



2018/19

Winter Plan

Version	3
Ratified by	Operational Management Team
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Author	Strategic Operations Director
Intended audience	WMAS Staff NHS England Area Teams Ambulance CCG Commissioning Lead Local A&E Delivery Boards
Related Plans	WMAS Major Incident Plan WMAS Adverse Weather Plan WMAS Process for patient handover and turnaround at Acute Trust's Mutual Aid Plan Resourcing Escalatory Action Plan (REAP) Surge Demand Management Plan

Trust us to care.

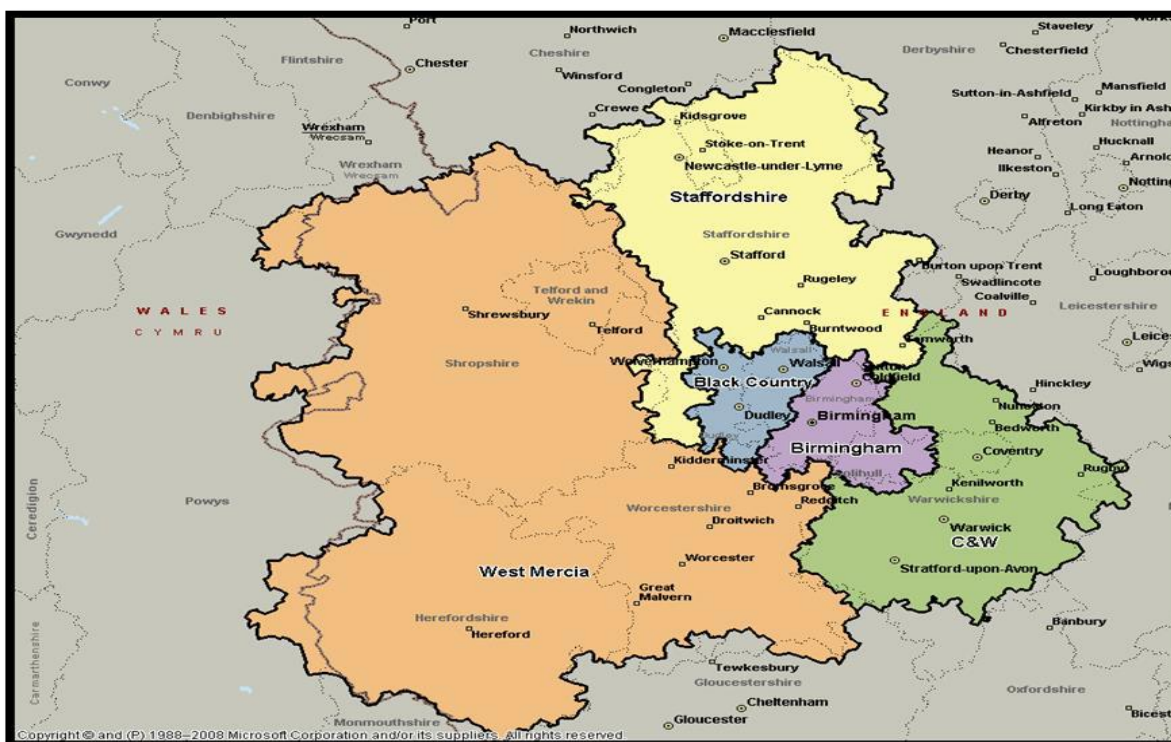
Version Control

Version	Date of issue	Updated by	Change log
1.0	14/04/18	N Henry	Strategic Commanders review
2.0	18/04/18	N Henry	Following review of 2017/18 winter review plan
3.0	27/04/2018	N Henry	Reviewed Strategic Operations Director Craig Cooke

Disclaimer

This plan may require dynamic management during operational delivery due to the nature of the work undertaken, which can result in last minute changes. The author will inform colleagues of any required changes and log all decisions accordingly. This plan and any associated documents must not be circulated beyond the plans distribution list.

The Map below shows the geographical areas of the West Midlands Region. The Trust provides all the Emergency Ambulance Service provision and currently provides Patient Transport Services in 5 of the sub areas.



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Commissioning CCG
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EOC Management	Region Wide
EOC Duty Managers	Region Wide
Incident Command Desk	RCC
On Call Teams	Teams 1 to 4
Martin Minard	Logistics Manager Emergency Services
SOC Commanders	Regional Coordination Centre
EP Team	Emergency Preparedness Managers

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1.0 Background to WMAS

West Midlands Ambulance Service NHS Foundation Trust is located in the heart of England; it serves a population of over 5.6 million people, who live in the areas of Shropshire, Herefordshire, Worcestershire, Warwickshire, Staffordshire and the Birmingham, Solihull, Coventry and the Black Country conurbation. This covers a region of 5000 square miles of which 80% is rural landscape and also well known for some of the most remote and beautiful countryside in the country that includes the Welsh Marches on the Shropshire / Welsh borders and the Staffordshire Moorlands.

The West Midlands is an area of contrasts and diversity. It includes the second largest urban area in the country, covering Birmingham, Solihull and the Black Country where in the region of 45% of the population live. Birmingham is England's second largest city and the main population centre in the West Midlands, second only to the capital in terms of its ethnic diversity. It also sees an annual influx of people of all age groups who attend particular events such as nightlife; Christmas markets; football matches; marches; cricket; live shows at the Barclaycard Arena, NEC or travelling to and from Birmingham airport

The Trust has a strong set of underpinning structures to ensure the very best services are provided to the patients and public which we serve, whilst ensure continuous improvement and efficiency is enabled for long term sustainably.

WMAS is a high performing urgent and emergency ambulance service that has a significant track record of delivering successful services over many years. The Service is also experienced in managing significantly sustained incidents (such as pandemic flu) and continuous high demand periods (such as heatwave and severe winter weather), and has successfully led the response to such incidents.



The winter of 2017/2018 was the most difficult 5 months for the NHS since the pandemic Flu outbreak and demand was consistently above the winter where pandemic Flu outbreaks were experienced. WMAS was able to meet the operational standards over the winter of 2017/18 despite very high demands and significant hospital delays. The learning from 2017/18 will be utilised to further improve the plan for winter 2018/19.

