

NHS Borders
Chair & Chief Executives Office

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Our Ref RR/KM
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Dear John

COVID-19 Mobilisation Plans

Further to your letter on the 11th March requesting additional information in relation to NHS Borders COVID-19 mobilisation Plans, please find attached information on NHS Borders Mobilisation plans. Please be aware these are constantly being reviewed and updated as more information becomes available.

Scaling up ITU and timescales

The attached mobilisation plan for scaling up NHS Borders ITU Capacity can be found below:



ITU responses.xlsx

Please note: we have now identified a possible issue with providing an adequate supply of oxygen per minute to meet predicted demand within Borders General Hospital. The key problem is the **rate** of oxygen flow into the piped supply may be insufficient.

While we have had reassurances from BOC on how they will increase manufacture and supply to the hospital an initial assessment of the rate of supply from the oxygen store to the patients via our piped oxygen may have a limit that may significantly restrict the number of patients to whom we could sustain high flow oxygen therapy. Please see summary below:

Our piped supply provides a maximum of 750 litres/min. This is similar to many hospitals our size.

We estimate our O2 consumption from ventilators at 10 to 15l/min. If we do ventilate up to 18 patients, we will use about 200l/min.

This would only leave enough flow for a further additional 55 patients across the remainder of the hospital (at 10 litres per minute per patient).

We have also been advised that we are currently unable to source additional oxygen cylinders. A patient on 10 litres / min will use 14,400 litres of oxygen per day (equivalent to 4-5 cylinders per patient per day).

We are currently scoping this in more detail and checking our capacity and assumptions on patient demand for Oxygen. It would be extremely helpful if this was discussed at a National level.

Scaling up general bed capacity

Last week the modelling was carried out based on NHS Borders worst case scenarios articulated through Pandemic flu plans during 2012. These are attached below for info:



Acute Services
Pandemic (Covid 19) |

Work is underway to remodel the anticipated activity across a 26 week period. This is still work in progress but early indications are that over the peak period we would require an additional 300 beds (approximately). We will continue to refine this in the coming days and rework our plans accordingly. It would be helpful if Scottish Government could share their planning assumptions for a 26 week period so that we can be consistent.

Working with partners to reduce Delayed Discharges

The IJB with NHS Borders and Scottish Borders Council have been operating a number of programmes specifically designed to reduce patient delay, increase flow and reduce the number of occupied bed days due to delays.

These programmes have been established for varying lengths of time and in isolation have had varying degrees of success, but between them provide the framework for delivering a more robust and sustained reduction in delays.

The programmes in place or being established are:

Title	Description	Scale
a) Discharge hub	A multi-disciplinary team, coordinating complex patient discharge	
b) Trusted assessor	Ensuring assessments and allocation of residential and home care can be actioned by a range of professionals	Homecare, Residential, AHPs, Social Work able to provide assessments of patient needs
c) STRATA / Matching Unit	Digital electronic referral system and dedicated team for rapid matching of care provision with identified needs	Reducing the process time by 5/6 days
d) Home 1 st	Nursing and Health Care Support workers providing immediate discharge with support and re-ablement	Up to 100 patients catered for at any one time
e) Step down	Intermediate care facilities to promote re-ablement and to allow for assessment etc to be undertaken outwith a hospital setting	39 beds available

Prior to the advent of COVID-19, actions to strengthen and expand the spread of these programmes was being developed. We are now planning a much more robust process for delivering a comprehensive discharge to assess programme, utilising the services and facilities we have established to enable these assessments to take place outside of hospital. We are also driving forward our ability to share data and information between Health and Social Care and the amalgamation of some programmes.

There also remains a shortage of residential and home care provision, which directly reduces the ability to discharge. Plans and agreed strategies within the IJB and agreed across the partnership are addressing these areas, but would have taken further investment and time to have an effect.

The following additional work is now being implemented to bolster the above and accelerate their ability to discharge patients:

Title	Description	Scale
Expansion of STRATA	Utilisation rolled out across all Care Homes	23 care homes are now providing their immediate capacity. Further work needed to identify respite places electronically, using daily e

		mails as a temporary fix
Two step moving on policy	<p>Patients will now be moved to a respite care place, or another care home place to await their first choice becoming available.</p> <p>Revised moving on policy in place, but requires further staffing to implement the moves. Reallocating staff to this role.</p>	14 of the 20 patients awaiting a residential place could be supported in this way
Home Care Scheduling	Merging Matching Unit with SBCares Scheduling team	More support required for SBCares homecare team, this merger will take place this week, to improve ability to mobilise home care runs.
Increased utilisation of digital and deployment of additional equipment	Reduction in the need for carers, increases the capacity elsewhere	More availability of packages of care.
AWI, PoA, 13Za Complex cases	Increase in Nursing Homes has already released 14 beds, but need more freedoms on relaxing AWI constraints and the need for a Sheriff's order	<p>Request to local Sheriff and through IJB national network, to allow for local decision making by the CSWO, for the duration of the Pandemic</p> <p>6 out of 10 complex delays could be moved with this initiative.</p>

