



**East of England  
Ambulance Service**  
NHS Trust



**OFFICIAL SENSITIVE: LIVE DOCUMENT**

**EAST OF ENGLAND AMBULANCE SERVICE  
NHS TRUST**

**CLINICAL OPERATIONS &  
EMERGENCY OPERATIONS CENTRE**

**WINTER PLAN  
2024-2025**

**1 NOVEMBER 2024 - 31 MARCH 2025**

**Public Board – Redacted Version**

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## Change Log & Version Control:

Date:	Change Made:	Amended By:	Version:
March 2024	Learning & Feedback from Winter Plan 2023/24	Darya Wotherspoon	n/a
August 2024	Collaborative working (Multi-Directorate)	All	V.01
27 <sup>th</sup> August 2024	Initial Plan Draft	Shaun Sansom Business Support Manager - Clinical Operations	V.01
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September 2024	Final Plan Development	Shaun Sansom Business Support Manager - Clinical Operations	V.01
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9 <sup>th</sup> October 2024	Approved at Trust Board	n/a	V.01
1 <sup>st</sup> November 2024	Winter Plan Go Live	n/a	V.01
6 <sup>th</sup> November 2024	Paper presented to Public Board	Shaun Sansom Business Support Manager - Clinical Operations  Redacted version for public board.	V.01
Updates to the winter plan alongside a monthly report will be provided to the trust board.			

### Disclaimer:

This plan at the time of printing, and due to the nature of the work undertaken, some elements may require dynamic management during the operational delivery. The author will inform personnel of any required changes and log all decisions accordingly. This plan and any associated documents must not be circulated beyond the plan's distribution list.

## Introduction:

This plan is designed to ensure that the East of England Ambulance Service NHS Trust (EEAST) can meet the challenges a winter period brings, whilst maintaining a sustainable service delivery throughout the period.

The plan will remain dynamic throughout the winter period so that adjustments can be made considering changes to operational capability e.g. increases in non-attendance, intelligence received either from an internal or external source suggesting review of plans or impacts on service delivery.

The plan is intended to be a workable document that can be read and understood and accepts that management teams are aware of service policy and their impacts on individual departments.

The plan will be supported and should be read in conjunction with the trusts policies and procedures which will be adopted in order to provide an essential service over the critical periods.

The plan outlines the East of England Ambulance Service NHS Trust's (EEAST) planning, preparation, resilience, and contingency in readiness for winter including the festive period.

The objectives of this plan are:

- To identify any potential compromise to EEAST functions through risk assessment.
- To ensure that appropriate and flexible contingencies are put in place at the earliest opportunity to minimise any potential compromise to EEAST and to its staff.
- To ensure that appropriate levels of assessment and patient care are provided to members of the public that are affected by infectious diseases, should they become a significant issue this winter.
- To ensure the appropriate level of staff welfare of all employees of EEAST is maintained as reasonably practicable.
- To ensure the contingencies employed by EEAST are compatible with those of other agencies to provide a consistent and flexible response in the management of those affected should it become a significant issue this winter.
- To ensure robust business continuity arrangements across the organisation.

## Background Information & Key Dates:

Throughout this plan the term “winter” refers to the whole period from 1 November 2024 through to and including, 31 March 2025. The term ‘festive period’ refers to the whole period from 11 December 2024 to and including, 14 January 2025. Any specific operations during this time will have dedicated individual operations arrangements detailed and signposted within this plan.

Winter is considered now as business as usual with additional capacity and oversight planned in, to ensure there is sufficient leadership and resource to deliver safe and timely care to our patients. The winter period proves to be significantly challenging for the NHS in general and to the EEAST region.

Significant impacts have been felt in recent winters through increased hospital handover delays, 999 & 111 activity, adverse weather, and above normal levels of staff absence. This plan has been developed using previous planning experience, lessons learnt during previous winters, system feedback and lessons learnt from the COVID-19 pandemic. By the nature of the dynamics of planning, learning and modifications will take place throughout the lead up to and throughout the winter period, as necessary.

The live copy of this plan will be stored within the Microsoft Teams Group.

### Key Dates:

Black Friday – Friday November 29<sup>th</sup> 2024.

Christmas Eve – Tuesday 24<sup>th</sup> December 2024.

Christmas Day – Wednesday 25<sup>th</sup> December 2024.

Boxing Day – Thursday 26<sup>th</sup> December 2024.

