

Meeting of ICB Board

Date: Thursday 4th September 2025

Time: 12:45 – 16:15

Location: Bristol Citadel Community Church and Family Centre, 6 Ashley Road, St Paul's, Bristol BS6 5NL

Agenda Number:	6.2	
Title:	Winter Plan 2025/26	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: Decision		
Key Points for Discussion:		
The BNSSG ICB Board asked to review the submitted winter plan. In consideration of this plan the board is requested to complete the NHSE board assurance statement confirming their approval.		
Recommendations:	<ul style="list-style-type: none"> To note, feedback and support approach for the current BNSSG winter plan. <p>With awareness that there is ongoing work and scheduled activities covering: providers winter plan sign off, system risk assessments and surge planning.</p> <ul style="list-style-type: none"> The ICB board is asked to delegate approval of the NHSE winter plan board assurance statement to System Executive Group (SEG). 	
Previously Considered By and feedback:	<p>This plan has been collated through the collaborative work of the Performance Oversight Group. This has been reviewed by:</p> <p>Community First ODG, BNSSG ICB OPQC, UEC ODG, Performance & Recovery Board, PEM, HCIG Acute.</p>	

	This is for review at HCPE and Community HCIG, which are scheduled after the ICB board.
Management of Declared Interest:	No conflicts have been declared or raised in relation to this plan.
Risk and Assurance:	There is an explanation of our approach to risk in the winter plan. Through HCPE and SQG we will be collaboratively completing a System Dynamic Risk Approach. In addition, system partners will be attending a winter planning scenario event hosted by NHSE.
Patient and Public Involvement:	Projects identified within this plan have engaged patients and public, these have followed their own governance to ensure patient and public involvement. As projects are at different stages of implementation they will be ensuring required PPI as per their project plans.
Financial / Resource Implications:	There are no resource implications or finance decisions requested for consideration through the ICB Board at this stage.
Legal, Procurement, Policy and Regulatory Requirements:	There are no considerations requested for review at this juncture.
How does this impact on health inequalities, equality and diversity and population health?	<p>At this stage, and as a result of winter interventions, there are no additional negative impacts identified for our population.</p> <p>Individual projects within the winter plan shall be addressing their own EQIAs, and will have completed their EIA.</p> <p>To ensure that a system wide perspective is gained HCPE and SQG will systematically review EHIAs undertaken from each organisation to ensure any unforeseen impacts are made known and mitigated.</p>
ICS Green Plan and the Carbon Net Zero target?	The winter plan is not directly affecting our green plan
Communications and Engagement:	Winter updates shall continue through the governance outlined in the plan. At an executive level this will involve PEM and SEG.
Author(s):	Keith Robertson
Sponsoring Director:	David Jarrett

Agenda item: Winter Planning 2025/26

Please refer to attached plan and board assurance statement.

Winter Planning 2025 / 26

ICB Board 4th Sep 2025

David Jarrett



Background - Content

This plan responds to the Urgent & Emergency Care Plan Preparing for Winter 2025/26. This summary forms the basis for the BNSSG ICB Board Assurance Statement.

- NHSE identified 5 focus areas for each system, detailed in the UEC plan 2025/26.
- BNSSG system lessons learnt (2024/25) undertaken and shared
- Local winter governance and escalation processes worked well last year, minor changes to 2025/26.
- Predicted pressures over winter 25/26 assessed by POM, for a pro-active system response.

Urgent & Emergency Care Plan Preparing for Winter 2025/26

Areas of focus released by NHS England June 2025 detailed in this plan

1. System-Wide Winter Preparedness

- Whole-system collaboration to improve urgent and emergency care performance.
- Emphasis on **leadership accountability** and **integrated planning**.
- Utilise **national & regional tools and Support offers**

2.Reducing Demand and Improving Access

- Prevention through **vaccination** and **community-based care**.
- Expansion of **urgent care services outside hospitals**.
- **Performance improvement** in 4 hour waits and 12 hour waits in ED and in Category 2 ambulance response times

3.Improving Hospital Flow and Reducing Delays

- Faster ambulance handovers and reduced corridor care.
- **Streamlined discharge** processes and reduced length of stay.

4.Mental Health Crisis Response

- Investment in **crisis assessment centres / specialist alternatives to ED**.
- Reducing out-of-area placements and **long ED waits for mental health patients**.

5.Digital Transformation

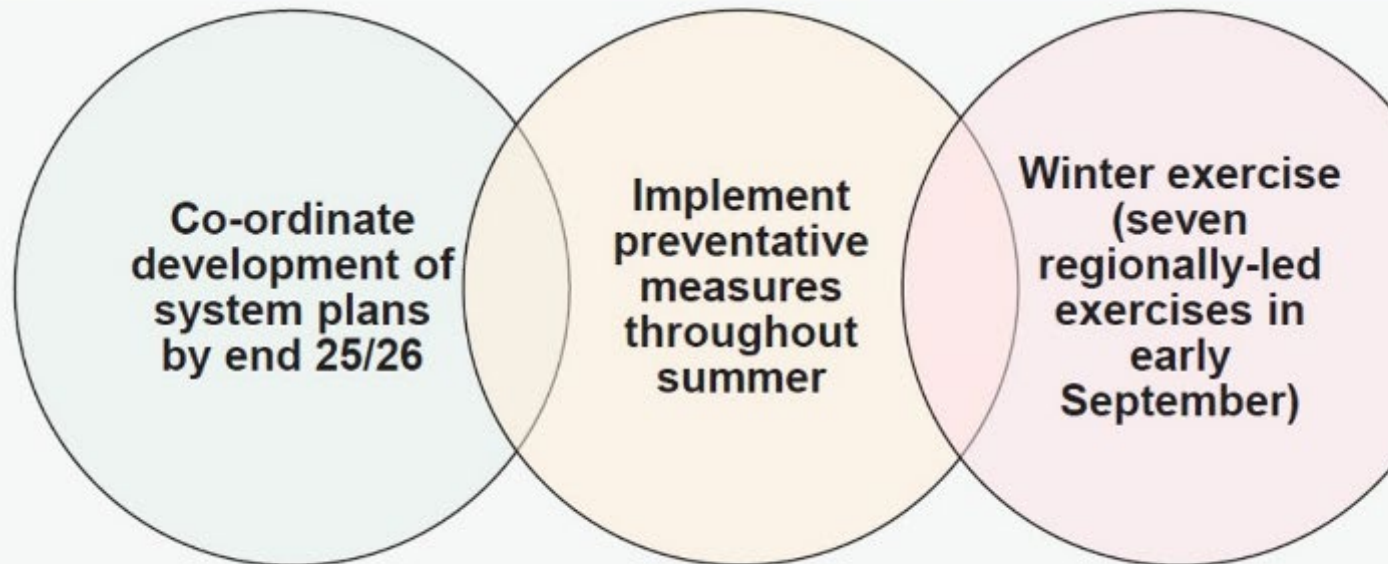
- Use of **real-time data and predictive analytics**.
- **Data system expansion**: NHS Federated Data Platform and Connected Care Records.

Scene Setting: NHSE Approach

Our new approach – Winter 25/26:

Robust winter preparedness is central to success of our UEC plan published last month. Our key principles are:

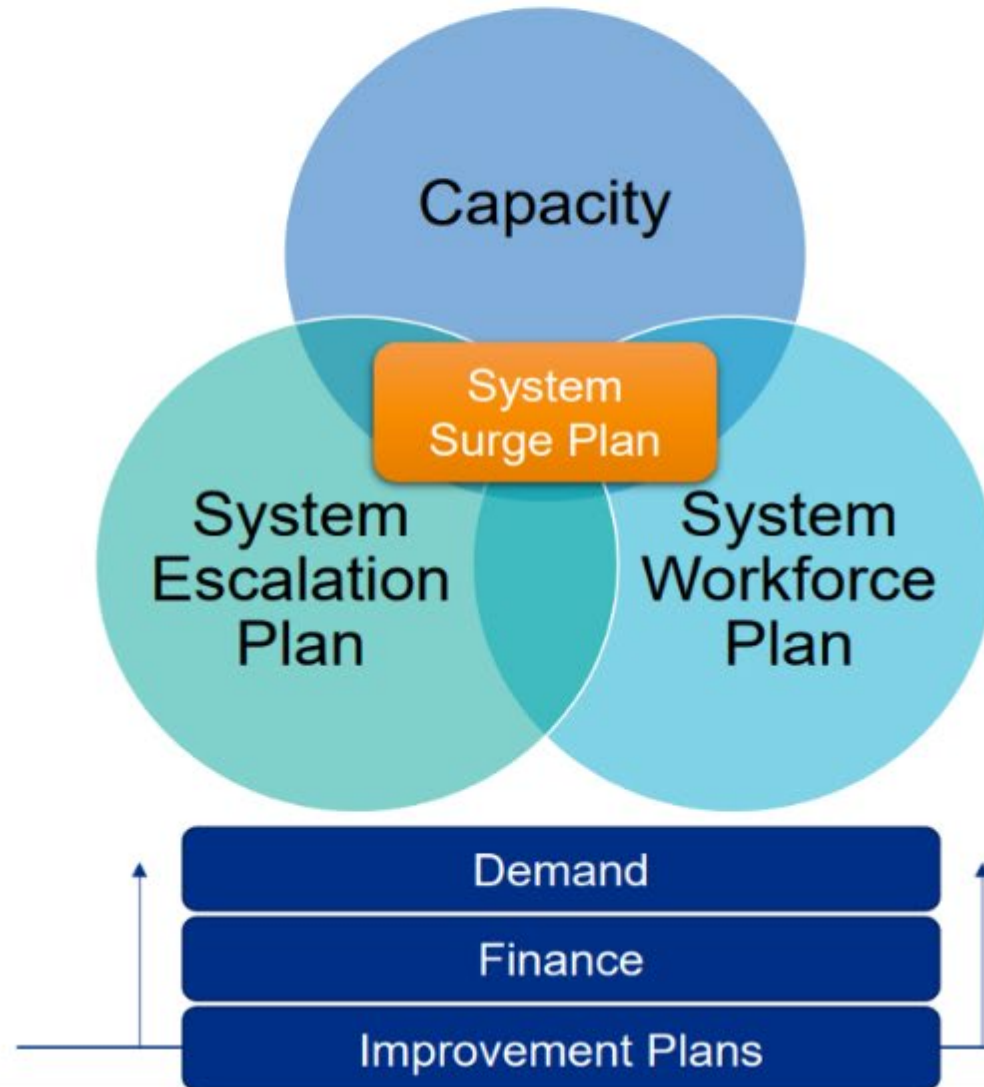
1. **All organisations need to ensure robust winter plans are in place** – including key actions to prepare and modelled against three demand scenarios: base case, moderate and extreme. ICBs are asked to nominate an Executive Winter Director to ensure mitigate pressure between providers.
2. As strategic commissioners, **ICBs will lead the development of system plans** – these will need to be signed off by every Board and CEO within each system by Summer
3. **This year, we are not asking for winter plans to be returned to NHSE**



BNSSG Alignment

Engaged in NHSE SW workshops	<input checked="" type="checkbox"/>
Supporting full system collaboration	<input checked="" type="checkbox"/>
Board assurance statements	<input checked="" type="checkbox"/>

System Surge Plan Components



Capacity

Dedicated agreed priority schemes providing additionality above the baseline, either:

- Mitigating bed deficit
- Efficiency subsequently impacting bed base

System Escalation Plan

- Risk management and aligned triggers
- Process and protocols agreed upfront
- Support to workforce

System Workforce Plan

- Agreed workforce position to staff capacity schemes
- ICS reserves
- Winter Taskforce – escalated bank rates
- Recruitment to providers
- Retention

Acute Surge Plans

Acute winter bed modelling for has been created, running from September-25 to March-26. This early modelling shows that both Trusts can meet a balanced winter bed position if BNSSG can meet the trajectory for acute based No Criteria to Reside.

The bed modelling equates similarly to last year for UHBW. Changes are introduced into the NBT bed model due to the ring-fenced elective capacity due to new estates, so direct comparisons are not possible to last year for NBT.

BNSSG has ongoing work to stress test these current scenarios and models. The balanced position is based on a 3% growth in non elective activity, and we will assess this model against 3 levels of surge.

Partners will be assessing the monthly model against actual acute bed usage through the system winter governance.

Focus Area 1

1. System-Wide Winter Preparedness

- Whole-system collaboration to improve urgent and emergency care performance.
- Emphasis on leadership accountability and integrated planning.
- Utilise national & regional tools and Support offers

1 Winter Lessons Learnt

- Collaborative system feedback and learning from last year.

2 System Co-ordination Centre

- Daily operational and clinical grip continues, full rota cover confirmed till Mar-26, a suite of protocols to support escalation when needed.

3 Winter Governance

- Refreshed, but senior oversight continues and builds on the success of last year, calling system executive meetings and support appropriately.

4 System Risk Approach & Assessments

- Approach identified for shared system risk, using dynamic risk assessment, and assessing our dynamic QIA and EIAs. This will continue through HCPE in September.

5 National Tools & Support

- **GIRFT** (System wide: A-ted & NBT improvement program) Programme of work is underway, adopting the UEC standards to support our winter approach
- **IMPower Support with BCF Plan:** Identification of priority actions for our system on varying timescales (immediate, short, medium and long-term).

6 Communications

- BNSSG communications plan and materials are prepared using national and local intelligence to ensure targeted messages, covering vaccines, keep well, and escalation.

Focus Area 2

2.Reducing Demand and Improving Access

- Prevention through **vaccination** and **community-based care**.
- Expansion of **urgent care services outside hospitals**.
- **Performance improvement** in 4 hour waits and 12 hour waits in ED and in Category 2 ambulance response times

1 Vaccination Programme

Established programme established early in BNSSG focussing on ensuring targeted vaccines amongst our population and staff.

