SECAmb Winter Plan 2022-23

Document Control

Version:	1.0
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Directorate/team accountable:	Operations
Approved by	Emma Williams, Executive Director of Operations

Version control

Version No.	Comments
0.1	Initial draft by Dave Williams, Head of Resilience & Specialist Operations
0.2	Initial responses added
0.3	OU Responses added
0.4	Elements from Scheduling, performance cell and CFR
0.5	Objectives
0.6	General review and edits
0.7	Addition of EOC & 111 components
0.8	Final OU response added (Dartford & Paddock Wood)
0.9	IPC Element updated
0.10	Updates to Medical, addition of CCP & Finance and winter Objectives
1.0	Final Draft version - published

Introduction – Director of Operations

- The past two winters have been difficult across all parts of the health and care system, on a local, regional, national and international level.
- The Covid-19 pandemic has yet to reach an end point, and has had a significant impact on patients, staff and the population that SECAmb and the wider NHS serves.
- This plan summarises the approach to winter being taken by SECAmb as part of the annual planning cycle.
- We will continue to work with all partners to provide a coordinated, integrated emergency and urgent care service through aspects of delivery through the winter period.

SECAmb Winter Plan – Introduction

- The NHS continues to experience significant levels of demand. While the impact of Covid has currently decreased, there is uncertainty around the recovery element moving in to Winter 2022. The potential impact of Covid variants allied with winter diseases continues to provide obstacles to modelling the impact on call volume and staff absence.
- SECAmb has experienced a particularly challenging year, with operations being faced with a number of significant problems including heatwaves, drought, the ongoing impact of Covid and the operational requirements of the London Bridge response.
- This year's winter plan has been structured to include additional considerations such as:
    - Recognition that the UK is still at Covid Pandemic level 2 which means that COVID-19 is present in UK, but the number of cases and transmission is low,
    - Continuing significant patient flow issues across the south-east region that are directly contributing to handover challenges which in turn contributes to a reduction in availability of SECAmb resources to attend calls,
    - Workforce challenges due to much higher levels of abstraction continue to result in delayed responses to calls – both call answering and attendance to incidents requiring an on-scene assessment/conveyance.

Context - Preparation

- A review of last year's plans by all operational service lines and directorates, and lessons identified have been incorporated in the development of the year's plans. The plans also include Performance Cell predictions of demand and resourcing across the 111 and 999 services.
- The Trust Outbreak plan has been updated in line with national guidance
- The work to deliver improved rotas within Field Operations continues with the intention to ensure resource provision planning is more aligned to actual need, and therefore ensure a more sustained, better performing service resulting in optimal patient care.
- There is continuing recruitment at pace for Emergency Medical Advisors & Health Advisors across the 999 Emergency Operations Centres and the 111 Service Line – this is being done in line with plans & trajectories agreed with commissioners, and in-line with the national intentions linked to the Integrated Routing Platform in 999 and the 111 Single Virtual Contact Centre strategies.
- Further considerations needs to be given to the potential impact and response approach during periods of adverse weather planning.

What are we seeing locally

- 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.
- 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.
- 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

- Continued participation in Local Health Resilience Partnerships (LHRPs), working with health provider partners across all counties to develop shared plans for the continuation of care delivery in all circumstances.
- Continued participation in county-based Local Resilience Forums (LRFs) winter preparedness programmes – each forum holds an annual summit delivering integrated planning across health and non-health organisations
- Participation in local, regional, and national exercises:
- Local, e.g. contingencies associated with acute trust concerns above/beyond current delivery challenges
- Regional, e.g. contingency planning for utilities outages
- National, e.g. attendance at the Winter Preparation Event – Winter Preparedness: Reducing Risk and Sharing Good Practice (London, 28/09/22)
- Risks:
  - Potential industrial action across health and other agencies/services
  - Fragility of the provider networks, particularly in social care and the impact on patient flow in health
  - Potential worsening socio-economic pressures resulting in an increase in levels of vulnerability in the community
  - Increased scrutiny and reporting requirements at a regional level
  - Lack of consistent, sustainable system approaches through to resolution for individual provider issues

Specific Winter Objectives

Objective 1 – Demonstrate increased partnership working across Health and other Local Resilience Forum Partners

- Ensure engagement and sharing of information with Health and LRF Partners during the winter period.
- Weekly operational situation reports circulated to partners

Objective 2 – Improve SECAmb situational awareness of escalating issues both regional and system-wide

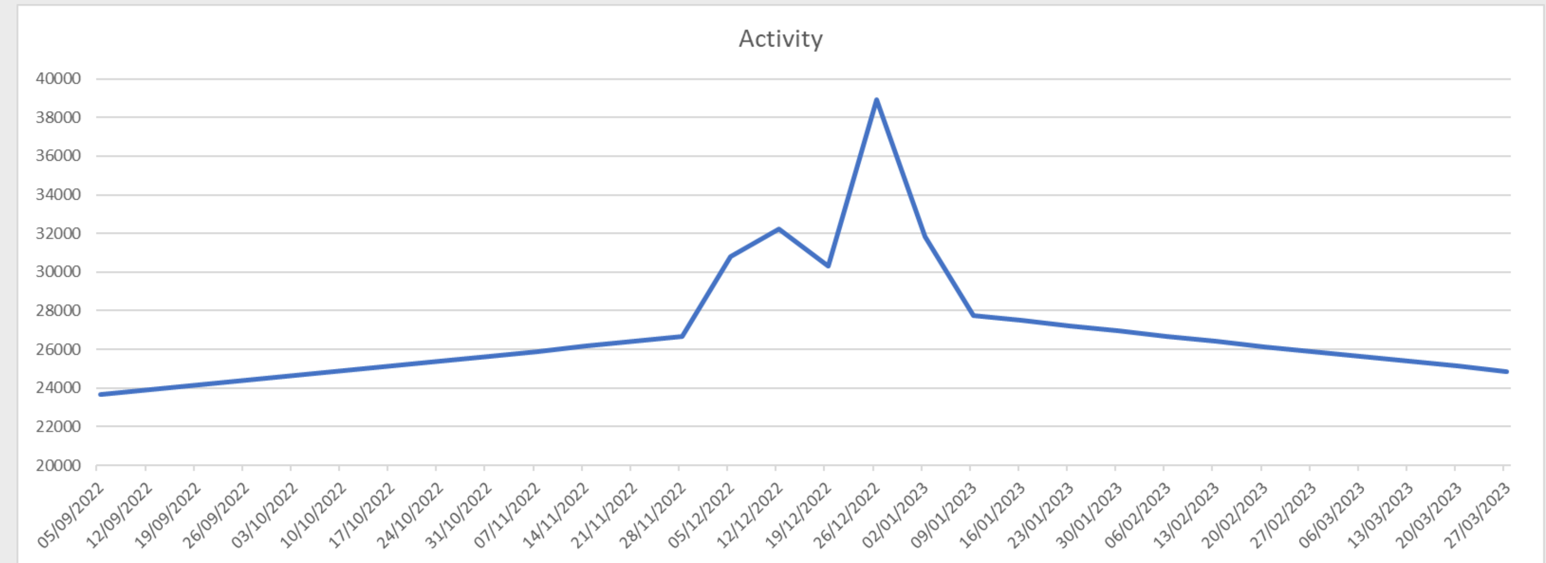
- Engagement with battle rhythms across all ICBs and regional groups, e.g. Winter Board, ROC etc

Objective 3 – To prepare for the impact of Covid variants, Influenza and other winter

- The seasonal influenza vaccination programme starts in autumn 2022, in house.
- Staff are being directed to services where they can receive their covid booster vaccine.

Forecast 111 scenario

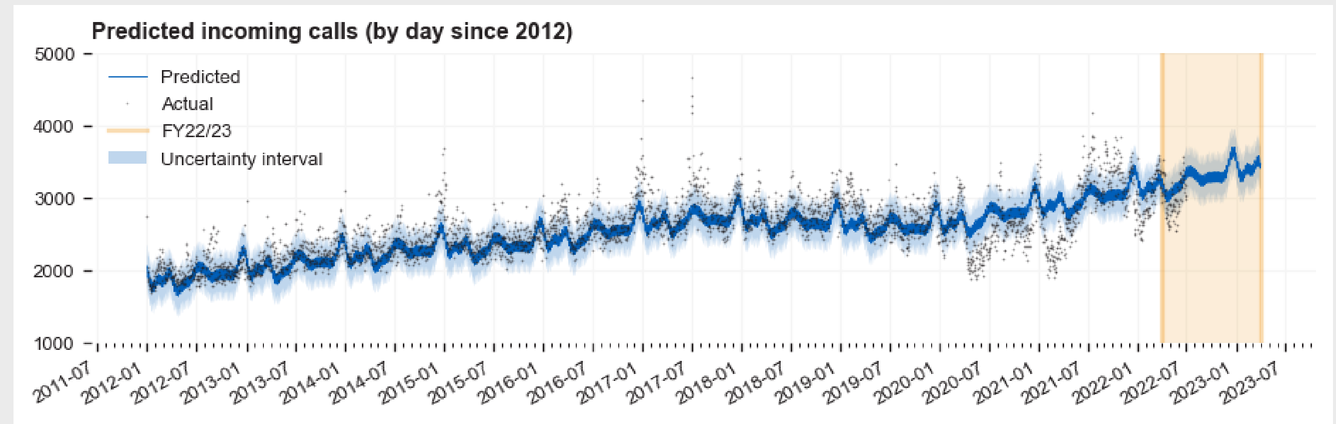
- Call activity is planned with increasing granularity as the service approaches the winter period.
- The forecasts and staffing requirements are calculated at fifteen-minute intervals and utilise a complex workforce planning tool.
- The forecasts consider key metrics such as Average Handling Time (AHT), call profiles, and staff shrinkage.
- Staff planning operates on a rolling 12-week window.

