

1.Introduction

- 1.1 This paper provides an update on winter across West Yorkshire (WY) 2025/26.
- 1.2 The paper provides an outline on the planning approach including the Winter Board Assurance Statements (WBAS), the new regional winter operating model, performance overview and a vaccination update.

2.Context

- 1.1 Each year health and care systems develop and implement plans to support capacity to maintain quality and safety, resilience and our ability to respond to operational pressures during the winter months.
- 1.2 Our 2025/26 winter plan is developed through engagement and a process of co-production across the Integrated Care System (ICS) to ensure alignment with national policies and strategies including the Urgent and Emergency Care (UEC) Plan 2025/26, 2025/26 Priorities and Operational Planning Guidance, the 10 Year Health Plan for England, whilst remaining in line with our local West Yorkshire Urgent and Emergency Blueprint and Better Care Fund Plans.
- 1.3 In addition to this alignment to key strategic priorities, we have also ensured that we consider key learning from previous winter plans and delivery. 2024/25 was a challenging winter which saw increased demand, increased acuity, and workforce and capacity constraints across all areas of our system impacting on system flow through our services.
- 1.4 It is acknowledged nationally that pressures are now year-round, however we still see a greater challenge across winter due to infections. Data from winter in Australia and New Zealand showed they are experienced a 'normal' level for Flu and resultant hospitalisations, so we can potentially expect a normal flu pattern in the northern hemisphere (as historically our trends follow those of the southern hemisphere),
- 1.5 The ICB's financial allocations for 2025/26 included any monies individual places may choose to use to support flexible capacity and/or initiatives for winter. At present we have no indications of any additional winter monies for 2025/26.
- 1.6 Further industrial action by the British Medical Association (BMA) including further Resident Doctors has been considered in our plans and scenario planning. We are currently working on the processes to support the scheduled action 14-18 December 2025.

2. Winter Board Assurance Statement

- 2.1 The WY Integrated Care Board's (ICB) winter plan was developed from individual Place plans with extensive engagement from primary care, ambulance services, acute trusts, mental health, local authorities, and social care, supported by regular planning meetings since July 2025.
- 2.2 Each of our four A&E footprints, Calderdale and Kirklees, Wakefield and Kirklees, Leeds and Bradford and Craven developed local plan to reflect their populations. These plans informed the ICB's Winter Board Assurance Statement (WBAS) for 2025/26 (Appendix 1)
- 2.3 The WY WBAS provides comprehensive assurance to NHS England (NHSE) of the ICB's preparations to manage the challenges of the winter season winter across West Yorkshire.
- 2.4 The BAS delves into a number of key winter planning requirements to ensure ICB's have considered and are complaint with, these include:
 - **Governance** – Confirmed winter Executive Directors (Dr James Thomas and Lou Auger), Quality, system wide engagement, Equality Impact assessment, and participation in national winter exercise.
 - **Plan Content and Delivery** – National winter key actions, Key quality risks and mitigations, robust System Co-ordination Centre (SCC) infrastructure and On call rotas.
 - **Prevention** – Vaccination Campaigns, with focus on the at risk population. **See section 6**
 - **Capacity** – Demand and capacity planning, 7-discharge profiles and managing elective demand.
 - **Leadership** – Senior level on-call arrangements and monitoring and escalation of system OPEL Levels.
- 3.5 The WBAS required sign-off by the ICB Chief Executive and Chair, to ensure the governance and accountability of the winter planning process and that the delivery risks are acknowledged. The WBAS was signed off by the ICB Board 23 September 2025.
- 3.6 NHS Providers were required to submit a separate BAS directly to NHS England.

3. Winter Operating Model

- 3.1 The 2025/26 winter reporting has undergone a national review and as a result there have been some changes to the reporting structure.
- 3.2 Acute trusts and the Ambulance Service are only required to report when a trigger has been breached. The triggers are:
 - **Trigger 1** - to be completed by YAS ONLY. This is new trigger and not currently reported on. Multiple ambulances awaiting handover at a single or multiple sites, resulting in a risk to Community response, or other issue resulting in risk to patient safety, as determined by the ambulance service.
 - **Trigger 2** - Ambulance handover delay of >1 hour. (45-minute handover should be in place at all sites by Winter).
 - **Trigger 3** - Patient(s) waiting in Emergency Department (ED) over 12 hrs and expected to exceed 24hrs.
 - **Trigger 4** – Extensive delays in ED, the impact of which is compromising patient safety.
- 3.3 The Winter Triggers Exception Report (WTER) will be completed by the provider and signed off at trust director level before it is sent to the NHSE Regional Operations Centre and the ICB System Coordination Centre (SCC).
- 3.4 Winter reporting runs from 27th October 2025 to 31st March 2026 but may extend into April due to the timing of the Easter holidays.

