



2021/22

Winter Plan

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Ratified by	
Date ratified	
Author	
Intended audience	WMAS Staff NHS England/ Improvement Area Team Ambulance CCG Commissioning Lead
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 Pandemic Influenza Plan



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Version Control

Version	Date of issue	Updated by	Change log
1.0	09/04/2021	Nick Henry	2020/21 plan and winter feedback from Commanders changes made
1.1	01/05/2021	Nick Henry	Updated planning
1.2	24/06/2021	Nick Henry	Charts updated
1.3	18/10/201	Nick Henry	Updated information on Trust workforce planning for the winter
1.4	19/10/2021	Nick Henry	HALO arrangements and data refreshed
1.5			
1.6			
1.7			
1.8			
1.9			
2.0			

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 changes 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 2 of the sub areas.



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EOC Management	Region Wide
EOC Duty Managers	Region Wide
Incident Command Desk	EOC MP
On Call Teams	Teams A to E
Strategic Capacity Commander	Regional Capacity Cell
EP Team	Emergency Preparedness Managers



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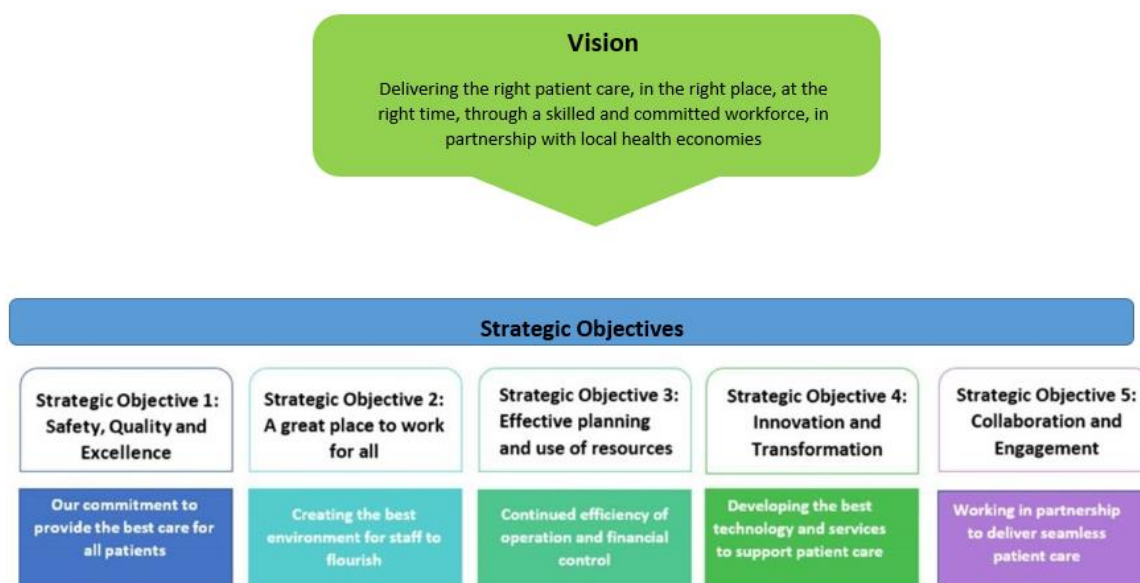
1.0 Background to WMAS

West Midlands Ambulance Service University NHS Foundation Trust (WMAS) 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 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 Birmingham Arena, National Exhibition Centre or travelling to and from Birmingham International 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, which is gaining experience in providing a high quality 111 provision for a large proportion of the region excluding Staffordshire. The Trust 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 2020/2021 was very different from any other due to the Global Pandemic and the NHS working at a Level 4 critical incident status. The increased use of facemasks, hand sanitiser and PPE saw the lowest levels of norovirus and seasonal flu.

There was a significant impact to hospital capacity during January 2021 that impacted patient handovers, the return of flooding in February and several snow days to complete a very difficult winter period for the Trust.

The Trust maintained daily Senior Command & Control focused meetings to ensure WMAS were able to maintain and achieve all National Ambulance quality standards for the year, despite very difficult circumstances and keeping staff safe. All learning from winter 2020/21 have been utilised to further inform and improve this plan.

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
- Circa 4,000 *999* calls per day
- Over 570,000 emergency journeys annually
- NHS 111 provider for Arden, Birmingham, Black Country & West Mercia
- Approaching 3700 average *111* calls per day
- £350 million budget
- Emergency Fleet of over 515 vehicles including:
 - 514 Emergency Ambulances
 - 15 4x4 Wheel Drive Double Crew Emergency Ambulances
 - 22 Rapid Response Ambulance Cars
 - 4 x Helicopters
 - Specialist Vehicles including:
 - Polaris Ranger 6x6 Off Road Ambulance
 - Mass Casualty Vehicles
 - Mobile Command Vehicle
 - Major Incident Vehicles
- Over 7500 Staff and 1,000 Volunteers
- 857 defibrillators per million population



1.2 Infographics

- Only Ambulance Trust with Outstanding CQC rating



- No Vacancies, including Paramedic (nationally there are 2,500 Paramedic vacancies)
- Only ambulance service to have all front-line ambulances that have a Paramedic on board all emergency ambulances (highest skill mix in the country) therefore 100% of patients are assessed by a registered healthcare professional
- Newest fleet in the country, no vehicles more than 5 years old
- Only Outstanding Ambulance Trust in segmentation 1 of the Single Oversight Framework
- Over 400 more Student Paramedics will begin training this year
- Achieved 83% of staff receiving COVID vaccination
- Achieved 85% of staff receiving seasonal flu vaccination
- Lowest level of staff sickness in the country at 3.40% without COVID
- Highest achievement of PDR completion and mandatory refresher training (96% and 97% complete 2020/21)
- Second lowest conveyance rate in the country with our paramedics only conveying patients to ED that require ongoing assessment and treatment with 100% roll-out of the electronic patient record (EPR) on the emergency fleet
- 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 Attack (MTA) or other terrorist activity, enhanced equipment on all vehicles
- Financial Key Metrics (EBITDA, CIPs, Capital, Cash) target achieved and exceeded for 2020/21
- Operational 24/7 Tactical Incident Commander on duty to provide senior experienced management to significant incidents
- 24/7 Incident Command Room fully embedded to support significant incidents
- Fully embedded Strategic Capacity Cell available 24/7 to support hospitals and operational resources to improve support to patients