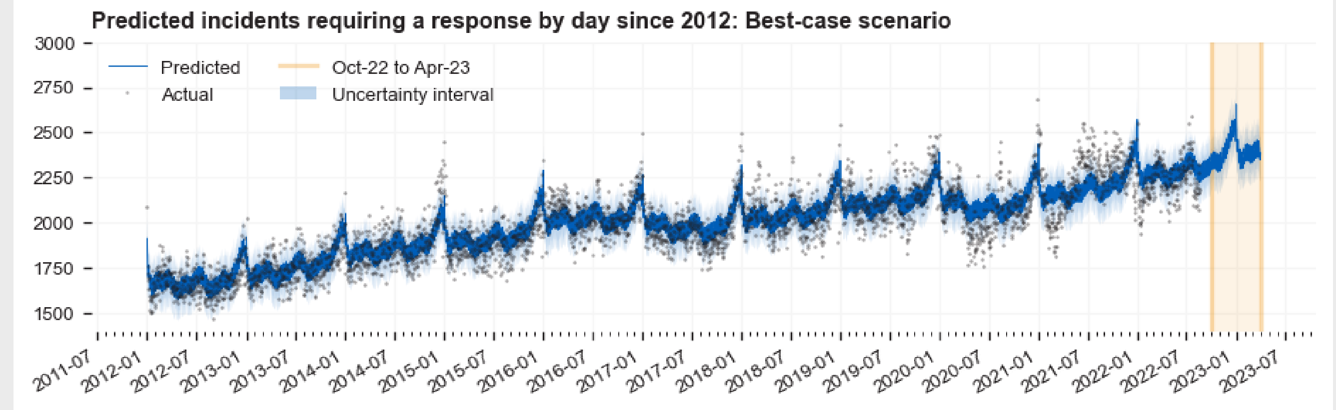


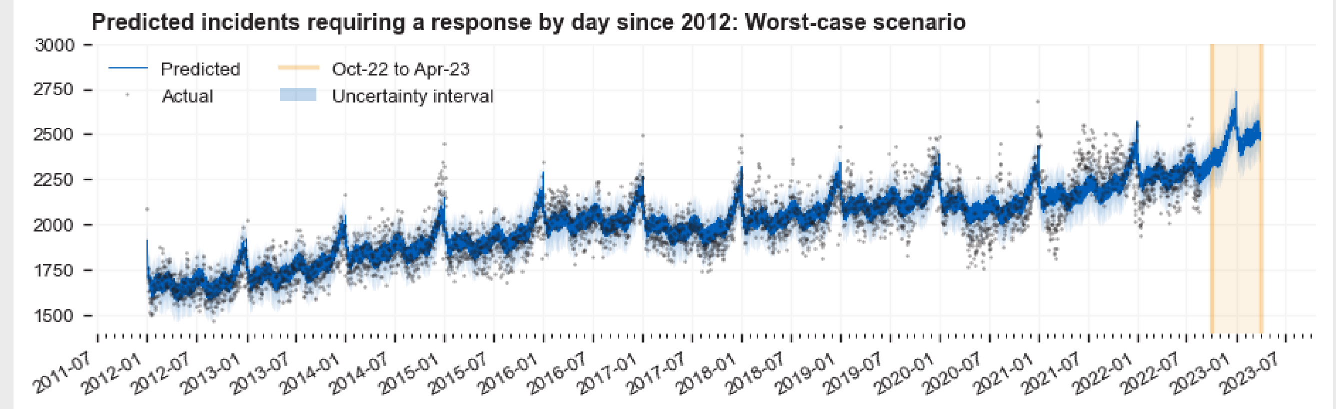
- The above weekly activity forecast is based on current revised forecasts of 1.46m and a cross between new and old (pre and during COVID) activity patterns

Forecast 999 scenarios

- Once COVID-19 lockdowns are accounted for, emergency call volume at our EOCs continues to increase each year. For FY 22/23 a 21-25% increase in emergency call volume from 2019 is anticipated.
- Since 2017, the introduction of ARP, and new ways of working in our EOCs have increased the hear & treat rate, slowing the rise in incidents requiring a response.
- However, increased incident cycle times, worsening hospital handover performance and recruitment challenges mean that the ability to meet demand still poses a significant operational challenge.





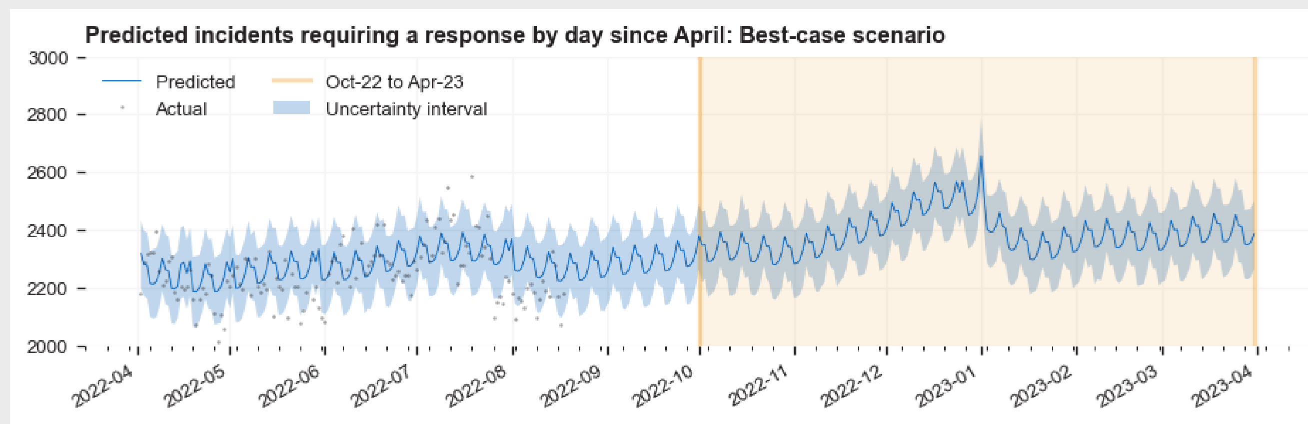


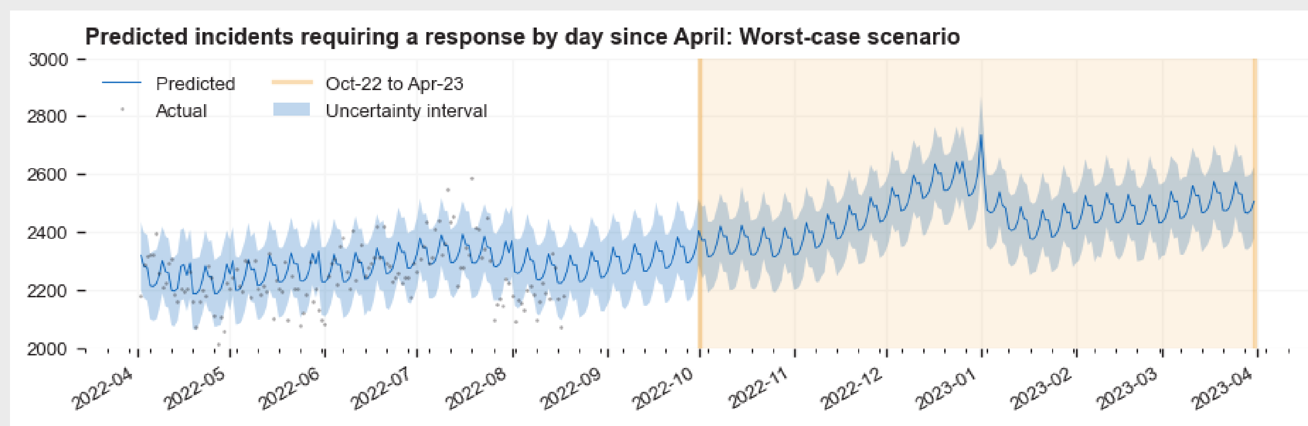
Forecast 999 scenarios

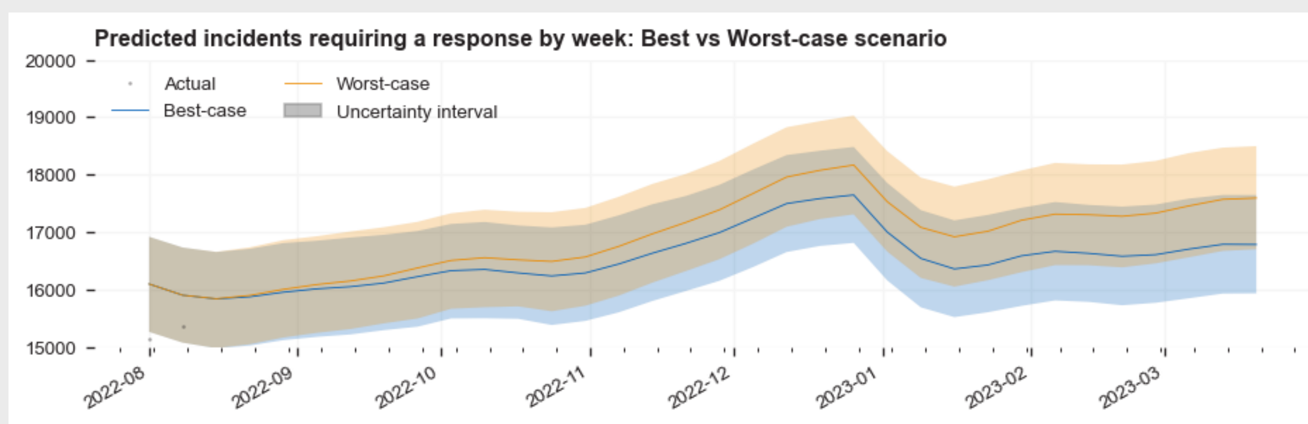
Two potential scenarios are provided for winter planning

- **Best-case** assumes that job cycle time components including hospital handover and wrap-up times remain relatively stable, and that this winter is mild
- **Worst-case** models a rising-tide of service demand as winter progresses, eventually leading to a 5% increase in demand over the best-case

	Best-case IRR	Best-case lower limit	Best-case upper limit	**Worst-case IRR**	Worst-case lower limit	Worst-case upper limit
Aug 2022	70,472	66,749	74,144	70,518	66,792	74,193
Sep 2022	68,848	65,254	72,440	69,284	65,667	72,899
Oct 2022	72,268	68,568	75,918	73,215	69,467	76,913
Nov 2022	71,021	67,443	74,623	72,436	68,786	76,109
Dec 2022	77,104	73,389	80,811	79,162	75,348	82,967
Jan 2023	73,685	69,958	77,460	76,156	72,303	80,057
Feb 2023	66,471	63,048	69,884	69,137	65,577	72,687
Mar 2023	74,014	70,247	77,844	77,468	73,525	81,477







