



**NOT PROTECTIVELY MARKED**

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| <b>Public Board meeting</b>               |  | <b>26 November 2025</b> |
|   |  | <b>Item 16</b>          |
| <b>THIS PAPER IS FOR NOTING</b>           |  |                         |
| <b>WINTER CONTINGENCY PLAN 2025/26 V9</b> |  |                         |
| <b>Lead Director<br/>Author</b>           | Stephen Massetti, Director of National Operations<br>Lynsey Grant, Business Continuity Manager   |                         |
| <b>Action required</b>                    | The Board is asked to <b>note</b> the Winter Contingency Plan 2025/26 which was discussed at the Board Development Session on 29 October 2025 and approved by the Resilience Committee on 24 November 2025.  |                         |
| <b>Key points</b>                         | <p>In September 2024, the Scottish Government issued Health and Social Care: Winter Preparedness Plan 2024 to 2025. The plan included these priorities to strengthen the approach to whole system planning and delivery. In keeping with the focus on people, the priorities were adjusted to reflect how people experience the health and social care system. The approach recognised that pressures in one system area can have a knock-on effect on other parts of the system.</p> <p>The Scottish Government have yet to publish their <i>National Planning Priorities and Principles for Surge and Winter Preparedness in Health and Social Care</i> for 2025/26 however, they have identified that these will support a 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.</p> <p>Based on the 2024/25 The four priorities for winter, were three key principles which ensure we retain our focus on the individual. Although the 4 winter planning priorities and 3 key principles, 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 4 winter planning priorities through implementing a variety of measures as detailed in the plan. Some of these measures include the following.</p> |                         |

- **Utilisation of Protocol 46 Resources**
- **Integrated Clinical Hub**
- **Safe Transfer to Hospital – Reducing Hospital Turnaround Times**
- **Call Handling**

This year, Scottish Government advised that they we will not be issuing a Winter Assurance Checklist as in previous years. Instead, they were seeking to receive confirmation that each Board has an agreed winter plan in place, which should reflect your assessment of what is needed locally. The Service provided the following:

The Scottish Ambulance Winter Contingency Plan is in the late stages of review and will remain in draft form until publication of the *National Planning Priorities and Principles for Surge and Winter Preparedness in Health and Social Care*. Once published the service plan will be updated to include the updates to the planning priorities and principles. The Winter Contingency Plan is submitted with this paper.

In preparation for winter 2025/26 the service has carried out a range of activities, some of which are detailed below.

1. Winter 2024/25 debrief held on 15<sup>th</sup> April 2025 and subsequent report produced, and lessons identified used to inform planning for the coming winter period.
2. National Winter TTX Mammoths Tusk 6 took place on 8<sup>th</sup> October 2025 with representation from Operational Regions, ACC, ICH, ScotSTAR, NRRD and Corporate Functions. The scenarios for the exercise, included

Scenario 1 – Horizon scanning and current situational awareness.

Scenario 2 - Increase in staff absence, increase in demand and general increase in pressures across the healthcare system.

Scenario 3 – Local lockdown of Major hospital site due to potential Major Incident external to service.

Scenario 4 - Weather related issues due to snow and ice, disruptions to supplies and travel.

A report was produced and approved by the Resilience Committee on 24<sup>th</sup> November.

