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.