



# Winter Planning 25/26

**Board Assurance Statement (BAS)**

**Ambulance Trusts**





# 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 Ambulance Team via [england.ambulance@nhs.net](mailto:england.ambulance@nhs.net) by **30 September 2025**.

**Provider:**

Double click on the template header to add details

## Section A: Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
<b>Governance</b>		
The Board has assured the Trust Winter Plan for 2025/26.	Y	Scheduled for Trust Board 25 <sup>th</sup> September 2025
A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.	Y	In process of being completed – will be in place by Board
The Trust's plan was developed with appropriate input from and engagement with all system partners.	Y	Engagement through ICB system leads  Tested through NHS E facilitated exercise 3/9/2025
The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Y	Tested through NHS E facilitated exercise 3/9/2025
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.	Y	EAO Nick Smith Chief Operating Officer
<b>Plan content and delivery</b>		
The Board is assured that the Trust's plan addresses the key actions outlined in Section B.	TBC	Scheduled for September Board – completed on ratification by Board
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.	TBC	Scheduled for September Board – completed on ratification by Board
The Board has reviewed its Category 2 ambulance response time trajectory and is assured the Winter Plan will mitigate any risks to ensure delivery against the trajectory already signed off and returned to NHS England in Q1 2025/26.	TBC	Scheduled for September Board – completed on ratification by Board

**Provider CEO name****Date****Provider Chair name****Date**

<b>Provider:</b>	Double click on the template header to add details
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## Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
<b>Prevention</b>		
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.	Y	Flu Plan in place – Executive Lead Dave Green
<b>Demand Management – Capacity</b>		
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.	Y	
3. Rotas have been reviewed and updated to ensure there is maximum decision-making capacity at times of peak pressure, including weekends and bank holidays.	Y	
4. Rotas have been reviewed and updated to ensure optimisation of call handler and clinical capacity within EOCs, including overnight, to manage forecasted call demand and deliver the level of clinical assessment required.	Y	
5. Rotas have been reviewed and updated to ensure optimisation of front-line staffing capacity to respond to forecasted demand profiles.	Y	
6. Annual leave schedules have been reviewed and updated ahead of winter and procedures are in place to rapidly adjust arrangements in response to surge pressures, including cancelling annual leave and standing up overtime arrangements if required.	Y	Annual Leave plans reviewed and surge plans included in tactical plans for all service lines and key support services
7. Opportunities to maximise resource utilisation have been considered, including increased utilisation of non-DCA resources	Y	Confirmed in tactical plan

to respond to incidents including use of PTS, CFRs, RRVs etc.		
<b><i>Demand Management – Operations</i></b>		
8. Plans include actions to maximise clinical navigation and validation and increase “hear and treat” rates, referring into alternative services where appropriate. Clinical models have been reviewed and can be flexibly deployed in response to operational demand to ensure delivery of performance improvements.	Y	
9. Call Before Convey pathways are in place in line with locally agreed protocols to support “see and treat” activity and reduce avoidable conveyance. Ambulance crews should have access to additional support from EOC clinicians and SPOAs.	Y	
10. Processes are in place to provide overnight support for call handlers and clinicians to provide urgent in-home care for non-emergency, clinically assessed patients, with follow-up services available the next day.	N	Whilst some of the foundations have been laid to this the trust will not be in a position to move to a fully ‘virtual stack’ prior to winter. Push models and Specialist Urgent Care services will be fully utilised as far as possible.
11. Plans and SOPs are in place to support ambulance crews to complete hospital handovers within 15 minutes, with none exceeding the 45-minute maximum.	Y	
12. CSP and DMP frameworks have been reviewed and updated and will be utilised as appropriate.	Y	In progress for completions prior to winter
13. Plans are in place to support staff welfare through periods of high demand.	Y	
<b><i>Infection Prevention and Control (IPC)</i></b>		

14. IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.	Y	
15. 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.	Y	
<b>Leadership</b>		
16. On-call arrangements are in place and have been tested.	Y	Pre winter briefings for all on call teams scheduled for October  Tested regularly throughout year
17. Business Continuity Plans have been reviewed and include processes and mitigating actions to maintain service delivery over winter.	Y	Complete and audited
18. Learning from previous winters has been reviewed and has been factored into planning.	Y	Complete and included in winter strategic assessment (learning) and winter tactical plan (response to learning)
19. Discussions have taken place with NHSE regional teams, ICBs and local systems to support enhanced ability to refer patients into alternative services, reduce avoidable conveyance and ensure hospital handover compliance.	Y	
20. Engagement has been undertaken with system partners, including primary care, to ensure appropriateness of HCP and IFT requests, supported by sufficient clinical senior decision making within EOCs.	Y	EOC GP's maintain oversight HCP calls