Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

Public Board meeting **25 November 2026**
Item 16

THIS PAPER IS FOR NOTING

WINTER CONTINGENCY PLAN 2026/27 V10

Lead Director **Author**	Paul Bassett, Chief Operating Officer, Deputy Chief Executive Lynsey Grant, Business Continuity Manager
Action required	The Board is asked to **note** the Winter Contingency Plan 2026/27.
Key points	In October 2026, the Scottish Government issued Health and Social Care - Surge Preparedness: National Planning Priorities and Principles. The plan sets out a consistent, approach to preparedness, resilience, surge and winter planning across Scotland's health and social care system, establishing principles, priorities and expectations to support systems in strengthening resilience and maintaining safe, person-centred care. Understanding the nature, causes and impact of surge is fundamental to effective preparedness and resilience planning. Early identification of emerging pressures enables local systems to take proactive action, protect access to care and minimise disruption to services. While winter remains the most predictable period of sustained pressure, surges in demand can occur at any time of year and may affect individual services, organisations, local systems, regions or the whole of Scotland. The national priorities establish the values and behaviours that should underpin preparedness, resilience, surge and winter planning across Scotland's health and social care system. The principles are intended to support a person centred, preventative and sustainable approach to preparedness that recognises the interdependence of services across health, social care and communities. They should inform governance, planning, prioritisation and decision-making at all levels of the system. These are: 1. **Person centred and person led care**. 2. **Leadership, partnership working and shared accountability.** 3. **Continuous improvement, preparedness and organisational learning.** 4. **Value based health and care.**

	Supporting these planning principles are six national priorities. The priorities provide a focus on improving outcomes, reducing inequalities, strengthening resilience and ensuring people receive the right care, in the right place, at the right time, they should be embedded within local planning, delivery and improvement arrangements and implemented in a way that reflects local needs, circumstances and risks. These are: 1. **Prioritise people most at risk.** 2. **Prevention and early intervention.** 3. **Support public understanding and access to care.** 4. **Right care, right place, right time.** 5. **Maximise capacity, flow and system resilience.** 6. **Strengthen workforce, carer and community resilience.** The shift in focus from seasonal planning to year-round surge preparedness, recognising that system pressures arise throughout the year. This approach has been the focus of SAS planning over the years with the utilisation of REAP as a Capacity Management and Consequence Management Plan. Although the 4 planning principles and 6 national priorities, 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 6 national priorities through the following: • **Providing Hospital Ambulance Liaison Officers (HALOs)** • **Integrated Clinical Hub** • **Safe Transfer to Hospital – Reducing Hospital Turnaround Times** • **Call Handling**
Timing	Discussed at the October Board Development session, approved by the Resilience Committee, submitted to the Scottish Government and presented for noting at the November 2026 Board meeting.
Associated Corporate Risk Identification	This aligns to Corporate Risk 4105, Delays to hospital handovers.
Link to Corporate Ambitions	This paper relates to: We will • Work collaboratively with citizens and our partners to create healthier and safer communities.

	• Innovate to continuously improve our care and enhance the resilience and sustainability of our services. • Provide the people of Scotland with compassionate, safe, and effective care when and where they need it.
Link to NHS Scotland's Quality Ambitions	• Safe • Effective • Person Centred
Benefit to Patients	By implementing this plan it is the intention of the Scottish Ambulance service to continue to deliver a high level of patient care for the population of Scotland during the winter period.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	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.

Scottish Ambulance Service

Working in Partnership with Universities

Scottish Ambulance Service

Winter Planning

2026/27

Version 10.0

November 2026

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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 utilising the range of alternative pathways available to the Service including access to Flow Navigation Centres and community pathways and use of the SAS Pathways Hub to ensure we 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.

   In October 2026, the Scottish Government issued Health and Social Care - Surge Preparedness: National Planning Priorities and Principles. The plan sets out a consistent, approach to preparedness, resilience, surge and winter planning across Scotland's health and social care system, establishing principles, priorities and expectations to support systems in strengthening resilience and maintaining safe, person-centred care. Understanding the nature, causes and impact of surge is fundamental to effective preparedness and resilience planning. Early identification of emerging pressures enables local systems to take proactive action, protect access to care and minimise disruption to services. While winter remains the most predictable period of sustained pressure, surges in demand can occur at any time of year and may affect individual services, organisations, local systems, regions or the whole of Scotland. The national priorities establish the values and behaviours that should underpin preparedness, resilience, surge and winter planning across Scotland's health and social care system. The principles are intended to support a person centred, preventative and sustainable approach to preparedness that recognises the interdependence of services across health, social care and communities. They should inform governance, planning, prioritisation and decision-making at all levels of the system. Supporting these planning principles are six national priorities. The priorities provide a focus on improving outcomes, reducing inequalities, strengthening resilience and ensuring people receive the right care, in the right place, at the right time, they should be embedded within local planning, delivery and improvement arrangements and implemented in a way that reflects local needs, circumstances and risks. Although the 4 planning principles and 6 national priorities, 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 6 national 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. Call Handling

