidents or head injuries.

In cases of emergency, please do not hesitate to contact 999 to request an ambulance when you feel that this is required.

Choosing well ensures you receive the right care at the right time, and that emergency medical care is available to those people who need it the most.

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NIAS Response to System Priorities

To align with the system's priorities, NIAS will implement a programme of deliverables during autumn/winter 2026/27.This year, we have developed our plan based on the priority areas as set out below:

1. **Winter Surge Plan Outcomes**
2. **Think Home First**
3. **Reduce avoidable demand and increase the use of appropriate pathways**
4. **Ensuring staff resilience and wellbeing throughout the winter period**
5. **Increasing Hear & Treat and See & Treat Rates**
6. **Minimising reliance on acute and ED Care**
7. **Reduce hospital handovers and releasing capacity**
8. **Leadership & Oversight**

1. Winter Surge Plan Outcomes

- **Response performance protected** – Our capability to respond to the most serious calls Category 1 (immediately life-threatening) response times are proactively managed throughout the surge period, despite increased demand.
- **Patient safety and outcomes safeguarded** – Our service is proactively managed to minimise avoidable harm from surge-related delays, with clinical risk actively monitored and mitigated through escalation and clinical triage processes.
- **Demand and capacity balanced in real time** – Ensuring that our operational demand is matched to available resources through daily/weekly surge escalation triggers, enabling proactive rather than reactive decision-making.
- **Hospital handover delays** – Turnaround times at Emergency Departments are monitored as part of our 'Release to Rescue' policy, minimising lost operational hours and improving crew availability.
- **Workforce resilience and capacity sustained** – Staff sickness absence will be monitored on an ongoing basis, supported by targeted and appropriate wellbeing and staffing interventions.
- **Organisational learning embedded** – Following completion of the Winter Surge Plan we will carry out a review of lessons learned, with findings incorporated into future winter planning and business-as-usual practice.

NIAS Response to System Priorities

2.Think Home First

We will engage with the development of the Neighbourhood Model and Integrated Neighbourhood Teams, working with primary care, community, social care, independent sector and voluntary and community sector partners to use local intelligence to identify vulnerable people most at risk of deterioration or hospital admission and provide coordinated, proactive care closer to home.

Like the wider health and social care system, NIAS continues to operate within significant financial constraints and increasing levels of demand. We will work closely with partners across the system to make the best use of available resources and maintain safe, sustainable services.

Seasonal illness and outbreaks of respiratory illnesses such as flu and COVID-19 continue to place additional pressure on hospitals, care homes and community services during winter. We will continue to promote preventative measures, monitor emerging risks and respond quickly to minimise disruption to patient care. We will promote winter health advice, vaccination programmes and self-care support to help people stay well throughout winter.

3. Reducing available demand and increasing use of appropriate pathways

NIAS will continue to operate its Complex Case Team to manage patients who make frequent use of 999 services. The Complex Case Team proactively case manage these individuals identifying any unmet health and social care needs. The Complex Case Team help to address these complexities offering support, creating solutions through collaborative engagement with healthcare professionals in primary care services. The team also engages with social and community support groups and partners within the regional Multi-Agency Support Hubs, providing signposting and making onward referrals to both statutory and non-statutory agencies. Bespoke management plans are also implemented under the direction of the Medical Director, to reduce repeated calls and unnecessary conveyances to the Emergency Department. In parallel, enhancements to call triage, including segmentation of low-acuity calls and deployment of Mental Health Practitioners within the Clinical Hub, will ensure more patients are directed to the appropriate pathways at the earliest point of contact.

Mental Health Practitioners work in the Emergency Ambulance Control Room each weekend. Their role is to help patients presenting with mental health problems and either de-escalate or refer to an appropriate service where appropriate to reduce the pressure on Emergency Departments.

We will continue to develop and promote alternatives to Emergency Department attendance, ensuring people can access the right care, in the right place, at the right time. We will also deliver targeted communications and public awareness campaigns to help people understand the range of services available and access the right care first time.

We will optimise the use of our available data assets and leverage real time data and insight to effectively plan, monitor and evaluate impact at a patient and population level in collaboration with our wider health sector partners.

