

# Winter Planning

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# UHP Winter Plan 25/26

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# Summary

Winter pressures a recurrent challenge driven by seasonal illness (including influenza, COVID-19, RSV, and norovirus), increased admissions, delayed discharges, and workforce pressures.



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## In 2024/25, UHP experienced:

- Bed occupancy rates above 98%
- 40 Patients in ED (at 8am) awaiting onward bed
- Nearly 20% of Patients stayed in ED for >12hrs
- Monthly ambulance handover lost hours exceeding 7,500hours at peak, mean handover of 3hours.



## This year, NHS England has mandated that all Trusts and systems must:

- ❖ Deliver ambulance handovers within 30 minutes.
- ❖ Improve Category 2 response performance (18mins – current average 26mins)
- ❖ Maximise vaccination uptake for frontline staff towards the pre-pandemic uptake level of 2018/19. This means that in 2025/26, we aim to improve uptake by at least 5 percentage points. Last year 43%, agreed a stretch target of 60% for UHP and LSW
- ❖ Enhance community-based flow and discharge pathways.
- ❖ Increase the number of patients receiving urgent care in primary, community and mental health settings, including Urgent Community Response teams and virtual ward.
- ❖ Improve flow through hospitals, focus on reducing patients waiting over 12 hours
- ❖ Improve patient discharge times, and eliminate internal discharge delays of more than 48 hours in all settings



# Summary



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- System approach with partners and the acute hospital to inform plan
  - Workstreams in 7 Key Areas
  - Unmitigated **Acute Bed** Gap is 70-90
  - We are currently forecasting a delivery of 50% of the One Plan objectives which leaves a **-39 bed gap**
- ❖ Our One Plan is a strategic improvement plan to reduce attendances to our Emergency Department jointly working with community partners and Livewell to get our patients the right care, in the right place at the right time.





# Objectives – One Plan link



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- Maintain Ambulance handover times of less than >45mins.
- Maintain length of stay reduction by a further 0.5days (1day total reduction)
- Launch a robust Vaccination programme – delivers hard to reach areas with a 5% increase.
- Empower, Support and Improve community management of patients reducing conveyance (Linked to ICB schemes)
- Support community management of infectious patients and reduce the need for acute hospital attendance.
- Support and maintain Elective care
- Proactive management of Respiratory Illness and prevention of admission.