2 Integrated Care at Home

Winter pilot: Multi-agency model of integrated and person-centered proactive and anticipatory care. For, and with people who are at risk of a deterioration in their health, wellbeing or independence that leads to hospital admission or entry to long term care in the next 12 months.

3 Respiratory Surge

- Acute Respiratory Infection (ARI) hubs developed and continuing for 2025/26

4 Pro-active Investment in Surge Capacity

- Proactive approach to escalation this year working across integrated care partners, aiming to address the issue that additional home-based social capacity cannot be purchased as short notice.

Focus Area 3

3.Improving Hospital Flow and Reducing Delays

- Faster ambulance handovers and reduced corridor care.
- Streamlined discharge processes and reduced length of stay.

1 BNSSG rollout of Timely Handover Process (THP)

- Process went live across all 3 adult BNSSG acute sites in July 2025. Builds on existing good work in BNSSG managing handovers between ambulance and acute partners.

2 Discharge Improvement Programme

Ongoing programme ensuring improvement actions to maximise system discharge opportunities. This monitors our No Criteria to Reside (NCTR) trajectory and the system support required for delivery.

3 NEW - Area Performance Meetings (APMs)

- New layer of governance to support operational teams in escalation of issues in each locality area. This relates to surge and activity in core activity areas such as: no criteria to reside (NCTR), Discharge to Assess pathways, re-ablement and other community activity areas.

Focus Area 4

4. Mental Health Crisis Response

- Investment in **crisis assessment centres / specialist alternatives to ED.**
- Reducing out-of-area placements and **long ED waits for mental health patients.**

1 New MH Escalation SOPs

Process improvements can be made improving length of stays, when managing MH patients in ED, and with management of children requiring mental health patients in acute bed base. NEW pilot approaches being tested this summer ahead of Winter.

2 BNSSG MH HIU Approach

- System wide task and finish group established to support highest frequency users to our mental health services through an MDT approach – to be fully established by September 2025.

3 Crisis Assessment Centre

- System partners are working on an agreed clinical model which can be assessed whilst core estates reconfigurations are completed.

4 AWP Winter Plan

Core transformation projects launched by our local mental health provider to maximise flow opportunities, focus on home treatment, and rollout of mental health Transfer of Care (TOC) Hub.

Focus Area 5

5.Digital Transformation

- Use of **real-time data and predictive analytics**.
- **Data system expansion:** NHS Federated Data Platform and Connected Care Records.

1 BNSSG OPEL framework

Locally calibrated approach ensuring more granular approach giving BNSSG an appropriately sensitive approach to escalation.

2 Realtime Operational Dashboard – Frontier

Continuation of our real time data feeds into our existing operational tools

3 Federated Data Platform

SCC (System Control Centre) tool and platform trial underway for BNSSG. Utilising national tools where improvements are identified.

4 Predictive Modelling Suites

Continued promotion of our local modelling work, supporting operation decision making for near real time emergency care metrics, and within our discharge to assess pathways.

5 Technology Enabled Care (TEC)

Details of support in this area mobilised by BNSSG across our local authorities and community partners.

6 Connected Care (Connecting Care)

Response to government investment in this area, BNNSG baselines well and has ongoing actions to support further expansion of our shared care records.

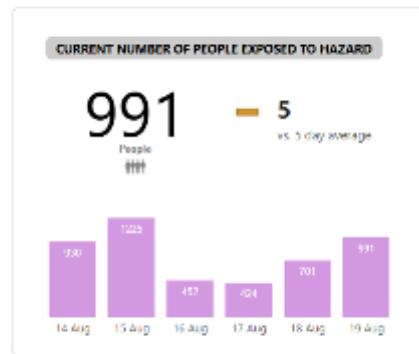
Shared System Risks Review

Organisation Risk Assessment	Areas of Impact				Comments
	Outcomes	Environment	Workforce	Experience	
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A Dynamic Risk Assessment (DRA) approach is in place for BNSSG, assessing the system impact of our winter plan and collective actions. The draft DRA shall be reviewed through an upcoming HCPE and SQG (Sep).



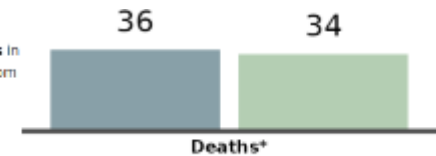
Sentinel



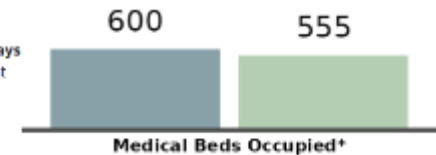
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Risk	Exposure
Deferred Planned Schedules	5/8
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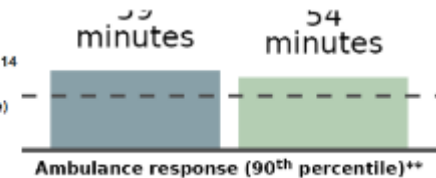
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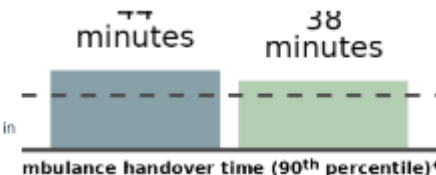
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The 1,067 ambulance handovers over the last 7 days had an excess 161 hours handover time combined (down from 189 last week), due to the medical DTA queue. This excess delay is equivalent to 1 ambulances being out of service throughout the last 7 days. The impact of this excess on meeting the national target (dashed-line) that 90% of handovers are within 30 minutes can be seen in the chart.



Next steps

July: Generation of System Winter Plan, led by ICB UEC team working with all partner organisations through the UEC ODG and Community First ODG.

- Regional UEC planning event 23rd July
- Provider plans continual development

August: Governance groups for feedback and refinement of plan: Acute HCIG, Community HCIG, SEG.

- HCPE session on system risks and a calibrated system response

Late August / early September: ICBs Board sign off (4-Sept-25) and Trust Board sign off Winter Plans.

Complete NHSE assurance, assess response against 3 levels (base case, moderate, extreme)

September: ICBs and NHS Trusts participate in NHSE South West Winter Planning exercise to stress test plans (10-Sept-25).

October: Establish any outstanding surveillance mechanisms relating to winter KPIs

Meeting Name	Date(s)
Sirona Board	09-Jul-25
Community First ODG	17-Jul-25
BNSSG OPQC	23-Jul-25
ODG - UEC	24-Jul-25
Performance & Recovery board	14-Jul-25
HCIG Community	Cancelled in Aug – new date for Sep
BNSSG HCPE	09-Sep-25
ODG – UEC	
PEM	
HCIG Acute	26-Aug-25
BNSSG ICB Board	04-Sep-25
BNSSG SEG	08-Sep-25
NBT Board	09-Sep-25
UHBW Board	09-Sep-25
POM / PEM	Fortnightly

Winter Planning 2025/26

Appendices

Focus Area 1

BNSSG approach:

1. Winter Lessons Learnt
2. System Control Centre
3. Winter Governance
4. NEW - Area Performance Meetings (APMs)
5. System Risk Approach
6. GIRFT (A-ted)
7. IMPower
8. Communications

1. System-Wide Winter Preparedness

- **Whole-system collaboration to improve urgent and emergency care performance.**
- **Emphasis on leadership accountability and integrated planning.**
- **Utilise national & regional tools and Support offers**

BNSSG 2024/25 Winter Washup & Summary

Completed Apr/May 2025, input from all partners

Opportunity identified from 24/25 winter wash-up	Proposed improvements for 25/26 winter plan
1. Ongoing challenges in no criteria to reside numbers in acute & community, impacting system flow. Need for clearer understanding of escalation processes from front line teams to senior system meetings.	<ul style="list-style-type: none">• New discharge improvement programme in place to address opportunities to improve community LOS and reduce NCTR.• Introduction of new joint performance management approach across acutes, Sirona and local authorities to support reductions in LOS and ensure clear escalation processes and community.
2. Challenges in securing excess community capacity at short notice & costs of capacity were relatively high. Challenge in maintaining flow through excess winter beds due to stretched community teams.	<ul style="list-style-type: none">• New dual approach to dynamically manage demand of the backdoor. Capacity relating to home-based reablement or 'bridging' rather than community beds.
3. Opportunities to further clarify and streamline escalation processes relating to CAMHS and mental health related delays in EDs.	<ul style="list-style-type: none">• Review and refresh of standard operating procedures (SOPs) in place with AWP, ICB and acute partners.
4. Significant impact of flu surge in Q3 on performance.	<ul style="list-style-type: none">• Review community acute respiratory infection (ARI) service model -recurrently invested- and delivered by general practice. e.g. explore scope for secondary care support into hubs.• Review of BNSSG vaccination programme (pending national guidance for 25/26) to ensure uptake is optimised.
5. Degrees of success in managing ambulance handover delays , but 25/26 move away from average targets to a 45-minute maximum requires fresh approach.	<ul style="list-style-type: none">• Introduction of regional Timely Handover Process (July) with focus on 45 min max.• Transformational approach to better aligning existing community UEC services to provide a simpler 'call before convey' option to ambulance colleagues.
6. At times extensive use of temporary escalation spaces (TES) in acute hospitals, both in emergency zone and on wards, to mitigate ambulance handover delays.	<ul style="list-style-type: none">• Senior clinical review of risks across all health and care settings. Align risk understanding and appetites, seek system actions commensurate with TES across all settings, to de-risk emergency zone.

System Co-ordination Centre (SCC)

Operates Mon Fri 0800 – 18:00, with weekend and out of hours cover through on call colleagues

Role	Name(s)
Winter Director	David Jarrett
SCC Team	Caroline Dawe, Greg Penlington, Keith Robertson, Nick Evans, Amanda Northcott
Clinical /Tactical / Strategic On Call	Rota cover: all roles confirmed till March 2026

The SCC ensures daily oversight of emerging and real performance challenges. This is undertaken for the system through the ICB (SCC). We ensure collaboration with system partners, using joint intelligence and data (see dashboards right) to inform decisions. The SCC co-ordinates and instigates our escalation actions and response in line with our local OPEL framework and the NHSE OPEL framework. This includes a daily system flow call, 7 days a week.

System Dashboards – (near real time data)

3. PowerBI – ICS Urgent Care Report



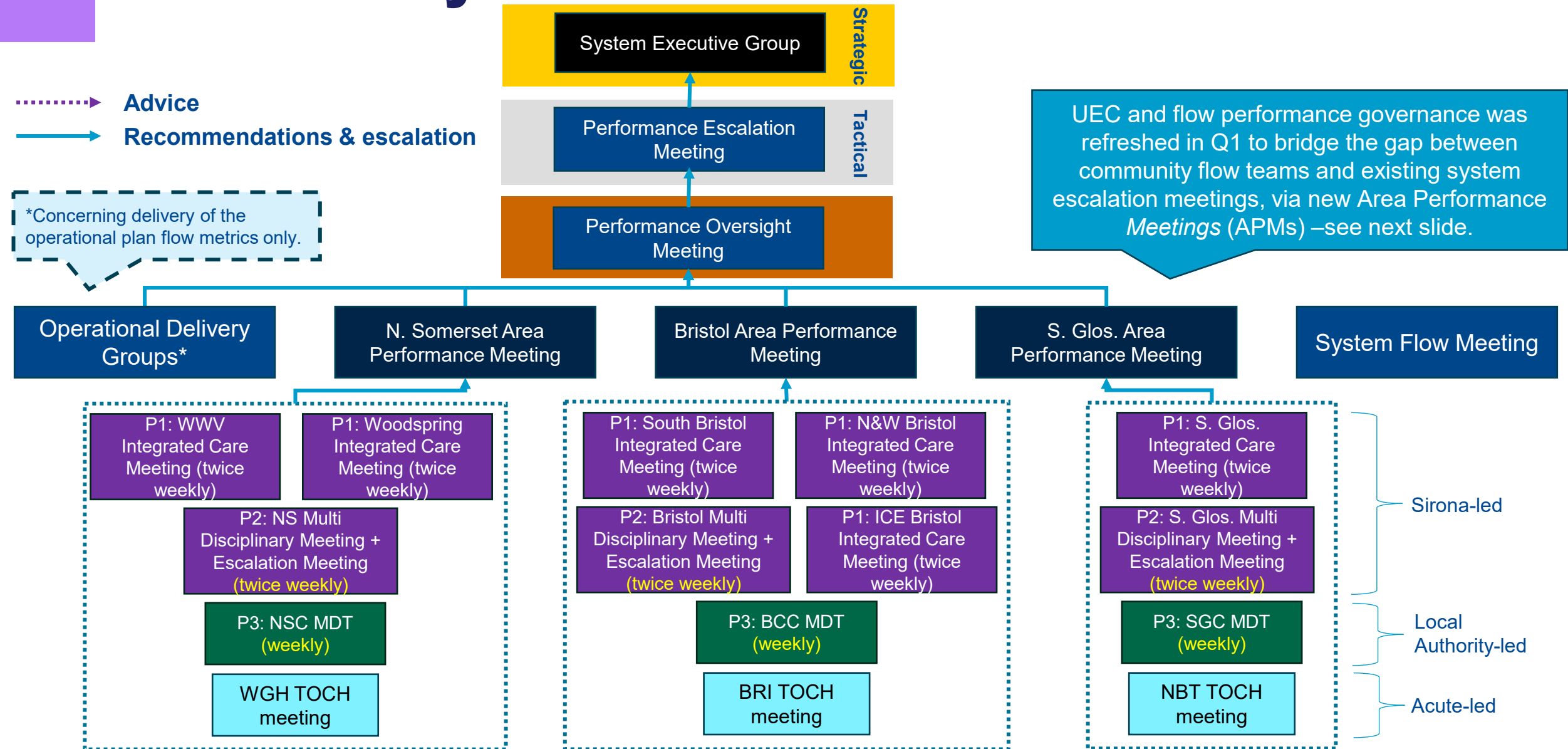
2. SWAST OL334 Handover Report



1. Frontier – Live System Dashboard



BNSSG System Flow Governance



***NEW* Area Performance Meetings x 3**

Responsibilities – minimum requirements below.

