

Gloucestershire ICB Quality Impact Assessment



Project/Scheme/Change Name: Gloucestershire ICS Winter Plan Date: 17/08/2026

Project/Scheme/Change Lead: System Wide Deputy Chief Operating Officers
Project/Scheme Senior Sponsor: Eve Olivant -Director of System Flow

Brief Scheme/Change Overview:

As part of planning for additional winter activity, increase in patient demand for access to services and in line with the 26/27 NHSE winter planning asks, Gloucestershire is required to have a comprehensive system wide delivery plan to manage demand and capacity and to ensure the safety and quality of patient care and treatment through unscheduled care pathways is maintained. The Winter plan encompasses all aspects of system wide urgent/unscheduled care delivery including, SWAST, Acute, community, VCSE, social and primary care patient pathways. The plan has been designed in alignment with the ICB UEC transformation portfolio with key schemes identified for delivery before or during winter. **NB This QIA should be read in conjunction with the winter plan, vaccination KLOE and System Escalation Policy for detailed evidence of mitigations at provider and service line level against defined risks.**

Are there any specific locations impacted?

Cheltenham	x	Cotswolds	x	Forest of Dean	x	Gloucester	x	Stroud & Berkeley	x	Tewkesbury	x
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Stakeholders identified as affected by the proposal:

ICB, GHFT, GHC, Primary Care, GCC, SWAST, VCSE, patients, carers and the public.	Engagement work completed or planned for the proposal (including engagement with stakeholders):	The winter plan has been developed in collaboration with all partners. Submissions have been received from all provider organisations including SWAST and GCC to form a collaborative plan. The plan has been reviewed at ICB Strategic Execs prior to onward progression to ICB board in September
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Risk Matrix

Impact	Catastrophic	5	High	Very High	Very High	Very High	Very High	Very High
	Significant	4	Medium	High	Very High	Very High	Very High	Very High
	Moderate	3	Medium	Medium	High	High	High	High
	Minor	2	Low	Medium	Medium	Medium	Medium	Medium
	Limited	1	Low	Low	Low	Low	Low	Low
			1	2	3	4	5	
			Low	Medium Low	Medium	Medium High	High	
			LIKELIHOOD					

		Risk Rating							Quality Indicators/How will you measure this
Brief description and evidence of impact		Consequence	Likelihood	Risk Score	Mitigation	Mitigated Consequence	Mitigated Likelihood	Mitigated Risk Score	
Describe any potential Patient / Staff / System safety benefits or issues that may arise from the implementation of this overall programme.									
Potential Positive impacts/aims	The completion of a full winter plan that recognises the asks of the NHSE 26/7 UEC plan including detailed completion against all KLOE by all system partners with additional surge actions to improve patient safety during times of demand surge and our 26/27 vaccination uptake plan.								
	The progression of the UEC transformation portfolio priority workstreams up to and during winter in order to achieve at minimum- a minimal viable product for a SPOA, improving patient access to the right care, at the right time by the right service and the first phase of our system transition to a care transfer hub model which will ensure discharge planning and admission avoidance from ED attendance will improve the optimisation of home based discharge reduction in pathway 2 utilisation and greater return to independence.								
	Fully embedded systemwide learning from the winter 25/26 which will underpin the additional asks of the system in order to maintain patient safety in times of OPEL 4 and CI								

		Brief description and evidence of impact	Risk Rating							Quality Indicators/How will you measure this
			Consequence	Likelihood	Risk Score	Mitigation	Mitigated Consequence	Mitigated Likelihood	Mitigated Risk Score	
		Detail the impact the project may have on the clinical effectiveness of patient care. Are the planned changes or service re-design in line with the most up-to-date guidance ensuring the business case is evidence- based?								
		Improve planning and delivery of core urgent care services using predictive demand modelling across all aspects of the patient pathway through completing of comprehensive assurance documentation for known surge periods- note this year assurance will cover the entire of December and January								

