



# **Yorkshire Ambulance Service Tactical Plan**

**Event: Winter**  
**Date: August 2024**  
**Author: Service Line Specific**  
**Location or Service line: A& E Operations, EOC,  
IUC, PTS, Communications, Corporate**

# 1. Introduction/ Working Strategy

Our strategic approach will build on the learning from last year’s approach and will be aimed at

- Maximise the available usable clinical capacity to respond to our patients across the service lines, with support from corporate teams and support services, using demand and forecasting data to support proactive targeted approaches
- Develop tactical approaches to understand the increased clinical demands on our services and support best utilisation of the available clinical capacity across urgent and emergency care systems
- Ensure a robust system to managing risk within the service lines and working with system partners

## 1.1 Aim

The aim of this document is to outline the tactical options that will be considered locally by service line to maximise resource capacity and to support staff welfare.

These plans are detailed tactical plans that contain sensitive data. They are also subject to regular changes due to the dynamic nature of the information they contain and the changing nature of the situation.

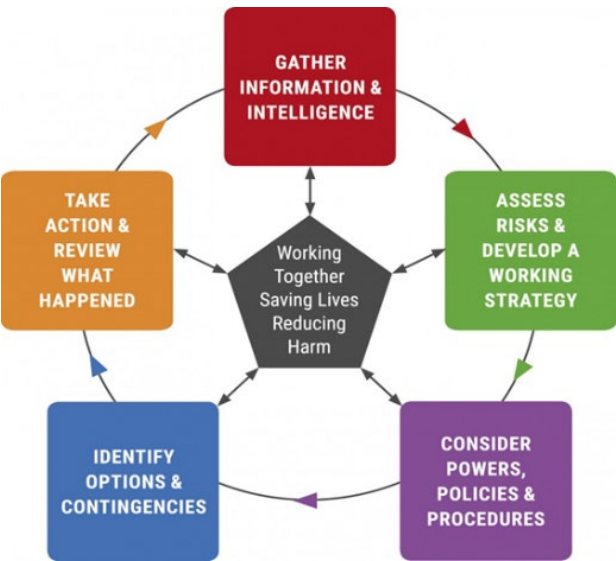
## 1.2 Decision Model

We will utilise the decision model in our preparation, planning and decision making. The 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 model supports decision makers in using structured rationale of what they did during an incident and why.

The model has 5 steps:



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## 2. Horizon Scan

<b>Name: OROG</b>				
<b>Coordinated by: Tasnim Ali</b>				
<b>Period /Event being considered: Winter</b>			<b>Date: September 2024</b>	
<b>Initial Information and Intelligence Received</b>				
<i>(Describe the expected issues over this period for your service line. Include any resourcing charts)</i>				
<p>A number of key risks have been identified that are likely to impact on service delivery throughout this period. Most notably:</p> <ul style="list-style-type: none"><li>- Increased demands on our services, driven by both the predictable impacts of winter and the uncertainty of industrial action alongside the unpredictable demands on services such as the recent public disorder.</li><li>- Increased pressure on the available capacity, driven by:<ul style="list-style-type: none"><li>o increased acuity of patient needs impacting job cycle time,</li><li>o increased pressure on partners impacting on handover time and our ability to direct patients into alternative urgent care settings,</li><li>o increased loss of workforce capacity due to sickness absence and adverse weather events,</li><li>o increased call handling times due to higher acuity of calls and call handlers having to remain on the phone giving pre-arrival instructions</li><li>o increased travel times to scene in adverse weather events</li><li>o increased vehicle off road time, linked to winter driving conditions</li></ul></li></ul> <p>It should be noted that the organisation will be responding to these risks from a baseline of back of ongoing service delivery challenges across all service lines. Notably:</p> <ul style="list-style-type: none"><li>- ongoing uncertainty linked to long term impact of GP Collective Action</li><li>- sickness abstraction levels being above the ‘normal’ summer levels impacting on capacity</li><li>- significant operational challenges linked to hospital handover at a number of hospitals in the region.</li></ul> <p>The actions that we will be able to take as a trust will be impacted by the forecasted financial deficit at year end. Those actions requiring investment will be worked up and presented to TEG for decision as to if they can be supported.</p>				
<b>Table 1- Initial Risk Identification: Corporate Risks that could be impacted - extract from the September 2024 Draft Corporate Risk register</b>				
627	South – Operational Performance	IF there is an increase in demand/Acuity split across the A&E Operations service THEN there may be excessive response times RESULTING IN a potential risk to patient safety	20	South A&E Operations
616	West	IF there is an increase in demand/Acuity in West Yorkshire THEN there may be excessive response times RESULTING IN patient harm	15	West A&E Operations

