**1.0 Management Arrangements**

The COVID-19 situation is being managed within Ayrshire and Arran on an integrated basis working across NHS Ayrshire and Arran and the East, North and South Ayrshire Integrated Joint Boards.

The NHS Emergency Management Team structure is set out in Appendix 1.
Groups are meeting daily to coordinate the response.

**2.0 Planning Assumptions**

2.1 As at 13 March 2020, two planning assumptions have been modelled :

**Reasonable Worst Case Scenario (RWCS**) : mathematical modelling based on recent pandemic influenza data

- 50% of population become symptomatic over a 15 week period
- 4% require hospitalisation
- 25% of those hospitalised require critical care
- 1% of those with symptoms may die

**Worst Case Scenario (WCS**) : the most extreme modelling assumptions

- 80% of the population become infected
- 50% of those infected experience symptoms
- 8% of symptomatic population require hospitalisation. Average Length of stay 14-21 days
- 19% of hospitalised patients require ventilation
- 1% of all infected individuals die

The Reasonable Worst Case Scenario is being used for planning purposes.

**2.2 Impact**

| In Ayrshire & Arran | Number Symptomatic | Require hospitalisation | Require Critical Care | Overall Population Fatalities |
|---|---|---|---|---|
| Reasonable Worst Case | 184,835 | 7,394 | 1,848 | 1,848 |
| Worst Case | 147,868 | 11,829 | 2,248 | 2,957 |

| | |
|---|---|
| | The speed of progression of infection is key to determining the impact on health services.<br>A planning assumption of a Doubling Time of 4 days has been used, based on Public Health England information stating that outside of China a Doubling Time of 5-7 days has been seen. It is noted that there have been 2 notable exceptions in Italy and South Korea which have experienced doubling times of 1.8-2.5 days respectively. |
| 2.3 | Predicted Impact in Ayrshire & Arran based on a 4-day Doubling Time |

| | *weeks* | week 1 | week 2 | week 3 | week 4 | week 5 | week 6 | week 7 | week 8 | week 9 | week 10 | week 11 | week 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *days* | 7 | 14 | 21 | 28 | 35 | 42 | 49 | 56 | 63 | 70 | 77 | 84 |
| **Projected number of positive cases of Covid-19: from base of 4 positive cases, reported at 14:00 12th March 2020** | | | | | | | | | | | | | |
| Base no. of cases | Days to double | 19-Mar | 26-Mar | 02-Apr | 09-Apr | 16-Apr | 23-Apr | 30-Apr | 07-May | 14-May | 21-May | 28-May | 04-Jun |
| 4 | 4 | 13 | 45 | 152 | 512 | 1,722 | 5,793 | 19,484 | 65,536 | saturation (184,835) | | | |

2.4 Predicted Service Impact on Ayrshire & Arran

| | *weeks* | week 1 | week 2 | week 3 | week 4 | week 5 | week 6 | week 7 | week 8 | week 9 | week 10 | week 11 | week 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *days* | 7 | 14 | 21 | 28 | 35 | 42 | 49 | 56 | 63 | 70 | 77 | 84 |
| **Breakdown of projected symptomatic positive cases of Covid-19: from base of 4 positive cases, reported at 14:00 12th March 2020** | | | | | | | | | | | | | |
| Days to double | | 19-Mar | 26-Mar | 02-Apr | 09-Apr | 16-Apr | 23-Apr | 30-Apr | 07-May | 14-May | 21-May | 28-May | 04-Jun |
| 4 | Symptomatic cases | 13 | 45 | 152 | 512 | 1,722 | 5,793 | 19,484 | 65,536 | 184,835 | | | |
| | Require hospitalisation | 1 | 2 | 6 | 20 | 69 | 232 | 779 | 2,621 | 7,393 | | | |
| | Need level 3 critical care | 0 | 0 | 2 | 5 | 17 | 58 | 195 | 655 | 1,848 | | | |
| | Overall fatalities | 0 | 0 | 2 | 5 | 17 | 58 | 195 | 655 | 1,848 | | | |

**3.0 ITU Scale Up**

3.1 NHS Ayrshire and Arran has a current total of 10 ITU beds.

- 6 of these are located at University Hospital Crosshouse (UHC)
- 4 of these are located at University Hospital Ayr (UHA)

Both hospitals have the existing physical capacity to increase by 1 ITU bed.

3.2 Planning assumptions indicate that at the Infection Peak, NHS Ayrshire and Arran will require a total of 1848 ITU beds to manage critically ill COVID-19 cases over the period of the outbreak.

This level of critical care resource will not be possible to provide, however it will be possible to increase ITU beds up to a maximum of 34 with existing equipment and staffing.

There would be space to increase this up to 48, however this would require yet further ventilators and staffing which we do not have at present, and we are not confident that this could be put in place.

An attempt is being made locally to purchase 12 additional ventilators, although it is currently unclear whether suppliers will be able to deliver these.

3.3 The mobilisation Plan proposes to establish the additional ITU beds in the following ways :

| **ITU Bed Capacity Scale Up** | UHC | UHA | Cumulative Total ITU Beds |
|---|---|---|---|
| Current | 6 | 4 | 10 |
| Open additional existing bed space | 1 | 1 | 12 |
| Phase 1 | | | 23 |
| - Convert theatre recovery | 7 | | |
| - Convert HDU | | 4 | |
| | | | |
| Phase 2 | | | 34 |
| Convert DSU Recovery | 6 | | |
| - Convert theatre recovery | | 5 | |
| | | | |
| Possible Phase 3 - **NEEDS ADDITIONAL VENTILLATORS & STAFF** | 7 | 7 | potential space for up to 48, but needs more ventillators & staffing |
| Use operating theatres & anaesthetics rooms | | | |
| | | | |
| | | | |

3.4 The anticipated timescale for introduction of this additional ITU capacity matched against the Doubling Time planning assumption is as follows :
Phase 1 : 2 April 2020
Phase 2 : 9 April 2020
Phase 3 : 16 April 2020

3.5 At every stage there will require to be a staffing risk assessment, in order to review and decide on how the available clinical staffing numbers can provide the best care possible. The staffing levels and skill mix at some stages may differ from the normal staffing levels.

**4.0 Bed Capacity Scale Up**

4.1 NHS Ayrshire and Arran is already experiencing significant unscheduled care pressures with an increasing number of admitted patients requiring isolation.

Based on the Planning model, there will be a notable increase in the demand for hospital beds for COVID-19 related illness from around mid April.

| COVID-19 Related Illness | 19 Mar | 26 Mar | 2 Apr | 9 Apr | 16 Apr | 23 Apr | 30 Apr | 07 May | 14 May |
|---|---|---|---|---|---|---|---|---|---|
| Requires Hospitalisation | 1 | 2 | 6 | 20 | 69 | 232 | 779 | 2621 | 7393 |

Numbers are based on public health modelling of the total number of COVID-19 presentations requiring hospitalisation, but as yet there is no modelling to identify the actual number of beds required at any given point in time, to take into account the expected length of stay of hospitalisation, patients recovered and deaths.

4.2 Additional emergency bed capacity is being created through a combination of measures :

- Creation of new bed areas within the acute hospitals
- Cancellation of non-urgent activity to free bed capacity (see section 5)
- Creation of additional bed capacity in community to reduce delayed discharge patients in acute hospital beds
- Creation of 22 care home/community beds in the ex-independent sector hospital, Carrick Glen

4.3 At every stage there will require to be a staffing risk assessment, in order to review and decide on how the available clinical staffing numbers can provide the best care possible. The staffing levels and skill mix at some stages may differ from the normal staffing levels.

4.4 The bed capacity planning indicates that 158 additional hospital beds can be opened, and in addition a further 185 beds will be made available in community hospital and care home settings.

This provides an overall total of 343 additional bed capacity in Ayrshire and Arran to manage COVID-19 related demands.