Patient Experience (Provides personalised patient experience)		We will continue to respond to patient complaints and concerns, key operational KPI and service KPI throughout the winter period to provide evidence based feedback to staff and the public regards our service offers.															
		Winter schemes are all aligned to delivery of national objectives within the NHSE Winter planning asks for 26/27 and the National OPEL escalation framework to ensure that safety, quality and experience remain our system priority through out winter.															
	Potential Negative risks/impacts	The risk to patient experience caused by increased demand for services resulting in potential delay to diagnosis and treatment					3	4	12	Completion of surge and escalation actions as per the winter plan, national 24/25 OPEL framework and system escalation policy, escalation to CAG as indicated. Revised System Escalation Policy and Tactical Escalation Group, Strategic Escalation Group for governance to monitor and respond to performance and impact dynamically.			2	3	6	Daily review of the emergency care access standards, review of compliments complaints and user feedback via partner and ICB forums.	
		The risk to patient experience caused by receiving care in a temporary escalation space resulting in the inability to suitably provide privacy and dignity and optimal care and treatment					2	4	8	Completion of surge and escalation actions as per the winter plan, national 24/26 OPEL framework and system escalation policy, escalation to CAG as indicated. Revised System Escalation Policy and Tactical Escalation Group for governance to monitor and respond to performance and impact dynamically.			2	3	6		Daily review of occupancy and service capacity across all components of the patient pathway utilising shrewd. Review of FFT, complaints and user feedback. Use of predictive demand modelling via holiday assurance Daily review of staffing levels at organisational and system levels against predicted and known demand. Weekly review of predicted demand across all core services to enable actions to be put in place to mitigate via TEG. Use of Shrewd indicators demonstrating demand and capacity enabling response as per the OPEL framework.
		The risk to patient experience as a result of dilution of workforce and excessive workforce demand resulting in delay to treatment and reduced time to administer care.					3	3	9	Completion of surge and escalation actions as per the winter plan, national OPEL framework and system escalation policy, escalation to CAG as indicated. Revised System Escalation Policy including changes to provider and ICB governance post transition, to monitor and respond to performance and impact dynamically.			2	2	4		
	Overall Assessment	Positive	x	Negative		Neutral											
Any Additional Rationale:																	

		Brief description and evidence of impact	Consequent ^e	Likelihood	Risk Score	Mitigation	Mitigated Consequent ^e	Mitigated Likelihood	Mitigated Risk Score	Quality Indicators/How will you measure this	
		How will the service development impact on staffing?, What are the leadership and governance structures that support the change?									
Potential Positive impacts/aims		System ICB winter director identified, organisational leads identified at deputy executive level to ensure a joined up approach to risk mitigation across the system and further inform provider and partner winter plan continuous development-weekly oversight via TEG									
		The completion of the additional holiday period demand an capacity assurance (see Winter plan appendices) will provide the system with workforce and resilience plans in advance of known pressure periods to ensure key services can meet demand and maintain patient safety									
		UEC meeting cadence including daily system calls, weekly tactical (silver level) review meetings with escalation to strategic level as required will be stepped up/down in accordance with the Winter plan, System escalation policy and OPEL framework to ensure a clear governance architecture, with early thresholds for action and risk mitigation clearly identified and enacted									
		The completion of the winter plan in adherence to the NHSE 26/27 Winter planning asks, plan ensuring board sign off in September will enable wider stakeholder engagement across provider organisations, social care and primary care-commitment in place to share the Winter plan with the LMC, provider partnership and HOSC.									
		Oversight and delivery of the UEC transformation portfolio requirements for winter will offer staff the opportunity to innovate and develop services in line with national best practice.									
		Opportunity via Portfolio based schemes to test new ways of working, improve staff development and service delivery									