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603	North & East	IF there is an increase in demand/Acuity split across the A&E Operations service THEN there may be excessive response times RESULTING IN a potential risk to patient safety	16	N&E A&E Operations
623	South	IF there are hospital handover delays THEN ambulance crews will be unavailable to respond to emergency calls RESULTING IN delayed response times to emergency calls with potential for harm to patients	25	South A&E Operations
602	North & East	IF there are hospital handover delays THEN ambulance crews will be unavailable to respond to emergency calls RESULTING IN delayed response times to emergency calls with potential for harm to patients	25	N&E A&E Operations
643	OOH GP provider closure of 6/12/24hr cases referred from IUC	IF GP Out of Hours Provider are unable to meet the demand generated via NHS 111 and enact safety protocols which close cases without clinical assessment, THEN patients will be at risk of harm if the patients' needs are not met RESULTING IN clinical risk to patients, excess calls to IUC, poor patient experience/poor staff wellbeing and clinical behaviour changes to mitigate in real time.	12	NHS 111
433	EOC workforce capacity	<b>IF</b> there are sustained increases in call volume, duplicate calls and failure to meet requirements for staffing numbers, <b>THEN</b> EOC staff will not be able to allocate resources in a timely manner <b>RESULTING IN</b> delayed response times to answer and respond to emergency calls with potential for harm to patients	12	EOC

**Table 2: Corporate Risks that will impact on Trusts ability to respond to seasonal challenges - extract from the September 2024 Draft Corporate Risk register**

Risk ID	Title	Risk Description	Current Grading	Business Area
54	Retention of staff in IUC/NHS111	IF we are unable to reduce the current level of turnover within IUC, THEN there is a risk to service delivery, patient care and poor staff wellbeing, RESULTING IN poor patient experience and high levels of staff turnover and loss of experienced and trained staff.	20	NHS 111
58	Culture / retention in NHS 111	<b>IF</b> we are unable to reduce the current level of turnover within IUC <b>THEN</b> staff will leave <b>RESULTING IN</b> high levels of staff turnover and loss of experienced and trained staff.	12	NHS 111
367	Unable to recruit Health Advisors	<b>IF</b> the Trust is unable to recruit Health Advisors as per the Business Plan, <b>THEN</b> it will not have sufficient staff to meet the demand	12	NHS 111

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		<b>RESULTING IN</b> low performance and poor patient experience		
628	South - A&E Operations Staffing Resource	<b>IF</b> the budgeted number of FTE is not able to be achieved through recruitment, <b>THEN</b> there will be a significant shortfall in available resource hours to respond to patients <b>RESULTING IN</b> increased response times to incidents.	15	A&E Operations
637	Industrial action by General Practitioners	<b>IF</b> General Practitioners across the whole of Yorkshire and Humber take industrial action as planned <b>THEN</b> there will be a potential increase in demand into 999 and IUC, a reduction in alternative pathways, a reduction in direct access to GP's <b>RESULTING IN</b> patient harm due to delayed call handling, clinical triage and assessment and response as a result of increased demand and reduced alternative pathways	25	A&E Operations NHS 111 EOC
TBC	<b>Emerging risk</b> Fleet availability	Availability of fleet impacting on capacity in CBU areas- Will appear on Fleet risk register	TBC	Fleet

## Legal obligations and relevant policies

### (Consider response level and appropriate command structure)

- Health and Social Care Act
- Civil Contingencies Act 2004 (business continuity requirements)
- NHS England EPRR Framework 2022
- YAS Business Continuity Policy
- YAS Critical Incident Plan
- NHS Standard contract
- YAS CSP

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Table 3 – Key dates potentially impacting on performance					
Date	Issue	999	EOC	IUC	PTS
Thu 31 <sup>st</sup> October	999 Demand (Evening/Night)	X	X		
Tue 5 <sup>th</sup> November	999 Demand (Evening/Night)	X	X		
Mon 16 <sup>th</sup> December	Discharge Demand PTS				X
Tue 17 <sup>th</sup> December	Discharge Demand PTS				X
Wed 18 <sup>th</sup> December	Discharge Demand PTS				X
Thu 19 <sup>th</sup> December	Discharge Demand PTS				X
Fri 20 <sup>th</sup> December	999 Demand (Evening/Night)	X	X		
Sat 21 <sup>st</sup> December	999 Demand (All Day)	X	X		
Mon 23 <sup>rd</sup> December	Discharge Demand PTS				X
Tues 24 <sup>th</sup> December	999 Demand (Evening/Night) PTS Discharge Demand	X	X		X
Wed 25 <sup>th</sup> December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
Thur 26 <sup>th</sup> December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
Tue 31 <sup>st</sup> of December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
Wed 1 <sup>st</sup> January	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	

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## 3.0 Preparation

### 3.1 Key Preparatory Steps

The following key workstreams are being progressed in advance of winter to support reducing the impact of the identified risks:

#### 1. Clinical Safety Plan Refresh

The trust is currently reviewing the Clinical Safety Plan (CSP) to support managing times of increased clinical risk across the 999 service. This review will support reviewing a broader range of metrics to assess clinical and operational risks, assess Clinical Business Unit level risks and forecast how CSP will change over a rolling twelve-hour period. This will support better visibility of the current and upcoming risks being experienced by the trust and the required response to take possible mitigating actions.

