East of England Ambulance Service NHS Trust

Winter Plan 2025-2026 V1.1 | Trust Board (Public – redacted version)

1 November 2025 - 31 January 2026

NHS
East of England
Ambulance Service
NHS Trust

#WeAre EEAST

East of England Ambulance Service NHS Trust

This document outlines the East of England Ambulance Service NHS Trust's (EEAST) Winter Plan, which is designed to provide the best possible delivery of services throughout the winter period.

The plan is intended to be both flexible and responsive to evolving circumstances and should be read in conjunction with the Trust's existing policies and procedures. It details the strategic approach to planning, preparedness, resilience, and contingency arrangements for the winter season, including the festive period, with the overarching aim of maintaining continuity of essential services and delivering the highest standard of patient care across the East of England region.

Key Trust Objectives:

1. **Patients:** Prioritise safe, prompt, and effective patient care.
2. **Productivity:** Ensure efficient and adequate resource allocation and to achieve service delivery standards.
3. **Partnership:** Maintain public and healthcare partners confidence in the Trust.
4. **People:** Provide compassionate leadership for staff health, safety, and wellbeing.

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Version Control & Quick Reference Guide

Version Number	Author	Date
V.01	Business Support Manager Draft	April 2025
V.02	Deputy Chief Operating Officer Review	6 May 2025
V.03	Heads of Clinical Operations Review	9 May 2025
V.04	Operational Service Delivery Group (OSDG) Approval	3 June 2025
V.05	Chief Operating Officer Initial Review	12 June 2025
V.06	Executive Leadership Team (ELT) Initial Review	17 June 2025
V.07	Addition of updated Clinical Safety Plan (CSP) Guidance	22 August 2025
V.1	Executive Leadership Team (ELT) Approval	2 September 2025
V.1.1	Trust Board Approval	10 September 2025
V.1.2	Addition of updated Adverse Weather guidance following new advice from Met Office and UKHSA	26 September 2025

Date Published	V1.0 September 2025
Senior Responsible Officer	Chief Operating Officer
Document Editing & Version Control	Business Support Manager

Section	Content	Section	Content
1	Purpose of Winter Plan	12	Handover 45 (HO45) - Release to Respond (R2R)
2	Key Learning	17	Clinical Safety Plan (CSP)
3	Strategic Intent	18	Adverse Weather
6	Demand Predictions & Forecasting	19	Staff Welfare Support Plan
8	Baseline Actions	FP1	Festive Plan
11	Local Operational Oversight Cells (LOOC)	A1	Winter Vaccinations

#WeAre EEAST

Our Vision, Missions & Trust Values

Our Purpose

We care for our patients, our communities and each other, making every minute count to save lives and improve outcomes for patients.

Our Vision

Everyone in the East of England will have high-quality urgent and emergency care, with providers of health and care services across the region working in partnership with EEAST to make this happen.

Patient mission

To provide high-quality urgent and emergency care that is equitable, responsive, and focused on patient need.

People mission

To provide a supportive, inclusive, and empowering environment for our people, that supports individual and Trust performance.

Partnership mission

To connect patients to the best care, at the right time, first time, every time, through working with our partners.

Productivity mission

To be an innovative, efficient, and sustainable healthcare partner, to meet the needs of our communities with the resources available to us.

We Are **Accountable**

We Are **Respectful**

We Strive To Be **Excellent**

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Urgent Emergency Care Plan 2025/2026

Each winter plan should outline how to support:

Staff Wellbeing

- ✓ Improve vaccination rates.
- ✓ Improve flu vaccinate uptake via a designated plan (by the end of Q1).

System Partnership

- ✓ Increase the number of patients receiving care in primary, community and mental health settings.
- ✓ Meet the 45-minute maximum handover standard.

Leadership

- ✓ Maximise visible Leadership and location of leaders.

Patient Flow

- ✓ Improve flow through hospital with a particular focus on patients waiting over 12 hours and eliminate corridor care.
- ✓ Direct less urgent cases to Same Day Emergency Care (SDEC).
- ✓ Optimise the use of urgent treatment centres.
- ✓ Utilise alternative care pathways such as neighbourhood multidisciplinary teams.
- ✓ Utilise Call before you Convey (CB4YC) schemes.
- ✓ Improve access to mental health teams.

Digital

- ✓ Access summary care records by the end of 2025/2026.
- ✓ Use NHS federated data platform (rolled out 86% of Acute Trusts by end of 2026).

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Why is Winter different?

Each winter, the East of England Ambulance Service NHS Trust (EEAST) experiences a notable increase in call volumes and patient contacts, primarily driven by a seasonal rise in influenza, colds, and other winter-related illnesses across the region.

In addition to this surge in demand, EEAST must manage a range of operational challenges during the winter period, including:

- **Increased Staff Sickness**: Higher rates of absence due to seasonal illnesses such as flu and colds.
- **Elevated Demand**: This includes delays in hospital handovers, increased activity across 999 and 111 services, a rise in Hear and Treat cases, adverse weather conditions, and further staff absences.
- **Higher Patient Contact and 'Hear and Treat' Rates**: Reflecting the broader impact of seasonal health issues.
- **Potential Adverse Weather**: Severe weather may affect staffing levels and infrastructure, further complicating service delivery.

Furthermore, system partners across the healthcare network also experience heightened pressure during this time. As a result, EEAST frequently encounters extended hospital handover times, with ambulance crews often delayed at acute care sites due to increased demand.

Section 2: Key Learning from Winter 2024/25

The Locality Operations Oversight Cell (LOOC) function demonstrated strong performance and effectiveness.	Improved coordination is required between vehicle demand and the availability of fleet resources.	An advanced, forecasted operational resourcing model is required to proactively align staffing levels with anticipated service demand.	Utilisation of Clinical Safety Cell (CSC).	The Winter Plan should be limited to actions that are supplementary to existing business-as-usual (BAU) functions or plans already in place
Section 12 1	Section 17 2	Section 7 3	Section 10 4	Met 5
Specific plan inclusion for details of the festive plan.	Each directorate is required to submit a comprehensive outline of the actions they will undertake during the winter period, detailing specific measures to support service resilience and continuity.	Where teams are able to offer additional support to frontline operations, these contributions must be identified and communicated at the earliest opportunity to enable effective planning and integration.	Assigning Executive-level Senior Responsible Officer (SRO) ownership of the Winter Plan may enhance strategic oversight, accountability, and cross-directorate coordination.	Establishing a Trust-wide Winter Planning Working Group may support broader oversight and collaboration during the planning phase, enabling cross-directorate input and alignment with system-wide priorities.
Festive Plan 6	Appendix 5 7	Appendix 5 8	Chief Operating Officer 9	Full engagement with relevant directorates undertaken 10

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Section 3: Strategic Intent for Winter

1. **Maintain Public Confidence and Minimise Impact**
   Ensure the Trust responds effectively to winter pressures, thereby maintaining public confidence and minimising disruption to services.

