



Yorkshire Ambulance Service Winter Tactical Plan

Event: Winter
Date: September 2026
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. The following key strategic objectives have been developed to inform and 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

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.

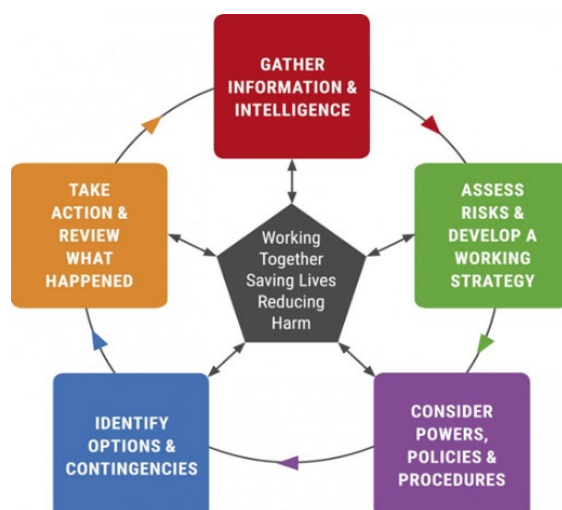
1.2 Joint Decision Model

We will utilise the Joint Decision Model to support preparation, planning and decision-making. The model is applicable to all decision-making contexts and is designed to be used:

- For spontaneous incidents and planned operations
- By individuals or teams
- Across both operational and non-operational situations

The model supports decision-makers to apply a structured rationale, clearly setting out what actions were taken during an incident and the reasons for those decisions.

The model has 5 steps:



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2. Horizon Scan

Name: Operational Delivery Group (ODG)	
Coordinated by: Tasnim Ali	
Period /Event being considered: Winter	Date: 29.07.26
Initial Information and Intelligence Received	
From the Strategic Horizon scan the following risk areas were identified; 1. Workforce Capacity and Availability-EOC clinical capacity is expected to remain a key constraint, with pressures arising from sickness absence, peak leave and weather-related disruption. 2. Demand and Wider System Pressures-Sustained pressure across health and social care is likely to drive increased call volumes, delayed handovers and reduced system flow, impacting the timely navigation of patients to the most appropriate care pathway. Community infection rates will require ongoing surveillance given the potential impact on both demand and workforce availability. 3. Operational Efficiency and Service Delivery-Increased patient acuity, extended job cycle times and longer call handling durations may reduce operational productivity and limit overall system capacity. In-day capacity is also likely to remain variable due to rota profiles and statutory rest break requirements. 4. Environmental and Seasonal Factors-Adverse weather may increase travel times and, when combined with the four-day reduction in routine NHS activity, contribute to higher vehicle off-road time and reduced fleet availability. 5. Strategic and Financial Context-Delivery will need to be managed within NHS England productivity expectations and constrained financial envelopes, limiting the scope to increase capacity or invest in additional mitigations. Each of the service lines have considered the impact of these risks on their own service areas and identified the following areas of focus. A&E Operations Workforce Capacity and availability-Increasing staff flu vaccination uptake to reduce the risk of sickness absence and maintain workforce availability during peak demand periods. Maximising clinical development and learning before winter to enable operational focus on resource availability, response performance and patient care during the winter period. Maintaining Operational Efficiency by minimising unavailability- make sure full complement of resources available at the earliest opportunity. Vehicle availability-Embedding self-handover at EDs with support from the Clinical Directorate(in particular West Yorkshire) and improving utilisation of alternative and non-ED pathways ahead of winter to support safe avoidance of unnecessary conveyance. Managing Demand- by increasing remote clinical triage on the stack when demand is high and supporting Hear and Treat and push pathways	

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Patient Transport Service

- **Workforce availability:** High sickness levels remain a key winter risk. The service will review surge plans, infection prevention and control arrangements, and vaccination uptake across PTS to support frontline resilience in 2026/27.
- **Acute system pressure:** Sustained OPEL 4 pressures across acute providers may increase demand for discharge transport and require flexible deployment of PTS capacity to support hospital flow.
- **Electric vehicle capability:** Seasonal weather conditions can reduce electric vehicle range to around 80 miles per charge, which may affect deployment, increase charging requirements and create additional downtime during shifts.

Emergency Operations Centre

- **Managing high sickness** levels and associated impacts on available operational and clinical capacity.
- **Call handling capacity** to ensure emergency calls are answered in a timely manner; following move to NHS Pathways creating longer average handling times, and inconsistent demand profiles.
- Embedding new systems and developments across EOC while maintaining safe and effective business-as-usual delivery.
- **Balancing additional clinical resource requirements** to maintain the NHS Pathways licence while continuing to improve hear and treat performance.
- **Ensuring sufficient mentoring capacity** for new Emergency Health Advisors while sustaining service resilience.

