



# Strategic Winter Plan

## 2018 – 2019

NWAS Strategic Winter Plan 2018-19		Page:	1 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

Recommended by	Service Delivery
Approved by	Executive Management Team
Approval date	05 September 2018
Version number	7.0
Review date	01 July 2019
Responsible Director	Director of Operations
Responsible Manager (Sponsor)	Head of Contingency Planning
For use by	All Trust employees

This policy is available in alternative formats on request. Please contact the Corporate Governance Office on 01204 498400 with your request.

NWAS Strategic Winter Plan 2018-19		Page:	2 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

## Change record form

Version	Date of change	Date of release	Changed by	Reason for change
3.0	05 Nov 2012	07 Nov 2012	D Winchester	Approved by EMT
X3.1	05 Aug 2013	05 Aug 2013	D Winchester	Annual Review
X3.2	14 Aug 2013	14 Aug 2013	D Winchester	On-going review
X3.4	05 Sept 2013	05 Sept 2013	D Winchester	Update with NHS England info
X3.5	11 Sept 2013	11 Sept 2013	D Winchester	Influenza vaccination addition
X3.6	12 Sept 2013	12 Sept 2013	D Winchester/ S Desai	Joint review and update
4.0	18 Sept 2013	18 Sept 2013	EMT	Approved with amendments
4.1	25 Sept 2013	25 Sept 2013	Board	Approved with updated template
4.2	30 Oct 2013	01 Nov 2013	Board	Additions to NHSE assurance template (Appendix 1) and vaccination trajectory (Appendix 2).
5.0	24 Sept 2014	25 Sept 2014	Resilience Team	Dates changed, comments added
5.1	22 Oct 2015		A Jackson	Annual Review
5.2	26 Oct 2015	28 Oct 2015	D Winchester	Annual Review
5.3	02 Nov 2016		D Winchester	Update with consultation feedback
5.4	16 Nov 2016		A Jackson	Updated sections 4.1 and 5.5 within document
6.0	17 Nov 2016	17 Nov 2016	E Ward	Approval
6.1	18 Aug 2017		A Jackson	Annual Review
6.2	22 Aug 2017		A Jackson	Section updates
6.3	25 Aug 2017	30 Aug 2017	D Winchester	Review and update
6.4	31 Aug 2017	31 Aug 2017	D Winchester	Approval
7.0	09 Aug 2018		D Winchester	Annual Review
7.0	05 Sept 2018	11 Sept 2018	EMT	Executive Management Team approval

NWS Strategic Winter Plan 2018-19		Page:	3 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

# NWAS Strategic Winter Plan

## Contents

1.0	Introduction .....	6
2.0	Planning Framework .....	6
	2.1 Audit and Review .....	7
2.2	Christmas and New Year	
	2.3 Development .....	7
	2.4 Assurance .....	7
	2.5 Delivery .....	7
	2.6 Area Distinctions .....	7
	2.7 Flexibility .....	8
	2.8 Lessons Identified .....	8
3.0	Operational Implications .....	8
	3.1 Mutual Aid .....	8
	3.2 Demand Management .....	8
	3.3 Plan Scope .....	9
	3.4 Festive Period .....	9
	3.5 Demand analysis .....	9
4.0	NWAS Strategy .....	10
	4.1 Core Response Measures .....	10
	4.2 Demand Surge Mitigation .....	11
5.0	Mitigation Initiatives .....	11
	5.1 NW 111 .....	12
	5.2 Clinical Escalation Plan .....	12
	5.3 Urgent Care Desk/Clinical Support Hub .....	14
	5.4 Urgent Care Service .....	14
	5.5 Regional Health Control Desk .....	14
	5.6 Pathways Directory of Services (DoS) .....	15
	5.7 Discharge arrangements .....	16
	5.8 Additional measures .....	17

NWAS Strategic Winter Plan 2018-19		Page:	4 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

6.0	NWAS Investment Plan .....	18
7.0	Communications .....	20
	7.1 Communications Activity.....	20
	7.2 Specific Objectives.....	20
9.0	Seasonal Influenza .....	21
10.0	Severe Weather .....	22
11.0	Industrial Action .....	23
12.0	Document Review.....	23

NWAS Strategic Winter Plan 2018-19		Page:	5 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

## 1.0 Introduction

The North West Ambulance NHS Trust (NWAS) has developed this strategic document to ensure that the high quality of service delivery expected by our patients and stakeholders is maintained throughout the winter period.

The winter period creates particular challenges for the entire Health Economy regardless of the additional pressures of pandemic disease or severe weather. This year is anticipated to be no exception but this winter will be set against the background of system transformation and integration, Adult Social Care challenges, increased demand.

This document is intended to draw on the experiences of past winters as well as amalgamate required actions for winter 2018/19 with current procedures and processes within NWAS. Such actions cannot themselves be considered in isolation, as it is only through the collective preparations of the whole system that the potential impacts of winter pressures can be properly mitigated.

In order to maintain the strategic focus of this document the detail is concentrated on key actions and expectations that are incumbent on NWAS, as reported to NHS England – North Region, as part of the individual (and Lead) Clinical Commissioning Groups (CCG) Winter Assurance preparations. NWAS is also obliged to offer assurances on winter preparedness to NHS Improvement and The Plan will augment this assurance process.

This document concentrates on a small number of year round processes and key, seasonal initiatives that will deliver real resilience during the winter period and ensure engagement with local health systems. It is designed to offer assurance at a strategic level that the levels of preparedness for winter in NWAS are high and that this will contribute to the resilience of the whole system. It also serves as an overarching plan to bring together the tactical and operational arrangements in each of the three NWAS Areas (Cheshire & Mersey, Cumbria & Lancashire and Greater Manchester) in associated documents.

For 2018/19 The Trust has built on experience from winter 2017/18 by re-convening a Strategic Winter Planning Group which has oversight of this plan. This group has direct reporting and oversight links into the NWAS Executive Management Team and directs the construction of the tactical and operational planning arrangements.

## 2.0 Planning Framework

The winter planning framework supports the continued commitment of NWAS to deliver high quality levels of the right care, at the right time and in the right place, at all times.

Most of the actions undertaken in preparation for and response to winter challenges are underpinned by normal NWAS plans and procedures which are designed to be sufficiently flexible and scalable to ensure an appropriate response but also to integrate with the wider health system.

This plan functions in conjunction with a number of other key plans and documents, specifically:-

- NWAS Major Incident Response Plan
- NWAS Pandemic Influenza Plan
- National Ambulance Resilience Unit (NARU) Resource Escalation Action Plan (under review)
- NWAS Departmental Business Continuity Plans
- North West Divert & Deflection Policy
- NHS Operational Pressures Escalation Levels (OPEL) Framework
- NWAS Clinical Escalation Plan
- NARU National Command and Control Guidance
- NWAS Tactical Winter Plan
- NWAS Area specific, Winter Operational arrangements (under development) including Festive Plans
- NWAS Winter Communications Framework and Plan

Some of these documents also have their own links to or associations with multi-agency plans published under the auspices of the five Local Resilience Fora in the North West.

It also serves to;

NWAS Strategic Winter Plan 2018-19		Page:	6 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

- Ensure the wider health community and partners are aware of the NWAS strategy, capacity and potential challenges for this period.
- Ensure that resilience is maintained and the Trust is able to respond to changes in core business activity, up to and including declaration of a major incident.
- Provide a 'signpost' to other NWAS, core-planning documents including the Trusts Business Continuity arrangements.

