NHS
Yorkshire
Ambulance Service
NHS Trust

Yorkshire Ambulance Service
Winter Strategic Approach

October 2024- March 2025

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Content

Version History

Version	Date	Changes	Who
0.1	1 July 2024	First very draft structure	Tasnim Ali
0.2	26 July 20204	First iteration	Tasnim Ali
0.3	3 July 2024	Initial feedback from Operational Leadership Group	Nick Smith
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1.0 Introduction

Yorkshire Ambulance Service (YAS) provides three core services to the population of Yorkshire and Humber. These are:

- 999 Operations,
- Remote Patient Care – including our Emergency Operations Centre (EOC) taking 999 calls and, Integrated Urgent Care (IUC) which includes our 111 service.
- Patient Transport Services.

Maintaining the delivery of these vital services is essential to ensure that the population of Yorkshire and Humber receive the highest possible quality of service and care during periods of known pressure. Our winter plan will support the organisation to deliver its key strategic and business plan objectives for 2024/25 through this period.

This purpose of this document is to clearly set out the strategic context for the development of our Tactical Winter Plan for 2024/25 and identify the known risks that the organisation will need to mitigate. For the purposes of our planning, we have defined the winter period as the 1st October 2024 until the 31st March 2025.

Our Tactical Winter Plan is pre-emptive in nature, addressing the identified risks before they escalate to a level where our Business Continuity (BC) plans are unable to maintain safe levels of service. Our delivery in respect to BC is prioritised into activities known as the YAS 7. This can be seen below:

Figure 1: YAS 7

Call Handling. Maintaining the ability to answer 999, 111 and PTS calls in a timely and effective way.

Triage. Maintaining the ability to safely prioritise 999 and 111 calls to ensure the most appropriate response is made in time order.

Dispatch. Maintaining the ability to mobilise the appropriate resource to the patient in a timely manner.

Treat. Ensuring that our patients receive appropriate treatment in a safe, caring and timely manner.

Transport. Ensuring that if transport is required the most appropriate response is provided in a timely way.

Command. Ensuring that there is a competent and capable command structure in place to ensure safe delivery of service 24/7.

Communication. Ensuring that there is an effective method of communication in place to flow accurate and understandable information across the organisation at pace.

2.0 Horizon scanning the period.

2.1 National Picture

NHSE Guidance and Expectation

In March 2024 NHS England (NHSE) issued its priorities and operational planning guidance for 2024/25. There is likely to be further guidance for the winter period over the next few months, with submissions of surge and winter plans expected to be submitted to each Integrated Care Board (ICB) in September 2024.

Some of the recurring themes from this guidance that are directly relevant for Urgent and Emergency Care are as follows:

Urgent and emergency care	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025
	Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25

In addition, the YAS plans need to be cognisant of the following elements, building on work already in place.

- Join up care closer to home including through integrated neighbourhood teams and place-based arrangements with local authorities and other system partners
- Integrate and streamline UEC pathways, with a particular focus on the management of older people with complex needs and frailty
- Continue to drive improvements in productivity and operational effectiveness with expectations to participate in improvement collaboratives and peer learning

NHS England has asked the system to focus on three areas:

- Maintaining the capacity expansion delivered through 2023/24
- Increasing the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes
- Continuing to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance and hospital discharge.

YAS intersects with all these areas listed above however there is a specific metric for the ambulance services with a requirement to :

"Maintain ambulance capacity and support the development of services that reduce ambulance conveyance to acute hospitals where appropriate.

This includes increasing clinical assessment of calls in ambulance control centres to ensure the sickest patients are prioritised for ambulances.

Patients who do not need a face-to-face response from the ambulance service should be transferred quickly to services more appropriate for their needs, including urgent community response, urgent treatment centres, SDEC and primary care.

We ask ambulance trusts to focus on embedding culture improvement alongside the delivery of operational targets, by implementing the recommendations set out in the culture review of ambulance trust"

There is a continued commitment to the delivery of the UEC recovery plan to be delivered at place level in terms of 10 high impact interventions (these are summarised in Table One below). YAS already works closely with each place in our region to ensure that these interventions are implemented. Places have taken an approach to identify the most appropriate impacts for their populations, meaning not all 10 are being implemented at the same time in each place.

Table One: 10 High Impact Interventions: UEC Recovery Plan
Same Day Emergency Care: Improving SDEC provision and operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
Frailty: Improving expanding frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
Inpatient flow and length of stay (acute): Reducing variation in inpatient care and length of stay for key UEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
Community bed productivity and flow: Implementing in-hospital efficiencies and bringing forward discharge processes to reduce variation in inpatient care and length of stay.
Transfer of care hubs: Implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
Intermediate care demand and capacity: Supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab
Urgent Community Response: Increasing volume and consistency of referrals to ease pressure on ambulance services and avoid admission.
Single point of access: Driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.
Acute Respiratory Infection Hubs: Support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.
Virtual wards: Standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital.

On 16 May 2024 another letter was shared by NHS England regarding the Urgent and Emergency Care Recovery Plan Year 2: building on learning from 2023/24. This further reinforced the message to improve Category 2 ambulance response times to an average of 30 minutes across 2024/25.

A number of winter reviews in systems and ICB areas took place in June and July 2024 with good practice discussed and promoted.

On the 16 September 2024 NHS England published a further update for consideration over winter.