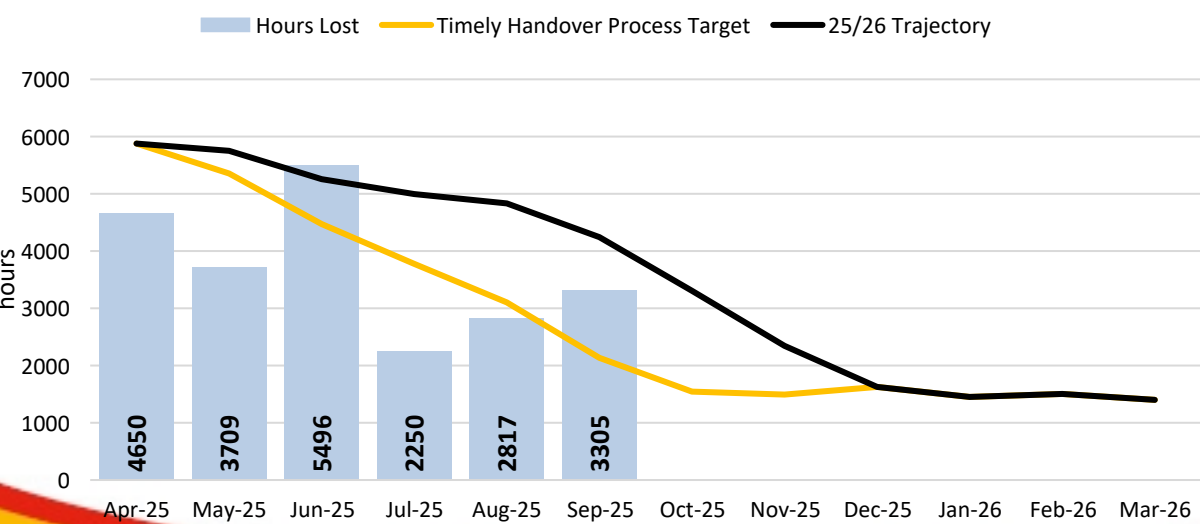


# Performance Summary

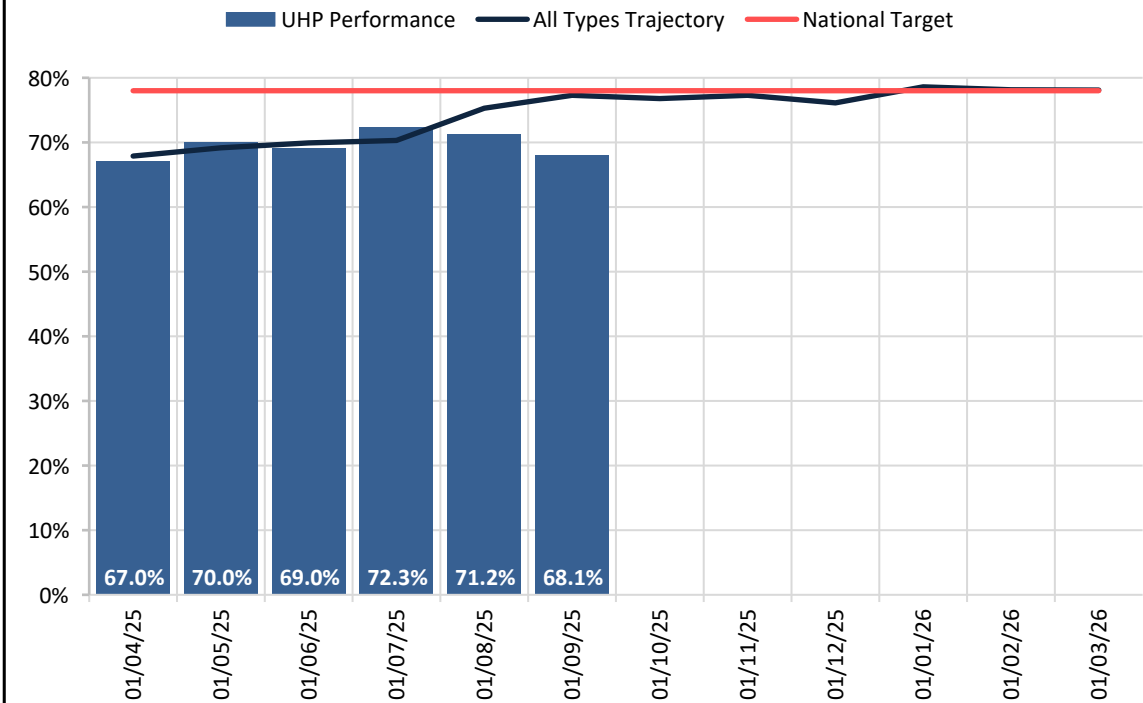
All Types 4 Hour standard currently at 72% this is a 6% improvement from last year. Remaining committed to improve.

Ambulance handovers has seen significant improvement against our operating plan trajectory – further improvements to be made.

UHP ambulance handovers - Hrs lost



4hr Performance - All Types



# Key Assumptions



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- ❑ Emergency and Non-Elective Demand will continue at plan (1.5% for the winter)
- ❑ Flu/Covid season will follow patterns similar to last year, **peak December week 48/49**
- ❑ No Criteria to Reside will remain between 10% and 13% until March 26 (Target is 9%)
- ❑ Flu and Covid Vaccination adult program starts 1st October aligned with our Local authority and community providers
- ❑ Protected Elective Capacity will be maintained across Cardiac, Neurosurgery, Orthopaedics, Transplant and Oncology
- ❑ One Plan schemes include the use of Virtual wards to support releasing capacity and managing our patients safely in their home environment.
- ❑ Internal productivity and flow improvement program will continue to deliver
- ❑ ICB Winter Demand and Capacity Schemes will deliver intended benefits and **to deliver a 20 a day reduction in emergency attendances**