1.1 WMAS Firmographics

- Established in July 2006 merging with Staffordshire in October 2007
- 5.6 million population (Circa 10.5% of the English population)
- Over 5,000 square miles, 80% rural
- Approaching 3000 999 calls per day
- Over 532,000 emergency journeys annually
- £250 million budget
- Fleet of over 515 vehicles including:
 - 450 Emergency Ambulances
 - 15 4x4 Wheel Drive Double Crew Emergency Ambulances
 - 50 Rapid Response Ambulance Cars
 - 4 x Helicopters
 - Specialist Vehicles including:
 - Polaris Ranger 6x6 Off Road Ambulance
 - Mass Casualty Vehicles
 - Mobile Command Vehicle
- 4,500 Staff and 1,000 Volunteers
- 582 defibrillators per million population (2nd highest number in the country)

1.2 Infographics

- Only Ambulance Trust with Outstanding CQC rating



- No Vacancies, including Paramedic (nationally there are 2,500 Paramedic vacancies)
- Over 99% of all front-line ambulances have a Paramedic on board (highest skill mix in the country)
- Best fleet in the country, no vehicles more than 5 years old
- Only Outstanding Ambulance Trust in segmentation 1 of the SOF
- Zero spend on agency staff and Private and Voluntary Ambulance Services
- Low Bank Staff use (<1%)
- Leading member of the Ambulance Response Programme - achievement of all new targets following implementation

- Over 300 more Student Paramedics will begin training this year
- Achieved the mandated flu target at 77.75%
- Lowest level of staff sickness in the country (3.55%)
- Highest achievement of PDR completion and mandatory refresher training (99% and 99% complete 2017/18)
- 2018/19 Operational 2 day Training is planned to complete by end November 2018
- Activity continues above contract
- High non-conveyance rate (45%)
- 100% roll-out of the electronic patient record (EPR)
- Over 95% of all incidents recorded on the EPR
- Very high performing in terms of response times – highest performing ambulance service in the country
- High level of preparedness for the eventuality of a Marauding Terror Firearms Attack (MTFA) or other terrorist activity, enhanced equipment on all vehicles
- Financial Key Metrics (EBITDA, CIPs, Capital, Cash) target achieved for 2017/18

2.0 Introduction

The winter/festive period is an extremely busy time for WMAS and presents significant challenges in terms of increased 999 and 111 activity. In reviewing the 2017/18 winter period, the pressure began to increase in October and ran through until mid- March. In reviewing the winter months profile, it demonstrates that the Trust experiences an average increase in incidents of 7% through the period compared to the rest of year average. Other factors such as increased sickness, delays at acute hospitals and reduced services in the wider health economy, will further affect our ability to respond to patients quickly.

The primary focus of this Winter Plan is to review and outline the service's plans and preparation in readiness to provide sufficient resources, in all areas, to achieve a safe service for the delivery of patient care and maintain performance over the Winter. Within this period, the Trust will experience payday weekends, school holidays, various festive events, Christmas and New Year parties and increased congestion on the roads. In addition, it is well documented that the overall NHS system becomes challenged during this period with high demand which is often sustained and creates considerable capacity issues. During this time, there are also long periods where other health and care services either close or reduce in capacity.

This Winter Plan has been developed to cover the arrangements for the Trust and so encapsulates all 15 local A&E Delivery Boards that operate within the WMAS regional boundaries.

A separate and detailed operational plan will be published to ensure the Festive period (pre-Christmas, Christmas, New Year and post New Year) are managed effectively, this will be known as the Festive Plan (FP), and will contain very detailed operational resourcing plans.

2.1 Strategic Planning

The Trust has developed its strategic plan with early investment for robust plans to be in place to ensure that during the Winter/Festive period, that it has the maximum number of available staff to better manage the increases in call volumes and the ability to respond to patients at the busiest period of the year. This to include early recruitment of new staff so that their training is complete, so they are operational for the festive period, reduced absences for the festive period, timely fleet replacement program in place to be able a temporary increase in fleet for the busiest months, increased call takers and Ambulance Fleet Assistance's (AFA's).

In planning for 2018/19, the Trust has made available resources to increase both the operational workforce and fleet, to ensure high demand can be fully serviced, and the stability of operational deliver can be maintained in the winter of 2018/19.

All additional staffing and resource will be available and ready to be deployed into frontline operations ahead of the festive period. The annual training of operational staff (mandatory training) will also be complete before December. Therefore, the Trust will have the maximum workforce available to frontline duties between early December 2018 and March 2019 continuously.

The purpose of this plan is to maximise resourcing to meet high demand. The Emergency Operations Centre (EOC), each of the 9 Operational Sectors, Emergency Preparedness, Fleet, Logistics and Business Continuity support are all reviewed and explicitly addressed in plans, any local issues and risks that were experienced during previous Christmas/New Year, Easter, May and coming August 2018 Bank Holiday weekend.

Plans should illustrate how those same risks will be mitigated during the period, including those actions that have been taken to address any potential gaps. All departments must provide their working hours and how they can support Operations over the winter period. Officers with blue light cars will be asked to provide additional Operational support.

All Trust Business Continuity Plans (BCP) are up to date and have been tested.

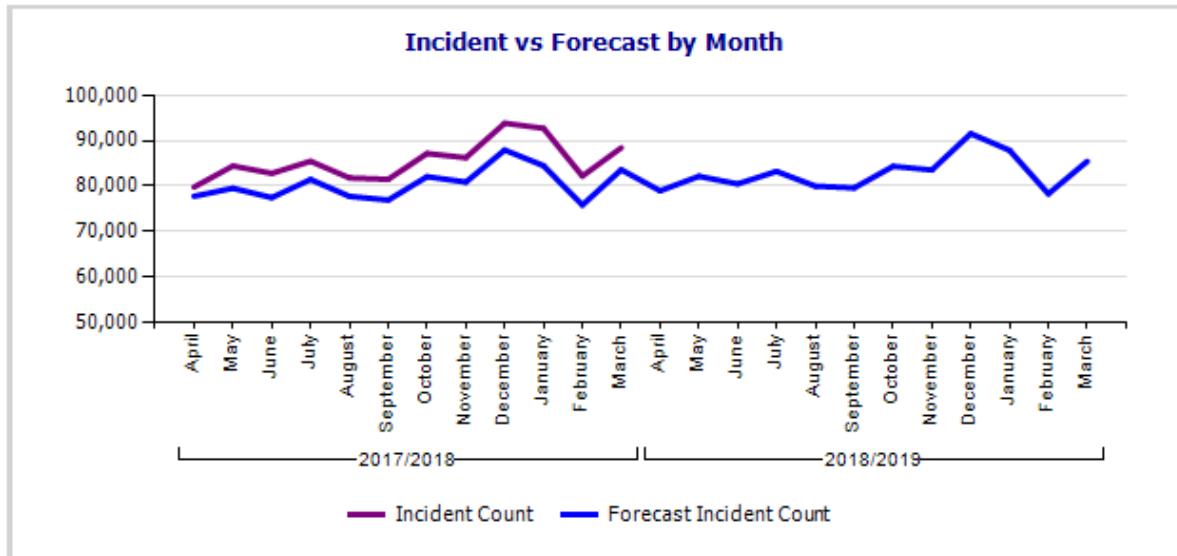
In order to maximise patient safety over the critical festive period there will be no non-urgent / non-mission critical meetings in Headquarters between Friday 14th December and Wednesday 9th January inclusive.

All operational effort is to be focused on responding to patients including all union reps, clinical managers, etc. from 7th December 2017 -15th January 2018.

In addition to the strategic planning for winter and the agreed operational plans for winter, the CEO has delegated authority of the Board to implement further operational options to increase capability, as the winter demands prevail. This will ensure that patient safety can be maintained at all times. A number of contingency options for additional resourcing will be developed prior to the winter to support unforeseen circumstances arising.