- There was a reminder of the tight **financial environment** in the second half of this financial year and systems need to work to their agreed plans for 2024/25.
- **Supporting people to stay well**- flu vaccination campaigns and a new Respiratory Synctial Virus vaccine (RSV) for 75-79 year olds and pregnant women**.**
- Promotion of alternative pathways to ED
- expanding the Operational Pressures Escalation Levels (**OPEL)** framework:
    - to mental health, community and 111, and providing a more comprehensive, system-level understanding of pressures.

OROG will review the impact of this in a future meeting.

ICB System Coordination Centres

Last winter there was an emphasis from NHSE on developing System Coordination Centres (SCC). This was detailed in the guidance issued in August 2023. Following this each of our ICB have set up slightly different models that are responsible for the co-ordination of an integrated system response using the Operating Pressure Escalation Level (OPEL) Framework.

We will continue to work closely with each ICB SCC and support them to undertake their role in maintaining patient flow.

New Government

In July 2024 Labour were elected to form a new government. This new political landscape could provide some different challenges and/or opportunities that the trust will need to consider for winter 2024/25. In its election manifesto labour focussed on the following key commitments:

- Reduction in the elective waiting times with the delivery of 40,000 elective activities every week
- Reduction in mental health waiting times
- Implementation of a dentistry rescue plan
- Return of the family doctor
- Developing technology, including Artificial Intelligence to support the delivery of NHS services.

Since the formation of the new government there have been further commitments made with a priority focus on the provision of additional elective capacity and the implementation of the

dental recovery plan. Whilst there have been high level commitments about supporting the NHS as a whole there have been no specific targeted announcements linked to urgent care.

Industrial Action

NHS England have requested that systems prepare for forecasted high levels of demand for acute front-line services as a result of the ongoing climate of ongoing industrial action.

It was anticipated that two key groups of the NHS workforce could continue to take industrial actions through the winter period. There was continued strike action by junior doctors in the first half of the year and the ongoing collective action being taken by General Practitioners (GPs).

The impact of the collective action could see GPs taking such action as pulling out of data sharing agreements, seeing patients face to face by default, and limiting the number of patient contacts. It is likely that the number of GP appointments will reduce and that they will increase referrals to urgent care settings and Emergency Departments. The collective action commenced in August 2024 could be continuous throughout the winter period. To date there have been minimal impacts to demands of YAS services however this is being continuously monitored.

ICB colleagues have been working with their Local Medical Councils (LMCs) in negotiations who will be supplied with heat maps linked to the types of actions being undertaken across the ICB footprint.

The new Secretary of State for Health prioritised engaging in dialogue with the British Medical Association which could reduce the risk linked to industrial action over the coming months. The result of this has been that on 16 September 2024 there were reports of junior doctors accepting the governments pay award.

Public Disorder

Early August saw pockets of public disorder across the UK. The specific incidents in Yorkshire and Humber required a response from YAS for prolonged periods of time, increasing demands on services.

This had significant impact on the YAS workforce given the motivations for the violence being linked to far right movements. Significant work has been undertaken to engage and support colleagues through this period.

There remains a level of uncertainty around the risks of ongoing public disorder that could directly impact the demand son services through the winter.

2.2 Impact of Winter Viruses

Systems will be required to respond to the impact of ongoing waves of COVID 19 alongside the increased prevalence of other viruses in winter. Public Health colleagues annually review the patterns of virus prevalence across the period in the UK in the previous winter, alongside information from the ongoing ‘winter’ period in the Southern Hemisphere to predict the

coming winter challenges. This analysis has not yet been completed however will be reviewed in the development of service line and trust wide tactical plans as further intelligence becomes available.

Winter 2023/24 saw the following key impacts across the system:

- Presence of both flu and Covid impacting earlier on in the season than the traditional January spike
- Norovirus being prevalent in systems across the period impacting on hospital bed availability through closed beds and the impact on discharges
- Other previously irradicated viruses impacting in much higher levels of prevalence in communities, notably measles and scarlet fever.
- Ongoing threat of new emerging viruses worldwide

This was all in line with the predictive modelling provided by regional public health colleagues.

The Trust is currently reviewing its pandemic plans in line with previous learning and has in place Standard Operating Procedure for the management of Highly Communicable Infectious Diseases to support operational delivery.

2.3 Adverse Weather

Overview

The period that this seasonal plan covers includes those months where we are most at risk of experiencing adverse weather. This poses a four key risks to us as an organisation:

- The risk of our staff being able to get to work, particularly those staff located in remote areas and those reliant on public transport, impacting on our available capacity.

- The timeliness of our teams being able to get to patients in remote locations due to hazardous driving conditions, impacting on our response times.

- Increased demand as a result of adverse weather impact on patient conditions and ability to access public transport or transport to alternative healthcare facilities.

- Impact of adverse weather on core national infrastructure i.e. electricity

Review of previous winter periods indicates that we are at risk of the following adverse weather throughout the period.

- Flooding/Heavy Rain
- Snow
- Ice
- Fog/Mist

Review of historical impact of adverse weather indicates that the key periods of risk are January to early March. The impact of such weather can be variable across the region given the road infrastructure and specific location of weather extremes. The Trust has a developed and tested adverse weather plan to enact to respond in such scenarios.

2.4 Yorkshire and Humber Context (including service line considerations)

YAS covers the footprint of three ICB's each with its own local challenges. This can be broken down geographically as outlined in figure two below.

Figure Two: Map of Geographical Coverage for YAS Services.

