HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 26 JUNE 2025

10.00 AM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP -

East Sussex County Council Members
Councillors Colin Belsey (Chair), Christine Robinson (Vice Chair), Sam Adeniji, Abul Azad, Sorrell Marlow-Eastwood, Sarah Osborne and Alan Shuttleworth

District and Borough Council Members
Councillor Kara Bishop, Eastbourne Borough Council
Councillor Mike Turner, Hastings Borough Council
Councillor Christine Brett, Lewes District Council
Councillor Terry Byrne, Rother District Council
Councillor Graham Shaw, Wealden District Council

Voluntary Sector Representatives
Emma McDermott, VCSE Alliance
Jennifer Twist, VCSE Alliance

AGENDA

1. **Minutes of the meeting held on 6 March 2025** *(Pages 7 - 16)*

2. **Apologies for absence**

3. **Disclosures of interests**

   Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.

4. **Urgent items**

   Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.

5. **NHS Sussex Winter Plan 2024/25 - review and evaluation** *(Pages 17 - 40)*

6. **Non-Emergency Patient Transport Service (NEPTS)** *(Pages 41 - 50)*

7. **HOSC future work programme** *(Pages 51 - 58)*

8. **Any other items previously notified under agenda item 4**

PHILIP BAKER
Deputy Chief Executive
County Hall, St Anne's Crescent
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18 June 2025

Contact Patrick Major, Policy and Scrutiny Adviser,
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Next HOSC meeting: 10am, Thursday, 18 September 2025, County Hall, Lewes

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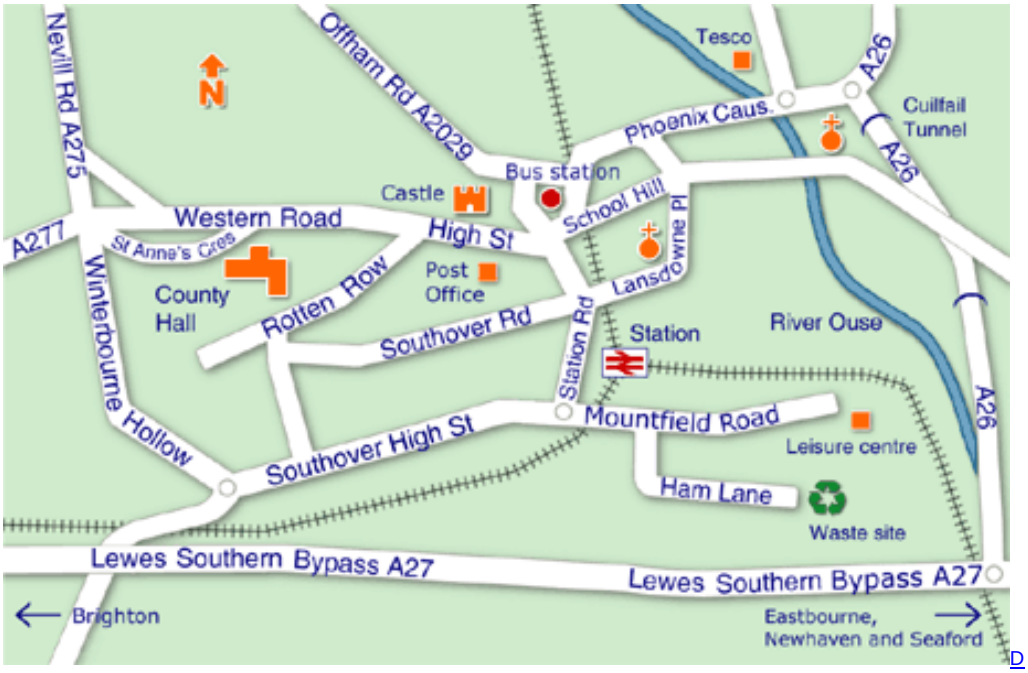

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 6 March 2025

PRESENT:

Councillor Colin Belsey (Chair), Councillors Abul Azad, Sorrell Marlow-Eastwood, Sarah Osborne, Christine Robinson and Alan Shuttleworth (all East Sussex County Council); Councillor Dr Kathy Ballard (Eastbourne Borough Council), Councillor Mike Turner (Hastings Borough Council), Councillor Christine Brett (Lewes District Council), Councillor Terry Byrne (Rother District Council), Councillor Graham Shaw (Wealden District Council) and Jennifer Twist (VCSE Alliance).

WITNESSES:

East Sussex Healthcare NHS Trust (ESHT)

Richard Milner, Chief of Staff

Mr. Nick McNellis, Clinical Lead for Division

Mr. Pantellis Ioannidis, Clinical lead for Ophthalmology

Michael Farrer, Head of Transformation and Improvement

Lesley Carter, Matron for Ophthalmology

NHS Sussex

Ashley Scarff, Director of Joint Commissioning and Integrated Care Team Development (East Sussex)

Carole Crathern, Head of Primary Care Commissioning Dental & Optometry

East Sussex Local Dental Committee

Nish Suchak, Chair of East Sussex LDC and dentist

Mags Case, LDC member and dentist

South East Coast Ambulance Trust (SECAmb)

Ray Savage, Strategic Partnerships Manager (Sussex)

Matt Webb, Associate Director of Strategy and Partnerships

Richard Harker, Operating Unit Manager East Sussex

LEAD OFFICER:

Martin Jenks and Patrick Major

29. MINUTES OF THE MEETING HELD ON 12 DECEMBER 2024

29.1 The minutes of the meeting held on 12 December 2024 were agreed as a correct record.

30. APOLOGIES FOR ABSENCE

30.1 No apologies for absence were received.

31. DISCLOSURES OF INTERESTS

31.1 There were no disclosures of interest.

32. URGENT ITEMS

32.1 There were no urgent items.

33. ACCESS TO NHS DENTISTRY SERVICES

33.1 The Committee considered a report from NHS Sussex providing a progress update on work underway to enhance routine and urgent dental care access for people across the county.

33.2 The Committee welcomed that the report included a number of positive developments, although noted its ongoing concern regarding the future provision of NHS dentistry in the county. The Committee commented that reform, in particular to the dental contract, by national Government was necessary to address the challenges in dentistry.

33.3 The Committee commented that its preference was for NHS Sussex to use East Sussex specific data wherever possible, rather than Sussex-wide information, and requested that NHS organisations bear this in mind when writing future reports.

33.4 The Committee asked how many of the 26,500 additional appointments for Sussex would be for East Sussex.

33.5 Carole Crathern, NHS Sussex Head of Primary Care Commissioning Dental & Optometry explained that the target for NHS Sussex of 26,500 additional appointments had only come a couple of weeks prior, and that it was still planning how these would be used. NHS Sussex was seeking to expand its urgent dental care and stabilisation programme based on demand.

33.6 The Committee asked why East Sussex only had 4 out of 17 'golden hello' posts in Sussex.

33.7 Carole Crathern explained that Lewes and Hastings were the two areas in East Sussex that had been identified as priority areas for 'golden hello' posts, and that NHS Sussex had approved every application that it received from providers for those posts. Nish Suchak, East Sussex Local Dental Committee (LDC) Chair added that East Sussex had done comparatively well nationally in accessing golden hello posts. He added that one of the reasons few dentists had taken up golden hello posts was because it tied dentists in for 3 years, which was a high level of risk of practices to take on. He added that a lot of new dentists found it difficult to work for the NHS and reform to the national contract was needed.

33.8 The Committee asked how patients in Rother would be able to access services, including the Urgent Dental Care & Stabilisation Programme (UDCS), noting the lower level of contract performance as well as the size of the district and travel concerns.

33.9 Carole Crathern explained that NHS Sussex had not yet been able to identify providers willing to offer the UDCS in Rother, despite interest in other areas of the county. NHS Sussex was working to address this and set up sites delivering the programme in Rother, as well as to support providers in the district to increase their contract performance and delivery of Units of Dental Activity (UDA).

33.10 The Committee asked for clarity on how many patients were being treated privately in East Sussex.

33.11 Carole Crathern explained that NHS Sussex did not hold data on private patients.

33.12 The Committee asked which practices in Hastings were delivering the Additional Hours Scheme.

33.13 Carole Crathern said that the three practices in Hastings offering the Additional Hours Scheme were: Springfield Road, Priory Road and Flint House surgeries. The Additional Hours Scheme would be stopping at the end of March as the appointments would be transferring to the expanded UDCS programme, although in effect it would be the same service under a new name.

33.14 The Committee asked how many more dentists needed to work for the NHS for there to be a comprehensive service in East Sussex.

33.15 Magaret Case, East Sussex Local Dental Committee member, noted that in Lewes there was an average of 1.43 Units of Dental Activity (UDAs) per head of population, which equated to approximately one and a half check-ups a year per person. Her view was that a minimum of 4 UDAs per head of population was needed to ensure everyone received the level of dental care they needed, such as having fillings or crowns put in.

33.16 The Committee asked how the contact number for the UDCS was being publicised.

33.17 Carole Crathern explained that NHS Sussex had been trying to promote the helpline through all available avenues. NHS Sussex was hoping that dental practices not signed up to deliver the UDCS would be signposting patients to it where appropriate, and was going to explore how this could be done in conversation with the Local Dental Committee.

33.18 The Committee asked about for more detail on how NHS Sussex was working with local authorities to promote oral health in schools.

33.19 Carole Crathern explained that NHS Sussex had run a task and finish group working with Local Dental Committee members and local authorities to explore a flexible commissioning scheme which would offer child friendly dental practices for parents to take children younger than 1-years-old and taken them on as regular patients. This work also explored whether some practice staff could act as 'champions' and provide outreach. The Government had also committed to a supervised school toothbrushing campaign which was expected to come in at some point in autumn 2025, and NHS Sussex would work with local authorities to roll that out.

33.20 The Committee asked if there would be funding to support the supervised toothbrushing programme in schools.

33.21 Carole Crathern said that details had not been provided on the supervised toothbrushing campaign, but that NHS Sussex would work closely with local authorities to deliver it.

33.22 The Committee asked what if NHS Sussex had information or data on the consequences of lack of access to dental care, for example in missed or late diagnosis of mouth cancer.

33.23 Carole Crathern said that there was data available for extractions, but was unsure on data for mouth cancer. Cllr Osborne commented that having data on the consequences of lack of access would be helpful in lobbying Government in order to support a more preventative approach to healthcare. Nish Suchak added that dentists were not paid for preventative work and reform of the dentistry contract was needed to support practices to do more preventative work such as blood pressure checks or smoking cessation.

33.24 The Committee asked that data on the domiciliary dental care pilot for elderly care home residents be shared when available.

33.25 Carole Crathern agreed to provide data on the pilot, which had gone live in Crawley in November, when it was available.

33.26 The Committee asked what support was available for patients who could not afford to pay the NHS rate for dental treatments.

33.27 Carole Crathern explained that there were some exemptions for patient charges, but that these were set nationally so NHS Sussex could not change this.