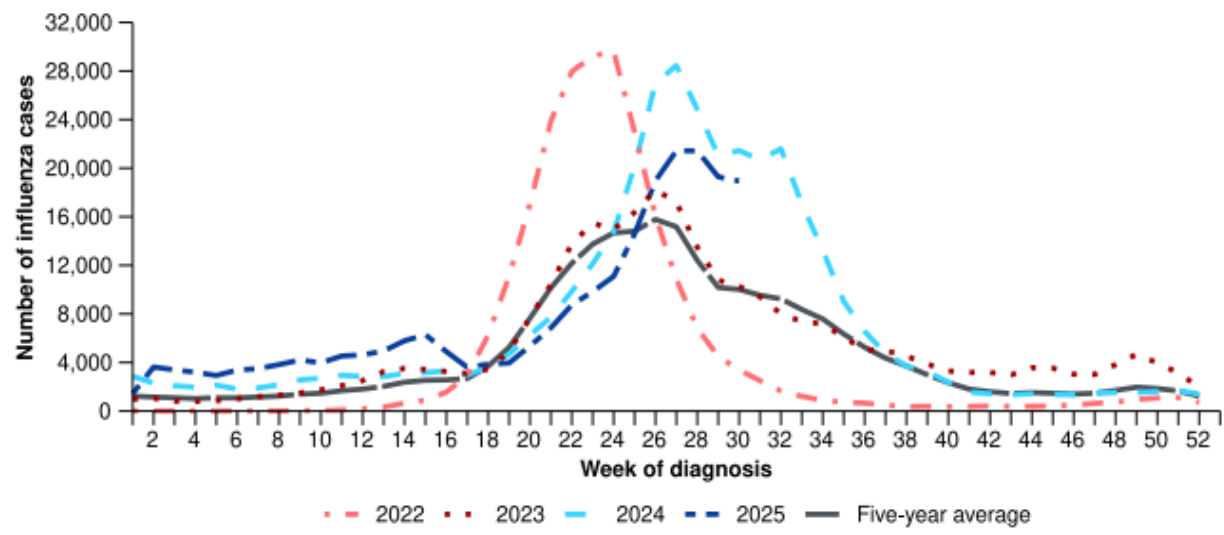


# Learning from Southern Hemisphere



# Modelled demand flu (Australia)

Figure 6: Notified influenza cases and five-year average\* by year and week of diagnosis, Australia, 2022 to 27 July 2025



Source: National Notifiable Diseases Surveillance System (NNDSS)  
\* The years 2020 and 2021 are excluded when comparing the current season to historical periods when influenza virus has circulated without public health restrictions. As such, the five-year average includes the years 2018 to 2019 and 2022 to 2024. Please refer to the [Technical Supplement](#) for interpretation of the five-year average.

