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South East Coast Ambulance Service
NHS Foundation Trust

SECAmb Winter Plan 2021

Version 1.0 Final

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Version Control

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Version Number	Comments
0.1	Initial Draft – Dave Williams, HoEPRR
0.2	Minor additions by S.Fisher / K. Ramnauth
0.3	BI and scoping information added by E. Williams, Exec. DO
0.4	Added elements from J. Griffiths Fleet and Logistics
0.5	Added Ops elements
0.6	Added OU elements
0.7	Minor grammatical changes
1.0	Final With Sign off from Director Ops

SECAmb Winter Plan – Introduction

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- The impact of Covid – 19 and the associated impact on the health system has proved to be a significant challenge for SECAmb.
- There is a recognition that, whilst there is a general public view that the Pandemic is ending, the reality for the healthcare system is very different.
- Allied with the delayed health impact caused by Covid, the acuity of patients has been seen to increase during 2021 to date.
- SECAmb as a Trust covers 3 complete Integrated Care Systems (Kent, Surrey & Sussex), and covers the southern part of the Frimley ICS. This plan takes into consideration aspects of the winter plans relating to those systems.
- This is a living and evolving document, which will be developed further in line with lessons identified from exercises and events as outlined later in the plan, and in collaboration with internal and external stakeholders.

Context

- The impact of the changes to Government restrictions post July 19th 2021 have led to an increase in cases of Covid-19, resulting in challenges to the health system as a whole.
- This, associated with an increasing call rate to both the 111 and 999 services have resulted in extended periods at Surge Management Plan level 4 (SMP 4) – see Appendix A.
- The ongoing absence rate has also resulted in SECAmb being at an elevated level of REAP, with the longest period that the trust has ever been at REAP 4.
- The SECAmb workforce, as with every other element of the health service, is increasingly fragile. The availability of staff for overtime has decreased as the impact of the Pandemic continues, although now in a different guise.
- This lack of availability for overtime impacts on SECAmb's ability to cover core shift vacancies caused by short notice absence.
- The provision of Private Ambulance Provider cover for shifts has also been impacted by the same issues.
- This ongoing issue has been reflected nationally, with all 10 of the ambulance trusts moving to REAP 4, as well as Scotland and Wales.

What are we seeing locally

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- Increased call rate to both 999 and 111 services.
- Resultant extended periods of time at SMP 4.
- Impact on wider health resulting is long delays at ED, with an associated loss of hours available for service delivery.
- Increased time at BCI, due to staff absence and inability to reach patients in a timely fashion.
- Poor overall performance against ARP targets, reflecting the national picture.
- Staff continuing to utilise their annual leave (max annual leave) in an attempt to rest and recuperate.
- Despite incentivised overtime being offered, the overtime rate is consistently lower than that seen previously.
- Elevated levels of sickness absence.
- High levels of duplicate call rates.
- Increased requirement for system engagement.
- Impact on specialist resources (HART,SORT, CCP, PP). HART/ SORT information is now part of a national daily report, and the trust is required to take actions to mitigate any shortfalls.

System Surge and Winter Planning Factors

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The impact of seasonal variations each year (winter / summer) continues to be an overarching factor when the trust plans for its response. This year there are a number of key factors that will also influence the planning process:

- **Ongoing impact of the pandemic both directly and indirectly** - impact of system wide pressure, Impact of Covid virtual wards on 999/111 service, increasing demand, ongoing impact of IPC guidelines (staff fatigue and staff absence), outbreak management, further surge preparedness.
- **Conflicting and competing demands** - multiple demands on our people in terms of response, planning and delivery. Consideration of the context of the demands from multiple ICS's.
- **Organisational Recovery and Progress** - continued use of our system principles on recovery – bedding in long term transformational change, new ways of working and pathways underpinned by strong clinical leadership.
- **Covid Booster and Seasonal Flu Vaccination programme** – Covid booster programme now from the 11 October to 17 December
- **Learning and building on good practice** - using the learning from the last 18 months in developing our plans for the next period.

Surge and winter demand forecasting - assumptions

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- Assuming ongoing surges of Covid –September/October/November, plus another later in the winter.
- Increased flu and viral presentations in Children & Young People and amongst the wider population from late September.
- Negative impact on staff wellbeing with potential for continued high levels of sickness absence if demand levels are sustained into the Autumn / winter combined with circulating infections, and impact of staff fatigue.
- Ongoing impact of infection prevention control on staff productivity and capacity.
- Ongoing and increasing pressures across sectors of acute mental health presentations – adults and children.
- Unknown impact of long Covid in the community.
- Return of seasonal variations in demand such as the Post-Christmas spike in attendances and acuity (as usually seen pre-Covid) as a compounding factor.

Forecast most likely 111 scenario

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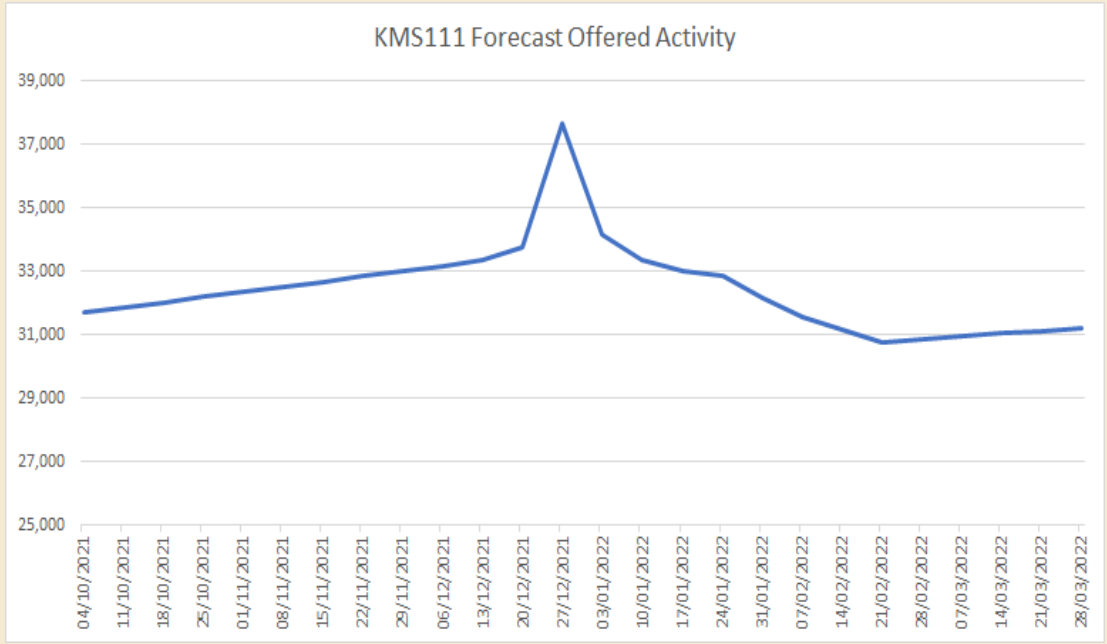
- Call activity is planned with increasing granularity as the service approaches the winter period.
- The forecasts and staffing requirements are calculated at fifteen-minute intervals and utilise a complex workforce planning tool.
- The forecasts consider key metrics such as Average Handling Time (AHT), call profiles, and staff shrinkage.
- Staff planning operates on a rolling 12-week window.
- The winter of 2020-21 was adversely impacted by COVID-19 with calls fluctuating dependent on lockdown status and other NHS E commissioned service capacity. COVID-19 activity into 111 replaced the normal winter illness surge attributed to flu, URTI, LRTI etc.