4.5 The current bed scale-up is planned as follows.
Further detail is included in Appendix 3.

| | Additional Bed Capacity | 19-Mar | 26-Mar | 02-Apr | 09-Apr | 16-Apr | 23-Apr | 30-Apr | 07-May | 14-May |
|---|---|---|---|---|---|---|---|---|---|---|
| UHC | Current bed capacity UHC* | 494 | 494 | 494 | 494 | 494 | 494 | 494 | 494 | 494 |
| | Creation of new bed areas within UHC | 6 | 8 | 20 | 32 | 34 | 34 | 34 | 34 | 34 |
| | Beds made available by Non urgent cancellations UHC | 0 | 0 | 27 | 27 | 33 | 33 | 33 | 33 | 33 |
| UHA | Current bed capacity UHA* | 323 | 323 | 323 | 323 | 323 | 323 | 323 | 323 | 323 |
| | Creation of new bed areas within UHA | 0 | 30 | 30 | 36 | 36 | 36 | 36 | 36 | 36 |
| | Beds made available by Non-urgent cancellations UHA | 0 | 0 | 37 | 37 | 49 | 61 | 61 | 61 | 61 |
| NHSAA | **Total available beds** | **823** | **855** | **931** | **949** | **969** | **981** | **981** | **981** | **981** |
| | | | | | | | | | | |
| IJBs | East Ayrshire HSCP Beds to reduce delayed dischages | | 22 | 42 | 42 | 52 | 52 | 52 | 52 | 52 |
| | North Ayrshire HSCP Beds to reduce delayed dischages | | 14 | 20 | 50 | 60 | 60 | 60 | 60 | 60 |
| | South Ayrshire HSCP Beds to reduce delayed dischages ** | | 21 | 21 | 51 | 73 | 73 | 73 | 73 | 73 |

* Includes beds already opened to support winter pressures

** Note to avoid double counting, 24 delayed dischages moving to Biggart from 23 Mar is included in UHA new bed areas where St 16 being re-opened with 24+6 beds

| | |
|---|---|
| | |
| 4.6 | **Paediatric Beds** |
| | Current evidence suggests that the impact of COVID-19 on children is less significant that for adults. As such it is not anticipated that there will require to be any significant change to the bed capacity for paediatrics. |
| | Nonetheless some contingency plans have been put in place :<br>• Children presenting with COVID-19 symptoms will be managed in isolation rooms, and once those are filled, by cohort nursing. The aim will be to maintain one ward for children with confirmed or suspected COVID-19 and a separate non-COVID-19 ward.<br>• There are currently 23 paediatric beds. Should this capacity be exceeded, there is potential to increase this to a total of 29 beds, through conversion of adjacent paediatric clinic rooms into a further 6 individual rooms. |
| **5.0** | **Non-Urgent Activity Scale Down** |
| | Plans are in place to reduce non-urgent activity in order to create clinical staff capacity, bed capacity, ITU capacity starting 19 March 2020. |
| 5.1 | **Elective Inpatients & Daycase Surgery** |
| | Non-urgent elective inpatient and daycase surgery will be cancelled. This is required to :<br>• Allow conversion of Theatre Recovery and Day Surgery Recovery into temporary Critical Care facilities (ITU)<br>• Create additional bed capacity for emergency admissions<br>• Release medical, nursing and other clinical staff to assist with emergency activity |
| 5.2 | It is planned that in the first instance non-urgent elective inpatient activity and some daycase activity will be cancelled in order to support the initial bed capacity scale up and ITU capacity scale up.<br><br>Thereafter remaining daycase activity will be cancelled approximately 2 weeks after in order to support yet further bed capacity scale, and also to allow release of medical, nursing and other clinical staff to support emerging demands. |
| 5.3 | We will continue to treat urgent and urgent cancer suspected patients throughout the outbreak, for as long as this remains practical and safe.<br>The exception to this is patients diagnosed with Breast Cancer. It is anticipated that Breast Cancer surgery will be scaled back, with 80% of cases managed initially with endocrine pharmaceutical treatment which allows surgery to be postponed by up to 3 months at no detriment to the clinical outcome. |
| 5.4 | There has been some discussion at the possibility of some of the urgent surgery being undertaken at Golden Jubilee National Hospital (GJNH) . In particular we will explore any options for sending patients, and if required surgeons, to undertake colorectal and upper GI surgery. Further discussions are also required to consider whether some orthopaedic trauma surgery could be managed at GJNH. Further discussions are required to explore this. |
| 5.5 | It is estimated that around 2200 non-urgent elective cases will be cancelled between 19 March and mid May. |

5.6 The planned scale down of non-urgent activity will be as follows :

**Total Cancellations**

| | | 19-Mar | 26-Mar | 02-Apr | 09-Apr | 16-Apr | 23-Apr | 30-Apr | 07-May | 14-May | TOTAL CANCELLATIONS IN PERIOD |
|---|---|---|---|---|---|---|---|---|---|---|---|
| UHC | T&O | 12 | 12 | 39 | 39 | 39 | 39 | 39 | 39 | 39 | 297 |
| | General Surgery (inc breast surgery) | 5 | 5 | 32 | 32 | 32 | 32 | 32 | 32 | 32 | 234 |
| | ENT | 16 | 16 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 221 |
| | OMFS | 9 | 9 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 123 |
| | Gynaecology | 18 | 32 | 27 | 18 | 21 | 30 | 42 | 30 | 48 | 266 |
| **TOTAL UHC** | | **60** | **74** | **140** | **131** | **134** | **143** | **155** | **143** | **161** | **1141** |
| UHA | T&O | 15 | 15 | 15 | 15 | 23 | 23 | 23 | 23 | 23 | 175 |
| | General Surgery | 10 | 10 | 2 | 2 | 22 | 22 | 22 | 22 | 22 | 134 |
| | Vascular | 6 | 6 | 4 | 4 | 10 | 10 | 10 | 10 | 10 | 70 |
| | Urology | 10 | 10 | 15 | 15 | 32 | 32 | 32 | 32 | 32 | 210 |
| | Plastics | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 63 |
| | Ophthalmology | 30 | 30 | 60 | 60 | 56 | 56 | 56 | 56 | 56 | 460 |
| **TOTAL UHA** | | **78** | **78** | **103** | **103** | **150** | **150** | **150** | **150** | **150** | **1112** |
| **NHSAA TOTAL** | | **138** | **152** | **243** | **234** | **284** | **293** | **305** | **293** | **311** | **2253** |

It can be noted that cancellation of non-urgent surgery is commencing in advance of the step change in demand. This is to allow time for some estates work to be completed to make the areas suitable for use as ITU, and for theatre staff to receive training.

5.7 **Outpatients**

Outpatient activity will be scales down in two phases :
Phase 1 : commencing 23 March
Release of key medical staff to assist with emerging pressures, and allow adaptation of some Outpatient areas for other uses

- Cancellation of non-urgent new appointments in most specialties
- Cancellation of selected review appointments in most specialties

Phase 2 : commencing 30 March
Release of remaining medical and nursing staff to assist with emerging pressures
Reduction in public footfall in hospital

- Cancellation of all non-urgent new appointments
- Cancellation of selected review appointments in all specialties

A breakdown of the estimated impact on outpatient services is shown in Appendix 2.

It is estimated that cancellation of non-urgent outpatient appointments between 23 March and 29 May will impact on approximately 7000 new outpatient appointments :

- 5000 consultant-led appointments
- 1700 advanced practice AHP appointments
- 400 nurse specialist appointments

- Plus 26,000 return appointments.

It is anticipated that between 10 – 20% of these appointments will be delivered in a different way, such as by telephone. Taking this into account the overall loss of outpatient appointments is estimated to be :

- 6000 new outpatient appointments
- 22,000 return outpatient appointments

Non-urgent imaging investigations will also be scaled back from 23 March, and ceased from 30 March 2020.

**6.0 Delayed Discharges**

6.1 As at 13 March 2020 there are 133 delayed discharges within NHS Ayrshire and Arran.
North, East and South Integrated Joint Boards are developing plans to create additional community beds and adaptation of other services in order to move patients whose discharge from hospital is currently delayed, and thereby free up this bed capacity within the acute hospitals to manage the COVID-19 response.

