



South East Coast
Ambulance Service
NHS Foundation Trust



Winter 2020 Planning Framework

Aspiring to be *better today*
and even *better tomorrow*

Document Sign Off

Version:	V2.0
Name of originator/ author:	Anne Harvey
Responsible management group:	Organisational Response Management Group
Directorate/team accountable:	Operations/EPRR Team
Winter 2020 Planning Framework:	
Approved by:	Organisational Response Management Group
Date approved:	21/10/2020
Fit for purpose according to:	Executive Management Board
Date approved:	02/09/2020
Date issued:	22/10/2020
Date next review due:	TBC
Target audience:	All trust staff /NHS systems
Replaces (version number):	V1.0

Document Control

Review/comments:

Person/ Committee	Comments	Version	Date
Anne Harvey	Initial review and development of plan.	V0.1	July/Aug 2020
Resilience Forum Winter Planning Group.	Input from key stakeholders to review and update or provide narrative to respective sections of the plan.	V0.1	July/Aug 2020
EPRR Team	Winter 2020 Risk Assessment completed	V0.1	11/08/2020
Resilience Forum Winter Planning Group and EPRR Team	Circulated for review and comment	V0.1	17/08/2020
EPRR Team	Document reviewed and updated	V0.2	18/08/2020
Anne Harvey	Updated with review of feedback from Resilience Forum Winter Planning Group.	V0.3	20/08/2020
Covid Management Group	Submitted for approval	V0.3	21/08/2020
Covid Management Group	Plan approved	V1.0	21/08/2020
Teams A	For information	V1.0	24/08/2020
Executive Management Board	For ratification	V1.0	02/09/2020
EPRR Team	Plan reviewed and amended to reflect change to Leadership group/name, C2 flowchart removed as no longer correct, risk assessment updated to reflect Trust Risk Register. Key Contacts included	V1.1	15/10/2020
Organisational Response Management Group	Submitted for approval	V1.1	21/10/2020
Organisational Response Management Group	Plan approved	V2.0	21/10/2020

**This is a Live Document and will be subject to review and update in a dynamic operating context.
The latest version will be updated onto the Trust website**

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1. Introduction

This plan is designed so that the South East Coast Ambulance Service NHS Foundation Trust (SECAMB) can meet the challenges a winter period brings, whilst maintaining a sustainable service throughout the winter period.

Historically increased activity during the winter period has presented significant challenges to the Trust, it is recognised that these demands are not always those placed directly onto the Trust but can be those affecting the wider health and social care system.

Winter 2020 is anticipated to be no exception, set against the impacts of the Covid19 pandemic and possible Covid 19 resurgence, along with service delivery impacts which may be the result of EU Exit transition arrangements. The difficulties presented by these factors when combined with similar situations in partner organisations across the wider health community, may make the challenges of this winter even more acute and unpredictable.

This document is intended to draw on the experiences of past winters and of the Covid19 response and integrates recommendations, guidance and criteria for winter 2020 planning.

1.1. Planning Assumptions

This plan has been developed based on the following planning assumptions;

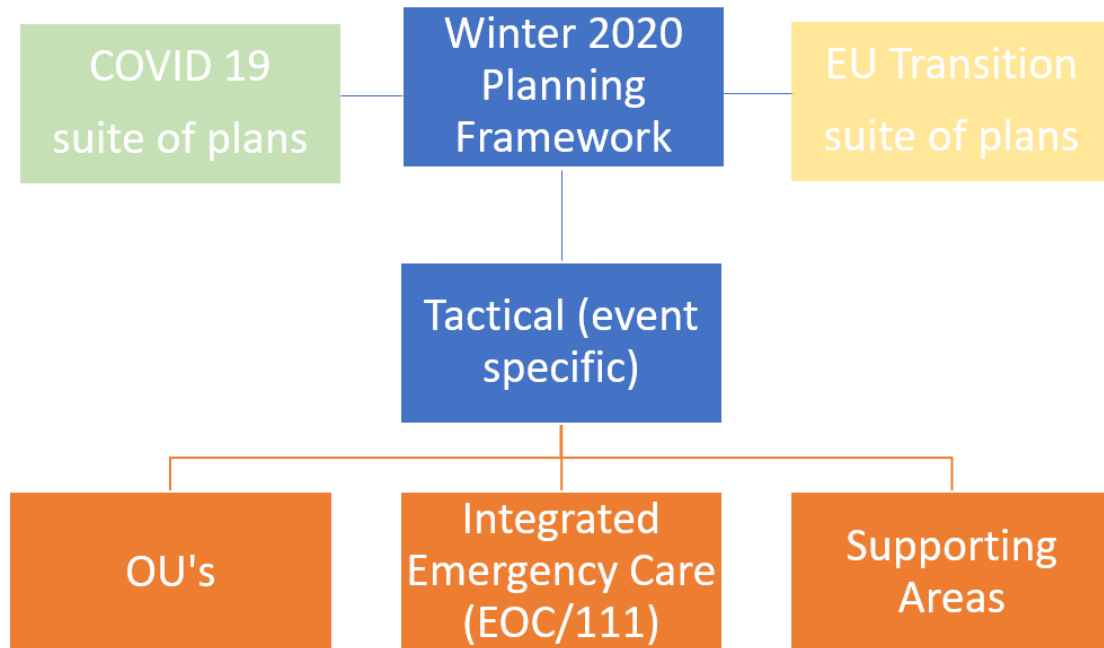
- The trust has in place a process to monitor anticipated activity and deliver the required resource to meet this anticipated activity.
- The Trust has in place a set of internal escalation triggers, which are effective and work to mitigate the risk posed by surge conditions.
- The Trust will be able to provide the additional resources required to meet surge conditions.
- The trust will, when necessary provide support for other priority areas to ensure delivery of trust objectives.

Should the above conditions not be met, the mitigation provided by this winter plan will be lessened. With the above conditions adequately met this plan should provide sufficient mitigation to ensure a manageable winter period.

