



Winter Planning 25/26

Board Assurance Statement (BAS)

NHS Trust





Introduction

1. Purpose

The purpose of the Board Assurance Statement is to ensure the Trust's Board has oversight that all key considerations have been met. It should be signed off by both the CEO and Chair.

2. Guidance on completing the Board Assurance Statement (BAS)

Section A: Board Assurance Statement

Please double-click on the template header and add the Trust's name.

This section gives Trusts the opportunity to describe the approach to creating the winter plan and demonstrate how links with other aspects of planning have been considered.

Section B: 25/26 Winter Plan checklist

This section provides a checklist on what Boards should assure themselves is covered by 25/26 Winter Plans.

3. Submission process and contacts

Completed Board Assurance Statements should be submitted to the national UEC team via england.eecpmo@nhs.net by **30 September 2025**.

Provider:

Norfolk Community Health & Care NHS Trust

Section A: Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has assured the Trust Winter Plan for 2025/26.	Yes	
A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.	Yes	
The Trust's plan was developed with appropriate input from and engagement with all system partners.	Yes	
The Board has tested the plan during a regionally led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	System based winter planning exercise.
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.	Yes	Director of Corporate Affairs, Accountable Emergency Officer.
Plan content and delivery		
The Board is assured that the Trust's plan addresses the key actions outlined in Section B.	Yes	
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.	Yes	Discussed as part of winter planning with key internal stakeholders 17 th July. Additional risks identified on 4 th Sept walk through that have been documented and possible mitigations are being worked through.
The Board has reviewed its 4 and 12 hours, 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.	Yes	

Provider:	Norfolk Community Health & Care NHS Trust
------------------	---

Provider CEO name	Date	Provider Chair name	Date
Matthew Winn	24 th September 2025	Lynda Thomas	24 th September 2025

Section B: 25/26 Winter Plan checklist

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.	Yes	Flu vaccination plan is in place and will be reported to the Board from October to March.
Capacity		
2. 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.	Yes	The Trust escalation actions are part of the escalation plan and the system table top exercise will test the plan for winter 2025.
3. Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends.	Yes	Rotas are reviewed on a regular basis.
4. 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.	Yes	Patients are already discharged across the 7 days with an increase noted since System Ops commenced 7 day working in April 2025. There are continued discussion about targets for discharges on the 4 pathways.
5. 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.	n/a	
Infection Prevention and Control (IPC)		
6. IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.	Yes	
7. 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.	Yes	

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
8. A patient cohorting plan including risk-based escalation is in place and understood by site management teams, ready to be activated as needed.	Yes	
Leadership		
9. On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Yes	In addition, there is for winter 2025 is system ops working 7 days 8am -7pm which will significantly support the Trust responsiveness. IPaC on-call also cover Trust weekends and bank holidays 9-5pm.
10. Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Yes	OPEL reporting is completing once a day for NCH&C as mechanisms for real-time reporting is not available. Discussions with the ICB to ensure consistency across NCH&C and East Coast community healthcare for community Trusts for winter are ongoing.
Specific actions for Mental Health Trusts		
11. 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.	n/a	
12. 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.	n/a	