Our relationships with our place based systems have been strengthened with the appointment of our Directors of Partnerships and Operations. Last year each ICB had completed a refreshed self-assessment against the 10 High impact Actions, and it is anticipated that this may be replicated again this year. Each area has identified priorities related to its winter planning.

These can be summarised as follows:

2.4.1 West Yorkshire

Overview

The (Integrated Care System (ICS) has made commitments through the UEC operational plan that are aligned to the national UEC priorities, in relation to YAS, there is a commitment to supporting the delivery of Category 2 response and maintaining the handover position from 23/24. West Yorkshire has five places, each with an Integrated Care Board Committee with delegated responsibility for service delivery of the integrated health and care plans. Monitoring of delivery is undertaken through the West Yorkshire ICB System Oversight and Assurance Group (SOAG).

The West Yorkshire UEC Programme Board is responsible for overseeing the delivery of the system wide transformation priorities, with some oversight on place plans and performance that informs the transformation priorities – these are aligned to the UEC Recovery Plan priorities.

In 24/25 the key priorities will be;

- Same Day Emergency Care
- Develop a blueprint for Urgent and Emergency Care for West Yorkshire
- Support delivery of YAS priorities
- Care Coordination/Single Point of Access

West Yorkshire Association of Acute Trusts (WYAAT) have established a UEC Recovery group of which YAS are represented through the Director of Partnerships and Operations, this group meets weekly and will provide consistency on OPEL monitoring and escalations actions.

YAS Area Plans

The West Yorkshire Operational Area Plan provides a commitment to working with system partners to identify opportunities for optimising the use of appropriate services and pathways to ensure patients receive the most appropriate care and to avoid unnecessary conveyance to Emergency Departments. Initiatives are being progressed with each of the five places, including falls, frailty, single points of access.

Area specific considerations for Winter Plan
A WY winter review took place on 5th July 2024, with a look back at what went well in winter 2023/24 and what improvements can be made for 2024/25 The outcomes from this will inform the YAS Winter Tactical Plan for 2024/25.

2.4.2 South Yorkshire

Overview
The ICB has outlined its UEC operational plan, including key actions to make this happen. The plan focuses on three key pillars for improvement; improving patients access to alternatives to A&E; improving flow; and improving patient discharge. Specific targets aligned to national objectives include:

- 78% for the 4 Hour Emergency Care Standard
- 25 minutes for Category 2 ambulance response times
- 18 minutes for Ambulance Handovers
- 10.8% no criteria to reside

A Winter Resilience brief focusing on the 2024/25 period outlined that the focus for this period will be on demand management, capacity optimisation, virtual ward expansion, intermediate care, mental health services.

Actions identified (ICB and place level) in support of improving category 2 ambulance response times and ambulance handover delays include:

- Streaming and redirection (front door) work
- Development of alternatives to ED
- SDEC coverage and full use of capacity and focus on standardisation.
- Integrated coordination centre development
- Increasing community capacity
- Delivery and integration of 111/ PUSH models
- Expansion of the Urgent Community Response

Some of the key challenges identified include workforce capacity, lack of an Urgent Treatment Centre (UTC) in Sheffield, discharge delays, ambulance handover delays, ability to collaborate with GP services to mitigate adverse impacts of UEC. These all contribute to high demand and system overload.

Area specific considerations for Winter Plan

All places have completed 2023/24 winter reviews.

- Challenges were caused by increased ambulance conveyance. Suggested action to streamline more category 3 & 4 conveyances through local CAS, with CAS direct links to UCR. Education of HCPs on use of HCP line. (Doncaster)
- Access into virtual wards, UCR PUSH model reduced ambulance conveyance. In reach links between senior community leaders and ambulance worked well. (Rotherham)
- Paramedic home visiting service supported increases in GP capacity, action to explore integration with other community services. Close working between YAS and STH on OPEL and handover action cards, 45min handover policy now in place. (Sheffield)
- RightCare Barnsley remained central to admission avoidance schemes, supporting YAS PUSH plus. Integrated front door is an action identified for winter 24/25, in support of reducing ambulance handover delays. An action focused weekly bronze group (with representation from all key system partners) worked well. (Barnsley)

In addition to the above there is a Joint Escalation Action Plan (JEAP) for South Yorkshire and the intention is to fine tune the implementation of the actions included for both our Emergency Departments and YAS. The work linked to handover delays will continue and a possible tabletop exercise would firm up if actions planned are sufficient.

Discussions with the Operational leads highlighted some of the other planned activities that will support this high demand period. These included the following:

- Embedding the Specialist Paramedic in Urgent Care in the Right Care Barnsley to maximise the PUSH work. Plan to evaluate the impact of this in October 2024.
- Careful consideration of workable strategic and tactical options detailed in a plan.
- Further exploration of actions e.g. could all HCP calls be pooled to a centralised point and be answered by a team of people.
- Early set up of support functions e.g. Corporate cell, EOC training colleagues in call handling prior to the start of winter. Early notification if team leaders will be responding to incidents, consideration of short term incentives per patch, easy access to food for crews, agree actions with staff side in advance of decision.