The document concentrates on several year-round processes and key seasonal initiatives that will deliver robust 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 SECAMB is high and that this will contribute to the resilience of the whole system. It also serves as an overarching plan to bring together the arrangements detailed in the individual Operating Unit, Emergency Operations Centre and SECAMB 111 winter plans.

This is a live document and will be subject to review and updated accordingly throughout the Winter planning period.

Plan Structure



1.2. Associated Documents

This plan is not intended to replicate or replace existing Trust plans or guidance and should be used in conjunction with the following associated documents:

- Operating Unit Winter Plan(s)
- Contact Centre Winter Plan(s)
- Resourcing Escalatory Action Plan (REAP)
- Surge Management Plan (SMP)
- Clinical Handover and Transfer of Care Procedure
- Major Incident Plan & Additional Contingencies
- Business Continuity Management Policy
- Business Continuity Management Plan & Associated Documents
- Command & Control Procedure
- COVID-19 Strategic Plan
- COVID-19 Incident Operating Model
- COVID-19 Pandemic Test and Trace Cell SECamb Staff Procedure
- COVID-19 Outbreak Control Management Framework
- SECamb EU Transition Plan(s)
- Infection Prevention Ready Procedure
- Infection Prevention and Control Manual
- Winter Period Communications Plan 2020/21
- NHS England Operational Pressures Escalation Level Framework (OPEL)

2. Intent

The intention of this plan is to provide sufficient arrangements and options to manage this anticipated demand and mitigate the associated risks in accordance with the visions and values of South East Coast Ambulance Service NHS Foundation Trust.

2.1. Strategic Intention

- Maintain a clinically safe and effective service that meets the clinical needs of all our patients
- Mitigate and minimise the impact to the wider NHS
- Inform the public and maintain public confidence
- Ensure sufficient assets are available to manage the event to maintain service delivery to national standards
- Ensure a swift return to normality in the event of an incident

2.2. Tactical Intention

- To ensure patient safety is at the centre of our actions
- To have a predefined Command and Control Structure in place to ensure the operational demand is managed effectively
- To maintain core services through the effective use of escalatory framework
- To ensure that staff welfare is considered by providing refreshments and adequate breaks within the constraints of the demands being placed on the service.
- To ensure staff safety through continuity of supply of Personal Protective Equipment in respect of PHE/NHS guidance.
- To work with partners to mitigate demands and limit the impact on the wider NHS

3. Scope

This plan covers the winter period, normally defined as being from 1st November to 31st March with specific emphasis on the critical period, historically, this is the festive period from early December to mid-January., However given the additional challenges of Winter 2020, this critical period may begin earlier or be extended further.

Analysis of historical data for this period will be utilised to predict potential periods of increased demand, however it is important to recognise that the other impacts (Covid, EU Exit etc) brings a high level of uncertainty to this period. Therefore, any plans produced will be required to maintain a high level of adaptability.

3.1. Christmas and New Year

There will be specific arrangements for the key dates over the Christmas and New Year period, which include provision of additional operational resources and appropriate, focused managerial support. These arrangements may be extended in response to challenges posed by prolonged increased activity, system pressures, seasonal flu and other challenges.

This year, there are the additional challenges of the Christmas public holidays going into a weekend, where there may be long periods of people off of work and limited access to primary care during this time and the EU transition period due to end on 31st December.

3.2. Trust Response to Covid 19

The Trust's response to COVID-19 has evolved over time to reflect the needs of staff and patients and to ensure that the Trust is meeting the specific actions, outlined by NHSEI that all NHS organisations should take. Throughout the Covid-19 response, maintaining staff and patient safety as well as delivering a safe service has been a key objective of the Trust. As we move into the next phase of the response a further objective is to ensure that robust governance and processes are in place to support the timely reporting and management of COVID-19 outbreaks, hospital acquired infection and associated staff absence.

It is still unclear how the COVID-19 virus will progress throughout the approaching months, with a high likelihood of a 'second peak'. The Trust's response to COVID-19 will continue to be closely monitored by the Organisational Response Management Group (ORMG) and inevitably may be revised in order to ensure we continue to best service our staff and our patients.

3.3. EU Transition Arrangements

The UK left the EU on 31 January 2020 and entered a transition period which is due to end on 31st December 2020. The Trust had a number of plans and mitigation measures in place for EU Exit. Ensuring cognisance of potential issues and dependencies, the Trust continues to engage with Local Resilience Forums (LRF) and NHS partners in planning for EU transition.

Building on learning identified from EU Exit debriefing and considering new arrangements for EU transition we will continue to develop the plans and arrangements required for the end of the transition period.

4. Review of Winter 2019

A review of arrangements put into place for Winter 2019 has been undertaken, with areas of good practice to be fed into the planning for this year. The Trust has also engaged with local systems to review the challenges of Winter 2019, key themes around areas that worked well and areas for improvement have been identified and will support system Winter 2020 preparedness planning.

Concerns/ areas for improvement include:

- Daily management calls were stood down in order to focus on the call volume and patient response, it was identified that this may have contributed to a lack of focus on wider system issues including hospital handover delays and system capacity.
- A main challenge for the trust was an increase in short term sickness over the Christmas period. Specifically, Christmas day and Boxing day.

Actions taken include:

- Additional Clinicians in EOC and Urgent Care Hub set up where workforce allows,
- Band 7 Paramedic Practitioner rotational models developed,
- Longest one waiting vehicle (LOWV) and Joint Response Unit (JRU) have been further developed and rolled out.
- Acute pathways support - ongoing work to improve and establish acute pathways.
- Improved Hear & Treat and direct referrals focus

5. Risks

Risks are multifactorial and involve internal and external factors. Whilst planning is completed on the basis of what is known or can reasonably be expected to happen, factors may impact on planning outside of that process. Delivery risks are based on predicted and actual demand, patient facing vehicle hours available, hospital handover delays, sickness, significant disruption of service or major incidents and other external factors such as events or weather issues.

