ITEM No …11……..

REPORT TO: **DUNDEE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 10 DECEMBER 2025**

REPORT ON: **WINTER PLAN NHS TAYSIDE AND PARTNER ORGANISATIONS**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB82-2025**

1.0 PURPOSE OF REPORT

The purpose of this report is to provide Dundee Integration Joint Board (DIJB) with an update on the winter planning arrangements for NHS Tayside and the Tayside Health & Social Care Partnerships for 2025/26.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board:

2.1 Notes the content of the Winter Plan 2025/26 and its alignment with the Tayside-wide system approach.

2.2 Note the arrangements in place to support the challenges anticipated across the health and social care system during the winter period.

3.0 FINANCIAL IMPLICATIONS

3.1 Additional funding of approximately £4.2 million has been allocated to NHS Tayside to support delivery of the Operational Improvement Plan, specifically the delivery of Discharge Without Delay principles and expansion of Hospital at Home. Dundee HSCP has been allocated a proportion of this which has supported additional recruitment for delivery of a 7-day inpatient rehabilitation service, and a 7-day provision of urgent frailty response in the community.

3.2 Due to the timing of this funding allocation, there is significant slippage which is being utilised in Dundee HSCP to temporarily increase the provision of a Home First social care resource by approximately 200 hours per week over the winter period.

4.0 BACKGROUND

4.1 Winter presents one of the most challenging periods for health and social care delivery across NHS Tayside and its partner Integration Joint Boards. Demand for urgent and unscheduled care

typically increases, placing additional pressure on hospital capacity, community services, and workforce resilience.

4.2 NHS Tayside has adopted a whole system, collaborative approach to winter planning through the Tayside Urgent and Unscheduled Care Board and Winter Resilience Operational Delivery

Group, ensuring that acute, community, primary care, social care, and third-sector partners contribute to a coordinated response.

4.3 The Winter Resilience Plan 2025/26 builds on learning from winter 2024/25 and aligns with the NHS Scotland Operational Improvement Plan and the Health and Social Care Service Renewal Framework 2025–2035. It focuses on resilience, prevention, and improved flow across hospital and community settings to mitigate disruption, protect planned care, and sustain performance against national access standards.

The plan describes the joint system-wide approach across NHS Tayside, Angus, Dundee, and Perth & Kinross HSCPs, and other key partners to ensure preparedness and resilience. It aligns with national winter planning guidance and the Scottish Government's Draft Surge and Winter Preparedness Priorities, focusing on five national priorities:

1. Prioritising safe, person-centred, integrated care.
2. Using prevention and early intervention to reduce avoidable admissions.
3. Ensuring people receive the right care, in the right place, at the right time.
4. Maximising system capacity and improving patient flow.
5. Supporting workforce wellbeing and resilience.

Seven system priorities have been identified locally for Winter 2025/26:

- Prevention and Early Intervention
- System Capacity and Escalation
- Flow and Discharge
- Infection Prevention and Control
- Workforce Wellbeing and Resilience
- Communication and Engagement
- Monitoring, Risk, and Assurance

5.0 CURRENT POSITION

5.1 The system-wide approach to winter preparedness across NHS Tayside and partner HSCPs demonstrates a mature level of collaboration and shared leadership. The arrangements in place for 2025/26 build on learning from previous years, strengthening operational resilience, escalation management, and workforce planning.

Overall, the system is assessed to be in a reasonable state of readiness for the winter period, with comprehensive governance, daily oversight, and clear escalation pathways established through the Tayside Urgent and Unscheduled Care Board and the Winter Operational Delivery Group.

5.2 The overall Winter Resilience Plan is supported by detailed operational plans developed within each HSCP, acute service, and partner organisation. These local plans translate strategic intent into clear, actionable measures covering workforce deployment, vaccination, infection prevention, discharge and flow, and community capacity. Together, they ensure that operational delivery is aligned with system priorities and that local contingencies can be activated swiftly in response to emerging pressures.

5.3 Key strengths include proactive workforce planning, enhanced communication and engagement across partners, continued investment in Home First, Hospital at Home and Discharge Without Delay pathways, and improved use of data through system huddles and dashboards to inform real-time decision-making.

5.4 Risks remain around sustained high demand, recruitment and retention challenges, delayed discharges, and the potential for concurrent pressures such as flu, RSV, or COVID-19 surges. These are mitigated through robust escalation and mutual aid arrangements, cross-sector collaboration, and continuous monitoring through the Command Centre and daily system calls.

5.5 The collective focus on prevention, early intervention, and maintaining flow across hospital and community settings provides assurance that NHS Tayside and its partners are well positioned to deliver safe, effective, and person-centred care throughout the 2025/26 winter period.

From a health and social care perspective, the upcoming winter period presents distinct challenges and opportunities within Dundee to safeguard the wellbeing of our most vulnerable citizens.

6.0 PROPOSALS

6.1 Recognising the strength of partnership arrangements while acknowledging continuing pressures around demand, workforce, and system flow.

Quality of Care - The plan strengthens system safety, prevention, and flow to ensure people receive timely and appropriate care. Hospital at Home, Discharge Without Delay, and enhanced community capacity models underpin patient-centred pathways.

Workforce - Workforce wellbeing remains a key priority. Staff Wellbeing Services and the Department of Spiritual Care provide proactive, accessible support across all sites. Safe staffing levels are monitored using SafeCare and other workforce tools, with contingency measures in place for escalation periods.

Escalation - A four-tier Tayside Escalation Framework (Green–Amber–Red–Critical) is in place, triggered by indicators such as hospital occupancy, delayed discharges, and workforce absence. Mitigation actions are reviewed through the Winter Operational Delivery Group and reported to the Tayside Urgent & Unscheduled Care Board.

6.2 Planning for this busy winter period commenced during the summer with regular Whole system meetings taking place to discuss anticipated challenges, mitigations and proposals. Dundee HSCP remains committed to delivery of the agreed local performance targets in relation to delayed discharge, by aligning strategic and workforce planning with the Discharge Without Delay principles.

6.3 Prevention and early intervention approaches are central, supporting people to remain well, active, and independent for longer, while reducing avoidable hospital admissions. Strengthening access to care closer to home, improving triage and navigation, and ensuring equity of access all contribute to maintaining continuity of care and improving outcomes, particularly for older adults and those living with long-term conditions. System resilience is underpinned by robust workforce planning, business continuity arrangements, and a strong focus on staff and carer wellbeing, recognising that a supported workforce is essential to sustaining safe, high-quality services. Data-driven monitoring and predictive analytics enhance responsiveness to emerging pressures, enabling timely decisions across the system.

6.4 An essential part of this preventative approach is the winter vaccination programme. This year, vaccination against flu, RSV and COVID-19 is especially important to protect the most vulnerable, reduce the risk of serious illness, and ease pressure on health and care services. Health and social care staff are strongly encouraged to take up the flu vaccine, both to safeguard themselves and to help protect the people they care for. Everyone eligible is urged to come forward for vaccination, it remains one of the most effective ways we can collectively strengthen our system resilience and keep our communities well over winter.

7.0 POLICY IMPLICATIONS

This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

8.0 RISK ASSESSMENT

Risk Description	Non availability of adequate social care resource.
Risk Category	Operational
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 Extreme Risk
Mitigating Actions	Adherence to Discharge Without Delay principles Adherence to Social Care Eligibility Criteria
Residual Risk Level	Likelihood 4 x Impact 3 – 12 High Risk
Planned Risk Level	Likelihood 4 x Impact 3 – 12 High Risk
Approval recommendation	Given the risk mitigation in place the risk should be accepted

9.0 CONSULTATIONS

The Chief Finance Officer, Heads of Service Health and Community Care and the Clerk were consulted in the preparation of this report.

10.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from Angus Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	**Direction to:**	
	No Direction Required	x
	Dundee City Council	
	NHS Tayside	
	Dundee City Council and NHS Tayside	

11.0 BACKGROUND PAPERS

None

DAVE BERRY
CHIEF OFFICER

DATE: 12 NOVEMBER 2025

Lynne Morman
Associate Locality Manager

APPENDIX 1

NHS Tayside

Winter Resilience Plan

2025/26

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Executive Summary

NHS Tayside, the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service and other key stakeholders have continued to take a collaborative approach towards preparedness and planning for winter 2025/26 supported by Tayside Urgent and Unscheduled Care Board (UUCB) and the Winter Resilience Operational Delivery Group (ODG).

The ODG is clinically led, has been meeting regularly since July 2025 and now meets weekly through the winter period. The focus of the ODG is to ensure that all local stakeholders connect with each other, discuss, contribute to, and participate in a coordinated and endorsed approach to winter resilience planning.

The NHS Tayside Winter Resilience Plan has been developed based upon the key operational areas known to ensure early prevention and response, to minimise potential disruption to services and ensure that we continue to provide safe and effective care of our population and timely access to services.

Improvement work continues with our partner organisations to optimise hospital attendances, manage and avoid admissions, while our acute service areas focus on the flow through acute care, cancer, mental health and outpatient services, to deliver against national standards. There is an additional pressure within the whole system for 2025/26 due to the Scottish Government's commitment to reduce long waits for both inpatient and outpatient appointments to less than 52 weeks by the end of March 26.

To support the increase in unscheduled admissions over the winter period, historically, the surgical specialties have reduced planned admissions and theatre capacity thus preventing on the day cancellations due to bed pressures. To support the commitment to reduce long waits by the end of March 2026, both core and additional planned care activity must continue throughout the winter period if we are to achieve the 'Path to Zero' commitment.

The focus on improved resilience over the winter period taking account of learning from previous winters will ensure arrangements are in place to mitigate disruption to critical services. The plan will be underpinned by full business as usual continuity arrangements and daily management of safety, capacity and flow through the NHS Tayside Safety and Flow Triggers and Escalation Framework with senior clinical and management leadership and multi-professional input to the safety and flow huddle infrastructure seven days per week.

The Winter Resilience Plan is supported by a suite of data and information tools including use of Command Centre, Safe Care and the Winter Planning Heatmaps and will be further supported by a weekly look back to support system learning and continuous improvement.

A whole system Health and Social Care approach to develop an integrated plan is essential. The Tayside and Fife Health and Social Care Partnerships, the Scottish Ambulance Service (SAS) as well as staff side/partnership representation have been involved in the development of the plan to ensure timely access to the right care, in the right place, first time. Third sector involvement is primarily through the Health and Social Care Partnerships.

Executive Leads for Winter

Chief Officer, Acute Services, NHS Tayside
Chief Officer, Angus, Health & Social Care Partnership
Chief Officer, Dundee, Health & Social Care Partnership
Chief Officer, Perth & Kinross, Health & Social Care Partnership

1. Introduction

1.1 Aim

The aim of the 2025/26 Winter Resilience Plan is to demonstrate collective and collaborative engagement between Acute Services and Health and Social Care Partnerships to improve capacity and system resilience through aligned planning. Setting critical improvement actions to effectively manage the challenges associated with the winter period whilst continuing to deliver against the national and local targets and standards for Health and Social Care. Using data modelling and learning from previous years to inform a system response to anticipated pressures.

NHS Tayside Winter Resilience Planning will continue to build upon the design and delivery of a whole system framework for predicting, responding to, and managing peak periods of unscheduled activity. This will include a focus on whole system communication and response to support both unscheduled demand and urgent, cancer and the 'Path to Zero' for planned elective care and new outpatient appointments.

1.2 Planning Approach

The Scottish Government Draft Surge and Winter Preparedness in Health and Social Care Services: National Planning Priorities and Principles has supported the completion of the System Wide Preparedness Document 2025/26. NHS Tayside will follow the five national priorities for winter planning which are:

- **Priority 1**: Prioritise care for all people in our communities, enabling people to live well with the support they choose and ensuring safe, person-centred care through integrated-place-based planning.
- **Priority 2:** Utilise effective prevention to keep well, avoiding them needing hospital care through supporting primary and community care to manage demand and reduce avoidable admissions, delivering vaccination programmes and promoting public awareness through national messaging campaigns.
- **Priority 3**: Ensure people receive the right care, in the right place at the right time, this including prioritising care at home, or as close to home as possible, where clinically appropriate.
- **Priority 4**: Maximise system capacity and capability by improving patent flow and access, reducing delayed discharges and long waits, minimising unmet need, and using data and intelligence to support real time decisions. Strengthen urgent and unscheduled care pathways, including hospital at home and virtual capacity, and protect access to planned care and established services.
- **Priority 5**: Support the mental health and wellbeing of the health and social care workforce, their capacity and improve retention, as well as supporting unpaid carers. Collaboration with HSCPs and wider partners is an important aspect of service delivery and development year-round, but this is particularly pertinent over the winter period where colleagues work collaboratively to meet and balance demands being felt in specific parts of the system.

Capacity	Capacity management to support winter surge response. This includes maximising capacity where possible through good practice, and increasing virtual capacity to support people in their own home
Improve	Throughout the year there have been a number of improvement programmes and initiatives to increase productivity and care within services.
Engage	Coordinating our communications across NHS Scotland will support better patient flow and provide reassurance to the public on where to get help when required. Internal communications across services will support whole-system working.
Resilience	Resilience planning and preparedness will support surge responses across services so protect services and provide coordinated response.
Monitor	Improved monitoring at a national level of NHS Scotland and social care systems will support greater response coordination.

1.3 Finance

NHS Tayside has taken a whole-system collaborative approach to develop its 2025/26 Urgent, Unscheduled Care and Improving Flow Commissioning Plan. This strategic plan sets out key priorities aimed at enhancing the sustainability and transformation of unscheduled care pathways. The Scottish Government has approved the plan and allocated £6.15 million to support core areas including Unscheduled Care, Discharge without Delay/Frailty, Hospital at Home, and Learning Disabilities (Perth & Kinross).

Work is ongoing to ensure that funding is appropriately aligned with the defined priorities. As pathway development progresses in line with the plan's trajectories, this investment is being directed to support winter preparedness. This includes enhanced Home First social care capacity across all three Health and Social Care Partnerships, enabling earlier intervention, improved patient flow, and strengthened cross-sector collaboration. These measures are expected to reduce hospital occupancy during winter and offer viable alternatives to admission for frail individuals.