2.4.3 Humber and North Yorkshire

Overview

In general, the Area Plan details the work with the Hull and North Yorkshire ICB.
The plan overall includes high level objectives of:

- Contribution towards achievement of Yorkshire Ambulance Service (YAS) strategic objectives, key workstreams, milestones and key metrics
- System and partnership engagement
- Priority programmes, developments and local project delivery
- Ensuring regulatory compliance
- Efficiency and improvement plans
- Key performance metrics
- Risk and issue management

There are more specific Ambulance targets for the geography:

- Achieve improvement against the CAT2 response times and reduce average ambulance handover to below 30 minutes by June 2024
- Implement agreed ICS-wide ambulance handover and escalation protocol
- Direct conveyance via trusted assessor to SDEC
- CAT 3 and 4 Validation via Care Co hubs to reduce conveyances, and create more capacity for CAT 2 responses
- MDT Care Coordination hubs to support non-conveyance and appropriate redirection

Area specific considerations for Winter Plan

- Main focus has been UEC Recovery Plan including 24-25 priorities, and actions in place before the start of the winter period.
- Continuation of handover work- included in the Area Plan
- Pathways managers will be used to support winter pressures rather than HALOs
- Winter reviews taking place in June/July
- Rota reviews taking place
- Include Specialist paramedics urgent care in collaborative work with the system in the north area
- Coordination cell improvement plan implemented including standardised framework, principles and staffing structures
- Crew clear initiatives
- Category 2 segmentation work- eg PUSH model, HCP requests for ambulance conveyances.
- 999 Fleet availabilty issues in North and East

2.4.4 Patient Transport Service (PTS)

Overview

The service completed a service line review of last winter and has incorporated key learning to plan for the forthcoming winter period.

- Reservations – flexible/homeworking is now business as usual. It allows PTS to keep the call centre running if people cannot make it in due to weather or if there are IPC or estate issues. Homeworking kits can be distributed in advance if we have reports of bad upcoming weather.

Area specific considerations for Winter Plan

- ITP is currently under review. This has reinforced PTS throughout the year, and it would be supportive to both EOC and PTS if it continues.
- Availability of private crews when we are looking to ramp up provision over Winter 24/25 several providers have this year been offered longer term contracts with other Trust's (NEAS / EMAS / NWAS) which may impact upon any additional resource they have for PTS.
- Lack of private provision. We are struggling to secure crews for ECR work.
- Taxi provider provision is currently challenging and will continue to be a struggle.
- Increased costs of subcontracted ambulance provision in this area.
- High sickness levels
- Lack of recruitment in West Yorkshire Operations
- System pressure in Acutes – regularly at OPEL 4 – increased requirement for discharge service.
- Implementation of eligibility criteria
- New electric vehicles due for arrival in early July. In Autumn /Winter the vehicles may not have the same capacity. This is currently an unknown risk.

2.4.5 Emergency Operations Centre (EOC)

Overview

- ITP is returning for the short term and we would ask to consider this being carried on throughout the rest of this year and to be operational over winter.
- Onward call forwarding (electronic GP referrals and appointment bookings) is looking to be operationalised prior to winter
- Care co-ordination – looking at hubs in each area, but particular focus on H&NY
- I-Cas – joint clinical queue for EOC/IUC
- Embedding SPA role (single point of access)
- Associated telephony vector work to ensure calls are passed to right person first time
- Changes to HQ module – pushing to taxis – now further development around Cat2's from healthcare providers
- Cat2 segmentation development to allow validation of additional Cat 2 incidents

Business as usual activities following the previous winter period:

- Clinical Navigators are now BAU and become fully embedded
- Remote hubs for clinicians working in areas
- Intelligent routing platform now fully established and utilising 'estimated wait time' at 4 mins rather than actual wait of 5 mins
- EMD safety calling

Area specific considerations for Winter Plan

- Lack of resources in Operations
- Lack of actions from an operational perspective around increasing on-day availability – more robust CSP
- Relationship with EY UCR team (hopefully being resolved as part of care co-ordination plans)
- Hospital handover delays impacting on resource availability
- Right care, right person- and the challenges re police response.
- Release of Version 14 of AMPDS and potential change to categorisations

2.4.6 Integrated Urgent Care (IUC)

Overview

We expect to see increased demand for services during the winter period in line with previous years. We anticipate greater pressure coming from primary care and GP out of hours routes and have factored that into our planning process. Work continues within the department on the implementation of our 'Case for Change' program of work which is focused on ensuring we have a structure that is fit for purpose, allowing the right level of service delivery and ensuring that those delivering that service have appropriate levels of support. We are mid-way through delivery of this with consultations on changes to our first line leader structure expected to take place by the end of Q3 which should enable us to continue to develop the service we offer, including putting them through an 18-month apprenticeship to support their own knowledge and skills. We are also continuing work on adapting our recruitment offering to try and encourage more staff to take substantive roles and relying less on agency as an entry route – we expect this will help with retention of staff, particularly within the Health Advisor population.

As part of the wider new Remote Care structure, we have developed a new governance structure to ensure that work can feed into the appropriate Trust level groups. This includes an adapted SLT structure to ensure effective oversight of all areas of business. Performance against KPI's have seen some good signs of improvement in the early part of the year which we hope to continue with as demand increases during this period.

Area specific considerations for Winter Plan

- GP Industrial action could impact on incoming demand, and our capacity to direct patients to appropriate primary care settings
- May see increased number of 'refused pathways' relating to this impacting on clinical queues and other primary care settings
- High sickness levels
- Use of incentives to support covering gaps in duties

2.5 Identified Risks to Maintaining Operational Delivery

As part of the Trusts risk assurance process a number of risks are already identified on the corporate risk register linked to impacting on service delivery. Those where we believe the

likelihood of the risk impacting on service delivery have been identified in table three below. In addition, there are a number of risks that if not mitigated will impact on the trusts ability to respond to the identified challenges posed to the Trust over the next six months, as summarised in table four.