Key risks identified in respect of Winter 2020 include:

- Potential Covid 19 resurgence in conjunction with known winter pressures
- Winter Flu pandemic
- Increased Activity
- EU transition ends during critical winter period
- Adverse Weather
- Potential for Public Disorder

While the full health sector picture is not fully known, the report “Preparing for a Challenging Winter 2020-21”¹ provides an in-depth analysis of the risks and challenges to the NHS in the coming months. It is anticipated that the challenges identified will add to the winter pressure challenges normally experienced by the wider NHS & social care system and in turn will likely impact on ambulance service activity.

A risk assessment for the Winter period is provided at Appendix A

6. Method

¹ <https://www.gov.uk/government/publications/covid-19-preparing-for-a-challenging-winter-202021-7-july-2020>

The delivery of this plan 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 supporting plans, as detailed in the Plan Structure Framework so that the arrangements 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.

This section of the Plan describes the processes to predict, monitor and mitigate the demands that are likely to be placed upon the Trust over the winter period, and looks to ensure delivery of service is maintained during surges in demand or reduced capacity.

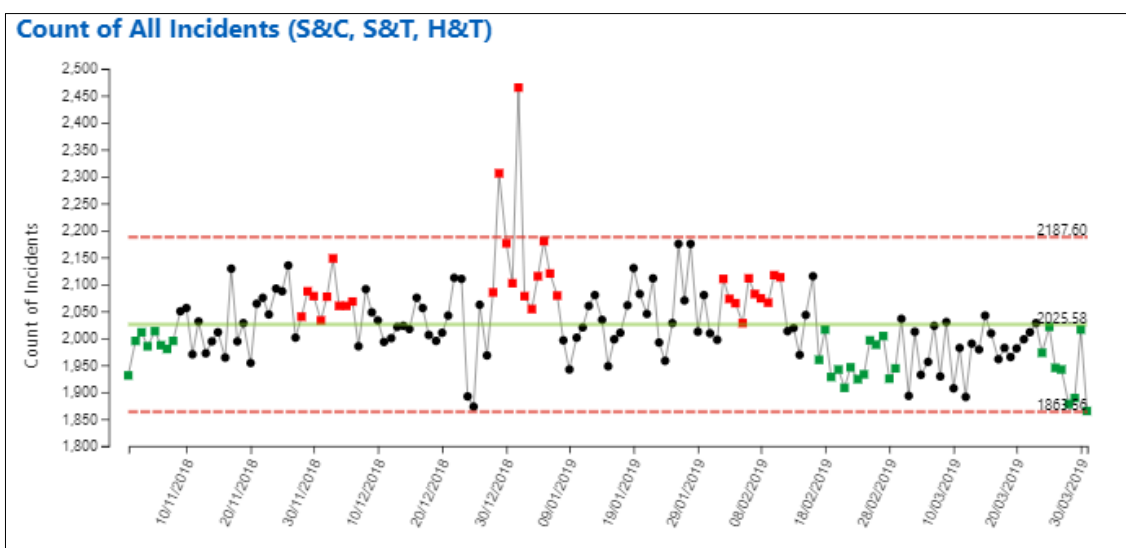
6.1. Activity Profiling

Activity profiling is based on demand and capacity review assessment. Analysis of past activity, present performance and growing demand produces a view of the levels of activity anticipated over the winter period and gives us an indication of when we might see demand peaks this winter.

However, this is not an exact science and it is recognised that the Trust may experience unplanned short-term/sustained periods of increased activity, therefore, demand and capacity is reviewed on a regular basis by Teams A, the Trust’s senior operational leaders to consider factors which may change predictions, in order to manage resourcing and provision of operational hours.

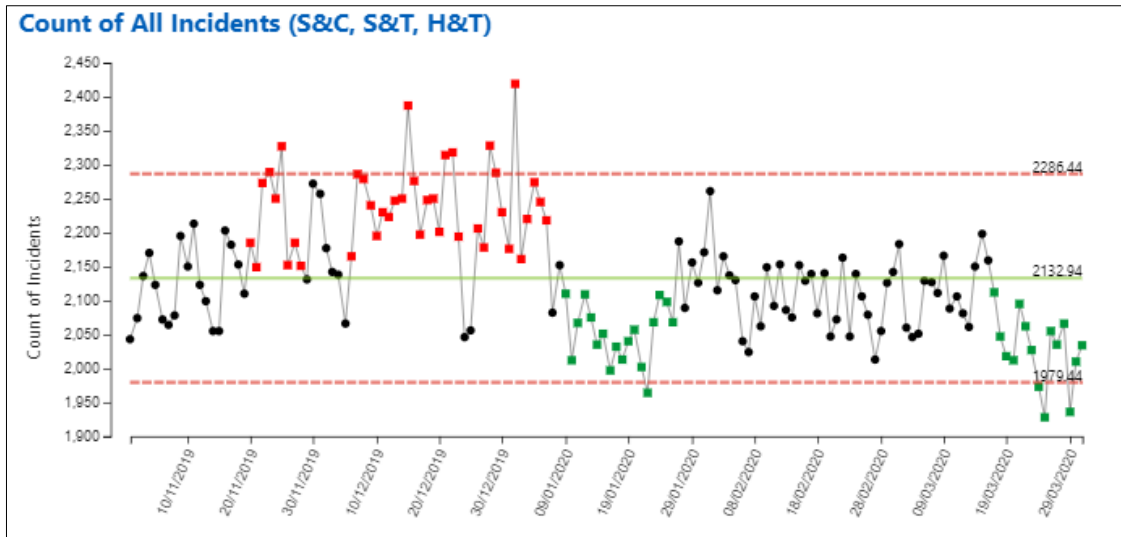
The following graphs show the activity over the winter period (November to March) for the previous two years.

Winter 2018



The trajectory for 2018 -19 reflects the implementation of the Ambulance Response Programme (Nov 2018) and the improved quality of data reporting due to the new CAD.