2.2 Winter Demand

There is typically a 4.5% demand increase year on year, although through the winter period the Trust experiences a typically 10% growth for the months of December and January, compared to the mean average of non-winter months and can also see spikes of 15% at times. The below graph shows the expected increase in demand to assist in the planning of resources.



Demand is also affected by the timing of the festive period. For 2018/19 the Christmas period falls on a Tuesday (Christmas Day) and Wednesday (Boxing Day), so gives a slight break from the weekend on the Monday 24th which will see reduced services available, before the festive Bank Holidays begin. Two 'normal operating' days occur before another weekend followed by a 'normal operating' Monday, going into a Tuesday Public Holiday (New Year's Day). This cluster of public holiday days with single day breaks from weekends, creates an added pressure on health care services that provide a 24/7/365 service.

2.3 Resilience and Specialist Operations

The winter months present some specific challenges for the Trust in relation to Resilience and Specialist Operations.

The potential for operational challenges encountered through inclement weather often increase throughout the winter period. Such occurrences are covered through the enactment of the Trusts "Adverse Weather Plan" Local and Regional forward and real-time forecasting is maintained by the Resilience Departments close links with the "Met Office" and the Environment Agency to allow sufficient time for any actions required.

Winter also says the potential for increased cases of outbreaks and flu type episodes. The Trust has robust plans in place to ensure any increase in seasonal outbreaks are managed appropriately.

Although more prevalent in the weeks preceding the festive period, many areas across the region will see a significant rise in footfall through major towns and cities leading to "crowded place" scenarios. These scenarios are potential subjects for the increased possibility of terrorist attacks given the recent change in tactics seen across the globe in recent years. The Trust has a significant capability both in terms of planning, response and links with local agencies in such matters.

3.0 Commissioning

WMAS is commissioned by 20 CCGs across the West Midlands, with Sandwell and West Birmingham CCG being the Lead Commissioner.

3.1 Lead Commissioners

The Lead CCG Commissioner can be contacted for a variety of reasons such as

- Act as a communication point between WMAS and CCGs
- Highlight specific issues that need Commissioner input
- Keep apprised of issues that are ongoing

WMAS have a named Commissioning Executive Director who will be the point of contact for all commissioning matters, specifically:

- Additional winter resources
- Attendance at 15 A&E Delivery Boards
- Lead for the STP's
- Alerting to additional system resilience requirements
- Escalating system pressures relevant to CCG's (e.g. Ambulance Turnaround delays)

3.2 Potential Risks

- The Ambulance Response Programme (ARP) spring review being completed for implementation of amendments prior to September 2018. These changes will need to be understood and embedded going into the second winter of ARP.
- Commissioners are looking to WMAS to support delivery of the local healthcare system
- High demand (significant growth due to sudden severe adverse weather or increased illness in patients)
- Hospital Turnaround delays at Emergency Departments is a likely key risk which face will impact the operational delivery of the Emergency Service
- System risks are managed via A&E Delivery Boards, Chief Executives of providers, and Local Authority representation
- Substantial incident or outbreak

The following should be focused on to assist in managing the identified risks and workload:

- Increased cover on Bank holidays, weekends and other key dates
- Sustained conveyance to hospital rates
- Reduced handover times and reducing excessive long delays
- Continued use of the Clinical Support Desk
- Use of alternative Pathways of patient care

3.3 111

111 is provided across the region by Care UK and Vocare (Staffordshire only), WMAS are dependent on the 111 services delivering a high level of performance, and it is known that if the public don't get a responsive service they may default to calling 999.

There is an increase in the use of 111 during the winter period and it is important that robust arrangements are in place to ensure that this does not impact on WMAS, through increased call transfer rates.

There needs to be awareness of the impact of the 111 services on the WMAS service and be aware of:

- A greater call volume coming into EOC if the 111 call answering times routinely goes above 60 secs.
- Patients also defaulting to calling 999 if they are not satisfied with the service that 111 has delivered.
- Ensuring the Directory of Services (DoS) is up to date

4.0 Command and Control

The Trust has a strong track record in delivering effective services through a command structure. This consists of a) Executive Director of On-Call 24/7 (normally the CEO), b) the Strategic (Gold) Commander team who provide 24/7, 365 day strategic leadership and management through an on-call provision. At times of extreme demand these arrangements will be boosted to provide a live working Strategic on-duty at Headquarters. The on-call system also provides Tactical level management for each geographical area and functional operational department.

In the winter period (2018/19) the Trust will provide a) an Executive Director of On-Call 24/7 (normally the CEO), b) an On-Call Strategic Gold Commander 24/7, c) an additional Duty Senior Commander based in Headquarters (Millennium Point EOC), this has been proven through the last two winters to be very beneficial to have this senior leadership on site (dealing with matters live and support staff). This position will be provided through a mixture of On-Call Strategic Commanders working live and covering additional hours of special cover. This will be completed within a formalised rota from 5th November through until at least the end of January 2019.

There are 9 sectors within the Operational arena of WMAS:

Sectors			
Coventry & Warwick		Hereford & Worcester	Stafford
Dudley		Hollymoor & Bromsgrove	Stoke
Erdington & Lichfield		Shrewsbury & Donnington	Willenhall & Sandwell

Sectors are led by a Senior Operations Managers (SOM's) that have a combination of Hub/s and Community Ambulance Stations where staff book on and off duty. The SOM leads the Hub/s and larger Hubs have an Assistant Senior Operations Manager (ASOM's) for support; each hub has a team of Operations Managers (OM's) who work 24/7 and are responsible for the day-to-day welfare of staff. In addition, they respond and manage serious incidents.

The SOM's planning arrangements will be integrated within an overall Regional Festive Plan (RFP) that will be published on the 27th November 2018, for submission to commissioners as required.

4.1 Officers Booking On and Off Duty

All Officers MUST book on duty with EOC via ARP and MUST inform EOC when moving location or returning home. Officers must be prepared to respond to incidents if they are the nearest vehicle to a 999 call.

4.2 Duty Strategic Commander

Given the experience of the last few winters, the Trust has implemented an arrangement to provide an additional trained and experienced senior commander based at Trust Headquarters, in the Regional Coordination Centre (RCC). This position is primarily looking at live operational issues and taking senior decisions to resolve problems within the WMAS operation or escalating matters which other providers need to take urgent and robust action, in-order to ensure WMAS operations are not compromised.

This function will be undertaken by a mixture of the Assistant Chief Ambulance Officer's (ACAO) and trained senior managers providing additional, extended weekday shifts. The function will be based at Millennium Point EOC and will work typically a late shift.

This will ensure that the risk to patients is minimized in periods of high demand or situations where WMAS resource is being affected by other providers (such as Hospital Turnaround delays). The arrangements will be continually reviewed for effectiveness in the winter period and adapted as required.