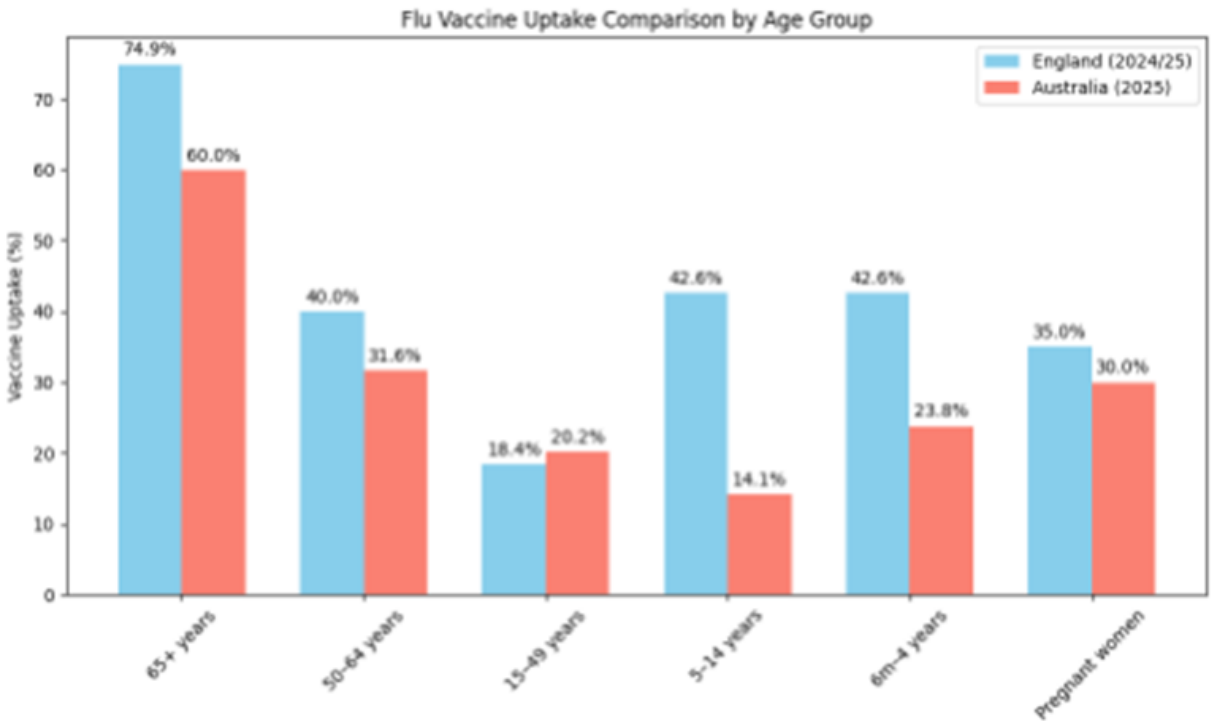
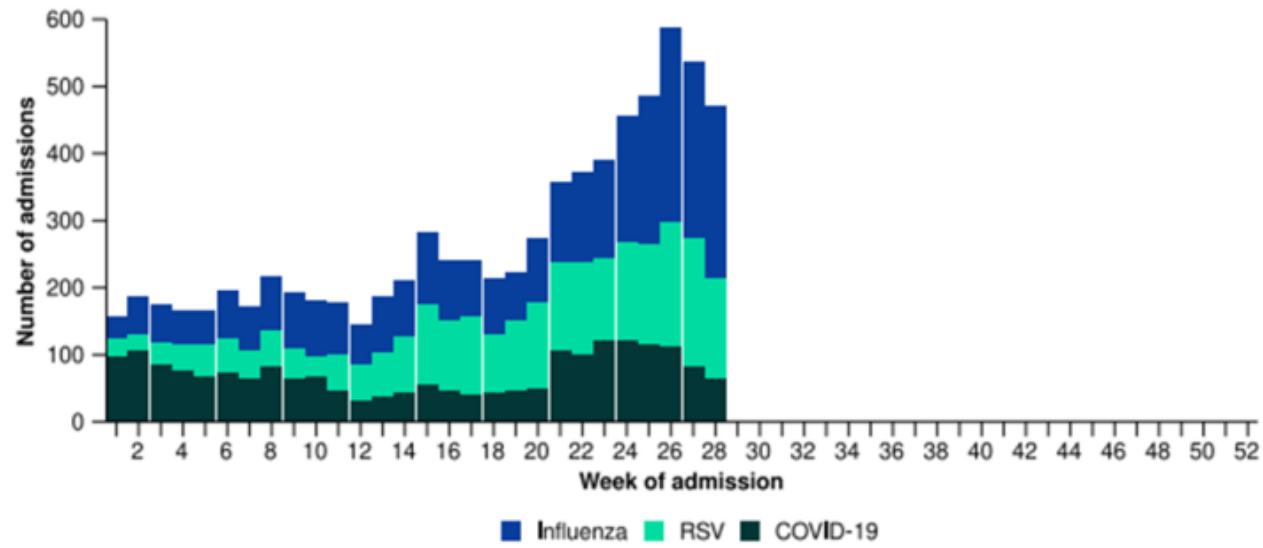
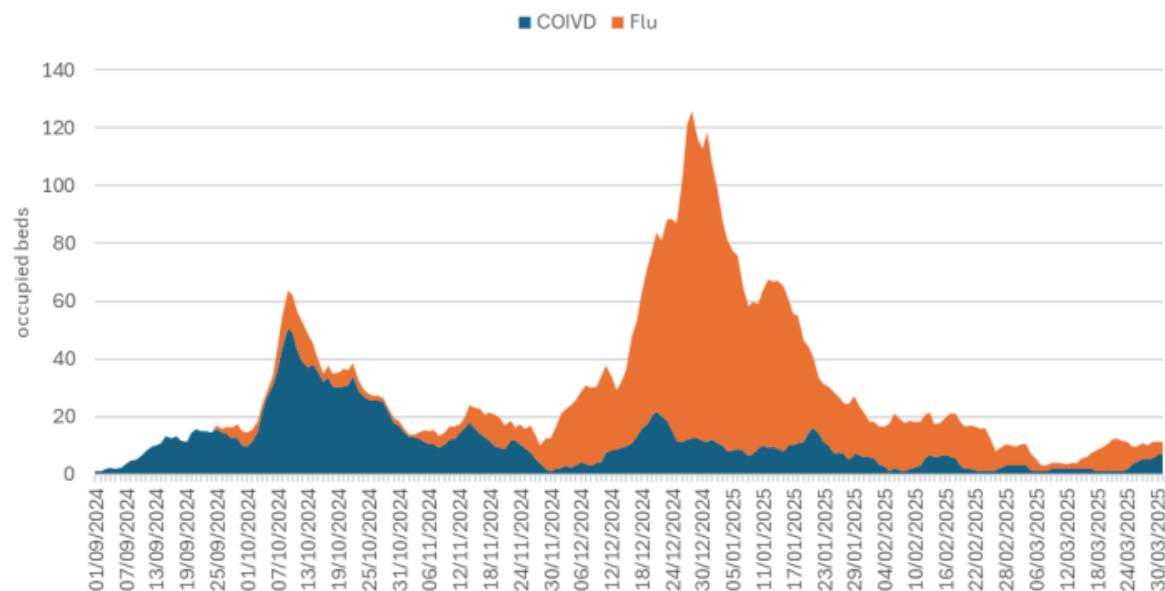


Figure 14: Total number of patients (children and adults) admitted with a severe acute respiratory infection to sentinel hospitals by disease and week of admission, Australia, 1 January to 13 July 2025



Below shows number of Adult G&A occupied beds per day for Influenza/Covid positive Patients - Winter 2024/25