## 2.1 Audit and Review

The plan will be subject to periodic audit and review to identify areas of improvement and good practice following each winter. It has already been approved prior to publication by the Strategic Winter Planning Group, Executive management Team and presented to the Board of Directors for assurance.

A formal, structured debrief is scheduled in the New Year of 2019 so that experiences of the winter and learning points can be explored to shape the planning process for the following year.

## 2.2 Christmas and New Year

There will be specific arrangements for the key dates over the Christmas and New Year period 2018, which include provision of additional operational resources (both NWAS and externally contracted) and appropriate, focussed managerial support. In addition, these arrangements will be extended both in duration and depth (where necessary and practicable) in accordance with the identified 'winter period' span and any forecasted challenges of seasonal flu, emerging pandemic disease or industrial unrest.

## 2.3 Development

Development of the plan is based on previous Department of Health (DH) recommendations, guidance and national criteria for capacity planning.

## 2.4 Assurance

This plan relates to ambulance specific issues that have been communicated, with Clinical Commissioning Groups (CCGs) as part of the NHS England - North Region Winter Assurance process, to ensure a whole systems approach. It will also aid with any additional assurances requested by NHS Improvement and support the planning processes of the A&E Delivery Boards.

## 2.5 Delivery

The delivery of this strategic plan within NWAS will be achieved through comprehensive operational and organisational arrangements, which are designed to provide a quality service to meet the needs of our local communities. The overall strategy will be delivered through the Tactical Winter Plan and the three NWAS Operational Area Winter arrangements which will remain sufficiently flexible to match more local workloads. The operational arrangements include the identification of 'key dates' of anticipated high demand which are derived from analysis of historical data. Such predictions will be subject to adjustment based on shorter-term impacts such as forecasts of severe weather, high seasonal flu levels, fuel shortages or other Business Continuity challenges including industrial action within or outside of the NHS.

The outcomes of such data analysis will be considered in context with the need for NWAS Operational arrangements to create surge capacity to manage increases in demand of up to 15% for a sustained period of 4-6 weeks. The NARU Resource Escalation Action Plan (REAP) will be a key driver in the facilitation of such provision alongside partnership working and constant engagement with partners in the wider NHS under the provisions of OPEL.

## 2.6 Area Distinctions

Due to the size, topography, demography and differential demand and capacity patterns of the NWAS footprint, it is necessary to view the requirements of each distinct geographical area individually. To this end, this plan serves to underpin the arrangements in each of the NWAS functional areas, in terms of the demands on healthcare resilience.

NWAS Strategic Winter Plan 2018-19		Page:	7 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

Operational arrangements dealing with the NWAS response in each of the functional areas (Cheshire & Mersey, Cumbria & Lancashire and Greater Manchester) will provide the local, operational detail required to underpin this strategic plan.

## 2.7 Flexibility

Given the potential for significant changes to the 'traditional' or anticipated demands and as the influenza season unfold over the winter period, this plan will be subject to regular review. It is likely that further resource escalation and changes to the NWAS response will be required to be developed in a dynamic fashion as circumstances develop. Any such changes will be conducted as part of a partnership approach with other organisations in the wider health economy and in line with existing partnership agreements and policies but may also need to be measured in relation to emerging national ambulance service strategies or threats. NARU REAP arrangements can also be invoked to mitigate the effects of prolonged or acute periods of pressure or periods of Industrial Action.

## 2.8 Lessons Identified

In the development stages of this Plan, lessons identified from the Winter Period of 2017/18 have been considered and changes have been made to ensure that active learning has taken place to enhance the organisations and the wider NHS resilience capabilities.

An internal debrief has been arranged for early 2019 so that lessons from the winter can be captured formally and integrated into planning for winter 2019/20.

## 3.0 Operational Implications

### 3.1 Mutual Aid

NWAS has in place cross border arrangements with neighbouring Ambulance Services including the devolved administrations of Wales and Scotland, under a national Ambulance Mutual Aid Memorandum of Understanding (MOU). These arrangements have been vigorously tested during past incidences of acute pressure through public gatherings, industrial action, flooding and snow, in neighbouring services. It should be noted however that should system pressures be widespread or national, then such mutual aid may be limited in extent or difficult to negotiate when neighbouring Trusts are under similar pressures.

### 3.2 Demand Management

Within NWAS, resources between areas will be managed through the planning process and the evaluation of activity on a daily basis. This function will be conducted through the appropriate NWAS Strategic Commander who may during periods of pressure, be required to operate from the Regional Operational Coordination Centre (ROCC) based at Parkway, Manchester, but is also available for each NWAS Area as an on-call resource.

- The ROCC will ensure that resource allocation is managed in a way that addresses regional demand through monitoring of activity patterns.
- NWAS operates a robust on-call system which enables the activation of Strategic, Tactical and Operational Commanders together with Ambulance Liaison Officers and Loggists, at any time to incidents (including hospital turnaround issues) in any part of the Trust footprint. A member of the Trust Executive Team is also available at any time as are NWAS National Inter Agency Liaison Officers (NILO/Tactical Advisor).
- Each NWAS Area has its own Strategic Commander on call who has the latitude to maintain overall command of each area and the ability to commit funds without recourse to higher authority.
- The three delivery areas within NWAS will assess their respective activity demands and resource availability on a daily basis and where possible will allocate resources to the areas of greater demand. Close monitoring of demand and performance in each of the NWAS Major Incident Suites, will be conducted and any pressures discussed with the ROCC. These Suites may be staffed during critical periods or on a

NWAS Strategic Winter Plan 2018-19		Page:	8 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

more protracted basis during winter, usually by a Tactical Commander and support staff.

- Staffing levels are managed and monitored via the Trusts rostering system so it is possible to actively manage abstractions and ensure that maximum cover is available for the vehicle fleet. There is also the ability to manage the provision of additional vehicles at agreed times given appropriate Commissioning arrangements. Emergency Operations Centre (EOC) staffing levels can also be adjusted to meet predicted or short term demand in such a way.
- Mutual aid support for the Trust will also be requested when appropriate from the nearest Ambulance Services of West Midlands, Yorkshire, East Midlands and North East as well as Wales and Scotland. This request will be made under existing national ambulance mutual aid arrangements but can also include the deployment of air assets.
- NWAS is also obligated to provide mutual aid to other Ambulance Services, on request in response to major incident or to assist if an Ambulance Trust declares a very high REAP level. Such negotiations will take place at Strategic level and release of resources will be highly dependant on available capacity. NARU maintain the national Mutual Aid Plan for Ambulance Services (including the Devolved Administrations).

### 3.3 Plan Scope

The Strategic Winter Plan 2018/19 covers the period 01 November 2018 until 8 April 2019 unless otherwise stated.

- The plan covers the identified winter pressure reporting period (to be advised by the NHS) and details the Trust's intentions for delivering its core business.
- Analysis of historical data for this period over the past 4 years will be utilised to identify the anticipated periods of increased demand.

### 3.4 Festive Period

NWAS Operational arrangements will give due consideration to the Christmas and New Year period, which is traditionally a time of extremely high demand. Each NWAS area will produce its own Festive Period Plan.

