



Winter Plan 2015 – 2016



Version No:	Date of Release:	No of Pages:	Completion Status:
1	09 December 2015		Final
Written By, Emergency Planning and Resilience Officer			Geoff Long
Approved by Deputy Director of Operations – Central Operations			Kevin Bate
Equality & Diversity Impact Assessment			Emergency Preparedness Resilience & Response London Ambulance Service NHS <small>NHS Trust</small>
No adverse consequence identified.			
Risk Assessment			
Moderate			

Document Profile and Control

Purpose: Provides an overview of the arrangements in place for each Operational Area to maintain service provision during adverse winter weather episodes and to recover from such events.

Sponsor Department: Department of Emergency Preparedness, Resilience and Response

Author/Reviewer: Geoff Long, Emergency Planning and Resilience Officer BC Coordinator

Amendment History			
Date	Version	Author/Contributor	Amendment Details
08/09/2015	0.1	Geoff Long	First draft
29/09/2015	0.2	Geoff Long	Title main body re-structure
8 th October	0.3	KB/GL	Main body adjustments additional information
15 th October	0.4	KB	Additional information added in main body of document
9 th November	0.5	GL /KB	CEO recommendation changes to parts of the plan
9 th December	0.6	JP / KB	Graph insertion

Document Status: Final

Version Control Note: All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

Document Status note: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version in EPU remains the controlled master copy. Any printed copies are neither controlled nor substantive.

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 1 of 22

Published on:	Date	By	Dept
The Pulse		G. Long	EPRR
Announced On:	Date	By	Dept
Routine Information Bulletin		G. Long	EPRR

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
001	North West Area Plan and station snow plans	2015
002	West Area Plan and station snow plans	2015
003	South West Area Plan and station snow plans	2015
004	South East Area Plan and station snow plans	2015
005	North East Area Plan and station snow plans	2015
006	East Central Plan and station snow plans	2015
007	North Central Area Plan and station snow plans	2015
008	LAS Adverse Winter Weather Plan	2015
009	PTS Adverse Weather Plan	2015
010	Adverse Weather Strategic Planning Framework v 0.2	2015
011	Control Services Adverse Winter Plan	2015
012	REAP	Current Version
013	Surge Management Plan	Current Version
014	VRC BC Plan /Adverse Weather Plan (BC Plan)	2015
015	LAS New Year's Eve Plan	2015
016	LAS New Year's day Plan	2015
017	National Grid Winter Outlook Report	2015 to 2016
018	LRF Adverse Weather Framework	2014 issue (received 20 th Oct 2015 v 1.0)
019	DoH/NHS Seasonal flu plan	2015 to 2016
020	Cold Weather Plan NHS England	2015

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 2 of 22

Contents

1.	Purpose	4
2.	Introduction	5
3.	Winter Planning Group	6
4.	Winter Preparedness	7
5.	Adverse Weather (see also LAS adverse weather plan, separate document).....	8
	• Operational Response to Adverse Weather.....	9
	• Staff Preparedness	11
	• Information for Staff	11
	• Additional Staff	11
	• NACC	11
	• HQ/Bow	12
	• Recovery	12
6.	Activity and Demand	13
7.	Resource and Staffing Provision	17
8.	Leadership and Surge Management	18
	Appendix 1. Adverse Weather Actions	20
	Appendix 2. Public events occurring during peak winter period	21
	Appendix 3. Predicted activity across Winter	23

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 3 of 22

1. Purpose

This plan provides the tactical options for continuation of core service delivery to the public of London through enhanced staffing, variations to duty plans and overall heightened preparedness to help manage any surge in calls during the winter period, adverse weather conditions and general increased seasonal activity.

The aim of the plan is to ensure that patients who call on the London Ambulance Service NHS Trust (LAS) receive a timely service acknowledging the potential restrictions caused by adverse weather or high demand throughout the service.

Call history will be reviewed to help predict high demand across the months of November to February allowing planning for staff cover to meet predicted surges in core demand. The LAS winter planning framework builds on previous learning from the pressures experienced during previous winter periods.

As is the consistent theme across LAS plans, the Winter Framework sets out to maintain the optimum levels of service provided to service users across the capital by deploying, when and where necessary, innovative and different solutions to manage demand and capacity. Actions to increase available staffing, capacity management regimes and alternate ways of dealing with requests for emergency ambulances are at the heart of this framework and will, where practicable, maintain a high level of emergency response to those patients in greatest need.

LAS Purpose and Values

- **Purpose**
 - **The London Ambulance Service is here to care for people in London: Saving lives; providing care; and making sure they get the help they need.**
- **Values**
 - **Clinical Excellence:** giving our patients the best possible care; leading and sharing best clinical practice; using staff and patient feedback and experience to improve our care.
 - **Care:** helping people when they need us; treating people with compassion, dignity and respect; having pride in our work and our organisation.
 - **Commitment:** Setting high standards and delivering against them; supporting our staff to grow, develop and thrive; learning and growing to deliver continual improvement.

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 4 of 22

2. Introduction

The winter period historically causes increased pressure within the health system for various reasons such as seasonal flu, increased falls and respiratory illnesses, with subsequent increased admissions to hospitals. As well as the increases in demand resulting from such variations, this period also encompasses a number of significant public and social events (such as New Year's Eve) which cause issues to LAS in terms of road access, significant variations in population and alcohol related incidents.

As well as needing to be prepared for the variation in activity caused by the winter period, in line with the Civil Contingencies Act 2004 (CCA), the International Standard for Business Continuity ISO 22301, DH Emergency Preparedness Guidelines, best practice from other Ambulance Services and learning from past experiences, the Trust is required to make sufficient preparations in order to be able to maintain critical functions through periods of disruption. The Trust adverse weather plan was put in place and developed throughout the winter of 2010/11 which saw significant snowfall across the capital, and indeed the country coupled with icy conditions and protracted low temperatures, severely impacting the Trust's ability to maintain capacity levels to cope with the high demand for Ambulance services.