Well-lead	Potential Negative risks/impacts	The risk to staff resilience as a result of increased service demand pressure negatively impacting recruitment and retention in core urgent care services, increased sickness absence, fatigues and burn out				3	5	15	In conjunction with the winter plan National OPEL framework and system escalation policy, predictive staffing capacity against predicted demand will be ascertained from all key services throughout the winter period and reviewed weekly at tactical level with escalation to executive leads as required. Staff wellbeing and resilience to be monitored by leads and direction to well being support resources utilised as part of staff communications. Where required referrals to occupational health can be made to support staff with managing any impact of increased service demand pressure during winter or ensuring annual leave is well spread for breaks to reduce risk of staff burnout.	3	4	12	Daily review of staffing levels at organisational and system levels against predicted and known demand. Weekly review of predicted demand across all core services to enable actions to be put in place to mitigate. Use of Shrewd indicators demonstrating demand and capacity
		The risk of workforce instability due to potential changes relating to portfolio scheme progression which may require change in role/responsibility/location of work resulting in workforce uncertainty and potential risk to retention.				2	3	6	Workforce and OD requirements have been identified as a key enabler for the UEC transformation portfolio; the risk to workforce is subject to oversight by portfolio oversight board with the ICB executive director for people and OD as SRO	2	2	4	Weekly joint SRO meetings with all workstream SRO - escalation and oversight via Portfolio oversight board-feedback form staff -vacancy and staff sickness reporting.
		The risk to leadership capacity as a result of the ICB merger and workforce reduction plan to meet the national mandate for all ICB's				3	5	15	Executive transition committee in place to manage and mitigate risk and ensure identification of emerging risk via the transition period	3	4	12	Oversight of Transition arrangements via core ICB governance structures including strategic executive and ICB board.
		The risk to leadership capacity and capability as a result of increased demand and operational pressure resulting in compromised resilience, fatigue and burn out				3	5	15	Regular oversight of workforce and leadership resilience via Tactical escalation and aligned to UEC portfolio oversight board-risk register in place. Proactive on call cover arrangements including buddy systems and shadow on call across providers-where required BCI plans to mitigate eg IUUS.	2	4	8	Regular review and support mechanisms via TEG and portfolio oversight board risk register.
	Overall Assessment	Positive	x	Negative		Neutral		Any Additional Rationale: Progression of the UEC transformation portfolio work, delivery of the winter plan and the impact of ICB transition is difficult to quantify in terms of risk and workforce impact at present -this risk will need to be reviewed continually as we progress through the remainder of 26/27					

Brief description and evidence of impact		Consequence	Likelihood	Risk Score	Mitigation	Mitigated Consequence	Mitigated Likelihood	Mitigated Risk Score	Quality Indicators/How will you measure this
How will the service impact on public health and the environment? Long-term viability of services, including workforce, financial, and environmental sustainability.									
Potential Positive impacts/aims	Delivery of the GHFT Tower capacity changes will enable essential maintenance works to be carried out improving the safety of the acute hospital estate								
	Our targeted communications and vaccination campaign will aim to prevent illness and improve public awareness of service availability and self care encouraging the public to remain well over winter.								
	The development of a whole system approach to winter planning, utilising national frameworks for best practice will ensure that all urgent and unscheduled care services are able to maintain sustainable levels of service capacity to ensure that the population receives safe and timely care with minimal impact on elective recovery.								
	All partners have been asked to provide high level costings for any additional surge plans, activity or capacity not funded in baseline budgets to enable a clear understanding of potential financial impact and mitigation against non delivery of the 26/27 financial plan to be managed.								
	Proposed capacity changes within the community and independent sector bedded setting will improve the quality of reablement offer to our frail and elderly population with more complex needs.								

Sustainable	Potential Negative risks/impacts	The risk of system ability to maintain core urgent care services as per the national emergency care standards as a result of increased demand and reduction in bedded and non bedded capacity					4	3	12	Delivery of the Winter plan surge and KLOE actions adherence to the national OPEL framework and system escalation policy. Progression of the UEC transformation programme delivery of a minimal viable product for SPOA and care transfer hub for winter, maintaining DRD reduction trajectory via increased pathway 1 utilisation and reduction in P2 utilisation.	3	3	9	Daily review of system demand and capacity via operational oversight utilising SHREWD, weekly review of Emergency care standards via Tactical forums	
		The risk of financial impact as a result of additional surge actions instigated that will require either capital or revenue not currently identified in baseline budgets and the inability to deliver the UEC transformation portfolio savings target					4	5	20	Delivery of the Winter plan, adherence to the national OPEL framework and system escalation policy. Progression of the UEC transformation programme delivery of a minimal viable product for SPOA and care transfer hubs for winter, maintaining DRD reduction trajectory via increased pathway 1 utilisation and reduction in P2 utilisation.	3	4	12		
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	Overall Assessment	Positive	x	Negative		Neutral									
		Any Additional Rationale:													

Quality Team sign off				
Name		Title		Date
ICB Quality & Clinical Governance Group sign off				Date
CNO and/or CMO sign off				Date

Recommendation	Approved		Not approved		Further information required	
Additional notes/rationale						

Risk of 16 or higher	Additional / specific sign off name or group		Date	
Additional notes/rationale/confirm which Risk Register this will sit on				