



Winter Planning 26/27

Board Assurance Statement (BAS)

Integrated Care Board (ICB)

1. Purpose

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

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

Section A: Board Assurance Statement

Please include the Integrated Care Board's (ICB) name at the top of the tab.

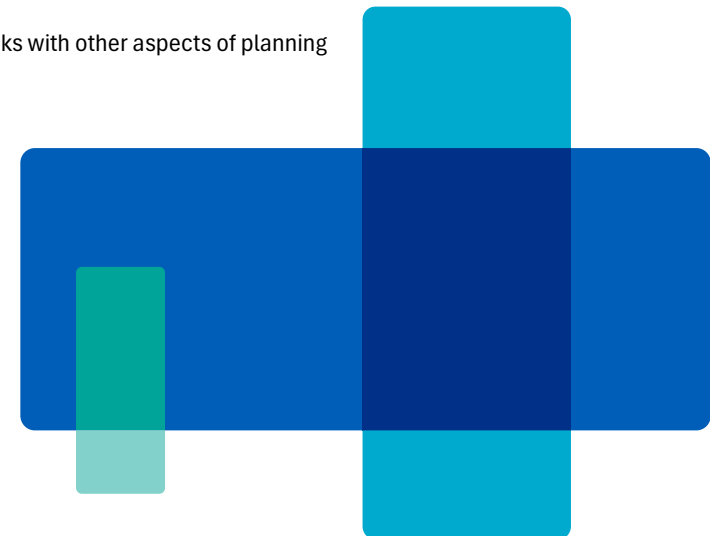
This section gives ICBs the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

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 ICBs the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

Integrated Care Board (ICB):

Bristol, North Somerset And South Gloucestershire

If Other, write ICB Name here:

Contact details (email, phone number):

Richard Carpenter, Associate Director Commissioning – System Resilience,
richardcarpenter@nhs.net 07791 686 366

Date:

15/09/2026

Please complete these sections

Assurance statement			Is this in place? (Y/N)	Additional comments or qualifications (optional)	Blockers/Support requirements (optional)
Governance					
1	1.1	The Board has assured the ICB Winter Plan for 2026/27.	Yes	to be confirmed at ICB Board	
	1.2	The Board is assured that a robust quality and equality impact assessment (QEIA) informed development of the ICB's plan and this has been reviewed by the Board.	Yes	This will accompany the winter plan, and wil be updated throughout winter.	
	1.3	The Board is assured that the ICB's plan was developed with active engagement and input of all system partners, including primary care, 111 providers, Community Health Service Providers (including NHS and non-NHS providers), acute and specialist trusts, mental health, ambulance services, local authorities and social care provider colleagues.	Yes	The BNSSG winter plan has been developeped through the system meeting: Performance Operational Meeting. Executive oversight has been given at nuemrous meetings including FQP, ODG, HCIG, PEM.	
	1.4	The Board has identified a named Executive Winter Sponsor with clear accountability for winter preparedness, delivery, escalation and system oversight.	Yes	This is through Caroline Dawe and David Jarrett	
	1.5	The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	BNSSG has run it's own IPC tabletop exercise and incorporaed lesosns learnt into planning for winter 2026. BNSSG has participated in the SW winter planning exercise.	
	1.6	The Board is assured that clear winter governance arrangements, escalation processes and operational leadership arrangements are in place across the system.	Yes	On call rotas have been ppopulated. Bronze silver and gold arrangements have been refreshed in Summer 2026.	
	1.7	The Board is assured that fit testing arrangements, PPE provision and other key infection prevention and control mitigations, as set out in the Health and Social Care Act 2008: code of practice on the prevention and control of infections are in place across the system and are supported by plans to scale rapidly in response to infectious disease surges, ensuring continuity of safe care and workforce protection.	Yes	IPC plans include strengthened core practice, PPE use, environmental cleaning, training and competency checks, outbreak response, vaccination, assurance/audit and workforce resilience. Acute learning includes early isolation and enhanced cleaning approaches.	
	1.8	The Board has received assurance that health protection governance, escalation processes, and provider response arrangements are effective and support timely management of infectious disease incidents and outbreaks, as set out in the ICB Commissioning Guidance - https://www.england.nhs.uk/long-read/clinical-response-outbreaks-of-infectious-disease-commissioning-guidance-icbs/	Yes	Health protection and outbreak response arrangements include clear escalation routes, rapid testing access, coordinated public health/community support, IPC monitoring and escalation through established system governance.	