Other contingencies that are in place all year round to assist with surge demand will continue to be in place and used when required.

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 5 of 22

3. Winter Planning Group

The winter planning group has been formulated with representatives from all areas of the Trust as a means of providing a level of assurance that the Trust is prepared for the annual rise in activity and demand during the festive period and is aware of the operational gaps in advance and has mitigated as far as possible to reduce the risk to the organisation and maintain patient safety.

Scope

To identify potential risks and recommend appropriate means of mitigation across all areas of the Trust in the period between 1 November 2015 and 29 February 2016.

Strategic intention

- Work in partnership with colleagues from across the Trust to deliver a safe and clinically effective service over the winter period.
- Mitigate and minimise any risk to service delivery throughout the period.
- Maintain public and key stakeholder confidence and protect the reputation of the Trust.
- Create a comprehensive communication plan to support the delivery of the operational plan for the Christmas and New Year period.
- Ensure service delivery and support services are delivered within pre-agreed financial arrangements.

Objectives

- Maintain patient care
- Protect staff welfare
- Ensure sufficient assets are available
- Adhere to agreed financial expenditure
- Mitigate risks through the agreed time line
- Protect the Trust's reputation

Membership (minimum)

- Strategic Lead (Chair)
- Clinical Lead (on call or other named clinical lead)
- Fleet and Logistics representative
- Tactical on duty for the period
- Nominated officer from each operational area
- Finance department
- Estates
- Resourcing Manager
- Practice Learning Manager
- EPRR or Business Continuity Coordinator
- Management Information
- Administration support
- Staff Officer
- PTS
- EOC and 111

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 6 of 22

Meetings

To be held weekly from November. A New Year's Eve specific command group has also been implemented to oversee the operational planning of this event. This group feeds into the overarching winter preparedness programme.

4. Winter Preparedness

Method

LAS intend to continue to ensure service delivery is maintained during periods of anticipated high seasonal demand and/or adverse weather events. Surge and capacity management procedures used throughout the year will continued to be used however they may become enhanced to cope with winter demand.

There are a wide variety of factors that can affect performance such as demand, absence, external factors (weather, supply chain disruption, security threat, hospital issues etc.) and internal factors (fleet issues, infrastructure problems, staffing etc.).

Each directorate is required to have a business continuity plan which should reflect scenarios involving reduced staff capacity, reduced or restricted access to premises and functionality disruption.

LAS Managers should ensure local plans at area and station level are reviewed and updated if required. Estates should assure Group Station Managers that central heating and water pipes are prepared for winter weather having been serviced, adverse weather supplies of grit etc. to be ordered in time for use during cold weather.

Seasonal Flu

The Trust actively encourages all staff to take up the offer of the annual seasonal flu vaccine.

The 2015/16 Seasonal Influenza Vaccination Programme begins in earnest in early October with the intention of vaccinating as many frontline staff as possible against the flu virus, so that we can protect our most vulnerable patients.

Each group main station will have a vaccine fridge, vaccine consumables and vaccine as well as portable vaccine carriers to get out to satellite stations. Team leaders and paramedics on restricted duties will be trained to take part in our peer to peer vaccination clinics. Supporting these local clinics will be a small number of 'flu buses'. They will be visiting low uptake areas, busy A&E Departments and large events such as the Chief Executive roadshows to provide staff with the maximum opportunity of receiving the vaccination.

As a responsible employer, all staff will be encouraged to have their flu vaccine, not just frontline staff, and the vaccine will be available in key support service areas as well as both emergency operations centres.

The communications department are poised with a range of media supporting this year's campaign including videos, tweets, posters and the 'jabometer' on the intranet showing how we are doing in terms of vaccine uptake compared to last winter.

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 7 of 22

Bunkered Fuel and Agency Cards

This process is a normal core support function, readdressed for the winter planning perspective.

The Trust continues to manage its in-house supply of diesel fuel. There is currently an extensive stock of fuel held in secure locations pan London. This stock of fuel is in preparedness for use if the public accesses to fuel supplies are disrupted for any reason. This amount is commensurate with DH guidelines for Emergency Services to hold 20 days' supply of road fuels for emergency use.

Fuel is procured at the point of sale with BP agency cards which can also be used at Texaco filling stations to purchase fuel.

Senior operational managers within the Trust have a purchasing card (company credit card) and should BP or Texaco filling stations not be able to supply fuel for a period of time, fuel can be purchased from other suppliers' forecourts using them.

A number of "supercharged" fuel cards are held centrally that permit the purchase of fuel from any forecourt. These will be used when other normal methods of purchasing fuel are not available.

5. Adverse Weather (see LAS Adverse weather plan)

Weather Forecasting

Daily reports are received by Emergency Planning and Resilience Officers (EPROs) via the Meteorological Office. Long range forecasts will also be monitored by this department during the winter period and fed into the Trust's normal forecasting and planning group activities.

Control Services Plan (including 111)

A control services plan has been written to deal with the effect from adverse weather. This plan identifies how to facilitate the attendance of staff during this time and provides methods of assisting staff in attending work during times of significant adverse weather which impacts on transport systems.

Patient Transport Service (PTS)

PTS colleagues have prepared an adverse weather plan that will assist operational staff getting to and from work if required (See PTS plan).

The recent introduction of the Non-Emergency Transport Service (NETS) capability will provide increased transport options for service users this year.

Fleet

Operational vehicles are fitted with tyres suitable for winter conditions all year round so no specific initiative is required to deal with adverse weather. Snow socks will be issued to those vehicles that require them, i.e. vehicles required to support operations on an as required basis. Vehicle servicing schedules, out of hours repair and support plans will be developed by the Fleet Department to ensure maximum availability of response vehicles during any high demand period.

