



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.

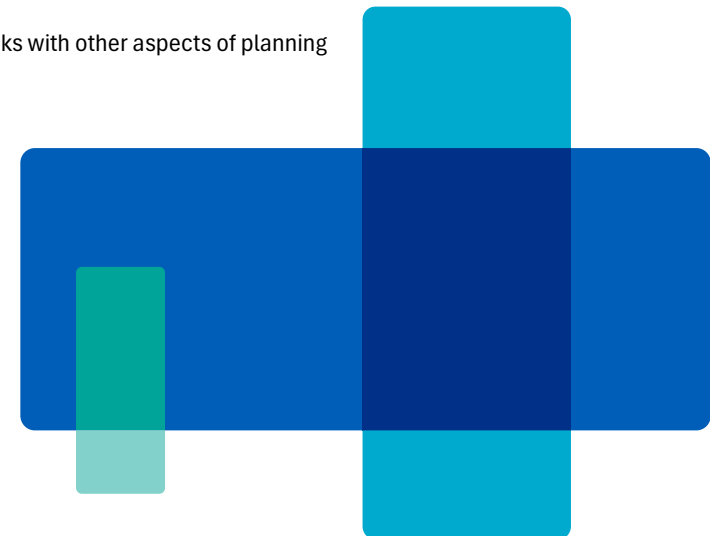
This section gives ICBs the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

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):

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:

