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Department of Health
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DEPARTMENTAL *RESET* BUSINESS PLAN

End Year Progress Report 2025/26

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There were 41 commitments contained within the 2025/2026 DOH Strategic Reset Business Plan. 30 of the commitments contained within the Business Plan were achieved by the target date set, while 11 of the commitments had a Red RAG status as they were not delivered by their target date of 31 March 2026.

The table below sets out a more detailed end year position for all the Business Plan commitments for 2025/26.

RAG Status Key:

Blue Achieved (30 commitments delivered).

Red Not achieved as per Business Plan target date (11 commitments not fully delivered).

Commitment	Current Status	Comment
Stabilisation Outcomes - Financial Stability		
FS1: By March 2026 we are aiming to deliver £300m savings, in addition to the £200m delivered in 2024/25.		**Achieved** The work of the System Financial Management & Reset Programme over the forthcoming 2-year period will be to arrive at a fully sustainable break-even financial position. A new objective within our 26/27 reset plan will reflect the financial targets. System level governance will be provided through the reset plan. This work will be incorporated into the 26/27 Reset Plan and monitored there.
FS2.1: By Sept 2025 to have agreed with Executive colleagues a plan and approach to managing the remaining 2025/26 funding pressure of £300m (including HSC pay pressures of £200m).		**Achieved** The Executive approved the Ministerial Direction to pay the 2025-26 pay award £209m. £69m funding was provided in December monitoring. £25m was received in June monitoring. £88m was secured from the Executive to address the £209m pay pressure. Department secured £185m from the Executive's Reserve Claim.
FS2.2: By Sept 2025 Maximising the income the HSC can attract through research and innovation.		**Achieved** Significant work already undertaken and further work to be completed to set out a proposed operating and governance model to enable NI to move from discovery and design of the innovation ecosystem to delivery and outputs and a proposed immediate six-month roadmap and a high-level two-to-three-year delivery plan. Ongoing work to be carried forward to 26/27 Reset Plan and monitored there.
FS2.3: By Sept 2025 we will consult on proposals for charges in relation to prescriptions.		Proposals for raising a possible £30-£37m are under consideration by the Minister and the Executive. This includes Prescription, car parking and charging for home care. This commitment cannot be progressed any further without Executive agreement.
FS2.4: By Sept 2025 We will consult on proposals for charges in relation to home care.		Still under consideration by the Minister and the Executive. Progress against this commitment will be reviewed and a range of new objectives relating to Home Care will be incorporated into the 2026/27 Reset Business Plan and progress will be monitored there..

Commitment	Current Status	Comment
Stabilisation Outcomes - Workforce Stability		
WS1: We continue to seek the Executive support necessary to settle all pay awards. This is important to demonstrate our commitment to, and value of, our staff.		**Achieved** HSC Pay award for this year is settled. Real Living Wage for Social Care staff is dealt with in a separate Reset commitment. This is a continuing commitment for Minister and Department to fulfil.
WS2: By March 2026 we will have continued to invest in our workforce through commissioning undergraduate places and post registration training across all professions, with an increase of 171 places maximising the impact of our annual investment		**Achieved** The 171 additional places were delivered.
WS3: By March 2026 we will have introduced a safe and effective staffing bill to the Assembly.		Delayed. Due to be introduced in the Assembly in September 2026. Progress against this commitment has been reviewed and a new objective will be incorporated into the 2026/27 Reset Business Plan to deliver a safe and effective staffing bill to the Assembly by March 2027.
SS1: In 2025/26 we will invest an additional £65m in community care services (GP, Community Pharmacy and General Dental Services) to ensure the sector is able to provide critical health services to our population.		**Achieved** Community pharmacy's financial envelope increased by £11.7m at the start of the year plus a further £4.7m from Doctors & Dentists Review Body in the final quarter resulting in a total of £16.4m by year end. GP Federations £2.9m. Investment of £9.5m in GMS contract, plus £11.7m from the Doctors and Dentists Review Body uplift.
SS2: In 2025/26 we will commit to an investment of an additional £25m in the independent social care sector to support the introduction of the Real Living Wage.		Due to the challenging financial constraints, it was not possible to implement the RLW during 25/26. Minister remains committed to funding the Real Living Wage at the earliest affordable opportunity. A new objective will be incorporated into the 2026/27 Reset Business Plan to implement the RLW for the Social Care Sector.
SS3: The plan for tackling waiting lists is set out in the Department's Elective Care Framework – Funding and Implementation plan and we will have acted to deliver this.		**Achieved** The Reset commitment in line with the PfG target to reduce waiting lists in Northern Ireland by 70,000 has been exceeded threefold and 200,000 extra patients will have been seen, diagnosed or treated by the end of the current financial year. This includes: • Endoscopy waits reduced by 63% from June 2022 peak to December 2025 (25,064 patients).