The Chief Social Work & Public Protection Officer for Scottish Borders Council has written to the local Sheriff to raise the issue of AWi / Guardianship patients in hospital settings. It is hoped that given the changes to criminal and civil court scheduling over the coming period, we will be able to negotiate the acceleration of AWi / Guardianship cases to court to have people subject to legal measures placed in more appropriate provision to safeguard them as much as possible.

Taking the planned actions as outlined above into account we have developed a trajectory to reduce delays to 0 over a 3 week period. This is attached below:



DD trajectory 18th march to 7th April.xls

Whole system planning across Acute/Primary/Social Care

NHS Borders is working closely with colleagues in Scottish Borders Council to ensure consistent and cohesive planning across the Health and Social Care system. An SBC/NHS Joint Strategic Group has been established with members drawn from the Council Management Team and Board Executive Team which meets virtually three times per week.

The NHS Borders Strategic Planning group is coordinating C19 health planning across the clinical boards and corporate services. Regular sessions are held to update colleagues on acute/primary & community/mental health and LD/social work and corporate service plans and to identify any gaps or points for discussion and clarification.

A discussion re any issues for the East Region is timetabled for w/b 23 March.

For further information details are outlined below of on-going work and mobilisation activities across Mental Health, Learning Disabilities, Primary & Community Services and NHS Borders Corporate Services.

Primary & Community Services

The attached slides summarise the mobilisation plans across NHS Borders Primary & Community Services.

The following actions are currently being progressed:

- GP Escalation process steering group has been established.
- A GP Covid 19 emergency planning session is taking place 18th March to agree plans for worst case scenarios.
- The AHP corridor within BGH will be cleared by 27th March. All P&CS services have been asked to stop all non-essential outpatient appointments and work in line with service reliance plans to deliver care and support to those patients who require on-going and essential input. We will log:
 - Which aspects (for each location) of each service this affects.
 - For each aspect of service how patient care will be managed – e.g. telephone contact / domiciliary visits / hub clinic approach.
 - The number, designation and banding of staff who will be freed up because of this so that we know who could be redirected to other duties if required.
- A central P&CS contact point has been set up for Covid19 clinical queries and service information from practices / independent contractors and services.
- A community hospital “taskforce” has been established led by a Community Nurse Manager to support community hospital staff in facilitating a robust discharge process in liaison with social care colleagues.
- Establishing locality working with care providers to develop community resilience; partnership approach including Home First, District Nurses and social care colleagues



2020-03-12 Covid 19
Planning Session Draft

Mental Health & Learning Disability

The attached slides summarise the mobilisation plans across NHS Borders Mental Health & Learning Disability services. The plan provides supplementary information specific to the needs of the services.



MH and LD Service
Pandemic (Covid 19)



160320 - LD Service
Coronavirus COVID-19



160320 - MH
Coronavirus COVID-19

Corporate Services

Business Continuity plans for all support services are now in full operation with all non-essential business as usual stood down. All Corporate and support services have identified over 170 staff with varying and flexible skill sets to re-deploy to a number of activities.

A number of activities are currently underway in order to ensure that requests are responded to as efficiently as possible:

- The Turnaround PMO have now been set up as a central hub with all requests for additional staff being logged and actioned and allocated
- Call centres are being established for NHS Borders to deal with staff sickness absence, Occupational Health advice and support and any other general enquires
- Accelerated training sessions for staff to be equipped to undertake additional/alternative roles

Early financial assessment

The Board has incurred significant costs over the last few weeks (estimated at £0.5m) linked to COVID-19. The key areas of spend to date are – PPE equipment and supplies, medical equipment; building and maintenance work to facilitate the creation of increased capacity, stock for our additional capacity in our inpatients areas and additional staffing (including agency staff) to support increased activity.

Over the coming weeks further work is planned and additional capacity and staff will be in place. The Board is currently quantifying the impact of the above but based on current information we estimate that up to £3m of additional cost will be incurred over the next five months. These are high level estimates and will be reviewed and finalised over the coming weeks.

This does not include any reference to opportunity cost relating to a delay in our financial turnaround programme which we currently estimate would be in the region of £1m non-recurring in year on the basis of a 3 month delay.

I would welcome the opportunity to discuss our mobilisation plans further with you.

Yours sincerely

Ralph Roberts
Chief Executive