3. Operational regions have conducted local internal winter preparedness exercises with management teams, local

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|   | <p>resilience managers and operational managers also attend multi agency winter preparedness exercises with Health Boards and LRP partners. Regions have developed and are refining local capacity management plans with pre-determined thresholds applicable to their areas and ensure all regional management teams are fully conversant with the content of the plan and the actions required to implement it.</p> <p>4. Annual review of National REAP Plan completed and plan scheduled to go to service Resilience Committee for approval in November. Main developments are</p> <ul style="list-style-type: none"> <li>• Strengthening actions to support staff welfare.</li> <li>• Inclusion of Interruption to community-based Health and Social Care Provisions and interruption of critical THB Services within the Systems Pressures trigger table.</li> <li>• Within the mitigating actions we have added actions that should already be taking place in REAP level 1, rather than have it simply read as “Business as Usual”</li> <li>• Bespoke ACC triggers and actions,</li> </ul> <p>5. A range of short, medium, and long-term operating models have been developed to manage demand collaboratively between SAS and NHS24, aiming to improve public 999 resource availability, reduce frontline responses to NHS24 incidents, and alleviate staff frustration. SAS has submitted a recommendations paper to sponsor team with the recommendation.</p> |
| <b>Timing</b>                                   | This paper is for noting at the November 2025 Board meeting.   |
| <b>Associated Corporate Risk Identification</b> | This aligns to Corporate Risk 4105, Delays to hospital handovers.  |
| <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> </ul> <p>Provide the people of Scotland with compassionate, safe, and effective care when and where they need it.</p>  |
| <b>Link to NHS Scotland’s Quality Ambitions</b> | <ul style="list-style-type: none"> <li>• Safe</li> <li>• Effective</li> </ul> <p>Person Centred</p>  |

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| <b>Benefit to Patients</b>                  | 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.  |
| <b>Climate Change Impact Identification</b> | This paper has identified no impacts on climate change.   |
| <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 2025/26 V9**

**LYNSEY GRANT, BUSINESS CONTINUITY MANAGER**

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## **SECTION 1: PURPOSE**

This paper is intended to update the Board on the Winter Contingency Plan 2025/26.

## **SECTION 2: RECOMMENDATIONS**

The Board is asked to note the Winter Contingency Plan 2025/26 which was discussed at the Board Development Session on 29 October 2025 and approved by the Resilience Committee on 24 November 2025.

## **SECTION 3: BACKGROUND**

Each year the Service is required to produce a Winter Contingency Plan. In previous years Boards have been required to complete a Winter Assurance Checklist. This year, Scottish Government advised that they will not be issuing a Winter Assurance Checklist as in previous years. Instead, they were seeking to receive confirmation that each Board has an agreed winter plan in place, which should reflect your assessment of what is needed locally.

The Scottish Government have yet to publish their *National Planning Priorities and Principles for Surge and Winter Preparedness in Health and Social Care* for 2025/26 however, they have identified that these will support a 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.

## **SECTION 4: DISCUSSION**

In September 2024, the Scottish Government issued Health and Social Care: Winter Preparedness Plan 2024 to 2025. The plan included these priorities to strengthen the approach to whole system planning and delivery. In keeping with the focus on people, the priorities were adjusted to reflect how people experience the health and social care system. The approach recognised that pressures in one system area can have a knock-on effect on

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## **SECTION 5: CONSULTATION**

The Winter Contingency Plan was circulated to relevant managers for update. The plan was approved by the Resilience Committee in November.

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**Scottish  
Ambulance  
Service**

Working in Partnership with Universities



# **Scottish Ambulance Service**

## **Winter Planning**

**2025/26**

**Version 9.0**

**Draft**

**November 2025**

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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.
3. In September 2024, the Scottish Government issued Health and Social Care: Winter Preparedness Plan 2024 to 2025. The plan included these priorities to strengthen the approach to whole system planning and delivery. In keeping with the focus on people, the priorities were adjusted to reflect how people experience the health and social care system. The approach recognised that pressures in one system area can have a knock-on effect on other parts of the system. The Scottish Government have yet to publish their *National Planning Priorities and Principles for Surge and Winter Preparedness in Health and Social Care* for 2025/26 however, they have identified that these will support a shift in focus from seasonal planning to year-round surge preparedness, recognising that system pressures arise throughout the year. Based on the 2024/25 The four priorities for winter, were three key principles which ensure we retain our focus on the individual. Although the 4 winter planning priorities and 3 key principles, 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 4 winter planning 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.** Analysing Real Time data to permit early intervention
  - k.** Maximising use of volunteers
  - l.** Staff Wellbeing
  - m.** Logistics and Distribution
  - n.** Adequate fleet provision and 4x4 vehicle deployment
  - o.** Review and use of the Resource Escalatory Action Plan (REAP)
  - p.** Review and use of the National 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
- 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 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