The Winter Plan Leadership Team is actively engaging with operational leads to assess any additional system costs and identify mitigation strategies. Potential areas of investment include unfunded bed capacity, increased Pharmacy and Allied Health Professional (AHP) support, and enhanced transport provision to facilitate timely discharge, for example Red Cross. Further detail will be shared following completion of this assessment.

Any additional expenditure will be carefully considered in the context of NHS Tayside's financial position, operational capacity, and performance risks.

1.4 Approval of Plan

The process and timeline for preparation, review and approval of this plan:

Action	Date Due
Care Group & divisional plans pulled together and shared with Winter Triumvirate	10 September 2025
Initial draft of Winter Plan	16 October 2025
Winter Tabletop Exercise	31 October 2025
Finalise Winter Plan	06 November 2025
Present Winter Plan at ILT	07 November 2025
Papers for Dundee IJB	14 November 2025
Dundee IJB Meeting	10 December 2025
Angus IJB Meeting	17 December 2025
Perth and Kinross IJB Meeting	17 December 2025

1.5 Governance Arrangements

Development, delivery, and monitoring of the Winter Resilience Plan is a key responsibility of the Urgent and Unscheduled Care Board and the Winter Resilience Operational Delivery Group. The Urgent and Unscheduled Care Board is co-chaired by the Associate Director for Medicine and the operational leads for Urgent & Unscheduled Care, from each of the three HSCPs.

- The Winter Resilience Operational Delivery Group has whole system representation.
- An Urgent and Unscheduled Care Programme Team is in place. These posts form part of the support team for unscheduled care, continuous improvement and the implementation and evaluation of the Winter Resilience Plan.
- Resilience and Business Continuity arrangements and management plans are in place and a Winter Planning Tabletop Exercise is planned for 31 October 2025.
- NHS Tayside's Board Assurance Framework has a corporate whole system risk related to capacity and flow.
- Whole system Safety and Flow Huddle process including key partners 365 days per year. This will be extended through the winter period, where required, to include members from our HSCPs.
- A Communication Strategy for winter is in place and will inform the public and staff on our planning for winter, public health messages and where to go for access to services.

2. Lessons Learned from Previous Winter 2024/25

Key themes, learning and actions from local reviews across Tayside and from a whole system winter debrief session was held on Friday 25th April. This was well attended with representation from across acute services, Health & Social Care Partnerships and other partner organisations such as the Scottish Ambulance Service.

Key priorities for winter 25/26 were identified as follows:

- Planning to commence earlier than in previous years i.e. in the summer.
- Improve escalation plans around front door viral surge activity

- Continue to develop guidance for step up/step down of tactical cell meetings.
- Further adapt heat map collaboratively to reflect fuller system of care
- Minimise elective cancellations related to unscheduled winter pressures through better planning and improved communication.
- Protect urgent surgical elective capacity by optimising theatre scheduling.
- Maximise specialty seasonal working patterns.
- Maintain/Improve delayed discharge position across HSCPs, building on the success of work during winter 24/25
- Increase access to peer vaccinations for staff

3. Winter Resilience Plan 2025/26

An overview of the work progressing to support delivery of our Winter Resilience Plan aim is provided below. Detailed operational-level divisional bed modelling and partnership plans are progressing to support delivery of the strategic ambitions. An example draft of this is attached in Appendix 1. The detailed bed modelling and surge plans are underpinned by a range of agreed actions that will be taken to manage changes in bed requirements driven by demand. Detailed operational-level plans will be finalised and endorsed by end of October 2025.

Through the Winter Resilience Operational Delivery Group, the performance and delivery of the operational plans and actions will be reviewed with exception reporting, seeking solutions from across the system and progress of the escalation framework as appropriate.

3.1 Resilience Preparedness

NHS Tayside and its partner organisations have robust business continuity management arrangements and plans in place. Tayside wide groups involving all partner organisations such as the Local Resilience Partnership (LRP) meet regularly with a LRP Emergency Response Generic Multi-Agency Coordination Plan in place which describes the framework to be followed should an incident occur. The purpose of the LRP Emergency Response Generic Multi-Agency Coordination Plan is to provide a framework within which those who are responsible for the co-ordination and management of the successful resolution of an incident work together efficiently and effectively. The content aligns with the revised Preparing Scotland – Responding to Emergencies Guidance (2017).

The LRP links directly with the NHS Tayside Public Health Team around the co-ordination, command, control and communication requirements in the event of a high consequence infectious disease winter pressure being triggered.

3.2 Adverse Weather

An NHS Tayside Adverse Weather Plan is in place which provides a framework for ALL staff to follow in the event of extreme bad weather. An annual tabletop exercise is undertaken to test the efficacy of arrangements in place including:

- Link to HR policies/Once for Scotland Policy: NHS Scotland Once for Scotland Policy DL (2022) 35 Interim National Arrangements for Adverse Weather
- Links to existing business continuity plans and the NHS Tayside Strategic Business Continuity Plan
- Ownership - operational rather than service specific
- Duty Manager/Director/Executive awareness of status – linked into daily huddle meetings/Whole System Safety and Flow Framework
- Safety and Flow Hub Action Card.
- Accommodation arrangements for 'essential' staff in the event of adverse weather
- Structure to monitor requests for extremis assistance
- Early and continued engagement with Tayside Local Resilience Partnership
- Organisational procedure for requesting 4x4 assistance reviewed and policy in place

3.3 Scottish Ambulance Service (SAS) Resilience Planning

The Scottish Ambulance Service maintains a comprehensive contingency planning framework to manage the consequences of when the level of demand exceeds the ability of the Service to meet it. The Generic Capacity Management Contingency Plan and Resource Escalatory Action Plan (REAP) Guidance Document are used for this purpose. The Capacity

Management Contingency Plan may need to be implemented in circumstances when there is: increased demand, reduced capacity or reduced wider NHS services over festive periods.

SAS manages capacity and contingency through the REAP, which establishes levels of 'stress' within service delivery, whether from increased demand or reduced resource, and identifies measures to be implemented to mitigate the impact of such stress. Measures are service-wide and include activity from the Operational Divisions, Ambulance Control Centres (ACCs), National Risk and Resilience Department (NRRD), and Airwing.

The REAP – attached as Appendix 3 – provides the actions to cope with increased demand at any point, with SAS making decisions regarding what is relevant for the circumstances. For example, cancelling all non-essential meetings to allow the managers to provide support and concentrate on the management of resources / shift coverage etc.

The REAP is followed with a few additional directives for adverse weather:

- Ensuring there are shovels on each vehicle
- Additional supplies of consumables, grit/salt for the stations etc
- Map out where staff reside so that they can be directed to their nearest station rather than their base station if they can't make it there
- List and map all 4x4 vehicles so that they can be allocated to transport essential staff and patients e.g. renal/ oncology patients
- Liaise with the Health Board around activity and ensure any resources freed up from cancellations are used as additional staff on vehicles that require to go out in the severe weather to give us resilience

3.4 System Wide Escalation and Flow Huddle Framework

The Whole System Safety and Flow Triggers and Escalation Framework continues to evolve and assist in the management of health and social care capacity across Tayside and Fife when the whole system, or one constituent part of the system is unable to manage the demand being placed upon it.

The aim of this Framework is to provide a consistent approach to provision of care in times of pressure by:

- Enabling local systems to maintain quality and safe care
- Providing a consistent set of escalation levels, triggers and protocols for local services to align with their existing business as usual and escalation processes
- Setting clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level, within local authorities, and partner agencies

The Safety & Flow Huddle process is fundamental in identifying triggers and supporting the subsequent escalation processes required in response to system pressures.

There are currently four huddles per day on the Ninewells and PRI hospital sites with a whole system huddle at 9am each day that includes Mental Health and SAS colleagues, through winter 2025/26 members of our HSCP and Primary Care/Out of Hours teams will join this to encourage whole system awareness and escalation as required.

Flow Hubs on the Ninewells and PRI sites are well established and continue to support real time flow management through collaborative working.

The Tayside Tactical Cell will be operationalised as required by any Duty Director or Chief Officer as we move into the peak winter period. This whole-system real time forum to support immediate system pressures worked well through previous winters.

3.5 Speciality-Level Escalation Plans/Winter Action Cards

Winter Planning action cards and escalation plans are being progressed across all key speciality areas to support consistent and effective decision making. These will support both the frontline teams and Safety and Flow Leadership teams in delivering a consistent and agreed approach to implementation of escalation measures.

The action cards/escalation plans will all be stored within a dedicated winter plan section in the NHS Tayside Resilience App for ease of access in and out of hours.

3.6 Site Escalation Framework

Site Escalation Frameworks are being developed for both Ninewells Hospital and Perth Royal Infirmary, which are in the final stages of planning and approval through the relevant governance structures, and will be available by 31st October 2025.

Site Leadership and Support

Tayside acute hospital sites (PRI and Ninewells Hospital) have robust operational clinical leadership and management arrangements in place 24 hours a day, 7 days a week. This ensures there is a strong, real-time understanding of the status of each site to support the delivery of high-quality, safe, and timely care and patient flow.

Each site has a dedicated Safety and Flow Hub supported by a Professional Nursing Lead and a Senior Manager is also available to support both sites based at Ninewells. The team is supported by a Duty Director.

Medical input is provided through the Clinical Care Group structure, providing subject expertise which informs and supports further decision-making. Senior nursing staff attend the site huddles throughout the day and provide an updated status on admissions. discharges, bed occupancy and escalate issues/concerns for support as required.

The team is available on site 8am to 7.30pm and located in the Patient Safety and Flow Hub on each site. In the out-of-hours period, a Duty Manager is on-call for each acute site to immediately respond to issues, supported by a Duty Director. The team is also supported by an Executive on Call.

4. Urgent & Unscheduled Care

Tayside Urgent & Unscheduled Care Programme is a mature and well-established programme of continuous improvement, embedded within NHS Tayside and our respective Health & Social Care Partnerships. Due to the maturity of Urgent & Unscheduled Care in Tayside, the Programme has naturally progressed towards a model of reform, with an increased focus on delivering care in the community. The priorities of the Programme align with NHS Scotland Operational Improvement Plan, to protect, strengthen and renew how services are delivered by improving flow, reducing delays and increasing care in the community. The priorities also align with the Population Health Framework, and the Health and Social Care Renewal Framework. The aim of each workstream is to ensure delivery of improvements / refined models of care ahead of winter to ensure preparedness across the system.

The workstreams are outlined below:

1. Optimising Access

Building on the well-established whole system approach to Urgent and Unscheduled care in Tayside, the Optimising Access workstream will extend navigational capabilities in the community by introducing a more efficient, responsive, and integrated Urgent Care system by developing an FNC+ model in each locality. The three partnerships along with SAS and Out of Hours have agreed shared principles, that enable flow navigation between existing services to reduce duplication, remove unnecessary journeys and better achieve Right Care, in the Right Place, at the Right Time. The FNC+ model is supported by a Single Point of Contact based in each locality, and in place across all three Health & Social Care Partnerships from 13 October 2025. As the FNC+ model continues to develop alongside Out of Hours Reform, the aim is to work towards a 24/7 urgent care response service in Tayside which reduces acute admissions to hospital by >5% to less than 133 per night.

2. Integrated Health and Community Care

The Scottish Government funding allocation has supported the expansion of our Tayside Frailty at Home Service as well as the development of a Paediatric Hospital at Home service. In line with the DWD principles, this will support better outcomes for frail older adults by providing specialist frailty assessment at home whenever possible and appropriate. We are on track to meet our projected performance target of 65 Frailty at Home beds per night being used across Tayside by end March 2026. This expansion will also support the management of capacity and flow over the winter period by contributing to a 20% reduction in geriatric medicine inpatient demand.

In Perth & Kinross Health & Social Care Partnership, the Frailty at Home development is aimed at reducing Perth Royal Infirmary emergency demand by 15 people per day. If achieved, Perth Royal Infirmary 4-Hour performance will be returned to >90%.

3. Discharge without Delay and Optimising Flow

NHS Tayside continues to have a strong focus on Discharge Without Delay (DWD) and Optimising Flow with significant core funding allocated across all 4 partner agencies, as well as focus on strengthening and expanding the DWD work through the Scottish Government Urgent & Unscheduled Care funding allocation.

The **Discharge Without Delay** programme is made up of 4 national workstreams that are inextricably linked, giving synergistic whole system impact rather than traditional small marginal gains by delivering single workstreams in isolation. The success of this approach is evidenced by a reduction in the length of stay for frail people in Acute hospital, a reduction in the length of stay in Community Hospitals and a reduction in Delayed Discharges, which is achievable as patients are limited to their exposure to hospital induced dependency.

The key principles of the national Discharge Without Delay Programme are outlined below:

Discharge To Assess (D2A) - The HomeFirst approach, where hospitals work with respective Health and Social Care Partnerships to develop processes for early discharge of frail people for ongoing assessment, to minimise hospital induced dependency, harm on longer term care need.

Planned Date of Discharge and Integrated Discharge Hubs - This discharge pathway for frail people is supported by Integrated Discharge teams, following a person-centred discharge process of Planned Date Discharge (PDD) for all inpatients, including Community Hospitals. This includes improving performance in seven-day planning, and promotion of morning and weekend discharges.

The Integrated Discharge Teams continue to participate in the acute site huddles each morning and provide a detailed briefing to the Safety and Flow Team each day.

Frailty at the Front Door - The ideal environment for optimal and timely Comprehensive Geriatric Assessment (CGA) is Acute Frailty Units. In Tayside, we now have three Acute Frailty Units, our third unit was the cornerstone of NHS Tayside Winter Plan 2024-25. This enables all frail older patients to benefit from Comprehensive Geriatric Assessment (CGA) with a focus on early discharge supported by Home First social care resource to support completion of social care assessment at home.

A target acute geriatric length of stay of <5 days is needed to meet the increasing acute hospital frailty demand.