New Years Eve – Tuesday 31<sup>st</sup> December 2024.

New Years Day – Wednesday 1<sup>st</sup> January 2025.

## EEAST Objectives:

- To provide a safe, prompt and effective service to patients and the saving of lives is prioritised and maintained.
- Ensure the efficient use of resources and that as a trust we are adequately resourced.
- Achieve the relevant standards associated with service delivery.
- Maintain public confidence in the Trust.
- Provide compassionate leadership to ensure health, safety, support, & wellbeing of staff.
- Ensure the resilience of the Trust to respond to any critical or major incidents.
- Ensure ongoing risk assessments and identification of actions across the organisational functions to maintain business continuity.
- Establish and maintain effective liaison with partner agencies and stakeholders to ensure a holistic and dynamic approach.
- Disseminate public information messages in a timely and coordinated manner.
- To minimise meeting and administration time to increase front line capacity.
- To utilise support staff in other roles during the winter pressure period after full training as been provided and where practically possible.

## Strategic Actions (Intent)

- Provide a Strategic Oversight to lead the Trust and provide strategic oversight of issues.
- Mobilise locality operational cells, embedded with ICB colleagues, to input directly into system delays, oversee system and operational pressures, regulate out of service and coordinate response to emerging issues.
- The use of Advanced Practitioners to improve see and treat and increase hear and treat volume.
- Maintain PFSH levels to agreed levels per week.
- Ensure proactive messaging to the public and our partners is provided, in a timely manner.
- Undertake escalations as required to partners and other agencies.
- Provide on-call cover as per the trust requirements.

## Tactical Actions (Intent)

- Service delivery will be coordinated by EEAST's Tactical Operations Centre, led by the Duty Tactical Commander (DTC).
- Oversight and support to service delivery will be via the Strategic Commander during their period of duty, the on-duty Operation Teams and the on-call team, out of hours.
- Day to day management of business-as-usual functions.
- Tactical allocation of resources where dynamic movements are required, to ensure effective geographical cover.
- SSP deployments.
- Decisions on Clinical Safety Plan (CSP) levels.
- Manage the Clinical Safety Plan actions and escalations.
- Hospital handover, fleet and escalations of service delivery pressures and issues where required.
- Clinical welfare checks in line with current ESOP's and CSP.

- Operational Managers will focus on target key dates as well as the On-call rota arrangements remaining in place under BAU functions.
- The clinical department is able to support operational delivery in periods of sustained pressure within the winter period. Clinicians who can work operationally will populate a pre-planned rota of clinical support, which will be made available to the command teams. This is likely to be limited to one clinician per day Mon-Fri. The Senior Clinical Leads also form part of each BAU on call team for support.
- Ensuring 999, Blue light partners and HCP calls are answered and deployed to, in a timely manner.
- Providing clinical assessment to appropriate calls.
- Providing robust monitoring and management of clinical risk, duplicate calls and longest waits.
- Ensuring appropriate welfare checks are in place for any delayed patient waits.
- Ensure support and welfare for staff.
- Increased use of the Access to Stack during the winter period.

## Tactical Operations Centre (TOC) & Command Structure

The Tactical Operations Centre (TOC), led by the Duty Tactical Commander (DTC) will lead the Service Delivery command and control, and oversight of day-to-day activity across the 24-hour period.

TOC has 2 main functions - BAU running of the in-day core services to provide a sustainable 999 response to the community, which includes review and management of CSP, hospital escalations and management of arrival to handover/handover to clear delays, supporting EOC with call handling, dispatching and triage functions, providing senior management advice and support across the Trust 24/7, being the first point of contact to the Trust for external agencies/Trusts/partners to advise of major/significant incidents/issues, providing a liaison between the Trust senior management and the Operational teams to ensure all levels of Trust management are able to complete their roles with minimal difficulty, supporting the Support Services team with Fleet defect reporting, monitoring all incidents to ensure staff welfare and safety and taking appropriate action as required for this, and any other tasks required to support EEASTs staff and patients on a daily basis. Secondly - incident management, from smaller scale incidents managed by ICD alone, through to providing staffing including the initial Tactical Commander for larger scale incidents, the TOC team deal with multiple incidents per day that require a specialist response or review. Working alongside the EOC Duty Manager teams, we will stand up the ICC as required (run in EOC) ensure deployment of all appropriate resources including a full command structure as required and maintain support and over site of the incident until it's completion. We work with our A&E colleagues to hand over Tactical Command of an incident once a trained Tactical Commander reaches scene, allowing TOC to continue to provide a supportive function Trust wide as well as for a specific incident.

