



## NOT PROTECTIVELY MARKED

<b>Public Board meeting</b>		<b>29 November 2023</b>
		<b>Item 08</b>
<b>THIS PAPER IS FOR APPROVAL</b>		
<b>WINTER CONTINGENCY PLAN 2023/24 V7</b>		
<b>Lead Director Author</b>	Stephen Massetti, Director of National Operations Lynsey McCann, Business Continuity Manager	
<b>Action required</b>	The Board is asked to approve the Winter Contingency Plan 2023/24.	
<b>Key points</b>	<p>This year the Scottish Government asked all Boards to complete the Preparing for Winter 2023/24 Preparedness Checklist. The checklist focuses on the following 4 areas.</p> <ol style="list-style-type: none"><li>1. Overview of Preparedness and Business Continuity</li><li>2. Urgent and Unscheduled Health and Social Care, Planned Care</li><li>3. Primary Care, Mental Health, and Social Care</li><li>4. Health and Social Care Workforce and Staff Wellbeing</li></ol> <p>All areas of the checklist, where applicable were submitted as completed.</p> <p>Although the 7 Resilience Priorities, and in many cases the 4 Areas of Assurance are Territorial Health Board (THB) focussed, the Service rightly has an important role to play in supporting THBs and in meeting certain criteria in its own right. The Service will meet the Scottish Government intent by influencing the 7 Resilience Priorities through implementing a variety of measures as detailed in the plan. Additional measures for this year include the following.</p> <ul style="list-style-type: none"><li>• Utilisation of Protocol 46 Resources</li><li>• Integrated Clinical Hub</li><li>• Safe Transfer to Hospital – Reducing Hospital Turnaround Times</li><li>• Demand and Capacity Benefits</li><li>• Call Handling</li></ul>	

	<ul style="list-style-type: none"> <li>• Digital Patient Handover</li> </ul> <p>Regional Management Teams continue to engage with Local Health Boards and NHS 24 to ensure the Service is integrated in winter planning.</p> <p>Maintaining and supporting the health, safety and wellbeing of our workforce is crucial throughout the winter period. The three priority areas are:</p> <ul style="list-style-type: none"> <li>• Flu Vaccination</li> <li>• COVID Vaccination</li> <li>• Refreshments (when delayed at hospital)</li> </ul> <p>The locations of the Service's Mobile Vaccination Teams will be advertised in addition to ensuring staff are aware of how to access their Health Board vaccination clinics for their vaccinations.</p> <p>On 11 October 2023 the Service held its annual Winter Planning Table-Top Exercise (TTX), Ex Mammoths Tusk 4. In addition to this on 6 November 2023 the Service and NHS 24 held a joint Winter TTX.</p>
<b>Timing</b>	This paper is for approval at the November 2023 Board meeting.
<b>Associated Corporate Risk Identification</b>	Risk ID 4638 - Hospital Handover Delays Risk ID 4636 - Health and wellbeing of staff affected
<b>Link to Corporate Ambitions</b>	<p>This paper relates to:</p> <p>We will</p> <ul style="list-style-type: none"> <li>• Work collaboratively with citizens and our partners to create healthier and safer communities.</li> <li>• Innovate to continuously improve our care and enhance the resilience and sustainability of our services.</li> <li>• Provide the people of Scotland with compassionate, safe, and effective care when and where they need it.</li> </ul>
<b>Link to NHS Scotland's Quality Ambitions</b>	<ul style="list-style-type: none"> <li>• Safe</li> <li>• Effective</li> <li>• Person Centred</li> </ul>
<b>Benefit to Patients</b>	By implementing this plan, it is the intention of the Service to continue to deliver a high level of patient care for the population of Scotland during the winter period.

<b>Equality and Diversity</b>	No change to EQIA. Potential impact to protected characteristics, Age and Disability. There is a potential for older or disabled people to be affected when the Service needs to free up capacity to ensure we are able to provide core A&E cover during winter period by reducing or cancelling PTS journeys. The REAP Plan ensures that processes are in place which allow proportionate actions to be taken in order to respond appropriately to increases in demand and other pressures associated with winter. Decisions are based on clinical prioritisation.
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## **SCOTTISH AMBULANCE SERVICE BOARD**

## **WINTER CONTINGENCY PLAN V7**

**STEPHEN MASSETTI, DIRECTOR OF NATIONAL OPERATIONS**  
**LYNSEY McCANN, BUSINESS CONTINUITY MANAGER**

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### **SECTION 1: PURPOSE**

This paper is intended to update the Board on the Winter Contingency Plan 2023/24.

### **SECTION 2: RECOMMENDATIONS**

The Board is asked to approve the Winter Contingency Plan 2023/24 for implementation.

### **SECTION 3: BACKGROUND**

Each year the Service is required to produce a Winter Contingency Plan. Preparations for winter have been set out within the 7 Resilience Priority Areas Scottish Government has agreed with NHS Scotland and CoSLA, and the 4 Areas of Assurance for Preparing for Winter 2023/24 Preparedness Checklist as identified by Scottish Government.

### **SECTION 4: DISCUSSION**

This year the Scottish Government asked all Boards to complete the Preparing for Winter 2023/24 Preparedness Checklist. The checklist focuses on the following 4 areas.

1. Overview of Preparedness and Business Continuity
2. Urgent and Unscheduled Health and Social Care, Planned Care
3. Primary Care, Mental Health, and Social Care
4. Health and Social Care Workforce and Staff Wellbeing

All areas of the checklist, where applicable were completed and submitted.