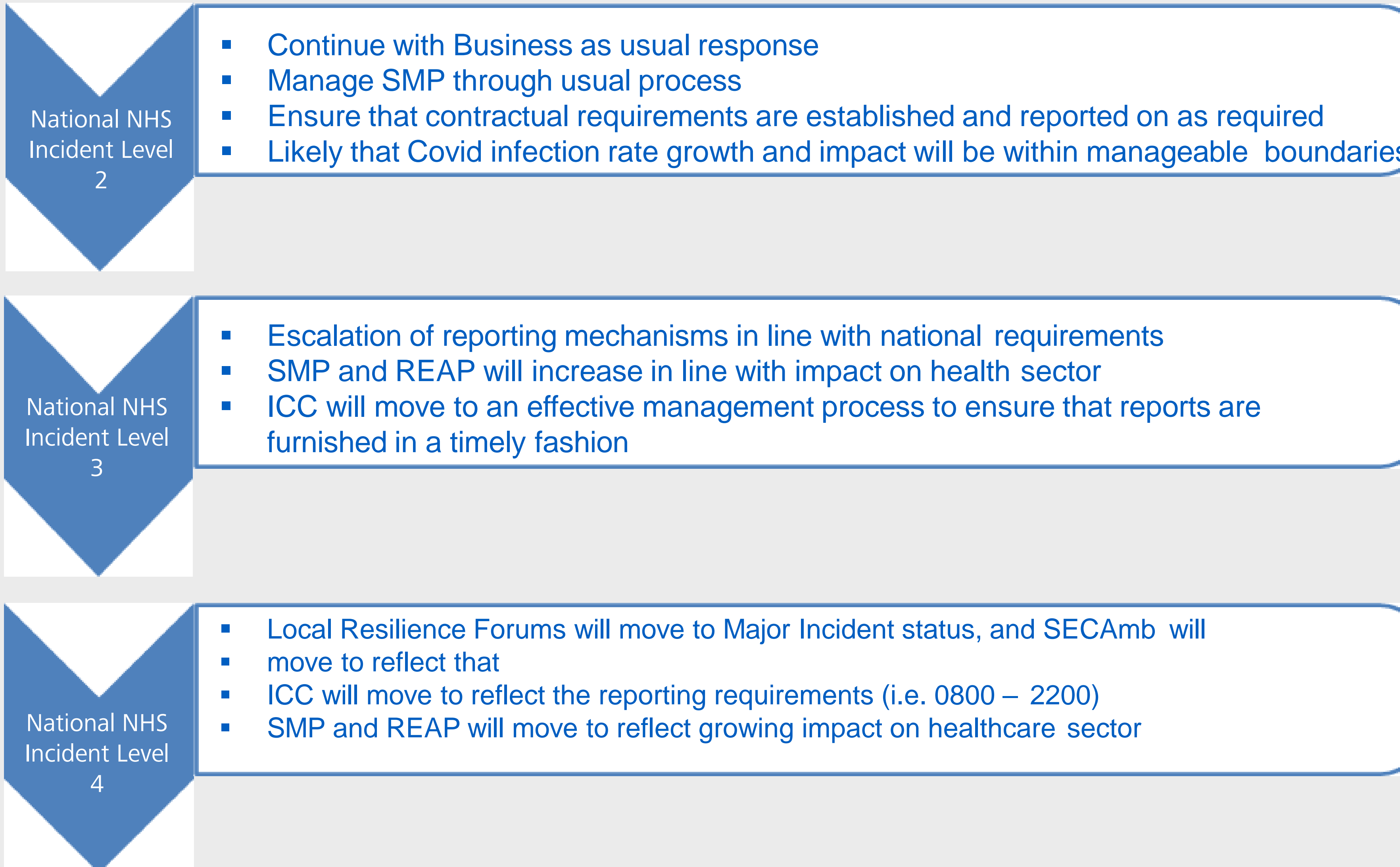
SECAmb ICS Escalation frameworks

- 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 Incident Command Centre (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 SH ICB on the cascade method for appropriate escalation to the wider health system.

REAP / Regional escalation

- 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 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 Hampshire & the IOW, London and the Berkshire, Oxfordshire & Buckinghamshire 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



SECAmb High level actions

Command Structure

- Continue with 24/7 strategic command.
- Ensure robust command structures in place.
- Exercise Metis 2 – Exercise to be run in November to tabletop the plan.
- Mitigation plans in place for specialist resourcing and potential impact of high levels of absence.
- Operational plans in place with contingencies.
- Tactical Hubs manage daily actions and partnership working with systems.

SECAmb High level actions (2)

Resourcing

- Targeted Incentivised overtime.
- Annual Leave management process from December – January.
- Additional PAP.
- Use of CFRs in innovative approaches.
- Collaborative working with other Emergency Services.
- Voluntary Services agreements.
- Fleet and logistics to maximise staffing during peak periods.
- Servicing/MOTs of vehicles will be anticipated to avoid key times

SECAmb High level actions – (3)

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.

SECAmb High level actions – (4)

System Management

- Enhanced system calls on a weekly basis.
- Cascade exercise as part of Exercise Metis 2.
- Weekly reports on SECAmb status.
- Continued concentration on hospital handovers.

Adverse Weather

- Work with LRF partners on combined response to adverse weather.
- Work with partners to ensure prioritised access to 4x4 vehicles

Assurance and monitoring

Strategic 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

	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

	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

Central Scheduling & Private Ambulance Providers (PAPs)

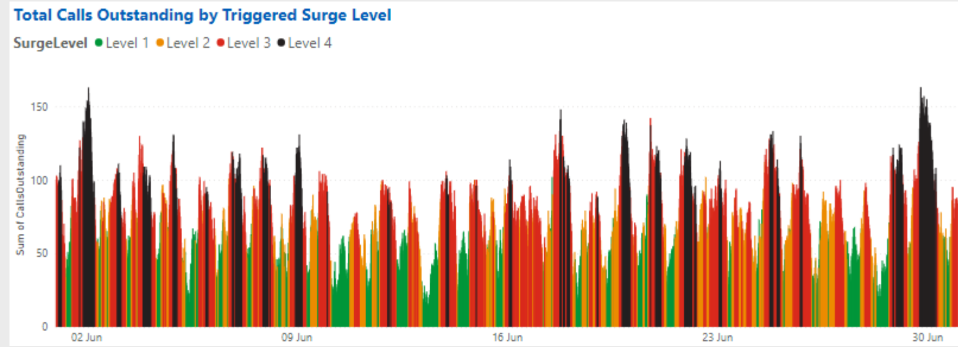
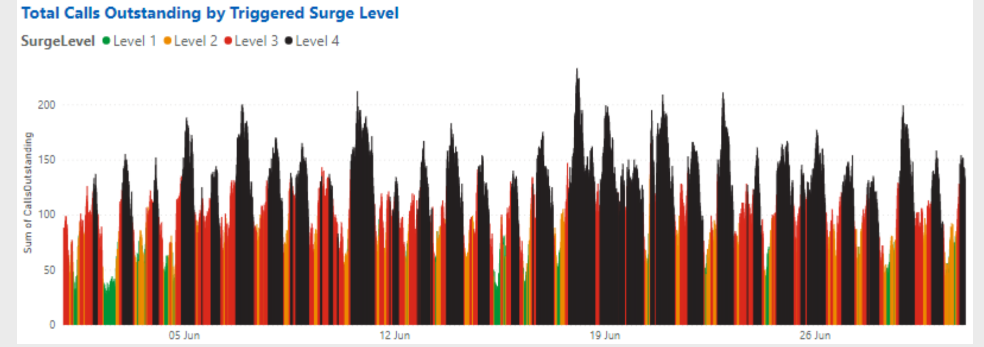
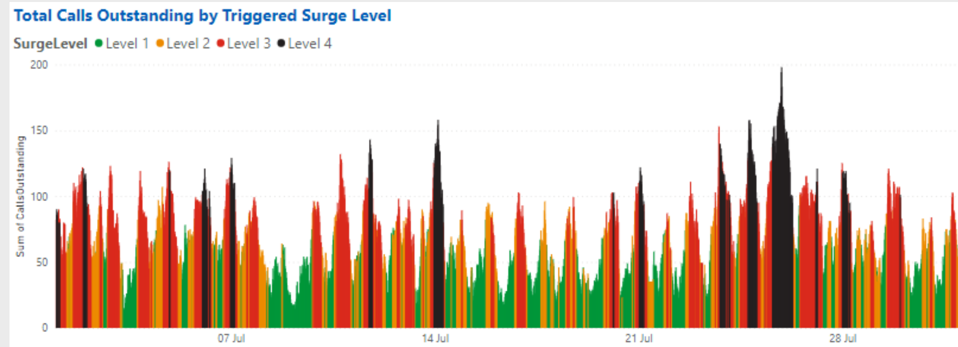
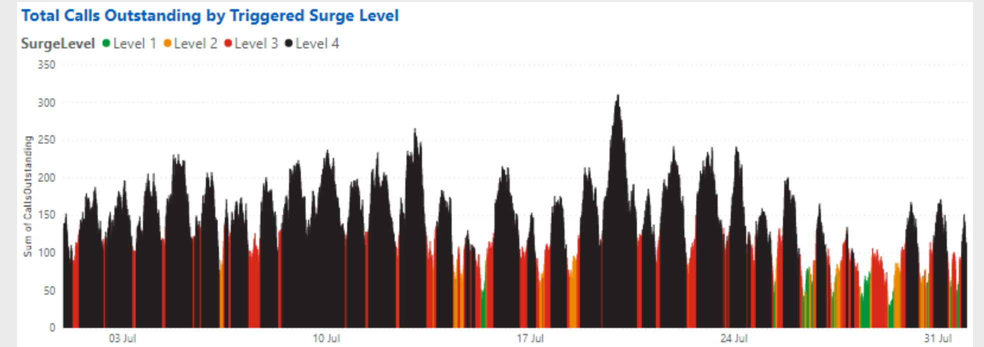
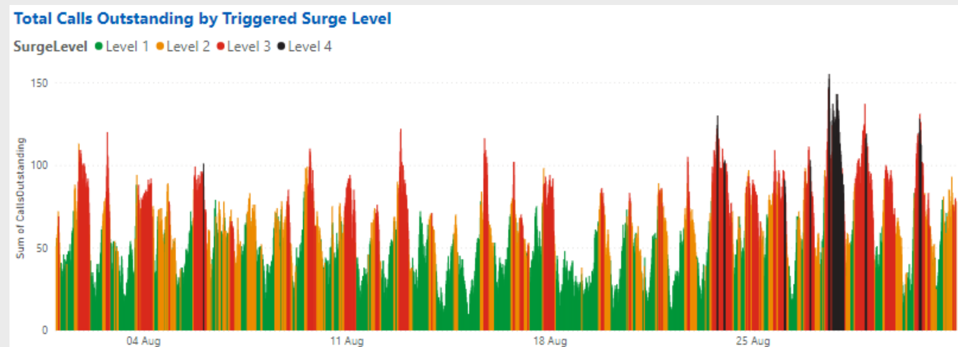
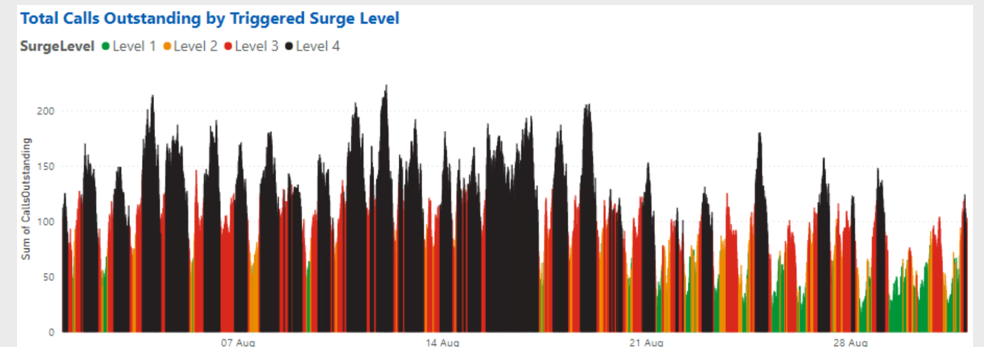
Central Scheduling

- Support OU scheduling teams enabling planning consistency and good abstraction management.
- Engagement with Senior Ops Team, utilise Tiresias/GRS to identify dates/times of highest risk, using rolling look forward, targeting overtime hours to best effect (weekly situational awareness meetings).
- Oversight of overtime incentive planning & implementation (if offered).

