Winter Plan 2025/2026

North London NHS Foundation Trust
Winter Plan
2025/2026

1. Introduction

This document outlines the North London Foundation Trust (NLFT) plans for managing winter pressures during the winter of 2025/2026.

The plan is a 'live document' and will be updated to reflect risk and trust activity throughout the period from 1st December 2025 to 28th February 2026.

Much of the documentation included in this plan draws on existing plans that have been used successfully in previous years, and which are available on the Trust intranet or in the public domain. The plan also takes into account feedback from debriefs of previous plans.

The plan is intended to outline how NLFT is mitigating and minimising winter pressures efficiently and effectively for mental health, and the wider health and social care system.

The plan is an evolving document and will adapt to meet the ever-changing needs of managing a mental health trust through the winter. To ensure you are using the most up to date version go to LINK

2. Context

All NHS provider organisations are required to plan for the additional pressures they are likely to experience during the winter months. These pressures can be brought about by the high acuity of patients due to infectious diseases more prevalent during the colder months, often requiring longer stays than at other times of year, such as respiratory syncytial virus (RSV) or because of illness and injury brought about by extremely cold weather having an impact on NHS admissions and attendances at emergency departments.

To combat these pressures NHSE has historically provided additional winter funding, often linked to schemes to ease pressures on NHS trusts. Whilst these have focussed primarily on acute trusts, there has also been significant additional winter investment in mental health trusts. In 2024/2025 no specific winter funding was made available and none is anticipated for this winter, with trusts expected to use the Mental Health Investment standard funds to manage additional pressures through the winter period.

This year all NHS providers have been requested to submit plans much earlier than normal. To effectively plan the earlier submission of the plan has required us to look back on the experience of previous years to plan for all eventualities during the forthcoming winter. This early submission has also increased the need for this plan to be flexible and to adapt as circumstances change during the autumn and into winter.

3. Board Assurance Statement for Winter 2025/2026

All NHS trusts have been required to submit a Board Assurance Statement for Winter Planning and to confirm their position by completing a checklist of 12 actions, which support the NHSE Urgent and Emergency Care (UEC) Plan for 2025/26 NHS England » Urgent and emergency care plan 2025/26 In the absence of a winter specific national plan, we have taken this as a template for our winter planning and the Board Assurance Statement (BAS), and checklist have been completed and will be submitted to the ICB following sign-off by the Trust Board. The completed BAS is included at Appendix A to this plan.

3.1 NLFT Winter Operational Planning

The Chief Operating Officer is the executive responsible for the winter period and will manage the plan through the Operational Management Group and will report to the Board via Executive Management Committee.

In winter 2024/25 NLFT vaccinated 1150 staff, which is only 24.8% of all staff. NLFT will deploy peer vaccinators within all Clinical Care Groups as well as utilising the skills of the Physical Health Team (PHT) and Infection Prevention and Control (IPC) Team, to proactively vaccinate staff across the Trust, in particular among groups where there has been an historic hesitancy among staff to be vaccinated. This is anticipated to increase the take-up by at least 5%. This will be reported monthly throughout the autumn and winter. Sections 4,5,6 and 7 below have all been developed following extensive input from the Deputy Director of Nursing responsible for infection control and physical health and the team. This engagement will continue throughout the lifespan of the plan.

NLFT has extensive modelling information which enables us to forecast periods of surges in demand and to develop plans to prevent these surges where possible.

The adoption of seven-day discharge processes and the move to a seven-day operational management model will support the prevention of surge and effective management of flow pressures as business as usual. The move to a seven-day operational and discharge model is already having a significant positive impact on patient flow across the week. This model has been developed in collaboration with local authority colleagues. Additionally, a process is in place to ensure early identification of ‘known’ patients presenting to A&E to identify, and to have tailored crisis plans in place, to prevent admissions where possible.

Fit testers are in place across all Clinical Care Groups. Ongoing work is in place to increase the current number of Fit testers (currently numbering 60) so that more staff can be routinely fit tested across the trust.

