NHS
Mid and South Essex

2025/26 Mid & South Essex System Winter Plan

Samantha Goldberg
Executive Director of Performance & Planning

www.midandsouthessex.ics.nhs.uk

We are collaborative
We are compassionate
We are innovative
We are living well

STRATEGIC CO-ORDINATION

The Executive Director of Performance and Planning will provide executive leadership for winter planning and delivery across Mid and South Essex (MSE), supported strategically by nominated Integrated Care System (ICS) Winter Leads.

Designated Provider Leads are responsible for overseeing the design, coordination, and implementation of the MSE Operational Winter Plan. This includes the integration of insights and recommendations derived from the comprehensive 2024/25 Winter Debrief and evaluation, along with the proactive identification of system-wide risks and the development of robust mitigation strategies. The MSE Winter Planning Group will convene on a weekly basis to monitor progress, exchange operational updates at the provider level, and escalate any critical risks or emerging pressures through the appropriate governance channels..

Overall accountability rests with system leaders and provider Boards to ensure that provider winter plans are robust and responsive to fluctuations in demand and patient acuity. Plans must be deliverable within existing provider capacity and resources to ensure the consistent provision of safe, high-quality urgent and emergency care (UEC), as well as elective services, for the population of MSE.

Furthermore, the system must continue to meet the performance commitments and activity trajectories outlined in the 2025/26 Operating Plan.

OPERATIONAL CO-ORDINATION

The System Coordination Centre (SCC) will lead the day-to-day oversight and coordination of winter pressures across the health and social care system. Operating seven days a week, the SCC serves as the central hub for integrated operational management, co-located with the Unscheduled Care Coordination Hub and the Integrated Care Transfer Hub. This co-location enables multidisciplinary collaboration to support patient flow and ensure seamless transitions across services.

A core function of the SCC is to coordinate patient demand and flow across the system in conjunction with system partners, leveraging SHREWD Resilience to monitor real-time demand and capacity. This digital platform provides a live operational view of system pressures, enabling timely, data-informed decision-making and proactive management of escalation and de-escalation processes.

The SCC maintains direct escalation to Samantha Goldberg, Executive Director for Performance and Planning, who also serves as the nominated Lead Director for Winter 2025. Out-of-hours leadership will be jointly provided by the Integrated Care Board on-call team and provider on-call teams, ensuring continuity of oversight and decision-making beyond core hours.

To safeguard the SCC's capacity for daily operational management, the Emergency Preparedness, Resilience and Response (EPRR) team will assume leadership for any incidents arising during the winter period. This clear delineation of roles ensures that incident response is managed distinctly, while enabling the SCC to maintain its focus on system-wide coordination, flow, and resilience.

In addition to incident management, the EPRR Associate Director holds the system vaccination portfolio and is responsible, in conjunction with system partners, for maximising uptake of vaccinations across the population. This includes leading efforts to improve access and engagement, as well as monitoring and reporting vaccination rates to inform system-wide planning and targeted interventions.

OPERATIONAL CO-ORDINATION

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
09:00hrs	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle
09:00hrs	MSE Situation Awareness Meeting - Tactical	MSE Situation Awareness Meeting - Tactical	MSE Situation Awareness Meeting - Tactical	MSE Situation Awareness Meeting - Tactical	MSE Situation Awareness Meeting - Tactical	MSE Situation Awareness Meeting - Tactical	MSE Situation Awareness Meeting - Tactical
12:00hrs	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle
12:30hrs	NHSE EoE UEC Tactical Meeting		NHSE EoE UEC Tactical Meeting		NHSE EoE UEC Tactical Meeting		
15:00hrs	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle	SCC, UCCH & ICTH Huddle
16:00hrs	MSE Situation Awareness Meeting - Tactical	MSE Situation Awareness Meeting - Tactical	MSE Situation Awareness Meeting - Tactical	MSE Situation Awareness Meeting - Tactical	MSE Situation Awareness Meeting - Tactical	MSE Situation Awareness Meeting - Tactical	MSE Situation Awareness Meeting - Tactical
17:30hrs	MSEFT Night Plan Meeting	MSEFT Night Plan Meeting	MSEFT Night Plan Meeting	MSEFT Night Plan Meeting	MSEFT Night Plan Meeting	MSEFT Night Plan Meeting	MSEFT Night Plan Meeting

WINTER PRIORITIES

1. **Governance, Leadership & Accountability**
   - Appoint an accountable executive for winter oversight.
   - Engage all system partners in plan development, testing, and stress-testing (September 2025).
   - System control centre to enable real-time intelligence sharing, coordinated risk management, and continuous monitoring of operational pressures via the OPEL framework to support timely decision-making and escalation.
   - Test and activate on-call arrangements for clinical leaders.