4. Ensuring staff resilience and wellbeing throughout the winter period

Recognising the critical importance of staff health, wellbeing and resilience during periods of sustained operational pressure, NIAS will implement a focused programme of measures to support staff wellbeing throughout the winter months. Central to this will be the provision of the seasonal flu vaccination to all staff, helping to protect the workforce and ensure continuity of patient care across all operational areas.

NIAS will actively promote and raise awareness across our staff, highlighting the risks and benefits of getting Flu vaccination. We will develop and implement a staff vaccination programme aiming to ensure that it is as accessible as possible to all staff and we will also signpost them to other providers where these are available.

In addition, NIAS will continue to promote access to psychological support, peer wellbeing initiatives and occupational health services. Managers will be encouraged to maintain compassionate proactive engagement with teams, ensuring staff have access to adequate psychological support, rest, hydration and welfare facilities during periods of high demand.

NIAS also have a reciprocal mutual aid arrangement with our colleagues in the National Ambulance Service in Republic of Ireland. In times of increased demand, we have the option to ask for assistance with emergency calls in border areas

5. Increasing Hear & Treat and See & Treat rates

NIAS is broadening the use of Dispatch Code Reference tables to improve categorisation of calls during peak demand and ensure resources are targeted where they add most value. In addition, Regional Pathway Leads are embedding alternative pathways across the organisation, providing education and oversight to increase staff confidence in non-conveyance decisions. For specific patient groups, new models such as a digitised Falls Pathway and alignment to the latest PHA post-falls guidance will allow safe, timely, and appropriate care without the need for ED attendance.

'See and Treat' is the process whereby NIAS clinicians will attend to patients but following assessment may decide not to transport the patient to the Emergency Department. NIAS clinicians will either provide advice regarding self-care or make a referral to an appropriate care pathway, e.g. Hospital at Home.

'Hear and Treat' is the process whereby paramedics; nurses or mental health practitioners within the Emergency Ambulance Control will ring patients to conduct further assessment. This process is known as telephone triage. In some cases, patients will be provided with self-care advice while in other cases patients will be referred to an appropriate care pathway e.g. Hospital at Home. In times of increased pressure, patients may be advised to make their own way to the Emergency Department where it is clinically safe and appropriate.

6. Minimising reliance on acute and ED care

Through the full deployment of Advanced Paramedics, NIAS will expand its ability to manage falls, frailty, and care needs in the community. These practitioners, supported by targeted training and education programmes, will be able to safely treat or refer patients to community services, avoiding conveyance to hospital. Collectively, these measures reinforce the ambition of shifting care away from acute settings and closer to home, wherever it is clinically safe and appropriate to do so.

Urgent Care Paramedics are paramedics who have completed additional training. They will be targeted to specific emergency calls with the aim of treating patients on scene and avoiding transfer to the Emergency Department.

During times of extreme pressure, to increase ambulance capacity, NIAS will deploy other clinical staff who do not traditionally work on ambulances. This will include operational managers and members of the clinical education team. During times of increased pressure, ambulance capacity will also be increased by cancelling education courses. Cancelling these courses enables these staff to be available to crew ambulances.

7. Reducing hospital handovers and releasing capacity

We will continue to roll out and build upon the recent significant improvements across the region following the launch of our 'Release to Rescue' protocol in collaboration with our Trust partners and the wider Health Sector. NIAS can enact the 'Release to Rescue' protocol across the sector i.e. if we are waiting 2 hours outside an Emergency Department. By enacting this protocol, it will help us to more effectively manage the demand on our services.

NIAS also has Hospital Ambulance Liaison Officers (HALOs) located at Altnagelvin, Antrim, Royal Victoria Hospital, Ulster and Craigavon Emergency Departments. The HALOs work with Trust colleagues to help ensure that patients are handed over on arrival and ambulances are released to attend other emergency calls. The HALO team also work with the Trusts to facilitate patient discharges and interfacility transfers. We will also continue to work with Trust partners to embed direct referral options into Hospital at Home services, enabling crews to hand patients safely into community-based care rather than defaulting to hospital E.Ds.

In addition, the expansion of the Clinical Support Manager role to 24/7 coverage within the Emergency Operations Centre will strengthen clinical oversight and reduce the number of unnecessary ED conveyances, thereby helping to alleviate pressures at the front door of hospitals. NIAS will also increase HALO cover at the main ED's throughout Northern Ireland.