All Clinical Care Groups have stocks of sufficient PPE and plans are in place for fast-time procurement and storage in periods of high demand. There is also central reserve storage of PPE in case of outbreaks.

A cohorting plan is in place which complies with national guidance for the management of patients with acute respiratory infections. This plan is to be tested in Exercise Pollock on 4th September 2025.

NLFT has established senior on call and medical on call systems. These are tested in a series of annual exercises and specifically will be tested in Exercise Gavaskar (see below).

NLFT has an effective OPEL system which includes flow meetings at 1200 and 2030 each day attended by senior managers and on call leaders.

Sections 4,5,6 and 7 below have been developed following extensive input from the Deputy Director of Nursing responsible for infection control and physical health and the team. This engagement will continue throughout the lifespan of the plan

Arrangements are in place across NLFT in respect of effective helplines, via NHS111 (Option 2). We are improving urgent care services by establishing a 24-hour Mental Health Crisis Assessment Service (MHCAS) for the northern boroughs, based at the Chase Farm site from January 2025. This plan meets the requirements of the 2025/26 UEC Plan. Also, a new 24/7 crisis response has been set up which aims to divert young people from ED, seeing them in the community instead.

4. NLFT Priorities

NLFT, will continue to demonstrate how we are able to work across borough and clinical care group boundaries to deliver effective, safe, and high-quality mental health provision to service users. To do this, we have set four key priorities to support the requirements of the Board Assurance Framework requirements.

NLFT priorities for winter 2025/26 are;

- Keeping Staff Fit for Winter
- Keeping Service Users Safe from Winter Respiratory Illnesses
- Consistent and effective patient flow
- Planning for, and utilising, schemes, or winter funding effectively to meet NLFT objectives

4.1 Keeping Staff Fit for Winter

An extensive staff health and wellbeing plan is underway across NLFT, including pop-up wellbeing sessions and wellbeing webinars for staff, as follows

29th October	smoking cessation
6th November	mindfulness
28th November	green nutrition
3rd December	winter health
18th December	shift working and healthy living

Staff are also being offered the opportunity to participate in the vaccination programme. A trust-wide awareness programme will commence in October, using the national 'Get Winter Strong' campaign, using posters and banners on staff laptops and desktops.

4.2 Keeping Service Users Safe from Winter Respiratory Illnesses

The clinical team supported by the Physical Health Team will lead on delivering vaccinations to all eligible service users across NLFT including the process for data collection and management. To improve uptake amongst patient groups, the teams will work with the EDI team to identify strategies to encourage patient engagement and support them to consent for vaccination.

The process for inpatient vaccination delivery will be led by each Clinical Care Group to ensure the plan is suitable for their respective services and patient groups. Clinical Care Groups will be supported by the clinical team and Physical Health team who will feedback to the operational group to ensure a robust plan is in place for timely provisions of flu and Covid-19 booster vaccinations to all eligible service users.

In March 2025, the Advisory Committee on Dangerous Pathogens (ACDP) advised that clade I mpox no longer meets the criteria for a high consequence infectious disease (HCID) and recommended derogation. However, NLFT will retain its local Mpox plan, including the central storage and distribution of PPE, should that be required for mpox and any new or surge in HCID.

As of 22nd August 2025, NLFT has 60 staffed trained to FIT train staff in using PPF3 masks. Each of the current Divisions will be asked to identify 10% of operational staff to be FIT trained by the start of the winter. Also, the EPRR Team will conduct surveys throughout September, October, and November in wards at all sites, to ascertain the understanding of PPE rollout, storage and usage and outbreak management and will feed back concerns to the IPC Team and senior nursing team.

4.3 Consistent and Effective Patient Flow

NLFT's single Flow Team provision is included in the plan as a key plank in delivering effective patient flow to support the system in delivering effective services throughout winter and maximising the crisis prevention pathway.

4.3.1 Operation Neva

To ensure NLFT maintains a strong position through winter, Operation Neva will take place from 1st with twice weekly Gold Groups to manage the operation.