g. Work with Health Boards, IJBs and other Healthcare Providers to reduce avoidable conveyance to Emergency Departments

h. More focused use of Patient Transport Service (PTS)

i. Supporting the whole system approach towards safe and effective discharging

j. Maximising use of volunteers

k. Staff Wellbeing

l. Logistics and Distribution

m. Adequate fleet provision and 4x4 vehicle deployment

n. Review and use of the Resource Escalatory Action Plan (REAP)

o. Review and use of the National Escalation Plan

p. Review and use of the Call Escalation Plan

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

r. Operational activity coordinated in a holistic consequence management approach

s. Effective Public and Staff Communication Plan

3. 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

4. This plan has been prepared for internal use within the Service.

5. 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 utilising the range of alternative pathways available to the Service including access to Flow Navigation Centres and community pathways and use of the SAS Pathways Hub to ensure we 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

6. **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. Actions driven by the Whole System Oversight and Planning Group such as the Delayed Discharge and Hospital Occupancy Plan have been embedded and built upon by the new Joint Mission to Reduce Delayed Discharges.

7. **The 4 Planning Principles and 6 National Priorities**

In October 2026, the Scottish Government issued Health and Social Care - Surge Preparedness: National Planning Priorities and Principles. The plan sets out a consistent, approach to preparedness, resilience, surge and winter planning across Scotland's health and social care system, establishing principles, priorities and expectations to support systems in strengthening resilience and maintaining safe, person-centred care. Understanding the nature, causes and impact of surge is fundamental to effective preparedness and resilience planning. Early identification of emerging pressures enables local systems to take proactive action, protect access to care and minimise disruption to services. While winter remains the most predictable period of sustained pressure, surges in demand can occur at any time of year and may

affect individual services, organisations, local systems, regions or the whole of Scotland. The national priorities establish the values and behaviours that should underpin preparedness, resilience, surge and winter planning across Scotland's health and social care system. The principles are intended to support a person centred, preventative and sustainable approach to preparedness that recognises the interdependence of services across health, social care and communities. They should inform governance, planning, prioritisation and decision-making at all levels of the system. These are:

1. **Person centred and person led care**. People should be at the centre of decisions affecting their health, care and wellbeing. Services should support dignity, independence, choice, recovery and equitable access to care.

2. **Leadership, partnership working and shared accountability.** Strong leadership and effective partnership working across health and social care are essential to maintaining resilience, improving outcomes and delivering coordinated response during periods of pressure.

3. **Continuous improvement, preparedness and organisational learning.** Planning should be informed by evidence, data, operational experience and learning to strengthen preparedness and resilience. Arrangements should be regularly reviewed, tested and improved.

4. **Value based health and care.** Decision making should focus on improving outcomes that matter most to people, while ensuring resources are used effectively, sustainably and equitably.

Supporting these planning principles are six national priorities. The priorities provide a focus on improving outcomes, reducing inequalities, strengthening resilience and ensuring people receive the right care, in the right place, at the right time, they should be embedded within local planning, delivery and improvement arrangements and implemented in a way that reflects local needs, circumstances and risks. These are:

1. **Prioritise people most at risk.** Identify and support people at greatest risk of deterioration, hospital admission or delayed discharge through proactive, person-centred and placed-based approaches. Enabling people who are most at risk to live well with the support they require and ensuring safe, person-centred care through integrated, placed-based planning.

2. **Prevention and early intervention.** Reduce avoidable deterioration, crisis and admission through anticipatory care, future care planning, vaccination, primary care and community-based support.

3. **Support public understanding and access to care.** Help people access the right care, in the right place, at the right time through clear communications, effective navigation and awareness of available services.

4. **Right care, right place, right time.** Embed Home First approaches and maximise care delivered at home, or as close to home as possible, through community-based alternatives to admission.

5. **Maximise capacity, flow and system resilience.** Improve flow, reduce delayed discharge, strengthen operational intelligence and maintain access to planned and time-critical care during periods of pressure.

6. **Strengthen workforce, carer and community resilience.** Support workforce wellbeing, sustainability and resilience while recognising the essential contribution to unpaid carers, social care providers, community organisations and the third sector.