PAPs

- Contracted hrs uplift from Q4 2021/22 retained for 2022/23 (150 WTE).
- Contract secured with PAPs for the next 2yrs.
- Focus on providers compliance with contracted hours (monthly contract reviews).
- Obtain ad-hoc additional hours from providers as required.
- Roll-out of iPads to PAPs improve efficiency & safety (subject to business case approval).

Appendix X_1 – Historic Surge 2019 vs 2022

2019		2022
	**June**	
	**July**	
	**August**	

Appendix X_2 – 12-month Activity Dashboard 2019

706,502
Count of Incidents with response (ST/SC)

239,258
ST Incidents

751,915
Count of Incidents

467,244
SC Incidents

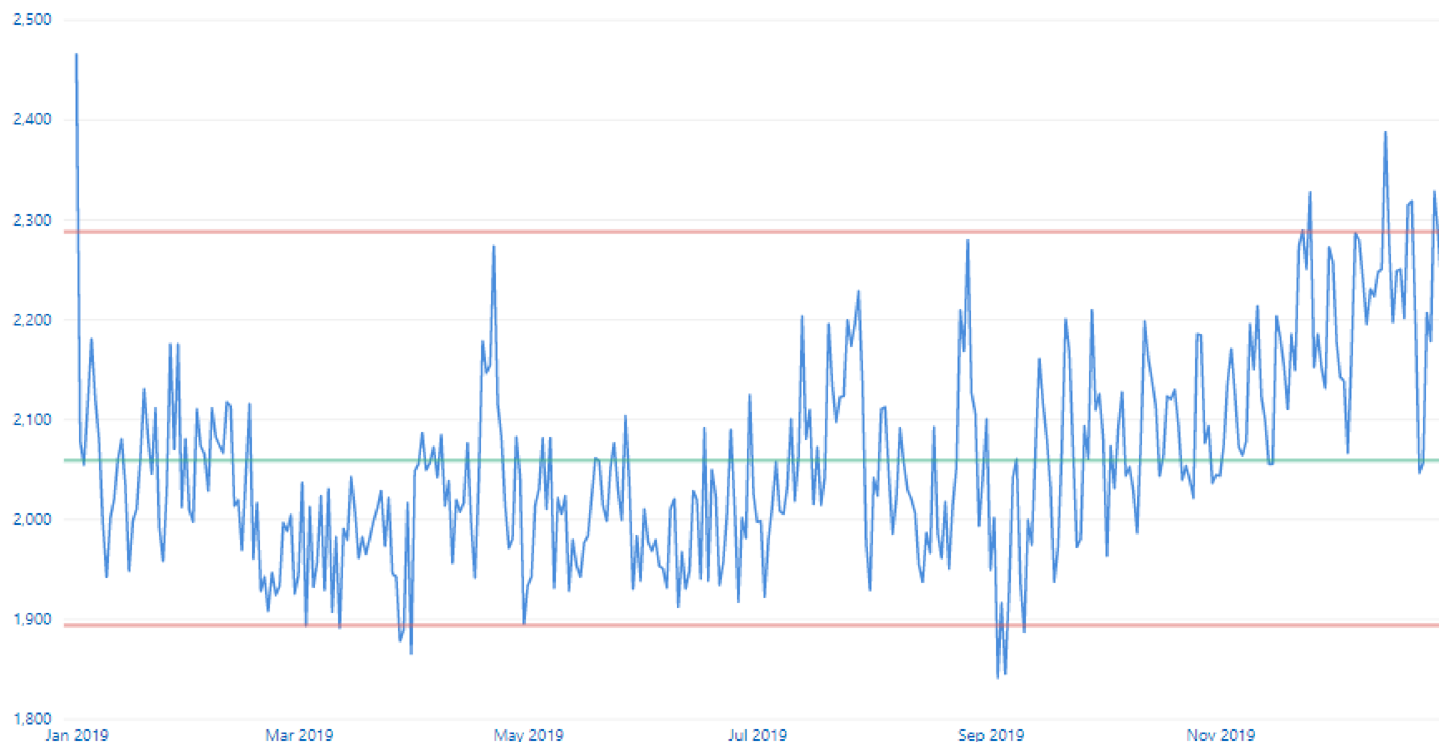
2,060
Average incidents per day

45,413
HT Incidents

62,831
Average incidents per Average month

ST = See and Treat
SC= See and Convey
HT = Hear and Treat

EOC	Count of Incidents	Count of C1 Incidents	Count of C2 Incidents	Count of C3 Incidents	Count of C4 Incidents
West	373955	21826	193118	118876	3122
East	377434	23669	208621	106210	2892
	526	21	407	72	
Total	**751915**	**45516**	**402146**	**225158**	**6014**



Appendix X_3 – 12-month Activity Dashboard 2020

701,681
Count of Incidents with response (ST/SC)

264,747
ST Incidents

753,160
Count of Incidents

436,934
SC Incidents

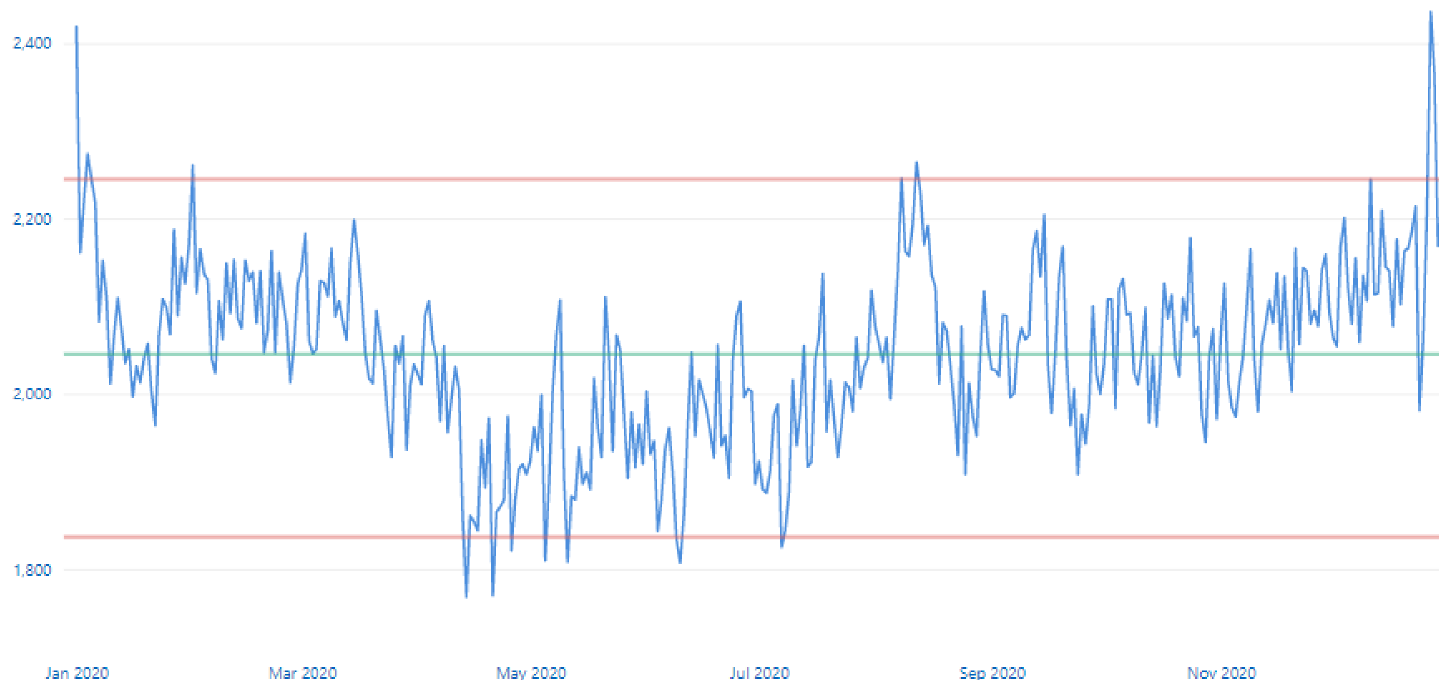
2,058
Average incidents per day

51,479
HT Incidents

62,763
Average incidents per Average month

ST = See and Treat
SC= See and Convey
HT = Hear and Treat

EOC	Count of Incidents	Count of C1 Incidents	Count of C2 Incidents	Count of C3 Incidents	Count of C4 Incidents
West	371808	22404	177959	128596	2355
East	376672	24401	195731	115452	2325
	4680	23	95	35	1
Total	**753160**	**46828**	**373785**	**244083**	**4681**



Appendix X_4 – 12-month Activity Dashboard 2021

695,562
Count of Incidents with response (ST/SC)