Winter Planning 26/27

This section provides a checklist on what Boards should assure themselves is covered by 26/27 Winter plans.

			Please complete these sections		
Section B: 26/27 Winter Plan checklist			Confirm (Y/N)	Additional comments or qualifications (optional)	Blockers/Support requirements (optional)
Prevention and vulnerable cohorts					
1	1.1	The Board is assured that those eligible have access to priority vaccination programmes, including childhood vaccinations. This includes 1. RSV vaccination for pregnant women, older adults aged 75 years and over, and older adult care home residents; 2. pneumococcal vaccination for all adults aged 65 years and over and children and adults in a clinical risk group; 3. the annual winter flu and COVID-19 vaccination campaigns.	Yes	1. RSV vaccination is an all tear round offer within our maternity services at trust hospitals/operating units. The RSV for older adults has been expanded, and GP's will deliver to their patients, including those who are housebound and those in older adult care home settings. New all-aged outreach service can support where lowest uptake is identified or any gaps in provision arise. 2. General practice provides a year-round offer to those eligible patients. The school aged immunisation service (SAIS) continues to offer school visits and catch-up clinic vaccinations. New all-aged outreach service can support where lowest uptake is identified or any gaps in provision arise	
	1.2	The Board is assured that a risk-stratified approach is in place to identify individuals at increased risk of winter-related deterioration or admission, including those with co-morbidities that leave them susceptible to hospital admission as a result of winter viruses, younger people with significant co-morbidities, and other vulnerable cohorts. Targeted interventions are in place, including vaccination, pre-winter health checks, personalised care planning, access to antivirals where appropriate, and community-based support to reduce avoidable admissions and support continuing care in the community.	Yes	GP's will use searches to ensure those at risk are contacted and followed up for vaccination where eligible. One Care's new all-aged outreach vaccination service will be in place from 1/9/26. Data will ensure those most at risk and most vulnerable have access to vaccination and vaccination information. One Care will work with general practice, Sirona and other community/voluntary sectors partners to ensure making every contact count is key and link with existing services to ensure health-checks and information is readily available to those communities where uptake may be lowest or communities most at risk and with lower health outcomes. Areas of deprivation and poor engagement will be high priorities. Our GP Federation have developed a risk approach proposal to support practices. All practices have risk stratification processes in place following this being a requirement for Capacity and Access funding. Flu Surge Outreach in place, following learning from 24/25, and GP Federation ability to co-ordinate clinics for additional flu vaccinations, previously at PCN level. Urgent Care Co-ordination Programme in place for improvements to pathways and communication/visibility of these through the system. Population health management, whole-population segmentation and risk stratification are used to identify vulnerable cohorts including older people, frailty, long-term conditions and serious mental illness. Targeted interventions include vaccination, anticipatory care planning, medicines optimisation, falls prevention and proactive community/neighbourhood support. Our providers have a system model for those who have repeated crisis contacts, this will trigger one proactive, whole-person response designed to stabilise people close to home. Targeted prevention through 1 integrated	
Flow, occupancy and discharge					
2	2.1	The Board is assured there are clear operational plans and daily processes to reduce avoidable bed occupancy and improve patient flow seven days a week, including pre-winter review of bed demand and capacity, delivery of model discharge pathway requirements, and executive oversight of required and actual daily discharges, patients with no criteria to reside by pathway, discharge performance and long discharge delays.	Yes	The ICB has earmarked funding to support a significant system wide transformation program, led by BFT called Intermediate Care Program. The program in addition to focussing on in year delivery of flow trajectories, will look at our design of intermediary care services	
	2.2	The Board is assured that system partners have agreed and implemented measures to eliminate corridor care, with defined patient safety thresholds, supported by coordinated patient flow, discharge and escalation arrangements, with system level oversight and mitigation of risk during periods of increased demand.	No	Corridor care remains a risk going into winter 2026. GIRFT corridor-care recommendations are being implemented within our acute partners, with governance and monitoring arrangements in place. Revised escalation policies prioritise use of established bed capacity, safer outlying options and defined escalation areas before corridor care is used. Corridor care is treated as an increased-risk position rather than core capacity and requires senior operational oversight. Community processes are being updated to ensure system OPEL 4 is no longer a trigger for the use of boarding capacity in South Bristol Community Hospital.	
	2.3	The Board is assured that discharge planning is being undertaken jointly with local authorities and social care partners, with effective system discharge coordination arrangements, clear processes to identify, escalate and resolve discharge delays, and real-time visibility of demand and community capacity.	Yes	Revised escalation pathways have been agreed between system partners to mobilise step up (spot purchased) beds. We have refreshed and updated our governance within our Area Performance Meetings, ensuring a direct route to escalate through Silver meetings as required. Pilots continue in NS to support improved community flow, and 'bridging' capacity has been stepped up within Bristol City Council area to support reablement. The intermediate care program is re-assessing real time visibility or pressures.	
	2.4	The Board is assured that providers have baselined current discharge arrangements against the model discharge pathway, identified gaps, and agreed improvement actions across acute, community and social care partners.	Yes	Model Discharge requirements are being implemented through early discharge planning, multidisciplinary decision-making, Transfer of Care Hub arrangements and strengthened working with community and social-care partners. Longer length-of-stay reviews take place across all three acute sites, with executive-led oversight through refreshed performance escalation arrangements.	