Integrated Urgent Care

- **Potential increase in refused pathways**, with impacts on clinical queues and wider primary care capacity.
- **High sickness absence**, with associated risks to operational and clinical capacity.
- Required **bedding-in period for clinical teams** transitioning to the C3 system.

It should be recognised that the Trust will be responding to these risks from a challenging baseline, with ongoing service delivery pressures across all service lines. This context is important when considering the Trust's capacity to respond to emerging risks and national policy expectations.

The winter planning letter issued by NHS England on the 17 July 2026 details the requirement for Ambulance Trusts to:

- Plan to deliver the 2026/27 Category 2 response time trajectory, maximising hear and treat, see and treat and referral into alternatives to ED, to reduce conveyance rates.
- Work with acute partners to deliver 15-minute handovers, with none exceeding the 45-minute maximum.

The actions available to the Trust will be informed by the wider financial position. Any actions requiring additional investment will be developed further and presented to TEG for consideration and a decision on whether they can be supported.

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Table Two: Corporate Risks that could be impacted - extract from the July 2026 Operations Corporate Risk register				
Risk ID	Title	Risk Description	Current Grading	Business Area
627	South-Operational performance	IF operational resources available are outweighed by demand and/or acuity in South Yorkshire THEN there may be excessive response times to patients. RESULTING IN patient harm	15	999 Ops
603	N&E – 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	12	999 Ops
612	West – Handover Monitoring	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	12	999 Ops
433	EOC call handling 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	16	Remote Patient Care - EOC

Table Three: Corporate Risks that will impact on Trusts ability to respond to seasonal challenges - extract from the July 2026 Operations Corporate Risk register				
Risk ID	Title	Risk Description	Current Grading	Business Area
663	N&E – Fleet Availability	IF there are not enough ambulance resources available to transport patients to ED, THEN there will be delays in patients receiving definitive treatment	16	Operations

The risks currently captured and identified in the Winter strategic assessment, alongside any emerging risks will be regularly reviewed in the preparation and response stages through the Operational Delivery Group (ODG) and escalated through the Trusts risk assurance process.

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Legal obligations and relevant policies

(Consider response level and appropriate command structure)

- Health and Care Act 2022
- Civil Contingencies Act 2004 (business continuity requirements)
- Human Rights Act – Article 2 right to life 1998
- NHS England EPRR Framework 2022
- YAS Business Continuity Policy
- YAS Business Continuity Plans
- YAS Critical Incident Plan
- NHS Standard contract
- YAS CSP

High Risk Dates for Winter

Date	Issue	999	EOC	IUC	PTS
31 October	999 Demand (Evening/Night)	X	X		
5 November	999 Demand (Evening/Night)	X	X		
14 December	Discharge Demand PTS				X
15 December	Discharge Demand PTS				X
16 December	Discharge Demand PTS				X
17 December	Discharge Demand PTS				X
18 December	999 Demand (Evening/Night)	X	X		
19 December	999 Demand (All Day)	X	X		
23 December	Discharge Demand PTS				X
24 December	999 Demand (Evening/Night) PTS Discharge Demand	X	X		X
25 December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
26 December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
27 December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
28 December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
29 December	999 Demand (All Day) 111 call demand	X	X	X	X

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	Operational staffing EOC staffing PTS Discharge Demand (following four-day bank holiday weekend)				
31 December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
1 January (Friday)	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
4 th January (Monday)	999 Demand (All Day) 111 call demand Operational staffing EOC staffing PTS	X	X	X	X

3.0 Preparation

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

1. Business Plan Strategic Priorities and Workstreams aligned to the Winter Strategic Approach

Strategic Priority 1: Right response: Increase hear and treat and reduce ED conveyance

YAS will increase Hear and Treat to 15.4% and reduce ED conveyances by 1.3%, ensuring every patient receives the right response at the earliest point in their journey.

These workstreams strengthen YAS's ability to meet rising winter demand by improving the clinical triage offer (through NHS Pathways) and expanding remote care options, enabling better prioritisation and care delivery in both 999 and 111 services.

Lead: SRO: Adam Layland

Workstreams:

1. Expanding EOC clinical capacity - SPUC/SPMH utilisation
2. Optimising integration - clinical queue, iCAS Phase 2 and joint CAD- Rob Connell/Mike Modder-Fitch to lead
3. Improving Access and availability of appropriate care pathways- Central Pathways Team and Partnerships and Improvement Managers

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Milestones:

- Increase Hear and Treat to 15.4%
- Reduce ED conveyances by 1.3%,

Alignment to Winter Strategic Approach:

These workstreams strengthen YAS's ability to meet rising winter demand by improving the clinical triage offer (through NHS Pathways) and expanding remote care options, enabling better prioritisation and care delivery in both 999 and 111 services. By reducing rates of conveyance there is a potential in reducing the job cycle and supporting the wider system.