		• Named procedures reduced by 70% between March–December 2025 (3,723 patients). • 4 year plus inpatient/day case waits reduced by 52% to December 2025 (10,335 patients). • 4 year plus outpatients reduced by 40% between March–November 2025 (40,367 patients). • Regional theatre utilisation improved from 83% (June) to 86% (November) with target set at 90% with all Trusts now live on Epic. Objectives on waiting list reduction will be incorporated into the 26/27 Reset Plan and monitored there.
SS4: We will improve quality and safety and public confidence in the HSC through driving forward implementation of recommendations from Public Inquiries and Key Reports.		**Achieved** Work ongoing as per Inquiry recommendations.
SS5: Invest in children's social services' teams to address workforce issues and to address the increased demand for child protection and family support services.		**Achieved** Funding was approved by DoH on 3 Nov 2025 for onward allocation to the 5 HSCTs. The recruitment process commenced in Dec 2025. 60 Band 5 Posts will be filled from this recruitment drive, as planned, and allocated 12 per HSCT. 58 out of 60 appointments have been made. The remaining two will be appointed shortly.

Commitment	Current Status	Comment
Reform Outcomes - Delivering Preventative Health and Care in Practice		
RO1: By October 2025, we will have commenced a new dialogue with the public through a new public health programme "This is Health" designed to incentivise people to take action to maintain and improve their own health.		**Achieved** The public engagement evidence and the insights provided online will be analysed over the summer with a view to finalising and launching a "deal" in the autumn 2026. This work will be incorporated into 26/27 Reset Plan and monitored there.
RO2: By March 2026, we will have developed a new citizen centred approach to public health, as an integral part of the Executive's Making Life Better framework, that encourages and supports health choices.		**Achieved** A Making Life Better action plan has been developed working collaboratively across the whole system including departments and stakeholders. This is citizen centred and encourages and supports health choices. The Action Plan is currently with the minister for agreement. This work will form part of the Department's prevention agenda for 2026/27.

RO3: By March 2026, subject to evaluation, we will have embedded 'Live Better' within our new approach to prevention and public health.		**Achieved** Live Better was delivered, evaluated, and recommendations produced in 2025/26. Minister has now agreed its learning will be embedded in the neighbourhood model of care and the next stage of Making Life Better. Further work will be progressed within the Neighbourhood model.
RO4: By March 2026, we will have completed preparatory work to expand the bowel screening programme.		Minister has approved a staged implementation from 2027/28. A new objective will be incorporated into the 2026/27 Reset Business Plan to complete all propriety work for the implementation of this commitment in the 2027/28 Business Plan.
RO5: By March 2026, we will have delivered a new co-designed Core Grant Funding Scheme, which will have provided Community and Voluntary Sector organisations with contributions totalling £1.8m towards their fixed core costs.		**Achieved**
RO6: By March 2026, we will have re-designed and re-orientated the Area Integrated Partnership Boards to support local care planning.		Progress against this commitment will be reviewed and a new objective will be incorporated into the 2026/27 Reset Business Plan to align Area Integrated Partnership Boards to Community Planning Partnerships with an increased emphasis on planning prevention and early intervention initiatives.