2. **Coordinate with System Partners**
   Deliver a response that is integrated and aligned with the wider health system and other responding agencies.

3. **Ensure Effective Capacity Management**
   Sustain operational effectiveness across emergency, non-emergency services, and Emergency Operations Centres by:
   3a. Assessing and identifying gaps in organisational response capability.
   3b. Identifying and requesting mutual aid or additional support where necessary.

4. **Coordinate Public Messaging**
   Ensure all public communications are consistent and aligned with messaging from partner agencies.

5. **Strengthen Business Continuity and Recovery**
   Maintain robust business continuity and recovery arrangements across the organisation, reviewing and updating them as required.

6. **Document Planning and Decision-Making**
   Develop and maintain a comprehensive, auditable Winter Plan and decision log at all levels of command.

Section 4: Tactical Operations Centre Command Structure

Tactical Operations Centre (TOC)

The East of England Ambulance Service NHS Trust's (EEAST) Tactical Operations Centre (TOC) will serve as the central coordination hub for service delivery throughout the winter period. Operational oversight will be provided by the Duty Tactical Commander (DTC), supported by the Strategic Commander, on-duty operational teams, and the on-call team.

The TOC will be responsible for managing daily operational functions, resource allocation, and the implementation of Clinical Safety Plan (CSP) actions. It will ensure timely responses to 999 calls, requests from blue light partners, and healthcare professional (HCP) referrals. Additionally, the TOC will support clinical assessments and decision-making, manage clinical risk, and uphold staff welfare.

The TOC will operate 24 hours a day, 7 days a week, and will be staffed with:

- One Duty Tactical Commander (DTC)
- One People Vehicle Support Hub (PVSH) Manager
- One Tactical Assistant
- One Incident Command Desk (ICD) Supervisor

The DTC will hold responsibility for ensuring clear tactical direction in day-to-day service delivery and will seek assurance regarding operational actions undertaken by the Emergency Operations Centre (EOC) team.

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Section 5: Emergency Operations Centre Command Structures

Emergency Operations Centre (EOC)

The East of England Ambulance Service NHS Trust (EEAST) operates three Emergency Operations Centres (EOCs), located in Bedford, Chelmsford, and Norwich. These centres serve as the primary point of contact for all 999 emergency calls and requests for urgent and emergency care from partner agencies and healthcare professionals.

The EOCs deliver three 24/7 critical functions for EEAST:

- Call Handling
- Dispatch
- Clinical Assessment

Each EOC is staffed by a Duty Manager, Team Leaders, Dispatchers, and Call Handlers. The Clinical Assessment Service (CAS) is supported by Clinical Navigators and Clinical Validators, all of whom are registered clinicians. During core working hours, a minimum of one Senior EOC Manager and one Senior CAS Manager will be available to oversee service delivery and provide workforce support. Outside of these hours, operational support is provided by the Duty Tactical Commander (DTC) in conjunction with the Trust's on-call arrangements

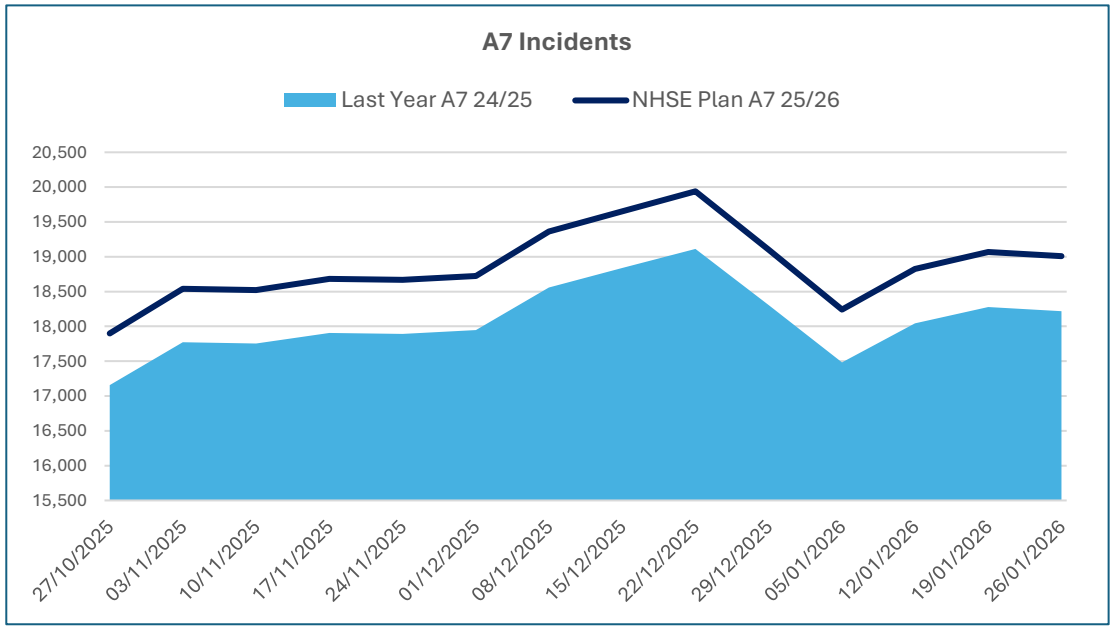
Incident Command Cell (ICC)