Community Hospitals - Thriving community hospitals have been key to NHS Tayside strategy for many years and more recently progressed into Perth and Kinross. We believe in caring for people who are not ready for home, in their locality Community Hospital. Again, to limit any acute hospital induced dependency and longer-term harm, it is critical to ensure patient can access an appropriate Community Hospital without delay or waiting lists. To meet population demand, the Community Hospitals must also flow to enable ongoing capacity for patients in acute. The NHS Tayside target length of stay to meet predicted demand in Community Hospitals is 24 days.

The **Optimising Patient Flow** Workstream aims to deliver flow performance in all Tayside inpatient wards / specialities in line with Upper Quarter Length of Stay. A structure of Division/Health & Social Care Partnership Flow meetings have been established to identify barriers impacting on flow and implement improvements across patient pathways to address these. Data packs are now available to support real time exploration and analysis of performance against the individual Length of Stay targets in each ward and Division.

This workstream is aimed at significantly contributing towards the 4 partner agencies equally delivering on pre-agreed flow performance targets. Service and workforce plans this winter are based on meeting these upper quartile targets:

Medicine Ninewells LOS <3.7days

Perth Medicine LOS <4.5days
Surgical LOS < 4.5 days
Ortho LOS < 7 days
Step-down hospital LOS <24 days
Delayed discharge position RAG GREEN for acute but also total delays

These performance targets are all reliant and interdependent of all agencies working together and delivering against their specific actions.

4. Performance 95

This is key programme of work within NHS Tayside, focussed on the whole-system impact of coordinating multiple pathways between the Emergency Department (ED) and the Acute Medical Unit (AMU); enabling early patient assessment in ED and discharge and a seamless flow into the acute admitting areas when admission is necessary. This is achievable due to the seamless flow out (Discharge Without Delay), enabling patients to access Right Care, at the Right Time, by continuous flow through the front door areas and onto downstream wards, thus ensuring capacity is always available. The front door discharge rate from these admission areas is a key predictor to overall hospital occupancy.

Right Care, Right Place

Tayside Acute Services operate several “front doors” with acute admissions being referred directly into medical and surgical receiving areas, as well as directly to speciality wards, including Stroke Medicine, Paediatrics, Renal Medicine, Neurology, Haematology, Oncology and Specialist Surgery. Some key areas are supported by a framework of ‘Flow Navigation Centre (FNC)’ pre-hospital decision support which facilitates Prof-to-Prof communication between Primary Care, SAS, Out of Hours Service, NHS 24 and hospital clinicians to ensure Right Care, Right Place. This provides a senior clinical decision maker at the point of referral to ensure patients are placed on the correct pathway first time and that alternatives to admission are considered. Building on the success of Tayside FNC, the FNC+ model will be embedded in each locality prior to winter, extending the navigational capabilities in the community. Additional Prof-to-Prof lines have been introduced to Mental Health and are being developed for Paediatrics, Maternity and Palliative Care.

In addition, a pilot project that proposes the implementation of an Evening Urgent Primary Care Service in Perth City is being developed. This will be implemented over a 16-week period through winter, to address the rising pressures on Emergency Departments (ED) and General Practice (GP). The proposed model will to improve access to timely, appropriate care during evening hours (4–8 PM), reduce non-urgent ED attendances, support GP sustainability, and enhance patient experience. The proposed model will be submitted to NHS Tayside Change Fund for approval.

Monitoring 4-Hour Performance Standard

The 4-hour performance standard is monitored by NHS Tayside continually throughout the day. All 4-hour performance breaches are reviewed daily by the Emergency Department team, as well as being visible through the Command Centre at Operational and Executive level. A flash report is provided daily to detail all breach reasons and highlight any key themes and learning. A weekly improvement plan is also developed for all 8-hour and 12-hour breaches. This improvement plan is shared with the Acute Leadership Team for assurance.

A weekly 4-hour Performance Delivery Group has also been established. This group has strong MDT engagement and includes representatives from across the system. Performance from the previous week is discussed and key findings and improvement opportunities are presented to the Acute Leadership Team and Chief Executive Team for organisational awareness and support. An example of this report is attached in Appendix 2.

4.1 Target Operating Model

Aligned to the national approach, utilising performance data in our planning and preparedness, a target operating model for unscheduled care delivery has been progressed in NHS Tayside.

With the support of our Health & Business Intelligence (HBI) team, demand and capacity modelling has provided the basis for understanding and anticipating the required unscheduled acute hospital capacity through the anticipated winter peak periods, based on the principles of 95% occupancy levels and a 10% reduction in patient Length of Stay.

This has allowed our Clinical Care Group teams to work collaboratively to define a target operating model for both the Ninewells and PRI hospital sites to support increased unscheduled admissions while maintaining urgent and cancer care delivery.

The success of the target operating model is based upon consistent reduced length of stay and green status delayed discharge position. Whole system collaboration to achieve this will be critical.

5. Health & Social Care Partnerships

The winter period presents a significant challenge to health and social care services due to increased demand and seasonal pressures. Health and Social Care Partnership's Winter Plan aims to ensure the delivery of safe, effective, and person-centred care, while also supporting the wellbeing of our staff and community. Our approach is grounded in three key principles and focused on four priority areas, ensuring that we continue to meet the needs of our community during this critical time.

To ensure comprehensive preparation for winter, key risks such as increased respiratory illness, potential staff shortages, and severe weather conditions, have all been considered and have guided our planning.

The plans are also cognisant of the ongoing efforts to deliver care closer to home, take preventative action to increase in vaccine uptake, and minimise delays in transfer of care – all of which will be key indicators in evaluating our success throughout the winter period.

Key Principles:

1. Applying the Getting it Right for Everyone Principles:
Our commitment is to deliver care that is person-centred and responsive to the individual needs of everyone in our community. This principle guides our planning and service delivery decisions. We are committed to tailoring care to individual needs by further expanding the use of preventative and proactive care approaches, future care plans, self-directed support options, and specific interventions for vulnerable groups such as older adults and individuals with chronic illnesses.

2. A Partnership Approach Across the Whole System:
We emphasise collaboration across all sectors—health, social care, third sector, and community services—to provide integrated, seamless care that meets the needs of individuals and families.

3. Implementing Local and National Actions Proven to Improve Patient Flow:
We are dedicated to using evidence-based strategies, such as Discharge Without Delay principles, to enhance patient flow, reduce hospital admissions, and ensure timely, appropriate care in the community.

We will develop a resource allocation process for care home placements to ensure those in greatest need and to support hospital discharge will be allocated care home placements.

Consistent and sustainable performance against the following key performance indicators will be essential:

1. RAG acute delays green — Angus < /=3 delays
Dundee </= 6 delays
P&K </= 5 delays
2. Total reportable delays green

RAG status key:

	Red	Amber	Green
A	>30	15-30	≤15
D	>50	25-50	≤25
P&K	>50	25-50	≤25
T	>130	65-130	≤65

3. Community hospital LOS 24 days or less

5.1 Angus Health and Social Care Partnership

Winter Planning Priorities:

Priority One: Prioritising Care for All People in Our Communities

Angus HSCP aims to enable people to live well and remain healthy within their communities, using effective prevention and early intervention strategies. We will:

- Strengthen Community-Based Support: Enhance access to community health and social care services to prevent unnecessary hospital admissions and support individuals at home.
- Enhance Chronic Disease Management: Proactively manage long-term conditions with regular reviews and personalised care plans, reducing the risk of complications during winter. Our primary care networks will proactively identify and reach out to patients with chronic illnesses, ensuring early intervention and tailored care plans to prevent complications during the winter months.
- Health Promotion and Prevention Initiatives: Increase outreach and education on vaccinations, cold weather preparedness, and self-care, targeting vulnerable populations. Continue to promote the importance of power of attorney
- To manage potential surges in respiratory illnesses, we will increase capacity at respiratory clinics and hold stock of essential supplies, including portable oxygen and PPE, in anticipation of heightened winter demand.

Priority Two: Ensuring People Receive the Right Care, in the Right Place, at the Right Time

- We strive to ensure that care is delivered as close to home as possible, with the right support available when and where it is needed. This includes:
- Home Care Services: Strengthen and expand the contracted home care support to enable people to remain in their own homes, reducing the need for unnecessary hospital-based care through ensuring Resource Allocation process uses Eligibility Criteria effectively so care is contracted, or signposting referrals are made timeously. To strengthen our home care workforce, we will focus on workforce strategies, and training programs to support a sustainable and well-prepared team throughout the winter period.
- Effective Triage and Care Navigation: Utilise robust triage systems to direct people to the most appropriate services, including telehealth, community pharmacies, and primary care.
- Rapid Response and Reablement Teams: There is the ability to flex staff including AHPs across the partnership and prioritise as required provide urgent support in the community and reablement services to facilitate timely hospital discharges and prevent admissions.
- We have enhanced multidisciplinary team working to improve flow by the creation of a Single Point of Access (SPOC)

Priority Three: Maximising Capacity to Meet Demand and Maintaining Integrated Health and Social Care Services

To ensure we can respond effectively to increased demand, we will:

- Maximise Workforce Capacity: Utilise additional staffing opportunities, to meet surge demands in critical areas. We will build a robust recruitment pipeline for essential roles and a focus on professional development to ensure that temporary staffing solutions are used sparingly.
- Continue to focus on a range of targeted actions aimed at attracting people into a career in social care and retaining existing staff this includes creative advertising models
- Protect Planned and Scheduled Care: Maintain the delivery of routine and planned care wherever possible to prevent a backlog of unmet need.
- Integrated Care Pathways: Strengthen collaboration between hospital, primary care, and community services to ensure smooth transitions and continuity of care.

5.2 Dundee Health and Social Care Partnership

Key areas highlighted as part of the system wide winter planning Dundee Health and Social Care Partnership include:

- Partnership Oversight Report published weekly to monitor pressure areas and feed into the whole system heat map
- Business Continuity Plans in place across all services, including adverse weather conditions response
- GAP community discharge hub in place (Business as Usual)
- Use of Scottish Government UUC slippage money to overrecruit to Home First social care resource over winter period
- A promotion campaign is being undertaken to encourage social care support workers to access vaccination services.

- Management restructure across inpatient and community OT/PT service has released increased community rehab capacity
- Additional ANPs recruited to Frailty at Home Service to work across the inpatient and community setting in order to further strengthen the whole system frailty pathway
- Frailty at Home testing extended hours and weekend working as part of Optimising Access workstream
- Continued promotion of early intervention and prevention approach within F@H to avoid admission
- Performance target of 65 F@H patients on service by end March 2026
- Targets set in F@H for polypharmacy review and Future Care Planning conversations with aim of 100% compliance
- Ongoing review of F@H pathways to encourage increased referral rates and better flow through the service
- Integrated Discharge Team embedded in ward areas with responsibility to manage patient flow onto the right pathways and minimise delays
- Royal Victoria Hospital Improvement Plan in place with aim of reducing LOS to within the upper quartile benchmarking target of 24 days for MFE
- Dundee remains committed to meet RAG status green (6 or less acute delays and 25 or less total delays) and maximum 2 patients waiting step down bed from acute per day, as per previous RAG agreed delays position via Tayside DWD programme. Dundee remains committed to progressing RVH LOS towards 24 days for MFE and Orthogeriatrics, and LOS target of 42 days for stroke and neuro rehab
- Recruitment to additional OT/PT staff for 7 day working
- Ensure compliance with DWD needs assessment

5.3 Perth & Kinross Health and Social Care Partnership

The key aim within the P&K Health and Social Care Partnership is to support appropriate care, in a timely manner, in the most suitable setting.

Priority 1: 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.

- The implementation and successful delivery of our Care at Home Alliance Model has seen a reduction in unmet need by 800hrs, this reduction has contributed to a sustained reduction in our level of delayed discharge. This level of improvement enhances our ability to cope with additional demand at peak times of the year.
- We have piloted and seek to continue to utilise Magic Notes (non-generative AI package), early feedback is highly positive and indicating significant time saving potential, freeing up capacity within relevant teams.
- The advanced practice approach continues to develop across Perth and Kinross, and further recruitment is underway to support community hospitals, integrated care teams and urgent response to ensure early intervention for people deteriorating. The team has broadened to include disciplines across nursing and allied health professions focusing on managing frailty and clinical deterioration early. The

advanced practice colleagues prevent admission to hospital or discharge early where appropriate
- We will work closely with our home safety partners, community wardens and community organisations to provide simple home safety and winter resilience advice.
- We will review, update and test Business Continuity Plans.
- We will review and update lists of particularly vulnerable people across P&K.

Priority 2: 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.

- We are targeting bed occupancy and LOS for MFE and Community Hospitals
- We are developing a new Home First Pathway to our Integrated Teams where access to ongoing rehabilitation, assessment and key workers are being developed, our initial focus is Perth City.
- We have redesigned our internal Care at Home services and transitioned to Discharge Without Delay Model delivering a bespoke and specific service where support is delivered through an enablement approach, including personal care and medication, with personalised home, wrap around care during the period of assessment is reviewed on a visit-by-visit basis and lasts up to 28 days.
- We are targeting our workforce to support Community Hospitals in discharging people to their own home as timeously as possible, Community Hospital length of stay under 24 days is our aim, allowing us to manage increased demand.
- Sustained funding for the Trusted Assessor role for Care Home placements, improving the patient journey and success of Care Home placements.
- We are maintaining a small number of interim beds within our two internal Care Homes, and one externally block booked Care Home wing, these are available in exceptional circumstances only.

Priority 3: Maximise capacity and capability to meet demand and maintain integrated health, and social care and social work services, protecting planned and established care, to reduce long waits and unmet need.