4.3 Key Operational Requirements

A number of key principles have been agreed as an operational team to ensure focus and consistency is applied in the winter months. This will help all managers to apply a consistent approach and provide some priorities also:

- Ensure all incidents types are allocated without delay
- Reduce downtime to the minimum and ensure Hospital turnaround is tightly managed and escalated
- Maintain low sickness levels through robust and effective and timely management of all sickness
- Ensure an effective Flu Vaccination plan is being delivered
- Maximise Ambulance resource cover, ensure strong cover is in place for peak periods such as weekends, Mondays and key dates
- Maintain the minimum RRV resource levels and additional resource support planned to Ambulance cover in all Divisions
- Focus on delivering a Paramedic on every vehicle
- Plan ahead for all staff coming from training in readiness for the Festive period
- AFA cover to be maximized and recruitment plan to be prioritised
- Operational manager posts will be backfilled at all times for Annual Leave etc
- There is no planned use of external VAS support
- Mandatory training will be complete by the end of November 2018

4.4 Additional Manager Cover

All managers with a blue lighted car will make themselves available throughout the winter period by booking on with the EOC, when on duty at all times.

The Trust has agreed a number of key dates where it requires all operationally qualified managers who are not delivering frontline services or priority training, to make themselves operational available to EOC, either through booking on with their blue lighted car or arranging to work as part of an additional Ambulance crew. Those dates are as follows:

December 2018:

14th, 15th, 16th, 17th

21st, 22nd, 23rd, 24th

26th, 27th, 28th, 31st

January 2018:

1st, 2nd, 3rd, 4th

7th, 8th, 9th, 10th

11th, 12th, 13th, 14th, 15th

There is a requirement for all operationally trained staff to be available to respond to patients through this period. Given that there will be reduced meetings over the dates stated above, this will increase availability of regional staff to operations.

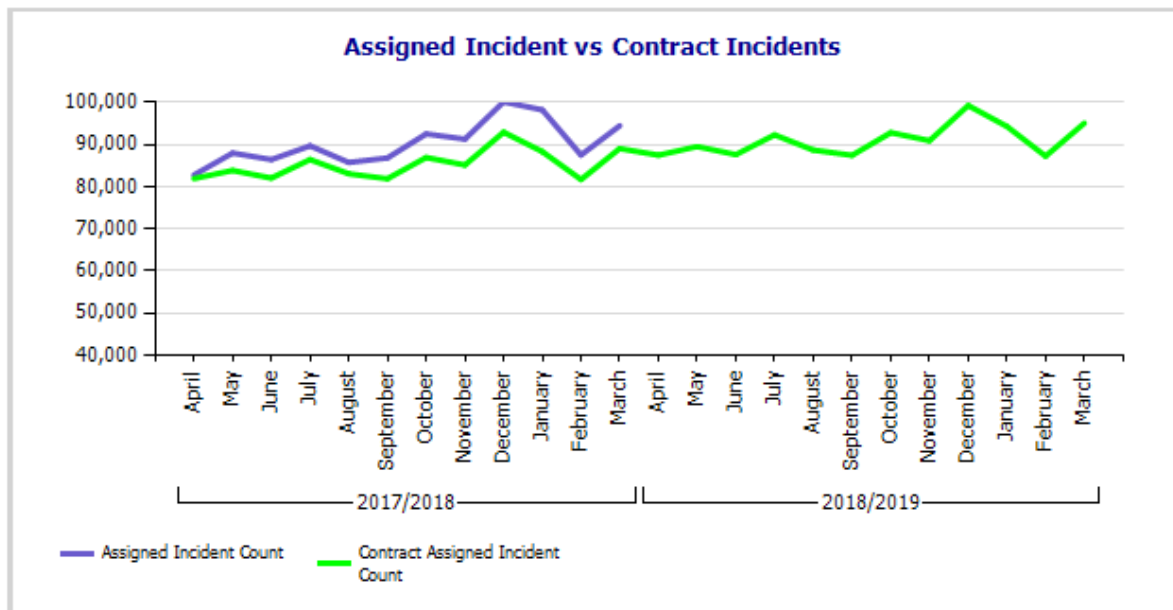
4.5 Tactical Cell

Tactical Cell is based at Stafford Hub and will be utilised to support the region in Command and Control situation, as required. The cell will function under the direction of the Strategic Commander and provide resilience to the region.

5.0 Activity / Contract / Resourcing Forecasts

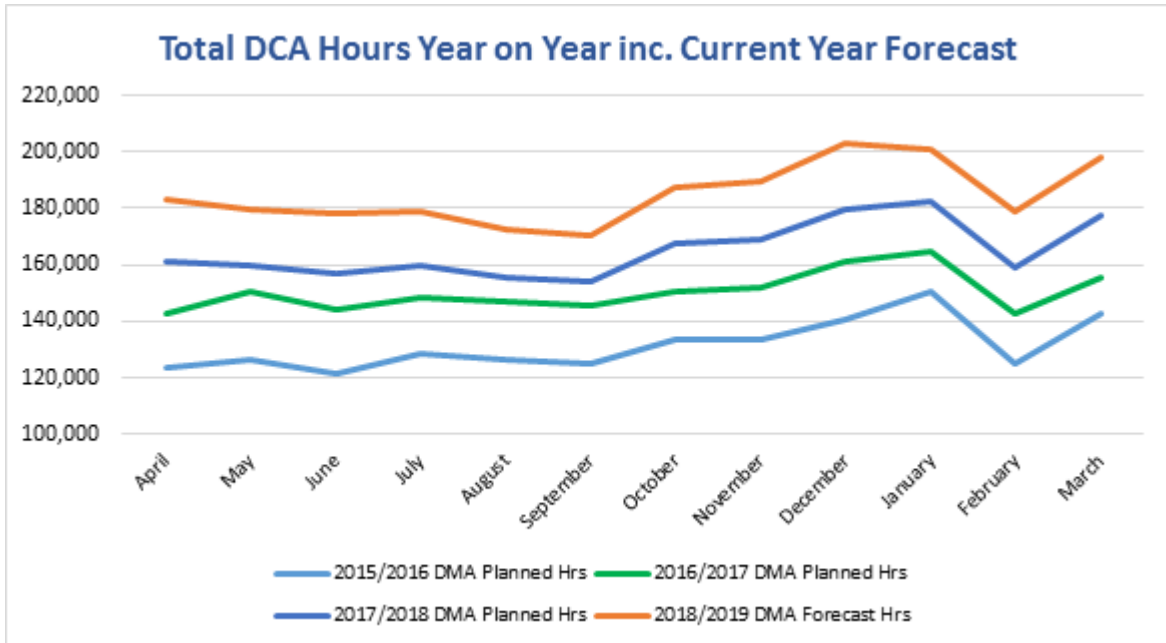
5.1 Activity vs Contract

The chart below depicts the assigned incident count against the contracted incident count.