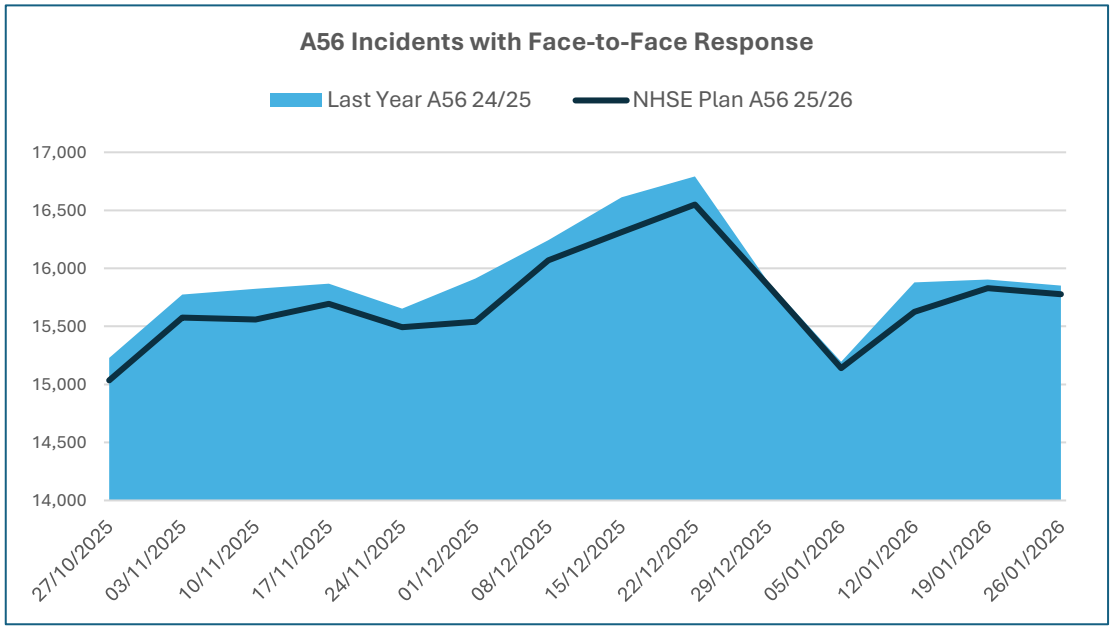
The Incident Command Cell (ICC) plays a critical role in supporting post response activity and recovery. It must be designed to be flexible and scalable, with the capability to be activated across multiple site locations as required.

The ICC should be established within the Emergency Operations Centre (EOC) that holds geographical oversight of the incident. In circumstances where the designated EOC is directly impacted by the incident or otherwise unavailable, the ICC will be activated in one of the two alternative EOCs.

The ICC will be comprised of a team of trained EOC personnel who will work collaboratively to support the incident from declaration through to stand-down, and potentially beyond. The scale of ICC activation, whether reduced or full, will be determined by the nature and severity of the incident.

Section 6: Demand, Resourcing & Performance





25/26 Winter Demand is expected to increase compared to 24/25 for:

- **Calls Answered (A1): +3.0%**
- **Incidents (A7): +4.33%**

However, Incidents with Face-to-Face Responses (A56) are expected to reduce **(-1.16%)** compared to 24/25 from the planned increase in hear & treat of c.4.5% (25/26 **(16.7%)** over 24/25 **(12.0%)** during the winter period).

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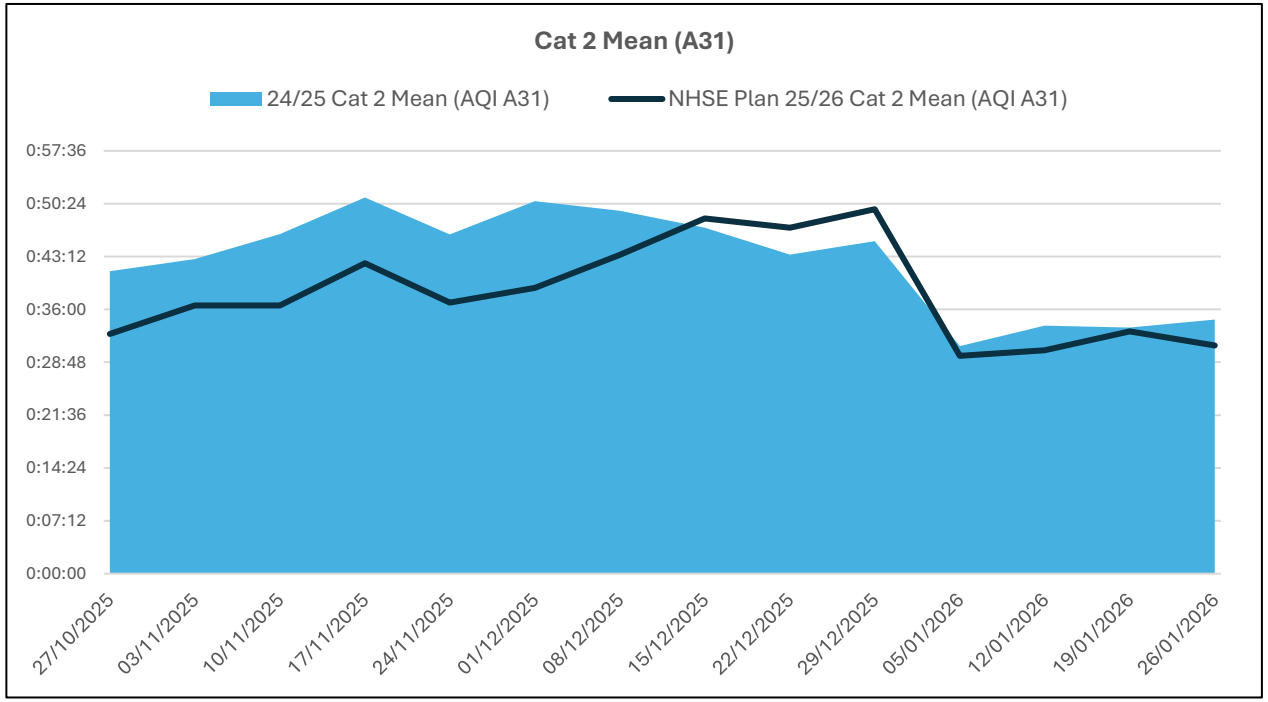
Section 6a: C2 Mean 24/25 vs. NHSE Forecast 25/26

Week Commencing	Week Number	24/25 Cat 2 Mean (AQI A31)	NHSE Plan 25/26 Cat 2 Mean (AQI A31)**
27/10/2025	31	0:41:13	0:32:40
03/11/2025	32	0:42:53	0:36:33
10/11/2025	33	0:46:15	0:36:31
17/11/2025	34	0:51:15	0:42:18
24/11/2025	35	0:46:12	0:36:56
01/12/2025	36	0:50:46	0:38:56
08/12/2025	37	0:49:25	0:43:24
15/12/2025	38	0:47:08	0:48:25
22/12/2025	39	0:43:27	0:47:08
29/12/2025	40	0:45:17	0:49:39
05/01/2026	41	0:31:00	0:29:40
12/01/2026	42	0:33:47	0:30:26
19/01/2026	43	0:33:32	0:32:59
26/01/2026	44	0:34:36	0:31:06



Our NHSE plan is deliverable subject to the collective requirements continuing to be met.