Commented [IC1]: I think you mean preparatory, this word has a different meaning and we need to be super careful

Commitment	Current Status	Comment
The New Northern Ireland Model of Neighbourhood Care		
NM1: By March 2026, working with partners we will have developed a new neighbourhood model for primary, community and social care, which will deliver greater levels of care for citizens, including children and families, in their communities, alongside a funding plan to support delivery from April 2026. This model will see Community Pharmacy, GPs and their Federations, Voluntary and Community organisations, Trusts, independent providers, other statutory bodies and Local Government working closely together in formal partnership to provide integrated care. (This will require a new		**Achieved** Moved from Design phase into Build Phase until April 2026. Currently considering models and funding arrangements, including transfer of funding from trusts and exploring opportunities for external seed funding including the social finance bid application and working with Macmillan. This will be incorporated into the 26/27 Reset Plan and monitored there.

contractual model for GMS and we have invited GPs in NI to work with us to design and negotiate such a model).		
NM2: In 2025/26, we will continue to expand the MDT model investing £6.8m in 2025/26 to commence completion of the MDT model within the existing MDT footprint and commence implementation in a further 5 GP Federation areas.		**Achieved** Multidisciplinary (MDTs) staff teams in General Practice are supporting both GP Demand and the Neighbourhood model. Transformation funding to ensure two thirds of General Practice have access to MDTs by March 2029. Plan for implementation of MDT across all areas of Northern Ireland published 24 July 2025. Work is ongoing with the aim for all GP practices to have access by 2029. Will be dealt with in the Neighbourhood Model of Care in 26/27 and monitored there.
NM3: In 2025/26, we will continue to progress work to establish the Regional Mental Health Service. This will include development of a new regionally consistent community mental health model and further expansion of Local and Area Collaboratives.		**Achieved** Work continues at pace to establish the Regional Mental Health Service (RMHS). This includes formation of two pathfinder projects to test the concept of Area and Local Community Collaboratives. Recent progress includes: On Track- Work to develop local integrated working arrangements within the West Belfast locality is continuing. The Operational Working Group has agreed it's Terms of Reference and Guiding principles and are continuing to explore the process around securing membership, including C&V representation. It is anticipated that the West Belfast local collaborative will be formally stood up by the Summer. Work to develop a blueprint to support further rollout across the region is under development – this will take account of wider strategic developments including roll out of the new neighbourhood model and outcomes from ongoing work examining mental health structures. This will be incorporated into the 26/27 Reset Plan and monitored there.
NM4: By December 2025, the Department will have concluded a public consultation on a regional adult learning disability service model, which aims to address the significant variation in services, pathways and criteria across HSC Trusts.		**Achieved** Public consultation closed 25 Nov 2025. Analysis of responses ongoing, with the aim of finalising model by spring 2026. Implementation of model to commence in 26/27.

NM5: In 2025/26, the Department will continue to implement a Framework for Children with Disabilities.		**Achieved** Final version of Framework now completed and circulated. Recommendations are to be taken forward by new implementation group commencing 26/27.

Commitment	Current Status	Comment
Reform Outcomes – Building Our Hospital Network		
HN1: By September 2025, we will publish the report of the consultation "Hospitals – Creating a Network for Better Outcomes" and we will have finalised the oversight arrangements to take forward the necessary actions to support re-configuration.		The report is still under consideration and therefore not published. An action plan has been formulated with most of the elements implemented. A submission has been drafted for Minister's consideration. This work will be continued in 2026/27.
HN2: By March 2026, we will take forward and commence implementation of the reform and configuration of a number of key regional services including: (a) Neurology		Plans are in development to establish a Neurology Delivery Team to take forward priority actions following Neurology Review, which requires significant investment in workforce/capacity, however this is also without confirmed funding at present. Submission to the Minister has been drafted and this work will be continued in 2026/27.
(b) Stroke		In the absence of identified additional funding the priorities set out in the Reshaping Stroke Care Action Plan continue to be progressed as far as possible within current resources. This includes the commencement and progression of a Stroke Workforce Review. While it has not been possible to expand the thrombectomy service, there continues to be a focus on maximising access within the current hours of operation. Progress against this commitment will be reviewed and new objectives will be incorporated into the 2026/27 Reset Business Plan for a sustainable model for hyperacute stroke care for Northern Ireland and the completion of a comprehensive review of workforce requirements for delivery of stroke care.
(c) Obesity services		**Achieved** Regional Obesity Management Service: The final service specification is scheduled for sign-off late February 2026. Business case development and commissioning arrangements, including agreed referral pathways, to be in place by March 2026. However, recruitment