During normal function level 3 hospital escalations are undertaken by the Duty Tactical Commander.

Due to the amount of work that can be generated throughout the winter period, and following learning from previous years, Strategic Commanders must ensure they keep a clear diary as possible during the winter period. It is recommended that during the period from 11 December 2024 to 14 January 2025, on-call Strategic Commanders ensure their diary is clear to enable them to support and lead this acute period as required.

Where required the on-call Call Strategic Commander will lead on engagement with Regional UEC Operations team and other external partner agencies to ensure that the appropriate level of engagement is maintained. This will free up the Duty Tactical Commander to ensure that the day to day to deliver has the dedicated leadership required.

The Service Delivery Daily Battle rhythm will be as follows:

Additional meetings will be added if service demand warrants further insight and information.

An agenda for these meetings is included in the appendices of this plan.

## **Emergency Operations Centre (EOC) & Command Structure**

Our three emergency Operations Centres (EOC) are in Bedford, Chelmsford, and Norwich are the first point of contact for all 999 calls and requests for emergency and urgent care. Our teams work across three core areas of call handling, dispatch and clinical assessment to provide the best possible care to our patients. These functions relate to 3 of the organisations 5 critical functions.

EOC is staffed with a Duty Manager, DTL, CHTLS, Dispatches and Call Takers Clinicians from the CAS also support EOC. A minimum of one SOCM will be available between 09:00 and 17:00 Monday to Friday.

EOC will hold a trust staff database of those who are dual trained to support in EOC roles / functions.

The EOC Business Continuity team will host weekly Winter Plan meetings commencing 1<sup>st</sup> October throughout the winter period. These meetings will be attended by the functional leads with additional meetings arranged if required. To ensure robust accountability, the EOC Winter Action Log 2024 will be updated live throughout the Winter period.

EOC Winter Action Log 2024 Link:

### **Summary of Roles to provide additional support to EOC during Winter:**

- Tactical Assistants to support with EOC functions after additional training.
- Support Liaison Officer (SLOs) will support the duty manager with daily tasks such as staff welfares / sickness planning, ensure effective use of staff time / breaks etc.
- Single Point of Contact (SPOC) employees assisting with Health Care Professional Urgent Calls.
- Clinical cell – For extreme periods/ presence based at an EOC. This will provide additional clinical support if required.

### **Training arrangements for additional supporting roles:**

- SPOC/Urgent courses running from 30th September to the 25th of October - x4 1-week courses.
- Reserved 28<sup>th</sup> Oct-1<sup>st</sup> November for EOC assistants training should there be a need to train additional support staff in this role.

### **Additional EOC Winter Support Measures:**

- Clinical tactical oversight available for stand up in significant/extreme pressures.
- 4X4 Transport for staff unable to attend EOC due to adverse weather conditions to be obtained by fleet from first week of November.
- PVSH managers role expansion.
- Senior Managers working visibly over the winter period.
- Communications Tactical Advisor (CTA) on call rota now in place 24/7.
- Increase hear and treat to 12%.

SPOC employees will be undertaking Urgent call handling courses in October. It is planned that from December 2024 SPOC will have the ability to take non-emergency calls for the trust therefore protecting call handling capacity. To achieve this, training will be provided in October and November following a formal consultation and transformation of the team. During this time an element of current SPOC refs will become electronic. This means time on the phone to SPOC is reduced.

During the winter period, the following principles will support the clinical management of the emergency call demand that is received by EEAST if exceptional circumstances arise that require additional actions. This will include the formation of a tactical level command cell with the focus on clinical safety if required. The implementation of these principles and associated actions will be approved by the Strategic commander.

Principles:

- To ensure that patient safety is maintained in the emergency call demand as much that is reasonably practicable during winter pressures.
- Preserve a response for life / limb threatening emergencies.
- To perform functions around clinical safety in the emergency call queue with an anticipated increase in call demand or possible reduction of clinical staffing (unplanned absences).

## **Urgent & Emergency Care (UEC) Operations Team**

### **Local Operational Oversight Cells (LOOC)**

In funded ICB areas there will be a Local Operational Oversight Cell (LOOC). The cell will be staffed by a LOC Manager who will lead, coordinate, and liaise for EEAST with their local system via the ICB Strategic Coordination Cell (SCC) and feedback directly into the Tactical Operations Centre (TOC) who will retain and maintain overall responsibility for hospital ambulance delays and escalations. The LOC will be co-located with the ICB System Control Centre either face to face or virtually.