33.28 The Committee asked if tooth extractions had increased.

33.29 Carole Crathern agreed to look into the data on extractions and provide the information to the Committee.

33.30 The Committee RESOLVED to:

1) note the report; and

2) receive an update report at an appropriate date, subject to the timing of the publication of the Public Accounts Committee report on Fixing NHS Dentistry.

34. OPHTHALMOLOGY TRANSFORMATION AT ESHT

34.1 The Committee considered an update report on the implementation of the ophthalmology transformation programme at East Sussex Healthcare NHS Trust (ESHT), including updates on the areas that HOSC made recommendations on as part of its review of the service change.

34.2 The Committee asked how many disabled bays would be at Bexhill Hospital after the changes to parking had been made.

34.3 Lesley Carter, Matron for Ophthalmology, explained that there would be at least six disabled bays on the left hand side of the main entrance to the hospital. There would also be an additional two disabled bays in the car park on the right hand side of the hospital road going down, and that would be designated for patients only. This would result in an extra four disabled bays.

34.4 The Committee asked whether phase 3 of the transformation programme had been paused due to the Government's announcement on changes to the New Hospitals Programme, and when phase 3 was now expected to be completed.

34.5 Richard Milner, ESHT Chief of Staff, explained that the pause to phase 3 was unrelated to the New Hospitals Programme as the ophthalmology transformation programme had been funded through ESHT's own regular capital programme. Mike Farrer, ESHT Head of Transformation, explained that phase 3 was still required however there was more time to deliver it because it related to ensuring there was sufficient capacity to meet the 10 year activity projections. Phase 3 would be taken forward at the appropriate time in line with the Trust's priorities and sufficient capital being available. 3 options were being explored as part of delivering phase 3, and the future demand and capacity model was being refreshed to ensure the new unit was the right size given recent activity changes. An options appraisal would be taking place in summer, after which implementation timelines could be determined.

34.6 The Committee asked if there were enough staff to maintain the service at its current level.

34.7 Lesley Carter, explained that phase 1 & 2 of the transformation programme had created space in outpatients which would allow the appointment of an additional full-time glaucoma consultant. There had also been an increase in the number of middle-grade doctors, and funding to support and expansion in nursing and non-medical staffing levels to support the service.

34.8 The Committee asked whether the service was sufficient without the implementation of phase 3.

34.9 Pantellis Ioannidis, Clinical lead for Ophthalmology, explained that at the moment the service is fully functional and available for patients. The benefits of phase 3 would be to bring optometrists and orthoptists who currently work out of Conquest Hospital into the same unit. The optometrists and orthoptists at Conquest could work safely and independently without consultant supervision, but bringing the whole ophthalmology unit together would benefit staff by increasing the skill mix of staff and have the full service under one roof.

34.10 The Committee asked about issues with non-emergency patient transport and how ESHT would be able to ensure patients could attend their appointments.

34.11 Richard Milner, noted that one of the benefits of the service changes had been improved patient satisfaction and friends and family tests. This feedback had not shown that access to the patient transport service had been a common, thematic challenge for people accessing the service. ESHT had given a lot of thought prior to implementation about the impacts of moving some services from Hastings to Bexhill, and how that would affect patients in Hastings, although the feedback on the service had shown that people were happier with the service now, as it meant they were being seen quicker. ESHT continued to monitor the impact of the changes, particularly for patients from areas of deprivation.

34.12 The Committee noted that some people have challenges accessing the Bexhill Hospital site and asked whether ESHT had given consideration to how this could be improved, including working with other partners.

34.13 Mike Farrer noted that this was an issue for some patients but that ESHT had not looked into road layout or infrastructure issues outside the hospital, there were discussions with the Transport Manager at ESCC on how to improve transport access given that some of the roads and footpaths around the hospital were difficult for some residents to navigate. Some improvements were included on the shortlist for schemes to be included as part of a future round of Bus Service Improvement Plan funding.

34.14 The Committee asked for some further information on the roles of the travel coordinators and Eye Care Liaison Officers (ECLOs).

34.15 Mike Farrer noted that HOSC had recommended the creation of a Travel Liaison Officer as part of the transformation to provide a single point of contact for patients who experience difficulty in attending their appointment or arranging hospital transport. Instead of having a role only of ophthalmology patients, a single point of access for patients to receive advice and support on travel and access had been included in the new non-emergency patient transport service (NEPTS) contract to open that up to patients visiting all specialities. The single point of access could also signpost patients to other services than just the NEPTS for those not eligible. This would be monitored as part of the implementation of the new contract and that data could be shared once available. The ECLO supported patients with both clinical needs and practical arrangements for coming into clinics, which meant ophthalmology patients had an additional level of support.

34.16 The Committee asked about how planning for phase 3 would be considered in the context of changes to the New Hospitals Programme (NHP).

34.17 Richard Milner explained that ESHT was talking to all local MPs and councils and in light of changes to the NHP, was reviewing its capital programme and prioritising the most necessary and important investments. ESHT continued to lobby to try and bring NHP and other funding forward.

34.18 The Committee RESOLVED to:

1) note the report; and

2) receive an update once there had been further developments on the future of phase 3.

35. SOUTH EAST COAST AMBULANCE FOUNDATION NHS TRUST (SECAMB) - UPDATE REPORT

35.1 The Committee considered a report providing an overview of progress made by SECAmb to improve operational performance and meet the requirements of the NHS England Recovery Support Programme (RSP).

35.2 The Committee asked whether the increase in ambulance handover delays were driven more by pressures caused by winter demands or by patients with No Criteria to Reside.

35.3 Ray Savage, SECAmb Strategic Partnerships Manager (Sussex), explained that handover delay issues were multifactorial. Winter also saw an increase in patients with respiratory issues that caused a spike in demand for ambulances, as well as impacting the flow through hospitals that meant there were fewer bed spaces available. SECAmb worked collaboratively with all system partners to identify ways to manage pressures, including greater preventative care in the community and avoid hospital conveyances when a patient would be better treated in a different setting. Of the calls SECAmb received, roughly 15% could be dealt with over the telephone, and a further 30% of calls which received an ambulance response did not require hospital conveyance. Unscheduled Care Navigation Hubs (UCNHs) had been introduced that allowed a multi-disciplinary clinical team to review category 3 & 4 999 calls and determine the right clinical response for the patient, which was not necessarily an ambulance dispatch. UCNHs were helping to identify commissioning opportunities to develop pathways for patients within the community which would not only improve patient outcomes but reduce pressures on acute hospital trusts by reducing pressure on emergency departments (EDs).

35.4 The Committee asked whether all ambulances had the necessary equipment to treat patients with low oxygen levels.

35.5 Richard Harker, SECAmb Operating Unit Manager East Sussex, confirmed that all ambulances were stocked with advanced airway equipment and full advanced airway life support could be administered by all emergency ambulance crews.

35.6 The Committee asked what was being done to increase awareness of patients' ReSPECT forms.

35.7 Richard Harker explained that ReSPECT forms were regularly utilised by SECAmb crews, as were Do Not Attempt Cardiopulmonary Resuscitate (DNACPR) order. If they had been uploaded to SECAmb's systems they could be accessed prior to arrival at a scene. People with the forms are recommended to have a hard copy on scene so that ambulance crews can respect the patient's wishes upon arrival.

35.8 Ray Savage added that SECAmb was working with NHS Sussex to improve digital patient record sharing which would increase the amount of information that a crew would have when they arrived on a scene.

35.9 The Committee welcomed that SECAmb may be leaving the Recovery Support Programme (RSP) and asked how workplace cultural improvements were being managed and monitored.

35.10 Matt Webb, SECAmb Associate Director of Strategy and Partnerships, explained that SECAmb had made significant improvements in the key areas that it had originally been placed into the RSP for. As part of the improvement journey SECAmb had developed a new organisational strategy which sought to sustain the improvements that had been made, including a strategic aim to ensure people enjoyed working at SECAmb. While it was anticipated that SECAmb would soon leave the RSP, it would still receive support from its host Integrated

Care Boards and other associate ICBs. There had been significant cultural improvements at the trust, including on Freedom to Speak Up and grievance handling.

35.11 The Committee asked what the results of the NHS staff survey were for SECAmb.

35.12 Matt Webb explained that they were not able to comment on NHS staff survey results as they had not yet been released externally.

35.13 The Committee asked whether there was an acceptable level of staff churn and whether exit interviews were carried out and acted on.

35.14 Ray Savage, noted the report showed that recruitment and retention had improved, and that the staffing improvements in the emergency operations centre in Gillingham had a positive on retention of staff at Crawley, by reducing the workload pressure on staff based there. SECAmb were not running with the vacancy levels that they had been in some recent years. Improved results in recent staff surveys had shown that more staff would now recommend SECAmb as a workplace.

35.15 Matt Webb added that SECAmb currently had a 0.1% vacancy rate, down from 8% in 2023. The staff turnover rate was just below 15%, down from 19% in 2023.

35.16 The Committee asked where SECAmb was able to directly book patients into appointments.

35.17 Ray Savage explained that SECAmb could directly book patients who dialled 111 or 999 into appointments at GP practices, urgent treatment centres and slots at ED, depending on the symptoms and conditions the patient has described. The nature of ED meant that even if a patient was booked into a slot, that could change as clinical staff in the ED had to triage and constantly prioritise patients based on urgency of need.

35.18 The Committee asked whether the UCNHs would be based in the emergency operations centres in future.

35.19 Matt Webb explained that the UCNHs were based across SECAmb's operational footprint deliberately, to ensure that they could be tailored to population need. The multi-disciplinary teams were therefore designed to best align to the local needs of the population in different areas. The patient would not notice any difference in response based on whether the UCNHs were based in the emergency operations centres.

35.20 The Committee asked that the figure for East Sussex was for the number of hours lost at hospital handover be provided, including those at the Royal Sussex County Hospital.

35.21 Richard Harker agreed to provide the data outside the meeting. Q3 and Q4 were the busiest times for ambulance services and SECAmb worked closely with ESHT to reduce handover delays.

35.22 The Committee RESOLVED to:

1) note the report; and

2) receive an update at a future meeting.

36. HOSC REVIEW OF AUDIOLOGY SERVICES IN EAST SUSSEX

36.1 The Committee considered a report seeking agreement of the HOSC Review Board's report on audiology services in East Sussex, which included 16 recommendations for NHS Sussex.

36.2 The Committee thanked the Review Board for undertaking the review and producing the report and recommendations.

36.3 The Committee noted the importance of improvements in communications given that many people presumed that they had to access audiology services privately.

36.4 The Committee noted concerns about the level of regulatory oversight of private provision of earwax removal services and asked NHS Sussex to provide some further information for clarity.

36.5 The Committee asked for clarity on the timeline for the recommissioning of the age-related hearing loss service.

36.6 Ashley Scarff, Director of Joint Commissioning and Integrated Care Team Development (East Sussex), agreed to provide an update at the HOSC meeting in September, at which point the procurement process would be underway.

36.7 Ashley Scarff thanked the Review Board for its work and noted the recommendations in the report and agreed that NHS Sussex would provide a response. He added that some work was already underway, including communications with professionals that would be ongoing over the next few weeks.

