

Winter Planning 25/26

Board Assurance Statement (BAS)

NHS Trust



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 UEC team via england.eecpmo@nhs.net by **30 September 2025**.

Section A: Board Assurance Statement

| Assurance statement | Confirmed (Yes / No) | Additional comments or qualifications (optional) |
|---|----------------------|---|
| Governance | | |
| The Board has assured the Trust Winter Plan for 2025/26. | Yes | |
| A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board. | Yes | This is an overarching winter plan EQIA |
| The Trust's plan was developed with appropriate input from and engagement with all system partners. | Yes | Yes. 3rd Leeds place winter planning event has taken place |
| The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned. | Yes | Yes. Winter Director of Operations attended the regional exercise on 3 rd September 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. | Yes | COO |
| Plan content and delivery | | |
| The Board is assured that the Trust's plan addresses the key actions outlined in Section B. | Yes | See section B |
| 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. | Yes | Review of operational response guidance, internal professional standards, TES, key system winter actions and impacts. |
| The Board has reviewed its 4 and 12 hour, and RTT, trajectories, and is assured the Winter Plan will mitigate any risks to ensure delivery against the trajectories already signed off and returned to NHS England in April 2025. | Yes | ECS and occupancy F&P submission August 2025 Winter model will include elective bed requirements at a 5% uplift from 2024/25 as an elective buffer |

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| Provider: | Leeds Teaching Hospitals Trust |
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| Provider CEO name | Date | Provider Chair name | Date |
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Section B: 25/26 Winter Plan checklist

| Checklist | Confirmed (Yes / No) | Additional comments or qualifications (optional) |
|--|----------------------|---|
| Prevention | | |
| 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. | Yes | Occ health are leading this campaign with checks and measures to understand progress |
| Capacity | | |
| 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. | Yes | Winter modelling completed based on information shared at the regional event and national data on the southern hemisphere |
| 3. Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends. | Yes | IPC senior nurse weekend cover during expected winter peak pressures. Efficiency and effective rota management reviews for A&E and Medicine with a winter workforce uplift. |
| 4. Seven-day discharge profiles have been reviewed, and, where relevant, standards set and agreed with local authorities for the number of P0, P1, P2 and P3 discharges. | Yes | We have both admission and discharge profiles for services. Patients who have ongoing care requirements but have no C2R are evident on a system visibility dashboard. There is trend daily data and patient level data dependant on role within the Leeds system. We have agreed through the ICB, LTHT contract a reduction of 10 P1 and 10 P3 inpatients with no |

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| | | C2R compared to the same winter month last year. |
| 5. Elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – including on diagnostic services. | Yes | LTHT winter bed modelling is to include 5% uplift in elective beds to protect elective inpatients. We are currently working on maximising our long wait and routine elective waits as per our trajectories. We are currently ahead of plan with this. |
| <i>Infection Prevention and Control (IPC)</i> | | |
| 6. IPC colleagues have been engaged in the development of the plan and are confident in the planned actions. | Yes | Fortnightly OIPC meeting discusses key operational risks and mitigations for peak pressures. |
| 7. 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 | This is a continual training programme to maintain staff compliance and recognise the rotational nature of resident Drs. |
| 8. A patient cohorting plan including risk-based escalation is in place and understood by site management teams, ready to be activated as needed. | Yes | Yes, established a 4pm on call site handover between day and on call people for briefing. Formal weekend briefing completed every Friday through the year with surge, IPC, cohorting plans, maternity services, staffing, children's hospital specific plans included all coproduced and followed up with a written brief. |

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| Leadership | | | |
| 9. | On-call arrangements are in place, including medical and nurse leaders, and have been tested. | Yes | 7 day on call cover arrangements for out of hours includes Head of Nursing, General Manager and Director on call. In addition, there is a senior clinical site manager, one based at SJUH and one based at LGI for all out of hour periods. Medical leadership at Consultant level is within speciality services. |
| 10. | Plans are in place to monitor and report real-time pressures utilising the OPEL framework. | Yes | RaidR feeds live OPEL scoring for LTHT with a KLOE report twice daily to the regional operational centre in winter. |
| Specific actions for Mental Health Trusts | | | |
| 11. | A plan is in place to ensure operational resilience of all-age urgent mental health helplines accessible via 111, local crisis alternatives, crisis and home treatment teams, and liaison psychiatry services, including senior decision-makers. | N/A | |
| 12. | Any patients who frequently access urgent care services and all high-risk patients have a tailored crisis and relapse plan in place ahead of winter. | N/A | |