Northern Health and Social Care Trust

Rural Needs Impact Assessment

Section 1: Define activity subject to Section 1(1) of Rural Needs Act (NI) 2016

1A. Short title describing activity being undertaken that is subject to Section 1(1) of the Rural Needs Act (NI) 2016:

Nightingale at Whiteabbey - Enhanced Nursing and Therapies Rehabilitation and Step Down unit (regional service).

1B. Are you Developing, Adopting, Implementing or Revising a Policy a Strategy or a Plan? (Underline or Circle)
Or are you delivering or designing a public service? (Underline or Circle)
What is official title of this Policy, Strategy, Plan or Public service (if any)?

Nightingale at Whiteabbey - Enhanced Nursing and Therapies Rehabilitation and Step Down unit (regional service).

1C. Give details of the aims and/or objectives of the Policy, Strategy, Plan or Public Service:

The Covid-19 pandemic has impacted health systems globally and continues to present a significant challenge. In Northern Ireland, Belfast City Hospital Tower Block was designated as the Nightingale hospital for the first wave, becoming a regional critical care hub.

In anticipation of a second surge in Covid-19, one which will coincide with usual winter pressures, the Chief Nursing Officer was tasked with leading a project to consider if there was a need to develop a further regional Nightingale facility to help increase bed capacity to ease potential pressures on HSC.

In September 2020 the Minister for Health announced that Whiteabbey Hospital would become a second Nightingale facility for Northern Ireland in preparation for a second wave of the coronavirus pandemic. This will be a regional service operating as Enhanced Nursing and Therapies Rehabilitation and Step Down Unit, providing extra bed capacity to aid the flow of patients from acute care. It will accept patients, from across Northern Ireland, who would benefit from a period of intense multi-professional rehabilitation following discharge from an acute hospital and before returning to their normal place of residence.

There is emerging evidence to suggest post-COVID patients have complex rehabilitation needs, requiring care and support for the cognitive, respiratory and physical effects of COVID-19.

Northern Health and Social Care Trust

The Nightingale at Whiteabbey Hospital aims to provide an innovative new model of Nursing and Allied Health Professions (AHPs) led enhanced rehabilitation post-COVID. The facility will operate through multi-disciplinary teams, with patients being cared for by a combination of Doctors, Nurses and Allied Health Professions (AHPs) who will provide intensive and active rehabilitation over a 14-day average length of stay.

The vision is to provide additional capacity in the NI health system providing the most appropriate care in the safest, deliverable and efficient manner.

The guiding principles of this regional service are:

- The clinical operating model must underpin the function of the Nightingale facility
- Clinicians must support the purpose, pathways and proposed processes in order to accept this new model of care
- To establish a site in proximity to acute health services with established transport links will build confidence amongst clinicians to safely transfer patients to and from existing facilities
- The governance arrangements for the service should be aligned with an Acute Trust to provide streamlined operations and clinical management
- The workforce needed to meet the requirements of the care model required must be available

AHPs are a diverse group of clinicians, including Physiotherapists, Speech and Language Therapists (SLTs), Occupational Therapists (OTs) and Dietitians, who deliver high-quality care to patients. Practical interventions from AHPs are often significant in enabling people to recover movement and mobility, improve respiratory functioning, nutritional status and everyday living skills, thus supporting patients to recover to their pre-COVID baseline level of functioning.

This active rehabilitation model will provide benefits to the whole health and social care system in Northern Ireland including;

- Reducing pressure on patient flow in acute hospitals as patients requiring enhanced rehabilitation can be discharged to the unit
- Patients accessing this enhanced rehabilitation in the Nightingale will reduce pressure on local community rehabilitation services in their ‘home’ trust
- Patients will have an optimised opportunity to make improvements and achieve their pre-Covid-19 level of baseline functioning
- Costs for long term care packages / complex equipment and adaptations have the potential to be reduced

There are four identified work streams to develop the Project deliverables:

• Workforce - Agree a regional staffing model for the unit. Identify and deliver a workforce to operationalise the service

• Clinical pathways - Develop agreed regional patient pathways including inclusion/exclusion criteria, referral processes, treatment pathways and discharge.

• Governance - Establish Standard Operating Procedures and put in place appropriate management and governance structures.