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 8 of 22

Operational Response to Adverse Weather

Should adverse weather occur all managers will make themselves available to assist in leading the delivery of operations. Non-operational managers can assist by ensuring their departments /areas of work are able to function to their best ability during the time of adverse weather. The REAP and the demand management plan (DMP) will be reviewed and managers are to work to the actions stipulated in these procedures. The Plan has 5 levels:

Cold Weather Plan levels	
Level 0	Long-term planning - All year
Level 1	Winter preparedness programme - 1 November–31 March
Level 2	Severe winter weather is forecast – Alert and readiness <i>Mean temperatures of 2°C and/or widespread ice and heavy snow are predicted within 48hrs with 60% confidence</i>
Level 3	Response to severe winter weather – Severe weather action <i>Severe weather is occurring: Mean temperatures of 2°C and/or widespread ice and heavy snow</i>
Level 4	Major incident – Emergency response <i>Central government will declare a level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health</i>

Level 2 / 3 of the plan is triggered according to the probability of threshold conditions being met. For London this means: **Average temperature of 2C or less for at least 48 hours, or the Met Office anticipate issuing a warning for heavy snow or widespread ice.**

There are a number of mitigating options which allow the Trust to prepare for adverse winter weather and continue to provide a safe and effective service to the people of London. This strategy begins at a local group level and preparations should be in place before any forecast or warning of adverse winter weather is issued (local station business continuity and snow plans).

Staff Liaison

Managers will liaise with their staff members to request they consider alternative ways of getting to and from work, including car sharing and to establish routes to and from their place of work to establish clear routes, and frequently affected roads/areas while bearing in mind that public transport, especially over ground sections, are likely to be affected.

- Where possible, staff should attend their normal work place, if this is not possible they should attempt to attend an alternative place of work. This must be discussed with their line manager prior to staff making their way to an alternative Emergency Operations Centre (EOC) site.
- If Operational or Control Services staff are unable to attend either EOC site or their designated ambulance station, their first option should be to make their way to one of the predefined muster points. (See PTS plan)

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 9 of 22

- Staff should only be advised to attend a PTS shuttle bus site (if not a muster point) once it has been confirmed that the service is operational.
- Staff should be aware of weather forecasts for their local area via the Met Office and media outlets. This information will be circulated locally as appropriate e.g. through notice boards, email, CAD messages and by briefing staff.
- Staff will anticipate Met Office Cold Weather Health Watch Service emails which include warnings, alert levels and forecasts. These may come direct from the Department for Emergency Preparedness, Resilience and Response or from another source, e.g. local authority contacts.
- Group Station Managers, General Managers and EOC Watch Managers must ensure they check 'The Pulse' (LAS intranet site) for current weather warnings and Met Office reports. These will be available on the Winter Preparedness page under Emergency Preparedness. There will be daily checks of the on-call rota (via the x-drive) to ensure the correct information is held by EOC.
- Where snow has been forecast, a tele-conference to ensure the Snow Operational Plan is implemented can be used. The tele-conference is to be attended by the designated managers for the relevant departments dialling in. Regular communication in this way may be needed depending on information changes and updates.
- When snow does fall, the Gold (Strategic) on-call officer will convene a tele-conference at the earliest opportunity during the working week. This will be at a time nominated by the Gold (Strategic) Officer on-call unless otherwise advised. This meeting will review plan compliance, provide staff numbers (inclusive of the number of staff attending muster points) and any deficiencies in Control Services staffing and current demand. This should also include current and planned levels of operational staffing. The tele-conference will be the primary route to provide exchange of information.
- They are aware of the location of their local LAS ambulance station and are able to report there if unable to attend their normal place of work. Staff that live outside of the LAS catchment area should be aware of their local non-LAS ambulance station.

Absence Management

The management of absence, including those with difficulties attending work due to the weather conditions, will be coordinated at a local area level. Staff are aware that every effort should be made to attend work or to make alternative arrangements so that all rostered staff members are able to work their shift.

Grit and Shovels

Local managers will ensure that all LAS buildings have an adequate stock and supply chain of gritting salt and appropriate tools for spreading it such as snow shovels. This will be vital for clearing snow, melting ice and for stopping ice from forming. (Areas and Stations to have plans for this)

Update Staff Contact Lists

The Resource Centre will ensure that all staff data is up to date, including home location and normal mode of transport. They will consider registering staff with 4x4 vehicles that are willing to provide a 'car pool' function during adverse winter weather.

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 10 of 22

Staff Preparedness

Managers of all departments pan London should establish the following details with their staff;

- Do staff have access to their own 4x4 vehicle
- Would staff be willing to car share or collect colleagues
- Ensure the Resource Centre has accurate contact/address details for all members of staff
- Ensure staff are aware of the plan and that they know what actions they should take during snow causing travel / transport issues
- Have additional uniform and sundries available to them at their work place
- Ensure Control Services response vehicles are fully equipped and that any medical supplies are not affected by the cold weather
- Issue staff with high visibility clothing and ensure they have this with them during periods of work
- A potential hotel is identified for staff who need to be put up overnight

Information for Staff

It is acknowledged that a number of staff live outside the London area and that the public transport network can potentially be disabled during times of snow and ice. Staff have a responsibility to ensure that they are able to work planned shifts and should be made aware of the chances of snow through area/department communication. It must be stressed that staff are required **to make all reasonable effort** to attend their normal place of work and report at the start time of their shift. Staff are expected to take into consideration the likely increased journey time and make suitable allowances in order to get to work. Car sharing with other staff members should be considered.

Additional Staff

Where possible staff that are seconded to other departments or are on training days should be requested by the Head of EOC to be returned to core EOC duties during the period of adverse weather that is affecting LAS core response.

Support services departments may be called upon to assist Control Services or other Areas in maintaining service delivery. This decision will be made by the on-call Strategic Commander, and examples of how staff can be deployed in the following ways include;

- EOC support to runners/loggists during Surge Plan
- Assistance in the Resource Centre
- Assist within the National Ambulance Coordination Centre if open
- Assist in answering the Watch Manager phones
- Coordinating staff movements, accommodation and logistics

National Ambulance Co-ordination Centre (NACC)

Should the need arise for the NACC to be opened; this will be coordinated by the Department of Emergency Preparedness, Resilience and Response.

