



Winter Planning 26/27

Board Assurance Statement (BAS)

1. Purpose

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

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

Section A: Board Assurance Statement

Please include the Trust / Provider name at the top of the tab.

This section gives Trust 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: 26/27 Winter Plan checklist

This section provides a checklist of what Boards should ensure is covered in their 2026/27 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 2026**.



Winter Planning 26/27
Section A: Board Assurance Statement (BAS)

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.
Board Assurance Statements should not be submitted until they have been tested during a regionally-led winter exercise programme.

Provider/Trust Name (drop down):	OTHER - Please write below
If Other, write Provider/Trust Name:	East of England Community Health & Care Trust
Contact details (email, phone number):	eec.resilience@nhs.net
Date:	

Please complete these sections					
Assurance statement			Confirm (Y/N)	Additional comments or qualifications (optional)	Blockers/Support requirements (optional)
Governance and executive leadership					
1	1.1	The Board has assured the Trust Winter Plan for 2026/27.	Yes	The Trust's winter plan has been developed in conjunction with the Service Directors across all of the Trust's services as well as the Infection Prevention Control lead and Flu plan lead.	
	1.2	The Board is assured that a robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.	Yes	The QEIA has been completed by the Chief Nurse & Allied Health Professional and the Winter Plan Lead/Accountable Emergency Officer	
	1.3	The Board is assured that the Trust's plan was developed with appropriate input from and engagement with all system partners, including primary care and social care.	Yes	The Trust has shared its plans including Surge & Escalation and Critical Services Framework with both ICBs	
	1.4	The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	Key staff from the Trust attended the Norfolk & Suffolk Winter Planning exercise and the Central East Winter Planning exercise along with the Trust's EPRR members	
	1.5	The Board has identified a named Executive Winter Sponsor with accountability for winter preparedness (including vaccinations), escalation and operational delivery.	Yes	Rachel Hawkins, Director of Corporate Affairs / AEO & Kate Howard, Chief Nurse/ IPAC & Flu	
	1.6	The Board is assured that clear governance arrangements, escalation processes and operational leadership arrangements are in place throughout the winter period.	Yes	Established On-Call processes in place for operational services through to Strategic Director On Call	

Winter Planning 26/27
Section B: 26/27 Winter Plan checklist

This section provides a checklist on what Boards should assure themselves is covered by 26/27 Winter plans.
Board Assurance Statements should not be submitted until they have been tested during a regionally-led winter exercise programme.

Section B: 26/27 Winter Plan checklist		Please complete these sections		
		Confirm (Y/N)	Additional comments or qualifications (optional)	Blockers/Support requirements (optional)
Prevention				
1	1.1	Yes	The staff flu plan has been received and approved by the Trust Board	
	1.2	Yes	The staff flu plan has been received and approved by the Trust Board	
	1.3	Yes	Established processes for ensuring eligible patients can access seasonal influenza vaccination and arrangements are in place to support delivery to those meeting the relevant criteria	
	1.4	Yes	IPAC works collaboratively with the ICBs and UKHSA to provide a rapid response service	
Occupancy and discharge				
	2.1	Yes	Muti-agency discharge planning / reviews are embedded into current processes	

2	2.2	The Board is assured that model discharge pathway requirements are in place to optimise discharge seven days a week across acute, community and social care services. This should include: •coordinated escalation, surge and extreme surge response arrangements, including bed escalation capacity, which have been tested and capable of safe activation to maintain patient flow, create additional capacity and support operational resilience during periods of increased demand. •executive-led governance arrangements to provide oversight of occupancy, the number of discharges required and delivered each day to support safe bed availability and flow, along with the number of patients who are NCTR by pathways 1 to 3 with monitoring of patients with long discharge delays. •targeted operational actions to reduce long discharge delays. •Discharge to Assess pathways that operate effectively with home first as the default and assessment taking place outside hospital wherever possible. These should be supported by integrated escalation arrangements with community and social care partners to maintain patient flow.	Yes	The flow in our systems is co-ordinated seven days a week by Systems Ops in Norfolk and the Luton & Beds Adult service, supported by further service workstreams	
	2.3	The Board is assured that pre-Christmas and holiday-period occupancy reduction plans will be implemented.	Yes	Increased patient flow continues to be a constant directive across all units along with holiday and absence planning	
	2.4	The Board is assured that Same Day Emergency Care (SDEC) and ambulatory emergency care pathways have been optimised to support admission avoidance.	Yes	AA from ED front door, home, VW and UCR, UCCH call before convey service	
	2.5	The Board is assured that frailty pathways have been reviewed and are operating effectively to support avoidance of unnecessary admission.	Yes	Acute providers/UCR/VWCAT are linked and can discuss anything frailty related that could avoid admissions The UCCH operates a dedicated frailty line	
	Capacity				
	3.1	The Board is assured that workforce resilience assumptions are evidenced and include safe staffing levels, appropriate skill mix, redeployment models and staff wellbeing support, with clear mitigations in place for sustained periods of increased demand.	Yes	Staffing prioritised for core services with provision in place for additional support if needed. Discussions continue Norfolk & Suffolk ICB regarding winter pressures and ensuring sufficient Norfolk Adults community care capacity and funding to meet demands.	
	3.2	The Board is assured that rotas have been reviewed to ensure consistent senior clinical decision-making capacity at times of peak pressure, including weekends, supported by clear escalation and supervision arrangements.	Yes	Established escalation processes in place	