Currently HWE are the only ICB to implement Local Operational Oversight Cell. Recruitment to the LOC Managers role was completed in September with the postholders in place including appropriate training to operate from November 2024.

LOCC Key Tasks & Roles:

- Lead on Hospital Issues and Level 1 & Level 2 escalations and system calls within hours.
- Proactively enable early handover delay escalation.
- Monitor & drive reduction of out-of-service.
- Be embedded with ICB SCCs to ensure joint situational awareness of the system and any issues developing that may impact on delivery of ambulance services in that locality.
- Lead on local system calls and engagement.
- Provide Single Point of Contact to the TOC.
- Identify shift end times for crews at acute hospitals and lease with the HALO / Local management team.

## **Scheduling Principles and Capacity Planning**

Winter will follow the scheduling principles, which will be reviewed and agreed at the capacity review meetings, chaired by the Deputy Chief of Clinical Operations (Planning and Performance). Last year we were required to respond to over 90 more emergency and life-threatening patients per day over the winter period than in Q2.

For this winter the current trajectory, against the recruitment plan will see facing hours per week peaking during the busy period of mid-December to mid-January.

Each business unit (Operations, Emergency Operations Centres (EOC) and Private Ambulance Services (PAS Department) must attend the capacity review meetings to ensure any actions are carried out by way of the agreed principles and undertakings. The capacity review meetings will escalate any risks or concerns as required to Chief of Clinical Operations.



To comply with the strategic intent of minimum PFSH, all areas must produce their minimum floor standards. Certain dates will require exceptional variation by design (Christmas Eve, New Years Eve, etc.). A further 4000 PFSH is expected at the peak winter points.

Work to increase these numbers to ensure we can meet demand includes speaking with PAS partners and the national ambulance auxiliary about additional support during peak periods.

PFSH planning remains a dynamic tool as factors such as staff sickness and special leave, weather, system wide intelligence change. The approach to planning is to aim to fill all rostered duties and focus actions where the forecast requires additionality, to add to that capacity using additional PAS, overtime and planned additional resources. The daily expected provision is contained within the overall unit hours of production and forecasted demand through Regional Capacity Review.

The ambulance resource picture will be identified on a weekly and daily basis by the processes detailed above. Where ambulance resource numbers fall below the planned numbers the following actions are to be undertaken:

- Overtime to be offered (including an incentive where necessary).
- Any incentive is to follow the normal route of escalation to the Deputy Chief of Clinical Operations for a conversation with the Chief of Clinical Operations. All incentives required should be raised and escalated within normal office hours through the Capacity Review Group to avoid requests for ad hoc decisions by on call Teams.
- Work with PAS companies to look at opportunities to increase provision by them.
- Asking all clinical trained staff to cover ambulances.
- Increasing the Clinical Safety Plan level proactively.
- Ensure call before conveyance pathways are being fully used.
- Ensure non-conveyance pathways are used as appropriate.
- Work nationally to look at gaining support from the National ambulance auxiliary.

EEAST operates PAS (private ambulance service) within a contracted framework. Daily expected provision is contained within the overall unit hours production forecasted by the Head of Performance and Planning.

There may be times, due to loss of resources or below planned production of ambulances, that early discussions need to be had with our partners. This should be undertaken by the head of PAS with the outcome being referred to the DTC and Strategic Commander.

The patient safety team review Trust wide and externally reported patient safety events. Incidents are screened and coded daily by the Patient Safety Specialists (PSS). Non-essential meetings will be cancelled to cope with the likely increase in patient safety incidents during the winter period, this will be done on a case-by-case basis.

**Staffing and Vehicle Levels**

**BAU (April – October)**

Sector	PFSH	POD DSA	POD RRV	POD PAS	PON DSA	PON RRV	PON PAS

**Winter Pressure Period (November – March)**

Sector	PFSH	POD DSA	POD RRV	POD PAS	PON DSA	PON RRV	PON PAS

## Business Continuity and Trust Contingency Options

### Risks to Service Delivery

Risks are multifactorial and involve internal and external factors. Whilst planning is completed based on what is known or can reasonably be expected to happen, factors may impact on planning outside of that process. As such, the management of risk outside of the plan will be dynamically managed through the on call/on duty teams. Service delivery risks are based on predicted and actual demand, patient facing vehicle hours available, hospital handover delays, sickness, significant disruption of service or major incidents and other external factors such as events or weather issues. The full health sector picture is not fully known at time of publication and additional risks may be identified through ICBs, regulator, commissioner, stakeholder, or public feedback. These may include factors such as primary care capacity, A&E / Hospital staffing, severe weather warnings, or 111 capacities.

