



MEETING TITLE Trust Board (held in Public)		MEETING DATE 01/11/2022	
TITLE of PAPER		2022/23 Winter Plan	PAPER REF 3.1
KEY PRIORITIES		Deliver the best possible response for each patient, first time	
PURPOSE OF THE PAPER		The purpose of the paper is to request Trust Board approval for the current 2022/23 Winter plan with the caveat that the plan is a live document and will be reviewed and updated on a weekly basis during the winter period.	
For Approval		<input checked="" type="checkbox"/>	For Assurance
For Decision		<input type="checkbox"/>	Discussion/Information
AUTHOR / LEAD	Jackie Cole, Interim Associate Director of Operations	ACCOUNTABLE DIRECTOR	Nick Smith, Executive Director of Operations
Discussed/Informed by The winter plan is an annual document produced by YAS. This year's winter plan has changed structure from previous years to reflect learning from winter 2021/22.			
PREVIOUSLY AGREED AT:		Committee/Group: Trust Management Group	Date: 19/10/2022
RECOMMENDATION(S)		It is recommended that the Board: approve the 2022/23 Winter plan, with the caveat that the plan is a live document and will be updated on a weekly basis during the winter period 2022/23.	
RISK ASSESSMENT			Yes
Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>			<input checked="" type="checkbox"/>
Equality Impact Assessment <i>If 'Yes' – expand in Section 2. / attached paper</i>			<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>			<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>			<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN(s)		1: Safe 4: Responsive	
NHSI Single Oversight Framework Choose a THEME(s)		2. Quality of Care (safe, effective, caring, responsive)	

**Board of Directors Meeting
(held in Public)**

**1 November 2022
Winter Plan 2022/23**

Report of the Director of Operations

1. PURPOSE OF PAPER

- 1.1 The purpose of the paper is to request Trust Board approval for the current 2022/23 Winter plan with the caveat that the plan is a live document and will be reviewed and updated on a weekly basis during the winter period.

2. SITUATION

- 2.1 In previous years YAS has produced a Winter Plan that describes how it will manage the risks and challenges of the winter period. Winter 2021/22 was especially challenging because of many factors influenced by the impact of Covid-19.
- 2.2 Following a review of last year's winter plan the approach has changed for 2022/23 to reflect the National Decision Model (NDM). We believe this provides a more structured approach to the assessment of the risks and more focus on pre-emptive tactical actions.
- 2.3 The purpose of the NDM is to constantly 'spin' or 'cycle' the steps to ensure that decisions and actions are always made with most up to date intelligence and information. This ensures that all identified risks and actions to mitigate are always relevant to what is currently happening. In previous years this has meant that the winter plan has been relatively static once signed off.
- 2.4 Therefore this years Winter Plan will be constantly updated as we progress through winter.

3. NATIONAL DECISION MODEL (NDM)

- 3.1 The NDM is used by the emergency services to ensure that decision making in response to incidents is structured. It can be used dynamically, such as dealing with an unfolding emergency or in a more planned way, such as the management of a large complex incident.
- 3.2 The purpose of the NDM during winter 2022/23 will be to protect what is known as the YAS 7. These are, for business continuity purposes:
- Command
 - Call Handling
 - Triage
 - Dispatch
 - Treat

- Transport
- Communication

The YAS 7 cover all service lines and not just A&E Services.

The structure of the NDM can be seen below:



3.3 The starting point for the NDM is gathering the information. Every service line and support service has now contributed to this. Ongoing intelligence will be captured through the Winter Planning Group and fed into future versions of the Winter Plan.

3.4 From this information risks to delivery have been identified. After considering what enablers and constraints are in place (such as Trust policies, employment law etc) a list of options has been created to mitigate some of the risks. Viable options have been worked into clear actions plans for implementation.

3.5 Some actions are pre-emptive, such as setting out incentive periods, increasing clinicians in EOC on key dates etc. Other actions will be implemented if specific trigger points are reached, such as cohorting.

4. OVERSIGHT

4.1 A Winter Planning Group is in place, with a wide membership across service lines and support services. Th group has been meeting weekly to support the development of the Winter Plan and will continue to meet weekly to identify any new intelligence, new risks and any mitigating action. The Winter Plan will continue to be updated, with clear version control, by this group.

4.2 A Winter TEG meeting is held weekly to allow any escalation from the Winter Planning Group to be responded to in a timely manner. Examples will include any additional expenditure or to highlight any significant emerging risk.

5. RECOMMENDATIONS

- 5.1 It is recommended that the Board approve the 2022/23 Winter plan, with the caveat that the plan is a live document and will be updated on a weekly basis during the winter period.



Yorkshire Ambulance Service Winter Plan 2022/23

Name: Winter Planning 2022/23
Date: 24 October 2022
Version: 0.8
Status: Draft

Content

Version History	2
Plan Approval	Error! Bookmark not defined.
Introduction.....	3
Strategic Intent for Winter 2022/23	3
National Decision Model (NDM)	4
Information and Intelligence.....	5
Key Dates.....	5
General Information and Intelligence	7
Emergency Operations	9
Emergency Operations Centre (EOC)	11
Integrated Urgent Care (IUC)	12
Patient Transport Service	14
Fleet, Facilities and Estates	15
ICT.....	16
Vaccination.....	17
Procurement.....	17
Academy.....	18
Corporate Communications	18
Assessment of Risks for Winter 2022/23 and Mitigations.....	20
Powers and Policy.....	30
System Partnership	31
Act, Monitor and Review.....	31
Delivery of Actions.....	31
Governance	31
TEG Winter Cell.....	32
Winter Planning Group.....	32
Winter Dashboard	33
HQ Winter Cell.....	33
CBU Coordination Centres.....	33
On-call Structure	33

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 1 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Critical Incident declaration	34
Testing of the Plan.....	34
Appendices.....	35

Version History

Version	Date	Changes	Who
0.1	14 Sep 2022	First draft	EPRR Team
0.2	18 Sep 2022	Formatting and content changes	Nick Smith Director of Operations
0.3	21 Sep 2022	Review and amendments identified	Jackie Cole / Jeevan Gill
0.4	05 Oct 2022	Additional information received	Alison Bradley
0.5	06 Oct 2022	Draft edited for review	Alison Bradley
0.6	10 Oct 2022	Additional information added	Alison Bradley
0.7	18 Oct 2022	Additional information added	Alison Bradley
0.8	24 Oct 2022	Updated following review by Executive Team	Alison Bradley

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 2 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Introduction

This plan has been produced to ensure that the Yorkshire Ambulance Service (YAS) is prepared for the 2022/23 winter period. It builds upon experience gained during challenges of Covid-19 and specifically incorporates the learning from the winter period of 2021/22.