- We are establishing integrated teams in Perth & Kinross, Perth City being the first of which to be introduced in the coming weeks. They will respond to a wide range of issues in the community and will send the most appropriate professional(s) as required. This will include urgent response and where possible the teams will support individuals to retain their independence and prevent hospital admission by providing a range of early interventions and support.
- Continue to develop our Integrated Locality Teams in our rural localities, learning from the established Perth City Integrated Team which has demonstrated the benefits such as streamlining processes, reducing duplication, and coordinating multi-disciplinary responses, this all contributes to early supported discharge and assisting with capacity and flow in PRI and our community hospitals.
- SPOC update Final options are being drafted to integrate all health and social care referrals through a Single Point of Contact for Perth and Kinross. This will include all adult and older people referrals by March 2026. A phasing plan is under development with initial Scottish Ambulance Referrals going live in October this year

Priority 4: 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.

- Continue the work of the What Matters to You programme and promote a culture of collaboration and understanding and maintain staff wellbeing and resilience through the challenging winter period and beyond.
- Encouraging staff uptake of Covid and flu vaccinations, and sharing information on how they can access the vaccinations service; and
- Ensuring community staff have appropriate warm, safe uniforms for the winter period.

5.4 Primary Care and Out of Hours

Primary Care and OOH services will continue to collaborate across partnerships and interfaces to maximise the efficiency and effectiveness of community care. This will be driven by strong collaboration both at the partnership level and with NHS Tayside.
Our commitment is to deliver high-quality community-based care through multidisciplinary teams, both during regular hours and OOH, wherever this is the safest and most appropriate option for patients.

Primary Care

Access to General Practice (GP) during the winter period will be based on the national access principles:

- Inclusivity and Equity: Ensure access is equitable for all individuals, based on Realistic Medicine principles and Value-Based Health & Care. Care will be person-centred, focusing on individual needs rather than a one size fits all approach.
- Choice and Flexibility: Patients will have a reasonable choice regarding how they access services, including in person, telephone, and digital consultations.
- Compassionate and Person-centred Services: Services will remain sensitive, compassionate, and considerate of everyone's needs and circumstances.
- Care in the Right Place by the Right Person: Efforts will be made to connect patients with the most appropriate healthcare professional within the right time frame, ensuring efficient use of resources.

Supplementary Principles:

- Empowerment and Self-Management: Encourage patients to manage their health through selfcare, using online resources like NHS Inform.
- Direct patients to other primary care services such as Community Pharmacies, Optometry, or Dental services where appropriate.
- Prioritisation of Urgent Care: In periods of high demand, practices will ensure that urgent care needs are prioritised.
- Transparency and Communication: Patients will receive clear, transparent information on accessing the most appropriate care.
- Role of Administrative Staff: Practice administrative staff (e.g., receptionists) will guide patients to the right service, a practice known as "Care Navigation." Staff will be trained to offer informed signposting to ensure patients are seen by the most suitable service provider, whether within or outside of the practice. The "Care Navigation Toolkit" provides further guidance on this process.
- Multidisciplinary Team (MDT) Approach: Receiving care from various healthcare professionals (such as nurses, pharmacists, and other specialists) rather than solely from GPs will become standard practice.
- Continuity of Care for Complex Needs: Patients with complex health needs or frailty will receive continuity of care from a known and trusted healthcare professional to provide holistic, ongoing support. Practices will ensure familiarity between patients and their care providers to build trust and enhance care quality.

- Holistic Healthcare: General Practice will adopt a holistic approach, addressing not just physical symptoms but also considering psychological, social, and lifestyle factors that impact health.
- Use of Digital Resources: Where appropriate, digital tools such as online consultations, electronic prescriptions, and health monitoring will be used to provide convenient access to care. Provisions will be made for patients who are less digitally literate, ensuring equitable access for all.
- Patient Feedback and Improvement: Practices will continue to actively seek informal and formal feedback on patients' experiences, using this input to make real-time improvements to services.

Public Holiday Planning for Primary Care Providers

General Practice:

Ensure that continuity plans are in place, particularly during public holidays. Practices will communicate well in advance about closures and provide clear signposting to alternative services such as NHS 24 (111) and NHS Inform.

Pharmacies:

Community pharmacies will operate on a festive rota to ensure availability during holiday periods. They will inform patients about closures and direct them to alternative resources where necessary, such as NHS Inform and emergency contacts.

Optometry Services:
Optometrists are reminded of their obligation to act as the first point of contact for eye issues, including emergencies. If unable to provide care, optometry practices will coordinate with other providers or hospital eye services in rare cases.

Dental Services:

Dental practices are responsible for emergency care for NHS patients during holidays. If needed, they will work with the Public Dental Service (PDS) to ensure emergency coverage, and patients will be triaged to the appropriate service.

Surge Staffing Plans:

Providers will consider how best to prepare for unexpected staff shortages (due to illness or extreme weather conditions). This could include locum staff, bank nurses, etc. to fill gaps. They should prioritise care for those with the most urgent care needs in such circumstances. Where capacity is reached despite this, practices should escalate both to Primary Care Services given the contractual implications and for GP Practices to their respective HSCP Primary Care Team to consider how to support operationally.

Out of Hours (OOH) Services
We anticipate an increase in OOH activity this winter and are preparing accordingly.
Key Actions and Commitments:

1. Predictive Modelling and Staffing:
    - Complete predictive modelling for the winter period (November 2025 - March 2026) to ensure multidisciplinary team (MDT) staffing levels meet the expected demand.

- Leverage a 70% salaried workforce during this period, with the relevant rate of pay over the festive period

2. Enhanced Clinical Support:
   - Ensure effective clinical operational management and support is in place, especially at times of peak demand.
   - Monitoring and management of shift patterns over the winter period based on prediction data to manage the additional workload with winter illnesses.

3. Service Escalation and Contingency Planning:
   - Review and update service escalation and contingency plans to respond swiftly and effectively to any emerging challenges.
   - Increase the promotion of Near Me video consultations where clinically appropriate to maintain accessibility and reduce the need for in-person visits.

4. Paediatric Care Provisions:
   - Prepare for increased paediatric contacts during the winter period by ensuring sufficient GP coverage and utilising the Paediatric Advanced Nurse Practitioner during busier periods.

5. Weather-Related Procedures:
   - Continue to adhere to robust procedures for managing inclement weather to ensure continuity of care.

6. Collaboration with NHS 24 and Pharmacy First:
   - Work closely with NHS 24 and Pharmacy First to direct patients to the most appropriate care settings, reducing unnecessary pressure on emergency and OOH services.

7. Professional-to-Professional Support:
   - Maintain the provision of professional-to-professional advice to support clinical decision-making and patient care.

8. Support for Care Homes:
   - Provide timely responses to calls from care and nursing homes, ensuring prompt and appropriate care for residents.

9. Integration with Mental Health Services:
   - Continue to work with mental health services to ensure good access to crisis teams and mental health support during the winter period.

10. System Planning and Heat Mapping
   - Continue to populate and utilize heat maps to support comprehensive system planning and resource allocation.

This proactive approach will ensure that the service is well-equipped to meet the needs of the community, support the whole system and provide the highest standard of care throughout the challenging winter months.

6. Planned Care

Throughout the winter period, NHS Tayside will continue to maximise theatre efficiency by focussing on treating urgent, cancer and the delivery of the Scottish Government commitment to 'Path to Zero' as a priority.

As in previous years, surgical teams will continue to optimise the elective only theatre resource at Stracathro Regional Treatment Centre.

Key activities progressing to support elective care preparedness across main hospital sites includes:

- Theatre scheduling to determine the management of the unscheduled care/cancer and clinically urgent procedures as a priority.
- Continue elective care prioritisation meetings to align to available capacity with robust escalation protocols to ensure consistency in decision making at a senior level.
- Optimisation of the Surgical Assessment Unit (SAU) on the Ninewells Hospital site to ensure that admission and discharge within the unit for Surgical Division Day-cases is the norm, minimising unnecessary inpatient bed use (Business as usual).
- SAU to use remaining capacity to support elective admissions who will transfer to a ward area post operatively.
- Reduced elective medicine activity through peak winter period to support flow prioritising urgent cases.

Winter 2025/26 will bring additional challenges to maintaining the balance between unscheduled care, urgent/cancer work and long wait elective targets. Unlike previous years, the ability to reduce elective surgeries to support unscheduled activity will not be available as we work towards delivering the Scottish Governments target of 'Path to Zero'.

There will be a need for whole system senior decision-making support in times of extreme pressure to ensure decisions being made are equally balanced between unscheduled demand and elective targets.

NHS Tayside will continue to refer patients to Golden Jubilee and NHS Highland through the NTC Programme allocation for Orthopaedic and General Surgery procedures. We will also continue to link with the National Elective Co-ordination Unit (NECU) for any national capacity to support long waiting patients.

7.COVID-19, RSV, Seasonal Flu, Norovirus, Staff Protection & Outbreak Resourcing

7.1 Infection Prevention and Control

The Infection Prevention and Control Team (IPCT) will continue to follow the National Infection Prevention and Control Manual (NIPCM) with regard to Winter 25/26. The delivery of Infection Prevention and Control education during this period will be in line with ARHAI Scotland and NHS Education for Scotland and focus on key Infection Prevention and Control principles.

The IPCT will provide proactive surveillance of respiratory and GI infections. The Senior management Team will be actively involved in the Winter Preparedness Group and cascade relevant local and national intelligence within the organisation.

7.2 Health Protection Team

The Health Protection Team in NHS Tayside are planning for winter and are working with care homes to ensure readiness for winter and potential surges of COVID-19, other respiratory viruses such as flu and RSV, and gastrointestinal infections including norovirus. Outbreak plans are in place for outbreaks including respiratory viruses and norovirus.

7.3 Vaccination Programme

The NHS Tayside central vaccination service provides access to winter vaccinations for staff across Tayside in -

- Staff only appointment-based clinics on acute sites
- Appointments for staff in all community clinics central and more rural locations
- Opportunities for drop-in vaccinations at all clinics (workplaces and community)
- Peer vaccination for flu being rolled out across acute areas again this year to support further opportunities for staff; the number of peer immunisers recruited has increased year on year

Clinics are advertised on internal Staffnet, local social media and through regular staff bulletins as well as posters on wards with links to relevant information on NHS Inform.

A staff vaccination tracker will be shared and collated to provide individual areas as well as a whole system overview of uptake.

In line with national programme directions and schedules and in accordance with JCVI guidance, vaccinations will be offered to the most vulnerable groups, will be delivered from October. The programme will include appointed and drop-in community clinics, outreach and pop-up clinics, clinic and school-based vaccinations for all 2–5 year olds, and primary and secondary school age children, and care home and domiciliary vaccinations.

8. Inpatient Mental Health

The whole system mental health change programme has a number of active workstreams which serve to revise the Model of Care and support people to receive care in the most appropriate place, and in doing so supports the ability to maintain capacity and flow. The winter peaks in demand experienced by other parts of the system are not the same in mental health; however occupancy levels remain in excess of 85% and therefore robust plans are required to maintain efficiency.

The following mechanisms are in place to support:

- Business Continuity Plan in place
- Use of command centre data to support planning
- Use of Safecare to support safe staffing and system wide support
- Escalation SOP for staffing deficits
- Safety and Capacity huddles embedded
- BD involvement in whole system huddles
- Discharge Co-ordinator in place to support PDD
- Review of all inpatient stays exceeding 90 days
- Rapid Run-Downs in place across General Adult Psychiatry estate which involve community and inpatient teams
- Hope Point in Dundee operational since 2024, supporting individuals who present in distress

- Optimisation of Early Supported Discharge
- Out of hours site co-ordinators support ability to communicate and create capacity
- Support NHST vaccination programme
- Introduction of revised admissions pathway to support step up/step down approach
- Boarding SOP developed to maximise capacity within existing footprint
- Review of all out of sector and out of specialty patients currently in GAP

9. Communication Strategy

The NHS Tayside Communications Team has a comprehensive communications strategy to cover the winter months. This includes planned staff and public communications on vaccination, prevention and self-care of seasonal illness and accessing services over the festive period.

The team works with the clinical lead for winter to produce regular videos with key messages for the public, focusing on topics relevant to the current situation in hospitals and the community. In addition, there are assets to be used as needed for incidents such as adverse weather.

As in previous years, the Communications Team supports the organisation's preparations for winter through the local and national winter campaigns, tailoring the national key messages for the local situation and a local audience throughout the winter period. This is targeted at staff, patients, and the public alike. Social media is the most effective channel for instant updates to information and will be used extensively, along with media releases, website updates, radio updates and sharing of messages with local partners for onward distribution.

The Communications Team updates the 'Keep Well in Winter' pages on the NHS Tayside website and the 'Winter Zone' on Staffnet with all relevant winter information. Ready Scotland is also promoted on the front page of its website.

The team will continue sharing the Right Care, Right Place messages around how and where to access the right healthcare for people's needs e.g., 111 for urgent care, A&E when life-threatening, and what to do when GP surgeries are closed, e.g. NHS 24 and community pharmacies. This is supported by regular social media and website posts to share information and signpost to available services.

10. Workforce

The aim is to have the appropriate levels of staffing in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods.

As such system-wide planning is in place to ensure the appropriate levels of cover needed to effectively manage predicted activity across the wider system and discharge over the festive holiday periods.
Examples of this include:

- Infection, Prevention and Control Teams (IPCT) rotas organised to ensure appropriate levels of cover in particular to days following the festive break/public holiday periods
- Nursing rosters are managed in accordance with NHS Tayside Roster policy, Health roster are provided six weeks in advance. Patient demand and acuity is managed in accordance with Safe Care to support reallocation of staff

- Whilst every effort has been made cross system to ensure capacity for increased winter activity can be absorbed within the funded footprint, it is recognized there may be a period where unfunded capacity is required.
- Due to ongoing nursing workforce challenges, the senior nursing team will ensure in the event of requiring to utilise unstaffed beds, that a robust risk assessment of staffing to support realignment of resource is undertaken to safely care for patients using the toolkit available including Safe Care; Roster perform and collapsible hierarchy models.
- To manage staffing gaps in ward areas, proposed focused update for staff being moved or deployed through the clinical educators/Practice Education Facilitator with familiarisation to new areas, documentation and ways of working before winter and if possible aligning individual staff to identified wards where they will have confidence to be redeployed during the winter months

10.1 Allied Health Professions (AHP)

The Allied Health Professions (AHP) directorate team have worked collaboratively with services managers and professional leads from across all professions and organisations to plan for a system of mutual support and professional prioritisation to maintain essential functions of AHP services whenever possible throughout winter 2025/2026. This guide details the escalation plans as agreed by all professions; with the understanding this is subject to ongoing review for service demand and capacity.