6.2 Actions being taken include the following

| Health & Social Care Partnership | Actions |
|---|---|
| North Ayrshire HSCP | • NAHSCP is diverting its resources to ensure there are no financial barriers to care home placements from acute settings.<br>• redeploy staff to enhance the hospital assessment team to ensure timescales for assessment do not create any delays<br>• Cease respite within its Dementia Respite Service and will utilise the 14 beds within this service to provide additional bed capacity from Monday 23 March<br>• ongoing dialogue with one care home provider in North Ayrshire regarding additional bed capacity<br>• Cease planned and emergency respite to divert care home provision to reduce delayed discharge. |
| East Ayrshire HSCP | • Registration of additional social care facilities to support discharge of patients from hospital whilst awaiting care packages starting. Total 52 extra beds<br>• Create capacity for use of Intermediate Care and Rehabilitation Teams to more vigorously prevent admission as Hospital at Home model.<br>• Additional social care capacity for care at home through recruitment of 40 personal carers |
| South Ayrshire HSCP | • Fill all empty beds by temporary relaxing of criteria<br>• Urgent repair/refurbishment of facilities to temporarily bring back into use<br>• Lifting moratoria placed on some providers where safe to do so in order to bring these back into use.<br>• Use rapid commissioning to increase capacity in care at home |

6.3 Estimated impact on Delayed Discharges

| | | Planned Delayed Discharges as a result of actions | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| HSCP | Delayed Discharges at 13/03/20 | 19-Mar | 26-Mar | 02-Apr | 09-Apr | 16-Apr | 23-Apr | 30-Apr | 07-May | 14-May |
| North Ayrshire | 51 | 47 | 37 | 27 | 17 | 7 | 0 | 0 | 0 | 0 |
| East Ayrshire | 7 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| South Ayrshire | 75 | 75 | 30 | 30 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Ayrshire** | **133** | **129** | **67** | **57** | **17** | **7** | **0** | **0** | **0** | **0** |

| | |
|---|---|
| **7.0** | **Community Services** |
| 7.1 | **Community Hub** |
| | Ayrshire and Arran are developing a local community clinical hub (Appendix 4) to provide a whole system approach to a local dedicated and consistent medical advice, triage and treatment for patients and staff with coronavirus symptoms. This will include clinical pathways for patients, a staff pathway and a pathway for professional to professional support and guidance. This will be co-located and aligned to the management of the current Ayrshire Urgent Care Centre at University Hospital Crosshouse and will work as an extension to the currently functioning model we have for the out of hours period. This ensures we have the most appropriate operational systems and infrastructure in place which we can build on and resource appropriately to ensure the safe transfer of patient records to and from NHS 24 and GP Practices as well as refer to the Emergency Departments.<br><br>The hub will include the following staff groups:<br>· Senior GP<br>· Occupational Health Staff<br>· HR Staff<br>· Public Health<br>· Registered Nurses<br>· Healthcare Support Workers<br>· Community Nursing<br>· Access to Specialist Secondary Care Clinicians<br>· Paediatric Nurse<br>· Dedicated midwifery support<br>· Pharmacist and Pharmacy Technician support<br><br>It is also Co-located with the following services:<br>· Out of hours Social Work Services<br>· Crisis Mental Health Team<br><br>Following the go live date for NHS 24 111 (proposed 23 March) to receive all COVID19 related calls during the in and out of hours period the Community Clinical Hub will provide additional support to GP Practices and the current Out of Hours teams by intercepting all calls and providing a further more detailed clinical assessment as a collective team within the hub. The hub will also have a drive through assessment area for patient's observations to be checked to assist with clinical decision making as well as the facility to provide a further medical assessment for patients who can make their way to the centre if this is deemed appropriate. This will help support GP Practices who will then only require to see patients who require home visits or can't make their way to the hub.<br><br>Recognising the knock on impact to our local community pharmacies the hub will be a 'one stop shop' where any required medication will be issued on site. Every contact with staff and patients will also be used as an opportunity to ensure they all their regular medication should they happen to be self-isolating. Any requests or additional supply required can then be processed via the hub to community pharmacy. |

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| 7.2 | **NHS Near Me (Attend Anywhere)** |
| | We are on track to have 42 GP practices using NHS Near Me (Attend Anywhere) to offer video consultations by 27 March.<br>As at 17 March, 22 GP practices have been equipped, set up and training provided. 14 GP practices have training dates arranged, and the final5 practices are awaiting set up. |
| | Further work is being taken forward to identify other services where NHS Near Me could be implemented rapidly and easily. Although the local expert resource is being used to support implementation for GP practices, there are a small number of other "super-users" who have extensive experience of the system and may be called upon to support roll out to other services. |
| 8.0 | **Maternity Services** |
| | NHS Ayrshire and Arran are actively engaged in the national discussions regarding specific actions required to manage the COVID-19 outbreak within the maternity services.<br>There are a number of ongoing clinical discussions regarding care of the pregnant COVID-19 patient, and we will endeavour to implement the final recommendation.<br><br>Meantime a number of initial plans have been put in place :<br>• Some low risk services have been cancelled (predominantly classes)<br>• All maternity assessment calls are being triaged for COVID-19 symptoms. Symptomatic ladies requiring assessment will be brought to a separate isolated area.<br>• For ladies who present in labour, symptomatic ladies will be managed in the labour suite, and non-symptomatic ladies will be managed in the midwifery suite.<br>• Within the maternity wards, a plan of escalation has been finalised setting out the management of symptomatic ladies initially in isolation rooms, and as numbers increased, symptomatic ladies will be cohorted in a single ward. |
| **8.0** | **Workforce** |
| | A number of key issues are being taken forward in relation to the workforce :<br>• Workforce planning to support increase in bed and ITU capacity<br>• Workforce planning to recognise expected impact of staff absences |
| 8.1 | A number of initial actions have been coordinated by the Human Resources Department :<br>• A manager's general guidance note is being developed and will be shared with line managers from 23 March<br>• HR are coordinating through line managers, the identification of staff with any current long term illness who may be vulnerable<br>• HR are coordinating through line managers, identification of part time staff in specific roles with an offer of increased hours<br>• Staff on the nursing bank have been contacted and offered Fixed Term 12 week contracts<br>• Individuals who have retired from specific roles within the last 12 months are being contacted with the offer of Fixed Term or "Retire and Return" contracts |
| | Staff side colleagues are fully engaged in the COVID-19 planning. |

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| 8.2 | **Workforce Planning** |
| | Immediate priority areas for more detailed workforce planning are medical and nurse staffing, and these are being progressed by the Associate Nurse Director and Associate Medical Director with the appropriate clinical management teams. |
| | At every stage there will require to be a staffing risk assessment, in order to review and decide on how the available clinical staffing numbers can provide the best care possible. The staffing levels and skill mix at some stages may differ from the normal staffing levels. |
| 8.3 | One of the key considerations in order to support maintenance of as many staff at work as possible, is the testing of frontline clinical staff for COVID-19. This is particularly key for staff who report potential symptoms, but for whom a negative result could facilitate their early return to work. |
| 8.4 | Further planning is also underway to support as much remote working as possible. There are specific discussions about how this could be used for senior medical staff in particular who may be able to continue to contribute and support colleagues even during period of self-isolation. |
| 8.5 | <u>Nursing</u><br><br>Work is ongoing to develop a plan to staff the additional ICU and bed scale up.<br><br>***ICU***<br>A plan has been developed to staff the increase in ICU beds through re-deployment of operating theatre nurses. Additional training of staff is underway.<br>The plan has also recognised that as ICU bed numbers increase, it is likely that at some point it will not be possible to staff these with the normal recommended ratio of staff to patients, and a revised staffing ratio has been planned.<br><br>***General Ward Nursing***<br>The staffing scale up requirement has been identified, and further work is underway to consider how skill mix and staffing ratios may be adjusted over time to support increasing pressures and anticipated increasing absence of staff. Consideration is also being given to how cohort nursing of patients, rather than 1:1 nursing could enable care to be provided to increased numbers of patients with fewer staff.<br><br>There is a plan to re-deploy nursing staff from areas where non-urgent activities are being cancelled, including outpatients and endoscopy.<br><br>Work is also underway to look at Clinical Nurse Specialists who in some cases could be re-deployed to support other frontline work. |
| 8.6 | <u>Medical Workforce</u><br>***ICU***<br>A plan has been developed to deploy anaesthetists to support the additional specialist work including the provision of overnight resident consultant cover. Non-intensivist anaesthetists are being released through the cancellation of non-urgent elective surgery and some additional training is being provided to best equip these individuals to support the ICU scale up.<br><br>***Emergency/Acute Medicine***<br>The front door access for patients has been redesigned with a SPOC and streaming to assessment/treatment areas. To support this ED and AM staff have been redeployed to support this model. |