07/09/2026

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	The Winter Plan is now Version 1 and has been approved by ICS Strategic Executives in August 2026. Onward progression to ICB Board is scheduled for September	Evidence Board review in Sept.
	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	Quality, equality and health inequalities have informed development of the plan and a Gloucestershire ICB Quality Impact Assessment is identified in the appendices; however, the completed QEIA has yet been reviewed by the Board.	Complete/finalise QEIA and evidence Board review.
	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 Winter Plan was developed collaboratively across acute, community, mental health, ambulance, primary care, adult social care, public health and VCSE partners, using system engagement, population intelligence and learning from Winter 2025/26.	
	1.4	The Board has identified a named Executive Winter Sponsor with clear accountability for winter preparedness, delivery, escalation and system oversight.	Yes	A designated Executive Winter Lead is identified with accountability for implementation, strategic leadership and reporting through ICB governance. The Winter Plan names Caroline Dawe, Director Strategic Commissioning – Value and Delivery, as sponsor.	
	1.5	The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	Participation in the NHS England regional winter stress-testing exercise and locally led scenario exercises is planned on Wednesday 16th September. Following the exercise, intelligence and lessons learned will be incorporated locally.	
	1.6	The Board is assured that clear winter governance arrangements, escalation processes and operational leadership arrangements are in place across the system.	Yes	Clear winter governance and escalation arrangements are set out through the Gloucestershire System Escalation Policy, Integrated OPEL, SCC operational coordination and tiered Operational/Tactical/Strategic escalation, with enhanced senior oversight at OPEL 3–4.	
	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	Seasonal vaccination is a core prevention priority, delivered with Primary Care, Community Pharmacy, GHC, GHFT, Public Health and VCSE partners. Targeted communications/outreach and population intelligence will support eligible and underserved cohorts, including care home residents and housebound patients. Full details can be found in the Vaccination Return provided to NHSE on 28/08/2026.	
	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	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.	
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.	No	Flow plans are in place and continue to develop, including the new Pathway 1 Home First service, countywide reablement, Pathway 2 commissioning redesign and development of the Care Transfer Hub as the central coordination point for discharge and intermediate care. Elements of the Care Transfer Hub model are already in place, with further development and implementation actively progressing through Winter 2026/27. As the full model will not be in place ahead of winter, the ICB cannot yet provide full assurance against this statement. Discharge pressures will continue to be reviewed through the SCC Daily Position Call and tactical escalation, supported by pathway escalation intelligence and Integrated OPEL.	Continued implementation and maturation of the Care Transfer Hub model during Winter 2026/27, with progress monitored through established UEC and system flow governance.
	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	Internal arrangements and thresholds are in place within provider organisations to identify and respond to risks associated with corridor care. However, these are not currently reflected within a system-wide escalation framework or agreed system thresholds. Further work is required to develop and embed a consistent system-wide approach, and therefore the ICB cannot currently provide full assurance against this statement.	Develop and agree system-wide corridor care thresholds and escalation arrangements
	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	Discharge planning is system-wide across ICB, GHFT, GHC and Gloucestershire County Council. The Care Transfer Hub is being developed as a single integrated team with trusted assessment, centralised capacity allocation and MDT case management; discharge escalation provides a route to resolve pathway delays.	
	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.	No	Discharge pathway modelling and improvement work is taking place within individual organisations; however, refreshed modelling and baseline assessment are required at ICB/system level to provide a consistent whole-system view against the model discharge pathway. As this system-level work has not yet been completed, the ICB cannot currently provide full assurance against this statement.	Complete refreshed system-level baseline assessment against the model discharge pathway
	2.5	The Board is assured that pre-Christmas and holiday-period occupancy reduction plans have been agreed and will be implemented.	Yes	The acute trust is actively developing its pre-Christmas and holiday-period occupancy reduction plan ahead of the winter peak. There is confidence that the approach will build on the successful arrangements implemented during Winter 2025/26; however, as the 2026/27 plan is still being finalised, the ICB cannot yet provide full assurance against this statement.	Finalise and assure the Trust pre-Christmas and holiday-period occupancy reduction plan
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.	Yes	Whole-system demand and capacity modelling informs commissioning and the Working as One transformation priorities. Predictive intelligence reviews admissions, occupancy, workforce, historical demand and public-health forecasts. Regional and local stress testing is planned to test surge/extreme-surge assumptions.	Complete planned stress-testing and incorporate learning/mitigations.
	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 predictive oversight and OPEL action cards.	Complete planned stress-testing and incorporate learning/mitigations.
	3.3	The Board is assured that bed escalation capacity arrangements have been agreed and tested across system partners.	Yes	Demand/capacity and surge planning are established through the Winter Plan and OPEL Action cards.	Complete planned stress-testing and incorporate learning/mitigations.
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	Anticipated primary care demand has been assessed. Additional GP appointments are funded around known pressure periods, with planned/flexible GHAC urgent GP capacity for weekends, bank holidays and Christmas/New Year. Gloucestershire has a General Practice OPEL framework and GHC/IC24 provide OOH/IUCS capacity.	
	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	Practices are contractually compliant. The ICB continues to review GPAD mapping anomalies and has reminded practices of requirements for online access, clinically urgent same-day access and NHS 111 direct-bookable appointments. The ICB digital & PC team are working with practices where they have identified anomalies in GPAD mapping. The ICB have reminded all practice of the contractual requirement to provide NHS 111 direct booking appointments.	Continue targeted work with practices where GPAD mapping or direct-booking configuration issues are identified.
	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	PCN Enhanced Access is in place. 10 of 16 PCNs reported that NHS 111 can directly book into available EA appointments; 6 of 16 reported technology/hub constraints and use an alternative route via the practice. The ICB is working to improve access and direct booking.	Resolve technology/hub constraints affecting direct booking in 6 of 16 PCNs.
	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	Please see text box at the bottom of the page	
	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	Our Community Pharmacy PCN Engagement Leads continue to monitor capacity via capacity grid and our Collaborative Commissioning Hub colleagues keep a South West Community Pharmacy Dashboard up to date that includes core, supplementary and OOH hours. The CCH team also administer the 'Bank Holiday ROTA' on behalf of the 7 ICB's. Glos ICB launched a parallel local PGD service same as BNSSG to offer patient greater access to assessment and treatments as appropriate without the need for GP appointment. G ICB OOH provider is Glos Health and Care (with IC24 element) and regular meetings together with DoS team drive referral improvement opportunities	
	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	Winter assurance includes maintaining accurate NHS 111 Directory of Services information and referral routes. Regular engagement between GHC/IC24 and DoS teams supports review and improvement of pathways and alignment with available capacity.	
	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	The ICB has a coordinated winter communications programme in place to ensure the public are aware of services available both in and out of hours. The Choose Well campaign will promote self-care, Community Pharmacy, General Practice, urgent treatment services and NHS 111, supporting people to access the right care in the right place. This will be complemented by Stay Well. This Winter and vaccination communications, with activity targeted around periods of increased winter pressure and informed by audience insight and business intelligence.	
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	Community capacity includes UCR/Rapid Response, Virtual Wards, Hospital at Home, Home First, intermediate care and Single Point Clinical Access (SPCA). Home First is commissioned to deliver an average of 63 starts per week, with variable capacity up to 80 starts per week, and is currently in mobilisation with trajectories being developed to achieve commissioned and surge capacity. UCR/Rapid Response development will strengthen resilience and 2-hour response performance, with additional winter surge capacity planned across North and South teams, operating 08:00–20:00, seven days a week, to support admission avoidance, SWAST and Hospital at Home pathways. SPCA plans include increased clinical capacity from 08:00–20:00 to manage increased referral volumes, improve streaming and coordination of community and step-up capacity, subject to clinical sign-off across provider partners. Intermediate care capacity includes 167 Community Hospital P2 beds, alongside additional P2/P3 capacity commissioned by GCC. System work is focused on improving DRD performance and reducing length of stay to release further effective capacity, supported by joint system governance and escalation of long waits. The commissioning intentions and SPOA plans (subject to business case approval) align with having the full model and SCDM in place by April.	
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	A whole-system admission avoidance and out-of-hospital model is in place through SPOA/UCR/Virtual Wards/Hospital at Home, GHAC surge capacity, neighbourhood working, GCC winter response and VCSE support including British Red Cross First Call. These offers support both admission avoidance and discharge.	
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	The System Escalation Policy sets defined operational, tactical and strategic leadership arrangements, including enhanced senior oversight at OPEL 3–4 and escalation to System CEOs at OPEL 4. Existing ICB escalation arrangements provide access to senior clinical/leadership support across the system.	
	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	The SCC provides the system operational coordination function, maintaining situational awareness and coordinating escalation using SHREWD, Integrated OPEL, partner intelligence and tiered governance. The operating model is being further developed through the Provider Partnership / Cluster arrangements with BNSSG.	Finalise the future provider/cluster leadership and coordination model, including ownership, chairing, cadence and escalation routes.
	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	Tested/established command and escalation structures are set out through Integrated Operational, Tactical, Strategic and CEO responsibilities and defined transition into formal incident response	