The approach to the YAS winter plan is based around the National Decision Model (NDM) as this provides an evidence-based structure to incident management.

The plan will be LIVE on the **14th November** however due to the changing nature the plan it remains in draft until then to reflect ongoing intelligence and updated actions.

Strategic Intent for Winter 2022/23

The aim of the winter plan needs to be pre-emptive in nature, addressing the identified risks before they escalate to a level where approved Business Continuity (BC) plans are unable to maintain service delivery in prioritised activities (YAS 7).

To ensure that seasonal issues do not disrupt the delivery of YAS prioritised activities, the working strategy seeks to:

- Ensure high quality care for patients throughout winter by maximising resource availability
- Minimise risk to staff and promote wellbeing
- Ensure contingencies are in place in order to respond to any issues / incidents / events that may arise either directly or indirectly as a consequence of winter impacts. (In effect, interoperable capabilities must be maintained to contractual standards)
- Recover from all incidents as quickly as practicably possible
- Establish and sustain robust command, control, and communications arrangements sufficient to manage incidents, minimising the risk to patients and staff
- Develop and deliver a communications / marketing strategy that enables the public to make the right choice for accessing healthcare and alleviating pressure on NHS services
- Ensure timely and consistent messaging for warning and informing stakeholders and the public of any issues that impact on NHS Maximise services relating to winter
- Capture and share all learning from any incident / events / issues in order to improve future plans



Nick Smith
Executive Director of Operations / Accountable Emergency Officer

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 3 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

National Decision Model (NDM)

The National Decision Model is suitable for all decisions. It is designed to be used:

- For spontaneous incidents or planned operations
- By an individual or team of people
- For both operational and non-operational situations

The NDM supports decision makers in using structured rationale of what they did during an incident and why.

The NDM has 5 steps that operate in a cycle. The steps are:

- Gather information and intelligence
- Assess threat and risk and develop a working strategy
- Consider powers and policy
- Identify options and contingencies
- Act and review what happened

During Winter 2022/23 YAS will use the NDM model to protect the YAS 7 which are:

- Command
- Call Handling
- Triage
- Dispatch
- Treat
- Transport
- Communication

The National Decision Model is shown below:



OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 4 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Information and Intelligence

This section sets out the key dates for Winter 2022/23 and describes service line and support service events and concerns and describes demand and capacity models from the four key service lines which are:

- Emergency Operations
- Emergency Operations Centre (EOC)
- Patient Transport Service (PTS)
- Integrated Urgent Care (IUC) (incorporating 111)

An Equality Impact Assessment (EIA) will be completed on approval of the document and attached as Appendix A.

A Quality Impact Assessment (QIA) will be attached as Appendix B once approved.

Key Dates

Based upon the key dates Operations and IUC are planning for 5 extremely busy weekends during December due to the World Cup. Overall, we expect there to be a seven-week period of pressure, with specific pressure starting from the 14th December if England qualify for the World Cup Semi-Final. This is likely to be accompanied by limited overtime take up. There will also be an extended Bank Holiday period extending into the Monday and Tuesday after the Christmas weekend.

Within PTS however, and based on data from previous European and International football tournaments, there will be no change in demand or demand profiles over the upcoming World Cup. Based on previous year's data, there are expected to be some limited impacts to demand in PTS over the Christmas period: -

- A significant reduction in demand expected for all special days and bank holiday days over the festive period
- A slight increase in demand expected on the standard, business as usual days, both preceding and following the special and bank holiday days. This is substitutional demand based on the days seeing a reduction however, as this is spread over a longer period, and can be concentrated more on weekdays (where demand is much higher), the overall percentage increase is at manageable levels

Over the key dates (detailed in Table 1 below), command coverage will be provided 24/7 with additional resilience built in to the rota to ensure it is robust and provides for effective decision making. The on-call command rota is completed and available from ROC.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 5 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Table 1 below shows the current expected key dates during winter, 2022/23 (as at 24.10.22): -

Table 1

Week Commencing	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
31 Oct 2022	Halloween					Bonfire Night	
7 Nov 2022							
14 Nov 2022							
21 Nov 2022	World Cup Eng v Iran				World Cup Eng v USA		
28 Nov 2022		World Cup Eng v Wales					World Cup Last 16
5 Dec 2022						World Cup Quart-Final	
12 Dec 2022			World Cup Semi-Final				World Cup Final
19 Dec 2022						Xmas Eve	Xmas Day
26 Dec 2022	Boxing Day	B/Holiday				New Year's Eve	New Year's Day
2 Jan 2023	B/Holiday	1 st day back	2 nd day back			Possible high IUC demand	Possible high IUC demand
9 Jan 2023							

Key

	Events
	Expected High / Peak Demand for all service lines
	IUC Key Date
	A&E Ops Key Date

The days highlighted in **red** will be managed as a specific incident due to the anticipated pressures.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 6 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

General Information and Intelligence

Operational Pressures

All service lines are expecting to be placed under severe pressures at various times over the winter period. Factors which will determine the level of impact are covered in more detail elsewhere in this plan however the key areas of concern include a continued higher acuity demand (Category 1 and Category 2 demand) and delays in hospital turnaround times. An increase in higher acuity calls leads to a longer job cycle time, less See and Treat / Hear and Treat opportunities, more conveyances to Emergency Departments (ED's) and consequently, even more delays in hospital turnaround times. This, coupled with other factors detailed below will all contribute to continued excessive pressures on all operations during the winter period.

Industrial Action

Several industries are currently balloting members regarding potential industrial action and the Local Resilience Forums (LRFs) have raised increasing concerns. A Dispute Committee is being established with representation from YAS management and Staff Side which will meet regularly to review and discuss progress, options, and plans.

Within the NHS, each union has commenced ballots and results / what action may be taken should be known by the first week in December.

Further detail has been shared around the risk with regards to the Fire and Rescue Services Union (FRSU) and Fire Brigades Union positions. If the current pay offer is declined, the earliest possible day for industrial action by the FRSU is potentially 14 Nov 2022. The FBU Ballot result is expected to be announced 31st October. The LRF's have commenced work to identify any complications, risks, and mitigations this industrial action may have upon YAS and our critical activities.

Any further information on industrial action will be constantly reviewed and added to this plan upon receipt of any relevant intelligence. Horizon scanning and review of potential industrial action is a fixed agenda item at the winter planning group meetings.

Covid and Flu

It is anticipated we are likely to face a very tough winter with higher respiratory infections than previous years, and elevated levels of flu, such as seen in the Southern Hemisphere. This is due to a number of factors including previous lock downs over the last two winters, no lock down this winter, lower levels of natural immunity in the general population coupled with normal mixing activity without restrictions. This will lead to higher levels of patients requiring emergency care for respiratory infections driving demand coupled with increasing rates of staff sickness due to COVID-19 but also other infections such as flu.