These risks will continue to be managed via the agreed risk assurance processes with the Operational Resilience Oversight Group monitoring and informing changes to these two sets of risk.

Table Two: Corporate Risks that could be impacted - extract from the Draft September 2024 Corporate Risk register

Risk ID	Title	Risk Description	Current Grading	Business Area
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
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	IF there are sustained increases in call volume, duplicate calls and failure to meet requirements for staffing numbers, THEN EOC staff will not be able to allocate resources in a timely manner RESULTING IN delayed response times to answer and respond to emergency calls with potential for harm to patients	12	EOC

Table Three: Corporate Risks that will impact on Trusts ability to respond to seasonal challenges - extract from the Draft September 2024 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	IF we are unable to reduce the current level of turnover within IUCTHEN staff will leave RESULTING IN high levels of staff turnover and loss of experienced and trained staff.	12	NHS 111
367	Unable to recruit Health Advisors	IF the Trust is unable to recruit Health Advisors as per the Business Plan, THEN it will not have sufficient staff to meet the demand RESULTING IN low performance and poor patient experience	12	NHS 111
628	South - A&E Operations Staffing Resource	IF the budgeted number of FTE is not able to be achieved through recruitment, THEN there will be a significant shortfall in available resource hours to respond to patients RESULTING IN increased response times to incidents.	15	A&E Operations
637 ***	Industrial action by General Practitioners	IF General Practitioners across the whole of Yorkshire and Humber take industrial action as planned THEN 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 RESULTING IN 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	**Emerging risk** Fleet availability	Availability of fleet impacting on capacity in CBU areas- Will appear on Fleet risk register	TBC	Fleet

*** Risk 637- Score will be reviewed in September and reduced as impact is less than originally anticipated.

2.6 Demand and Capacity Considerations – all service lines

In line with the expectations from NHS England YAS has undertaken robust demand and capacity across all service lines. For this forecasting the planning assumptions in each service line have been described as point of reference.

Demand patterns

Changes to activity patterns over the Christmas/New Year period will result in changes in expected demand levels. Demand has been forecasted using established processes and will

be refreshed no less than monthly to give the most up to date position with the most recent trends and intelligence.

Rostering of staff

Rostering of staff will be completed in line with Trust policies and standard operating procedures and considering the unique demand profiles of the Christmas/New Year period. Overtime will be released in line with demand profiles; however, it is noted that overtime uptake can reduce over Christmas & New Year due to increased annual leave taken by staff.

As part of tactical planning, we will review the high risk shifts that require a different approach to fill proactively. The ambition is that this is done as early as possible.

Alongside this the tactical plan for fleet will include approaches to maximise the availability of fleet to support mitigating the risks linked to key dates.

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.

Our ability to support staff operationally to return to work as quickly as is safely possible is reliant on a number of corporate services, notably HR. We will therefore request these teams review tactical options to provide support throughout the key dates to operational teams.

Demand, Capacity and Performance Forecasts

The demand and capacity overview has been broken down as follows:

Strategic Planning Level

- Monthly demand, capacity, and (where relevant) performance forecast for the remaining months of the year
- Weekly demand, capacity, and (where relevant) performance forecast for the weeks where the highest pressures are expected to be seen.

Tactical Planning Level

- Daily demand and capacity forecast for the weeks where those periods of high pressure are most significant.
- Intraday demand and capacity forecast for key dates where the most intense pressures are expected, generated by either a significant variance between demand and capacity or where the demand profile has changed significantly from the norm, creating intense pressure due to its misalignment to the capacity profile.

Using the planning assumptions detailed previously a baseline forecast has been set and we will monitor against this. Should any forecasting revisions be needed if there are additional special cause factors, these will be discussed at Operational Resilience Oversight Group (OROG) prior to any changes.

2.6.1 A&E Operations

Performance
Our current forecasted Category 2 mean for the winter period (without mitigation) is as follows:

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Category 2 Mean	Operating Plan	00:32:23	00:35:55	00:41:12	00:34:44	00:29:55	00:27:17
	Actual/Forecast	00:35:05	00:38:44	00:44:01	00:37:23	00:32:13	00:29:04
	Variance	00:02:42	00:02:48	00:02:49	00:02:39	00:02:18	00:01:47

Responses we are currently forecasting demand to be approximately X% higher than plan based upon the Q1 of 2024/25.

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Responses	Operating Plan	74,824	75,096	80,034	78,727	71,020	77,257
	Actual/Forecast	77,646	77,929	83,053	81,697	73,699	80,172
	Variance	2,822	2,833	3,019	2,970	2,679	2,914

Hear and Treat is forecast to be in line with operating plan

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
H&T %	Operating Plan	16.8%	16.8%	16.8%	16.8%	16.8%	16.9%
	Actual/Forecast	16.8%	16.8%	16.8%	16.8%	16.8%	16.9%
	Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Responses to Scene are forecast 3.8% higher than operating plan

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Responses at Scene	Operating Plan	62,253	62,480	66,588	65,501	59,089	64,201
	Actual/Forecast	64,623	64,858	69,123	67,994	61,338	66,645
	Variance	2,370	2,378	2,535	2,493	2,249	2,444