| | |
|---|---|
| | ***Cardiology***<br>We already have increased acute care presence through 'consultant of week'. The Cardiologist input for the assessment of acute cardiac cases is being increased through redeployment from cancellation of non-urgent elective work.<br><br>***Medicine***<br>Consultant and middle grade medical staff are being released from the downscaling of planned outpatient care. This focuses on front line activity to support the safe assessment and management of patients referred for admission and includes resident overnight senior decision maker.<br>The clinical teaching fellows and clinical development fellows have been redeployed from teaching and development activities to support direct clinical care. Back-up medical training grade rotas have been established to support emergency vacancy fill in front line posts.<br><br>***Surgeons***<br>Staff will be redeployed from elective work to support acute assessment/urgent care at the front door. Trauma assessment/operating and emergency surgery will continue.<br><br>***Paediatric***<br>Redeployment of staff from elective work to support assessment and urgent care at the front door. This includes an increased presence in the peak periods.<br><br>***Maternity/Gynaecology***<br>No significant change in workforce needed to meet demand but the teams have described rotas to cover gaps in case of exclusions and sick leave. |
| **9.0** | **Whole System Response** |
| | The Integrated Joint Board structure continues to coordinate the whole system response and is functioning well. |
| | As the situation continues to evolve a number of further whole system considerations are being rapidly considered including :<br>• Reviewing choices guidance to enable speedier assessment and discharge of patients from acute hospitals<br>• Reviewing the very minimum level of care required to manage someone at home safely once discharged from hospital<br>• Reviewing whether guardianship rules can be relaxed short term to enable speedier discharge processes<br>• Redeploying workforce from low priority services to critical services<br>• Engaging additional capacity for existing Red Cross – Home from Hospital to respond to need in community<br>• Free capacity across workforce by cessation of Day services for older people, Routine mental health appointments, Routine day hospital clinics<br>• Provide support to HMP Kilmarnock in response to reduced workforce<br>• Reviewing needs for provision of essential mental health support, Public protection, and Maintaining child immunisations<br>• ICT teams to be redeployed to critical areas to ensure minimum admission to hospital and to maximise flow outwith acute settings.<br>• Linking with local community resilience groups to obtain capacity from the communities to maintain individuals within their own homes.<br>• In one area Care at Home staff will commence a new shift pattern of 6 on 2 off working instead of the current 4 on 4 off arrangement |

**10.0 Financial Impact**

It is anticipated that significant additional costs in the region of £18 Million will be incurred in implementing this mobilisation plan (See Appendix 5).

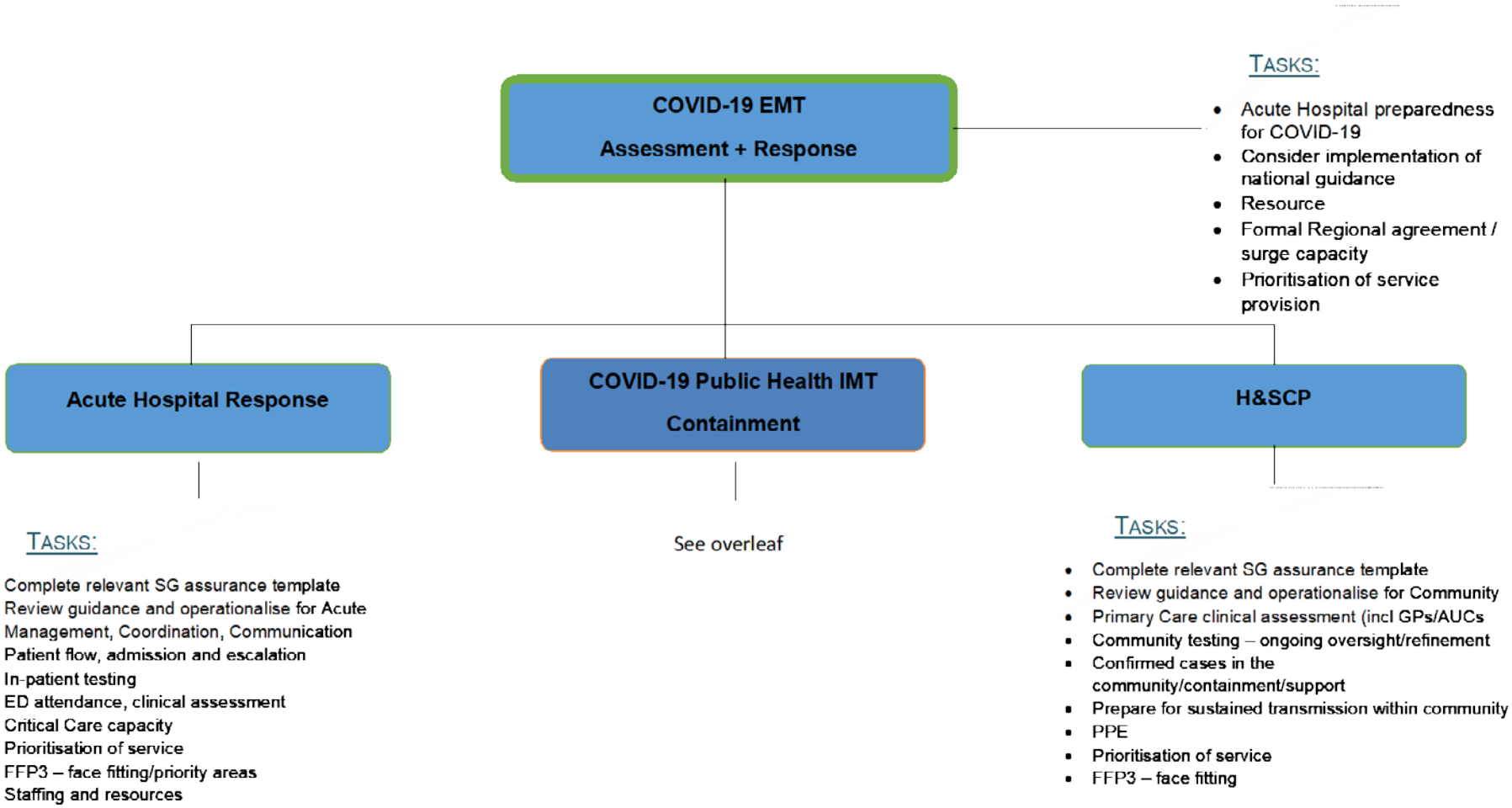
In summary these costs are :

| Category | Revenue | Capital |
|---|---|---|
| Community Pathway | £2,405,000 | - |
| Creating additional ITU capacity | £1,080,000 | £ 336,000 |
| Creating additional hospital bed capacity | £4,885,000 | |
| Creating additional community bed capacity | £8,565,000 | |
| Other | £ 725,000 | £ 16,000 |

These costs are based on the assumption that additional bed capacity is required for 5 months.

The costs do not include any later activities required to re-dress the impact of cancelled non-urgent activities.