5.2 Resource Hours Comparison

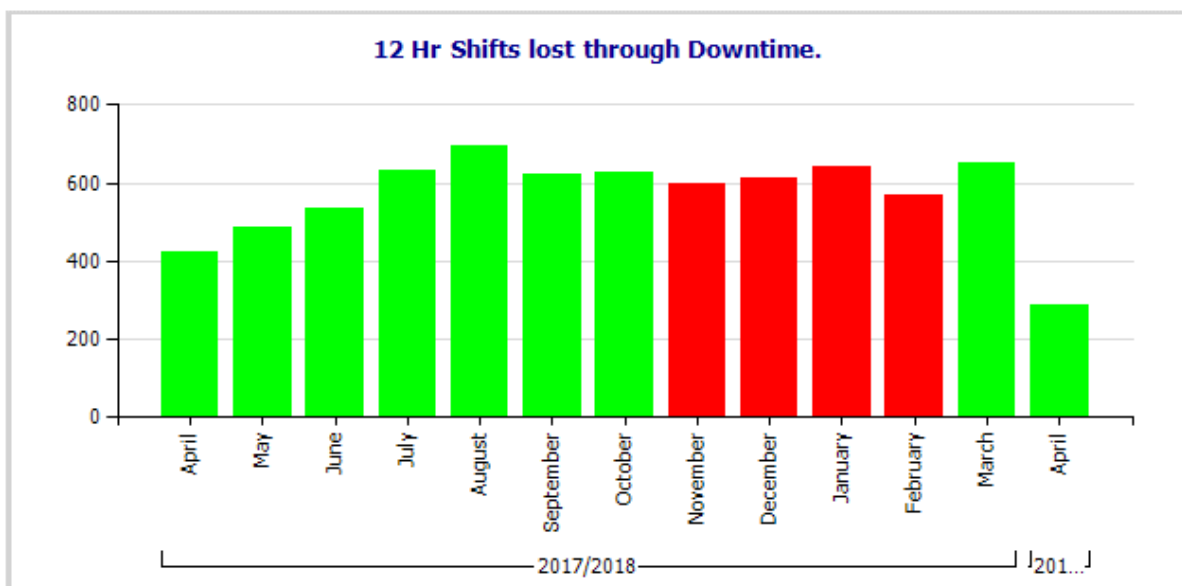
The below chart shows the number of resources hours for the last 4 financial years compared to this years forecasted requirement. October to March are core rotas and Festive cover will not be completed until October



The changes and reduction in hours seen this year relate to the changed operating model with reduced RRV resource levels and increased DCA's.

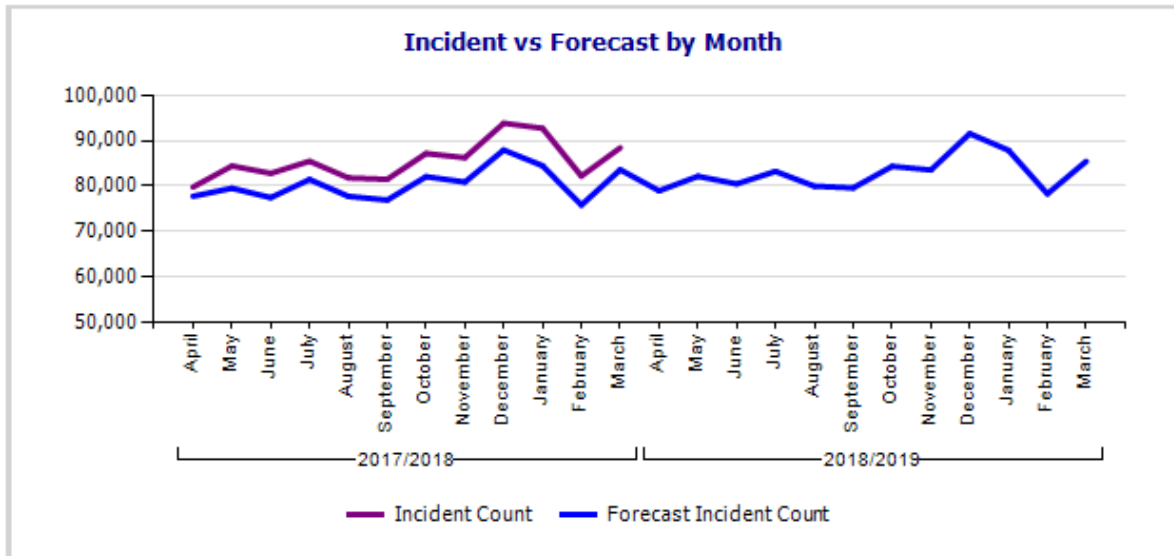
5.2.1 Resource Lost Hours

The below chart represents the number of extra 12 hour shifts that would need to be scheduled in order to account for the lost hours that result from resource downtime. Red bars indicate winter months.



5.3 Winter Incident v forecast

The below chart represents demand. It is the incident count against the forecast incident count.



6.0 Management of Hospital Escalation and Ambulance Turnaround

The escalation and management of ambulance resource during patient handover and turnaround delays will be coordinated consistently with the use of the Trust's Management process for patient handover at Acute Trust's. This gives a standard approach across the region, outlining the use of Strategic Operations Cell, Hospital Desk and HALO/Managers.

6.1 Strategic Operations Cell (SOC)

The SOC is located within the Regional Coordination Centre (RCC) of the Emergency Operations Centre at Millennium Point and is staffed by a dedicated team of experienced Tactical Commanders, providing 24/7 cover. The SOC Commanders provide Tactical level leadership to manage the strategic overview position with regards hospital turnaround and escalation between WMAS and the acute hospital management teams.

In conjunction with the Duty WMAS Strategic Commander, the SOC provides escalatory intelligence and support to the WMAS On-Call Tactical teams and EOC Duty Managers across both Emergency Operation Centres. On behalf of NHS England's Area teams, SOC are the "operational facilitators" with regards to the management of hospital escalation and mitigation of hospital turnaround delay, in response to operational demand and increased EMS Level(s). Additional hours will be deployed to the SOC and HT Desk in the winters to ensure the demands placed upon this facility are fully resourced in the periods of high demand. The Trust will also develop some new logging tools to assist with the accurate recording of the Hospital Delays and Escalation actions being undertaken.

The Duty SOC Commander will operate in conjunction with the Hospital Ambulance Liaison Officers (HALOs) and Hospital Turnaround Desk Supervisors (HTDesk). The HTDesk will coordinate all escalation, intelligent conveying and requests for diversion/deflection of activity across the region and beyond. SOC Commanders will also provide key strategic support and tactical advice within the Regional Coordination Centre.

During normal operation, the SOC Commander will attend conference calls in regard to escalation of Acute, during peak times local operational management will assist in joining these calls where there is high level escalation or when multiple acute's are escalating and call may overlap.

6.2 Hospital Desk (HTDesk)

The HTDesk works under the strategic leadership of, and in collaboration with the Duty SOC Commander. The HTDesk Team comprises experienced supervisor level personnel and they cover 24hrs a day, 7 days a week with additional hours available for cover (abstractions permitting) through relief. The function has a fundamental role in ensuring crews are released from receiving units and departments in a timely manner, to be available for the next tasking. Their main responsibilities include:

- Being the single point of contact for escalation to and from an acute receiving unit's inside and outside the region
- Escalating potential and actual turnaround delays to the SOC Commander and EOC Duty Managers in the EOCs

6.3 WMAS Trigger for the RCMT Escalation Management System (EMS)

The Regional Capacity Management Team (RCMT) administers the West Midlands region-wide "Escalation Management System" (EMS). EMS is essentially a web-based viewer that displays the levels of pressure being declared by partner agencies against a defined set of triggers for each of the 4 levels.