246,651
ST Incidents

761,191
Count of Incidents

448,911
SC Incidents

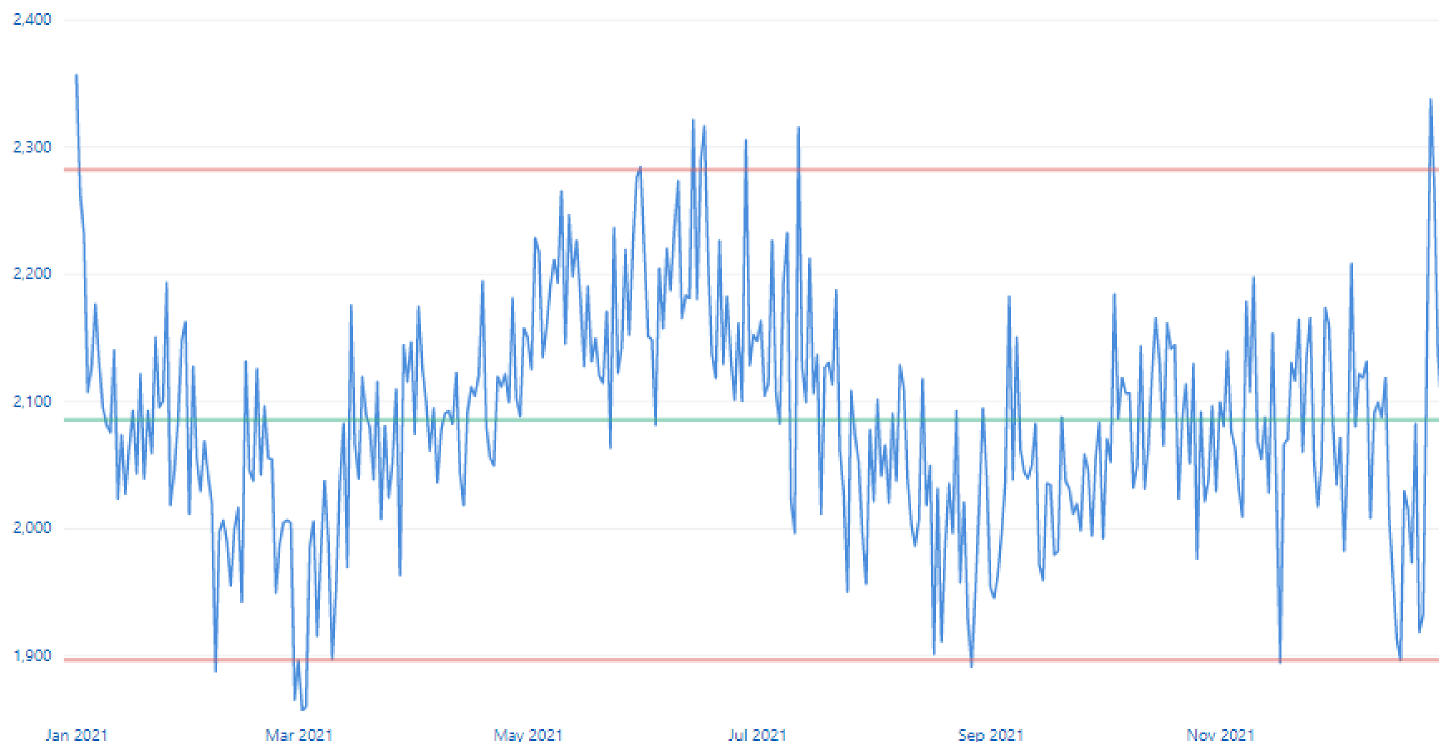
2,085
Average incidents per day

65,629
HT Incidents

63,606
Average incidents per Average month

ST = See and Treat
SC= See and Convey
HT = Hear and Treat

EOC	Count of Incidents	Count of C1 Incidents	Count of C2 Incidents	Count of C3 Incidents	Count of C4 Incidents
West	379095	26136	200674	102972	2120
East	381962	27986	213213	92848	1923
	134	20	42	7	
Total	**761191**	**54142**	**413929**	**195827**	**4043**



Appendix X_5 – 9-month Activity Dashboard 2022

440,658
Count of Incidents with response (ST/SC)

155,306
ST Incidents

488,637
Count of Incidents

285,352
SC Incidents

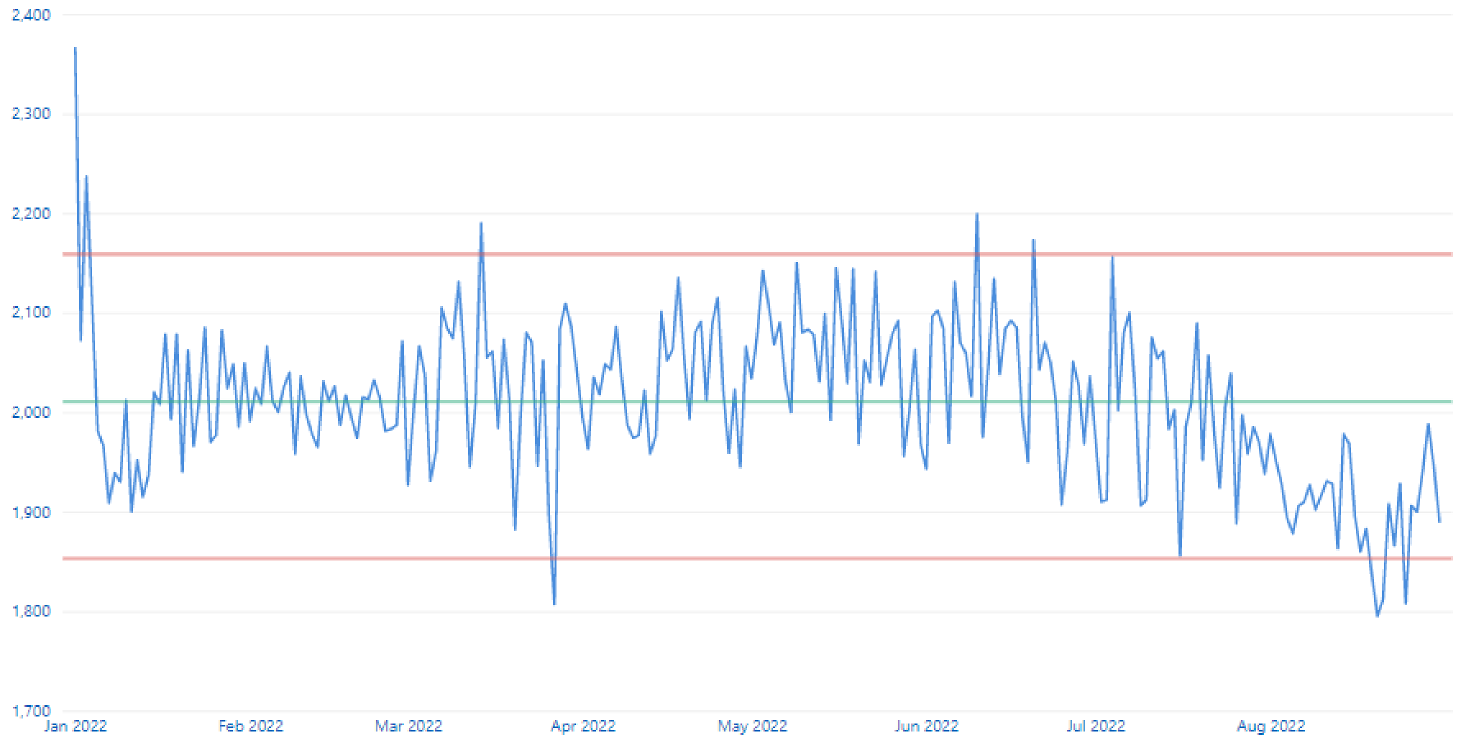
2,011
Average incidents per day

47,979
HT Incidents

61,331
Average incidents per Average month

ST = See and Treat
SC= See and Convey
HT = Hear and Treat

EOC	Count of Incidents	Count of C1 Incidents	Count of C2 Incidents	Count of C3 Incidents	Count of C4 Incidents
West	242043	17493	125216	63471	1628
East	246532	19277	135178	57828	1591
	62	14	24	5	
Total	**488637**	**36784**	**260418**	**121304**	**3219**