The current rise in in-patient COVID cases is being driven by in-hospital transmission following the pause of asymptomatic testing. We are seeing symptomatic patients tested and then when testing those nearby, most are positive. This is not the next wave but a version of the "back to school" rise predicted. We still expect a further wave in November which should peak before Christmas.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 7 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

The flu rate is rising slowly but we do expect this to be an early wave. We are currently running six weeks early compared to previous flu seasons. This means it is possible we will see a flu wave peak at the same time as a rise in COVID cases. Alongside this, other respiratory viruses continue to spread and are also increasing demand on ED's and Urgent Care Services.

We are now hopeful, based on experience in the Southern Hemisphere, that we will not see the usual flu wave after Christmas, so it currently appears November and early December are going to be the hardest period of the winter (assuming we do not see a significant new variant arise).

Specific IPC mitigations will include:

- Promotion of high COVID-19 and flu vaccine uptake in staff and wider population
- Implementation of the new national IPC manual to ensure we can maximise a reduction in spreading of infections

World Cup

YAS are part of the Safety Advisory Groups (SAG) throughout Yorkshire and Humber. The SAG assesses, discusses, and collates events taking place. As it stands (06.10.22), we are expecting some areas showing the World Cup matches (England v Iran 21 Nov 1300hrs, England v USA 25 Nov 1900hrs and England v Wales 1900hrs 29 Nov UK times) on large screens although many venues are still to confirm. The "Matchzone" has announced it will be showing all three England group stages as well as the final on an inflatable movie screen at Magna Science Adventure Centre, Rotherham, where it will stand eight metres high and 12 metres wide. There have been discussions on other stadiums / cinemas setting up screens, but nothing has yet been confirmed.

Other impacts of the World Cup may include increased activity, increased activity on England game days, loss of staff, increase in requests for annual leave and a lack of overtime uptake. As further details / scenarios emerge, a review of capacity / change of call profile may be required.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 8 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Emergency Operations

Demand activity patterns

Changes to activity patterns over the Christmas/New Year period, especially with the festive period falling over a weekend, will result in changes in expected demand levels. Because of the bank holidays falling as they do around a weekend it is challenging to predict where the highest levels of demand are going to fall.

Rostering of staff

Operations will need to staff accordingly over the same period to ensure additional demand can be accommodated particularly over the full Christmas and New Year periods.

Adverse Weather

Adverse weather during the period may be an issue for staff physically being able to attend work (especially EOC staff due to the reliance on the staff transport plan). However, plans are well rehearsed, debriefed and documented for any eventuality. The knock-on effects that adverse weather has on demand requires managing due to the increased response times and number of incidents relating to weather.

Staff Sickness

Staff sickness always increases over the winter period and will be managed by the appropriate managers. Over the Christmas and New Year periods this is difficult to mitigate with additional overtime due to staff not wanting to work additional shifts.

Vehicle availability

There is likely to be an increase in accidents due to adverse weather resulting in shortfalls. Increased staffing due to increased demand will also result in additional pressures on vehicle availability. Any reduced fleet availability over the festive period will also limit capacity.

Increased acuity

Category 1 and Category 2 proportions remain much higher than the operating plan and is having a greater impact on service delivery. The impact includes a potential increase in job time, limits our ability to See, Treat and Refer, and Hear and Treat, resulting in increased conveyance rates which subsequently impacts on hospital turnaround times.

Handover Delays

The increase in acuity levels results in more conveyances into hospital. Hospital handover delays are a constant pressure on the service.

Staff Health and wellbeing

Continued high demand results in chronic staff fatigue.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 9 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Commander resilience

System reporting increases during the winter period limiting the capacity for commanders to maintain business as usual. In addition, escalated hospital handover delays will also draw on commanders' capacity, especially out of hours.

A&E Winter Planning Charts

The charts below **[updated versions to be added in v0.9]** reflect:

- Current demand forecasts for this winter period (November – end of January)
- Current capacity requirements for this winter period
- Current staffing expectations over key periods and projected gap by day over key periods

In order to maintain 3-month view, at end of November the charts will be updated to cover December to end of February and at the end of December, will be updated to cover January through to end of March.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 10 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Emergency Operations Centre (EOC)

Impact of Intelligent Routing Platform (IRP)

IRP will show modest benefit to YAS in terms of safety. It will operate as per the current call passing thresholds and will be constrained by the current pitfalls of the temporary procedures. It will however mean that as our current critical network partners struggle, their demand will no longer pass over to us and will be instead spread across the current pool of availability nationally. It will therefore have the impact of potentially reducing buddy connections into YAS.

Impact of Cat 2 changes

No changes have as yet been implemented and the latest proposals for Cat 2 have yet to be received. Any benefit is felt to be minimal considering the clinical resourcing requirements.

Recruitment and retention challenges

The recruitment of band 2 Urgent call Handlers is to end as this shows no benefit. The revised plan is to recruit to Emergency Medical Dispatchers (EMD's) but blend their training in as urgent call handlers before upskilling to EMD's after a period of time. This aims to reduce attrition and failure on the main EMD course as this will be encountered at the Urgent Call Handler phase.

Remote Triage

The EOC is currently awaiting deployment of remote hub sites before staffing them. Consideration is once again being given to a home working option.

Implementation of Pathways Clinical Consultation Support (PaCCS)

PaCCS is now fully implemented, awaiting sign off of the Information Sharing Agreement (ISA) to allow EOC to deploy the onward call forwarding connectivity, allowing us to refer and book patients into GP appointments.

EOC Winter Planning Charts

The charts below **[updated versions to be added in v0.9]** reflect:

- Current demand forecasts for this winter period (November – end of January)
- Current capacity requirements for this winter period
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OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 11 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Integrated Urgent Care (IUC)

Impact of patient demand changes

Patient demand level changes significantly over this period, increasing the risk within capacity but also staff burnout over this period. Due to this representing a 4-day extended weekend there is a service expectation that levels from the 24 – 28 December will remain above previous levels. Existing IUC rotas cannot meet the call volumes over this period given, unlike other service lines, a significant demand increase and call profile change. Whilst affecting all front facing workforce this is anticipated to impact most for clinical staffing with current scheduled staffing levels a clinical risk. Mitigations to this include use of agency and bank resource as well as likely to seek TEG approval for an incentive programme over the key period.

Impact of public holiday allocation (6 in 8) on staffing

YAS IUC staff are allocated 6 in 8 public holidays (pro-rata for some staff) in order to supplement staffing beyond normal schedules. This exercise is currently underway but in recognition of an additional public holiday worked by some staff on the 19 September, Joint Staff Group (JSG) and staff side colleagues have requested that these staff be allocated fewer over 2022/23 and modelling work continues over this.