APPENDIX 1 – EMERGENCY RESPONSE MANAGEMENT STRUCTURE



APPENDIX 2 – OUTPATIENT CANCELLATIONS – Consultant Led Clinics

| | | W/c 23-03-2020 | | | W/c 30-03-2020 | | | W/c 06-04-2020 | | | W/c 13-04-2020 | | | W/c 20-04-2020 | | | W/c 27-04-2020 | | | W/c 04-05-2020 | | | W/c 11-05-2020 | | | W/c 18-05-2020 | | | W/c 25-05-2020 | | | TOTAL | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: |
| Consultant | General Medicine | 9 | 44 | 53 | 8 | 55 | 63 | 8 | 24 | 32 | 5 | 47 | 52 | 5 | 42 | 47 | 7 | 56 | 63 | 4 | 20 | 24 | 7 | 55 | 62 | 7 | 43 | 50 | 7 | 32 | 39 | 67 | 418 | 485 |
| | Cardiology | 23 | 81 | 104 | 30 | 81 | 111 | 25 | 74 | 99 | 19 | 63 | 82 | 5 | 93 | 98 | 20 | 87 | 107 | 1 | 84 | 85 | 20 | 71 | 91 | 20 | 80 | 100 | 20 | 37 | 57 | 183 | 751 | 934 |
| | Cardiology Services | | 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 7 | 7 |
| | Infectious Diseases | 4 | 10 | 14 | 11 | 18 | 29 | 7 | 12 | 19 | 10 | 4 | 14 | 9 | 3 | 12 | 6 | 1 | 7 | 6 | 2 | 8 | 8 | | 8 | 8 | 1 | 9 | 4 | 2 | 6 | 73 | 53 | 126 |
| | Dermatology | 111 | 208 | 319 | 46 | 147 | 193 | 27 | 98 | 125 | 17 | 74 | 91 | 2 | 117 | 119 | 50 | 88 | 138 | 1 | 96 | 97 | 50 | 65 | 115 | 1 | 94 | 95 | 50 | 75 | 125 | 355 | 1062 | 1417 |
| | Endocrinology and Diabetes | 25 | 172 | 197 | 19 | 113 | 132 | 4 | 63 | 67 | 6 | 67 | 73 | 10 | 165 | 175 | 2 | 103 | 105 | 13 | 82 | 95 | 13 | 88 | 101 | 13 | 120 | 133 | 13 | 89 | 102 | 118 | 1062 | 1180 |
| | Gastroenterology | 42 | 79 | 121 | 23 | 107 | 130 | 6 | 46 | 52 | 13 | 74 | 87 | 21 | 61 | 82 | 21 | 62 | 83 | 21 | 27 | 48 | 21 | 69 | 90 | 21 | 50 | 71 | 21 | 67 | 88 | 210 | 642 | 852 |
| | Geriatric Medicine | 6 | 20 | 26 | 4 | 5 | 9 | 6 | 10 | 16 | 2 | 8 | 10 | 5 | 13 | 18 | 5 | 5 | 10 | 5 | 16 | 21 | 5 | 14 | 19 | 5 | 14 | 19 | 5 | 1 | 6 | 48 | 106 | 154 |
| | Neurovascular | 2 | 14 | 16 | 4 | 11 | 15 | 3 | 13 | 16 | 2 | 10 | 12 | 2 | 10 | 12 | 2 | 7 | 9 | 2 | 7 | 9 | 2 | | 2 | 2 | 10 | 12 | 2 | 9 | 11 | 23 | 91 | 114 |
| | Paediatrics | 39 | 117 | 156 | 51 | 124 | 175 | 25 | 81 | 106 | 24 | 107 | 131 | 3 | 61 | 64 | 3 | 137 | 140 | 2 | 83 | 85 | 1 | 93 | 94 | 19 | 97 | 116 | 19 | 45 | 64 | 186 | 945 | 1131 |
| | Rainbow House Paediatric | 13 | 15 | 28 | 10 | 21 | 31 | 9 | 17 | 26 | 9 | 33 | 42 | 4 | 47 | 51 | 8 | 15 | 23 | 9 | 39 | 48 | 9 | 50 | 59 | 9 | 49 | 58 | 9 | 12 | 21 | 89 | 298 | 387 |
| | Renal Medicine | 2 | 109 | 111 | 6 | 106 | 112 | 4 | 13 | 17 | 1 | 62 | 63 | 3 | 121 | 124 | 3 | 85 | 88 | 3 | 70 | 73 | 3 | 61 | 64 | 3 | 82 | 85 | 3 | 49 | 52 | 31 | 758 | 789 |
| | Rehabilitation Medicine | 2 | 7 | 9 | 1 | 7 | 8 | | 4 | 4 | 1 | 6 | 7 | 3 | 8 | 11 | 1 | 7 | 8 | 2 | 7 | 9 | 2 | 7 | 9 | 2 | 9 | 11 | 2 | 10 | 12 | 16 | 72 | 88 |
| | Respiratory Medicine | 16 | 35 | 51 | 4 | 33 | 37 | 1 | 12 | 13 | 6 | 46 | 52 | 7 | 53 | 60 | 1 | 42 | 43 | 7 | 35 | 42 | 7 | 46 | 53 | 7 | 45 | 52 | 7 | 16 | 23 | 63 | 363 | 426 |
| | Rheumatology | 40 | 121 | 161 | 25 | 101 | 126 | 25 | 43 | 68 | 12 | 32 | 44 | 6 | 53 | 59 | 1 | 61 | 62 | 22 | 24 | 46 | 22 | 48 | 70 | 22 | 25 | 47 | 22 | 51 | 73 | 197 | 559 | 756 |
| | Breast Surgery | 24 | 9 | 33 | 17 | 34 | 51 | 14 | 10 | 24 | 18 | 38 | 56 | 18 | 39 | 57 | 18 | 33 | 51 | 18 | 10 | 28 | 18 | 37 | 55 | 18 | 29 | 47 | 18 | 29 | 47 | 181 | 268 | 449 |
| | General Surgery (excl Vascular) | 88 | 57 | 145 | 86 | 86 | 172 | 43 | 69 | 112 | 11 | 30 | 41 | 5 | 63 | 68 | 2 | 101 | 103 | 40 | 61 | 101 | 40 | 53 | 93 | 4 | 66 | 70 | 40 | 49 | 89 | 359 | 635 | 994 |
| | Vascular Surgery | 14 | 22 | 36 | 31 | 36 | 67 | 9 | 9 | 18 | 23 | 31 | 54 | 19 | 20 | 39 | 19 | 10 | 29 | 19 | 13 | 32 | 19 | 20 | 39 | 19 | 8 | 27 | 19 | 7 | 26 | 191 | 176 | 367 |
| | Oral and Maxillofacial Surgery | 59 | 70 | 129 | 12 | 59 | 71 | 57 | 102 | 159 | 28 | 67 | 95 | 5 | 91 | 96 | 1 | 79 | 80 | 1 | 64 | 65 | 32 | 41 | 73 | 32 | 43 | 75 | 32 | 39 | 71 | 259 | 655 | 914 |
| | Accident and Emergency | 1 | 16 | 17 | | 2 | 3 | | 1 | 2 | 1 | | 1 | 1 | | 1 | 1 | | 1 | 1 | 1 | 2 | 1 | | 1 | 1 | | 1 | 1 | | 1 | 8 | 20 | 28 |
| | Anaesthetics | 5 | | 5 | | | | | | | | | | 4 | | 4 | 3 | | 3 | 5 | | 5 | 5 | | 5 | 5 | | 5 | 5 | | 5 | 32 | 0 | 32 |
| | Pain Management | 13 | 10 | 23 | 11 | 11 | 22 | 6 | 6 | 12 | 2 | 15 | 17 | 1 | 19 | 20 | 7 | 19 | 26 | 1 | 12 | 13 | 7 | 15 | 22 | 7 | 19 | 26 | 7 | 12 | 19 | 62 | 138 | 200 |
| | Ear, Nose and Throat (ENT) | 84 | 81 | 165 | 47 | 65 | 112 | 23 | 42 | 65 | 25 | 63 | 88 | 4 | 58 | 62 | | 65 | 65 | 1 | 50 | 51 | | 49 | 49 | | 61 | 61 | | 41 | 41 | 184 | 575 | 759 |
| | ENT Combined | | | | | | | | 21 | 21 | | | | | 14 | 14 | | | | | 10 | 10 | | | | | 10 | 10 | | | | 0 | 55 | 55 |
| | Paediatric ENT | 17 | 53 | 70 | 9 | 2 | 11 | 11 | 16 | 27 | 1 | 28 | 29 | 1 | 11 | 12 | 1 | 35 | 36 | 2 | 23 | 25 | 8 | 37 | 45 | 8 | 13 | 21 | 8 | 27 | 35 | 66 | 245 | 311 |
| | Ophthalmology | 165 | 487 | 652 | 62 | 517 | 579 | 28 | 273 | 301 | 25 | 243 | 268 | 23 | 231 | 254 | 2 | 185 | 187 | 1 | 136 | 137 | 2 | 154 | 156 | 4 | 120 | 124 | 2 | 61 | 63 | 314 | 2407 | 2721 |
| | Acute Fracture Clinic | 4 | 4 | 8 | 2 | 3 | 5 | 1 | 4 | 5 | 2 | 4 | 6 | 2 | | 2 | 2 | | 2 | 2 | | 2 | 2 | | 2 | 2 | | 2 | 2 | | 2 | 21 | 15 | 36 |
| | Fracture | 10 | 111 | 121 | | 54 | 54 | | 58 | 58 | 1 | 34 | 35 | 10 | 59 | 69 | 10 | 16 | 26 | 10 | 20 | 30 | 10 | 19 | 29 | 10 | 15 | 25 | 10 | 9 | 19 | 71 | 395 | 466 |
| | Trauma and Orthopaedics | 105 | 228 | 333 | 91 | 144 | 235 | 71 | 82 | 153 | 69 | 141 | 210 | 3 | 147 | 150 | 6 | 83 | 89 | 58 | 119 | 177 | 58 | 125 | 183 | 58 | 84 | 142 | 58 | 62 | 120 | 577 | 1215 | 1792 |
| | Plastic Surgery | 3 | 6 | 9 | 3 | 2 | 5 | 1 | 13 | 14 | 3 | | 3 | 3 | 11 | 14 | 3 | 16 | 19 | 3 | | 3 | 3 | 12 | 15 | 3 | 8 | 11 | 3 | 7 | 10 | 28 | 75 | 103 |
| | Surgical Paediatric | | | | 14 | 3 | 17 | | | | 8 | | 8 | 6 | 5 | 11 | 9 | | 9 | 9 | | 9 | 9 | 2 | 11 | 9 | 2 | 11 | 9 | | 9 | 73 | 12 | 85 |
| | Urology | 37 | 137 | 174 | 18 | 97 | 115 | | 46 | 46 | | 23 | 23 | 4 | 65 | 69 | 3 | 39 | 42 | 1 | 8 | 9 | 20 | 8 | 28 | 20 | 4 | 24 | 20 | 4 | 24 | 123 | 431 | 554 |
| | Orthodontics | | 123 | 123 | 1 | 103 | 104 | | 80 | 80 | 2 | 95 | 97 | 3 | 106 | 109 | 2 | 56 | 58 | 2 | 33 | 35 | 2 | 36 | 38 | 2 | 21 | 23 | 1 | 12 | 13 | 15 | 665 | 680 |
| | Restorative Dentistry | 1 | 11 | 12 | | 10 | 10 | 1 | 7 | 8 | | | | 1 | 9 | 10 | 1 | | 1 | 1 | | 1 | 1 | | 1 | 1 | | 1 | 1 | 1 | 2 | 3 | 8 | 39 | 47 |
| | Gynaecology | 106 | 110 | 216 | 98 | 97 | 195 | 56 | 74 | 130 | 28 | 64 | 92 | 7 | 49 | 56 | 8 | 117 | 125 | 3 | 104 | 107 | 59 | 124 | 183 | 59 | 90 | 149 | 59 | 51 | 110 | 483 | 880 | 1363 |
| | Day Case Monitoring | | 5 | 5 | | 3 | 3 | | 3 | 3 | | | | | 3 | 3 | | 1 | 1 | | | | | | | | | | | | 0 | 15 | 15 |
| | Obstetric Midwifery Booking | 13 | | 13 | 13 | | 13 | 5 | | 5 | 5 | | 5 | 4 | | 4 | 8 | | 8 | 8 | | 8 | 8 | | 8 | 8 | | 8 | 8 | | 8 | 80 | 0 | 80 |
| | Obstetrics | 45 | 81 | 126 | 41 | 48 | 89 | 31 | 43 | 74 | 21 | 26 | 47 | 8 | 25 | 33 | 4 | 23 | 27 | 29 | 20 | 49 | 1 | 26 | 27 | 29 | 34 | 63 | 29 | 37 | 66 | 238 | 363 | 601 |
| | Midwifery | | 3 | 3 | | 3 | 3 | | 2 | 2 | | 3 | 3 | | 3 | 3 | | 3 | 3 | | 3 | 3 | | 3 | 3 | | 3 | 3 | | 3 | 3 | 0 | 29 | 29 |
| | Sum: | 1128 | 2663 | 3791 | 798 | 2308 | 3106 | 507 | 1471 | 1978 | 400 | 1538 | 1938 | 217 | 1875 | 2092 | 240 | 1637 | 1877 | 313 | 1279 | 1592 | 475 | 1428 | 1903 | 438 | 1349 | 1787 | 516 | 947 | 1463 | 5032 | 16495 | 21527 |