36.8 The Committee RESOLVED to:

1) agree the report and recommendations; and

2) refer the report to NHS Sussex for consideration and response; and

3) receive and update and response from NHS Sussex in September 2025.

37. HOSC FUTURE WORK PROGRAMME

37.1 The Committee discussed the items on the future work programme.

37.2 The Committee RESOLVED to:

1) amend the work programme in line with paragraphs 33.30, 34.18, 35.22 and 36.8; and

2) defer the report on access to primary care services from June 2025 to September 2025; and

3) request a future report on planned future capital works at ESHT; and

4) to receive an assurance report on the provision and safety of current general surgery and neurosurgery at UHSx Hospitals for June or September; and

5) request an update on delayed discharge be include in the Winter Plan item in June.

38. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

38.1 None.

The meeting ended at 12.56 pm.

Councillor Colin Belsey

Chair

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**26 June 2025**
By:	**Deputy Chief Executive**
Title:	**NHS Sussex Winter Plan 2024/25 – review and evaluation**
Purpose:	**To provide an update on the implementation and delivery of the NHS Sussex Winter Plan 2024/25 and learning from it.**

RECOMMENDATIONS

The Committee is recommended to consider and comment on the report.

1. Background

1.1. Winter planning is an annual national requirement of the NHS to ensure that the local health and social care system has sufficient plans in place to effectively manage the capacity and demand pressures anticipated during the Winter period. The Sussex Winter Plan is a whole system health and social care plan, recognising the interdependencies of the system to meet the needs of the local population. The Plan period ran this year from November 2024 to March 2025.

1.2. The Committee considered the 2024/25 Winter Plan at its meeting held on 12 December 2024, where it requested a further update be brought to this meeting to evaluate the overall effectiveness of the plan's implementation. This report provides an update, and evaluation of, the impact of the NHS Sussex Winter Plan with learning to be taken forward to enhance the winter planning for 2025/26.

1.3. The Sussex ICS Winter Plan 2024/25 focussed on supporting the population to stay well while maintaining patient safety and experience. The plan was structured around five key pillars and detailed capacity and demand modelling, which was informed by data analysis from previous years' winter performance. The modelling reviewed bed occupancy using a series of demand assumptions and predicted likely gaps between capacity and demand.

1.4. The impact of planned mitigations outlined in the plan was modelled to ensure that the gaps identified could be mitigated by the actions planned within the workstreams supporting the five pillars. As a result of this modelling, several schemes were identified as having an expected impact on performance over the winter period.

1.5. This report outlines the results of the review and evaluation of the plan which took place the end of March 2025, which immediately followed the cessation of the period covered by the Winter Plan. Each of the five Pillars have been reviewed by workstream leads to determine whether they were effective in maintaining performance, patient safety and experience over Winter 2024/25. The demand and capacity modelling has also been reviewed against actual performance to determine accuracy.

2. Supporting information

2.1 A summary report providing a review and evaluation of the NHS Sussex Winter Plan 2024/25 is attached as **Appendix 1** for consideration by the HOSC and covers the following topics:

- Demand and capacity modelling of the following areas:
    - Predicted bed gaps
    - Four-hour A&E performance targets
    - 12 hour stay in A&E metrics
    - Average length of stay
    - Ambulance response times
    - 'No Criteria to Reside' inpatients
- Review of outcomes against the five key pillars of the winter plan:
    - Prevention and case finding, including workforce, vaccination programmes, Integrated Care Teams (ICTs) and communications
    - Same day urgent care
    - Improvement in discharge to support patient flow
    - Sound operational management
    - Governance, oversight, and escalation
- The Reset Event
- Winter plan survey
- Winter Plan Debrief

3. Conclusion and reasons for recommendations

3.1 HOSC is recommended to consider and comment on the NHS Sussex Winter Plan review and evaluation.

PHILIP BAKER
Deputy Chief Executive

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East Sussex County Council Health Overview and Scrutiny Committee

Winter Plan Review and Evaluation Report – June 2025

1 INTRODUCTION

1. The Sussex ICS Winter Plan 2024/25 focused on supporting the population to stay well while maintaining patient safety and experience. The plan was structured around five key pillars, which are explained in more detail in Section 2 of this report:

   - Prevention and case finding
   - Same day urgent care
   - Improvements in discharge to support patient flow
   - Sound operational management
   - Oversight, governance and escalation

2. The approach to the development of the plan built on lessons learned from previous years. It outlined the key actions to be taken by NHS Sussex and system partners across the ICS to maintain access to safe services during the winter period.

3. The plan drew on a core set of actions developed over the previous year, informed by data analysis and supported by a clearly defined system oversight model based on clinical risk.

4. The Urgent and Emergency Care (UEC) Improvement Plan and Discharge Plans, which formed the foundation of the Winter Plan, were developed collaboratively with partners and providers across the system. The final Winter Plan was approved by the NHS Sussex ICB in November 2024.

5. Update reports on progress against the plan were provided to WSCC Health and Adult Social Care Scrutiny Committee (HASC), Brighton Health Overview and Scrutiny Committee (HOSC) and the East Sussex Health Overview and Scrutiny Committee (HOSC) in November 2024.

6. Demand and capacity modelling was carried out by the NHS Sussex Business Intelligence Team, informed by data analysis from previous years' winter

performance. The modelling reviewed bed occupancy using a series of demand assumptions and predicted likely gaps between capacity and demand. The impact of planned mitigations outlined in the plan was also modelled to ensure those gaps identified could be mitigated by the planned actions being undertaken within the workstreams supporting the five pillars.

7. As a result of the modelling, several schemes were identified as having an expected impact on performance over the winter period, such as A&E four-hour performance, patients waiting over 12 hours in A&E, the average length of stay and the number of patients with a 'no criteria to reside' (NCTR) status. These were monitored throughout the winter period by the ICB Resilience and Strategic Intelligence teams using SHREWD data platform and national data streams.

8. The Winter Plan included an outline of the Winter Operating Model for system oversight via the System Co-ordination Centre (SCC), and governance and escalation routes.

9. Each provider outlined their high-level actions, which were underpinned by their organisational plans, within the overarching Winter Plan. Providers will complete internal reviews of their action plans.

10. In addition to the Winter Plan, a Reset Event was scheduled for the two weeks leading up to, and two weeks post, the Christmas and New Year bank holidays. This did not form part of the initial plan but was requested by the System Oversight Board following receipt of the plan. This was also evaluated as part of the review of the Winter Plan and details are included in the report below.

11. Each of the five Pillars were reviewed by workstream leads to determine whether they were effective in maintaining performance, patient safety and experience. The demand and capacity modelling has been reviewed against actual performance to determine accuracy. A system debrief session was held on 30th April 2025 to gain insight into what went well, what did not go so well, and what could be fed into future planning. A provider survey was conducted, alongside a patient discharge experience survey, to give further insight into the success of the Winter Plan.

12. This report outlines the results of the review and evaluation of the plan which took place the end of March 2025, which immediately followed the cessation of the period covered by the Winter Plan.

2 WINTER PLAN REVIEW OUTCOMES

13. The following sections of the report contain the detailed outcomes of the Winter Plan review set out in the key areas summarised above, describing each of the key measures and pillars, what worked well and areas for improvement.

2.1 Demand and Capacity Modelling

14. Demand and capacity modelling was carried out the by NHS Sussex Strategic Intelligence team in conjunction with provider plans, using a series of assumptions based on previous years increased activity due to known winter pressures on the bed capacity and therefore the predicted gap in demand. The identified gap was modelled against the winter schemes, and interventions to test whether they would mitigate the bed gap and what impact they might have on system performance. To support decision making a small number of metrics were identified to act as a proxy for clinical risk and these were added to a separate Single Health Resilience Early Warning Database (SHREWD) dial so that they could easily be monitored.

15. The demand and capacity modelling indicated a starting gap of 164 beds at the peak demand in the first week of January 2025 and that the actions described in the Winter Plan would close the gap to 6 beds (figure 1). Until the end of December the bed occupancy broadly followed the modelled average. In January and February 2025, the occupancy rose significantly to an average of 85 beds above the modelled capacity requirement, due to higher number of beds occupied by patients with flu. Additional recorded capacity classified as “general and acute (G&A) beds opened” was not accounted for in the original model and therefore not included in the analysis. This should be addressed in future models. Further planning will be undertaken with Public Health teams to improve infection forecasting in relation to the bed modelling.

Figure 1: Predicted Bed Gap Following Modelling 2024/25

	Sussex
	w/c 06 Jan
Bed Base (starting position)	2,504
Starting Capacity Requirement	2,657
Starting Gap to Capacity Requirement	164
(a) Discharge Plan	-120
Amended Gap	45
(b) UEC and Frailty Demand Reduction Plans	-28
Amended Gap	17
(c) Local Place based plans	-11
Amended Gap	6
(d) Planned Care Stoppages	0
Amended Gap	6

For East Sussex, the winter bed plan modelling indicated that based on bed occupancy and a series of demand assumptions, a reasonable scenario would result in a starting gap of 30 beds at Eastbourne District General Hospital (EDGH) in the last week of December (winter peak) and a 21 beds gap at Conquest General Hospital (CGH) in third week of February (winter peak). The modelling indicated that the starting bed gap would be closed at both EDGH and CGH.

Throughout the winter period at both hospitals, the number of beds occupied was close to or over the capacity requirement and modelled average beds occupied. CGH saw a dip in beds occupied during the Christmas week while EDGH saw a dip at the beginning of January 2025, however, this returned to the high occupancy levels for both hospitals and remained that way until the end of March.

In early January 2025 the system saw a spike in influenza (flu) admissions which increased pressure on beds. CGH flu admissions reduced by the third week in January, however the number of admissions at EDGH took longer to go down. Flu could have been an underlying cause of the slight increase in January 2025, but it was not the cause of the ongoing pressures.

16. A small number of metrics were agreed as proxy measures of the system resilience. These were monitored throughout the winter period. A summary of the performance from each one is given below:

2.1.1 Four-hour A&E performance target

17. Four-hour A&E performance target remained close to season trends, with performance at 69.5% in the last week of March 2025 and an overall monthly performance of 73.8%, against the 78% target (please see table 1 below). This benchmarked as upper quartile performance nationally.

TABLE 1 - 4 HR PERFORMANCE IN A&E

A&E - percentage of patients managed within 4 hours						
Period	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Sussex ICB	78.3%	78.4%	77.3%	76.6%	75.0%	73.8%
National	75.2%	76.3%	74.2%	73.0%	72.1%	71.1%
Change from Previous Period	↑	↑	↓	↓	↓	↓
3 Period Continuous Change	↑	↑			↓	↓
Rank	6/42	8/42	4/42	4/42	10/42	11/42

It was projected that the completion of the actions in the Winter Plan would result in increased levels of performance at EDGH and CGH, however the target performance of 78% was not reached. At year end, performance was 71.1% at Conquest and 72% at EDGH.

