Winter Preparedness and Delivery 2026/2027 - Health Board Self-Assessment and Assurance Template

1. Purpose of the Template

This self-assessment aligns to Welsh Government expectations for winter preparedness and delivery 2026/27 and is designed to help regions to coordinate and integrate plans to support a more resilient health and social care system over winter.
It is intended to help you to:
- Review your preparedness for winter pressures
- Provide expected improvement trajectories against targets (where indicated)
- Identify any gaps or risks to delivery
- Provide assurance

NB Learning from the 2025/26 Winter Sprints Challenge shows that a health and social care integrated, partnership approach to planning and service delivery benefits a whole-system response to shared pressures, increases opportunities to collaborate and build positive relationships. We would therefore expect a partnership approach to this self assessment and subsequent planning that allows joint consideration of the expected actions. Such an approach supports improved experiences of people accessing services and the staff delivering care and support.

2. Definition of Success
Winter 2026/27 will be successful if more people receive timely care closer to home, hospital admissions are avoided where appropriate, patients who require admission experience safe and timely treatment without corridor care, discharge pathways operate effectively seven days a week, critical care and acute services remain resilient, and the whole system experiences fewer periods of escalation than Winter 2025/26.

3. Who should complete it

The template should be completed by a **senior officer(s)** with sufficient knowledge and oversight of the region's health and social care / integrated plan to deliver the actions for Winter 2026/2027 .

Input from relevant health and social care teams (e.g. clinical, operational, estates, finance) is essential.

4. How to Complete the Regional Self-Assessment

Please consider two demand scenarios when completing the assessment, most likely and extreme pressure. Plans should cover actions required for both scenarios.

For each action listed please provide an implementation status in Column G.
- If 'partially' or 'not' implemented options are selected in column G, please provide **brief supporting comments** or evidence on identified risks to delivery and actions in place in Columns H and I.
- If 'fully' implemented is indicated in Column G, no further comments are required unless supporting narrative is deemed necessary.
- If an action is not yet complete, please outline the **planned actions and timeline** in Column I.

5. How to Complete the Regional Assurance Template

- For each assurance question please provide an assurance rating from the drop-down options (full assurance, partial assurance or no assurance).
- If 'partial' or 'no' assurance options are selected in column C, relevant actions to provide full assurance must be documented in Column D.
- If 'full' assurance is indicated in Column C, no further comments are required unless supporting narrative is deemed necessary.

6. About the Health and Care Resilience Plan
- All required actions and assurance questions are contained within the 1 Regional Self-Assessment and 2 Regional Assurance tabs.
- To support a single, integrated approach to winter planning, requirements from the Office of the Chief Social Care Officer have been incorporated in tab 3 Health and Care System Resilience Plan. This tab highlights the Local Authority and Regional Partnership Board (RPB) elements of the plan; therefore some duplication with the Regional Self-Assessment and Regional Assurance tabs is expected.
- If both the Regional Self-Assessment and Regional Assurance tabs have been fully completed, there is no requirement to complete the Health and Care Resilience Plan tab separately.
- Where responsibility is shared across organisations, completion should be undertaken collaboratively through established regional partnership arrangements to provide a system-wide assessment of winter preparedness and resilience.

7. Key Aims

The template will ask about regional plans to achieve the winter improvementaim set out by Welsh Government:

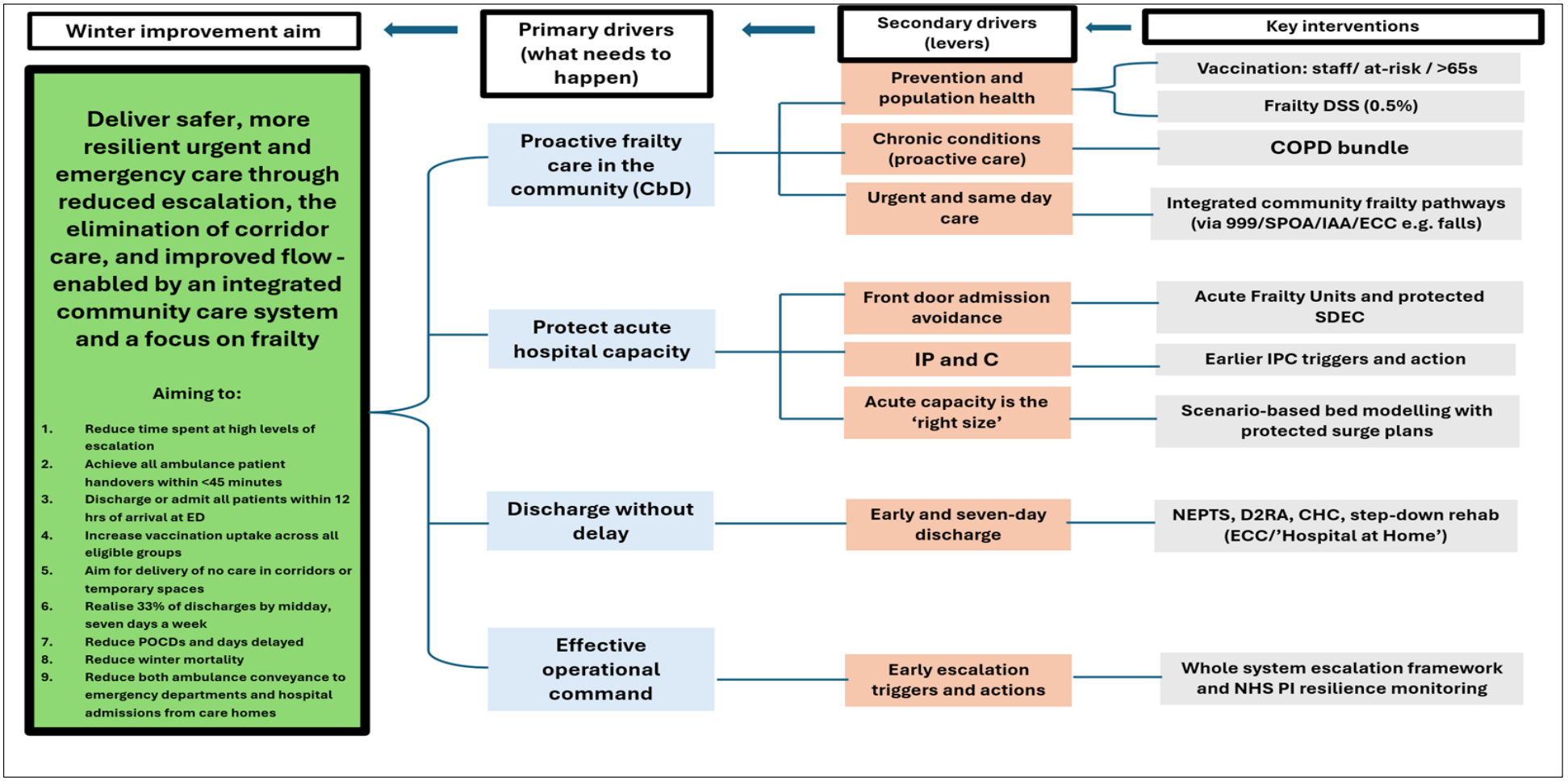
***Deliver safer, more resilient urgent and emergency care through reduced escalation, the elimination of corridor care, and improved flow – enabled by an integrated community care system and a focus on frailty*.**