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Section 7. EOC Planning Levels for Winter Period

The priority for call handling and clinical staff:

- ✓ Call handling planned FTE will increase to 245 FTE (195 work force effective) from c.228 (170 WFE).
- ✓ The importance of converting newer staff into work effective call handers through a revised mentoring programme has been tested over the summer period. Mentors now supervisor multiple call handlers to expedite their progress.
- ✓ 125 CAS clinicians are planned to be in post compared to c.85 in the previous year.
- ✓ Pipeline recruitment for these roles are being expedited.

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Section 8: EEAST Baseline Winter Actions

Applicable at all times, irrespective of escalation level:

- ✓ Review operational staffing in line with forecasted increase in demand
- ✓ Maximised ‘Fit to Sit’ for suitable patients
- ✓ Active Local Operational Oversight Cells (LOOC) in each sector
- ✓ Embedding of Handover 45 (HO45) – Release to Respond (R2R)
- ✓ Optimised referrals in alternative care pathways and reduce unnecessary ED conveyance
- ✓ Reduction of annual leave to a 50% cap and reduction in abstractions including cancelation of all non-essential training
- ✓ Deliver outlined operational (A&E and EOC) productivity measures
- ✓ Review of Fleet availability in line with resource demand
- ✓ Proactive use of the actions within the Clinical Safety Plan (CSP)

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Section 9: Clinical Safety Cell (CSC) Utilisation and Triggers

In response to periods of significant and extreme demand, a Clinical Safety Cell (CSC) may be established to support the management of the clinical queue. The CSC may operate in a physical, virtual, or hybrid format, depending on the nature and severity of the incident. In exceptional circumstances, a physical cell may be activated.

Where a CSC is established, the Emergency Operations Centre (EOC) action cards and associated plans will be followed to ensure consistency and compliance with established protocols.

The CSC is designed to implement additional tactical and/or strategic actions beyond business-as-usual operations and the Clinical Safety Plan, with the primary objective of maintaining patient safety. It may be activated in response to:

- Anticipated surges in demand
- Planned events
- Zero-notice incidents requiring immediate escalation

Triggers: The Clinical Safety Cell will be stood up:

- Where there are more than 400 calls on the dispatch stack and CAS stack combined.
- CSP4 with <10% DSA availability.
- CSP4 where the proportion of outstanding C2 calls is more than 100
- Pre-planned events or known anticipated surge in demand.
- CSP4 and no CCORD / CNAV cover.
- Consider during Major Incident Declaration
- Consider during trust business continuity incidents, where there is increased clinical risk.

The DTC (or EOC Tactical Commander) must discuss CSC standup with the Strategic Commander.

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Section 10: Maximised ‘Fit to Sit’ for suitable patients

To support patient safety, comfort, and operational efficiency, attending crews should make every effort to transfer patients to a hospital trolley or chair at the earliest opportunity. This practice also facilitates timely crew release for subsequent calls. All stretcher patients should be assessed for suitability to sit, and all ambulant patients, regardless of pathology, should be considered fit to sit and supported to do so, where practicable.

Patients requiring continuous monitoring or active treatment are generally not suitable for fit to sit designation.

During periods of extreme operational pressure, where a Clinical Safety Cell (CSC) is activated, consideration may be given to lowering the threshold for fit to sit. This decision must balance the risk of delayed ambulance response for patients in the community against the potential clinical risk to patients seated in waiting areas rather than receiving continuous monitoring on an ambulance trolley.

Any revised guidance will be cascaded through Operational and/or Clinical teams. Final discretion regarding fit to sit designation rests with the attending clinician(s), Hospital Ambulance Liaison Officer (HALO), and the Emergency Department triage nurse.

Section 11: Local Operational Oversight Cells (LOOC)

In each ICB area 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 and will run 12 hours per day, 7 days a week. The LOC manager role will be fulfilled at a Band 7 level, within current sector staffing.

LOCC Key Tasks & Roles:

- Lead on Hospital Issues and Level 1 and Level 2 escalations and system calls within hours
- Proactively enable early handover delay escalation
- Monitor and drive reduction of Critical Standdown (CSD) (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 within that specific locality and wider system
- Lead on local system calls and engagement
- Provide Single Point of Contact to the TOC for their specific sector
- Identify shift end times for crews at acute hospitals and liaise with the Hospital-Ambulance Liaison Officer (HALO) or local management team
- Oversee in-day performance opportunies.

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Section 11a: LOOC Impacts, Benefits & Risks

Impact

- ✓ Reduced Critical Standdown – allowing more resources to be available for patients.
- ✓ Improved management of escalation process' and associated hospital handover delays – reducing the time resources are spent waiting at Acute sites.
- ✓ Increased engagement with Operations Support – reducing VOR and increasing efficiencies with Make Ready and Clinical Engineering.

Benefits

- ✓ Supports the reduction of Critical Standdown (CSD, Out of Service) by actively monitoring local crew and vehicles and challenging where appropriate.
- ✓ Undertakes escalation calls, which increase in frequency over the winter period, on behalf of the Tactical Operations Centre (TOC) to manage demand and resourcing across the region.
- ✓ Acts as a liaison role between Operations and Operations Support.

Risks

(If we do not have LOOCs in place)

- ✓ Reduced engagement with escalation calls.
- ✓ Reduced ability to influence and challenge Critical Standdown (CSD)/
- ✓ Reduced ability to influence hospital handover delays.
- ✓ Tactical Operations Cell (TOC) may become overwhelmed due to system pressures and internal Trust pressures, if we do not have additional resource (LOOC) to support.

Section 11b: LOOC Manager

Accountability & Reporting

- Record daily performance data in the Performance Cell log
- Document all key actions and issues
- Share a daily report with the wider senior team to ensure awareness, performance tracking and escalation consistency

Meeting Attendance

Time	Meeting
08:10	Sector Operations Call
09:00	Trust Tactical Call
09:30	Sector ICB System Call
15:30	Trust Tactical Call

Key Roles & Responsibilities

- ✓ Review PFSH (Planned Frontline Staffing Hours) for the current and next day.
- ✓ Assess all 3rd party manning for suitability using AWD and in conjunction with LOM/R&P teams.
- ✓ Monitor and review abstraction levels.
- ✓ Monitor HALO chat in line with OP101.
- ✓ L1 & L2: TOC responsibility but ensure being enacted appropriated and collected on escalation table in portal.
- ✓ L3: Performance Lead ensures prompt and complete escalation.
- ✓ Monitor EOC/LOM chat for CSD escalations: Any CSD >30 mins must be actively challenged.
- ✓ Monitor Out-of-Area (OOA) working; liaise with Dispatch Team.
- ✓ Review fleet allocation and oversee MRO movements using local leadership team for guidance if necessary.
- ✓ Monitor daily conveyance rates; escalate any issues with alternative care pathways.
- ✓ Monitor excessive on-scene times; escalate to LOM or CAS to assist the on-scene crew.
- ✓ Monitor UCCH compliance to KPI.
- ✓ Escalate dispatch issues to EOC DTL, then DM if unresolved.
- ✓ Continue to share escalations with the DTC so they can maintain regional oversight.