8. The Scottish Ambulance Service Intent

Although the 4 planning principles and 6 national priorities, 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 6 national 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 and we look to establish a live time dashboard so pressure is visible and aids decision making. The Business Intelligence function provides specific modelling for winter based on previous demand and ongoing trends for both call demand and how these translate into incidents. We also monitor major indicators which might affect demand such as seasonal flu.

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.

SAS have been working with the QEUH to develop and implement a new approach to supporting hospital flow through the development of a SAS transport hub. Staffed by SAS the transport hub coordinates, manages and arranges relay of patients to/from hospital departments/wards, with a focus on streamlining patient flow and reducing waiting times and coordinating the discharge of

patients, utilising dedicated PTS resources to achieve maximum efficiency. The QEUH transport hub went live on the 1st October 2025. With the agreed aim to:

- Create early movement and capacity for the site and streamline patient flow
- Enable early discharges from the wards
- Rapid Transfer of patients to offsite beds
- Reduce A&E delays – improve turnaround times
- Maximising the utilisation of SAS resources
- Increase capacity on core PTS fleet
- Reduce private ambulance usage
- Improve staff wellbeing
- Continue collaborative working with the health board

Since go live on the 1st October 2025 the benefits seen are:

- Excellent engagement from the wards
- Earlier bookings for transport, so creates capacity earlier in the day
- Increased Utilisation of all PTS crews
- Timeously discharges
- Reduction in cancelation/aborts
- No hand backs of transport requests
- Improved efficiency with the reduction in use of private ambulances

Given the success of this, SAS is aiming to roll this model out across Scotland. The focus specifically is on NHS Grampian, NHS Lanarkshire and NHS Ayrshire and Arran.

This estimated initial 12 month programme of work will focus on:

- Ensuring the flagship QEUH hub is working as effectively as it can be and is sustainable in the longer term
- Working with HALO's and local management teams (HB and SAS) across the country to roll out this model - focusing first on Ayrshire, Grampian and Lanarkshire, who have all expressed an interest to do this as quickly as possible
- Working with CFSD and other improvement networks across Scotland to ensure this SAS initiative is fully supported nationally
- Working with Health Boards and SAS to consider what a future collaborative hospital flow model could look like

c. Utilisation of Protocol 46 Resources

Clinically appropriate Protocol 46 demand can be directed via the Timed Admissions dispatchers in the Ambulance Control Centre for delivery by scheduled care resources. Managing this demand through scheduled care resources allows A&E ambulances to be directed to higher acuity calls. This protects our A&E ambulance response to High acuity patients and reduces unnecessary demand on Accident & Emergency crews. While shift optimisation following a review of scheduled care demand and capacity will take

place over a number of months aligned to the reduction in working week, the modelling is being used to support prioritisation of resources to support timed admission and discharge activity.

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 Clinical Advisor (CA) and 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 work towards achieving the SAS aim of 26% of all calls closed at point of consultation per calendar month. These calls would have traditionally resulted in a resource being deployed, whereas processing through the ICH 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.

This will be done by ensuring we capture as many 999 and NHS24 patients within the ICH by undertaking a clinical assessment rather than automatic ambulance dispatch in order to better understand patient needs and the most appropriate outcomes available. An additional winter funding request has been submitted to Scottish Government which outlines that this additional capacity could save anywhere between 909 to 4,366 Emergency Department attendances nationally.

e. Safe Transfer to Hospital – Reducing Hospital Turnaround Times

The Service continues to experience periods of delays in handling over patients at hospitals across Scotland. However, continue to drive improvement through the work of the SAS National Improving Hospital Turn Around Times workstream. This is a key safety focus for patients waiting in ambulances, the health and wellbeing of crews and for ensuring ambulance availability to respond to our patients within the community.

SAS continue to work collaboratively to firstly make improvement to whole system flow to reduce the risk of ambulance stacking and secondly to mitigate risks occurring as a direct result of stacking. Improvement work is aligned to:

- ‘Principles for Safe Transfer to Hospital’ Guidance issued to Board Chief Executives by NHS Scottland COO in April 2023.

- Operational Priorities letter dated 13th July 2026 from Christine McLaughlin NHS Scotland COO and Deputy Chief Executive to all Board Chief Executives which under ‘Improve flow and performance in unscheduled care’ highlights ‘Performance will be assessed against the four -hour A&E

Standard and supporting indicators, including hospital occupancy levels (with an ambition to reduce these to 85% or below). delayed discharge, average length of stay, ambulance turnaround times (with a maximum of 45 minutes), the expansion and embedding of frailty services and development and embedding of a mental health distress blueprint for support and services.

