

Planning for winter pressures in Southampton

Background

1. We know pressures on services exist all year round. In advance of each winter, all areas of England put in place additional planning for expected increases in seasonal illnesses which may put extra pressure on our local services.
2. In recent years there has been an increasing focus towards an integrated approach to winter planning. This is in recognition that seasonal pressure is multi-faceted and requires a whole-system response and therefore planning and assurance cannot operate in isolation.
3. Southampton has a long history of integrated working across the NHS, social care and the voluntary sector, and learning from previous years has helped to inform our arrangements for this coming winter.

National context

4. NHS England announced its winter planning requirements last month and these include:
 - “Care traffic control centres” to speed up discharge, additional ambulance hours and extra beds are part of “wide-ranging plans” to prepare for winter. We’ve already started our discharge planning, working closely with local authorities and starting to work differently, to ensure patients leave hospital and return to their homes where possible. Around 21% of beds currently have patients who are ready to be discharged, and we want to reduce this down to 13% by March.
 - Nationally NHS England has announced “5,000 sustainable hospital beds and hundreds of new virtual ward beds every month”. Our virtual wards work is progressing very well, with high levels of occupancy compared to many parts of the country – at around 90% - and being steadily increased in capacity.
5. The pressures of the ongoing response to demand, as well as challenging circumstances the winter of 2023/24 could bring, require a robust winter planning process with several specific aims:
 - To ensure that planning for the winter period is completed at all levels in good time, to ensure patient safety and quality of care is not compromised.
 - To ensure plans are integrated at a local level and that pressure and risk is spread across the system where possible, and not just focussed on one section of the care pathway.

- To ensure that plans are robust and considered the “business-as-usual” seasonal pressures alongside emerging challenges and effectively balance these together.
6. There is a national requirement for a Winter Operating Plan to be in place for all systems in England. This paper outlines our plan at the current time, which is subject to national approval.
 7. In 2022 NHS England set out its longer term objectives to improve waiting times, following the increase caused by the COVID-19 pandemic. The objectives included:
 - That the waits of longer than a year for elective care are eliminated by March 2025.
 - Diagnostic tests are a key part of many elective care pathways, with the ambition is that 95% of patients needing a diagnostic test receive it within six weeks by March 2025.
 - By March 2024, 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days.
 - For patients who need an outpatient appointment, the time they wait can be reduced by transforming the model of care and making greater use of technology.

Planning across the Integrated Care System

8. While winter pressure is predominantly most challenging in acute settings, and it is right that acute urgent care should lead the work, the Hampshire and Isle of Wight Winter Plan will cover the whole care pathway within each system, including primary care services.
9. The Hampshire and Isle of Wight local system partners are all committed to continue to deliver safe, high quality services for patients and the whole population at all times, including, but not limited to, ensuring patients are seen in the right place and right time, maintaining privacy and dignity at all times, ensuring care closer to home where possible and effective management of infection control.
10. The Hampshire and Isle of Wight Integrated Care Board is taking the following approach to winter planning:
 - Winter planning with Chief Operating Officers of our system partners to discuss and agree this years approach to winter
 - Weekly tactical level engagement across local systems in place for winter starting from August 2023.

- Using lessons learnt from previous winters to help inform decisions on what would be required this year.
 - Capacity planning is in place to help us understand and predict when we may need more capacity and when the likely peaks will take place. This helps us determine when and where extra support may be required.
 - Preparation to bid for additional internal winter capacity schemes should funding become available this year.
 - Ensure all partners are involved in the plans including acute NHS trusts, local authorities, primary care providers, social care, mental health, ambulance providers and the voluntary and community sectors.
 - Review of policies and procedures to ensure they are fit for purpose.
11. In the past four months we have seen a 4.3% higher demand when compared to last year. Emergency Departments demand (not including winter months) in 23/24 has increased by 5.5% on last year. Last winter we saw significant demand across December, mostly driven by the Strep A pressures faced nationwide, and each day our Emergency Departments across Hampshire and Isle of Wight as a whole treated 1,220 patients across the full winter period November - February.
12. This summer we have also experienced rounds of industrial action by junior doctors, consultants and radiologists. Throughout this year we are working in partnership with our providers to minimise impact on patients. To help prevent seasonal illnesses, we will shortly be launching our COVID and flu vaccination campaigns. The UK Health Security Agency and Department of Health and Social Care have announced that this year's autumn flu and COVID-19 vaccine programmes would start earlier than planned in England as a precautionary measure following the identification of a new COVID variant. Vaccinations started in September 2023 with adult care home residents and those most at risk the first to receive their vaccine.