Although the 7 Resilience Priorities, and in many cases the 4 Areas of Assurance are Territorial Health Board (THB) focussed, the Service rightly has an important role to play in supporting THBs and in meeting certain criteria in its own right. The Service will meet the Scottish Government intent by influencing the 7 Resilience Priorities through implementing

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a variety of measures as detailed in the plan. Additional measures for this year include the following:-

### **Utilisation of Protocol 46 Resources**

Clinically appropriate Protocol 46 demand can be directed via the Timed Admissions Hub in the Ambulance Control Centre for delivery by dedicated regional resources. This provides the opportunity to manage this demand through dedicated PTS resources and allows A&E ambulances to be directed to higher acuity calls. This development needs to be maintained to support the wider system pressures. To assess the ongoing requirements for this a recently completed Demand & Capacity review for urgent/low acuity Protocol 46 resources has indicated the number of resources required by hour of day, and by location to respond efficiently and effectively to the needs of Timed Admission patients. Funding discussions will be maintained describing the A&E cost benefit of this development and the opportunity for maximising this valuable skill base. The Service has a key role to play in providing urgent care services that avoid unnecessary ED attendance and to ensure that patients receive better value healthcare. Throughout the pandemic, the Service introduced additional capacity to safely respond and manage urgent/low acuity patients. This protected our A&E ambulance response to low acuity patients and reduce unnecessary demand on Accident & Emergency crews. If this is not maintained throughout the winter period, it will result in lengthy waits and the requirement to upgrade urgent/low acuity responses to emergencies which has the associated potential for patient harm.

### **Integrated Clinical Hub**

Through funding to support system pressures, the Service introduced further senior clinical decision making in the Ambulance Control Centre (ACC) in 2022 through augmenting the Advanced Practitioner (AP) model with General Practitioner (GP) Advisors, resulting in the formation of our Integrated Clinical Hub. The key objective of the Integrated Clinical Hub is to offer personalised clinical assessment and tailored management of patients presenting with non-immediately life-threatening conditions utilising the principles of realistic medicine.

The Integrated Clinical Hub comprises several key clinical roles designed to manage the flow of patients from point of call through to an agreed outcome which may include self-care, onward referral to another pathway or the dispatch of an emergency resource. The continuation of the Integrated Clinical Hub Model will look to review 13,000 calls per calendar month by March 2024. These calls would have traditionally resulted in a resource being deployed, whereas processing through the Integrated Clinical Hub will result in a proportion of patients being referred to other more appropriate clinical pathways or self-care rather than being responded to and potentially transported to the ED front door.

### **Safe Transfer to Hospital – Reducing Hospital Turnaround Times**

The Service will implement the Principles for Safe Transfer to Hospital: Ensuring the Timeous Handover of Ambulance Patients. This is a key safety focus for patients waiting in ambulances, the health and wellbeing of crews and for increasing ambulance availability for patients waiting in the community.

Key points:

- Patients receive the right care in the right place at the right time from the right person.
- There is a clear redirection policy and/or bypass.

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- The aim is that a patient should not queue (cohorting, holding area or ambulance) for greater than 1 hour and should be fully handed over and care transferred to the department clinical team thereafter. By August 2023, 100% of patients should be handed over within 60 minutes.
- The **long-term** aim for handover of a patient conveyed to hospital by ambulance is 15 minutes, in line with the agreed aim for all patients. This is the measurement from the date and time of arrival of the patient to the date and time of triage.
- Ambulance waiting times are a shared responsibility with agreed escalation policies.
- Local escalation action cards are being collated and will be shared with crews.

Hospital Arrival screens are in place and provide information to EDs regarding pending arrivals from the Service. In addition, the Service is encouraging both Service and ED staff to maximise the use of patient handover screens to assist in identifying areas of concern impacting on the ability to achieve handover target times. Hospital Arrival Screens also provide valuable live time intelligence to support ED patient safety and flow. All of this will be overseen by Hospital Ambulance Liaison Officers (HALOs) where appropriate and available. Achieving a reduction in turnaround times at hospital will help to release ambulance crews quicker and this will create more opportunities to create capacity and increase available resources to attend patients successfully.

## Demand and Capacity Benefits

The Demand and Capacity Programme was delivered in three phases. Phase 1 saw an increase in staffing by 148 Whole Time Equivalent (WTE). Phase 2 saw an increase in staffing by 148 WTE and Phase 3 was the final 162 WTE. The majority of the additional staffing went into providing additional Double Crewed Ambulances (DCAs). These resources were prioritised to be re-rostered first in order to better meet the demand profile and create capacity within the system. With an increase in the fleet resource of up to 52 vehicles, this was intended to support the system pressures including during the winter period. Urgent Tiers, and Rapid Response Vehicles will also help support a robust and dynamic ability to respond in a more flexible manner throughout the winter period. Additionally, with the recruitment and current planning for new Advanced Practitioners into each Region, the Demand and Capacity programme expects to see increased benefits of these posts.