Key points:

- Patients receive the right care in the right place at the right time from the right person.
- Utilising Flow Navigation Centres, SAS Pathways Hub to ensure patients access appropriate care.
- 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 45 mins.
- 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 through the use of OPEL models..
- 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.

Additional mitigations in place across the problematic hospital sites include:

- Expamsion of Hospital Ambulance Liaison Officers (HALO's).
- Increased leadership capacity at hospital sites.
- Introduction of Transport Hubs at key sites along with SAS dedicated discharge resources.
- Additional resource to enable 'cohorting' of patients to allow timely change over of crews at end of shift to avoid staff fatigue and compensatory rest.
- Introduction of single Technician response resources at some locations to enhance ability to further triage lower acuity patients within the community who are waiting for an ambulance response

f. Call Handling

The Service will ensure that the number of trained and available Call Handlers are maximised over the winter period. Teams will continue to use demand forecasting on a weekly basis to align staffing to best effect. During periods of peak demand call escalation plans are in place to maximise call handler availability, whilst minimising the risk to patients. A recruitment and training programme has been ongoing since June 2025 to increase the number of Call Handlers within ACC so that there are sufficient numbers for the winter pressures period. This programme is delivering to plan but the process is lengthy with 999 Call Handlers first having to be trained within Health Care Professional calls before receiving additional training for 999 and as demand is higher than expected for the time of year additional intakes are being planned for.

g. 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 continue to expand the range of alternative pathways that the Service has access to with an increase in the number of patients managed out with an Emergency Department setting. We continue to be engaged with all territorial health boards with the aim of optimising flow through Flow Navigation Centres, Hospital at Home and other community pathways such as Falls, Mental Health and primary care both in and out of hours. Flow Navigation Centres remain a key element of our ability to access senior decision support and alternative pathways of care including primary care in and out of hours. 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. This includes Falls, Alcohol, Drugs and Mental Health partnerships and third sector referrals all as part of our preventative and proactive alternative pathways workstreams. Our Pathways Hub also releases time to care for our ambulance clinicians supporting increased ambulance availability and improved health and wellbeing.

Paramedics are now embedded in a number of FNCs, including Lothian, Lanarkshire and Glasgow where they are part of a wider team supporting decision support and pathway navigation.

Regions are fully engaged with the sub national planning structures. The East and West Region is working on a number of workstreams focused on improvements for this winter including 0-72 hours and Discharge Without Delay.

The North are proposing to provide additional leadership / HALO capacity around ARI, Dr. Gray's and Raigmore hospital sites and also Technician Response Car resource at both Aberdeen and Elgin to support frontline response, potential accessing of alternative pathways and avoiding unnecessary hospital admission. (However, these will be dependent on successful financial bids out with region and SG)

The West are providing additional HALO capacity across all Emergency Departments providing 7 day cover along with ensuring that all Emergency Departments have an area to cohort patients with an Ambulance Service leadership presence to reduce turnaround delays.

h. 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.

i. 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 dispatchers to effectively meet PTS suitable demand with general outpatient resources where capacity permits.

j. 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.

k. Maximising use of volunteers

During periods of sustained pressure, we will seek to maximise the use of our existing volunteers in their core roles, for which they are already trained and equipment, including Community First Responders, Cardiac Responders and BASICS. Whilst we will in extremis explore additional options for volunteering opportunities which support service delivery, this will be dependent on whether such initiatives can be appropriately equipped, trained and supported within appropriate timescales We will maintain strong partnership arrangements with other agencies to potentially provide additional support, subject to their organisational capacity and our organisational ability to support any new initiatives.

l. 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, 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.

m. Logistics and Distribution

The Service operates three regional Logistics Hubs supporting stations across the West, East and North regions.

The Hubs hold and distribute key consumable products used across the Service and provide a managed stock replenishment service to stations based on agreed stock levels and anticipated demand. Scheduled deliveries are supplemented by the ability to respond to urgent stock requirements where required.

As a standard requirement, the Logistics Hubs aim to hold approximately three months (90 days) of stock against each stocked product, where applicable, with a target service provision of three weeks of stock at stations, based on usage and available storage capacity. Stockholding levels will take account of product criticality, usage, supply lead times and identified supply-chain risks. During periods of increased demand, or where potential disruption to manufacture or supply is identified, stock levels and distribution arrangements will be reviewed and adjusted as appropriate.

Throughout the winter period, Procurement and Logistics will maintain oversight of supply-chain risks affecting key products and take appropriate action to support continuity of supply.

