East of England Ambulance Service NHS Trust

Winter Service Delivery Plan 2018/19

This Plan covers the inclusive period

1st October 2018 – 31st March 2019

Version	V1.5
Responsible Delivery Managers:	Deputy Directors of Service Delivery: East and West Locality Deputy Director for Service Transformation, Specialist Operations & Resilience Deputy Director of Service Delivery - EOC, Collaboration and Performance Strategic (Gold) Commanders Tactical (Silver) Commanders Operational (Bronze) HALO, Leading Operations Managers, Assistant General Managers
Intended audience	EEAST Organisation wide
Related Plans	EEAST Major Incident Plan 2015 EEAST Surge Plan NARU REAP Plan 2015 v1.0

1. Version Control

Version	Date of issue	Updated by	Change log
0.1	N/A	M Broad	Initial draft plan produced from 23/3/18. Sent to Kevin Brown for review 28/3/18
0.2	N/A	K Brown	Review and updated pre SSDG review 29/3/18
0.3	N/A	M Broad	Review and update post verbal feedback from SSDG members 03/04/18. SSDG approved plan in principle. Comments requested by 1200 05/04/18. Email comments received from Gary Morgan/Rob Ashford/Liz McEwan & Marcus Bailey. Amendments made 05/04/18.Recirculated to SSDG members and submitted to SLB 05/04/18
0.4	N/A	M Broad	Amendments made following SLB review. Comments via email received from Communications/IM&T/Finance & Operations Support 11/04/18
0.5	N/A	K Brown	Review and minor changes pre ELB assurance submission.
0.6	N/A	K Brown	ELB assurance. Changes to governance section 5 and wording change 18.2 Informatics. Addition of 2 risks.
0.7	N/A	Jon Moore	Assimilation from approved August Bank Holiday Plan
0.8	N/A	Jon Moore	SLB Workshop and feedback updates
0.9	N/A	Jon Moore	SLB final approval – minor wording correction
1.0	18/09/2018	Jon Moore	Finalisation. Trust Board assurance and publication ready.
1.1	27/09/2018	Kevin Brown	Minor changes following Trust Board workshop and Trust Board public meeting.
1.2	08/10/2018	Jon Moore	Minor correction to SPOC wording
1.3	09/10/2018	Jon Moore	Section 11.1 Officer responding levels updated
1.4	15/10/2018	Jon Moore	Comms appendix added 10.7 PSIT updated 7.8 Wording amended to include “agreement”
1.5	27/11/2018	Jon Moore	Winter Schemes Section 10.14 & Appendix 23 added

2. Authorisation

This plan is authorised by the Trust Board for publication to the web site.

The plan and its appendices are subject to ongoing change in a dynamic operating context.

The latest version will be updated onto the Trust web site.

3. Contents

4. Distribution

Who	When	How

• Service Delivery Directorate
  • EOC Managers
  • All Service Delivery Managers
  • Resilience and Special Operations
  • All On Call Teams
  • Duty Tactical Commander
  • Business Continuity Manager
		Electronic

Operations Support Managers		Electronic
Clinical Directorate		Electronic
Communications Teams		Electronic
Senior Leadership Board		Electronic
Executive Leadership Board		Electronic
Trust Board Members		Electronic
NHSI Relationship Manager		Electronic
A/E Delivery Board Chairs		Electronic
Lead Commissioner CCG		Electronic
CQC		Electronic
FOI Office		Electronic

All delivery leads will be required to confirm that they have received and read the plan. This will be through electronic read receipts.

4.1 Distribution

The information contained within the appendices of the plan may contain operationally sensitive and personal information. As such, the information contained in the appendices may not be shared without prior agreement from the Chief Executive or the Director of Service Delivery at EEAST as the delegated accountable emergency officer. The distribution cascade internally is the responsibility of the line manager to their line reports where operationally appropriate.

The release of sensitive elements of this plan may provide material assistance to terrorist groups and thus directly undermine efforts to sustain security and safety.

These considerations should be taken into account when responding to requests for release of the whole or part of this document under the Freedom of Information Act (2000).

Due to the length of time that the plan is in place, there may be version changes. It is the responsibility of all involved in the delivery of the plan to ensure that the most recent version is referred to. The latest version will be published on the Trust web site. Appendices are contained with restricted access files.

As a recipient of the plan, you are asked to raise any questions, concerns or suggestions for improvement direct to the following email address.

DOSD.EEAST@eastamb.nhs.uk

5. Governance Process

Group or Board	Date
Plan developed	23/03/18
OPIDG approved	N/A
SSDG approved	05/04/18
SLB for noting	10/04/18
Executive Director of Service Delivery approved	11/04/18
ELB assurance	12/04/18
Trust private board assurance	25/04/18
Submitted to NHS England	30/04/18
SSDG pre-issue review SSDG and SLB	14/08/18
SLB Workshop	23/08/18
SLB Formal Approval	06/09/18
ELB revised plan for assurance (pre-publication)	06/09/18
Trust Board immersion exercise	26/09/18
Trust Board assurance (pre-publication)	26/09/18
Approved version distribution	27/09/18

6. Information

Throughout this plan the term 'winter' refers to the whole period 1st October 2018 through until 31st March 2019 inclusive. The plan outlines EEAST's planning, preparation, resilience and contingency in readiness for winter including the Festive holiday period. Any specific operations during this time will have dedicated operational arrangements, which will include specific festive period arrangements covering the 14th December 2018 to 9th January 2019 inclusive.

The winters of 2016/17 & 2017/18 proved to be a significant challenge for the NHS in general and to EEAST region in particular. Significant impacts were felt through hospital handover delays, 111 activity, adverse weather and above normal levels staff absence. This plan has been developed using previous planning experience, lessons learnt and system feedback. By the nature of the dynamics of planning, learning and modification will take place throughout the lead up to the delivery time and within it as necessary.

This plan sets out the key planning assumptions and approach EEAST will adopt and will include system wide awareness of known risks obtained through A&E Delivery Board plans and regulatory awareness. As part of annual planning, business planning and forecasting is adopted by the Trust which is monitored via the Senior Leadership Board (SLB). This aims to maximise staff availability and minimise abstraction/meeting attendance for all available clinically trained staff from the 14th December 2018 to 20th January 2019 (during the peak winter pressure period, allowing additional capacity to respond to patients in a variety of ways).

Forecasted demand and patient facing staff hours (PFSH) information will be contained in live Appendix 1.

This plan remains dynamic in its development up to and beyond its implementation time.