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APPENDIX 2 (continued) – OUTPATIENT CANCELLATIONS – Advanced Practice AHP & Nurse- Led Clinics

| | | 23-03-2020 | | W/ | 30-03-2020 | | W/ | 06-04-2020 | | W/ | 13-04-2020 | | W/ | 20-04-2020 | | W/ | 27-04-2020 | | W/ | 04-05-2020 | | W/ | 11-05-2020 | | W/ | 18-05-2020 | | W/ | 25-05-2020 | | | TOTAL | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: |
| AHP | Cardiac Physiology | 231 | 67 | 298 | 257 | 63 | 320 | 149 | 63 | 212 | 123 | 57 | 180 | 104 | 62 | 166 | 10 | 45 | 55 | 1 | 29 | 30 | | 47 | 47 | | 51 | 51 | | 53 | 53 | 875 | 537 | 1412 |
| | Endocrinology and Diabetes | | 16 | 16 | | 20 | 20 | | 4 | 4 | | 8 | 8 | | | | | 4 | 4 | | | | | | | | | | | | 0 | 52 | 52 |
| | Rehabilitation Medicine | | 12 | 12 | | 11 | 11 | | 8 | 8 | | 12 | 12 | | 8 | 8 | | 11 | 11 | | 10 | 10 | | 9 | 9 | | 7 | 7 | | 11 | 11 | 0 | 99 | 99 |
| | Respiratory Physiology | 71 | 8 | 79 | 68 | 10 | 78 | 38 | 10 | 48 | 28 | 6 | 34 | 32 | 10 | 42 | 8 | 1 | 9 | | | | | | | | | | | | | 245 | 45 | 290 |
| | Bariatric | | 2 | 2 | | 2 | 2 | | 4 | 4 | | 1 | 1 | | 8 | 8 | | 2 | 2 | | | | | | | | 10 | 10 | | | | 0 | 29 | 29 |
| | General Surgery (excl Vascular) | | 19 | 19 | | 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 26 | 26 |
| | Vascular Physiology | 50 | | 50 | 39 | | 39 | 17 | | 17 | 3 | | 3 | 11 | 2 | 13 | 4 | | 4 | | | | | | | | | | | | | 124 | 2 | 126 |
| | Accident and Emergency | 3 | | 3 | | | | | | | | 1 | 1 | | | | | | | | | | | 1 | 1 | | | | | | | 3 | 2 | 5 |
| | Ophthalmology | 106 | 290 | 396 | 84 | 240 | 324 | 30 | 233 | 263 | 29 | 244 | 273 | 27 | 264 | 291 | 23 | 249 | 272 | 16 | 163 | 179 | 13 | 236 | 249 | 7 | 200 | 207 | 7 | 169 | 176 | 342 | 2288 | 2630 |
| | Knee Orthopaedic | | 1 | 1 | 1 | | 1 | | 2 | 2 | | | | | | | | 1 | 1 | | | | | | | | | | 1 | 1 | 1 | 5 | 6 |
| | Trauma and Orthopaedics | 43 | 31 | 74 | 35 | 19 | 54 | 18 | 13 | 31 | 7 | 15 | 22 | | 19 | 19 | | 17 | 17 | | 15 | 15 | | 16 | 16 | | 7 | 7 | | 5 | 5 | 103 | 157 | 260 |
| | Continence service | 17 | 60 | 77 | 12 | 90 | 102 | 8 | 46 | 54 | 3 | 39 | 42 | 7 | 55 | 62 | 5 | 56 | 61 | 1 | 33 | 34 | | 37 | 37 | | 30 | 30 | | 21 | 21 | 53 | 467 | 520 |
| | Sum: | 521 | 506 | 1027 | 496 | 462 | 958 | 260 | 383 | 643 | 193 | 383 | 576 | 181 | 428 | 609 | 50 | 386 | 436 | 18 | 250 | 268 | 13 | 346 | 359 | 7 | 305 | 312 | 7 | 260 | 267 | 1746 | 3709 | 5455 |
| Nurse | General Medicine | 1 | 5 | 6 | | 2 | 2 | 5 | | 5 | | | | | 2 | 2 | | 2 | 2 | | | | | 2 | 2 | | 2 | 2 | | 2 | 2 | 6 | 17 | 23 |
| | Cardiology | | 2 | 2 | | | | | 1 | 1 | | | | | | | | | | | | | | | | | 3 | 3 | | | | 0 | 6 | 6 |
| | Infectious Diseases | 8 | 11 | 19 | 5 | 33 | 38 | 3 | 17 | 20 | 2 | 22 | 24 | 6 | 9 | 15 | 2 | 13 | 15 | | 7 | 7 | 1 | 3 | 4 | | 1 | 1 | | 1 | 1 | 27 | 117 | 144 |
| | Dermatology | | 141 | 141 | | 114 | 114 | | 112 | 112 | | 71 | 71 | | 77 | 77 | | 36 | 36 | | 71 | 71 | | 43 | 43 | | 50 | 50 | | 34 | 34 | 0 | 749 | 749 |
| | Endocrinology and Diabetes | | 29 | 29 | | 32 | 32 | | 40 | 40 | | 25 | 25 | | 32 | 32 | | 14 | 14 | | 24 | 24 | | 19 | 19 | | 13 | 13 | | 10 | 10 | 0 | 238 | 238 |
| | Gastroenterology | 1 | 3 | 4 | 4 | 7 | 11 | 4 | 2 | 6 | | | | | 1 | 1 | | 3 | 3 | | 1 | 1 | | 1 | 1 | | 3 | 3 | | 3 | 3 | 9 | 24 | 33 |
| | Geriatric Medicine | | 15 | 15 | | 14 | 14 | | 8 | 8 | | 14 | 14 | | 16 | 16 | | 6 | 6 | | 8 | 8 | | 28 | 28 | | 14 | 14 | | 14 | 14 | 0 | 137 | 137 |
| | Neurovascular | | 46 | 46 | | 56 | 56 | | 38 | 38 | | 41 | 41 | | 44 | 44 | | 26 | 26 | | 37 | 37 | | 21 | 21 | | 24 | 24 | | 22 | 22 | 0 | 355 | 355 |
| | Paediatrics | 3 | 13 | 16 | | 8 | 8 | | 6 | 6 | | | | | 3 | 3 | | | | | | | | 5 | 5 | | 3 | 3 | | | | 3 | 38 | 41 |
| | Rainbow House Paediatric | | 5 | 5 | | | | | 8 | 8 | | | | | | | | | | | | | | | | | | | | 1 | 1 | 0 | 14 | 14 |
| | Renal Medicine | | 3 | 3 | | 5 | 5 | | 3 | 3 | | | | | | | | | | | | | | | | | | | | | | 0 | 11 | 11 |
| | Rehabilitation Medicine | 7 | 23 | 30 | 5 | 35 | 40 | 5 | 36 | 41 | 6 | 26 | 32 | 3 | 24 | 27 | | 26 | 26 | | 18 | 18 | | 42 | 42 | | 13 | 13 | | 16 | 16 | 26 | 259 | 285 |
| | Respiratory Medicine | 1 | 10 | 11 | 3 | 16 | 19 | 3 | 22 | 25 | 5 | 23 | 28 | 2 | 22 | 24 | | 14 | 14 | | 12 | 12 | | 5 | 5 | | 16 | 16 | | 15 | 15 | 14 | 155 | 169 |
| | Rheumatology | | 27 | 27 | | 45 | 45 | | 29 | 29 | | 21 | 21 | | 18 | 18 | | 20 | 20 | | 33 | 33 | | 26 | 26 | | 15 | 15 | | 29 | 29 | 0 | 263 | 263 |
| | Bariatric | 1 | 3 | 4 | | | | | | | 3 | | 3 | | | | 3 | | 3 | | | | 1 | | 1 | | | | | | | 8 | 3 | 11 |
| | General Surgery (excl Vascular) | 1 | 109 | 110 | | 76 | 76 | | 22 | 22 | | 16 | 16 | | 24 | 24 | | 20 | 20 | | 24 | 24 | | 25 | 25 | | 13 | 13 | | 19 | 19 | 1 | 348 | 349 |