Risk	Mitigation
EEAST continued capacity gap.	<ul style="list-style-type: none"> <li>Recruitment &amp; retention plan.</li> <li>Overtime incentive.</li> <li>Agency &amp; Bank staff.</li> <li>Private agency staff (PAS).</li> <li>Forecast and planning.</li> <li>Active use of REAP and the CSP plan.</li> </ul>
EEAST capacity loss through sickness, out of service or other factors.	<ul style="list-style-type: none"> <li>Oversight and focus on sickness absence.</li> <li>Overtime incentive scheme.</li> <li>Pre-planned PAS resources.</li> <li>Dynamic tactical oversight and decision making.</li> </ul>
Handover delays.	<ul style="list-style-type: none"> <li>Calls may be considered on a clinically assessed basis.</li> <li>Managers will be available to deploy as contingency.</li> <li>Use of CSP.</li> <li>Intelligence conveyancing.</li> <li>Fit to Sit, Rapid Release and W45.</li> <li>Escalation to SCC in ICB/LOCC and NHSE.</li> </ul>

Full risk registers are in place detailing current known “Business as Usual” risks to the service and are not referenced within this document. For the bank holiday festive period and winter period specific risk relates to the unknown forecast for activity.

### Patient Cohorting

- Patient cohorting is the responsibility of the receiving hospital, EEAST will only cohort patients in extremis or to assist with aspects such as crew finish times.
- The Trust will support cohorting only on the direction of the Strategic Commander. This will be for short periods to ensure our own staff welfare in getting off duty at a reasonable time.
- We are likely to require support for HCA/Nurse provision to the acutes specifically for cohorting, provision of recruitment of these staff is the responsibility of the Acute Trusts.

## Hospital Handover Delays / HALO's

The following protocols are in place to minimise lengthy waits for patients conveyed to hospital:

- Rapid Release.
- Intelligent Conveyancing
- Withdraw in 45.
- Fit to Sit.
- Hospital Diverts.

The handover of patients, hospital delays and the turnaround of vehicles at the A&E departments over the winter period will be continuously monitored the Locality operational cell managers, PVSH and DTC. Relevant escalation will be undertaken and documented on the hospital notes section on the portal.

Where turnaround times increase, Ambulance Managers should be directed to the affected hospital to liaise with the A&E department staff and to ensure the crews are released more timely.

Where requests are received from Acute and Foundation Hospital Trusts to divert patients away from a receiving hospital TOC and EOC will ensure these are managed and communicated to frontline crews.

The Trust has a well-rehearsed system for the management of ambulance handover delays at hospitals. This process is to be rigorously implemented throughout the winter period. There is also a need for the Trust to be realistic about times and responses/actions from acute hospitals. The four levels of escalation are to be documented in the electronic log by the DTC.

Where escalation is required to region the Trust Strategic Commander is to be involved, especially where more than one systems hospital is affected.

Where regional level calls occur, the Strategic Commander should attend them to represent the Trust.

All agreed actions from all parties are to be logged in the relevant Trust online logs.

The trust in supporting reducing offload delays must ensure that call before conveyance functions are being utilised in the affected sector. In addition, additional support from Advanced Paramedics and other relevant clinicians may support patient management in ambulance queues at hospitals. Consideration should also be made for clinicians to discuss patients with the relevant Community hub to discuss options for non-conveyance.

Sector based non-conveyance pathways should also be utilised where possible. During the winter period crews will be reminded of Conveyance Avoidance Pathways from their local management teams on a regular basis.

### Hospital Ambulance Liaison Officers (HALO)

Hospital Ambulance Liaison Officers are based at the following hospitals (times to be updated/confirmed). The role of the HALO is to support Ambulance staff in the timely offloading and handover of patients to hospital staff within accordance with national standards. HALO's provide first level escalation of delayed hospital handover delays, work closely and liaise with hospital staff to ensure patient safety and ambulance staff welfare. HALO's provide a communication link between the hospital and the Tactical Operations Centre. Where delays are predicted to start to occur the HALO must agree a plan with the local hospital leadership team and escalate this to the LOC for additional wider action and escalation.