Meetings may also choose to identify other areas of joint working between partners where there are other opportunities for improvement:

- 1) Agree and establish KPIs mapped to cycle time targets and agree tolerances to these.
- 2) Receive exception reports for performance against cycle time targets and agree mitigating plans as required.
- 3) Direct team and staff objectives in each organisation in line with the shared cycle time targets.
- 4) Address case-level escalations from the various local P1/2/3 case management meetings e.g. ICMs, with a focus on delays in the community.
- 5) Share with POM good practice identified locally, to inform other Areas in BNSSG.
- 6) Receive and implement good practice identified with POM from other Areas in BNSSG or nationally.

Frequency: Fortnightly

Location: local Transfer of Care Hub

Suggested membership:

- Rotating Chair – a local member of POM
- Acute TOCH lead
- Sirona CTOCH lead
- Local authority operational lead or nominee
- Local authority commissioner or nominee
- Administrative support

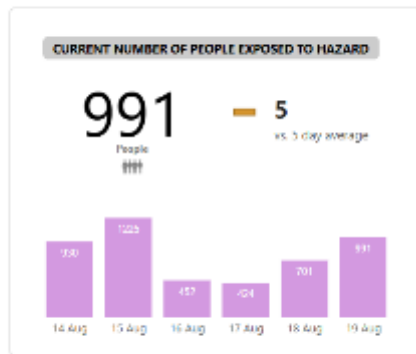
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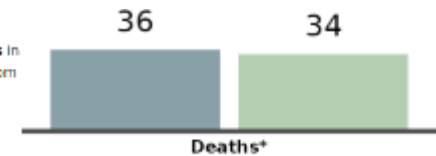
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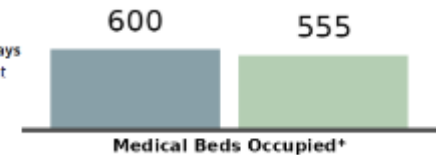
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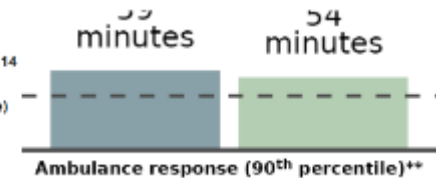
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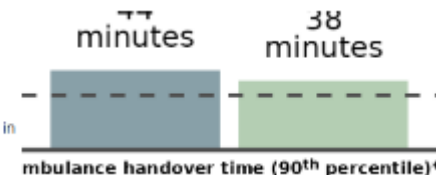
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GIRFT (Getting It Right First Time)

The following standards were released Jun-25. A BNSSG approach and an NBT programme has been adopted to support delivery of these standards.

NBT 4 Key Workstreams:

1. Optimising Pre-hospital care & system integration

Objective: Reduce ED attendances by improving pre-hospital care and system coordination. Key Initiatives: A-tED and Frail-tED (alternatives to ED), Criteria to Admit (CTA) audit, Care home conveyance review.

2. Emergency Department

Objective: Improve patient flow and reduce delays within the ED.

3. Acute Medical and specialty flow

Objective: Reduce LOS in acute areas and improve timely responses from specialties.

4. Ward Processes and Discharge

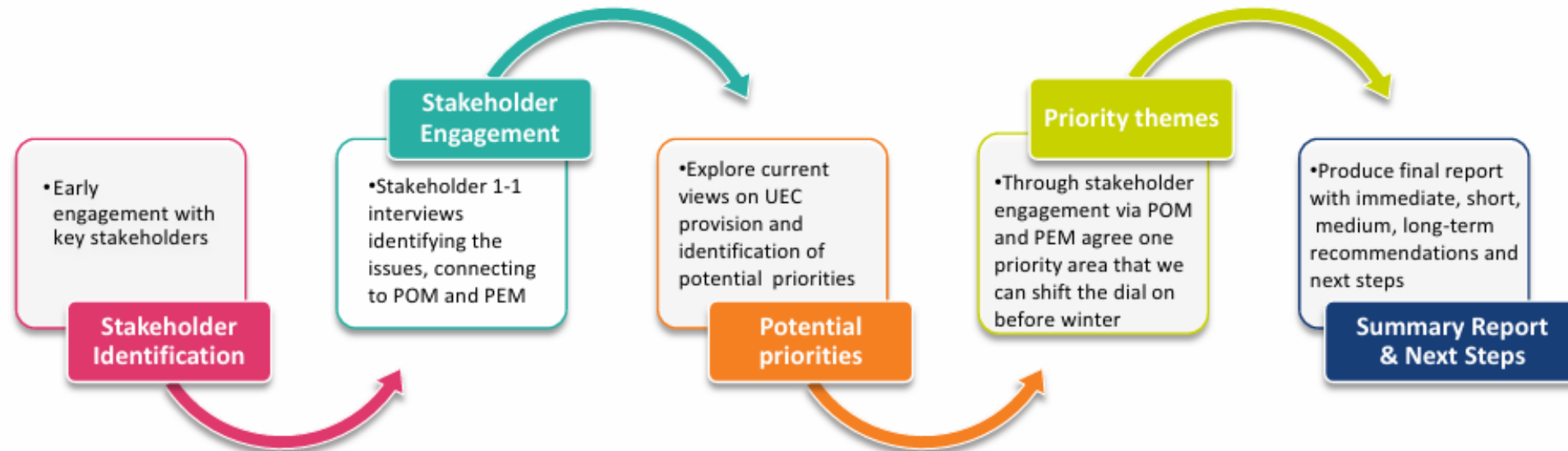
Objective: Improve patient flow across all wards through effective processes.

The background image displays several NHS England documents related to the GIRFT (Getting It Right First Time) standards. The documents are titled 'Emergency care – Primary care standards', 'Emergency care – Acute care standards', and 'Emergency care – Specialty care standards'. They contain various numbered points and objectives, such as 'Primary care should be the first port of call for most patients', 'When a patient on an assessment unit is accepted to a specialty, the receiving specialty immediately assumes responsibility for that patient's care', and 'Hospitals to pre-determine conditions which are anticipated to be specific specialty depending on presentation'. The documents also feature NHS England logos and icons representing different care settings and patient flow.

Better Care Fund (BCF) Improvement Support in BNSSG

IMPower are working with BNSSG, following the below approach. This will identify priority actions for our system on varying timescales (immediate, short, medium and long-term). The immediate and short-term actions will be adopted into our winter approach. See next slide for details.

As part of the overall approach to providing UEC improvement support prior to this winter, IMPOWER has been asked to work with partners to **identify one area that we can work together to shift the dial on activity and performance for UEC**. We have developed and implemented the below approach to work together with colleagues across BNSSG to identify the area to focus on.



Priorities Identified in BNSSG

POM discussed the merits of each of the identified short-term priorities, which had been short listed using the criteria laid out in appendix 2.

All colleagues agreed that any priority implemented needs to complement any work already underway. Consensus was to focus on delivery of developing integrated intermediate care through the implementation of integrated MDT working. N.B. See appendix 3 definition of integrated intermediate care IIC and high-level summary of what good looks like for IIC

Streamlined discharge with NHS @ Home and AI Magic notes

- This approach would **enable faster, safer discharges** by diverting suitable patients from hospital into existing but **underused virtual ward capacity**, while also reducing the administrative burden on discharge teams through automated note-taking.
- It can be achieved by clarifying referral pathways, promoting awareness among frontline staff, and rolling out AI tools already piloted in parts of the system, ideally through a joint procurement to reduce costs.

POM agreed this priority would be taken forward by LAs across LAS and with NHS services

Agree one area to set up MDT for intermediate care (IC) working

- Using existing resource, establish an **integrated IC MDT in one area** (e.g. North Somerset, South Gloucestershire or Bristol) will serve as a pilot for **joined-up working** across health, social care, and voluntary sectors. To include TOC, step up and escalation processes
- Allow the system to **trial integrated working**, identify barriers, and gather evidence before scaling up across BNSSG neighbourhoods.
- Strengthening collaboration and providing an integrated IC offer, working in an MDT way, will **improve flow in the community and patient experience** ensuring they receive the right support at the right time **avoiding duplication of effort**.

POM agreed this priority would be the preferred option to take forward

Create a directory of services of intermediate care across BNSSG

- Providing a **clear overview of intermediate care services** will enable frontline staff to quickly identify appropriate services for patients, reducing delays and inappropriate referrals
- Service directory will maximise understanding the IC offer in each area and increase service utilisation.
- **identify current service gaps** when compared with best practice UEC models
- Data on utilisation will help maximise utilisation of the services
- Commissioners can identify opportunities for **joint/aligned commissioning** or service redesign

POM agreed this priority has merits and will be required to enable access to services

BNSSG Winter Communications

BNSSG communications teams are aligned with regional NHSE colleagues and have detailed the local communications plan, timeline and materials in appendix.

Aim: Support **system resilience** and **better health outcomes** by helping people to stay well and access the right services for their needs.

Objectives



Audiences



Approach



Improve vaccine uptake

Children 2-3 yrs.
Pregnant women.
People with LTCs.
Frontline health / care staff.

System-wide staff vaccs campaign.
Public campaign focused on groups with lowest uptake.

Help people access the right care

ED minor walk-ins, especially those living near EDs.

Highly targeted signposting to ED alternatives:

- NHS 111
- MIU/UTC
- Pharmacy

Promote self-care and wellbeing

Older adults.
People with long-term health conditions.

Stay Well This Winter information campaign promoted with system partners.

Support timely discharge

Families and relatives of inpatients.
Ward staff.

On-site information campaign led by acute hospital partners (tbc).

Focus Area 2

BNSSG approach:

1. Vaccination programme
2. Integrated care at home
3. ARI hubs
4. Pro-active surge capacity

2.Reducing Demand and Improving Access

- Prevention through **vaccination** and **community-based care**.
- Expansion of **urgent care services outside hospitals**.
- **Performance improvement** in 4 hour waits and 12 hour waits in ED and in Category 2 ambulance response times

BNSSG Vaccinations

BNSSG vaccine programme has been established early with clear priorities summarised below. The BNSSG system wide Immunisation Strategic Oversight Board (ISOB), oversees the vaccination programme work with the Vaccination Clinical Delivery Group (VCDG) forming the operational arm. A group focussing on FHCW vaccinations is also supporting planning in this area for both health and social care staff. Vaccines report into Outcomes, Quality and Performance (OQP) Board within BNSSG ICB.

Leadership

Regular CDG Meetings:

Clinical Delivery Group meetings regularly review vaccination plans and coordinate system-wide actions.

Ongoing Data Review:

- Local vaccination data is continuously analysed using tools like FDP, capacity tracker, and immform. Weekly MSOA data reviews help identify areas where vaccination uptake can be maximised effectively.

Vaccine Priorities:

- Data identifies priority groups such as frontline workers and clinical risk groups for vaccination focus in 25/26.

System Coordination:

- New meetings with system leads and local authorities aim to ensure coordinated flu season planning.

Provider Delivery

Engagement:

- Local trusts are collaborating to promote vaccinations for long-stay patients through clear communication and outpatient signposting.

Vaccinating Workers:

- Providers are encouraged to develop strong strategies for vaccinating frontline healthcare workers to protect staff and patients alike.

Coordinated Planning:

- NBT and UHBW vaccination leads collaborate closely to ensure consistent and effective flu vaccination planning during the season.

Monitoring Uptake:

- Use of roving vaccination teams alongside data monitoring enables proactive review of vaccine uptake across departments.

Communications

Targeted Social Media Engagement:

- Utilising platforms like TikTok and Facebook Live to engage young mothers and address concerns in real time.

Comprehensive Website Hub:

- grabajab.net provides detailed vaccination information, multilingual resources, and Easy Read materials for accessibility.

Video & Audio Case Studies:

- Sharing personal stories through videos and audio to highlight real experiences and care in local hospitals and care homes.

Communities

Community Collaboration:

- Engaging local groups strengthens messaging and supports health initiatives effectively. Activities incl. distributing leaflets, hosting talks, and running pop-up vaccination clinics to promote flu and covid vaccines.

Flu Vaccination Agreement:

- All BNSSG practices have committed to providing flu vaccinations for 25/26, improving access for the population.

Outreach Support:

- BNSSG outreach teams offer support to increase vaccine uptake in lower coverage areas through targeted community engagement.

Grants:

- A community initiative is being devised for both flu & covid whereby local organisations can apply for grants to promote our vaccinations

Children:

- Data shows most practices have over 20% flu vaccine uptake in young children; support is offered to practices below 30%. Reminders, tools and vaccine alternatives are all offered. Opportunistic vaccinations offered at all interfaces with health.

Interim Integrated Care at Home (IC@H) Services

Approach identified for BNSSG which will start in Winter 25/26 depending on procurement.

A multi-agency model of integrated and person-centered proactive and anticipatory care. For, and with people who are at risk of a deterioration in their health, wellbeing or independence that leads to hospital admission or entry to long term care in the next 12 months.