Forecast most likely 999 scenario

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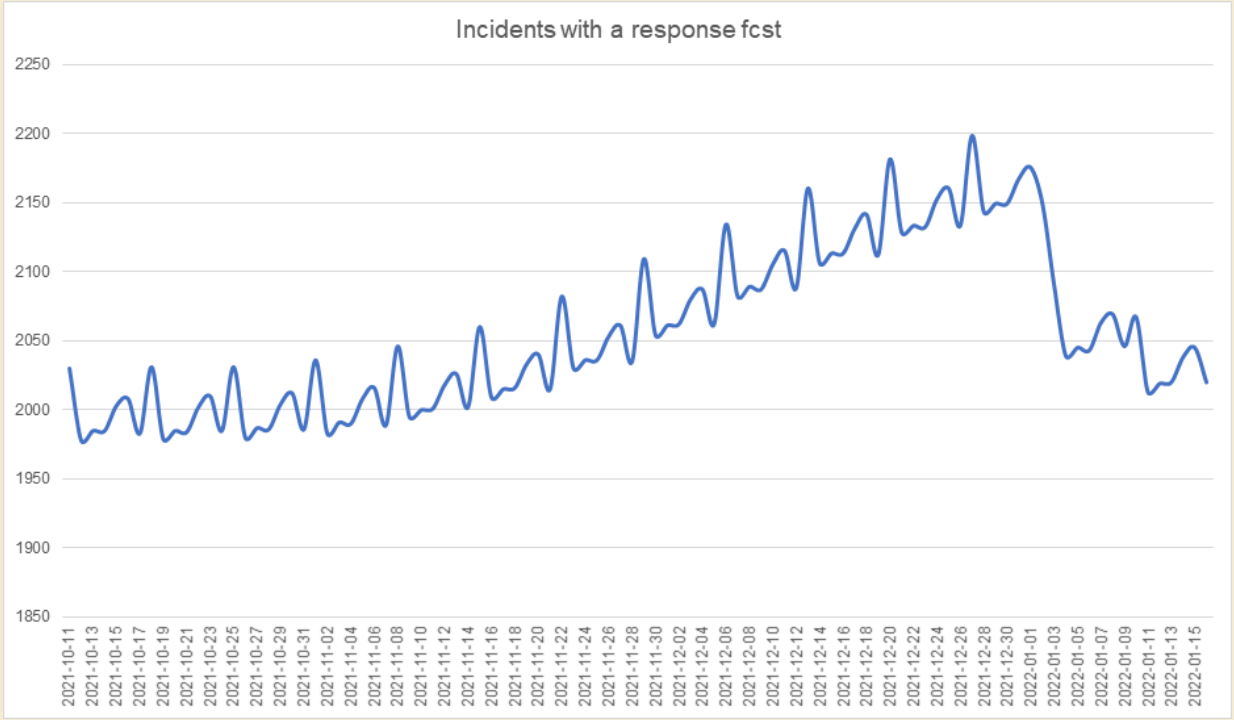
- This forecast has been developed based on historic data over the past 3 years, taking into consideration seasonality in demand, key dates (e.g. Christmas & New Year), and fluctuations/trends seen during previous reference periods during the Covid pandemic.
- A group of key assumptions have been included in the calculations such as job cycle time components including hospital handover and wrap-up times.



SECAmb ICS Escalation frameworks

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- SECAmb has always worked closely with system partners to ensure the smooth flow of information, in order to effectively ensure appropriate patient care.
- In order to enhance this collaboration, SECAmb has instituted a series of escalation measures to work alongside the Surge Management Plan (SMP). These include weekly meetings, weekend reports and enhanced reporting for pressure periods.
- The Surge Management Plan is currently in the process of being enhanced and rigorously tested to ensure that it meets the national requirements. This will include an effective methodology for alerting systems of the current Surge level and capacity.
- There is an intention to enhance the current ICC capacity, ensuring that effective measures are established to escalate issues as they arise.
- The SMP is utilised by Tactical and Strategic commanders to manage the overall clinical risk to patients across the SECAmb region.
- SECAmb is currently working with SHCCG on the cascade method for appropriate escalation to the wider health system.

REAP / Regional escalation

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- SECAmb will continue to assess the Resource Escalatory Action Plan (REAP) position on a weekly basis, and utilise the process effectively to manage escalation.
- REAP 4 actions will be reviewed for effectiveness in line with the established process.
- The daily National Ambulance Coordination Centre (NACC) report will continue, with an outline of all of the key factors impacting on service delivery.
- Any extraordinary actions (Critical Incident, Major Incident or BCI Declarations) will be escalated through the appropriate local channels as well as to the NACC.
- SECAmb will continue to work with surrounding Ambulance trusts on requirements for Mutual Aid, Border Working and the impact of health systems outside of the local area.(i.e. Hospitals in HIOW, London and BOB area).
- Regional ambulance meetings will continue, reviewing the current situation, and establishing the wider picture to allow for appropriate mutual aid requests and utilisation of resources.

Incident response levels and escalation triggers

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National NHS Incident Level 2

- Continue with Business as usual response
- Manage SMP through usual process
- Ensure that contractual requirements are established and reported on as required
- Likely that Covid infection rate growth and impact will be within manageable boundaries

National NHS Incident Level 3

- Escalation of reporting mechanisms in line with national requirements
- SMP and REAP will increase in line with impact on health sector
- ICC will move to an effective management process to ensure that reports are furnished in a timely fashion

National NHS Incident Level 4

- Local Resilience Forums will move to Major Incident status, and SECAmb will move to reflect that
- ICC will move to reflect the reporting requirements (i.e. 0800 – 2200)
- SMP and REAP will move to reflect growing impact on healthcare sector

SECAmb High level actions

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- **Command Structure**
  - Continue with 24/7 strategic command.
  - Enhance command resilience by training extra command members in Operations (Command Support).
  - Ensure robust command structures in place.
  - Tactical Operation Centre (TOC) established from November to oversee operational issues and escalate as required.
  - Exercise Metis – Strategic level exercise in October.
- **External Events**
  - Risk assessment carried out (RAG rating) for each day.
  - Mitigation plans in place for specialist resourcing and potential impact of high levels of absence.
  - SORT Uplift.
  - Operational plans in place with contingencies.
  - TOC to manage escalations.

SECAmb High level actions

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- **Resourcing**
  - Targeted Incentivised overtime.
  - Annual Leave management process from December – January.
  - Additional PAP.
  - Use of CFR's in innovative approaches.
  - Collaborative working with other Emergency Services.
  - Voluntary Services agreements.
  - Continued focus on job cycle time management.
  - Consideration of mutual aid as required.
  - Potential for MACA requests.
  - Fleet and logistics to maximise staffing during peak periods.
  - Servicing/MOTs of vehicles will be anticipated to avoid key times.

SECAmb High level actions

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- **Staff Welfare**
  - Continued trust welfare hub provision.
  - Additional staff welfare vehicles to be considered.
  - Optimising breaks on shift.
  - Continued recruitment against agreed trajectories for call handling and field operational staff.
- **Capacity Management**
  - Revalidation of Cat 3 and 4 calls received by 111/999.
  - Communications plan.
  - System support via adult and paediatric transfer services.

SECAmb High level actions

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- **System Management**
  - Enhanced system calls.
  - Cascade exercise as part of Exercise Metis.
  - Weekly reports on SECAmb status.
  - Continued concentration on hospital handovers.
- **Adverse Weather**
  - Worked with partners to ensure prioritised access to 4x4 vehicles.

Assurance and monitoring

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Tactical monitoring

- Weekly Reports to the system.
- Issues of escalation reviewed at weekly system calls.

Triggers for Escalation

- Critical risk escalation as required.
- Significant variation in demand profile or additional concurrent risks raised as required (System wide calls).
- In addition, any major patient safety incidents will be highlighted.

Sign off, Check and Challenge

- Individual department plans (Operations and support directorates) to be signed off by EMB.
- EPRR team to provide expert advice and support where needed and to ensure appropriate resilience and reporting mechanisms are robust.

Appendices

REAP Level Overview

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	999 DEMAND	OPERATIONAL RESOURCING	ABSTRACTIONS	EOC	PERFORMANCE	HOSPITAL HANDOVER	FLEET AVAILABILITY	EXTERNAL FACTORS
REAP 1 Steady State	Up to 10% above commissioned activity levels	Within 5% of commissioned resource levels to meet demand	Ops up to 5% above planned level EOC up to 5% above planned level	Call answering 90th centile within 10 seconds	Achieving all ARP commissioned targets in C1, C2, C3, with a variance of up to 5%*	Handover delays up to 20 minutes	Within 5% of required levels	Considerations: - Extremes of weather - Industrial action - Mass gathering events/concerts - Internal system failures - External infrastructure compromise - Health system pressures and impacts/ intelligence - Infection control concerns - Supply Chain - PPE requirements
REAP 2 Moderate Pressure	Between 10% and 15% above commissioned activity levels	Between 5% and 10% of commissioned resource levels	Ops up to 10% above planned level EOC up to 10% above planned level	Call answering 90th centile 10-20 seconds	Outside all ARP commissioned targets in C1, C2, C3 by between 5% and 10%*	Handover delays between 20 and 30 minutes OR 5% over 60 minutes	Loss of between 5% and 10% of required levels	
REAP 3 Major Pressure	Between 15% and 20% above commissioned activity levels	Between 10% and 15% of commissioned resource levels to meet demand	Ops up to 15% above planned level EOC up to 15% above planned level	Call answering 90th centile 20-30 seconds	Outside all ARP commissioned targets in C1, C2, C3 by between by between 10% and 25%*	Handover delays between 30 and 45 minutes OR 10% over 60 minutes	Loss of between 10% and 15% of required levels	
REAP 4 Extreme Pressure	>20% above commissioned levels	>15% of commissioned resource levels to meet demand	Ops over 15% above planned level EOC over 15% above planned level	Call answering 90th centile above 30 seconds	Outside all ARP commissioned targets in C1, C2, C3 by between on C1, C2, C3 by >25%*	Handover delays between 45 and 60 minutes OR 20% over 60 minutes	Loss in excess of 15% against required levels	