• Operations - Identify and deliver all necessary infrastructure/estates requirements and fully equip the site according to the clinical specification

The total number of beds planned for this Unit is 95

- Ward 2 opened on 20 November 2020, a 23-bed ward.
- There are plans for an additional 2 wards of 28 beds each; these will be ready to open physically from December. The opening of the remaining two 28-bed wards will depend on demand and workforce availability.
- There is also a16-bed ward which is running as the current GP lead rehabilitation ward.

Provision of accommodation is a combination of single rooms and multi-bedded bays. A typical ward has 5 single rooms and a number of 5 or 6 bedded bays depending on space. Emphasis has been on providing good ventilation so there is a dilution of anything in the air that would increase the risk of infection. A new ventilation plant has been installed in the roof space. Additional cooling has also been installed to provide additional comfort during the summer months.
Air changes will be consistent throughout the whole block. There will be six air changes per hour in line with the recommended level that should be provided for ward-based patients.

In terms of infection prevention, there are increased wash hand basins and bathrooms. Maintenance of single gender bays is the aim in the placement of patients but this may prove challenging and there may be instances where clinical need outweighs this preference.
The medical care model for the Unit is based, as is the case for every other rehabilitation facility in NHSCT, upon the use of the

GP led model with primary support from trained Advance Nurse Practitioners (ANPs) and Allied Health Professionals (AHPs). To begin with, there will be two ANPs on one ward. There will be a staff to patient ratio of 1:1.4. All nurses have been trained in NEWS2 and, should a patient deteriorate, they are skilled in identifying this and there are protocols in place to act upon. Dalriada Urgent Care will be present during the day working alongside the ANPs and it is expected that ANPs will be on site until 8/8.30pm.

GPs will be available if called to the Unit. Please note, this is not provided through out of hours as it is a separate contract with Dalriada Urgent Care.

There is a multi-disciplinary team of rehabilitation specialists in place, including a range of Allied Health Professionals (AHPs) and social work staff, to ensure maximum recovery for the patients in Whiteabbey. Unlike traditional rehabilitation this service will be conducted seven days a week to maximise the capacity within the Unit. Some rehabilitation will start before 9am and extend beyond 5pm, as sessions will be incorporated into the patient's normal day.

At the ward level there are tablets that will support virtual visiting. A model of working with families is currently being developed and regular contact with family members is built into therapy goals. This will also be built into the regular workings of the team.

The Whiteabbey Nightingale will be providing focused periods of rehabilitation and average stay in the Unit is expected to be around 14 days. The Trust will work closely with patients' families and home Trusts to ensure they can be discharged back to the community after this, so that as many patients as possible can benefit from the Nightingale model.

Agreed admission and exclusion criteria (as at January 2020) are:

1. **Aged 16yrs or over**
2. **Must be assessed as requiring intensive Multi-Disciplinary rehabilitation**

Measure / Exclusions:

- Patients on a defined delirium pathway
- Patients with any condition that interferes with their ability to participate in active rehabilitation
- Patients who are dependent on Naso-Gastric (NG) Tube feeding or TPN to meet nutritional needs
  (If a patient requires NG tube feeding following their admission to the step down unit to supplement nutritional intake

this can be facilitated, and normal NG Tube protocol will apply)

3. **Must be assessed as capable of being discharged from the WAH step-down unit back to their usual Trust services in 14 days or less**

Measures / Exclusions:

- Patients who cannot be discharged within the 14 day period

4. **No longer requires acute hospital medical treatment or care**

Measure / Exclusions:

- Must not show; an increase in WCC or CRP, acute shortness of breath, have a raised temperature or have a deterioration in their NEWS Score in the 24hrs prior to transfer to the WAH Unit.