- The analysis of historical data has provided the key dates where activity is expected to rise considerably.
- During this period there are likely to be extremely high levels of activity and demand with peaks expected around the Christmas and New Year periods. The last working day before the Christmas Public Holidays and New Years Eve are recognised as particular risks. However, it is also recognised that other factors may change the dynamics of activity levels such as severe weather, seasonal influenza challenges, industrial action or infrastructure disruption.
- The Operational Delivery Plans detail the Trusts intentions and methodologies for dealing with the increase of activity and maintaining an appropriate safe delivery of service.
- Appropriate additional operational/staff resources from the Paramedic Emergency Service (PES), EOC, Urgent Care Service (UCS), NW111 and the Patient Transport Service (PTS) will be identified and profiled for the key dates.
- The related cost pressures will be identified and calculated for all additional resources required.

### 3.5 Demand analysis

The capacity levels for NWAS detailed within the Operational arrangements are designed to address the forecasted demand for the winter period. The plans take into account previous and current demands.

- Planned levels of activity have been based on historical data, tempered with any seasonal Influenza related demands which may have caused unusual spikes in the anticipated activity levels.

NWAS Strategic Winter Plan 2018-19		Page:	9 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

- All available emergency resources (PES and EOC) will be utilised on key dates and assistance will be sought from the Voluntary Aid Societies (VAS e.g. British Red Cross, St John Ambulance and Mountain Rescue Teams), Private Ambulance Services (PAS- contracted in via an intermediary) as required, as circumstances dictate and as financial constraints allow.
- In identifying the key dates and required resources, a matrix of escalation will be devised. This allows for resource planning depending on anticipated activity levels but will be reviewed against any changes in anticipated or unscheduled activity. NWAS REAP arrangements are also available to deal with any surge in demand or adverse pressure on the Trust.
- Information regarding those dates of predicted NWAS high demand will be shared with each Acute Trust so that appropriate measures can be taken to reduce the impacts on the whole system.

## 4.0 NWAS Strategy

NWAS planning will be continuous up to and through the winter with regular meetings scheduled to ensure that focus is not lost. This will include dedicated agenda items on a range of existing and regular meeting schedules. Periodic performance teleconferences will also continue with the option to revert to a daily reoccurrence should pressures dictate.

NWAS has in place long-standing processes, which expedite rapid call pick-up and allocation times. Resource profiling is completed in a way which best matches demand to maximise response time performance to 999 incidents.

The NWAS Regional Planning Team will ensure that demand and resource profiles are matched through analysis of staff abstraction rates (training, leave and sickness) and monitoring of unit hour utilisation for the Paramedic Emergency Service. The following sections outline key factors, which underpin the NWAS response during the winter period.

### 4.1 Core Response Measures

NWAS uses the internationally established Advanced Medical Prioritisation Dispatch System (AMPDS). This allows NWAS to identify and prioritise all life-threatening emergency calls.

In July 2017, the Department of Health and NHS England announced new ambulance service standards as part of the Ambulance Response Programme (ARP). The aim of the ARP programme is to improve patient care and survival. ARP is the result of the largest study of an ambulance system ever completed, anywhere in the world. More than 14 million ambulance calls were monitored as part of a trial, with no patient safety concerns.

The new system enables ambulance services to be much more stable and able to deal with unexpected events and peaks in demand. ARP will make sure the best, most appropriate response is provided to patients, first time.

From 7 August 2017, there are four categories of call:

Category one is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of 7 minutes and within 15 minutes at least 9 out of 10 times.

Category two is for emergency calls. These will be responded to in an average time of 18 minutes and within 40 minutes at least 9 out of 10 times.

Category three is for urgent calls. In some instances patients may be treated by ambulance staff in your own home. These types of calls will be responded to at least 9 out of 10 times within 120 minutes.

Category four is for less urgent calls. In some instances advice may be given over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes.

NWAS Strategic Winter Plan 2018-19		Page:	10 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

- Call pick up times are constantly monitored against nationally set standards in all EOC's. This information is displayed in real time on the Trusts performance management dashboard, which is accessible to all appropriate managers. This information is also monitored in each Major Incident Suite and the ROCC.
- Activation times are monitored and reviewed daily by Sector and Operational Managers. Improvements aimed at reducing activation times include the utilisation of strategically placed deployment points as part of a Patient Centred Deployment (PCD) Plan.
- North West Divert and Deflection Policy provides an agreed process for Senior Trust Commanders to follow to ensure safe treatment and movement of patients across the region and to address any short term blockages through agreed deflections.
- The NWS Urgent Care Desk (UCD) and Directory of Services (DoS) are designed to augment the prioritisation of 999 calls.
- Analysis of historical data ensures that NWS are able to place resources appropriately and use relief staff in an effective manner.
- The Patient Transport Service (PTS) is also integral to NWS strategic planning for winter in consideration of the overall provision of contracted, non-emergency transport services. It should be noted that NWS is the contract holder for PTS in Cumbria, Lancashire, Greater Manchester and Merseyside while the West Midlands Ambulance Service provides the same function in Cheshire, Warrington and the Wirral.
- NWS will be required to provide event cover (i.e. football matches or mass gatherings) during the winter period. The resourcing of these events is over and above that which is required to deliver the operational delivery plan. These events may coincide with dates of anticipated high activity, as identified in the key date information. Such events are managed through partnership between the Trust Resilience and Operations Teams together with the event organisers, Police and Local Authorities.
- The 'Make the Right Call' (<http://www.maketherightcall.co.uk>) campaign is aimed at advising the public on the appropriate use of the of the Ambulance Service and signposting suitable alternatives for minor ailments. The Trust Communications Team will provide public information through broadcast and social media outlets utilising national templates for any publicity.

#### 4.2 Demand Surge Mitigation

NWS can meet a sustained increase in activity and cope with significant activity increases over short peak periods but acknowledges the challenges that may face the region and the wider NHS, particularly in respect of any widespread event such as an outbreak of pandemic disease. It is recognised (and a lesson identified by all health partners in previous winters) that the Ambulance Service reaches its capacity limits very quickly during severe challenges. A dynamic but constant evaluation and review of the pressures on the Trust is made weekly at the Executive Management Team (EMT) and daily within the ROCC. The NARU REAP arrangements can be used at short notice to mitigate demand and generate additional capacity short of declaring a major incident. Shorter term effects can be realised through application of the Demand Management Plan (DMP) levels to deflect demand in a measured and safe manner.

### 5.0 Mitigation Initiatives

NWS employs the following initiatives to enhance service delivery:

- The NARU Resource Escalation Action Plan identifies rising trends in operational and organisational demands and facilitates escalation/de-escalation through the nationally set REAP levels.
- Trigger mechanisms have been established through REAP arrangements that allow NWS to respond promptly to substantial increases in demand, in either specific areas or Trust wide.

NWS Strategic Winter Plan 2018-19		Page:	11 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

- NWAS REAP arrangements remain active at all times. The Strategic Winter Plan should be viewed as an adjunct to this and not as a replacement.
- The Trust is engaged with national partners to ensure the REAP elements are reflective of current and future challenges including the NHS OPEL (Operational Pressures Escalation Level) Framework, which standardised local, regional and national escalation levels to respond to severe pressures on the NHS.