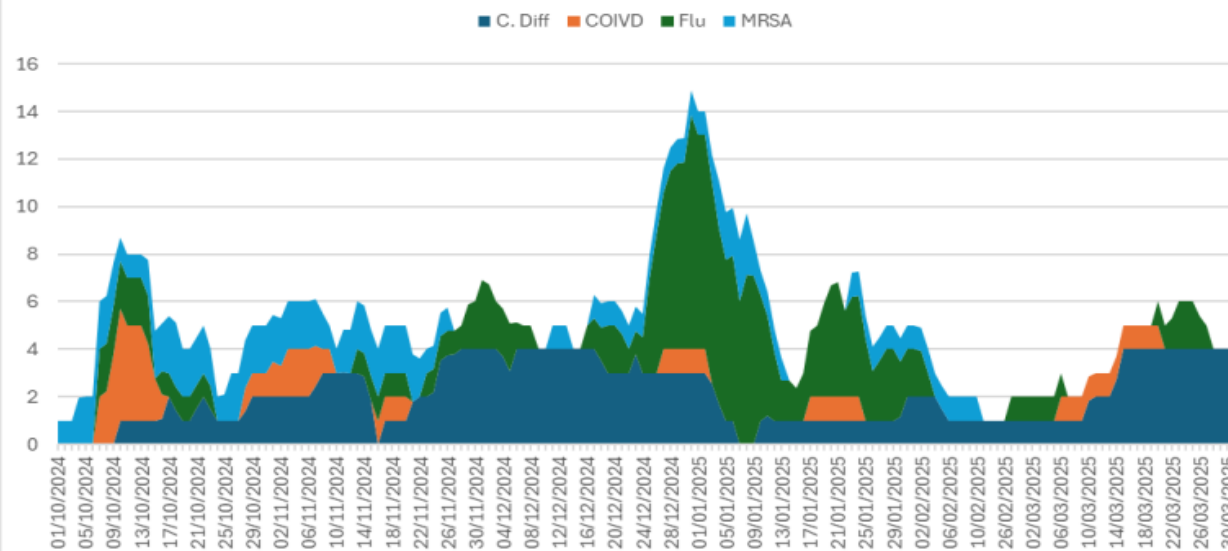


Patients who were positive for Covid or flu.  
Peak after Christmas of just over 120 beds.

Action to provide Cohorting & Side room plan to mitigate

Care Home cohort, accounting for ~10% of total. Focus on 15 beds lost with actions for Hospital to community to prevent admission

Admissions from Care Homes  
Occupied beds per day for positive infection disease Patients - Winter 2024/25



# Our Approach: Actions & Mitigations



## Workstreams:

- ❖ **Community Services care & Admission avoidance**
- ❖ Acute Hospital & Community Surge & Demand
- ❖ **Protected Elective Capacity**
- ❖ Vaccination program
- ❖ **IP&C Community & Acute – Prevention/Response**
- ❖ Workforce – Wellbeing/Choose Well
- ❖ **Timely Hospital Discharge (NCTR) working group**



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## Key Actions :

- ICB Demand management schemes – numerated impact and assurance
- Hospital Discharge (NCTR)– what is required to get to >9% numerated demand on P1-3 discharges.
  - I. Spot purchase beds
  - II. Additional £300k funding for P1 capacity (Cornwall) until March 26
  - III. Revised Escalation & Governance structure
    - IP&C community prevention & admission avoidance
    - Devon System IP&C and Visting time-controlled deployment
    - Acute Virtual Ward average occupancy 37/60 - One Plan continued actions to recover
    - Community Frailty Virtual Ward– Onboarding of new patients' community and acute
    - Paediatric RSV surge increase management – Acute to Community support line
    - Navigation actions to reduce footfall to our Emergency Dept & support UTC Dartmoor use.