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, year on year. In reviewing the 2020/21 winter period, the increased pressure from COVID on the Trust abstractions with staff isolating or contracting the virus. Added to this significant impact on hospitals with bed capacity and the needs to flick beds/wards from COVID to non-COVID. Not forgetting flooding in February and the adverse weather days of snow across the region. In reviewing the early winter months profile, it demonstrates that the Trust experiences an average increase in incidents of 7% and peaks at 20% for the 999 service above forecast through the period compared to the rest of year average, with 111 experiencing days of over 24% above forecasted activity.

Early December saw the start of the Trust's COVID vaccination coordination programme that was provided by local hospitals and Primary Care Networks, achieving 83% of all staff vaccinated.

The pandemic saw all Strategic Coordination Groups within the Trust footprint operating at Major Incident level and ensuring increased communication between all partners.

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 of the Trust, to achieve safe services for the delivery of patient care and maintain performance over the Winter. This will be the second winter with COVID-19 so has the potential for new variants of the virus and any associated significant risks for patients, staff, the Trust and health community partners.

The impact on service delivery from COVID-19 saw significantly increased abstractions due to staff isolation, sickness and shielding that was very well managed by the Trust with staff testing with lateral flow testing, access to PCR testing through the Queen Elizabeth Hospital that gave staff and their families access to speedy PCR testing. The welfare of staff remains a key priority for the Trust which includes individual risk assessments for any staff that are deemed Clinically Extremely Vulnerable to the virus.

During the normal planning for the period, the Trust will experience payday weekends, school holidays, various festive religious events like Diwali and Christmas celebrations, New Year parties, any adverse weather conditions 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 pressures. This coming winter there remains the potential for further national expectations from NHSE/I that the health systems will use the experiences of the 12 months with COVID, to further improve how patients access emergency, urgent and primary care services with ambulance clinicians having direct access to same day emergency care (SDEC) wards.

This Winter Plan has been developed to cover the arrangements for the Trust and so encapsulates all the Integrated Care Systems (ICS's) that operate within the WMAS regional boundaries.

A separate and more detailed operational plan will be published to ensure the Festive period (pre-Christmas, Christmas, New Year and post New Year) is managed safely and 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 recruitment of circa 220 new operational staff so that their training is complete, to ensure they are fully operational for the festive period, with the provision to increase this by circa 120 in Quarter 3 and 210 in Quarter 4, if required.

There will be reduced planned abstractions for the festive period, timely fleet replacement programme in place to enable an increase in fleet for the busiest months and increased emergency call takers have been recruited in the year to ensure the staff have good experience before the winter period and plans are in place to ensure that these staffing levels are maintained.

All additional staffing and resource will be available and ready to be deployed into frontline operations ahead of the festive period, with 4 training cohorts available for early release, if this is required to meet patient need or significant incident. The annual training of operational staff (mandatory training) has been planned across 8 months of the year to reduce the impact.

The merger of the 999 and 111 call taking centres in Brierley Hill has been a positive step forward to increase the resilience of these services for the Trust with both services utilising an integrated software platform. Integral to the 999 service has been the Clinical Validation team, led by the duty Clinical Navigator to manage the category 3, 4 and 5 calls with the Trust Clinical Support Desk.

The purpose of this plan is to maximise resourcing to meet high demand. The integrated 999 & 111 call centre, 2 Emergency Operations Centres (EOC), each of the 15 Operational hubs, Emergency Preparedness, Fleet, Logistics and Business Continuity support are all reviewed and explicitly addressed in plans. The Trust has undertaken lessons learnt exercises for last winter, flooding and 12 months of COVID-19. All documented and presented to the Board of Directors.

Plans 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 team staff working hours and how they will support operations and/or the control rooms 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 Wednesday 15th December and Wednesday 6th January inclusive.

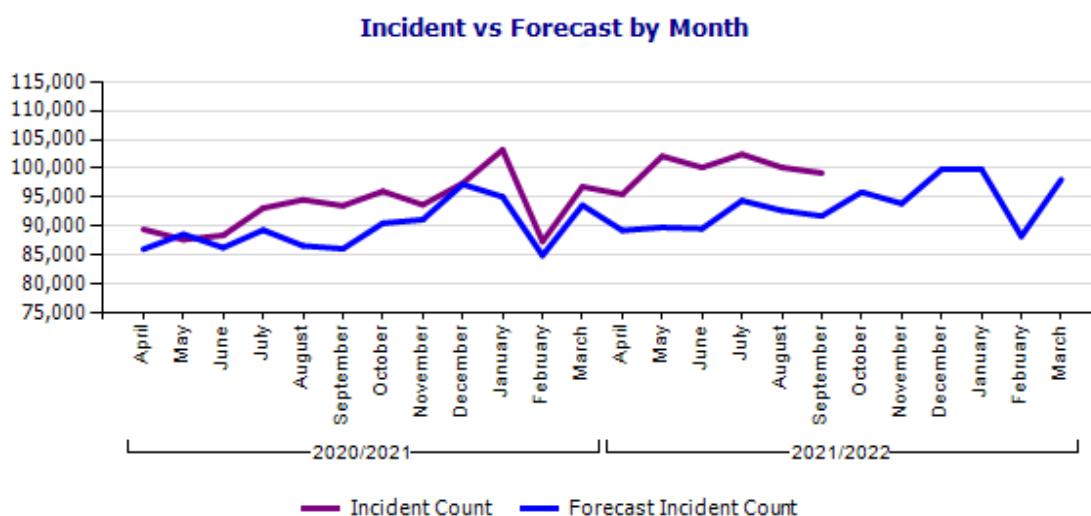
All operational effort is to be focused on responding to patients and this includes all union reps, clinical managers, etc. from 14th December 2021 -12th January 2022.