SMP (Surge Management Plan) Overview

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	Triggers	Period in trigger to escalate	Period below trigger to de-escalate	Minimum implementation authority
SMP1	Business as usual - Ability for the Trust to dispatch & respond to meet patient needs as identified within the Ambulance Response Programme (ARP)	n/a	n/a	n/a
SMP2	Any of the triggers below: 2 x Category 1 unassigned for >7 Minutes or 8 x Category 2 unassigned for >9 Minutes or 20 x Category 3 unassigned for >60 Minutes or 20 x Category 4 unassigned for >120 Minutes or 20 x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) or A combined total of 30 from any of the above triggers	30 min	60 min	EOC Operational Commander
SMP3	Any of the triggers below: 5 x Category 1 unassigned for >7 Minutes or 15 x Category 2 unassigned for >9 Minutes or 35 x Category 3 unassigned for >60 Minutes or 35 x Category 4 unassigned for >120 Minutes or 35 x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) or A combined total of 45 from any of the above triggers	60 min	90 min	EOC Tactical Commander
SMP4	Any of the triggers below: 10 x Category 1 unassigned for >7 Minutes or 30 x Category 2 unassigned for >9 Minutes or 60 x Category 3 unassigned for >60 Minutes or 60 x Category 4 unassigned for >120 Minutes or 60 x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) or A combined total of 80 from any of the above triggers	60 min	120 min	Strategic Commander

Appendix A – Historic Surge – 2021 vs 2019

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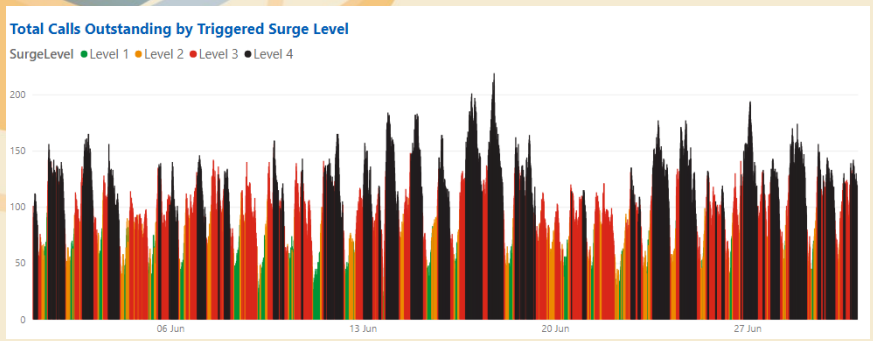
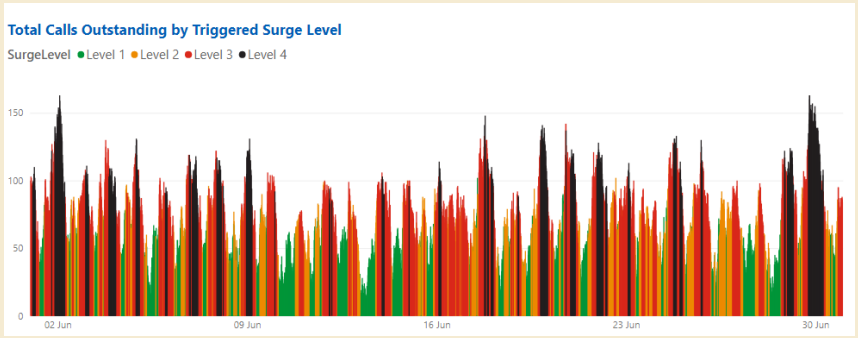
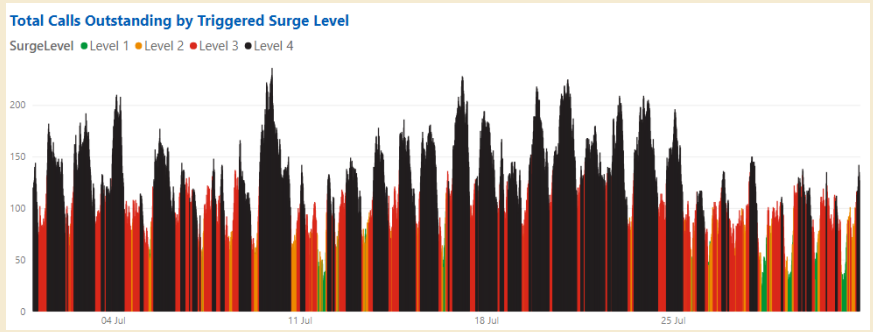
June 2021



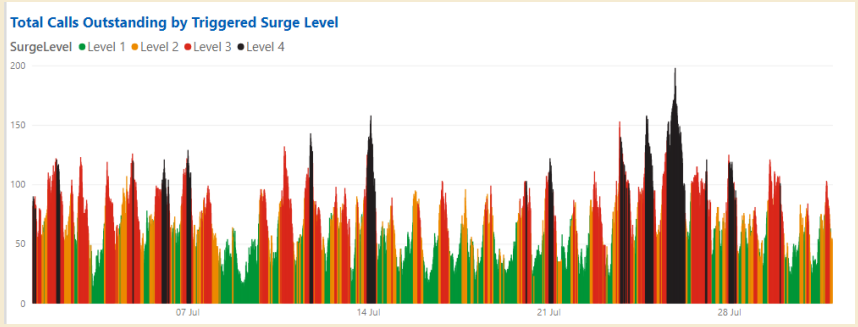
June 2019



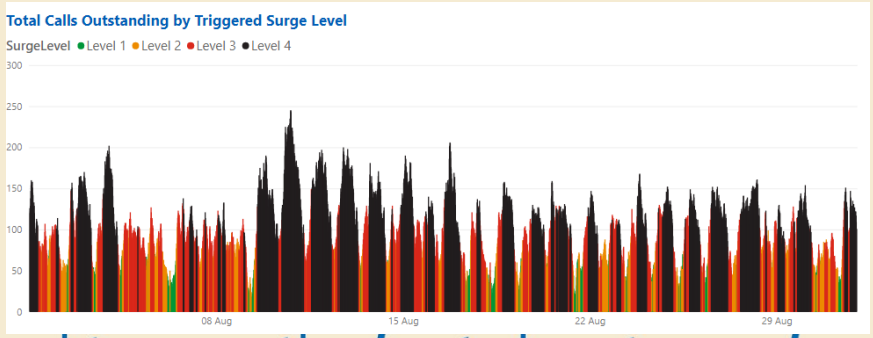
July 2021



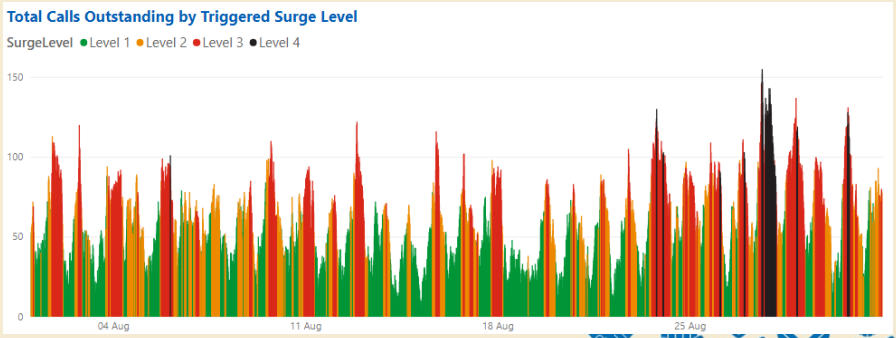
July 2019



August 2021



August 2019



Taking Pride · Continuous Improvement · Acting with Integrity · Demonstrating Compassion · Assuming Responsibility