The majority of AHPs in Tayside are employed by NHS Tayside (each council also employs Occupational Therapists) but the professions are operationally managed across the three health and social care partnerships and the clinical care groups of NHS Tayside. Some professions already work within the structure of a single Tayside wide service whilst Occupational Therapy and Physiotherapy are managed across all parts of the system. All AHPs working within integrated systems, already work to the principles within the AHP professional and operational interface guidance document which aims to support the role of the operational leader, the individual and the professional lead to navigate matters such as professional issues, practice development, personal development, workforce issues and capability.

This escalation plan simply applies the understanding of utilising the professional leadership available to support operational management decisions and actions to the challenges of workforce planning and winter contingency escalation.

It is well documented through strategic risks and all organisational structures that some of the professions are experiencing staffing shortages and are listed on the national shortage occupation list (SOL).
Whilst teams already work well within multi-disciplinary structures for support and shared working, some essential tasks require the expertise of an individual from a specific registered profession.

This plan offers a clear process for considering mutual support as one solution to workforce or capacity challenges across the system. Whilst each operational area has systems for supporting workforce needs, we have recent and ongoing experience of areas having significant challenges with minimal solutions available to them. There is an established AHP bank, but this has limited staff available at this point due to the National shortage of AHPs. Work is ongoing to further develop this. This solution limits the need to escalate to costly agency or bank recruitment and offers robust evidence of alternative solutions being considered before an agency solution is used.

Services can identify their workforce challenge and raise it to the Tayside AHP command group. This group will seek to agree any staffing capacity that can be released to support the need across Tayside in collaboration with service leads and professional leads. The plan employs a 5 tier escalation process and the group would seek support from services in lower tiers on a flexible, temporary or short-term basis. A comprehensive communication strategy will be employed to ensure all parties are kept informed of progress.

10.2 Nursing & Medical Workforce

As part of the Winter plan staffing the unfunded beds ,or surge beds, within the Acute in-patient wards, will be supported by incorporating the over recruited Newly Graduated Practitioners (NGPs); these NGPs will be blended with existing registered nurse teams, to ensure staff have the requisite knowledge and skills to deliver safe patient care. In addition, the Nurse Bank will support supplementation of the HCSWs required to staff the surge beds.

On the PRI site we are exploring the opportunity to recruit additional staff on temporary contracts to cover the winter period. These staff will be deployed to the unfunded beds within the level 5 footprint (wards 7&8) this will support both unscheduled admissions as well as the 'Path to Zero' target for elective long waits.

In line with previous years, appointment of clinical fellows has been undertaken to support additional medical workload associated with increased admissions and discharges over the peak winter period.

10.3 Pharmacy Workforce

Pharmacy will endeavour to deliver the full range of range of services over the winter period. In those situations when demands exceed capability, pharmacy will work collaboratively via the safety huddle to:

- Prioritise workload taking into due consideration of NHST priorities of unscheduled, cancer care and planned care.
- Explore cross cover options across the service with a primary focus on high-risk patients with complexed medication needs and discharging of patients to maintain flow.
- Explore agency options including bank and locum staff.
- Consider other options to meet patient demands and maintain staff wellbeing including reviewing workload deadlines as well as reviewing hours of operation across a 7-day period as appropriate.

10.4 Staff Wellbeing

It is recognised that our staff are our greatest asset as we approach the winter period. Supporting their wellbeing requires to be a priority as part of our preparedness. The Staff Wellbeing Service and the Department of Spiritual Care will support staff in a proactive and timely manner.

We will meet weekly with the winter planning group:

- Giving the opportunity for managers to bring issues concerning staff support to our attention
- To remind managers that the support is available for them also
- To give reminders of how the service can be accessed over all inpatient sites 24/7

As a service we will undertake:

- To provide regular check ins with all wards and areas over Tayside
- To provide opportunities for proactive support to areas in need
- To develop resources to help staff over winter and share these through comms
- To support the work of the Staff Wellbeing Champions

10.5 Volunteer Service

Discharge services, supported by volunteers, can provide vital support to individuals when leaving the hospital environment. Historical research illustrates that, when receiving support from volunteer discharge services, patients feel safer, less lonely, less frightened, more reassured and more supported.

Following on from the 18-week pilot of a volunteer discharge support service in 2022/23, funding has been secured from the Charitable Foundation to support a volunteer led service that supports patients for up to five consecutive days following discharge. The service will be managed by two Discharge Support Volunteer Co-ordinators. The funding is for 18 months to take in two winter periods. (24/25 – 25/26)

The service involves telephone calls being made to the patients which include questions regarding their wellbeing, any medical needs or concerns and to make recommendations of community support services. Additionally, volunteers are able to provide support to the family members/carers of the patient to ensure that they are managing well with caring for their loved one post discharge.

The volunteer discharge service is an excellent example of where volunteers can make a positive difference to patients and their loved ones**.**

Feedback received from users is incredibly appreciative of this service, next steps include consideration of the relevance for roll out to other wards and how to sustain this service once initial funding has been exhausted.

11. Digital & Technology

The use of information and data is critical for effective forecasting of unscheduled and elective winter demand and capacity planning.

11.1 Command Centre & Heat Map

The Command Centre continues to evolve to meet planning and management of flow including bed reconfiguration: viral illness rate and impact on resource availability; 4 hour wait position.

The HEAT MAP is generated and widely circulated on a weekly basis to inform the whole system position. This will be reviewed weekly through the Winter Resilience Operational Delivery Group and subsequent escalation, or de-escalation of plans agreed and implemented. The HEAT Map will also be available within the Safety & Flow Hub for the purpose of daily management of capacity and flow and to support planning for the week.

There is a Whole System Heat Map, which is informed by four operational level Heat Maps, including Acute Services, Women Children and Families, GP & Out of Hours, and Mental Health. Examples are provided in Appendix 4. The Heat Map suite of reporting enables shared visibility of where the pressures in the system are and includes data-driven predictions of where pressures are likely to emerge, which in turn enables collaborative and

proactive data-driven decision making to support flow within operational divisions and across the whole system.

11.2 Resilience App

To support winter planning arrangements, a section on 'Whole System Pressure' was added to the NHS Tayside Alert App during 2023/24. Key documents such as our escalation plans and SOPs and will be available to all Safety & Flow staff who are responsible for managing optimal patient flow as well as our Mental Health H&SCP/ Primary Care & OOH colleagues who contribute to the safe and efficient management of our unscheduled care pathways. The Risk & Resilience Planning team supported the development of the broadcast group and maintain documentation upload.

This development supports accessibility to information in and out of hours as well as off site, and provides greater consistency in approach and decision-making, allowing the most efficient use of available resource.

11.3 Outcome and Performance measurement

The following measures will provide an overview of the whole system temperature and specific areas of pressure/challenge. The data will be reviewed daily and weekly through the Safety & Flow Huddles, the Winter Resilience Operational Delivery Group and Tactical Cell meetings as required:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95%)
- Earlier in the Day Discharges - Hour of Discharge (inpatient wards)
- Weekend Discharge Rates - Day of Discharge weekday v's weekend discharges
- Reduction in delayed discharges to meet green RAG status
- Early initiation of flu vaccination programme to capture critical mass of staff
- Achieve target operating model for unscheduled admissions, achieving and maintaining Upper Quartile Average Length of Stay Targets
- Use of information and intelligence from Primary Care, OOH Services and NHS 24 to predict secondary care demand.
- Standardised approach to speciality – level escalation plans
- Monitor planned care cancellation rates

Performance against these measures will be provided within the Board Business Critical weekly reports and updates to the Chief Executive Team (CET) as per established reporting structures.

The 25/26 Winter Plan, inclusive of the actions relating to prevention and management of seasonal illness, reflects the collective actions NHS Tayside and its partner organisations will take to achieve our intention to provide a consistent high quality of service for all our patients throughout winter and beyond.

Appendix 1: Divisional Winter Resilience Operational Planning/ Bed Modelling Examples

Medicine Division: Ninewells Hospital Bed Modelling

	2025-26	September	October	November	December	January	February	March
Medicine Bed Modelling (Ninewells)	Avg Beds Used (per night) 2023/24		245 (Peak - 247)	255 (Peak - 258)	252 (Peak - 261)	290 (Peak - 301)	275 (Peak - 287)	247 (Peak - 253)
	Avg Beds Used (per night) 2024/25	255	259 (Peak - 264)	265 (Peak - 276)	269 (Peak - 288)	284 (Peak - 292)	270 (Peak - 274)	244 (Peak - 270)
Total Medicine Ninewells	275	275	275	275	275	275	275	275
Average for 23/24 and 24-25	Average 2 years	250	252	260	261	287	273	246
Total Beds Required at Optimum Occupancy (90/95%)	Calculated using average across 2 years: 90% Occupancy	275	277	286	287	316	300	270
Winter Additional Medicine Beds			2	11	12	41	25	-5
Beds Still Required (+/-)		0	0	-3	1	-17	-2	13
Bed Base / Key Requirements Ninewells	Assumptions	Create capacity in morning to support early flow from AMU (inc. appropriate sitting out of patients). Morning 'Board Rounds' in place across all wards. All Medicine wards achieve Target LOS. All Medicine wards to achieve 90% occupancy / AMU 85%. All wards reducing admissions/attendances wherever possible Specialties to work collaboratively depending on surges: ID, Resp, Gen Med, Cardio Stroke potentialy in mutual aid - unable to provide more Medical capacity to other specialties Assumed pressure points: MfE throughout winter paricularly post viral surge, Resp during viral surge Dec-Jan, Stroke increase Jan-Feb Cardio temporarily increase Cath Lab sessions Mons & Fridays to increase flow (Christmas to end Jan dependent on overall demand)							
Increasing Bed Base within Medicine	Total additional beds		2	8	13	24	23	8
	MfE Ward 5	Baseline: 18 beds (6 unfunded) - MfE Surge	0	0	0	6	6	6
	Stroke Ward 6	Baseline: 22 beds (6 unfunded - 1 bay)	0	6	6	6	6	0
	CIU (6 already in 275)	Baseline: 6 beds	2	2	2	6	6	2
	CIU 7 day working		CIU 5 day working	CIU 5 day working	CIU 5 day working	CIU 7 day working	CIU 7 day reducing to 5 day working	CIU 5 day working
	Cardio Ward 1		0	0	1	2	1	0
	ID Ward 42		0	0	4	4	4	0
	Specialty use of Surge beds		CIU - 24-48hr discharges	CIU (8 beds) - 24-48hr discharges Wd5 (6 beds) - MfE use as required Wd 6 (6 beds) - Resp staffed/owned	CIU (8 beds) - 24-48hr discharges Wd5 (6 beds) - MfE use as required Wd 6 (6 beds) - Resp Cardio/ID - change threshold of acceptance dependent on demand	CIU (8 beds) - Gen Med use CIU (4 beds) - 24-48hr discharges Wd 5 (6 beds) - MfE Wd6 (6 beds) - Resp/Stroke?? Cardio/ID - change threshold of acceptance dependent on demand	CIU (8 beds) - Gen Med use reducing CIU (4 beds) - 24-48hr discharges Wd 5 (6 beds) - MfE Wd6 (6 beds) - Resp/Stroke?? Cardio/ID - change threshold of acceptance dependent on demand	CIU (8 beds) - 24-48hr discharges Wd5 (6 beds) - MfE use as required Wd 6 (6 beds) - closed

Medicine Division: Perth Royal Infirmary Bed Modelling

	2025-26	September	October	November	December (to 25/12)	6 Weeks 26/12 December - 3 February	February	March
	PRI Average Beds Used (per night) 2023/24		115 (Peak - 118)	121 (Peak - 123)	122 (Peak - 129)	126 (Peak - 135)	120 (Peak - 126)	109 (Peak - 117)
Plan / Month Anticipated RAG Status	PRI Average Beds Used (per night) 2024/25		112 (Peak - 114)	109 (Peak - 114)	113 (Peak 126)	129 (Peak - 129)	122 (Peak - 133)	117 (Peak - 121)
Total Medicine Beds	120	120	120	120	120	120	120	120
Average for 23/24 and 24-25	Average 2 years		113	115	118	128	121	113
Total Beds Required at Optimum Occupancy (90/95%)	Calculated using average across 2 years	120	125	127	130	140	133	124
Winter Additional Medical Beds	Percentage Occupancy		90%	90%	90%	95%	90%	90%
Beds Required (+/-)		0	-5	-7	-10	-20	-13	-4

Appendix 2 – Tayside 4 Hour Performance Report Visual

Scottish Ambulance Service
Taking Care to the Patient

Generic Contingency Plan – Capacity Management

Incorporating the

Resource Escalatory Action Plan - REAP

Version 9.2

November 2023

Scottish Ambulance Service

Generic Capacity Management Contingency Plan
And
Resource Escalatory Action Plan (REAP)

Contents

Scottish Ambulance Service

Generic Capacity Management Contingency Plan

Introduction

1. There is a need to maintain a comprehensive contingency planning framework to manage the consequences for the Scottish Ambulance Service of a level of demand being at a point where it exceeds the ability of the Service to meet it. This may arise when, whether in isolation or in combination, there is a rise in demand or a reduction in the capacity. This situation could be triggered through pressures exerted directly on the Scottish Ambulance Service or through referred impact of pressures exerted elsewhere within the health system. Should such a situation arise, health care provision may need to be planned or delivered differently, services prioritised or re-scheduled and partnership working, including mutual aid, extended or special contingency arrangements invoked.

