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<b>Report:</b>	<b>Health and Social Care Committee</b>	<b>Date:</b>	<b>9 January 2020</b>
<b>Report By:</b>	<b>Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/06/2020</b>
<b>Contact Officer:</b>	<b>Allen Stevenson Head of Service, Health and Community Care Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Contact No:</b>	<b>01475 715283</b>
<b>Subject:</b>	<b>PHYSICALLY DISABLED REHABILITATION UNIT, INVERCLYDE ROYAL HOSPITAL</b>		

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to provide members of the Health and Social Care Committee with an update on the current status of the Physically Disabled Rehabilitation Unit (PDRU) based within the Larkfield Unit at Inverclyde Royal Hospital (IRH) as requested at the Health and Social Care Committee on 22 August 2019.

## 2.0 SUMMARY

- 2.1 Due to recruitment challenges for both senior and junior medical staff to work within the Neuro Rehabilitation Medicine service, the location of the inpatient beds within the PDRU ward at IRH have been temporarily relocated to another ward within the Larkfield Unit.
- 2.2 Recruitment for a replacement consultant post is planned and an additional staff grade has been recruited with a planned start date in January 2020.

There remains one substantive consultant in post, and one locum consultant working one week in four and there also remain challenges in relation to junior medical staffing. There has been no change in working practices for the PDRU staff, other than the change in location of inpatient beds to the adjacent ward within the Larkfield Unit.

There has been no change to the service provided to patients.

- 2.3 Due to the urgent clinical requirement to change the service model, full consultation was not possible. As soon as the need to change the service model was identified, staff within the unit were met with.

Liaison meetings take place monthly (formally fortnightly) with PDRU staff, staff side representatives, HR representatives and management to ensure staff and partnership colleagues are kept up to date with progress on all fronts.

In the New Year a wider consultation process will commence around the future models for Rehabilitation Services within NHS Greater Glasgow and Clyde. Membership from Inverclyde HSCP will be sought at this time.

### **3.0 RECOMMENDATIONS**

- 3.1 The Health and Social Care Committee is asked to consider and note the content of this report.

**Louise Long  
Chief Officer  
Inverclyde HSCP**

## 4.0 BACKGROUND

- 4.1 For several years now, despite recruitment drives, it has been difficult for us to attract Consultants in Rehabilitation Medicine to work at our PDRU based within Inverclyde Royal Hospital. This is a very small specialty, with few trainees currently in training.
- 4.2 The service, with four in-patient beds , has become clinically unsustainable as we do not have senior medical cover to provide appropriate clinical safety.
- 4.3 A decision has been reached that the overnight accommodation for those patients attending for intensive rehabilitation will now be provided in the adjacent stroke ward for a period of three months to ensure safe clinical care.
- 4.4 Patients will see no change to their treatment plans. They will receive the same rehabilitation, by the same physiotherapists and nurses. The change will purely be in relation to the location of their beds.
- 4.5 Recruitment is ongoing at present for both junior and senior medical staff in Rehabilitation Medicine.
- 4.6 Regular liaison meetings have taken place with staff working within the PDRU and staff-side partners since the initial move took place in June 2019.

## 5.0 IMPLICATIONS

### FINANCE

#### 5.1 Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

### LEGAL

- 5.2 There are no legal issues within this report.

### HUMAN RESOURCES

- 5.3 PDRU staff will not be affected by these changes, other than managing inpatients within a different ward environment within the Larkfield Unit. This decision has been taken to ensure safe staffing levels, and patient care, while we make further efforts to recruit additional medical staff.

## EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – An Equality Impact Assessment has yet to be undertaken as this is an interim move due to medical staffing recruitment challenges.

(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

(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.
X	NO

6.5 **Repopulation**

None

7.0 **CONSULTATION**

7.1 This report has been prepared by the Director for Regional Services after consultant with relevant senior officers within the NHSGGC Acute Service Division.

8.0 **LIST OF BACKGROUND PAPERS**

8.1 Nil