In addition to the strategic planning for winter and the agreed operational plans for winter, the CEO has delegated authority from the Board of Directors to implement further operational options to increase capability, as the winter demands prevail and to take all necessary action to protect staff and the public.

A number of contingency options for additional resourcing will be developed prior to the winter to support unforeseen circumstances. One that has already been agreed due to COVID-19 is for a High Dependency tier to be available in E&U operations until the end of March 2021.

2.2 Winter Demand

There is typically a 4% demand increase year on year, although through the winter period the Trust experiences a typically 6% growth for the months November and December, compared to the mean average of non-winter months and can also see spikes of 22% 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 Bank Holidays during this coming festive period in relation to the weekends and when NHS services are available. For 2021/22 the Christmas period falls over a weekend with Saturday (Christmas Day) and Sunday (Boxing Day), given this there are Bank Holiday dates for Monday 27th and Tuesday 28th December that will see increased numbers of patients wishing to access services. This four-day period will have additional impact on the Trust's 999 and 111 services for this extended holiday period with reduced primary care services.

Historically when Christmas Day falls on a weekend, it does provide a differing pattern to the activity impacted by the health services availability of primary care given the prolonged weekend and weather conditions.

This winter has the continued potential of higher risks due to the impacts of COVID-19, depending on potential mutations of the virus and delivery of the booster vaccine programme that is being arranged. This could have wider effects on all health and social communities within the region. Plans have been made to assume that COVID-19 will continue to affect WMAS service delivery although the Trust will maintain its robust staff support functions of test & trace and seasonal/COVID vaccination programmes.

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” with local and regional forward and real-time forecasting is maintained by the Resilience Department with close links with the “Met Office” and the Environment Agency to allow sufficient time for any actions required.

Winter normally has the potential for increased cases of seasonal flu outbreak, so the Trust commenced its robust seasonal flu campaign planning in May 2021, with additional planning this year for the COVID booster vaccinations for staff. This to ensure appropriate planning is in place to reduce any potential impact of seasonal flu or COVID outbreaks are managed appropriately.

Although more prevalent in the weeks preceding the festive period, many areas across the region would normally have 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 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. Dependant on the status of the national COVID-19 arrangements at the time, this will impact the ‘footfall’ at locations and events across the region.

3.0 Commissioning

WMAS is commissioned by 6 CCGs across the West Midlands for the 999-ambulance contract and for 5 CCG’s (excluding Staffordshire) for the 111 contract, with Black Country 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 the A&E Delivery Boards
- Lead for the ICS’s
- Alerting to additional system resilience requirements for 999 & 111
- Escalating system pressures relevant to CCG’s (e.g. Ambulance Turnaround delays)

3.2 Potential Risks

- Commissioners are looking to WMAS to support delivery of the local healthcare system
- High demand on 999 or 111 services (significant growth due to sudden severe adverse weather or increased illness in patients)
- High levels of COVID-19 with associated variants, seasonal flu, associated illness or isolation abstractions



- Hospital Turnaround delays at Emergency Departments is a likely key risk which 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 disease 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 low level of conveyance to hospital
- Reduced handover times and reducing excessive long delays
- Continued use of the Clinical Support Desk
- Use of Clinical Advisor Service
- Use of alternative Pathways of patient care
- Trust track & trace services to support staff
- Robust COVID-19 and seasonal flu vaccination programme

3.3 111

The Trust has quickly built a reputation for delivering a stable 111 service for the geographical area that it is now the provider, Birmingham, Black Country, Shropshire, Hereford, Worcestershire, Coventry and Warwickshire. This being provided with dual trained call handlers for 999 and 111 calls which has been enhanced since the co-location of all call handlers between two buildings with a single CAD catering for both services.

Vocare are the provider for the county of Staffordshire. Given the robust delivery from the Trust, it is vital that Vocare are able to also provide a fully enabled service to answer calls promptly and have the resources to manage their CAS requirements accordingly, to not impact the 999 service in the county.

The Clinical elements of 111 have seen improvements where the clinical model of providing the right clinical skills to meet the needs of patients. The function has clinicians from a wide range of backgrounds including, GP's, Advanced Nurse Practitioners, Advanced Paramedic Practitioners, Nurses, Paramedics, Dental Nurses, Mental Health Nurses and Pharmacists.

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 (CEO or Deputy Chief Ambulance Officer), b) the Strategic (Gold) Commander team who provide 24/7, 365-day strategic leadership and management through an on-call provision, c) a Duty Director (Gold) provides a live working Strategic on-duty Commander at Headquarters every evening and throughout the weekend. At times of extreme demand these arrangements will be expanded further to meet the needs of the organisation. The on-call system also provides Tactical (Silver) level management for the geographical areas and functional operational departments such as E&U operations, EOC, 111, Emergency Preparedness and PTS.

In the winter period (2021/22) the Trust will provide a) an Executive Director of On-Call 24/7 (CEO or Deputy Chief Ambulance Officer), b) an On-Call Strategic (Gold) Commander 24/7, c) a Duty Director on site at Headquarters at weekends d) a Duty Director working Monday to Friday on twilight shifts.



This role has been proven through the last few winters to be very beneficial to have this senior leadership on site, dealing with matters live and supporting staff.

4.1 Operational Strategic Overview

There is an On-Call Conference call every Monday and Friday at 0900hrs which is attended by the senior managers and the on-call team, chaired by the On Call Strategic Commander. These meetings can be increased to daily, should the need arise.

The operational Tactical level On Call team are collectively managed by one Strategic Commander to improve communications for On Call purposes. All other departments/specialities are managed by their respective Strategic Commander. All ensuring that lessons learnt are shared to continually improve command and control.