The objectives for Operation Neva are as follows;

- Work across NLFT to maximise opportunities for improving patient flow through effective discharge,
- Fully embed and oversee the principal of seven-day discharge and seven-day operational management.
- Work with partners to remove obstacles to discharge, where they are present,
- Review all patients who are clinically ready for discharge and take effective action to discharge those patients wherever possible, especially older adults discharge
- Manage escalations to support discharge
- Communicate principals of effective flow management across the organisation.

Gold for Operation Neva will be the Unplanned Care Director.

4.3.2 Operation Equinox 2

The duration of the Winter Plan 2024/25 was extended to the end of March with Operation Equinox set up to ensure that quarter 4 pressures, highlighted by demand modelling, were managed effectively. This focussed primarily on staffing levels in a period where staff traditionally use up outstanding leave.

Operation Equinox 2 will run from 2nd February to 5th April 2026 to ensure leave balances are managed effectively in the final quarter of the 2025/26 leave year and that effective caseload handover practices are adhered to.

4.4 Planning for, and Utilising, Schemes or Winter Funding Effectively to Meet NLFT Objectives

Whilst there is no expectation of central funding or winter schemes, Clinical Care Groups have been asked to identify their priorities for the use of any funding which might become available.

The principal priorities submitted should any funding become available are;

- Bolstering Liaison & Crisis Pathways, with additional staff across those areas, as normally experience high rate of acuity/crisis presentation
- 24h CRHTT presence in ED 7 days a week to undertake join assessment
- Partnering with a provider to offer step-down beds (e.g. Look Ahead) for a period during the winter months. This would potentially be cheaper than spot purchase.
- Greater access to emergency accommodation for social care related delays

Should funding become available, the Chief Operating Officer shall prioritise the above requests based upon any relevant circumstances at the time.

In the meantime, existing resources shall be deployed to these initiatives as part of business of usual activity and in response to operational requirements to ensure business continuity during winter pressures.

5. Seasonal Influenza Vaccination Programme

On 6th August 2025, the NLFT Executive Management Committee approved the trust Winter Vaccination Plan. This plan (see Appendix B) includes; the provision of the flu vaccine to all front-line staff (clinical and non-clinical) and the provision of the flu and Covid-19 vaccine to all eligible inpatients across NLFT.

Improving NHS staff flu vaccine uptake has been shown to reduce staff sickness, support health and wellbeing and promotes the reduction and risk of infection transmission. However, NHSE vaccination data has shown that the proportion of patient-facing NHS staff getting the seasonal flu vaccinations declined dramatically in the 2024/25 season; this included NLFT. NLFT uptake for 2024/25 was 24.8%.

Annually, a flu vaccination programme is planned and implemented as a key strategy to support staff and service users to be protected against flu during the winter period by making the vaccine available. The expectation is that NLFT will be able to exceed previous years vaccine uptake by 5%, by having a robust campaign plan with sufficient resource and senior leadership engagement.

For effective local delivery in making the vaccines accessible to staff and service users, the 2025/2026 campaign is to be Clinical Care Group led and supported by the Trust Vaccination Lead, infection prevention and control and physical health teams.

The key points identified to improve uptake across NLFT are:

- **Timely commencement of planning meetings:** The vaccination working group started a monthly planning meeting in May 2025 to ensure plans are in place to support the mobilisation of the campaign by September 2025. This meeting now occurs fortnightly, and the frequency will be reviewed as required. Key participating stakeholders are Trust Vaccination Lead, Divisional Leads (Senior Management Team members, Matrons), Clinical Leads (Clinical team representative or Clinical Directors), Physical Health leads, Infection Prevention Control Team, Pharmacy, Workforce Informatics, Communications Team, Occupational Health and Equality, Diversity & Inclusion (EDI) team representative. Early engagement will support effective implementation of necessary actions to mobilise the programme.