## Call Handling

The Service ensure that the number of trained and available Call Handlers are maximised over the winter period. Lessons from last winter showed that recruitment delays within call handling in Q1/Q2 heavily impacted on our ability to deliver care to the expected standard across winter. Last year we were able to predict with high accuracy our winter demand however our recruitment fell late in the year which impacted our service delivery across these times. Whilst we have escalation plans in place to mitigate this, this can impact on the quality of our patient care. As such, this year we began our winter preparedness early within Q2 to allow recruitment, training, and rostering to be in place ahead of the winter peak demand. We also have a number of improvements ongoing using technology and exploring online booking options which will reduce some of our demand over peak periods, will negate the need to go into escalation, and instead allow for the full call handling process to be undertaken (rather than the curtailed process used in escalation) thereby reducing risk. Once the baseline Ambulance Control Centre budgets can be approved in line with the ORH<sup>1</sup> recommendations, we will be able to recruit sufficiently to our winter requirements to

<sup>1</sup> ORH Ltd is a consultancy on emergency service planning.

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ensure there is no overspend during the summer months and have the ability to adequately staff to requirement across our peak period.

## **Digital Patient Handover**

We will provide the ability to digitally handover ambulance requests and referrals between NHS 24 and the Service without an accompanying telephone call. Implementation for timed admission and emergency ambulance requests is expected to reduce inbound calls by approximately 180 incidents per day. For referrals to alternative care pathways, approximately 170 callers are expected to benefit from an improved patient experience when the duty of care is seamlessly transferred as they will receive a proactive response from an NHS 24 Call Handler/Clinician already informed about their condition. This will be achieved by extending the use of the processes already in operation transferring patients between the Service and other UK based ambulance services. The solution will utilise a tried and tested interface designed to manage safely and securely the transfer of patient demographics and clinical data that is common to ambulance and 111 services, removing the need for time-consuming telephone handovers.

Regional Management Teams continue to engage with Local Health Boards and NHS 24 to ensure SAS is integrated in winter planning. This allows the two way dialogue for effective collective decision making and to share challenges and update operational requirements.

Maintaining and supporting the health, safety and wellbeing of our workforce is crucial throughout the winter period. The Service will continue to encourage all its staff to be vaccinated against seasonal Flu and frontline and other eligible staff against Covid-19. The locations of the Service's Mobile Vaccination Teams will be advertised in addition to ensuring staff are aware of how to access their Health Board vaccination clinics for their vaccinations.

The Service will focus efforts on ensuring staff are able to access the support they require through regular and proactive promotion and signposting of key services and resources, working with Health Board partners to provide refreshments for crews. These services will be available during high demand periods and any subsequent handover delays. Managers will also provide visible leadership to continue to support their teams.

On 11 October 2023 the Service held its annual Winter Planning Table-Top Exercise (TTX), Ex Mammoths Tusk 4. The exercise was attended by representatives from each of the functional areas of the Service, including North, East and West Operating Regions, Ambulance Control Centres and Corporate departments. The exercise was also attended by observers from Scottish Government and NHS 24. The exercise tested the potential concurrent risks identified which might impact service delivery through the winter period.

On 6 November 2023 the Service and NHS 24 held a joint Winter TTX. The exercise was attended by ACC senior managers and managers from the 3 regional ACCs. The exercise raised awareness of each services resilience arrangements and operational processes and gave the opportunity to further develop relationships and communication channels.

## **SECTION 5: CONSULTATION**

The Winter Contingency Plan was circulated to the Senior Leadership Team for comment and was approved by the Executive Team. The Preparing for Winter 2023/24 Checklist of Winter Preparedness has been approved by the Chief Operating Officer and the Chief Executive.

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**Scottish  
Ambulance  
Service**

Working in Partnership with Universities



# **Scottish Ambulance Service**

## **Winter Planning**

**2023/24**

**Version 7.0**

**September 2023**



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## EXECUTIVE SUMMARY

1. This plan has been prepared for internal use within the Service.
2. The plan aims to provide safe and effective care for people using services and to ensure effective levels of capacity and funding are in place to meet expected activity levels. The aim of the Service's plan is to ensure that we can meet the needs of our patients while supporting our frontline clinicians and work collaboratively with key partners to optimise whole system flow. This will be achieved through the effective delivery of the aims of the Integrated Clinical Hub, through referrals and navigation to Flow Navigation Centres and other pathways of care that best meet the needs of our patients and ensuring the consistent application of the principles of the Safe Handover guidance. Closely associated with this winter plan is the Service Resource Escalatory Action Plan (REAP) and National Escalation Plan (NEP). The REAP can be activated for numerous reasons, with unexpected high demand or reduced capacity during winter being just one of them. The National Escalation Plan can effectively manage in real time, short term spikes in demand and is supported by IT systems. Implemented mitigating measures are easily tracked and aid in collaborative decision making with other areas of the Service.
3. In October 2022, the Scottish Government co-developed a set of priorities to help guide planning and delivery of services through the surge period of winter. These priorities remain key to our winter 2023/24 approach: they put people and prevention at the heart of our work and provide a focus for local systems to maintain resilient services. There are 4 areas of assurance identified by the Scottish Government within the Health and Social Care Winter 2023/24 Preparedness Checklist as being key to effective winter planning and these are the bedrock upon which the Service's Winter Plan is built. Although the 7 Resilience Priorities, and in many cases the 9 Areas of Assurance are Territorial Health Board (THB) focussed, the Service rightly has an important role to play in supporting THBs and in meeting certain criteria. The Service will meet the Scottish Government intent by influencing the 7 Resilience Priorities through the following:
  - a. Mobilising our contingency staffing arrangements to increase capacity to cope with winter demand pressures
  - b. Providing Hospital Ambulance Liaison Officers (HALOs)
  - c. Utilisation of Protocol 46 Resources
  - d. Integrated Clinical Hub
  - e. Safe Transfer to Hospital – Reducing Hospital Turnaround Times
  - f. Demand and Capacity Benefits
  - g. Call Handling
  - h. Digital Patient Handover
  - i. Work with Health Boards, IJBs and other Healthcare Providers to reduce avoidable conveyance to Emergency Departments

