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| Report to: | Health & Social Care Committee | Date: 7 January 2021 |
| Report By: | Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP) | Report No: SW/03/2021/AS |
| Contact Officer: | Allen Stevenson, Head of Service, Health and Community Care Inverclyde Health and Social Care Partnership (HSCP) | Contact No: 01475 715283 |
| Subject: | GREATER GLASGOW & CLYDE BRIEFING ON INVERCLYDE ROYAL HOSPITAL (NOVEMBER 2020) | |

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health & Social Care Committee of NHS Greater Glasgow & Clyde's Briefing on Inverclyde Royal Hospital (November 2020).

2.0 SUMMARY

- 2.1 NHS Greater Glasgow & Clyde have published a briefing paper (November 2020) in relation to Inverclyde Royal Hospital which details the current operating environment during Covid as well as the future operating environment for some services being delivered across GG&C.
- 2.2 Within the paper, NHS GG&C's Chairman Professor John Brown CBE signals the Board's ongoing commitment to Inverclyde Royal Hospital longer term future.
- 2.3 As part of NHS GG&C remobilisation, the Briefing Paper highlights that residents of Inverclyde will have access to specialist services delivered across the Board or west of Scotland.
- 2.4 The Briefing Paper highlights the proposal to develop the patient pathway used during Covid which sees stabilised level 3 intensive care patients being transferred to Queen Elizabeth University Hospital. This will account for 100 of the total 1450 critical care admissions to IRH per annum.
- 2.5 The report describes the development of the Scottish Major Trauma Network with Queen Elizabeth University Hospital being one of four established nationally. IRH will continue to treat the majority of trauma patients but will see 1% of the most critical cases transferred to QUEH and 14 patients per week transferred to the Royal Alexandra Hospital with 60% of these patients transferred back to IRH within three days.

3.0 RECOMMENDATIONS

- 3.1 The Health & Social Care Committee is asked to note the content of NHS GG&C's Inverclyde Royal Hospital Briefing paper of November 2020 which outlines:
 - Current Service Configuration
 - Acute Activity
 - Finance

- Investment in Capital and Equipment
- Investment in services Pre-Covid
- Response to the Pandemic
- Managing the Pandemic and Beyond – Long-term Future

4.0 BACKGROUND

4.1 Inverclyde Royal Hospital provides a range of services to residents of Inverclyde and the surrounding populations, including the Isle of Bute and the Cowal Peninsula as well as North Ayrshire. The 284-bedded district general hospital serves a population of approximately 125,000 residents.

Services delivered from the site include an Emergency Department, a critical care floor and outpatient clinics, together with a range of general medical, surgical and orthopaedics inpatient beds housed in the main hospital stack.

The Larkfield Unit is a five ward annexe which provides medicine for the elderly and stroke acute services together with rehabilitation facilities for adults with physical disability.

Also on the site is the £7.3 million Inverclyde Adult and Older People's Continuing Care Hospital, Orchard View, which has 42 beds, 30 of which are dedicated to continuing care for older people. Facilities include:

- 24 continuing care beds for patients with dementia
- 6 continuing care beds for patients with dementia and co-morbidity conditions
- 12 adult continuing care beds
- Social enterprise space including a cafe and hair-dressers
- Treatment rooms
- Multi-purpose social spaces for male and female patients

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

| 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 There are no human resources issues within this report.

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 will be undertaken with service users, carers and other stakeholders as full details of the future redesign emerges. |

(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 |

6.0 CONSULTATION

6.1 Information Paper.

7.0 LIST OF BACKGROUND PAPERS

7.1 NHS Greater Glasgow & Clyde Briefing on Inverclyde Royal Hospital (November 2020).

BRIEFING ON INVERCLYDE ROYAL HOSPITAL**1. CONTEXT**

Inverclyde Royal Hospital provides a range of services to residents of Inverclyde and the surrounding populations, including the Isle of Bute and the Cowal Peninsula as well as North Ayrshire. The 284-bedded district general hospital serves a population of approximately 125,000 residents.

Services delivered from the site include an Emergency Department, a critical care floor and outpatient clinics, together with a range of general medical, surgical and orthopaedics inpatient beds housed in the main hospital stack.