Strategic Priority 2: Improve operational productivity and performance: Improve performance including Category 2

YAS will reduce Category 2 average response times to 00:24:44 and minimise variability across the day and geography through improving operational efficiencies.

Lead : SROs Nick Smith, Adam Layland, Glen Adams, Chris Dexter

Workstreams:

1. Improve alignment of resource to demand
(Demand, Capacity and Performance Analysis, Flexible Working Arrangements, Rotas, Scheduling Process incl. overtime allocation and relief staff, Fleet alignment & rest break standard operating procedure)
2. Improve Crew Clear- John Mc Sorley to lead
3. Redirect inappropriate HCP transport- Natalie Howson/ Alison Bradley/ Jordan Ingham to lead
4. Enhance Crew Line- Claire Lindsay to lead
5. Realise Telematics Benefits-Jeff Gott/Vicky Audsley to lead

Milestones:

- Reduce Category 2 average response times to 00:24:44
- Minimise variability across the day and geography through improving operational efficiencies
- Crew Clear to be average of 19.05 minutes
- Reducing HCP emergency ambulance demand from 14 to 12 % between 9am-4pm
- Reduce fuel consumption and avoidable collisions by 10%

Alignment to Winter Strategic Approach:

By releasing time, improve availability, reduce delays and reduce variation across geography and the day, we are maximising our capacity to respond to patient calls and incidents. The telematics work will encourage our staff to drive the vehicles in an efficient manner and maintain vehicles on the road by avoiding accidents.

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Strategic Priority 3: Support Our People: Reduce sickness

YAS will reduce sickness absence by 0.5% and create a healthier, more skilled and engaged workforce.

Lead: SRO Mandy Wilcock

Workstreams:

1. Preventive and Recovery Pathway
2. Strengthening Alternative Duties framework- Tom leach and Mus Suleiman to lead
3. Enhancing Workplace Adjustments- Mus Suleiman and HR to lead

Milestones:

- Reducing total sickness absence from 7.2 to 6.7%
- Reducing long term sickness absence from 4.21 to 3.05%
- Reducing short term sickness absence from 3.3 to 3.05%
- Supporting adjustments where needed from 74 to 80%

Alignment to Winter Strategic Approach:

This workstream aims to reduce avoidable and prolonged absence through compassionate, consistent, proactive management and support systems. By supporting our staff, we are increasing our capacity during the peak demand period and preventing staff exhaustion during this period.

****Please note some of the leads may change due to restructure changes****

2. Clinical Safety Plan Refresh

The Trust is currently reviewing the Clinical Safety Plan (CSP) to strengthen the management of periods of increased clinical risk across the 999 service. This review will support consideration of a broader range of metrics to assess clinical and operational risk, evaluate risks at Clinical Business Unit level, and forecast anticipated changes to CSP status over a rolling twelve-hour period. Live testing is underway, alongside discussions with Heads of Service to agree appropriate trigger levels, considering the impact of NHS Pathways on call volumes and acuity.

Lead: Liz Eastwood

Intended Roll Out: Testing October 2026. Go Live November 2026

3. Fleet Roll Out

There is always planned roll out of replacement vehicles across A&E operations and PTS services will support increased resilience in both service lines. The plan is to replace a number of PTS and vehicles for A&E Operations vehicles prior to the winter period. There will be use of agency spend to increase mechanic capacity which will support vehicle availability. There is currently a plan to retain 12 additional vehicles for winter and there is a

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tight timescale for securing radio equipment and equipment. Allocation to the areas to be confirmed.

Lead: Jeff Gott

Roll Out Completion Dates: BAU

4. Reduce Training abstractions

YAS Academy has adopted a proactive approach to reducing training abstractions by minimising the scheduling of training during December 2026 and January 2027, with the exception of core workforce development courses, some statutory mandatory and clinical refresher courses. This approach has been agreed as part of the Training Plan over recent years. In addition, some staff from YAS Academy will work operational shifts to provide targeted support to service lines.

Lead: Jacqueline Hallam

Key Dates: December 2026 – January 2027 reduced training abstractions

5. Flu Vaccination

The trust Flu Vaccination programme will run from the 1 October - 30 November. The target for this year is 60-65% frontline workers to receive a flu vaccination (approx. extra 640 staff). Clinics will be advertised locally and via pulse, with a local flu lead in each 999 operational area as coordinator of the area roll out and clinic organisation. The Flu Register has been shared with PTS and 999 Ops already to gauge intention, aide planning of early clinics and help towards the ask from NHSE to offer vaccine to 100% of frontline staff. Flu vaccination was further emphasised in the winter planning meeting with NHS England on the 28 July 2026.