7. Service Delivery Risks

7.1 Risk Assessment

Risks are multifactorial and involve internal and external factors. Whilst planning is completed on the basis of what is known or can reasonably be expected to happen, factors may impact on planning outside of that process. As such, the management of risk outside of the plan will be dynamically managed through the on call/on duty teams.

Delivery risks are based on predicted and actual demand, patient facing vehicle hours available, hospital handover delays, sickness, significant disruption of service or major incidents and other external factors such as events or weather issues. The full health sector picture is not fully known at time of publication and additional risks may be identified through A&E Delivery boards, regulator, commissioner, stakeholder or public feedback. These may include factors such as primary care capacity, A&E / Hospital staffing, severe weather warnings, or 111 capacity.

EEAST attendance at A&E Delivery boards will be from Sector Heads/delegates. EEAST attend delivery boards within the region as well as 3 boards sitting within the London boundary that affect our health systems.

A risk assessment for this plan is provided at Appendix 16.

The Trust identifies that the following areas are the highest areas of risk to the safety of patients in the community.

Risk	Mitigation	Extremis action considerations
EEAST continued capacity gap, as set out in the Independent Service Review	A strong recruitment and retention plan is in place which includes: Overtime incentives Agency Staff PAS Bank Staff Forecast and Planning	Mutual Aid MACA REAP 4 Declare internal Major Incident
EEAST capacity loss through sickness, out of service or other factors within EEAST management	People and Vehicle Support Hub Management oversight and focus on sickness absence Overtime incentive scheme Patient Safety Intervention Team Pre-planned PAS	Mutual Aid MACA REAP 4 Declare internal Major Incident
Surety of partner plans, particularly 111 capacity	All AEDB approached for plans and comment upon EEAST draft plan	REAP 4 Surge Plan Declare Internal Major Incident

All handover delays. NHSE have identified key acute sites in our regional area where handovers delays are not managed effectively and leads to significant delays and potential risk to patient safety in the community. Previous years have shown significant issues in handover compliance resulting in lost hours on frontline resources and consequential delays in responses	RRV will be deployed to C2 calls at 18 minutes where no other resource is available. Other calls may be considered on a clinically assessed basis. Additional RRV above ARP levels will be in place. Managers will be available to deploy as contingency Patient Safety Intervention Team Load Levelling NHSE Hospital Escalation Guidance Strategic and Tactical Cells Senior clinical oversight of stacking calls. Additional front line capacity Additional primary care support schemes to reduce hospital conveyance.	Declare critical or major incident at the location Consider use of casualty holding areas at location Consider REAP Policy Consider Mutual Aid
That escalation processes do not generate effective actions on the hospital handover delays	The tactical cell will contact the Winter rooms of NHSE/I each morning to discuss the daily report and receive assurances on actions being taken. NHSE Escalation Process Strategic and Tactical Cells	Actions agreed with NHSE and system partners Mutual Aid REAP 4
1 in 5 patients are fallers and are usually categorised as low acuity. Many of these are in care homes.	AEDB are expected to ensure sufficient care home capacity to manage fallers is in place. Early intervention vehicles will, where commissioned, be deployed. Some specialist Paramedic resource will be tasked to these calls with Raizen chairs.	CFRs will be deployed where clinically appropriate.
111 demand exceeds 111 capacity increasing calls transferred to EEAST	EEAST will contact the 111 provider if it is evident that clinical assessment has not been undertaken and it is not an emergency response. EEAST will also hear & treat /re triage such calls if appropriate.	Escalation to CCG for action to mitigate any increase in 111 demand. Potential for pass back of calls in extremis.
EEAST management team may not be available to deploy to hospitals when under pressure due to the greater need to be responding to patients in the community	Additional management capacity in Regional Tactical Command Cell. Strategic Call Discussions by telephone Use of technology	Incident declaration at a specific site and deployment of appropriate assets and command structure.

7.2 Hospital Handover Delays

There remains a risk that hospital handover delays may impact the ability to provide a safe and effective service. Whilst there has been some improvement from the winter of last year, there remain delays across the board above the 15 minute standards, which are exaggerated at times of demand pressure and can vary in where they occur. There are some locations identified in the weekly CCG sitreps indicating a likelihood of where the greatest risks exist which are Norfolk and Norwich, Queen Elizabeth, Broomfield, Lister, Peterborough and Harlow.

The delayed handover protocol: The Patient Safety in the Community (PSC) protocol is in force where arrival to handover time breaches 30 minutes, escalation will be enacted in accordance with its guidance. It should be noted that a revised process will be in place from 29th October 2018 subject to technology changes being tested:

http://east24/Publications/Updates/Ops/Ops%20Instruction%20Delayed%20Handover%20Protocol%20OI101%20220218.pdf

Escalation will follow the agreed EEAST/NHSE procedure that will be in force over the plan period, the current procedure at the time of the plan production will be contained within Appendix 2.

7.3 Out of Service

On occasions fleet may become unavailable due to a range of issues. An element of spare fleet is maintained and schedules for servicing are managed around pressure periods. Where unit availability is restricted during operating shifts this can impact on the service delivered to patients. The People and Vehicle Support Hub (PVSH) will provide a focus and oversight on this and actively seek to reduce unavailability. Working with the fleet support team, additional capacity to maintain the fleet is deployed. This will form part of the new Regional Tactical Command Cell (currently known as the Regional Coordination Centre or RCC) which will be established before the key winter period.

7.4 Hospital Liaison

EEAST works with hospitals every day through the operational managers. The new role of Leading Operations Manager will be live from 29th October 2018. EEAST is not commissioned to provide regional dedicated hospital liaison unless part of a specific local agreement and contract. Some CCGs have commissioned HALOs all year around, see section 10.3. Local managers will be deployed dynamically as part of the handover escalation process, where available. The Regional Tactical Command Cell will undertake the lead with interaction by telephone where face to face attendance is not achievable.

See also section 10.3 for those areas where HALO are commissioned.

7.5 Attendance – Staff Wellbeing

Abstraction levels can have a significant impact on the Trust's ability to maintain planned levels of Patient Facing Staff Hours (PFSH). Senior Operational leaders will provide direction to local teams around the dates where all training, except that of new staff, will be postponed. Attendance monitoring is reviewed continually by each locality management team. Sickness absence monitoring forms part of the service delivery team's routine meeting agenda and assurance to the Strategic Service Delivery Group.