		remains a barrier and may delay implementation. Framework has been launched. Focus is now on implementation.
HN3: By March 2026, we will work to improve our diagnostic services and capacity, seeking to maximise value for money and impact of investment.		**Achieved** **CT** Capacity has been expanded on Whiteabbey and South Tyrone scanners allowing an annual increase in CT capacity of approximately 11,400 scans. **MRI** Delivering an addition 10 sessions since mid-October 25 in Causeway Hospital and in house activity expected to start in South Tyrone Hospital in January 2026. This will allow an annual increase in MRI capacity of approximately 8000 scans. Business cases for £12.5m Elective Care Framework funding to deliver 5,880 CT /MRI sessions and 2,000 Non-Obstetric Ultrasound sessions and a further a further 250 additional CT sessions being developed. This work will be incorporated into 26/27 Reset Plan and monitored there.

Commitment	Current Status	Comment
Quality and Safety		
QS1: By September 2025, we will have redesigned and started to implement a new Framework to replace the current Serious Adverse Incident Procedure.		Final proposal to be with Minister by end of April 2026. Progress against this commitment will be reviewed and a new objective will be incorporated into the 2026/27 Reset Business Plan to finalise and commence implementation of a new strategic Patient Safety Incident framework to replace the current Serious Adverse Incident Procedure.
QS2: In September 2025, following the close of a consultation in March 2025, we will implement a new Regional HSC Being Open Framework.		**Achieved** Framework published 19 February 2026.
QS3: A legislative Duty of Candour is a priority for the Department. Work continues to take account of the UK Government's emerging approach to the Hillsborough Law. Subject to these considerations, we will bring forward proposals regarding any remaining legislative requirements in Northern Ireland in relation to an organisational		Legislation for Organisational Duty of Candour Bill for Northern Ireland to be introduced by May 2027 into the Assembly. Progress against this commitment will be reviewed and a range of new objectives will be incorporated into the 2026/27 Reset Business Plan to advance legislation covering an organisation Duty of Candour by March 2027.

and individual Duties of Candour **by October 2025**.		
Commitment	**Current Status**	**Comment**
Investment and Engagement		
IE1: By March 2026, the community and voluntary sector will be more fully and meaningfully integrated as key partners in the planning and delivery of social care and mental health services, working alongside other partners in the statutory and independent sectors.		**Achieved** **Children's Social Care:** Transformation and national lottery funding secured to put in place a new family support model across NI. The model was developed in partnership with the VCS and the vast majority of funding (c.75% of £60m) will be allocated to the VCS. A senior VCS leader will be seconded into the Department to assist with implementation and work continuing with the Re-imagine Children's Collective, which is central to the reform of children's social care. **Adult Social Care:** VCS organisations are included in the structures established to oversee the reform of adult social care, including co-leading a number of Implementation Groups associated with prevention/early intervention, unpaid carers and supported living. Work has also started to develop a preventative model of adult social care and support. The VCS will be fully engaged in the development of the model and is likely to be central to implementation. **Mental Health:** As part of the continuing implementation of the Mental Health Strategy (MHS), work continues at pace to establish the Regional Mental Health Service (RMHS). This includes formation of two pathfinder projects to test the concept of Area and Local Community Collaboratives. The EY C&V review report was published on 30 January 2026. A C&V Task & Finish Group has been established, co-chaired by the Department and a representative of the C&V sector, to progress implementation of priority recommendations in the report. The first meeting of the group was held on 4 March, with the discussion focused on the development of an implementation plan for 2026/27. This work will be incorporated into 26/27 Reset Plan and monitored there.
IE2: By March 2026, we will have improved our links with District Councils and other Departments to		**Achieved**

promote whole system working and alignment of strategy and delivery at local level to maximise benefits for improved health, employment, educational attainment and economic growth.		This work will continue as part of the delivery of the Reset Programme