The Larkfield Unit is a five ward annexe which provides medicine for the elderly and stroke acute services together with rehabilitation facilities for adults with physical disability.

Also on the site is the £7.3 million Inverclyde Adult and Older Peoples Continuing Care Hospital, Orchard View, which has 42 beds, 30 of which are dedicated to continuing care for older people. Facilities include:

- 24 continuing care beds for patients with dementia
- 6 continuing care beds for patients with dementia and co-morbidity conditions
- 12 adult continuing care beds
- Social enterprise space including a cafe and hair-dressers
- Treatment rooms
- Multi-purpose social spaces for male and female patients

2. CURRENT SERVICE CONFIGURATION**2.1 EMERGENCY CARE**

Inverclyde Royal Hospital provides unscheduled care to patients through the Emergency Department (ED) which operates 24 hours a day, 365 days per year. Unscheduled care admissions come from either the ED department or by direct attendance at ward J North for appropriate patients referred by GPs.

There are typically almost 33,000 ED attendances at the hospital each year. During the pandemic we have seen ED attendances at all of our sites reduce (although this is now returning to pre-COVID levels). New Mental Health Assessment Units were created during the Coronavirus pandemic with the purpose to divert physically fit people in urgent need of mental health support and assessment directly towards these units and away from Emergency Departments (ED) where their needs would be better met.

Based on Scottish Government guidance, MHAUs are intended to:

- Provide the assessment of unscheduled mental health needs for anyone presenting with mental health crisis or distress.

- Only require referrals via the ED where physical medical attention is required first or where people present in the ED under self-referral.
- Provide assessment separate to the ED.
- Be staffed by mental health professionals 24/7

2.2 INPATIENT SERVICES PROVIDED ON SITE: ALL SPECIALTIES

There are 284 acute beds on the site. J North is the Medical Admissions ward which includes Medicine for the Elderly patients. Stroke patients are admitted through the Stroke Unit. For General Surgery, H North is the receiving/emergency ward, with H South/Centre focussed on elective surgery. K North takes a mix of orthopaedic elective and trauma patients. The critical care floor includes two ICU beds, four HDU beds and 11 coronary care beds.

2.3 OTHER SERVICES

In addition to the emergency and inpatient facilities, the following services are delivered from the site:

| Service Type | Description |
|--|---|
| Day Patient Services | Medical and surgical specialties including medical and surgical endoscopies and ENT; plastic surgery, haematology, gynaecology and oral health |
| Day Hospital Services | Older People Services |
| Outpatient Services | General medical and surgical services including fracture clinics; haematology, oncology, neurology, rehab medicine, plastic surgery, obstetrics and gynaecology, orthodontics and medical paediatrics, together with a range of diagnostic testing facilities |
| Imaging Services | Plain film, CT, MRI, Ultrasound, Mammography, Fluoroscopy, Bone Densitometry |
| Laboratory Medicine | Biochemistry and Haematology |
| Clinical Photography | Clinical photography provided as a 'visiting' service |
| Allied Health Professional Services | Those working across hospital and community settings including Physiotherapists, Occupational Therapists and Podiatrists, |
| Community Midwifery Unit | All obstetric related activity including antenatal outpatients, day care, birthing unit and inpatient facility |
| Renal Dialysis Unit | 14 Stations and outpatients |

3. ACUTE ACTIVITY

The following details the key acute activity data that takes place within Inverclyde Royal Hospital each year:

Approximately

- 33,000 ED attendances
- 11,000 emergency inpatient admissions
- 1,500 planned inpatient admissions
- 1450 critical care admissions
- 10,500 day cases
- 25,500 new outpatient attendances
- 51,000 returning outpatient attendances (consultant-led clinics)
- 25,000 outpatient attendances (nurse-led clinics)
- 70,000 AHP and other outpatient attendances.

4. FINANCE

The total running costs associated with Inverclyde Royal Hospital are £92m. Staffing costs account for £69m, with the remaining £23m attributable to non-pay costs including supplies and maintenance.