EEAST is working to a reduced sickness trajectory by the end of quarter 2. Sickness process and welfares remain current to allow better planning and awareness of expectations on return to work. Previous data indicates a planning assumption to account for seasonal variations in sickness and a higher level is modelled for planning purposes.
EEAST will utilise wider health intelligence to support service planning and forecasting linking in with Public Health England monitoring. This will look to identify key areas of likely demand, absence of staff and potential for system impact or escalation.

7.6 Flu planning

EEAST developed winter flu planning during April 2018. EEAST will aim to reach the stretch target 75% staff uptake of the flu vaccination, specifically targeting frontline and patient facing staff. A specific flu vaccination campaign for EOC staff and use of the wellbeing bus will be developed as part of the trusts approach to flu. Mobile flu clinics will be introduced to provide greater staff access to the vaccination.

The detailed plan will be contained in Appendix 14

7.7 Annual Leave

The Trust has a policy restriction on the amount of annual leave which can be granted daily and weekly and each year reviews any additional restrictions over the festive period. The Trust will apply a leave restriction in line with a revised Trust policy. The Trust has put in place a wider application of annual leave restrictions over the winter period for the current year.

Special leave requests will only be actioned after review by the relevant General Manager (or above) during the Festive holiday period or out of hours by a Tactical Commander.

7.8 NHS 111

Lead and local Commissioners attend the Operational Performance and Improvement Delivery Group (OPIDG) bi-weekly meeting and are requested to provide assurance that the local NHS111 providers have sufficient capacity and clinical skill level to manage demand across the period of the plan. In particular EEAST is participating at all Local A&E Delivery Boards within our region and boundaries to acquire an understanding of the specific plans being proposed by the regions NHS111 providers over the plan period. EEAST may, as a contingency measure, with agreement within local systems, deploy a suitably experienced clinical manager into the NHS111 call centres during the most pressured

periods to provide system support and instant access in the event of demand and capacity related issues occurring.

In winter 2017/18 NHSE introduced increased call back time for clinical validation of Category 3 and 4 ambulance dispositions from NHS 111. In essence this raised the 15 minute threshold for conversion to 999 where an NHS111 clinician had not reviewed the call to 30 minutes when the Ambulance Trust notified the NHS111 providers that they are operating at high demand management plan (DMP) levels (equivalent to the EEAST Surge Plan levels). NHSE has since supported the continuation of a 30 minute call back time where the CCG wishes to continue this initiative.

7.8 System Wide Planning

The full health sector picture is not fully known at time of publication of this plan. Additional risks may be identified through various sources.

There is a risk that parts of the health sector planning may have gaps in ability to manage demand and flow which impact on ambulance demand or delays.
All Sector Heads of Service Delivery will work with their A&E Delivery Boards to identify any significant issues which may impact upon EEAST ability to deliver its plan.
All system plans provided will be reviewed by the Sector Head for the STP area and issues will be raised via the OPID.

All A&E Delivery Boards have been asked for plans and the risks will be reviewed upon receipt of these. The request has included seeking assurance on managing 111 demand, care home capacity and capabilities, available alternative pathways as well as reductions in handover delays.

NHSI have been approached for any regular plans or prior information that the trust should consider in this plan.

All received and reviewed plans will be contained in Appendix 15.

7.9 Festive and New Year's Eves Arrangements

The winter plan includes the Festive period. All aspects of the winter plan are relevant over the festive period. During the period covering the 14th December 2018 to 9th January 2019 inclusive, the phasing of specific arrangements will be developed in line with operational resource planning/forecasting and wider system intelligence to mitigate the additional pressures expected. These arrangements will include:

- Increased targeted resourcing on specific key dates (pre/during and post-Christmas)
- Enhanced command and control arrangement
- Additionally scheduled 09:00 Tactical conference calls to cover weekends
- Tactical level officers to provide 11am daily updates regarding all acute trust capacity for the following 24 hours within the region
- Increased clinical support/cover both within EOC and available remotely
- Application of leave restrictions
- Additional senior clinical oversight of stacking calls and patient safety

- Maximise staff availability and minimise abstraction or meeting attendance of all available clinically trained staff during the Festive period, allowing additional contingency capacity to respond to patients in a variety of ways
- Commence or increase specific pre planned mitigation actions in response to anticipated wider system pressures (PSIT/Additional HALO's for example)
- Emergency Operations Centre (EOC) arrangements specific to New Year's Eve

The detail of arrangements in place for the Festive period will be contained within the relevant winter plan appendices with the exception of New Year's Eve where specific arrangements will be contained within appendix 17.

7.10 External Reporting Requests

There are frequent regulatory short notice data requests made upon the Trust. The Trust does not provide on call informatics resource out of hours. The Trust has not received prior notification of any such requirement.

The provision of data in this context does not impact upon patient care and the Trust request that data is not sought during the period of the plan delivery that may distract from the focus on delivery.

7.11 Business Continuity

The Trust has a number of specific Business Continuity Plans and Business Impact Analysis in place and clear process for invoking these plans. All Trust Managers have access to the Business Continuity System BC2 and are aware of plans contained within.

7.12 Media interest

The Trust has media enquiries on a range of matters daily. During the plan period, there will be a media on call officer to deal with major incidents declared by the Trust, and support in extreme cases. It may not be available to answer calls about smaller incidents. The on call person will also be available to support internal communications where necessary.

The on call person uses social media first to keep media and others up to date in these cases and monitors the Trust's account.

8. Delivery Intentions

8.1 Strategic Intent

EEAST routinely operates through a series of rosters a 24/7 Command arrangements as part of its compliance under the Civil Contingencies Act. In addition, it has a 24/7/365 Executive on call rostered arrangement in place.

The Director of Service Delivery, in conjunction with the Trusts Strategic Commanders, agreed the pre-defined strategic intentions below. The Strategic Commander may add to the pre-determined intentions on a dynamic basis during their period of the plan, period of on call and in line with operating context that may be unknown at the planning stage.

It is the responsibility of the Strategic Commander to review strategic intentions in line with the operating context. Where appropriate, Joint Emergency Service Interoperability Programme (JESIP) principles will apply. (http://east24/Emergency-ops/jesip.htm). The use of the Joint Decision Model will be used to help bring together the available information, reconcile objectives and make effective decisions:

It is the responsibility of the Strategic Commander to review strategic intentions in line with the operating context.

