



HIOW Winter Operating Plan update – 23/24

Introduction

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.

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, assurance and implementation cannot operate in isolation.

National context

NHS England announced its winter planning requirements in August 23.

The pressures of the ongoing response to demand, as well as challenging circumstances the winter of 2023/24 could bring, required a robust System 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.

There is a national requirement for a Winter Operating Plan to be in place for all Systems in England. This paper outlines an update against our Winter Plan at the current time.

Planning across Hampshire and Isle of Wight

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 covers the whole care pathway within each System, including Local Authorities and Primary Care services.

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.

During the warmer periods of summer, we saw an overall increase in attendances to Emergency Departments when compared to last summer of, on average, 6% across our acute providers. This is in line with the overall trend of an increase in demand on urgent care services seen locally and across the country in recent years.

Over the last few months, we have also experienced periods of industrial action by junior doctors, consultants and radiologists. Throughout this year we continue to work in partnership with our providers to minimise impact on patients.

To help prevent seasonal illnesses, we have launched our COVID and flu vaccination campaigns. Vaccinations started on 11 September with adult care home residents and those most at risk to receive vaccines first.

Keeping people safe at home

A key component to ensuring a safe winter for Hampshire citizens is to ensure that where clinically appropriate we keep people safe in their homes. To respond to the increase in seasonal illness and subsequent demand on services additional capacity has been mobilised across Hampshire to ensure people can access the right care at the right time. This has included:

- Increased Same Day Assessment Capacity in Primary Care: All Primary Care Networks (PCN) have mobilised additional assessment capacity over the winter months (circa 1800 additional appointments per week). These appointments are provided through a range of settings including practices, PCN Hubs and Infection Hubs depending on geographies and assets of local neighbourhoods. This enables patients of all ages with a range of infections and winter illnesses to be managed in the community, releasing capacity within our Emergency Departments for those patients requiring emergency treatment.
- Urgent Community Response: The Urgent Community Response Service is a community-based crisis response service for circumstances such as following a fall, rapid deterioration or decompensation, palliative care or equipment/carer needs. It is provided by a multi-skilled team to patients in their usual place of residence with an urgent care need. The service aims to prevent hospital admission and involves an assessment (within 2-hours of referral) and short-term intervention. Providers are responding to meet demand of local communities within existing workforce and funding constraints, enabling 75 -100 citizens to avoid a hospital admission when experiencing a crisis across Hampshire every day.
- Virtual Care & Virtual Wards are technology enabled enhanced package of care provided within a patient's own home. Virtual Wards support patients who would otherwise be in hospital to receive the acute care, monitoring, and treatment they need in their own home. This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital. This enables approximately 200-250 Hampshire citizens remain safe at home at any one time.

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

Our core aim this winter continues to be that no one spends longer in an acute hospital or community setting 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.

Learning from recent years and the pandemic, it proves that discharge is one of the greatest and most increasing challenges we have as a health and care system, and this challenge comes at a time of increasing pressure on scarce public funds for all organisations supporting patients as they leave hospital. 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.

Changes in funding post Covid have necessitated the following changes:

- The number of 'discharge to assess' beds we purchase in the Hampshire county area will be a smaller this winter compared to last (196 in 2022/23, compared to 60 in 2023/24)
- The number of block domiciliary hours will be at 2,000 hours for this winter (which equates to 91% of previous levels)
- Live in Care provision will end from February 2024 (which has supported approximately 15 discharges per month).
- The Hampshire Equipment Service has returned to its pre-COVID service specification.
- Additional community services commissioned from Southern Health Foundation NHS Trust will return to pre-Covid levels.

These changes in funding post Covid had potential to increase the number of people waiting in hospital for discharge once they are deemed fit for discharge by 35%. In recognition of this the Hampshire Place Board and the Hampshire and Isle of Wight Discharge Transformation Board agreed early mitigation to ensure the flow of patients is maintained and to minimise, as much as is possible, pressure on hospitals, care services and Hampshire County Council.

The time people are remaining in short term 'discharge to assess' beds has reduced from an average of 34 days in May this year to 22 days in November, which is enabling discharge numbers from hospital to be maintained. In addition individuals discharged out of hospital with Rapid Support Services at home are being supported for up to 18 days on average, a reduction from up to 28 days and this is ensuring discharge numbers can be maintained.

Currently all our hospitals are discharging a higher proportion of people into bedded capacity than the national best practice figure which suggests that 95% of people should be discharged home. In Hampshire we currently discharge only 90% of patients to their homes, with 10% going into bedded capacity after their hospital stay.

The Hampshire and Isle of Wight Discharge Transformation Board and the Hampshire Place Board have therefore committed to a Health and Care Programme

to increase discharges home in line with the national best practice. The Programme was informed by a series of clinical visits to all four acute hospitals and 10 community hospitals in July this year.

To provide further mitigation, Hampshire County Council and the local NHS have also agreed a pooled winter fund to commission some interim winter capacity while the broader transformation activity is embedded. This fund allows additional 'discharge to assess' beds to remain open over the Winter period.

The winter funding initiatives were also complemented by the 'Home for Christmas' discharge campaign which saw an increase of circa 75 additional discharges per day across Hampshire during this period.

Supporting our communities

It was vital that we communicated effectively with our communities 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 are able to reach and engage with a far greater proportion of our population than we each do alone. We have shared 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.