### BLMK ICB

- Bedford.
- Luton & Dunstable Hospital.

### C and P ICB

- Cambridge University Hospital.
- Peterborough City Hospital.

### **Herts and West Essex ICB**

- Lister Hospital.
- Watford General Hospital.
- Princess Alexandra Hospital.

### **Norfolk and Waveney ICB**

- Norfolk & Norwich.
- James Paget Hospital.
- Queen Elizabeth Hospital.

### **Mid and South Essex ICB**

- Mid Essex Hospital Trust.
- Basildon Hospital.
- Southend Hospital.

### **Suffolk and North East Essex ICB**

- Colchester Hospital.
- Ipswich Hospital.
- West Suffolk Hospital.

## **System Partner Plans**

System partner plans can be accessed via this link:

There is a risk that parts of the health system may have gaps in its ability to manage demand and flow which will directly impact on ambulance demand and or delays. This will create a delay in responding to patients in the community.

Heads of Clinical Operations will work with their local ICB's to identify any significant issues which may impact upon EEASTs ability to deliver a safe service to our patients. Conversations around risk sharing must be key with system partners playing their part in supporting this concept. System plans provided by our partners are reviewed by the Heads of Clinical Operations for each sector with any issues escalated.

Our blue light colleagues (fire, police and coastguard) work a BAU function over the winter period and as such do not have specific winter plans.

## **Vaccinations / Winter Related Illnesses**

Flu and Covid vaccinations will be available. A Regional Lead and Sector Leads have been identified who will manage the delivery of clinics and approach staff to encourage take up of the opportunity to receive vaccinations. Last years' high level of uptake contributed significantly to reduced sickness levels across the Trust and the team aim to replicate this in 2024-2025. The influenza and Covid vaccine delivery commences on Thursday 3<sup>rd</sup> October 2024. A full communications plan has been developed by the OH team for the provision, launch and delivery of the winter vaccination program.

Occupational Health are supporting this year's Winter Vaccination Programme for Flu and Covid.

As we approach the winter season, we, and our patients, tend to spend more time indoors and so illnesses spread more easily. These can impact our health whatever our age. Flu Symptoms can come on suddenly and can include fever, chills, aching muscles, coughing and a sore throat and can become severe enough to end up in hospital.

We advise staff to have their Flu vaccine to ensure they are protected. They can be accessed via our vaccinators who will advertise their clinics locally and on EEAST intranet, via their own GP or Pharmacy or local flu vaccine clinic.

Flu is an unpredictable virus that can be life-threatening during a flu season. Last year we saw a rebound in flu levels, with increased flu hospitalisations. Both the flu and COVID-19 viruses will be in circulation at the same time this winter and catching both increases the risk of serious illness.

Being healthy doesn't reduce your risk of getting flu or passing it on. You can have flu without any symptoms and pass it on to family, friends, colleagues and those you care for, many of whom may be at increased risk from serious illness from flu.

Getting your vaccine is quick and easy. While some people may experience some side effects, these will usually be mild and short-lived. The vaccines will keep you protected and if you do get flu, your symptoms will be milder, you can expect to recover faster and there is less risk you will be hospitalised.

As a trust we strongly encourage all staff and volunteers to have the flu vaccine. Having the flu vaccine means that you will be less likely to spread the flu to elderly and vulnerable patients who could be more seriously ill with the flu. It will also give you and your family the best protection from the flu.

## Wellbeing Support

The Wellbeing team will lead on welfare support to our staff during this period. The welfare wagons will also be manned and deployed, by volunteers, during the winter period and Hospital Ambulance Liaison Officer's (HALO) will also support this function at local acutes. Where additional support to move our people from station to hospitals and vice versa volunteers will be able to undertake this. The Wellbeing team will liaise directly with sector areas to implement this on a day-to-day basis.

Normal operating procedures for staff welfare will remain throughout the period, (adequate breaks, Occupational Health services accessibility, traumatic incident debriefing, as examples).

It is also recognised there will be times, particularly during the critical period of high activity, reducing the ability for Dispatchers to stand down crews for adequate rest breaks, for example New Years Eve. Where this occurs EOC Duty Officers will facilitate the earliest opportunity for staff to have breaks.

Wellbeing support can also be obtained from local management teams.