These levels consist of defined triggers that cover front door information, plus areas such as elective surgery, medical outliers and use of planned additional capacity – effectively focusing on the complete patient pathway.

For the Acutes, these levels are based around ambulance waiting times, bed capacity and 4hr breaches. WMAS in reality base our declared EMS levels allied to our current REAP Status.

Each trigger is weighted so Acutes simply input all the relevant data into the reporting matrix and the system calculates the most appropriate EMS Level, which will ensure that the EMS level declared is wholly reflective of the overall pressures being seen within each Acute. The information is only useful and accurate at the time the level is declared – and organisations are only required to update their declared levels before 0930hrs every morning and before 1500hrs in the afternoon.

6.4 Officer Deployment to Acute Sites

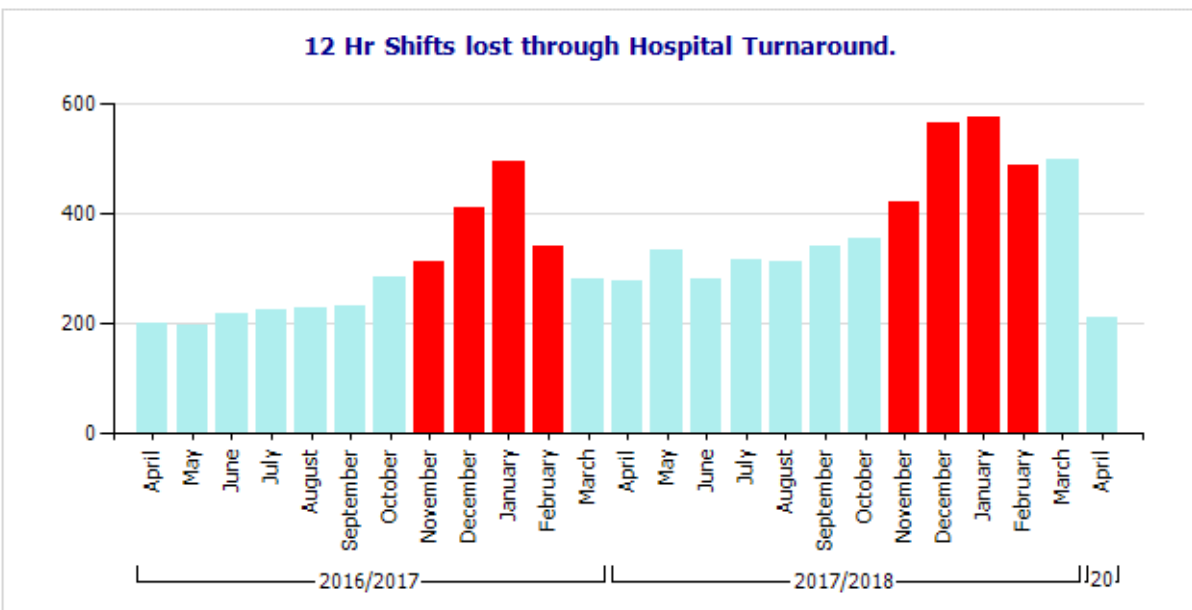
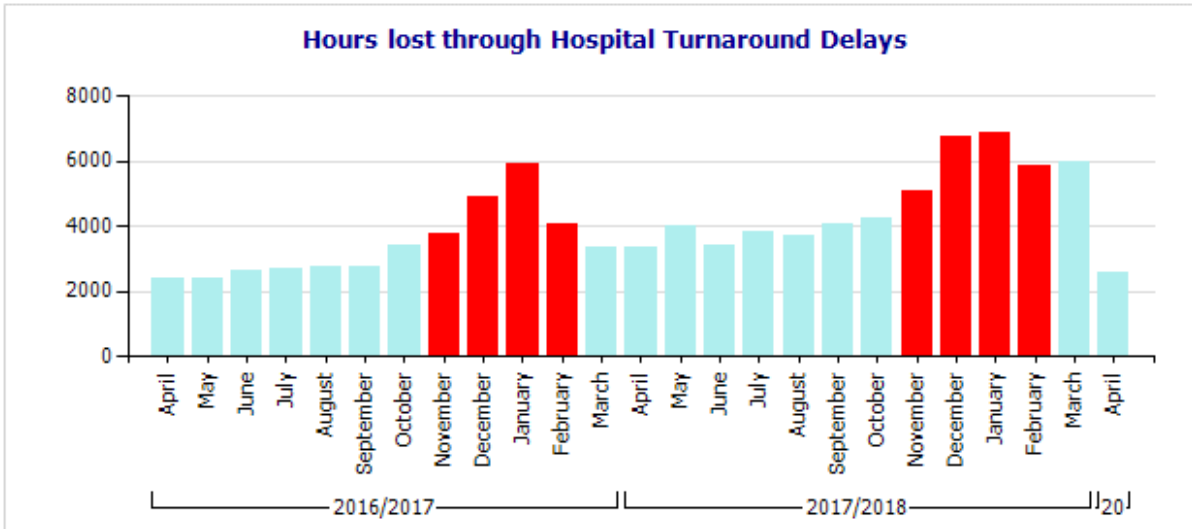
Hospital Ambulance Liaison Officers (HALO) are commissioned by individual CCG's – which must be clearly defined and financially accounted for in each sector. HALO's have an assigned acute hospital that they work within.

HALO's are line-managed by the Senior Operations Manager in the local sector, however during their hours of duty are required to book on with the Hospital Desk or SOC, who will provide tasking, guidance and direction based on the overall picture of operational pressures. HALO rosters are held on GRS, collated centrally by the HTDesk and can be viewed by all Tactical Commanders.

During the Winter months the Trust provides additional HALO support across the region to ensure additional support is provided throughout the challenged period.

6.5 Lost Hospital Hours – Turnaround

The below chart depicts the number of hours that WMAS loose when an ambulance takes longer than 30 minutes to turnaround at hospital. The first chart represents these in total lost hours; the second represents the number of 12-hour shifts that are lost. These charts clearly demonstrate the need for robust management of hospital turnaround and the impact it has on WMAS’s ability to respond to sick patients in the community. The Red columns are winter months.



7.0 Commercial Services

Regional Coverage

WMAS holds 10 Non-Emergency Patient Transport Services (NEPTS) contracts across the West Midlands region and Cheshire.

Accounting for 65% of the regional NEPTS services, the service encompasses routine Patient Transport Services, Renal Dialysis, Mental Health, and High Dependency Services.

Activity Patient transport activity is in excess of 1 million journeys per annum, and is serviced by a workforce of 800 staff, 334 vehicles and 5 control centres providing 24/7/365 service provision.