For the period of the plan, the strategic intentions will include:

- *Provide a safe and responsive service to patients through collaborative working*
- *Achieve improvement in performance trajectories towards those set out for 2018/19 Independent Service Review*
- *Maintain public confidence in the Trust*
- *Provide compassionate leadership to ensure the health, safety, support and wellbeing of staff*
- *Ensure the resilience of the Trust to respond to any critical or major incidents*

The Strategic Commander will confirm the strategic intention on a daily 09:00 scheduled tactical conference call, chaired by the Duty Tactical Commander in the Regional Tactical Command Cell. The 09:00 tactical conference calls will continue every weekday through the winter to provide the Strategic Commander with assurance for the anticipated busy period. Additional conference calls will be held as part of the Festive arrangements. The Strategic Commander may call additional trust conference calls at their discretion based upon the issues forecasted or presenting at the time.

In addition to these planned daily calls, there will be the inclusion of a conference call each Friday during this the winter at 16:00. It will require the same attendees and follow the same structure as the 09:00 call, however it will be focused on the forthcoming weekend to identify any immediate actions that are required prior to the weekend.

8.2 Tactical Actions

Tactical Commanders will assure the Strategic Commander that the strategic intent is being tactically carried out, escalating any areas of concern or decision as required beyond the scope of their role. The current RCC will be migrated to the new Regional Tactical Command Cell ahead of the winter period and will be staffed by the new role of Duty Tactical Commander on a 24/7 basis. The Duty Tactical Commander will chair and agree the tactical actions every day on the scheduled 09:00 tactical conference call. All actions are recorded in the daily online notes and high level reporting is provided by the Duty Tactical Commander each morning. Additional on duty Tactical Commanders (from the wider pool across the Trust) will work to the agreed terms of reference for the role contained within Appendix 3.

The Duty Tactical Commander is responsible for delivery and to provide assurance of the strategic objectives. They may add to the pre-determined tactical actions on a dynamic basis during their period of on call or on duty. The pre-defined tactical actions, that underpin the strategic intent, have been agreed and include:

Provide a safe and responsive service to patients through collaborative working

- *Maximise sufficient patient facing resource hours to reach predetermined requirements*
- *Maximise the operational efficiency of on duty resources*
- *Minimise the delays in handover of patients into safe care at hospitals*
- *Effectively escalate adverse delivery matters with relevant internal and external stakeholders*
- *Provide effective oversight of patients awaiting a response in the community*
- *Maximise hear and treat in line with commissioned levels*
- *Ensure the directory of services (DOS) is accessible to crews with access to it directly or via CAL/ECAT*

Achieve the performance trajectories set out for 2018/19

- *Achieve call answering to <10 seconds mean*
- *Achieve Category 1 mean and 90% in line with commissioned performance levels*

Maintain public confidence in the Trust

- *Ensuring 999 and HCP calls are answered and deployed to in a timely manner*
- *Providing clinical triage to appropriate calls, with management of frequent callers in line with Trust policy and procedures*
- *Providing monitoring and management of duplicate calls*
- *Ensuring appropriate patient safety and welfare checks are in place for any waiting patients*

Provide compassionate leadership to ensure the health, safety, support and wellbeing of staff

- *Minimise late finishes for staff*
- *Maximise rest breaks being achieved for operational staff*

- *Provide compassionate leadership*
- *Support staff through access of the Trusts Wellbeing hub. http://east24/health-and-wellbeing.htm*
- *Provide compassionate leadership through ensuring the welfare, health and safety of EOC and operational staff*

Ensure the resilience of the Trust to respond to any critical or major incidents

- *Monitor and maintain awareness of the situation regarding flu*
- *Record all contacts, actions and decisions affecting service delivery and decision making*
- *Escalate system issues impacting on service delivery promptly*
- *Engage with the communications team on any delivery issues*
- *Maximise the provision of HART and specialist assets to required standards*
- *Maintain resilience command arrangements*
- *Maintain national status update reporting as required*
- *Communicate effectively with stakeholders by establishing and maintaining effective liaison with our partner agencies. These include NHSE, NHSI and Lead Commissioners. Maintain performance and ensure patients receive an appropriate response in line with the care they require through effective deployment in accordance with EOC processes and procedures.*

9. Method

9.1 Command and Control

On Call rosters for Executive, Strategic, Tactical and Command Support functions, including the dates for the teams and the contact details, can be found on the Trust Portal at the following link - https://webreports/portalarchive/eoc/oncallrota.aspx

This roster is a live document containing personal data and should not be published or shared externally. A daily assurance of roles being staffed must take place and any gaps escalated to the Strategic Commander.

All staff undertaking these roles must be suitably trained. EEAST operate an on call rota for the following role:

- Executive on call
- Strategic Commander
- Strategic Support to Strategic Commander
- Tactical Commander West
- Tactical Commander East
- Senior Clinical on call
- Patient Transport Services Tactical
- Patient Transport Services Operational
- Resilience Manager
- Specialist Operations Manager
- EOC Tactical Commander
- Communications on call
- IT on call

Further on call arrangements may be considered in preparation for the festive period.

Operational Commanders within EEAST are on duty across the trust 24/7 within A&E Operations (Leading Operations Managers), HART and Special Operations. There must be sufficient Operational Commanders on duty 24hrs to exceed the deployment required for a major incident.

9.1.1 EEAST Winter Room

At times of forecast pressure EEAST will stand up Strategic and Tactical Command cells to form the EEAST Winter Room. This will provide senior and strategic oversight of all trust activity on a live basis. EEAST internal directorate staff may provide support to maintain this requirement which may include in hours and out of hours administrative and managerial capacity.
A senior manager will be specifically located within the Norfolk and Waveney STP.

Full details of the operating times for these arrangements are shown under Appendix 21.

9.2 Tactical Command Rota

As part of the new Regional Tactical Command Cell there will be an on duty senior manager as a Duty Tactical Commander. This will be staffed 24/7 during the period of this plan providing consistent and constant senior oversight of all aspects of trust activity.

The on call Tactical Command rota will provide resilience and support to this function. In additional there will be defined times when additional Tactical Command support will be pre planned as shown in 9.1.1 EEAST Winter Room above.

9.3 Regional Tactical Command Cell

The Regional Tactical Command Cell monitors the regional daily hospital turnaround activity and resource availability. The Regional Tactical Command Cell will liaise/escalate to Tactical or Strategic actions and interventions as required. Regional Tactical Command Cell cover will be maximised to provide 24/7 coverage in line with available staffing across this period. Where additional support is required, the on call teams should be mobilised.