12 month Activity Dashboard 2019

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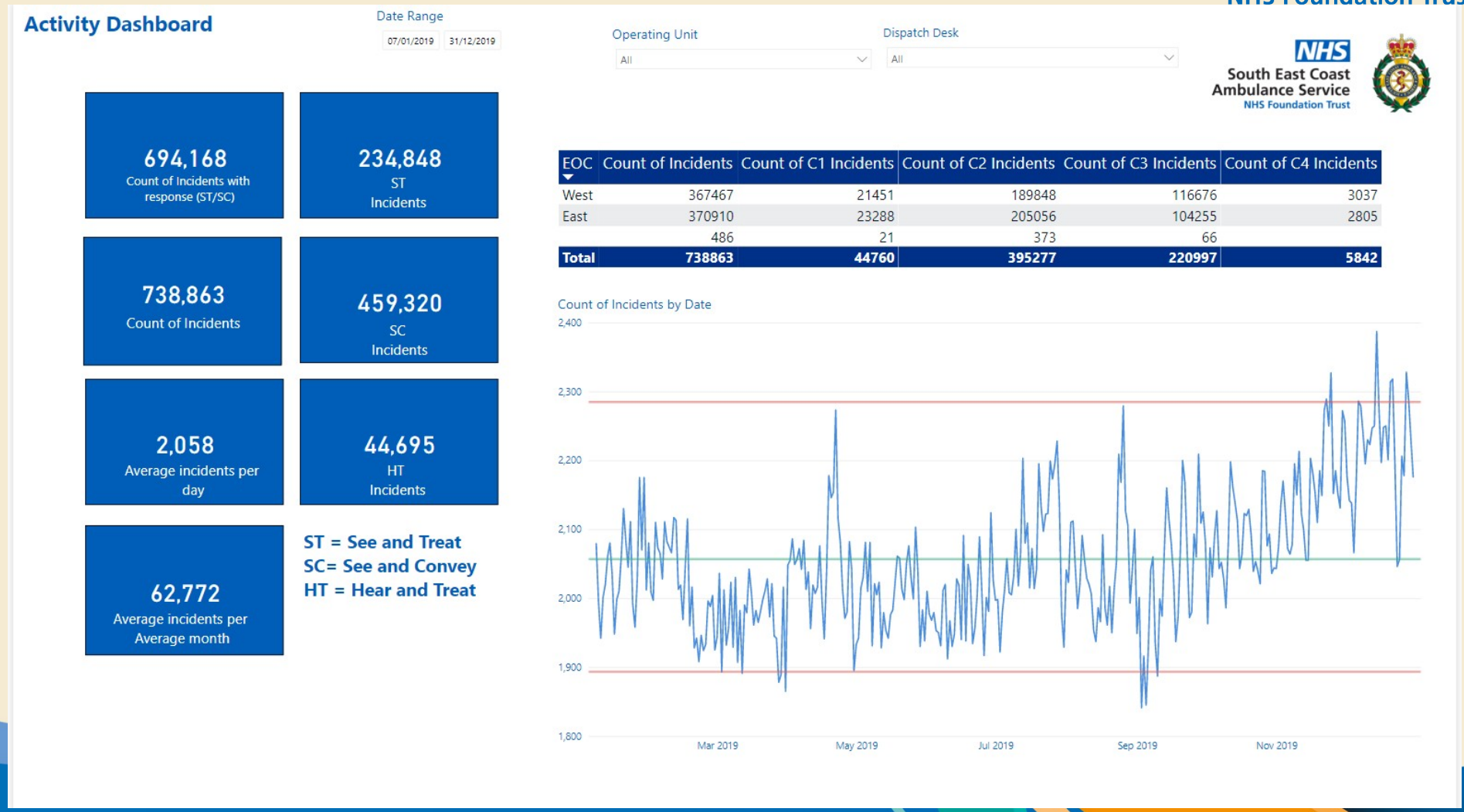

EOC	Count of Incidents	Count of C1 Incidents	Count of C2 Incidents	Count of C3 Incidents	Count of C4 Incidents
West	367467	21451	189848	116676	3037
East	370910	23288	205056	104255	2805
	486	21	373	66	
Total	**738863**	**44760**	**395277**	**220997**	**5842**

12 month Activity Dashboard 2020

South East Coast Ambulance Service
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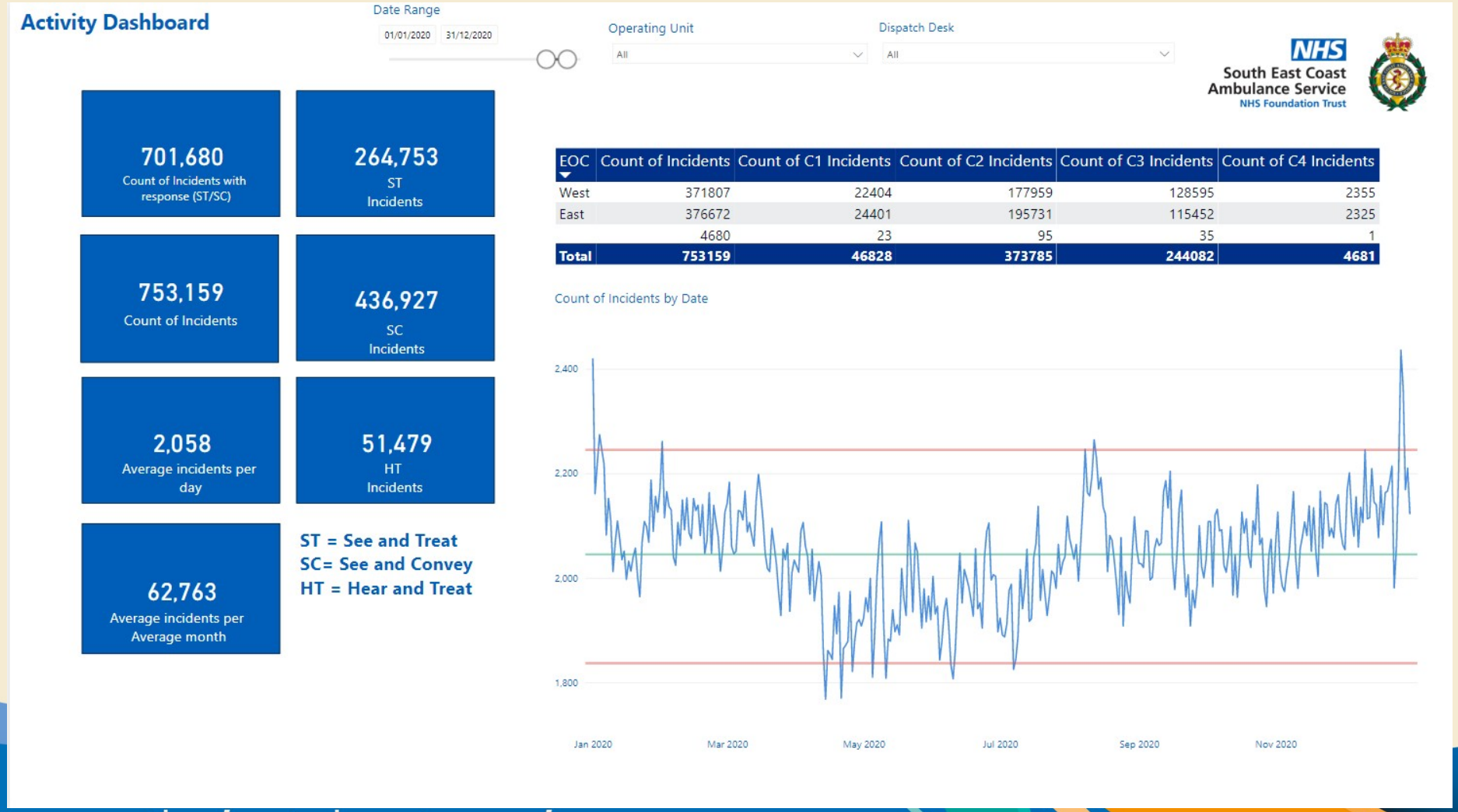

EOC	Count of Incidents	Count of C1 Incidents	Count of C2 Incidents	Count of C3 Incidents	Count of C4 Incidents
West	371807	22404	177959	128595	2355
East	376672	24401	195731	115452	2325
	4680	23	95	35	1
Total	**753159**	**46828**	**373785**	**244082**	**4681**