Find people who are at risk of poor outcomes & experiences



Ask what matters to them & what support they need

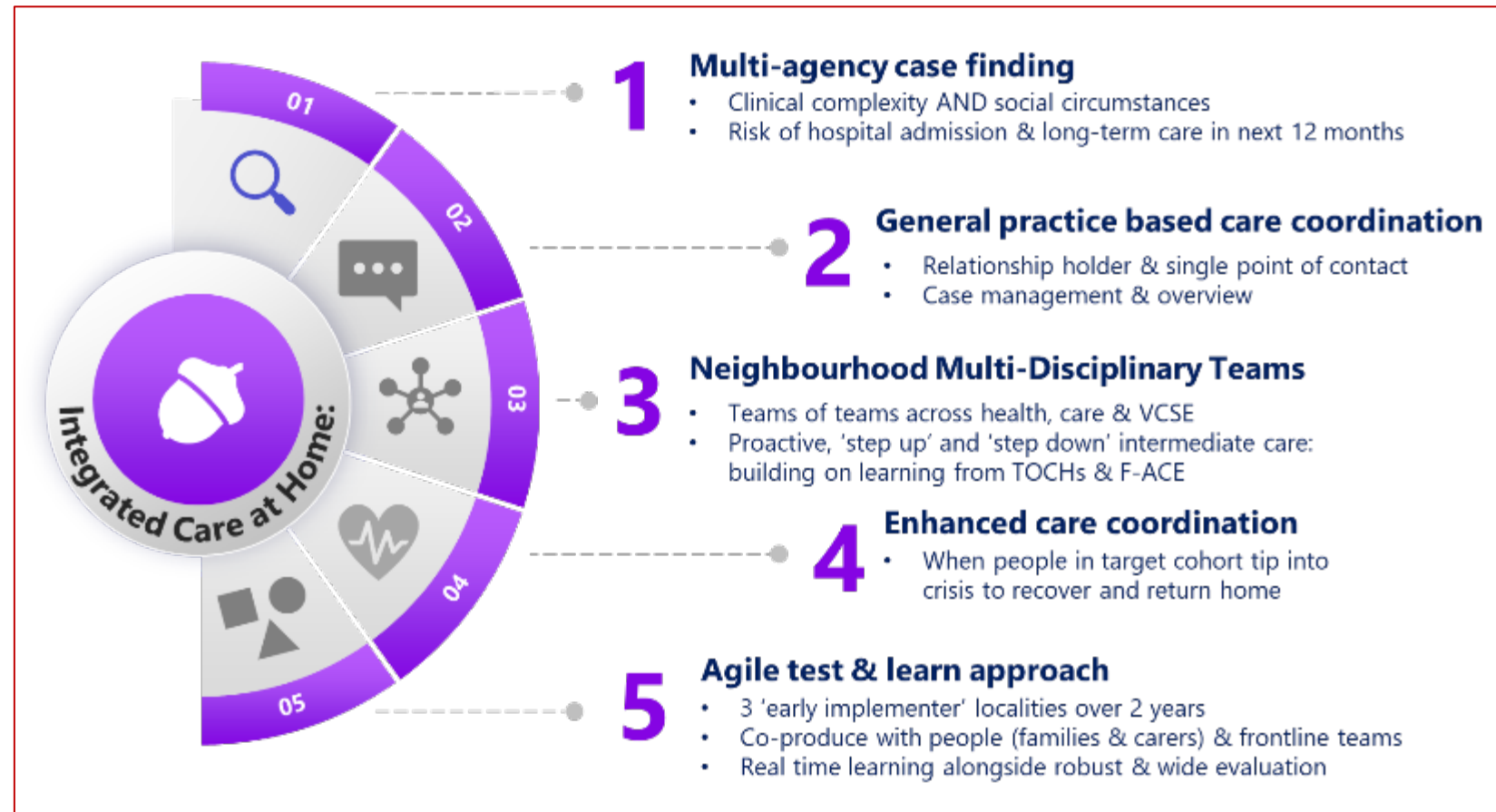


Work together to give them (and their carer/family) the right support at the right time along their journey

Jun25: ICB specification issued

Jul – Nov25: Market engagement and then procurement of interim services

Winter 2025: Test & learn pilot, building and developing model (below)



Acute Respiratory Infection (ARI) hubs for 2025/26

Winter actions for 2025/26:

Improved data collection and reporting

Explore expansion of referral routes into ARI (F-ACE, UCR etc)

Assessing effectiveness of increased ARI slots against system respiratory surge

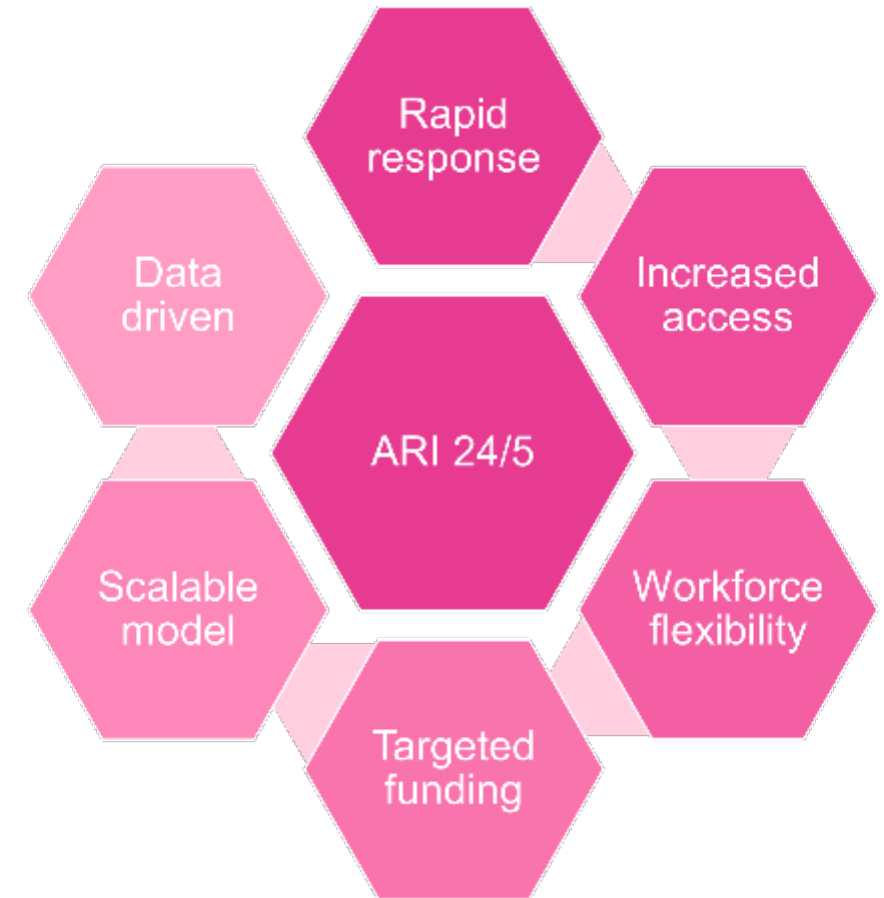
Winter 2024/25 Summary

15,845 appointments delivered

High patient satisfaction and low DNA rate

Rapid system response during flu surge

Positive operational impact reported by practices



Community Winter Surge Capacity

ICB winter pressures funding is following a more proactive approach this year, aiming to address the issue that additional home-based social capacity cannot be purchased as short notice. A 50-50 split of £1.2m is proposed for community bedded capacity and for home-based care, but the split will favour the latter if further capacity can be identified.

- Propose to have more transparent and pre-meditated response to anticipated capacity requirements in the system over winter, allowing ample time to materially ramp-up capacity. This moves away from reactive use of winter contingency monies during time of exceptional escalation.
- Aim to invest in best value services, recognising often this will be home-based rather than bedded care, and may incorporate targeted staff capacity e.g. social worker overtime.
- Work on principles of trust and partnership: system partners (via POM) to respond with proposals that represent best value impact over winter, and to report transparently on use of funds to support that.
- The initial proposal focusses on community capacity to support flow, but additional step-up or prevention measures may be feasible and provide an alternative option – POM to advise.
- NB separate funding of £500k pa has been identified for Pathway 0+ services from September, which aim to deliver equivalent of +20 P1 slots per week.

Focus Area 3

BNSSG approach:

1. BNSSG rollout of Timely Handover Process (THP)
2. Discharge Improvement Program & NCTR Trajectory

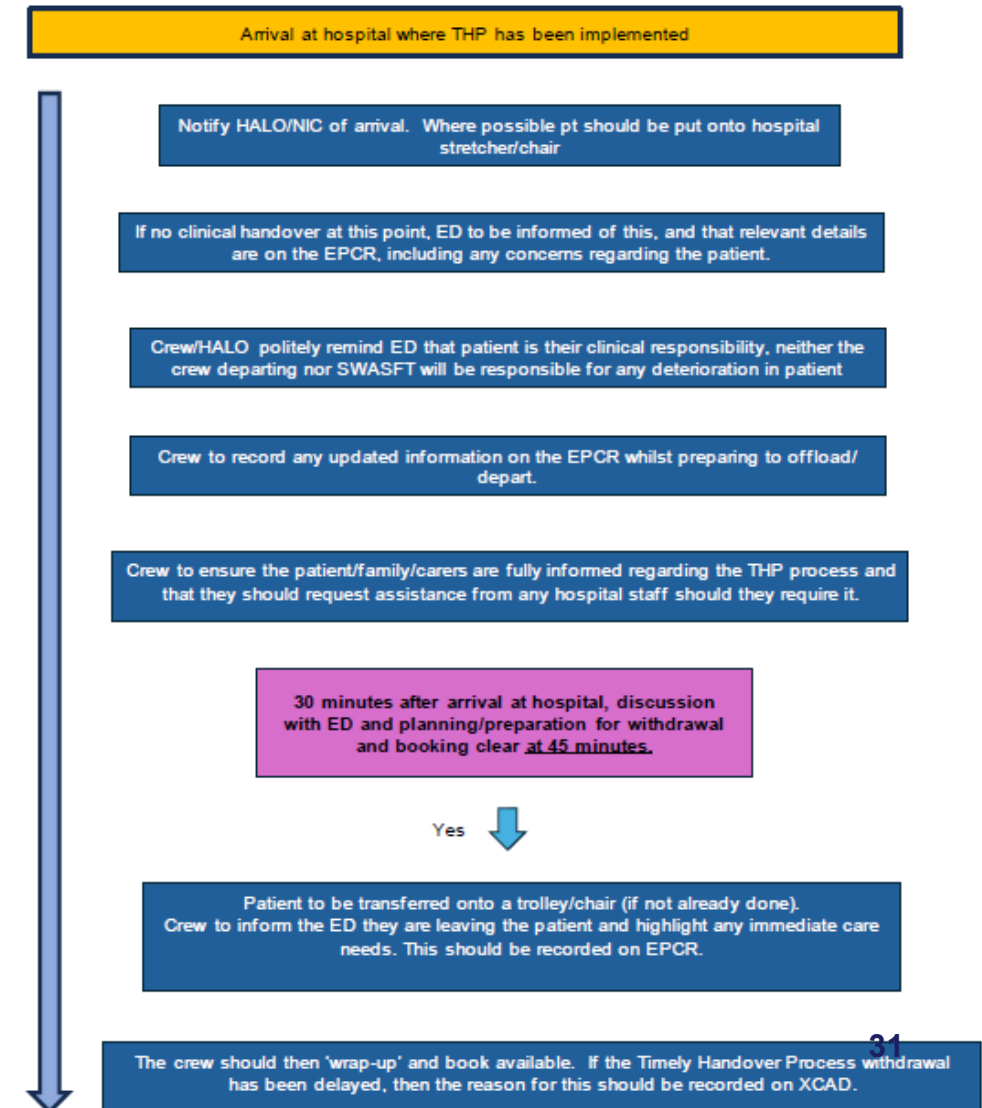
3. Improving Hospital Flow and Reducing Delays

- **Faster ambulance handovers and reduced corridor care.**
- **Streamlined discharge processes and reduced length of stay.**

Timely Handover Process (THP)

Appendix 1 – Withdrawal Process Flowchart

- Regional initiative to support delivery of 25/26 operational plan requirement for no ambulance handovers to breach 45 minutes.
- Builds on existing practice in BNSSG with use of temporary escalation space and joint escalation discussions between acutes and SWAST.
- Includes provision for ambulance crews to work with hospitals to withdraw at 45 minutes if safe area for patient has been identified.
- Signals move away from SWAST-led cohorting to hospital-led cohorting.
- SOP went live across all 3 adult BNSSG acute sites in July 2025.



Discharge Improvement Programme 2025/26

This system plan was developed to address the key drivers of delayed discharge in the system, and realise the operational plan ambition to reach 15% acute no criteria to reside (NCTR) by the end of 25/26. The programme aims to bring BNSSG in line with national averages for rehabilitation length of stay, and thus increase system flow. It is complemented by modelling of required community capacity and length of stay.

Programme SRO: Dave Jarrett

Programme Board: (Fortnightly) Discharge Programme Group

Programme manager: Greg Penlington

Parent group: (Monthly) Community First ODG

#	Project
1	Redesign Pathway 1 based on cohorts approach: Enhance triage and redesign range of options for person to access within P1. Streamline direct access to appropriate option/service. To include P0+ ('warm' planned therapy), reablement/bridging, VCSE, in addition to existing core P1 offer (therapy plus care). Role of TEC to drive efficiencies in the Pathway.
2	Optimise our model of P2 and P3 beds: commissioning & cost, location, type (e.g. dementia/delirium), case management and escalation approaches. Draw on Sirona P2 review and ICB P3 review.
3	Cycle times – multi-agency review: address discharge processes to reduce variation and delays. Focus on 'red' swim lanes where exceptional delays are occurring. Includes both in-hospital (TOCH) and out of hospital processes. Consider optimal staffing and skill-mix in teams across pathway e.g. review TOCH. (see Appendix 1 for detail). Role of digital tools to improve productivity e.g. Magic Notes. Establish ongoing effective governance to drive improvements in KPIs, on LA footprints.
4	Enabler: discharge cycle times dashboard. Partners commit to regular sharing to data to provide greater insights to delays and provide early warning of those delays.
5	Mitigating demand for community beds: introduce step-up care service. Modelling shows mitigating one P2 or P3 discharge a day dramatically reduces demand for P2/3 beds.