4. Urgent and Emergency Care Performance

- 4.1 The SCC through the RAIDR system monitor the system OPEL levels throughout the day 8am-8pm. The OPEL levels provide a snapshot of the pressures within the system at between 15 minutes and 2-3 hours depending on the measure and or the trust IT systems. In addition, the Planning and Performance team will monitor system Urgent and Emergency Care (UEC) Performance against planning trajectories.
- 4.2 Appendix 2 highlights the ICB Level performance against plan and by the individual Acute trusts on the following performance metrics:
 - A&E four-hour standard
 - A&E 12 hour in department
 - Ambulance services CAT 2 response.
- 4.3 The ICB level performance for 4 hour was achieved at 77.4% against the submitted operational plan trajectory of 75.7% but remains below the

national target of 78%. For the 12 hours in department once again the ICB is better than plan with 6.4% people waiting longer than 12 hours against a trajectory of 7.7%.

4.4 The Category 2 ambulance service response time is slightly worse than plan at 27.54 minutes, against a trajectory of 27.42 minutes. The national target is 30 minutes, so we are achieving the national performance target though we have seen a decline in performance since August.

4.5 The following metrics will be the focus nationally for winter 2025/26:

- A&E 4 hours performance (all types). All WY trusts planning to achieve 78% by March 2026.
- A&E 12-hour performance (T1&2) National expectation is to reduce the percentage of 12 hour waits in department for Type 1 attendances in 2025/26 compared to 2024/25. All trusts planning to reduce the percentage of 12 hour waits for type 1 attendances
- A&E 4 hours performance for Children and Young People (CYP): All trusts are projected to improve their performance by March 2026
- Average Cat 2 response time: All trusts are looking to continue to reduce average handover times to support increased response times
- and have processes in place to meet the 45 minute maximum handover time.

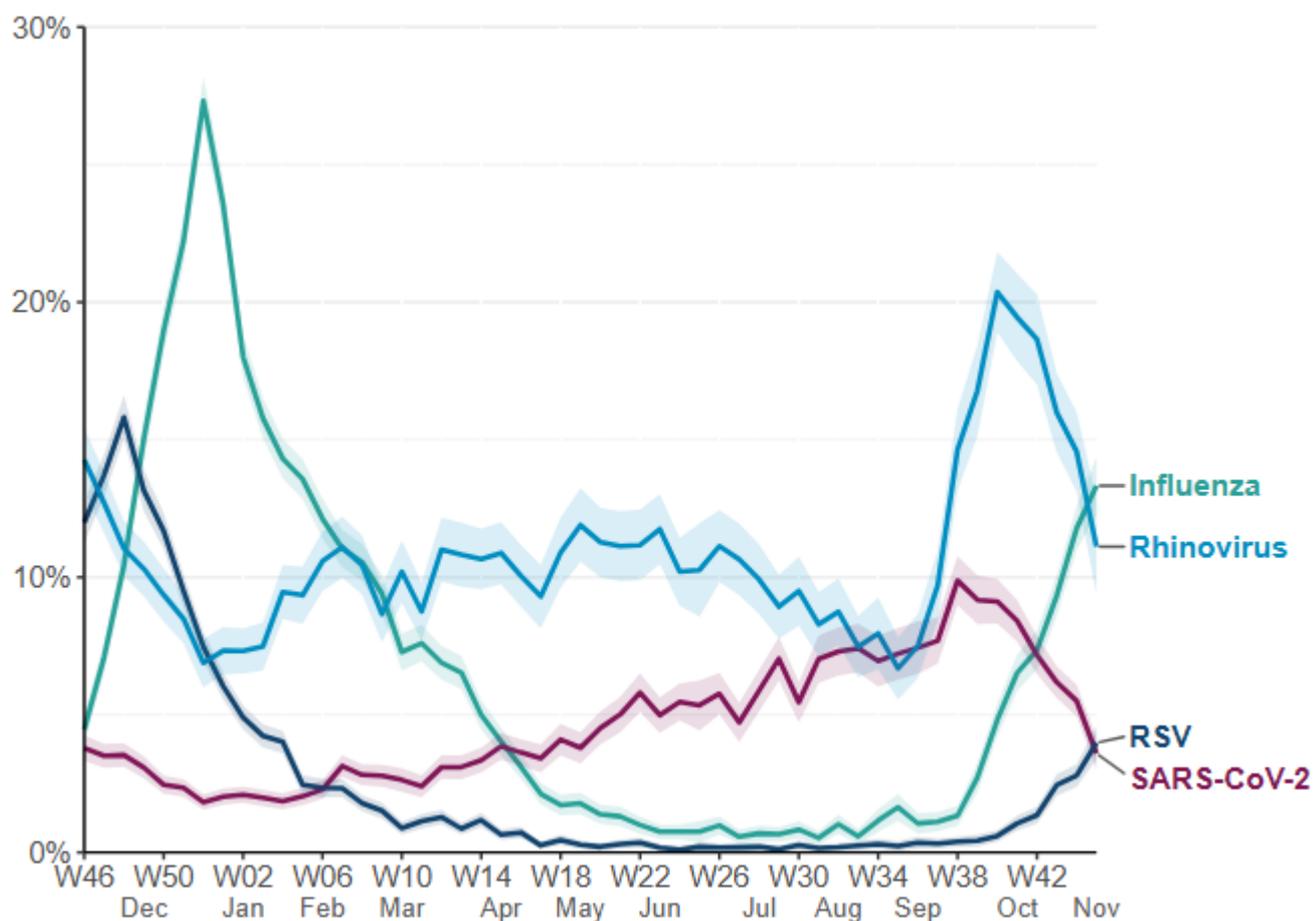
4.6 These metrics will be monitored via the dashboards shared at the ICB Board FIPC and System Oversight and Assurance Group (SOAG).