#### 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. 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.

#### 8. The 3 Key Principles and 4 Winter Planning Priorities

In September 2024, the Scottish Government issued Health and Social Care: Winter Preparedness Plan 2024 to 2025. The plan included priorities to strengthen the approach to whole system planning and delivery. In keeping with the focus on people, the priorities were adjusted to reflect how people experience the health and social care system. The approach recognised that pressures in one system area can have a knock-on effect on other parts of the system. The Scottish Government have yet to publish their *National Planning Priorities and Principles for Surge and Winter Preparedness in Health and Social Care* for 2025/26 however, they have identified that these will support a shift in focus from seasonal planning to year-round surge preparedness, recognising that system pressures arise throughout the year. Based on the 2024/25 plan the four priorities for winter, were three key principles which ensure we retain our focus on the individual. These are:

1. Person centred and person led care as embodied through the Getting it Right for Everyone Principles, which aim to ensure a personalised way to access care and support. Ensuring that people are at the centre of decisions that affect them.
2. Strong leadership and partnership working across the whole system.
3. Implementing local and national actions we know work to improve the patient journey, and ultimately which improve outcomes for individuals, such as Discharge Without Delay principles.

The four winter planning priorities outlined follow a journey through the health and social care system.

- **Priority One:** Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.
- **Priority Two:** Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.
- **Priority Three:** Maximise capacity and capability to meet demand and maintain integrated health, social care and social work services, protecting planned and established care, to reduce long waits and unmet need.
- **Priority Four:** Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

## 9. **Areas of Assurance for Preparing for Winter**

This year, Scottish Government advised that they will not be issuing a Winter Assurance Checklist as in previous years. Instead, they were seeking to receive confirmation that each Board has an agreed winter plan in place, which should reflect your assessment of what is needed locally.

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

Although the 4 winter planning priorities, 3 key principles, 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 4 winter planning 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 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. After two successful tests of change, since

26<sup>th</sup> September ICH clinicians have assessed 14,457 public 999 and 5,140 NHS24 patients. This specific NHS24 TOC has saved over 2,600 ambulance journeys so far and organisationally we are now waiting on confirmation that this can continue into winter to relieve pressure and identify the sickest patients within the stack.

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

The Service continues to work to 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. The target was 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.

Some hospital sites continue to struggle to achieve the above targets within the Principles for Safe Transfer to Hospital. Where challenges still exist, there is ongoing continual engagement at all levels between SAS and Local Health Boards.

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. 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.

**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 and Drug partnerships and third sector referrals all as part of our preventative and proactive workstreams. Our Pathways Hub also releases time to care for our ambulance clinicians supporting increased ambulance availability and improved health and wellbeing.

**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 Hub with 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 maximise the use of the existing volunteer roles such as 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 and supported. We will maintain strong partnership arrangements with other agencies to provide additional support, subject to their organisational capacity and our 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. 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.

**m. 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.

**n. 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.

**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. 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 will also be invited to attend the exercise.

**r. 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

**s. 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 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**

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 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.

13. **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.

14. **General Manager of SCOTSTAR**                      The General Manager of 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 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.

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 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.

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 work towards achieving the SAS aim of 26% closed at point of consultation per calendar month.
- b. More appropriately balance the organisational need for safety netting against the demands of the ICH in order to interact with as many patients as possible.
- c. Encourage their staff to take advantage of the seasonal flu vaccines.

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 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 NHS24 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**

### **19. Timings**

**8 October 2025** – Service National Winter Planning Tabletop Exercise Mammoths Tusk 6.

**24 November 2025** - Winter Contingency Plan tabled at Resilience Committee

### **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 2024/25 posed significant challenges for the Service, due to the concurrent risks of Winter Pressures, COVID-19 and Seasonal Flu. The learning from winter 2024/25 was used to inform this year's planning process to ensure that we can plan to manage concurrent risks going forward. Post winter 2025/26 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**

Funding for winter planning as received in previous years of £400k has been acknowledged. However, there is recognition that it may be likely out with the winter planning routine work as defined in this plan, to mobilise additional resources due to delays in hospital handover and turnarounds. Without any additional further funding responding to these pressures, will be a resource challenge and a need to scale this back in line with funding received.