There are weekly Senior Manager Team (SMT) meetings that review the control room and operational cover, pressures experienced/ expected and mitigation of risks, also chaired by the Director for each area.

4.2 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.

4.3 Duty Director/Strategic Commander

Given the experience of the last few winters and COVID-19 management, the Trust will maintain the arrangements for a trained and experienced Duty Director, based at Trust Headquarters working 7 days to support 999, 111 and PTS. 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 is undertaken by Assistant Chief Ambulance Officer's (ACAO), giving extended weekday shifts and weekend coverage. The function is based at Trust Headquarters and works typically a twilight shift. This is further enhanced during the Festive 2 week, to include an additional day shift cover.

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.

4.4 Operational Tactical Incident Commander

The Trust has an on duty, live operational Tactical Commander level role to enhance the management cover that is provided by the 24/7 Operations Managers and the On-Call provision that the Trust has had in supporting larger scale incidents. During the winter period there is the ability to restrict operational tasking to better support the organisation. Implementing this was proven to work well through winter and COVID-19 first peak. This will be managed directly by the Strategic Command team.



4.5 Incident Command Desk

The Incident Command Desk is based at Trust Headquarters, staffed by a Tactical Incident Commander and will be utilised to support the region in Command & Control situations, 24/7. The cell functions under the direction of the Strategic Commander and provide resilience to the region.

The control room also houses the National Ambulance Coordination Centre (when live or activated) and the provision for managing significant incident or adverse weather management.

4.6 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 operationally 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 2021:

Weekend of 17th, 18th, 19th, 20th

Christmas Day, Boxing Day and following Bank Holidays 27th, 28th, 29th

New Year's Eve 31st

January 2022:

New Year's Day and following days 1st, 2nd, 3rd, 4th

5th, 6th, 7th, 8th, 9th, 10th, 11th

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 patients.

4.7 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 incident 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, effective and timely management of all sickness
- Ensure an effective Flu and COVID-19 Vaccination plan is being delivered
- Production of Festive Plan period rosters in October to ensure any identified resourcing issues can be addressed early
- Maximise ambulance resource to ensure strong cover is in place for peak periods such as weekends, Mondays and key dates



- Continued focus on delivering a Paramedic on every ambulance
- Plan ahead for all staff coming from training in readiness for the festive period
- VPO cover to be maximized and recruitment plan is a priority
- Operational Manager posts will be backfilled at all times for Annual Leave etc
- There is no planned use of external VAS support

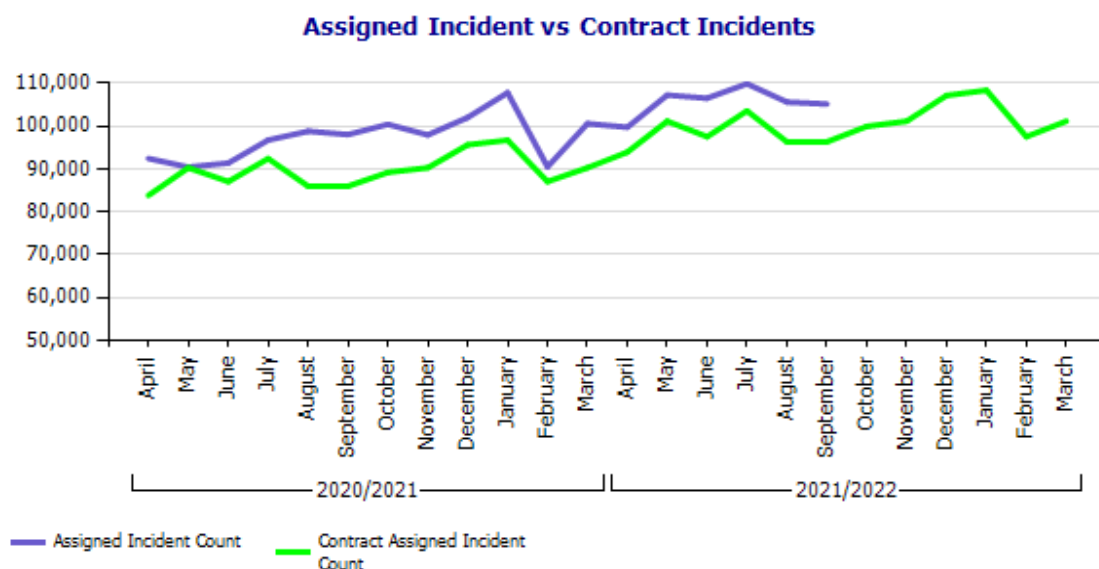
4.8 Key Contact Centre Requirements

- Answer calls promptly and appropriately to meet the needs of calls/patients
- Ensure all incident 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, effective and timely management of all sickness
- Ensure an effective Flu and COVID-19 Vaccination plan is being delivered
- Production of Festive Plan period rosters in October to ensure any identified resourcing issues can be addressed early