**Lead: Liz Eastwood**

**Intended Roll Out: Testing October 2024. Go Live November 2024**

#### 2. Surge Plan Development

The trust is developing a set of actions that are ready for roll out to support response, in line with the service tactical plans. These actions are actions to support extreme levels of service pressure that require risk assessed actions to mitigate the levels of clinical risk to patients.

**Lead: Jackie Cole**

**Intended Roll Out: Available for Action from November 2024**

#### 3. Incentives

The service lines are developing a proactive targeted approach for incentivised shifts, identifying key risk dates for each service line alongside a maximum number of response incentive shifts Heads of Service/Strategic Commanders can enact. This proposal is being developed and costed and will be presented to TEG for authorisation.

**Lead: Michelle Gough**

**Intended Sign Off: September 2024**

#### 4. Fleet Roll Out

The planned roll out of additional and replacement vehicles across A&E operations and PTS services will support increased resilience in both service lines. The plan is to replace 95 PTS vehicles and provide an additional 80 A&E Operations vehicles prior to the winter period.

**Lead: Jeff Gott**

**Roll Out Completion Dates: October 2024, November 2024**

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## 5. Training Stand Down

The trust Academy have taken a proactive approach to reducing the impact of abstractions through the identified peak period. Initially planning to hold filling courses in December 2024 and January 2025. Based on a review of risks the decision has been made to stand up those courses in late January 2025. Alongside this the academy are reviewing a planned offer of support to service lines which services can review prior to the peak pressure points to support planned surge in capacity.

**Lead: Tony Spence**

**Key Dates: September 2024 Academy confirm offer to service lines, December 2024 – reduced abstractions**

## 6. Flu Vaccination

The trust Flu Vaccination programme will run from the 30<sup>th</sup> September to the 30<sup>th</sup> November 2024. Staff will be able to access their vaccine at a range of locations from stations, hospitals sites and call centres and communication will support directing them to nearest location for their vaccine. A communications campaign will run from September onwards to encourage staff to access their vaccine.

**Lead: Fiona Chisholm – Pine**

**Key Dates: October 2024 – November 2024.**

## 7. Pro Active Approach Around Planning PDR's

All service line will look to take a proactive approach to planning and managing the PDR process to avoid pre identified key dates where services are likely to come under increased pressure. This will be done in a proactive planned way to mitigate risks to any staff not going through a pay gateway. Heads of Service will seek assurance in their service line regarding the arrangements to ensure this is in place prior to November.

**Lead: Heads of Service**

**Key Milestone: assured plan in place November 2024**

## 8. Infection Prevention Control Absence Tracker/ RAG Rating Areas Impacted y IPC Absence

The systematic review of the Infection Prevention Control (IPC) absence tracker and local area RAG rating systems to support targeted intervention to areas to reduce risks of spread of infectious diseases to protect the workforce and reduce associated sickness absence.

**Lead: John Thompson**

**Key Milestones: Throughout the winter period**

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## 9. Corporate Workforce Mapping

Corporate cell to commence mapping of require skillset to support a proactive approach to standing up the corporate cell going into Winter 2024/25.

**Lead: Gav Austin and Claire Ashby**

**Key Milestone: October 2024, skills mapping, November 2024 mobilisation**

## 10. Hospital Handovers

Review of implementation of Hospital Handover SOP through Head of Service Group to ensure robust implementation of all actions is supported, including reviewing options to move to a zero tolerance of 45 min+ handovers.

**Lead: Heads of Service Group**

**Key Milestones: TBC**

## 11. Pro-active Communication

Corporate Communications will set out and deliver coordinated communications to stakeholders around winter.

**Lead: Corporate Communications**

**Key Milestones: October**

## 12. Non-essential Meetings

All non-essential meetings that require frontline staff attendance will be identified and stood down in December.

**Lead: Jackie Cole**

**Key Milestones: December**

## 3.2 Key Milestones through the period

Month	Milestones	Lead
February 2024	Winter Review OROG Session	Liz Eastwood
July 2024	Winter Strategic Intent Completed and Presented at OLG	Liz Eastwood
	CSP Refresh Work Commenced	Liz Eastwood
August 2024	Winter Strategic Intent Presented at TEG	Liz Eastwood
	Tactical Plan Development	TAC Plan Leads
	Surge Plan Development Group Established	Jackie Cole