By adopting a consistent NWAS approach, the overall ethos of OPEL can still be reflected in NWAS actions. Indeed, the NHS E/I OPEL Framework document underscores that system wide pressures can be resolved through close partnership working in order to manage surges in demand or capacity challenges. It also recognises that local A&E Delivery Boards have the latitude to align existing systems to the standard OPEL triggers and terminology as well as identifying that a rigid, sequential escalation is not always necessary or appropriate. Importantly, the Framework continues to emphasise that “Not all parts of the system need to meet all triggers in order to escalate – escalation can be service specific if agreed locally.”

In order to communicate the NWAS stance at any given request for the Trust to escalate in parity with an Acute Trust (excepting regional challenges beyond normal surges i.e. significant or major incident) a standard approach will be adopted to ensure consistency of message and action. Each request for escalation or notification that a particular Acute Trust is escalating to a higher OPEL Level will be responded to with a statement which echoes the following declarations;

- NWAS is currently operating at a Trustwide REAP level of ‘xxxxx’ which equates to Level ‘xxxxx’ of OPEL.
- All necessary actions for NWAS under REAP have been considered and already implemented or held in reserve should the situation become more challenging.
- NWAS is committed to support both whole system resilience and the management of local surge pressures against the background of patient care and protection of NWAS core business obligations.
- NWAS will support any local measure to relieve pressures as far as practicable and within the overall confines of our prevailing REAP level which reflects the overall pressures experienced by NWAS and cannot be flexed locally.
- Engagement with local NWAS managers on duty or on-call is essential so that appropriate supportive measures can be discussed.

## 5.1 North West 111

### Forecasting and Planning

NW 111 now possesses three years of historical data. This assists with accurate demand forecasts that will deliver improved roster efficiency and accuracy. Ultimately this will assist in delivering a more consistent and improved performance compared to previous winters. As with previous years, week commencing 24/12/18 is expected to be the busiest of the year with demand remaining high the following week and into January. To ensure the best roster cover NW111 reduce levels of managed shrinkage, such as annual leave and planned offline activities, for these key weeks.

The improved accuracy of forecasts allow for more accurate recruitment planning. NW 111 has already commenced winter recruitment for both Health Advisors and Clinicians.

NWAS Strategic Winter Plan 2018-19		Page:	12 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

## Service Delivery

NW 111 already operates a diverse approach to delivery, with the aim of improving patient experience. NW 111 will utilise the delivery methods of the previous winter. This includes;

- Cold and Flu Pathways – this is delivered through IVR and represents more than 5% of NW 111 demand. Patients are presented with a range of self-care options as well as assessment, dependant on the needs of the patient.
- Streaming at front end of patients aged 5 and under and currently unwell this is delivered through IVR and seeks to ensure patients five and under are managed, in the first instance by a clinician.
- Homeworking for clinical staff – to increase clinical numbers, especially on peak days, NW 111 operate homeworking. Clinicians can log on for key peak shifts at home.

To ensure the maximisation of all the potential workforce over the peak days and winter overall, NW 111 will utilise non front-line staff, such as;

- Pathways trained administrative staff will perform front line call taking role.
- Audit and Governance Team deployed into front line roles.
- Front line managers working in front line and operational roles.
- Increased senior management support.
- Clinical Managers able to work additional hours from home (via homeworking pilot).

Forecasts are reviewed regularly to ensure any variations to demand are met.

### 5.2 Demand Management Plan

The NWAS Demand Management Plan is now fully embedded and utilised regularly. This plan provides a risk based framework to enable flexible resourcing decisions to be made in the Emergency Operations Centres. The overriding function of this plan is to ensure that NWAS maintains the highest achievable level of clinical care in the face of demand levels that greatly exceed capacity.

This plan:

- Is applicable to the EOCs, the Urgent Care Desks (UCD) and the Regional Health Control Desk (RHCD) but has no specific actions for front line staff.
- Is considered in conjunction with the National REAP levels and will be employed in conjunction with this plan where appropriate and necessary but is routinely used as a stand alone plan.
- Should only be invoked with the sanction of a senior NWAS Manager or Director with Strategic command status and following discussion with EOC managers.
- Provides an escalating set of flexible, tactical options to apply a further level of triage (over AMPDS) which may result in certain calls being rung back for reassessment, deflected or be assigned a delayed response in order to priorities resources to the most immediately life threatening calls. Patients are always informed of the appropriate disposition of their call.

NWAS Strategic Winter Plan 2018-19		Page:	13 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

### 5.3 Clinical Hub

The NWAS Clinical Hub operates as a virtual 'hub' with bases in Merseyside, Lancashire and Greater Manchester, in the relevant EOC providing a number of functions.

Primarily the desks utilise a robust telephone triage tool to support patients through a Hear & Treat model, answering low acuity calls.

The virtual hub also provides clinical advice and support to NWAS operational staff and a process for clinical leadership and support for all staff and managers has to facilitate access to Paramedic, Senior Paramedics, Advanced Paramedics, Consultant Paramedics and occasionally, Doctors.

Police/Fire & Rescue Command colleagues can also access this clinical advice through a SPOC telephone number; this will support on scene decision making and reduce on scene time.

These desks are able to provide;

- Clinical advice
- Support for solo responders to enable them to leave scene whilst awaiting transport; including booking taxis where appropriate
- Access to senior clinical support for the Advanced Paramedics
- Direct telephone consultations with patients after initial categorisation
- Healthcare Professional Bureau to ensure HCP/IFT bookings receive the right type of transport, in the correct timescales for the patient's needs

### 5.4 Urgent Care Service

The Paramedic Emergency Service within the North West has over many years, developed and deployed a range of operational resource often constructed to meet specific needs or changes within the operational environment nationally or in more localised initiatives. The PES fleet has undergone realignment in order to match closely resources to the categorisation of ambulance calls.

The standardisation of the Urgent Care Service fleet in terms of vehicles, training and equipment has allowed the Urgent Care Desk to manage Cat 3/4 calls through a process of Pre-Determined Attendance, and the type of vehicle (or action if 'no send') matched to the severity of the call, thus the options are;

- Despatch an Emergency Ambulance
- Despatch a RRV for a Face to Face assessment
- Redirect the call to the NWAS UCD
- Despatch a USC higher transport resource
- Despatch a UCS transport resource

This change of disposition enhances capacity and increases the availability of the core Emergency Ambulance fleet that can then be targeted at lower acuity calls. Voluntary Aid Society or Private Ambulance resources can be similarly tasked where they have been commissioned directly.

### 5.5 Regional Operational Coordination Centre (ROCC)

Since the end of February 2018 the ROCC has moved to a 24/7 function staffed by a ROCC Duty Manager. ROCC Strategic Commanders provide cover across extended periods, seven days a week.

The ROCC is managed by a Duty Manager whose role is to monitor and review operational pressures across the NWAS footprint and provide direct management to the Regional Health Control Desk (RHCD) and Greater Manchester Urgent and Emergency Care Hub (GMUEC) Coordinators. Liaise with EOC's, NWAS Managers, other UK Ambulance Services and Wider NHS Management regarding Provider Organisation pressures and provide reports to NWAS and the wider NHS on system pressures.

