

## Briefing for Torbay Council Overview and Scrutiny Committee

Nightingale Hospital Exeter & COVID-19 update

December 2020

### Background

The number of COVID-19 cases in some Devon hospital now exceeds the first wave of the pandemic, but unlike in the first wave, we are seeing a high demand for urgent care from non-COVID 19 patients. We therefore had government approval to open the 116-bed NHS Nightingale Hospital Exeter and it accepted its first patients on Thursday 26 November, with the first Torbay patient transferred over the weekend of 28/29 November.

The hospital is designed to provide care and treatment for patients with coronavirus infection (COVID-19) who have been transferred from the region's hospitals, usually following a stay in an acute ward or a high-dependency unit. It can support both ventilated and non-ventilated care, although it is not currently caring for mechanically ventilated patients. Anyone with COVID-19 who needs the additional services available within an acute hospital will be cared for there, rather than in the Nightingale.

Since the beginning of July, the Nightingale Hospital Exeter has been providing local people with fast and safe access to a range of important diagnostic tests. So far, the hospital has provided nearly 3,000 diagnostic tests to local people and has hosted the delivery of a COVID-19 vaccine study. These services have now stopped at the Nightingale to allow the hospital to care for patients with COVID-19. Diagnostic tests will continue to be available to those who need them through existing services and the COVID-19 vaccine trial has relocated to the Royal Devon and Exeter NHS Foundation Trust (RD&E).

### Staffing

The Nightingale Hospital Exeter is staffed by health and care staff seconded from across Devon. There is a possibility of receiving patients from Somerset in future, in which case staff would also be seconded from Somerset.

There is a workforce model in place that describes the staffing requirements necessary to provide safe and effective care. Our Trust has contributed a fair proportion of staff.

We are working with all our partners in the Devon STP to ensure staffing risks, both for the Nightingale and our own respective organisations, are mitigated through the development of a thorough risk assessment and assurance framework, which includes mutual aid.

We asked for staff to volunteer their services to the Nightingale on a secondment basis and have released staff from a wide range of clinical areas including medicine, nursing, occupational therapy, physiotherapy, pharmacy and radiography. All staff

have received the necessary training and induction to be able to provide safe and effective care.

### **Patients from Torbay and South Devon**

A full clinical protocol has been agreed for the transfer of patients between our acute hospitals and the Nightingale Hospital Exeter.

For us, the protocol is triggered when there are more than eight COVID-19 inpatients in Torbay and South Devon NHS Foundation Trust.

Patients will be accepted at the Nightingale between 08:00 and 20:00 (7 days a week), to ensure adequate opportunity for senior review on the receiving ward.

Patient transfers will be agreed by senior clinicians in both hospitals (usually consultant level discussion) and planned in advance. The patients will be transferred directly to the Nightingale Hospital. The consultant in charge of the patient's care at Torbay Hospital must be informed and agree to the proposed transfer.

There are agreed clinical criteria in place to ensure suitability for transfer, both for admission to and discharge from the Nightingale Hospital. Not all COVID-19 patients will be suitable for transfer as the Nightingale Hospital does not have the full facilities and clinical staffing of an acute hospital.

For transfer to the Nightingale Hospital, patients must:

- be over 18 years of age
- not pregnant
- need the facility for more than 24 hours
- be able to have their care needs met within the Nightingale facility
- not on an end of life pathway
- not severely frail (completely dependent for personal care)
- not requiring a security escort
- able to safely make the journey.

Our local discharge teams retain responsibility for ensuring people can get the help they need to go home from the Nightingale. Public Health England guidelines will apply to all discharges to care homes: anyone who has tested positive for COVID-19 more than 14 days previously is no longer regarded as infectious and may be safely discharged to a non-COVID-19 environment.

### **Covid-19 patients in Torbay Hospital**

The opening of the Nightingale and the extra beds that are provided here for COVID-19 positive patients means that we anticipate only requiring to dedicate one ward in Torbay Hospital to COVID-19 patients. This will enable us to continue to provide planned care, especially for day case surgery and inpatient orthopaedics, where waiting lists were impacted by the cessation of elective activity during the first wave of the pandemic. We re-opened Ella Rowcroft as an orthopaedic ward on Monday 30 November and are prioritising clinically urgent and long-wait patients.