The initial request for this to be opened may be received by EOC, specifically the Watch Manager, and the NACC plan must be followed and the on-call SPOC Tactical Advisor (Emergency Planning and Resilience Officer) and other on-call staff informed.

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 11 of 22

HQ / Bow

Well in advance of any predicted adverse weather, these locations must have sufficient salt and shovels in order to clear any snow and/or spread salt should ice occur. This is coordinated through HQ security. Should either location need their salt/grit bins topped up they should contact Estates. Salt is to be spread proactively when the temperature is likely to be around 2 degrees so that ice is unlikely to form.

Consideration should also be made to purchase food. Options available are;

- HQ canteen feeding
- External suppliers / local amenities

Recovery

Staff and management teams should be kept apprised of weather forecasts and other important information in order to maintain a level of resilience and to not become complacent if alert levels are lowered. A lowering of the alert levels should be communicated in the same manner as any escalation of alert levels. Actions at the revised level should be taken and where appropriate, staff transport plans (and other similar plans) should be stood down and prepared for use in the near future.

A hot debrief should be conducted after any significant snowfall or periods of adverse winter weather. This should concentrate on identifying and addressing any immediate issues that impacted on service delivery. It should also identify any good practice or innovation in order for this to be maintained for the next event and where appropriate shared with other Areas. This hot debrief should be conducted and attended by managers from the areas. Records of issues raised, actions taken/to be taken, timeframes and responsibilities for actions should be recorded. Results of this debrief should be returned to the emergency preparedness department for review as soon as possible in order to capture any lessons and update plans as necessary. The Department for Emergency Preparedness, Resilience and Response will host and facilitate a full debrief, to be carried out at the end of the winter season in order to look more in depth at what went well, what could be improved and any changes to the Area or Trust Adverse Winter Weather Plans that may need to be made. This debrief will be held centrally and involve key individuals from each area, having information from hot debrief fed into them from local complexes. Issues and lessons identified, best practice, actions to be completed and any other information will be presented in a debrief report to the Emergency Preparedness, Resilience and Response Steering Group (EPRRSG).

Logistics

Ambulance Service Trust procurement arrangements for the goods/products used across the Trust in particular business critical items are in the main relatively generic. These include obvious areas such as vehicle fuel, medical gas, electricity supply (for 999 call centre operations) and vehicle parts such as tyres and brake components which can all significantly impact on the ability of the service to continue to operate effectively.

It is assessed that there are some key actions with logistics and operational support arrangements that must be maintained to ensure the provision of service during periods of increased demand.

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 12 of 22

The London Ambulance Service has identified our critical supply chains in the following areas:

- Continuous supply of medical consumables
- Maintain continuity of medical gas supply
- Maintain continuity of supply of vehicle critical maintenance parts
- Vehicle maintenance and repair staff and facilities
- Vehicle fuel supplies
- Utility supplies (electricity, gas and water)
- Continuous supply of ambulance medicines/drugs
- Adequate levels of procurement, fleet, and logistics staff to ensure ability to process purchase order through to delivery functions

6. Activity and Demand

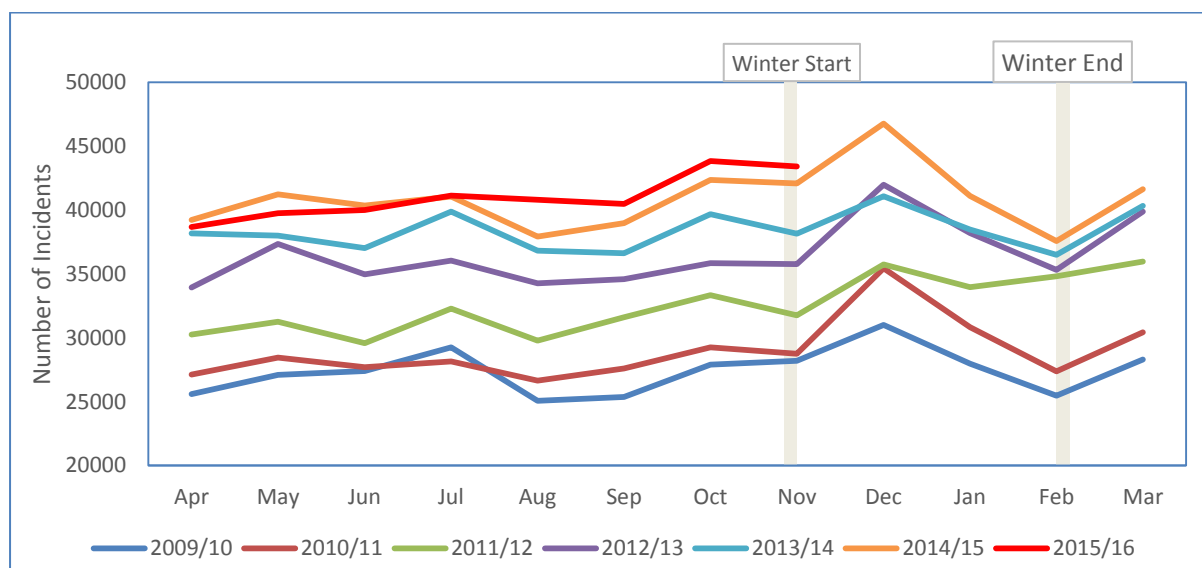


Chart 1 - DOH Category Cat A incidents by month

The chart shows Category A incidents by month and financial year and it indicates that Category A incidents have increased year on year. It also shows that the LAS has a large increase in Category A incidents during November and December. However there has only been a slight increase in numbers from 2014/15 to 2015/16 thus far.