5. **COVID-19 Status on transfer – Patients can be transferred to the step down unit while still within the first 14 days of onset of symptoms**

Measure / Exclusions:

- IPC measures should continue until 14 days have elapsed since their first positive SARS-CoV-2 PCR test, provided the clinical improvement criteria below have been met.
  - Clinical improvement with at least some respiratory recovery
  - Absence of fever (> 37.8°C) for 48 hours without the use of medication
  - No underlying severe immunosuppression
- There is no requirement to test patients for COVID19 ahead of their referral or transfer to the WAH Unit
- If the patient is 14 days post diagnosis, then it is assumed they are no longer infectious.
- If the patient is less than 14 days since diagnosis, assume they are infectious and follow IP&C protocols

6. **Stable oxygen saturations either on room air or on prescribed oxygen therapy**

Measures / Exclusions:

- The patient can be admitted for rehabilitation if still requiring oxygen therapy either as ambulatory or long term oxygen therapy

- Ongoing need for oxygen therapy assessed prior to transfer and oxygen prescribed as required, prior to transfer and admission to the WAH step-down unit

7. Capability to actively take part in an active rehabilitation programme

A patient leaflet is being developed in partnership with interested parties to ensure maximum accessibility to information by patients and their families.

There is an assumption that the Nightingale facility will be needed for a two year period. Post-COVID, possible legacy facility for other purposes subject to usual procedures and approvals

1D. What definition of 'rural' is the Trust using in respect of the Policy, Strategy, Plan or Public Service:

Population Settlements of less than 5,000

Section 2 - Understanding impact of Policy, Strategy, Plan or Public Service

Northern Health and Social Care Trust

2A. Is the Policy, Strategy, Plan or Public Service likely to impact on people in rural areas?

Yes ☒ No ☐ If response is NO Go To Section 2E.

Northern Ireland is a region that is composed of a range of settlement structures. These range from cities such as Belfast through to much smaller settlements of less than 5,000 people, the level that is relevant for consideration under rural needs impact assessment screening (Band F, intermediate settlements, Band G, villages and Band H, open countryside). According to the most recent population census taken in 2011, 644,087 people lived in rural areas in Northern Ireland, which equated to 36% of the population (see Table 1 below), and a further 79,052 resided in mixed urban/rural areas (approximately 4% of the population in 2011). The census findings also show that 14% of rural areas are more than 20 minutes from a settlement with a population of 10,000 or more, and 13% are more than 60 minutes from Belfast.

Table 1: Census 2011 Population Statistics

[1]Settlement with a population of 10,000 or more

Source: https://www.daera-ni.gov.uk/topics/statistics/rural-statistics

	%	Number
Mixed urban/rural	4%	79052
All rural	36%	644087
Rural <=20 mins from settlement[1]	21%	383224
Rural >20 mins from settlement[1]	14%	260863
Rural <=60mins from Belfast	23%	410184
Rural >60mins from Belfast	13%	233903
Urban	60%	1087724
Total	100%	1810863

2B. How is it likely to impact on people in rural areas?

Northern Health and Social Care Trust

This is a regional facility, based in Whiteabbey, servicing all of the population of Northern Ireland.
Patients in this facility will be drawn from across acute hospitals in Northern Ireland; some families and carers are likely to live at some distance apart from this facility including rurally. Potential visiting difficulties. However, during COVID-19 times there are substantial restrictions on physical visiting to health facilities with mitigations in place to allow family members to connect with patients virtually or remotely using tablets and virtual technology such as ZOOM

2C. If the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas *differently* from people in urban areas, please explain how it is likely to impact on people in rural areas differently?

Differential impact is both positive and negative.

- **Treatment being provided at regional rehabilitation centre may have an impact in terms of travel on some rural service users and their families.**
- **Potential for further redeployment of staff in the event of further surge of COVID-19. This may have an impact on staff residing in rural areas if redeployed to Whiteabbey regional stepdown facility.**
- **Potential to impact people in rural areas differently as the use of technology involves internet or broadband connectivity; people who live rurally are more likely to have no broadband or internet access or limited access than urban dwellers.**
- **The provision of extra care and support provided in people's homes as part of the discharge care plan is likely to reduce barriers regarding travel for some rural service users**
- **Increased care provided in community settings after discharge is likely to have a positive impact in terms of reduced travel times**

The Trust continues to consider the needs of people living in rural areas and to implement mitigating measures where possible. Please refer to Section 4A for more detail.

2D. Please indicate which of the following rural policy areas the Policy, Strategy, Plan or Public Service is likely to primarily impact on.

