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Annex – Board Assurance Statements

**Agenda item:** 6 (Public session)

**Report by:** Sarah-Jane Marsh, National Director for Urgent and Emergency Care and Operations

**Paper type:** For approval

17 July 2025

# Annex A – Board Assurance Statement for ICBs

Section A: Board Assurance Statement

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| **Assurance statement** | **Confirmed (Yes / No)** | **Additional comments or qualifications (optional)** |
| ***Governance*** |  |  |
| The Board has assured the ICB Winter Plan for 2025/26. |  |  |
| A robust quality and equality impact assessment (QEIA) informed development of the ICB’s plan and this has been reviewed by the Board. |  |  |
| The ICB’s plan was developed with appropriate levels of engagement across all system partners, including primary care, 111 providers, community, acute and specialist trusts, mental health, ambulance services, local authorities and social care provider colleagues. |  |  |
| The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned. |  |  |
| The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures. |  |  |
| ***Plan content and delivery*** |  |  |
| The Board is assured that the ICB’s plan addresses the key actions outlined in Section B. |  |  |
| The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures. |  |  |
| The Board is assured there will be an appropriately skilled and resourced system control centre in place over the winter period to enable the sharing of intelligence and risk balance to ensure this is appropriately managed across all partners. |  |  |

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| **ICB CEO/AO name** | **Date** | **ICB Chair name** | **Date** |
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Section B: 25/26 Winter Plan checklist

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| **Checklist** | **Confirmed (Yes / No)** | **Additional comments or qualifications (optional)** |
| ***Prevention*** |  |  |
| 1. Vaccination programmes across all of the priority areas are designed to reduce complacency, build confidence, and maximise convenience. Priority programmes include childhood vaccinations, RSV vaccination for pregnant women and older adults (with all of those in the 75-79 cohort to be offered a vaccination by 31 August 2025) and the annual winter flu and covid vaccination campaigns. |  |  |
| In addition to the above, patients under the age of 65 with co-morbidities that leave them susceptible to hospital admission as a result of winter viruses should receive targeted care to encourage them to have their vaccinations, along with a pre-winter health check, and access to antivirals to ensure continuing care in the community. |  |  |
| Patients at high risk of admission have plans in place to support their urgent care needs at home or in the community, whenever possible. |  |  |
| ***Capacity*** |  |  |
| The profile of likely winter-related patient demand across the system is modelled and understood, and individual organisations have plans that connect together to ensure patients’ needs are met, including at times of peak pressure. |  |  |
| Seven-day discharge profiles have been shared with local authorities and social care providers, and standards agreed for P1 and P3 discharges. |  |  |
| Action has been taken in response to the Elective Care Demand Management letter, issued in May 2025, and ongoing monitoring is in place. |  |  |
| ***Leadership*** |  |  |
| On-call arrangements are in place, including medical and nurse leaders, and have been tested. |  |  |
| Plans are in place to monitor and report real-time pressures utilising the OPEL framework. |  |  |

# Annex B – Board Assurance Statement for NHS Trusts Section A: Board Assurance Statement

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| **Assurance statement** | **Confirmed (Yes / No)** | **Additional comments or qualifications (optional)** |
| ***Governance*** |  |  |
| The Board has assured the Trust Winter Plan for 2025/26. |  |  |
| A robust quality and equality impact assessment (QEIA) informed development of the Trust’s plan and has been reviewed by the Board. |  |  |
| The Trust’s plan was developed with appropriate input from and engagement with all system partners. |  |  |
| The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned. |  |  |
| The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures. |  |  |
| ***Plan content and delivery*** |  |  |
| The Board is assured that the Trust’s plan addresses the key actions outlined in Section B. |  |  |
| The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures. |  |  |
| The Board has reviewed its 4 and 12 hour, and RTT, trajectories, and is assured the Winter Plan will mitigate any risks to ensure delivery against the trajectories already signed off and returned to NHS England in April 2025. |  |  |

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| **Provider CEO name** | **Date** | **Provider Chair name** | **Date** |
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Section B: 25/26 Winter Plan checklist

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| **Checklist** | **Confirmed (Yes / No)** | **Additional comments or qualifications (optional)** |
| ***Prevention*** |  |  |
| 1. There is a plan in place to achieve at least a 5 percentage point improvement on last year’s flu vaccination rate for frontline staff by the start of flu season. |  |  |
| ***Capacity*** |  |  |
| The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand. |  |  |
| Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends. |  |  |
| Seven-day discharge profiles have been reviewed, and, where relevant, standards set and agreed with local authorities for the number of P0, P1, P2 and P3 discharges. |  |  |
| Elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – including on diagnostic services. |  |  |
| ***Infection Prevention and Control (IPC)*** |  |  |
| IPC colleagues have been engaged in the development of the plan and are confident in the planned actions. |  |  |
| Fit testing has taken place for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand. |  |  |
| A patient cohorting plan including risk-based escalation is in place and understood by site management teams, ready to be activated as needed. |  |  |
| ***Leadership*** |  |  |
| On-call arrangements are in place, including medical and nurse leaders, and have been tested. |  |  |
| Plans are in place to monitor and report real-time pressures utilising the OPEL framework. |  |  |
| ***Specific actions for Mental Health Trusts*** |  |  |
| A plan is in place to ensure operational resilience of all-age urgent mental health helplines accessible via 111, local crisis alternatives, crisis and home treatment teams, and liaison psychiatry services, including senior decision-makers. |  |  |
| Any patients who frequently access urgent care services and all high-risk patients have a tailored crisis and relapse plan in place ahead of winter. |  |  |