

**From:** Alastair Campbell  
Surge Planning

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## **COVID-19: 2<sup>nd</sup> WAVE SURGE PLANNING – TEMPORARY REGIONAL FACILITY**

### **Summary**

**Issue:** Surge plans are currently in operation. Due to the impact of social distancing, the level of demand has been lower than initial modelling indicated.

It is expected that there will be a second wave later in the year. At this stage, the timing and scale of a 2<sup>nd</sup> wave is unpredictable. However, given that a 2<sup>nd</sup> wave could potentially coincide with colder weather and winter pressures, it would be prudent to consider the development of a regional Nightingale facility that could help to increase bed capacity.

**Timescale:** Routine

**Presentational issues:** The development of a Nightingale Facility is likely to attract media attention.

**Financial issues:** This would have significant financial implications. Analysis of these will form part of the initial work. These will need to be factored into the budget requirements from DoF.

**Recommendation:** It is recommended that you:

- Agree that officials should proceed with work to develop a new Nightingale Facility. Initial work, to be completed by Friday 01 May 2020, will focus on:
  - Specification of the clinical and technical requirements;
  - Identification of the optimal site;
  - Timescales for delivery.
- Approve the attached letter for issue to FM and dFM.

### **Background**

1. Nightingale facilities have been developed across the UK. Similar facilities have also been developed as part of surge planning arrangements in Rol. The

overriding purpose of all of the facilities is to increase bed capacity and to provide a layout that allows a higher number of patients to be looked after by a smaller group of staff. However, within this, the specification of the facilities and their purpose varies significantly.

### **BCH Nightingale**

2. The BCH Tower Block has been designated Northern Ireland's Nightingale for this wave. Initially, it was considered that it would become a critical care hub for the region should local units become overwhelmed by demand.
3. The BCH Tower was also intended to provide contingency arrangements for the region should any issues occur at other hospitals.
4. In practice, with the lower than expected surge, the Belfast Trust has used the tower for a mixture of Covid-19 critical care patients and Covid-19 patients requiring hospitalisation short of critical care.
5. Moving forward, while still potentially an important resource for the region as a critical care contingency, the BCH tower layout does not provide the same economies of scale as other facilities. The layout means that the maximum group of patients that can safely be managed on each floor is limited to 24 patients. With approximately the same staffing complement, the Nightingale in London is able to deliver care to 42 patients.

### **Specification of Nightingales**

6. The specification of Nightingale facilities across the UK has varied. The Excel in London was initially envisaged as providing a mix of beds, including 500 critical care, with the rest designated as recovery or palliative. Other sites across England and Scotland have focused more on lower acuity patients, either those requiring medical beds, or those requiring isolation upon discharge from hospital and before returning to their home or care home.
7. In the Excel, there has also been a change in approach whereby Level 3 critically ill patients are unlikely to be treated in the Nightingale. The sickest patients will continue to be treated in existing hospital sites.

### **Capacity requirements**

8. The original scenario modelling developed to guide preparations for a surge in Northern Ireland indicated that in a reasonable worst case scenario 180 patients could require access to critical care during the first wave, if efforts to reduce the R0 through social distancing were not sufficiently effective. A worst case scenario put this number at between 500-1000.

### Isolation beds

15. In the past week it has become clear that, in the event of a higher surge in a second wave, our existing care homes and domiciliary care will require additional capacity to be able to isolate covid-19 or suspected covid-19 patients upon discharge from hospital.
16. This issue is particularly in relation to care homes, where there are understandable concerns about the risk of infection to other residents. Given the higher risk of infection in a hospital environment, it would also be more appropriate for these patients to be discharged to another facility when they are medically fit to leave hospital.

### **1<sup>st</sup> Wave Site visits**

17. In considering the possibility of developing a Nightingale Facility in advance of the first wave, officials made a number of visits to potential sites. These included: the Eikon Exhibition Centre; the Titanic Exhibition Centre; and, the Belfast Harbour Studios.
18. Of these three sites, the Eikon was considered the most suitable due to the location, the size of the overall campus, and the layout. Upon carrying out a second visit with a number of technical advisors, a decision was taken not to progress the project at this stage due to the amount of work that would have needed to be carried out in a short timescale in order to make the site suitable.

### **2<sup>nd</sup> Wave Nightingale - requirements**

19. On the basis of the information above, there are a number of key points that should be considered in carrying out an assessment of the optimal site for a new Nightingale. These are:
  - Layout
    - In order to get the benefits of a traditional Nightingale style ward, the layout must be able to provide a large, flat, open space in which multiple patients can be cared for.
    - Some office space will be required for those managing the facility.
  - Flexibility
    - A new facility should be able to flex its specification to meet the requirements of the system. It should therefore be capable of being configured to provide care to all three of the bed types described above.
  - Medical Gases
    - Critical care and acute medical beds will require continuous access to high volumes of oxygen. A facility would therefore require a reliable supply of medical gases.