# Vaccination Program

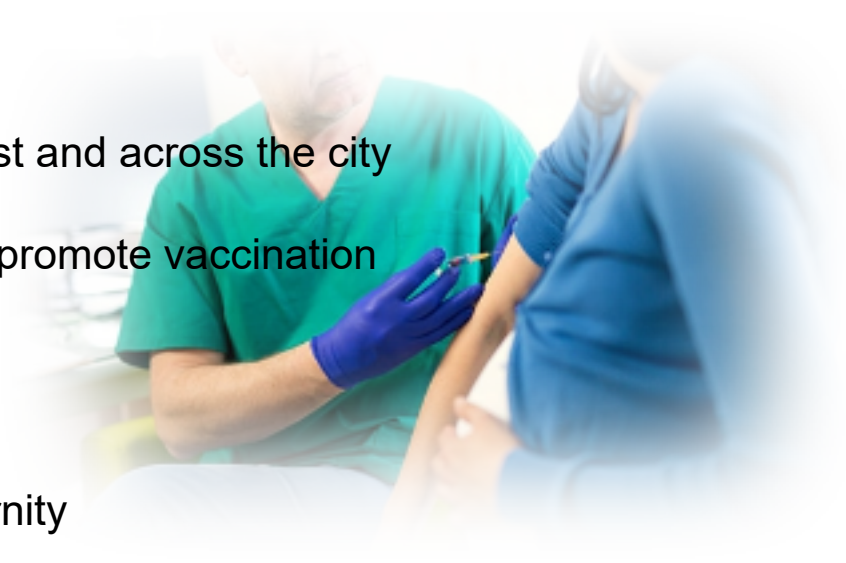


# UHP Actions:

- ❖ Increase number of trained peer vaccinators ensuring improved coverage across all locations (63 in 2024/25)
- ❖ Shared communications across UHP, Livewell Southwest, Public Health will drive a consistent message
- ❖ Dedicated UHP communications plan, including launch and 2 week promotion at the beginning of November
- ❖ Immunisation Hub at Derriford Hospital – to support vaccination of staff & patients

## Patient Vaccination

- ❖ Public facing web pages to promote vaccination opportunities for patients in the Trust and across the city
- ❖ Clearly identified outpatient, pre-operative assessment and Urgent Care settings to promote vaccination opportunity for patients
- ❖ Strengthen vaccination offer through the discharge lounge
- ❖ Specialty outpatient clinic vaccination offer – Chest Clinic, Oncology, Dialysis, Maternity
- ❖ Mass Vaccination Team to run sessions on the Derriford Hospital base – vaccinating patients and members of the public. Allowing for earlier identification of care home and house bound patients who are in hospital





# Commissioned Capacity & Social Care Winter Plan


# Winter Surge Commissioned Capacity for Discharge

As we prepare for the upcoming winter period, our focus remains on ensuring safe, timely hospital discharge and robust community support to manage seasonal pressures. Building on existing strengths and introducing targeted improvements, our approach aims to reduce delays, support care providers, and maintain patient flow across the system. This overview outlines the measures already in place and the plans being developed to enhance resilience and responsiveness during peak demand.

These elements are already active and supporting discharge and community care:

- **Advice Plymouth Integration:** Coordinated support across health and social care services.
- **Hospital Discharge Coordination:** Allied Health Professionals and discharge teams working together to streamline processes.
- **Community Support Pathways:** Established links to voluntary sector and wraparound services post-discharge.
- **Infection Prevention & Control Measures:** Embedded across care settings to reduce winter-related risks.
- **Business Continuity Plans:** In place for care providers to maintain service delivery during peak pressures.

These initiatives are being developed or enhanced to further support winter pressures:

- **Review of Demand & Capacity Plans for Surge:** Refresh modelling (in-line with op plan projections/anticipated additional requirements). This will inform additional capacity plans (P1 – peri re-alignment, I@H improvement plan, brokerage improvements, P2 – Block bed procurement (mobilisation date TBC)
  - **Data Integration with Hospital Networks:** Improving forecasting and coordination using real-time data; single version of the truth
  - **Enhanced Community Mobilisation:** Expanding voluntary sector involvement and social support for discharged patients.
  - **Optimisation of Brokerage Functions:** Strengthening bed bureau and brokerage services to improve market intelligence and improve sourcing times.
  - **Integrated Commissioning Oversight:** Weekly oversight group (joint PCC & ICB) overseeing Intermediate Care commissioning activity, monitoring emerging pressure points and implementing mitigations
- 




# Plymouth - Social Care Winter Plan Actions

Social care plays a critical role in maintaining system flow and supporting vulnerable individuals during the winter period. Our winter plan outlines key actions to strengthen resilience, ensure continuity of care, and reduce avoidable hospital admissions. By focusing on workforce support, provider engagement, and targeted community interventions, we aim to deliver safe, responsive care throughout the seasonal pressures.

These elements are already active

- **Promotion of Vaccinations:** Messaging to eligible groups via community providers such as Advice Plymouth.
- **Infection Prevention and Control Measures:** embedded across care settings to support reducing risk of infection

These initiatives are being developed or enhanced to further support winter pressures:

- **Care Home Manager Engagement:** Encouraging timely completion of discharge assessments.
  - **Staff Training & Education:** Focused on winter-specific challenges, discharge planning, and infection control.
  - **Vaccination Programme Access:** Clarifying whether NHS has a direct cascade route to providers or if Primary Care commissioners need to facilitate access for eligible workers.
  - **Support for Carers:** Exploring access to Household Support Fund (HSF) to assist unpaid carers during winter pressures.
  - **Support Networks for Care Staff:** Building resilience and wellbeing support for frontline workers
  - **Review of demand and capacity plans for surge:** Ensuring the right capacity is commissioned to support need
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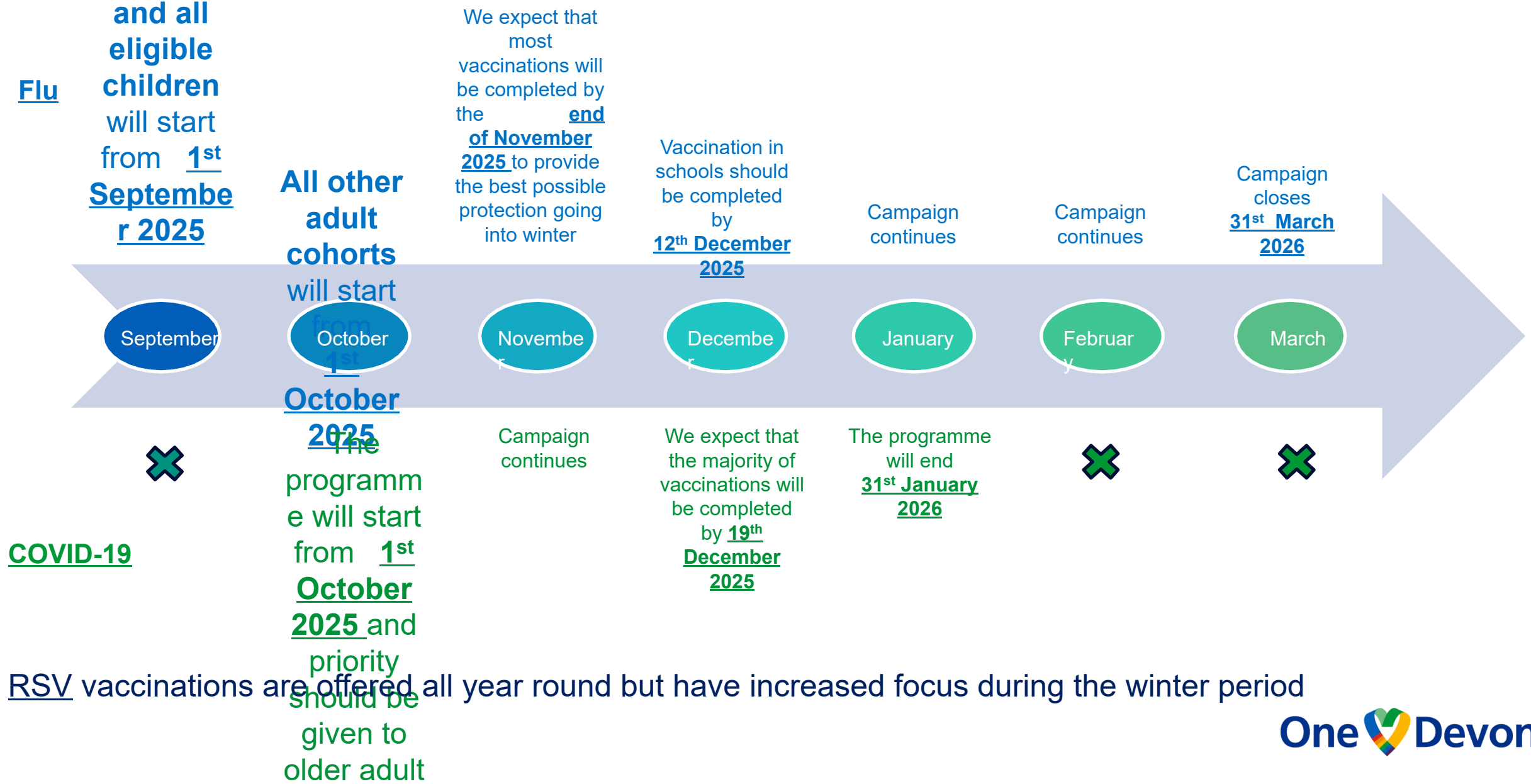
# The Vaccination Offer for Winter 2025/26

# Autumn/Winter 25 Campaigns

## Eligible Cohorts

Flu	Covid-19
<ul style="list-style-type: none"><li>Those aged 65 years and over</li><li>Those aged 18 years to under 65 years in clinical risk groups</li><li>Those in long-stay residential care homes</li><li>Pregnant women</li><li>All children aged 2 or 3 years on 31 August 2025</li><li>Primary school aged children (from Reception to Year 6)</li><li>Secondary school aged children (from Year 7 to Year 11)</li><li>All children in clinical risk groups aged from 6 months to less than 18 years</li><li>Carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person</li><li>Close contacts of immunocompromised individuals</li><li>Frontline workers in a health and social care setting with an employer led occupational health scheme</li><li>Frontline workers in a health and social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants</li></ul>	<ul style="list-style-type: none"><li>Adults aged 75 years and over</li><li>Individuals aged 6 months and over who are immunosuppressed.</li><li>Residents in a care home for older adults</li></ul>
RSV	
<p>Vaccinations are offered all year round but have increased focus during the winter period</p> <ul style="list-style-type: none"><li>75–79-year-olds and those turning 80 up to 31<sup>st</sup> August 2025</li><li>Pregnant people from 28 weeks gestation</li></ul>	