Recruitment and retention challenges

IUC remains under the 2022/23 operating plan for recruitment however, in line with the improvement plan this gap has narrowed, with attrition levels tracking below 2021/22 levels. This remains a significant risk for the service with all patient facing roles becoming more difficult to recruit to given the current position of the job market. To support recruitment and retention a modified induction schedule is being piloted to “on-board” staff a week earlier with a view to embedding them into the service before NHS Pathways exams. Further actions include the consideration of a recruitment and retention package for certain roles.

Impact of covid and winter illness on IUC call levels, and overall staffing levels

There is the potential for a covid increase in infection over the key winter period impacting both on staffing levels and overall patient call volumes. January 2021 saw a significant loss in staffing due to the omicron variant infections. IUC have also seen a much-changed winter illness profile over the winter period in the last couple of years, linked to changes in behaviour and increased social distancing. Service modelling has maintained expectations of increased winter illness calls and this will continue to be reviewed on a monthly basis.

Implementation of IUC Single Virtual Contract Centre (SVCC)

The introduction of a SVCC across the North East and Yorkshire has the potential to lead to some calls overflowing across the region. A current project is underway to establish the common time frame when calls will look to route to the alternate provider if they are likely to be answered more quickly. This therefore may mean an overflow of calls traditionally handled by YAS or for calls to be received that would previously have been managed by NEAS. Work in on-going and Andrew Cooke, Head of Operational Service Development, remains the key subject matter expert.

Adverse weather

Adverse weather has the potential to significantly impact on overall staffing capacity due to delays in staff attending work. In this scenario, IUC are supported by the wider Trust adverse weather and

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 12 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

transport plan, albeit there is an acceptance that overall prioritisation of resources needs to be determined at a Trust level. An extension of the home working pilot also has the potential to increase service resilience.

Impact of national marketing

Current service expectations are that there will not be a significant campaign to encourage patients to call 111 given the current service pressures. If this position changes this would need to be acknowledged as a risk to the service and wider Trust.

IUC Winter Planning Charts

The charts below **[updated versions to be added in v0.9]** reflect:

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OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 13 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Patient Transport Service

Lack of Acute Intelligence

There is currently a lack of knowledge around what the elective care demand and on day demand will be. Without this information journey planning will be difficult.

Discharge Demand

Pressures in Emergency Departments often creates increasing amounts of discharge activity particularly over the Christmas / New Year period.

[A number of clarifications are still required around this area – will be added in v0.9]

Renal Activity

Changes to renal activity over the Christmas / New Year period, especially with the festive period falling over a weekend will involve movement of days, resulting in changes in the demand levels.

Renal departments will be informing YAS of this information in November, but it has not historically posed an issue for PTS.

Rostering of staff

Although historically quieter over the Christmas to New Year week due to a lack of clinics, PTS will need to staff accordingly over the period to ensure discharge demand can be accommodated. Higher demand is expected in the week leading to Christmas Day.

[A number of clarifications are still required around this area – will be added in v0.9]

Adverse Weather

Adverse weather during the period may be an issue for PTS but business continuity plans are well rehearsed, briefed and documented for any future eventuality.

Staff Sickness

PTS expect staff sickness to be high due to the time of year and will be managed by the appropriate managers.

Alternative Resource Framework

This is in place to support PTS at all times however cost implications must always be considered.

PTS Winter Planning Charts

The charts below **[updated versions to be added in v0.9]** reflect:

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OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 14 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Fleet, Facilities and Estates

Tyres

Cross Climate tyres are fitted across the A&E, PTS and Support Services fleet. Within Support Service vehicles, these are fitted after the OE supplied tyres have worn. No seasonal change is required.

Servicing / Safety Checks

YAS operates an 8 weekly Safety Check Schedule on A&E and PTS vehicles and as such, they are kept at a more constant level of repair compared to a private vehicle which may require winter checks to be undertaken.

4X4 Hire Vehicles (Operations)

Command 4x4 vehicles have now started to arrive with delivery through to January 2023 at a rate of 5 per week. The X3's will give us the same and greater 4x4 resilience than in previous years. The BMW X3 is supplied with OEM Michelin or Bridgestone tyres but will be changed to Michelin Cross Climate after the OE supplied tyres have worn. No seasonal change is required.

4X4 Hire vehicles (PTS)

YAS previously hired 8 4x4 vehicles to provide the PTS function some 4x4 resilience over the winter period. This will continue over 2022/23 as the plan to procure 4x4 Team Leader cars has not been realised due to a delay in the wider PTS fleet decision making process.

DCA Uplift

The Trust has decided to uplift the DCA fleet through previous winter periods. This has been achieved by retaining the fleet which has been displaced due to the vehicle replacement plan. During winter 2021/2022, YAS retained 28 vehicles which would have otherwise been disposed of. YAS are currently still running approx. 20 of these vehicles. This process could be utilised again this year as our 64 new DCAs are due to start arriving in the Trust week commencing 28th November. Should the Trust decide to retain a proportion of the vehicles which are being replaced over the winter period, the 20 vehicles retained on the fleet from last winter will need to be considered.

Medical Devices, Equipment, and ICT Comms

Another crucial factor will be the availability of medical devices, equipment, and ICT comms kits. The introduction of the MDVS system which is replacing the Terrafix MDT system should have been implemented before the winter period however this has not been the case. ICT will need to confirm if they have enough of the new units to support an uplift in DCA numbers as the Trust will not have the same number of spare kits as we currently have with the MDT system. Awaiting confirmation from ICT.

Staff Transport Plan (STP)

A&E and PTS now manage their own STPs while Fleet manage the STP for EOC and other support functions. The plan will be invoked as and when instructed as per previous years. Senior on-call can activate in line with the adverse weather plan.

[A number of clarifications are still required around this area – will be added in v0.9]

Winter Equipment

Both grit and de-icer are sent out to stations around October time and will be continued as per this year's winter actions.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 15 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Snow Ploughs

The Trust has 3 demountable snow ploughs which are mounted to 3 adapted Land Rovers. These will remain available for deployment through the winter period, (as per last winter), although Estates also have a contract in place with Mitee for snow clearing.

Parts and Fuel Stock

Levels will be managed as business as usual.

[A number of clarifications are still required around this area – will be added in v0.9]

Contractor Resilience

Contracted out services rely on multiple suppliers, so resilience is built in. Fleet is currently checking the business continuity plans of all contractors to ensure they are up to date.

ICT

Increased Activity

During the winter period the increased activity faced by frontline services equates to additional pressures on support services, including ICT. In times of increased Trust activity, ICT experience a rise in calls to the ICT Service Desk with both incidents (something not working as it should) and requests (can I have...) etc... ICT's priority is always to protect the YAS 7. To achieve this, the 1st line support Service Desk operates from 6.30am – 8pm Monday to Friday with a team of 2nd line engineers, 3rd line specialists, and an escalation manager. Outside of these hours ICT operate an on-call service for P1 and P2 incidents, whereby engineers offer 1st and 2nd line support and specialists from Infrastructure, Systems and Voice Communications are available for 3rd line support. An Escalation Manager is always available.