Focus Area 4

BNSSG approach:

1. New MH Escalation SOPs
2. BNSSG MH HIU approach
3. Crisis Assessment Centre
4. AWP Winter Plan

4. Mental Health Crisis Response

- Investment in **crisis assessment centres / specialist alternatives to ED.**
- Reducing out-of-area placements and **long ED waits for mental health patients.**

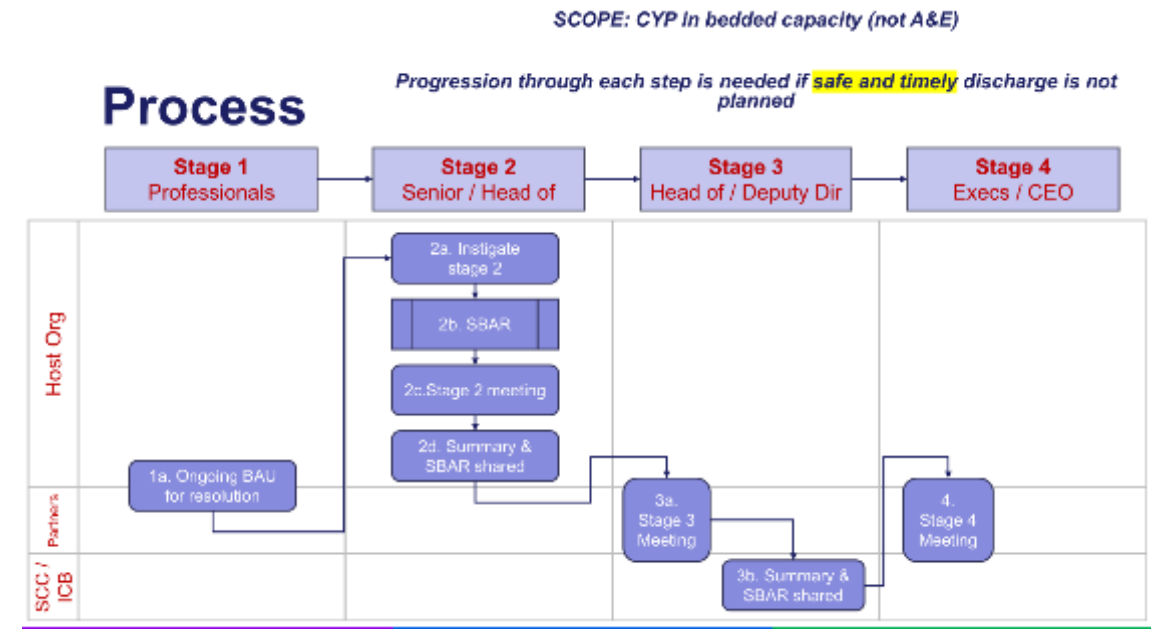
New Mental Health (MH) & Escalation Standard Operating Protocols (SOPs)

MH Urgent & Crisis Care Programme Board to develop MH Adult escalation protocol by end of August, using learning from Children's protocol and SOP to support system readiness for winter



Updated BNSSG MH in ED Escalation Protocol

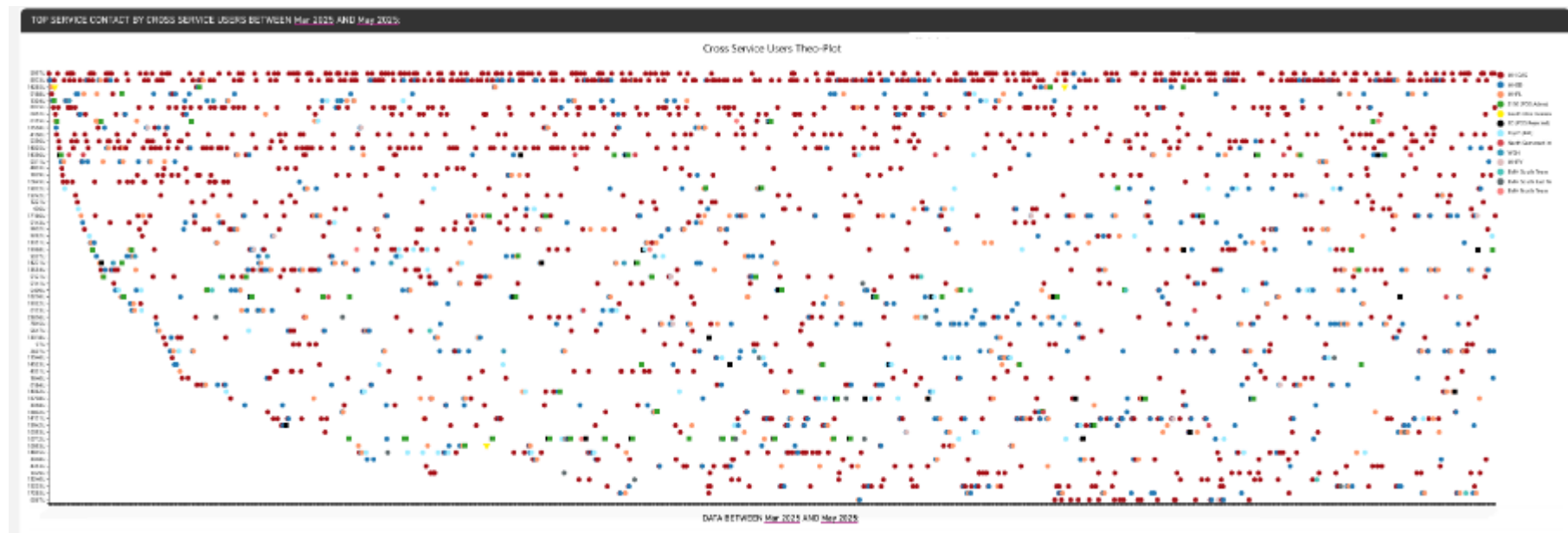
(above) under review and in draft with system partners through MH Crisis board. For trial through Summer 2025 ready for winter.



Updated BNSSG Children's Escalation Protocol

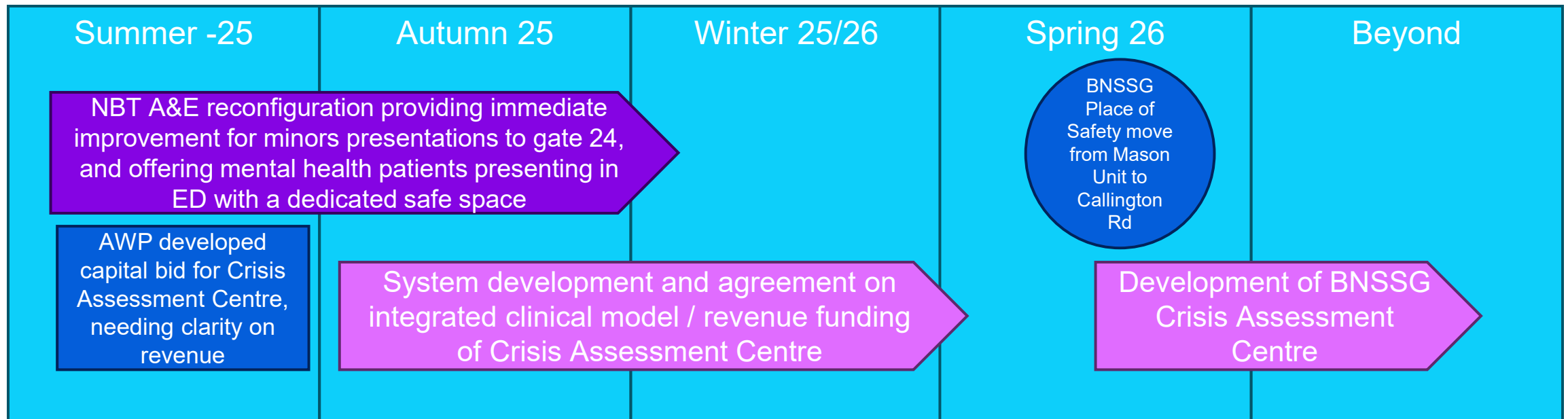
(above) for inpatients. In trial through Summer 2025 ready for winter.

- MH HIU – System wide task and finish group established to support highest frequency users through MDT approach – to be fully established by September 2025
- Newly developed system wide dataset has established approximate 100 ‘chronic’ HIUs who need a better service response. And transient populations of up to 100 patients in any given three-month window unable to access services. This combined group accounts for round 35% of MH crisis care locally and has been mapped on theographs as below.



Crisis Assessment Centre

BNSSG system partners recognise the opportunity that a mental health crisis assessment centre can offer. System partners are working on an agreed clinical model which can be assessed whilst core estates reconfigurations are completed. Models currently proposed require ongoing revenue funding and BNSSG partners look to confirm this approach through Autumn and Winter 2025.



AWP Winter Plan

Additional actions established to support good flow through winter

- 2 additional posts to promote flow following success of the North Somerset model - Snow-cap Pilot
- Enhanced co-ordination of all existing discharge focused resources.
- Review of red to green discharge planning fidelity, treatment plans on admission and other practices improvements such as medication optimisation, additional therapeutic interventions, Ministry of Justice (MoJ) restricted patients planning etc.
- Implementation of long stay creative solutions panels
- All divisional discharge, admission avoidance and Out of Area (OOA) spot bed purchase SOPs refreshed and communicated to assure coordination and consistency.

Home treatment:

- Focus on home treatment & capacity to ensure LOS are reduced and adherence to red and green.

Transfer of Care (TOC) Hub:

- Expansion of TOC Hub services to 7 days a week.

Focus Area 5

BNSSG approach:

1. BNSSG OPEL framework
2. Realtime operational dashboard - Frontier
3. Federated Data Platform – UEC platform trial and assessment underway for BNSSG.
4. Predictive Modelling Suites
5. Technology Enabled Care (TEC)
6. Connected Care (Connecting Care)

5.Digital Transformation

- Use of **real-time data and predictive analytics.**
- **Data system expansion:** NHS Federated Data Platform and Connected Care Records.

BNSSG OPEL Framework

<https://www.england.nhs.uk/wp-content/uploads/2023/08/PRN00551-opel-framework-2023-24-v1.pdf>

Operational Pressures Escalation Level (OPEL)

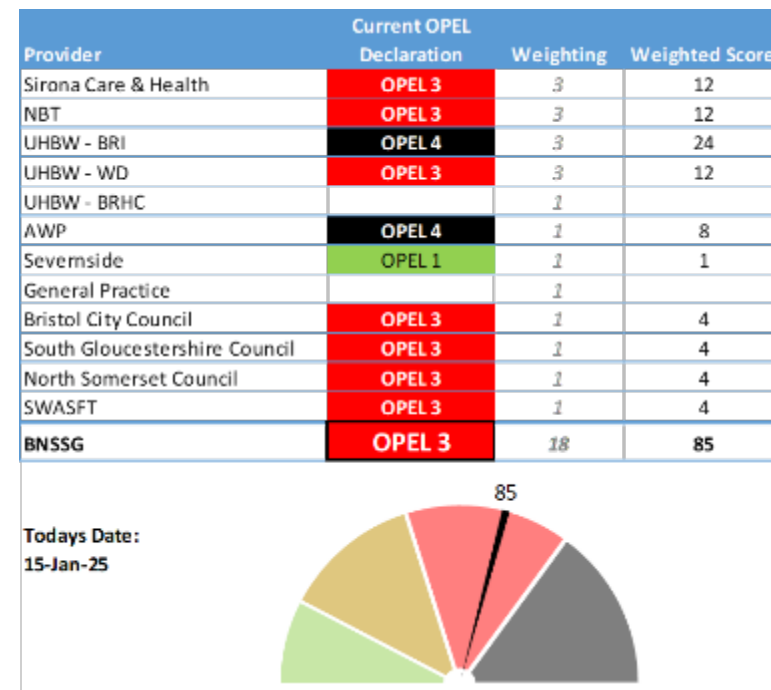
BNSSG OPEL is calculated for providers and the system using the [BNSSG OPEL Declarations workbook](#) (document 2.4 on Frontier). The workbook details the wide-ranging metrics and descriptions in use, including all health and social care partner OPEL triggers. Our system calibration for OPEL has been matured over many years.

OPEL Action Cards

Each provider has a set of action cards for each level of their OPEL This outlines roles and responsibilities. Actions must be considered as core actions but should be enacted in conjunction with local, system, and regional operating policy. The BNSSG ICB action cards can be found in the [document storage tab](#) on Frontier, document 2.5.

National OPEL

BNSSG recognises the importance of consistency for national comparisons when using OPEL, we continue to offer feedback to the national team on how the calibration and measures can be improved as locally, we include more granular measures allowing for greater sensitivity in our escalation.