Winter 2019

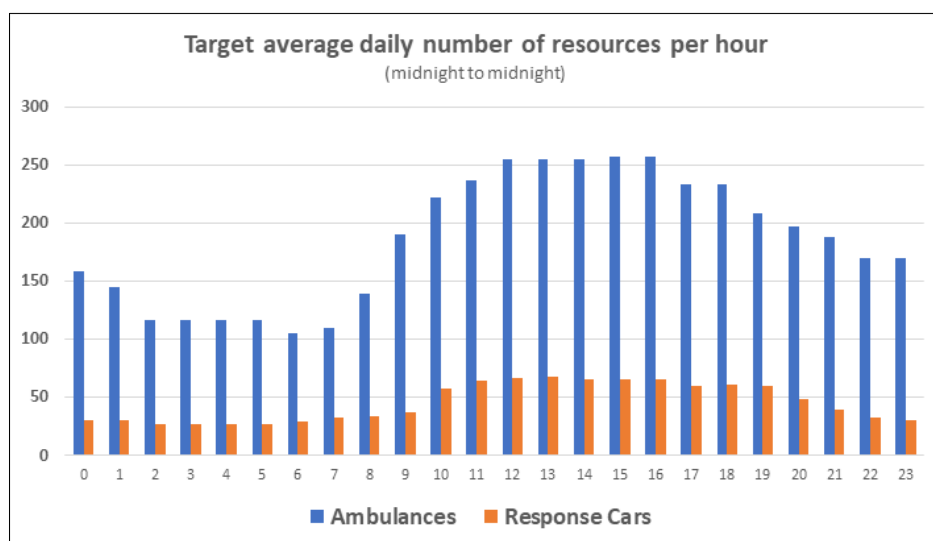


- indicates sustained period of average normal variation.
- indicates sustained period above average normal variation.
- indicates sustained period below average normal variation.

6.2. Operational Resource Planning

The Trust’s scheduling teams, in conjunction with the OU leadership are responsible for providing operational resources in line with the Demand and Capacity Review. This also applies to the Contact Centres (Emergency Operations Centre & 111) with regard to call handling, clinical advisory and dispatch functions.

The scheduling teams role is to populate staff rotas up to six weeks in advance, with an objective of meeting the daily target hours per day, per week. The planned/target provision of operational staff hours is 65,150² hrs per week, these are then broken down per day to reflect demand. The average daily picture for the pattern of resourcing is represented in the graph below, however, as there is little to differentiate from day to day this provides a high-level view.



² Commencing September 1st, 2020

As we move towards the winter period a more accurate picture of the available resource against the predicted demands will emerge. This will be kept under constant review by Teams A to ensure that risk periods are identified, and mitigating actions are put in place.

6.3. **Staff Abstraction**

The Trust's Annual Leave Policy details the arrangements for annual leave over the Christmas period, which limits annual leave abstraction at 50% of normal levels. All short notice leave will be authorised at Operational Unit Manager level or above.

In addition to the above arrangement it is proposed that there are no abstractions other than pre-booked annual leave.

6.4. **Financial Incentives for Targeted shifts**

To incentivise and maximise overtime uptake, consideration will be given to provide overtime rates outside those available under Agenda for Change but only for specific days/shifts as required. The Trust's Operations Team will work in collaboration with both the Trust's Financial Directorate and staff-side to ensure a uniformity of approach to the issuing of incentives.

6.5. **Surge Demand Mitigation**

The Trust maintains a comprehensive surge escalation framework to augment service delivery during periods of increased activity:

Resource Escalatory Action Plan (REAP)

The Trust's REAP 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 the Trust to respond to substantial increases in demand, in either specific areas or Trust wide. The Trust's REAP status is formally reviewed every week by the Director of Operations at the Teams A meeting, change to Reap Level is authorised by the Executive Management Board

REAP arrangements remain active at all times.

Surge Management Plan (SMP)

The SMP is utilised by the Trust from its EOC's in situations of surges in call volume, which result in the supply of ambulance service resources being insufficient to meet the clinical demand of patients. The more flexible and immediate nature of this plan will often mean that it provides a more effective and expedient response to surges in demand that are likely to be for short durations.

6.6. **Increasing Operational Capacity and Effectiveness**

6.6.1. **Emergency Services Collaboration**

The Trust has well established links with the other emergency services and is constantly seeking new ways of collaborative working with partners in order to increase efficiency or reduce demand on one or more emergency services. Examples of these activities are:

Co-Responding- Kent Fire and Rescue Service (KFRS) are our only FRS service colleagues that undertake this activity. However, each Fire and Rescue Service will consider other methods of assistance such as assisting crews with manual handling and deploying Liaison Officers to EOC on a case by case basis.

Forced Entry – All partner FRSs carry out this activity on behalf of SECamb, unless time critical, crews must be on scene and make reasonable efforts to safely gain entry prior to requesting FRS support.

Joint Response Units (JRU) - The JRU is a Trust vehicle crewed with a Band 6 Paramedic and 1 or 2 Police Officers. This crew will attend a range of incidents for both services where a combined response may be required. These units generally operate to the night-time economy and are currently available in North Kent, Guildford, Brighton and Worthing. Operating hours vary in each location.

In hours the Emergency Services Collaboration Manager (ESCM) can facilitate this and out of hours the Trust Tactical Advisers can provide a link to other emergency services as the need arises.

6.6.2. **Community First Responders**

During the period of this plan Operating Units will highlight to the Community Resilience team where community first responder (CFR) schemes may support resourcing gaps. CFRs and Fire and Rescue responders (Kent FRS only) can respond to all category of calls. All have appropriate PPE to be patient facing and support the Trust during Covid-19 pandemic along with clear supporting guidance. Only CFRs those that have been fit tested and trained in appropriate PPE have their call sign available on the CAD to book on.

Requests for additional community first responders in hours will come through the Community Resilience Team in the first instance. During the Out of Hours (OOH's) period, EOC will cascade a message through the Response Desk targeted at local OUs that require operational support. The Community Resilience Team (in conjunction with the SECamb communication team) will consider the use of social media to cascade messages where appropriate to CFRs. Again, during the OOH's period, this will be led through the SECamb communications team.