Lead: Fiona Chisholm – Pine

Key Dates: 1 October- 30 November 2026

6. Infection Prevention Control Winter Plan, Impact of Increased Risk of Infection, Absence Tracker/ RAG Rating Areas Impacted by IPC Absence

A surge in patients presenting with influenza, COVID-19 and other seasonal infections is anticipated during 2026/27. Periods of cold weather also increase the risk of heart attacks, strokes, hypothermia and falls, and may exacerbate long-term conditions such as asthma and diabetes. In addition, extended hospital waiting times may increase the risk of cross-contamination and infection exposure for staff.

Learning from previous years, including the impact of staff sickness and infection outbreaks, proactive plans are being developed to support the prevention and management of

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operational demand, workforce sickness, and risks to staff who may be clinically vulnerable or immunocompromised.

The IPC team is working collaboratively with management teams across operational centres, stations, sites and departments to support the implementation of staff and environmental risk assessments, underpinned by appropriate RAG rating arrangements.

A systematic review of the IPC absence tracker will support ongoing monitoring of infection-related sickness absence and enable targeted interventions in areas of increased risk. This will help reduce the spread of infectious diseases, protect the workforce, and minimise associated sickness absence. Guidance will continue to be informed by Public Health advice and the YAS IPC team.

Lead: John Thompson /Lisa Donovan

Key Milestones: Throughout the winter period

7. Corporate Cell

The Corporate Cell will commence operations from November 2026, with a focus on planning and coordinating key requirements in advance of identified pressure periods. This approach will provide sufficient time to review proposed support strategies, identify any exceptions, and ensure appropriate arrangements are in place. For this year there are three areas of focus,

- Vehicle movement support for fleet
- Assistance with investigations- HR to coordinate from late September
- Support with crew clear at key hospital sites

Operational Delivery Group (ODG) will advise of the requirements for this year and strategic commanders with on day requests.

Lead: Gavin Austin, Matt Turner and Alison Cockerill, Tasnim Ali

Roll out date: November 2026

3.2 Key Milestones through the period

Month	Milestones	Lead
February/March 2026	Winter Review Questionnaire	Simone Mulchay
April 2026	Planning approach for winter signed off at TEG	Liz Eastwood
July 2026	Winter Strategic Approach developed shared with Operational Delivery Group and Operational Leadership Group	Liz Eastwood

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August 2026	Winter Strategic Approach Presented at TEG	Liz Eastwood
	Tactical Plan Development Starts	TAC Plan Leads /Tasnim Ali
	Agreement of asks of Corporate Cell at ODG	Tasnim Ali
	Winter Tactical Plan Check and Challenge at Operational Delivery Group	Tasnim Ali
	Winter Tactical Plan Presented at OLG and TEG	Liz Eastwood
	PTS Winter Meetings Set Up	Candice Syron
September 2026	Board Sign off of Winter documents as per NHSE requirement	Liz Eastwood
	Final checks for flu vaccination programme	Fiona Chisholm-Pine
	Winter Strategic Intent Presented at Finance and Performance Committee	Liz Eastwood
	Submission of BAS to NHS England	Liz Eastwood
	ODG to review Tactical options and use RAG rating	Tasnim Ali
October 2026	Flu Vaccination Programme Commences	Fiona Chisholm-Pine
	CSP Refresh Testing	Liz Eastwood
	ODG steps up to fortnightly meetings to assure delivery of plan (Winter Planning on week A & B agendas)	Liz Eastwood
	Winter Plan Headlines shared across YAS	Elaine Gibson
	A&E DCA and PTS Vehicles Rolled Out	Jeff Gott
	Draft Extremis actions and share with commanders	Liz Eastwood/ Elaine Gibson

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November 2026	Response phase commencing from 1st of November Service Lines Confirm 'Known' Requirements CSP Refresh Go Live Strategic Commander/ ROC Pre Winter Briefing TAC/OP's/ Commander Team Leader Briefings Corporate Cell – Stands Up Performance cell preparation- prepare a draft strategy, rota's for supporting infrastructure and test of the set-up of the cell Performance Cell Stands Up (If triggers reached) Keep Well Messages Shared	Michelle Gough Liz Eastwood Liz Eastwood Service line Leads Gav Austin/ Matt Turner/ Alison C/ T Ali Liz Eastwood Liz Eastwood Elaine Gibson
December 2026	Response phase Flu Vaccination Programme Ends PTS Winter plan Published to Staff Reduced Abstractions for Academy Training in December	Fiona Chisholm – Pine Candice Syron Jackie Hallam
January 2026	Response phase concludes – assessed in line with demands	
February 2026	Winter Hot Debrief Information Collated	Simone Mulcahy
March 2026	Winter Review ODG 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 McSorley