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September 2024	Winter Tactical Plan Check and Challenge OROG	Liz Eastwood
	Winter Tactical Plan Presented at OLG and TEG	Liz Eastwood
	<b>Winter Strategic Intent Presented at Quality committee and Trust Board</b>	Nick Smith
	Planned Incentives Paper presented for TEG	Michelle Gough
	Additional 17 Team Leader 4x4 Vehicles A&E Ops	Jeff Gott
	Flu Vaccination Programme Commences	Fiona Chisholm-Pine
	PTS Winter Meetings Set Up	Candice Syron
	Academy Offer to Service Lines Confirmed – focus last two weeks December 2024	Tony Spence
	Mapping of none operational teams skills set to support surge planning	Corporate Cell
October 2024	PTS Private Provider Cover -Support Winter	Candice Syron
	CSP Refresh Testing	Liz Eastwood
	OROG steps up to fortnightly meetings to assure delivery of plan	Liz Eastwood
	Winter Plan Headlines shared across YAS	Elaine Gibson
	Surge Plan OROG Check and Challenge	Jackie Cole
	Additional 80 A&E DCA Vehicles Rolled Out	Jeff Gott
November 2024	Service Lines Confirm 'Known' Requirements	Michelle Gough
	CSP Refresh Go Live	Liz Eastwood
	Strategic Commander/ ROC Pre Winter Briefing	Liz Eastwood
	TAC/OP's/ Commander Team Leader Briefings	Service line Leads
	Corporate Cell – Stands Up	Gav Austin/ Claire Ashby
	Keep Well Messages Shared	Elaine Gibson
	Surge Plan Review OLG	

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	PTS Vehicle Replacement Complete (60+35 Electric)  Flu Vaccination Programme Ends	Jackie Cole  Jeff Gott  Fiona Chisholm – Pine
December 2024	SORT Training reduced  PTS Winter plan Published to Staff  Reduced Abstractions for Academy Training in December  <b>Response phase</b>	Neil Kirk  Candice Syron  Tony Spence
January 2024	<b>Response phase</b>	
February 2024	Winter Hot Debrief Information Collated	Tasnim Ali
March 2024	Winter Review OROG Session Completed	Tasnim Ali

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## 4. Response

Each service line and key supporting services have developed tactical plans to support the response phase over the winter period.

### 4.1 Service Line: A&E Operations

Tactical Plan Owner: Paul Mudd, Andy Pippin, John Mc Sorley

Updated: 20.08.24

Options (to deliver the working strategy)	+ Positive / - Negative	
Do Nothing	+	There is no positive, this is not being considered
	-	If events escalate Service delivery could be compromised
Consider use of targeted overtime to bolster cover on these days for front-line DCA, SPUC, SPCC, Crew Line, Remote SCA	+	Improved staffing on known days of potential impact.
	-	Cost and reduced uptake of overtime at other key periods e.g. weekends
Consider HALO/TL at main hospital sites throughout the period of action or at key times	+	Improve response to any hospital issues and provide co-ordination and support at ED
	-	Cost and pressure to provide adequate cover
Consider Tactical Commander based within Co-ordination Centre (08:00-18:00) to coordinate the response.	+	Timely escalation and response to system pressures
	-	Extra Commanders required to achieve this in addition to the Tactical On-Call cover.

Proposed Tactical Plan: A&E Operations, Owners: Paul Mudd, Andy Pippin, John McSorley		
Tactical Option	Which risk does this relate to	Who will implement this
Dispatch Ops Commander Team Leader to the Acute ED	623	ROC
Offer incentivised overtime	627 616 603 54 628	Strategic Commander

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Cancel end of shift runback procedure	627 616 603	Strategic Commander
Cancel rest break SOP	627 616 603	Strategic Commander
Offer overtime to PTS staff on weekends/out of hours	627 616 603	Scheduling Dept
Take operational managers off their substantive duties to respond to emergency calls	627 616 603	ROC authorised by Strategic Commander
Cancel all planned training courses	627 616 603 628	TEG
Cancel all operational staff secondments	627 616 603	Strategic Commander
Free up DCA capacity by putting paramedics onto RRVs	627 616 603	Tactical Commander
Implement Trust Handover Policy	627 616 603	Tactical Commander
Restrict further annual leave requests on affected days	627 616 603	Tactical Commander

### Summary of key issues for the service line during this period

Demand on the service out strips capacity on a frequent basis meaning the Trust will have to operate at high CSP levels which will be unsustainable

Acute Trust's EDs have been at full capacity for large parts of the year and tend to be even busier during winter which results in excessive ambulance handover delays

Staff absence is traditionally higher in the winter months

Winter weather may affect the road network causing delays in response times and staff ability to get into their work place

Commander fatigue can occur due to lack of resilience within the Tactical Commander cadre

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## 4.2 Service Line: EOC

Tactical Plan Owner: Claire Lyndsay, Rob Connell

Updated: 22.08.24

Options (to deliver the working strategy)	+ Positive / - Negative	
Do Nothing	+	There is no positive, this is not being considered
	-	If events escalate Service delivery could be compromised
Consider use of targeted overtime to bolster cover on these days	+	Improved staffing on known days of potential impact.
	-	Cost and reduced uptake of overtime at other key periods e.g. weekends
Consider use of incentivised overtime to bolster cover on these days	+	Improved staffing on known days of potential impact.
	-	Cost and reduced uptake of overtime at other key periods e.g. weekends
Identify all trained call handling staff across the organisation and deploy them on affected dates	+	Improved staffing on known days of potential impact.
	-	Reduced capacity in parent departments affecting their BAU
Proactively deploy temporary procedures on affected days if BT do not	+	Temporary procedures implemented by us and planned for
	-	Risk of prolonged queueing at YAS
Emergency Call handlers to immediately hand all HCP/IFT calls to Urgent call Handlers	+	Increased Emergency call handling availability
	-	May cause Queueing on HCP lines which will convert to 999 demand
Provide IIMARCH briefing sessions to Team Leaders and Room managers	+	Fully aware of likely impact and options to mitigate.
	-	Short turn around to first affected day may prohibit all staff being briefed.
Proactively implement Clinical Safety Plan (CSP) in its entirety	+	Increased operational capacity due to actions
	-	Increase risk of disproportionate actions

