



Report To: Inverclyde Health and Social Care Date: 8 June 2022

Committee

Report By: Allen Stevenson Report No: SW/26/2022

Interim Corporate Director

Inverclyde Health and Social Care

Partnership (HSCP)

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Subject: Inverclyde Royal Hospital Short Life Working Group

1.0 PURPOSE

1.1 The purpose of this paper is to advise the Health & Social Care Committee of the progress of the Short Life Working Group (SLWG) in relation to the Moving Forward Together (MFT) policy direction by NHS Greater Glasgow & Clyde (NHS GGC) in terms of Acute Services at Inverclyde Royal Hospital.

2.0 SUMMARY

- 2.1 NHS GG&C published a briefing paper in November 2020 which was reported to the Health & Social Care Committee in January 2021, detailing the current and future operating environment for services being delivered across GG&C.
- 2.2 As part of NHS GG&C remobilisation, the briefing paper highlighted that residents of Inverclyde will have access to specialist services delivered across the board or in the West of Scotland.
- 2.3 A short life working group was established to better understand the MFT policy direction by NHS GGC and how this policy is shaping the current & future of Acute Services at Inverclyde Royal Hospital (IRH).
- 2.4 The themes explored by the SLWG have included:
 - A better understanding of the vision for IRH within the NHS GG&C Acute estate including Accident & Emergency services.
 - A better understanding of the services currently being delivered at IRH.
 - A better understanding on how communication and engagement can be improved moving forward.
 - Development of the key national and local operational issues for Scottish Ambulance Services delivering services for people across Inverclyde.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health & Social Care committee notes the progress of the SLWG in clarifying the NHS GG&C Moving Forward Together policy in terms of acute service delivery at IRH and the opportunity to engage positively with the Health Board CEO and Senior Management from the Scottish Ambulance Service.
- 3.2 To note the commitment from the NHS GG&C Chair and CEO NHS GG&C that in terms of the MFT programme that IRH developments and redesign, IRH has a long term future and will play an important part in NHS GG&C Acute Service Estate.

Allen Stevenson Interim Chief Officer Inverclyde Health and Social Care Partnership

4.0 BACKGROUND

- 4.1 NHS GG&C published a briefing paper in November 2020 which was reported to the Health & Social Care Committee in January 2021, detailing the current and future operating environment for some services being delivered across GG&C.
- 4.2 A short life working group was established to better understand the MFT policy direction by GGCHB and how this policy is shaping the current & future of Acute Services at Inverclyde Royal hospital.
- 4.3 The SLWG group has met on the 8th June 2021, 28th November 2021 and with NHS GG&C Senior Management on the 30th November 2021.

4.4 SLWG Membership

Councillor Robert Moran Chair, Labour Councillor Lynne Quinn Independent Councillor Stephen McCabe Labour

Councillor Ciano Rebecchi Liberal Democrats

Councillor Graeme Brooks Conservative & Unionist Party

Councillor Elizabeth Robertson Scottish National Party Louise Long Chief Officer, HSCP

Allen Stevenson Head of Health & Community Care, HSCP

Alison Munro Minutes, HSCP

See appendix 1 for Terms of Reference for the group.

- 4.5 Areas of discussion at the SLWG meetings have focused on:
 - The exploration of the issues discussed with the Scottish Ambulance Service and the NHS GG&C Chief Executive Officer/Senior Management Team
 - Recording of outstanding issues and feedback required regarding the continuation of services at IRH
 - Set out a structured plan to support and improve communication and engagement across key stakeholders engaged in the MFT with particular development of services at IRH and the SAS
 - An overview and commitment of SAS services to the community of Inverclyde has been given to the SLWG in terms of 999 response (an average of 7 minutes in Inverclyde) and patient transport services based on a Red/Amber/Green triage system where resources are used more effectively, saving more lives and providing the right response first time. This includes the utilisation of Advanced Paramedics
 - Discussion regarding the fabric of the IRH building within the health estate
 - Discussion in relation to maternity services, including the birthing unit
 - Clarification from NHS GG&C Senior management on current pressures on the acute system and the future of acute services at IRH with care being delivered locally where appropriate with service user travel out with of Inverciyde for specialist care only.
 - Clinical services continue to be developed at IRH in conjunction with community services to reduce dependency on inpatient care and develop community based care services including digital and e-health
 - Jane Grant CEO NHS GG&C has reiterated to the SLWG that Inverciyde Royal Hospital
 has a significant role to play in NHS GG&C's future with partners working and driving
 change together

5.0 PROPOSALS

5.1 Dialogue will continue with the acute services to ensure that communication lines are clear and that service developments meet the requirements of the community of Inverclyde.