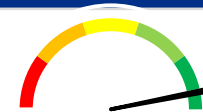
	2.5	The Board is assured that pre-Christmas and holiday-period occupancy reduction plans have been agreed and will be implemented.	Yes	BNSSG system has plans for a system perfect week, this is a collaborative approach led through our community provider to support our occupancy during late December, early January.	
Demand, capacity, and surge management					
3	3.1	The board is assured that whole system demand and capacity modelling has informed winter planning and that tested surge and extreme surge response arrangements are in place to support safe operational delivery during periods of increased demand.	No	The system is finalising demand and capacity modelling, assessing P1 sustainability and activity recovery profiles to meet required trajectories. A revised design of our BNSSG P1 pathway forms part of the intermediate care approach which will be progressing through winter	
	3.2	The Board is assured that workforce, NHS 111 and mutual aid arrangements are sufficient to respond safely to sustained periods of increased demand.	Yes	Workforce capacity, NHS 111/IUCS pressures and mutual aid are included in Severnside winter plans	
	3.3	The Board is assured that bed escalation capacity arrangements have been agreed and tested across system partners.	Yes	Visibility of bed occupancy and bed usage is shared across all partners. Acute, community and mental health beds are embedded into partner escalation SOPs and reviewed collectively where appropriate through PBNSSG governance. Key learning from the Southwest winter exercise will be adopted where relevant.	
Primary Care, NHS 111 and admission avoidance					
4	4.1	The Board is assured that anticipated general practice demand has been assessed, and that: •sufficient capacity has been commissioned, including for surge periods (e.g. ARI hubs) •robust escalation process are in place •through the IUC Clinical Assessment Service (or equivalent), sufficient capacity will be commissioned for out of hours general practice, including weekends and bank holidays.	Yes	The ARI LES was agreed at the LES steering group including addition of a 'surge' / top up arrangement to this which would be activated during surge in the same way as when One Care managed ARI. A new BNSSG GP OPEL framework is in place ready for Winter 26/27. Launch is now pending, as we progress the transition of GP aggregate data in to the SCC tool. Demand & capacity - we are gathering data about the growth of waiting lists for routine appointments, which are understood to be a consequence of some contractual changes last year. There are some winter risks associated as these lists are likely to grow at a faster rate through winter as practices in OPEL 4 manage the balance of routine and urgent slots to prioritise on the day urgent. SevernSide Integrated Urgent Care Services provide our out of hour service including: - 24/7 Clinical Assessment Service - OOH face to face appointments at Treatment Centres across BNSSG - OOH Home Visits when appropriate - 24/7 signposting for people to the most appropriate service to meet their needs	
	4.2	The Board is assured that practices are compliant with contractual requirements, including opening hours, use of online consultation, clinically urgent same day appointments (working towards 90% target) and practices making 1 appointment per 3,000 registered population available to NHS 111 for direct booking.	Yes	All PCNs complete capacity and Access improvement plans on a 6 months basis including confirming all access routes are available to patients. Details of the appointment book set up for 111 direct booking are also included. Mystery shopper exercises are undertaken to confirm access as per the contract. 111 and GPAD access data are monitored on a monthly basis.	