Aiming to:

1. Reduce time spent at high levels of escalation
2. Achieve all ambulance patient handovers within <45 minutes
3. Discharge or admit all patients within 12 hrs of arrival at ED
4. Increase vaccination uptake across all eligible groups
5. Aim for delivery of no care in corridors or temporary spaces
6. Realise 33% of discharges by midday, seven days a week
7. Reduce POCDs and days delayed
8. Reduce winter mortality
9. Reduce both ambulance conveyance to emergency departments and hospital admissions from care homes

8. Submissions
1. Please submit KEY RISKS to planning and delivery by **31st July 2026** to **NHSPI.Uecresilience@wales.nhs.uk**
2. Please return the DRAFT completed template by **27th August 2026** to **NHSPI.Uecresilience@wales.nhs.uk**
3. Please complete the FINAL completed template by **25th September 2026** to **NHSPI.Uecresilience@wales.nhs.uk**.

In case of any query or if you need support, please contact the UEC Resilience Team on the email address above.


Winter improvement aim
Deliver safer, more resilient urgent and emergency care through reduced escalation, the elimination of corridor care, and improved flow - enabled by an integrated community care system and a focus on frailty
Aiming to:
1. Reduce time spent at high levels of escalation
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8. Reduce winter mortality
9. Reduce both ambulance conveyance to emergency departments and hospital admissions from care homes
Primary drivers (what needs to happen)
Proactive frailty care in the community (CbD)
Protect acute hospital capacity
Discharge without delay
Effective operational command
Secondary drivers (levers)
Prevention and population health
Chronic conditions (proactive care)
Urgent and same day care
Front door admission avoidance
IP and C
Acute capacity is the 'right size'
Early and seven-day discharge
Early escalation triggers and actions
Key interventions
Vaccination: staff/ at-risk / >65s
Frailty DSS (0.5%)
COPD bundle
Integrated community frailty pathways (via 999/SPOA/IAA/ECC e.g. falls)
Acute Frailty Units and protected SDEC
Earlier IPC triggers and action
Scenario-based bed modelling with protected surge plans
NEPTS, D2RA, CHC, step-down rehab (ECC/'Hospital at Home')
Whole system escalation framework and NHS PI resilience monitoring

Winter Preparedness and Delivery 2026/2027: Regional Self-Assessment Template

Please complete and return to: **NHSPI.Uecresilience@wales.nhs.uk** (see instructions tab for submission deadlines).

Primary Drivers	Key Actions	Implementation Deadline	Metrics/Performance data	Lead Organisation e.g. NHS/Social care or both via RPB.	Implementation Status (please select)	Risks to Delivery	Actions in Place and Timeline
	Increasing uptake of influenza vaccination among staff groups using the Influenza Vaccination Lessons Learned 25/26, maximising vaccination champions; peer vaccinators; MECC; and uptake, monitoring roaming immunisation teams and improved accessibility.	01/12/2026	HB Staff flu vaccination dashboard PHW data National Targets	NHS/ Social Care	Partially	Vaccine hesitancy amongst staff groups Reduced peer vaccinator support and activity. Lack of protected/allocated time to attend vaccination clinics. Limited capacity of providers to deliver across multiple settings.	Communication plan in place. Social care staff and HB staff can access vaccination across multiple community pharmacies or GP practices Occupational health/imms team and peer vaccinators to support vaccination for HB staff which will enable accessible vaccination delivery. Service Group flu leads in place. HB staff flu vaccination will commence 14th Sept which is earlier than 2025/26 campaign Social Care Staff will be informed as soon as the vaccinations are available for their staff to obatain.
	Ensure equitable and timely provision of Flu vaccination to School age children, including Electively Home Educated children and those in Pupil Referral Units and Youth Offender Institutes.	01/12/2026	HB Staff flu vaccination dashboard PHW data National Targets	NHS	Partially	Limited engagement and communication with EHE individuals and CYP supported by PRU and youth offending individuals.	Vaccination information shared via LA partners with dissemination to individuals who are registered as EHE. Vaccination pathway is via GP's with additional offer of domiciliary immunisation for those who are unable attended GP practice clinics. HB clinics will commence from 1st December for those with outstanding vaccination.
	Increase uptake of COVID, Flu and RSV vaccines to protect against winter respiratory illnesses, ensuring that the reduction of inequities is prioritised by targeting low-uptake groups and care home residents, utilising uptake monitoring.	01/12/2026	HB Staff flu vaccination dashboard PHW data National Targets	NHS/ Social Care	Partially	Vaccination hesitancy amongst eligible groups impacting on uptake rates. Limited engagement from those living in most deprived areas impacting on vaccine uptake rates Lack of access to vaccination clinics or unflexible clinic appointment times	GP practice flu plans will inform on accessibility/flexibility Implementation of HB's vaccination strategy to target eligible individuals in most deprived communities. Use of Immbulance will support improved accessibility. Vaccination in ante-natal clinics will support improved convenience for pregnant women. MECC approach to care home residents for flu / COVID/RSV Cluster initiatives to improve uptake of 2/3 yr olds in collaboration with imms team and HV team. Local dashboard will inform uptake and targeted interventions to improve uptake in a timely way
	Existing action: Work with UEC Programme to implement the essential requirement of the Acute Front Door Frailty Service as agreed with UEC Programme.	01/11/2026	Reduction of Emergency Admissions of >65S from ED to hospital.	NHS	Partially	Risk of insufficient flow to reduce bedding. reducing the likelihood of sustainable change being achieved. System pressures impacting the service and in some cases causing overnight bedding	Acute Frailty programme established, led by clinical lead. OPAU working group in place to drive and oversee improvements. Weekly Implementation meetings established. Actions and activity tracked and reported through the UEC operational Group and the monthly UEC Programme Board QI matron in place - funding secured until the end of September 2026. Focus of the role is to drive improvement activity.
	Existing action: Issue and support implementation guidance for providers of general medical services (Frailty 0.5%).	01/11/2026		NHS	Partially	Risks will be reviewed in line with decisions at the August Board. Current risks remain around available finances and GP uptake based on previous years.	Paper has been drafted. To be discussed at August Exec Board. Further actions to be outlined following outcome of Exec Board.
	Existing action: Local Health Boards and Local Authorities to collaborate to continue to increase referrals to Enhanced Community Care (ECC) and Multi Professional Wrap Around Care (including Reablement). Self-Assessment and subsequent planning should consider and advise improvement trajectories.	01/11/2026		Via RPB	Partially	Cost pressures across partners	Community Services review and preformace review are on-going through the partnership structures. Delivery of ECC in predominately through services such as the VW / ACT . PCTG are advancing amalgamation of ACT/ VW under 1 enhanced community care service. RPB continues to improve the process for both Pathway 1 and Pathway 3 to support timely discharge from hospital.
	Existing action: Local Health Boards provide robust community nursing services to support the multiprofessional team around the person across a 7 day period - Weekend capacity should be at circa 80% of that of week day. Self-Assessment and subsequent planning should consider and advise improvement trajectories against target expectation.	01/11/2026		NHS	Partially	Interdependencies with the assessment of Community Nursing Review - which is on-going.	There are ongoing discussion with the national lead for Nursing and lead for AHP. regarding community resources to match weekend capacity. This will include weekend resource calculated through community transformation for DN, VW, ACT, under the ECC umbrella. .