The wellbeing team are introducing initiatives before Winter, such as the new app Time for Me, the new wellbeing passport, health and wellbeing training for managers, managing anxiety sessions, promotion of the new video, utilisation of the welfare wagons and the new Directory of support in an attempt to build organisation resilience, to enable EEAST Team members to thrive and to pre-empt the need for extra support during the challenging winter months. The HWB team respond to crisis and emergency as needed.

## Absence Reports

A Power Bi Report by week ending and sickness reason is available to view at the following link:

Absences will be managed through normal trust processes with daily monitoring.

East of England Ambulance Service NHS Trust Winter Plan 2024-2025 V.01 – **Public Board – Redacted Version**

## Festive Period & New Years Eve Plan

Details of the arrangements in place for the festive period are contained in a separate file by the EPRR and Business Continuity Team.

## Adverse Weather

Adverse weather being defined as “Conditions (at this time of year) that due to their disruptive effects, impede on the operational effectiveness of the ambulance service These may include severe winds, storms, floods or snow falls and prolonged icy road conditions, resulting in varying levels of casualties, difficult estate roads conditions and vehicle damage.

Intelligence regarding adverse weather could come from three sources:

- The Meteorological Office.
- The Environment Agency.
- Intelligence from frontline crews or other agencies.

Any information about adverse weather will be distributed to all staff to ensure preparedness for adverse conditions. Safety information will be provided to staff prior to the winter pressure period.

## Fleet

The fleet team is responsible for the design, testing and evaluation of vehicles, their procurement and issue to Operations, the service planning and up-time management (operational life) of the vehicle, final decommissioning, and disposal at the end of their life. This is supported by Fleet administration, Workshop planning, workshops, fleet engineering, compliance management, Insurance, and accident management. The team runs two workshops and three offices across the region.

Where possible all vehicles will be serviced and repaired before the winter pressure period to maximise the resource base throughout the period. It also details the arrangements for vehicle breakdowns, workshops and bunkered fuel location and capacity. The fleet department are undergoing a fleet replacement program and therefore some of the old fleet will be kept by the trust as spare vehicles for the trust. The fleet department are also ensuring appropriate 4x4 vehicles are available, appropriate vehicle technician cover and that recovery companies have enough appropriate supplies to fix vehicles as a priority during this period.

A staff transportation plan will be reviewed by the fleet and operational management team.

For Vehicle Breakdowns and Damages please follow the procedures in:

Our fleet team have introduced a Fuel Monitoring process. Monitoring and reporting Fuel Stocks held across the Trust. Details are sent either weekly or daily (depending on current situation) to the Tactical Operations Centre.

## Winter Tyres

- All frontline vehicles are fitted all year round with winter tyres, this includes frontline vehicles such as DSAs, RRVs, LOM, HART and major incident vehicles.
- EAST owned PTS vehicles also have these tires fitted for change on wear basis as part of a routine replacement program.
- These tyres not only improve our ability to move across the ground in snow, but in our temperate climate improve traction and braking in wet weather also.
- Sufficient stock levels have been agreed with ATS for requirements over the winter period.

As part of our maintenance and repair contract, we have mobile technicians available to respond to localities, there is also a mobile diagnostic technician (EEAST) that is based in the Stevenage area who can also respond to maintenance and repair requests. This will ensure a robust and effective response capability during the winter period.

Details of workshop opening hours together with breakdown arrangements and accident management arrangements can be found on East 24. Routinely, workshops are open Monday to Friday between 08:00 and 16:00. There will be teams working across the region on weekends and the weekend provision will be shared with operational teams via email on a Thursday. As a minimum, there will be a Duty Manager available out of hours (evenings 16:00 – 22:00 and weekends 08:00 – 20:00) to provide advice and support. The duty manager will be able to advise if the vehicle is still useable, needs recovery or actions for local teams to take.

In order to maximise workshop availability, we will be offering overtime across the week and weekend, this will allow us more time to repair vehicles and keeping the VOR rate reduced. The Fleet team will also be recruiting Bank Vehicle Technicians to assist with this.

## **Make Ready**

The Head of Make Ready will deal with the supply and re-stocking of ambulance consumables, medical gases and continuance of the critical supply chain function. Regular stock checks and ordering of equipment will be undertaken with extra supplies ordered to cover the winter pressure period. Make Ready teams operate across the operational area, not all sites currently provide service 24/7 cover. For areas without 24/7, LOMs have access to stores should supplies run low during times when make ready staff may not be on duty.

