

Winter Planning 26/27

Board Assurance Statement (BAS)



1. Purpose

The purpose of the Board Assurance Statement is to ensure the Trust Boards 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:	Yorkshire Ambulance Service
Contact details (email, phone number):	Marc Thomas, COO and Deputy CEO
Date:	01/07/2026

			Please complete these sections		
Assurance statement			Confirm (Y/N)	Additional comments or qualifications (optional)	Blockers/Support requirements (optional)
Governance					
1	1.1	The Board has assured the Trust Winter Plan for 2026/27.	Yes	Scheduled for Trust Board 24 Septemebr 2026	
	1.2	A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.	Yes	In process of being completed – will be in place by Board	
	1.3	The Trust's plan was developed with appropriate input from and engagement with all system partners.	Yes	Engagement through ICB system leads Tested through NHS E facilitated exercise 2/9/2026	
	1.4	The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	Tested through NHS E facilitated exercise 2/9/2025	
	1.5	The Board has identified a named Executive Winter Sponsor with accountability for winter preparedness (including vaccinations), escalation and operational delivery	Yes	EAO is Marc Thomas, Chief Operating Officer and Deputy Chief Executive	
	1.6	The Board is assured that clear governance arrangements, escalation processes and operational leadership arrangements are in place throughout the winter period.	Yes	Management of Winter via the Operational Delivery Group, Escalations via the Operational Leadership Group to the Trust Executive Group	
Plan content and delivery					
2	2.1	The Board has considered key risks to quality and is assured that appropriate mitigations are in place for surge and extreme surge of winter pressures.	Yes	Scheduled for September Board – completed on ratification by Board	
	2.2	The Board is assured that workforce resilience assumptions have been reviewed and mitigation plans are in place for periods of increased demand.	Yes	As part of the Business Planning process too and agreed via Board, reviewed by local teams regularly.	
	2.3	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 final 2026/27 trajectory	Yes	Trajectory confirmed also as part of Business Planning assumptions	

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.

			Please complete these sections		
Section B: 26/27 Winter Plan checklist			Confirm (Y/N)	Additional comments or qualifications (optional)	Blockers/Support requirements (optional)
Prevention					
1	1.1	There are plans in place to deliver a frontline healthcare worker flu vaccination programme that achieves the trust level uptake ambitions and demonstrates: the offer is accessible to all frontline staff between 1 October – 31 March with the majority of vaccinations completed by 30 November;	Yes	Flu Plan in Place - Executive Lead is Amanda Wilcock. Plan for Vaccination programmed from 1st October - 30 November 2026	
Demand Management – Capacity					
2	2.1	The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to surge and extreme surges in demand.	Yes		
	2.2	Rotas have been reviewed and updated to ensure there is maximum decision-making capacity at times of peak pressure, including weekends, bank holidays.	Yes		
	2.3	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 and manage increased pressure from seasonal respiratory demand.	Yes		
	2.4	Rotas have been reviewed and updated to ensure optimisation of front-line staffing capacity to respond to forecasted demand profiles.	Yes		
	2.5	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.	Yes	Annual Leave plans reviewed and surge plans included in tactical plans for all service lines and key support services	
	2.6	Opportunities to maximise resource utilisation have been considered, including increased utilisation of non-DCA resources to respond to incidents including use of PTS, CFRs, RRVs etc.	Yes	Confirmed in Tactical Plan as per planning by the capacity planning team	
Demand Management – Operations					
3	3.1	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.	Yes		
	3.2	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 timely access to additional support from EOC clinicians and SPOAs and be able to support decision making for all care home patients.	Yes		
	3.3	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.	No	No provision in place	
	3.4	Plans and SOPs are in place to support ambulance crews to complete hospital handovers within 15 minutes, with none exceeding the 45-minute maximum.	Yes		
	3.5	Plans and SOPs are in place to support ambulance crews to complete post-hospital handovers within 15 minutes.	Yes		
	3.6	REAP, CSP and DMP frameworks have been reviewed and updated and will be utilised as appropriate, and have been communicated with system partners to ensure a shared understanding of 999 operational pressures and escalation measures	Yes	In progress for completion prior to winter	
	3.7	Plans are in place to support staff welfare through periods of high demand.	Yes		
Infection Prevention and Control (IPC)					
4	4.1	IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.	Yes		
	4.2	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		
Leadership					
5	5.1	On-call arrangements are in place and have been tested.	Yes	Pre winter briefings for all on call teams scheduled for October Tested regularly throughout year	
	5.2	Business Continuity Plans have been reviewed and include processes and mitigating actions to maintain service delivery over winter.	Yes	Complete and audited	
	5.3	Discussions have taken place with NHSE regional teams, ICBs and local systems to support enhanced ability to refer patients into alternative services, including SDECs, frailty SDECs, and virtual wards, reduce avoidable conveyance, support advice at scene and ensure hospital handover compliance.	Yes		
	5.4	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.	Yes		
	5.5	The Board is assured that severe weather and infrastructure disruption contingencies have been reviewed.	Yes		
	5.6	The Board is assured that industrial action contingencies have been reviewed where relevant.	Yes		

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: Yorkshire Ambulance Service

Provider CEO name: Peter Reading

Date reviewed: TBC

Provider Chair name: Martin Havenhand

Date reviewed: TBC

Please update following completion of the BAS template

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

Marc Thomas Marc.thomas3@nhs.net

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

Yes

Please confirm date reviewed

TBC

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 ICB Accountable Officer and Chair.

Integrated Care Board (ICB) name:

ICB CEO/AO name:

Date reviewed:

ICB Chair name:

Date reviewed:

Please update following completion of the BAS template

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

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

Please confirm date reviewed

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