5. Vaccinations

Vaccine Preventable Winter Illness

5.1 Last year in England there were approximately 8,000 deaths from flu, and over a third of a million bed days taken up for flu patients. Without vaccination, things could have been much worse, with 100,000 fewer people being hospitalised because of the vaccination programme.

5.2 For 2025/26 the Regional NHSE team have shared forecasts that show a peak in Rhinovirus around September/October, RSV around early December, and Flu around January, with uncertainty around the seasonality of Covid. As the national data below shows, we're seeing this play out, albeit with marked earlier than expected increase in Flu positivity.



Winter Vaccination Campaigns

- 6.3 Vaccination against vaccine preventable illness is effective in protecting the health of specific cohorts, preventing transmission to vulnerable populations, and helping ensure the resilience of our health and care system over Winter.
- 6.4 The WY ICB 2025/26 flu programme has started, running from 1st September (pregnant women and eligible children) or 1st October (other cohorts), including a national focus on improving uptake by 5% across our health and care workforce.
- 6.5 The 2025/26 covid programme has started, running from 1st October, including a change to eligible cohorts from 2025/26.
- 6.6 Progress data for WY ICB and the NEY region as of the start of November is shared below (only sharable from NHSE for operational purposes).

Programme	Cohort	Metric Description	Region: NEY		ICB: WY	
			Minimum Ambition	Uptake %	Minimum Ambition	Uptake %
RSV	Catch up cohort	70% uptake on the RSV catch up cohort (aged 75-79) during 25/26 season (by 31st March)	73.14%	70.10%	70.82%	68.00%
	Routine Cohort	60% uptake on the routine cohort during 25/26 season (by 31st March)	66.86%	44.99%	65.98%	43.80%
Flu	Flu uptake for 65+	Maintain Flu Uptake for 65+ cohort	77.39%	70.86%	74.75%	68.34%
	2-3 yo Flu	Increase uptake in 2–3-year-old flu cohort	49.26%	39.63%	43.71%	33.64%
	Primary School Children	Increase uptake in Primary School Children	58.22%	41.91%	47.25%	33.07%
	Secondary School Children	Increase uptake in Secondary School Children	48.73%	29.02%	40.67%	20.86%
	Those aged under 65 years in a clinical at-risk group	Increase uptake in under 65 Clinical Risk Cohort	47.69%	37.87%	43.72%	34.35%
	Frontline Healthcare Workers	Increase uptake in Frontline Healthcare Workers	48.50%	44.03%	42.84%	40.70%
Covid	Care Home Cohort	Maintain uptake in Care Home Cohort	66.40%	66.86%	66.43%	64.59%
	75+ Cohort	Maintain uptake 75+ Cohort	62.05%	62.84%	59.81%	60.47%
	IS Cohort	Maintain uptake in IS Cohort	26.32%	28.53%	22.81%	24.68%

Co-Ordination, Oversight and Governance.

6.7 The WY Winter Operational Oversight Group (WODG) has been established to:

- Provide leadership to the West Yorkshire system and have oversight of the planning and delivery of the 2025/26 winter vaccination programmes.
- Work collaboratively as a system across WY places to coordinate and maximise delivery of Covid-19 and Influenza vaccination programmes to the eligible population during 2025/26.
- Provide updates, and if required escalate risk, to the West Yorkshire Vaccination and Immunisation Strategic Steering Group.