2. **Prevention, Vaccination & Community Care**
   - Deliver comprehensive vaccination campaigns across priority groups: Flu, COVID-19, and RSV for eligible adults, including older adults and pregnant women, and childhood immunisations with enhanced outreach.
   - Boost frontline staff vaccination uptake to exceed pre-pandemic levels **(+5% target increase on baseline delivery for 2024/25).**
   - Urgent care outside hospitals: Unscheduled Care Coordination Hub, Urgent Community Response teams, Virtual wards and Mental health crisis services.

3. **Urgent & Emergency Care Performance**
   - Reduce ambulance wait times for Category 2 patients (target: 30 minutes) and meet the 45-minute ambulance handover standard.
   - Improve A&E performance:
     - 78% of patients admitted, transferred, or discharged within 4 hours.
     - Cut 12-hour waits to under 10%.
     - Increase timely care for children (within 4 hours).
     - Reduce 24-hour ED stays for mental health admissions.

WINTER PRIORITIES

4. **Mental Health Integration & Crisis Response**
   - Invest in crisis assessment centres and expand inpatient capacity.
   - Eliminate inappropriate out-of-area placements.
   - Implement tailored crisis and relapse plans for high-risk individuals.
   - Reduce Emergency Department waits for mental health patients.

5. **Discharge, Admission Avoidance & Flow**
   - Model and plan for winter demand across all settings.
   - Align discharge profiles with local authorities (P1 & P3 standards) and stretch targets for discharge pathways (P0–P3).
   - Eliminate internal discharge delays >48 hours and tackle delays for patients staying 21+ days past discharge-ready date.
   - Use Better Care Fund (BCF) to support surge capacity and step-up/down care.
   - deliver elective and cancer services in alignment with the operating plan trajectories.

6. **Digital & Data-Driven Improvement**
   - Expand Connected Care Records for paramedic and ambulance access.
   - Implement technology to reduce falls and support independent living.

7. **Workforce and Resource Management**
   - Ensure safe and resilient patient care through strategic workforce planning, including equitable rota design and proactive bank holiday scheduling.
   - Foster a positive working environment to prioritises staff wellbeing across physical, emotional, and psychological domains.

NHSE Urgent and emergency care plan 2025/26 - June 2025: https://www.england.nhs.uk/publication/urgent-and-emergency-care-plan-2025-26/

SYSTEM RISKS & MITIGATIONS

Subject	Risk	Mitigation
Operational Pressures & Demand Surge	Rising demand for urgent and emergency care exceeding system capacity.	• SHREWD Resilience for real-time monitoring and escalation. • Daily system-wide huddles and Situation Awareness Meetings. • Activation of Full Capacity Protocols and prioritisation of SDEC services.
Workforce Shortages & Sickness	Staff absences due to illness, industrial action, or seasonal pressures.	• Flu and RSV vaccination campaigns with a 5% improvement in uptake target. • Flexible staffing models, mutual aid agreements, and bank staff pools. • IPC refresher training and wellbeing initiatives across all services.
Discharge Delays & Flow Blockages	Delays in discharge due to out of hospital capacity, transport, or documentation issues.	• Activation of Integrated Care Transfer Hub (ICTH) with 7-day coverage. • Red to Green processes, discharge planning standard operating procedures, and escalation protocols. • Coordination with local authorities and care homes for timely transitions.
Vaccination Uptake & Access	Low uptake among staff and vulnerable populations.	• ICS-level Vaccination Group oversight. • Flu voucher schemes for non-eligible staff. • Outreach via community, voluntary, and faith groups. • Communication strategies and tool kits for providers

PROVIDER SPECIFIC RISKS & MITIGATIONS

Subject	Risk	Mitigation
MSEFT (Mid & South Essex Foundation Trust)	Bed deficits of -95 on average from November to end of March 2026, and a peak in January with up -156 beds in January 2026. Corridor care, and offload delays.	• Activate Full Capacity Protocols to manage surges and reduce corridor care. • Protect SDEC services to support early flow and ambulance offloads. • Strengthen discharge planning to increase volumes and prioritise earlier discharges. • Pre-allocate escalation areas with clear plans for activation and de-escalation.
EEAST (Ambulance Service)	Handover delays, staff sickness, and system dependencies.	• Maximise Call Before Convey (CB4C) to reduce avoidable hospital admissions. • Engage Private Ambulance Support to increase frontline capacity during peak demand. • Activate Clinical Cell to coordinate system-wide flow and escalation response.
IC24 (NHS111)	Surge demand during holidays, staffing gaps.	• Use Real-Time Triggers to detect rising demand and activate surge protocols. • Implement Flexible Hybrid Rotas to support staffing during peak periods. • Run Vaccination Prize Draws to boost uptake and reduce staff sickness.