- j. More focused use of Patient Transport Service (PTS)
  - k. Supporting the whole system approach towards safe and effective discharging
  - l. Analysing Real Time data to permit early intervention
  - m. Maximising use of volunteers
  - n. Recruiting and educating additional staff in accordance with our demand and capacity business case to best match available resource with demand profiles
  - o. Staff Wellbeing
  - p. Logistics and Distribution
  - q. Adequate fleet provision and 4x4 vehicle deployment
  - r. Review and use of the Resource Escalatory Action Plan (REAP)
  - s. Review and use of the National Escalation Plan
  - t. Testing and exercising of functional winter plans to ensure fit for purpose including concurrent risk profile
  - u. Operational activity coordinated in a holistic consequence management approach
  - v. Effective Public and Staff Communication Plan
4. Past response to disruptive events has resulted in the Service being more agile in the application of its Command and Control arrangements to better support coordination of resources. The Service operates on a principal of subsidiarity in that the dealing of disruptive events is exercised at the lowest practicable level. The coordination and support of local activity should be at the highest level required and both principals should be mutually reinforcing. Each operating region will initiate and maintain a regional command cell which will operate at the tactical level with communication links into the strategic level. Should an unplanned increase in demand or reduced resource require an increase in REAP to be initiated the command and control function across the Service will be scaled accordingly.

## **The Scottish Ambulance Service Winter Plan**

### **Introduction**

5. This plan has been prepared for internal use within the Service.
6. The plan aims to provide safe and effective care for people using services and to ensure effective levels of capacity and funding are in place to meet expected activity levels. The aim of the Service's plan is to ensure that we can meet the needs of our patients while supporting our frontline clinicians and work collaboratively with key partners to optimise whole system flow. This will be achieved through the effective delivery of the aims of the Integrated Clinical Hub, through referrals and navigation to Flow Navigation Centres and other pathways of care that best meet the needs of our patients and ensuring the consistent application of the principles of the Safe Handover guidance. Closely associated with this winter plan is the Service Resource Escalatory Action Plan (REAP) and National Escalation Plan (NEP). The REAP can be activated for numerous reasons, with unexpected high demand or reduced capacity during winter being just one of them. The National Escalation Plan can effectively manage in real time, short term spikes in demand and is supported by IT systems. Implemented mitigating measures are easily tracked and aid in collaborative decision making with other areas of the Service.

### **The Scottish Government Plan**

#### **7. General**

Health and Social Care Partnerships play a crucial role in helping to ensure that people get the right care, at the right time, in the right place, avoiding unnecessary admissions to hospital and ensuring that, once admitted, people are discharged as soon as they are ready, contributing to better health outcomes and making best use of resources. Sustainably achieving safe and effective patient flow is critical to maintaining performance as a standard operating model across the winter period. Utilising the improved communication and leadership of the Capacity and Patient Flow Programme, including Safety Huddles, should focus on proactive discharge planning including, pre noon discharges, weekend discharges, utilisation of discharge lounge and criteria led discharge.

#### **The 7 Resilience Priorities**

In October 2022, the Scottish Government co-developed a set of priorities to help guide planning and delivery of services through the surge period of winter. These priorities remain key to our winter 2023/24 approach: they put people and prevention at the heart of our work and provide a focus for local systems to maintain resilient services. The 7 Resilience Priorities are.

- a. Where clinically appropriate, ensure people receive care at home, or as close to home as possible.

- b. Through clear and consistent messaging, we will have a strong focus on prevention and give people the information and support they need to manage their own health and care, and that of their families, better.
- c. Support delivery of health and social care services that are safe and sustainable.
- d. Maximising capacity and supporting our valuable workforce to meet demand.
- e. Protect planned care with a focus on continuing to reduce long waits.
- f. Prioritise care for the most vulnerable in our communities.
- g. Work in partnership to deliver this plan.

#### 8. **The 4 Areas of Assurance for Preparing for Winter**

There are 4 areas of assurance identified by the Scottish Government within the Health and Social Care Winter 2023/24 Preparedness Checklist as being key to effective winter planning and these are the bedrock upon which the Service's Winter Plan is built. These are summarised as:

- a. Overview of Preparedness and Business Continuity
- b. Urgent and Unscheduled Health and Social Care, Planned Care
- c. Primary Care, Mental Health and Social Care
- d. Health and Social Care Workforce and Staff Wellbeing

#### 9. **National Annual Delivery Plan**

The checklist supplements the narrative and deliverables identified in the Service's National Annual Delivery Plan which includes sustainability and resilience through winter.