1. Proactive Frailty Care in the Community (CbD)	Implement 'neighborhood level' timely, accessible, coordinated and TEC enabled Information, Advice and Assistance (IAA).	01/11/2026		Via RPB	Fully		Both LA's have Front door services that provide IAA if a person required support via TEC enabled care the Staff can arrange assessments
	Enhanced management of key areas of urgent and emergency care community demand within community setting - Care homes (admission avoidance and alternative pathways to conveyance).	01/11/2026		NHS/ Social Care	Partially	Interdependencies with other services : CCBC dependent on WAST calling prior to CCBC SPOA dependent on outward referral pathways to prevent admission	Work programme in place. Aligned to the wider UEC programme and SBU and regional priorities. Actions taken place and being progressed include: CCBC for Care Homes has been trialed. To increase capacity Contact First GP has been transferred from PCT to SPOA to manage increased call volume from CCBC. Ring fenced spaces have been allocated from VW to increase outward pathways options (4 spaces shared with OPAU) Care homes within the region have direct line and access to SPOA. CCBC has been extended to cover all non-urgent calls from WAST (including Care Homes) with the aim of further avoiding conveyancing where not necessary.
	Existing action: Proactive management of 5% most at risk of urgent care (including falls / care home residents) through implementation of Proactive Care principles by Regional Partnership Boards, Pan Cluster Planning Groups and integrated health and social care community services.	01/12/2026		Via RPB	Partially	Dependnent on sufficient capacity within the system	As outlined in the template. A number of projects are focussed on supporting at risk patients, including COPD/ respiratory pathwys, current falls project and regional working group - long term model, community services e.g ACT, VWs, admission avoidance pathways CCBC/ SPOA and specific Care Home pathway, front door turnaround model - inc frailty / OPAU, Mental health services.
	Respiratory winter planning including applying a proactive COPD High Risk bundle to COPD management: Health Boards should use available data to identify high-risk patients and engage with them proactively before the winter period.	01/11/2026		NHS	Fully	Workforce fragility due to a number of vacancies/ awaiting vacancy panel	Action in place. To review performance a review of all patients admitted to ED and who are known to the service has taken place over the last 2 years . Outcomes: 2 years ago, 2 years ago c8 patients were unknown. 2025/26 , all patients admitted were known. A winter preparedness communications is being developed for distribution to all GP practices, incorporating proactive identification and management of high risk COPD patients. A protected Learning Time (PLT) session is also planned to support implementation of the COPD High Risk Bundle.
	Ensure all patients receive the BTS Post-Exacerbation Care Bundle and are followed up within 14 days of hospital discharge.	01/11/2026		NHS	Partially	Workforce fragility due to a number of vacancies/ awaiting vacancy panel	This is in place for high-risk patients (please see above) Delivery of the BTS Post Exacerbation Care Bundle remains dependent on implementation within SDEC and secondary care services at the point of discharge. Discussion to be planned with secondary care to ensure a consistent discharge process and timely follow up.
	Develop clear pathways offering alternatives to Emergency Department attendance for patients who cannot be safely managed at home.	01/11/2026		NHS	Fully	Workforce fragility due to a number of vacancies/ awaiting vacancy panel	A COPD Admissions Avoidance pathway is established and operational, providing an alternative pathway to ED attendance for appropriate patients.

	Ensure access to Pulmonary Rehabilitation within 2–4 weeks after an exacerbation.	01/11/2026	30 day	NHS	Partially	Guidance states that delivery is 30 days not 2 -4 weeks post exacerbation. Further explore different models of achieving equity of service.	BTS Quality Standard guidelines state 30 days ofter an admission to hosp with exacerbation. model / pathway in place based on patient need (30 days is often too soon for patients) COPD team Bridgemnd (sla) have a generic tech b3 who will performe home excercise programmes during the time when patinet is ready . (2 cx a week for 6 weeks and other MDT within that service inc nurse, physio, OT and dietetics. Swansea Bay refer to Pulmonary rehab when appropriate and experdite when needed . cohort programmes not roling programmes , service is delivered in community venues closer to people's homes. Service is seeing general patients within 90 days of referral, but can offer next available if needed Part NRAP Pulmonary Rehab audit - All Wales National report .
	Existing action: Work via community by design led by Respiratory Network to consider remote monitoring options for selected high-risk patients.	01/11/2026		NHS	Fully	Workforce fragility due to a number of vacancies/ awaiting vacancy panel	Remote monitoring for selected high-risk patients is already being delivered through the COPD Admission Avoidance Team. On-going evaluation will determine opportunities for further expansion. The team did consider tele health , however the team operate beyond this . COPD patients are seen in person and give education. Tele medicine was seen as a step back to the process in place maintaining people at home.
	Health Boards to ensure clinical teams in primary and community settings dealing with chronic and acute respiratory disease are encouraged to apply, where appropriate, the nationally agreed management guidelines for COPD, asthma, RSV Bronchiolitis, and Community Acquired Pneumonia.	01/11/2026		NHS	Partially	Workforce fragility due to a number of vacancies/ awaiting vacancy panel	A winter respiratory clinical update is being prepared for circulation to all GP practices, reinforcing the application of nationally agreed clinical guidelines. This will be supported by a dedicated PLT educational session ahead of the winter period
	Health boards/WAST to ensure updated / accurate Directory of Services to support reducing hospital conveyances.	01/11/2026		NHS	Partially	Failure to reduced convayancing where alternative option / service available/	Arrangements in place between WAST and SBU in relation to SPOA. Health Board collating information for WAST on contact details for alternative service provision for breathlessness.
	Provide assurance that arrangements/processes are in place to bring forward repeat prescribing and medication ordering ahead of the Christmas and New Year period, particularly for dispensing practices (applicable to all GP practices and especially dispensing doctor practices).	01/11/2026		NHS	Fully	Whilst not a barrier to the delivery of the action, whilst services are fully implemented and available, there is a need to take a balanced approach to further promotion given the financial pressures within the community pharmacy budget and potential to add to overspend.	Fully implemented. Arrangements are well established and are put in place each year as part of our winter planning arrangements. This includes communications to practices around bringing forward repeat prescribing ahead of the bank holiday period.
	Health Boards to promote community pharmacy services (Sore Throat Test and Treat / UTI services).	01/12/2026		NHS	Fully	Whilst not a barrier to the delivery of the action, whilst services are fully implemented and available, there is a need to take a balanced approach to further promotion given the financial pressures within the community pharmacy budget and potential to add to overspend.	Fully Implemented . Services are established across Swansea Bay and continue to be promoted through GP practices and community pharmacies as part of their primary care offering.
	Provide planned District Nursing staffing levels for each day across the period expressed as a % of the average weekday day capacity.	01/11/2026		NHS	Fully	There remains risks around capacity in the event of staff sickness and annual leave - with will be managed through established governance arrangements and Business continuity planning.	The Health Board and service operates in line with the safe staffing principles. Daily workforce figures are available if required.
	Enhanced management of key areas of urgent and emergency care community demand within community setting - L1 and L2 falls response pathways.	01/11/2026	Reduce Ambulance conveyancing of L1 and L2 fallers to EDby 10-15% on the 25/26 baseline. Reduce EMA of L1 and L2 fallers by 10-15% on the 25/26 baseline. Pts to receive an urgent care response and be safely lifted from the floor within 2	Via RPB	Partially	Lack of sufficient funding to grow falls service to match ambition.	l1 currently commissioned - First aider in vehicle commissioned in 25/26 . The service is commissioned until the end of August 2026. Work on going regionally on the development of an integrated falls model. Workstream established and outline model has been developed and discussed at the Regional Older Person's Board. Work will continue to be progress on the development of the regional model through the group. A review of regional finance will consider the opportunity for regional funding.