Additional equipment / support required

To further support the critical services during Christmas and New Year, ICT work with Ops, EOC, IUC and PTS to determine what additional support they feel they may require. They then work to provide extra equipment and on site, technical support as requested. A request should be made by departments to ICT in November to notify what dates may require additional cover and if there is an enhanced overtime rate in place. This will allow ICT time to provision additional staff and / or equipment by December.

Change Freeze

To reduce the risk of the impact of change, both the Trust and ICT suppliers observe a change freeze that typically runs from mid-December to the third week of January with the exception of any critical cyber security alert received from NHS Digital.

Adverse Weather

Any adverse weather has a minimal impact on ICT as all staff can work from home or other Trust locations and have the necessary equipment to do so. However, face to face services would be affected as Service Desk staff and Engineers would not be on site to hand over replacement equipment or provide fixes that required any manual intervention.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 16 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Staff Absence

ICT underwent a restructure in 2022 and as a result have increased the FTE within the department. This also offers more resilience in the event of staffing levels being impacted by illness such as flu and covid.

Vaccination

Flu Campaign

This years' flu campaign commences October 2022 and will run until the end of January 2023. The initial role out will be to all frontline healthcare workers followed by non-frontline colleagues. Each operational area is responsible for their own planning and have been asked to designate a team of vaccinators. Vaccinations will take place at stations and hospitals. Pre consent can be registered through the Flumis system. All clinics will be drop-in sessions and advertised on pulse and within Staff Update. Staff are welcome to attend any of the advertised clinics. Pop up clinics will also be available at key hospital locations.

COVID 19

Duration: October-November 2022

The autumn booster 2022 COVID-19 vaccination will not be available as an in-house vaccination programme. Community pharmacy are able to support the vaccination of YAS employees at HQ on 7th and 11th October between 0900-1500. These will be secured by booking an appointment via the Covmis system. Community pharmacy are also looking to support by providing a clinic at Rotherham Callflex and York Fairfields, these will be dependent on numbers of people who register their interest in being vaccinated at those sites.

All staff can book the autumn booster via the national booking system and selecting frontline healthcare worker. Vaccination sites and community pharmacy near to the individual home location will be available for booking. There are also a number of walk-in vaccination centres available. The Trust remains committed to securing access for frontline operational staff to attend hospital vaccination programmes.

Procurement

Stock Control

We have two weeks' worth of stock held on station at all times and in the case of Personal Protective Equipment, 2 weeks of additional stock in our central warehouse. This provides sufficient cover should there be a need for any additional resilience e.g., peak leave periods, spikes in demand or public holidays. We have dedicated Category Management resource allocated to medical and non-medical consumables and with a high proportion of our consumables coming via NHS Supply Chain they engage regularly with their Account Director to ensure we are fully aware of any short / medium / long term stock issues. We also have alternative routes to market or alternative products should there be issues. In addition, we are regularly engaged with non-Supply Chain suppliers of critical items to provide assurance on continuity of supply. This includes the medical gas supplier MGS. There is currently no intelligence that would lead us to believe there are any specific challenges faced outside of those usually experienced during winter.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 17 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Medical Gasses

Increases in handover delays / waiting times at ED's are impacting on the provision of Medical Gasses as these are being left with patients. This issue is currently being addressed.

[A number of clarifications are still required around this area – will be added in v0.9]

Academy

Training Plan

The Trust's Training Plan is logistically designed to avoid any unnecessary abstraction of staff during the anticipated peak times. The Training Plan hence takes account of winter pressures, prioritising the core workforce development programmes for the paramedic pipeline, whilst pausing some of the training delivery for existing staff, such as Command and Resilience Education not being delivered in December and January.

NVQ Induction

We have increased the number of NQP Induction places available in quarter 3 to accommodate all student Paramedics available to join the Trust prior to Christmas period. As of 28 September 2022, numbers were confirmed as: 41 ECAs, 38 AAPs and 91 Paramedics available to Operations prior to Christmas.

Blue Light Driver Training

We have also offered Blue Light driver training places for those on the CERAD waiting list to ensure as many Paramedics as possible are able to drive on blue lights (90 on waiting list in August, 58 at end of September, with more places available). We are aiming to get this down to 30-40 before Christmas.

Bespoke Training

The engagement of staff in any bespoke / targeted culture work is planned to cause as little disruption / abstraction as possible and will mainly take place in non-operational areas during pressured periods.

Business Continuity (BC)

We have plans in place for when interruptions happen, including BC plans for more severe disruptions to planned delivery, such as Trust-agreed stand down of activities. With major disruptions, specific recovery plans are developed which go to Trust Management Group (TMG) for approval.

Corporate Communications

Corporate communications will look to develop a campaign brief to support winter planning. This would include defining the following in conjunction with the Winter Planning Group:

- What are the key messages?
- What is the Trust planning?
- What will be happening over winter and when?
- What can the public / our patients expect?
- What do we want our patients to do?
- What is the call to action?
- What are the regular winter issues – types of symptoms, presentations?

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 18 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

- What else do we experience during winter (e.g., bad weather)?
- What is different this year (e.g., covid and flu / cost of living crisis and health implications)?
- What message do we want to give by way of assurance?

The brief should also consider the audiences: -

- What does our data tell us about those contacting us?
- Are there particular groups of patients that we want to target?
- Are the audiences the same across the whole organisation?
- What is the profile of each audience – age, gender, social economic – all of which lead us to the type of message and channel

Timing information will also be required: -

- What is the organisation doing and when?
- What are the national activities?
- What are we expecting clinically (e.g., respiratory infections now)?

Collation of this information will allow Corporate Communications to develop and deliver a campaign brief and communication plan to support winter planning.

[A number of clarifications are still required around this area – will be added in v0.9]

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 19 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Assessment of Risks for Winter 2022/23 and Mitigations

Each mitigation action defined in the table below is included in the Pre-Emptive Action Table which is attached at Appendix C. Once finalised, this table will form the key focus of the winter planning group weekly meetings.

This section is still under review by Winter Planning Group.