#### 10. **The Scottish Ambulance Service Intent**

Although the 7 Resilience Priorities, and in many cases the 4 Areas of Assurance are Territorial Health Board (THB) focussed, the Service rightly has an important role to play in supporting THBs and in meeting certain criteria in its own right. The Service will meet the Scottish Government intent by influencing the 7 Resilience Priorities through the following:

- a. **Mobilising our contingency staffing arrangements to increase capacity to cope with winter demand pressures**

Data led demand and capacity intelligence is a critical enabler for identifying breaking points in the system and developing effective mitigation and mobilisation plans. The Service has well developed processes in place for demand and capacity modelling which is being used to predict winter demand. These models inform what additional resources are required to be mobilised to ensure there is sufficient capacity to cope with demand and to mitigate risks for patients.

**b. Providing Hospital Ambulance Liaison Officers (HALOs)**

HALOs are located at selected hospitals across Scotland. The HALO role works in partnership with colleagues from THBs to develop processes which improve patient flow which in turn support improvement in the Service's Scheduled care performance and hospital turnaround times for Accident and Emergency (A&E) Departments. The HALO posts focus on developing relationships between THBs and play a pivotal role in developing the interface between Senior Hospital site managers and the Service.

Improved liaison will allow more effective escalation planning and response, ensure safe and effective admission and discharge, improve discharge process at weekends and bank holidays and minimise the risk of delay to patients on their pathways.

**c. Utilisation of Protocol 46 Resources**

Clinically appropriate Protocol 46 demand can be directed via the Timed Admissions Hub in the Ambulance Control Centre for delivery by dedicated regional resources. This provides the opportunity to manage this demand through dedicated PTS resources and allows A&E ambulances to be directed to higher acuity calls. This development needs to be maintained to support the wider system pressures. To assess the ongoing requirements for this a recently completed Demand & Capacity review for urgent/low acuity Protocol 46 resources has indicated the number of resources required by hour of day, and by location to respond efficiently and effectively to the needs of Timed Admission patients. Funding discussions will be maintained describing the A&E cost benefit of this development and the opportunity for maximising this valuable skill base.

The Service has a key role to play in providing urgent care services that avoid unnecessary ED attendance and to ensure that patients receive better value healthcare. Throughout the pandemic, the Service introduced additional capacity to safely respond and manage urgent/low acuity patients. This protected our A&E ambulance response to low acuity patients and reduce unnecessary demand on Accident & Emergency crews. If this is not maintained throughout the winter period, it will result in lengthy waits and the requirement to upgrade urgent/low acuity responses to emergencies which has the associated potential for patient harm.

**d. Integrated Clinical Hub**

Through funding to support system pressures the Service introduced further senior clinical decision making in the Ambulance Control Centre (ACC) in 2022 through augmenting the Advanced Practitioner (AP) model with General Practitioner (GP) Advisors resulting in the formation of our Integrated Clinical Hub. The key objective of the Integrated Clinical Hub is to offer personalised clinical assessment and tailored management of patients presenting with non-immediately life-threatening conditions utilising the principles of realistic medicine. The Integrated Clinical Hub comprises several key clinical roles designed to manage the flow of patients from point of call through to an agreed outcome which may include self-care, onward referral to another pathway or the

dispatch of an emergency resource. The continuation of the Integrated Clinical Hub Model will look to review 13,000 calls per calendar month by March 2024. These calls would have traditionally resulted in a resource being deployed, whereas processing through the Integrated Clinical Hub will result in a proportion of patients being referred to other more appropriate clinical pathways or self-care rather than being delivered to the ED front door.

**e. Safe Transfer to Hospital – Reducing Hospital Turnaround Times**

The Service will implement the Principles for Safe Transfer to Hospital: Ensuring the Timeous Handover of Ambulance Patients. This is a key safety focus for patients waiting in ambulances, the health and wellbeing of crews and for increasing ambulance availability for patients waiting in the community.

Key points:

- Patients receive the right care in the right place at the right time from the right person.
- There is a clear redirection policy and/or bypass.
- The aim is that a patient should not queue (cohorting, holding area or ambulance) for greater than 1 hour and should be fully handed over and care transferred to the department clinical team thereafter. By August 2023, 100% of patients should be handed over within 60 minutes.
- The **long-term** aim for handover of a patient conveyed to hospital by ambulance is 15 minutes, in line with the agreed aim for all patients. This is the measurement from the date and time of arrival of the patient to the date and time of triage.
- Ambulance waiting times are a shared responsibility with agreed escalation policies.
- Local escalation action cards are being collated and will be shared with crews.

Hospital Arrival screens are in place and provide information to EDs regarding pending arrivals from the Service. In addition, the Service is encouraging both Service and ED staff to maximise the use of patient handover screens to assist in identifying areas of concern impacting on the ability to achieve HTAT target times. Hospital Arrival Screens also provide valuable live time intelligence to support ED patient safety and flow. All of this will be overseen by HALOs where appropriate and available. Achieving a reduction in turnaround times at hospital will help to release ambulance crews quicker and this will create more opportunities to create capacity and increase available resources to attend patients successfully.

**f. Demand and Capacity Benefits**

The Demand and Capacity Programme was delivered in three phases. Phase 1 saw an increase in staffing by 148 Whole Time Equivalent (WTE). Phase 2 saw an increase in staffing by 148 WTE and Phase 3 was the final 162 WTE. The majority of the additional staffing went into providing additional Double Crewed Ambulances (DCAs). These resources were prioritised to be re-rostered first in order to better meet the demand profile and create capacity within the system.