Jobs or Employment in Rural Areas		Community Safety or Rural Crime		Agriculture-Environment	
Education or Training in Rural Areas		Health or Social Care Services in Rural Areas	X	Other, please state below;	
Rural Development		Broadband/Mobile Communications in Rural Areas	X		
Poverty or Deprivation in Rural Areas		Rural Business, Tourism or Housing			

2E. Please explain why the Policy, Strategy, Plan or Public Service is NOT likely to impact on people in rural areas.
Not applicable

If you completed 2E above GO TO Section 6

Northern Health and Social Care Trust

SECTION 3 - Identifying Social and Economic Needs of Persons in Rural Areas

3A. Has the Trust taken steps to identify the social and economic needs of people in rural areas, relevant to the Policy, Strategy, Plan or Public Service? Yes ☒ No ☐ if the response is NO, GO TO Section 3D

3B. Which of following methods or information sources were used by the Trust to identify these needs?

Consultation with relevant stakeholders / Survey or Questionnaire / Research / Statistics / Publications / Other methods.
Please provide details:
This regional project is predicated on the best available information in relation to epidemiological studies, demand and capacity analysis, Government Directives and international best practice in the management of the Covid-19 pandemic
Department of Health. (2020). Minister highlights key finds of NI Covid-19 modelling [Online] Available at: https://www.health-ni.gov.uk/news/minister-highlights-key-findings-ni-Covid-19-modelling
Statista. (2020) Incidence of coronavirus (COVID-19) deaths in the EEA and the UK 2020, by country [Online] Available at: https://www.statista.com/statistics/1111779/coronavirus-death-rate-europe-by-country

Rural Statistics on DAERA website including statistics on employment and income, access to services, transport and telecommunications

NISRA Rural Statistics – NI multiple deprivation measure 2017 as a combination of the aggregate results of 7 domains, plus specifically the domains of 'Health Deprivation and Disability' and 'Access to services'

Northern Ireland Census – high level information about the extent of potential impact based on 2011 census information available from NISRA – Northern Ireland Information Service (NINIS)

NISRA – dataset on Home Internet and Broadband Access

OFCOM – Connected Nations Report

An engagement event took place, using Zoom technology, on 5th November 2020 with over 30 service users, carers and representative groups. The session involved a presentation of the Nightingale facility at Whiteabbey Hospital and presentations from a panel of project team members. There were then opportunities for participants to ask the panel questions and provide suggestions. Further comments and feedback was gathered through a feedback survey via SurveyMonkey.
On-going regional engagement is planned

3C. What social and economic needs of the people in rural areas have been identified?

The aggregated Northern Ireland Multiple Deprivation Measure (2017) indicates that, of the top 100 most deprived super output areas (SOAs) none are related to rural areas in NHSCT. Deprivation at high levels appears to exist primarily in urban areas.
Two domains were identified as sub sets relevant to rural needs impact assessment screening for the Covid 19 pandemic Programme; health deprivation and disability and access to services.

Specifically examining the 2017 results in the domain of health deprivation and disability it was found that none of the top 100 most deprived areas were rural in nature.

In the other domain identified as relevant to rural needs impact assessment for health and social care service change, that of access to services, it was identified that, in 2017, 95 out of the top 100 most deprived areas across NI were rural in nature. This is in line with anticipated findings as it is the issue of transport availability and cost of transport that can make access to services difficult for those who reside in rural areas. Alongside this access to adequate Broadband or mobile communication is required for people living in rural areas when accessing services remotely. In Northern Ireland, for the latest dataset available on NISRA (2018), 16% of households had no home broadband and 15% had no home internet access. These households will not be able to avail of services being delivered remotely using this e.g remote visiting. In addition. the OFCOM Connected Nations report (2019) acknowledges that more work is needed to improve services in rural areas where some customers who do have access to broadband experience slower speeds that in towns or cities and, further, that 19% of rural dwellers are unable to receive decent broadband.

Specific to the regional service:

While in regional rehabilitation facility at Whiteabbey: access to appropriate rehabilitation deliverd by specialist staff (who may be drawn from across NI), access to communication with family/carers, adequate discharge planning to enable return to community

On discharge: transportation back to home, structured care delivery at home as appropriate to needs

3D Please explain why no steps were taken by the Trust to identify the social and economic needs of people in rural areas?