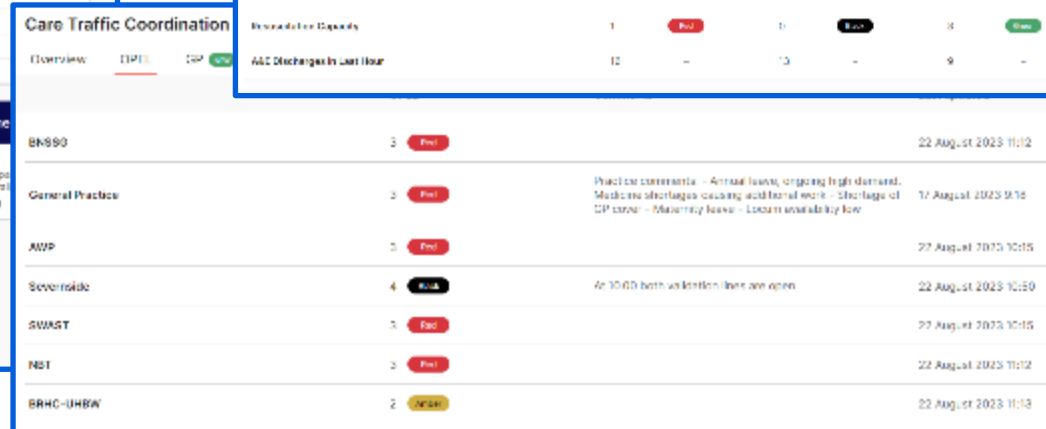
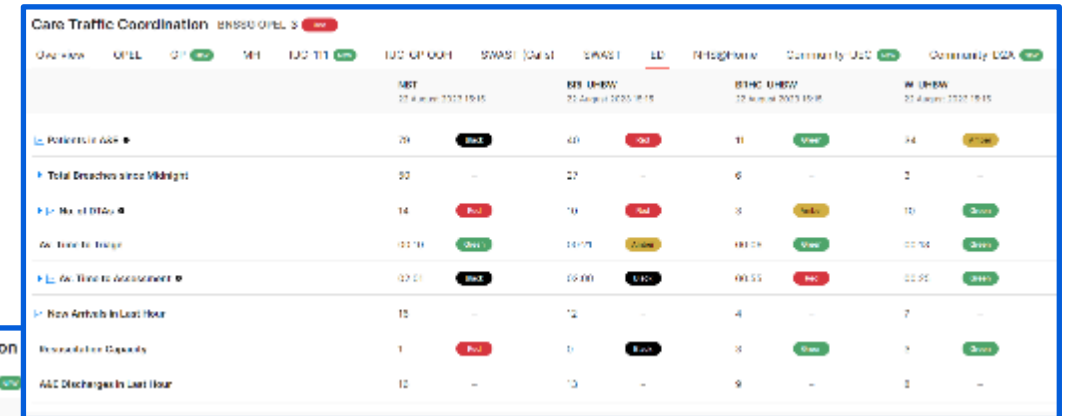
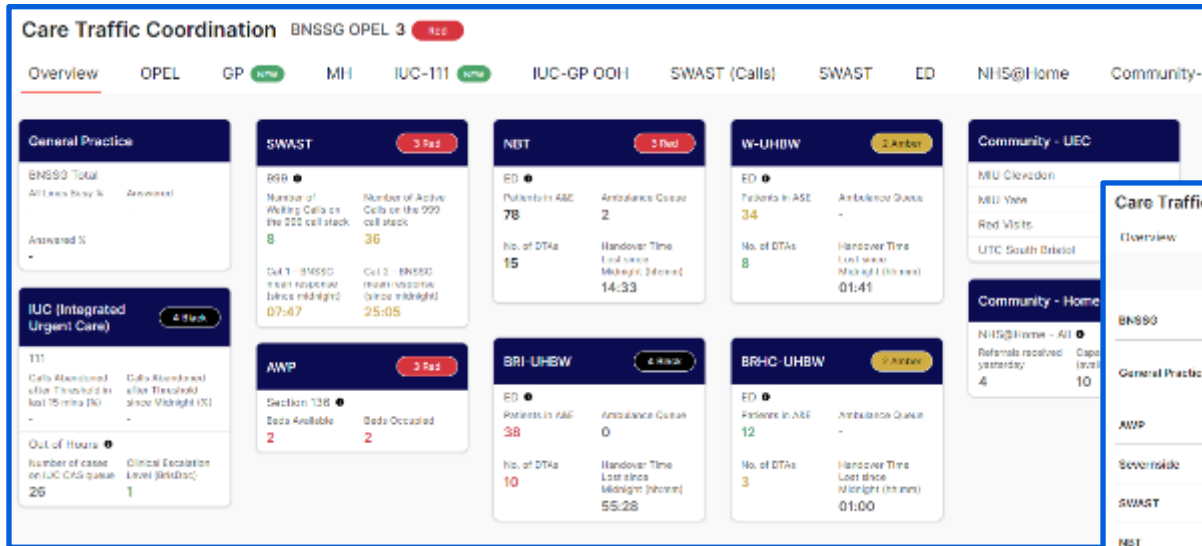


Frontier – Real Time System Dashboard

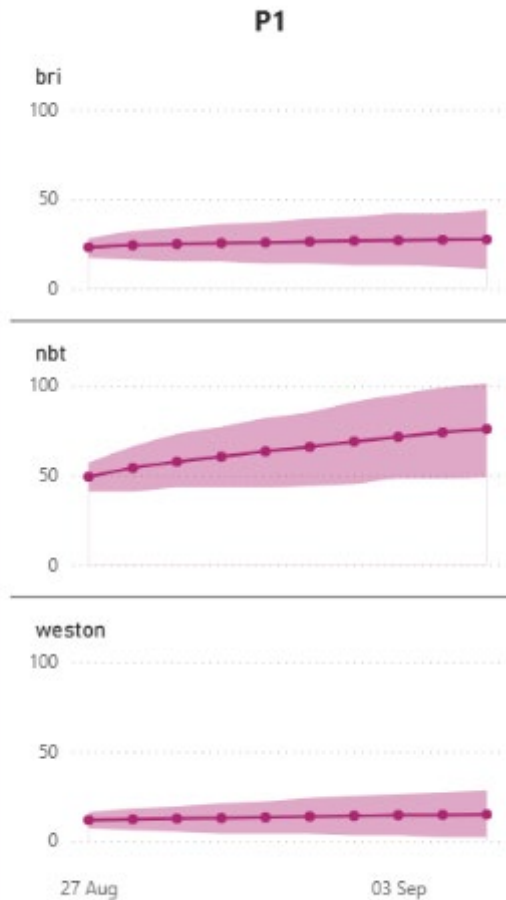
<https://bnssg.my.faculty.ai/home> (register access through emailing BNSS.systemcontrolcentre@nhs.net)

BNSSG use of real time dashboards continues, and we continue to develop and add data feeds.

The below screen captures give examples of the oversight we are able to see and support system management of our UEC pathways

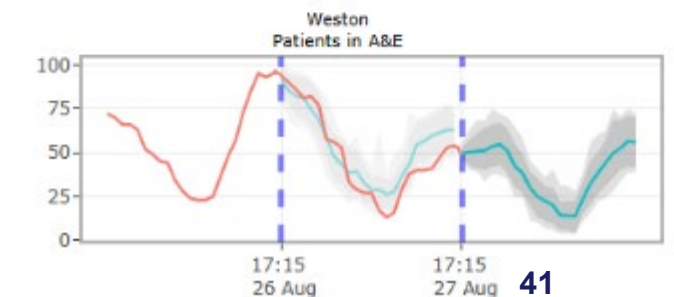
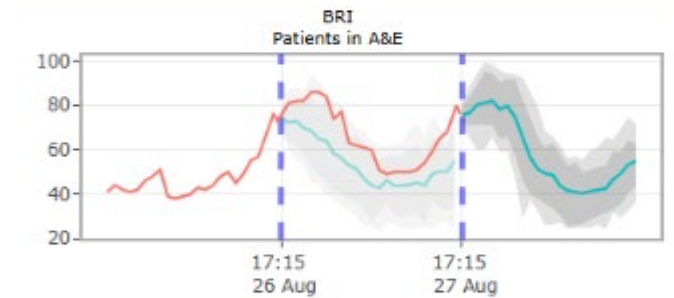
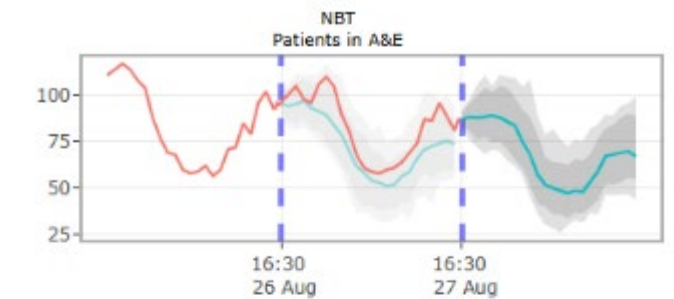


Predictive Modelling in Operations



BNSSG modelling & analytics team have developed a suite of predictive operational modelling tools, already deployed and adopted in advance of winter. Including:

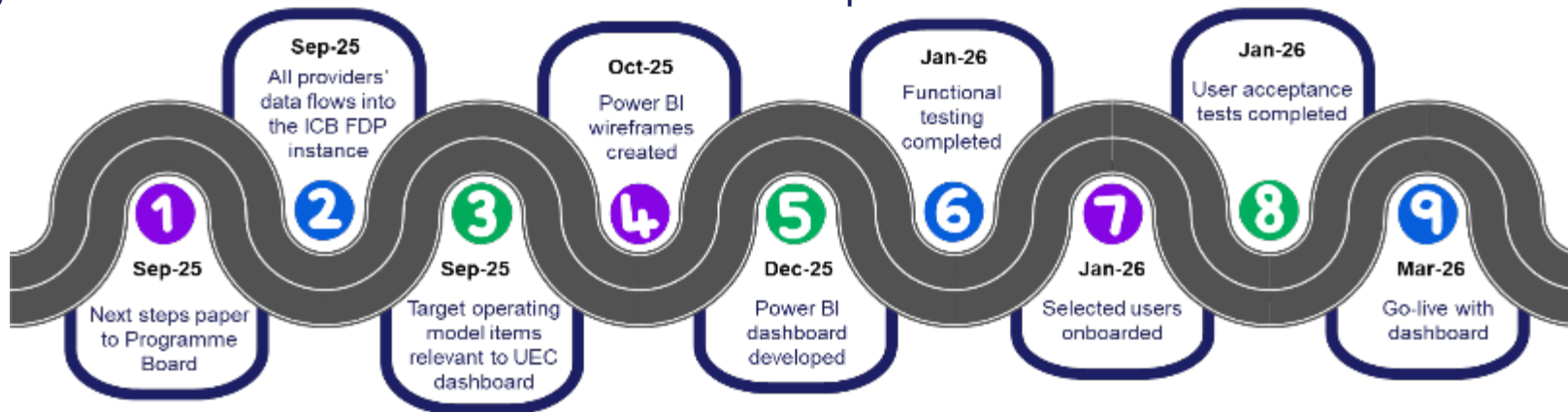
- Weekly 10 day forecasts for anticipating activity in D2A waiting lists (left) – *The Discharge Planning Suite*
- Near real time 24 hour forecasts, deployed for the below emergency care metrics (right). - *The Nowcast Suite*.
 - A) Patients in A&E
 - B) Number of DTAs
 - C) Handover time Lost Since Midnight



Federated Data Platform (FDP) & BNSSG Intelligence Centre

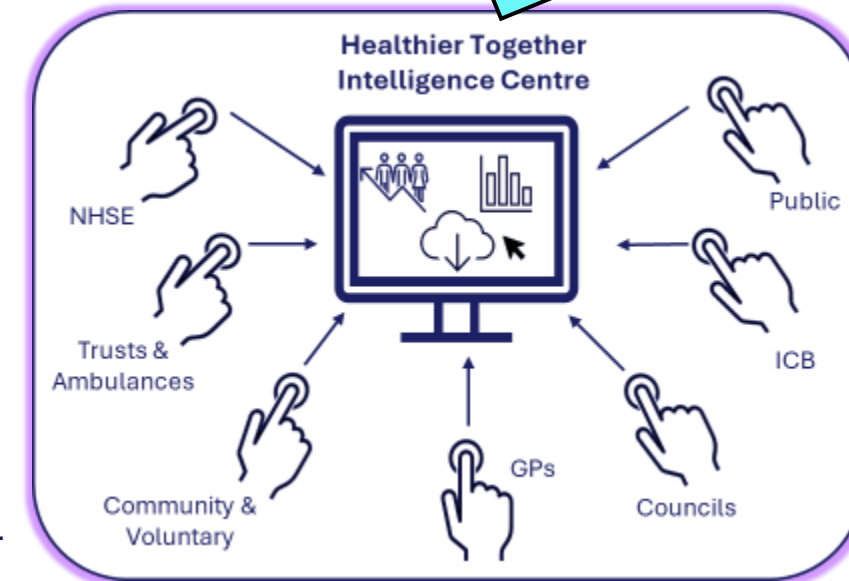
BNSSG are an early adopter of the System Control Centre (SCC) tool, hosted within the FDP.

We are assessing the suitability of existing NHSE infrastructure and support which could be adopted to streamline reporting and data pipelines used for Urgent Care. We are collaboratively working with the national team to ensure our baseline requirements are met. We continue to give feedback as the tool is iterated and developed. The initial timeline for this is below:



BNSSG continues to assess the simplification of our reporting tools for health & social care professionals as part of the intelligence centre program. The program's wider aims are:

- To ensure a secure, user-friendly web-based data portal.
- Primarily for health and care decision-makers to use in BNSSG
- Act as central data hub allowing teams to visualise, analyse & export anonymised population data.
- Local transformation work and in line with national NHS and DHSC guidance.



Technology Enabled Care (TEC)

- 12-month BNSSG TEC in D2A pilot with UHBW, NBT, Sirona and 3 x Local Authorities (LAs)
- Pilot ends August 2025 and extension funded via Anticipatory Care to continue from 01-Sep-2025 until 31-Mar-2026
- Data from the pilot shows that over 1,000 TEC recipients:
 - All returned to own homes as P0 or P1
 - 95% have a falls risk and are less likely to be readmitted due to a fall
 - Average of £115 cost per install, resulting in fewer NCTR acute bed days
- LAs are planning to provide TEC to support discharges a from April 2026
- North Somerset - emergency pendant support service, supported by an integrated fall prevention service (SWASFT, Sirona, LA and VCSE). Nominated for the Local Government Association (LGA) Health and Social Innovation award for 2025
- South Glos and Bristol - Saved and avoided £thousands in care costs using remote monitoring TEC, reducing care visits and care home placements.