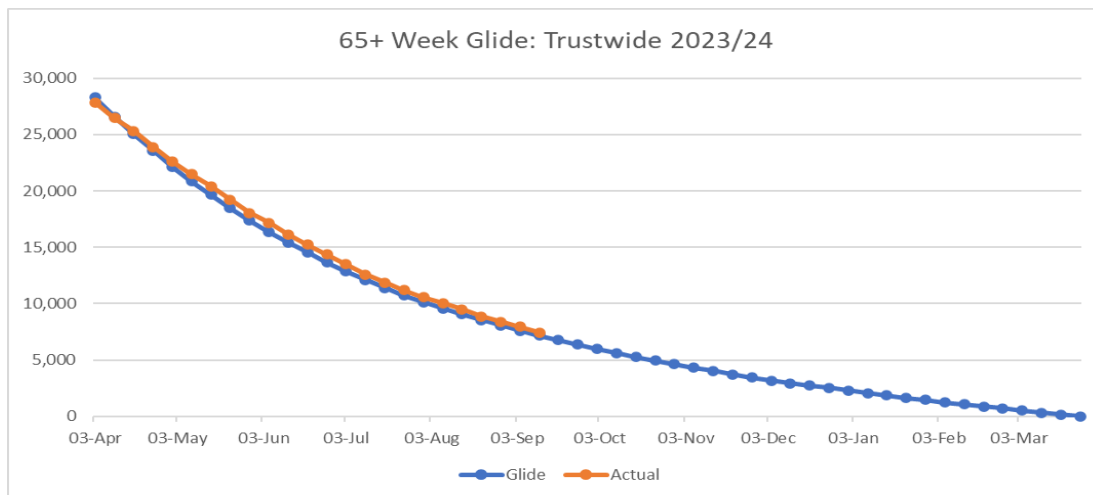
Current pressures at University Hospital Southampton (UHS)

13. The hospital remains under significant pressure as we move from the pandemic back to 'business as usual'. We have seen continual growth in main ED attendances since 19/20 putting pressure on our non-elective services. However, our elective (planned) and outpatient performance measures at over 110% of 19/20. Despite this, our waiting list of elective patients continues to grow and is now at 59,277 (Aug-23).
14. The NHS now measures patients not meeting the criteria to reside, previously called medically optimised for discharge or delayed transfers of care, effectively patients who no longer need to be in an acute hospital but are waiting for a step down bed, a package of care or some other form of ongoing

support. The number of these patients, who are delayed in hospital, remains consistently over 200 (20% of beds) and is a significant operational challenge to the hospital, as well as a poor patient experience.

15. At the time of writing, COVID-19 levels in hospital remain fairly low, at approximately 30 patients. However, overall emergency activity is high, placing pressure on the hospital. Patients are facing significant waits in the Emergency Department. The Trust’s Urgent and Emergency Care Board is focused on driving improvements for patients needing emergency care at UHS. Key focuses include on embedding internal professional clinical standards, increasing the number of patients being seen in same day emergency care and reducing overall length of stay, to ensure beds are available for patients who need to be admitted from the Emergency Department.

16. The Trust largely achieved the government’s target of zero patients waiting over 78 weeks for treatment in March 2023, with only 15 complex patients waiting. The government’s target for the end of March 2024 is for no patients waiting over 65 weeks for treatment, and the Trust remains on target to his this. However, both winter and the number of delayed discharges represent a risk to achieving this target.



17. The Trust has also seen an increase in the number of patients referred with suspected cancer. Referrals have increased by 37% since 2019/20. Despite the growth, the Trust has largely continued to meet the standard of diagnosing patients within 28 days of referral, achieving 78.9% in August 2023, the last month reported. The standard of patients receiving a definitive treatment within 62 days of referral remains more challenged, with 60.2% of patients meeting it against a target of 85%.

18. Cancer performance remains a national challenge and compared to our peer group we remain in the upper quartile. UHS's Cancer Performance meetings and Cancer Board are focused on developing and monitoring improvement plans at a tumour site level.
19. The NHS is also focused on reducing unnecessary outpatient follow ups, with a target of seeing 25% fewer follow ups than in 2019/20. The Trust is currently far away from achieving this target, at 19% Increase of 2019/20. There are a number of factors driving this variance:
- A growth in referrals of 10%, with a proportion converting to follow up appointments.
 - A significant expansion of capacity in Ophthalmology, to address the fact that patients were waiting too long for follow up appointments.
 - The roll out of the targeted lung health check screening programme, which is leading to more patients being diagnosed and therefore followed up.
 - Changes to NICE guidance, which has led to a significant growth in follow ups.