5.2 Future Service Development at IRH

- Capital work in the theatre suite at IRH has now completed and a second state of the
 art laminar flow theatre is now available to support the extended elective orthopaedic
 programme once the current challenges to inpatient bed capacity decreases to a level
 that will support this expansion. This will allow IRH to start to deliver as an elective
 'Centre of Excellence' in line with the vision articulated in Moving Forward Together.
 This is a key component of the Board's remobilisation plan post pandemic and further
 opportunities to expand the role of IRH in this way will be pursued as part of the Board's
 commitment to developing Surgical Hubs
- The recently developed Medical Day Bed Unit continues to expand the range of services delivered and now includes Respiratory and Cardiology as well as Rheumatology. Future plans include the delivery of services in both gastroenterology and endocrinology. The unit is currently open up to 3 days per week and has capacity to see 12 patients who would previously require attending another site or admission
- Critical care at IRH has been enhanced through the development of the Advanced Nurse Practitioner role to support the clinical skill mix within the team and enhance quality of acute patient care
- Nursing teams in the Emergency Department have been enhanced to ensure an Emergency Nurse Practitioner role is maintained supporting the skill mix and flow within department for minor injury presentations
- The Emergency Department team have been working closely with colleagues in the
 Out of Hours GP service with the relocation of the Saturday morning service to an area
 adjacent to the Emergency Department enabling closer working to ensure patients are
 able to access the right service at the right time
- Services for Older People have recently been significantly enhanced with additional Consultant support from the Clyde team as well as developments in the wider disciplinary team including an innovative Consultant AHP role in Geriatric Orthopaedic Rehabilitation
- IRH was the first site to successfully achieve Investors in People award in December 2021. IRH was selected as the first site to implement the programme to help in efforts to attract and retain a talented workforce for the Hospital

5.3 Agreed Outcome on conclusion of the Short Life Working Group:

- Roll out the new newsletter format to Inverclyde community and Councillors developed during Covid including promoting the good work being undertaken at IRH to provide reassurance to the communities and update them any changes at the earliest opportunity
- Regular updates to the IJB on the Health Board Moving Forward Together Strategy.
- An understanding of the services within IRH with partnership working to understand patient pathways e.g. Birthing Unit (A 20 Midwife led free standing Unit), Scottish Ambulance Service, A&E and how we link these services together to maximise care locally.
- Support the remobilisation and modernisation of services.
- An understanding of the key areas of service delivery by the Scottish Ambulance Service to Inverclyde including an average response time of seven minutes, new triage system to ensure resources are utilised more effectively providing the right response ant the right time, Specialist Response teams, Patient Transport Services, Advanced Paramedics, Community First Response, SCOTSTAR Paediatric Retrieval Service.
- Wider estate strategy currently being developed by Health Board with an overview of services within the IRH campus, maintenance program/issues, an understanding of development of clinical services within the Inverclyde Campus and how service users access them.
- A request for Health Board participation within the Inverclyde Alliance.

 Progress from continued dialogue with Acute services in relation to these key areas will be reported to future IJBs to ensure board members are sighted on Acute developments. This will strengthen a sustainable relationship with NHS GG&C Health Board.

6.0 IMPLICATIONS

Finance

6.1 None

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

Legal

6.2 None

Human Resources

6.3 None

Equalities

- 6.4 This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy, therefore, no Equality Impact Assessment is required.
- (a) Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
Х	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO - This report does not affect or propose any major strategic decision.

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
√	NO

Repopulation

6.5 None.

7.0 CONSULTATIONS

None

8.0 BACKGROUND PAPERS

8.1 NHS GG&C IRH Briefing Paper 2020



Hospital Short Term Working Group

Name of Group:	Hospital Short Term Working Gro	up	
Constitution:	Engage with the GG&C NHS Board on proposals to develop hospital services in Inverclyde to gain an understanding of the planned investment in the short, medium and long term and to ensure the community understand changes to hospital services. Work with the Board to inform and support the provision of high quality sustainable acute services to the residents of Inverclyde. Update on the implementation Moving Forward Together.		
Composition/ Substantive Membership:	The group will be chaired by Councillor Robert Moran Councillor Lynne Quinn Councillor Stephen McCabe Councillor Ciano Rebecchi Councillor Graeme Brooks	Chair Independent Labour Liberal Democrats Conservative	
	Councillor Elizabeth Robertson Louise Long Allen Stevenson Alison Munro	& Unionist Party Scottish National Party Chief Officer Head of Health & Community Care Action Note	
Responsibilities:	Chair: Councillor Robert Moran Officer Support: Louise Long Action Note: Alison Munro		
Frequency of Meetings:	Short Life Working Group		
Quorum:	To be quorate at least 30% of the agreed membership must be at the meeting.		
Reporting Procedures:	Following each meeting an updated action note will be distributed within one week.		
Action Note to be			
circulated to:			
Review Date:	3 months		
Date Terms of Reference Approved:	8 th June 2021		