3	3.3	The Board is assured that 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.		Not applicable	
	3.4	The Board has reviewed its 4-hour and 12-hour, and RTT trajectories, and is assured that the Winter Plan will mitigate any risks to ensure delivery against the trajectories already signed off for 2026/27.	Yes	The Board has reviewed the RTT trajectories for 2026/27 and considered the associated winter risks and mitigation	
	3.5	The Board is assured that there are effective operational actions in place to ensure urgent community capacity is prioritised for the sickest patients.	Yes	Patients are triaged/escalated according to need across services	
Flow					
4	4.1	The Board is assured that emergency department crowding mitigations have been reviewed and implemented to actively eliminate corridor care as a patient safety priority. This should include implementation of relevant GIRFT recommendations, and with defined safety thresholds, clear escalation triggers, and routine Board level oversight of associated risks, including dignity, privacy and clinical harm.		N/A	
	4.2	The Board is assured that ambulance handover plans are deliverable and supported by appropriate operational arrangements and escalation processes.	Yes	Acute providers and EEAST Ambulance handover times supported by ongoing admission / conveyance avoidance	
	4.3	The Board is assured that escalation arrangements with system partners support timely transfer of care and patient flow.	Yes	Local working arrangements are in place and ICB led system calls that take place daily enable escalation issues to be raised and addressed	
	4.4	The Board is assured that plans are in place to implement the Model ED, Model Acute Pathway and Model Discharge requirements ahead of winter.		N/A	
Infection Prevention and Control (IPC)					

5	5.1	The Board is assured that plans, infrastructure, estates arrangements, IPC governance and operational capability are in place to enable the safe rapid reconfiguration of physical space, creation of additional clinical capacity and implementation of patient cohorting arrangements during periods of increased demand or infectious disease transmission, supported by appropriate environmental risk assessments and compliance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections.	Yes	Escalation and cohorting decisions undertaken with operational and estates colleagues and through incident management arrangements if necessary	
	5.2	The Board is assured that IPC colleagues, including the Director of Infection Prevention and Control or nominated IPC Lead, have been engaged in the development of the winter plan, and are confident in the planned mitigations and actions.	Yes	Kate Howard, Chief Nurse & AHP is the lead for the Trust and has reviewed and agreed plans, as part of winter planning process	
	5.3	The Board is assured that fit testing arrangements are in place for relevant staff, are appropriately recorded and monitored, and can be rapidly expanded during periods of increased respiratory disease and gastrointestinal viral transmission. Appropriate PPE supply, stock management and escalation arrangements are in place to support periods of increased demand.	Yes	This is co-ordinated and monitored by IPAC as part of the Trust plans & response	
	5.4	The Board is assured, as encompassed by criterion 5 of the Health and Social Care Act 2008: code of practice on the prevention and control of infections, that a patient cohorting plan, including risk-based escalation, is in place that is understood by all staff and is ready to be activated by site management teams.	Yes	These arrangements are co-ordinated and monitored by IPAC as part of the Trust plans & response	
Leadership and operational grip					
	6.1	The Board is assured that on-call arrangements are in place and have been tested, and those on-call have access to medical and nursing leaders for urgent advice, and effective operational oversight to ensure urgent community capacity is prioritised for the sickest patients, where needed.	Yes	The Trust has well established On-Call processes in place	

6	6.2	The Board is assured that plans are in place to monitor and report real-time pressures utilising the OPEL framework, with clear triggers for escalation and timely operational response.	Yes	This is managed through the Trust's operational and escalation processes and linked with system meetings and on call arrangements	
	6.3	The Board is assured that mutual aid arrangements have been reviewed and are capable of activation, if required.	Yes	Arrangements outlined in the Trust's Surge & Escalation Plan	
	6.4	The Board is assured that business continuity plans have been reviewed and tested where appropriate.	Yes	The EPRR team continues to review Business Continuity Plans with clinical and support services	
	6.5	The Board is assured that severe weather and infrastructure disruption contingencies have been reviewed.	Yes	The Trust has and agreed Adverse Weather Plan that was reviewed, updated and approved in September 2026	
	6.6	The Board is assured that industrial action contingencies have been reviewed where relevant.	Yes	The ongoing Industrial Action situation monitored weekly via MHCLG and the Trust implements additional oversight and management as necessary	
	6.7	The Board is assured that plans are in place to support staff welfare through periods of high demand.	Yes	Comprehensive support structures are in place for staff welfare	
Specific actions for Mental Health Trusts					
	7.1	The Board is assured that a plan is in place to ensure operational resilience of all-age urgent mental health helplines accessible via NHS 111, local crisis alternatives, crisis and home treatment teams, and liaison psychiatry services, including senior decision-makers.		N/A	

7	7.2	The Board is assured that 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	
	7.3	The Board is assured that liaison psychiatry pathways and Section 136 arrangements remain resilient during periods of peak demand.		N/A	

Executive Approval

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 Trust / Provider's Accountable Officer and Chair.

Trust / Provider Name: East of England Community Health & Care Trust

Provider CEO name: Matthew Winn

Date reviewed: 30/09/2026

Provider Chair name: Lynda Thomas

Date reviewed: 30/09/2026

Please update following completion of the BAS template

Please provide name and contact details of designated Senior Responsible Officer (Executive Level)

Rachel Hawkins, Director of Corporate Affairs, Accountable Emergency Officer

Please provide confirmation that the SRO has reviewed and approved the responses within this document, confirming they are correct and complete.

Confirmed

Please confirm date reviewed

23/09/2026

BAS Self-Assessment Dashboard

Trust

Overall Assessment Rating: 5 - Full assurance



		Rating
Section B	Prevention	5 - Full assurance
	Flow, occupancy and discharge	5 - Full assurance
	Capacity and community	Awaiting assessment
	UEC Flow	Awaiting assessment
	Infection Prevention and Control (IPC)	5 - Full assurance
	Leadership and operational grip	5 - Full assurance
	Specific actions for Mental Health Trusts	Awaiting assessment