	Implement Single Point of Access to Urgent Care (LHBs) as a component of enhanced regional system navigation providing at minimum a 5 day service operating 12 hours a day.	01/12/2026		NHS	Partially	Linked to interdependencies including: CCBC dependent on WAST calling prior to CCBC SPOA dependent on outward referral pathways to prevent admission SPOA financial allocation to be confirmed during 2026/27	SPOA rolled out. Transfer of Contact First GP into SPOA 1st July. CCBC for all non-urgent calls from 1Sst July. Contact First GP transferred from PCT to SPOA to deal with increased call volume from CCBC SOP developed Ringfenced spaces allocated from VW Continue to track performance Embed CCBC process A proposal has been submitted re reconfiguration of NHS 111 Contact 1st model though utilisation of UPCC. capacity following removal of "Always ED" critiera - discussion on ongoing.
	Within an integrated IAA model of care, ensure of continuation of the six goals programme community-based falls response framework.	01/12/2026		Via RPB	Partially	Lack of sufficient funding to grow falls service to match ambition.	Work is being progressed through the Regional working arrangements and Older Person's Board. A outline model has been presented to the board and PID developed. A regional group has been established to further work up the proposed model and benefits. A review of regional funds to take place to review availability of regional money.
	Health Boards/ WAST to promote and utilise appropriate pathways for hospital avoidance i.e.: SDEC/MIUs/Community services to reduce conveyances.	01/12/2026			Partially	Interdependencies with other services : CCBC dependent on WAST calling prior to CCBC SPOA dependent on outward referral pathways to prevent admission Available PMO support to help drive delivery.	SPOA rolled out. Tranfoer of contact 1st GP into SPOA 1st Jult. CCBC for all non-urgent calls from 1st July. Contact first GP transferred from from PCT to SPOA to deal with increased call volume from CCBC. SOP has been developed Ringfenced space allocated from VW SCED / AMU and SDEC / Acute Frailty working groups in place. Element of PMO resource secured.
	Existing action: Actions to achieve Handover 45 based on agreed trajectories.	01/12/2026	95% conveyed within 45 min September 26	NHS	Partially	Factors relating to operational pressures, including availability of workforce over the winter period, capacity remaining within community provision both for admission avoidance and discharge. Financial pressures across organisations.	Significant work has taken place and is ongoing, through established programme structure - reporting through UEC Operational Group and UEC Programme Board. H45 went live on the 1st July, 7am-7pm . Delivery plan is in place with the aim of increased compliance (95%) in September. Position remains challenging at the moment with the impact of the heatwave on front door demand and system pressures. Current compliance at the end July 50% (based on 80% 12 hr. a day) However, compliance hit target during the first 3 weeks of July. As part of the wider UEC programme and to support delivery of the H45 SBU have agreed a ToC plan based on whole system improvement throughout August and to deliver a number of priorities including discharge lounges in NPT/S GH a focus on home before lunch and weekend through the optimal flow project. There are also breakthrough measures that focus on meeting the 12 hr. in department compliance to support capacity create capacity and flow.
	Existing action: achieve 60 minute target for ED wait to be seen (i.e. rapid assessment at the front door).	01/12/2026		NHS	Partially	Risks remain around systems pressures including workforce/ Operational pressures / system capacity and flow, limited community alternatives to ED , increased numbers with NPT MIU.	This forms part of the UEC Programme and plan with established reporting through the UEC Operational group and UEC Programme Board. There is a UEC plan and priorities in place aimed at improving system flow and capacity and supporting the delivery of this target. Test of Change programme has been agreed to run throughout August and will be focused on front door turn around supported by PCT . Detail to be worked up during August . ToC team to work with OPAU/ ED as part of the breakthrough objective.