Arrive to Handover is currently forecasted to be 10 minutes higher than operating plan

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Arrive to Handover	Operating Plan	00:26:32	00:26:25	00:28:32	00:27:47	00:24:44	00:24:54
	Actual/Forecast	00:36:33	00:36:24	00:39:18	00:38:16	00:34:03	00:34:18
	Variance	00:10:01	00:09:58	00:10:46	00:10:29	00:09:20	00:09:24

Handover to Clear is forecast to be in line with operating plan

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Handover to Clear	Operating Plan	00:17:48	00:17:07	00:19:04	00:20:13	00:20:28	00:20:22
	Actual/Forecast	00:17:48	00:17:07	00:19:04	00:20:13	00:20:28	00:20:22
	Variance	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00

Abstraction is forecast is 0.3% higher than operating plan

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Abstraction %	Operating Plan	37.6%	36.7%	35.4%	34.0%	34.7%	35.7%
	Actual/Forecast	37.9%	37.0%	35.7%	34.3%	35.0%	35.9%
	Variance	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%

DCA Hours

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Planned Avg Daily DCA Unit Hours	Operating Plan	5,626	5,734	5,798	5,975	5,904	5,832
	Actual/Forecast	5,541	5,679	5,812	5,927	5,850	5,838
	Variance	-85	-55	14	-48	-54	6

RRV Hours

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Planned Avg Daily RRV Unit Hours	Operating Plan	455	464	469	483	477	472
	Actual/Forecast	465	476	487	497	490	489
	Variance	9	12	18	14	13	18

2.6.2 Emergency Operations Centre (EOC)

Performance

Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Calls Answered in 5 Sec	Operating Plan	98.6%	99.1%	95.5%	99.8%	99.8%	99.4%
	Actual/Forecast	96.7%	98.3%	92.8%	99.6%	99.6%	99.1%
	Variance	-1.9%	-0.7%	-2.7%	-0.2%	-0.2%	-0.3%
Mean Call Answer	Operating Plan	0	0	1	0	0	0
	Actual/Forecast	1	0	2	0	0	0
	Variance	1	0	1	0	0	0

Calls Offered – forecast 1.9% lower than operating plan

Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Calls Offered	Operating Plan	101,920	100,808	122,159	95,587	83,272	99,452
	Actual/Forecast	94,939	96,550	114,361	103,567	87,247	98,882
	Variance	-6,981	-4,258	-7,797	7,980	3,975	-569

Average Handling Time – in line with operating plan

Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
AHT	Operating Plan	395	395	389	380	374	371
	Actual/Forecast	393	395	390	380	375	371
	Variance	-1	0	0	0	0	0

Abstraction rate – in line with operating plan

Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Abstractions	Operating Plan	35.3%	35.8%	37.7%	35.1%	34.9%	36.4%
	Actual/Forecast	35.8%	34.9%	37.5%	34.5%	35.1%	35.4%
	Variance	0.5%	-0.9%	-0.2%	-0.7%	0.2%	-1.0%

2.6.3 Integrated Urgent Care (IUC)

Performance

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Service level - Target 95% Calls Answered within 120 seconds	Operating Plan	82.3%	83.1%	65.2%	82.6%	83.5%	86.3%
	Actual/Forecast	82.3%	83.1%	65.2%	82.6%	83.5%	86.3%
	Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Calls Offered – in line with operating plan

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Calls Offered	Operating Plan	160,075	160,273	194,846	179,924	151,602	166,141
	Actual/Forecast	160,075	160,273	194,846	179,924	151,602	166,141
	Variance	0	0	0	0	0	0

Calls Answered – in line with operating plan

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Calls Answered	Operating Plan	148,869	149,053	181,206	167,329	140,990	154,511
	Actual/Forecast	148,869	149,053	181,206	167,329	140,990	154,511
	Variance	0	0	0	0	0	0

Average Handling Time – in line with operating plan

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
AHT	Operating Plan	639	639	640	632	636	637
	Actual/Forecast	639	639	640	632	636	637
	Variance	0	0	0	0	0	0

Abstraction rate – in line with operating plan

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Abstraction Rate	Operating Plan	42.7%	41.9%	35.8%	43.7%	45.0%	45.0%
	Actual/Forecast	42.7%	41.9%	35.8%	43.7%	45.0%	45.0%
	Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Total FTE

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Total FTE	Operating Plan	481	492	509	509	527	541
	Actual/Forecast	461	474	494	494	511	525
	Variance	-20	-18	-15	-15	-16	-16

2.6.4 Patient Transport Service

Performance There is no standard measurement across all the Yorkshire and Humber contracts.

However, discharge is one measure that can be modelled.

Journeys – overall in line with operating plan, although fewer than expected delivered by YAS staff and greater by private provision and taxis

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Total - Journeys	Business Plan	63,770	67,008	61,516	60,839	59,824	68,544
	Actual/Forecast	63,770	67,008	61,516	60,839	59,824	68,544
	Variance	0	0	0	0	0	0

Substantive Staff – reduced substantive FTE will result in higher non-pay expenditure.