The Regional Tactical Command Cell is staffed by the Duty Tactical Commander who leads on tactical service delivery. The Duty Tactical Commander is supported by the People and Vehicle Support Hub (PVSH) to ensure all barriers to service delivery are promptly and correctly actioned and escalated. This year a new role of tactical assistant will provide additional capacity within the Regional Tactical Command Cell

The Regional Tactical Command Cell will act as a single point of communication to all external partner agencies such as acute hospital trusts, commissioners and NHSE. Where a HALO is in place, there will be three way liaisons to support the best resolution to any developing situations.

Based within the Regional Tactical Command Cell are both the regional dispatch desk for critical care resources (CCD) and the regional Incident Command Desk (ICD). These both provide a specialist dispatch function and is in addition to normal dispatching. In the event of a significant or major incident the ICD will become the lead dispatch desk and run the incident allowing EOC processes to continue for business as usual.

The CCD/ICD rota will be contained within the EOC staffing numbers (Appendix 5)

10. Delivery of Service

10.1 Service Delivery Operational Cover

The Trusts forecasting and planning facility will maintain the arrangements and oversight of the required patient facing vehicle hours to meet predicted demand. The Trusts Operational Performance Improvement Delivery Group will maintain the focus on the efficient and effective delivery elements of the plan.

Capacity will be managed in accordance with surge, REAP and other operational actions to meet predicted demand levels.

The use of overtime, bank staff, agency staff, private ambulance services and operational management contingency capacity is expected to provide the necessary tools to vary the hours of production to meet the forecast on a daily basis.

There is a requirement for hospitals to reduce handover delays and 111 and primary care to manage demand within their spheres of responsibility to prevent unnecessary requests for ambulance deployments.

10.2 Capacity Planning

Planning remains a dynamic tool as factors such as staff sickness, special leave, weather, system wide intelligence change. The approach to planning is to aim to fill all rostered duties and where the forecast requires additionality, to add to that capacity through the use of PAS, overtime and use of contingency arrangements. The daily expected provision is contained within the overall unit hours of production forecasted by the Regional Head of Performance and Planning is contained within Appendix 1.

The planning of 2018/19 and Q1 2019/20 has been improved to plan relief staff further in advance of previous planning cycles. Further requirements to provide greater oversight over the production of key Winter/Festive Period capacity planning has directed the planning of resources to be undertaken earlier. Operational resource planning will be completed by the following dates:

Q3 Planning	18:00 Tuesday 17/07/2018	Detailed review 24/07/2018
Q4 Planning	18:00 Tuesday 20/11/2018	Detailed review 27/11/2018
Festive Period Planning	18:00 Tuesday 16/10/2018	
Q1 Planning 2019/20	18:00 Tuesday 12/02/2019	

In order to track the delivery of the planning requirements, progress review meetings have been arranged that require the attendance of the Dep Directors Service Delivery East and West, the named Dep Director responsible for operational plans, the Deputy Director responsible for the oversight of the Independent Service Review (ISR)/rota changes, Head of Performance and the Director of Service Delivery. The progress review meetings will be held on the:

11th July 2018 – Q3 Planning Progress Review

23rd October 2018 – Festive Period Review
15th Nov 2018 – Q4 Planning Progress Review

Capacity is reviewed via the Operational Performance and Improvement Delivery Group and the Strategic Forecasting and Planning and Tactical Commanders will deploy the appropriate actions where unexpected variation occurs, including the use of contingency operational hours.

The Trust undertakes a weekly review of REAP levels and this review can also be undertaken at any point by the Strategic Commander if they believe there may be a need to change levels..

10.3 Hospital Ambulance Liaison Officers (HALOS)

The role of the HALO is to form an effective bridge between the ability of the Trust to off load patients promptly and to work with the acute Trust in aiding flow into the department. Where necessary, the HALO will escalate via the Regional Tactical Command Cell any challenges or additional support as required.

EEAST has specifically commissioned HALOs at the following Acute Hospital:

- Lister
- Norfolk and Norwich
- Colchester
- Peterborough City Hospital
- Addenbrookes Hospital
- West Suffolk Hospital

Staff who are unfit to work front line duties will be deployed to support vehicle preparation and hospital turnaround duties where appropriate.

10.4 Private Ambulance Service (PAS) Provision

EEAST operate PAS within a contracted framework. Contract awards have been made for 2018/19 based upon the ISR requirements. The daily expected provision is contained within the overall unit hours of production of forecasted by the Regional Head of Performance and Planning and is contained within Appendix 1.

Additional PAS has been sought to achieve the total PFSHs required during the period of this plan; noting the risk that these may not be achieved. Additionality will be balanced with overtime, bank and agency within the available financial envelope.

10.5 Hospital Handover Escalation

EEAST will follow the approved NHSE Handover Escalation Plans contained within Appendix 2.
It should be noted that there will be a new version from 29th October 2018.

10.6 Load Levelling

Load levelling is not commissioned. However, in the interests of supporting patients safety, NHS England (Midlands and East) have authorised EEAST to enact autonomously.

The decision to do so will be taken by the Strategic Commander.

When enacted, EEAST will inform the wider system and neighbouring ambulance Trusts.

Load Levelling arrangements are contained within Appendix 6.

10.7 Patient safety intervention teams (PSIT)

EEAST introduced Patient Safety Intervention Teams as part of the Trust's 2017/18 winter planning mitigations to hospital handover delays. The sole purpose was to put a safety intervention in place where ambulances were being prevented from being released from hospitals and patients in the community were considered at risk. They provided a significant asset to support emergency department pressure through cohorting and feature as good practice in learning from winter last year.

All hospitals are expected to provide a cohorting contingency service as required through their own means as directed by NHSE. This means that hospital plans are expected to have business continuity arrangements in place to prevent handover delays building.

No hospital should have plans that rely on PSIT as it is a deployment of EEAST that is in response to a failure of a hospital to effectively manage handovers. The key role of PSIT, if deployed is to minimise patient delays by maximising resource availability with the overarching aim of reducing risk of patient safety in the community.

The assessment of risk leads to a requirement to have identified teams on ambulances or fast response cars ready to stand up for deployment across the region. PSIT will be prepared in standby for deployment from operational crews but may result in a reduction in frontline resourcing if deployed live. The decision to deploy will be taken by the strategic commander following escalation calls.

There will be two teams identified ready in the Norfolk and Waveney STP of the wider contingency.

All PSIT information regarding assets and staff available are contained in Appendix 18.