This includes identifying additional triggers and mitigations where required. Will be added in v0.9]

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
R01	Common risk across the Trust	Significantly increased demand across all service lines on key dates	If demand is significantly higher than planned, then capacity to provide a safe level of service will be limited resulting in delays in response and potential patient harm	High
Mitigation Reference	Mitigation Description		+ Positive / - Negative	Trigger
R01-01	A&E Maximise the use of CFR on specific dates		+ increase capacity to respond - Limited skill set - Delays in getting back up	Key dates in Table 1
R01-02	A&E Voluntary Organisations (Mountain Rescue) to support YAS on key dates		+ increase capacity to respond - lack of availability on key dates	
R01-03	A&E Fire Service to support YAS on key dates		+ increase capacity to respond - lack of availability on key dates	
R01-04	A&E YAS private & events staff on full shifts or extended time		+ increase capacity to respond - lack of availability on key dates	
R01-05	A&E request support from system to provide clinical support on key dates		+ increase capacity to respond - Limited skill set - Delays in getting back up	
R01-06	All early awareness of enhanced incentives in key dates (linked if possible)		+ increase capacity to respond - cost	
R01-07	A&E create a team of Falls responders from YAS workforce		+ reduces wait on floor for patients - speed to set up and train	
R01-08	A&E Identify which existing pathways are operational on <i>key dates</i> and identify others		+ decreases conveyance into ED - availability	
R01-09	A&E/PTS Implement YAS Taxi support on key dates in busy areas		+ increases capacity to respond + more responsive than taxi - speed to set up	

OFFICIAL-SENSITIVE ONCE COMPLETE

YAS Winter Plan 2022/23		Page	Page 20 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

R01-10	A&E Cancel non-essential PTS on key dates	+ increases capacity - reputation - impact on patient groups	
R01-11	A&E Request system managers to provide support at ED departments on key dates	+ provides support to YAS managers - none	
R01-12	A&E Volunteers (from CFR, YAS, or system) to support cohorting teams at hospitals	+ releases operational crews - governance issues	
R01-13	All Areas Board members and senior managers to run the welfare vehicles on key dates	+ positive messages from Board + refreshment of crews - basic training required	
R01-14	A&E Request ICBs to put in place proactive handover calls on key dates	+ provides system visibility of issues - none	
R01-15	A&E Implement additional Mental Health Vehicles	+ reduces demand on ambulances - takes staff away from front line	
R01-16	A&E Request use of previously trained military	+ increases capacity - reputation - cost	
R01-17	A&E Request mutual aid from other services	+ increases capacity - reputation - unlikely capacity	

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
R02	Common risk across the Trust	Reduced staff hours due to sickness, annual leave and lack of overtime take up over longer period	If resource hours are significantly lower than required to meet demand, then capacity to provide a safe level of service will be limited resulting in delays in response and potential patient harm	High
Mitigation Reference	Mitigation Description		+ Positive / - Negative	Trigger
R02-01	A&E and PTS use private providers to supplement staffing and fleet		+ increased unit hours - cost	
R02-02	All service lines identify and mobilise staff from corporate teams to support		+ release key staff to respond - training requirement - Impact on other services	

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 21 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

R02-03	All service lines stop annual leave and TOIL being booked from a specific date (e.g., 1 st October 2022)	+ release key staff to respond - training requirement - impact on other services	
R02-04	All service lines stop secondments during key periods	+ release key staff to respond - impact on other services	
R02-05	All service lines stop non-essential training over key periods	+ release key staff to respond - training requirement	
R02-06	A&E Maximise use of PTS crews during low demand periods	+ release key staff to respond - training requirement	
R02-07	All service lines allocate incentivised overtime shifts in advance (consider bonus for multiple)	+ Increased unit hours - cost	
R02-08	A&E Identify non-operational clinicians to pick up operational duties	+ increased unit hours - need to ensure competence - impact on core duties of clinician	
R02-09	All service lines cancel non-essential meetings	+ increased unit hours + increased support hours - impact of not having meetings	
R02-10	A&E Increase capacity of ROC team	+ increased resilience - availability of suitable people	
R02-11	All service lines - anyone reporting sick needs to speak directly to a manager	+ will reduce absence on key dates - capacity of managers - change of process	
R02-12	All service lines have pre-emptive discussion with staff who were absent on key dates last year	+ will reduce absence on key dates - trade union concerns	

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
R03	Common risk across the Trust	Adverse weather conditions during the winter period	If adverse weather conditions impact on the Trusts ability to respond, then our capacity to provide a safe level of service will be limited resulting in delays in response and potential patient harm	High
Mitigation Reference	Mitigation Description		+ Positive / - Negative	Trigger

OFFICIAL-SENSITIVE ONCE COMPLETE

YAS Winter Plan 2022/23		Page	Page 22 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

R03-01	54 additional 4x4 vehicles have been introduced as part of the Command Structure.	+ additional capacity on top of RRV resource	Adverse Weather Plan
R03-02	Delivery of 60 new Skoda Kodiak 4x4 during quarter 3 and 4 to replace existing RRV	+ additional capacity on top of RRV resource	Adverse Weather Plan
R03-03	Review and implement Adverse Weather Plan	+ ensures effective coordination of all YAS resource during severe weather	

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
R04	Service Line – A&E	Availability of ambulance vehicles	If there are not enough ambulances in the right place at the right time, then capacity to provide a safe level of service will be limited resulting in delays in response and potential patient harm	Medium
Mitigation Reference	Mitigation Description		+ Positive / - Negative	Trigger
R04-01	A&E Enhanced out of hours capacity		+ reduced VOR - cost and availability	
R04-02	A&E Stop non-essential work on fleet during key time		+ increase vehicle availability - detailed planning required	
R04-03	A&E Use corporate services staff to move vehicles		+ release operational staff to respond - training requirement	

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
R05	Service Line – A&E	Command and Control	If there is a lack of leadership at key times during winter then issues may not be adequately resolved in a timely way resulting in staff, patient, and reputational harm	
Mitigation Reference	Mitigation Description		+ Positive / - Negative	Trigger
R05-01	All service lines open support cell from 0800 – 1800 hrs daily		+ provides oversight and decision making - availability of staff	
R05-02	All service lines open support cell from 0600-0200 hrs daily		+ provides oversight and decision making	

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 23 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

		- availability of staff	
R05-03	All service lines create Winter Action Card Packs for all key roles	+ consistency of approach - time to develop	

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
R06	Service Line – A&E	Increased hours lost due to delayed patient handover at hospital.	If the number of hours lost due to delayed handover increase then there will be less hours available to respond to 999 calls and/or crews will be late off resulting in response delays, potential patient harm, increased costs, and a lack of welfare for staff	High
Mitigation Reference	Mitigation Description		+ Positive / - Negative	Trigger
R06-01	A&E Deployment of Cohorting Team into ED departments		+ releases resources + crews finishing on time - resource availability	
R06-02	A&E Attendance of Tactical Manager if no improvements		+ releases resources - availability of tactical manager to attend	
R06-03	A&E Unplanned deployment of Welfare Vehicle to ED departments.		+ improves staff welfare - resource availability	
R06-04	A&E Identify which existing pathways are operational on key dates and identify others		+ decreases conveyance into ED - pathway resource availability	
R06-05	A&E Identify clinicians with high conveyance rates and offer clinical support		+ decreases conveyance into ED - clinical team capacity	
R06-06	A&E Implement 'approval to convey' process by area		+ decreases conveyance into ED - EOC Clinician availability	
R06-07	A&E Each team to develop action plan for their local Eds		+ creates joint plans and ownership - time to develop	