With an increase in the fleet resource of up to 52 vehicles, this was intended to support the system pressures including during the winter period. Urgent Tiers, and Rapid Response Vehicles will also help support a robust and dynamic ability to respond in a more flexible manner throughout the winter period. Additionally, with the recruitment and current planning for new Advanced Practitioners into each Region, the Demand and Capacity programme expects to see increased benefits of these posts.

#### **g. Call Handling**

The Service ensure that the number of trained and available Call Handlers are maximised over the winter period. Lessons from last winter showed that recruitment delays within call handling in Q1/Q2 heavily impacted on our ability to deliver care to the highest expected standard across winter. Last year we were able to predict with high accuracy our winter demand however our recruitment fell late in the year which impacted our service delivery across these times. Whilst we have escalation plans in place to mitigate this, this can impact on the quality of our patient care. As such, this year we will begin our winter preparedness early within Q2 to allow recruitment, training and rostering to be in place ahead of the winter peak demand.

We also have a number of improvements ongoing using technology and exploring online booking options which will reduce some of our demand over peak periods, will negate the need to go into escalation, and instead allow for the full call handling process to be undertaken (rather than the curtailed process used in escalation) thereby reducing risk to the patient. As quickly as the baseline Ambulance Control Centre budgets can be approved in line with the ORH<sup>1</sup> recommendations, we will be able to recruit sufficiently to our winter requirements to ensure there is no overspend during the summer months, but we have the ability to adequately staff to requirement across our peak period.

#### **h. Digital Patient Handover**

We will provide the ability to digitally handover ambulance requests and referrals between NHS 24 and the Service without an accompanying telephone call. In relation to timed admission and emergency ambulance requests this is expected to reduce inbound calls associated with approximately 180 incidents per day. For referrals to another care pathway, in the region of 170 citizens are expected to benefit from an improved patient experience when the duty of care is seamlessly transferred as they will receive a proactive response from an NHS 24 Call Handler/Clinician already informed about their condition. By extending the use of processes already handling patient transfers between the Service and other UK based ambulance services. The solution will utilise a tried and tested interface designed to safely and securely manage the sending and receiving of patient demographics and clinical data that is common to ambulance and 111 services, removing the need for time-consuming telephone handovers.

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<sup>1</sup> ORH Ltd is a consultancy on emergency service planning.



**i. Work with Health Boards, IJB's and other healthcare providers to reduce avoidable conveyance to Emergency Departments**

Through our "Call Before You Convey" and the work of our Pathways team we are looking to increase the number of patients managed out with an Emergency Department setting. This will include our work with territorial Health Boards particularly around Flow Navigation Centres, Hospital at Home and other community pathways such as Falls, Mental Health and primary care both in and out of hours. As part of the national Unscheduled Care programme, we will be working with key partners as they look to develop the target operating model for Flow Navigation Centres as part of the Specialty Delivery Group agreed approach. Flow Navigation Centres are a key element of our ability to access senior decision support and alternative pathways of care. This work is supported by our Pathways team with a particular focus on working with territorial Board partners and engaging with frontline clinicians to support education and training on the use of pathways including the application of Realistic Medicine principles.

Our Pathways Hub continues to support our frontline clinicians to navigate and connect patients to services that best meet their needs including supporting the completion of referral documentation. This includes Falls, Alcohol and Drug partnerships and Public Protection. To meet the demand of increasing numbers of calls relating to patients with social care needs we have strengthened our links with these partners and now able to refer to an increasing number of social care partners. This work will be a key focus pre-winter. The Pathways Hub reduces the burden on crews of completing paperwork and helps deliver our aims in relation to proactive and preventative care. This also releases time to care for our ambulance clinicians supporting increased ambulance availability and improved health and wellbeing.

**j. More focussed use of Patient Transport Service (PTS)**

Service regions liaise with local boards on areas such as reduction of outpatient activity to support the increased discharge rates seen in winter and in the lead up to holiday weekends.

**k. Supporting the whole system approach towards safe and effective discharging**

Close liaison with local Health Boards includes planning for discharge activity and increasing patient service resources to support planned and on the day discharges. In addition to this supporting the Timed Admission Hub with PTS suitable demand with general out patient resources where capacity permits.

**l. Analysing Real Time data to permit early intervention**

A Real Time Analyst from the Service will monitor NHS System Watch to provide live information on bed capacity. This will prompt a discussion with the appropriate HALO to identify any actions required in relation to early escalation.

**m. Maximising use of volunteers**

During periods of sustained pressure, we will maximise the use of the existing volunteer roles such as Community First Responders, Cardiac Responders & BASICS. We will continue to explore options for broadening volunteering opportunities which support service delivery, where this is sustainable and can be appropriately supported. We will also proportionately utilise existing partnership arrangements with other agencies to provide additional support.

**n. Recruiting and educating additional staff in accordance with our demand and capacity business case to best match available resource with demand profiles**

Periods of high demand will be resourced accordingly at all levels including managerial and the education and professional development department to ensure that decisions can be made at the appropriate level in a timely manner and that the potential effects of those decisions are considered and resourced appropriately.

**o. Staff Wellbeing**

Maintaining and supporting the health, safety and wellbeing of our workforce is crucial throughout the winter period. The Service will continue to encourage all its staff to be vaccinated against seasonal Flu and frontline and other eligible staff against Covid-19. The locations of the Service's Mobile Vaccination Teams will be advertised in addition to ensuring staff are aware of how to access their Health Board vaccination clinics for their vaccinations. The Service will focus efforts on ensuring staff are able to access the support they require through regular and proactive promotion and signposting of key services and resources, working with Health Board partners to provide refreshments for crews in periods of high pressure and demand and supporting managers to enable them to continue to support their teams.

