

NHS response to COVID-19 in Southampton

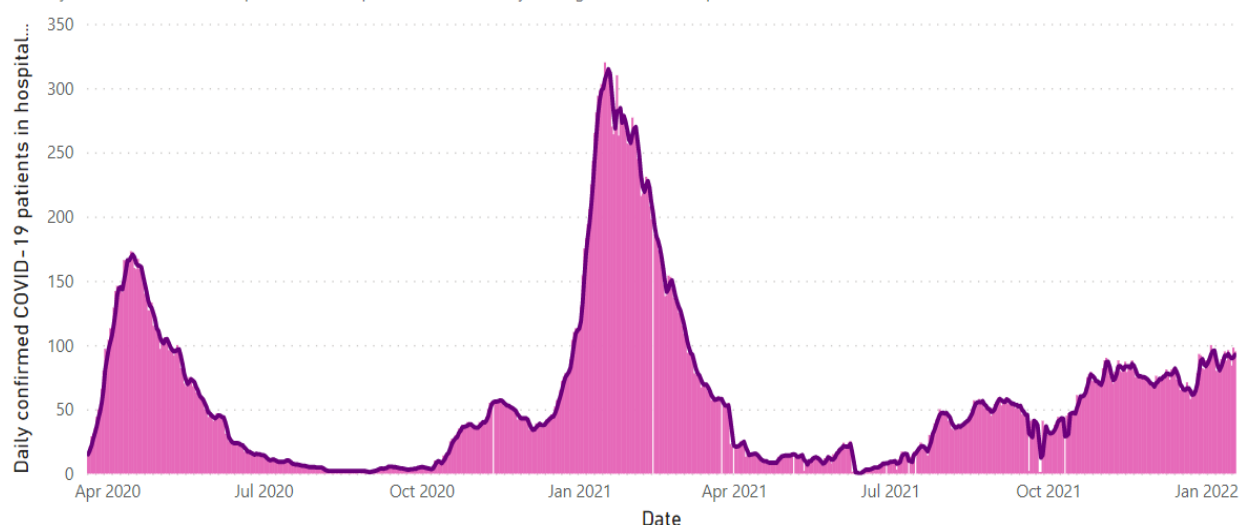
January 2022

Introduction

1. The latest wave of Omicron is having a significant impact on NHS services but, at the time of writing, there are now promising signs that pressures directly caused by COVID-19 are now starting to ease. This is a rapidly changing situation, and further updates will be presented verbally at the meeting.
2. Across the area we have seen a marked increase in non-COVID-19 related demand for care. At present:
 - NHS 111 and 999 calls with query COVID-19 symptoms remain comparatively low compared to peak activity during waves 1 and 2 of the pandemic, but 111 calls and 999 calls for non-COVID-19 activity have returned to pre-pandemic levels.
 - Emergency Department activity volumes had risen to peaks above “normal” levels in June and July – but during October and November moved to 9% higher than plan, and stayed at this level during December and January. Demand for 111 services and 999 services are higher than the same periods in 2019.
 - Primary care is also exceptionally busy, with ongoing high patient demand and GP practices continue to work hard to safely deliver care to the population
 - We are working together as a system to improve the flow of patients to move patients out of hospital care and into a community setting or home in a safe and timely way.
3. The graph below shows the number of daily COVID-19 cases in University Hospital Southampton NHS Foundation Trust (UHS) due to COVID-19.

University Hospital Southampton COVID-19 daily confirmed COVID-19 patients in hospital at 8am

● Daily confirmed COVID-19 patients in hospital at 8am ● 3-day average of COVID-19 patients



4. As of January 2022 the staff absence rate is approximately 7.2% for all staff absences across Hampshire and Isle of Wight, with sickness or self-isolation related to Covid-19 currently at 3.6%. These are below the high points of 8.3% and 4.8% respectively in 2021 but are currently increasing as we progress through the latest wave of Omicron. Absence rates continue to be monitored on a daily basis.

Supporting health and wellbeing

5. We continue to do all we can to ensure that we are supporting our staff. A wide range of support continues to be available, including mental health and wellbeing programmes and bespoke support for all staff groups. A Southampton and South West Hampshire workforce group is meeting to identify trends and solutions. At a wider level, a simplified ICS workforce reporting dashboard is underway to improve the quality of workforce data available to us in the future.

Primary and community care

6. The city's Urgent Response Service has been expanded to meet the increased need. This includes increasing the number of staff and the hours available. This service supports people who, after a stay in hospital, need support to maintain or regain their ability and confidence to live at home.
7. Our primary care colleagues continue to do all they can to respond to patient need, both COVID-19 and non-COVID related. This is against the backdrop of increasing demand, and their significant role in the delivery of the COVID-19 vaccination programme across Hampshire and the Isle of Wight. In the latest available data made available by NHS Digital, in the month of December 2021 there were 765,483 attended GP practice appointments, of which 448,529 were face-to-face appointments and 346,518 were same day appointments across the Hampshire and Isle of Wight area. The overall number of appointments was higher in December 2021, at a time when GP practices were requested to redirect many of their resources to delivering the COVID-19 vaccination programme, compared to pre-pandemic levels in December 2019.
8. Our community mental health teams continue to work closely together to support discharge services, early intervention services and keep our patients safe in the community under challenging circumstances.
9. Patients receiving palliative care can benefit from a 24 hour, seven days a week helpline, provided by Mountbatten Hampshire. The implementation of 24/7 services helps to ensure that patients can stay in their own homes for as long as possible and die at home where that can be made possible. Families can call for support at any time of the day or night enabling them to better cope with caring for their loved one at home. Mountbatten staff will also be better placed to provide bereavement support for family and friends that need those services.