Winter Funding

HIOW ICB have been successful in obtaining winter funding which is available between January and March 2024, this funding will be used to enhance the following services within the following acute Systems:

North and Mid Hampshire

- 300 additional Rapid Support Service hours per week, assisting an additional 25 discharges per week for individuals who can be supported within their own home
- Enhancing the established core hour GP streaming service to provide a service out of hours on the Basingstoke site Monday to Friday 1900 – 2300, Weekends and Bank holidays 1200 – 2200

South West Hampshire and Southampton

- 150 additional RSS hours per week provided in Hampshire, a further 150 hours per week is being provided by Southampton City Council. Impact is c. 25 discharges more per week.
- Core hour GP streaming in ED at Southampton General Hospital

South East Hampshire

- Enhancement of GP streaming in ED at Queen Alexandra Hospital
- Digital system to assist patient flow management

Winter so far.....

Christmas and New Year Plan

The ICS Winter Operating Plan 23/24 focused on four main areas:

- 1) Leading well including the escalation process
- 2) Looking after our people and patients
- 3) Creating the capacity to meet demand
- 4) Effective communication

As part of that Winter Operating Plan, a “Home for Christmas” Chapter, was included together with a focussed Christmas and New Year Plan. This year’s winter forecast, shows that the first and second week of January 24 will be one of the most challenging period of winter.

The focus of the Plan therefore for all System Partners has been around the recovery actions following the Bank Holiday periods and the ongoing Industrial Action together with the four main areas of focus as detailed above. Delivery of this Plan is being monitored on a daily basis with the ability to respond to issues as they arise.

Christmas and New Year Period update

Whilst the System does everything possible to forecast appropriately and therefore prepare plans to meet those challenges, responding to a multifaceted and complex System is such that, at times unforeseen specific issues arise that require an “unplanned” immediate response which this System is experienced and equipped for.

- All Local Acute Systems have remained at heightened escalation levels during December and into January. Critical Incidents declared and Business Continuity Incidents and Industrial Action have all required Systemwide responses
- The number of patients with no criteria to reside (NCTR) not discharged remains high, averaging 653 throughout December. Although lower than September peaks, we have seen no real sustained progress in the latter half of 2023 for this metric.
- Discharge volumes followed the well-trodden Christmas pattern with a dramatic increase in activity between 19th-25th December, before dropping back to well below average between Boxing Day and the New Year. We have struggled to see any improvement in discharge volumes again moving into early January 24.
- December’s peak of (Acute only) Escalation capacity opened was 202 additional beds on 12/12/23. 31st December saw 142 additional escalation beds in place. Since the New Year escalation beds open have increased



- The 4 hour performance standard for Emergency departments stabilised between 20th-27th December at over 60. In early January however, HIOW local acute systems have struggled to maintain this.
- ED attendance demand reduced in late December as would be expected contextually and is now looking to have rebounded back post the festive break.
- Ambulance Category 2 mean response time did perform better over the festive period with average performance much closer to 20 minutes, well under our 30-minute threshold and doing better than December average in entirety.
- Total ambulance handover demand remained historically high across Christmas with no reprieve in patterns of conveyance, as of 1st Jan 24, the ICB are now at our highest ever rolling weekly averages.
- 60 minute ambulance handover delays did see a short period of relief during the immediate Christmas period however the New Year period saw delays increase again.
- Non Elective Admission demand remained high throughout December with a reported very high acuity of patients and the broader festive period saw a slight reduction in pressure.
- The decision to admit time for a patient waiting in the Emergency Department continues to be over 5 hours.
- November saw the highest average daily discharge volumes we have on record, sitting at 633 discharges per day. Discharges across December were lower at just 559 per day mainly due to the significant drop seen across the Christmas period, as of the 31st December our discharge rolling average was under 500 per day.
- We have seen ARI Hubs introduced in the last few weeks and the capacity is fully utilised on a daily basis. Our Partners have worked extremely hard to get these set up promptly.
- Primary Care have reported extremely high demand for on the day appointments and our Out of Hours providers continued to see high demand. Whilst earlier in December our Urgent Treatment Centres (UTC) were reporting record attendances, but since Christmas we have seen a decline in attendances and so our Comms Team are targeting the awareness of the UTCs via social media etc.

- Covid, Flu and Norovirus has impacted over the last month at times on the ability to effectively move patients through ED given their need for side rooms. Infection control procedures have been a priority to ensure patients are appropriately placed but this can take a number of moves within the hospital or community setting to create the appropriate capacity all adding to the flow challenges to the patient pathway.
- Patients with a mental health condition attending the Hospital and then requiring a mental health bed have continued to see a delay in their transfer to an appropriate mental health facility but we are to ensure this is minimised as much as possible. Again we are seeing good collaborative working to ensure the patient is settled out of the hospital environment as soon as practically possible. If on occasions, we do have an excessive delay the matter is escalated promptly and communication and liaison takes place.

In Summary

This whole year has been extremely challenging for the whole system with heightened escalation in respect of demand, capacity, acuity and complexity of patients.

Many of the escalation actions previously identified have now become business as usual and so the focus on ensuring all processes remain effective and additional actions taken as early as possible has been a priority to prepare for the expected surge during the Christmas period and beyond .

All system partners remain collaborative and responsive to the challenges faced on a daily basis and that continues to be of major benefit when responding to the needs of our patients / clients.

We will continue to remain agile in our response to the seasonal and adhoc pressures but unfortunately we have seen an inability to always achieve the thresholds nationally mandated, this is not local to Hampshire but indeed across the country.

As we progress implementing our Plan and responding on a day today basis, the lessons identified on how we can improve future planning, or indeed where plans have worked well, will be systematically collated and added to the findings from the system-wide partner Winter Review Workshops we will hold in May 2024.