	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	Business continuity, mutual aid, severe-weather and incident arrangements are embedded in system planning and are included in the planned regional/local winter stress-testing programme.	Complete planned winter resilience testing and document assurance for mutual aid, BCP, severe weather and industrial action contingencies locally.
	7.5	The Board is assured thatplans are in place to support staff welfare through periods of high demand.	Yes	Workforce resilience and wellbeing were identified through the 2025/26 debrief as a priority for 2026/27. IPC/community plans include access to training, guidance and wellbeing support to maintain safe practice and reduce sickness-related staffing pressure.	
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	The SCC is the system coordination/SPOC function for operational pressures and supports proactive resolution through daily operational oversight, Integrated OPEL, SHREWD and escalation governance. The escalation policy provides system visibility and escalation arrangements across operational periods.	
	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	SCC will operate throughout Winter 2026/27.	
	8.3	The Board is assured that ICB SCCs will maintain proactive engagement and communication with NHSE Regional teams.	Yes	The System Escalation Policy includes regular liaison with NHS England South West/ROC, regional Red Flag reporting and alignment with regional escalation frameworks.	

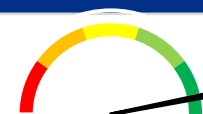
4.4

Unscheduled dental care is monitored at contract level by the South West Collaborative Commissioning Hub using NHSBSA activity/payment data, monthly performance monitoring, provider-level review and year-end reconciliation against the mandated urgent-care requirement.The Board is assured that unscheduled dental delivery is rigorously monitored and reconciled against mandated urgent care targets. Following the 2026/27 contract reforms, high street providers must allocate 8.2% of their total contract value to unscheduled care. This provides NHS Gloucestershire ICB with a predictable, legally binding baseline of urgent appointments.Key monitoring and assurance arrangements include:Contract level monitoring: The South West Collaborative Commissioning Hub, acting on behalf of NHS Gloucestershire ICB, monitors delivery against each eligible contractor's agreed urgent care requirement. Required activity is established at contract level and monitored against actual delivery.
Monthly performance monitoring: Urgent care delivery is reviewed through routine contract performance monitoring, using activity and payment data submitted through the NHS Business Services Authority (NHSBSA) systems. This enables the Hub and ICB to identify delivery trends, emerging underperformance and variations in urgent care activity throughout the year.
Year-end reconciliation: Actual urgent Courses of Treatment are reconciled against each contractor's required number at year end. This provides assurance that delivery is assessed against the nationally determined requirement rather than solely against local activity forecasts.
Financial and contractual accountability: The required number of urgent treatments represents a minimum contractual delivery requirement. Where delivery is below the required level, the position is subject to contractual review and the applicable financial reconciliation arrangements. This provides a clear mechanism for identifying and addressing under-delivery.
No double-counting: The Hub maintains a clear distinction between the nationally mandated urgent care requirement delivered through eligible core dental contracts and additional urgent care capacity commissioned separately by the ICB. Separate commissioned unscheduled care contracts are not included within the 8.2% requirement.
Provider level assurance: Monitoring is undertaken at individual contract level, allowing the Hub to identify providers that are below, meeting or exceeding their required urgent care activity and to target appropriate follow-up where required.
Escalation and intervention: Where monitoring identifies potential under-delivery or material variation from the required activity, this can be raised through routine contract management arrangements with the provider, enabling corrective action to be considered during the financial year rather than relying solely on year-end reconciliation.
Governance oversight: Performance and any significant contractual or financial risks arising from urgent care delivery are escalated through the established commissioning and governance arrangements to ensure that the ICB has appropriate oversight of delivery, access and financial implications.
The combination of a nationally defined contract-level requirement, monthly activity monitoring, NHSBSA data, provider-level review, year-end reconciliation and established contractual escalation arrangements provides the Board with assurance that unscheduled dental care delivery is being actively monitored throughout 2026/27 and that under-delivery can be identified and addressed.

BAS Self-Assessment Dashboard

ICB

Overall Assessment Rating: 5 - Full assurance



		Rating
Section A	Governance	5 - Full assurance
Section B	Prevention and vulnerable cohorts	5 - Full assurance
	Flow, occupancy and discharge	3 - Moderate assurance
	Demand, capacity, and surge management	5 - Full 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 and Gloucestershire 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 (david.jarrett2@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

30/09/2026