Period	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
ESHT (Mapped)	72.7%	73.1%	71.1%	72.4%	74.3%	73.0%
National	75.2%	76.3%	74.2%	73.0%	72.1%	71.1%
Change from Previous Period	↓	↑	↓	↑	↑	↓
Rank (SE Region)	11/17	11/17	12/17	14/17	11/17	13/17

2.1.2 12 Hour stay in A&E

18. The 2024/25 actual performance for the 12 Hour Stay in A&E metric was broadly unchanged over winter and has held at around 7-9% over the past 12 months. This is up from around 4-6% in 2023/24. There was a spike to around 12% during December and January. (At the time writing this report national data was unavailable).

In East Sussex the number of patients waiting in A&E for over twelve hours remained broadly the same as previous year at CGH at 4.6% and was generally higher at EDGH at 5.2%. Both sites saw a spike in waiting times during the Christmas period, but performance returned to their average soon after.

2.1.3 Average length of stay (LoS)

19. The average length of stay (LoS) increased in December and began to decrease from January, and did not meet the reduction target (8.7 days) by the end of the winter period. The Sussex length of stay in the last week of March was 9.8 days.

Average Length of Stay in both East Sussex hospitals increased in January 2025 and was significantly higher than in the previous year. CCG had a winter target of 7.5 days but reached 8.1 days in March 2025 and EDGH had a target of 9.7 days and reached 11.8 in March 2025.

Conquest

Projection Mar-25	7.9
Target	7.5
Gap	0.5

EDGH

Projection Mar-25	10.9
Target	9.7
Gap	1.3

2.1.4 Ambulance response times (Category 2 incidents)

20. Data shows that the South East Coast Ambulance Service (SECAmb) improved their performance position from 5th of 11 Ambulance Trusts to 2nd of 11 Ambulance trusts, for Category 2 performance, during the period October 2024 – March 2025 (please see table 2 below). SECAmb response times within Sussex ICS, for five out of the six winter months, were faster than the national average. The national target was for category 2 calls to be responded to within 30 minutes. SECAmb achieved this in 3 out of 6 months over the winter period and responded to category 2 calls between 12 and 15 minutes faster than the national average over the final quarter of the year.

Table 2: Ambulance Response Times (Cat 2)

Ambulance response times (Category 2 incidents)						
Period	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Sussex ICB	00:33:32:00	00:26:39:00	00:29:55:00	00:30:31:00	00:28:28:00	00:32:12:00
National	00:33:25:00	00:27:24:00	00:36:02:00	00:42:15:00	00:42:26:00	00:47:26:00
Target/Standard Not Met If	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00
Change from Previous Period	↑	↓	↑	↑	↓	↑
3 Period Continuous Change	↑					
Rank	5/11	5/11	5/11	2/11	3/11	2/11

2.1.5 No Criteria to Reside (NCTR)

21. Across Sussex we continue to see a high number of patients remaining in inpatient beds despite being defined as either Not Meeting Criteria to Reside (NCTR) or are Clinically Ready for Discharge (CRFD).

22. There are a range of reasons for why discharge is delayed for these patients.

Examples include waiting for NHS community care, waiting for social care, waiting for residential care, and waiting for non-clinical processes to be completed, such as prescription medications being prescribed.

23. Pillar 2 of the Winter Plan focused on improving discharge to support patient flow and aimed to reduce the number of patients residing in acute, community and mental health beds.

24. The local ambition to reduce NCTR numbers by 33% by the end of March 2025 was not achieved. However, there was an improvement compared to the 'Do-Nothing' position. Sussex NCTR position (acute, community and mental health) was 847 in the last week of the March 2024/25 compared to the 'Do-Nothing position of 983, an improvement of 14%. However, this was significantly higher (193) than the ambition set out in the winter plan, indicating the actions set out in the winter plan did not have the desired impact. There was an improvement in the week before Christmas which coincided with the RESET event, however the numbers increased again from January.

The local position in East Sussex mirrored that of Sussex with both trusts not achieving their ambition.

Nationally ESHT remains one of the Trust's with the highest percentage of beds occupied by NCTR patients.

Percentage of beds occupied by patients who no longer meet the criteria to reside						
Period	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
ESHT	29.0%	28.1%	25.9%	25.2%	26.1%	30.3%
National	13.7%	13.8%	12.9%	14.4%	14.9%	15.0%
Change from Previous Period	⬇	⬆	⬇	⬇	⬆	⬆
National Rank	118/119	118/119	119/119	115/118	116/118	118/118

25. In Sussex the percentage of beds occupied by NCtR patients was 20.7% for March 2025, which was considerably higher than the national average of 13.1% with the Sussex ICB performing between 40th to 42nd out of 42 ICBs (see table 3 below).

Table 2 - Percentage of bed occupied by NCTR patients

Percentage of beds occupied by patients who no longer meet the criteria to reside						
Period	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Sussex ICB	22.3%	23.5%	24.2%	23.2%	21.5%	20.7%
National	13.9%	13.7%	13.9%	13.5%	13.5%	13.1%
Change from Previous Period	⬇	⬆	⬆	⬇	⬇	⬇
3 Period Continuous Change						⬇
Rank	41/42	42/42	42/42	42/42	40/42	41/42

- Despite significant efforts over the past year to decrease the number of patients occupying beds or services that no longer have any criteria to reside (NCTR), Sussex remains the most pressured system in the country for 14+ NCTR bed occupancy across acute sites and remains at 42 against national benchmarking.
- Long term sustained action continues to be focussed on reducing both the number of discharge-ready patients and their length of stay, both pre and post discharge ready).
- Providers and Local Authorities across Sussex have recently developed a set of place based site level discharge improvement plans, with a view to reducing the number of NCTRs across each acute, community and mental health settings to a Sussex baseline position of 14.3% by March 26.
- Provider stakeholders from across health and social care have set out a series of key actions they will collectively undertake during 25/26 to support the reduction in NCTRs.
- Plans and actions are nuanced across place sites, reflecting the diversity of Sussex but range from:-

    - Recruiting additional Social Worker, therapies and HomeFirst Staff
    - Implementing SAFER across all acute wards/divisions
    - Criteria Led Discharge – Increasing Pathway 0/1s over 7-day model.
    - Increased capacity within Community Reablement Services
    - Implementation of Choice Policy pan Sussex

- The plans were formally signed off at the Discharge Oversight Board on Friday 13 June, but recognised that the plans were fluid and would need to be reviewed by place-based Boards monthly and flexed/amendment regularly to meet changing needs of targets and overall areas of improvement.

2.2 Workstream Pillars: Pillar 1 – Prevention and Case Finding

26. The objective of the Prevention and Case Finding pillar was to support our population, including NHS staff, to stay well and ensure the system had proactive care in place for those most at risk.

2.2.1 Workforce and Wellbeing

27. The Chief People Officer (CPO) group oversaw the aims of this workstreams.

Notable achievements:

- Staff networks were developed to create and promote a culture of wellbeing, dignity, respect and inclusion for all.
- Over 18,500 healthcare workers self-declared as having received either a Covid and/or flu vaccination, reducing staff sickness absence over the winter period.
- Staff absences over winter decreased slightly from 5.7% in 2023/24 to 5.6% in 2024/25, improving workforce resilience over the winter period.

2.2.2 Vaccination Programme

Access & Inequalities (A&I) Programme Autumn / Winter 2024 – 25 (AW24-25)

- The core aim of the Covid-19 Vaccination Access and Inequalities (A&I) Programme was to reduce the gap in vaccination uptake by eligible individuals and cohorts within population groups who experience health inequalities, and link population groups and areas of need to preventative healthcare and support. The objective was to:

  - remove barriers and increase access to vaccinations for those populations who could not or struggled to access core services.
  - build confidence in vaccinations and wider health services among individuals and groups who may not typically have taken up vaccinations or engage with health services through standard approaches.

- In Sussex, the AW24-25 Covid-19 A&I programme targeted areas of deprivation and low uptake and our rural populations with outreach services. In planning the programme of clinics and communications and engagement work we reviewed areas of lower Covid-19 vaccination uptake in Autumn/ Winter 23, against other agreed measures including Core 20 Index of Multiple Deprivation (IMD), ethnicity, health deprivation, disability and percentage of people aged 65 and over. Broadly these areas overlaid – there is a clear corelation between areas of lower uptake and those facing inequalities/disadvantages of different kinds.

- Based on this analysis our A&I programme focused on the following geographic areas:

  - West Sussex – in and around coastal areas in Bognor, Littlehampton, Worthing, Lancing, and areas in Crawley;

  - East Sussex – in and around coastal areas of Eastbourne, Hailsham, Polegate, Bexhill and Hastings;

  - Brighton & Hove – the city, with some additional focus on the east.

  Within these areas there were differences in the local population (for example, specific vulnerable groups such as Gypsy, Roma and Traveller communities (GRT), homeless, asylum seekers; different levels of deprivation and different health inequalities, etc) that required a tailored local approach.

- There is currently a competitive procurement process for outreach services in Autumn/Winter 2025-2026 (AW25-26) East Sussex, West Sussex and Brighton & Hove.

- These services will deliver Covid vaccinations and clinics which could be temporary offsite clinics (formerly known as pop ups) or using roving vehicles. Scope of delivery will depend on specific local population needs and which other providers are delivering locally (such as PCNs or community pharmacies) and will build on any learning from previous outreach programmes.

East Sussex Local Initiatives 2024-25

South Downs Health & Care (SDHC) – Coastal East Sussex

- Clinics targeted underserved and vulnerable populations in areas of low vaccine uptake, particularly in areas where access to vaccination services were limited without outreach clinics.
- SDHC also ran quiet clinics for people with neurodiversity and sensory needs such as Autism as well as clinics for people with visual impairment and hearing impairment (latter sessions were run in association with East Sussex Hearing and Eastbourne Blind Society).
- 9,755 vaccinations delivered via 119 community-based temporary offsite service clinics in Hailsham, Eastbourne, Seaford, Polegate and Bexhill. The project was extended from the original planned 84 clinics due to demand.
- Delivery was supported by targeted proactive communication and followed up with patients, as well as a dedicated helpline.
- The project was successful in reaching vulnerable groups. SDHC used venues that are well-established community spaces, familiar to residents and regarded as safe environments; areas with historically low uptake were targeted. New areas/venues, planned using uptake data, had lower numbers but feedback from these venues was positive, with patients expressing gratitude for having the service brought directly to their communities.
- Based on output measures, there was clearly a demand for clinics in these areas, with some locations experiencing higher uptake than others.

Hastings & St Leonards PCN – Hastings & St Leonards:

- A small-scale project targeting those in eligible cohorts living in IMD areas of Hastings and St Leonards and those who may be vaccine hesitant.
- Eight clinics were run, delivering 22 vaccinations.
- Clinics were advertised locally and linked to specific events, but footfall was very low.