The regional Logistics Hub model supports the consolidation and active management of stock across the Service. Contingency measures may include redistribution of stock between regional Hubs and stations, adjustment of stockholding levels, use of alternative approved sources of supply and, where necessary, consideration of clinically approved alternative products. These arrangements enable stock to be redirected in response to operational need while supporting continuity of supply and the efficient use of available stock.

To strengthen workforce resilience, the Service is developing a Logistics Bank of staff who have expressed an interest in providing additional logistics support when existing resources are stretched. This will provide an additional contingency resource that can be called upon during periods of increased demand, staff absence or other operational pressures, helping to maintain essential logistics and distribution activity. Deployment will be based on operational requirements, the suitability of staff to undertake the activities required and appropriate governance approval.

As part of the Service's wider approach to the effective and sustainable use of resources, work at Inchinnan is ongoing to identify opportunities for suitable products and materials to be recovered, reused, recycled or otherwise appropriately managed rather than unnecessarily disposed of. This work will consider opportunities to return suitable items into use across the Service, where appropriate, alongside improved recycling and waste reduction. The initiative complements the regional Logistics Hub model and supports a more efficient and sustainable approach to the management of products and materials across the Service.

n. Adequate fleet provision and 4x4 vehicle deployment

Deploy available 4x4 fleet capability including the use of specialist assets such as Specialist Operational Response Team assets, Operational Manager assets etc. The Service also has a tyre policy where Winter / Cross Climate tyres are fitted as replacements on all vehicles.

o. Review and use of REAP

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

p. 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.

q. Review and use of the Call Escalation Plan

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

r. 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, Integrated Clinical Hub and Support Function Managers. NHS 24 will also be invited to attend the exercise.

A joint exercise with NHS24 and ACCs has also been held

s. 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

t. 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

9. 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 2025. However, depending on pressures, elements of their plans may be implemented before that date and indeed some plans may evolve as time progresses.

Tasks

10. **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. Dedicated discharge resources will be provided as part of the transport hub workstreams at participating hospital sites.

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 historically informed 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 Local authorities and other emergency services to ensure joint working is in place. For example, local authority roads teams, Transport Scotland etc.

h. Encourage their staff to take advantage of the seasonal flu vaccines.

11. **General Manager of NRRD**. The General Manager of NRRD is asked to:

a. Seek to maximise staffing levels at times of historical or anticipated peak demand through the alignment of relief and/or the reallocation of staff from training. 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 where funding exists, 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 abstractions 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 vaccines.

12. **General Manager of SCOTSTAR** The General Manager of SCOTSTAR is asked to:

a. Maintain 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 outreach clinicians (ScotSTAR) to support rural and remote patients.

d. Increase staffing levels at times of historically informed 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 vaccines.

13. **General Manager of ACC**. The General Manager of ACC is asked to:

a. Continue the ongoing use of the Timed Admissions resources 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 NHS24 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 and BASICS 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. Encourage their staff to take advantage of the seasonal flu vaccines.

14. **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 work towards achieving the SAS aim of 26% closed at point of consultation per calendar month.

b. Balance safety netting with pre-dispatch assessments operationally in order to interact with as many patients as possible.

c. Encourage their staff to take advantage of the seasonal flu vaccines.

15. **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 vaccines.

16. **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 ‘Ready Scotland’ Campaign.

b. Coordinate the communication of Winter Planning advice both internally and externally by utilising social media and work with NHS24 and other Health Boards 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 vaccines.

Coordination

17. **Timings**

23 September 2026 – Service National Winter Planning Tabletop Exercise Mammoths Tusk 7.

27 October 2026 – Joint SAS & NHS24 Winter Planning Tabletop Exercise White Sentinel.

28 October 2026 - Winter Preparedness tabled at Board Development Session

25 November 2026 – Winter Contingency Plan tabled at SAS Board

18. **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.

19. **Review and Lessons Learned**

Winter 2025/26 posed significant challenges for the Service, due to the concurrent risks of Winter Pressures, COVID-19 and Seasonal Flu. The learning from winter 2025/26 was used to inform this year's planning process to ensure that we can plan to manage concurrent risks going forward. Insights from internal winter feedback was also used to shape staff-led improvements to the staff and patient welfare framework, while promoting collaborative working with Health Board colleagues. Post winter 2026/27 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.

20. **Funding**

Funding for winter planning of £995k has been acknowledged. This will allow the ICH to increase staffing and enable the expansion of patient transport hubs in the areas with greatest pressure and helping to reduce pressure at A&E departments and improve patient flow over the winter months.