Section 12: Handover 45 (HO45) - Release to Respond (R2R)

The HO45/R2R protocol went live on the 28 November 2024. Further information can be found within SOP45. Each acute trust has its own checklist and full consultations has been agreed between HOCO's, EEAST and the Acute Trusts.

The 45-minute handover protocol (HO45/R2R) is designed to reduce the risk of patient harm caused by extended handover delays. Handover delays are a source of harm to, not only those waiting outside a hospital, but they also impact on the ambulance service ability to respond to others in the community.

The HO45/R2R will be implemented by EEAST as a business-as-usual function across all hospital sites whereby waits for clinical handover will be limited to a maximum of 45 minutes, as stated in the **UEC Plan 2025-2026**, at which point the patient will be left by the crew in the care of the Emergency Department.

Each ICB has submitted plans to the regional team, with regards to the SCC function, which was completed week ending the 23 May 2025. Once clarity has been confirmed by NHS England, Operational Instruction 101 (OI101) will need to be reviewed.

In order to meet our C2 performance trajectory, the Trust will need all Acutes to comply with HO45/R2R, working towards completion of handover within 30 minutes.

Section 12a: Handover 45 (HO45) - Release to Respond (R2R)

15 Minutes

- Review patient for their suitability to sit in a chair, rather than remain on a trolley.
- Patients who are ambulant are 'fit to sit'.

30 Minutes

- Liaise with HALO and ED staff, explain that the patient will be left in 15 minutes.
- Prepare the patient to be transferred to care of hospital,
- Find an alternative bed or chair from the ED, or any additional EEAST equipment in the department to facilitate this policy (speak to HALO if unsure).

45 Minutes

- Undertake a set of observations – record in EPCR
- Explain to patient they are to speak to ED staff member to report any change in symptoms
- Speak to a Nurse or other clinician, handover patient details
- Record in EPCR name of person to whom patient information reported and timeof handover.

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Section 12b: Arrival to Handover (A2H) trajectories

Commitment of Acutes to deliver Arrival to Handover (A2H) trajectories (Appendix 4)

System Enablers:

- NHS England to review winter plan with individual acutes – with a focus on delivering arrival to handover (A2H) trajectories.
- Sufficient capacity to provide Call Before you Convey (CB4YC) within the Unscheduled Care Coordination Hubs (UCCH).
- Sufficient capacity for urgent community response (UCR) teams to deal with increased demand.
- To ensure that the ITK link has been mobilised where possible, the induvial ICBs to ensure low acuity calls are to managed in primary care setting.

Department of Health and Social Care – Urgent and Emergency Care Plan

- Providers are required to meet a maximum of 45minutes handover time.

Section 12c: Optimised referrals in alternative care pathways

Clinical Advice Service (CAS) & Unscheduled Care Coordination Hubs (UCCH)

CAS/UCCH support will be provided Advanced Paramedics (APs) through the clinical advice line (CAL). This will transition over to the AP team by December 2025.

Dedicated CFR

A review of the Community First Response (CFR) dispatch model will be undertaken ahead of Q3 to ensure we optimise opportunities to maximise utilisation aligned to the skills and scope of our volunteers. Ahead of this time we will also explore if there are any local CAD configuration enhancements that can support our dispatchers to consider the use of CFR colleagues where appropriate.

C2 Triage into Hubs

We will implement a process where calls within scope of Category 2 (C2) segmentation that have been successfully validated out of C2 are sent to a UCCH for further clinical assessment as an urgent care presentation. The ability to do so will rely on our ability to push calls out via the Interoperable toolkit (ITK) (see next slide).

Ensure we have ITK

We are working the region and ICB leads to implement this change at pace and are expecting to go live with 1 provider in Q2. This will require us to work more closely with providers on a daily basis so emerging clinical risks for all services can be jointly considered and adapted as part of tactical plans.

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Reduction of annual leave to a 50% cap & reduction in abstractions including cancelation of all non-essential training

Annual leave for the festive period is processed before the end of April, in-line with the Leave Policy and with the 50% cap applied during the 6-weeks across December and early January. New leave applications will be processed based on the same principles and ensuring compliance will remain our priority.

Non-essential abstractions will be reduced or embargoed entirely during the period. Essential abstractions are those that are either unplanned / unavoidable (e.g. sickness) or are governed by Policies (e.g. annual leave and maternity leave). Non-essential abstractions, whilst important, they can either be postponed or removed (e.g. meetings) depending on staffing and REAP levels. Non-essential abstractions include certain training activities (e.g. PU training), stand downs for training, alternative duties (e.g. shadowing). Recruitment activities (assessments, interviews, training new recruits) should be avoided during the festive period. Abstractions will be monitored closely against the staffing levels at the daily Resource Planning management team meetings. The RPMs will liaise with the Heads of Clinical Operations for any exceptional cases.

Non-Essential abstractions include:

- Training (PU training, clinical supervision shifts)
- Stand downs by management
- Changes to core operational shifts (e.g. to rest days or alternative duties)

Essential abstractions include:

- Annual leave
- Core training (apprentice releases)
- Sickness
- Maternity, paternity, etc

Section 14: Deliver outlined operational productivity

Our objective in 2025/26 is to improve our productivity:

The national planning guidance to all NHS providers outlines the importance of improved productivity. Working with our Commissioners and PA Consulting, EEAST's contribution to productivity has been broken down into 9 core areas.

	Growth Funded	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
1	Out of Service	7.5%	7.5%	7.0%	7.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
2	On Scene Time – Conveyed	42.0	42.0	42.0	42.0	42.0	42.0	42.0	42.0	42.0	42.0	42.0	42.0
3	On Scene Time – Non-conveyed	70.0	70.0	70.0	70.0	70.0	70.0	70.0	70.0	70.0	70.0	70.0	70.0
4	Average Hospital Handover Time	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0
5	Handover to Clear	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0
6	Conveyance Rate	62.0%	62.0%	62.0%	62.0%	62.0%	62.0%	62.0%	62.0%	62.0%	62.0%	62.0%	62.0%
7	Hear-&-Treat %	13.0%	13.0%	14.0%	14.0%	16.0%	16.0%	17.0%	17.0%	18.0%	18.0%	18.0%	18.9%
8	Resources Per Incident (MAR)	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15
9	Sickness Absence	8.0%	8.0%	8.0%	8.0%	8.5%	8.0%	8.0%	8.0%	9.0%	8.5%	8.0%	8.0%

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Section 15: Demand vs. Resourcing - Post Baseline actions

Relief planning is processed minimum 9 weeks ahead. Christmas and New Year weeks' planning will be completed by the end of October.