- Low uptake and small number of vaccinations informed plans to conduct inter-seasonal pre-Spring projects prior to the Spring campaign. These comprised six projects run by local Voluntary, Community and Social Enterprise services (VCSEs) targeting older people and those living in areas of deprivation - Citizens Advice 1066, Age UK East Sussex, Hastings Voluntary Action, Hastings Action Emergency Response Team, Healthwatch and Education Futures Trust.
- The aim of all projects was to raise awareness of vaccine benefits, address concerns and misinformation and to make people aware of where they could get vaccinated. Activities included: promotion via websites and social media posts, distribution of digital and printed materials, displays at events/venues, themed events at older people's centres and carers events and widespread networking and sharing of materials with networks and community partners.
- The impact of this pre-Spring work will not be known until the end of the Spring programme, when we can review whether there has been any impact on uptake numbers. Project feedback indicated patients are experiencing 'vaccine fatigue' or feel that there is less of a need to be vaccinated against Covid now.
- In the statement of requirement for the competitive procurement process for outreach services in AW25-26, Hastings is a specific area of focus for the successful provider.

28. The vaccination programme was a key element in protecting our population. The programme focused on three areas and aimed to maximise the uptake of COVID, Flu and RSV Vaccinations. The eligible cohorts for each vaccine were identified by the Joint Committee of Vaccinations and Immunisation (JCVI).

29. The campaign ran from October 2024 to March 2025 (this is a rolling programme and 2024/25 was the first year for this vaccination campaign), the results of which are laid out in Figures 2 and 3 below:

Figure 2: Sussex total for each vaccination campaign

Sussex Total			
Vaccination Programme	Pts Eligible in Sussex	Vaccines administered as at 31st Mar 2025	Percentage (of eligible population)
Covid Booster	606,834	344,287	56.70%
Flu	1,013,363	571,179	56.36%
RSV	93,231	61,240	65.69%

Figure 3: Vaccination results by area

Brighton and Hove			
Vaccination Programme	Pts Eligible in Brighton and Hove	Vaccines administered as at 31st Mar 2025	Percentage (of eligible population)
Covid Booster	78,660	39,943	50.80%
Flu	144,481	70,103	48.52%
RSV	9,386	5,747	61.23%

East Sussex			
Vaccination Programme	Pts Eligible in East Sussex	Vaccines administered as at 31st Mar 2025	Percentage (of eligible population)
Covid Booster	210,705	113,887	54.10%
Flu	336,579	189,665	56.35%
RSV	34,670	22,085	63.70%

West Sussex			
Vaccination Programme	Pts Eligible in West Sussex	Vaccines administered as at 31st Mar 2025	Percentage (of eligible population)
Covid Booster	307,279	183,717	59.80%
Flu	532,303	311,411	58.50%
RSV	46,582	31,739	68.14%

Notable achievements:

- Uptake across all three vaccinations (Covid, Flu, and RSV) was above the national average for both COVID and Flu as outlined below:
    - COVID - Sussex 53.6% vs National 44.5%
    - Flu – Sussex achieved above the national averages for each of the cohorts eligible for a flu vaccination
    - RSV – Sussex 66.4% vs National 63.7% (as of 12 June 25)
- There were 526 eligible older adult care homes with residents eligible for a COVID vaccination - 100% of which were offered a covid vaccination
- An internal MDT weekly meeting was established to provide leadership and oversight of performance and planning over the Winter Vaccination Campaign.

Areas for improvement:

- Uptake for both flu and Covid vaccinations across health and social care staff was lower than in previous years; with a few acute trusts not offering on-site staff vaccination which may have impacted on uptake. At the end of the 24/25 Autum/Winter Campaign this was represented in Sussex Staff vaccinations being ranked nationally as 15th out of 42 ICBs for Covid and 19th out of 42 ICBs for Flu.
- Healthcare Support Workers (HCSW) were not included in the Joint Committee on Vaccination and Immunisation (JCVI) eligible cohort which caused some mixed messaging about the eligibility of vaccinations for Winter 24/25. It is uncertain if HCSW staff will be included in the JVCI cohort for this Winter, but earlier work with Trust CPOs to ensure that plans are in place to offer vaccinations to the HCSW will be carried out, including workshops planned in Summer to prepare for Autumn and Winter covid and flu vaccination campaigns.
- Early and active engagement with key stakeholders will be crucial to the success of the Vaccination Campaigns

2.2.3 Prevention and Case Finding

30. The Cohort Identification and Multi-disciplinary Teams (MDT) programme was introduced to support winter preparedness and to build links between GP practices and community teams in the management of patients at higher risk of admission to hospital and increased GP appointments.

31. The approach was to identify the cohort of patients at primary care level and optimise their care by referring them to a proactive MDT and link them the wider service provisions such as virtual wards or voluntary sector services. The programme was well received and there is an appetite to continue and enhance it further.

Notable Achievements:

- 138 out of 156 practices across Sussex signed up to the programme
- Practices with existing community team relationships implemented new processes smoothly
- Workshops were delivered to support frontline staff
- GP practices reported that the MDTs alleviated pressure on their services.

Areas for improvement:

- A small number of practices did not sign up to the programme
- Consider sign up on a Primary Care Network (PCN) basis to reduce pressure on community teams.
- Improve the consistency of services in each MDT
- Improve access to prescribers in community teams
- Quantifying the impact of the programme has not been possible, but work is underway with our business intelligence team to ascertain if there is any noticeable impact between the practices that participated and those that did not.

Of the 138 / 156 practices who signed up to the programme across Sussex 119 submitted returns for all three months of the programme. Therefore, the dataset is still provisional.

2.2.4 Place Based Integrated Community Teams plans

32. The Integrated Community Teams (ICT) included a wide range of stakeholders across the Sussex system including providers, local authorities, public health and Voluntary, Community and Social Enterprise (VCSE) services. Over winter the ICTs in each Place, tested a range of initiatives described as ICT Neighbourhood Level Tests of Change. The key focus was on prevention, admission avoidance, and testing new ways of working.

ICT	Initiative:	Delivery:	Outcomes
Eastbourne	Co-location and joint triage of Adult Social Care and community nurses.	East Sussex MDT approach: strengthening partnership working.	Anecdotal feedback and insights shows that colleagues value informal, face-to-face interaction across teams enabling timely engagement on patient care and resources.
Hastings	Supporting Long Term Frequent Attenders (LTFAs): System wide working to support wider determinants of health.	Continuing and exploring possibility of widening out across the system working with non-NHS partners	Emerging feedback and insights indicates that this may reduce frequent GP visits. In the GP practices that have adopted this approach there has been a 20% reduction in the number of monthly appointments used by LTFAs.
Lewes	Hypertension project with Wave Active: Approximately 50 people with raised BP invited to a free 12-week health improvement programme.	Early evaluation of the project showed positive impact and now extended to Foundry PCN.	Improvements for all patients across many of the areas monitored (BMI, BP, Pulse Rate, body fat data and wellbeing). Thereby optimising prevention interventions and enabling people to maintain lifestyle changes.
Rother	Hydration Project: Approximately 100 people over 65 years old who have had multiple UTIs resulting in hospital admissions targeted to receive a personalised plan.	PCN Care Coordinators using data to develop personalised hydration plans for prevention of UTIs for those most at risk.	60% of participants were drinking more after completing the hydration plan. 75% of participants completed their drink diary for all 4 weeks. Participants scored higher on their Quality-of-Life scores after completing the hydration plan. Initial data suggests fall in UTIs reported and falls reported having started the hydration plan.
Wealden	Clinics in community settings: Approximately 275 older people invited to drop in / book in for focussed frailty services that would previously have been only available in hospital settings.	Community Hub Model: from Jan to July 2024 a range of outpatient services and support were available with plans to widen out to VCSE partners.	All patients said the support they received improved their confidence to manage their own health.

Notable Achievements:

- Integrated working on preventative and proactive care for a targeted cohort provided greater assurance on delivery
- Targeted communications improved engagement
- Volunteer expertise is effective to providing relevant support and advice
- Adopting learning from previous years enabled the VCSE network to grow a wider membership
- The Proactive Care Huddle reduced avoidable hospital admissions, enabling healthcare professionals to strengthen existing pathways.

Areas for Improvement:

- The need to move from siloed pilots with small cohorts of complex patients, with time-limited action to support individuals and communities, at scale and embedding this business-as-usual system change resulting in improved outcomes and experience for the local population.
- Ensuring awareness of the non-NHS range of provision by service providers
- Optimising preventive – community asset which is valued by the population
- Optimising the offer of volunteer support across the system.

East Sussex ICTs

In November 2024, in the 5 ICTs, staff and volunteers working across health and social care were invited to 'supporting people through winter and beyond' networking and learning events to learn more about the range of services and support available across communities. The events included a series of short presentations and attendees were able to visit a marketplace of local organisations and teams, meet other people working across local communities.

Approximately, 250 staff and volunteers attended the events. Evaluation findings demonstrated that an average increase of 20% in how confident people felt in being able to support people in Winter 24/25 and an average increase of 20% in how connected people feel across their ICT footprint. In addition, attendees rated the events as an average of 4.66 out of 5 in how useful they found them.

2.2.5 Communications and Engagement

33. It is recognised that clear communications and engagement can have a positive impact on prevention and how people access help and care over the winter period. A coordinated communication approach was developed across the system focused on two key areas:

- **'Helping you this Winter' –** shared assurance that partners were working together to ensure plans, services and systems were in place so that patients would get the care they needed.
- **'Help us to help you' –** targeted campaigns promoting key information, advice and public health messaging.

Notable achievements:

- Clearly branded (recognisable) system-relevant campaign for 'Let's Get You Home', with positive and impactful team collaboration and creativity to assure members of the public that plans were in place and partners were working together to ensure they get could get the care they needed over the winter period. A combination of national and locally created assets were shared to promote key health information and advice.
- Using real people to tell the story worked well.
- Strong media relationships as well as Sussex Partnership NHS Trust communications team relationships and coordination.
- Intelligent linking of local activity to national/regional communications as well as the system mental health campaign, focussing on discharge.
- Consistent media coverage, partner communications, granular operational communications combined with national marketing worked well.

Areas for Improvement:

- More proactive targeting of specific audiences and geographies could be done using social listening, insights and service data to enable communication via their preferred method, such as Instagram or WhatsApp.
- More could be done to make the messaging more diverse to reach people in their first / preferred language, which may not be English.
- Targeting working aged adults around getting repeat prescriptions in time for bank holidays, or when an A&E is busy and highlighting alternative services.

2.3 Workstream Pillars: Pillar 2 - Same Day Urgent Care

The objective of the Same Day Urgent Care programme was to ensure patients received rapid access to the service which best met their needs. The approach focused on 4 key areas:

- Improving access to same day non urgent services
- Improving ED flow
- Improving access to community physical and mental health services
- Increasing redirection across Urgent and Emergency Care (UEC)/Out of Hospital (OOH) pathways

Notable achievements:

- Two Unscheduled Care Navigation Hubs were established in November 2024.
- East Sussex was the first Sussex area to implement an Unscheduled Care Hub and analysis indicates the hub provided clinical advice to paramedics and others responsible for patient care which led to 610 fewer ambulance conveyances to East Sussex hospitals. Given that a number of these patients would have been likely admissions, the data suggests that 232 patients who would have been admitted in this time period, were instead treated elsewhere which amounts to a saving of 2,158 bed days within the hospitals and improved patient experience. This has helped to improve flow and increase redirection of patients across Urgent and Emergency Care (UEC) / Out of Hospital (OOH) pathways.
- Strengthened links between Urgent Treatment Centres (UTCs) and Primary Care
- Increased awareness and use of Same Day Emergency Care (SDEC) as an alternative to admission
- NHS111 patient satisfaction improved during winter, which correlated to response times improving.
- Virtual Ward (VW) capacity increased to over the 250-bed target
- 300 additional referrals from primary care into VW, with 80% of VW beds utilised, which avoided patient admission to hospital.