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 13 of 22

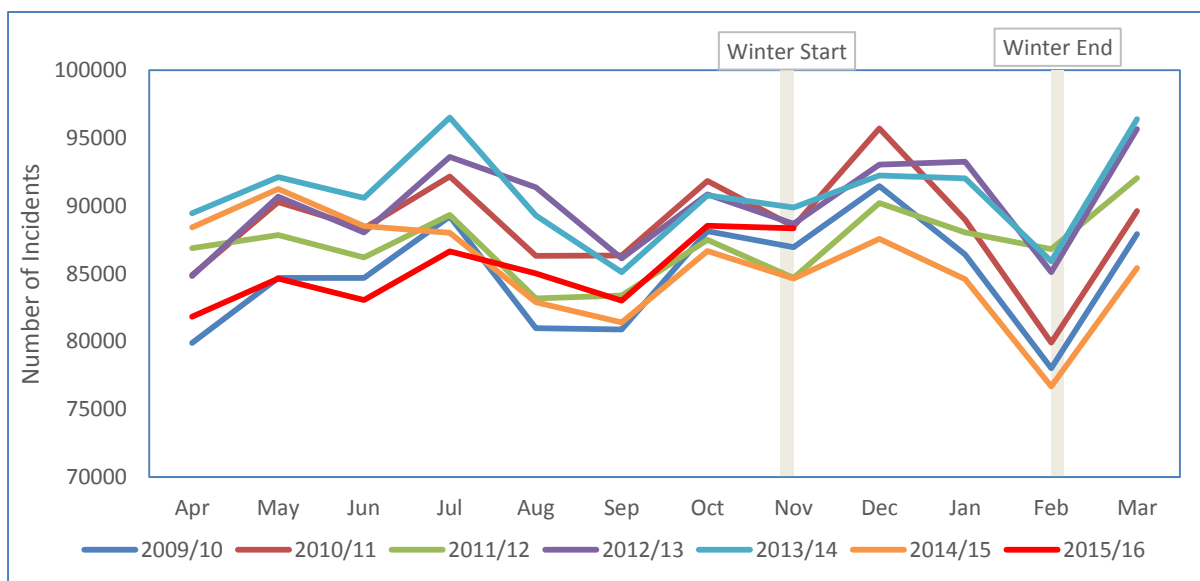


Chart 2 - Total incidents by month and financial year

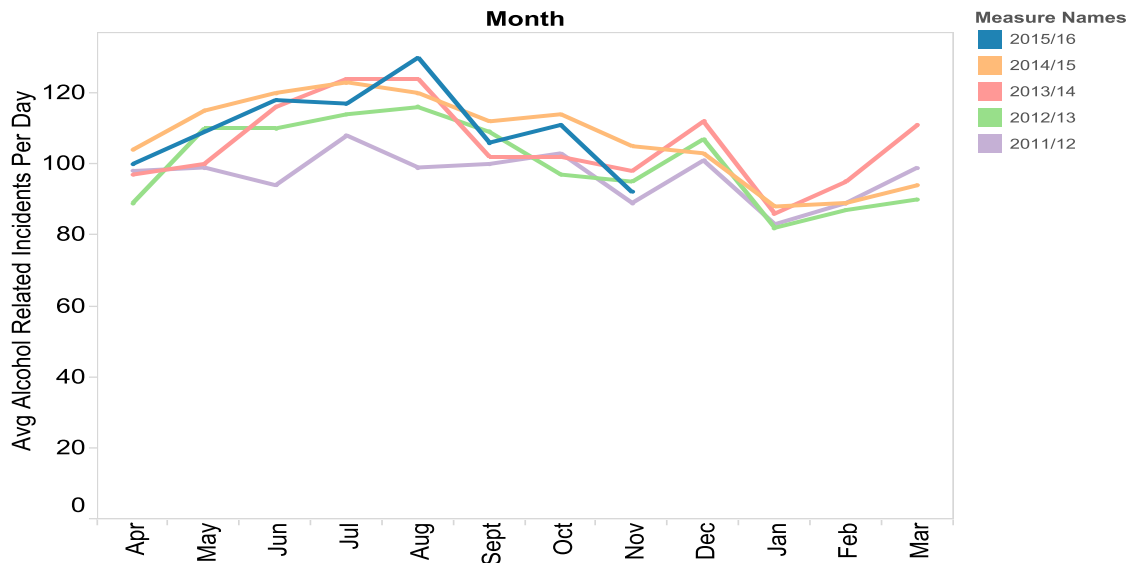
The chart above shows total incidents by month and financial year. It shows that the LAS total incident demand has decreased from the start of 2015/16. However, since August overall incident demand has shown an increase compared to 2014/15. In recent years during the winter period, total demand does increase in December, but it is not a significant amount if compared to the rest of the year.

As can be identified from the above graphs, the actual season of winter is not a specific outlier in terms of numbers of cases for LAS however this period does include days of historically high demand, health system capacity issues resulting in longer patient handover periods and longer turn round times for ambulances and causing delays attending further calls. However significant activity variation and demand increases are experienced in the build up to and during the Christmas holiday/festive season.