- **Divisional Involvement:** The campaign is led by the Trust Vaccination Lead. Nominated divisional vaccination leads will be supported by the IPC and physical health leads. This has enabled divisional senior management teams to develop plans to improve uptake. This involves senior leader involvement in walk arounds and vaccine promotion, communication to staff, identification of regular divisional clinics and roving schedules and mobilisation of peer vaccinators. The divisional plans and activities are reported and discussed at the Trust vaccination working group meetings.
- **Equality, Diversity, and Inclusion (EDI):** Studies and statistics nationally identified ethnicity as a factor affecting uptake, with highest in White British (51%) and Chinese groups (50.3%) and lowest in Black Caribbean (19.7%).
- **Peer Vaccinators:** NLFT has engaged peer vaccinators across clinical services as these are well placed to engage colleagues and increase uptake**.**
- **Vaccination delivery model:** Over the years roving models have proven to be more effective in making the vaccine easily accessible to staff. This model will be utilised, facilitated by divisional leads, and supported by the IPC and physical health leads. The roving model will be supplemented by pop up clinics, as well as ensuring accessibility for night staff.
- **Occupational Health:** Engaging with occupational health during the winter vaccination campaign supports staff health and wellbeing promotion and can also help improve uptake by targeting new starters. They will continue to support the vaccination programme through disseminating information and encouraging uptake.
- **Inpatient Vaccinations:** The health and wellbeing of our patients are of utmost importance as they are more at risk, and some are identified as clinically vulnerable. The clinical staff (nurses and medics) supported by the Physical Health leads will lead on delivering vaccinations to all eligible patients across the NLFT. To improve uptake amongst patient groups, the teams will work with the EDI team to identify strategies to encourage patient engagement and support them to consent for vaccination.
- **Pharmacy:** The pharmacy team will continue to support the programme to ensure plans are in place regarding vaccine stock management and logistics. The team will provide information on relevant vaccine updates in addition to timely approval of relevant legal documents.
- **Communications Strategy:** A robust communication plan in line with national messaging will support the 2025/26 winter vaccination programme in NLFT. This will include having a dedicated and accessible vaccination page on the intranet, regular newsletters promoting personal stories from staff, highlighting support from senior management, and utilising social media.
- A launch webinar will be facilitated from 6th October 2025 focusing on staff and patient vaccinations including key speakers such as Chief Nursing Officer, Director of Nursing, Deputy Director of Nursing, Clinical Directors, Microbiologists, EDI team members. A follow up webinar will take place between November to December 2025 to further promote the programme.
- **Uptake and Data Collection:** The Workforce Informatics team will develop a trajectory plan to monitor the cumulative number of vaccinations administered each week.

- All vaccinations will be documented using the Record a Vaccination Service (RAVS) at the point of care. A UKHSA data submission is also mandatory monthly via Import and the Workforce Informatics team will support by pulling the required information from NHS Foundry
- NLFT have developed a bespoke app, using the company DigPacks, which will create a dashboard for reporting update of vaccinations across the organisation, including staff who chose to opt out or to receive the vaccine elsewhere e.g. GP, or community provider.
- **Provision of COVID-19 booster vaccinations:** Staff will be directed to the national booking system for the COVID-19 vaccine. NLFT will not be providing COVID-19 vaccines to staff but will provide to patients when indicated.

- **Understanding staff views around vaccine:** The IPC team have developed an online, anonymised **Staff Flu Vaccination Survey** to explore staff understanding and opinions around vaccine.

6. Infection Prevention and Control

Standard Infection Prevention and Control (IPC) practices are relevant for minimising transmission of respiratory viruses and training in infection control is mandatory for all staff.

NLFT continues to follow the national guidance for managing respiratory infections including Covid-19 in healthcare settings. Local policies and standard Operational procedures (SOP) have been updated in accordance with this, and other national guidance. All cases of respiratory infections will be reviewed and managed as per these policies or procedures. These are accessible as follows;

- Guidance for the management of patients with acute respiratory infection - download.cfm
- Guidance for the management of staff with acute respiratory infection, including Covid-19 - staff-with-respiratory-infections
- Proposal to admit/transfer a patient to an outbreak (infectious) ward - proposal-to-admit-or-transfer-to-outbreak-ward

All other IPC guidance, including management of outbreaks and management of suspected/confirmed cases remain in place. A trust wide IPC policy manual, incorporating all IPC policies and procedures has been finalised for use across the trust for consistency and is available at - ipc-policy-manual.pdf

IPC precautions are in place in relation to adherence to appropriate use of PPE including face mask where indicated, respiratory hygiene, hand hygiene and cleaning and disinfection of the environment.