Connected Care

NHSE standards in UEC plan:

- 69. 2025/26 is about getting the digital basics right for urgent and emergency care. We will use technology to speed up and improve patient care, allowing clinicians to view records and make referrals more efficiently – and to reduce the administrative burden on staff.



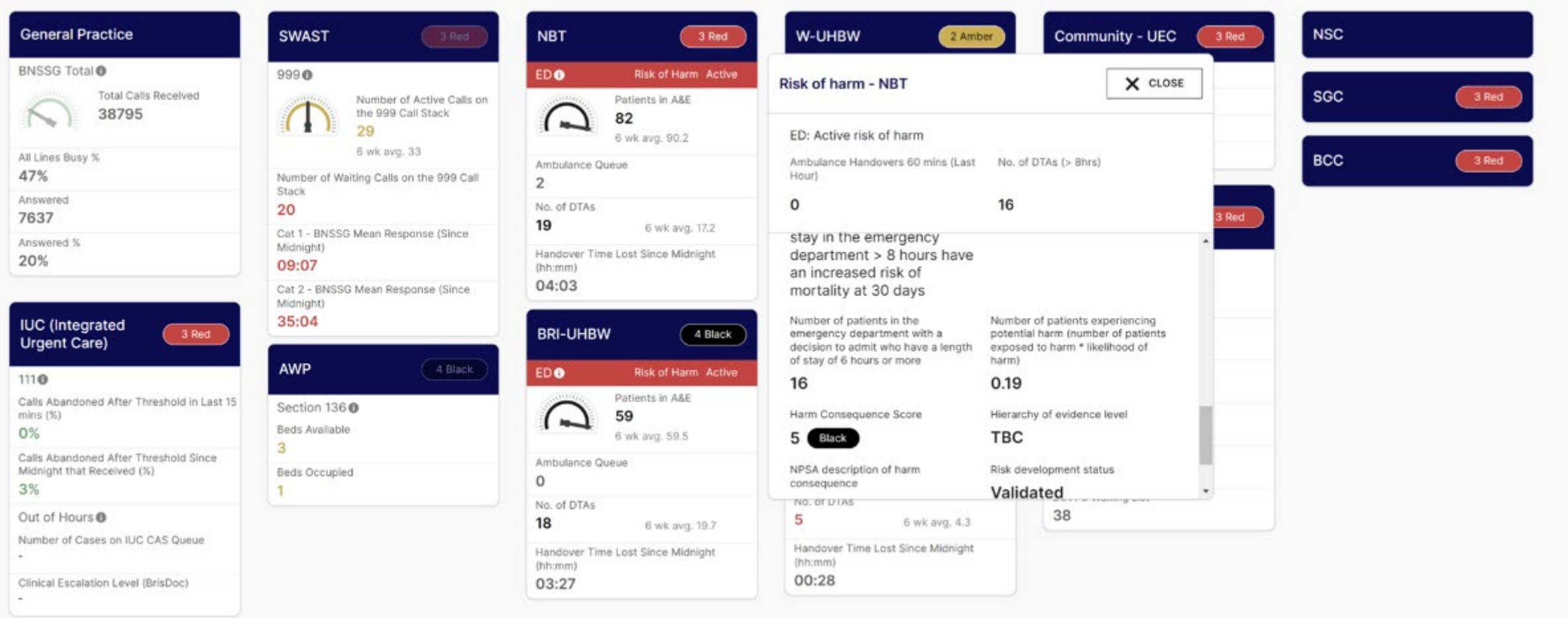
- 70. We have already seen the impact this can have, which is why we are providing an additional investment of £20 million in the Connected Care Records programme for all systems. This will establish the interoperability necessary for paramedics to see the patient summary from all different NHS services, including the patient's most recent treatment. All ambulance trusts will have sight of the summary by the end of 2025/26, up from 50% who currently have access. This in turn will enable them to provide better care to patients and avoid unnecessary admissions. For example, One London Shared Care Record provides a single, secure view of patient information, helping to speed up communication between care professionals across London.



BNSSG Connecting Care

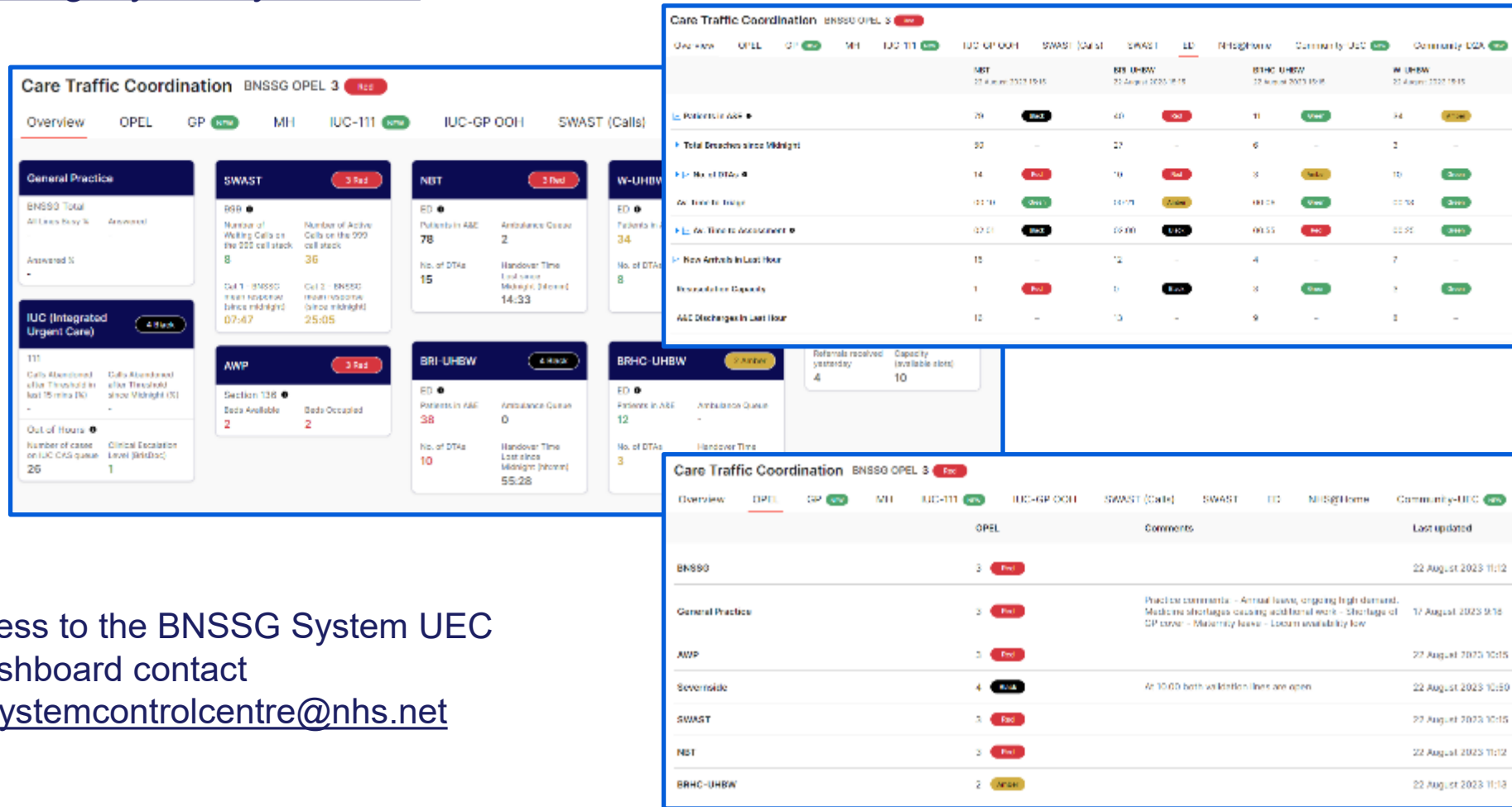
- BNSSG recognised that improvements were and are needed in the user interface (UI) and has deployed a program for releasing new dashboards and improving UI. The teams have improved connecting care uptake and usage by 10%. The programme of development continues and incorporates user training.
- SW Ambulance Service is already able to view records through record locator (summary care record). The usage of this is reducing conveyances.
- Our 111 provider has recently migrated to a new clinical system (CLEO) and these records have been seamlessly integrated into connecting care.
- Respect plus contract has been extended for another year, ensuring that end of life care plans continue to be available this winter in connecting care.

Embedding a ‘risk of harm’ approach to our live management processes



1. Frontier – Live System Dashboard

<https://bnssg.my.faculty.ai/home>



For access to the BNSSG System UEC
Live Dashboard contact
bnssg.systemcontrolcentre@nhs.net

2. SWAST OL334 Handover Report

South West Ambulance Service - Live Handovers

Current Incidents at Hospital

Hospital	Inbound	Awaiting Handover	In Cabot	Handover 0-15 Mins	Handover 15-30 Mins	Handover 30-45 Mins	Handover 45-60 Mins	Handover 60-75 Mins	Handover 75-90 Mins	Handover 90-105 Mins	Handover 105-120 Mins	In Wagon
BRENTON TOWN INFIRMARY	2	3	0	0	0	0	0	0	0	0	0	0
CHILTERNHAM GENERAL HOSPITAL	1	3	0	2	1	0	0	0	0	0	0	0
DERHAMPTON HOSPITAL	0	0	0	2	1	0	0	0	0	0	0	0
GLoucester County Hospital	0	1	0	1	0	0	0	0	0	0	0	0
GLoucester Royal Hospital	3	3	0	0	2	1	0	0	0	0	0	0
MUSGRAVE PARK HOSPITAL	1	4	0	2	1	1	0	0	0	0	0	0
NORTH DEVON DISTRICT HOSPITAL	1	1	0	1	0	0	0	0	0	0	0	0
POOLE HOSPITAL	0	2	0	1	1	0	0	0	0	0	0	0
ROYAL BOURNEMOUTH HOSPITAL	0	1	0	0	0	0	0	0	0	0	0	0
ROYAL DEVON AND EXETER HOSPITAL	0	2	0	1	1	0	0	0	0	0	0	0
ROYAL UNITED HOSPITAL - BATH	1	2	0	1	1	0	0	0	0	0	0	0
SALISBURY DISTRICT HOSPITAL	1	0	0	0	0	0	0	0	0	0	0	0
SOUTHMEAD HOSPITAL	0	3	0	0	1	2	0	0	0	0	0	0
TRURO HOSPITAL	1	4	0	3	0	1	0	0	0	0	0	0
TRURO HOSPITAL	1	7	0	2	0	1	0	0	0	0	0	0
TRURO HOSPITAL	1	1	0	1	0	0	0	0	0	0	0	0
TRURO DISTRICT HOSPITAL	1	1	0	1	0	0	0	0	0	0	0	0
Total	15	38	1	10	8	6	4	3	2	0	0	0

Current Incidents waiting Handover

Call Number	Time Call Received	Time Arrived Hospital	Hospital	Chief Complaint	Discharge Date/Description	Age	Gender	CallSign	CallSign Date	CallSign Time	CallSign Location
15052501	15/08/2023 01:30:40	15/08/2023 04:27:38	TRURO HOSPITAL	Breathing Problems	Breathing Problems - Not alert (Other lung problems)	81-89	Male	0808	15/08/2023	01:30:40	0808
15052502	15/08/2023 01:33:50	15/08/2023 04:56:24	TRURO HOSPITAL	Inter-facility Level 3	Inter-facility Transfer Level 3 - 2 hour	85-90	Male	0807	15/08/2023	06:45:00	0807
15052503	15/08/2023 01:30:13	15/08/2023 06:07:37	TRURO HOSPITAL	Pain	Pain - 2000 X 500mm (Pain)	81-89	Male	1410	15/08/2023	06:07:37	1410
15052507	15/08/2023 04:21:23	15/08/2023 08:43:55	ROYAL BOURNEMOUTH HOSPITAL	Unconscious/Falling (Near)	Unconscious - Alert with abnormal breathing	81-89	Male	7710	15/08/2023	01:20:21	7710
15052508	15/08/2023 06:08:42	15/08/2023 07:03:02	TRURO HOSPITAL	Headache	Headache - Severe onset of severe pain (C1/C2 level)	80+	Male	1410	15/08/2023	01:48:41	1410

NB Live data by its nature has a margin of error for data quality, and this should be recognised when using the report.

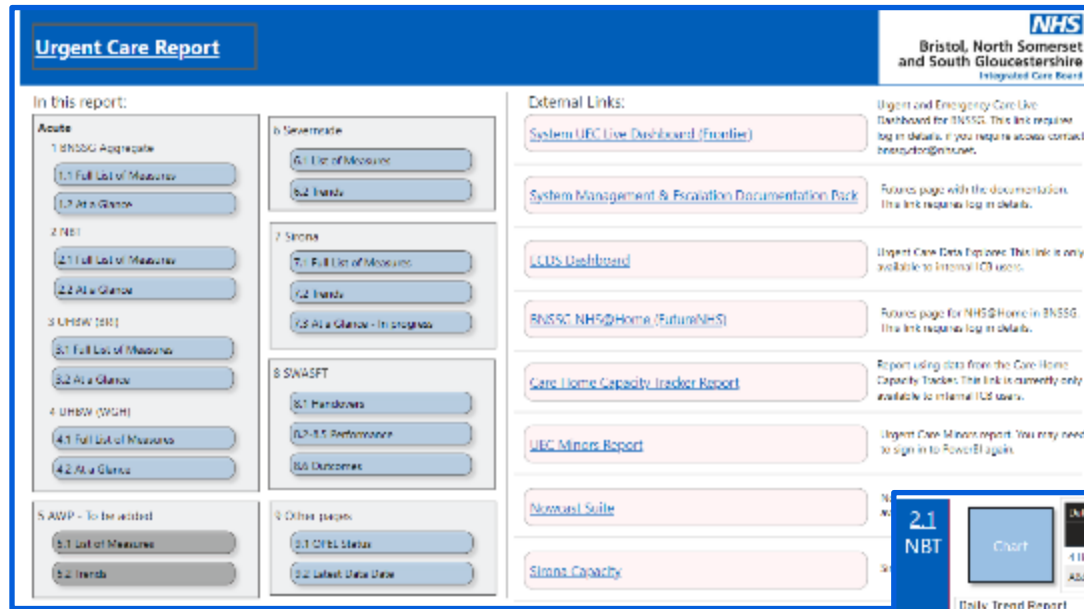
The OL-334 shows live:

- SWAST REAP (OPEL) level
- Handovers in progress and inbound ambulances, across the whole SW
- Ambulance response times across the SW

The report is useful for overseeing excessive handover delays. Any handover delay over one hour should be flagged on the system flow call for resolution.