9 month Activity Dashboard 2021

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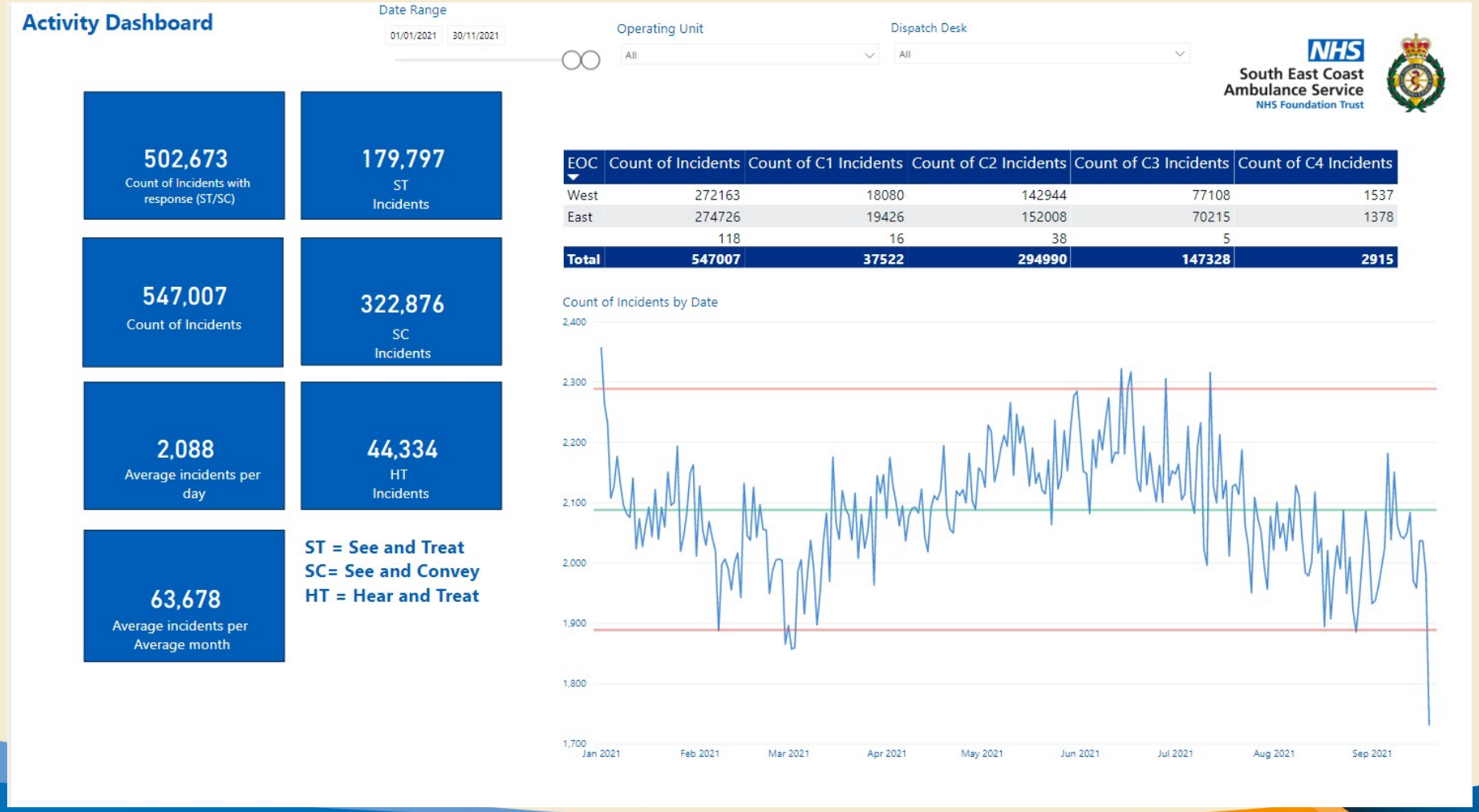

EOC	Count of Incidents	Count of C1 Incidents	Count of C2 Incidents	Count of C3 Incidents	Count of C4 Incidents
West	272163	18080	142944	77108	1537
East	274726	19426	152008	70215	1378
	118	16	38	5	
Total	**547007**	**37522**	**294990**	**147328**	**2915**

Directorate Plans

Microsoft Word Document

111 KMS Plan

Microsoft Word Document

999 EOC Plan

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Operating Units

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Chertsey OU

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Context – Each ICP

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- North West Surrey Integrated Care Partnership – 013272 232400.
- Population Covering : Weybridge, Chertsey, Woking, West Byfleet, Shepperton, Staines.
- A&Es : Ashford and St Peters NHS Trust.
- Minor Injury Unit : Woking MIU.
- Urgent Treatment Centre : Ashford & St Peters.

What are we seeing locally - OU

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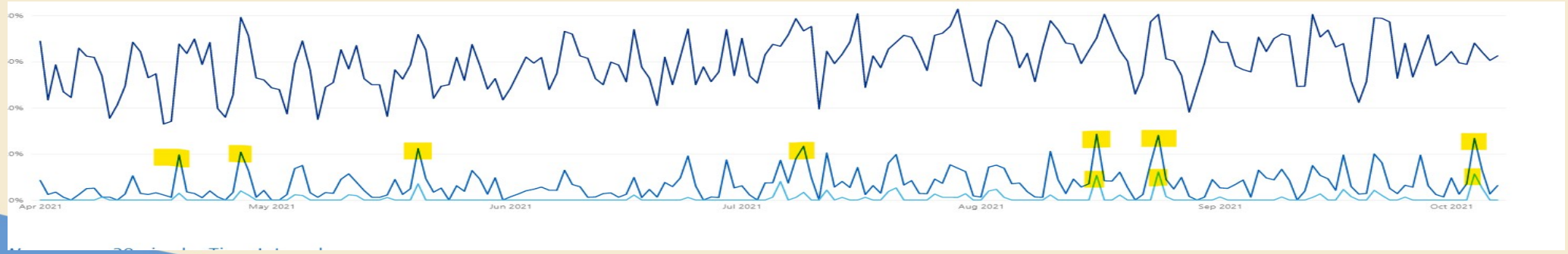
Isolated Hospital Handover delays

Past 6 months indicates ASPH has isolated periods of significant handover delays. Surrey Heartlands ICS is under persistent pressure, Which ASPH copes with very week. However will have on average a monthly or bi-weekly day of significant hours lost.

Hours Lost at ASPH Past 6 months.



Actions to mitigate

- Bi-Weekly Local Hospital Handover meetings. ASPH Matron & Service Delivery Managers meets with SECAmb OM & Nominated OTL.
- A&E delivery board for North West Surrey ICP Attended by SECAmb OUM and Senior managers of ASPH.
  Agreed escalation plans for on the day Handover delays by Duty OTL and Site Manager. Agreed way of working with Senior Site Manager and SECAmb Tactical.
- Local push for admission avoidance pathways within the OU. Service finder reports to support usage of pathways and frontline crews accessing them.

Lessons identified (Optional)

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- Maintain welfare and contact with colleagues with meaningful face to face meetings following concerns.
- Ensure sickness is managed consistently and fairly across the OU.
- Support welfare vehicles.
- Awareness of an increase of long on scene times and job cycle times due to new starters and inexperienced colleagues.

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Ashford OU

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Context – Each ICP

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- Continued pressure across the system.
- System partners working to capacity and concerns over system resilience in the event of increased patient numbers with seasonal respiratory conditions including RSV and Flu.
- The east Kent ICP has been undertaking demand modelling and workforce modelling to understand gaps and risks, as well as opportunities.
- Community and social care working to maintain discharge capability to support acute beds.
- Working with DoS leads to review endpoints/pathways for 111, 999, and primary care.
- Reviewing available pathways and access, including maximising utilisation of community based UTCs.
- Workforce being risk assessed as a constraint to managing increasing levels of activity and maintaining patient safety.
- System review on patient 'redirection' to appropriate endpoints when arriving at ED.
- 111 being viewed as a key component in system resilience through the managing of unheralded activity.

What are we seeing locally - OU

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- Continued system pressure with volume of patients accessing acute sites for ED or UTC.
- Hospital staffing levels at times contributing to the slowness in responding to patients at the acute sites and restricting flow through the hospital and discharge, compounded by community capacity to receive patients.
- Knock on effect on department capacity (ED) generating delays in patient handover and crew turnaround.
- Investment into the structure of EDs at both QEQM and WHH to improve access and capacity.
- Re-profiling of community UTCs on the DoS to redirect at point of call to community UTCs opposed to the co-located UTCs. Reducing pressure at acute sites.
- Collaborative working with community frailty teams to reduce 999 calls and conveyance, especially from nursing and care homes.
- Ongoing potential for disruption from Operations Fennel and Brock, dependent on EU freight movement, strike action and weather.
- Regular calls from police/coastguard due to volume of arrivals by boat along the South Kent coast – referred back to border force as specific private service commissioned for this activity.

Actions to mitigate

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- Demand – PP HUB running 24/7 to support clinical decision making and remote treatment – majority of Ashford PPs have received PAKs training.
- Workforce – ensure sickness management, abstractions, annual leave are carefully managed to ensure adequate resource cover.
- External Events – ensure adequate consumables available if disruption of road network – increase stock capacity at Ashford MRC.
- External Events - Standard Operating Procedure escalated to EMB to ensure clear operating procedures to limit impact of attendances to migrants on resourcing from Ashford OU.

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Guildford OU

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Context – Each ICP

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- Guildford Operating Unit serves two ICP's

  - Guildford & Waverley ICP – Incorporating Royal Surrey Hospital – A 520 bed facility with Trauma Unit Status.
    - Absorbs 38% of the OU's See and Convey patients.
    - Accountable for 326 Lost Hours fYTD.

  - North East Hampshire and Farnham ICP – Incorporating Frimley Park Hospital – A 938 bed facility with Trauma Unit status and the regional heart attack centre.
    - Absorbs 58% of the OU's See and Convey patients.
    - Accountable for 799 Lost Hours fYTD.