6.8 Consistent and concise messaging around the campaigns has been prioritised as a joint focus between NHSE and WY ICB. An “Anchor” letter was shared by West Yorkshire ICB with WY medical directors, primary care, and directors of public health. This provided an overview of key operational details, and highlighted links to winter planning and the UEC plan.

6.9 Further letters have since been shared with more specific information around vaccination in Care Homes and vaccination of VCSE Health and Care Staff.

6.10 A similar “Do Once” approach has been taken when considering communications, with WY-co-ordinated promotion of vaccination uptake, sharing national campaign resources, and re-launching “Together We Can” on 10th November.

6.11 The WODG is supporting the above activities, sharing good practice, and looking at opportunities to do other things once across the system. For example, “community champions” have been successfully deployed across

three of our Places, and opportunities to add value through scaling this work up across the whole footprint of WY are currently being explored.

Vaccination Winter Planning

6.12 Input around vaccination is feeding into the ICB’s Winter Planning Steering Group, and in partnership with NHSE, feedback has been provided into Place Winter Plans. Details of relevant NHSE KLOEs have been clarified, examples of good practice shared, and additional resources circulated to support delivery. Resources included NHSE developed templates on vaccination delivery, and a jointly developed document highlighting examples of good practice across both West Yorkshire and England.

Health Care Worker Uptake

6.13 Uptake amongst the frontline workforce is important for staff wellbeing, to protect vulnerable service users, and for system resilience of Winter. The uptake of staff vaccination nationally has declined steadily year on year – falling from 74% in 2019/20 to just 38% in 2024/25. In West Yorkshire we vaccinated 37% of eligible health care workers in 2024/25.

6.14 In the June Urgent and Emergency Care Plan for Winter, NHSE targeted a 5-percentage-points improvement in HCW flu vaccine uptake, and this was emphasised in the September letter from Sir James Mackey, and supported by KLOEs, which make clear asks of Providers. Following an ask for NHS Trusts to identify SROs, NHSE are now engaging directly with Providers around these targets.

6.15 The table below provides NHSE figures around 2025/26 uptake as of November 10th (only for sharing to support operational working), compared to FDP data from Winter 2024/25, to which a 5% has been added to estimate NHSE targets. Whilst NHSE may be measuring progress differently, this gives an idea of the current situation.

	2024/25 Vaccination Uptake	Estimated 2025/26 Target	Current
Airedale	39%	44%	39%
Bradford District Care	40%	45%	40%
Bradford Teaching Hospitals	38%	43%	39%

Calderdale and Huddersfield	29%	34%	43%
Leeds and York Partnership	34%	39%	33%
Leeds Community Healthcare	47%	52%	48%
Leeds Teaching Hospitals	45%	50%	46%
Mid Yorkshire Teaching	39%	44%	42%
South West Yorkshire Partnership	17%	22%	44%
Yorkshire Ambulance Service	33%	38%	42%

6.16 Examples of good practice to support delivery have been shared through Winter Planning feedback and the WODG. This has included collaborations with NENC ARC, who have produced an evidence briefing around HCW vaccine hesitancy.

6.17 The ICB also aims to lead by example for its own staff, all of whom have been offered a vaccine. On-site sessions in October led to the delivery of over 100 vaccinations, with around half as many digital flu vouchers also having been issued.

Life-course Vaccination

6.18 Flu and Covid are not the only vaccine preventable infections of relevance over Winter. RSV is a key contributor to winter infections, and is something we're including in discussion through our WODG. Measles, and MMR vaccine uptake, was also highlighted in the Regional forecast shared around Winter as something that could also have a significant impact. We've seen the consequences of decreasing MMR uptake recently with an outbreak of measles in Leeds. UKHSA released a "lessons learned report" around recent Leeds Measles Outbreak, which has been used to inform a recent outbreak exercise in Place, and next steps are in development.

6.19 Beyond this, the wider routine vaccination offer is as relevant at Winter as it is at any other time of the year. As a system, we're keen to ensure learning from Winter feeds into efforts to improve uptake across the life-course (and vice-versa). Of particular note around this wider offer:

- There has not yet been formal confirmation of how these (Section 7A) functions will be delivered, with transfer of commissioning responsibilities expected from April 2027.
- Planned launch of NHS chickenpox vaccine in January 2026, as "MMRV" combined vaccine delivered through routine GP appointments.

6.20 Finally, not all vaccinations are provided through programmes, and some are provided in response to incidents and exposures. WY ICB are leading systems mapping around outbreak/incident roles and responsibilities, to support delivery of NHSE "commissioning guidance" for ICBs around health protection functions (including vaccination) and address known gaps in provision identified in the 2023 UKHSA Y&H Health Protection Gap Analysis.