Resource levels will be reviewed daily by the Resource Planning management team and at the Regional weekly meetings.

Overtime will be closely monitored to ensure compliance against the overtime limits. Distribution of the overtime will be based on a priority order, aligned to staffing requirements.

Rota changes and line movements commencing between 13 October and 4 January will be embargoed.

Overtime incentives will be considered. If deemed necessary, these will be considered closer to the required date.

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Section 16: Fleet availability in line with resource demand

Demand will be manged in line with Operational requirements through the new vehicle replacement programme, right place right time via the operational support and logistics desk, and the VOR reduction action plan. VOR is planned to be no higher than 23% from September 31st.

Increase vehicle availability to meet demand by utilising:

- Extended workshop opening hours to weekends with upcoming roster change.
- Pausing 6-week service inspections when required (Pausing 6 weekly inspection increases vehicle availability in the short term. However, this has a negative impact after the event. 6 weekly inspections are designed to be preventative maintenance and to reduce defect VORs. If defects are planned on inspection, they can be planned into workload rather than failing in service. It reduces the unplanned VOR activity).
- Utilising volunteer drivers to assist with vehicle moves
- Look to increase parts supply across workshops to reduce VOR downtime (parts supply can be increased for routine maintenance by pre planning maintenance with Fleet Factors).
- Reduce DVT training across high demand periods (Fleet team will look to reduce technical training through the winter period however this is not always possible due to time critical availability)
- Manage overtime across high demand periods (case by case basis)

Logistics desk to have greater visibility and oversight on vehicle moves 12-16 hours per day:

OSLD will be in operation within the next month and lessons will be learnt prior to winter to fine tune the desk. The aim of the desk is to ensure vehicles are in the right place at the right time. They will manage 18 Operations Support Drivers to move vehicles (supported by 18 Make Ready Drivers) around the Organisation. Any vehicle that is due routine maintenance, will be moved to internal workshops the morning of its service. This will increase vehicle turnaround time and should be released back into operations the same day. The desk will operate 06:00 – 22:00.

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Section 17: Clinical Safety Plan (CSP)

National CSP Level	National Clinical Safety Plan Narrative	EEAST Level
1	**Normal Operating - Business as Usual** ✓ The Trust is servicing demand within normal limits as forecast and there is no specific pressure points that require above BAU interventions. ✓ Demand is manageable and unallocated incidents are under control and are not excessive in volume or the amount of time they are outstanding. ✓ Resource deployments, and associated dispatch and call talking protocols are sufficient to deliver a safe service.	BAU
2	**Moderate pressure** ✓ Activity is creating demand pressures in the system leading to an increased number of incidents waiting for a resource to be allocated. ✓ Specific actions are required, and an increased level of management input is needed to manage the growing demand and provide a response to patients as required. ✓ Level 2 requires Duty Tactical Commander approval.	Moderate Pressure
3	**Severe Pressure** ✓ Significant, sustained pressures are being placed upon the Trust with demand levels far exceeding the resources available. ✓ The number of incidents waiting for a resource to be allocated have continued to increase. ✓ The actions implemented at level 2 have not resolved the pressures faced therefore additional actions need to be implemented to manage the demand pressures. ✓ Level 3 requires Duty Tactical Commander approval.	Severe Pressure
4	**Extreme Pressure** ✓ Demand pressures far exceed those expected with every frontline resource tasked in line with deployment protocols. ✓ All actions at level 3 have been considered but the outstanding unallocated incident numbers continue to increase. ✓ Level 4 can only be authorised by the Strategic Commander.	Extreme Pressure

Section 17a: Clinical Safety Plan (CSP) Indicators

- The Clinical Safety Plan contains indicators designed to pre-emptively engage with service pressures.
- Anyone of the triggers will warrant a change in the plan's operating level.
- Maximum review period times are listed which allows the time to remain in place for a prescribed period.
- This is designed to reduce patient wait times in higher categories.

These level indicators may change, following changes to the Ambulance Quality Indicators (AQI).

CSP Level	Call Pickup	Ambulances waiting to handover	C2 calls waiting	C3 Calls waiting
1	<00:05	0-9%	<10	<20
2	00:06-01:00	10%-19%	11-29	21-59
3	01:01-02:00	20%-29%	30-69	60-139
4	>02:01	30%+	70+	140+

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Section 18: Adverse Weather

Update due in September 2025 following expected new advice from Met Office & UKHSA

The Trust may receive cold health alerts from UKHSA/Met Office as part of the adverse weather and health plan. The cold health alerts system runs from 1 November to 30 March. The Trust may also experience bouts of unexpected/unpredicted extreme weather conditions.

During normal day to day activity, it is expected the operational teams will consider daily weather reviews for health surveillance outside of this action card. Each locality area will also maintain preparedness with stocks of equipment and supplies for winter as these items are to be held as part of standing stock items for resilience purposes and may not be available at short notice when this action card is invoked.

In the event of either forecast or actual snowfall the Trust Regional Tactical Operations Centre (TOC) will invoke the Adverse Weather - Cold Action Card to ensure resilience and preparedness.

EEAST has two specialist HART units which able to respond in adverse conditions which although based at Melbourn and Great Notley are able to pre-deploy if the risk identifies their skill sets could be utilised.

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Section 18a. Adverse Weather - Cold & Snow Actions

Update due in September 2025 following expected new advice from Met Office & UKHSA

In the event of forecast or actual snow the TOC will:

- Contact the **on-call Resilience Manager** to seek specialist advise on the level of disruption expected.

- Contact the **on-call Ops Tactical Commanders** to request confirmation the following actions have been carried out;
  - Salt stocks ready/deployed on Ambulance Stations
  - All frontline vehicles equipped with snow socks and shovels
  - Assessment of Trust available capacity for 4x4/AWD vehicles
  - Contingency plans for staff welfare
  - Contingency plans for ensuring staff can report for duty in a timely and safe manner
  - Assessment of Trust PFSH capacity and whether increases required for predicted demand
  - Consider implementation of Tactical Cell

- Contact the **on-call EOC Tactical Commander** to request confirmation the following actions have been carried out;
  - Contingency plans for ensuring staff welfare
  - Contingency plans for ensuring staff can report for duty in timely and safe manner
  - Assessment of Trust Call Handling capacity and whether increases required for predicted demand

- Document the actions taken on this card and record in Trust daily logs.
- Document replies, and assurance given by the on-call team.
- Provide a summary of actions to the Heads of Operations via email included a complete copy of this action card.
- Highlight any areas of escalation or concern.