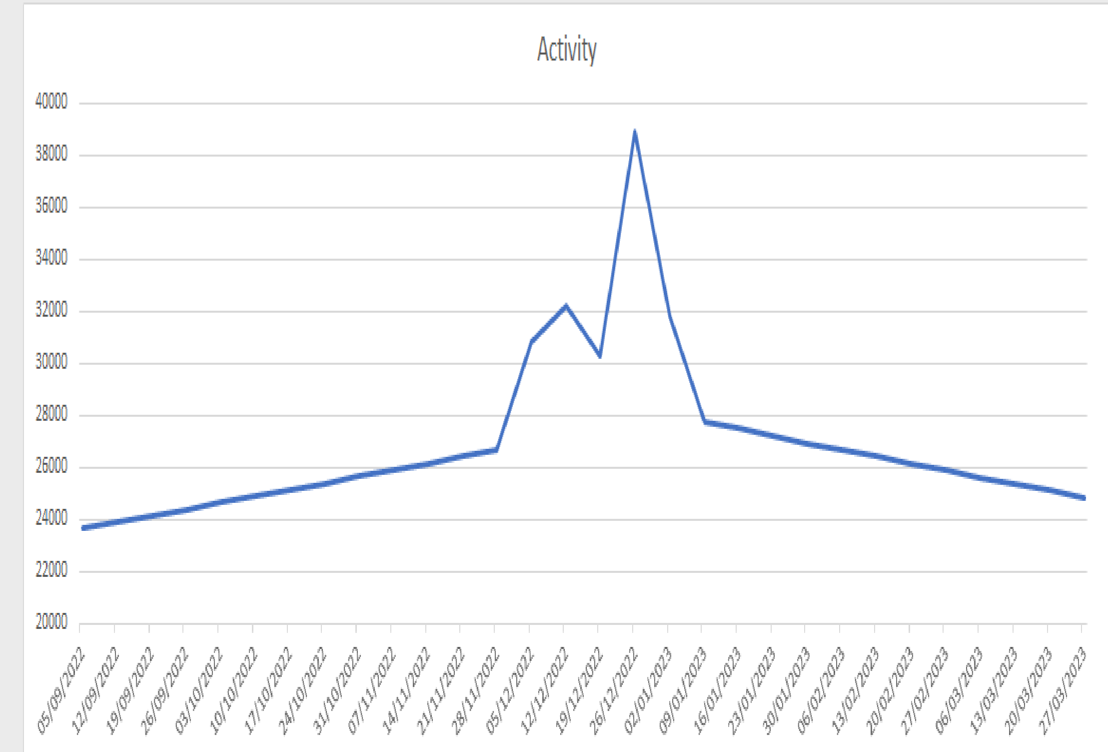


Dispatch Desks

South East Coast Ambulance Service
NHS Foundation Trust

Forecast most likely 111 scenario

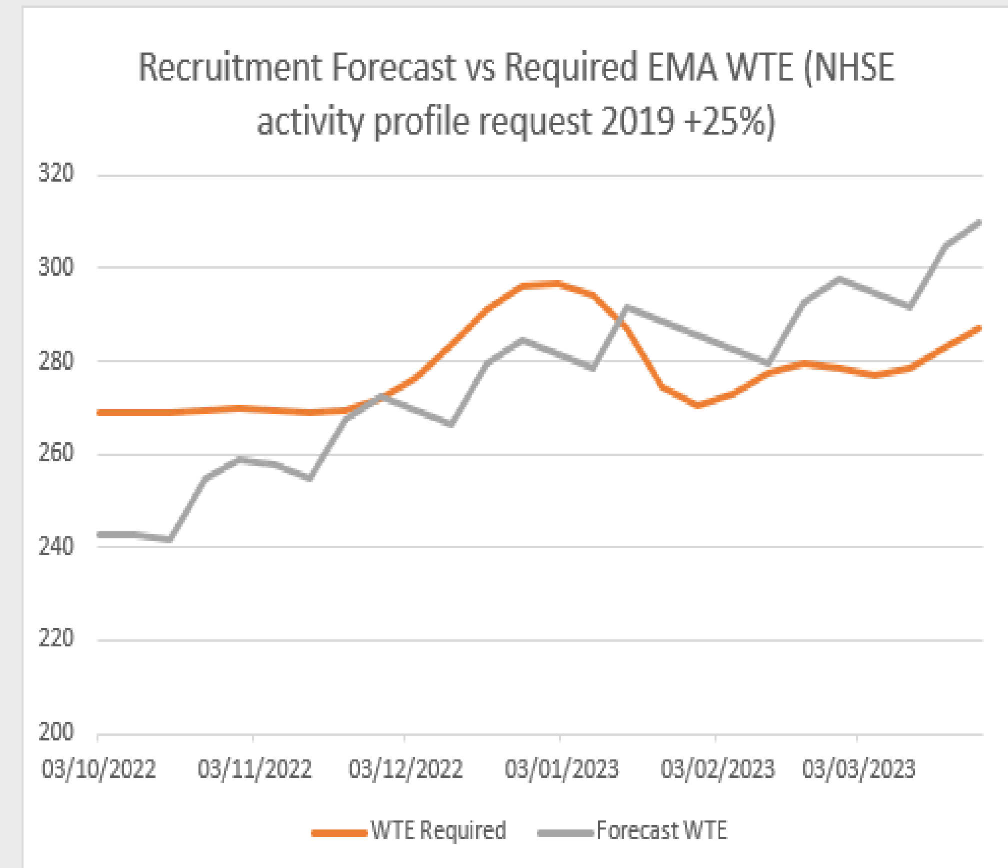
- The service's call planning and forecasts are reviewed daily, with staffing requirements calculated at fifteen-minute intervals, utilising a complex workforce planning tool.
- The forecasts consider key metrics such as Average Handling Time (AHT), call profiles and staff shrinkage.
- Staff planning operates on a rolling 12-week window.
- The winter of 21-22 was adversely impacted by COVID-19 with calls fluctuating dependent on lockdown status and other NHS E commissioned service capacity. However, the service anticipates a more typical activity profile in 22-23, with a significant spike across the festive period.
- The service will continue to focus on mitigating risk across the wider healthcare economy, with the validation of ED and ambulance dispositions being vital, along with facilitating Direct Appointment Booking (DAB), enabling patients to get the right care, from the most appropriate provider in a timely way.



NHS
South East Coast Ambulance Service
NHS Foundation Trust

Forecast for EMAs for likely 999 scenario

- The Trust has been asked to model expected 999 activity on the pre-COVID 2019 activity, with an additional 25% added.
- There is a significant recruitment plan to increase the number of Emergency Medical Advisors (EMAs) to answer the rise in 999 calls.
- A recruitment drive to ensure more dispatchers is also in progress, to provide resilience when the service is under pressure.
- The increase in clinical staffing in the Emergency Operations Centre (EOC) also continues, with a clear focus on Hear & Treat to mitigate clinical risk, whilst maintaining patient safety.



Dispatch Desk: Ashford - 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.
- 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.

Dispatch Desk: Ashford – Local Oversight

- 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,
- 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.

Dispatch Desk: Ashford – Local Mitigation

- 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.

Dispatch Desk: Brighton 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 i.e. local UTC or other alternative pathway
- 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.

Dispatch Desk: Brighton What are we seeing locally

- 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 affection 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.
- Improvement of local, UTC, provision to reduce ED attendance.
- Delayed handover processes used proactively within ED

Dispatch Desk: Brighton

- 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 PPs 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.

Dispatch Desk: Chertsey ICP

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

Dispatch Desk: Chertsey ICP

- 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.
- Local push for admission avoidance pathways within the OU. Service finder reports to support usage of pathways and frontline crews accessing them.
- Agreed escalation plans for on the day handover delays managed by Duty OTL & Site Manager.

Dispatch Desk: Dartford & Paddock Wood (ICS)

- 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.
- 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.
- National and ICS programmes around admission avoidance:
  - Virtual Wards
  - Urgent Community Response (UCR) – 2 Hour Response
  - Urgent Treatment Centres (UTC)
  - Mental Health (MH) - Health Care Professional by pass number (to directly access MH clinicians)
  - Same Day Emergency Care (SDEC) – direct access to specialist services for Ambulance/Primary Care/UCR

Dispatch Desk: Dartford & Paddock Wood Local Oversight – Health and Care Place (HaCP)

- Continued system pressure causing capacity issues at acute sites resulting in hospital handover delays despite a reduction in conveyance numbers – MTW and DVH both see fewer 60min breaches than other acute sites in Kent and Medway. There is the potential for delays to become more frequent over winter months if we see a peak in ED attendances/admissions coupled with poor discharge profile. Crews and local managers are well-versed in delayed handover procedures. Continue to build on already established good working relationships with acute trust to ensure a shared understand of risk.
- Regular liaison meetings in place focusing on risks/incidents, flow, handover delays, quality and patient safety.
- Working with speciality leads to create criteria for direct admission in SDEC including surgical, medical and frailty direct admission.
- 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.
- Working in close partnership with ICB to maximise referrals to Mental Health Crisis Team/Safe Haven to reduce ED conveyances for patients presenting with primary mental health presentation
- Home Treatment Service and Virtual Wards

- 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.

Dispatch Desk: Dartford & Paddock Wood Local Oversight – Health and Care Place (HaCP)

- Continual review and update of all available local pathways including maximising utilisation of community based UTCs. Creation of specific West Kent pathways documents for all crews.
- Creation of new rotas to better match resource availability to demand
- Continued challenge with under supply in unit hours due to current vacancy rate. Risk of further compromise as sickness levels increase during winter months.
- Inexperienced workforce due to ongoing recruitment of newly qualified paramedics.

Dispatch Desk: Dartford & Paddock Wood – Health and Care Place (HaCP)

- Working with Kent Community Healthcare NHS FT (KCHFT) to review pathways:
  - Home Treatment Service
  - Urgent Community Response – 2 hour response
  - Overnight referrals
  - Consultant Geriatrician led workshops for HaCP (West Kent) clinicians inc. Ambulance
- Working with both MTW and DVH to improve direct access and tirage on arrival at hospital for ambulance:
  - Same Day Emergency Care – Frailty
  - Rapid Access Points – in ED to improve handover
- Urgent Treatment Centre (Sevenoaks):
  - Review of acceptance criteria for ambulance crews to match new standards
- Urgent Treatment Centre (co-located):
  - Review of direct acceptance from ambulance crews

Dispatch Desk: Dartford & Paddock Wood – Health and Care Place (HaCP)

- Paramedic Practitioner Hub:
  - Specialist paramedic advice and access to patient records via the Kent and Medway Care Record (KMCR)
- HaCP specific meetings:
  - Admission Avoidance
  - Winter Planning
  - Urgent Care Delivery Board
  - Integrated Care Commissioning – reviewing the pathways between West Kent and East Sussex
- Pathways:
  - Review of all local available pathways, with testing to check criteria and access
- 100 – day challenge
  - Working with collaboratively with community provider (KCHFT) in identifying patient cohorts that are appropriate for UCT to avoid conveyance

Dispatch Desk: Dartford & Paddock Wood - Local Mitigation

- To ensure local scheduling team prioritise cover of local Urgent Care Hub to support clinical decision making and remote treatment –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).
- 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 and introduction of localised incentives to better match resource availability to shortfall in hour provision
- Continued utilisation of Private Ambulance Providers. Regular review of performance against set KPI's including shift fulfilment, out of service, and job cycle time
- Engagement with Fire and Rescue and Community First Responder teams to align resource availability to demand profile.
- Ensure sickness management, abstractions, annual leave are carefully managed to ensure adequate resource cover
- Ensure Frequent caller policy is being followed and regular review of frequent callers within Dispatch Desk

Dispatch Desk: Dartford & Paddock Wood - Local Mitigation

- Weekly monitoring of operational hours
- On day management of operational hours, hospital wrap up and protracted on scene
- Ensure resilience of operational command cover and ensure adequate staff trained
- Weekly and daily management of abstractions.
- 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.
- 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.
- Ensure 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 allowing for earlier conveyance increasing the likelihood of earlier discharge

Dispatch Desks: Gatwick & Redhill ICP

- 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 and Same Day Emergency Care options in the local area.
- AEDB attendance when meetings planned.

Dispatch Desks: Gatwick & Redhill What are we seeing locally

- Banstead project complete with Banstead MRC fully operational.
- Lack of suitable facilitated ACRPs putting pressure on Gatwick and Banstead stations at peak times for meal breaks.
- Crews travelling long distances to support adjoining OU's.
- New rotas planned for implementation before Christmas 2022.
- Challenged operational hours due to high abstractions (Sickness/Secondments/Alternative duties).
- High levels of OU leadership absence due to long term sickness requiring secondments to cover key roles.
- Development OTLs supporting team across OU.
- Changes in Churchill contract are causing issues with lack of MRO / VPP staff and KPI compliance.

Dispatch Desks: Gatwick & Redhill 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.
- OTLs 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.

Dispatch Desk: Guildford Context – Each ICB

- Guildford Operating Unit serves two ICBs
  - Guildford & Waverley ICB – Incorporating Royal Surrey Hospital – A 520 bed facility with Trauma Unit Status.
  - Absorbs 38% of the OU's See and Convey patients.
  - Accountable for 1518 Lost Hours Last Financial Year.
  - 440 Handovers >60 Minutes LFY.
- North East Hampshire and Farnham ICB – 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 771 Lost Hours Last Financial Year.
  - 224 Handovers >60 Minutes LFY
  - SECAmb Hear & Treat 9% / See & Treat 31% for whole Operating Unit Area

Dispatch Desk: Guildford What are we seeing locally

- 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 better than Trust average.
- C3 performance is poorer than Trust average.
- Staffing is currently at budgeted levels.
- Delays at hospital account for high use of OTL time and lost hours, and subsequent lost performance, but significantly improved over previous year

Dispatch Desk: Guildford Actions to Mitigate

- Demand & Capacity
- We use innovative methods to supply 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.