Acute care and supporting Southampton's Emergency Department (ED)

10. Southampton benefits from having UHS in the city, one of only two major trauma centres for adults and children in southern England. Since the pandemic began, UHS has treated thousands of COVID patients, including intensive care patients from other hospitals.
11. Since COVID-19 lockdown restrictions were lifted in July 2021, we have seen COVID+ patient numbers rise steadily in UHS, and they have continued to rise throughout the winter period. However, positively, in light of the continued roll-out of the COVID-19 Vaccination Programme across our communities, we are seeing far fewer patients who need intensive care and significantly fewer deaths. We are continuing to experience unprecedented levels of demand across Southampton General Hospital and all services provided by UHS. Between April and November 2021, the main Emergency Department saw attendances grow by 14 per cent compared to pre pandemic levels. Whilst these numbers have reduced in December 2021 and January 2022 (now at similar levels to the pandemic) significant pressures remain. Waiting lists for planned care have grown over this time and five wards in the hospital are set aside exclusively for Covid+ patients. Ensuring people get the medical help they urgently need is the priority and healthcare partners across the city and wider ICS area are working together to try and find ways to alleviate pressures.
12. The message to the public remains that the best way to help the local system is:
 - by thinking about the best way to get the treatment you need;
 - only come to ED in an emergency, consider the Urgent Treatment Centre or visiting your local pharmacy and use 111 to help find the right service for you;
 - the emergency department is always available for anything urgent or life threatening.
13. UHS has an internal plan in place to help meet peaks in attendances. This includes the expansion of Same Day Emergency Care, known as SDEC. This is the provision of same day care for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.
14. Extra capacity at urgent treatment centres has been found to support UHS, in both Royal South Hants Hospital and Lymington Hospital, for those patients who can be safely treated at those sites. 111 also has the ability to book people directly into appointment slots at UTCs, which means those patients with minor injuries or illnesses will be seen and treated considerably quicker.

Improving patient flow in the system

15. The learning from the earlier waves of the pandemic has helped the system prepare for the latest peak in admissions. Additional step down capacity, to support patients to be discharged out of UHS and into community settings, has been set up. This includes additional beds in place at Royal South Hants Hospital by Solent NHS Trust, Lymington Hospital by Southern Health NHS Foundation Trust, and with independent providers.
16. To support safely discharging patients out of hospital to their home and to put in place changes to benefit the system in the long term, we have held two week-long Multi Agency Discharge Events (known as MADE) in the Southampton and South West Hampshire system. This is where participants from organisations across the system form a number of teams, each of which focus on one of two wards at UHS. Organisations involved include commissioners, Southampton City Council, Hampshire County Council, Solent NHS Trust, Southern Health NHS Foundation Trust, primary care representatives and University Hospital Southampton NHS Foundation Trust (UHS). These teams capture the progress of each patient on the ward along their agreed care pathway, highlight and challenge delays, and support safe and timely discharges. Each patient's journey is critically reviewed to understand what next steps are required to reach discharge and to make sure critical interventions happen without delay. Each MADE team documents its progress and challenges, which are fed up to the central team each day. At the end of each MADE event, a debrief is held to capture the learning and ensure actions are identified, and in turn to continue the best practice. These have been successful in discharging more patients out of UHS and to their home or safe community settings.
17. Pressures on the home care market and wider social care services will be shared with the Panel in a separate paper. With specific regards to patient flow, where possible and safe to do so we seek to discharge patients home and with a care package in place if required. To support increased need, increased provision and use of 'bridging' care up to 860 hours per week has been put in place to facilitate discharge of patients who are medically fit to be discharged, where long term care is not available within the desired timescale. This also helps to free up capacity within reablement services. A new '24/7' home care service for hospital discharge patients requiring 'doubled up' care has been trialled during this period.
18. We have ensured multiple successive non-recurrent Government grants are available to the city's care providers, which includes the Infection Control Fund, Workforce Recruitment and Retention Fund, and the Omicron Support Fund. The value of these grants in 2021-22 for Southampton is £6.27Million.
19. Targeted support is ongoing for home care providers reporting moderate to high business continuity risk due to staff not yet vaccinated.

Recovery of services

20. We continue to work closely with our health and care partners to respond to COVID-19 while also focusing on the continued recovery of services and local delivery of the vaccination programme. We are monitoring the situation closely and ensuring we are as prepared as possible for any potential future impact of the pandemic in our communities, including new variants.

ENDS