For access to the report contact the UEC Performance Team via bnssg.systemcontrolcentre@nhs.net

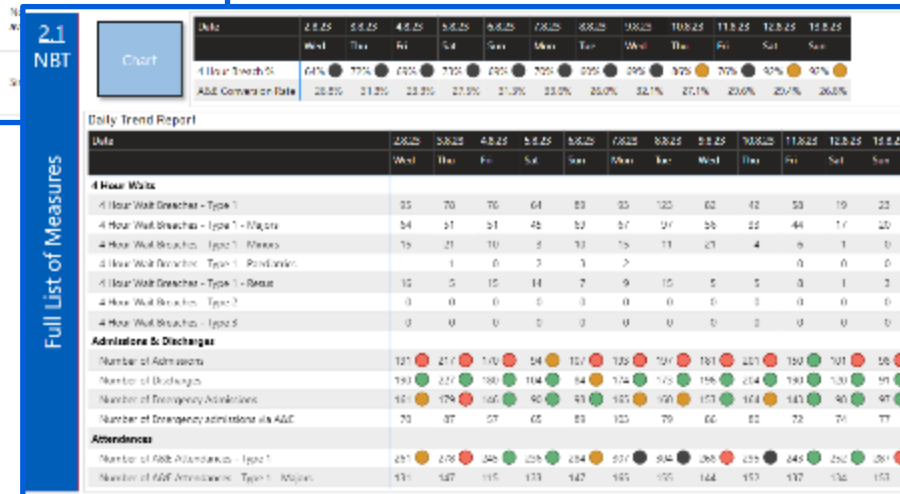
3. PowerBI – ICS Urgent Care Report



This shows yesterday's data and contains several years of historical daily data. Useful for exploring trends in:

- admission or discharge rates
- referrals to D2A.
- MIU/UTC attendances
- 111 call demand

For access to the report contact the UEC Performance Team via bnssg.systemcontrolcentre@nhs.net



System Clinician On-Call

PURPOSE

- To support the System Control Centre as a senior clinical point of contact out of hours, in order to contribute to system-based risk management decisions, within established system governance structures.
- The on-call role will provide a senior clinical perspective to decision making within and across all acute, community, mental health, primary care and social care services, particularly where decisions aim to ensure high quality care and balance risk.

RESPONSIBILITIES

- Provide a senior clinical perspective (within scope of professional knowledge and experience) to system risk-based decision making in and out of hours
- Promote the proactive management of clinical risk in system calls/meetings
- Ensure decisions to balance risk in the system are commensurate with safeguarding children and adults practice and procedures
- Identify potential clinical risks and issues that may arise from decisions made on system meetings/calls aimed at balancing risk.
- Offer mitigation opinions from a clinical perspective to identified risks (within scope of professional knowledge) and/or signpost to other professionals where applicable.
- Dial into System Flow Meetings as required to assess system clinical position including risk profile and what actions need to be taken across the day to support flow and balance of risk
- Attend debriefs throughout the day (if required) lead by wider SCC and on call teams
- To support strategic on-call as required in managing system pressures
- Attend system calls in and out of hours if required to contribute to decision making

Winter Comms 2025/26 timeline*

	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Targeted social media advertising		Vaccinations		NHS 111, NHS 111 MH option 2, Pharmacy, MIU/UTC			
Owned channels (websites, social, posters)	Staff vaccinations	Public vaccinations		Discharge	NHS 111, NHS 111 MH crisis, Pharmacy		
					Self-care / Stay Well		
PR	Public vaccs	Cold snap (ad hoc)	NHS 111	Pharmacy	Discharge		
Community engagement		Roadshows, door drops, partnership. Vaccs, NHS 111 and pharmacy, Stay Well.					

**Activity aligned to national/regional campaigns to maximise impact.*

Campaign materials

Approach:

- **Use national/regional campaign materials**, where available, to reduce duplication/costs.
- Supplement with locally-created **bespoke materials** where necessary to meet local need.

Campaign focus

Creative materials we will use

Health and care
staff vaccinations

- Regional NHSE staff vaccs campaign.

Public
vaccinations

- Regional NHSE '#JabDone' campaign.
- **Bespoke materials for targeted local engagement - tbc.**

Signposting to
alternatives to ED

- National NHSE campaign materials for NHS 111, NHS 111 mental health option 2, pharmacy, NHS App.
- **Bespoke materials for targeted local engagement - tbc.**

Self-care / wellbeing

- **Bespoke 'Stay Well This Winter' campaign**

Discharge

- **TBC - bespoke local campaign**

Creative materials: Staff and public vaccs



it's flu
season.
don't
pass
it on.

Children can spread flu. Protect them and those around them by getting their **#JabDone**.

Search "flu vaccine" on the NHS website.

#JabDone



get
protected
from flu
for baby
and you.

Help protect you and your baby by getting your **#JabDone**.

Search "flu vaccine" on the NHS website.

#JabDone




yep,
even
staff can
get the
flu.

Help protect friends, family and patients by getting your **#JabDone**.

Visit the staff intranet for further information.

#JabDone

Creative: NHS 111, MH crisis, Pharmacy



NHS
HM Government

Urgent Treatment Centre

Get to the help you need

Use 111

If you need urgent medical help but you're not sure where to go, use 111 to get assessed and directed to the right place for you.

Call, go online or use the NHS App.

111 Help us help you



111 Help us help you

NHS

Need urgent help for your mental health?

Call 111 and select the mental health option

If you've accessed urgent mental health support via NHS 111 and would like to give feedback, please scan this QR code.



NHS
HM Government

MY SINUSES ARE PAINFUL
PHARMACY

Providing NHS services

Think pharmacy first

Sinusitis? Your pharmacist can now provide treatment or some prescription medicine, if needed, for seven common conditions, without you seeing a GP.

Find out more: nhs.uk/thinkpharmacyfirst

See your pharmacist

Help us help you

Subject to age eligibility, including 12 years and over for sinusitis prescription medicines. Service available at majority of pharmacies.

Creative: Stay Well This Winter



Healthier Together **NHS**

STAY WELL THIS WINTER

Get advice and support to help you stay healthy and well during the winter months.

Visit our website for practical help with:

- Boosting your immunity with vaccines
- Staying warm and well at home
- Protecting your mental health
- Tackling cost-of-living worries
- Treating minor winter ailments

Visit bnssghealthiertogether.org.uk/stay-well



Healthier Together **NHS**

STAY WELL THIS WINTER

Look out for others

Be a good neighbour, keep an eye on those who might need extra help this winter.

Jill
Neighbours Connect Southmead

Visit bnssghealthiertogether.org.uk/stay-well



Healthier Together **NHS**

STAY WELL THIS WINTER

Pick up repeat prescriptions

Make sure you have enough medication to last the bank holidays.

Jodie
Bristol resident

Visit bnssghealthiertogether.org.uk/stay-well



Winter Planning 25/26

Board Assurance Statement (BAS)

Integrated Care Board (ICB)





Introduction

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 double-click on the template header and add the Integrated Care Board's (ICB) name.

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: 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 ICB Winter Plan for 2025/26.	Yes	This is scheduled for sign off 4-Sept
A robust quality and equality impact assessment (QEIA) informed development of the ICB's plan and this has been reviewed by the Board.	Yes	BNSSG will gain assurance through ownership of dynamic risk assessments and an EIA / QIA summary through HCPE / SQG. (11 th Sep). •Whilst QEIAs are not part of the development of this plan, processes are embedded into the business case review and approval of initiatives, to ensure any planned changes have been assessed in both quality and equality impacts.
The ICB's plan was developed with appropriate levels of engagement across all system partners, including primary care, 111 providers, community, acute and specialist trusts, mental health, ambulance services, local authorities and social care provider colleagues.	Yes	This has been developed through POM/PEM, has been to ODGs, HCIGs, Performance & Recovery Boards.
The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	Scheduled for 10-Sept-25
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	David Jarrett
Plan content and delivery		
The Board is assured that the ICB's plan addresses the key actions outlined in Section B.	Yes	Refer to plan, and comments in section B
The Board has considered key risks to quality and is assured that appropriate mitigations are	Yes	We shall be stress testing our model at the national winter exercise (10 th Sep)

Integrated Care Board:	Bristol, North Somerset and South Gloucestershire ICB
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in place for base, moderate, and extreme escalations of winter pressures.		Modelling from our acute hospitals aligned with our system NCTR trajectory and corresponding surge actions are in place.
The Board is assured there will be an appropriately skilled and resourced system control centre in place over the winter period to enable the sharing of intelligence and risk balance to ensure this is appropriately managed across all partners.	Yes	This is detailed in winter slide pack.

ICB CEO/AO name	Date	ICB Chair name	Date
Shane Devlin		Jeff Farrar	

Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes/No)	Additional comments or qualifications (optional)
Prevention		
<p>1. Vaccination programmes across all of the priority areas are designed to reduce complacency, build confidence, and maximise convenience. Priority programmes include childhood vaccinations, RSV vaccination for pregnant women and older adults (with all of those in the 75-79 cohort to be offered a vaccination by 31 August 2025) and the annual winter flu and covid vaccination campaigns.</p>	Yes	<p>Plans in place to support the covid, flu and RSV vaccination programmes. Regular Clinical Delivery Group (CDG) meetings involving system representatives have oversight of plans and will support vaccinations where needed. Local uptake data will be reviewed on an ongoing basis. The ICB will build on the current good community relationships to support vaccine messaging and an offer of support from the outreach team will be offered to help increase uptake in lower uptake areas as the season progresses.</p> <p>All practices have agreed to offer the covid and flu vaccine this year supporting good access, but the outreach team and community pharmacies will also support this offer in areas of low uptake.</p> <p>In relation to RSV, all PCNs have been reminded about vaccinating those patients turning 80yrs before the end of August. The outreach team has offered support to PCNs to set up clinics and support telephone invites if required.</p>
<p>2. In addition to the above, patients under the age of 65 with co-morbidities that leave them susceptible to hospital admission as a result of winter viruses should receive targeted care to encourage them to have their vaccinations, along with a pre-winter health check, and access to antivirals to ensure continuing care in the community.</p>	Yes	<p>Primary care will invite higher risk patients in for vaccination, community pharmacies plan to proactively target these groups for example when collecting medication. Plan for secondary care to target patients in at risk groups when in-patients or at outpatient appointments and long stay patients. Previous links with patient support groups will be revisited to share targeted messaging and ease any patient worries. Other targeted communications planned.</p> <p>Covid medicines delivery unit in place to support those who may be eligible for antivirals</p>

3. Patients at high risk of admission have plans in place to support their urgent care needs at home or in the community, whenever possible.	Yes	<p>Alignment of community Same Day Urgent Care system across BNSSG. Urgent referrals go through Sirona's Single Point of Access (SPA) and are clinically triaged. UCR capacity is monitored daily, and a joint model with NHS@Home is being developed to support winter pressures, including virtual ward step-up care via regular board rounds. RESPECT forms are accessible through connecting care and available to ambulance crews. F-Ace is active within BNSSG and supporting admission avoidance.</p> <p>BNSSG are piloting the integrated care at home model this winter to assess its impact.</p>
Capacity		
4. The profile of likely winter-related patient demand across the system is modelled and understood, and individual organisations have plans that connect together to ensure patients' needs are met, including at times of peak pressure.	Yes	BNSSG acute bed modelling is aligned against our system NCTR trajectory and discharge programme.
5. Seven-day discharge profiles have been shared with local authorities and social care providers, and standards agreed for P1 and P3 discharges.	Yes	Discharge profiles will vary as we approach winter, but core winter pressure metrics have been assessed by POM with a proactive approach identified for re-ablement to support discharges and our NCTR. Predictive modelling is now business as usual for BNSSG and this will use the latest demographic and patient data to identify pathway activity surges requiring a dynamic system response.
6. Action has been taken in response to the Elective Care Demand Management letter, issued in May 2025, and ongoing monitoring is in place.	Yes	BNSSG have developed an approach and series of actions in response to the letter. We undertook a scoping exercise to identify the current demand management mechanisms in place and opportunities therein such as through administrative or clinical referral management processes, commissioning policies and access, pre-referral support and resources (patient and general practitioner), PFIU etc. and subsequently initiated a series of KLOEs that include, but are not limited to deeper

		<p>investigation of OOA demand, EBI, low value activity etc.</p> <p>Running parallel a programme has been established to optimise advice and guidance.</p> <p>The work is being overseen by the Elective ODG and progress updates shared to Acute HCIG.</p>
Leadership		
7. On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Yes	On call rota populated till end of March, with minimal gaps which we have confidence will be filled.
8. Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Yes	We continue to submit to the national OPEL framework, and utilises our local, more granular and frequently submitted OPEL measures.