During high periods of demand where conference calls are held to ascertain situational awareness and review resource against demand, consideration must be given to the use of CFRs and Fire and Rescue responders to assist the Trust in providing a timely response to our patients.

6.6.3. **Response Capable Managers**

During periods of severe pressure on service delivery, response capable managers may be redeployed from their normal duties to support the delivery of operational

service as required. Teams A will work with Departmental Heads and managers to ensure that they are targeted effectively to support operational response when required, as it is recognised that there are a number of key work areas, which if not maintained and continued may cause additional problems and issues.

To ensure that the Trust maintains the capability to respond to a range of issues/incidents that may arise, on-call Strategic and Tactical Commanders and the Tactical Advisors should not be tasked to operational shifts, they can, however be called upon to provide support within the Command Hub(s) as required.

6.6.4. Private Ambulance Provision (PAP)

PAP is used throughout the year to support gaps in establishment and is currently provided under Direct Award Contracts. We also have the ability to request additional hours above the direct award contract level where PAP is eligible through the NHS framework.

6.6.5. Additional Funding Initiatives

The Trust may have to respond to ad hoc funding bids for winter initiatives, where short notice funding has been made available as experienced in previous years.

6.6.6. Paramedic Practitioner (PP) Urgent Care Hubs.

The PP Urgent Care Hubs have been introduced as an initiative to improve operational effectiveness. The function of the PP urgent Care hubs is to support operational staff in providing Emergency Clinical Advice Line call backs at a local Operating Unit level and providing supported clinical decision making with the aim to increase See & Treat, reduce Job Cycle Time and See & Convey to Emergency Departments especially for the Cat 3 / 4 Frailty cohort.

6.7. Maintaining Key Management Priorities

It has been identified that the following management duties will continue to be prioritised in addition to maintaining an operational response to patients.

- Focused HR Attendance Management support
- Return to work interviews
- SI's
- Incident investigations
- Complaints
- Patient Experience Team support
- Appraisals

In order to maintain these key functions, support may be requested from other Directorates and work areas within the Trust. Directors and functional Heads will identify staff within support functions/alternative duties who could undertake identified tasks under the guidance of senior/operational managers.

7. Command and Control

The Trust's recognised strategic, tactical, and operational command structure will be in place throughout the winter period, details of which can be found on the on-call rota, accessible on the Trust's intranet and rostering system.

In the event that external partner organisations need to contact the Trust on-call commander(s), initial contact will be made via the respective EOC Managers West & East who will escalate as required.

During the period of this plan day to day responsibility of operations remains with the Director of Operations (or their nominated deputy). They are responsible for triggering a Trust wide response if the demands are outside the scope of normal procedures.

In addition, the Trust has implemented a dedicated Covid 19 management team to manage the Covid 19 response. Command capacity will be reviewed and flexed as necessary, in respect of EU transition arrangements.

The Organisational Response Management Group (ORMG), a multi-disciplinary management group (morphed from the Covid Management Group (CMG)) will provide senior leadership, oversight and governance in respect of the contingency arrangements put in place for the anticipated challenges that have been identified for the winter 2020/21 period.

The following table outlines additional measures to be considered to support an extended command structure in the event of increased pressure on Operations.

Item	Details
Winter Pressures	Additional teleconferences may be implemented to supplement the existing programme of oversight and control.
Strategic Suite	The Director of Operations (or their nominated deputy) may consider establishing a Strategic Command Hub within the Strategic Suite to support the Trust's normal management and command structures.
Tactical Command Hub	A tactical operations and performance hub is currently operational, providing 24/7 cover. Tactical oversight may be increased through the provision of 24/7 cover at both East and West hubs. There may also be a need to supplement this with additional resource capacity to enable additional functions and duties.
Clinical Oversight	The Senior Medical Advisor will provide clinical oversight to review risks and impacts to patients and provide senior level clinical support and advice.

8. NHS Winter Resilience Planning

Recognising the continued increase in pressures on the wider health system over the winter period, NHS England and NHS Improvement has circulated guidance to all Clinical Commissioning Groups and NHS providers regarding planning for winter. For Winter 2020, the NHS Winter Operating Model has been expanded to address the challenges of Covid 19 2nd wave and EU Transition.

In line with this guidance and the operational priorities set out the Trust will continue to engage with the wider NHS through A&E Delivery Boards and Collaborative ICP/ICS/STP sessions in order to influence and shape local initiatives, whilst continuing to focus on delivering 999 and 111 core services safely and timely. Additionally, the Trust Strategy and Partnership will continue to engage with and seek assurance from the systems that their plans have sufficient capacity to manage surges in demand, any concerns will be escalated through established processes.

8.1. Hospital Handover Delays

System wide pressures can result in significant ambulance handover and turnaround delays at acute hospitals across the Trust region, with delays having an impact on the Trust's ability to deliver a safe service to patients waiting for a 999 response in the community. Hospital handover delays increase during the winter when there is an increased need for urgent and emergency care services. This leads to a mismatch between capacity and demand and is associated with poor patient flow.

This winter will see this effect compounded by the already pressurised system. There is a risk that due to the need for social distancing to be implemented in Emergency Departments (EDs) and the wider hospital, handover delays will increase, particularly at sites where there are challenges around hospital estates.

Locally SECamb continues to work closely with hospital colleagues and other partners across the region as part of system wide programme of work to reduce handover delays. The focus is on streamlining processes and embedding best practice at Emergency Departments (EDs) to improve handover and flow. The programme also focuses on raising awareness and improving crews' ability to access existing community pathways to safely reduce the number of avoidable conveyances to hospital. Work with system partners also focuses on developing new pathways both in the community and at hospital sites including direct conveyance to non-ED destinations e.g. same day emergency care units (SDEC). Direct conveyance to non-ED destinations supports the NHS111 First delivery and helps reduce congestion in EDs, improves patient experience and safety, and reduces handover delays in EDs

At times of increased pressure and when handover delays create significant problems, the trust will continue to work closely with hospital colleagues to seek early resolution using established locally agreed escalation processes. The trust's Clinical Handover and Transfer of Care Procedure (which replaces the Immediate Handover Standard Operating Procedure and the Conveyance Handover and Transfer of Care Procedure) supports operational and clinical staff in managing handover delays with actions to be taken and points of escalation.

