



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:

Cambridgeshire Community Services 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 | Surge & Escalation Plan and Critical Services framework. |
| A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board. | Yes | This is integral to our plans and their implementation. |
| The Trust's plan was developed with appropriate input from and engagement with all system partners. | Yes | Plans have been developed in conjunction with system partners. |
| The Board has tested the plan during a regionally led winter exercise, reviewed the outcome, and incorporated lessons learned. | Yes | System based winter planning exercises. |
| 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 | Surge & Escalation Plan and Critical Services framework. |
| 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, where relevant to trust services | |

| 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 – as required | We review on an ongoing basis and work with system partners in BLMK & C&P. |
| 3. Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends. | Yes – as required | We review rotas on an ongoing 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 – as required | We work in partnership with system partners in BLMK and C&P. |
| 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. | n/a | |
| Leadership | | |
| 9. On-call arrangements are in place, including medical and nurse leaders, and have been tested. | Yes | |
| 10. Plans are in place to monitor and report real-time pressures utilising the OPEL framework. | Yes | We work closely with our system partners. |
| 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. | Not relevant | |
| 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. | Not relevant | |