| | Vascular Surgery | 10 | 23 | 33 | 10 | 28 | 38 | 9 | 21 | 30 | 2 | 15 | 17 | | 23 | 23 | | 21 | 21 | | 19 | 19 | | 17 | 17 | | 17 | 17 | | 17 | 17 | 31 | 201 | 232 |
| | Ear, Nose and Throat (ENT) | 12 | 25 | 37 | 21 | 26 | 47 | 6 | 17 | 23 | 8 | 23 | 31 | | 26 | 26 | | 17 | 17 | | 18 | 18 | | 17 | 17 | | 21 | 21 | | 16 | 16 | 47 | 206 | 253 |
| | Ophthalmology | | 120 | 120 | | 70 | 70 | 4 | 36 | 40 | | 26 | 26 | | 35 | 35 | | 25 | 25 | | 13 | 13 | | 7 | 7 | | 3 | 3 | | 2 | 2 | 4 | 337 | 341 |
| | Fracture | | 5 | 5 | | 1 | 1 | | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | 0 | 7 | 7 |
| | Trauma and Orthopaedics | 4 | 21 | 25 | | 15 | 15 | | 16 | 16 | | 19 | 19 | | 23 | 23 | | 9 | 9 | | 8 | 8 | | | | | 1 | 1 | | 2 | 2 | 4 | 114 | 118 |
| | Plastic Surgery | | 4 | 4 | | 4 | 4 | | 11 | 11 | | 3 | 3 | | 9 | 9 | | 4 | 4 | | 5 | 5 | | 10 | 10 | | 4 | 4 | | 13 | 13 | 0 | 67 | 67 |
| | Continence service | 28 | 52 | 80 | 34 | 60 | 94 | 21 | 46 | 67 | 27 | 86 | 113 | 24 | 63 | 87 | 20 | 76 | 96 | | 43 | 43 | 1 | 60 | 61 | | 55 | 55 | | 36 | 36 | 155 | 577 | 732 |
| | Urology | 18 | 205 | 223 | | 124 | 124 | | 100 | 100 | 6 | 121 | 127 | 6 | 118 | 124 | | 83 | 83 | | 32 | 32 | | 24 | 24 | | 13 | 13 | | 11 | 11 | 30 | 831 | 861 |
| | Gynaecology | 4 | 39 | 43 | 3 | 19 | 22 | 3 | 32 | 35 | 3 | 24 | 27 | | 25 | 25 | 3 | 23 | 26 | 2 | 18 | 20 | | 22 | 22 | | 20 | 20 | | 20 | 20 | 18 | 242 | 260 |
| | Obstetrics | | 12 | 12 | | 20 | 20 | | 29 | 29 | | 14 | 14 | | 32 | 32 | | 18 | 18 | | 27 | 27 | | 17 | 17 | | 16 | 16 | | 9 | 9 | 0 | 194 | 194 |
| | Obstetrics EPAS | 5 | 11 | 16 | 5 | | 5 | | | | | 1 | 1 | | | | | | | | | | | | | | | | | | | 10 | 12 | 22 |
| | Midwifery | | 4 | 4 | | 3 | 3 | | 2 | 2 | | 3 | 3 | | 4 | 4 | | | | | | | | | | | | | | | | 0 | 16 | 16 |
| | Sum: | 104 | 966 | 1070 | 90 | 813 | 903 | 63 | 655 | 718 | 62 | 594 | 656 | 41 | 630 | 671 | 28 | 456 | 484 | 2 | 418 | 420 | 3 | 394 | 397 | 0 | 320 | 320 | 0 | 292 | 292 | 393 | 5538 | 5931 |

APPENDIX 2 (continued) – OUTPATIENT CANCELLATIONS – Total

| | W/c 23-03-2020 | | | W/c 30-03-2020 | | | W/c 06-04-2020 | | | W/c 13-04-2020 | | | W/c 20-04-2020 | | | W/c 27-04-2020 | | | W/c 04-05-2020 | | | W/c 11-05-2020 | | | W/c 18-05-2020 | | | W/c 25-05-2020 | | | TOTAL | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: | New | Return | Sum: |
| GRAND TOTAL: | 1753 | 4135 | 5888 | 1384 | 3583 | 4967 | 830 | 2509 | 3339 | 655 | 2515 | 3170 | 439 | 2933 | 3372 | 318 | 2479 | 2797 | 333 | 1947 | 2280 | 491 | 2168 | 2659 | 445 | 1974 | 2419 | 523 | 1499 | 2022 | 7171 | 25742 | 32913 |

APPENDIX 3 – DETAILED BED CAPACITY SCALE UP

| | Additional Beds available | 19-Mar | 26-Mar | 02-Apr | 09-Apr | 16-Apr | 23-Apr | 30-Apr | 07-May | 14-May |
|---|---|---|---|---|---|---|---|---|---|---|
| UHC | Create additional Beds in Pre-Op (rapid assessment) | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| | Convert Ward 5B into High Care | | -2 | -2 | -2 | -2 | -2 | -2 | -2 | -2 |
| | Convert Medical Day Unit into beds (Ward 5E) | | | | 12 | 12 | 12 | 12 | 12 | 12 |
| | Convert treatment rooms into beds in Wards 3B, 3D, 4A, 5D | | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | Cancel Ortho IP electives & convert 2 B to COVID area | | make beds ready | 17 | 17 | 17 | 17 | 17 | 17 | 17 |
| | Expand Ward 2B by 12 beds | | | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| | Cancel General Surgery / ENT / OMFS IP elective Wards 4B, 5A | | | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| | Create extra beds in Haematology Ward 3A | | | | | 2 | 2 | 2 | 2 | 2 |
| | Convert Breast Annexe into beds | | | | | 6 | 6 | 6 | 6 | 6 |
| | | | | | | | | | | |
| UHA | Convert Medical Day Unit into beds | | | | 6 | 6 | 6 | 6 | 6 | 6 |
| | Open expanded Station 16 as extra ward (existing patients moved to ward at Biggart) | | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 |
| | Cancel non-urgent elective surgery (St 11 & St 2) | | | 37 | 37 | 37 | 37 | 37 | 37 | 37 |
| | Cancel Day Surgery | | | | | 12 | 12 | 12 | 12 | 12 |
| | Cancel Endoscopy | | | | | | 12 | 12 | 12 | 12 |
| | | | | | | | | | | |
| | Beds continue to be used for normal purpose | | | | | | | | | |
| | | | | | | | | | | |
| IJBs | East Ayrshire IJB Beds to reduce delayed discharges | 0 | 22 | 42 | 42 | 52 | 52 | 52 | 52 | 52 |
| | North Ayrshire IJB Beds to reduce delayed discharges | 0 | 14 | 20 | 50 | 60 | 60 | 60 | 60 | 60 |
| | South Ayrshire IJB Beds to reduce delayed discharges ** | 0 | 21 | 21 | 51 | 73 | 73 | 73 | 73 | 73 |
| | | | | | | | | | | |
| | * Includes beds already opened to support winter pressures | | | | | | | | | |
| | ** Note to avoid double counting, 24 delayed discharges moving to Biggart from 23 Mar is included in UHA new bed areas where St 16 being re-opened with 24+6 beds | | | | | | | | | |