5.0 Activity / Resourcing Forecasts

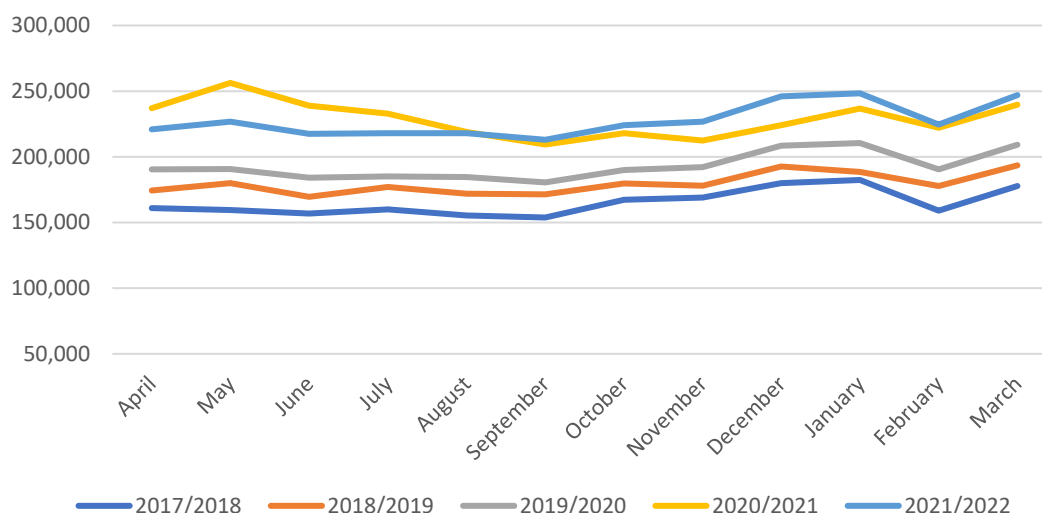
5.1 Activity vs Contract

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 ambulance hours for the last 4 financial years compared to this years forecasted requirement, noticeably there has been a sizable increase to in DCAs to manage COVID-19 from April. From August to October are core rotas currently and Festive cover will not be completed until October



6.0 Operational Sector Readiness

The Trust is covered by 15 hubs:

There are 15 E&U Operational hubs of WMAS:

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

Hubs are led by a Senior Operations Managers (SOM's) that manage their respective Hub where staff book on and off duty. The SOM leads the Hub and is supported by 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.

To ensure resilience for the management team there are staff, who fully trained, who can act up to appropriate management roles if required, should substantive managers be abstracted for any reason.

The SOM's planning arrangements will be integrated within the Festive Plan (FP) that will be published on the 8th December 2021, for submission to commissioners as required.

This plan covers the essentials in ensuring that all hubs are in a state of readiness to cope with the demands placed on service delivery for the winter period. This will include additional hours of VPO'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 DCA outputs to forecasted workloads



- Maximise the use of VPO's to focus on deep cleaning on nights and increased cleaning at peak output times appropriately to meet IP&C requirements
- Maximised fleet/workshops availability
- Ensure sites are in a state of winter preparedness stock (shovels, Grit etc)

Abstraction's rates across all sectors will be kept to a minimum to maximize available ambulances to enable us to respond to the demands placed upon the Trust.

6.1 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, SOM's and Tactical on Call out of hours with support from the 24/7 Strategic Capacity Cell.

The agreed escalation policy will be followed robustly to maintain the safest service possible to the citizens within the region.

6.2 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

Ambulances:

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

7.0 Strategic Capacity Cell

The Strategic Capacity Cell (SCC) provides the strategic overview of the whole system and is focused on reducing hospital turnaround times and providing robust high-level escalation for hospital turnaround delays.

Further to this it has a vital functionality to manage ambulance activity into acute hospitals more effectively with Intelligent Conveyance (IC) to create an even spread of activity and contribute to reducing 4 and 12hour breaches in Emergency Departments, ensuring patient safety and wellbeing.

The Strategic Capacity Cell is located at Trust Headquarters, where it has access to a comprehensive range of live information feeds giving a real time region wide overview of:

- Acute Trust bed status information/ capacity informatics
- Emergency and urgent ambulance activity



- Predicted/ forecasted demand for both hospital and ambulance e.g. 999 emergency activities and Health care referrals where a clinician is making a transport request
- Outstanding workload/ conveyancing details real time
- Discharge visibility both booked ready and booked but not ready
- Real time HALO intelligence around visible pressure in ED's

The SCC is managed by the Head of Patient Flow.

7.1 Strategic Capacity Manager

The Strategic Capacity Manager (SCM) role is staffed by a dedicated team of experienced Tactical Commanders, providing 24/7 cover. The Strategic Capacity Managers 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 SCM provides escalatory intelligence and support to the WMAS On-Call Tactical teams and EOC Duty Managers across both Emergency Operation Centres. The SCM are the local contact for the Acute Trust's with regards to the management of hospital escalation and mitigation of hospital turnaround delay, in response to operational demand and increased EMS Level(s).

Included in the structure within the SCC is the Ambulance Hospital Liaison Officer (AHLO) who support the SCM in the early stages of escalation and this allows the SCM to maintain the strategic overview. If there is a requirement to increase the capacity of the SCC team when increased pressure is in the system, then this will be managed by the Trust On-Call Strategic Commander.

The Trust has developed an improved logging tool to enable accurate recording of the Hospital Delays, any patients being held outside of ED's and Escalation actions being undertaken for daily reporting to the whole health system.

The Duty SCM will operate in conjunction with the Ambulance Hospital Liaison Officer (AHLO), 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. SCM Commanders will also provide key strategic support and tactical advice within the Strategic Capacity Cell.

During normal operation, the SCM 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.

7.2 Clinical Advisor and Assessment (CAA) Hub

The Clinical element of the SCC plays a pivotal role in ensuring that crews are available at the earliest opportunity to respond to the next patient. They do this in a number of ways:

- Provide clinical support 24 hours a day to operational clinicians to assist in decision making.
- Intelligently conveying patients to hospital sites across our Region that have capacity and are not experiencing any handover delays. This is in line with the trusts vision of the right care at the right time.
- Proactively assist operational crews with finding alternative pathways where a patient can receive the required treatment outside of the ED setting.

- Access live patient records and other online services to assist in decision making.
- Assist crews in decision making to maximise see and treat of patients and reduce overall conveyancing.
- Utilise a variety of initiatives out in the community specifically aimed to treat long term conditions and specific patient groups without the need to convey to hospitals.
- Interrogate the DOS to access alternative support for crews and patients and highlight any service gaps as appropriate.

reducing on scene times by sourcing Alternative Care Pathways for operational resources and reduce total task times

7.3 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 Acute’s, 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 Acute’s 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.

7.4 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 Head of Patient Flow and supported by the local sector SOM. During their hours of duty are required to book on with the Hospital Desk or AHLO, 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.