NWAS Strategic Winter Plan 2018-19		Page:	14 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

The primary role of the ROCC based at Parkway is to be responsible for:

- Resource oversight/monitoring – Emergency Operations Centre (EOC)/Operations/Urgent Care Desk (UCD)
- Activity/demand monitoring – Demand Management Plan (DMP) monitoring
- Horizon scanning – publishing the ‘Emergency Demand Predictor’ each Monday
- Coordination – Business as Usual and Major/Large scale Incidents
- Single point of contact for UK Ambulances services and wider health economy partners
- Regional overview - for UK Ambulances services and wider health

### 5.6 Regional Health Control Desk

The RHCD provides real-time monitoring of health economy pressures, through daily contact with Acute Provider organisations, gathering soft intelligence relating to capacity and demands within these organisations, reviewing against activity and working to mitigate where possible any impact of increases in demand. The RHCD team consistently monitor and scrutinise delays in handover and any delays noted in clearing by ambulance crews are pro-actively managed.

The RHCD is covered 24/7 and works alongside the GM UEC Hub Coordinators, both of whom are managed by the ROCC Duty Manager. This dovetailing of local and regional perspectives provides rich intelligence and a pragmatic approach to problem solving. Ensuring pre-emptive and timely escalation occurs to Acute Provider on-call/management teams to request mitigation occurs at the earliest opportunity to support the risk of patients waiting in the community due to delays occurring within Acute Providers.

RHCD Coordinators continue to escalate delays over 60 minutes to Executives at Provider Organisations and continue to proactively monitor delays over the 15 minute threshold for clinical handover. The ethos of early escalation continues to be relevant and practiced by all ROCC functions.

### 5.7 Greater Manchester Urgent and Emergency Care (GMUEC) Hub

All GM health care providers are signed up to the hub and it is seen as neutral and an ‘honest broker’ between health and social care systems and now has live data feeds from each acute trust and NWS, GMHSCP is looking to gain direct input from primary care and community to give a whole system overview. This live data is used to identify pressured systems and provide support / intervention where necessary.

The hub is has become a single point of contact for GM Systems and is accepted as the conduit between GM Health and social care systems and National / Regional Colleagues, by having a real time understanding of activity and pressures the Hub managers are able to respond to National enquiries on the previous day where trusts have hit performance triggers.

The hub is also seen as a mediator/facilitator between systems which has enabled the team to resolve issues with transfers and repatriations when capacity is challenged across GM, an SOP for this process is to follow. The GM UEC Hub will hold central records of transfer and repatriation requests with delay and escalation triggers with associated actions. The hub also acts as a mediator between acute trusts and NWS when there are turnaround delays enabling a working plan to ensure ambulances are released in a safe manner. Acute trust senior management teams accept feedback from data analysis on trends and repeated issues and associated

NWS Strategic Winter Plan 2018-19		Page:	15 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

suggestions for change of practice. The team is seen to provide this feedback in a non-judgemental and supportive way.

The Hub also provides a watching brief on large scale incidents and issues which do or have the potential to affect the healthcare economy, this has enabled systems to 'step up' and prepare to predicted issues e.g. Flu, Extreme Weather Events,

Across the winter period the GM UEC Hub will operate as the GM Winter Room and coordinate the GM oversight and reporting to national level as appropriate.

Several UEC initiatives have been developed and are being explored under the UEC Hub banner;

- **Discharge profiling with PTS** and other transport providers at the start of the day to maximise the potential for early discharge.
- **Intelligent divert:** automatic diverting of low acuity patients to smooth demand before a pressure queue forms in an A&E.
- **Health Care Professional referrals:** this work is exploring the potential for improvements in the management of demand arising from HCP referrals.
- **Transfer and repatriation of patients across GM:** The GM system has an agreed Policy that seeks to minimise delays for patients waiting to be moved between GM hospitals, it will be a part of the GM UEC Hub role to facilitate and assist in that movement.
- **Ambulance handover at A&E across GM:** The recently refreshed national drive to achieve the 15 minute handover for ambulance patients remains a GM priority.

## 5.8 Pathways Directory of Services (DoS)

The Directory of Service is a national clinically profiled database. It has over 8000 services in it for the North West alone. It is used by Clinicians and Health Advisors within the North West and across England to refer patients to the right place on the first attempt, safely. It is crucial to aiding reductions in Emergency Department attendances and in turn, non-elective admissions.

The ongoing task is to ensure that the Directory of Service is an accurate reflection of the services available to patients at any given time. To achieve this, there are over 10 people across the North West working with each Clinical Commissioning Group (CCG) to ensure the information that is provided by their commissioned services to populate the Directory is completely accurate.

The Directory of Service's main user base is NW 111, however, access can be granted where appropriate to other Health Care Professionals who could benefit from having access.

## 5.9 Discharge arrangements

NWAS is able to provide patient transfers at the shortest possible notice, based on clinical priority or response to hospital pressures e.g. to move inpatients between hospitals, or to discharge patients. This can only be achieved through the negotiation of 'over contract' agreements with individual CCG's or Hospital Trusts.

- The NWAS PTS leads will be available to all Trusts to establish additional PTS non-emergency vehicle requirements in addition to current contractual arrangements for out of hours in those areas where NWAS holds the contract.
- EOC will collate transfer requests and sit-rep information and forward to CCG's and Acute Trusts as required.

NWAS Strategic Winter Plan 2018-19		Page:	16 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

- The Urgent Care Service will support this function.
- NWAS operated PTS services will be staffed throughout the identified critical periods and support the demand placed upon the Service only where appropriate arrangements exist.
- Supplementary arrangements are in place for St John Ambulance and British Red Cross to provide support but it should be noted that there is a limited budget for these and other Private Ambulance providers which may reduce the frequency of use.

### 5.10 Additional measures

The NWAS approach to winter will be 'business as usual' as far practically possible but a range of additional measures will be employed to mitigate the effects of increased demand or loss of capacity. These include;

- Executive focus – individual members of the NWAS Executive Team have been allocated geographical areas of responsibility and this level of engagement supports wider EMT scrutiny of winter plans and performance.
- PTS staff and vehicles can be utilised to assist PES in reducing admission, discharge and transfer pressures as and when required under the Trusts REAP arrangements and in such times as a major incident. This will require engagement with and agreements from the appropriate partners as it is designed to assist the wider health community.
- Additional front line staff together with operational management support will be deployed on the key dates identified in the Operational Delivery Plan, subject to appropriate capacity and identified investment to meet the need.
- Annual leave and other staff abstractions for all Service Delivery staff will be monitored and strictly controlled for the period encompassing the Christmas and New Year Public Holidays and beyond. For identified weeks during this time, an 8% limit on leave allowed has been agreed. Staff sickness absence will be subject to the same level of scrutiny and management.
- The NWAS Fleet care department is available to meet operational requirements throughout the critical period. They will also provide a 24/7 on call facility as dictated by demand and capacity.
- A Memorandum of Understanding (MOU) exists between NWAS and St John Ambulance in the event of a Major Incident. The Trust is also able to mobilise certain VAS resources during times of high activity, however there is a cost for some parts of this service and its activation requires sanction by an NWAS Strategic Commander/ Head of Service. It should be noted that SJA are often subject to the same event and activity pressures as NWAS during the winter and have their own issues with volunteer sickness or event commitments so such support cannot always be guaranteed.
- A national MOU for mutual aid from other NHS Ambulance Trusts exists. This is predominantly for Major Incident support but in the scenarios of Business Continuity challenge including widespread severe weather, national high activity, or when informal support from adjacent Ambulance Trusts cannot be guaranteed.
- At times of excessive demand, the triggers within the NARU REAP may require redeployment of seconded clinical staff fulfilling a non-clinical role. This decision will be taken in line with the processes detailed in the Plan.
- Extensive Business Continuity arrangements are in place to minimise the impact of any additional disruptive challenge to the operation of the Trust.