	4.3	The Board is assured that PCN enhanced access appointments are available and that PCNs make available to NHS 111 any unused on the day slots as per DES requirements.	Yes	All PCNs have enhanced access plans in place. Ad hoc mystery shopper checks are carried out to ensure these plans are being carried out and appointments are available.	
	4.4	The Board is assured that unscheduled dental care delivery is monitored as part of the mandated number of urgent dental care appointments.	Yes	We are monitoring this, as part of monthly activity and contract monitoring. Urgent Care activity is reported to dental board and shared at PCOG. Risks: activity not going through dental help line (accessed via 111), disadvantaging those patients without a dental home. ICB is writing out to providers to offer them the opportunity to offer their mandated appointments via the dental help line for BNSSG.	
	4.5	The Board is assured that for community pharmacy, demand, activity and capacity has been assessed, including sufficient out of hours provision across the ICB footprint; and delivery of Pharmacy First and the Discharge Medicines service.	Yes	Community Pharmacy demand, activity and capacity is regularly assessed in conjunction with Community Pharmacy Avon and Wiltshire for Pharmacy First and work is ongoing with community pharmacy PCN leads to increase contraception prescribing to free up GP capacity. BNSSG have developed local PGDs to further free up capacity in GP practices. Regular meetings with our out of hours provider (PPG) and the DOS team are undertaken to improve referral from NHS111 telephony to community pharmacy. Independent prescribing will be part of the contract from Autumn 2026. The Discharge Medicines Service is being looked at in conjunction with the Trust.	
	4.6	The Board is assured that the NHS 111 Directory of Services profiles are accurate, regularly reviewed, and aligned to available capacity across primary care and community services.	Yes	BNSSG employs regional DoS team, and regular reviews are undertaken. Highlight reports are received and actions are taken where required. Project reviews are undertaken regularly, during the summer BNSSG has completed the refresh of UTC and UEC profiles. Dental and DoS profiles have been completed earlier this year. Plans are progressing with PACCS and service finder in SWASFT, to increase see+treat and hear+treat outcomes. Benchmarking has been completed regionally. Dos Profile reviews are scheduled for UCR, Mental Health and SDEC as part of the project plan.	
	4.7	The Board is assured that for all provision, both in and out of hours, there will be communications activity to ensure the public is aware of what services are available.	Yes	This is included in Severnside and ICB communications plans. This has been shared with BNSSG partners for their and is scheduled for delivery as part of the winter communications plan	
Community Health Capacity					
5	5.1	The Board is assured that sufficient urgent community capacity, including UCR, Virtual Wards, Hospital at Home and community diagnostic interventions where applicable, has been commissioned, is monitored and utilised effectively to support admission avoidance and discharge, with appropriate escalation arrangements in place and access to senior clinical decision-making through SPOAs at least 12 hours a day, 7 days a week.	Yes	The system is bolstering capacity to ensure resilience in our urgent care response (UCR) and same day community nursing service. The sirona winter plan is thorough and includes forecast demand vs anticipated shortfall and mitigations. Some mitigations for winter improvements are noted through the intermediate care program - these include, pathway modeling, additional community bed options and P1 service design.	