**p. Logistics and Distribution**

The Service has 3 regional Logistics Hubs, servicing stations in West, East and North regions. These Hubs hold over 200 key critical consumable products used within the Service's stations / ambulances. The Hub teams provide a stock management service for the stations in their regions, with stock top-up as required (based on defined levels).

This top-up is on a scheduled basis, but there is also the ability to provide urgent stock when needed. The Hubs hold 3 months of stock against each of the stocked products, with a target service provision of 3x weeks of stock (based on usage and space constraints) in each of the stations. Where required, the hubs will increase stock holding for increased demand, faster moving products, those products that have a longer supply lead time, and when supply chain issues have been identified with respect to production and or supply. For winter we will be alive to the supply situation and utilise our logistics and distribution service to ensure products availability is not affected. Contingency measures will include moving stock around to regional Hubs to ensure stock availability and usage thereby avoiding waste, utilising alternative suppliers / distribution sources to ensure business continuity, and considering the use of alternative products

(clinically approved) when supply of a standard product fails or is insufficient for our usage demand.

**q. Adequate fleet provision and 4x4 vehicle deployment**

Deploy adequate 4x4 fleet capability including the use of specialist assets such as Specialist Operational Response Team assets, Operational Manager assets etc.

**r. Review and use of REAP**

If demand exceeds predicted levels, the Service will use its REAP to focus resource on critical activity.

**s. Review and use of the National Escalation Plan**

If demand exceeds capacity in real time, the Service will use its NEP to implement short term mitigation.

**t. Testing and exercising of functional winter plans to ensure fit for purpose including concurrent risk profile**

The Service will hold a MS Teams exercise to test winter planning arrangements. The exercise is attended by Regional Operational Managers, Ambulance Control Managers and Support Function Managers. NHS 24 and Scottish Government will also be invited to attend the exercise. The Service will also attend NHS 24s winter exercise. It is also intended that a joint Service and NHS 24 control exercise will take place.

**u. Operational activity coordinated in a holistic consequence management approach**

Operational regions when required will activate management cells to support coordination of resources during the coming winter months. It is anticipated that the concurrent risks of Winter Pressures, Increased Staff Abstractions, Adverse Weather, Power and Fuel Resilience will result in an unprecedented operating environment for the Service.

**v. Effective Public and Staff Communication Plan**

The Service has a well developed winter communications plan which will be enacted as required in response to the prevailing situation.

## **The Scottish Ambulance Service Detailed Plan**

11. The Service will address the 9 Areas of Assurance through the use of the focussed interventions outlined above. In order to achieve this, Service Regions will work closely with LRP partners and regularly liaise with their local THB to maximise the utility of HALOs and availability of ambulance resources. Detailed local plans will be formulated by regions and departments by 31 October 2023. However, depending on pressures,

elements of their plans may be implemented before that date and indeed some plans may evolve as time progresses.

## Tasks

12. **Regional Directors.** Regional Directors are asked to:
  - a. Ensure regional HALOs are achieving best effect by being deployed in the most appropriate way ensuring that their use is maximised through attendance at morning huddles and working at weekends where appropriate.
  - b. Liaise with their local THBs and hospitals to agree on PTS provision to support winter pressures, specifically for weekend, bank holiday, and morning discharges. Funding should be provided by THBs and must be agreed as part of these discussions.
  - c. Have regular dialogue with NHS Managers at multiple levels and involvement at national and local project or working groups about minimising ambulance turnaround times, capacity planning, including out of hour's provision.
  - d. Using demand and capacity analysis to forecast peak increase in demand or system pressures and create a sustainable focus by all teams at these times to ensure that the most effort creates the best improvement in turnaround and response times. This may also mean that management teams adapt working patterns to ensure resilience.
  - e. Increase staffing levels at times of historical or anticipated peak demand. Staffing levels will be identified in local winter plans. This includes events such as Hogmanay.
  - f. Focus on providing additional resource to meet expected increased demand over the festive period.
  - g. Liaise with Voluntary Aid Services such as the British Red Cross to identify additional resources at peak times.
  - h. Liaise with Local authorities and other emergency services to ensure joint working is in place. For example, local authority roads teams, Transport Scotland etc.
  - i. Encourage their staff to take advantage of the seasonal flu and Covid-19 vaccines.
13. **General Manager of NRRD.** The General Manager of NRRD is asked to:
  - a. Increase staffing levels at times of historical or anticipated peak demand. Ensure that staffing levels consider geographical variation and the requirement for specialist capabilities (i.e., Swift Water Rescue etc). Staffing levels will be identified in the departmental winter plan. This includes events such as Hogmanay.