NWAS Strategic Winter Plan 2018-19		Page:	17 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

- The standing NWS 'On- call' arrangements (Commanders and support staff) continue as usual but may be enhanced/augmented for times of experienced or predicted pressure. These arrangements include senior clinicians on call.
- NWS Commanders have been provided with a North West Divert and Deflection Policy which summarises the actions to be taken in the event of pressures at individual hospitals or across entire Acute Trusts.
- Hospital Arrival Screens are well established in EDs and other locations to assist with patient flow through the departments. Additional Ambulance Liaison Officers have been recruited to provide a physical presence at ED's experiencing delays in transfers of care from NWS to Provider Trust clinician and assist in the release of vehicles to increase availability. Early escalation of any delays in transfer of care issues through the NWS on call structure is considered as essential.
- Local personnel policy includes flexible deployment of staff and the facilitation of contingency arrangements.
- Staffing levels over a 24hr period are an integral part of service delivery.
- Sector and Operational Managers (PES, EOC and PTS) have confirmed staffing levels, which are communicated at the weekly service delivery meetings. Additional hours are profiled to meet demand on key dates and these will be subject to scrutiny at the appropriate meetings. Staff Abstraction rates are monitored closely.
- Vigorous management of absenteeism through NWS Sickness Policy.
- The NWS Pandemic Influenza Plan contains contingencies for support staff redeployment during the flu risk period should a pandemic situation arise.
- The Trust's BCM arrangements include departmental and staff mapping analysis to enable support to be re-directed to critical functions if required, at times of severe pressure. Dedicated arrangements to deal with periods of Industrial Action are also in place.
- Additional front line staff, together with operational management support, will be deployed on the key dates identified in the Operational Level Plans.
- Staffing levels are profiled according to demand patterns. EOCs will be fully staffed and shifts will match demand on key dates.
- Planning with voluntary agencies (SJA, BRC, and Mountain Rescue) is regular and ongoing.

## 6.0 NWS Performance Improvement Plan

The Performance Improvement Plan (PIP) was endorsed by the Strategic Partnership Board in May 2018 and aims to ensure that NWS will deliver performance standards set by ARP for categories 1 to 4 calls at mean and 90<sup>th</sup> centiles.

### 6.1 PIP programmes of work

The PIP is focussed on;

- Fleet reconfigurations
- Emergency Operations Centre (EOC) efficiencies

NWS Strategic Winter Plan 2018-19		Page:	18 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

- Roster changes
- Increases in Hear & Treat and See and Treat

Which are supported by workforce, patient safety and hospital turnaround enablers each with a dedicated Executive lead.

## 6.2 Fleet Reconfiguration

Additional Double Crewed Ambulances (DCAs) have been added to the fleet above establishment baseline and general increases in staffing have been achieved through the decommissioning of Rapid Response Vehicles (RRVs). Further RRV decommissioning and fleet re-profiling is set to continue to optimise clinical response against ARP requirements. While some of the DCA gains have been achieved by retaining older vehicles the balance is being redressed with the steady arrival of brand new Emergency Ambulances on a phased basis.

## 6.3 EOC Efficiencies

EOC changes are critical to the maintenance of patient safety and delivery against performance standards and to these ends the following areas are subject to tight focus.

- Increase in call pick up (CPU) performance to 95% within 5 seconds. To be achieved by rota realignment to match call-taker availability to demand.
- Reduction in average handling time (AHT), and monitoring of downtime between calls ('not ready time') to improve call taking productivity. Clinical 'floorwalkers' have helped drive down call lengths.
- Earlier identification of category 1 calls and improvements in call flow.
- Increases in EOC staffing and profiling of recruitment, training and induction in advance of winter period. This includes additional operatives with distinct remit to manage routine calls into EOCs.

## 6.4 Increases in Hear and Treat (H&T)/See and Treat (S&T)

Introduction of the Adastra platform has influenced increases in H&T performance over the summer as has the utilisation of Acute Patient Assessment Service which in areas challenged by high hospital turnaround times, has assisted in maintaining operational performance. H&T incidents reduce inappropriate use of resources and maximises the availability of responding vehicles. S&T performance has also increased although not as much as anticipated despite the introduction of a range of enhanced patient triage tools, clinical pathways and alternative referral dispositions.

## 6.5 Workforce

Targeted workforce increases in preparation for winter is underway with a focus on EOC Emergency Medical Dispatchers (EMD) and EOC clinicians to support EMDs when dealing with at risk patients (should the line be disconnected). The recruitment and utilisation of Advanced Paramedics to provide diagnostic support in EOCs is also ongoing. Additional rotational clinicians are being recruited to offer cross discipline support between EOC, Operations and the Clinical Hub.

## 6.6 Hospital Turnaround

There is a requirement for Ambulance/ED Handover to occur within a 30 minute standard and work is continuing to improve performance on a collaborative basis. Those EDs with averages which exceed this standard are receiving particular attention and the aim to agree MOUs to manage persistent issues remains. Measures to aid this process which have been introduced or strengthened include changes to triage, static Hospital Ambulance Liaison Officers/Clinical Coordinators to improve flow and wider admission avoidance strategies.

NWAS Strategic Winter Plan 2018-19		Page:	19 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

## 7.0 Communications

NWAS has in place a robust Winter Communications Plan, which has been developed using a National Communications Template. The plan supports the NWAS Strategic Winter Plan, seasonal Influenza vaccination programme and NWAS Pandemic Influenza Plan as well as contributing to the Trust compliance with the Civil Contingencies Act (2004) in terms of 'warning and informing'.

### 7.1 Communications Activity

The Communications Framework covers five broad areas of activity;

- General Winter and Flu communication – already underway to support the Seasonal Influenza vaccination programme, 'Make the Right Call' Campaign and national 'Stay Well this Winter' campaign.
- Pressure related communication – in reaction to increases in operational and demand pressures.
- Business Continuity Management – staff communications during periods of pressure to ensure continuity of core services.
- Communications specific to the post winter recovery period.
- Public safety messages around key dates (e.g. 5<sup>th</sup> November, New Years Eve).

Messages will be disseminated over a range of platforms and media (Social Media, print and broadcast) with internally generated leaflets being used to reinforce winter messages to our patients on PTS and emergency journeys. Face to face opportunities will also be exploited or targeted with messages tailored to audiences for maximum impact.

### 7.2 Specific Objectives

Communication activity will assist in mitigating some of the demand pressures that NWAS will face during the winter period. Specific actions will include;

- Providing our staff, our volunteers and the public with health and wellbeing advice including why they should have the flu vaccination
- Informing the public about making the right choices to access care if they are unwell, especially when to call 999 and when to use other services such as NW 111
- Raising awareness of the ambulance services role in tackling winter pressures amongst NHS organisations and key stakeholders
- Engaging with staff about our efforts so they feel informed, listened to and able to act as a trusted source of information to patients on winter health matters

### 7.3 Public Health England, Cold Weather Plan

The national Cold Weather Plan is a framework document which is intended to protect the health of the population due to the effects of cold weather. By alerting people to the negative health consequences of prolonged or severe cold weather, the plan aids both health organisations and the general public in preparing and responding accordingly to cold weather.