Dispatch Desks: Hastings & Polegate

- 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.
- 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.
- Utilising PP colleagues to work alongside hospital partners to improve direct admissions
- 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.

Dispatch Desks: Hastings & Polegate - What are we seeing locally

- Continued system pressure with volume of patients accessing acute sites for ED or UTC.
- Hospital Handover issues, Hospital staffing levels at times contributing to the problem, lack of flow through the Hospital and poor discharge rates.
- Knock on effect on department capacity (ED) generating delays in patient handover and crew turnaround.
- Investment into the structure of EDs at both EDGH and Conquest 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.
- Increasing pathway availability such as SDEC
- Several events being held across OU – engagement to continue with safety advisory groups
- Frequent callers continuing to call into 999 and ensure frequent caller management policy to be followed to prevent attendance and conveyance where safe to do so.

Dispatch Desks: Hastings & Polegate Actions to mitigate

Demand

- To ensure Urgent Care Hub is fully covered to support clinical decision making and remote treatment – Continue to ensure all new PPs receive PACCS training.
- All response capable managers and OTLs to be booked on and have oversight of the surge on day.

Workforce

- Ensure sickness management, abstractions, annual leave are carefully managed to ensure adequate resource cover.
- On going recruitment plan to increase staff levels.
- Rota change to meet demand.

Exit flow

- Continued daily liaison meetings with ESHT to ensure plans are being followed and escalation delays are being managed correctly. Appointed Hospital Liaison OTL to regularly brief the station leadership team.
- Pathway engagement and data sharing with our external partners to reduce friction and ensure timely movement of patients between services to maintain system flow.
- Ensure resilience of operational command cover and ensure adequate staff trained
- Weekly and daily management of abstractions.

Dispatch Desks: Hastings & Polegate Actions to mitigate

External Events

- Local event management plans to be reviewed and SAG meetings to continue
- On day management of operational hours, hospital wrap up and protracted on scene

Demand

- Ensure Frequent caller policy is being followed and regular review of frequent callers within Dispatch Desk

Capacity

- Weekly monitoring of operational hours

Dispatch Desks: Hastings & Polegate Lessons identified

- Monitor and maintain compliance with IPC standards, absence management policy, welfare policy in order to optimise staffing levels, staff welfare and reduce lost hours.
- Work with supply chain and logistics partners to ensure stock of vital items.
- Staff identified to carry out Fiat assessments in order mitigate seatbelt/seat position issues.
- Identification of suitably trained and qualified staff who can fulfil operational/tactical command function in the event of short term absence.

Dispatch Desk: Medway 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.
- 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 via HARIS model. SECAmb supporting various recommendations such as direct frailty access for Ambulance.
- 111 being viewed as a key component in system resilience through the managing of unheralded activity.
- Swale UTC operational since 1st November 2021. Ongoing work stream to drive ambulance attendance.
- Medway & Swale Falls Car still running as an extended trial, S&T rates 65%. No current substantive funding.

Dispatch Desk: Medway Local Oversight

- 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.

Dispatch Desk: Medway Local Mitigation

- 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.
- Introduction of localised overtime incentives targeted to shortfalls in resourcing within the OU rather than trust wide.
- Early and effective communication around alterations to road networks particularly M2 Jct 5 closure (Sept' 22-Jan' 23) to mitigate any unnecessary delays to patients.

Dispatch Desk: Paddock Wood

- See Dartford Dispatch Desk

Dispatch Desk: Tangmere & Worthing Context

- The ICP has strong engagement across stakeholders, Primary care, Commissioning, community trusts, social care, Acute hospital and Ambulance providers.
- The system has seen a significant annual increase of ambulance handover delays at Worthing and St Richards EDs, more consistently arising at St Richards ED
- 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.

Dispatch Desk – Tangmere - What are we seeing locally

- 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
- Local system work to maximise UCR pathways

Dispatch Desk: Tangmere Actions to mitigate

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. •Launch of UCR 'champions' locally	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.

Dispatch Desk: Tangmere

Domain Area	Purpose
Demand	To ensure that levels of demand across the system have been credibly modelled to ensure resources and capacity are effectively deployed – what are you doing to manage surges in demand?
Capacity	To ensure systems understand available capacity across the pathway and how this can be optimised most efficiently – what are you doing locally to increase capacity
Workforce	To ensure that levels of workforce are understood and are sufficient to meet the expected levels of demand and capacity – Welfare / workforce management?
Exit Flow	To ensure that interfaces between sections of the care pathway are optimised to reduce friction and ensure timely movement of patients between services to maintain system flow – are there any specialist pathways that you are working on to assist in winter?
External Events	To ensure that systems have considered factors external to themselves and the effect these may have on healthcare outcomes – are there any external events that may impact on this?

Dispatch Desk: Tangmere Lessons identified

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

Dispatch Desk: Thanet Context – ICB

- 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 ICB 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.

Dispatch Desk: Thanet What are we seeing locally

- Continued system pressure with volume of patients accessing acute sites for ED or UTC.
- Hospital Handover issues, Hospital staffing levels at times contributing to the problem, lack of flow through the Hospital and poor discharge rates.
- 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.
- Potential for disruption due road network disruption in neighbouring OU which will cause knock on delays to road infrastructure from Operations Fennel and Brock, and potential delays in accessing WHH, QEQM and other sites.
- Several events being held across OU – engagement to continue with safety advisory groups.
- Frequent callers continuing to call into 999 and ensure frequent caller management policy to be followed to prevent attendance and conveyance where safe to do so.

Dispatch Desk: Thanet Actions to mitigate

Demand

- To ensure Urgent Care Hub is fully covered to support clinical decision making and remote treatment – Continue to ensure all new Thanet PPs receive PACCS training.
- All response capable managers and OTLs to be booked on and have oversight of the surge on day.

Workforce

- Ensure sickness management, abstractions, annual leave are carefully managed to ensure adequate resource cover.
- On going recruitment plan to increase staff levels.
- Rota change to meet demand.

Exit flow

- Continued weekly liaison meetings with EKHUFT to ensure plans are being followed and escalation delays are being managed correctly. Appointed Hospital Liaison OTL to regularly brief the station leadership team.
- Pathway engagement and data sharing with our external partners to reduce friction and ensure timely movement of patients between services to maintain system flow.

Dispatch Desk: Thanet Actions to mitigate

External Events

- Ensure adequate consumables available if disruption of road network – increase stock capacity at Thanet MRC.
- Local event management plans to be reviewed and SAG meetings to continue

Demand

- Ensure Frequent caller policy is being followed and regular review of frequent callers within Dispatch Desk

Capacity

- Weekly monitoring of operational hours
- On day management of operational hours, hospital wrap up and protracted on scene
- Ensure resilience of operational command cover and ensure adequate staff trained
- Weekly and daily management of abstractions.

Community First Responders Context

- 335 Community First Responders 285 Active
- Positive C1 performance average of 15 seconds to the positive each month
- Leadership Team engagement through Team B
- Active list of 4x4 trained CFRs to support during inclement weather (List with operational support) (Own vehicles)
- Two CFR falls proof of concept schemes to support fallers in Gatwick, Polegate and Hastings area
- C1 CFR Drivers to assist with vehicle movements (Signed off by Driver Training)
- Number of CFRs trained for Make Ready support, if required

Community First Responders What are we seeing across the Trust?

- Increased number of CFRs from last year
- Increased number of calls attended by CFRs making a clear tangible impact on C1 calls
- Improved utilisation of CFRs within the EOC, however could still be improved by improved tasking and technology
- Improved booking on could be encouraged if fuel expenses raised for CFRs. This does impact on volunteering
- Improved communications between Trust and volunteers
- Increasing opportunities for CFRs

Community First Responders Actions to Mitigate

- Use of Everbridge to target busy areas, however, becoming BAU for CFRs with SMP 4 messaging, increasing complacency
- Daily operations call and SMP calls attended by CFR Leadership Team to ensure effective communication and use of CFRs for the wider operations Team
- Looking at buddying up CFRs to volunteer in pairs to encourage evening and night time cover over the winter months
- Improved utilisation of falls CFRs

Directorate Plans: Finance & IT

- Neither Finance nor I.T have identified anything significant outside of their current BC Plans, to affect Winter Plans.
- Finance will mobilise the Business Case Group to consider urgent requests for resources on an ad hoc basis
- The virement process is available to realign existing budget where required and Finance will expedite such requests
- The Finance Department is considering reducing the frequency of budget meetings to two-monthly to free up operational management time during the winter period

Directorate Plans: Human Resources

Staff Welfare

- Continued trust welfare hub provision.
- Additional staff welfare vehicles and trollies to be activated during REAP 4 escalation, BCI and Critical Incidents and Major Incidents declared.
- Optimising breaks on shift.
- Continued recruitment against agreed trajectories for call handling and field operational staff.

Directorate Plans: Medical

For Medicines:

1. Work closely with recruitment to ensure vacancies are recruited as soon as possible.
2. Move teams from corporate areas to support medicines packing at the Medicines Distribution Centre (MDC).
3. Use the Trust approved incentive scheme to support the MDC with the packing of medicines pouches.

Directorate Plans: Medical

Information

- This briefing relates to the Medical Directorate with the exception of the Critical Care OU, the administrators and clinicians that work to support frontline Operational staff.

- This brief covers normal winter pressures coupled with potential additional pressures of new variants of COVID-19, seasonal and holiday activities, adverse weather, spontaneous serious incidents and other disruptions.

Intent

- To provide a high-quality support service to the Trust throughout the winter months.
- SECAmb provides access to a range of wellbeing services through the Wellbeing Hub.
- Regular 121s with team members and appropriate levels of supervision are key to ensuring that all members feel supported in the workplace.