8.2. Hospital Diverts

A system wide SOP for hospitals requesting an ambulance divert is in place and ensures requests are managed in a consistent way supported by an appropriate governance framework. The SOP has recently been reviewed with input from commissioners and hospital colleagues across Kent, Surrey and Sussex. The final agreed version will be sent out to all A&E delivery boards (AEDB) ahead of winter.

8.3. NHS Operational Pressures Escalation Levels (OPEL)

NHS England has distinct escalation levels in the management of surge pressures as set out in OPEL, which standardised local, regional and national escalation levels to respond to severe pressures on the NHS. These levels are used by the wider health community. To ensure a consistent approach the Trust's REAP has adopted the same system of escalation over four levels with related triggers and actions.

Adverse Weather

As part of business as normal procedures it is the responsibility of the Emergency Preparedness, Response and Resilience Team to monitor any approaching adverse weather via Met Office and Local Resilience Forum (LRF) alerts. The Trust's Tactical Advisors provide a 24/7 on call arrangements and act as a single point of contact for external agencies to alert for incidents or significant events.

Tactical Advisor SPOC: 0330 332 6231

Warnings of any potential adverse weather are communicated through the daily Team E calls and to on-call commanders, relevant managers and functional heads.

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 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.

The Trust also has Memorandum of Understandings (MOU's) in place with Voluntary Aid Societies (VAS) who can also mobilise 4x4 vehicles and ambulances as required to support operations. In addition, Memorandum of Understandings (MOU's) are in place with volunteer 4x4 groups to provide assistance at times of severe weather.

Around 40 Community First Responders have their own 4X4 vehicles. A contact list is held by production and during an emergency or BCI situation, for example inclement weather, the CFR volunteers can be called upon to support the Trust in either responding to patients within their communities or moving Trust staff from A to B such as EOC staff.

The Logistics department robustly plans for the distribution of supplies of winter stock to Trust estate in advance of and throughout periods of adverse weather.

The Trust's Major Incident Plan, Additional Contingencies provides further guidance and information specific to adverse weather.

9. Major Incident

In the event of a Major Incident being declared during this period, procedures as detailed in the Trust's Major Incident Plan will be followed. Please refer to the Trust's Major Incident Plan and Additional Contingencies and EOC Action Cards for further information.

10. Business Continuity

In the event of a (further) Business Continuity Incident being declared during this period, procedures as detailed in the Trust's Business Continuity Plan(s) will be followed. All service areas have been asked to review their business continuity arrangements in light of the risks identified in this framework.

11. Key Support Services

11.1. 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.

There are risks associated with being able to provide sufficient vehicles to meet peak demands, however we are currently refreshing our fleet to increase vehicle numbers.

11.2. **Make Ready**

The Make Ready system is responsible for cleaning, restocking and checking equipment on ambulances and SRVs in readiness for operational shifts.

The Make Ready system has an escalatory plan, that may be implemented during periods of increased pressure, which extends the Make Ready programme, and allows for vehicles to be “hot loaded”, in that they are not put through the full Make Ready system to ensure that sufficient vehicles are available for operational response.

Contractual arrangements are in place with the Make Ready provider to enable optimal staffing levels over the Christmas period.

11.3. **Logistics Resource Planning**

The Logistics Support Department are responsible for ensuring that all Trust locations have the availability of medical consumables, gases, 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.
- Medical consumables stock is uplifted to account for the increase in demand.
- Medical gas supplies are uplifted and pre-positioned in certain Trust areas to allow for increase in demand.

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.

11.4. **IT/EOC Systems**

The Head of Information Management and Technology is responsible for ensuring 24-hour IT support which is delivered through an on-call system.

Dedicated support is provided to the EOCs by the EOC Systems team, again through an on-call system.

Additional arrangements for the provision of on-site support for key dates such as New Year's Eve will be in place

12. **Infection Prevention and Control**

12.1. **Flu Vaccination Programme**

The Executive Director of Nursing and Quality is responsible for the delivery of the seasonal influenza vaccination programme for Trust staff. Staff communications processes will be run prior to and throughout the winter period to encourage uptake.

Following an established model, specially trained Trust clinicians will be available at workplaces across the Trust to undertake vaccinations. We anticipate that the vaccination programme will start as soon as the vaccine has been produced and distributed to areas. Last year the Trust was one of the leading Ambulance Trusts with a 77% uptake, this year NHSE/I directive is for 100% of staff to be offered flu vaccination therefore the aim is to get as close to 100% as possible.

12.2. **Seasonal Influenza and Norovirus Outbreaks**

Any flu or norovirus outbreaks in the community are monitored by the IPC Team via the Public Health England Daily Outbreaks reporting system (these reports are also shared on a daily basis with 111). Local IPC Alerts will be sent out as and when required as well as regular updates on procedural compliance to IPC Universal Standard Precautions for staff to maintain.

Any flu or norovirus outbreaks within the Trust will be investigated and managed by the IPC Team with all necessary actions put in place. This will include local IPC Champions supporting the team and occupational health support from Optima.

The IPC Team will also liaise with EOCs, Make Ready Teams and Production Desk to provide advice on the decontamination requirements for vehicles and staff involved in any possible post treatment / transportation contamination issues.

The Trust's Pandemic Influenza Plan has been maintained in line with national guidance. Due to the variables associated with pandemic flu there are no specific triggers for implementing pandemic specific arrangements, therefore the Trust response to a pandemic influenza outbreak will be guided by the NHS response.