5. INVESTMENT IN CAPITAL AND EQUIPMENT

Within the last decade there has been significant capital investment in the Inverclyde Royal Hospital. Including investment committed for 20/21, almost £46 million has been spent on improvements to hospital services, including:

- £13 million on department and ward upgrades – including the £1.2 million refurbishment of accident and emergency and the main entrance of Inverclyde Royal Hospital and £4 million on the theatres upgrade
- £14 million on infrastructure upgrades including more than £2m in upgrading the Boiler House and associated plant in order to bring additional resilience and reliability to the heating and power sources for the site.
- £5 million on statutory compliance works including legionella prevention, fire safety, general health and safety requirements
- £6 million on capital equipment on schemes over £5k including equipment replacement such as CT scanner and mammography unit replacement in 2018/19
- £7.3 million on the new continuing care hospital, Orchard View.
- In recent years, we have also replaced almost the entire local, wide area and wireless network connections, replaced the majority of end user devices and simultaneously upgraded to the latest Microsoft operating system with the O365 productivity suite, we have also upgraded the core of the telephony system.

6. INVESTMENT IN SERVICES PRE-COVID

Prior to the start of the pandemic the Clyde Sector was working on a number of local service developments and investments in the hospital. These included:

Medicine:

- Developing ambulatory care services for acute medicine
- Introduction of Acute Medical Advanced Nurse Practitioners in acute medical receiving unit
- Expansion of Gastro nurse specialist roles
- Investment in two additional Clyde ED consultants
- Insulin pump clinic introduced to Inverclyde supported by additional consultant
- Better integration of community diabetes interface resulting in wait for outpatient clinics being reduced to two weeks
- Rheumatology pilot under development with a view to improving pathways and vetting with further development of the nurse specialist telephone support service
- Joint working between Rheumatology consultant staff and Argyll and Bute HSCP to provide training and support to GPs in Cowal
- Appointment of flow co-ordinator within ED (9-9.30pm 7 days per week) to improve quality and efficiency
- Invested in PUVA Unit, which provides ultra violet light therapy to treat dermatological conditions such as psoriasis. The unit was purchased for Inverclyde to provide this service locally
- Plans in development for medical assessment unit

Surgery:

- Ambulatory acute clinics introduced to help avoid admission for surgical patients.
- Process of reviewing surgical pathways and ensuring Inverclyde patients have access to specialist acute surgical teams.

Older Adults:

- Elderly Care Assessment Nurse post established
- Frailty Practitioner established
- Board pilot of AHP consultant working with older people
- Working through options for the development of an older adult assessment unit on the site
- Significant work with HSCPs to improve pathways for patients ready to leave hospital
- Acute Sector working with GPs to improve access and utilisation of rapid access clinics in Inverclyde established to support admission avoidance and to support early discharge
- Compassionate Inverclyde (ensuring no one dies alone) – partnership working between Acute, HSCP and Ardgowan Hospice. Pilot underway in Inverclyde Royal Hospital.

Others:

- Development of discharge hub
- Patient Information Centre opened
- Expansion of Haematology service by increasing non-medical prescribing capacity

7. RESPONSE TO THE PANDEMIC

The Inverclyde area was the first in Scotland to see cases of COVID-19 in early March and the Inverclyde Royal Hospital put in place an early response to this, including the introduction of green and red pathways to separate COVID patients from other hospital admissions. When the Cabinet Secretary for Health and Sport put all health and social care services on an emergency footing in March, routine planned surgery was paused whilst the NHS focused on treating COVID cases and continuing to treat emergency, urgent and cancer patients.

(a) ICU care

All NHS GGC services were mobilised in preparation for a significant demand on inpatient care and theatre and anaesthetic staff were retrained and redeployed to support intensive care teams in each of the main sites. With planned operations suspended, one of the Inverclyde theatres was converted into an ICU unit to create extra capacity in addition to the two funded and staffed ICU beds based within critical care.

We know from published evidence that 30% of COVID-19 patients who require ventilation also require renal support. Renal replacement therapy has not been able to be provided to IRH ICU patients for a number of years now. If faced with an increasing number of COVID-19 patients in ICU they would be required to be transferred.

A new pathway was established in response to the pandemic which saw certain patients transfer for ongoing, multidisciplinary, Intensive Care Unit support to the Queen Elizabeth University Hospital. All critical care patients continued to first be assessed and managed at IRH by the relevant clinical team. The decision to transfer and the timing of transfer was determined by senior staff at Inverclyde Royal Hospital in consultation with the critical care staff at the Queen Elizabeth University Hospital through facilitated communication and close cooperation between onsite staff at IRH and those at QEUH.