Areas for improvement:

- Variation in UTC models across sites led to inconsistencies in patient

experience
- Workforce challenges affected GP availability at some UTC sites
- Clearer governance structures needed to ensure SDEC spaces are used as intended
- Agree clinical pathways for palliative care in VWs
- Improve Acute hospital referrals to VWs
- Expansion of Unscheduled Care Hub into West Sussex and weekend operation.

2.4 Workstream Pillars: Pillar 3 – Improvement in discharge to support patient flow

34. The objective of Pillar 3 was to reduce the number of patients who reside in acute, community and mental health beds to improve patient experience, outcomes and system flow.

Notable achievements:

- A reduction from 22.3% to 20.7% in the number of NCTR and Clinically Ready for Discharge (CRD) patients in the Sussex system during the pre-Christmas and New year period.
- System coalesced around an agreed plan
- Sustained reduction through to the end of Q4 in relation to mental health CRD patient numbers
- SAFER bundle implemented. SAFER is a tool used to reduce delays for patients in adult inpatient wards (excluding maternity). The SAFER bundle blends five elements of best practice: **S**enior Review of **A**ll patients, **F**low, **E**arly Discharge and **R**eview. When followed consistently, the length of stay reduces, and patient flow and safety improve.
- Therapy model supporting optimising mobilisation and independence in acute hospitals commenced.

Areas for improvement:

- Transfer of Care Hubs (TOCHs), which coordinate the discharge of patients waiting to leave hospital and who require post discharge support, were not fully optimised during the winter period as they were relatively early in their maturity.
- Some identified investment to improve capacity over winter was not fully utilised in a timely manner.
- Surge planning and discharge optimisation should be a rolling programme rather than only facilitated over winter.
- Embed surge planning into overall site improvement planning and system improvement plans
- Ensure site focussed improvement planning is at the heart of delivery
- Build on impact reviews of historical investment
- Ensure there is capacity flexibility across the system to be immediately responsive.

2.5 Workstream Pillars: Pillar 4 – Sound Operational Management

35. The objective of Pillar 4 was to ensure that we had robust operational management in place with clear coordination across the system and routes for escalation where required.

Notable achievements:

- The System Coordination Centre (SCC) function to improve patient care was achieved in line with the SCC Operational Specification and acted as the single point of access with NHS England – South East region enabling timely cascades of information both into and out of the system.
- The Winter Operating Model was effective in ensuring that system partners came together regularly to discuss emerging issues and escalate where necessary.
- Daily Situational Reports to NHS Sussex Chiefs enabled top level oversight throughout the winter and rapid intervention where necessary.

Areas for improvement:

- The Systemwide Business Continuity Incident (BCI) Process in relation to system pressures was tested during the peak of system demand in January and several key lessons were identified. This document has now been updated to include recommendations agreed at the subsequent debrief and incorporate the new Integrated Operational Pressures Escalation Levels (OPEL) framework triggers.
- Implementation of a debriefing process to be used following OPEL 4 declarations.

2.6 Workstream Pillars: Pillar 5 – Governance, Oversight and Escalation

36. The objective for Pillar 5 was to ensure that we had a robust approach to cover delivery of the winter plan, with clear routes for escalation where issues are encountered.

Notable Achievements:

- The ICS was the first in the country to implement and roll out the new OPEL 24/26 framework.
- Winter Plan progress updates were provided to relevant governance forums throughout the winter period.

Areas for Improvement:

- Look at the frequency of and approval routes for reporting to the ICB governance groups to provide assurance, to improve efficiency and

effectiveness of reporting.
- Review the plan with the SCC stakeholders more frequently throughout the course of the Winter Plan period.

2.7 The Reset Event

37. The Reset Event ran for four weeks from 19th December 2024 to 15th January 2025 (with a break for the Christmas week). The purpose of the event was to bring together providers of Health and Care to agree and undertake rapid improvement actions to support patient flow during this period of peak pressures.

38. The event concentrated on the efforts to prepare and recover from operational pressures which typically arise over the Christmas period. Eight interventions were grouped into five workstreams with an objective to reduce the bed occupancy to 93% by 24th December and then to reset the occupancy position in the beginning of January 2025. The objective was to maintain patient flow during this period so that those individuals requiring rapid access to emergency care and in particular, emergency admission, could receive care and treatment in a timely manner.

39. Each workstream had dedicated leadership from the ICB with an executive Senior Responsible Officer (SRO) and MDT from the system to drive the operational and clinical expectations. Each provider nominated leads to drive the interventions within their own organisations.

Notable Achievements:
- Good engagement at an executive level via twice weekly panels, which supported focussed working on key issues
- Choice Policy agenda promoted to ensure early discharge planning and that patients were aware of their planned onward journey in a timely fashion
- Positive coordination from communications teams
- Clinically led focus on specific areas in acute settings
- Increased flexibility in criteria (SCFT/SPFT)
- Delivery of sub 92% bed occupancy on 26th of December which created sufficient capacity to manage patient flow over the Christmas and new year period, avoiding the system needing to declare a major incident, which was observed in a number of other parts of the country.

Areas for improvement:
- Early engagement with stakeholders to agree and formalise the process in advance of initiation of reset event.

2.8 Winter Plan Survey

40. The Winter Plan survey was conducted between 8th and 23rd April 2025. This went out to all system partners as a precursor to the Winter Plan debrief session in order

to give people the opportunity to feedback their observations of the effectiveness of the plan. 21 responses were received from across our system partners, which is an increase on previous years.

Notable findings:

- The average score for the effectiveness of the plan was 6.26 out of a possible 10.
- The key areas of focus or pillars where respondents observed the greatest impact were 'communications and engagement' and 'improvement to discharge and flow'.
- The key areas of focus or pillars where respondents observed the least impact were 'the vaccination programme' and 'governance and oversight'.
- The average score for implementing the Winter Plan within their team / services was 6.70 out of 10.
- The greatest barriers to implementation of the plan were identified as 'operational pressures' and 'workforce challenges'

Improvement Suggestions:

- More involvement from digital colleagues.
- Review the meeting cadence or consider move to one daily touchpoint meeting to reduce the burden on colleagues across the system.
- Stand up a Winter Plan Forum attended by all system partners to start the planning process earlier in the year
- Greater cooperation between providers
- Include more about Neighbourhood Care.

2.9 Winter Plan Debrief

41. The Winter Plan Review and Evaluation Debrief was held on 30th April 2025 with representation from system partners and ICB workstream leads.

42. Representatives agreed that the plan had identified the main risks to the system during the winter and anticipated activity was as expected in the most part. One exception was that of an increased demand for acute and community beds caused by Flu and respiratory diseases which were higher than anticipated in January and February of 2025.

What went well

- The winter operating model was effective in bringing together system partners in times of pressure and felt responsive and supportive. Implementation of the new OPEL framework and use of the SHREWD data platform enabled 'live' system situational awareness for all partners.
- The roll out of the Unscheduled Care Hubs and the increase in virtual ward

capacity were notable achievements.

Areas for Improvement:

- The cohort for patients eligible for vaccinations was changed with late notice
- Increase the uptake of vaccination amongst healthcare workers.
- The quality of care provided to patients who were cared for in temporary escalation spaces should be reviewed.
- There was little improvement in the ability of the system to discharge patients who no longer needed to be in hospital (NCTRs).

Recommendations for Improvement:

- Create a common set of triggers for escalation based on the new OPEL framework.
- Improve NCTR numbers.
- Work to eradicate patients being cared for in temporary escalation spaces.
- Improve awareness of respiratory diseases and expected impact for modelling.
- Move to an annual or continual surge plan based on agreed triggers.
- Review the winter operating model meeting cadence to avoid duplication.

3 CONCLUSION

43. Although the Sussex health and social care system faced a challenging winter, it performed strongly against national benchmarks, particularly in relation to the four-hour A&E targets and Ambulance Cat 2 response times (see tables in Section 2). However, the mitigations put in place to discharge patients who no longer met the criteria to reside, reduce average lengths of stay, and 12 hour waits in A&E, did not have the level of anticipated impact.

44. In line with previous winters, some patients were cared for in temporary escalation spaces and waited too long in our emergency departments for admission and this will be a critical area of focus for our Winter Plan in 2025/26.

The surge in demand due to flu and Covid in the weeks following Christmas and the New Year created further operational pressures. Improving vaccination rates will be another critical area of focus for our Winter plan in 2025/26.

45. A full and comprehensive review of the Winter Plan has been carried out, and key lessons have been identified. These will be used to inform future planning.

46. Planning for Winter 2025/26 commenced in June 2025.

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Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**26 June 2025**
By:	**Deputy Chief Executive**
Title:	**NHS Sussex Non-Emergency Patient Transport Service (NEPTS)**
Purpose:	**To provide an overview of the mobilisation of the new non-emergency patient transport service.**

RECOMMENDATIONS

The Committee is recommended to comment on the report and consider whether it would like to receive further updates on any elements of the NEPTS.

1. Background

1.1. Non-emergency patient transport (NEPTS) is defined as the non-urgent, planned transportation of patients with a medical need for transport to and from premises providing NHS healthcare and/or between providers of NHS-funded healthcare. The overarching principle of patient transport, as defined by NHS England, is that most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. NEPTS is an eligibility driven service that is a statutory obligation for NHS commissioners to provide to transport patients to and from their healthcare appointments. NHS-funded patient transportation is intended for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery. The NEPTS service is based on healthcare needs rather than wider social care needs and therefore there is a requirement that the service operates a set of eligibility criteria.

1.2. At its meeting in March 2024, the HOSC considered an update report on the procurement and mobilisation of the Non-Emergency Patient Transport Service (NEPTS) in Sussex, at which point the new provider was not yet able to be announced publicly. The HOSC therefore agreed to receive an update from NHS Sussex on the mobilisation and transition of the new contract at the June 2025 HOSC meeting, which is its first following the beginning of the new contract.

1.3. The re-procurement of the new Non-Emergency Patient Transport Service (NEPTS) in Sussex was undertaken to enhance patient experience, accessibility, and operational efficiency across the region. NHS Sussex has appointed ERS Transition Limited, trading as EMED Group, to be the new provider of Non-Emergency Patient Transport Services (NEPTS) for Sussex for an initial five year period, which commenced on 1 April 2025.

2. Supporting information

2.1. The report, which is attached as **Appendix 1** provides an update on the initial go-live performance of Sussex NEPTS following the transition, including:

- Context, including the transition to a new provider from 1 April 2025 and current capacity
- Service delivery
- Ongoing monitoring and review, including initial performance data
- Stakeholder engagement and constructive feedback
- Actions planned to further enhance the service
- New risks identified post-go-live

3. Conclusion and reasons for recommendations

3.1 The HOSC are recommended to comment on the report and consider whether it would like to receive further updates on any elements of the NEPTS.