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 14 of 22

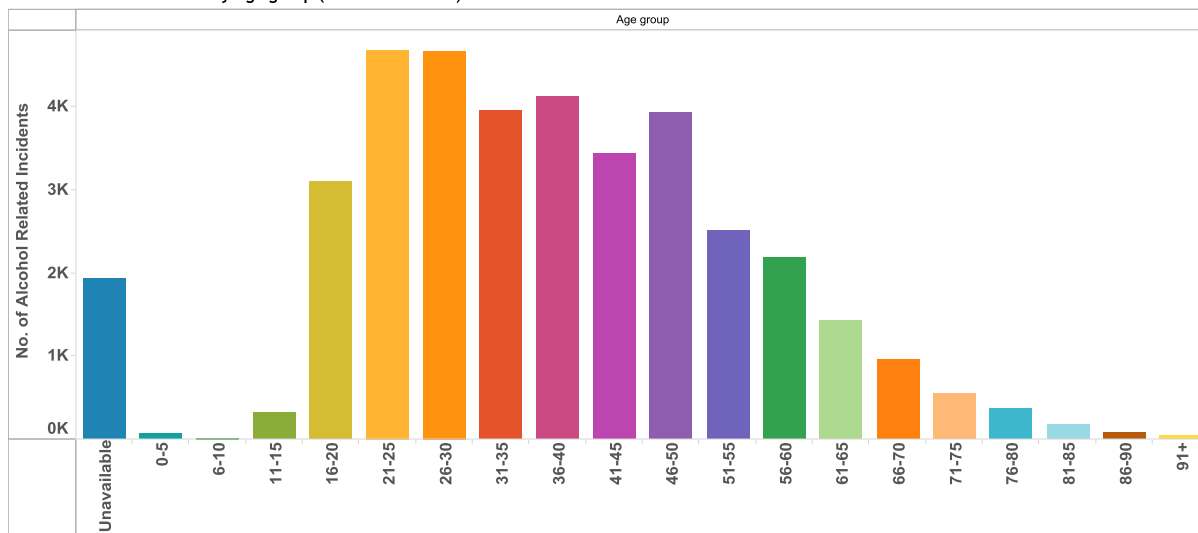
Alcohol Related Incidents

Daily Average Cat A Alcohol Related Incidents



The chart above shows the daily average number of alcohol incidents the service attends by month and financial year. It shows that the highest peak was August 2015/16 where the daily average was 130 incidents per day. There is a secondary peak in December, which while not as pronounced sees a marked increase. Outside of winter planning, the service will in conjunction with its healthcare partners consider running additional alcohol awareness campaigns during the summer as well as the winter months.

Alcohol Related Incidents By Age group (Dec'14 to Nov'15)



The chart above shows the number of alcohol related incidents by age group for the date range: Dec'14 to Nov'15. This shows the age groups between 21 and 30 make up the largest proportion of the service's alcohol related incidents over the last 12 months. But we also see a significant proportion in the age group 46 to 50.

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 15 of 22

Public Events in London

London will host a number of public events over the winter period. Remembrance Sunday (November) Lord Mayor’s Show (November), New Year’s Eve and New Year Day Parade are but a few of the well known events that take place. Although EPROs are developing individual plans for these events, the scope, scale and resource implications are being considered as part of the overarching winter planning work and plans will be available.

To assist managing the impact of the growing number of public events taking place in London, a process has been developed in conjunction with private and voluntary ambulance/first aid service providers to ensure a continuity of care to patients and to allow the Trust to better track the flow of patients (and subsequent reduction in capacity) to hospitals from such events when not covered by LAS resources.

Activity Variations and Demand Predictions

Analysis of historic activity has identified that during December, the variation in activity type caused by winter/festive events results in the length of ambulance calls increasing by several minutes. When combined with the increase in activity experienced during this period, this has the potential to impact on resource availability to respond to calls.

A number of methods have been used as a means of predicting activity during the winter period. These have included applying year to date changes in volume (April to October) to last year’s figures, doing the same with the change in volume from this October to the same month the previous year and a custom growth rate based so that various activity variations can be examined. Below is an example of what the daily incident volumes could look like if we saw these scenarios against the volume we’ve seen so far since the start of November.

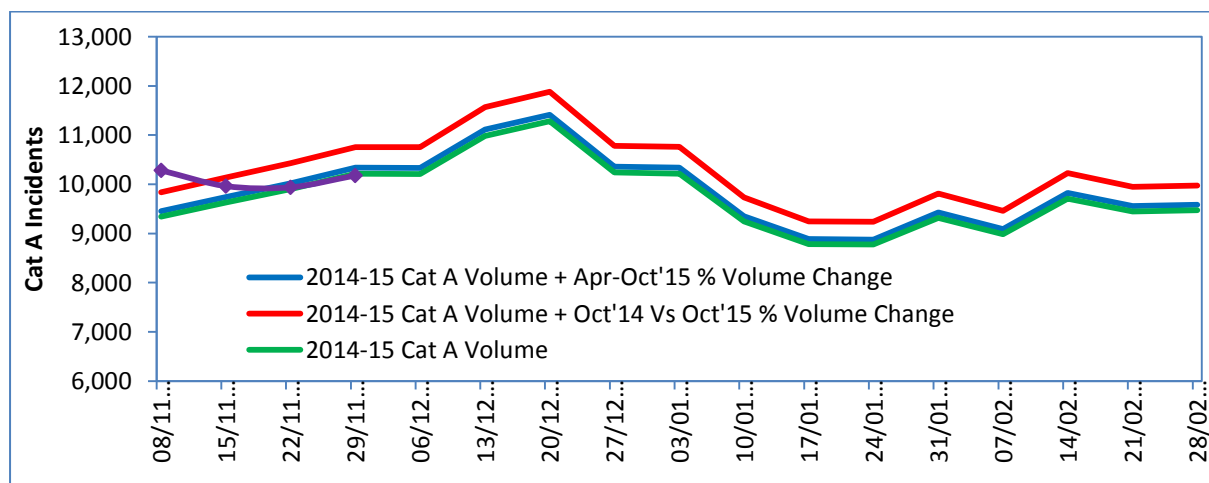


Chart 3 – Three potential 2015-16 Cat A volume scenarios with actual Cat A volume

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 16 of 22

7. Resource and Staffing Provision

LAS already operate a number of initiatives as a means of managing demand, activity and hospital capacity.

During the peak periods of anticipated activity, Intelligent Conveyance and Clinical Hub capacity will be a point of focus to ensure appropriate levels of hear and treat, see and treat and patient distribution within the hospital system are where ever possible maintained.