A series of steps are recommended by the plan to reduce the risks to health from cold weather and these include ensuring the receipt of the regular Meteorological Office, Cold Weather Alerts and associated Planning Advice. These emails contain detailed forecasts (or alerts should trigger thresholds be breached) to signal impending cold weather and allowing appropriate actions to be taken. The four levels - Level 0 (Year-round planning) to

NWAS Strategic Winter Plan 2018-19		Page:	20 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

Level 4 (Major Incident) each have their own targeted and tiered actions for various agencies which will be considered or enacted upon issue of the appropriate alert.

These alerts and forecasts are received by the NWAS Resilience Team, Emergency Operations Centres, The ROCC and Communications Team.

The current version of the Public Health England Cold Weather Plan can be found here;

<https://www.gov.uk/government/publications/cold-weather-plan-cwp-for-england>

Local Resilience Fora all have multi-agency severe weather arrangements and NWAS remains an active partner in the planning and response to such incidents to support patient care, wider public safety and staff support.

## 8.0 Reporting Mechanisms

If directed, UNIFY2 can be used for any requirement of SITREP reporting during weekdays, unless the level of pressure dictates that weekend reporting is also necessary.

The NWAS ROCC will be the most appropriate place to gather the appropriate information and validate it with a Strategic Commander prior to submission to the NHS England to meet the daily SITREP deadline. This process will be clarified with the ROCC Team (as they have access to UNIFY2) and embedded in daily activity reporting for the winter period.

Those most pertinent for NWAS reporting will be;

- A&E Closures.
- A&E Diverts.
- Ambulance handover delays of over 30 minutes.

It is likely that any NWAS data submissions will contribute to a triangulation of data from other sources in the NHS for further validation prior to upward briefing to the Department of Health. It is anticipated that a regimen of local and regional teleconferences will be scheduled in step with NHS England – North Region reporting obligations to the centre.

NWAS managers will continue to represent local Sectors on A&E Delivery Boards and provide detailed, local assurances or data as requested.

## 9.0 Seasonal Influenza

NWAS clinicians (paramedic level) can administer the seasonal influenza vaccine to all frontline staff (PTS, 111, EOC and PES). Staff communications processes will be run prior to and throughout the winter period and incentivisation is expected to increase uptake. Following the established model, flexible venues will be arranged for vaccination clinics including workplaces and the opportunity of home visits. Specially trained NWAS clinical staff, led by Advanced Paramedics, are undertaking the vaccinations. The key lessons learnt from previous campaigns will ensure that we are vaccinating earlier than previous years. We anticipate vaccinations to start as soon as the vaccine has been produced and distributed to areas.

It is anticipated that for the winter of 2018/19 there will be virtually no reliance on Occupational Health Services for vaccinations. Our 'in house' administrations will make it more accessible to frontline staff. Influenza vaccination should be seen as an augmentation of those normal infection prevention and control measures, which have been embedded within the Trusts procedures.

NWAS Strategic Winter Plan 2018-19		Page:	21 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

The table below shows the vaccination uptake for frontline Healthcare workers across all Ambulance Trusts from 1<sup>st</sup> September 2017 to 28<sup>th</sup> February 2018. North West Ambulance Service NHS Trust ranked 4<sup>th</sup> out of 10. All Trusts showed a percentage increase from 2016/17 apart from London Ambulance Service NHS Trust.

Trust	1 Sept 2017 – 28 Feb 2018 Vaccine uptake (%)	1 Sept – 31 Dec 2016 Vaccine uptake (%)
West Midlands Ambulance Service NHS Trust	77.7	76.2
London Ambulance Service NHS Trust	55.6	65.3
South East Coast Ambulance Service NHS Trust	69.3	63.5
East Midlands Ambulance Service NHS Trust	73.4	58.8
South Central Ambulance Service NHS Trust	63.3	54.4
North West Ambulance Service NHS Trust	67.2	52.7
South Western Ambulance Service NHS Trust	56.7	49.2
North East Ambulance Service NHS Trust	54.4	48.4
East of England Ambulance Service NHS Trust	55.5	36.9
Yorkshire Ambulance Service NHS Trust	65.6	18.4

Source: Public Health England

The total number of staff vaccinated within the 2017/18 Flu Campaign was 3494 frontline staff and 446 non-frontline. As the primary objective was to increase the vaccination uptake for frontline workers, last year's Campaign proved the most successful to date with **67.2%** of frontline staff receiving the flu vaccination. This is a significant increase from the previous year, whereby in 2016 53% frontline workers were vaccinated and in 2015 52% were vaccinated which was an increase on the year prior to that.

### 9.1 Pandemic Influenza

The NWAS Pandemic Influenza Plan has been maintained in line with national guidance and will be invoked if health intelligence suggests the emergence of a pandemic strain and the appropriate trigger levels are breached. It is subject to an annual review and is ratified by the NWAS Board in line with EPRR Assurance requirements.

## 10.0 Severe Weather

Severe winter weather provides one of the greatest challenges to NWAS with snow, ice and flooding all affecting the road infrastructure. The NWAS response is detailed in the Area Operational Winter plans but essentially relies on the augmentation of the usual fleet with the following;

- All NWAS vehicles have been fitted with all-weather tyres
- NWAS 4x4 RRVs already in service including HART fleet
- Consideration of short term hire of additional 4x4 vehicles
- St John Ambulance and British Red Cross 4x4 vehicles
- Those managers with 4x4 lease vehicles
- Civilian Mountain Rescue Teams and other Search and Rescue charities
- Partner agencies eg Police, Fire & Rescue Service, RNLI, MCA, Local Authority
- Maritime and Coastguard Agency Search and Rescue helicopters (immediate lifesaving interventions)
- Military Aid to the Civil Community in extreme situations upon exhaustion of NWAS contingencies

Additionally, ambulance stations have received supplies of grit/salt and many have contract arrangements with hospital estates departments or commercial companies to provide a snow moving and gritting service. HART bases have their own snowplough capabilities to maintain access to their garages.

Vehicle recovery arrangements are in place either through NWAS Fleet Support or externally contracted sources.

NWAS Strategic Winter Plan 2018-19		Page:	22 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

Existing, departmental Business Continuity Plans and staff mapping information will come into play in the event of major difficulties in maintaining staff cover with particular emphasis on EOC operations and other core functions. Staff welfare is paramount but individuals are encouraged to attempt to access normal work locations where safe or nearest NWAS site/alternative site as designated in local Business Continuity Plans.

NWAS Strategic Commanders have Government Purchasing Scheme (GPC) Credit Cards to support the out of hours provision of financial support for emergency accommodation or catering supplies in the event of staff being stranded or required to be billeted near a place of work.

## 11.0 Industrial Action

Existing departmental Business Continuity and staff mapping arrangements underpin the NWAS response to any threatened periods of industrial action.

At the time of writing, NWAS is in dispute with the GMB Union over historic Job Evaluation issues but Unison and Untie membership are working normally. A dedicated oversight group meets three times a week to discuss actions and arrangements to mitigate any effects of staff abstractions, Through robust planning and management, impacts on patient care have been kept to a minimum although significant efforts have been required to maintain operational and event cover, particularly in the Cheshire & Mersey Area where the focus of the industrial action is located.

From experience gained from previous industrial action, a specific NWAS plan has been developed to deal with the impacts of disruption through strikes and action short of strike. This plan is sufficiently flexible to be tailored to the specific type or period of potential disruption. Knowledge of potential areas of disruption or challenge has been acquired from mitigation of Ambulance Staff, Fire and Rescue Service and Junior Doctors disputes/actions over recent years and this has been factored into a range of contingency plans to ensure enhanced resilience.