The experience of Quarter 2 has confirmed hospital turnarounds will remain problematic and significantly worse than experienced in the previous winters, given the impact of COVID-19. The Trust has worked with commissioners and local A&E delivery Boards to understand what resource is required to reduce the number of patients waiting in handover delays. Some sites requiring additional HALO resource to assist the hospitals with winter arrangements and HALO’s managed dynamically.

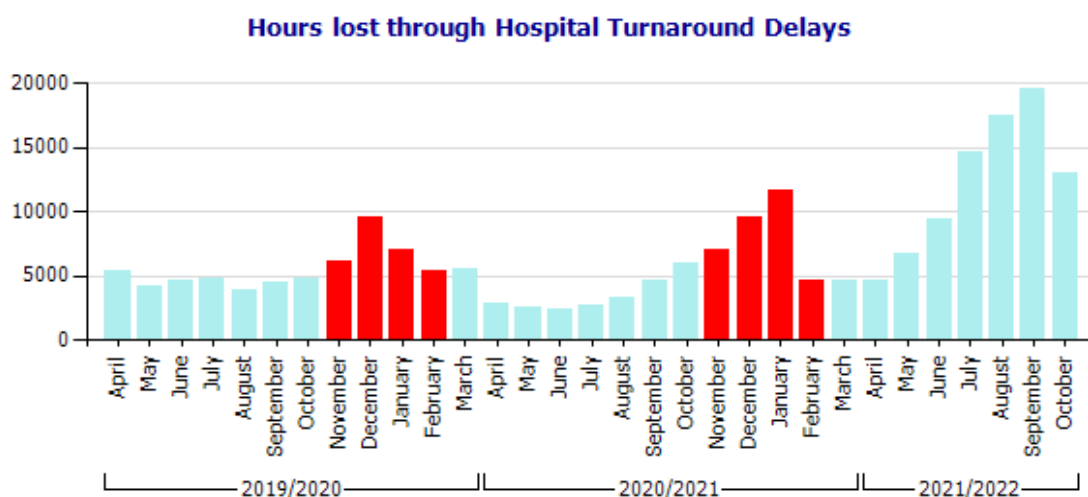


		Contract	Acute funded	Winter arrangements	Total
1	Alex	1		1	2
2	Burton	1	1		2
3	City	1		1	2
4	Good Hope	2		1	3
5	Heartlands		5	1	6
6	Newx	1		2	3
7	Princess Royal			1	1
8	Royal Shrewsbury			2	2
9	Russell's	1	1	1	3
10	Sandwell	1		1	2
11	Stafford	1			1
12	UHB	2		1	3
13	UHCW	1		1	2
14	UHMS	1		2	3
15	Warwick / GE	1		1	2
16	WM	1		1	2
17	Worcester	1		1	2
Total (WTE)		28	16	7	18
				18	41

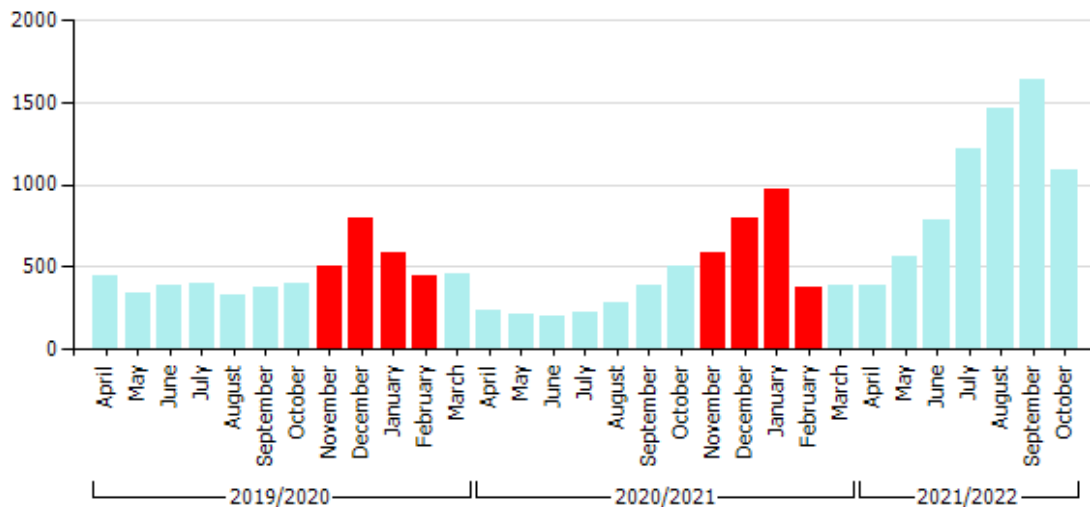
The Trust is working with each acute to identify co-horting areas and working arrangements to best manage handover delays, to reduce the impact on delaying ambulances attending patients waiting in the community.

7.4 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 significant impact that hospitals have had on the Trust this summer and shows no signs of reducing prior to winter. The previous winter months showing in red, it's clear to see this summer has been significantly more challenging than the 2 previous winters.



12 Hr Shifts lost through Hospital Turnaround.



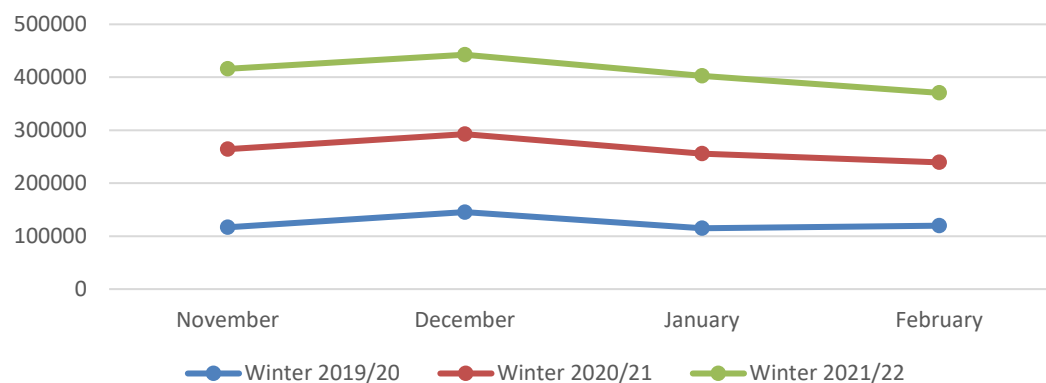
There is a need for robust management of hospital turnaround and the impact it has on WMAS's ability to respond to sick patients in the community.