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Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC) Meeting**
Meeting date:	26th June 2025
Report Title:	Progress on the mobilisation of Sussex Non-Emergency Patient Transport Service (NEPTS) Service
Author:	Colin Simmons, Deputy Director of Acute Services Commissioning and Transformation (Non-Elective)

Executive summary:

This report provides an update on the initial post-go-live performance of the Non-Emergency Patient Transport Service (NEPTS) across Sussex, which became operational on April 1, 2025. The transition to the new provider, EMED, has been successfully managed, and the service is now fully operational.

Initial performance data is largely positive, indicating that the service is operating effectively within expected activity parameters across Sussex, a commendable achievement given its recent mobilisation. Key Performance Indicators (KPIs) are being diligently tracked to identify and address any potential issues early.

The report also addresses the ongoing challenge of effectively managing significant demand for the NEPTS service across Sussex, including East Sussex, to ensure its sustained sustainability and equitable delivery for all residents. Continuous monitoring and evaluation are crucial to this effort. This document details the mechanisms in place for this, including regular performance reviews, active stakeholder engagement, and patient feedback channels, with a specific focus on their application within East Sussex.

Progress on the mobilisation of Sussex Non-Emergency Patient Transport Service (NEPTS) Service

1. Introduction

1.1 Purpose of the Paper

This report provides an update on the Non-Emergency Patient Transport Service (NEPTS) in Sussex following the service transition on 1st April 2025, with a specific focus on its implementation and performance within East Sussex. It details the initial post-go-live performance, ongoing monitoring, and actions being taken to ensure the service is meeting the needs of patients and the wider healthcare system in East Sussex.

1.2 Context and Background

The reprocurement of the new Non-Emergency Patient Transport Service (NEPTS) in Sussex was undertaken to enhance patient experience, accessibility, and operational efficiency across the region. EMED was the successful bidder and officially took over the contract on April 1, 2025. The service is now operational, and this report provides an initial assessment of its performance across Sussex, identifying areas for ongoing focus.

The NEPTS handles approximately 1000 journeys per weekday and 1000 per weekend across Sussex, a substantial volume that necessitates logistical planning, coordination, and significant staffing to manage diverse patient transport needs effectively. This daily activity includes inter-facility transfers, specialised mental health transports, and various patient appointments. EMED has a headcount of 204 (wholetime equivalent) to deliver this service and total fleet of 160 vehicles.

Vehicles:

- WAV (Wheelchair Accessible Vehicle): 23
- Multiflex (Seated) Ambulance: 57
- Stretcher Ambulance: 16
- Bariatric Ambulance: 38
- Total Operational Vehicles (PTS & DDV): 134
- Resilience Vehicles: 26

2. Service Delivery

EMED currently operates the Non-Emergency Patient Transport Service (NEPTS) from four locations across Sussex, providing transport for eligible patients to and from NHS healthcare facilities, including those in East Sussex. As of the reporting period, EMED delivers approximately 84% of overall NEPTS activity across Sussex. The remaining portion of the service continues to be delivered by incumbent sub-contractors, who are undergoing transition under TUPE arrangements.

Between April and July 2025, the final phase of this transition is being completed. Staff from the remaining providers will transfer to EMED in accordance with TUPE regulations, with operational handover scheduled to conclude by the end of July. Following this, EMED will undertake a structured programme of induction and upskilling throughout August and September to ensure all incoming staff are fully integrated and trained to deliver care in line with the new operational model. During this period, service delivery will continue through a blended model—with EMED directly managing most of the service while coordinating closely with the outgoing providers to maintain continuity. By October 2025, EMED will assume full operational control, and the service will be considered Business as Usual (BAU), with a consistent model, workforce, and governance structure in place across all Sussex locations.

3. Ongoing Monitoring and Review

- A comprehensive performance monitoring framework is in place. This framework enables the identification of any deviations from expected performance levels and facilitates timely intervention. Integration with operational systems enhances

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situational awareness, providing real-time visibility of service performance, including the tracking of live vehicles. Data from the data warehouse also informs this process, facilitating better coordination with healthcare providers.

- Activity Volumes for April: EMED provided initial volume data for April across Sussex. Total activity was 23,524 journeys, against a baseline of 24,114—representing 97.6% of the expected volume. This total activity figure *does include* data for East Sussex; however, a granular breakdown of journeys specifically for East Sussex is not yet available but is being actively sought. This activity is currently being monitored.

- Aborted Journeys: These accounted for 8.31% of the total activity in April. The vast majority of these are due to reasons outside of EMED's control. Common reasons for aborts include patients making their own way (420 instances), no trace of patient at pickup (256), and patients not ready (218). Patient-initiated aborts accounted for approximately 1,300 journeys, while professional (e.g., hospital) and provider-initiated aborts were lower, at 0.6K and 0.2K respectively.

- Cancelled Journeys: In April, there were 4,528 cancelled journeys. The top reasons for cancellations include cancellations by the hospital (946), data import issues (761), patients making their own way (562), and incorrect bookings (534). Professionals (2.7K) and patients (1.4K) are the primary requesters for cancellations, with providers being a minor factor (0.2K).

- The NEPTS contract has demonstrated strong initial performance two months post-mobilisation, operating broadly in line with expectations despite the complexities of transitioning from an NHS provider. The abort rate remained within expected parameters. Continued focus areas include refining KPI reporting and data analysis, optimizing resource deployment through new rostering, and ongoing review of patient experience factors like Time on Vehicle (TOV) impact and eligibility criteria application.

4. Stakeholder Engagement

Ongoing stakeholder engagement is crucial to the success of the NEPTS service. Regular meetings are held with:

- Healthcare providers: To ensure seamless integration with patient care pathways across Sussex, including those in East Sussex.

- Patient groups: To gather feedback and ensure the service meets the needs of patients, utilising specific engagement channels for East Sussex residents.

- EMED: To review performance, address any issues, and plan for service improvement across the contract, including those impacting East Sussex.

- Through these engagement channels and direct feedback mechanisms, several **key themes** have been identified in patient and stakeholder feedback across Sussex since April 2025. These include instances of inward and outbound delays or missed transport, inaccurate Estimated Times of Arrival (ETAs), and various transport booking and planning errors. Some patients have also reported issues with communication regarding their transport schedule.

- While these themes highlight areas requiring focused attention during this mobilisation period, it is important to note that the service is actively addressing them. EMED are applying **lessons learned** that emphasize the importance of effective planning and alignment of resources (vehicles, staffing) to prevent delays and missed transport. Furthermore, EMED recognise that timely and clear communication between the control team, stakeholders, and patients is critical, and EMED are working to ensure accurate and up-to-date information is shared promptly to avoid confusion and further delays, thereby significantly enhancing the patient experience. This approach ensures EMED are continuously refining the service and addressing these issues as part of the ongoing implementation.

  Lessons Learnt from Feedback and Complaints:

  The initial period following the April 1st go-live for the new NEPTS service has naturally presented some operational challenges, which have generated valuable feedback. It is important to note that, as with any major service transition, an initial period of adjustment is anticipated. Despite these expected challenges, the service has been broadly well-received by patients and stakeholders, with positive feedback beginning to emerge. EMED is actively monitoring and analysing all feedback received to ensure continuous improvement.

  Volume of Complaints: In April 2025, the service received 84 complaints. It is important that this is seen in the context of total activity of 23,524 journeys in that month. While any complaint is taken seriously, this volume is being closely monitored as part of the initial phase of a new service. Encouragingly, preliminary data for May shows a significant decrease in complaint numbers, indicating that early interventions are having an effect, and the service is quickly stabilizing. EMED is establishing a baseline for expected complaint volumes as the service matures to determine long-term trends relative to service scale and complexity.

  Key Themes Identified: Patient and stakeholder feedback has highlighted the following themes requiring attention:

- Delays and Missed Transport: Instances of patients experiencing late pickups or missed journeys, both to and from appointments.

- Communication Gaps: Issues with inaccurate Estimated Times of Arrival (ETAs) and insufficient communication with patients regarding their transport schedule.

- Booking and Planning Errors: Mistakes occurring during the transport booking process or in the operational planning of journeys.

Positive Feedback Highlights: While formal mechanisms for collecting commendations are being established, anecdotal and early feedback indicates several positive aspects of the new service:

- Professionalism and Care from Crews: Many patients have expressed appreciation for the courtesy, empathy, and professionalism of EMED's ambulance crews.

- Comfort and Suitability of Vehicles: Positive comments have been received regarding the cleanliness and comfort of the vehicles, particularly from patients with specific mobility needs.

- Dedicated Staff: Recognition for the hard work and dedication of the staff, especially given the transition period.

- Improved Safety Measures: A sense of improved safety during transport has been noted by some patients.

In response to both constructive feedback and areas for improvement, EMED is implementing focused actions based on the critical lessons learned:

- Optimising Planning and Resources: EMED is reviewing and adjusting the planning and alignment of vehicles and staffing. This includes ongoing efforts to ensure adequate resources are deployed to meet demand, thereby directly targeting the root causes of delays and missed transport.

- Enhancing Communication: A key focus is improving the clarity and timeliness of communication. This involves working closely with the control team and frontline staff to ensure patients and stakeholders receive accurate, up-to-date information about their transport. This proactive communication aims to reduce confusion and enhance the overall patient experience.

- Reviewing Service Eligibility: Analysis indicates that some aborted journeys (where

patients make their own way after booking) suggest potential ineligibility. EMED is considering whether a stricter application of eligibility criteria, including potential restrictions for repeated non-use, could ensure resources are prioritised for those most in need.

Data on Service Failures and Delays: To support the understanding and drive targeted improvements, data is being compiled on 'failed bookings' and other delays affecting patient access. This includes figures for the number of cancelled journeys by the provider, instances of delayed pickups, and cases where eligible patients were unable to secure transport, all presented for all of Sussex. This data is being analysed to identify the underlying reasons for these incidents and their precise impact on patient access to appointments or discharge, informing our ongoing operational adjustments.

5. Action being taken

Actions Taken to Optimize Service Delivery and Ensure Sustainability Across Sussex:

- Guidance for Referrers: Referrers are being guided to alternative transport options for non-priority journeys. Data on the impact of this will be provided in the data cut at the end of May.

- Continuous Data Review and Verification: Data from FY 23/24 and 24/25 is being continuously reviewed and verified to inform future planning and ensure resource deployment aligns with actual activity patterns and evolving patient needs.

- Resource Stress-Testing and Adjustment: Solutions are being stress-tested, and resource deployment plans are being adjusted as needed to optimize efficiency and responsiveness, particularly in light of shifts in mobility mix (e.g., increased "Ambulance Walker" and "Medium Risk - 3 Person Crew" activity).

Actions Planned to Further Enhance the Service:

- Demand Management Review: A comprehensive review of the impact of the demand management actions will be completed in June 2025.

- Ongoing Performance Monitoring: Continued meticulous monitoring of KPIs and patient feedback will identify emerging trends and specific areas for targeted improvement.