10.8 Overtime Incentives

Any overtime incentive approved during the winter planning period will be contained in appendix 7. No overtime incentive will be put in place without following the trusts governance approval processes, which is not in line with agenda for change terms and conditions (local or national) or is outside of the Trusts financial approval framework. The executive team will consider any recommendation from the SLB.

10.9 Working time directive

The health, safety, welfare and wellbeing of all staff is of paramount importance. All managers with a responsibility for staff working overtime must ensure that the working time regulations requirements are met. It is also the personal responsibility of all staff to ensure that breaches are avoided and to

bring to attention any concerns in good time. This will include ensuring opt outs and specific checks for fatigue in line with Trust guidance. Working hours of operational staff are monitored by local management teams and assurance oversight is taken at the Strategic Service Delivery Group (SSDG) meeting.

10.10 Additional PAS provision

The trust has secured PAS above the agreed ISR levels. All requirements for additional PAS must be through the Trust's agreed procurement process and finance approvals. This will be used to provide some mitigations against any gaps in forecast PFSH.

PAS UHP is recorded under the total patient facing staff hours and contained within Appendix 1.

10.11 Proactive staff welfare support

Through the People and Vehicle Support Hub, the Regional Tactical Command Cell will maintain oversight of delayed finishes/adverse incidents and deploy the appropriate arrangements to support staff. In line with the tactical intentions, the wellbeing of staff will be supported by operational management and through the wellbeing hub. Where fatigue is identified, taxi accounts are in place in additional to local management support.

10.12 Local stores/oxygen supplies

Local operational management teams will ensure that there is sufficient stock in place to meet the winter requirement with additional contingency for 7 days.

10.13 Oversight of additional absence

All Special leave requests will be reviewed at Sector Head level or above, out of hours by a tactical level manager.

10.14 Winter Schemes

All additional Winter Schemes will be reviewed for the key periods of frontline delivery. Consideration will be made through a risk assessment process on whether the scheme should continue full operation or staff applied to patient facing staff hours on frontline ambulances. A full listing of schemes and decisions made are recorded in Appendix 23.

11. Contingency

The trust has a number of contingency options that can be initiated to provide additional operational resource in addition to the standard DSA and RRV provision.

These include:

- Deployment to C1/C2 incidents by clinical trained managers
- Additional co response / community response
- Plan to contact staff for additional available clinical capacity to deploy to control rooms to oversee stack management.
- On call senior clinicians.

11.1 Clinically trained managers - blue light lease car holders

All clinically trained operational managers with a blue light lease car are required to book at operating level '1' as a minimum at all times whilst on duty during this period unless part of an on call roster.

The Strategic Commander will dynamically review this in line with the surge level and tactical needs identified.

The Regional Tactical Command Cell will maintain daily oversight of compliance and liaise with the appropriate senior manager as required.

Exceptions
On call teams may operate between out of service (on call) and level 0 to maintain resilience.

Response levels:
Level 0 – Cardiac Arrest
Level 1 – Category 1
Level 2 – Categories 1 & 2
Level 3 – All Categories

11.2 Leading Operational Mangers

Leading Operational Managers (LOM) will be booked on at Level 0 at all times whilst on duty in their incident response role.

Tactical options to change levels remain at the discretion of Silver and all clinical staff booked on duty will be expected to comply with any variation deployed.

11.3 On call teams

On call teams should remain at Level 0 or "out of service on call" and remain protected to maintain the resilience of the trust.

11.4 Assistant General Managers

Assistant General Managers (AGM) will be rostered to provide additional capacity and support to the Regional Tactical Command Cell at times of forecast pressures. These will operate during the periods defined in Appendix 20.

12. Emergency Operations Control (EOC)

The three Emergency Operations Centres (EOCs) are situated at Chelmsford, Bedford and Norwich. They each provide 24 hour cover and are the focal point for all emergency and urgent requests from members of the public and other health service professionals. A Duty EOC Officer is available in each EOC 24/7, supported by teams incorporating call handling and dispatch functions. EOC Senior Managers form part of the EOC tactical (silver) on call roster. In addition to the tactical cover the Senior EOC managers (SEM) provide additional local management capacity. Business continuity arrangements exist for the event of system failure.

All staffing plans and live information will be contained in Appendix 5.

12.1 Dispatch & Deployment function

EOCs will ensure that the dispatch and deployment functions are maintained and that dispatch desks remain fully staffed (or virtual movement is provided if required in mitigation in accordance with existing procedures).

Dispatch of resources will remain in line with all current operating procedures, taking into consideration the changing surge actions.

Patient Safety – the monitoring of incidents related to potential patient safety concerns including delayed response will be escalated through the senior EOC clinicians (such as Clinical Coordinators) based within the EOC's. This includes the use of enhanced clinical monitoring review calls and deployment of the patient safety team at periods of anticipated pressure.

12.2 Call handling function

Call handler staffing will be profiled to form the closest match possible to target numbers taking into account establishment numbers. Additional support will be in place through the use of urgent/welfare call handlers at the appropriate pressure periods.

12.3 Clinical Advice Line (CAL)

The CAL is routinely managed by the on duty Clinical Coordinator's based within one of the EOC's. This offers clinical support to front line clinicians (as well as PTS and Community First Responders) in the form of both emergency and routine advice. This duty, during times of peak demand, can become highly time consuming and detract the Clinical Coordinator team away from supporting hear and treat, managing clinical risk and undertaking clinical welfare calls. In anticipation of this higher demand

throughout winter this duty will be planned to be outsourced to clinicians who will also undertake clinical welfare support remotely.

During surge management the Clinical Coordinator in conjunction with the EOC Tactical Commander will have the ability to request further coverage as deemed necessary but this will not be planned as routine. Additional staffing will form part of Festive arrangements.

12.4 BT and Telephony Contingency Procedures

EOC planning teams will ensure that the maximum number of call handlers is in place against the demand profile and take the necessary mitigating steps as above. Contingency exists that Blanket Exit 4 and the BT temporary procedure can be implemented if / when required to deal with increased call demand. Plans are also in place for EEAST and West Midlands Ambulance Service EOCs to provide "buddy" arrangements for one another in extremis. It is not envisaged that this will be required over the winter period. Any calls which overflow would be escalated to the relevant EOC Tactical Commander who will have a joint discussion to establish cause and any associated actions.

