

## NHS Borders

Chair & Chief Executive's Office

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NHS Borders  
Headquarters  
BordersGeneralHospital  
Melrose  
Roxburghshire TD6 9BD



Tel : 01896 826000  
[www.nhsborders.scot.nhs.uk](http://www.nhsborders.scot.nhs.uk)

John Connaghan  
Chief Performance Officer, NHS Scotland  
Director of Delivery and Resilience

Date 27 March 2020  
Your Ref  
Our Ref RR/KM

Via email: [john.connaghan2@gov.scot](mailto:john.connaghan2@gov.scot)

Enquiries to Kim Moffat, PA to Chief Executive  
Extension 28220  
Direct Line 01896 828220  
Email [Kim.Moffat@borders.scot.nhs.uk](mailto:Kim.Moffat@borders.scot.nhs.uk)

Dear John

Further to our conversation on 24<sup>th</sup> March please find the second iteration of the NHS Borders COVID-19 mobilisation plan.

There are a number of particular points to note regarding our plan:

- Our plan has been informed by our local modelling. We have shared our modelling assumptions separately and are keen to receive feedback as soon as possible from Scottish Government as to whether this is consistent with national assumptions or if we need to amend our modelling. This is clearly important if we then need to revise our surge plans and the sooner we are in a position to do this the better.
- Whilst we have modelled what it would take to quadruple our ITU capacity from 5 to 20 at Borders General this is dependent on securing additional new ventilators, as outlined in the plan.
- Should we experience demand for more than 20 ITU beds then we will require to access HDU capacity out with Borders. We would welcome a discussion with Scottish Government around what options may be available for this.
- We remain extremely concerned about the rate of oxygen flow into the piped oxygen supply within the BGH. We will continue to liaise with colleagues at Scottish Government around this issue and are undertaking the actions recently agreed in relation to amending our Anaesthetic machines.
- Our current planning assumption, based on our local modelling work, indicates a maximum requirement for 300-350 beds for COVID-19+ and COVID-19 suspected patients. This figure does not take into account the impact of National measures taken in late March, and we will be in a position to revisit our trajectory in mid-April. In the meantime we will continue to plan for the need for these additional beds.

- Our plan lays out the steps we will take to create an additional 220 hospital beds. Further work is underway to identify how we will create the additional inpatient capacity we are modelling will be required. We will update our plans as soon as this is available.
- We have modelled our workforce requirements for the 220 hospital beds and based on our current assessment we will be able to staff these areas but at a minimum staffing level, offering basic care.
- Our COVID-19 Hub and Assessment centre and GP Out of Hours is currently co-located in the day hospital in acute hospital. A rapid action group has been convened to scope moving out of the main hospital building onto another location within the acute site within two weeks to release capacity in the acute hospital. We will update our plans as soon as this is available.
- As raised on today's teleconference, within the Scottish Borders is a private Alcohol & Drug Rehabilitation hospital (Castle Craig) with 70 patients. This now has a small number of confirmed and suspected Staff and Patient cases. Depending on the progression of disease in this case and the impact of isolation procedures in the hospital this may present a significant risk to our projected plan in the short term. While the hospital is currently closed to new admissions because the current outbreak it would be helpful to understand the overall Scottish policy position on the desirability of sustaining such a service through the Pandemic.

We look forward to early feedback on our plan and continuing to work with SG colleagues on further mitigation of the risks around potential capacity issues.

With best wishes

Yours sincerely



Ralph Roberts  
Chief Executive