	Actions to ensure appropriate admission criteria followed to avoid unnecessary admission (Home First approach).	01/12/2026		NHS	Partially	Workforce capacity , flow	Work is being progressed through UEC delivery . TOC to take place during August. This work will include T&O review . A review of current admissions with 75% of admissions category 1-3, which in comparison to Wales figures demonstrate the high level of acuity coming through Morriston. ED ambulatory group to work up a PSDA -during August.
	Health boards must follow Infection Prevention and Control guidance to reduce Acute Respiratory Infections transmission.	01/12/2026		NHS	Partially	Insufficient Engineering controls: There is no mechanical ventilation to provide good quality air in clinical spaces. Most in-patient accommodation only has natural ventilation i.e. through opening windows. Insufficient single rooms: To meet the needs of all patients requiring a single room. Patient with infectious symptoms are often cared for in communal bays. Changes in national guidance/ resource availability: Following a review of literature and evidence, the advice and terminology used to describe the transmission based precautions has been revised by Health Protection Scotland (HPS). CNO letter issued 30/07/26.	1. Installation/ upgrade required in many of the existing clinical spaces. Existing air handling units need replacing as they are past their life expectancy/ installation. 2. Scoping exercise being undertaken by Capital planning to assess the feasibility and impact of increasing single room accommodation. 3. PPE/ TBPs - Launch via NIPCM HARP website is expected August 2026. Appropriate local arrangements will be made to support implementation of the revised guidance including education awareness campaign to communicate these changes to clinical staff and to amend local resources / protocols in line with the new guidance/ national resources. The resources from HPS have not yest been made fully available. 4. RPE FFP3 fit testing - All clinical staff are required to be competency assessed at least every 2 years to wear respirators. Compliance is low among staff groups. Service groups have been asked to include actions to improve their Infection reduction Improvement plans. 5. Financial/ Recruitment restrictions: Health and Safety teams have developed a business case to increase the number of accredited trainers; The post is essential to provide clinical staff with mandatory training , but as the post is deemed non-clinical BC not supported.
	Healthcare Associated Infections (HCAI): Health boards and NHS Trusts must deliver against the improvement goals set out in the Welsh Health Circular issued in September 2024.	01/11/2026		NHS	Partially	Organisational/ Environmental factors: Financial challenges/ overcrowding/ reduced bed spacing/ single room capacity/ poor ventilation Cleaning provision risks : over-occupancy, recruitment/ retention, lack of funding to implement new 2025 standards Adherence to best practice: ANTT adherence, invasive device monitoring and decolonisation uptake. Patient factors: increased acuity, comorbidities and age of IP poulation Volume of COP.	Weekly HCAi tracker shared weekly by email and available on IPC SharePoint page. IPC Dashboard available in Power BI SBUHB Infection reduction Improvement Plan developed, each SG has their own plan that supports the delivery of infection reductions. Monitored by the Infection Prevention and Control Strategic Group chaired by the Exec Medical Director/ Deputy . Risk based impact assessment of new NHS Wales Standards for Healthcare Cleanliness difficulties in implementation within existing financial recovery plan Trial of new microfibre cleaning systems. Procurement of additional high-level disinfection equipment (UV-C) Continuation of QI Project in Acute Medical Unit focusing on AMS and 72-hour review, improving switch to oral route for administration C.difficile collaborative participation. Gold C.difficile High Incidence Management Group will continue as Health Board continues to have highest incidence of C.difficile in Wales. Increased Exec oversight of service group HCAI preformance and Imrovement plans. Refresh ANTT traiing packages and drive with assessors to increase competency assessment. Interventions necessary to have a postive impact on the most common cause of Gram negative infections
	Development and delivery of a plan capable of effectively managing periods of increased demand for UEC whilst not impacting on planned care capacity (inclusive of up to date bed modelling and confirmation of surge capacity Funded and Unfunded).	01/12/2026		Via RPB	Partially	Bed capacity, workforce, finances	UEC governance arrangements in place through SBU UEC Improvement Board, Regional OP Board. Focus on priorities relating to flow, admission avoidance, esp. in relation to Pathway 1,2,3 models - work progressing, regional falls, and internally on UEC 3 Pillars and H45 and HB agreed breakthrough targets and priorities relating to Increase discharges before 12 and on 2/e , improving front door turn around, and optimal flow. Working in conjunction with LA re discharge plans. . BCI plans , YNP , boarding,

2. Protect Acute Hospital Capacity	Residential / nursing care home capacity (including nursing and residential care homes). Please provide additional bed numbers where appropriate and how you have been engaging with local care home providers in your region and beyond if applicable)	01/11/2026		Via RPB	Partially	No funding available to increase number of beds	LA's continually monitor the bed utilisation in the care homes. LA's speak daily to providers and have multiple forums. Commissioners will have conversations with provider to ensure admission to care home throughout the winter period
	Development and delivery of a plan capable of effectively managing periods of increased demand in paediatric care across acute services on an all-Wales basis (*Health Boards to connect to nationally led NHS PI work).	01/12/2026	Monitoring of paediatric bed occupancy, HDU capacity, PAU activity, staffing levels, patient admissions and discharges, escalation status, participation in paediatric SITREP process, utilisation of escalation levels in line with the CID5052 General Paediatric Inpatient Escalation Policy.	NHS	Fully	Whilst an established paediatric escalation and surge plan is in place, there is limited dedicated ward overflow capacity. Ward M is primarily the designated surgical ward; however, should demand exceed existing paediatric capacity, reduction or cancellation of planned elective activity may be required to safely utilise Ward M for paediatric medical outliers and urgent admissions. Workforce pressures and sustained periods of high acuity may also impact service capacity during periods of increased demand.	Swansea Bay UHB has an established CID5052 General Paediatric Inpatient Escalation Policy in place which provides a framework for managing periods of increased demand across acute paediatric services. The policy includes defined escalation levels, bed capacity and staffing monitoring, surge capacity arrangements, workforce redeployment processes, discharge and repatriation planning, cancellation of elective activity where required, and utilisation of Ward M (Paediatric surgical ward) for medical outliers when additional inpatient capacity is required. The policy also includes arrangements for collaboration and mutual aid with neighboring Health Boards in line with the Welsh Government Operational Paediatric Escalation Levels (OPEL). demand, capacity and staffing are monitored through established operational escalation processes and participation in paediatrics SITREP reporting.
	Emergency Critical Care bed capacity plans are in place to ensure timely access for emergency admissions throughout the winter period.	01/12/2026		NHS	Fully	ICU roof repairs to take place. Reduced capacity September - December. Capacity plans are in place to mitigate the risk.	In place.
	Ensure a fully updated Critical Care surge plan is in place, including workforce surge arrangements and clear escalation pathways, to ensure safe expansion of capacity to support increased Winter ARI.	01/12/2026		NHS	Fully	ICU roof repairs to take place. Reduced capacity September - December. Capacity plans are in place to mitigate the risk.	In place.
	Existing action: Actions to eliminate 12 hour ED waits based on agreed trajectories.	01/12/2026		NHS	Partially	Risks around workforce availability during the winter periods and capacity within services.	Delivery of the target is dependent on implementation of the internal UEC programme and regional priorities around flow and discharge. Details of specific projects have been outlined in the self-assessment. Focus will be on ToC during August including optimal flow and continuation of the work around D2RA pathways.
	~~Existing action: Actions to achieve Handover 45 based on agreed trajectories.~~	01/10/2026	DUPLICATE LINE 30	NHS			
	~~Existing action: achieve 60 minute target for ED wait to be seen (i.e. rapid assessment at the front door).~~	01/12/2026	DUPLICATE LINE 31	NHS			
	Elimination of corridor care.	01/12/2026		NHS	Partially	Risk around system pressures over winter. and delivery of regional and internal actions. Delivery of dependent of maintaining flow and capacity across the whole system and within the community provision.	Please see above - actions relating to UEC delivery, HB breakthrough priorities and regional work focus on improving flow and reducing the need for corridor care.
	Health Boards to ensure clear escalation bed modelling that is inclusive of community beds with engagement from primary care teams that oversee community beds. This should include clear surge capacity plans based on most likely and extreme pressure scenarios.	01/11/2026		NHS/ RPB	Partially	Continuation of high levels of demand and capacity pressures within community services.	Bed modelling taken place. Bed reconfiguration programme established. Regional work around Pathway 3 and cohort ward on-going . Workshops taken place, Pathway to be completed by September
	A plan is in place to ensure operational resilience of mental health urgent care including 111#2, crisis alternatives, crisis resolution home treatment teams, inpatient services and S136 capacity including senior decision makers.	01/11/2026		NHS	Fully	Risks around workforce availability during the winter periods and capacity within services.	Divisional Plans in place. MH/ LD service part of the Winter Planning organisational planning.
	Identify the people who frequently access mental health urgent care services and the people at high risk of mental health crisis and ensure they have a person centered crisis plan in place that is known and accessible to the person, their carers or supporters as agreed and the relevant services.	01/11/2026		NHS	Fully	Risks around workforce validity during the winter periods and capacity within services.	In place.