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Total - FTE	Business Plan	466	469	467	473	467	465
	Actual/Forecast	461	463	461	467	461	460
	Variance	-6	-6	-6	-5	-5	-5

Abstraction rate – in line with operating plan

Sub Section	Type	Oct	Nov	Dec	Jan	Feb	Mar
Abstractions - FTE	Business Plan	25.5%	24.1%	33.1%	24.5%	23.3%	25.3%
	Actual/Forecast	25.5%	24.1%	33.1%	24.5%	23.3%	25.3%
	Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

2.7 Conclusion of Horizon Scan

The forthcoming winter period poses a number of challenges impacting across all service lines. Notably the key risks that our tactical plans will need to respond to are as follows:

- Increased demands on our services, driven by both the predictable impacts of winter and the uncertainty of industrial action
- Increased pressure on the available capacity, driven by:
    - increased acuity of patient needs impacting job cycle time,
    - increased pressure on partners impacting on handover time and our ability to direct patients into alternative urgent care settings,
    - increased loss of workforce capacity due to sickness absence and adverse weather events,
    - increased call handling times due to higher acuity of calls and call handlers having to remain on the phone giving pre-arrival instructions
    - increased travel times to scene in adverse weather events
    - increased vehicle off road time, linked to winter driving conditions

We do anticipate that there will be increased pressure across services in December and January, both as a direct result of increased demands on our services and impact of increased demands across the urgent care systems. In addition, our capacity and demand forecasting have indicated that the key dates that we expect to be most challenging across the service lines, are identified below.

High Risk Dates: Specific Dates

Date	Issue	999	EOC	IUC	PTS
Thu 31st October	**999 Demand (Evening/Night)**	**X**	**X**		
Tue 5th November	**999 Demand (Evening/Night)**	**X**	**X**		

Mon 16th December	**Discharge Demand PTS**				**X**
Tue 17th December	**Discharge Demand PTS**				**X**
Wed 18th December	**Discharge Demand PTS**				**X**
Thu 19th December	**Discharge Demand PTS**				**X**
Fri 20th December	**999 Demand (Evening/Night)**	**X**	**X**		
Sat 21st December	**999 Demand (All Day)**	**X**	**X**		
Mon 23rd December	**Discharge Demand PTS**				**X**
Tues 24th December	**999 Demand (Evening/Night)** **PTS Discharge Demand**	**X**	**X**		**X**
Wed 25th December	**999 Demand (All Day)** **111 call demand** **Operational staffing** **EOC staffing**	**X**	**X**	**X**	
Thur 26th December	**999 Demand (All Day)** **111 call demand** **Operational staffing** **EOC staffing**	**X**	**X**	**X**	
Tue 31st of December	**999 Demand (All Day)** **111 call demand** **Operational staffing** **EOC staffing**	**X**	**X**	**X**	
Wed 1st January	**999 Demand (All Day)** **111 call demand** **Operational staffing** **EOC staffing**	**X**	**X**	**X**	

3.0 How will we respond to these challenges?

3.1 Use of the National Decision Model.

Firstly, we will utilise the National Decision Model (NDM) in our preparation, planning and decision making.

The NDM 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 (this document)
- Assess threat and risk and develop a working strategy
- Consider powers and policy

- Identify options and contingencies
- Act and review what happened

The National Decision Model is shown in figure four:

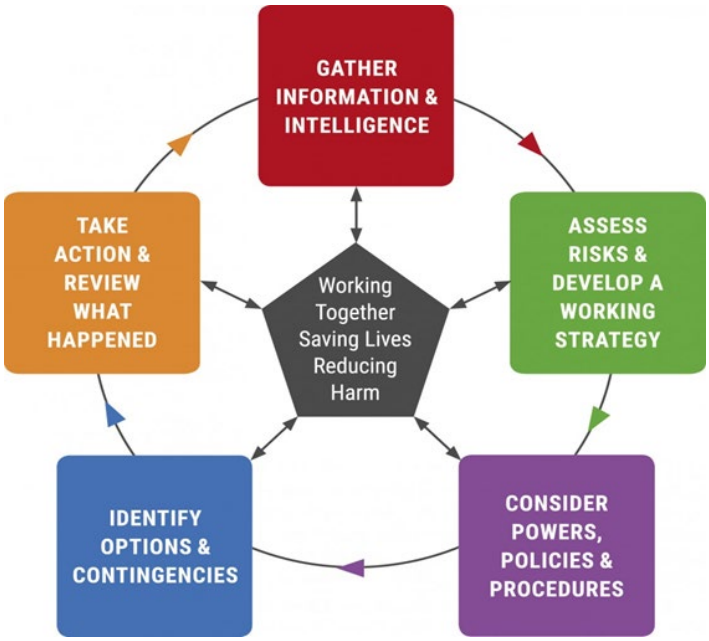


Figure Four: National Decision Model

Use of the NDM will also encourage review of our powers, current policies and procedures and approach to operationally maintaining the three service lines, both in preparation and response to the identified risks.