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Proactively implement no send to low acuity 999, HCP and IFT demand	+	Honest assessment of current response position
	-	Potential patient safety impact for 999 callers and reduced flow in hospitals
Proactively implement CSP telephony options	+	Increased support and capacity for EMD community
	-	Impact on other areas of EOC to support options.
Ask trained IUC staff to access CAD and input any manual ambulance dispatches required from IUC	+	Reduced telephony demand into EOC
	-	Impact on IUC Health advisor availability
Restrict further annual leave requests on affected days	+	Minimise further deterioration of staffing on affected days
	-	Impact on staff morale not being able to take annual leave
Approach staff to cancel annual leave on affected dates	+	Increase staffing on affected days
	-	Increased fatigue of current staff Inability to take all allocated annual leave
EOC Practice Developer, Audit and Training teams deployed to frontline roles	+	Increased staffing in functional roles Increased presence and support for all staff
	-	Audit will need to be stopped for this period which will diminish quality further
Proactive communications to system partners to encourage use of HCP line to minimise 999 line demand	+	Ability to maintain capacity in 999 call handling
	-	May overwhelm Urgent call handler capacity
Consider non system trained senior clinicians to conduct free triage	+	Increased clinical capacity and oversight
	-	May not receive any assistance. May cause governance issues
Deploy paper based dispatch	+	Can deploy untrained staff to maintain ambulance dispatch
	-	Dynamic deployment would be unavailable leading to patient safety issues caused by delays
Deploy Clinicians to front end 999 calls	+	Increased initial call answer
	-	Impact on clinical BAU activity
Utilise EOC Support Staff train to assist as radio operators	+	Ability to operate with less trained dispatch cover

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	-	Increased cognitive load on dispatchers managing demand and people
Merge agreed dispatch bays to rotate staff	+	Ability to operate with less trained dispatch cover, can be escalated if needed
	-	Increased cognitive load on dispatchers managing increased resources and incidents

Proposed Tactical Plan: EOC Owner: Claire Lindsay and Rob Connell		
Tactical Option	Which risk does this relate to	Who will implement this
Consider use of targeted overtime to bolster cover on these days	433 Loss of staff	Duty Manager Team
Consider use of incentivised overtime to bolster cover on these days	433 Loss of staff	Senior Management Team
Emergency Call handlers to immediately hand all HCP/IFT calls to Urgent call Handlers	433 637 Loss of staff / Increase in demand being seen in call handling	Duty Manager Team / Team Leaders
Proactively implement no send to low acuity 999, HCP and IFT demand	433 637 Increase in demand outstripping resources	Senior Management Team
Restrict further annual leave requests on affected days	433 Loss of staff	Senior Management Team
EOC Practice Developer, Audit and Training teams deployed to frontline roles	433 Loss of staff	Senior Management Team
Proactive communications to system partners to encourage use of HCP line to minimise 999 line demand	433 637 Loss of staff / Increase in demand being seen in call handling	Corporate Comms
Summary of key issues for the service line during this period		
<ul style="list-style-type: none"> <li>Staffing levels for EMD being at right level to maintain patient safety</li> <li>Clinical capacity in hub to maintain clinical safety at all times if we see rise in incident numbers</li> <li>Lack of operational resources to affect a timely response to patients, including LAT / ITP resources</li> <li>High levels of CSP levels throughout period leading to stress / anxiety amongst EOC staff who are having to manage the incident stack on a daily basis</li> <li>High levels of staff absence throughout period due to sickness / annual leave which we find can increase at this time of year</li> </ul>		

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## 4.3 Service Line: Integrated Urgent Care

Tactical Plan Owner: Mike Modder-Fitch

Updated: 22.08.24

Options (to deliver the working strategy)	+ Positive / - Negative	
Do Nothing	+	There is no positive, this is not being considered
	-	If events escalate Service delivery could be compromised
Consider use of targeted overtime to bolster cover on these days	+	Improved staffing on known days of potential impact. Provides ability to improve cover at specific pinch points
	-	Cost Overtime fatigue across staffing groups
Consider use of incentivised overtime to bolster cover on these days	+	Improved staffing on known days of potential impact. Increased overtime uptake over and above standard O/T offer
	-	Cost Overtime fatigue across staffing groups
Request support from wider trained clinical staff from across the organisation and deploy them on affected dates	+	Improved staffing on known days of potential impact. Increased resilience against unexpected abstractions.
	-	Potential to reduce capacity in other departments affecting their BAU
Proactively implement escalation levels	+	Improved ability to manage the clinical queue at safe levels. Ensures limited clinical resources are deployed to the patients with the highest need
	-	Risk of impact to wider system if patients that could have been handled in IUC are referred on or choose to access services elsewhere
Restrict further annual leave requests on affected days.	+	Minimise further deterioration of staffing on affected days
	-	Impact on staff morale not being able to take annual leave on preferred dates