What are we seeing locally - OU

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- Guildford OU is successful in matching the pattern of demand to operational hours.
  - Still short against what would be needed to deliver ARP performance.
  - Scheduling team work well to provide DCA's in keeping with requirement and add shifts over rota to achieve.
- C1 performance is within Trust averages in urban areas. Poor in more rural areas.
- C2 performance is below Trust average.
- C3 performance is in keeping with Trust average.
- Staffing is currently at budgeted levels.
- Delays at Frimley park account for high use of OTL time and lost hours.

Actions to mitigate

- Demand & Capacity
  - We use innovative methods to meet demand. Schedulers regularly utilise social media, What's App, E-Mail and networks to provide operational hours.
  - PAP team have been engaged to increase supply for winter.
  - Sickness management policy has been revisited and is robustly complied with.
- Workforce & Welfare
  - Full audit of all estate has been undertaken to ensure it is fit for winter.
  - Sufficient provisions at all sites such as salt, shovels etc.
  - Building maintenance requested to ensure fit for purpose.
- External Events
  - Hallowe'en, Bonfire Night, Christmas & New Year all present unique challenges.
  - Reduction of available A/Leave for Christmas Week.
  - Specific scheduling profiles for key event days.

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Tangmere and Worthing OU

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Context – West Sussex ICP

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- The ICP has strong engagement across stakeholders, Primary care, Commissioning, community trusts, social care, Acute hospital and Ambulance providers.
- The majority of the ICP is rural/Semi rural, with Worthing and Chichester being the main centres of population/towns.
- Operational collaboration and joint grip with an opportunity for senior escalation is maintained via a daily system call where all stakeholders are present.
- The system has some more developed single point of access for admission avoidance and integration of care provision- via ‘One call’.
- Some aspects of the system are more embryonic, such as Frailty intervention and provision.

What are we seeing locally – Tangmere and Worthing

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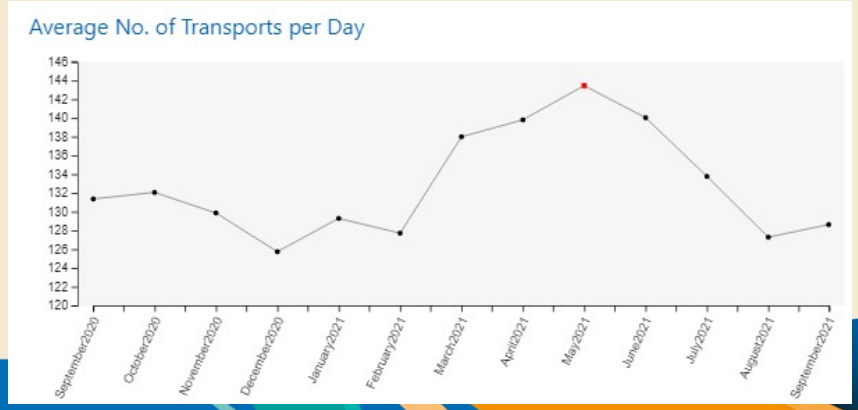
There are a number of challenges split broadly into 3 areas;

- Staffing provision: Recruitment challenges across ambulance, the acute and social care are a barrier in being able to meet demand in line with the constitutional standards.
- Demand: Current demand outstrips resource provision and capacity. The area has an older population, there is consequently a lot of issues surrounding more frail, complex and comorbid patients.
- Acute Hospital Flow: The local acutes, Worthing and St Richards hospital have experienced more challenges recently with flow, seeing an increase in the amount of ambulance hours lost awaiting handover. This in part is hospital capacity, ED capacity but a key contributor is a number of medically ready for discharge.
- Average transport (to both acute sites) and Average hours lost.



Actions to mitigate

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Mitigation Action	Benefits Realisation
• OTL attendance at ED safety Huddles • Senior OU representation at Daily System calls and Daily 'OPEX' calls	Ensures a common operating picture and shared situational awareness, allowing real time update and dynamic mitigations/escalations Allows oversight also of any extra-ordinary external events/impacts
• Refreshing the use of Alternative pathway utilisation via the 'one call' service and using 'service finder'. • PP and OU pathways leads working with newly in post community matrons	Supporting the use of the most appropriate resource and demand reduction at source
Increasing utilisation of virtual response/Hear and Treat via our paramedic practitioner hubs using the PACS software system	Reducing demand on DCA deployment by providing the most appropriate clinical response (which may be virtual response) Most appropriate use of limited staffing/resource availability allowing us to get patients more quickly
• Planned Non-Emergency Transport, 'NET' provision to allow a response to HCP booked journeys or those lower acuity emergency responses where a 'NET' response is suitable	Reducing demand on DCA deployment by providing the most appropriate clinical response (which may be virtual response) Most appropriate use of limited staffing/resource availability allowing us to get patients more quickly
• Local Workforce and Wellbeing actions including drop in sessions with Consultant MH Nurse to supplement the SECAmb wide Wellbeing hub	Supporting Workforce to stay healthy and promote wellbeing, as a secondary impact reducing absence

Lessons identified (Optional)

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- Regular and Open Discussions with System Stakeholders are vital in anticipating emerging challenges and allowing timely action to take place.

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Redhill OU

Context – Each ICP

South East Coast Ambulance Service NHS Foundation Trust

- Local Leadership Team having regular engagement with Hospital Leadership teams – East Surrey and Epsom.
- Collaborative working in trying to reduce A&E conveyances.
- Participating in workshops to look at Urgent Treatment Centre's in the local area.
- AEDB attendance when meetings planned.

What are we seeing locally - OU

South East Coast Ambulance Service NHS Foundation Trust

- Challenged hours due to high abstractions (Sickness / Secondments / Alternative duties).
- Lack of suitable facilitated ACRP's putting pressure on Gatwick and Redhill stations at peak times for meal breaks.
- Crews travelling long distances to support adjoining OU's.
- Good engagement between operational staff and local leadership team regarding Banstead MRC project.
- Development OTLs supporting team across OU.
- Changes in Churchill contract are causing issues with lack of MRO / VPP staff and KPI compliance.

Actions to mitigate

- Overtime being targeted to key times.
- NET vehicles being covered 7 days per week when possible.
- Planning shifts earlier in day to try to meet new demand profiles.
- Daily system calls being joined by leadership team.
- OTL's attending A&E regularly and attending bed meetings when hospital system pressured.
- Leadership team focussing on staff welfare issues and supporting when absent from work.
- Ensuring use of service finder and IBIS is optimised to ensure patients receive the right care in the right place.

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Polegate and Hastings OU

Best placed to *care*, the *best* place to *work*

Context

This plan refers to the geographical area served by the East Sussex Operating Unit. This includes the towns of Eastbourne, Hastings, Uckfield, Hailsham, Heathfield, Bexhill, Rye and Seaford. Along with a number of villages and hamlets within the East Sussex County footprint. There are a number of key stakeholders within the OU which include East Sussex Healthcare NHS Trust, Sussex Partnership NHS Trust, Sussex Community NHS Trust, local CCG's, Social Care Providers, East Sussex Fire and Rescue, Sussex Police and HM Coastguard.

Acute Hospitals & Healthcare System

The two acute Hospitals in East Sussex are operated by one NHS Trust. East Sussex Health Care NHS Trust (ESHT). We have a positive working relationship with the Trust at both an operational level, between OTLs and senior nursing staff, and also at a Tactical level. We liaise with the Trust daily at 10 AM during an East Sussex System call. This allows for us to acknowledge the challenges each organisation faces day to day and react accordingly.

We have worked together throughout the pandemic to optimise performance and keep ambulance handovers within the national standard parameters.

Community Healthcare

Some GP practices within East Sussex have bypass numbers which are available on NHS Service Finder. This allows quicker access to a duty doctor for ambulance crews over the phone. This practice is not consistent and access to a patients GP can be challenging. This accessibility is an issues experienced across the trust and is often worse out of hours.

We have access to community nursing teams via social care connect and direct access to crisis beds in Eastbourne and Hastings for mental health patients experiencing acute episodes. Overall access to community pathways is reasonable however due to no national standards existing it is challenging to hold them to account.

SECAmb
&
ICP in East Sussex

Covid – 19 Pandemic

Staff shortages due to illness and isolation felt across the partnership.

High infection rates led to significant system pressure at various points during the last 12 months.

Workforce tiredness and exhaustion following pandemic response status for 18 months.

Other Agencies

We work closely with our local authority partners in a number of different forums. From suicide prevention at Beachy Head to highways teams when planning roadworks access.

We have a positive working relationship with ESFRS who now support us on a number of different incidents. They regularly provide support with complex extrications and provided staff when we required additional drivers.

We work with HM Coastguard on a regular basis due to our coastal border. We have a good working relationships with the volunteer coastal teams however our recent experience of joint working with the HM SAR Helicopter has been very poor.

What are we seeing locally in East Sussex?