Updated: 14.07.26

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 use members of the Clinical Directorate to support self-handover/SDEC referrals at main hospital sites throughout the period of action or at key times	+	Improve patient flow at ED's, reduce pressure within ED's, reduce overall
	-	Clinical Directorate members not able to fulfil their substantive role
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.
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

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	612	ROC
Clinical Directorate colleagues to ED's	612	Strategic Commander

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Offer incentivised overtime	627, 603	Strategic Commander
Cancel end of shift runback procedure	627, 603	Strategic Commander
Cancel rest break SOP	627, 603	Strategic Commander
Take operational managers off their substantive duties to respond to emergency calls	627, 603	ROC authorised by Strategic Commander
Cancel all planned training courses	627, 603	TEG
Cancel all operational staff secondments	627, 603	Strategic Commander
Free up DCA capacity by putting paramedics onto RRVs	627, 603	Tactical Commander
Implement Trust Handover Policy	612	Tactical Commander
Restrict further annual leave requests on affected days	627, 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 Lindsay, Rob Connell

Updated: 17.07.26

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. Increased resilience against unexpected abstractions.
	-	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

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
Consider deployment NHSP Cut off process	433 Loss of staff	Duty Manager Team In liaison with EOC 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

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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
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Summary of key issues for the service line during this period

- Staffing levels for EMD being at right level to maintain patient safety
- Clinical capacity in hub to maintain clinical safety at all times if we see rise in incident numbers
- Lack of operational resources to affect a timely response to patients, including LAT / ITP resources
- 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

4.3 Service Line: Integrated Urgent Care

Tactical Plan Owner: Mike Modder-Fitch

Updated: 14.07.26

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
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

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	-	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
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
Training and audit team deployed to frontline duties to assist	Capacity increase	IUC SLT
Allow no further leave on affected dates	Capacity increase	Workforce Planning / Call Centre Managers / Clinical Lead
Targeted overtime agreed in weekly Operational Planning Meeting (OPM)	Capacity increase - 433	Workforce Planning / Call Centre Managers / Clinical Lead
Offer shift slides to homeworking staff for known weather events	Capacity increase	Workforce Planning / Call Centre Managers / Clinical Lead
Tactical options will be proactively implemented to manage the clinical queue	Capacity increase - 433	Tactical Commander

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Tactical options will be dynamically reviewed on day as the situation becomes known	Capacity increase - 433	Tactical Commander
National Contingency called upon	Capacity increase	Strategic Commander
Request support from wider organisation's clinical staff to support clinical operations in IUC	Capacity increase - 433	Strategic Commander
Summary of key issues for the service line during this period		
• 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.		

4.4 Service Line: Patient Transport Service

Tactical Plan Owner: Candice Syron

Updated: 27.07.26

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 within budget	+	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.
Work collaboratively with Acutes to ensure they are aware of service changes and our capacity to deliver patients within appropriate timescales.		Ensure positive relations and ongoing communication. Associated reputational risk and quality of the service.

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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.
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

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	MD of PTS/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. Aim to increase resource within budget.	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

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- **Workforce availability:** High sickness levels remain a key winter risk. The service will review surge plans, infection prevention and control arrangements, and vaccination uptake across PTS to support frontline resilience in 2026/27.
- **Acute system pressure:** Sustained OPEL 4 pressures across acute providers may increase demand for discharge transport and require flexible deployment of PTS capacity to support hospital flow.
- **Electric vehicle capability:** Seasonal weather conditions can reduce electric vehicle range to around 80 miles per charge, which may affect deployment, increase charging requirements and create additional downtime during shifts.