PROVIDER SPECIFIC RISKS & MITIGATIONS

Subject	Risk	Mitigation
Primary Care	Unmet demand and repeat prescribing issues.	• Winter Access Scheme to increase proactive and reactive capacity during peak demand. • Pharmacy First Promotion to divert minor ailments from GP and ED services. • Self-Referral Pathways to reduce unnecessary GP appointments and streamline access.
CAMHS Crisis & Eating Disorder Teams	Delays in assessment due to increase in demand, staffing gaps, medical deterioration.	• Maintain 24/7 Coverage to ensure continuous access and responsiveness, particularly in increased demand periods. • Deploy Peer Vaccinators to improve staff vaccination uptake and reduce illness. • Utilise Virtual Beds to manage demand and support admission avoidance. • Conduct Regular MDT Reviews to streamline care planning and discharge.
EPUT Adult Mental Health	Non-commissioned weekend working, delayed discharges.	• Submitted proposal to Executive Board to secure funding for extended service coverage. • Implement Flexible Staffing Models to adapt to demand fluctuations. • Utilise Digital Tools (MaST, SMART) for predictive analytics and real-time bed management.

PROVIDER SPECIFIC RISKS & MITIGATIONS

Subject	Risk	Mitigation
INTs, Virtual Wards, UCRT, Inpatient Beds	Capacity gaps, IPC challenges, transport delays.	• Activate mutual aid and escalation protocols to manage surges and maintain service continuity. • Deploy IPC champions to uphold infection control standards and support clinical teams. • Use SHREWD tracking to monitor pressures in real time and guide responsive actions.
Local Authorities (Essex, Southend, Thurrock)	Workforce shortages, resource constraints, care home closures.	• LAPEL framework implemented to coordinate local system responses. • Utilising the Better Care Fund to enhance community-based care and discharge pathways. • Expand Home First models to care homes to reduce reliance on inpatient care. • Targeted recruitment strategies underway to strengthen staffing levels.
Mortuary Services	Surge in winter deaths	• Additional storage capacity available to manage surges. • Use forecasting tools to anticipate demand and allocate resources proactively.

NEW INTEVENTIONS & SERVICES POST 2024/25 WINTER

System Coordination & Leadership

- Establishment of System Coordination Centre, Unscheduled Care Coordination Hub, and Integrated Care Transfer Hub
- Integration of Local Operations Coordinator into the System Coordination Centre for winter
- Appointment of Substantive Managing Directors at acute hospital sites
- Designated Executive Director Winter Leads at ICB and provider level

Attendance Avoidance and Discharge Co-ordination

- Integrated Care Transfer Hub Enhancements - fully evaluated and budgeted Integrated Care Transfer Hub
- Inclusion of Mental Health professionals, Leadership roles, and Subject Matter Experts:
  - Urgent Community Response Team,
  - Geriatricians to support Frailty Hotline integration
- Reduction in ambulance conveyances from care homes via the Unscheduled Care Coordination Hub

Urgent & Emergency Care Transformation

- Missed Opportunities Audits by NHSE UEC National Improvement Lead identifying improvements in front door redirection and streaming
- Implementation of New Emergency Department Redirection & Streaming Model:
  - Redirect to Pharmacy First
  - Stream directly from triage to urgent care services within the hospital
- Increase in ambulance vehicle numbers

NEW INTEVENTIONS & SERVICES POST 2024/25 WINTER

Digital & Operational Enhancements

- IC24 NHS111 hosting the Unscheduled Care Coordination Hub:
- Supporting increased volumes through workforce resilience
- ITK link development for automated C5 call integration
- Enhanced case management and overnight holding

Same Day Emergency Care (SDEC) Expansion

- Launch of Trauma & Orthopaedic SDEC Units at Broomfield, with rollout planned for Basildon and Southend
- Expansion of Surgical SDEC at Broomfield; review underway at Basildon and Southend

Acute Medical Pathway Development

- Introduction of Acute Medical Referral Units (AMRU) at Basildon and Southend Hospitals

NEXT STEPS & ACTIONS REQUIRED

- **Provider Winter Plans**:
  All Mid & South Essex system providers have presented their Winter Plans to their respective Boards and received formal sign-off, aligned with the Provider Board Assurance Statements. ✅

- **ICB Assurance Statement**:
  The Mid & South Essex Integrated Care Board (ICB) will submit its Assurance Statement following **formal approval at the ICB Board meeting on 18 September 2025**, ahead of the national submission deadline of **20 September 2025**. ✅

- **System Testing Exercise**:
  Winter Plans will be tested both at organisational and system levels during the **Mid & South Essex Winter Planning Tabletop Event** on **Wednesday 24 September 2025**. This session, led by the ICB and East of England NHSE UEC leadership, will evaluate plans against national scenarios informed by 2024/25 challenges and learning. ✅

- **Regional/National Review**:
  A **NHSE Regional and National Event** is scheduled for **Tuesday 7 October 2025**, providing a comprehensive overview of System Winter Plans and insights from the ICB tabletop exercise.

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