8.0 Integrated Emergency and Urgent Care (IEUC)

8.1 111 Call Activity

The chart below provides information on the calls offered per month for previous winter periods and the forecasted data for months November 2021 to Feb 2022

111 demand for previous winters and forecast for 2021/22



These figures show a growth in calls offered by up to 30% from winter 2019 to this coming winter and planning for this winter is captured in the coming sections

8.2 Duty Manager/s

There is a Duty Manager on each of the three sites of Millennium Point, Navigation Point and Tollgate. They provide 24 hours, 7 days a week cover taking responsibility of the day to day



running of the IEUC and the staff, which includes Supervisors, Call Assessors, Clinicians, Dispatch and Specialist teams.

Additional support and management will be supplied by the IEUC Commanders during normal working hours across each of the IEUC Sites and there are two (EOC & 111) IEUC Tactical commanders on call during the out of hour's periods .

The IEUC General Manager, Commander and Clinical Commander with the Duty Manager constantly review the live Surge Level internally and of the organisation based on both the 999 and 111 demand. They review patients waiting and available ambulance resources, along with demand on the clinical queue escalating the level when required for appropriate additional actions at each level.

8.3 IEUC Tactical Cover

IEUC Tactical (Silver) Commander arrangements are in place for provision of a commander for each of the 111 and 999 specialities. This is to ensure robust and resilient management support that includes weekend and late cover during periods of high activity and pressure, such as the winter.

8.4 Dispatch

Planning is in place to ensure that dispatch team positions are fully staffed to meet the expected demand and the additional requirements for Temporary Minor Injury Unit controllers for the identified dates will be detailed in the Trust Festive Plan.

8.5 Incident Command Desk (ICD) Arrangements

Two ICD supervisor are 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, trained and experienced dispatchers that provide additional support should there be a requirement for 3 ICD's or resilience.

8.6 Call Taking

During each shift call taking at both IEUC sites, Navigation Point and Tollgate are managed by call assessor supervisors. They provide support and line management responsibilities for the call taking function. The recruitment of Call Taking staff has been maintained to ensure that the team are able to meet the high demand period, this has seen the number of 2 min BT delays reduce to very low levels and the Trust having the best call answering performance in the country.

This year has seen additional recruitment earlier in the year to ensure that the completed integration of 999 and 111 call takers was realised with most call taking staff being dual trained. In experiencing the continued increases in demand, the Trust will recruit circa an additional 170 call takers between October and Christmas to help to answer 999 calls.

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.

8.7 The Clinical Validation of Category 3 and 4 999 calls

Introduction of Clinical Validation for all category 3 & 4 999 calls (with the exception of a predefined list of exemptions), will go direct to the clinical validation queue where the focus will be to source alternate pathways, where it is clinically safe to do so and reduce the overall volume of patients passed to dispatch for an ambulance response. Any ambulance response must be approved by a Clinical Navigator and will then be presented on the dispatch stack for a response. Some of these patients will call back again on 999, This is to be expected and there is an acceptance from the trust that this will occur. The clinicians undertaking these validations have the full support of the Trust.

The requirements and aims of introducing this initiative was to significantly reduce the volume of category 3 & 4 patients that present to dispatch by providing patients with a viable alternative option other than that of an ambulance.

- Increase Hear & Treat to circa 15% which equates to utilising alternative pathways for circa 500 patients a day, (to date with the current measures in place we move around 200 patients, so we are looking at an additional 300).
- A noticeable reduction for the requirement of an ambulance dispatch.
- A reduction in patients waiting for help thus providing the dispatch function more opportunity to respond ambulances to those patients with the greatest clinical need.
- Increase utilisation of primary care services.
- Reduction in conveyance to ED with a likely reduction in hospital delays.
- Reduction in stress and anxiety created by stacking calls The Clinical Support Desk Teams are located within both IEUC's and provide 24 /7 cover by 33 experienced Clinicians. The staffing of the team varies throughout the hours of operation to match the activity presented.

The key roles of support are as follows:

- Category 3, 4 and 5 Clinical Navigator 24/7
- Dispatcher 24/7
- DOS Lead Monday to Friday
- Clinical Support Desk Paramedics 24/7
- Clinical Validation Paramedics 24/7

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

The Clinical Support Desk Teams are located within both IEUC's and provide 24 /7 cover by 33 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 & 5 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.
- To triage any suicide or overdose case to review the circumstances and medication taken to ensure the case is appropriately categorised and upgrade if deemed appropriate
- 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 IEUC team, primarily for call assessors, who may benefit from clinical knowledge during complex 999 triage.
- Offer additional triage to category 3 patients in the event that a response cannot be identified in a timely manner.

8.9 IEUC Clinical Supervisors, incorporating the Clinicians and CAS staff.

- The Clinical supervisor team are located within the IEUC at NP only and support the clinicians at Tollgate remotely providing 24 /7 cover by a number of experienced Clinicians. The staffing levels of the team varies throughout the hours of operation to match the activity presented. The Clinical Supervisors primary role is to have clinical accountability for the clinical queue at the same time managing the clinician on duty.
- Allocation of a Clinical Supervisor to P1 priorities when a surge level of 3 or above is reached. Their sole responsibility will be to continually risk assess P1 and validation cases, identifying cases that need to be directed to ED or require a Category 3 Ambulance. They will validate and send the patient using the senior clinician module where appropriate.
- Overall management off the clinician queue assigning cases to specialist clinician is appropriate
- Dynamically manage the queue by being proactive and swiftly reacting to any changes in demand, management and escalating as required.