### Increased support using digital technology

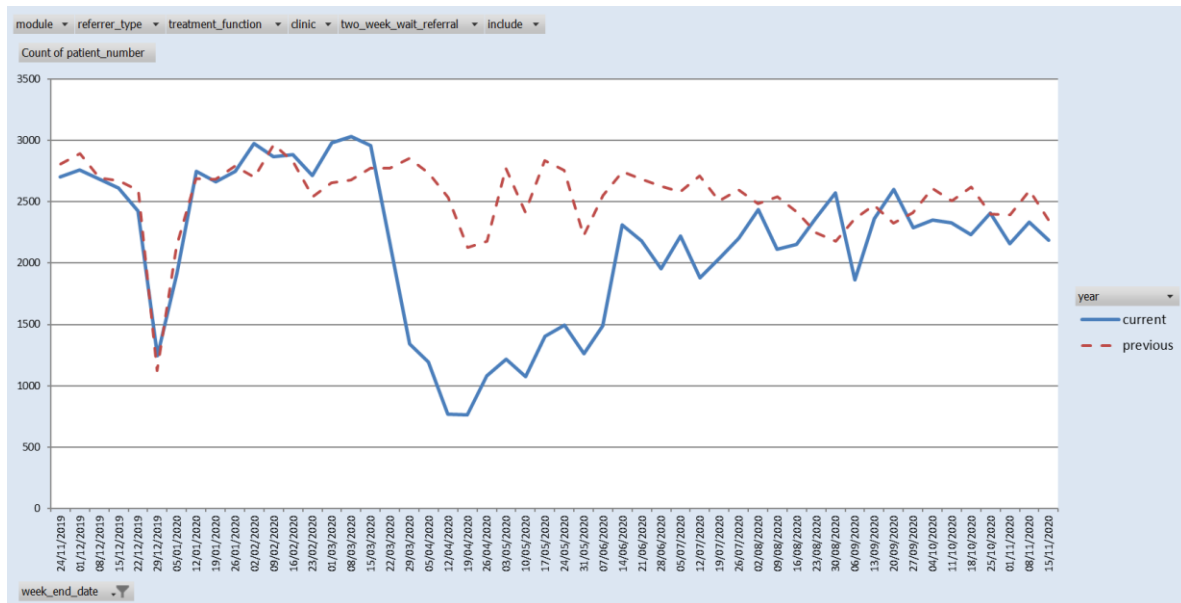
The pandemic has increased the speed with which we have been able to rollout digital innovation, using technology to minimize the need for face to face appointments and helping keep people safe.

- We are using telephone and video to hold outpatient appointments, only requiring people to travel to one of our health centres or hospitals for a face to face appointment when it is clinically necessary.
- Many of our health and wellbeing services, such as exercise support classes, are being run virtually using video technology.
- We have been supporting nursing and residential homes throughout the pandemic, including expert virtual infection control visits, to advise on keeping residents safe.
- Technology is being used to support people to manage their long-term conditions, through our own innovations, such as the rheumatology app which people download to their own mobile devices. We have also rolled out this approach to more complex patients: those with COPD under the care of community nurses/matrons have been supported to manage their own health through digital health reading and 'Alexa Show' devices to allow for video conferencing. This pilot is being extended in January to care homes, being run jointly with the care home visiting service.
- We are supporting Devon Clinical Commissioning Service with the rollout of the COVID-19 oximetry at home (CO@h) service, which went live in Devon on Monday 30 November. This service provided additional support to vulnerable patients with COVID-19 by helping them to monitor their oxygen saturation levels at home during the first 14 days of their symptoms. Its aim is to keep patients in the right place, helping them to identify when they need to escalate for additional medical support.

### Impact on our phase 3 recovery

On 31 July, Sir Simon Stevens wrote to all NHS providers outlining the expectations for Trusts in the third phase of the NHS response to COVID-19. The requirement was to develop recovery plans to return to pre-COVID-19 activity levels by the end of the year. Already, referrals to the Trust are back to pre-COVID-19 levels across most specialties. The graph overleaf shows a comparison of the current year to previous year;

## Referrals



## Activity levels

We are currently forecasting a return to 92% of pre-COVID-19 activity for outpatients by March 2021, and have introduced telephone and video consultations as part of our COVID-19 safe pathways.

