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| Committee: | Health and Adult Social Services (Overview and Scrutiny) Committee |
| Meeting date: | 10 th November 2020 |
| Title: | Update from University Hospitals Southampton NHS Foundation Trust (UHS) on COVID-19 |
| Report From: | Duncan Linning-Karp, Director of Operations |

1. Purpose

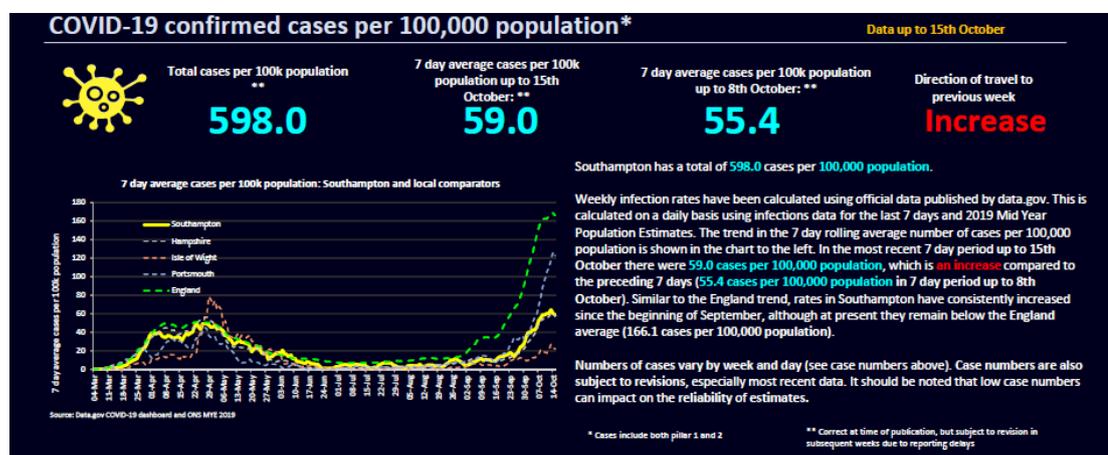
1.1 To provide an update to HASC on COVID-19 and the response of UHS.

1.2 To provide an update on the recovery of elective activity in line with the Phase 3 letter.

2. Current State

2.1 Since the last update to HASC, cases of COVID-19 both locally and nationally have been rising. While cases in the South East have been less prevalent than across the North, locally the R has increased to between 1.3 and 1.5.

2.2 In Southampton the prevalence per 100,000 of the population has also risen significantly:



Source: https://data.southampton.gov.uk/images/covid-19-southampton-infographic-20-october-2020_tcm71-432863.pdf

2.3 At the time of writing (29/10) UHS has 50 COVID-19 positive inpatients; the number is expected to continue to rise.

2.4 UHS has also seen a significant outbreak of COVID-19 on one of its wards, with some likely nosocomial infection.

2.5 UHS is currently running a full elective programme. However, there is clearly a risk to this going forwards if cases continue to rise. This could either be because of a need for more beds for COVID-19 patients, the need to move staff to support additional ICU beds or a rise in absenteeism either through illness or self-isolating. Or, likely, a combination of the three.

3. Elective Recovery

3.1 As well as dealing with an increase in COVID-19, UHS has been focused on elective recovery in line with the Phase 3 letter.

3.2 The national targets for September (the last full month reported) were:

| UHS | Target |
|--------------------------|--------|
| Elective Ordinary | 80% |
| Elective Daycase | 80% |
| All outpatient First | 100% |
| All outpatient Follow-up | 100% |
| MRI/CT | 90% |
| Endoscopy | 90% |

3.3 However, it should be noted that UHS had responded forecasting achievement of the targets later than requested; elective and outpatients in January 2021, CTG / MRI in November and Endoscopy in December. This was based on additional operating capacity and beds coming on line in December and the need to scale up off-site solutions for outpatients, particularly ophthalmology.

3.4 In September UHS **met** the targets for elective and CT/MRI. UHS was short of the target for endoscopy and outpatients, although ahead of the position we had predicted:

| | Target | 19/20 Actual | 20/21 Forecast | % Comparator forecast vs 19/20 Activity Actual |
|--------------------------|--------|--------------|----------------|--|
| UHS | | | | |
| Elective Ordinary | 80% | 1,478 | 1,187 | 80.31% |
| Elective Daycase | 80% | 5,488 | 4,508 | 82.14% |
| All outpatient First | 100% | 15,848 | 14,377 | 90.72% |
| All outpatient Follow-up | 100% | 40,848 | 37,057 | 90.72% |
| MRI/CT | 90% | 6,045 | 5,904 | 97.67% |
| Endoscopy | 90% | 674 | 582 | 86.35% |

3.5 Further work is taking place to ensure the maximum use of both capacity at UHS and also in the Independent Sector.

3.6 However, it acknowledged that there is a risk to elective activity, particularly on the UHS site, as COVID-19 increases.

Conclusion

4.1 UHS has robust plans in place both to ensure continued recovery of elective activity and prepare for a second wave of COVID-19 infections.

4.2 However, there is of course a risk that depending on the peak of the second wave elective there will be an impact on elective activity.

4.3 With the system plans have been developed to support the continuation of elective activity for as long as possible. However, the number of patients who are medically fit for discharge remains high, placing significant pressure on UHS.