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Approach staff to cancel annual leave on affected dates	+	Increase staffing on affected days
	-	Increased fatigue of current staff Inability to take all allocated annual leave Impact on staff morale
Audit and Training capacity deployed to frontline roles	+	Increased staffing in operational roles Increased presence and support for all staff
	-	Potential disruption to audit and training functions
Deploy clinicians to front end 111 calls	+	Increased initial call answer
	-	Significant impact on clinical queue

### Proposed Tactical Plan: Integrated Urgent Care. Owner: Mike Modder- Fitch

Tactical Option	Which risk does this relate to	Who will implement this
Incentive overtime offered to improve cover.	54, 58, 367	Workforce Planning / Call Centre Managers
Training and audit team deployed to frontline duties to assist.	58	IUC SLT
Allow no further leave on affected dates.	58	Workforce Planning / Call Centre Managers
Tactical options will be proactively implemented to manage the clinical queue	54, 58, 367	Tactical Commander
Tactical options will be dynamically reviewed on day as the situation becomes known.	54, 58, 367	Tactical Commander
Request support from wider organisation's clinical staff to support clinical operations in IUC	54, 58, 367	Strategic Commander

### Summary of key issues for the service line during this period

- GP Work to Rule action will potentially impact not only on demand, but also where we can place patients when a primary care referral is the recommended pathway.
- Winter shrinkage is typically higher in winter months with increase sickness a particular issue
- Cost reduction pressures will impact on capacity to deploy meaning likely longer call wait / abandon call rates.
- Case for change actions working alongside delivery trying to improve cultural feel at busier times can create conflicting priorities.

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## 4.4 Service Line: Patient Transport Service

Tactical Plan Owner: Candice Syron

Updated: 23.08.24

Options (to deliver the working strategy)	+ Positive / - Negative	
Do Nothing	+	There is no positive, this is not being considered
	-	If events escalate Service delivery could be compromised
Consider increase in alternative resource	+	Increase resource will support performance levels
	-	Cost associated would need to be escalated.
Consider reducing demand in collaboration with ICBs (ECRs)	+	Free up capacity to deal with priority patients and contracted PTS patients
	-	Associated reputational risk and quality of the service.
Awareness KPI performance may reduce.	+	Inform ICBs and discuss with SLT of potential decrease in performance targets
	-	Associated reputational risk and quality of the service.

Proposed Tactical Plan: Patient Transport Service    Owner: Candice Syron		
Tactical Option	Which risk does this relate to	Who will implement this
Seek approval to reduce demand. Free up capacity to deal with priority patients and contracted PTS patients	Reduce demand	Head of Ops/Ops Managers
Inform ICBs and discuss with SLT of potential decrease in performance targets	Reduction in performance	MD of PTS/Head of Ops
Additional costs will need to be escalated if it is agreed to increase alternative resource	Increase use of alternative resource	MD of PTS/Head of Ops
Allow no further leave on affected dates.	Mitigate Risks to Capacity	MD of PTS/Head of Ops
Summary of key issues for the service line during this period		
<p>High demand profile and limited resource to deliver if activity increases further.</p> <p>High sickness levels continue to cause an issue, if the trend continues into winter this will be a concern.</p>		

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## 4.5 Service Line: Communications

Tactical Plan Owner: Elaine Gibson / Helen Edwards

Updated: 28.08.24

Options (to deliver the working strategy)	+ Positive / - Negative	
Do Nothing	+	There is no positive, this is not being considered
	-	If events escalate service delivery could be compromised
To proactively provide the public with health advice, including information on staying well this winter.	+	Provision of useful advice and tips for the public when they are unwell and the potential
	-	Low engagement and no visible change in behaviour.
To proactively provide the public with information about making the right choices to access appropriate healthcare.	+	Raise awareness of different service options and appropriate use of them.
	-	Low engagement and no visible change in behaviour.
Proactively encourage patients to take action to reduce pressure on the 999 service, e.g. drinking responsibly, taking extra care during adverse weather conditions.	+	Remind people about behaving sensibly in different circumstances.
	-	Messages being ignored and people behaving irresponsibly / inappropriately.
Consider messaging around periods of high demand to remind people about emergency ambulances being for life-threatening and serious incidents only, and about accessing NHS 111 online.	+	Raise awareness about ambulance resources being under pressure.
	-	Messages being ignored and people behaving irresponsibly / inappropriately.
To proactively provide colleagues with relevant information on operational pressures, support available and any changes to normal process.	+	Raise awareness amongst colleagues about any current issues through trusted channels.
	-	Not all staff access emails, Pulse or digital messages.