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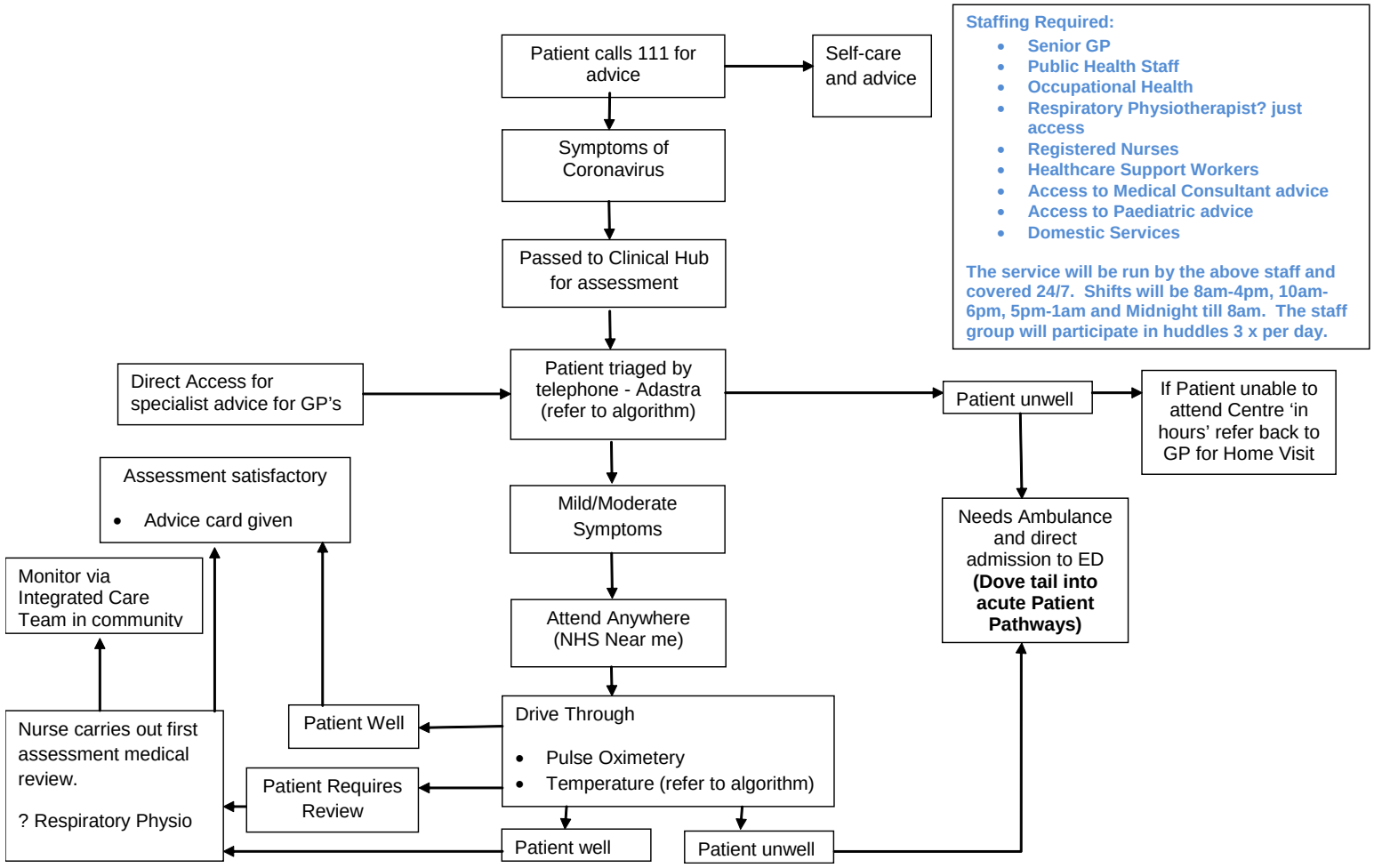
APPENDIX 4 – COMMUNITY COVID-19 HUB

# COVID-19 Patient Pathway for Clinical Hub



APPENDIX 5 – FINANCIAL IMPACT

| NHS AYRSHIRE AND ARRAN | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **COVID COSTED PLANS** | | | | | **Increase Bed Capacity** | | | |
| | | | | **TOTAL** | **Community** | **Hospital** | **ITU** | **Others** |
| | | | | **£** | **£** | **£** | **£** | **£** |
| | **REVENUE COSTS** | | | | | | | |
| | | BIGGART | DRUMMOND | 888,569 | | 888,569 | | |
| | | | BUCHANAN | 948,973 | 948,973 | | | |
| | | GIRVAN | | 157,208 | 157,208 | | | |
| | | EACH | Holmburn/Roseburn | 663,542 | 663,542 | | | |
| | | AILSA | Kyle and Park | 1,811,522 | 1,811,522 | | | |
| | | CROSSHOUSE | 5B | 859,473 | | 859,473 | | |
| | | | Medical Day Centre | 376,389 | | 376,389 | | |
| | | | Endoscopy | 305,824 | | 305,824 | | |
| | | | Pre-Op Assessment | 188,795 | | 188,795 | | |
| | | | Day Surgery | 548,584 | | | 548,584 | |
| | | | 2B | 312,306 | | 312,306 | | |
| | | | Various | 0 | | 0 | | |
| | | AYR | Station 1 | 686,580 | | 686,580 | | |
| | | | Endoscopy | 457,737 | | 457,737 | | |
| | | | Medical Day Centre | 185,195 | | 185,195 | | |
| | | | Day Surgery | 366,390 | | 366,390 | | |
| | | CARRICK GLEN | | 708,851 | 708,851 | | | |
| | OTHERS | Specialist Mounting for Infusion Pumps | | 24,000 | | | 24,000 | |
| | | Supported Transfer Vehicles | | 43,100 | | | | 43,100 |
| | | Extension of Out of Hours District Nursing Cover | | 538,000 | 538,000 | | | |
| | | South Partnerships - Care Homes/Care at Home | | 727,226 | 727,226 | | | |
| | | North | | 1,335,429 | 1,335,429 | | | |
| | | East | | 1,674,000 | 1,674,000 | | | |
| | | COVID Community Pathway | | 2,404,589 | | | | 2,404,589 |
| | | HR Staff HUB | | 301,680 | | | | 301,680 |
| | | ICU Additional Drugs Costs | | 507,000 | | | 507,000 | |
| | | Labs - Local COVID Testing Licence | | 10,920 | | 10,920 | | |
| | | Labs - Local COVID Testing | | 150,000 | | 150,000 | | |
| | | Women and Childrens | | 97,000 | | 97,000 | | |
| | | **Digital Services** | | | | | | |
| | | Additional Defender Tokens | | 76,200 | | | | 76,200 |
| | | Sonic Wall Remote Licences | | 84,000 | | | | 84,000 |
| | | Other Digital Items | | 100,000 | | | | 100,000 |
| | | Estates | | 120,000 | | | | 120,000 |
| | | **TOTAL REVENUE** | | **17,659,083** | **8,564,751** | **4,885,178** | **1,079,584** | **3,129,569** |
| | **CAPITAL COSTS** | | | | | | | |
| | | 12 x Ventilators (Capital) | | 336,000 | 8 at Crosshouse, 5 at Ayr | | | |
| | | 2 x Centrufuge Labs | | 15,600 | | | | |
| | | **TOTAL CAPITAL** | | **351,600** | | | | |
| | | | | **18,010,683** | | | | |