## **Clinical Engineering**

Clinical Engineering undertake the maintenance and repair on a wide variety of medical devices in use across the trust. Technicians are based across the region to ensure as much maintenance and repair can be provided at local level. The main clinical engineering workshop is located at Barton Mills. A systems administrator maintains a database of all equipment which is due for servicing each month.

All planned maintenance is reviewed over the festive and high annual leave periods. As a department, we aim to schedule maintenance early so these periods become reactive maintenance periods so we can better support Operations. All parts/stock holdings are reviewed continuously as part of business as usual. Spare parts are increased over the festive periods due to supplier shut down.

## **Estates**

The estates team oversee the planned, routine and emergency repair and general maintenance of trust buildings across the region. For all estates issues the Duty tactical Commander is to be contacted in the first instances. They will then contact the on-call Estates Manager who will then support call out of the relevant contractor to solve the issue. During the winter period the estates team will:

- Ensure the gritting contract is in place to ensure colleagues can get to/from work safely.
- Ensure that all infrastructure is maintained.
- Ensure that resilient equipment UPS and generators have been serviced and tested to provide coverage to essential areas so core services can be maintained.
- Ensure all heating and lighting systems are serviced and maintained.
- Speak to our supply chain to request their contingency plans.

## Patient Transport Service (PTS)

Our Patient Transport Service (PTS) provides accessible and comfortable transportation for patients who are unable to travel to medical appointments independently across our communities. We currently hold contracts in the following areas of the region:

The Trust aims to maintain PTS Service levels throughout the winter period. The winter season presents unique challenges for Patient Transport Services (PTS). PTS Operational staff are unable to assist elsewhere in the trust outside of their PTS role due to contractual stipulations. PTS Meetings will be rearranged accordingly to accommodate operational pressures.

- Additional duties for the PTS teams will include:
  - Implement a daily monitoring system for weather forecasts and conditions. Distribute this information to all PTS staff to ensure preparedness for adverse conditions.
  - Conduct daily briefings with PTS staff to discuss the weather forecast, vehicle status, and any operational changes.
  - Work closely with hospitals, clinics, and other healthcare providers to coordinate patient transport needs, especially during peak periods or severe weather.
  - Attendance at daily system calls and communicating clear lines of escalation within each system.
  - Use the System Control Centre (SCC) to communicate with system partners to ensure escalation.

## Co-Response and CFRs

The Community Response team are responsible for the recruitment/ management / training and operational delivery of the Community First Responders (CFRS) Co- Responder Resources, Fire Service resources including Community Wellbeing officers (CWO's) along with providing clinical and tactical cover as required to supplement operations.

Key Headlines/additional support provided over winter:

- Roll out of Assemble (Volunteer Management Tool) to improve communication with volunteers, enabling a responsive model to flex at times of need.
- Flex the Collaboration budget to enable the use of CWO's to increase low acuity response capacity at times of need.
- Integrate the falls capable CFR groups into the Care Co-ordination hubs to increase low acuity response capacity through winter.
- Recruit and deliver increased volunteer capacity in all teams to provide additional response capacity during winter.
- Recruit to a secondment dispatcher specifically to deploy community response resources until March 2024 through re-purposed existing budget.
- Maintain a focus on the Charitably funded cars with increased awareness and supporting the additional recruitment onto the cars to increase their availability.
- Clinical managers to be available to provide clinical and operational command support.
- Review co-response model in line with business planning to provide additional C1 response for patients in rural communities.
- Review of licences to enable DTCs to be able to access Assemble.
- During high demand periods CFR coordinators will be informed to encourage more callsigns to book on.

Implementation of Assemble (planned for 1/11/24) as a volunteer management system which will enable increased communication with volunteers through push notification to personal phones at times of pressure,



along with being able to provide a communication/news and messages platform for the volunteers to increase availability of volunteers over winter.

Assemble will include personnel data, document libraries, volunteer specific training, diary and event management and with the product being web and app based provide volunteers with easier accessibility to information and support.

## **Humanitarian / Human Rights**

All human beings have the right to life regardless of their involvement in an incident under article 2 of the Human Rights Act 1998. Ambulance activity will be undertaken with cognisance to the Health and Safety at Work Act 1974 and other legislation relevant to safe systems of work (SSOW). The delivery command, EOC and duty teams will prioritise the safety of patients and welfare of staff.