	Ensure plans in place and describe the plans to cover: 1. Social worker capacity 2. Capacity for community and hospital-based assessments. 3. Social care packages (including domiciliary care availability/Reablement assurance (Assurance around capacity to Right Size Package)	01/11/2026	Yes	RPB	Fully		1. Social Worker Capacity - Continually monitored and data is provided in the checkpoint reports. 2. LA's have 3 community reablement facilities which will support assessments during the winter period along with the CWT and D2RA Teams within Home Care to provide assessment in peoples own home. 3. Right sizing work is ongoing to ensure capcacity and commissioner will be speaking with providers to ensure that packages of care are started during the winter period
	Existing action: Implement the actions identified within the UEC Hospital Pressures Plan.	01/12/2026		NHS	Partially	Risks relate to the delivery of projects both regionally and internally, workforce capacity, management of flow, sufficient capacity in the community	Please see above - actions relating to UEC delivery,, the Health Board breakthrough priorities and regional work which all focus on improving flow and reducing the need for corridor care.
3. Discharge Without Delay	Existing action: Consistent delivery of the six goals programme 'optimal hospital flow framework'.	01/11/2026		NHS	Partially	Risks relate to the delivery of projects both regionally and internally, workforce capacity, management of flow, sufficient capacity in the community	ToC to take place over August. Focus to improve flow and build on work done on Optimal flow. Senior nursing plan in place for August, Leadership nurses to support wards physically - rota in place (2 days a week / 16 on rota) Digital development during August to support ward delivery and performance management. August MORR September / Oct NPT / SGH (dependent on funding for programme leads) 3 wte / 2 roles working alongside existing site flow colleagues. *** SEE hlr p3 Bid to NHS P&I to be submitted.
	Existing action: Applying a proportionate approach to 7-day health and social care working to enable discharge of people during the weekend and prevent admission.	01/10/2026	Yes	RPB	Fully		A proportionate 7-day working model is already in place across several health and social care services to support discharge and prevent admission over weekends. Key services such as ACT, District Nursing, Domiciliary Care, Community Reablement Teams, and Community Therapies operate across 7 days where resources and contracts allow. Senior decision-makers and operational staff are available on-call to support weekend discharges, and transport and pharmacy services are also accessible, albeit scaled back. However, full 7-day coverage across all services would require additional funding and contractual changes—particularly for Social Workers, who are not currently contracted for weekend work. Continued collaboration and robust weekend planning are essential to maintain flow, especially during surge periods.
	Undertaking Decision Support Tools (DST)/Continuing Health Care (CHC) process in the community to reduce CHC related discharge delays in hospital.		Yes	RPB	Fully	Risk around system pressures over winter. Delivery of dependent of maintain flow and capacity across the whole system and within the community provision.	Arrangement has been in place with both LA s for some time and is working well. MH and LD process also in place.
	Existing action: Consistent delivery of the Trusted Assessor model.	01/11/2026	Yes	RPB	Partially		We have a Trusted Assessor model that assess for: Community Reablement; Bedded Reablement; EMI Resettlement Assessment Beds. West Glamorgan promotes "Home First" where possible and uses the discharge to recover then assess model extensively Our current trusted Assessor model promotes a proportionate assessment and discharge to domiciliary care reablement and short-term bedded reablement, to promote recovery pending full assessment for those with ongoing care and support needs. Changes to the structure of the assessment and care management functions have been designed to increase the review function to support the undertaking of timely and agile reviews.
	Existing action: Embed D2RA Pathways into practice (optimising the Home First approach).	01/11/2026	Yes	RPB	Partially	Risk around system pressures over winter. and delivery of regional and internal actions. Delivery of dependent of maintaining flow and capacity across the whole system and within the community provision.	Work is progressing through the Regional Partnership arrangement. the Focus has been on P1 and P3 model and processes. Regional Pathway 1 process has been implemented. Workshops around pathway 3 have taken place- this includes plans for complex discharges POC and the development of a P3 ward. with dedicated MDT Procsses to be finalised by the end of September 2026.

	Existing action: Implement and apply criteria led discharge to support pre-midday and weekend discharges.	01/11/2026		NHS	Partially	Available funding beyond September. Roles required to roll out across NPT and SGH during September and October.	CLD is being progressed as part of the UEC programme, aimed at improving flow, capacity and discharge and is reported via weekly UEC Operational meetings and UEC PB. The CLD process has been signed off for midday discharges . Significant imporvement has been seen on the wards where the team has been focused. Delivery of sustainable improvement across sites will form part of the Optimal Flow project and roll out during August (Morriston) and September/ October (NPT/ SG) dependent on available funds beyond September. Improvement wards worked with , need sustainable imp. see opt flow work.
	Existing action: Management of pathway of care delays and clinically optimised patients.	01/11/2026	Yes	RPB	Partially	Risk around system pressures over winter. Delivery of dependent of maintain flow and capacity across the whole system and within the community provision.	Work is progressing through the Regional partnership arrangements and UEC Pillar priorities. Please refer to line 53.
	Hospital Discharge/care transfer capacity - Hospital discharge and care transfer arrangements (including Home First pathways and discharge capacity/ NEPTS Capacity or community transport capacity in place, along with ensuring third sector support in place to ensure settling in support in place.)	01/11/2026	Yes	RPB /NHS	Partially	iS THIS fully? We are still discussing and have workshops arranged with NEPTS I would say this is partial	
	Existing action: Actions to prevent deconditioning and maintain function.	01/11/2026	Yes	Via RPB	Partially	System pressures leading to a lack of community capacity to discharge patients in a timely way. Continuation of funding to support the Optimal Flow project and roll out beyond Spetember 2026.	UEC Priorities focus on front door turn around, optinal flow to experdite discharge etc The Pathwys esulation frame work and the pathways process development along withhte OHF work will addrss the flow there for preventing long stays when ther eare complex discharges we will need comsider the best place fo rthe individuals (reablement bed/ Ward with MDT therapies)
4. Effective Operational Command	Develop regional operational resilience plans for the period 01 December 2026 – 31 January 2027 inclusive of any MADE events pre and post-Christmas periods.	01/11/2026		NHS	Partially	Operational pressures over winter, including availability of staff, continued capacity within community services to absorb activity at the front door,	Sprint plan developed 25 / 26 and Easter 26. Operational Sprint plan to be developed based on these plans and lessons learnt Sep/ Oct 2026
	A winter sprint is planned 7th to 21st December 2026. Develop detailed day by day regional operational resilience plans and actions associated with the winter sprint.	01/11/2026	Yes	NHS	Partially	Operational pressures over winter, including availability of staff, continued capacity within community services to absorb activity at the front door,	Sprint plan developed 25 / 26 and Easter 26. Operational Sprint plan to be developed based on these plans and lessons learnt Sep/ Oct 2026
	Oversight and Escalation (Health, Social Care & RPB) Executive/Director level presence / support over 22 December 2026 – 3 January 2027	01/11/2026	Yes	NHS/ Social Care	Partially	This will be in place in December	To be developed as part of winter operational arrangements and will be outlined within operational planning templates. (Oct/ Nov) NHS arrangements will follow established command and control structure.
	Implement updated Escalation Framework and associated triggers and actions.	01/10/2026	Yes	RPB	Partially		Implement escalation processes for D2RA Pathways

Winter Preparedness and Delivery 2026/2027: Regional Assurance Template

Please complete and return to: **NHSPI.Uecresilience@wales.nhs.uk** (see instructions tab for submission deadlines).