Commitment	Current Status	Comment
Delivery Options		
DO1: By March 2026, we will have fully embedded the Strategic Outcomes Framework, Strategic Outcomes Measures and Support and Intervention Frameworks to support improved performance.		**Achieved**
DO2: By August 2025, we will have established a new Committees in Common structure enabling our Trusts to take shared decisions on a 'whole system' basis.		**Achieved** This work will be incorporated into 26/27 Reset Plan and monitored there.
DO3: By March 2026, we will have undertaken a programme of work to reduce fragmentation of service planning and delivery by taking a whole systems approach to health and social care.		**Achieved** Programme of work has included correspondence issued to all Trusts regarding development of their plans to address the recommendations within the planning guidance, and initial plans reviewed by SPPG & PHA. Meetings held early March with all Trusts and relevant SPPG / PHA colleagues to discuss plans, and revised plans submitted and reviewed. Next steps further correspondence April 2026 and further opportunities to be explored from working within One System footprint will be considered at SLG on 15 April 2026 and the Committees in Common subsequently. At a broad Programme level, SFMG and CIC provide examples of positive system working. This work will be incorporated into 26/27 Reset Plan and monitored there.
DO4: By March 2026, we will have taken forward work to identify and rectify unwarranted clinical variability at all points in the health and care system.		**Achieved** Sensible Care will progress over the next 12 months through a focused set of lead projects, selected for their potential to deliver high impact and demonstrable improvement. These projects will act as exemplars, moving from local delivery to coordinated regional implementation.

		In relation to pathology the most recent strategic review of pathology services was undertaken through the public consultation on proposals to modernise and transform HSC Pathology Services, launched following the publication of Health & Wellbeing 2026. That review identified the need for greater regional collaboration and service reconfiguration. Delivery across a range of commitments is being co-ordinated. This work will be incorporated into 26/27 Reset Plan and monitored there.
DO5: By March 2026, through a focused programme of work, building on the recommendations from GIRFT reviews, informed by improved data from our encompass programme and harnessing clinical skills we will have improved the efficiency of our system, reduced waste and increased productivity.		**Achieved** Efficiency targets have been introduced through the monitoring process for SOMs. These include GIRFT theatre throughput rates to ensure the maximum number of patients are scheduled per list. The British Association of Day Surgery rates are also being closely monitored to assess progress against best practice. SPPG is also engaging with the GIRFT team to ensure that new and review clinic slots are based on best practice throughput levels and that the new to review ratios reflect peer comparison with other UK Trusts. A GIRFT visit is planned for early May in 2026 which will provide an opportunity to share this data. This work will be incorporated into 26/27 Reset Plan and monitored there.
DO6: By August 2025 (Ongoing year by year), we will have developed a plan for Winter Pressures including a new whole system approach to providing the right care at the right time and the right place for our elderly population, including those with dementia to reduce ED attendances and delayed discharges, and provide better, timely quality care.		**Achieved** Improving care and outcomes for Older People is a key focus of our System Reset and an early consideration within our Neighbourhood Model work Programme.
DO7: By January 2026, we will have established a new strategic partnership between the HSC, our universities and commercial partners to create an NI approach to health innovation building on the platform of Health Innovation Research Alliance Northern Ireland and the other current organisations in the health and life		**Achieved** Positive progress made on establishing a strategic partnership and work will continue into 26/27.

sciences research and innovation ecosystem.		