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
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OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 24 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

R07	Service Line – EOC	Significantly increased call demand on key dates	If call demand is significantly higher than planned, then there will be long delays answering 999 calls resulting in delays in response and potential patient harm.	High
Mitigation Reference	Mitigation Description		+ Positive / - Negative	Trigger
R07-01	EOC implement remote clinical triage from Northallerton, Hull East, Brighthouse and Middlewood ambulance stations on key dates		+ decreases conveyance into ED + provides safety netting of delayed calls. - speed to set up	
R07-02	Non EOC staff to ring back all 111 Cat 3 and 4 to ensure they still require an ambulance		+ reduces demand on EOC - governance issues to resolve - training required	
R07-03	Non EOC staff to do comfort calls		+ reduces demand on EOC - governance issues to resolve - training required	

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
R08	Service Line – IUC	Significantly increased 111 call demand on key dates	If call demand is significantly higher than planned, then there will be long delays answering 111 calls resulting in delays and potential patient harm and poor experience	High
Mitigation Reference	Mitigation Description		+ Positive / - Negative	Trigger
R08-01	Awaiting more information from IUC			

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
R09	Service Line – IUC	Impact of SVCC on YAS including potential	If the implementation of SVCC is not successful, then there may be operational workarounds required	Medium

OFFICIAL-SENSITIVE ONCE COMPLETE				
YAS Winter Plan 2022/23			Page	Page 25 of 36
Author	Alison Bradley		Version	0.8
Approval Date	To be confirmed		Status	Draft
Issue Date	To be confirmed		Review Date	To be confirmed

		increases in regional demand	resulting in delays answering calls and a decline in patient experience	
Mitigation Reference	Mitigation Description		+ Positive / - Negative	Trigger
R09-01	Awaiting more information from IUC			

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
R10	Service Line – IUC	Adastra Falls Over	If Adastra falls over then capacity to provide an effective 111 service will be impacted resulting in delays answering calls and a decline in patient experience	Medium
Mitigation Reference	Mitigation Description		+ Positive / - Negative	Trigger
R10-01	Awaiting more information from IUC			

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
R11	Service Line – IUC	Insufficient staffing due to recruitment and retention issues	If 111 have insufficient staffing capacity, then the ability to deliver an effective 111 service will be impacted resulting in delays answering calls and a decline in patient experience	
Mitigation Reference	Mitigation Description		+ Positive / - Negative	Trigger
R11-01	Awaiting more information from IUC			

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
R12	Service Line – IUC	Insufficient clinical capacity	If 111 have insufficient clinical capacity, then the ability to deliver an	

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 26 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

			effective 111 service will be impacted resulting in delays answering calls and a decline in patient experience	
Mitigation Reference	Mitigation Description	+ Positive / - Negative		Trigger
R12-01	Awaiting more information from IUC			

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
R13	Service Line – IUC	Demand and capacity issues impacting on implementation of IUC Improvement Plan	If 111 experience a significant increase in demand, or have issues with staffing capacity, this may impact on the ability of the service to continue with the implementation of the IUC Improvement Plan, delaying service improvements at the time of greatest need and impact	
Mitigation Reference	Mitigation Description	+ Positive / - Negative		Trigger
R13-01	Awaiting more information from IUC			

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
R14	Service Line – IUC	NRRC and AHT driving inefficiencies		
Mitigation Reference	Mitigation Description	+ Positive / - Negative		Trigger
R14-01	Awaiting more information from IUC			

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 27 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

R15	Service Line – PTS	Discharge Demand	If Acute Trusts increase discharge demand unexpectedly, then there may be a lack of capacity to meet demand. Christmas and New Year's Eve are peak days for discharge activity – this year fall on a Saturday when most PTS staff are on their Rest Days	Medium
Mitigation Reference	Mitigation Description		+ Positive / - Negative	Trigger
R15-01	Deploy staff on overtime and increase the use of Private Ambulance providers		+ Additional capacity planned - May not be sufficient to meet demand	
R15-02	Increased communication with all Acutes to pre-plan discharge services as much as possible between 23 rd and 30 December.		+ Additional capacity planned - May not be sufficient to meet demand	

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
R16	Service Line – PTS	Taxi Availability	If there is a reduction in available Taxi provision, this may increase delays to patients resulting in delays in response and potential patient harm	Low
Mitigation Reference	Mitigation Description		+ Positive / - Negative	Trigger
R16-01	Additional Taxi providers contracted with through YAS 118 Procurement Framework		+ Provides additional capacity - Not guaranteed availability	
R16-02	Expected reduction over Christmas period in planned patient care in Acute Trusts		+ Minimises potential for increased demand - Not guaranteed	

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
R17	Service Line – Common	Industrial Action	If there is industrial action then their may reduced resources resulting in excessive delays to calls	

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 28 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Mitigation Reference	Mitigation Description	+ Positive / - Negative	Trigger
R17-01	A joint decision committee will liaise over an industrial action that is planned to take place.	[To be completed]	End of ballot on the 29 th November

Risk Reference	Common Risk or Service Line?	Risk Title	Risk Description	Risk Grade
R18	Service Line – Medical Supplies	Availability of Medical Gasses	If there is a delay in delivery or excessive use then this will result in a shortage of oxygen for DCAs resulting in sub optimal care of patients and possible harm	
Mitigation Reference	Mitigation Description	+ Positive / - Negative	Trigger	
R18-01	Liaise with suppliers to increase stocks over key periods of time.			

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 29 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Powers and Policy

Consideration is required in terms of considering the powers, policies and legislation that could apply in a particular situation. Decision makers should ask themselves the following questions: -

- What police powers might be required?
- Is there any national guidance covering this type of situation?
- Do any local organisational policies or guidelines apply?
- What legislation might apply?
- Is there any research evidence?

It may be reasonable to act outside policy as long as there is a good rationale for doing so.

YAS has a positive duty to act, and all actions will be:

- Proportionate
- Justified
- Necessary
- Accountable
- Auditable
- Least Intrusive

YAS is cognisant of its obligations under Articles 2, 8, 10, 11 & 14 of the European Commission on Human Rights and recognises it has a positive duty to act as a Public Authority.

YAS also recognises the relevance of all Health & Safety regulations in its protection of its workforce and will always strive to strike a balance with staff safety and those in clinical need.