4.5 Service Line: Infection Prevention Control

Tactical Plan Owner: John Thompson/Lisa Donovan

Updated: 30.07.26

Options (to deliver the working strategy)	+ Positive / - Negative	
Do Nothing	+	There is no positive, this is not being considered
	-	If there is an increase of infections, service delivery, staff and patients could be compromised.
Proactively implement environment and staff IPC risk assessments, RAG rating and action plans for all call centres and stations	+	Evaluating any risks and placing precautionary measure in place can reduce the risk of infections and cross contamination.
	-	Increased risk of infections/ infectious cross contamination and staff absence and can affect demand resources.
Proactively systematically review the absence tracker to monitor infectious sickness	+	Support /actions can be implemented with targeted interventions
	-	Lack of actions will impact sickness and retention. Impact on IPC team resources.
Increasing stock of personal protective equipment (PPE).	+	Enhanced stock of PPE throughout the period of heightened infections will reduce the risk of cross infection and staff absence.
	-	Increased cost. Staff not adhering to PPE policy.
Consider IPC specialist's hours/overtime.	+	Increased clinical support during enhanced service activity and weekends/evenings

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	-	Reduced capacity in IPC team affecting their BAU
Consider increased partnership working	+	Increased working with ICBs, acutes to ensure that all system partners are pulling in the same direction to deliver a resilient system throughout the winter period. Influence patient flow and pathways.
	-	Increase in incident management meetings. Demand on IPC team resources Pressures on hospital capacity and beds can lead to critical point, delaying service delivery hand over, and response times.
Consider promoting national key messages around staying well in winter and vaccination	+	Increase vaccine awareness and education. Increased demand on resources.
	-	Low uptake on vaccination Time allocation for staff vaccination Staff vaccination awareness and negativity.
Consider increase in infectious contact and distribution of alerts via MDT alerts, flags and notifications alerts to	+	Staff awareness can reduce risk to staff.
	-	Compliance with Infection control measures.

Proposed Tactical Plan: Infection Prevention control
Owners: John Thompson/Lisa Donovan

Tactical Option	Which risk does this relate to	Who will implement this
Carry out systematic review of the IPC absence tracker.	Staff absence due to sickness. 627, 603	Call centres , operational Management teams, IPC team
Risk Assessment ,RAG and action plan of call centres and stations.	Staff who may become ill due to cross contamination of infection. Staff sickness may place a demand on the service.	Call centres , operational Management teams , IPC team
Promote national key messages around staying well in winter and vaccination	Supporting demand management and national messaging. 627, 603	IPC team and communications in conjunction with health and wellbeing and vaccination teams.

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Reinforcing any specific national messages IPC	Linked to AACE IPC Leads Supporting national Information	Communications in conjunction with AACE, NHSE and HSE and Public Health directives.
Distribute Infectious contact and alerts via MDT alerts, flags and notifications alerts to management teams .	Working with EOC, ROC, Public Health and Comms 627, 603	IPC Team. Communications in conjunction with the Regional Operations Centre (ROC). EOC management YAS Medical Flags
Summary of key issues for the service line during this period		
• Increase in respiratory infection rates in the community and our staff • Increase in norovirus rates impacting on demands to the service • Risk of staff noncompliance to advice re PPE		

4.6 Service Line: Communications

Tactical Plan Owner: Elaine Gibson / Helen Edwards

Updated: 23.07.26

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 to reduce unnecessary contact with YAS 999 and NHS 111 services.
	-	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.

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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, not calling 999 repeatedly unless a patient's condition has worsened, and about accessing NHS 111 online.	+	Raise awareness about ambulance resources being under pressure, and the NHS 111 service being available online as well as by phone.
	-	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.

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).	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.	Linked to service/staff capacity . Supporting national messaging.	On-call communications in conjunction with NHSE directives.
Providing weather warnings and associated messaging around staying safe.	In relation to staff welfare, safety and reaching work in time for shifts . In response to severe weather warnings issued.	On-call communications in conjunction with the Regional Operations Centre (ROC).

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Endorsing and echoing local messaging, such as information issued by acute partners re: busy emergency departments. Also, Local Resilience Forum (LRF) messaging.	627, 603, 612, 433 and 663 In response to partner demand-management issues.	On-call communications in conjunction with operational command/Regional Operations Centre (ROC).
Providing staff and volunteers with regular information on flu vaccination, including facts and figures, benefits, clinic dates and locations.	Linked to service/staff capacity and colleague wellbeing .	Corporate Communications Team in conjunction with Health and Wellbeing Team.
Summary of key issues for the service line during this period		
• Possibility of increased adverse media/social media coverage regarding issues such as delayed ambulance responses over a prolonged period. • Managing emerging themes and adverse comments from members of the public and staff on social media platforms. • Repeated messaging may lose its intended impact over a prolonged period (internal and external). • Any staff absence in the team.		