# Autumn/Winter 25 Campaigns - Timeline



# Autumn 2025 Campaign – Delivery models for Flu and Covid-19

All PCNs offering flu, 28 PCNs offering Covid-19 from 120 GP sites

Community Pharmacies

491 Primary Schools and 74 Secondary Schools

5 Main Trust sites and community hospitals

c8000 housebound patients

371 Older adult care homes, plus non-older adult care homes

Vaccination Centres in Plymouth and Exeter

c500 Targeted outreach clinics will take place to target underserved communities



# Vaccination Offers

\* Denotes opportunistic offers

**Care Home Residents:** Visits by GP and Vaccination Outreach Services to every care home a minimum of 2 times to offer Flu and Covid-19 vaccinations to every resident living in CQC registered care homes for older adults and all eligible residents living in non-older adult care homes. c10,000 eligible. Care home staff will also be offered flu vaccinations.

**Housebound Residents:** Visits by GP and Vaccination Outreach Services to offer flu vaccinations to patients in their own homes to those registered with their GP as housebound. c8,000 eligible. Carers of housebound patients will also be offered a flu vaccination either at the home visit or can access vaccinations via GP, CP, Vaccination Centres\* or Vaccination Outreach Services\*.

**Maternity:** Offer of flu and RSV vaccinations to pregnant people on multiple occasions via maternity services and GP\*.

**2-3 year-olds:** Offer of flu vaccinations from 1<sup>st</sup> September via GP and SAIS\*. A national offer published end July 2025 to Community Pharmacy to provide flu vaccinations to this group from 1<sup>st</sup> October may increase access. c21,000 eligible.

**Children:** Offer of flu vaccinations to all school children up to year 11 from 1<sup>st</sup> September through visits to every school via the School Aged Immunisation Service. Community clinics will be offered for children not present at school including home-schooled children. GP\* can also provide flu vaccinations to school-aged children. C150,000 eligible.

**Clinically Extremely Vulnerable:** Offer of flu vaccinations on multiple occasions to patients meeting CEV criteria as defined in the Green Book. Available via GP, CP, schools, hospital inpatient and outpatient clinics, Vaccination Centres\* and Vaccination Outreach Services\*. Immunosuppressed patients are also eligible for a Covid-19 vaccination via any provider.

**65-75 year-olds:** Offer of flu vaccinations from 1<sup>st</sup> October via GP, CP, Vaccination Centres\* and Vaccination Outreach Services\*.

**75-79 year olds:** Offer of flu and Covid-19 vaccinations from 1<sup>st</sup> October via GP, CP, Vaccination Centres\* and Vaccination Outreach Services\*. RSV vaccinations are offered by GP.

**80 years+:** Offer of flu and Covid-19 vaccinations from 1<sup>st</sup> October via GP, CP, Vaccination Centres\* and Vaccination Outreach Services\*.

**Frontline Health and Care Workers:** Offer of flu vaccinations to all FLHW via their employer led occupational health scheme. Where the FLHW is not part of an occupational health scheme they will be able to access a vaccination via GP, CP, Vaccination Centres\* and Vaccination Outreach Services\*.

# Communications and Engagement with Eligible People

## Public Communications

- National media
- Local media
- National and Local Booking Systems
- Communications Toolkit shared with stakeholders
- Stakeholders to promote vaccination communications through their channels
- Stakeholders include GP, CP, Schools, Trusts, LA, VCSE

## Targeted Communications

- NHSE text, emails and letters to eligible individuals
- GP text, email to eligible individuals
- Schools text and emails to parents
- Clinicians to promote with inpatients and outpatients
- Social media to target 2-3s, CEV and FLHW
- Posters to target CEV, FLHW, 65+ and BAME
- Case studies to target CEV and FLHW

## What's Different in 2025/26

- GP has been asked to focus on RSV for 75-79s, pneumococcal vaccinations for respiratory patients and Covid-19 vaccinations for immunosuppressed patients in the lead up to the winter campaign
- Education events have been held with Care Home Managers, at nurseries and in other community settings in the lead up to the winter campaign
- Commissioning of 2–3-year-old flu vaccinations via CP (number of CP opt ins to be confirmed in September)
- Trusts will increase their focus on CEV patients by asking clinicians to have vaccination conversations with their patients
- Trusts will ensure vaccinations are available at outpatient clinics, including at respiratory clinics, and before discharge
- From November, a request to GPs to have a clinical discussion with unvaccinated CEV patients which may be supported by the outreach team
- Increased vaccination education offers to staff in Trusts
- Trusts will have a second push campaign aimed at FLHW at the start of November