2. The Capacity Management Contingency Plan may need to be implemented in circumstances when there is:

a. **Increased Demand**. There is a significant surge in demand for services provided by the Service, NHS 24, an NHS Board or Social Care for which that organisation does not have the capacity to compensate immediately. A flu outbreak, extreme weather challenge or significant major incident could escalate to the point where the Scottish Ambulance Service, NHS 24, an NHS Board or Social Care is unable to sustain or provide a normal level of service.

b. **Reduced Capacity**. There is a significant reduction in the capacity of the Service, NHS 24, an NHS Board or Social Care, which severely restricts its ability to respond to patent demand or deliver care. Understaffing, major staff sickness, localised IT system failures, or wider failures of service continuity, including external suppliers of goods and services, could escalate to the point where the Scottish Ambulance service, NHS 24, an NHS Board or Social Care is unable to sustain or provide a normal level of service.

c. **Reduced wider NHS services over Festive Periods**. Routine practice closure for 4 consecutive days on two consecutive weeks will occur in certain years. In addition to pressures due to capacity challenges within NHS out of hours services, trends for 999 calls indicate that demand may rise from between 10% - 150% above normal Friday night levels at certain times over that period. The patient care consequences and potential for uncompensated major incident at special events over the festive period and certain other times also contribute to the pressures on the Service.

Capacity Management - Planning Rationale

3. In order to plan effectively for the impact of increased demand, reduced resources or other unanticipated disruption, including significant systems or infrastructure failure, an assessment of existing demand and capacity is necessary together with an accurate assessment of the impact and range of consequences likely to impinge on service delivery. At given levels of escalation, a pre-determined consistent framework for action is required to support decision making and to manage and preserve the mission critical aspects of the operational service.

4. Managers, with the assistance of risk, resilience and business continuity colleagues have considered the likely consequences of any realistically foreseeable occurrence on service delivery, and identified the actions that could both, reasonably be taken in advance of an adverse situation to reduce the impact, and best maintain critical services should the situation come to fruition.

5. Generic action in preparation for a capacity management challenge is varied depending on the foreseeable risks but may include participating in immunisation programmes, issue of PPE or other buffer stocks, predetermined increases in operational or other staffing or deployment of special resources such as personnel, vehicles (including four-wheel drive) or equipment, to cover anticipated pressures. Preparation may also include training of additional staff or volunteers in specific priority duties and effective, planned communication with external stakeholders.

6. A common understanding of these planning assumptions and the development of consistent inter-agency contingency plans, escalation triggers, communications and management policies will reduce any adverse effect of disruptive challenge.

7. The Service will continue to develop policies to underpin its ability to enhance capacity or reduce demand at times of peak pressure or specific rising tide incidents. The introduction of alternative arrangements for service delivery during periods of escalation, i.e. The Scottish Ambulance Escalation Plan or Pandemic Escalation Plan will identify alternative methods to ensure the delivery of safe and situationally appropriate patient care during periods of increased pressure.

Scottish Ambulance Service

Resource Escalatory Action Plan - REAP

Introduction

8. Unlike the operational model used within some other emergency services, it is recognised that ambulance services work operationally at, or near, capacity, especially in urban areas, for much of the time. This high level of utilisation severely limits surge capacity thereby causing a degree of vulnerability in the delivery of patient care.

9. The Scottish Ambulance Service will continue to deliver the best level of patient care within resource for the population of Scotland when experiencing capacity pressures. This is in keeping with the ethos and strategy of the Service and recognises the need to maintain public confidence and the Service' good reputation.

Background

10. The Scottish Ambulance Service manages capacity and contingency through its Resource Escalatory Action Plan (REAP). The REAP establishes levels of 'stress' within service delivery, whether resultant from increased demand or reduced resource, and independent of cause, and identifies measures to be implemented to mitigate the impact of such stress. Measures are Service wide and include activity from the Operational Regions, Ambulance Control Centres (ACCs), National Risk and Resilience Department (NRRD), and Airwing.

REAP

11. **REAP Levels**. There will be an overall REAP level for the Service. During periods of normality the REAP Level is 1. During times of service delivery stress this level may rise up to the highest defined level, 4. REAP Levels, their service delivery impact, and associated colour coding are given in Table 1.

REAP Level 4	**Critical Impact / Service Failure**
REAP Level 3	**Significant Impact**
REAP Level 2	**Moderate Impact**
REAP Level 1	**Normal Service Delivery**

Table 1 - Scottish Ambulance Service REAP Levels

12. **REAP Level Triggers**. A number of factors could cause stress to Service Delivery. The most common are categorised into Staff, Fleet, Supply, Demand, System Pressures, and Weather factors. For these factors a set of pre-determined triggers have been established to assist decision making in identifying and declaring a REAP Level. Of note is that, although it is expected that the majority of events able to cause service delivery stress would fall into one of these categories, the absence of a suitable category, or indeed an appropriately defined trigger, should not prevent the declaration of a specific REAP Level if necessary. Secondly, there may be good reason for a specific REAP Level not to be declared, even though an associated trigger has been activated. These triggers are simply to guide and support decision making and should not be followed dogmatically. REAP Level Triggers are given in Table 2.

13. **Declaration of REAP Levels**. REAP levels for the Service will be declared by the Chair of the Service Delivery conference call on a Wednesday and revised weekly or as disruptive challenges dictate. Each Operational Region, ACC, and department, as required, will declare a REAP level, which will contribute to the national REAP level. The national Service, REAP level will not necessarily be the worst of Regional REAP levels or, indeed, an aggregate of them. It will be a subjective view, based on all contributory factors, and on the Service's national ability to meet demand with the resources it can call upon. When moving to REAP level 3 the Chair of the Daily Service Delivery conference call should seek approval from the on-call Strategic Manager. When moving to REAP level 4 approval should be given by the on-call Executive Director.

Triggers	Staff	Demand	System Pressure	Fleet	Supply	Weather
REAP 1	Operational shift coverage over a 24hr period ≥ 95.0%	Demand is over forecast by ≤ 10.0% of normal base line level OR BAU – Levels within the National Escalation Plan are used sporadically to manage on day system pressures	Average local Hospital turnaround times ≤ 30 mins (Where periods extend and cause concern)	Local Emergency Fleet provision is at establishment	Essential supplies being delayed by ≤ 7 Days	Be aware weather warnings issued from Met Office
REAP 2	Operational shift coverage over a 24hr period between 95.0 - 90.0%	Demand is over forecast by >10.0 - 15.0% of normal base line level OR Levels of the National Escalation Plan are used for prolonged periods in some sub regions to manage sustained	Average local Hospital turnaround times >30 but <60 mins (Where periods extend and cause concern)	Local Emergency Fleet provision reduced by 2 by workshop area	Essential supplies being delayed by >7 - 14 Days	Be prepared weather warnings issued from Met Office

		periods of pressure				
REAP 3 (On-Call Strategic Manager Approval)	Operational shift coverage over a 24hr period between 90.0 - 80.0% AND/OR Utilisation rate >65%	Demand is over forecast by >15.0 - 20.0% of normal base line level OR There is limited opportunity to deescalate levels within National Escalation Plan, which is in place to manage pressure within regions or sub regions	Average local Hospital turnaround times >60 but < 90 mins (Where periods extend and cause concern) OR National average weekly hospital turnaround of over 60 minutes or hospital turnaround times > 2hrs at two or more sites in one region for a sustained period (3+ hours).	Local Emergency Fleet provision reduced by 3 by workshop area	Essential supplies being delayed by >14 - 21 Days	Take Action weather warning issued from Met Office
REAP 4 (On-Call Executive Approval)	Operational shift coverage over a 24hr period < 80.0% AND/OR Utilisation rate >80%	Demand is over forecast by >20% of normal base line level OR There is no opportunity to deescalate levels within National Escalation Plan, which is in place to manage pressure regionally or nationally	Average local Hospital turnaround times > 90 mins (Where periods extend and cause concern) OR National average weekly hospital turnaround of over 90 minutes or hospital turnaround times > 5 hrs at two or more sites in one region for a sustained period (4+ hours).	Local Emergency Fleet provision reduced by 4 by workshop area	Essential supplies being delayed by > 21 Days	Weather conditions have a significant and sustained impact on critical infrastructure

Table 2 – REAP Level Triggers

14. **REAP Mitigation Measures**. During periods of increasing demand, the Service will consider a variety of operational, tactical and strategic measures to address the prevailing situation. These measures are designed to safeguard the most critical and vulnerable patients, by re-deploying resources in order to protect mission critical activities. Decisions will be made at a strategic (Service) level. This may result in resources being redeployed from a geographic area or activity of lower priority to one with a greater need. Suggested Mitigating Measures at each REAP Level are given at Table 3. Once again, this table is for guidance only and should not be followed dogmatically. Pressure may be higher in one part of the country and normal in another,

for example. There may be additional or alternative measures that can be used to manage the situation, and it may be useful to implement several measures at the same time. Operational Regions, ACC and Departments should also refer to their own Capacity Management Plans. For ease of use, tables 1, 2 and 3 are available in Annex A which can be printed as an aide memoire card.

Actions	Staff	Demand	System Pressure	Fleet	Supply	Weather
REAP 1	Business As Usual					
REAP 2 (Consider Capacity Management Meeting / Arrange staffing for possible establishment of Regional Cells)	Maximise ALL non-critical resources to operational shifts. Utilise Emergency Drivers and Bank Staff.	Preparation and consideration to implement Escalation Plan Level 1 with all appropriate actions implemented	Increase frequency of Local Management Discussions / Interventions with Integrated Health & Social Care Partners and Acute Units	Prioritise workshop capacity to maximise patient carrying fleet capacity.	Each Regional Hub holds 3 months of stock, and each Ambulance Station holds 3 weeks stock. This is relation to the core critical station consumable products circa 200 products. Hubs to monitor stock levels in anticipation that stock may need to be redistributed.	Managers to monitor local predicted impacts and gain assurance from key services in relation to preparedness . Consider the requirement to link in with LRPs and NRRD Resilience Leads
REAP 3 (Consider opening Regional Cells / Consider opening NCCC if there is an operational need)	Postpone ALL non critical activities/ meetings that do not directly assist in resolving or managing the current/imminent pressures.	Implementation and action review of Escalation Plan Level 1. Preparation and consideration to implement Escalation Plan Level 2 with all appropriate actions implemented.	Facilitate deployment of key staff and managers (Local ASM/HoS in hours & CTL during the on call period with escalation as required to the on call team) to site in response to pressures. Consider Review of attendance at nursing homes without FNC/doctor approval.	Consider Redeployment of ALL resources to core business (Ambulances/ Lease Cars/4x4). Consider LRP liaison and engagement.	Invoke plan with National Distribution Centre, 3rd party suppliers and engage with SAS Clinical team to source alternative products/suppliers if required. To ensure essential patient care supplies	Managers to ensure ALL appropriate actions are invoked. Ensure that specialist transport arrangements (4x4) are prioritised.
REAP 4 (Consider Opening NCCC / Potential MACA Request)	Consider all appropriate clinical staff to be redeployed to frontline duties. Consider Managers and support staff to be redeployed to directly assist	Implementation and action review of Escalation Plan Level 2. Preparation and consideration to implement Escalation Plan Level 3	NCCC to coordinate Service Priorities and resources ensuring appropriate deployment of National Assets	Consider Extended hours of operation across 7 days. Ensure all conveying resource in the system is made available for front line use	As per REAP 3, in conjunction with colleagues from Clinical Governance/H&S/Infection Control/IT Systems.	NCCC to seek, prioritise and coordinate all available national resources to respond to Service need.

	with Service Delivery. Consider implementing 24/7 national C3 structure. Consider maximising use of alternative suitably trained drivers. Consider cancellation of DFLM protected time and double TLs up with alternative suitably trained drivers. Consider redeployment of SORT / Air Ambulance / PTS / CTO etc. to front line duties. Consider asking staff to consider cancelling annual leave. Consider review of SOPs with the view to suspending elements that could increase capacity and support staff welfare. Consider suspending and redeploying PTS activity.	with review of all appropriate actions. OR Consider Redeployment of PTS resource to front line duties where appropriate. Consider Implement Regional or National 4.1 DCR table. Undertake critical emergency IHT's only. Consider AACE National Ambulance Coordination Centre engagement.	OR Consider Strategic commander in NCCC, supported by medical director / AMD / senior consultant. Consider maximising use of alternative suitably trained drivers. Consider cancellation of DFLM protected time and double TLs up with alternative suitably trained drivers. Consider redeployment of SORT / Air Ambulance / PTS / CTO etc. to front line duties. Consider asking staff to consider cancelling annual leave. Consider review of SOPs with the view to suspending elements that could increase capacity and support staff welfare. Consider suspending and redeploying PTS activity.	Consider amendments to routine maintenance schedules to maximises fleet availably Increase mobile mechanic provision to allow repairs to be carried out at station. hospital sites	Review potential alternative products, suppliers and/or alternative methods of clinical product usage or systems or IT systems if required. To ensure essential patient care supplies are managed and delivered were required.	

Table 3 – REAP Mitigating Actions

15. **REAP Management and Recovery**. The on-call Strategic Manager may initially declare a higher REAP Level outside the weekly Service Delivery Wednesday

meeting. If so, having been made aware of a developing, deteriorating or potentially serious situation, the on-call Strategic Manager may call a capacity management meeting. Core attendance, which may be by Conference Call, will vary on availability and be dependent on the trigger that has been reached. The on-call Strategic Manager will then lead on the management of and recovery from a heightened REAP with the support of all other Regional Directors and heads of relevant departments.

16. **Maintaining Critical Activities.** By implementing REAP it is the Service's intention to maintain the critical activities of

- ACC Functionality (Call Taking and Dispatch)
- Resourcing (Workforce Planning)
- A&E Functionality
- PTS Functionality
- Transport (Fleet)
- Supply (Procurement)
- ICT (Critical Systems)

In order to maintain these critical activities, it is acknowledged that this becomes a whole service approach. Corporate functions and departments not directly linked to the above activities may be required to invoke business continuity plans in order to release capacity to assist with the management and maintenance of these identified activities. The effect of creating capacity by corporate functions over a prolonged period of time will be considered by senior decision makers.