During winter periods, activity generally remains constant within NEPTS and does not suffer from increased activity or significant variances; notwithstanding this, pressure upon timely discharges do present as winter pressures exhibit across the wider health economy.

In forecasting terms, activity is planned for one to two days in advance of the operating day and responds to the actual activity known and presented; the planning takes into account patient mobilities and vehicle variant requirements. Based upon this, staffing and vehicle allocations are flexed from the full and part-time employed staff pool, as well as bank staff and overtime allocation. Annual leave is managed and controlled during this period to ensure that adequate staff availability is maintained.

To service 'On the Day' activity, such as late notice bookings, discharges and transfers (usually 10-15% of overall activity), additional and unplanned crews are designated in order to service the demand as presented; the unplanned crews are increased during the winter periods in order to meet the growing winter pressure for timely and prompt discharges.

Each contract has a Senior Operations manager who is overall responsible for the operational delivery which is supported by a designated operations manager and supervisors.

The contracts are as follows:

- Cheshire
- Staffordshire
- Pan Birmingham
- Coventry & Warwickshire
- Worcester
- Dudley & Wolverhampton
- Health Care Logistics

There are five control rooms across the region at the following locations:

Frankley – covers PAN Birmingham, Dudley and Wolverhampton

Bodmin (Coventry) – covers Coventry & Warwickshire and Worcester

Tollgate – covers Walsall, Black Country partnership and Out of Hours

Warrington – covers Cheshire

As part of plans for managing winter pressures NEPTS will:

- Continue to work with Commissioners and Acute Trusts aim to ensure discharges are arranged earlier in the day. Timely discharges will contribute to patient flow and support "keeping the front door clear"
- Provide additional Regional discharge crews between – 1400 and 0000 (Mon- Fri)

In order to ensure adequate staffing levels for the winter period and to service the presented activity and maintain a normal service provision, annual leave is managed within control levels; Bank staff are utilised as required, and overtime offered.

A 24/7/365 NEPTS Tactical on call team operates, to deal with issues on both an in hours and out of hour's basis.

'Snow Socks' are carried on all NEPTS in order to ensure continuity of service during adverse weather conditions.

NEPTS will assist the Emergency and Urgent Services with resources as requested and required throughout the winter period, subject to operational availability. In the event of a Major Incident, NEPTS will provide support as outlined in the WMAS Major Incident Plan

8.0 Mass Vaccination Plan (Flu)

WMAS has implemented a managed programme for 100% of all eligible staff to participate in the Frontline Staff Flu Mass Vaccination Programme. The WMAS Influenza Mass Vaccination Plan 2018/19 will detail the programme in full. In 2017/2018 and 2018/2019 the flu vaccination programs are joined and supported with a Commissioning for Quality and Innovation (CQUIN).

Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months when some of their patients will be infected. It has been estimated that up to one in four healthcare workers may become infected with influenza during a mild influenza season- a much higher incidence than expected in the general population.

Influenza is also a highly transmissible infection. The patient population found in hospital is much more vulnerable to severe effects. Healthcare workers may transmit illness to patients even if they are mildly infected.

Influenza is a serious health threat, especially for vulnerable populations like older adults and people living with and caring for frail, disabled and/or aging persons, including those who work in long term care.

Health Care Professionals who are not vaccinated against influenza may:

- become infected with influenza through contact with infected patients
- become infected with influenza through contact with other infected professionals
- spread influenza to patients and other Health Care Professionals.

Potential exists for WMAS frontline staff to carry the virus and unknowingly infect patients and colleagues – causing illness or even death. Without the vaccine, staff are more likely to infect each other as well as patients, families, and their colleagues. The vaccine will prevent increased pressures on the workforce through sickness and absence.

The Trust will train Paramedics to administer the Flu Vaccine to eligible staff at their base Hub locations. There is a significant programme in place to deliver Flu Vaccine to sites and maintain the cold storage chain. All staff will be approached positively to encourage the uptake of Flu Vaccine administration, with an incentive scheme in place to further promote the uptake of vaccine for at least 80% of the eligible workforce before December 31. In locations which aren't served by Paramedic staff the Trust Engagement Vehicle will be mobilized to ensure mobile Flu Vaccine clinics are available to all eligible staff.

9.0 Community First Responder Schemes (CFR)

Key to supporting the communities of the West Midlands region are the Community First Responder's (CFR). CFR's contribute towards patient care and operate within the vicinity of where they live, (5 miles or 10 minutes). They are contacted if they are booked on duty with EOC. Their utilisation is reliant upon dispatching from both EOC's and are monitored by the local Community Response Manager for each historic divisional area.

9.1 Communicating with CFR's

Community Response Managers inform CFR schemes when there is a predicted increase in demand, such as winter and the weekends leading up to the Christmas & New Year and request the schemes to book on duty. This is with the clear focus that it is in addition to their usual targeted hours per month.

10.0 Fleet

Double Crewed Ambulances (DCA) 465 and Rapid Response Vehicle (RRV) 50 are the new fleet stock for 2018/19. This represents a considerable uplift in the fleet numbers to fully support the operational requirements. All vehicles will be less than 5 years and no fleet will be swapped over in the winter of 2018/19, which will allow the operational teams and fleet teams to focus solely on the daily delivery of frontline operations.

10.1 Fleet Replacement Programme

Deliveries of new DCA's will complete in Quarter 1. On completion of the delivery programme the DCA fleet will total 465.

10.2 Fleet Opening Hours Daily

Vehicle availability and cover during the winter months, Christmas and New Year period is paramount. Opening hours of the workshops and mechanic availability both in and out of hours through on-call can be viewed in the charts below. These times may change as the Trust moves closer to the holiday/festive periods and will be reflected in the separate operational holiday/festive plan for this period

During periods of adverse weather, mechanics availability for evenings and weekends will be scaled up as appropriate, i.e. early starts and late finishes. A standing agenda item for winter

10.3 Work Plan at Service Delivery/Operations

Work Plan at Service Delivery/Operations Management Team Meetings will take place; to include fleet availability and workshops cover.

As well as having internal cover (cover supplied by WMAS workshop staff) additional cover has been arranged with our recovery agents, Mansfield Group. A Mansfield Group mechanic will be made available to attend WMAS sites or vehicles broken down with repairable defects, on a nightly or weekend basis, as and when required, throughout the winter months.

Vehicle recovery will be available through our vehicle recovery agents, Mansfield recovery, 24/7 (as normal) inclusive of the Christmas / New Year festive period.

Contact number for Mansfield recovery is 0870 6003444

10.4 Fuel Stocks

During the winter period, all Trust fuel bunkers at each hub will have increased deliveries to ensure better resilience given the increase in demand and reduce the impact should inclement weather impact roads networks/ infrastructure.

11.0 Logistics and Regional Make Ready Recruitment

The Logistics Manager will remain focused on AFA recruitment, AFA training and process control. This regional function will also manage the stocking of new vehicles as they arrive within the Trust, working closely with the fleet department.