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 for Cat1 and Cat2 calls, operating 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 Managers.

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 Commercial Services

Regional Coverage

WMAS holds 7 Non-Emergency Patient Transport Services (NEPTS) contracts across the West Midlands region and Cheshire. There are no vacancies within PTS, this is being maintained with through the current recruitment and training plan.

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

Patient transport activity is in excess of 1 million journeys per annum and is serviced by a workforce of over 1100 staff, 390 vehicles and 4 control centres providing 24/7/365 service provision.

Due to the social distancing for COVID-19, this has had a massive impact on the number of patients that can travel together. This has seen the requirement for additional planning and journeys to meet the needs of patients.

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 and exhibit across the wider health economy. However, there is an increased focus on discharges and WMAS will again this year focus on ensuring all discharges are collected and transported quickly for all hospitals we hold the contract. Patients will be ideally collected within an hour and definitely within 2 hours, to achieve this it is essential that the hospitals are planning correctly. The discharges will be completed as a priority to enable the hospital to keep the flow at the front door and assist with capacity.

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:

- Pan Birmingham
- Coventry & Warwickshire
- Sandwell & West Birmingham
- Dudley & Wolverhampton
- Walsall
- Black Country Partnership
- Cheshire

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

Frankley – covers Birmingham and Black Country

Coventry – covers Coventry & Warwickshire

Tollgate – covers all contracts 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 – 0800 and 0200 (Mon- Sun)
- Achieve 95% of discharges within 2 hours of being booked

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. No vacancies will be planned operationally with additional staffing provided to meet demand.

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. This will be enhanced by having a daily late duty Tactical Commander located in Trust HQ EOC to ensure clear focus is maintained across the region on discharges and working directly with each of the contract managers at the sites.

'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

11.0 Fleet, Estates, Logistics and Regional Make Ready Recruitment

Double Crewed Ambulances (DCA) 515 and Rapid Response Vehicle (RRV) 22, this fleet profile includes 1 electric DCA and 2 electric RRV's. All vehicles will be less than 5 years old which will allow the operational teams and fleet teams to focus solely on the daily delivery of frontline operations.

11.1 Fleet Replacement Programme

Deliveries of new DCA's started in June 2021 and complete by 20th December 2021 when 87 ambulances will have been replaced. The planned replacement at this time of year does give the Trust the ability to flex increase the fleet profile higher if required, based on the demand profile. This giving greater resilience should this be required.

11.2 Fleet Opening Hours Daily

Vehicle availability and cover during the winter months, Christmas and New Year period is paramount. Opening hours of the workshops, mechanics availability both in and out of hours through on-call will be enhanced. 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.

There are further cover arrangements with Terrafix through the festive period to provided extended cover from the base contract to ensure that any vehicle downtime due to Terrafix mobile data issues, can be resolved as soon as possible.

11.3 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.

11.4 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.

11.5 Logistics and Estates

The Logistics Manager will remain focused on VPO recruitment, VPO 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.

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 scraper, 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).

To ensure that operational stock levels do not come under pressure additional provisions are made available for:

- a) Ambulance specific drugs
- b) Ambulance specific medical supplies
- c) Additional fleet department stock which includes tyres and key mechanical parts

11.6 Uniform

There are sufficient plans in place to ensure that Trust uniform for appropriate staff is in sufficient stock at the Trust Logistics Centre, includes the availability of material religious purposes (i.e. hijab) and arrangements are in place for all new staff joining the Trust for the winter will have their uniform in good time. The Trust has some PPE additional stocks at local hubs to ensure this can be replaced in quick order.

12.0 Mass Vaccination Plan (Seasonal Influenza and COVID-19 booster)

WMAS has implemented a managed programme for 100% of all eligible staff to participate in the Frontline Staff Seasonal Flu and COVID-19 booster Vaccination Programme. The WMAS Influenza Mass Vaccination Plan 2021/22 will detail the programme in full. In 2020/2021 the Trust flu vaccination programme achieved 85% of its patient facing staff being vaccinated. The

COVID vaccination programme has seen 90% of staff receiving 1st COVID-19 vaccine and 86% fully vaccinated with 1st and 2nd jabs.

12.1 Seasonal Flu

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 90% of the eligible workforce before December 31. In locations which aren't served by Paramedic staff the Trust have this year has twinned sites following the success of swabbing and serology testing through COVID-19 peaks in the spring of 2020.

The Trust has live monitoring of the global impact of COVID-19 and Flu infection with this a focus on what happens in Australia as they head into their winter period. Any learning that can be factored into WMAS planning will be constantly reviewed by the Trust leads, locally and nationally.

12.2 COVID-19 Booster vaccine and testing arrangements

The Trust has merged the COVID-19 Incident Room as part of the Incident Command Desk since the start of the Level 4 NHS critical Incident, led by a Director, to ensure appropriate leadership.

The Trust has been provided the opportunity of COVID-19 vaccination to all staff through delivery at Acute's, Mass vaccination or Primary Care Network sites for the 2 doses of vaccine.

There are arrangements in place for staff to receive the COVID-19 booster vaccine with the same providers through the NHS national booking service.

All the provisions to support staff for COVID-19 will remain in place to include Lateral Flow Testing, access to Trust PCR testing and the provision of all the requirements for PPE, as per Public Health England guidance.

13.0 Resourcing Escalation Action Plan (REAP)

This National document gives clear escalation with associated actions that should be considered and taken. The REAP level is reviewed twice each week by the Strategic Commanders.

The Trusts escalation REAP level is captured live on report screens across the Trust and status reports, this to ensure that the organisation as a whole understands the Trust escalation.

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.

15.0 National Ambulance Coordination Centre (NACC)

The NACC is hosted by the Trust within the Emergency Operations Centre at Trust Headquarters and as part of the resilience planning for a Major or significant incident.

The NACC has also been funded to be operating 7 days a week to support the national ambulance efforts and reporting through this winter, as it has through the last two winters.