This 'Constant Care' Plan can be initiated in the face of planned or spontaneous action and provides a flexible and scalable response to maintain the Business Continuity of NWAS and protect core response in the face of any degradation of capability. This plan has been updated and reconfigured for each specific sector, which may be affected by industrial action e.g. Fire and Rescue Service, fuel transport or parts of the health sector. The threat of more widespread and coordinated industrial action during the winter period has been recognised and considered in terms of NWAS and multi-agency planning.

## 12.0 Document Review

This document remains in a constant state of review and will be updated and amended as situations develop or change but will be formally reviewed and revised in July 2019.

NWAS Strategic Winter Plan 2018-19		Page:	23 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

# Appendix 1

## NWAS Generic Strategic Intentions Template



**\*\*\*INCIDENT NAME\*\*\***

dd/mm/yyyy

### STRATEGIC INTENTIONS

It is the intention of the North West Ambulance Service to respond to and manage the impacts of \*\*\*\*\* in a way that protects and saves life, reduces humanitarian suffering and is compatible with the vision and values of the NHS. Any and all actions must also comply with Statute, JESIP Doctrine and recognised best practice including \*\*\*\*\* specific advice from \*\*\*\*\*.

Through effective coordination, sound planning and good leadership the Strategic Commander will:

1. Maintain public confidence and minimise the impact of the incident by ensuring that the Ambulance Service Provider is responding effectively to the consequences of any IA.
2. Ensure that the Ambulance Service Provider response is coordinated and integrated with the wider health and responding agencies to promote shared situational awareness and joint understanding of risk.
3. Maintain effective capacity management within the Emergency and Non-Emergency Service, and the Emergency Operations Centres by:
  - Assessing and identifying any gaps in the response capability of the organisation for dealing with this incident.
  - Identifying the need for (and requesting) ambulance mutual aid (commanders, staff and vehicles), national contingencies resources (Mass Casualty Vehicles) or national interoperable capabilities (HART).
4. So far as is reasonably practicable, take all measures and employ all appropriately identified control measures to safeguard the following people under the terms of Health and Safety Legislation:
  - Patients
  - Ambulance staff and other responders
  - Local communities and the public
5. Ensure public messages are coordinated with partner agencies and stakeholders.
6. Ensure effective Business Continuity and Recovery arrangements are in place across the organisation and review where necessary.

NWAS Strategic Winter Plan 2018-19		Page:	24 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

7. Provide support and representation at area and sub-regional levels where appropriate.
8. Promote to all on duty NWS teams the need for sharpened focus and vigilance on both a general increase in activity and incident that is occurring in populated public places.
9. Create and maintain a well-documented, auditable plan and decision logs for the incident at all levels of command.
10. Ensure that Tactical Commanders produce a workable and appropriate Tactical Plan based on this Strategy.
11. Review this strategy every 4 hours or in the light of meetings of teleconferences convened or significant changes to the conduct of the IA including major incident declarations or capacity challenges.

Date..... Time.....

NWS Strategic Commander (print).....

NWS Strategic Commander (sign).....

Version 4.0

NWS Strategic Winter Plan 2018-19		Page:	25 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

## Appendix 2

### Strategic Commander Winter Action Card

# Winter Action Card

## ROCC Commander /Strategic Commander On-Call

All decisions should be made in accordance with the Joint Decision Model (JDM) and logged



	Description	✓	Time(s)
1	Consider any running or previous logs (EOC, AOCC, ROCC, personal) and maintain subsequent entries.		
2	'Best practice' suggests maintaining a personal decision log.		
3	Gain initial situational awareness from EOC/AOCC/C3/ROCC screens. <b>NB</b> If the ROCC does not have a Commander on duty then the on call Strategic Commander may need to consider dialogue with counterparts in the other areas.		
4	Establish contact with <u>each</u> AOCC/EOC to determine 'ground truth' and consider; <ul style="list-style-type: none"> <li>• Resource profile</li> <li>• Activity profile</li> <li>• EOC staffing profile</li> <li>• Turnaround performance by hospital and OPEL status</li> <li>• NWAS Performance by Trust and Area</li> <li>• Any indications of NHS 111/Urgent Care pressures</li> </ul>		
5	Assess relative risks based on above and construct working strategy based on; <ul style="list-style-type: none"> <li>• NWAS Winter Plans</li> <li>• Divert and Deflection Plan</li> <li>• Demand Management Plan (DMP - when live)</li> <li>• EOC 0044 Utilisation of Managers</li> <li>• EOC 0032a Emergency Rule</li> <li>• EOC 006 Level 1 &amp; 2 (until DMP live)</li> <li>• Major Incident Response Plan</li> <li>• REAP</li> <li>• Acute Trust OPEL escalation outliers</li> </ul>		
6	With reference to the DMP (as above) and REAP, consider any immediate action requirements or additional escalations.		
7	For those Acute Trusts reporting OPEL Level 2 or above, review the <u>Acute</u> OPEL Action Card to determine if any NWAS supporting actions are required (see below for response to requests for NWAS to escalate).		
8	Formulate working strategy and communicate to AOCCs/EOCs. (Ensure ROCC is informed/engaged if no ROCC Commander on duty).		
9	Consider immediate need for Strategic teleconferences or establish appropriate time to facilitate a planned schedule of calls (without diverting attention from maintenance of core business).		

NWAS Strategic Winter Plan 2018-19		Page:	26 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

10	Support and challenge AOCCs and EOCs in active management of pressures and sense check tactical planning. (Ensure ROCC is informed/engaged if no ROCC Commander on duty).		
11	Consider involvement of on call support to manage actions if required (e.g. NILO or loggist).		
12	Consider contact call to NHS 111/Urgent Care to assess impacts on demand and sources of support.		
13	Consider involvement of external agency management support (NHS England/CCGs).		
14	Inform NWAS Executive on call of any significant systems failures, major risks/pressures, staff welfare issues or adverse media interest.		
15	Engage with NWAS Communications team to ensure appropriate messages are being shared on social media or via other channels.		
16	Ensure the welfare requirements of all staff are being considered and addressed.		
17	Plan beyond immediate issues to facilitate recovery and consider implementation of Business Continuity measures if required.		
18	Review actions above and repeat as situation dictates.		
19	Review all logs and prepare for handover (to on call or relief) and ensuring rationales for decisions are recorded.		
	<p><b>OPEL statement for Acute Trusts requesting NWAS escalation;</b></p> <ul style="list-style-type: none"> <li>NWAS is currently operating at a Trustwide REAP level of 'xxxxx' that equates to Level 'xxxxx' of OPEL.</li> <li>All necessary actions for NWAS under REAP have been considered and already implemented or held in reserve should the situation become more challenging.</li> <li>NWAS is committed to support both whole system resilience and the management of local surge pressures against the background of patient care and protection of NWAS core business obligations.</li> <li>NWAS will support any local measure to relieve pressures as far as practicable and within the overall confines of our prevailing REAP level that reflects to overall pressures experienced by NWAS and cannot be flexed locally.</li> <li>Engagement with local NWAS managers on duty or on-call is encouraged so that appropriate supportive measures can be discussed.</li> </ul>		

V 5.0 October 2017



NWAS Strategic Winter Plan 2018-19		Page:	27 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019