Current staffing levels are being reviewed on a regular basis as a means of directing resources to periods of anticipated high demand and specific staffing profiles have been developed in response to specific event plans such as New Year's Eve.

The following initiatives are being utilised as a means of providing appropriate resource levels.

Bank Staff arrangements

Availability for work of all those currently registered on the bank will be reviewed and collated and staff encouraged to maximise availability.

Emergency and Community First Responders

These teams make an important contribution to service provision and will be reviewed to ensure maximum availability. The leads of these units will be tasked to ensure there is enough equipment /stores available at their station / point of duty. These resources must be monitored by sectors in control and used accordingly and effectively.

Contracted Ambulance Providers

These services already contribute to core resource levels at the current time however the level and time of provision is being reviewed to ensure it meets projected activity requirements wherever possible.

Taxi Service Transport

The current taxi service being used to convey patients to hospital will be reviewed in case of adverse weather affecting their capability to be used.

The use of this method of transport is also being reviewed for the movement of single staff between locations.

Mutual Aid (NHS Ambulance Services)

Mutual aid planning is coordinated through the National Ambulance Coordination Centre (NACC) which feeds into NHS England and the other statutory bodies. Normal mutual aid for boundary work exists on a daily basis and will continue through the winter months.

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 17 of 22

Mutual Aid VAS

In the event of a major incident both British Red Cross and St John Ambulance will supply resources to assist with supporting core fleet response.

Training

All non-essential training has been suspended for December to ensure staff can be focused on core service delivery requirements. This includes education staff operating in ambulances as a means of supporting service delivery.

8. Leadership and Surge Management

The LAS operates with a 24 hour, 7 day a week command structure in place, with a Silver (Tactical) Officer on duty 24/7. The Trust will maintain the strategic, tactical and operational command structure, in line with LESLP / JESIP principles and the Trust major incident plan.

An Incident Delivery Manager (IDM) is on duty 24x7 days a week managing the core delivery for the LAS and as the point of contact for hospitals requesting ambulance diversions as a means of managing capacity.

Incident Management

Normal command and control procedures will apply during the winter period. A Gold (Strategic) level Officer will assume the position of Trust Strategic Commander on call and co-ordinate the Trust's actions during a major incident. The on-duty Incident Delivery Manager (IDM) will act as the Trust Silver (Tactical) Commander and will be based at Waterloo HQ or Devon's Road, Bow. If required, the on-call Silver (Tactical) Manager will be recalled to take over the command of specific incidents allowing the IDM to return to managing business as usual.

Surge Management Plan

The purpose of the Surge Management Plan is to provide a framework in which the activities of Control Services may respond in periods of high demand.

Implementation of this plan will release additional vehicles from normal operational duties and allow demand to be managed in a manner which continues to enable the sickest patients to be responded to in the quickest way and provides the safest possible management of all patients.

This plan is predominantly applicable to the activities of Control Services (CS) and therefore, directly relates to the EOC, clinical hub, intelligent conveyance and the Emergency Bed Service.

Each section of the policy identifies the key areas of working which are altered or affected by the various levels of the Surge Plan. Specific detail, especially regarding how the intent is achieved operationally, is contained within the Action Cards attached as appendices to this policy. The level of surge activity will be reviewed monthly by EMT.

This policy is used to meet surge demand presented during the year. All decisions made during a surge management conference call are recorded at the time of invoking the matrix level; for reference at any time in the future.

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 18 of 22

There are a number of factors that can affect the ability of the LAS to deliver its core function and maintain performance standards.

This can be due to an increase in demand, through external factors such as cold or hot weather, infectious disease outbreak or pandemic and public events. In contrast to this there are other factors that can decrease the capacity of the Ambulance Service to deliver its function such as large numbers of staff absenteeism, vehicle fleet issues or deep snow.

The overall impact of either (or both) increased demand and reduced capacity is commonly identified as 'over capacity', and there is an acceptance that this can occur at any time of the year.

To support these triggers each service has developed a series of specific actions associated with each level of the six triggers of pressure.

These actions have been designed in such a way as to ensure standards of Health and Safety compliance within our governance framework are not compromised.

London Ambulance Service Capacity Plan (incorporating REAP)

The purpose of this document is to provide the LAS with a structured response to over capacity. It details the national Resourcing Escalatory Action Plan (REAP) and associated escalation triggers, and provides a list of remedial actions that can be taken to minimise the impact on core services.

It is the intention of the LAS to maintain a high level of patient care within national patient waiting time standards (response times) to the communities of London.

During periods of overcapacity the LAS will consider a variety of options throughout the whole organisation that are considered most suitable to deal with the situation.

These options should not in any way compromise either the individual's or the Trust's statutory responsibilities towards Health and Safety (such as those detailed in the Health and Safety at Work Act, 1974).

This plan is reviewed on a regular basis in line with the surge plan forecasting service delivery based on previous core delivery history. The REAP levels are communicated locally at station level and in each LAS building or office so non-operational staff are also informed.

This escalation process is complemented by a 24x7 director or deputy director operating as Gold who is actively involved in real time surge management planning through an internal control services surge management actions plan designed to react decisively to real time pressures. Appropriate escalations via NHS England NHS01 route is used to enable the wider system to support actions in this plan.