Tasks

17. **Regional Directors (Inc NRRD/ACC/Airwing/ScotSTAR).** Regional Directors (Inc NRRD/ACC/Airwing/SCOTSTAR) or their nominated deputies are asked to:

a. As required, or as the situation demands, declare their Regional REAP Level in accordance with the guidance given in this plan.

b. Ensure all regional managers are fully conversant with the content of this plan and the actions required to implement it.

c. Maintain Workforce Escalation Plans and ensure all regional managers are fully conversant with the content of the plans and the actions required to implement it.

d. Be responsible, in liaison with appropriate representatives of NHS Boards, Social Care, other planning partners and stakeholders, and in collaboration with Strategic Operations Managers (SOM), for planning local provision and will manage local resources in the event of exceptional or extraordinary pressures on emergency services.

e. Have regular dialogue with local NHS Managers at multiple levels (including NHS 24) and involvement in national and local project or working groups about capacity planning, including out of hours provision and consequences of service redesign. Local planning should include requirements for communication with patients.

f. Vary resource levels and/or patterns of work to take account of high demand or otherwise reduce the impact of disruption.

g. Increase rostered staffing levels within their Regions at times of historical or anticipated peak demand.

h. Vary existing levels of PTS provision, including additional resources, to limit any effect on the A&E service due to the needs of renal patients or for inter-hospital transfers. Typically, this would include additional discharge or patient transfer resources or additional support for renal or oncology patients.

i. Have an understanding that it may be necessary in extreme circumstances to prioritise workload, scale-down or suspend the PTS, training or meetings and redeploy managers and support staff to assist the accident and emergency service.

j. Increase staffing levels within the ACC at times of historical or anticipated peak demand.

18. **General Manager NRRD**. The General Manager NRRD or their nominated deputy is asked to:

a. Ensure the on-call Strategic Manager is informed of any considerations that may give cause to review the Service's REAP level at any given time.

b. Vary resource levels / patterns of work to take account of high demand or otherwise reduce the impact of disruption.

19. **General Manager Fleet Services.** General Manager Fleet Services or their nominated deputy is asked to:

a. Inform the on-call Strategic Manager of any fleet provision considerations that may give cause to review the Service's REAP level at any given time.

b. Vary resource levels / patterns of work to take account of high demand or otherwise reduce the impact of disruption.

c. Increase staffing levels within the department, especially workshops, at times of historical or anticipated peak demand.

20. **Head of Procurement.** The Head of Procurement or their nominated deputy is asked to:

a. Inform the on call Strategic Manager of any supply considerations that may give cause to review the Service's REAP level at any given time.

b. Consider the procurement team resource and responsibilities to meet critical supply lines to the Regional hubs.

c. Liaise closely with National Procurement, SAS Health & Safety and Infection Control to ensure seamless appropriate supply.

Coordination

21. **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.

22. **Joint Decision Model** The effective use of REAP will require multiple judgements and decisions to be made in association with the Triggers and Actions guidance contained within this plan. The Joint Decision Model is a recognised decision making model that is common to all UK emergency services and is designed to bring together the available information, reconcile objectives and make effective decisions.

Annex A

Scottish Ambulance Service

Resource Escalatory Action Plan – REAP

REAP Levels

REAP Level 4	**Critical Impact / Service Failure**
REAP Level 3	**Significant Impact**
REAP Level 2	**Moderate Impact**
REAP Level 1	**Normal Service Delivery**

Table 1 - Scottish Ambulance Service REAP Levels

REAP Level Triggers

Triggers	Staff	Demand	System Pressure	Fleet	Supply	Weather
REAP 1	Operational shift coverage over a 24hr period ≥ 95.0%	Demand is over forecast by ≤ 10.0% of normal base line level OR BAU – Levels within the National Escalation Plan are used sporadically to manage on day system pressures	Average local Hospital turnaround times ≤ 30 mins (Where periods extend and cause concern)	Local Emergency Fleet provision is at establishment	Essential supplies being delayed by ≤ 7 Days	Be aware weather warnings issued from Met Office
REAP 2	Operational shift coverage over a 24hr period between 95.0 - 90.0%	Demand is over forecast by >10.0 - 15.0% of normal base line level OR Levels of the National Escalation Plan are used for prolonged	Average local Hospital turnaround times >30 but <60 mins (Where periods extend and cause concern)	Local Emergency Fleet provision reduced by 2 by workshop area	Essential supplies being delayed by >7 - 14 Days	Be prepared weather warnings issued from Met Office

		periods in some sub regions to manage sustained periods of pressure				
REAP 3 (On-Call Strategic Manager Approval)	Operational shift coverage over a 24hr period between 90.0 - 80.0% AND/OR Utilisation rate >65%	Demand is over forecast by >15.0 - 20.0% of normal base line level OR There is limited opportunity to deescalate levels within National Escalation Plan, which is in place to manage pressure within regions or sub regions	Average local Hospital turnaround times >60 but < 90 mins (Where periods extend and cause concern) OR National average weekly hospital turnaround of over 60 minutes or hospital turnaround times > 2hrs at two or more sites in one region for a sustained period (3+ hours).	Local Emergency Fleet provision reduced by 3 by workshop area	Essential supplies being delayed by >14 - 21 Days	Take Action weather warning issued from Met Office
REAP 4 (On-Call Executive Approval)	Operational shift coverage over a 24hr period < 80.0% AND/OR Utilisation rate >80%	Demand is over forecast by >20% of normal base line level OR There is no opportunity to deescalate levels within National Escalation Plan, which is in place to manage pressure regionally or nationally	Average local Hospital turnaround times > 90 mins (Where periods extend and cause concern) OR National average weekly hospital turnaround of over 90 minutes or hospital turnaround times > 5 hrs at two or more sites in one region for a sustained period (4+ hours).	Local Emergency Fleet provision reduced by 4 by workshop area	Essential supplies being delayed by > 21 Days	Weather conditions have a significant and sustained impact on critical infrastructure

Table 2 – REAP Level Triggers

REAP Mitigating Actions

Actions	Staff	Demand	System Pressure	Fleet	Supply	Weather
REAP 1	Business As Usual					
REAP 2 (Consider Capacity Management Meeting / Arrange staffing for possible establishment of Regional Cells)	Maximise ALL non-critical resources to operational shifts. Utilise Emergency Drivers and Bank Staff.	Preparation and consideration to implement Escalation Plan Level 1 with all appropriate actions implemented	Increase frequency of Local Management Discussions / Interventions with Integrated Health & Social Care Partners and Acute Units	Prioritise workshop capacity to maximise patient carrying fleet capacity.	Each Regional Hub holds 3 months of stock, and each Ambulance Station holds 3 weeks stock. This is relation to the core critical station consumable products circa 200 products. Hubs to monitor stock levels in anticipation that stock may need to be redistributed.	Managers to monitor local predicted impacts and gain assurance from key services in relation to preparedness. Consider the requirement to link in with LRPs and NRRD Resilience Leads
REAP 3 (Consider opening Regional Cells / Consider opening NCCC if there is an operational need)	Postpone ALL non critical activities/ meetings that do not directly assist in resolving or managing the current/imminent pressures.	Implementation and action review of Escalation Plan Level 1. Preparation and consideration to implement Escalation Plan Level 2 with all appropriate actions implemented.	Facilitate deployment of key staff and managers (Local ASM/HoS in hours & CTL during the on call period with escalation as required to the on call team) to site in response to pressures. Consider Review of attendance at nursing homes without FNC/doctor approval.	Consider Redeployment of ALL resources to core business (Ambulances/ Lease Cars/4x4). Consider LRP liaison and engagement.	Invoke plan with National Distribution Centre, 3rd party suppliers and engage with SAS Clinical team to source alternative products/suppliers if required. To ensure essential patient care supplies	Managers to ensure ALL appropriate actions are invoked. Ensure that specialist transport arrangements (4x4) are prioritised.
REAP 4 (Consider Opening NCCC /	Consider all appropriate clinical staff to be redeployed to frontline duties.	Implementation and action review of Escalation Plan Level 2. Preparation and consideration to implement Escalation	NCCC to coordinate Service Priorities and resources ensuring appropriate deployment of National Assets	Consider Extended hours of operation across 7 days. Ensure all conveying resource in the system	As per REAP 3, in conjunction with colleagues from Clinical Governance/H&S/Infecti on Control/IT Systems. Review potential	NCCC to seek, prioritise and coordinate all available national resources to respond to Service need.

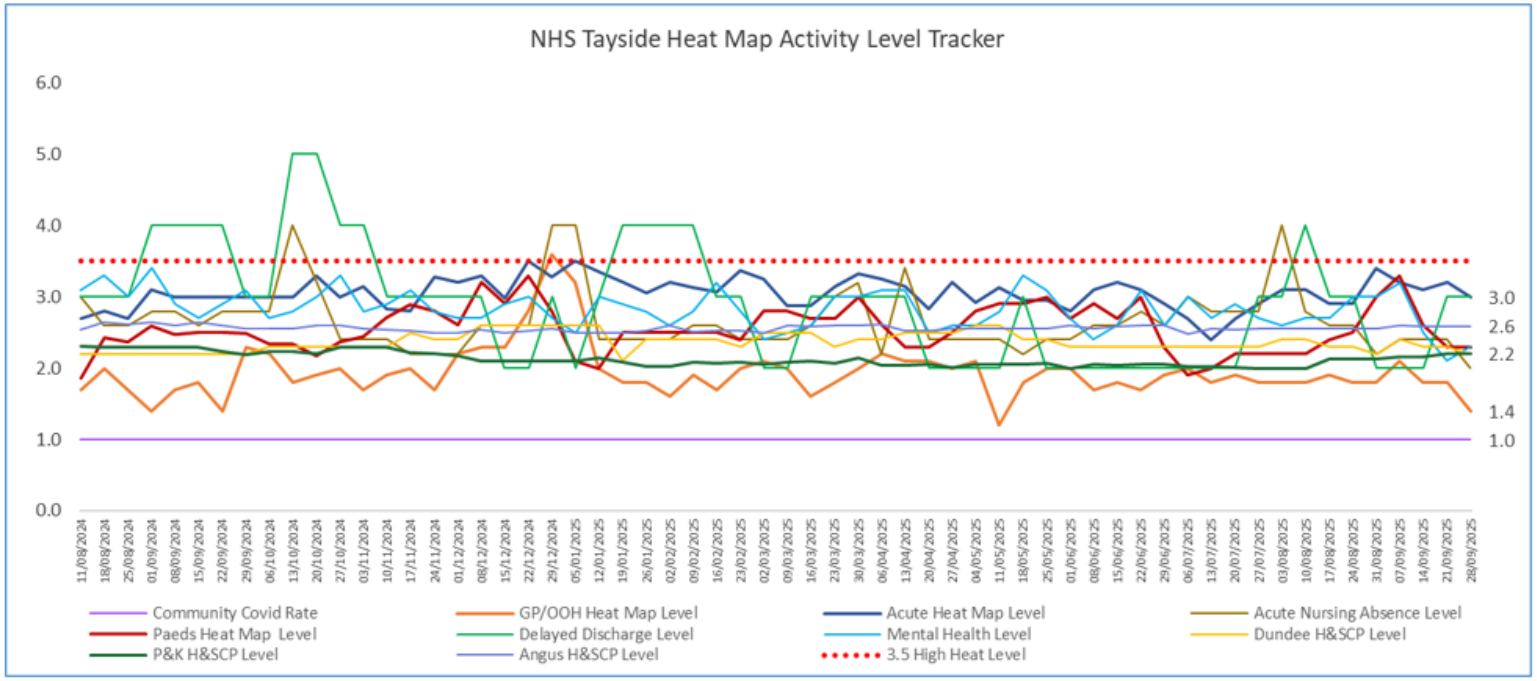
Potential MACCA Request)	Consider Managers and support staff to be redeployed to directly assist with Service Delivery. Consider implementing 24/7 national C3 structure. Consider maximising use of alternative suitably trained drivers. Consider cancellation of DFLM protected time and double TLs up with alternative suitably trained drivers. Consider redeployment of SORT / Air Ambulance / PTS / CTO etc. to front line duties. Consider asking staff to consider cancelling annual leave. Consider review of SOPs with the view to suspending elements that could increase capacity and support staff welfare. Consider suspending and redeploying PTS activity.	Plan Level 3 with review of all appropriate actions. OR Consider Redeployment of PTS resource to front line duties where appropriate. Consider Implement Regional or National 4.1 DCR table. Undertake critical emergency IHT's only. Consider AACE National Ambulance Coordination Centre engagement.	OR Consider Strategic commander support to the SOM, supported by medical director / AMD / senior consultant. Consider maximising use of alternative suitably trained drivers. Consider cancellation of DFLM protected time and double TLs up with alternative suitably trained drivers. Consider redeployment of SORT / Air Ambulance / PTS / CTO etc. to front line duties. Consider asking staff to consider cancelling annual leave. Consider review of SOPs with the view to suspending elements that could increase capacity and support staff welfare. Consider suspending and redeploying PTS activity.	is made available for front line use Consider amendments to routine maintenance schedules to maximises fleet availably Increase mobile mechanic provision to allow repairs to be carried out at station. hospital sites	alternative products, suppliers and/or alternative methods of clinical product usage or systems or IT systems if required. To ensure essential patient care supplies are managed and delivered were required.	