Directorate Plans: Medical

Method

- The Medical Directorate comprises of the following teams:
  - Senior Medical Leadership Team (SMLT)
  - Urgent & Emergency Care including Professional Standards, Practice Development, End of Life Care & Frequent Caller leadership)
  - Critical Care Operating Unit
  - Clinical Education
  - Clinical Audit, Health Records & EOC Practice Development
  - Research
  - Medicines Governance

Administration

- Our approach will include:
  - Continuing to work agilely as per Trust guidance
  - Supporting the Trust at times of escalation with clinical support both frontline and in our contact centres
  - Supporting through remote clinical working (PaCCs)
  - Continuing to lead on Clinical Governance, ensuring that the Trust continues to follow the Trust governance process for any changes to clinical practice
  - Using our Urgent & Emergency Care teams to maintain an oversight of National policy that could affect the way our staff work (e.g., EOLC & Frequent Caller guidance)
  - Provide Strategic Clinical Advisor on-call function to the Trust

Directorate Plans: Medical

Risks

- This period presents a higher-than-normal risk profile due to most teams working remotely and the potential additional pressures of new variants of COVID-19, seasonal and holiday activities and adverse weather for those teams not working remotely.
- Staff availability and sickness absence may pose a potential risk, this will be managed through the Trust processes already in place.
- Our risks for the central teams is mitigated by the majority of staff working remotely, this is balanced by the need to maintain good communication with all our teams.
- The MDC staff must be included in the critical staff planning due to the nature of the business area and the limited resource trained to work in this area.
- Delivery of the Key Skills programme could potentially be at risk
- Delivery of the workforce pipeline, tied in to the issues ongoing at Crawley College
- Medicines Governance, the packing of medicines pouches (Paddock Wood MDC) and issue of Controlled Drugs is a critical business area and must be resourced to meet demand.

Directorate Plans – Medical

Initiatives

- The central teams will continue to work remotely and follow National and Trust guidance.
- As required and in periods of escalation all teams will be expected to support the Trust, this could be providing Loggist duties when required or supporting in the Medicines Governance area.
- Support the potential introduction of an n Inter Facility Transfer/HCP Desk (resource to be identified)
- Increase the number of PaCCs trained staff

Communication

- The SMLT meets alternate weekdays to ensure any areas for escalation are raised in a timely manner. This enables updates from the central team to be cascaded through normal reporting channels.
- Each team meets weekly/bi-weekly to ensure that our staff whilst most are working remotely are supported and feel part of the team.
- All staff are invited to the bi-weekly 1600 calls and attend the webinars as required.
- Provide Strategic Clinical Advice to the Trust through an on call rota of senior clinicians

Directorate Plans – Medical

Humanitarian

- SECAmb provides access to a range of wellbeing services through the Wellbeing Hub.
- Regular 121s with team members and appropriate levels of supervision are key to ensuring that all members feel supported in the workplace.

Distribution

- SMLT
- EPRR Team

Directorate Plans – Medical (CCP)

Information

- This briefing relates to the geographical area covered by the Critical Care OU. The OU covers all areas of the trust including Kent, Surrey, Sussex and a small area of North Hampshire.
- The OU also works closely with partner agencies from a number of different NHS trusts (including but not exclusively, the regional trauma networks) but also with the local air ambulance charity, ‘Air Ambulance - Kent Surrey & Sussex’.
- This brief covers normal winter pressures coupled with potential additional pressures of COVID-19 variants, seasonal and holiday activities, adverse weather, spontaneous serious incidents and other disruptions.

Intent

- To provide a high quality, pre-hospital critical care service to the population we serve. Our service is there to meet the anticipated demand for high acuity patients and mitigate the associated risks. Our OU is led in accordance with the vision and values of SECAmb.

Directorate Plans – Medical (CCP)

Method

- To ensure that patient safety is at the centre of our actions.
- We have a predefined structure of 10 Critical Care Paramedics working at 10 geographically spread bases, both day and night. They are supported by a Critical Care Desk (CCD) which is staffed by a team of 3 over a 24 hour period - that is a day, a link and a night. For operational oversight the OU have an Operational Manager on call 24 hours a day and they are supported by the trusts strategic medical advisor. For senior clinical advice we also have access to a medical consultant 24 hours a day, often referred to as ‘Top Cover’.
- Staff welfare will remain a key priority through the winter and proactive measures will ensure our staff have adequate breaks within the constraints of anticipated operational demand. With an ongoing pandemic, staff safety is paramount and we will maintain a continuous supply of personal protective equipment in line with PHE / NHS guidelines.
- Due to the often high risk medical interventions carried out by the CCP cohort we have a governance and skills assurance time within the rota, 4 x 10 hour days planned every 7 weeks. This ‘non-clinical’ time can be adjusted to support at periods of high demand in line with the existing escalation plan aligned to REAP. This will be reviewed throughout the winter, however skills assurance time must be protected.

Directorate Plans – Medical (CCP)

Administration

- Our approach will include:
- Our dedicated scheduler will be proactive in rota planning to maintain, where possible 10 teams and an appropriately staffed Critical Care Desk both day and night.

- Staff abstraction will be an ongoing challenge, continuing to support Key Skills delivery. Leave will be planned in advance and in accordance with the annual leave policy.
- Utilise bank staff as required.

- All response capable managers (RCMs) will be booked on the CAD when on duty.

Risks

- 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 particularly given that the CCP workforce is comparably small and specialist.
- We also have an ongoing issue with our current fleet. The vehicles used by the OU are 7 years old and reliability is often an issue. The capacity for spare vehicles is also inconsistent. This situation is expected to worsen with adverse weather. The fleet issue is acknowledged as a Trust issue. A new fleet of SRVs have now been ordered, however there is not a confirmed delivery date. **This risk does not have any current mitigation.**

Directorate Plans – Medical (CCP)

Risks

- It is expected that hospital turnaround times are likely to increase however, many of the patient's attended by a CCP will be pre-alerted and it would not seem unreasonable to suggest the impact to the OU will be limited.
- Disruption of medicines and consumables supplies which will lead to limitations in CCP capability.
- Abstraction for Key Skills delivery represents an ongoing risk to operational cover. There is no increased establishment or budget to support this so mitigation is based solely on uptake of overtime at financial risk.

Initiatives

- SECAmb will work with partner agencies to improve operational effectiveness and efficiency especially during times of SURGE. This will include:

- Additional cover with our RCMs
- The CCD and on duty CCPs will continue to monitor the CAD to identify cases where clinical risk is identified due to response delays or clinical skill mix.
- The CCD will work in partnership with the HEMS desk to ensure a timely response to our high acuity case load.
- CCPs will be auto dispatched via the CAD to C1 calls

Directorate Plans – Medical (CCP)

Initiatives

- CCPs can be considered to provide thrombolysis to patients suffering STEMI where transportation to hospital within an acceptable time frame is not possible.
- CCCPs to undertake PACCS training where available to increase the availability of senior clinicians supporting virtual response.
- Support skills assurance, debriefing and supervision of the wider clinical workforce.
- Work proactively with Logistics and Medicines teams to proactively identify threats to supply and find suitable alternatives.

Communication

- SECAmb will maintain a rhythm of daily conference and escalation calls to set the strategic and tactical plan for local implementation. The CCP leadership team will maintain a presence on these daily calls and communicate with our teams as appropriate.
- The Leadership team deliver a weekly brief to all our CCPs and this is expected to continue throughout the winter.
- The Duty Manager is available 24/7 to cascade urgent messages.

Directorate Plans – Medical (CCP)

Humanitarian

SECAmb will seek to respond to all calls on a timely bases utilising the triage and assessment tools available. This will be enhanced by the provision of a critical care desk which will aim to identify patients with critical medical need at the earliest possible opportunity. Patient safety will be at the centre of the Critical Care OU.

- We will also place significant emphasis on staff support and welfare. Support will be given via the following:

- Easy access to support service e.g. counselling and chaplaincy.
- To maintain the 24 hour on call OM rota.
- Duty Team Leader cover.

- To maintain elements of governance time to support case discussion and welfare discussions.

Distribution

- CCOU Leadership Team
- Medical SLT
- EPRR Team
- Top Cover Consultant group

- AAKSS leadership team

Directorate Plans – Nursing & Quality

- The seasonal influenza vaccination programme will commence in autumn 2022. This is being delivered in-house as in previous years.
- SECAmb is not delivering covid booster vaccinations but staff are being directed to alternative services where they can receive their vaccine.
- Nursing & Quality have not identified anything significant outside of their current BC Plans, to affect Winter Plans.

Directorate Plans: P&BD - Logistics

The Logistics Department are responsible for ensuring that all Trust locations have the availability of medical consumables, medical paperwork and sundry items to ensure that the Operational vehicles can be maintained to the required stock levels for effective patient treatment and care. There are a number of measures which can be taken by the Logistics Support Department to ensure that stock levels are pre-positioned and maintained to ensure maximum availability, particularly in the lead up to and through Q3 & Q4, and may factor in the following:

- Medical equipment servicing is not planned during the Q3/Q4 period. We are on plan for the lifepak servicing Which will give us re-assurance through winter pressures of all lifepak devises being serviced
- There are also x2 of all kit held at all make ready sites as spares also stock holding held with the MES team for extra resilience.
- Medical consumables stock is uplifted to account for the increase in demand all stores hold up to 3 weeks' worth of medical consumables
- We hold 4x4 resilience boxes for winter pressures with winter survival (tow ropes, sat navs, blue lights and meal boxes)

We maintain our visits to each Station/MRC up to and over the Christmas period

The Logistics Support Department will support and work alongside the Make Ready and Vehicle Preparation Programme (VPP) to ensure efficient turnaround of equipment and consumable requests required to support the vehicles within the system

Directorate Plans: P&BD - Fleet Resource Planning

Fleet services are responsible for ensuring that the Trust's vehicles are available to operations when required to meet their peak demand. However, this must be based on an effective working relationship between operational managers and vehicle maintenance staff. This will ensure that vehicles are presented for scheduled maintenance and MOTs when requested without affecting performance and that vehicle utilisation is maximised by robust monitoring and implementation of driving standards and vehicle damage.

There are a number of measures for the Fleet Department to take to ensure that vehicle availability is maximised and particularly through Q3 and Q4; these include:

- All MOTs being rescheduled to avoid November and December
- Damage repairs will be 'bundled' to be undertaken in batches (unless it requires to be done for safety / road worthiness)
- All decommissioning of old vehicles will be slowed down so we can utilise these additional resources where possible
- The Fleet Department has an escalatory Plan which ensure that additional maintenance capacity can be applied during periods of higher demand
- The Fleet Department will support and work alongside the Make Ready and Vehicle Preparation Programme (VPP) to ensure efficient turnaround of vehicles within the system maximising vehicles available to Ops

Directorate Plans: P&BD Trust 4x4 Capability

- At times of severe weather during the winter period or access via difficult terrain, the Trust needs to be able to deploy four-wheel drive (4x4) resources to provide access to patients and retrieval to road-based resources
- The Trust operates a variety of vehicles with 4x4 capability across its geography and a range of operational staff across the organisation are trained to drive these vehicles
- All the Trust’s ambulances/response cars have all-weather tyres fitted in readiness for adverse weather conditions
- The Trust also maintains a contract with an external company to hire in additional 4x4 vehicles to support with staff movement
- These will be deployed under the direction of Tactical Commanders in preparation for or during any adverse weather