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Hospital Handover delays

We have been working closely with ESHT (East Sussex Healthcare Trust) to develop a new handover process which has now been active for about 8 months. The process is the same at both of the acute sites operated by ESHT. This has seen a general improvement in handover performance and a better patient experience. Recent system pressure has led to an increase in delay frequency and with hospitals operating at 98% capacity due to discharge difficulties we have seen increased queuing at emergency departments.

Hospital Wrap Up Delays

Earlier this year we recognised that our post handover wrap up performance was well above the national target. We then developed an action plan to address the poor performance. This has led to some improvement in this area however we still continue to be a trust outlier in this area. We have since set up prescribed times for the OTL to visit the Hospital and these timings are based on when wrap up performance is at its worst.

High HCP / IFT numbers

Due to the variance in services available at each acute site in East Sussex we on occasion see a high number of inter facility transfers.

Response Times

Populated but remote villages and towns in East Sussex mean that response times can be extended especially at times of high demand. ARP targets are challenging to meet when the incidence of calls is higher in remote areas of East Sussex.

What are we seeing locally? 2 (Identified Risks)

South East Coast Ambulance Service NHS Foundation Trust

This period presents a much higher than normal risk profile due to normal winter pressures coupled with potential additional pressures of COVID-19, Seasonal and holiday activities, adverse weather, spontaneous serious incidents, and other disruptions. Staff availability and sickness absence will be a specific risk during this period.

Risk 1: Staff Welfare and Absence
A reduction in available staff due to sickness, isolation and leave presents a risk during their period.

Staff are likely to receive meal and rest breaks outside of agreed windows during periods of high demand. This has an impact on staff wellbeing and workforce morale. Staff across the Operating Unit have been working under significant pressure for over 12 months and this is likely to have an impact on health and wellbeing possibly leading to absences. Our Team Leaders and Operational Managers will work with staff to support them wherever possible by sign posting them to the various wellbeing provisions available. We will also utilise the OU Mental Health Practitioner to again support staff across the OU. We will utilise existing absence management mechanisms and policies to find collaborative ways to keep colleagues within the workplace.

Risk 2: Demand / Call Surge
Historically we have operated in high levels of SMP during the winter period and will frequently hold calls for long periods within our “stack”. Our EOC and Clinical colleagues will handle calls being held and where possible when demand and training allows our local PP team will also provide support. Certain calls that sit unassigned within the dispatch stack can worsen and the likelihood of conveyance to an acute hospital increase with every hour. We will be proactive and dynamic by using RCMs, CFRs and when safe ESFRS to support with response to mitigate the risk.

What are we seeing locally? 2 (risks continued)

South East Coast Ambulance Service NHS Foundation Trust

Risk 3: Operational Response

Due to the geography within East Sussex and the road network response delays can be worsened by inclement weather or traffic congestion. This often mixes with high numbers of outstanding calls leading to lengthy response delays. C1 performance can be poor if ACRPs within outlying or remote Towns are uncovered. We will work with our local CFR teams to increase cover during this period and consider the use of SRVs within a select zone.

Risk 4: Hospitals

East Sussex Healthcare NHS Trust operates two acute Hospital sites within the Operating Unit. With an expected increase in demand across the NHS we will likely see poor patient flow throughout the acute system. This will lead to ambulance handover delays which have a direct impact on total job cycle time, response times and have a negative clinical impact on patients waiting for ambulances in the community. Major Trauma patients and patients requiring specialist services at the weekend such as MRI will likely be conveyed to hospitals outside of the OU. This can lead to cross border working which can result in a reduced level of DCA cover for a period.

We will undertake a daily East Sussex Systems call weekdays at 10AM via Microsoft Teams. This will allow for information sharing and increased situational awareness regarding system pressures. These calls can be scheduled at the weekend at times of severe pressure along with standard Sussex wide system calls. Emergency handover procedures can be utilised in order to protect patients waiting in the community. We will continue with our zero-tolerance approach to patients being held outside hospitals in the back of ambulances. Our Duty Operational Commanders will visit the acute hospitals at prescribed periods during the day.

What are we seeing locally? 2 (risks continued)

South East Coast Ambulance Service
NHS Foundation Trust

Risk 5: Alternative Care Pathways
We will work with all system partners to make sure that alternative care pathways work effectively during the winter period. This will be done via our local PP team, OTLs and with some OM support when required. Issues will be escalated via system calls and updates will be disseminated via the NHS Service Finder.

Inability to access community services can lead to unnecessary conveyances to acute sites.

Risk 6: Events
Seasonal events during this festive period can have an impact on service delivery. New Year celebrations will be planned for, and risk assessed by Tactical managers and any planned events will be reviewed locally. Tactical and Operational managers will attend relevant SAG meetings and communicate event details amongst colleagues and operational staff when required.

Risk 7: Weather
Adverse weather or extreme temperatures may limit response capabilities within the OU. 4x4 provision will be reviewed and any required measures will be implemented. Our estates will be safety maintained supplied with grit to reduce slip, trip or fall risks.

Actions to mitigate

South East Coast Ambulance Service
NHS Foundation Trust

Demand

We are utilising resource planning tools within the Power BI app to plan operational duties to match expected spikes in demand. This activity planning based off reliable data and local knowledge should allow us to supplement existing core shifts accordingly. Our scheduling team regularly advertise overtime via a number of platforms in an attempt to cover required shifts. Our local operational commanders work in conjunction with the on duty tactical commander to react accordingly to demand. Our daily safety huddle allows us to identify shortfalls and then plan accordingly to address them.

Capacity

Working closely with system partners on a daily basis to flex resourcing accordingly. Our daily safety huddle held within the OU each day allows us to maximise our daily capacity and set action plans to maximise the following day if a shortfall is identified. We will continue to meet with our system partners daily at 10:00 am via teams to maintain situational awareness and understand the challenges faced by stakeholders.

Workforce

We are using a scorecard system to track and manage staff performance. Within this approach we have imbedded a focus on welfare and wellbeing by ensuring that staff have regular 1-2-1 meetings will line managers and a meaningful appraisal. We already have a dedicated OU Mental Health Practitioner who works within the unit and is available for all operational staff. OTL teams are well practiced at appropriate sign posting to wellbeing services and share information effectively about critical incidents so that follow up conversations or welfare checks can be completed.

Actions to mitigate continued

South East Coast Ambulance Service
NHS Foundation Trust

Exit Flow

We already have an established ambulance handover process in place at both acute sites. This plan is the identical at each site in order to optimise effectiveness. We also have a wrap up improvement plan aimed at reducing ambulance turn around delays. We have a prescribed approach to OTL presence at acute sites and they will attend daily during these times. The PP Hub oversight on crews assessing patients on scene allows us to intervene early when it comes to transferring care to community providers to avoid ED attendances.

External Events

We anticipate that fluctuating staff absences for varying reasons will spike at unpredictable times. We have become well practiced at dealing with this when it occurs. The local team have a good grip on any known events and plan accordingly for them. We have robust plans in place for likely adverse events and expect to see weather challenges during the winter. The road network provides a significant challenge in East Sussex this

Lessons identified (Optional)

- Importance of 1-2-1 meaningful meetings with staff.
- Importance of operationalising strategies so that those at the front end can understand what it means for them.
- Engaging with staff regularly.
- Utilising the right resource for the right patient.

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Medway and Swale OU

Best placed to *care*, the *best* place to *work*

Context – Medway & Swale ICP

South East Coast Ambulance Service NHS Foundation Trust

- Continued pressure across the system.
- System partners working to capacity and concerns over system resilience in the event of increased patient numbers with seasonal respiratory conditions including RSV and Flu.
- Medway Council are experiencing signification concerns around amount of care packages available, with multiple care organisations 'handing back' packages.
- Community and social care working to maintain discharge capability to support acute beds.
- Working with DoS leads to review endpoints/pathways for 111, 999, and primary care.
- Reviewing available pathways and access, including maximising utilisation of community based UTCs.
- Workforce being risk assessed as a constraint to managing increasing levels of activity and maintaining patient safety.
- System review on patient 'redirection' to appropriate endpoints when arriving at ED.
- 111 being viewed as a key component in system resilience through the managing of unheralded activity.
- Swale UTC comes online 1st November 2021.
- Medway & Swale Falls Car is on the line and looking to increasing operating hours during winter.

What are we seeing locally - OU

South East Coast Ambulance Service NHS Foundation Trust

- Continued system pressure with volume of patients accessing acute sites for ED or UTC.
- Hospital staffing levels at times contributing to the slowness in responding to patients at the acute sites and restricting flow through the hospital and discharge, compounded by community capacity to receive patients.
- Knock on effect on department capacity (ED) generating delays in patient handover and crew turnaround.
- Investment into Frailty SDEC and Winter monies for staffing additional two wards at MFT.
- Re-profiling of community UTCs on the DoS to redirect at point of call to community UTCs opposed to the co-located UTCs. Reducing pressure at acute sites.
- Collaborative working with community frailty teams to reduce 999 calls and conveyance, especially from nursing and care homes including looking at a winter hub.
- Increased Road works for A2 Works.