3.2 Working Strategy

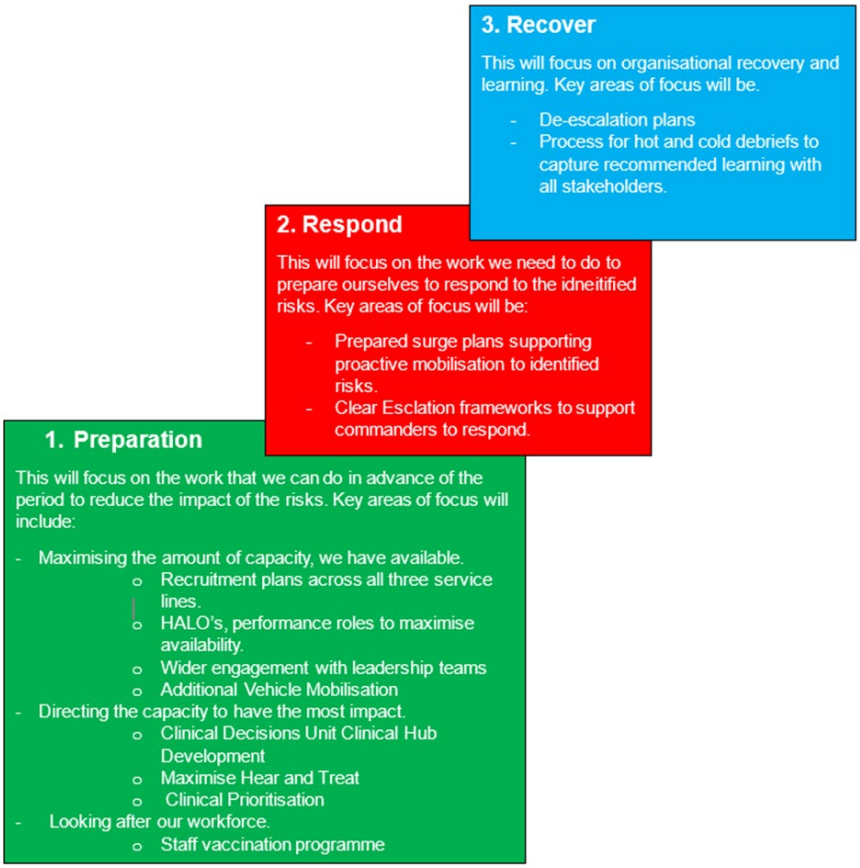
In response to the horizon scan the following key strategic objectives have been developed to support tactical planning:

- 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

3.3 Tactical Plans

The tactical plan to respond to the identified risks will focus on three key areas as summarised in figure five below.

Figure Five: Tactical Plan Overview



The focus is on ensuring planning is proactive and aims to minimise the risk prior to them impacting on service delivery. To do this our focus will be on protection the YAS seven and will require support from across the organisation.

The capacity and demand plans produced for all three service lines will be broken down further into daily and intraday demand for those high pressure identified weeks to inform tactical planning. This will be used to support targeted capacity planning and surge plans agreed in advance of the identified challenging periods.

Each key area of focus has underneath it a number of workstreams with identified accountable leads. The collective coordination and oversight of the delivery of these workstreams will be through the Operational Resilience Oversight Group. Any risks to delivery will be identified and where the accountable lead cannot resolve there will be appropriate escalation to the accountable Executive Directors or where required to TEG.

There are current developments for the respond element of the tactical plans that been discussed at the OROG.

Clinical Safety Plan -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. The work is being developed through a task and finish group reporting into OROG.

Surge Plan- Alongside the review of CSP OROG is overseeing a review of the in extremis surge plan developed in winter 2023/24 to ensure all possible tactical options are developed in a ready to go state for the winter period.

Hospital Handovers- there is dedicated work in the systems relating to extended handover times but YAS has updated its Hospital Handover Delay Management Guidance. This poses a high risk to YAS and is captured on the trust risk register. Work is ongoing to aim to minimise the impact on our services throughout the period.

Fleet- working group looking proactively at all fleet related issues across the Trust

3.4 Ensuring Delivery of the Tactical Plans

There is a new format for the tactical plans being developed to ensure consistency of detail across the service lines. Each service line will produce a corresponding tactical plan.

3.5 System Partnership

During all stages of this plan's delivery, we will engage with our wider system partners through our Strategic Partnership Directors and teams. We will continue to engage with the daily escalation calls with the NHS England established Regional Operations Centre.

3.6 Monitoring Success

3.6.1 Internal Monitoring

Performance delivery is already monitored across all three service lines. Given the aim of this approach is to maintain the trusts performance across these service lines and support against the identified key trust objectives it is proposed to use these existing performance frameworks to measure success.

The OROG will monitor the actual demand and capacity profiles against the baseline forecast that is set out in section 2.5 above. A focus will be on capturing variances between planning assumptions informing the forecast and the actual delivery to inform future forecasting.

3.6.2 External Reporting Requirements

The Trust already reports externally to both commissioners and NHS England on its delivery across all three service lines. This reporting will continue throughout the period covered by the seasonal plan.

NHS England have published new guidance for the running of System Command Centres that each ICB is working to respond to. These structures will inform the NHS England Regional Operations Centre which engages with YAS daily around service delivery and risks. In addition, a new national; Operational Pressures Escalation Level framework has been

developed to support acute hospital escalation. This will be reviewed alongside YAS's own escalation processes.

NHS England have not yet published any specific additional exception reporting requirements over the winter period; however, it is anticipated this will be required. The response to this will be overseen through the OROG.

3.7 Capturing Learning

YAS has a statutory obligation under the Civil Contingencies Act (2004) and responsibilities under the NHS EPRR Framework to ensure lessons and notable practice are identified and learned following any event / incident / operation / exercise.

The responsibilities for learning will be fully embedded into the Trust seasonal planning arrangements. Post each seasonal event, feedback will be sought from all departments to better understand the areas for improvement and the successful changes in practice that require establishment.

This feedback will be analysed by the Operational Resilience Oversight Group (OROG) with lesson recommendations agreed for implementation. The monitoring of these lessons will be conducted via the EPRR team. The outcome of this learning will be fed into future planning and response to ensure a continuous cycle of improved seasonal planning.