Whole System Response					
6	6.1	The Board is assured that a system wide approach is in place to optimise the use of out-of-hospital capacity and admission avoidance pathways to reduce avoidable admissions and support timely discharge.	Yes	Governance through our POM and PEM meetings would bring exceptional issues to senior attention, where opportunities to maximise capacity have not yet been directly addressed. BNSSG has prioritised services within the admission and attendance avoidance portfolio, including moving Community Emergency Medicine Service (CEMS) to 5 days a week. Ensuring a consistent and regular offer for SWAST. Focus remains on other services, including: UCR, REACT, F-ACE, CAS.	tion, where opportunities to maximise capacity have ensuring consistent service offeres across our
Leadership, operational grip and resilience					
7	7.1	The Board is assured that on-call arrangements are in place and have been tested. Staff on-call have access to medical and nursing leaders for urgent advice if needed.	Yes	Medical and nursing colleagues are available through providers and through the ICB. Experienced Dec & Jan, supported by EPRR and SCC colleagues	on-call staff are allocated to the rota for
	7.2	The Board is assured there will be an appropriately skilled and resourced operating model for system co-ordination over the winter period to enable the sharing of intelligence and risk balance to ensure this is appropriately managed across all partners.	Yes	SCC and UEC structures and model defined for Winter	
	7.3	The Board is assured that tested command, control and escalation arrangements are in place, including OPEL reporting, EPRR arrangements and clearly defined leadership responsibilities.	Yes	Previous experience in system pressures have aligned SCC and EPRR functions. Our on call policies clearly define roles and responsibilities and appropriate escalation routes as required	
	7.4	The Board is assured that mutual aid arrangements, business continuity plans, severe weather preparedness arrangements and industrial action contingencies have been reviewed and tested where appropriate.	Yes	Mutual-aid arrangements across the Trust and wider system have been reviewed, including ambulance-divert arrangements. An internal divert SOP will support winter escalation at BFT, with system mutual aid operating through established OPEL processes.	
	7.5	The Board is assured that plans are in place to support staff welfare through periods of high demand.	Yes	The ICB has a range of tools to support staff welfare, and offer assistance where needed.	
System Co-ordination Centres					
8	8.1	The Board is assured that SCCs will be proactive in resolving operational pressures in hours, and that ICBs will maintain on-call functions for the oversight and resolution of operational pressures and patient flow and safety out of hours.	Yes	BNSSG and Glos will align SCC functions as part of clustering and streamlining. Current SCC operations for BNSSG are visible through our OPEL framework and shared on our live UEC dashboards, on the federated Data Platform SCC tool.	
	8.2	The Board is assured that SCCs will be fully operational 08:00 to 18:00 7 days per week and have the ability to extend hours of operation during periods of extreme pressure.	Yes	The SCC is operated 5 days a week through the performance and resilience team. Weekends the SCC function is covered through tactical on call.	
	8.3	The Board is assured that ICB SCCs will maintain proactive engagement and communication with NHSE Regional teams.	Yes	The SCC continues to liaise daily/weekly with the ROC, addressing issues and openly communicating required support and emerging pressures.	

BAS Self-Assessment Dashboard

BNSSG ICB

Overall Assessment Rating: 5 - Full assurance



Section A

Governance

Rating

5 - Full assurance

Section B

Prevention and vulnerable cohorts

5 - Full assurance

Flow, occupancy and discharge

4 - Substantial assurance

Demand, capacity, and surge management

3 - Moderate assurance

Primary Care, NHS 111 and admission avoidance

5 - Full assurance

Community Health Capacity

5 - Full assurance

Whole System Response

5 - Full assurance

Leadership, operational grip and resilience

5 - Full assurance

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: BNSSG ICB

ICB CEO/AO name: Shane Devlin

Date reviewed: 30/09/2026

ICB Chair name: Jeff Farrar

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)

David Jarrett

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

Caroline Dawe

Please confirm date reviewed

30/09/2026