We anticipate returning to 95% of pre-COVID-19 activity for day case and inpatient elective admissions by March 2021.

The challenges for our Trust in returning to pre-COVID-19 levels of activity are;

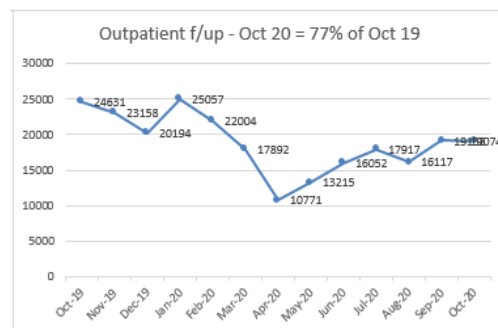
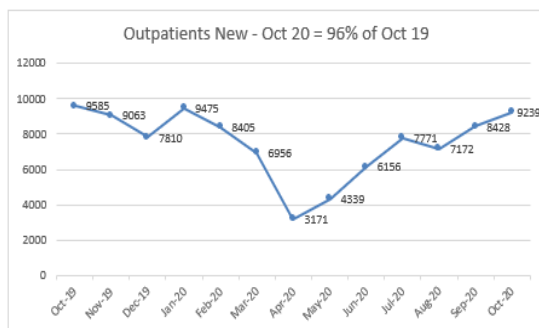
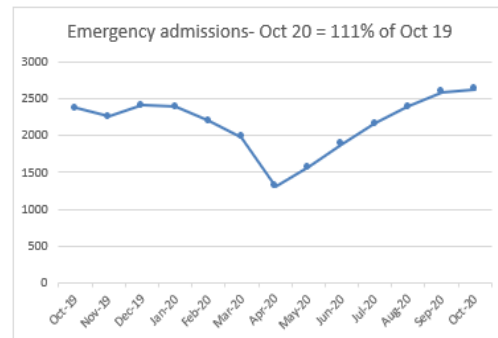
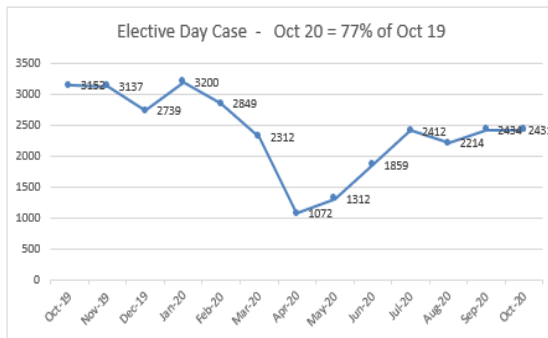
- theatre and treatment room capacity due to infrastructure issues
- infection prevention and control requirements which impact on productivity
- changes in the use of acute beds due to COVID-19 requirements.

The charts below show the monthly rate of reported activity for emergency admissions, elective day case procedures, new outpatient appointments and follow-up outpatient appointments.

The percentage of activity compared to the same month last year is shown in the chart titles.

We have seen a progressive increase in activity through to September, however, in October this slowed across elective inpatient day case procedures and follow up outpatients, as we experienced the impact of wave two of the pandemic. We are now falling behind our submitted Phase 3 recovery plans, and meeting our forecasts depends on having no significant impact from a second wave of COVID-19 and continued support from the independent sector including outsourcing to Mount Stuart Hospital.

**Headline acute activity comparisons to last year**



**Impact on urgent referrals**

Urgent referrals – Including cancer 2 week wait referrals. During the first wave of the pandemic we experienced a significant reduction in urgent referrals. During the recovery, we have prioritised cancer treatment pathways and are endeavouring to restore our position against national targets (seeing 93% of all referrals within 2 weeks and starting treatment within 62 days from referral for 85%). For November our forecast was to achieve 80% for two-week wait referrals and 84% starting treatment within 62 days. Current year activity is tracked against last year’s activity in the graph overleaf.