Table 3 – REAP Mitigating Actions

Appendix 4 – Example Heat Maps *i: Whole System Heat Map*

Tayside Whole System Heat Map Activity Level Tracker, as at 28th September 2025

NHS Tayside
Health & Business Intelligence Team

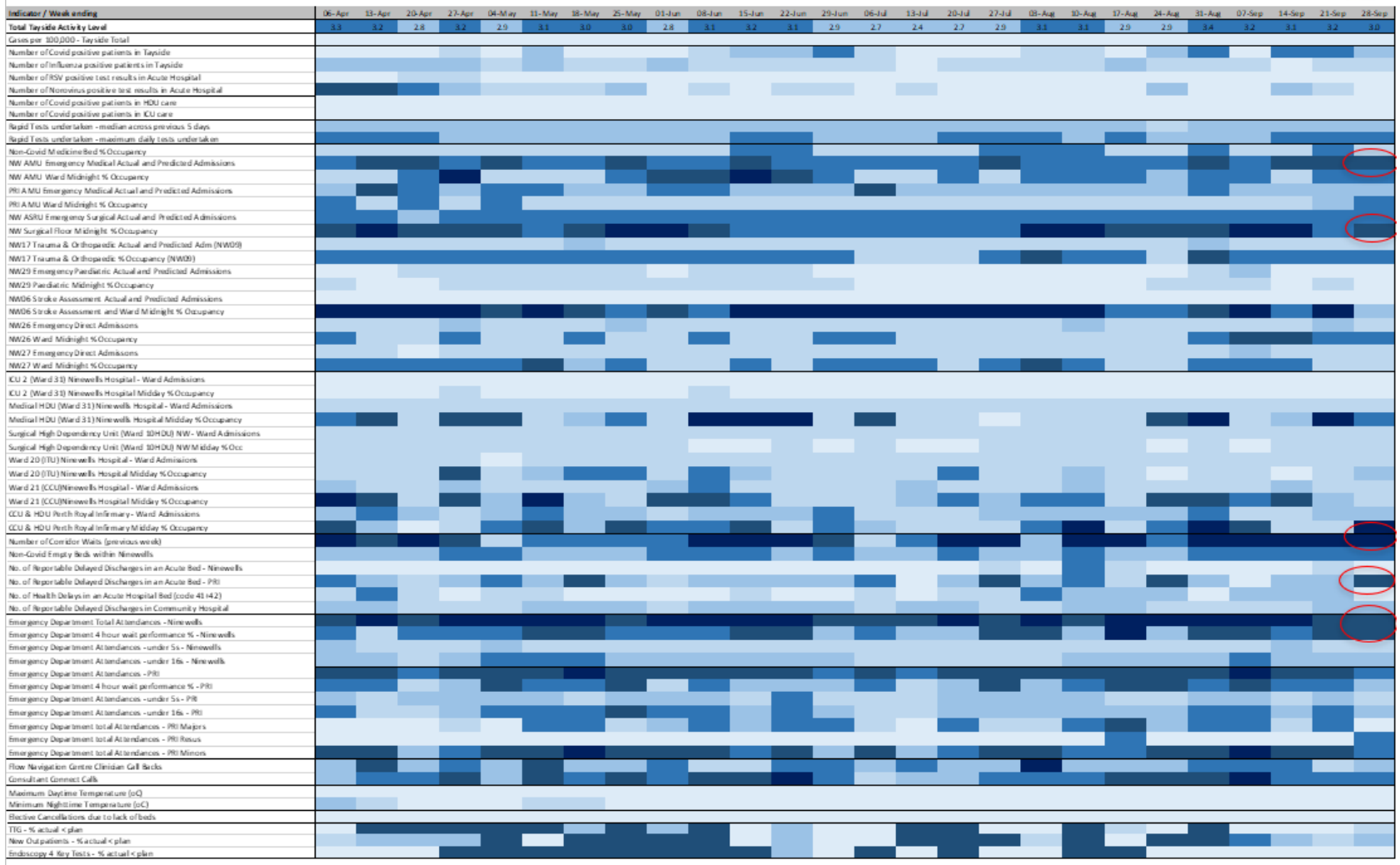


Activity Level / Week ending	06-Apr	13-Apr	20-Apr	27-Apr	04-May	11-May	18-May	25-May	01-Jun	08-Jun	15-Jun	22-Jun	29-Jun	06-Jul	13-Jul	20-Jul	27-Jul	03-Aug	10-Aug	17-Aug	24-Aug	31-Aug	07-Sep	14-Sep	21-Sep	28-Sep
Community Covid Rate																								1.0	1.0	1.0
GP/OOH Heat Map Activity Level																								1.8	1.8	1.4
Acute Heat Map Activity Level																								3.1	3.2	3.0
Acute Nursing Absence Activity Level																								2.4	2.4	2.0
WC&F Heat Map Activity Level																								2.6	2.3	2.3
Delayed Discharge Activity Level																								2.0	3.0	3.0
Mental Health Activity Level																								2.5	2.1	2.3
Dundee H&SCP Activity Level																								2.3	2.3	2.2
P&K H&SCP Activity Level																								2.2	2.2	2.2
Angus H&SCP Activity Level																								2.6	2.6	2.6

Appendix 4 – Example Heat Maps *ii: Acute Heat Map*

NHS Tayside Acute Heat Map

Activity level = 3.0



Ongoing Areas of Activity

Appendix 4 – Example Heat Maps *iii: GP and Out of Hours (OOH) Heat Map*

NHS Tayside GP and OOH Heat Map **Activity level = 1.4**

NHS Tayside
Health & Business Intelligence Team

	Indicator	Indicator / Week ending	06-Apr	13-Apr	20-Apr	27-Apr	04-May	11-May	18-May	25-May	01-Jun	08-Jun	15-Jun	22-Jun	29-Jun	06-Jul	13-Jul	20-Jul	27-Jul	03-Aug	10-Aug	17-Aug	24-Aug	31-Aug	07-Sep	14-Sep	21-Sep	28-Sep
	Activity Level	**Tayside GP and OOH Activity Level**	2.2	2.1	2.1	2.0	2.1	1.2	1.8	2.0	2.0	1.7	1.8	1.7	1.9	2.0	1.8	1.9	1.8	1.8	1.8	1.9	1.8	1.8	2.1	1.8	1.8	1.4
	Covid Community Rate	Cases per 100,000 - Tayside Total																										
		Cases per 100,000 - Dundee																										
		Cases per 100,000 - Perth & Kinross																										
		Cases per 100,000 - Angus																										
		% test positivity																										
	CAC	Covid Assessments at CAC - WeekDay																										
		Covid Assessments at CAC - Weekend																										
		Covid Calls to TTS - WeekDay																										
		Covid Calls to TTS - Weekend																										
	OOH	Covid OOH Centre Attendances - WeekDay																										
		Covid OOH Centre Attendances - Weekend																										
		Total OOH Centre Attendances - WeekDay																										
		Total OOH Centre Attendances - Weekend																										
		Covid GP Advice Calls - WeekDay																										
		Covid GP Advice Calls - Weekend																										
		Total GP Advice Calls - WeekDay																										
		Total GP Advice Calls - WeekEnd																										
		Total Home Visits - WeekDay																										
		Total Home Visits - Weekend																										
GP In Hours Activity - rate per 1,000 GP practice popn	Total Appts	Total GP Appts - Tayside Total																										
		Total GP Appts - Dundee																										
		Total GP Appts - Angus																										
		Total GP Appts - Perth & Kinross																										
	F2F Appts	Face to Face Appts - Tayside Total																										
		Face to Face Appts - Dundee																										
		Face to Face Appts - Angus																										
		Face to Face Appts - Perth & Kinross																										
	Telephone Appts	Telephone Appts - Tayside Total																										
		Telephone Appts - Dundee																										
		Telephone Appts - Angus																										
		Telephone Appts - Perth & Kinross																										
	OOH GP Staffing Combined Dundee and P&K	% OOH GP Staffing Available - Dundee and P&K WeekDay																										
		% OOH GP Staffing Available - Dundee and P&K Weekend/PH																										
	OOH GP Staffing Dundee Kings Cross	% OOH GP Staffing Available - Dundee WeekDay																										
		% OOH GP Staffing Available - Dundee Weekend/PH																										
	OOH GP Staffing Perth & Kinross	% OOH GP Staffing Available - P&K WeekDay																										
		% OOH GP Staffing Available - P&K Weekend/PH																										

Ongoing Areas of Activity

Appendix 4 – Example Heat Maps *iv: Women, Children and Families (WCF) Heat Map*

NHS Tayside WC&F Heat Map

Activity level = 2.3

NHS Tayside
Health & Business Intelligence Team

	week ending																	
	01-Jun	08-Jun	15-Jun	22-Jun	29-Jun	06-Jul	13-Jul	20-Jul	27-Jul	03-Aug	10-Aug	17-Aug	24-Aug	31-Aug	07-Sep	14-Sep	21-Sep	28-Sep
Paediatric Activity Level	2.7	2.9	2.7	3.0	2.3	1.9	2.0	2.2	2.2	2.2	2.2	2.4	2.5	3.0	3.3	2.6	2.3	2.3

															Predicted						
Indicator	Indicator / Week ending	15-Sep	16-Sep	17-Sep	18-Sep	19-Sep	20-Sep	21-Sep	22-Sep	23-Sep	24-Sep	25-Sep	26-Sep	27-Sep	28-Sep	29-Sep	30-Sep	01-Oct	02-Oct	03-Oct	04-Oct	05-Oct
	Paediatric Activity Level	2.0	2.6	1.9	2.1	3.0	2.2	2.3	2.6	2.1	2.0	2.3	2.4	2.1	2.3	2.9	2.7	2.6	2.4	2.4	2.3	2.5
Covid Position	Number of Covid positive patients in Ward 29 Paediatrics																					
	Number of Covid suspect patients in Ward 29 Paediatrics																					
	Number of Covid close contact patients in Ward 29 Paediatrics																					
	Number of Covid positive patients in Ward 29 Paeds HDU																					
	Number of Covid close contact patients in Ward 29 Paeds HDU																					
	Number of Covid positive patients in Ward 29 Paeds Assess2																					
	Number of Covid close contact patients in Ward 29 Paeds Assess2																					
	Number of Covid positive patients in Ward 30																					
	Number of Covid positive patients in Ward 36 Maternity																					
	Number of Covid close contact patients in Ward 36 Maternity																					
	Number of Covid positive patients in NICU (NWSBU)																					
Inpatient Activity	Ward 29 Paediatrics Actual and Predicted Admissions																					
	Ward 29 Paediatrics Midnight % Occupancy																					
	Ward 29 Paeds HDU Actual and Predicted Admissions																					
	Ward 29 Paeds HDU Midnight % Occupancy																					
	Ward 29 Paeds Assess1 Actual and Predicted Admissions																					
	Ward 29 Paeds Assess1 Midnight % Occupancy																					
	Ward 30 Actual and Predicted Admissions																					
	Ward 30 Gynaecology Suite Actual and Predicted Admissions																					
	Ward 30 Gynaecology Suite Midnight % Occupancy																					
	NICU Ward Midnight % Occupancy																					
Emergency Department - Ninewells	Emergency Department Total Attendances - Ninewells																					
	Emergency Department 4 hour wait performance % - Ninewells																					
	Emergency Department Attendances - under 5s - Ninewells																					
	Emergency Department Attendances - under 16s - Ninewells																					
Emergency Department - PRI	Emergency Department Attendances - PRI																					
	Emergency Department 4 hour wait performance % - PRI																					
	Emergency Department Attendances - under 5s - PRI																					
	Emergency Department Attendances - under 16s - PRI																					

Ongoing Areas of Activity

Appendix 4 – Example Heat Maps *v: Mental Health Heat Map*

NHS Tayside Mental Health Heat Map

Activity level = 2.3

Indicator Group	Indicator / Week ending	06-Apr	13-Apr	20-Apr	27-Apr	04-May	11-May	18-May	25-May	01-Jun	08-Jun	15-Jun	22-Jun	29-Jun	06-Jul	13-Jul	20-Jul	27-Jul	03-Aug	10-Aug	17-Aug	24-Aug	31-Aug	07-Sep	14-Sep	21-Sep	28-Sep
Activity Level	Total Tayside Activity Level	3.1	3.1	2.5	2.6	2.6	2.8	3.3	3.1	2.7	2.4	2.6	3.1	2.6	3.0	2.7	2.9	2.7	2.6	2.7	2.7	3.0	2.7	3.2	2.5	2.1	2.3
GAP Wards	Carseview Ward 1 Actual Admissions																										
	Carseview Ward 1 Midnight % Occupancy																										
	Carseview Ward 2 Actual Admissions																										
	Carseview Ward 2 Midnight % Occupancy																										
	Carseview IPCU Actual Admissions																										
	Carseview IPCU Midnight % Occupancy																										
	Mulberry Unit Carseview Actual Admissions																										
	Mulberry Unit Carseview Unit Midnight % Occupancy																										
	Amulree Ward Murray Royal Actual Admissions																										
	Amulree Ward Murray Royal Midnight % Occupancy																										
	Moredun Ward Murray Royal Actual Admissions																										
	Moredun Ward Murray Royal Midnight % Occupancy																										
GAP Surge Beds	Carseview Ward 1 Surge Beds Midnight Average Occupied Beds																										
	Carseview Ward 2 Surge Beds Midnight Average Occupied Beds																										
	Mulberry Unit Carseview Surge Beds Midnight Average Occupied Beds																										
	Amulree Ward Murray Royal Surge Beds Midnight Average Occupied Beds																										
	Moredun Ward Murray Royal Surge Beds Midnight Average Occupied Beds																										
Delayed Discharges	Number of Delayed Discharges in a Mental Health Bed																										
	General Adult Psychiatry Delayed Discharges																										
	Learning Disability Delayed Discharges																										
	Psychiatry of Old Age Delayed Discharges																										
	Forensic Psychiatry Delayed Discharges																										
Emergency	NW Emergency Department Attendances - Mental Health Presentation																										
Department -	MH Emergency Department 4 hour wait performance % - Ninewells																										
Ninewells MH	MH Emergency Department Attendances Waited > 4 Hours - Ninewells																										
Emergency	PRI Emergency Department Attendances - Mental Health Presentation																										
Department -	MH Emergency Department 4 hour wait performance % - PRI																										
PRI MH	MH Emergency Department Attendances Waited > 4 Hours - PRI																										
Crisis Team / Liaison	Crisis Team Activity																										
Activity and	Crisis Team % Performance																										
Breaches	Crisis Team Breaches																										
Adverse Events	Adverse Events																										
	Home Treatment																										
	Enhanced Interventions																										

Ongoing Areas of Activity