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Section 18b: Impacts overview for cold-health alert levels

Update due in September 2025 following expected new advice from Met Office & UKHSA

Very Low (Green)	Low (Yellow)	Medium (Amber)	High (Red)
No alert will be issued as the conditions are likely to have minimal impact on health. However, during periods when the risk is minimal, it is important that organisations ensure that they have plans in place and are prepared to respond should an alert (yellow, amber or red) be issued.	A yellow alert may also be issued if the confidence in the weather forecast is low, but there could be more significant impacts if the worst-case scenario is realised. In this situation the alert may be upgraded as the confidence in both the weather forecast and the likelihood of observing those impacts increases. Those who are particularly vulnerable (for example older people with multiple health conditions and on multiple medications, or those who are sleeping rough and at greater risk of cold exposure) are likely to struggle to cope in these conditions.	An amber CHA represents a situation in which the expected impacts are likely to be felt across the health and social care sectors, with potential for the whole population to be at risk. Other sectors, apart from health and social care (for example transport) may also start to observe impacts, indicating that a coordinated response is required. In addition, in some circumstances a National Severe Weather Warning Service (NSWWS) warning may be issued for snow, ice or wind in conjunction with and aligned to the CHA. This situation would indicate that significant impacts are expected across.	A red CHA would indicate significant risk to life for everyone, including the healthy population. Severe impacts would be expected across all sectors, and a coordinated response is essential. The UK government will declare an emergency if there is severe or prolonged cold weather affecting sectors other than health and social care, and if the conditions require a coordinated multi-agency response.

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Section 19: Staff Welfare Support Plan

To support the health, morale, and well-being of our staff during the winter period, we are implementing the following welfare measures:

Enhanced Welfare Wagon Coverage

- Scheduled across peak hours (08:00–20:00), including Christmas Eve, Christmas Day, Boxing Day, New Year's Eve, and New Year's Day. This would be dependant on volunteer availability.
- Stocked with food and drink options.
- Festive decorations (festive period only) to improve morale.
- Visibility of when and where Welfare Wagon's will be (A&E, stations, etc.)

Rest Areas

- Quiet rooms available at stations, stocked with refreshments.
- Mindfulness information available on stations.
- Welfare packs distributed to stations – for example, hand warmers, festive treats, and thank-you notes from leadership.

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Section 19a: Staff Welfare Support Plan

Communication & Coordination

- Volunteer Booking Portal: Simplified booking for volunteers, allowing late sign-ups and location flexibility.
- Feedback Loop: QR codes on WW for quick feedback and suggestions.

Recognition & Festive Boosts

- Prize Draws (i.e 12 days of EEASTmas): Small morale boosters like coffee vouchers or festive hampers for staff.
- “Thank You” Messages: Video and written messages from senior leadership, shared across channels.
- Team Photo Boards: Local areas encouraged to share photos of decorated rest points and crews in festive spirit.

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Winter Activity

External & Internal Communications

Planning winter communications for external and internal audiences, including handling for media on escalation of alert levels, severe weather, or system handover delays, and attending operational meetings to support.

- **Patients & public** - Early and clear public messaging will help manage expectations during peak demand.
- **Stakeholder briefings** – updates to local councils, MPs, and health partners.

Internal Communications

- Flu vaccination campaign to support healthy workforce.
- Internal communication campaign to promote and support morale through winter period, including 12 Days of EEASTmas.
- Communications regarding seasonal illnesses including flu, COVID, and other cold type causing viruses will be shared amongst staff including identification and precautions for awareness and reminders.

Section 21: Patient Safety

Summary:

- The frequency of UEC delays is increased during the winter period, reflective of increased pressures across the healthcare system.

Action:

- The patient safety team lead on discussing UEC delays with the ICB on a monthly basis to learn from delay incidents.
- UEC delay incidents are reported to the ICB routinely, from January 2025, reporting figures for all delays discussed at the EEAST Incident Review Panel regardless of the level of harm caused commenced.
- A trial of a new system delay process has been completed in the Suffolk and North East Essex ICB area.

Impact:

- Effective reviews of delay incidents, led by the patient safety team and ICB has led to a reduction of delay incidents since October 2023
- Reporting of all delays incidents regardless of level of harm has helped raise awareness of all delays within systems not isolated to harm events
- The new system delay review process is live in Suffolk and north East Essex, Norfolk and Waveney system is due to adopt the same methodology during 2025 with plans to onboard the other ICB areas
- Handover 45 is embedded across all sectors of the organisation, data indicates a direct correlation of reduced handover times and improved performance

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Section 22: Infection, Prevention & Control FITT Testing

Identification of Relevant Staff Groups

- Staff who are required to wear tight-fitting respiratory protective equipment (RPE), such as FFP3 masks, are identified. This includes frontline clinical staff and others exposed to airborne risks.

FITT Testing Sessions

- Conducted by trained FITT testers.
- Includes qualitative (taste-based) testing methods.
- Ensures the mask forms an effective seal on the wearer's face.

Recording Outcomes

- Results of each FITT test are recorded in the Electronic Staff Record (ESR) system.
- Staff who fail a FITT test are re-tested with alternative mask models or are supplied with a powered hood respirator.

PPE Stock and Flow Management

- EEAST maintains a stockpile of approved PPE.
- Systems are in place to ensure rapid distribution during periods of high demand (e.g., pandemics or major incidents).

Ongoing Monitoring and Re-testing

- Re-testing is required if staff undergo significant facial changes (e.g., weight loss, surgery).
- Annual reviews are conducted to ensure continued compliance.

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East of England Ambulance Service NHS Trust

Festive Plan 2025-2026

22 December 2025 - 4 January 2026

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Festive Plan Section 1: Introduction & On-Call Structure

During the 2-week festive period, **22 December 2025 to 4 January 2026**, further support will be embedded to support additional pressure on the frontline. Staff welfare support will be increased across the winter period with a particular focus on the festive period. On-call arrangements (run as BAU) will continue throughout the whole of the winter period.

On-Call Arrangements

The Trust's on-call rota runs 24/7, 365 days of the year and is already implemented over the winter and festive periods as part of BAU planning.