Plans are in place to maintain compliance of staff regarding fit testing for the use of FFP3 masks for all inpatient wards - led by the divisional leads. FIT testers are in place across most Clinical Care Groups and a plan is in place to improve the numbers of FIT tested staff where the numbers are currently low.

We have local stocks of sufficient PPE and plans are in place for fast-time procurement and storage in periods of high demand.

In case of emergence of any new variance of Covid-19 or other infections that impact service provision, the trust will follow guidance from UKHSA and NHSE as appropriate.

7. Adverse Weather

The trust has an Adverse Weather plan in place, which can be found at nlft-adverse-weather-plan-v13pdf.pdf

8. Industrial Action

At the time of writing there is ongoing industrial action by Resident Doctors. This is likely to be an ongoing dispute. There are also currently indicative ballots in progress for senior doctors and a likelihood of similar ballots for nurses. NLFT has a well-established Industrial action Planning Framework and associated structures in place for managing and recording the impact of industrial action and will use those arrangements during any industrial action.

9. External Disruption

In order to ensure NLFT is prepared to manage the impact of any external disruption to service, NLFT has developed an External Disruption Plan which is available at external-disruption-plan

10. Emergency Planning

There will be a trust wide staff resilience plan in place from Monday 15th December 2025 to Sunday 4th January 2026 to ensure sufficient staffing and management oversite during the Christmas holiday period.

The trust has an extensive training and exercise programme at trust, Clinical Care Group, and service level. Specifically for winter planning these include:

15th October 2025 (TBC)	Exercise Pollock – PPE/IPC
21st October 2025	Exercise Gavaskar – General winter pressures
20th November 202	Exercise Lara – High staff absence

The lessons learned and actions from these exercises will be managed using the NLFT EPRR work programme, managed by the EPRR Strategic Lead and overseen by Trust Resilience Committee.

12. Communications

There is an effective communications plan for informing staff, service users and the system about this plan. This includes a 'plan on two pages' which will be displayed on the trust intranet and associated posters across NLFT from 24th November 2025.

13. Ongoing Plan Development

Winter pressures are influenced by a number of external and internal factors, so it is anticipated that this plan will evolve and develop in the months leading up to, and during, winter.

Therefore, this plan will continue to develop and be amended during its lifespan.

All versions of this plan will be strictly version controlled and the latest version available on each trust intranet EPRR page. It will also be available on the Strategic and Tactical On Call shared folder.

14. Debriefing and Learning

In March 2026, an after-action review of winter 2025/26 will take place and learning used to inform the Winter Plan 2026/27.

An ‘In Action Review’ process throughout winter, including feedback sessions with the Trust Operational Management Group, will take place to ensure ongoing and timely learning and implementation of good practice across the trust. The learning will be fed into the ICB via the SCC.

15. Equality, Diversity, and Inclusion (EDI)

Studies and statistics nationally reflected on the factors affecting vaccine uptake and recognised that uptake is highest in White British (51%) and Chinese groups (50.3%) and lowest in Black Caribbean staff (19.7%) and is low across all Black ethnic groups as well as Bangladeshi and Pakistani staff.

Another factor identified contributing to vaccine hesitancy is mistrust amongst staff after the implementation of VCOD during the pandemic. The involvement of the EDI team is being sought in respect of the inpatient and staff vaccination programmes.

All NLFT plans established by the EPMRR Team are reviewed by Experts by Experience service users and staff network representatives. This plan was presented for such review on 6th August 2025 and observations taken into account. Both EBE and staff networks are represented in Trust Resilience Committee where senior managers will oversee this plan.