12.5 Emergency Clinical Advice and Triage Centre (ECAT)

The Emergency Clinical Advice and Triage Centre (ECAT) manage the hear & treat functions within EOC. The ECAT management team of Clinical Coordinators (supported by the ECAT Team leaders) will provide additional support for the EOC's in relation to patient safety, clinical effectiveness and oversight as well as provide leadership to the ECAT teams. ECAT assistants will also be on duty to provide additional support.
ECAT can also supplemented by senior clinicians from the Clinical Directorate when required. These clinicians provide additional support outside of EOC for the Clinical Advice Line and remote welfare support during the winter, effectively allowing flexible working and additional capacity.
ECAT will review the currency of the DOS and advise commissioner/providers of any changes required on an ongoing basis.

12.6 Single Point of Contact (SPOC)

Contact number (redacted)

The SPOC team will provide the following services throughout the plan period as per business as usual;

- Safeguarding / vulnerable persons
- Falls notifications
- GP report
- TIA notifications
- Learning difficulties (now merged with GP report)
- Abbey pain score
- HAARC (Herts Admission Avoidance Response Car)
- Diabetic hypoglycaemia
- Datix Incidents

13. Urgent and Scheduled Care

Non-Emergency Patient Transport Services (NEPTS) will operate in line with their contracted parameters throughout winter. This may produce some surplus capacity to support A&E resources with the transportation of Health Care Professional (HCP) referred patients. A dynamic process will be in place to monitor patient activity levels during weekday and weekends. When opportunities arise either through slack in the system or upon request from the Regional Tactical Command, NEPTS will offer spare capacity or assist with overspill activity as required (subject to resource provision and existing NEPTS activity).

NEPTS resource may be deployed via an urgent desk to low acuity appropriate work. The urgent desk arrangements will be contained in appendix 8.

14. Special Operations

The risk of terrorism continues to exist and is dynamically responded to. The level is reviewed daily by the Regional Tactical Command Cell.

There may be short notice restricted security operations that the Trust will engage with. Such requests are managed outside of this plan or its command structures and plans agreed by those who hold the appropriate Special Clearance status and National Occupational Standards for Strategic commanders.

Due to the nature of such events and the need for confidentiality under the Official Secrets Act, no person without legitimate reason will be notified, involved or should seek or expect information. No reference to an operation taking place or to have taken place will be shared in any daily report.

14.1 Current Security Threat levels

The current threat levels declared are as follows;-

Current Threats	Threat Level
International terrorism in the UK	SEVERE
Northern Ireland related terrorism in Northern Ireland	SEVERE
Northern Ireland related terrorism in Britain	MODERATE

There are no known specific additional risks to EEAST in this regard at time of plan approval. Information is reviewed through the resilience teams dynamically

Most pre-planned events are assessed through Safety Advisory Groups and informed to local operations where appropriate. Any specific operations during this time will have separate dedicated operational orders shared with appropriate personnel as required.

Known pre-planned events will be contained within an appendix to the plan and remain live. Events requiring attendance are addressed through recommendations of the Resilience Managers and subject to separate plans. A list of pre-planned events/stadia will be found in appendix 9.

14.2 Hazardous Area Response Teams

Normal arrangements will be deployed of 2 live teams 24/7 during the plan period. Hazardous Area Response Teams (HART) will continue to operate in line with the core service specification and the agreed guidance for HART Support to A&E Operations.

Specialist operations live cover is available in appendix 10 of the plan

In addition to the two HART Teams based in Great Notley and Melbourn, over the plan period additional staffing may be provided to assist operational PFSH. All additional cover is shown in appendix 10.

14.3 Resilience

The Resilience Team maintains the trust liaison and contact with all Local Resilience Forums (LRF). They are the Trust point of contact for all local events and Safety Advisory Committees. The team review and maintain a database of known events which is shared through the Strategic Forecast & Planning Group and local operational teams as required. See Appendix 9.

The Resilience Team provide routine on call arrangements.

Alongside the business continuity plans each department has developed, the trust has further specific resilience plans and action cards to maintain the trusts operation during specific adverse factors which may arise.

In preparation for the plan period the Trust has scoped the requirements for requesting Military Aid. All information relating to this can be found in appendix 17 – Briefing Notes and Updates.

In addition, the Resilience Team has a number of tents available to be deployed to hospital sites should delays require additional Ambulance intervention to rectify. These tents can be erected and used at casualty holding areas, this will require a SORT activation to undertake the delivery and erection of this capability.

The Resilience Team will provide two National Interagency Liaison Officer / Tactical Advisors in line with the on call rota system.

Alongside the business continuity plans each department has developed, the trust has further specific resilience plans and action cards to maintain the trusts operation during specific winter related issues such as; -

- Snow Action Cards
- NHS Cold Weather Plans
- Pandemic Flu Plan

An exercise will be undertaken as part of winter preparation in the preceding period to ensure readiness of operational teams.

14.4 Air Operations

Live availability is maintained through the specialist asset desk in EOC, Chelmsford. This desk maintains oversight of HART and air operations resources.

Air Operations will provide daily cover in line with the table below, each shift will be covered by a Doctor and CCP together as a team. Air asset availability is dependent on many factors including the weather and will be advised to the Air Desk daily by the teams. If air assets are unable to operate the team will be deployed by road under the Critical Care Desk as part of standard operating processes.

Team	Tail Number
Herts 55	G-HHEM
Herts 50 Late	
Essex 07 Day	G-EHEM
Norwich 85 Day	G-WASS
Norwich 85 Night	

Cambs 88 Day	G-HEMC
Cambs 88 Late	
MAGPAS 66 Day	G-HMDX
MAGPAS 66 Night	

Critical care dispatch guidance can be accessed here:
http://east24/Policies%20and%20Trust%20Instructions/EOC%20SOPS/Active/ESOP40.pdf

14.5 British Association of Immediate Care Schemes (BASICS)

EEAST works in partnership with BASICS charities that provide critical care support by solo responders on an ad-hoc basis from home but some also supply a pre-planned resource.

Each BASICS charity will be asked to provide foresight of any planned shifts through the winter period but each scheme do not plan that far in advance. Weekly forecasting will be made available to the CCD.

15. REAP

The Trust operates REAP level reviews under the agreed national plan. This is reviewed on a weekly basis, with additional dynamic reviews by the Strategic Commander as required. It is the responsibility of all managers to maintain awareness of the level and any change. All readers should be aware that there is expected to be an updated national REAP plan issued during Quarter 4.

The current REAP level can be found on the front page of East24.

Should the Trust REAP level exceed level 3 or a major incident occur, then the Strategic Commander will put in place additional arrangements as required to meet the needs of the Trust and its strategic intent. Gold will ensure on a daily basis that the actions under REAP are being discharged in line with the action card.