The on-call rota provides the following roles:

- Strategic Commander
- 24/7 Duty Tactical Commander (Based within the TOC)
- Tactical Commanders (multiple)
- EOC Tactical Commander
- Communications Tactical Advisor (To support radio/airwave infrastructure)
- National Interoperable Liaison Officer's (NILO) (Resilience and Specialist Operations Managers)
- Resilience Tech Support
- Loggists
- PTS leadership
- Strategic Medical Advisor
- IT/Digital Leadership
- Estates Leadership

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Festive Plan Section 2: Introduction & On-Call Structure

As part of BAU planning, there is a placeholder MS Teams video call invite issues to all on-call teams, at 09:00 and 16:30. The decision to stand these calls up during the winter period, will be made by the Duty Tactical Commander (DTC) or Strategic Commander.

During the festive period, 22 December 2025 to 4 January 2026 (minus bank holidays – stood up by exception only), the calls will automatically be stood up and led by the Duty Tactical Commander (DTC).

Attendance to 09:00 and 16:30 Battle Rhythm Calls:

- Duty Tactical Commander (Lead)
- Strategic Commander
- Heads of Clinical Operations
- Tactical Commanders
- Representative from each A&E operational sector (could be covered by above roles)
- Fleet representative
- Loggist
- Any other role identified by the Dury Tactical Commander or Strategic Commander

Dates excluded: Thursday 25 December 2025, Friday 26 December 2025 and Thursday 1 January 2026.

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Festive Plan Section 3: Internal Strategic Command Cell

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, 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.

The EEAST (internal) Strategic Command Cell will be stood up based on the instruction from the on-call strategic commander depending on need.

If required, the Strategic Command Cell will be held in boardroom at the Chelmsford HQ site (alternative locations may be sought on instruction from the Strategic Commander), this is ideally suited alongside Chelmsford EOC and Chelmsford TOC. The cell will also have access to all of the offices (four) in the downstairs area of the Annex building (if required).

SCC Staffing:

- Strategic Commander
- Loggist
- Any other role identified by the Strategic Commander as required

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Appendices

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Appendix 1: Winter Vaccinations

Occupational Health Winter Plan

- Flu vaccines have been ordered
- Request has been put in for new software to ease recording and reporting of uptake and booking appointments – sitting with procurement and digital (funding has been awarded)
- Comms plan to go out starting in September
- Peer vaccinators to be used throughout the Trust
- Registrants on TRD/AWD can give vaccines
- Weekly reporting on uptake to be reported to ELT and published on EEAST 24.
- Budget for incentives for staff to be requested i.e. Costa voucher

Department of Health and Social Care - Urgent and Emergency Care Plan Actions:

- ✓ Improve vaccination rates for frontline staff towards the pre-pandemic uptake level of 2018-2019. This means that in 2025/2026, we aim to improve uptake by 5 percentage points. (1,739 received the vaccination in 24/25 – target for 25/26 is 2,444)
- ✓ Improve flu vaccinate uptake via a designated plan (by the end of Q1).

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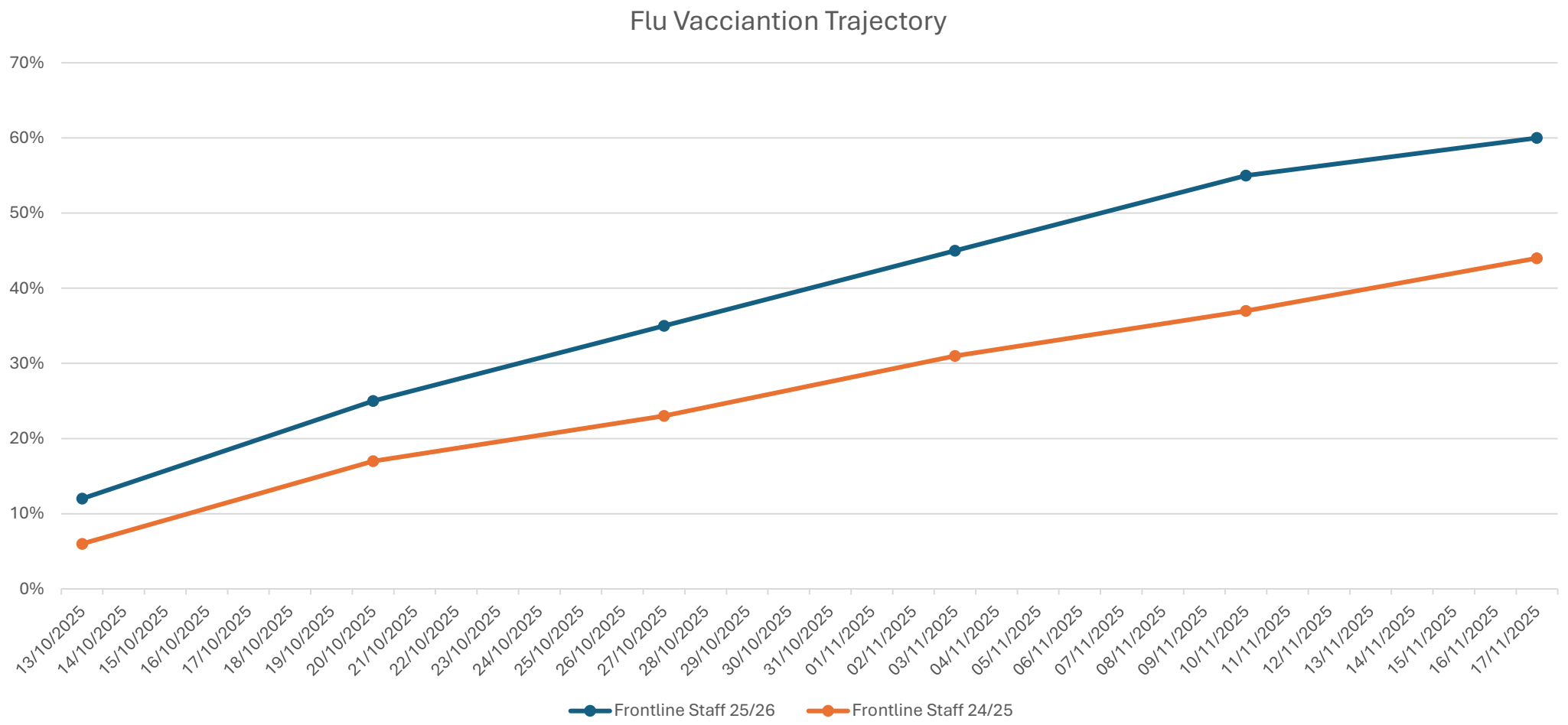
Appendix 1a: Winter Vaccinations Trajectory



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East of England Ambulance Service NHS Trust

Winter Plan 2025-2026 V1.1 | Trust Board (Public – redacted version)

1 November 2025 - 31 January 2026

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