Assurance Questions	Local Comments	Assurance Rating (please select)	Lead Organisation e.g. NHS/Social care or both via RPB.	Actions Required to Provide Full Assurance
Vaccination and Prevention				
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 and the annual winter flu and covid vaccination campaigns.		Full	NHS/ Social Care/	Paper and Plan developed - to be reviewed in August. Governance and monitoring arrangements in place
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.		Full	NHS/ Social Care/	Paper and Plan developed - to be reviewed in August. Governance and monitoring arrangements in place
3. There is a plan in place to maximise flu vaccination uptake amongst frontline staff and achieve Welsh Government vaccination expectations for 2026/27.		Full	NHS/ Social Care/	Paper and Plan developed - to be reviewed in August. Governance and monitoring arrangements in place
Identification and Proactive Management of High-Risk Populations				
4. Health Boards have identified high-risk COPD patients and implemented a proactive winter respiratory care plan including bundle compliance, post-discharge follow-up and access to pulmonary rehabilitation.		Full	NHS	Identification in place - further detail on the COPD/ respiratory targets are outlined in the self-assessment.
5. High-risk populations, including people living with frailty, respiratory disease, long-term conditions and care home residents, are identified and proactively managed before and during winter, through coordinated community, ECC and Primary Care interventions to reduce deterioration, conveyance and admission.		Partial	NHS/ Social Care/	Significant work is on-going and planned around WG priorities. This is being driven through an extensive programme of work both at UEC Board level within the Health Board and through the Older Person's established partnership arrangements. Please refer to the S/ A for detail.
Frailty Services and Admission Avoidance				
6. Proactive frailty and care home support arrangements are in place, including identification and management of people at highest risk of urgent care attendance, admission or conveyance.		**Partial**	**Via RPB**	
7. The Acute Front Door Frailty Service is operating in line with the agreed essential requirements.		Partial		Work programme in place. Please refer to the S/A for detail
8. Patients at high risk of admission have plans in place to support their urgent care needs at home or in the community, whenever possible.		Partial	Via RPB	Work has been outlined in the self-assessment which identifies a number of areas where this is in place, including MH, COPD, VW, ACT teams. and where patients plans in place, There is also a focus on the at risk population through established arrangements such as CCBC to support care homes, development of SPOA, and the frailty at the front door programme. . Work progressing in line with comments in S/A
Community Capacity, Urgent Response and Alternatives to Hospital				
9. District Nurse, ECC and Primary Care have sufficient workforce, skill mix and 7-day capacity to meet winter demand safely.		Partial	NHS	This has been outlined in the self-assessment and further detail regarding the work that is progressing with the community nursing review and discussions with NHS leads. Risk have also been outlined inc
10. Community alternatives to hospital attendance are in place including Single Point of Access, Remote Integrated Care Services, step-down facilities, community pharmacy pathways and falls response services, services delivering enhanced community care (ECC) with evidence of utilisation and impact.		Partial	NHS/ Social Care/	Significant work is on-going and planned around WG priorities. Please refer to the S/ A for detail on induvial services outlined.
11. There is a plan in place across all partners for: a. Palliative and end of life care over the winter period b. SPOA in place for a minimum 5 days per week (12 hours per day) c. Enhanced Community Care & Intermediate Care Services d. GP out-of-hours capacity e. Community pharmacy out-of-hours capacity		Partial	NHS/ SC/ RPB	Plans are either in place or being developed for Winter, including the overarching Regional plan and operational plans. Cross organisational Winter planning group established , chaired by SRO/ SBU interim COO.

Demand, Capacity, Surge Planning and Protection of Planned and Critical Care				
12. The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to most likely and extreme pressure surges in whole system demand; supported by a comprehensive surge plan including workforce and escalation arrangements.		Partial	NHS/ Social Care/	Bed Modelling has taken place. A number of performance dashboards have been established to enable monitoring of UEC activity and trends. Winter modelling against the plan for Worst and most likely will be undertaken in September once modelling has been released. Winter mitigation arrangements will be discussed on a regional basis during Q3 to ensure mitigation is in place for winter.
13. Bed modelling has been completed (Acute & Community) with a clear process for escalation during peak periods that will not impact on planned care delivery.		Partial	NHS/ Social Care/	Bed Modelling has taken place. A number of performance dashboards have been established to enable monitoring of UEC activity and trends. Winter modelling against the plan for Worst and most likely will be undertaken in September once modelling has been released. Winter mitigation arrangements will be discussed on a regional basis during Q3 to ensure mitigation is
14. 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.		Partial	NHS	Planned care and cancer plans have been submitted to Welsh Government for review.
15. Critical Care bed capacity plans and a fully updated Critical Care surge plan, including workforce escalation arrangements, are in place.		Full	NHS	Plans in place, mitigation outlined in plans regrading roof repairs during Q3.
Workforce Resilience and Clinical Decision-Making Capacity				
16. Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends.		Partial	NHS/ Social Care/	Plans and rotas will be completed as part of operational a divisions' winter planning arrangements.
Infection Prevention and Control (IPC) Preparedness				
17. IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.		Partial	NHS	IPC leads have been involved in discussions. Please refer to S/A for comments
18. 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.		Partial	NHS	Please refer to self assessment. Actions through Exec oversight and focus of Service group complience through performance meetings are in place to improve training numbers
19. A patient cohorting plan including risk-based escalation is in place and understood by site management teams, ready to be activated as needed.		No	NHS	Please refer to self assessment regarding the comments around environmental risks and actions.
System Partnership and Discharge Governance				
20. A Memorandum of Understanding (MOU) is in place with Local Authority to ensure sufficient services are in place to support discharge at pace, ensuring appropriate leadership arrangements in place. Escalation processes have been agreed with Local Authority partners to prioritise hospital discharges.		Partial	RPB	Arrangements will be in place and worked though with partners prior to winter. These will be outlined in the sprint / operational plans.
21. Health Board and WAST are working together to plan resources available to support discharge without delay and maximise the effective use of discharge lounges.		Partial	NHS	HB and WAST are working together, with a focus on SPOA and CCBC.. Discussions are on-gong and will continue during Q2 and 3.
22. Community services are aligned to discharge demand and Home First pathways without compromising quality or safety.		Partial	RPB	This work is on-going through RPB arrangements. Continued pressures on Community Services to meet demand
Clinically Optimised Patients and Length of Stay Management				
23. Robust action focused processes are in place to regularly review clinically optimised patients and support timely and appropriate discharge to the most appropriate setting.		Partial	RPB	This work is on-going through RPB arrangements. Continued pressures on Community Services to meet demand
24. Weekly review of all patients with a length of stay over 21 days, irrespective of whether the patient is clinically optimised or not.		Full	RPB	None
Seven-Day Discharge and Discharge Performance				
25. Seven-day discharge profiles have been reviewed, and, where relevant, standards set and agreed with local authorities for the number of discharges to be expedited.		Partial	NHS/ Social Care/	Work on-going to understand likely demand over winter. WG modelling to be used to inform discussion with LA on likely demand scenarios.
26. Criteria-led discharge arrangements are in place and operating effectively to support pre-midday and weekend discharges.		Partial	NHS	This work is being driven through the UEC arrangements and as outlined in the S/A will be subject to a ToC process during August. pre-midday and w/e discharges are key priority areas for improvement for the HB., Work will be driven through eh Optimal flow project and developed roll out plan.
27. Trajectories and monitoring arrangements are in place to achieve at least 33% of inpatient discharges before midday across seven days.		Full	NHS	Monitoring is in place and discussed at tactical, operational and UEC PB