- b. Focus on providing additional resource to meet expected increased demand over the festive period whilst ensuring there is core cover to provide Specialist Declared Capabilities in-line with the Scottish Government Service Level Agreement.
  - c. Maintain regular dialogue at a strategic level with emergency service partners, voluntary agencies and the MOD to ensure they are appraised of challenges, pinch points and any potential requests for assistance from within the regions.
  - d. Ensure that training is planned to minimise absences during periods of peak demand and during the festive period. Ensure there is an escalation process managed by the NRRD SLT to consider the impact of training cancellations versus the benefit in relation to optimisation of cover.
  - e. Ensure that the Strategic Oversight Cell is fully staffed throughout the period and that there is a clear focus from the SOM and Asst SOM on maintaining strategic overview of service provision, including both internal (availability) and external (HTAT/demand), with appropriate escalation to ensure early mitigation and reduction in clinical risk. Ensure that there are robust process' in place for the recording of decision making, and escalation to both Director/Exec level and SG reporting.
  - f. Encourage their staff to take advantage of the seasonal flu and Covid-19 vaccines.
14. **General Manager of Air Ambulance & SCOTSTAR.** The General Manager of Air Ambulance & SCOTSTAR is asked to:
- a. Have regular dialogue with NHS Managers at multiple levels and involvement at national and local project or working groups about capacity planning, including out of hour's provision.
  - b. Work with Scotland's Charity Air Ambulance (SCAA), other multi agency and Emergency Service partners to ensure planning is coherent.
  - c. Work with out reach clinicians (ScotSTAR) to support rural and remote patients.
  - d. Increase staffing levels at times of historical or anticipated peak demand. Staffing levels will be identified in local winter plans.
  - e. Work with air ambulance supplier, airport authorities and SAR to ensure appropriate business continuity plans are in place such as de-icing, airport/helicopter landing sites are available etc.
  - f. Encourage their staff to take advantage of the seasonal flu and Covid-19 vaccines.
15. **General Manager of ACC.** The General Manager of ACC is asked to:
- a. Continue the ongoing use of the Timed Admissions Hub ensuring that the patient is directed along the most appropriate clinical pathway and that, for low acuity patients, most appropriate conveyance resource is dispatched.

- b. Using demand and capacity analysis to forecast peak increase in demand or system pressures and create a sustainable focus by all teams at these times to ensure that the most effort creates the best improvement in turnaround and response times. This may also mean that management teams adapt working patterns to ensure resilience.
- c. Deliver a forecast that ensures recruitment and rosters are aligned to seasonal demand taking into account up to date intelligence to inform the distribution of staff to the right place. This includes working with NHS 24 and Police Scotland contact/control centres to understand the impacts of increased demand across emergency service and healthcare partners.
- d. During periods of high demand, maximum use is made of Community First Responders (including utilisation of the ARD).
- e. Proactively implement escalation procedures that ensure calls are answered in a timely manner and to pre-plan escalation based on an interval level forecast where possible.
- f. Ensure joint work is undertaken with agreed buddy sites and other UK Services so disruption to other healthcare providers is minimal.
- g. Encourage their staff to take advantage of the seasonal flu and Covid-19 vaccines.

16. **General Manager of the Integrated Clinical Hub.** The General Manager of the Integrated Clinical hub is asked to:

- a. Deliver the Integrated Clinical Hub concept in time for the winter period in order to review 13,000 calls per calendar month by March 2024.

17. **Director of Finance.** The Director of Finance is asked to:

- a. Implement a process and provide Service wide direction for the capture of all activity conducted under the Winter Plan, so that it can be properly costed, and financial reports can be provided to the Scottish Government as required.
- b. Support Operations through the adequate provision of ICT, fleet and procurement i.e., equipment and consumables over the winter period.
- c. Encourage their staff to take advantage of the seasonal flu and Covid-19 vaccines.

18. **Head of Corporate Affairs and Engagement.** The Head of Corporate Affairs and Engagement is asked to:

- a. Coordinate the communication of Winter Planning advice both internally and externally by utilising the Scottish Governments 'Get Ready for winter' Campaign.

- b. Coordinate the communication of Winter Planning advice both internally and externally by utilising social media and work with NHS 24 to ensure consistent messaging.
- c. Coordinate the activation of the Service Comms Plan relating to relevant pressures.
- d. Encourage their staff to take advantage of the seasonal flu and Covid-19 vaccines.

## **Coordination**

### **19. Timings**

**22 August 2023** - Scottish Government Winter Summit Event.

**20 September** – Winter Contingency Plan updated to Senior Leadership Team

**11 October 2023** - Service National Winter Planning Tabletop Exercise Mammoths Tusk 4.

**29 November 2023** – Winter Contingency Plan tabled at the Service's Board.

### **20. Command and Control**

Past response to disruptive events has resulted in the Service being more agile in the application of its Command and Control arrangements to better support coordination of resources. The Service operates on a principal of subsidiarity in that the dealing of disruptive events is exercised at the lowest practicable level. The coordination and support of local activity should be at the highest level required and both principals should be mutually reinforcing. Each operating region will initiate and maintain a regional command cell which will operate at the tactical level with communication links into the strategic level. Should an unplanned increase in demand or reduced resource require an increase in REAP to be initiated the command and control function across the service will be scaled accordingly.

### **21. Review and Lessons Learned**

Winter 2022/23 posed significant challenges for the Service, due to the concurrent risks of Winter Pressures, COVID-19 and Seasonal Flu. The learning from winter 2022/23 was used to inform this year's planning process to ensure that we can plan to manage concurrent risks going forward. Post winter 2023/24 a structured debrief session will be held to capture what went well and what could be improved throughout the Service. The lessons learnt from this structured debrief will be used by Regions and Departments when reviewing future contingency plans including winter plans.

### **22. Funding**

There is recognition that there will be a requirement to mobilise additional resources due to delays in hospital handover and turnarounds which will still be challenging. The Service will continue to plan this however without additional funding there may be a requirement to scale this back.