YAS has contractual obligations: -

- Civil Contingences Act 2004, in relation to statutory obligations on Category 1 responders
- Employment and Industrial Relations Act in relation to industrial disputes, ballots and individual rights and responsibilities
- National Mutual Agreements for Ambulance Services
- Military Aid to Civil Authorities (MACA)
- Mental Health and Wellbeing YAS policies and procedures
- National Ambulance Service Command and Control Guidance (NARU 2019)

YAS also has several policies and procedures to protect the YAS 7 and maintain operational services, by which we are constrained. These include: -

- Resource Emergency Action Plan (REAP)
- Clinical Safety Plan (CSP)
- Major / Critical Incident Plan
- Annual Leave
- Relief
- Meal / Rest break
- End of shift

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 30 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

System Partnership

In line with the YAS winter cell, NHS England will be establishing an escalation cell to support with Hospital Handover delays, initially from November to January 2023 and then reviewed. The NHS England cell will be operational between 09:00 and 18:00, 7 days per week during this period, and then revert to on-call support between 18:00 and 09:00.

A review is currently underway to ensure agreed access to alternative Pathways is in place, and where any barriers are identified, immediate discussions are being held to alleviate any barriers and potentially provide additional access over the winter period. Specifically, this is focused on ensuring Urgent Care Referrals (UCR) and Same Day Emergency Care (SDEC) models are in place. The escalation process is described in the Governance section below.

Act, Monitor and Review

Delivery of Actions

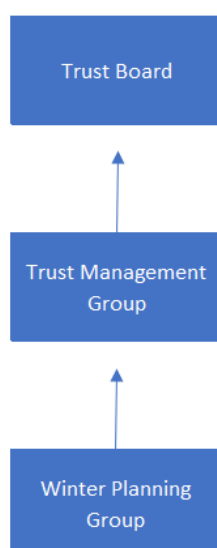
Due to the planned nature of the winter period and pre-identified key dates a number of pre-emptive actions will be implemented. These actions are described in the table attached as Appendix C. Other actions are to be used as tactical options for strategic commanders if and when required are described in the Hospital Handover Escalation Process attached as Appendix D.

Additional actions will be added through the iterative development of these plans over future weeks.

[A number of clarifications are still required around staff mapping – will be added in v0.9]

Governance

The approval of the Winter Plan is illustrated in the diagram below.



OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 31 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Once approved by the Trust Board on the 1st November the ongoing management of the plan will be delegated to the Winter Planning Group and overseen by the Weekly Winter TEG meeting.

Winter TEG will provide a bi-weekly update to TMG during the winter period.



**Escalation to ICB / System and external partners.
This is still waiting to be confirmed by NHSE and the ICBs**

TEG Winter Group

The TEG Winter Cell will meet weekly. The on-day Strategic Commander is invited to attend and presents any relevant updates or issues. TEG will determine what if any actions or information are required to escalate to ICB / system partners.

Winter Planning Group

The Winter Planning Group also meets weekly (the morning of the TEG Winter Cell meeting) and will submit key highlights, updates and issues for review and discussion.

The Winter Planning Group will be chaired by the Deputy Director of Operations and an identified Winter Lead will be in place to oversee the development of the plan and associated actions as described within this document. The Winter Plan Development Group will continue until stood down over the key dates in December. Terms of Reference will be defined and attached once agreed as Appendix E.

The key responsibilities of the Winter Planning Group will include: -

- Acting – making and implementing appropriate decisions
- Communication - Does anyone else need to know what we have decided?
- Recording - If appropriate, record what we did and why
- Reviewing what happened – reflecting on what happened once an incident is over
 - What happened as a result of our decision?
 - Was it what we wanted or expected to happen?
- If the incident is continuing, go through the NDM again as necessary

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 32 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Winter Dashboard

A specific winter dashboard will be established which identifies key metrics and monitors performance against these. This dashboard will be available on a weekly basis for review by both the Winter Planning Group and TEG Winter Cell.

[Key content to be listed here once confirmed in v0.9]

HQ Winter Cell

A HQ Winter Cell will be in place at Wakefield from the 14th November 2022, 5 days per week 08:00 – 16:00 on site and on-call outside of these hours. The cell is planned to continue until at least the end of January 2023 when it will be reviewed.

The Winter Cell will be based within the Gold Cell and be led by the Strategic Commander. Several roles will be in the cell to support performance during key times, and these may include:

- ROC Manager
- Senior support for ROC Manager
- Business Intelligence
- Administration
- Loggist

in conjunction with staff within local CBU Coordination Centres. The cell will also be supported by on-call and command arrangements.

A full command structure can be implemented as required in line with critical incident / business continuity protocols.

CBU Coordination Centres

Each Clinical Business Unit (CBU) has a coordination centre that operates between 06:00 – 02:00. West Yorkshire Operations Centre operate centre 24/7 and can operate across the region from 02:00 – 06:00.

On-call Structure

The on-call arrangements are in place 24/7. This includes (but not limited to): -

- Executive Director
- Medical Advisor
- Strategic Commander
- Tactical Team (all service lines)
- Corporate Communications
- NILO
- ICT
- Fleet
- Loggist

The Strategic Commander has overall responsibility for maintaining and protecting the YAS 7. The Executive Directors are overall accountable it is important that the on-call Executive is closely aligned and engaged with the Strategic Commander to support.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 33 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
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It is difficult to be prescriptive around what should and should not be escalated to the Executive on-call from the strategic commander. However, the overarching message is the more communication that can take place between the Strategic Commander and the on-call executive the better.

Below are some issues (not exclusive) that should be raised with the on-call executive:

- Any significant ICT failure. An example would be the temporary loss of CAD/Telephony etc
- Any significant RTC involving a Trust vehicle. An example would be an ambulance colliding with a car at a junction whilst responding to a 999 call, even if no injuries
- Any incident that may create media interest
- Any incident that may interest NHS England or the ICB's
- Any significant staff injury or death either at or out of work

Critical Incident declaration

To be added – guidance requested on critical incident declaration

Testing of the Plan

During early November 2022, the Winter Plan will be tested through a tabletop exercise with any final adjustments made prior to the 14th November when the Winter Plan will be implemented.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 34 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed

Appendices

Appendix A

Pre-Emptive Actions Table (in development with Winter Planning Group)

Appendix B

Quality Impact Assessment

Appendix C

Equality Impact Assessment

Appendix D

Hospital Handover Escalation Process

Appendix E

Terms of Reference for Winter Planning Group (current draft attached – approval expected 26.10.22)

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Plan 2022/23		Page	Page 35 of 36
Author	Alison Bradley	Version	0.8
Approval Date	To be confirmed	Status	Draft
Issue Date	To be confirmed	Review Date	To be confirmed