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 19 of 22

Appendix 1

Adverse Winter Weather Actions

Level	Action	
1	Review and update plan as necessary	
	Local liaison for winter prep i.e. Local Authority	
	Ensure your vehicles have winter tyres fitted	
	Ensure appropriate vehicles have snow socks	
	Grit and Shovels	
	Update Staff Contact lists	
	Check and restock spare uniform/ sundries stock	
	Prepare local communications with the communications department	
	Make suitable appropriate arrangements for assisting staff to attend work and advise staff of these measures	
	Area 4x4 vehicle prepped and ready to deploy	
	Regularly check and maintain bunkered fuel in line with current guidance	
	2	All Level 1 actions complete
		Area Teleconference held to warn, inform and set actions
Provide staff with information regarding forecasts		
Ensure resilience over the forecast period, filling gaps where appropriate		
Identify staff with 4x4 vehicles willing to provide transport to/from work and locations		
Ensure stations are proactively gritted ahead of forecasted period		
Liaise with local accommodation providers to advise of potential requirement		
3		All level 2 actions complete
	Invoke staff transport plans	
	Book appropriate accommodation	
	Proactively grit stations/ clear snow throughout period	
	Vehicles housed indoors at all times where available, priority given to ambulances	
	Ensure vehicles are charged/ charging when not in use	
	Identify and address any immediate issues	
	Prepare lessons identified/ debrief report for review process	

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 20 of 22

Appendix 2

Public Events occurring during peak winter period

New Year's Eve.

An annual planned event with joint LAS and St John Ambulance (SJA) public duty.

New Year's Day Parade

100,000 people are expected to view and take part in this parade which has worldwide media coverage. The SJA is the lead provider for this event.

Stadia Events

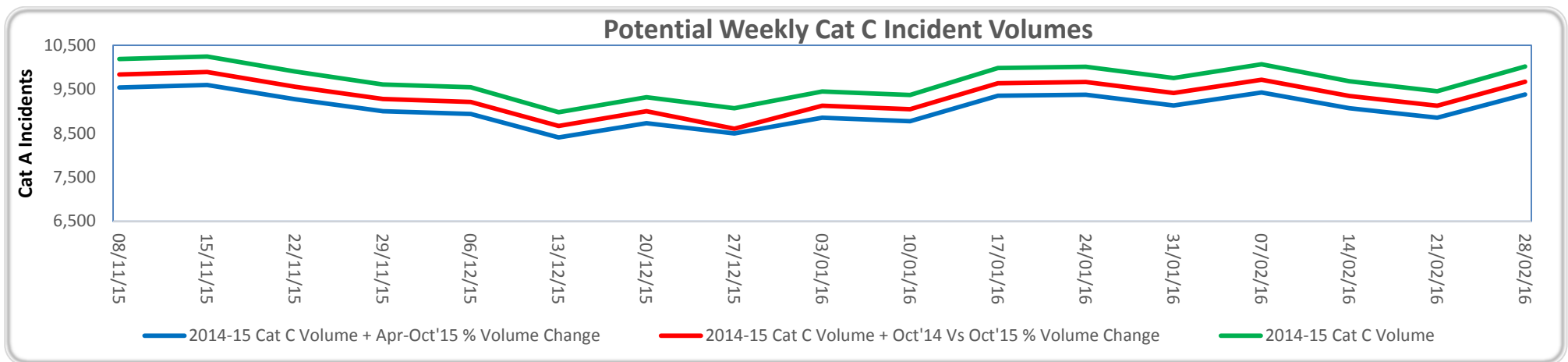
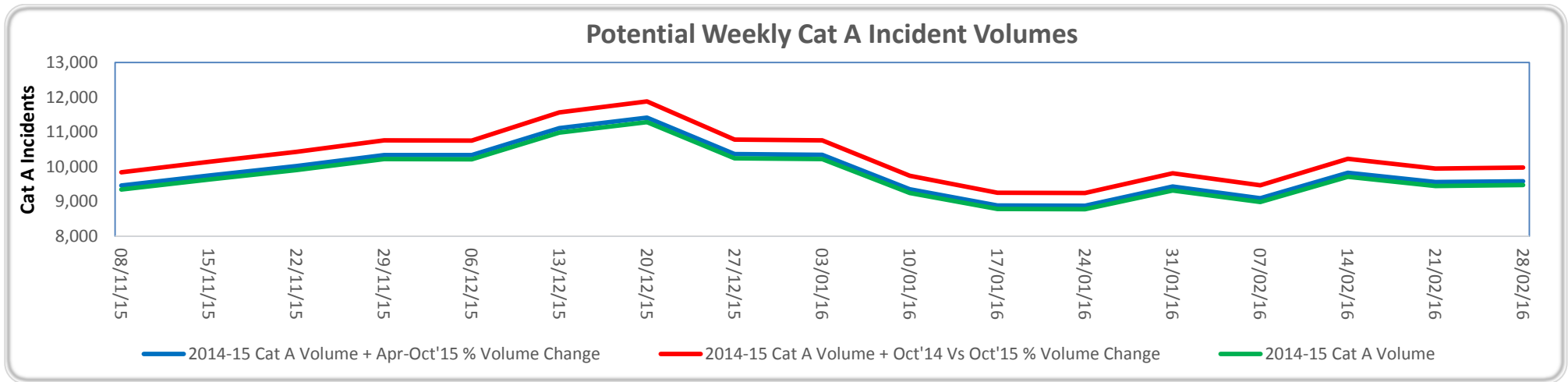
A large number of stadia events will also take place during the winter period. Officers should continue to attend the Safety Advisory Group meetings during the winter period even during REAP changes to ensure LAS expectations are managed.

On-going information about stadia can be fed into the winter planning group in particular if matches are being re categorised or cancelled etc.

Department of Emergency Planning Resilience and Response Event/Stadia List	
05-Dec	3 Stadia Events
09-Dec	1 Stadium Event
12-Dec	5 Stadia Events
13-Dec	1 Stadia Events
15-Dec	3 Stadia Events
19-Dec	2 Stadia Events
21-Dec	1 Stadia Events
26-Dec	2 Stadia Events
28-Dec	5 Stadia Events
29-Dec	1 Stadia Events
01-Jan	1 Stadia Events
02-Jan	5 Stadia Events
03-Jan	1 Stadia Events

Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 21 of 22

Appendix 3. Predicted activity across winter



Date of Issue: December 2015	Review by Date: August 2016
Authorised by: Deputy Director of Operations – Central Operations	To be reviewed by: Deputy Director of Operations – Central Operations with EPRR
Index No. GL / Win2015-2016	Page 22 of 22