NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

System Winter Planning

Shropshire Health & Wellbeing Board

Thu 17 Sep 26

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Winter Planning – HWBB overview

Today's brief

- **What we learned from last winter**
- **Our approach this year**
- **What we intend to achieve**
- **How we will communicate it**
- **Next steps and and how partners can get involved**

What the ICB Cluster means for our planning

- A single plan covering Shropshire and Staffordshire this year, but with recognition of local differences in circumstances
- Unified command & control by our Executive team and our cluster System Coordination Centre, albeit reduced capacity
- A common approach where appropriate, including messaging in the Winter Comms campaign; and some funded interventions
- Pan-cluster management of operational Risk

System Review of Winter 2025/26

Last year, the Health & Wellbeing Board received a brief and discussed our System winter preparedness at its meeting on 18 Sep 25.

Previous winters were characterised by severe pressure and overwhelmed Emergency Departments. We were determined to change that last year and largely succeeded in doing so. This was by a combination of decisive changes in our UEC pathway and a clear plan that all partners were able to get behind, together making an excellent response.

Our start point this year was to review our experience last winter, which identified what went well, as well as what to do better this year.

Objectives	What we set out to do	Our lived experience 2025/26
Enter winter in the best position we could achieve	▪ Deliver our Improvement programmes ▪ High impact enduring changes	A lot of change concurrently – modular build at Royal Shrewsbury; integrated out of hospital redirection to community services. Some estates-related delay, but achieved.
Avoid being overmatched by pressure	▪ Intensive whole system effort to offset rise in demand ▪ Create capacity resilience ▪ Sustain our response	Flu peaked early and then receded. November and December were very challenging but not overwhelming. SaTH bed occupancy was circa 82% by Christmas Eve; a much better position than the previous year. But early January was a much more challenging start to the year than we anticipated.
Ensure we exited winter on a solid footing	▪ A 'spring reset' in March 26 ▪ Extend our winter response to span Easter in early April	January / February were difficult months. But SaTH enacted an highly successful plan in March to really bear down upon Ambulance handover delays, which was sustained

Cluster winter preparedness 2026/27

Summary of Cluster Plan:
Achieve winter readiness, reduce rising pressure, sustained response, exit well.

The **Festive fortnight** has a 4 then 3 day weekends

M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M
21	22	23	24	25	26	27	28	29	30	31	1	2	3	4

Easter is in March 27

F	Sa	Su	M
26	27	28	29

Sep – Oct	Nov	Dec	Jan 27	Feb	Mar	Apr
PREPARING	DELIVERY					

1. Deliver our programmes

Provider and System Improvement Programmes to achieve the conditions to enter winter on a solid footing.

2. Reduce rising pressure

Intensive system effort to offset rise in demand and create capacity resilience.

3. Recovery

Having used the capacity, priority is to decompress and rebuild reserve.

4. Sustain our response

Avoid being over-matched by pressure and set conditions for a strong Mar 27.

5. Transition from winter

Taper off the winter schemes and start 2027/28 well.

Activities:
- Deliver improvement to get back on Plan
- Transition to winter ready

Objectives:
- Apply our winter interventions
- Combined effort achieve the decompression we are aiming for
- 80% acute bed occupancy by Christmas Day
- Avoid losing pace over the festive period

Expectation:
- Festive fortnight will be highly disruptive
- Early January highly challenging period requires focus

Conditions to achieve:
- Stabilise position
- Consolidate benefits of winter schemes
- Enacted positive interventions in the March ‘spring reset’

Exit & Review:
- Strong performance through April
- Winter review

Our Winter Comms campaign

A broad spectrum of channels will be used, digital and social media, Primary care and Pharmacy settings, Accessible and non-digital

Think: right help, right time, first time

A shared behaviour-change campaign that helps people navigate services before and during seasonal pressure.

What the campaign will do

PREVENT — Support vaccination, self-care and early action

NAVIGATE — Position NHS 111 first when people are unsure

CHOOSE — Promote Pharmacy First, GP practice teams and local urgent care

TARGET — Use insight to focus activity where need is greatest

ADAPT — Use one Cluster platform with local STW and SSOT flexibility

Year-round platform, intensified ahead of and during known pressure periods.

One recognisable campaign family

Prevention • NHS 111 First • Pharmacy • GP Healthcare Team • Urgent Care • Mental Health

Next steps towards winter preparedness

There is much to do in **September**, including:

- Finalise our plans, both Provider and ICB; gain approvals and assurance
- NHSE engagement and assurance
- Lock down financial commitments, to give time to mobilise funded interventions

And during **October**:

- Make adjustments based upon assurance process
- Affirm the Provider to Provider relationships we need
- Transition to ‘winter ready’

How all partners can play a part

- Vaccinations
- Really get behind the Winter Comms campaign
- Collaborate to resolve issues – relationships are key
- Right place treatment for our patients
- Support our point of main effort in January, where pressure is expected to be highest