

COVID-19 Mobilisation Plan 2 Addendum 2

27 March 2020

Introduction

NHS Borders submitted the COVID-19 Mobilisation Plan 2 on 27 March 2020. This is an addendum to that plan around one specific option in relation to scaling up general hospital bed capacity which requires discussion with Scottish Government.

Local Modelling and Scaling Up General Bed Capacity for COVID-19

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, which would therefore impact on our plan.

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 we will require.

The plan outlines a number of options that are being considered to increase bed capacity, and these are being reviewed through a rapid option appraisal process over the next two weeks. One of the options that has been proposed is the creation of a field hospital in the grounds of the Borders General Hospital. Before this is more seriously considered an urgent discussion is required with colleagues in Scottish Government to explore how acceptable this will be from a national perspective.

Further detail around this as a proposal is outlined in the later sections.

Field Hospital – Outline Proposal

The proposal would be for a temporary structure on the cricket pitch next to the Borders General Hospital. Being on site would enable staffing and other supports to be readily shared, and would provide close access to the Emergency Department and our COVID-19 (CV1 and CV2) wards.

We have already scoped out what facilities would be provided through this option and what specification would be required, and these are outlined below:

Facilities

- Walk way between hospital and temporary structure
- Reception area/ entrance
- Staff area
- Supplies area
- Doctors and Nurses stations
- Ward areas
- Toilets for patients and staff (also unit for disabled access)
- Oxygen store or areas for sinks for staff
- Potential for Shower facility

Specification

- The plan has beds spaced 1.5m apart with 2m corridors.
- Hard sides
- Hospital safe vinyl throughout
- Heating & Lighting throughout
- Floodlights external
- Generator supported
- Toilets to be emptied
- Track/ walkways between hospital and facility and to back car park

Costings

A very early assessment has been made on the costs of this option:

	£
Facility	123,400
Power, heat, light	87,235
VAT	42,127
TOTAL *	252,762

^{*} based on current specification

Please note:

- Approximate costs for 3 months hire additional costs to extend per week
- Approximate costs (changeable depending on specification required and size)
- Quote only valid on 25/3/20 supplies availability decreasing by day, meaning that costs will increase or availability of materials cannot be guaranteed.
- Timescales for operational ability were quoted around 1 week days on 24th of March

 again this time frame will increase as delays impact the availability of materials and
 staffing.

NHSB would be required to provide staffing and to tap into the mains water supply and these costs along with any additional supplies /equipment costs have not yet been factored in.

An example of what the facility might look like is attached at Appendix 1.

Next Steps

As highlighted we are rapidly looking at options for maximising the availability of beds to meet the modelled projected demand of 300 - 350 at the height of the pandemic 'flu peak.

It would be extremely helpful if an early discussion can be arranged for early next week with colleagues in Scottish Government to discuss the feasibility and acceptability of this option before it is considered through our appraisal process.

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