- Regular Operational Reviews: Regular meetings with EMED will address any operational issues promptly and ensure service delivery remains robust and in line with contractual requirements.

- Sustained Stakeholder Engagement: Continued engagement with stakeholders is vital to ensure the service is consistently meeting the needs of patients and the wider healthcare system.

7. Risk Log

New Risks Identified Post-Go-Live:

- **Sustained performance variability across geographic areas**: This risk involves inconsistent service performance across sub-regions, with hotspots of late or missed journeys impacting patient flow. This risk is actively monitored in East Sussex. **Mitigation**: EMED is implementing route optimisation technology and local rota adjustments. NHS Sussex tracks performance by area to target support and escalate where needed.

- **Reputational risk due to patient complaints and media attention:** This risk pertains to patient dissatisfaction. **Mitigation**: A joint NHS Sussex/EMED communications protocol is in place, and weekly patient experience trend reviews are conducted. A formal review of complaints for Sussex is planned for July 2025.

- **Capacity strain on same-day and responsive transport (RDTS):** This risk highlights demand for urgent same-day journeys exceeding expected volumes. **Mitigation**: EMED reviews dynamic dispatch models and vehicle allocation. NHS Sussex explores triage protocols with hospital discharge teams to better prioritise transport needs.

8. Conclusion and Recommendations

The Non-Emergency Patient Transport Service (NEPTS) has successfully gone live across Sussex on April 1, 2025, marking a significant milestone in enhancing patient transport. Initial performance data indicates that the service is largely operating effectively. While the early weeks have naturally presented some expected challenges, particularly concerning the evolving complexity of patient needs and operational pressures, the proactive actions being undertaken are firmly aimed at ensuring the long-term sustainability and quality of the service for all residents, including those in East Sussex. Our focus now shifts to continuous monitoring and review, ensuring that insights from performance data and patient feedback consistently inform ongoing service improvements.

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Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**26 June 2025**
By:	**Deputy Chief Executive**
Title:	**Work Programme**
Purpose:	**To agree the Committee's work programme**

RECOMMENDATIONS

The Committee is recommended to review its work programme at Appendix 1 and agree any updates needed.

1. Background

1.1 The work programme contains the proposed agenda items for future HOSC meetings and is included on the agenda for review at each committee meeting. It is an important tool in ensuring the correct focus and best use of the Committee's time in scrutinising topics that are of importance to the residents of East Sussex.

1.2 There are currently significant changes being made to the ways in which the NHS is governed and being run. Some key changes for the Committee to be aware of include:

- **Reductions in Integrated Care Board (ICB) and provider Trust running costs** – the ICB and provider Trusts are required to reduce their running costs during the current financial year, and this may result in changes to the ways in which some services are commissioned and delivered.
- **Abolition of NHS England (NHSE)** – for it to be brought into the Department of Health and Social Care (DHSC) over the next 18 months, with specific details yet to be announced.
- **NHS 10-year plan** – expected to be published soon, it will focus on three key shifts in healthcare: hospital to community, analogue to digital, and sickness to prevention.

1.3 In the context of these reforms, as well as the delivery of other key local and national priorities, now is a timely opportunity for the Committee to review its work programme and decide which topics it considers to be a priority for residents and communities in East Sussex, and determine the agenda items for future meetings accordingly.

1.4 This report also provides an update on any other work going on outside the Committee's main meetings.

2. Work programme

2.1. The Committee is asked to review the items in the current work programme, attached as **Appendix 1** to this report, and discuss the future agenda items and other scrutiny work of the Committee for inclusion in the Committee's future work programme based on current priorities for scrutiny and the NHS.

2.2. The Committee is asked to consider any future reports or other work items that it wishes to add to the work programme, and whether to schedule or remove any of the items listed under the "Items to be Scheduled" section of the work programme for future meetings to be held later in the municipal year.

3. Other activity

3.1. The Joint HOSC Sussex Partnership NHS Foundation Trust (SPFT) Liaison Group, which receives updates on the Trust's performance and undertakes horizon scanning of emerging issues continues to meet regularly. Membership: Cllrs Belsey and Robinson

3.2. Two training events for HOSC members, run jointly with the West Sussex County Council and Brighton & Hove City Council Health Scrutiny Committees, have been arranged for Autumn 2025. These will provide a refresher on key scrutiny skills, and the opportunity to consider health scrutiny as the above outlined reforms progress.

3 Conclusion and reasons for recommendations

3.1 The work programme sets out HOSC's work both during formal meetings and outside of them. The committee is asked to consider its priorities in the context of NHS reforms and agree an updated work programme.

PHILIP BAKER
Deputy Chief Executive

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Health Overview and Scrutiny Committee (HOSC) – Work Programme

Current Scrutiny Reviews		
Title of Review	**Detail**	**Proposed Completion Date**
To be agreed.		

Initial Scoping Reviews		
Subject area for initial scoping	**Detail**	**Proposed Dates**
To be agreed.	To be agreed.	To be agreed
List of Suggested Potential Future Scrutiny Review Topics		
Suggested Topic	**Detail**	
To be agreed.		

Scrutiny Reference Groups		
Reference Group Title	**Subject Area**	**Meetings Dates**
Sussex Partnership NHS Foundation Trust (SPFT) HOSC liaison group	Regular informal meetings with SPFT and other Sussex HOSC Chairs and Vice Chairs to consider the Trust's work and other mental health issues. Membership: Cllrs Belsey and Robinson	Next meetings: TBC
Reports for Information		
Subject Area	**Detail**	**Proposed Date**
To be agreed.		
Training and Development		
Title of Training/Briefing	**Detail**	**Proposed Date**
Visit to new Sussex Surgical Hub at Eastbourne District General Hospital	A visit to see the new minor surgical hub that has been built at Eastbourne District General Hospital.	TBC 2025
Visit to the new Inpatient Mental Health facility at Bexhill	A visit to the new Inpatient Mental Health facility due to be built at a site in North East Bexhill to replace the Department of Psychiatry at Eastbourne District General Hospital (EDGH).	TBC but likely September 2025
Joint training for Health Scrutiny Members	Two training sessions for members of West Sussex, Brighton and Hove and East Sussex to provide a refresher on information and tools on how to approach Health scrutiny, particularly in the context to changes at ICB level.	22 October (online) and 7 November (in person)

Visit to Ambulance Make Ready station and new Operations Centre – East.	A visit to the new Medway Make Ready station and new Operations Centre for 999 and 111 services once the new centre is operational.	TBC

Future Committee Agenda Items		**Witnesses**
18 September 2025		
Access to Primary Care Services – GPs and Primary Care Network (PCN)	An update report on the working being undertaken to improve access to GP services and appointments in East Sussex, including Primary Care Network (PCN) performance and services provided. Report to include an update on primary care (GP surgery) estates issues, especially in areas of housing growth, GP recruitment and the availability of being able to book online appointments.	Representatives from NHS Sussex.
HOSC Review of the Provision of Audiology Services in East Sussex.	To receive a response from NHS Sussex to the HOSC Review of Audiology Services and the recommendations contained in the report of the Review Board agreed at the HOSC meeting held on 6 March 2025	Representatives from NHS Sussex.
Paediatric Service Model at Eastbourne District General Hospital (EDGH)	To receive on update report on the changes made to Paediatric Service Model at EDGH after 18-20 months operation of the new model, to include an update on APNP staffing and the use of the former Scott Unit for paediatric services.	Representatives from ESHT
CYP Mental Health update	To receive an update report on mental health services for children and young people, including CAMHS, mental health in schools, and neurodevelopmental services.	Representatives from NHS Sussex and SPFT
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Policy and Scrutiny Adviser
11 December 2025		
NHS Sussex Winter Plan	To receive a report on the Winter Plan for 2025/26. The report to include an planning across the health system for East Sussex including services	Representatives from NHS Sussex, University Hospitals

	provided by ESHT, UHSx, MTW, SECamb and SPFT that provide services to East Sussex residents.	Sussex (UHSx), ESHT, SPFT MTW and SECAmb.
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Policy and Scrutiny Adviser
5 March 2026		
SECAmb CQC report	To receive a further update report on the progress of South East Coast Ambulance NHS Foundation Trust (SECAmb) improvement journey and exiting the Recovery Support Programme (RSP).	Representatives from SECAmb
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Policy and Scrutiny Adviser
Items to be scheduled – dates TBC		
Uckfield day surgery	To receive a report from ESHT on the findings and outcomes of its pilot of non-complex day surgery cases that currently take place at Uckfield Community Hospital carried out at Eastbourne District General Hospital and Conquest Hospital. Timescales to be agreed but likely 2025.	Representatives from ESHT
Access to NHS Dentistry Services	To receive a further update report on the progress being made to improve access to NHS Dentistry services in East Sussex. *Note: Timescales subject to the timing of the publication of the Public Accounts Committee report on Fixing NHS Dentistry.*	Representatives from NHS Sussex
Ophthalmology Transformation Programme	To receive an update report on the implementation of the ESHT Ophthalmology Transformation Programme when more detail is known about the plans for implementing phase 3 of the Programme. *Timing is dependent on ESHT implementation timescales and to be agreed with ESHT*.	Representatives from ESHT and NHS Sussex.
East Sussex Healthcare Trust (ESHT) Capital Works Programme	To receive a report on the ESHT planned capital works programme detailing the infrastructure works that are going ahead and those that are being deferred at the Conquest, Eastbourne District General (EDGH) and Bexhill	Representatives from ESHT and NHS Sussex.

	Hospitals once the impact of the announcement on the New Hospitals Programme and any additional capital funding has been evaluated.	
University Hospitals Sussex (UHSx), General Surgery and Neurosurgery	To receive an assurance report on the provision and safety of current general surgery and neurosurgery at UHSx Hospitals and in particular the Royal Sussex County Hospital (RSCH). To be programmed in liaison with NHS colleagues.	Representatives from University Hospitals Sussex (UHSx)
UHSx CQC report.	To receive an update report on University Hospitals Sussex NHS Foundation Trust's (UHSx) response to the August 2023 CQC inspection report (with a particular focus on the actions being taken at Royal Sussex County Hospital on patient safety).	Representatives from UHSx
Cardiology transformation Programme	An update report on the implementation of the ESHT Cardiology transformation Programme including the transport and access recommendations and measures made as part of the review of this transformation programme. *Note: Timing is dependent on ESHT implementation timescales.*	Representatives of ESHT and NHS Sussex.
Implementation of Kent and Medway Stroke review	To consider the implementation of the Hyper Acute Stroke Units (HASUs) in Kent and Medway and progress of rehabilitation services in the High Weald area. *Note: Timing is dependent on NHS implementation process*	Representatives of NHS Sussex/Kent and Medway ICS
Specialised Children's Cancer Services – Principal Treatment Centres (PTCs)	To receive an update report from NHS England, London and South East on implementation of the changes to the Specialised Children's Cancer Services – Principal Treatment Centre located in south London which serves East Sussex. *Note: timing of the report will be dependent on the implementation of the changes which are not due until 2026 at the earliest.*	NHS England, London and South East

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