The Trust are providing additional AFA's to hubs across the region to ensure the provision of vehicles being Made Ready is maintained through the winter, these staff will be recruited and trained by the AFA trainer.

In line with normal Trust winter arrangements, the regionally controlled winter ambulance load list will be rolled into the Make Ready process at each hub in October to ensure each Emergency vehicle has an ice scrapper, de-icer, a snow shovel and snow socks load on every RRV and Ambulance vehicle, with adequate spares held on each hub. Hubs will ensure that adequate stock of protective windscreen covers, ice scrapers and de-icer is in place on hubs and CAS sites as required.

The Trust has in place a contract to grit the Operational Hubs and EOC sites. This is provided by an external contractor who monitor temperatures daily and set thresholds to grit based upon Met Office information (daily). A report is circulated each day showing which sites will be gritted that night. The contractor then visits the highlighted sites that evening and spreads grit around the carpark and walkway areas. This provision occurs every day when the threshold is met. This service is managed and facilitated by the estates department, any problems are reported through the Estates Help Desk. In addition, the Trust provides a small stock of grit to supplement certain areas (smaller locations).

This year there will be no additional local over stocking of consumables on hubs to ensure management of stock is maintained and reduce available space at the hub. If adverse weather forecasts emerge, then the On Call Strategic Commander will determine if additional stock needs to be mobilised from central stores to each hub in good time.

12.0 Operational Sector Readiness

The Trust is covered by 9 Sectors:

- Coventry and Warwickshire
- Erdington and Lichfield
- Hollymoor and Bromsgrove
- Willenhall and Sandwell
- Shrewsbury and Donnington
- Dudley
- Worcester and Hereford
- Stoke
- Stafford

This plan covers the essentials in ensuring that all sectors are in a state of readiness to cope with the demands placed on service delivery for the winter period. This will include additional hours AFA's, OM's and HALO's throughout the period,

The Winter, Christmas and New Year period traditionally and historically has presented operational delivery challenges to the Trust, with a sustained period of increased demand concentrated in both urban and rural areas.

It is therefore prudent that during anticipated period of increased demand that we harness our available resource capacity to maximum effect.

- Maximised WMAS staff outputs to forecasted workloads (patient facing & AFA)
- Maximised fleet/workshops availability
- Ensure sites are in a state of winter preparedness

Abstractions rate across all sectors will be kept to a minimum to maximize available resources to enable us to respond to the demands placed upon the Trust.

12.1 Hospital Turnaround

The 15-minute clinical handover and 30 minute turnaround will be enforced through the period to ensure crew availability for response. This will be managed through by the HALOs, OMs, ASOM's, SOM's and Tactical on Call out of hours with support from the 24/7 SOC and Hospital Desk.

12.2 Fleet/Vehicle supplies for vehicles

Supplies:

- Snow socks for all vehicles have been checked with orders placed for missing items
- De-icer stocks have been checked for all sites and orders placed as required
- Fuel delivery arrangements have been confirmed with the Fleet Department and all fuel cards are current. Where applicable Fuel bunkers have sufficient stocks to manage the festive period Bank Holiday break

Vehicles:

Each HUB has a specialist 4x4 ambulance capability with trained staff, these vehicles will be deployed 24/7 operationally when poor weather is forecast, in addition to supporting the overall Ambulance Fleet to meet peak outputs.

13.0 Emergency Operations Centre (EOC)

13.1 Duty Manager

A Duty Manager will be present at both Tollgate and Millennium Point EOC for each and every shift taking responsibility for the day to day running of the duty EOC team. Additional support and management will be supplied by an EOC Commander during normal working hours across both EOC's and the EOC Tactical on call during the out of hour's periods.

13.2 EOC Tactical Cover

EOC Tactical arrangements are in place and cover increased in order to provide additional support during periods of high activity and pressure.

13.3 Dispatch

Every effort is made to ensure that dispatch teams are fully staffed and that any additional requirements, such as TMIU controllers are identified and sought in advance.

13.4 Incident Command Arrangements

An ICD supervisor will be on duty on each and every shift providing 24/7 cover to manage and deploy resources to any large scale or specialist incidents in line with current ICD protocols. This is a regional desk where specialist incidents are managed by the ICD from any location within the areas covered by WMAS. In addition, each of the dispatch teams have identified and trained a dispatcher that is capable of providing additional support or cover should the need arise.

13.5 Call Taking

During each shift call taking at both MP and Tollgate EOC's will be managed by a call taking supervisor and a call taking supervisor assistant. Additional Call Taking staff have been employed to meet the high demand period, this has been the number of 2min BT delays reduce to very low levels. This recruitment will be sustained to ensure the winter 2018/19 demands can be fully met. They will provide support and line management responsibilities for the call taking function. Call taking numbers are dynamic in line with the predicted call taking demand to produce circa 28 call assessors on duty during the busiest period of a normal day (outside of NYE).

The number of staff on duty at any one time is varied in order to provide the right level of cover to meet call demand. A separate staffing assumption has been made regarding Christmas and NYE and will be contained within the Festive plan. Protocols changes and staff notices will be kept to an absolute minimum during the winter period so that the dispatch and call assessor teams are not distracted by adhoc changes.

13.6 The Clinical Support Desk Team, (CSD) incorporating the Clinical Hub

The Clinical Support Desk Teams are located within both EOC's and provide 24 /7 cover it is manned by 25 experienced Clinicians. The staffing of the team varies throughout the hours of operation to match the activity presented. The Clinical Support team have primary roles;

- The triaging of lower category calls (Category 4 calls) where an ambulance response is not required, utilising alternate pathways primarily via the Directory of services (DOS), additional to this at busy periods CSD will carry out a welfare check for all other categories of calls which may have a delay in response, this may result in the clinician down grading the call if the response is deemed inappropriate.
- Identify alternative treatment routes available for the patient outside of hospital, utilising the DOS.
- To update the patient's own GP with information or a case note

- Make a referral to a community based service
- Get advice while on scene with a patient with complex needs, utilising the clinical website and other databases available to the team.
- CSD provide support for the EOC team, primarily for call assessors, who may benefit from clinical knowledge during complex 999 triage.

13.7 Directory of Service Leads (DOS Leads)

The NHS Directory of Services (DoS) has a key part in managing patient flow throughout the health economy. During the winter period, there is increased demand for the Area DoS Leads to support local commissioners and providers by capturing winter initiatives and ensuring referral pathways are in place for key providers such as WMAS, NHS111 and Acute Trusts. Winter is also a time when utmost accuracy is required for existing services, pathways and technical links. The DoS leads will provide DoS and operational support to both EOCs, NHS111 and Operations on key dates as required.

14.0 Mutual Aid

WMAS has a Mutual Aid Plan that gives clear actions that are required when the plan is enacted.

The decision to request or supply mutual aid will be the result of either a national conference call between all the United Kingdom Ambulance Services or a direct "Strategic (Gold) to Strategic (Gold)" call and will be due to one of the individual ambulance services being in a position where it is unable to provide a safe service to the public in that area. This may be due to a declared Major Incident but may also be due to other pressures existing in that area at that time.