12.3. **Personal Protective Equipment (PPE)**

Covid-19 and changes to how the NHS Supply Chain works will mean challenges around the supply of many key items of PPE that ensure operations are maintained. The following items are some examples of stock that can no longer be ordered through NHS Supply Chain (a full list can be found at <https://www.ppe-dedicated-supply-channel.co.uk/ppes-product-listing/>) :

- Type IIR surgical Masks
- FFP3 masks for use in level 3 settings
- Coveralls
- Clinical Waste bags
- Gloves

These items rely on a "push pallet" delivery system which Trusts currently have very little influence over. Any adverse weather such as flooding or significant snow that affects the distribution element of the supply chain may have a profound effect on the ability to resupply key items. This is made more challenging as many items of PPE are not currently held in enough numbers to provide prolonged reserves.

There is a possibility that worst case scenario EU Exit impacts disrupting UK ports of entry could also disrupt the acquisition and distribution of stock as described above.

The Trust continues to look at alternative PPE in place of FFP masks for staff use, and will work with procurement and operations to determine requirement for a strategic reserve of PPE to reduce reliance on NHS Supply Chain.

13. Staff Welfare

The Trust understands that the health and wellbeing of all our staff is of paramount importance and recognises the extraordinary challenges being faced by staff, more so during this Covid-19 pandemic.

The Wellbeing Hub provides an entry point for employees to obtain emotional and wellbeing support, signposting and access to appropriate services in a timely manner can provide to staff where necessary.

The Wellbeing hub has collated a wide range of self-help resources and information on support services that have been made available for all staff, on The Zone. Guidance is also available to managers on how to support their staff and the wellbeing services available.

14. Communication

During this period the Trust's internal and external communications will include general and specific communications which support the delivery of this plan. Led by the Trust's Communications team this will include internal and external messages some of which will be prepared based on foreseeable issues including the following:

- Adverse weather
- Stay Safe messages
- Extended periods of excess demands or in advance of known key dates
- Staff communications

The team will continue to engage with Local Resilience Forum and NHS communications teams to ensure co-ordinated messaging.

Operating Unit Managers, Operations Managers and Operational Team Leaders will be responsible for liaison with operational staff within their Operational areas, as well as engaging with key stakeholders such as hospitals, CCGs and A&E Delivery Boards/Integrated Care Systems.

The Trust Business Account Managers will act as commissioner liaison and provider through engagement with the Lead CCGs and A&E Delivery Boards/Integrated Care Systems.

15. Review

The Executive Director of Operations has overall responsibility for this plan.

This is a living plan and will be subject to review through the Trust Resilience Forum, as we continue to develop this plan prior to implementation, and throughout the Q3/Q4 period as required.

During periods of extended escalation, the Executive Director of Operations will report to the Executive, who will review the on-going impact of escalation on the Trust.

An exercise will be undertaken as part of winter preparation in the preceding period to ensure readiness. In addition, testing of the plan will be undertaken through attendance at NHS winter capacity exercises across the Trust's region.

16. Distribution

16.1. Internal Distribution

- Teams A
- Senior Leadership Team
- Executive Management Board
- Communications Team (for publication on Staff Zone)
- Operational Manager
- Strategy and Partnerships Managers
- EPRR Team
- ORMT

16.2. External Distribution

- NHS England and NHS Improvement -South East
- Lead Commissioners
- Integrated Care Systems

Appendix A: Risk Assessment

No	Description of Hazard	Existing Controls/Actions in Place	Risk Level		
			initial	current	target
1	<p>Covid-19, Second wave resurgence The worst-case scenario is that infections reach epidemic levels again, putting serious strain on the Trust and the wider NHS due increased operational demand, staff absence and supply chain interruption.</p>	<ul style="list-style-type: none"> • Covid-19 Strategic Plan • Covid-19 Operating Framework • COVID-19 Pandemic Test and Trace Cell SECAMB Staff Procedure. • COVID-19 Outbreak Control Management Framework. • Executive Oversight by the CMG • Dedicated Covid Management Team in place • Multi-Agency Response Plans via the LRFs 	25	15	10
2a	<p>Winter flu and other winter related illnesses There is a risk that COVID 19 cases may be conflated with traditional flu cases and winter illnesses. Symptoms are similar and it will be difficult to discern which is which. This may lead to the continued job cycle time increase seen due to donning and doffing of appropriate PPE for potential COVID 19 cases and may also impact on PPE burn rates.</p>	<ul style="list-style-type: none"> • Covid-19 Response Plans • Executive Oversight by the CMG • Tactical Hub dynamically monitoring hospital performance • PPE management group oversight 	16	12	12
2b	<p>Serious winter flu outbreak and other winter related illnesses - System Pressures Each winter the wider NHS and Social Care sees and increase in influenza and other seasonal infectious diseases that will impact on urgent activities in the health and social care systems. A compound risk is that patient flow issues will be exacerbated, and some pathways</p>	<ul style="list-style-type: none"> • The Trust continues to engage in system wide Winter Planning • There are a number of contingency plans in place to mitigate surges in activity including: SMP, REAP and BC Plan • Tactical Hub dynamically monitoring hospital performance • Operational Commanders available and low threshold to 	16	12	12