However, the Trust has a transformation targeted at reducing outpatient follow ups, increasing the use of virtual appointments, and increasing the use of 'advice and guidance' for first appointments, where clinically appropriate.

20. The Trust's winter plan was submitted to and approved by Trust Board in April 2023. It outlines our planned response to surges in non-elective demand, infection, bad weather and other potential seasonal events. While we have sought to mitigate risks where possible, there remains a degree of uncertainty, both in terms of likely demand and also available capacity, which will be significantly affected by the number of patients who are medically fit for discharge but remain in our beds.
21. The Trust continues to work with the local health and social care system, as well as across the Integrated Care Board, to develop plans, including to:
- Reduce the number of patients attending the Emergency Department by developing alternative pathways.
 - Reduce the number of patients remaining in hospital unnecessarily, although there remains a significant level of risk to successful delivery.
 - Develop the 'Home First' strategy, aiming to ensure patients remain in, and return to, their own homes wherever possible (see below).
22. Ongoing industrial action continues to represent a significant challenge to UHS, and the wider NHS. The industrial action taken by both consultant and trainee medical staff, as well as the Society of Radiographers, is reducing

elective activity, taking a significant amount of time to plan and represents a risk as we go into winter.

23. Despite growing demand, UHS continues to perform relatively well against our peer group, and is in the upper quartile for 6 out of 10 key metrics and in the upper half for a further 3.

24. A more detailed breakdown of UHS performance can be found in the appendix.

Supporting the discharge of patients who are ready and safe to leave hospital

25. Our core aim this winter is that no one spends longer in an acute hospital than is needed, in order for patients to have the best possible recovery and return to living independently, and to reduce pressures on local services.

26. Learning from recent years and the pandemic proves that discharge is one of the greatest and most increasing challenges we have as a health and care system. The reduction in funding is a national decision and we are aligning ourselves with national expectations. Our focus now is to move to improving the recovery and experience of residents by doing all we can to ensure they return straight to their home setting once safe to do so. Feedback from patients tells us that local people prefer to be at home and want to be supported to leave hospital to go directly home. To achieve this, we are putting in place models for discharge which align to one another across Hampshire and Isle of Wight as a whole, to ensure a more equitable and sustainable way of working across our area.

27. The NHS and local authority social care partners that make-up the Hampshire and Isle of Wight Integrated Care System, are exploring, sharing and applying best practice to reduce patient delayed discharges and make sure the majority of patients return to their home when ready to leave hospital instead of longer hospital stays. We aim to reduce the number of people experiencing delays by almost half before March next year.

28. In Southampton, we are putting in place a refreshed onward care model. For patients at Southampton General Hospital, almost 75% of discharges are non-complex and handled with support to help avoid readmission to hospital; for example, this may be through support from the integrated Urgent Community Response team provided by Solent NHS Trust.

29. For more complex discharges, the Complex Discharge team at University Hospital Southampton NHS Foundation Trust will work with the Transfer of Care Hub, hosted by Solent NHS Trust. The hub will work with social workers

to decide which pathway is most appropriate for the patient, which may be additional support at their home (or care home), or rehabilitation or short team care in a bedded setting such as the Royal South Hants Hospital.

30. This year we will be entering a period of winter pressures in which we adjust back to pre-COVID ways of working. During the pandemic we significantly increased our spend on the discharge of patients out of hospital into a different setting. Extra money and resources were made available nationally to fund high numbers of beds in the community for those patients who no longer needed hospital care and other services to support timely discharge. This COVID-19 funding is no longer in place and this year we return to normal service levels which has an impact on some of the additional services that were put in place during and after the pandemic. However this year the Department of Health and Social Care has provided funding directly to local authorities to support winter and discharge; £1.7million to Southampton City Council as part of the Discharge Fund.

Supporting our communities

31. It is vital we communicate effectively with our communities in the city to provide them with the advice they need to manage their illnesses and to know which service is most appropriate for their needs. Working together as an Integrated Care System we have potential to reach and engage with a far greater proportion of our population than we each do alone. We will be sharing publicity resources with partners across our area, including local authorities and voluntary and community sector organisations, so that we can reach out to as many people as possible.
32. Our communications will need to be accessible to all, but we will focus activities on reaching the following key groups identified through our data and insights:
- People over 65 as high intensity users of health services and those most likely in need of support to stay warm and well
 - Parents with young children with focus on under 5s as high Emergency Department attenders
 - We will use data and insight to guide our outreach to include our most deprived areas, people with long term conditions and ethnic minority communities
 - People eligible for free flu and Covid-19 booster vaccines
 - Health and care staff