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Proposed Tactical Plan: Communications      Owner: Elaine Gibson / Helen Edwards		
Tactical Option	Which risk does this relate to	Who will implement this
Replicate national key messages around staying well in winter and the most appropriate support available (for consistency).	643 Supporting demand management and national messaging.	On-call communications in conjunction with operational command/Regional Operations Centre (ROC).
Reinforcing any specific national messages around the NHS 111 service.	643 Supporting national messaging	On-call communications in conjunction with NHSE directives.
Providing weather warnings and associated messaging around staying safe.	In response to severe weather warnings issued.	On-call communications in conjunction with the Regional Operations Centre (ROC).
Endorsing and echoing local messaging such as information issued by acute partners re: busy emergency	In response to partner demand management issues.	On-call communications in conjunction with operational command/ Regional Operations Centre (ROC).
Summary of key issues for the service line during this period		
<ul style="list-style-type: none"> <li>• Possibility of increased adverse media/social media coverage regarding issues such as delayed ambulance responses over a prolonged period.</li> <li>• Managing emerging themes and adverse comments from members of the public and staff on social media platforms.</li> <li>• Repeated messaging may lose its intended impact over a prolonged period (internal and external).</li> <li>• Staff absence in the team</li> </ul>		

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## 4.6 Service Line: Corporate Teams

Tactical Plan Owner: Gavin Austin / Claire Ashby

Updated: 27.08.24

Options (to deliver the working strategy)	+ Positive / - Negative	
Do Nothing	+	There is no positive, this is not being considered
	-	If events escalate Service delivery could be compromised
Stand up corporate cell to coordinate actions required to mobilise corporate staff into frontline support	+	Gives one central contact for ops colleagues reducing time spent following up actions
	-	Very limited number of colleagues have undertaken the role resulting in limited options to run the cell
Stand up nav min role in EOC	+	Provides additional capacity in EOC with some colleagues already trained
	-	Requires EOC to find training capacity for refresher training
Stand up requests for colleagues to support vehicle movement to increase availability	+	Can Improve vehicle availability
	-	Limited to staff with C1 license and take up has been low previously
Stand up requests for corporate staff to take out the wellbeing vans	+	Provides support to crews stuck at ED in periods of high demand
	-	No negative

Proposed Tactical Plan: Corporate Teams      Owner: Gavin Austin / Claire Ashby		
Tactical Option	Which risk does this relate to	Who will implement this
Stand up corporate cell to coordinate actions required to mobilise corporate staff into frontline support	Increasing capacity	Corporate cell lead
Stand up requests for colleagues to support vehicle movement to increase availability	Increasing capacity	Corporate cell lead

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Stand up requests for corporate staff to take out the wellbeing vans	Staff wellbeing	Corporate cell lead
<b>Summary of key issues for the service line during this period</b>		
Potential impact on BAU activities if staff are volunteered to support these additional roles.  Also, potential delays in getting the correct level of support needed from the wider corporate staff.		