Actions to mitigate

South East Coast Ambulance Service
NHS Foundation Trust

- Demand – PP HUB running 24/7 to support clinical decision making and remote treatment – majority of North Kent PPs have received PAKs training.
- Workforce – ensure sickness management, abstractions, annual leave are carefully managed to ensure adequate resource cover.
- Increase NET / VAS provision to support SRV working and transport.
- External Events – ensure adequate consumables available if disruption of road network – increase stock capacity at Ashford MRC.
- External Events - Standard Operating Procedure escalated to EMB to ensure clear operating procedures to limit impact of attendances to migrants on resourcing from Dartford & Medway OU.

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SECAmb Tactical Winter Plan 2021

Paddock Wood Operating Unit

Version 0.1

Best placed to *care*, the *best* place to *work*

Context – West Kent ICP

South East Coast Ambulance Service NHS Foundation Trust

- Continued pressure across the Kent system.
- System partners working to capacity.
- Concerns regarding system resilience in the event of increased patient numbers. Particular challenges expected if we see a peak in seasonal respiratory conditions including RSV and Flu.
- Continued system pressure causing capacity issues at acute sites – however this rarely causes notable ambulance handover delays. There is the potential for delays to become more frequent over winter months of we see a peak in ED attendances and hospital admissions. Crews and local managers are well-versed in delayed handover procedures should these be necessary and there is plenty of corridor space to offload onto hospital furniture.
- Reviewing available pathways and access, including maximising utilisation of community based UTCs.

What are we seeing locally - OU

South East Coast Ambulance Service
NHS Foundation Trust

- Daily under-supply in unit hours due to vacancies (189 WTE vs 229 target), compounded by high levels of sickness Trust wide.
- Relatively small proportion of ambulance handover delays in comparison to other parts of Kent.
- Continued high ambulance demand - high proportion of patients conveyed to hospital.
- Minimal conveyance to non-ED destinations (e.g. UTCs) – potential for wider use.
- Re-profiling of community UTCs on the DoS to redirect at point of call to community UTCs opposed to the co-located UTCs. Reducing pressure at acute sites.
- Collaborative working with community frailty teams to reduce 999 calls and conveyance, especially from nursing and care homes.
- What is the local story – bullet points – what have you seen locally, what have been the challenges, what have been the wins?

Actions to mitigate

South East Coast Ambulance Service NHS Foundation Trust

- **Demand**
  - All local Paramedic Practitioners being encouraged to compete PaCCS training to increase capability to support the clinical review of pending 999 incidents and encourage non ambulance dispositions (hear and treat).

- **Capacity**
  - Operational Team Leaders to provide DCA cover during self-roster weeks and C1 cover when undertaking administrative duties. Operational managers completing regular DCA shifts (minimum 2 shifts per month).
  - Continued promotion of overtime including financial enhancements within the financial envelope available.
  - Continued utilisation of Private Ambulance Providers.
  - Engagement with Fire and Rescue and Community First Responder teams to align resource availability to demand profile.

Actions to mitigate

South East Coast Ambulance Service NHS Foundation Trust

- **Workforce**
  - Continued focus on staff welfare (e.g. through drop in sessions with management, mental health practitioners, chaplaincy) to reduce workplace associated stress and sickness.
  - Consistent application of sickness management procedures to support the return of staff to the workplace.
  - Maintain high standards of IPC compliance to prevent avoidable transmission of infection.
  - Staff on alternative duties directed to activities that support staff welfare and patient care (e.g. HALO).
  - Proactive support to Band 5 NQPs to promote an on-time transition to Band 6 status.
  - Recruitment to vacancies (predominantly NQP) with OTLs and OMs assisting with preceptorship to alleviate pressure on Band 6 staff.
  - Work underway to reduce job-cycle-time (on scene and pin to clear) through one-to-one coaching with OTLs.

Lessons identified

South East Coast Ambulance Service
NHS Foundation Trust

Challenges last winter include:

- High levels of COVID sickness and isolation following a local outbreak.
- Exhaustion amongst the Band 6 paramedic workforce due to the need to provide support to a large number of preceptees who had received minimal induction or equipment familiarisation.
- Lack of resilience in operational command cover.
- Poor skill mix caused a high amount of downtime due to single-staffed vehicles.

Lessons learned include:

- Strong enforcement of PPE requirements (all managers are challenging staff on non-compliance).
- Maintaining social distancing in non-clinical areas and avoiding complacency during downtime (this is supported by limits on room capacity, spacing of furniture and enforcement by local managers).
- Introduction of local familiarisation programme for Newly Qualified Paramedics to include equipment familiarisation and contact shift with an OTL/OM.
- Work underway to develop a small pool of Band 6 staff to provide support to the operational command function.
- New skill mix introduced to provider greater flexibility with crewing.

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South East Coast Ambulance Service
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Brighton OU

Best placed to *care*, the *best* place to *work*

Context – ICP

- *Continued pressure across the system.*
- *System partners working to capacity and concerns over system resilience in the event of increased patient numbers with seasonal respiratory conditions including RSV and Flu.*
- *System review on patient 'redirection' to appropriate alternative to ED ie local UTC / alternative acute trust site.*
- *Community and social care working to maintain discharge capability to support acute beds.*
- *Increased local liaison between OU teams and systems representatives regarding ongoing issues (impact of site redevelopments, available pathway provision).*
- *Dedicated alternative pathway project to review patient experience to access appropriate / specialist care avoiding ED*
- *Handover delay project to identify flow issues and improve local relationships.*

What are we seeing locally - OU

South East Coast Ambulance Service
NHS Foundation Trust

- *Continued system pressure with volume of patients accessing acute sites for ED or UTC.*
- *Collaborative working with commissioners and non acutes to reduce 999 calls and conveyance.*
- *Reduction in community bed availability affecting discharge rates and outflow from acute sites.*
- *Hospital staffing levels at times contributing to the slowness in responding to patients at the acute sites and restricting flow through the hospital and discharge, compounded by community capacity to receive patients.*
- *Knock on effect on department capacity (ED) generating delays in patient handover and crew turnaround.*
- *Estates / building work at ED reducing vehicle flow and capacity.*
- *Improvement of local, UTC, provision to reduce ED attendance.*
- *Reduction in command resilience due to local management team attendance at ED as HALO / capacity team.*

Actions to mitigate

South East Coast Ambulance Service
NHS Foundation Trust

- *Daily attendance at local system calls (OTL / Duty Manager) to support early identification and resolution of developing issues.*
- *Maximising PP HUB staffing to support clinical decision making and remote treatment – uplift in PAKs training throughout October / November for PP's within OU.*
- *Alt duties staff (1) supporting welfare calls backs locally*
- *Increased scheduling capacity (alt duties) to support demand planning / frontline resourcing.*
- *Workforce – ensure sickness management, abstractions, annual leave are carefully managed to ensure adequate resource cover.*
- *Reduction in attendance / involvement in events planning within OU. Organisers encouraged to share plans via SPOC address.*
- *Dedicated HALO provision at RSCH (subject to funding and staffing plan) to support flow and ED pressures.*
- *Maximising management provision to support local demand pressures.*

Lessons identified (Optional)

South East Coast Ambulance Service
NHS Foundation Trust

- Inconsistent or changeable messaging across the organisation resulting in confusion and a lack in confidence of messaging and content.
- Lack of a ‘single voice’ for messaging resulting in miscommunication.
- Locally - information collated to create single standardised and simplified briefing document disseminated daily / weekly to address above.
- OTL availability maximised to ensure accessible at all times.

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CFR Provision

Context

- *Local Leadership Team engagement with CFRs*
- *Active communications WITH CFRs and monitoring of C1 Performance*
- *Active list of 4 x4 trained CFRs (with own vehicles) to support trust during inclement weather (List sits with Operational Support Desk)*

What are we seeing

South East Coast Ambulance Service
NHS Foundation Trust

- *Reduced number of CFRs post Covid-19*
- *However - those 287 responding are attending more incidents and making a clear and tangible impact on C1 performance*
- *Still underutilisation within EOC of CFRs booked on across the Trust (Could be tasked to more incidents)*
- *Effective engagement between Community Resilience Team and CFRs*
- *Good engagement between OU's and CFRs*

Actions to mitigate

South East Coast Ambulance Service
NHS Foundation Trust

- *Effective communications to CFRs through Everbridge to ensure maximum booking on*
- *CFRs booking on must book on for C1 and C2 calls (unless CFR is in their workplace then only C1s)*
- *Posters into EOC to remind dispatchers of "THINK CFR"*
- *SMP calls being joined by leadership team*
- *Leadership team focussing on CFR welfare issues*