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	<p>disrupted due to procedures put in place for Covid 19 protection. In turn this can result in significant ambulance handover and turnaround delays at acute hospitals across the Trust region, with delays having an impact on the Trust's operations and affect our ability to respond to demand.</p>	<p>deploy to provide on-site supervision and liaison including implementation of the Trust's Clinical Handover and Transfer of Care Procedure.</p>			
3	<p>EU Exit Transition The UK left the EU on 31 January 2020 and entered a transition period until 31 December 2020. If the UK does not reach an agreement with the EU before 31 December 2020, this will likely create a similar scenario the 'Day 1 No Deal' situation that the Trust was previously planning for. As a result of this there may be significant impact on several areas of SECamb as an organisation.</p>	<ul style="list-style-type: none"> All EU Exit identified risks are recorded on the Trust Risk Register and will be reviewed in light of EU Exit Transition. The Trust continues to engage with LRFs and wider NHS partners across the region in planning and exercising. The Trust is continuing to plan and put contingencies in place for EU-TE, 	16	12	6
4	<p>Adverse Weather There is a potential for adverse weather during this period which could further exacerbate the challenges faced at this time, when resources are under pressure.</p>	<ul style="list-style-type: none"> Adverse weather preparation and planning arrangements Trust 4x4 fleet and authorised drivers MOUs with 4x4 volunteers and multi-agency response with LRF partners 	12	9	9
5	<p>Supply Chain There is a potential for Supply Chain shortages including PPE, uniform and fleet. This may be due to increased use of PPE, delays in production of items; the impact on the ability to import goods and internal and external distribution impact due to staffing.</p>	<ul style="list-style-type: none"> Covid 19 planning considered elements (specific to PPE) EU Exit Transition planning considered elements PPE management group oversight Contact being made with suppliers re key products. Maintenance of stock levels. Effective planning of supply requirements e.g. uniform, PPE etc. Effective procurement process to understand delivery and supply implications. 	20	12	9

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6	<p>Staff absence Staff absence above the expected norm. This may be due to a range of causes such as; influenza and other winter respiratory illnesses, Covid-19, self-isolation (awaiting results for/still symptomatic), adverse weather etc.</p>	<ul style="list-style-type: none"> • Flu vaccination programme rolled out • Planning assumption alignment/workforce planning • SMP • REAP • COVID-19 Plans /action cards • Business Continuity Management plan • Departmental business continuity plans • HR BC Plan • Wellbeing Hub 	16	15	12
7a	<p>Public Disorder There is a risk of increased criminal activity against staff including physical assault, verbal assault and theft of personal and trust property.</p>	<ul style="list-style-type: none"> • Trust security management policy/procedures and support. 	6	6	6
7b	<p>Public Disorder There is a risk that trust staff, vehicles and property may become embroiled at public order events. However, staff are not equipped or trained to attend public order events and may unwittingly as a result of moral pressure commit to an area that is unsafe and as a result may suffer injury, fear, stress and fatigue. If there are multiple public order events occurring and trust staff are required to attend several, without a break, due to the unavailability or lack of resources then these factors maybe further exacerbated. Public disorder and planning for this may be exacerbated by the uncontrolled nature and unknown or unexpected hazards that may occur.</p>	<ul style="list-style-type: none"> • Multi-agency information sharing • Use of JESIP principles to plan for known and unknown events. 	9	9	9
8	<p>Organisation Reputation Failure to plan for, mitigate and manage the forecast increase demand over the winter period</p>	<ul style="list-style-type: none"> • Engagement with CCG's, NHSE&I, PHE and system partners throughout planning, preparedness and 	6	6	6

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	and provide a safe service to our patients could lead to damage to the Trust's reputation.	<p>response to maintain confidence across the system of robust arrangements within SECamb</p> <ul style="list-style-type: none"> • Patient Survey Responses • Friends and Family Test • Communications activity reports to EMB • Communications and Engagement Plan 			
9	<p>Activity flow from SECamb111 Previously throughout this period 999 has seen an increased activity flow from SECamb111</p>	<ul style="list-style-type: none"> • The SECamb111 Escalation Plan is in place to mitigate pressure on the 999 service. • Additional recruitment for 111/CAS 	20	12	4
10	<p>PTS Provision The Trust is not commissioned to provide PTS, if the PTS providers do not maintain robust resourcing over this period, this could impact on A&E departments when hospitals booked discharges are required to enable capacity.</p>	<ul style="list-style-type: none"> • This risk will need to be addressed through continued engagement with 999 commissioners and the Local Delivery Boards and links into wider NHS/system Winter Resilience Planning. 	6	6	6
11	<p>High Dependency Intermediate Care Transfers The Trust is not commissioned to provide high dependency intermediate care transfers, except when this is shown to be an escalation of care.</p>	<ul style="list-style-type: none"> • This risk will need to be addressed through continued engagement with 999 commissioners and the Local Delivery Boards and links into wider NHS/system Winter Resilience Planning. 	6	6	6
12	<p>Access to Primary Care The Christmas and New Year bank holidays result in an extended weekend. There is limited access to primary care throughout this period adding to Ambulance/NHS111 activity.</p>	<ul style="list-style-type: none"> • This risk will need to be addressed through continued engagement with 999 commissioners and the Local Delivery Boards and links into wider NHS/system Winter Resilience Planning. 	6	6	6

The risk assessment reflects risks/rating as detailed on the Trust Risk register and includes additional risks identified in the planning for winter 2020. The assessment takes account of the SECamb regional footprint and it is recognised that there may be local county/ICS variances.

Appendix B: Key Contacts

External Partner Trust On call contact

Systems on OPEL 1 & 2 should maintain contact through the local Operational Commander who will escalate to Tactical Support Hub and Strategic on call as required. Any additional external on call contact access is via the Emergency Operations Centre Manager.

Emergency Operations Centre Manager

EOC	Area	Number
EOC West	Surrey, West Sussex, Brighton & Hove	0300 123 9883
EOC East	Kent & Medway & East Sussex	0300 123 5818

Tactical Support Hub

Location	Area	Number
WEST	Surrey, West Sussex, Brighton & Hove	Due remote working – initial contact via EOC Manager WEST 0300 123 9883
EAST	Kent & Medway & East Sussex	Due remote working – initial contact via EOC Manager EAST 0300 123 5818

Tactical Advisor/National Inter-agency Liaison Officer (NILO)³ Single Point of Contact - **0330 332 6231** Option 1 West /Option 2 East

Tactical Advisors provide a 24/7 on call arrangement and act as a single point of contact for external agencies to alert for incidents or significant events.

Covid Management Team - 0300 123 9198

Media On Call - 01622 740562 and then option 1

³ Tactical Advisors provide a 24/7 on call arrangement and act as a single point of contact for external agencies to alert for incidents or significant events.