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## 4.7 Service Line: Fleet

Tactical Plan Owner: Jeff Gott

Updated: 29.08.24

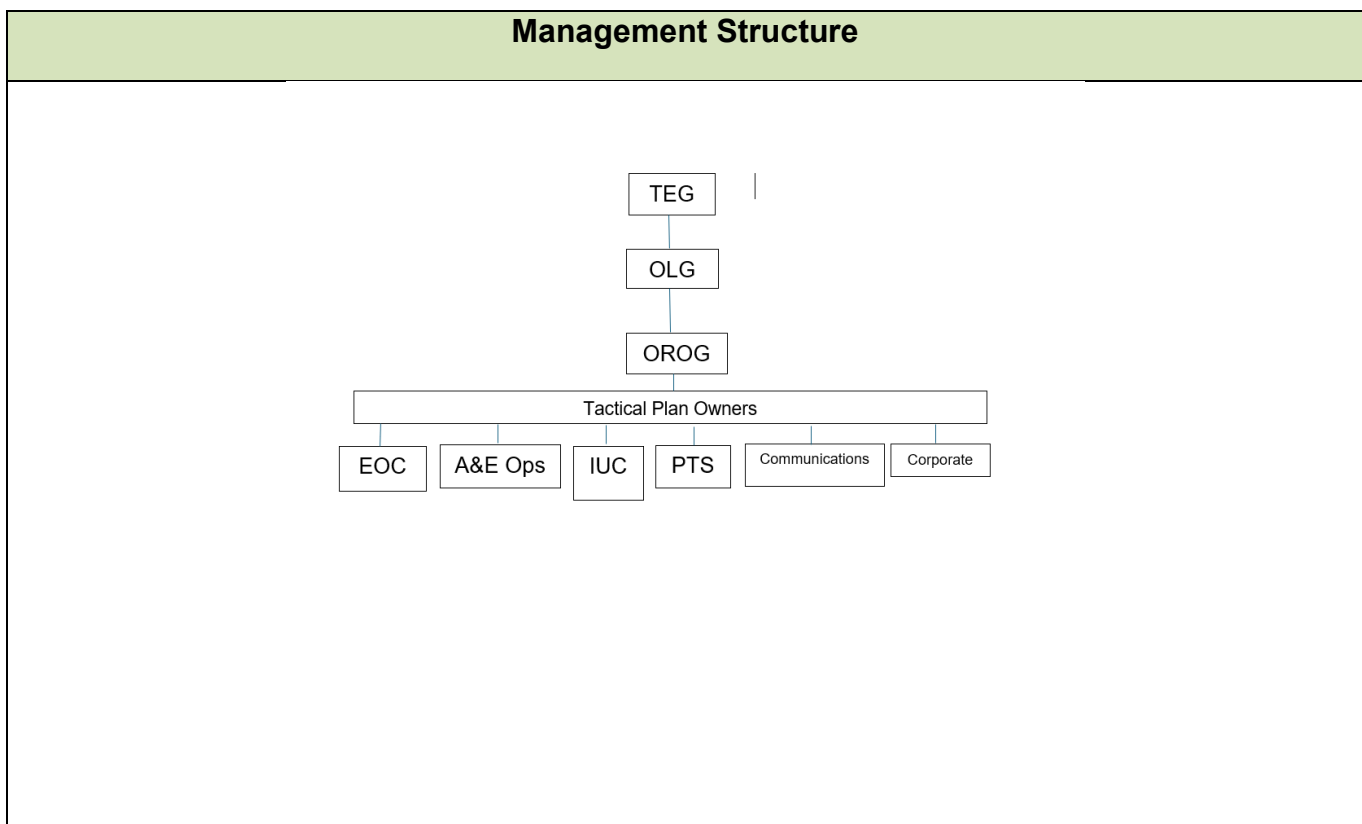
Options (to deliver the working strategy)	+ Positive / - Negative	
Do Nothing	+	There is no positive, this is not being considered
	-	If events escalate Service delivery could be compromised
Consider use of targeted overtime to bolster cover on these days that staffing resource is low.	+	Cover for key dates and weekends
	-	Cost of additional overtime
Consider use of sub-contractors to bolster vehicle availability.	+	More vehicles available to frontline operational departments.
	-	Cost of sub-contractor's labour rates and mark-up on parts.
Vehicle Fuel availability, increase fuel monitoring to ensure constant fuel supply.	+	Minimise fuel disruption throughout the period.
	-	Additional pressure on fleet personnel
Vehicle Parts Supply, Consider uplifting stock levels.	+	Minimise vehicle downtime
	-	Storage space, additional cost pressure.
Consider hire of 4x4 vehicles for inclement weather.	+	Offers transportation across inclement weather.
	-	Additional cost pressure / availability of vehicle availability.
Consider Cross Climate tyres for trust vehicles.	+	Offers better road grip across all weather conditions
	-	No negative.

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Proposed Tactical Plan: Fleet    Owner: Jeff Gott		
Tactical Option	Which risk does this relate to	Who will implement this
Consider use of targeted overtime to bolster cover on these days that staffing resource is low.	628, 623, 602 plus new emerging risk Staffing Shortfalls	Jeff Gott – Head of Fleet Services
Consider use of sub-contractors to bolster vehicle availability.	628, 623, 602 plus new emerging risk Vehicle Availability	Jeff Gott – Head of Fleet Services
Vehicle Fuel availability, increase fuel monitoring to ensure constant fuel supply.	623, 602, plus new emerging risk Fuel supply disruption	Jeff Gott – Head of Fleet Services
Vehicle Parts Supply, Consider uplifting stock levels.	Parts supply disruption	Jeff Gott – Head of Fleet Services
Summary of key issues for the service line during this period		
Increased vehicle engine idling due to hospital delays and vehicles queuing outside Emergency Departments.		



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<b>Lines of Communication- (include partner agencies and method of contact or relevant talkgroups and contact numbers)</b>			
Operational Resilience Overview Group – OROG – Monthly to October – shift to weekly November – February			
Operational Leadership Group - <b>TBC</b>			
Daily Service Update Calls – Additional to be arranged if necessary			
System Calls – by Exception			
<b>Strategic Commanders Authority</b>			
<b>The tactical plan and contingencies indicated above are authorised</b>			
<b>Time</b> ..... <b>Date:</b> ..... <b>Signed:</b> .....			
<b>Date / Time of next review</b> .....			

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## 5. Recovery

### 5.1 Capturing Learning

Throughout the period we will hold hot debriefs where identified as appropriate following specific periods of increased operational pressure. In addition, where specific actions have been taken in response to increased pressure, we will look to evaluate the positive impacts of such actions and any associated risks linked to implementation.

This will be collated and fed into the winter debrief.

### 5.2 Winter Debrief

A formal debrief of the winter period will be held in March 2024 following the winter period. This will capture learning from the various hot debriefs held throughout the period and reflections of key teams from throughout the period.

This learning will be used to inform the winter planning for the 2025/26 winter period and any changes to association Policies and Procedures.

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