Governance, Assurance and Accountability				
28. The Board has assured the Health Board/Trust elements of the region's Winter Preparedness Plan for 2026/27.		Full	NHS	Governance arrangements are in place. SBU work will be driven through the UEC programme board. Executive oversight will be via the Executive team meeting and SBU Board on the 25th September.
29. The Director(s) of Social Services have assured the Social Services elements of the region's Winter Preparedness Plan for 2026/27.		Full	Social Care	As above, arrangements are in place via the regional governance for Director of Social Service sign off.
30. The Executive Lead accountable for the winter period has been identified, and has ensured that mechanisms are in place to keep the Board informed of emerging pressures and the response to those pressures.		Full	RPB	Please refer to question 41, which outlines the Health Board assurance governance.
Quality, Risk and Impact Assessment				
31. A robust quality and equality impact assessment (QEIA) informed the development of the Health Board/Trust's plan and this has been reviewed by the Board.		Partial	NHS	Plans developed are in line with the organisatioal strategy and annual planning processes
32. The Board has considered key quality risks and is assured that appropriate mitigations are in place for baseline, moderate, and extreme escalations of winter pressures.		Partial	NHS	Quality is the key driver for implementation of UEC plans - to improve flow and patient safety within ED. Winter planning group has been established to drive forward the development of the plan, including
System-wide Planning and Partnership Working				
33. The Winter Preparedness plan has been developed with appropriate engagement across all system partners and arrangements are in place to respond to increased demand across: a. Local Health Boards b. NHS Trusts c. Welsh Ambulance Services University NHS Trust (national ambulance and NHS 111 Wales services) d. Social Care e. Local Authorities f. Primary care g. Community Services h. Palliative Care i. Mental Health Services		Full	RPB	SRO agreed. Arrangements to be driven through UEC programme Board and Older Person's Board. Internal SBU winter group established to drive and test winter plans
34. The Winter Preparedness Plan addresses the key actions outlined in the Regional Self-Assessment and the plan has been developed, tested and ratified through the Regional Partnership Board.	What plan - is this not the plan????	Full	NHS/ Social Care/ RPB	Plan in development. Key focus around the 9 critical actions/ outcomes.
Exercising, Testing and Preparedness				
35. The Winter Preparedness Plan has been tested during a winter exercise (with primary care and community pathways included), the outcome reviewed, and lessons learned incorporated.	Cant test by the time this gets submitted. Which part needs testing? We don't resources spare to do any testing and some bit how would you test???	Partial	NHS in conjunction with Social Care	Awaiting scenario modelling from Welsh Government. Governance arrangements have been establish to enable plan to be tested and scrutinised.
Operational Command, Escalation and Situational Awareness				
36. Robust operational command, co-ordination and escalation arrangements are in place throughout the winter period, including appropriately resourced and tested on-call arrangements and leadership support for operational medical and nursing leaders across acute, primary, community and partner services to enable intelligence sharing, risk management and effective system-wide decision-making.		Full	NHS/ Social Care/ RPB	Governance / senior management cover will be outlined in the SPRINT plan.
37. Plans are in place to monitor and report real-time pressures using agreed NHS Wales escalation and reporting arrangements.		Partial	NHS/ Social Care/ RPB	Awaiting release of winter monitoring requirements from WG. Systems and arrangements are in place as demonstrated throughout winter 25/26 and daily monitoring return via SBU.

Local Health and Care System Resilience Plans for Winter (1 December 2026 – 31 January 2027)

Please provide details of the anticipated position for key service areas outlined below for the winter period. Not required if elements are identified in Regional Self Assessment/Assurance Template.
Please see instructions tab for further details.

Service Area	Enhancements to capacity planned for 1 December 2026 – 31 January 2027	Risks	Mitigating actions	Executive lead
Enhanced management of key areas of urgent and emergency care community demand within community setting				
1. L1 and L2 falls response pathways				
2. Symptoms of breathlessness				
3. Care homes (admission avoidance and alternative pathways to conveyance)				
Community and primary care capacity (inc. GP in-hours capacity) Specifically provide assurance that arrangements/processes are in place to bring forward repeat prescribing and medication ordering ahead of the Christmas and New Year period, particularly for dispensing practices (applicable to all GP practices and especially dispensing doctor practices)				
Provide planned District Nursing staffing levels for each day across the period expressed as a % of the average weekday day capacity.				
Palliative and End of Life Care				
SPOA in place minimum 5 days a week (12 hours a day)				
Enhanced Community Care & Intermediate Care Services				
GP out-of-hours capacity				
Community pharmacy out-of-hours capacity				
In-hospital acute and community site bed capacity (i.e. ability to open temporary capacity at times of pressure. Please provide additional bed numbers, where appropriate).				
In-hospital staffing capacity (including plans for surge capacity)				
Residential / nursing care home capacity (including nursing and residential care homes. Please provide additional bed numbers where appropriate and how you have been engaging with local care home providers in your region and beyond if applicable)				
Social worker capacity				
Capacity for community and hospital-based assessments.				
Trusted Assessor model				
Social care packages (including domiciliary care availability/Reablement assurance and assurance around capacity to Right size Package)				
Oversight & Escalation (Health, Social Care & RPB) Executive/Director level presence / support over 01 December 2026 – 31st January 2027 (e.g. gold command)				
Hospital Discharge/care transfer capacity Hospital discharge and care transfer arrangements (including Home First pathways and discharge capacity/ NEPTS Capacity or community transport capacity in place, along with ensuring third sector support in place to ensure settling in support in place.)				
Additional communications plans				