Not applicable

SECTION 4 - Considering Social and Economic Needs of Persons in Rural Areas

4A. What issues were considered in relation to the social and economic needs of people in rural areas?

Consideration has been given to the social and economic needs of people in rural areas listed in section 3C, including for example, access to services in terms of economic cost, availability of public transport and broadband/internet/mobile communication access. The Trust is cognisant of the need to consider and mitigate any potential adverse impact. This approach has been assessed as an on-going screening to monitor the impact of the proposals on an on-going basis to ensure that the impact is not more significant than initially anticipated. See

consideration and mitigating measures for potential impact on people in rural areas below:

- **Virtual access to family/carers through use of ZOOM or alternatives to video calls depending on access to technology/broadband e.g. telephone calls.**
- **In the case of staff being redeployed from rural to urban areas, the Trust continues to recognise the importance of enabling staff to have flexibility and has introduced a series of flexible working options to facilitate staff. Each case will be treated on an individual basis.**
- **The Trust is continuing to engage with frontline staff as well as key partners, service users and carers to ensure that plans are representative of and include the valuable input of those who use its services.**
- **The World Health Organisation has confirmed the prevention of the spread of COVID-19 and preserving the life and health of those affected or under threat of infection, particularly the most vulnerable are legitimate aims. The Trust is committed to ensuring that accurate and up-to-date information about the virus, access to services, service disruptions, and other aspects of the response to the outbreak is readily available and accessible to all.**
- **This is a regional service managed at Departmental level and implemented using facilities in NHSCT geographical area. Not all decisions are taken by Northern Trust in the fight against COVID-19, i.e., HSCB, DoH under the HSCs agreed emergency planning arrangements. Decisions are being taken in the greater public interest and in achieving the stated aims at 1C above. Measures undertaken and decisions made to date have been driven by the need to address the unprecedented demands arising from the COVID-19 pandemic and will be kept constantly under review.**

Mitigations in place include:

- **Virtual access to family carers through use of ZOOM or telephone**
- **Multidisciplinary team contributing to care delivery and planning for return home**
- **Hospital and community transportation availability**
- **Adequate domiciliary care packages in place to enable return to home**
- **Enhanced communication and engagement with carers/families**

SECTION 5 - Influencing the Policy, Strategy, Plan or Public Service

5A. Has the policy, strategy, plan or public service been changed by consideration of the rural needs identified?

Yes ☒ **No** ☐ **if the response is NO, GO TO Section 5C**

5B. If yes, how have rural needs influenced the policy, strategy plan or public service?

See mitigations detailed at 4A above

5C. If no, why have the rural needs identified not influenced the policy, strategy, plan or public service?

This regional service is under constant review and further measures may have to be taken at any stage to protect public health.

The Trust recognises that there are a number of policy leads/decision makers across HSC who likewise must comply with Section 1(1) of the

Northern Health and Social Care Trust

Rural Needs Act (NI) 2016 in the development and implementation of COVID-19 related services. The Trust therefore commits to collaborate, as necessary, with all relevant HSC organisations in seeking to ensure the fulfilment of these statutory duties. This may entail, in some instances, the Trust feeding upward into regional RNIAs led by other HSC Policy Leads e.g. DoH, HSCB et al, contributing to RNIAs by other policy leads where there are for example regional themes, undertaking further individual RNIAs on Trust proposals and, where necessary and appropriate, conducting RNIAs and associated consultation in line with the Rural Needs Act (NI) 2016 and in fulfilment of the requirement of the DoH Circular Guidance 'Change or Withdrawal of Services – Guidance on Roles and Responsibilities' - September 2019 especially where temporary changes are being proposed as permanent.

Section 6: Documentation:

6A. Please tick below to confirm that the RNIA Template will be retained by the Trust and relevant information on the Section 1 activity compiled in accordance with paragraph 6.7 of the guidance.

I confirm that the RNIA Template will be retained and relevant information compiled ☒

Rural Needs Impact Assessment undertaken by:	Irene Heath		
Job Title/Directorate	Equality and Rural Needs Manager		
Signature:		**Date:**	February 2021
Approved by:	Nightingale Project Board		
Job Title/Directorate			
Signature:		**Date:**	2 March 2021