4.7 Service Line: Corporate Teams

Tactical Plan Owner: Gavin Austin/Matt Turner/Alison Cockerill

Updated: 30.07.26

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
	+	Gives one central contact for ops colleagues reducing time spent following up actions

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Stand up corporate cell to coordinate actions required to mobilise corporate staff into frontline support	-	Very limited number of colleagues have undertaken the role resulting in limited options to run the cell
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
	-	Delays at hospital if staff are engaged with the welfare vehicles

Proposed Tactical Plan: Corporate Teams Owner: Gavin Austin

Tactical Option	Which risk does this relate to	Who will implement this
Stand up corporate cell in November 2026 to coordinate actions required to mobilise corporate staff into frontline	Increasing capacity	Corporate cell lead
Stand up requests for colleagues to support vehicle movement to increase availability	Increasing capacity	Corporate cell lead as advised by Jeff Gott
Stand up requests for colleagues to support crew clear at selected EDs	Supporting TL capacity Increasing capacity	Corporate cell
Support operations with investigations	Increasing Operational Manager capacity	HR lead on corporate lead on corporate cell.

Summary of key issues for the service line during this period

- 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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4.8 Service Line: Fleet

Tactical Plan Owner: Jeff Gott

Updated: 03.08.26

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.
Consider use of agency staff on a 4 x4 basis over winter to increase cover over weekends and bank holidays to bolster	+	More vehicles available for frontline operations. Support for low resourced weekend teams.
	-	Cost of agency staff
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.
	+	Offers transportation across inclement weather.

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Consider hire of 4x4 vehicles for 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.

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.	663, 648 plus new emerging risk Staffing Shortfalls	Jeff Gott – Head of Fleet Services
Consider use of agency staffing on a 4 on 4 off shift to bolster cover on these days that staffing resource is low (weekends and BHs)	663, 648 plus new emerging risk Staffing Shortfalls	Jeff Gott – Head of Fleet Services
Consider use of sub-contractors to bolster vehicle availability.	663, 648 plus new emerging risk Vehicle Availability	Jeff Gott – Head of Fleet Services
Vehicle Fuel availability, increase fuel monitoring to ensure constant fuel supply.	663, 648, 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

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- Staff shortages – Fleet currently has 10 technical vacancies. Recruitment is ongoing, but the national shortage of qualified mechanics continues to present challenges. Agency staff are providing short-term cover, while apprenticeships are being explored as a longer-term solution.
- Staff capacity – An eight-person team currently provides weekend and bank holiday cover. Recruitment and targeted workforce planning will strengthen capacity and reduce reliance on overtime, supporting a more resilient service.
- Unwarranted vehicle engine idling needs to be managed over the winter period, the number of engine replacements has dropped due to remedial actions but may rise if vehicles are left idling due to hospital delays and vehicles queuing outside Emergency Departments.

4.9 Service Line: Community First Response

Tactical Plan Owner: Kathryn Broadbent

Updated: 04.08.26

Options (to deliver the working strategy)	+ Positive / - Negative	
Do Nothing. Continue to provide volunteer hours at usual seasonal level	+	Known capability and capacity. Provides known support to patients. CFRs working within trained an agreed scope of practice
	-	Does not provide additional resilience and support for operational response
Maximise number of logged on CFR capacity at identified peak pressure times to support patient response within current scope of practice – pre alerts to CFR's as to when we anticipate being the busiest, response alerts to surges in demands	+	Increases available capacity to support patient care CFRs working within trained an agreed scope of practice
	-	Risk is that this is not fully utilised due to demands on EOC at peak times of surge
All Area Managers and Team Leaders to log on as available in working hours at times of surge of peak days	+	Increases available capacity to support patient care CFRs working within trained and agreed scope of practice

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	-	Reduced support for CFRs as team responding to patients
CFR's requested to pick up non CFR duties e.g. vehicle movement	+	Supports operational response CFRs feel utilised, supports morale
	-	Minimal number of CFRs may hold appropriate license and lack vehicle familiarisation so unable to support CFRs not available for CFR service delivery – for direct patient response

Proposed Tactical Plan: Community first Response

Owners: Kathryn Broadbent

Tactical Option	Which risk does this relate to	Who will implement this
Maximise number of logged on CFR capacity at identified peak pressure times to support patient response within current scope of practice – pre alerts to CFR's as to when we anticipate being busiest, response alerts to surges in demands	627, 603	Area Managers
All Area Managers and Team leaders to log on as available in working hours at times of surge of peak days	627, 603	Head of Service

4.10 Ensuring Delivery of the Tactical Plan

In order to ensure that the plans can be enacted as required in the response stage of winter the following key actions will be completed through the preparation stage:

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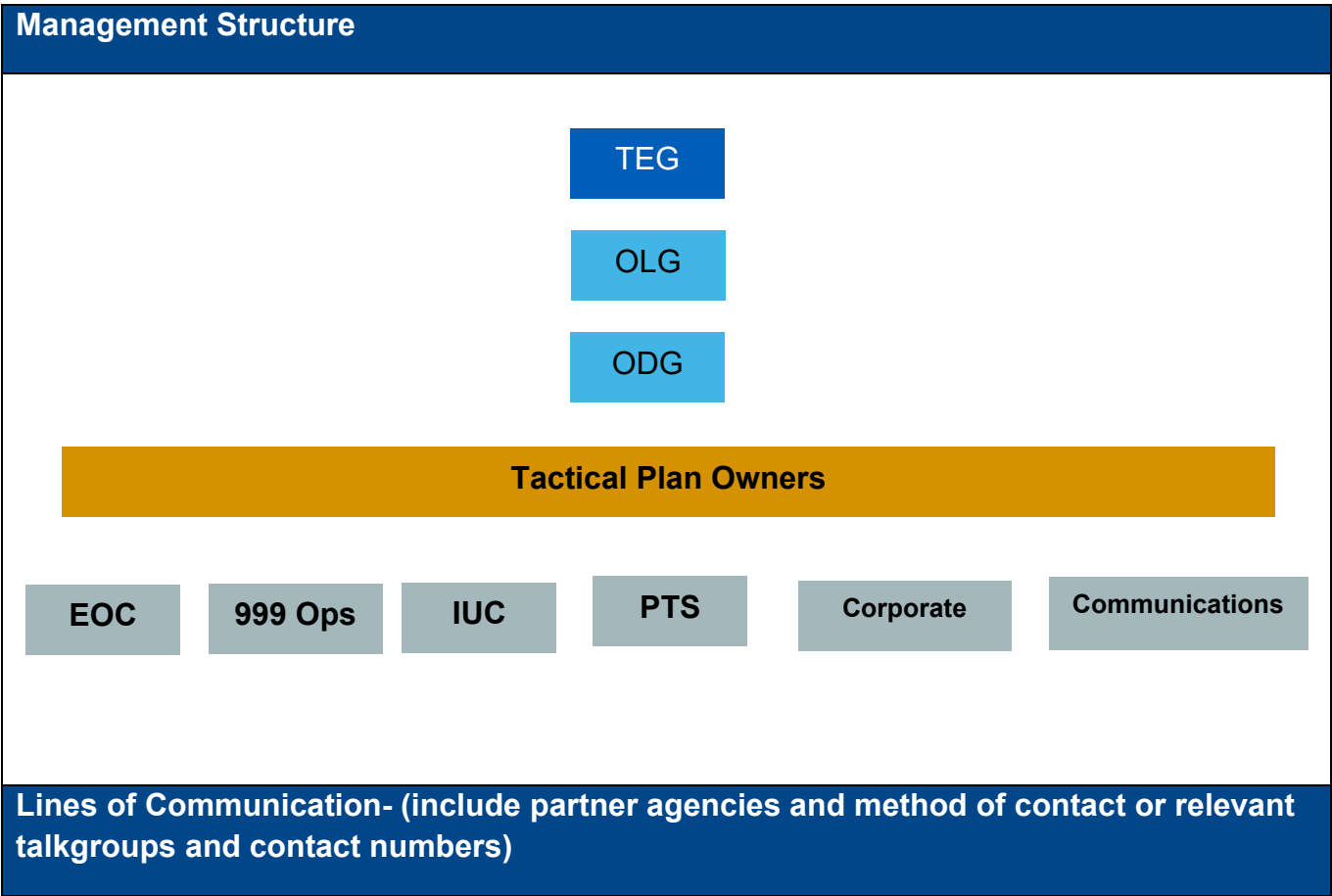
Check and Challenge of Tactical Plans – ODG will review each identified Tactical Option for readiness for implementation in September and by exception in lead up to winter to ensure plans can be fully enacted. ODG will use a RAG rating system for each tactical option.

Move to revised Call Structure – a revised oversight and accountability call for all service lines will be introduced in October in the preparation for winter.

Prepare Performance Cell – a draft strategy, rota’s for supporting infrastructure and test of the set-up of the cell will be completed in November 2026.

Review of Draft Communications for Extremis Actions – all drafted communications to support the enacting of any extremist actions will be completed prior to November to support commanders.

Briefing of All Commanders and Wider Support Services – commanders and support teams involved directly or supporting the response stage of the plan will be briefed on plans and support available.



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Operational Delivery Group – ODG – Monthly to October – shift to fortnightly November – February

Operational Leadership Group – Weekly review in response phase

Daily Service Update Calls – Additional to be arranged if necessary

System Calls – by Exception

Strategic Commanders Authority

The tactical plan and contingencies indicated above are authorised

Time **Date:** **Signed:**

Date / Time of next review

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 February 2027 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 2027/28 winter period and any changes to association Policies and Procedures. The learning from this and proposed actions required for Winter 2027/28 will be presented to TEG in March 2027.

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