REAP is reviewed on a weekly basis and the level considered taking a 7 day forward view. Actions against it are assured at the weekly SSDG meeting. In the event that the REAP position may need to change, The Strategic Commander is authorised to do so and will firstly discuss it with the Executive Director of Service Delivery or on call Executive out of hours.

The plan version followed will be NARU 2015 v1.0 as published for all actions and decision. Action cards are to be followed as per regionally agreed with NHSE.
http://east24/Policies%20and%20Trust%20Instructions/Plans/EEAST-REAP.pdf

16. Demand Management Plan

The Trust operates a surge plan (sometimes referred to nationally as a Demand Management Plan) and the current version should be used in line with guidance and appropriate escalatory authorities. This plan has been reviewed and updated in preparation for the winter period.

This plan has been approved through the trusts governance framework, tested and exercised and all details including the full current plan are contained within Appendix 11.

See also risk assessment, appendix 16.

17. Major Incident

In the event of a Major Incident declaration then EEAST shall utilise the most current Major Incident Plan or Operational Plan should the incident be one with prior contingencies. All other plans will be superseded by the Major Incident Plan should this be enacted.

QR codes are issued to operational staff to access details and actions in the event of a major incident declaration. The communications on call will activate the necessary page.

The Major Incident Plan can be accessed here:
http://east24/Policies%20and%20Trust%20Instructions/Plans/Major%20Incident%20Plan.pdf

18. Support Functions

18.1 Fleet/Workshop/Clinical Engineering & Maintenance arrangements

The Fleet, Workshops and Clinical Engineering teams recognise the direct impact that their services have on the reliable production of Unit Hours to support patient care. The availability of vehicles and equipment relies on good planning and active management of the service and repair schedules.

Over the winter Fleet, Workshops and Clinical Engineering teams may be requested to provide extended hours of Workshop presence or an On Call capability.

EEAST will continue to work closely with all our external service providers and encourage them to also stretch the hours of availability to ensure the best possible maintenance/repair/recovery capability is available to the Trust.

EEAST operations support team have developed service/repair availability rotas for operational awareness and use that will be contained within appendix 12.

19. Administration

19.1 Record keeping

Each post holder will be required to document and record all of their actions and decisions made through the course of working times and through their on call period. Logs can be made using the EEAST Tactical / Strategic note system available through the EEAST on line portal.

All notes should follow the principles of Clear, Concise, Comprehensive and Contemporaneous.

In the event of significant incident or where deemed necessary by the post holder a log can be recorded in a log book which can then be submitted to the resilience department for record keeping.

The Trust will, if an incident is declared, deploy the appropriate loggist capability.

20. Communications and engagement

The EEAST Communications team will develop the winter communications and engagement plan in line with wider NHS guidance and our specific requirements. During winter, the platforms, channels and information will be varied and dependant on the situation and requirement. To support the staff, volunteer and public wellbeing agenda, this work will include health and wellbeing promotions including promotion and signposting of the Trust's Wellbeing hub.

The objective of any communications and engagement in winter is to encourage the public and NHS staff and volunteers to stay well, take up the flu vaccine, keep others well and safe, and provide information on the services available when needing medical attention. It is also important to highlight the 'preparedness, planning and response' EEAST focuses on at times of, for example, adverse weather, as well as highlighting the humanity of others in this busier period (e.g. kindness and compliments from patients about our teams).

Multimodal communication outlets are used within the Trust. In the event of mass communication both internally and/or externally, the EEAST Communications Team will be contacted, utilised, and supported by senior leaders. The platforms for communication include, but not limited to;

- Social media
- East 24 (internal webpage)
- 'All EASTAMB' email
- Posting information on eastamb.nhs.uk (accessible via QR code supplied to EEAST staff)
- Engagement with media outlets.

Key messages will be issued in line with a communications plan and contained in Appendix 22. Those members of staff utilising social media as their form of engagement with all audiences must co-ordinate posts within the plan's key messages, and ensure the Communications Team are aware of content driven from their accounts. This ensures that the team can remain across the engagement agenda at all times, and be on the front foot should media queries come in on the back of the public-facing engagement and broadcast on social media.

For instance, this includes ensuring posts on the @EastEnglandAmb Twitter account are retweeted and liked, and that followers are signposted to EEAST messaging in a timely manner.

A member of the Communications Team will be available through the on-call process detailed within section 9.1.

The full EEAST Winter Communications Engagement Plan can be found at Appendix 22.

20.1 Media Talking Heads

In the event of any media requests related to the winter period, the Communications Team will consider the appropriately trained senior leaders in conjunction with the Director of Service Delivery to respond to the nature of the enquiry.

21. Appendices

Appendices are all filed and kept live within the trust wide P drive - OPIG Planning Appendices/Winter 2018

All appendices are version/date controlled. The archive folder within the winter 2018 folder will be used to move updated files/documents into for record keeping. Guidance for document control is contained within the P drive folder.

Appendix List

1. Forecasted demand and PFSH
2. Hospital handover escalation procedure
3. Tactical commander - Terms of reference
4. Tactical commander roster
5. EOC staffing – all functions.
6. Load Levelling
7. Overtime incentive
8. Urgent desk arrangements
9. Events and stadia
10. Special operations staffing.
11. Surge Plan
12. Operational support services
13. Informatics
14. Flu planning
15. AEDB plans
16. Risk Assessment
17. New Year's Eve Arrangements
18. Patient Safety Intervention Team
19. PAS Provision
20. AGM Winter Operations
21. EEAST Winter Room
22. Communications Plan
23. Winter Schemes

Abbreviations

OPIDG – Operational Performance Improvement Delivery Group
SSDG - Strategic Service Delivery Group
EOC – Emergency Operations Centre
SEM - Senior EOC managers
NEPTS – Non Emergency Patient Transport Services
SLB – Senior Leadership Board
ELB – Executive Leadership Board
HALO – Hospital Ambulance Liaison Officer
PSIT – Patient Safety Intervention Teams
PAS – Private Ambulance Service
ECAT – Emergency Clinical Advice and Triage Centre
CCD - Critical Care Desk
ICD – Incident Command Desk
CAL - Clinical Advice Line
DLO - Duty Locality Managers
HART - Hazardous Area Response Teams
JESIP - Joint Emergency Service Interoperability Programme
UHP – Unit Hours Production
AGM – Assistant General Manager
LOM – Leading Operational Manager