8. Leadership and Oversight

The Resource Escalation Action Plan (REAP) provides the Northern Ireland Ambulance Service with a consistent and coordinated approach to managing periods of increased demand or other operational pressures that challenge service capacity. The framework uses four escalation levels to determine proportionate actions required to protect core services and maintain the safest possible level of service with available resources:

REAP Level 1: Steady State
REAP Level 2: Moderate Pressure
REAP Level 3: Major Pressure
REAP Level 4: Extreme Pressure

REAP is designed to identify and communicate actual or potential operational pressures both internally and across the wider health and emergency response system. The actions and considerations within REAP are intended to protect patients, staff and the organisation.

Recommendations to change REAP levels are made by the Trust Strategic Commander within established governance arrangements. Escalation to Level 4 requires executive leadership involvement and approval from the Chief Executive (or delegated alternate), while de-escalation decisions are also taken at executive level following discussion with the Strategic Commander.

REAP Governance and Operation

REAP is a dynamic strategic planning tool that is formally reviewed weekly, with the anticipated operating level agreed for the following seven days. Levels may be amended at any time in response to changing circumstances, intelligence, or significant incidents.

The Trust's organisational action plan is supported by departmental action cards approved by the Executive Team and overseen by the designated Non-Executive Director. Formal reviews are normally led by the Trust Strategic Commander under the direction of the appropriate Executive Director.

REAP may be used for forward planning or for immediate escalation in response to emerging operational pressures, major incidents, or other significant events. The Trust operates a Clinical Safety Plan (CSP) to manage day-to-day fluctuations in demand and service pressures at a tactical level. Alongside REAP and the CSP.

Ambulance commanders are trained in the Joint Emergency Services Interoperability Principles (JESIP) and routinely apply the Joint Decision Model (JDM) to support REAP escalation and de-escalation decisions.

NIAS operates a Clinical Safety Plan (CSP) to support the safe and effective delivery of ambulance services during periods when demand exceeds available resources. During times of significant operational pressure, including excessive call volumes, reduced ambulance availability, staffing pressures, major incidents or prolonged hospital handover delays, the CSP provides a structured and dynamic framework for managing demand and capacity across the service.

The plan sets out predefined triggers and actions which enable a consistent and coordinated organisational response as pressures increase. Where necessary, NIAS may adapt elements of its clinical response model to ensure available resources are directed towards patients with the greatest clinical need, while taking proportionate and measured actions to mitigate potential risks. Through collaboration across all areas of the organisation, the CSP helps protect core service delivery, maintain clinical safety and support decision-making during periods of sustained pressure.

The CSP is underpinned by REAP, with each level linked to defined demand and capacity trigger points. Escalation levels may be implemented progressively as pressures develop, activated directly where trigger thresholds are reached, or introduced proactively where emerging challenges are identified.

As escalation levels increase, additional measures are introduced to manage growing demand and capacity pressures across the service. The framework supports effective oversight of operational pressures and enables a coordinated organisational response, with the most significant operational changes reserved for periods of severe and extreme pressure.

Throughout the winter period, senior leaders will maintain close oversight of services across NIAS to ensure emerging pressures are identified and responded to quickly and effectively. We will closely monitor key indicators including ambulance response times, ambulance handovers, waiting times, workforce pressures, and with the Regional Coordination Centre (RCC) whilst using this information to support timely decision-making and operational response.

Working closely with staff, patients, partner organisations and regional colleagues, we will continue to promote collaboration, clear communication across the wider health sector and with the general public, and we will ensure that there is shared action throughout the winter period. Our focus will remain on supporting our workforce, responding to challenges proactively and ensuring the continued delivery of safe, high-quality care for the people who rely on our services.

Glossary

Term	Definition
CSP	Clinical Safety Protocols
ED	Emergency Department
EOC	Emergency Operations Control
GP	General Practitioner
HALO	Hospital Ambulance Liaison Officer
HSC	Health and Social Care
ICH	Integrated Care Hub
JDM	Joint Decision Model
JESIP	Joint Emergency Services Interoperability Principles
NIAS	Northern Ireland Ambulance Service
PHA	Public Health Agency
RCC	Regional Coordination Centre
REAP	Resource Escalation Action Plan