The experience of this model was positive with senior clinicians firmly of the view that it significantly benefited the residents of Inverclyde, providing them with access to the highly specialised multidisciplinary care which other Greater Glasgow and Clyde residents receive.

We are proposing to build on the patient pathway that was used in the pandemic to ensure that IRH patients get access to the highest quality of care. The High Dependency and Coronary Care Unit will continue to treat patients at Inverclyde Royal Hospital throughout their journey. This will continue to include support for breathing problems (via non-invasive ventilation) and circulation support as is the case at present (Level 1 and 2 care).

Patients who need Intensive Care Unit support are typically the sickest, and their care can include ventilation or multiple organ support. These are also called ICU Level 3 patients and require one nurse per patient.

The Level 3 ICU beds will remain open and patients from Inverclyde will continue to be admitted to the beds, assessed and stabilised. The primary purpose of these beds will be the provision of immediate Level 3 care support ensuring patients are stabilised within the Level 3 beds in IRH. Patients requiring invasive ventilation as part of this care will undergo this in IRH. This is essentially the transition point from Level 2 HDU care to Level 3 ICU care. This Level 3 support will be provided pending further assessment with the expectation that a majority will transfer for ongoing care. Patients who require ongoing multidisciplinary Level 3 ICU care will be transferred following admission to IRH. IRH ICU staff will manage and stabilise these patients and support their transfer to QEUH. This will account for around 100 of the total 1450 critical care admissions to the hospital per annum.

(b) High Dependency Unit

It is also the case that we have learned from the first wave of COVID-19 that many patients will benefit from non-invasive ventilation in an HDU setting. We increased the capacity to offer this on the IRH site and made new appointments in Respiratory Medicine to support the delivery of this. We anticipate that this should reduce the number of patients who require Level 3 support.

(c) Introduction of Surgical Assessment Unit

With the reduction in elective operations due to COVID-19, we used this time to redesign the surgical service and introduced the surgical assessment unit, allowing our patients to be assessed quickly and cared for without the need for a hospital admission.

The newly created unit has four beds. This new model, will be of great benefit to our Inverclyde patients.

8. **MANAGING THE PANDEMIC AND BEYOND – LONG TERM FUTURE**

The Board is fully committed to delivering high quality safe services from IRH for the local community. The Chairman of the Board, Professor John Brown CBE, has signalled the Board's ongoing commitment to the hospital on a number of occasions stating: "Inverclyde Royal Hospital has a long term future and will continue to play an important part in the delivery of healthcare in Greater Glasgow and Clyde."

Remobilisation

In the short term, all Boards have produced remobilisation plans to set out how services will recover over the winter and into the spring of 2021. The NHSGGC plan sets out a number of key priorities for all its sites, including Inverclyde, as follows:

- The use of technology to support remote consultations is being significantly scaled up. To support remobilisation, the focus is on the use of Active Clinical Referral Triage (ACRT) ensuring that all referrals to secondary care (including advice and patient-led

referrals) are triaged by a senior clinical decision maker to evidence-based, locally agreed pathways after reviewing all the appropriate electronic patient records. The options include virtual attendance, giving patients clinical information and allowing them to opt-in, ordering investigations, placing on a waiting list for a procedure / surgery and face-to-face appointments.

- Identification of tests and investigations ahead of a virtual clinic appointment and the ability to take the test in the community or patients home. Acute Phlebotomy Hubs have been implemented at pace across all sectors – including Inverclyde Royal Hospital.
- A coordinated approach to the re-start of acute services is being implemented with services across NHSGGC adopting the same approach.
 - (a) Increasing outpatient capacity to 80% of 2019/20 rates using virtual patient management, reprioritisation and revalidation of waiting lists
 - (b) Increasing endoscopy capacity
 - (c) Increasing radiology activity
 - (d) Prioritising treatment of all category 3 cancer surgical patients, particularly targeting the urology tumour group
 - (e) Increasing inpatient capacity by clinically validating waiting lists, increasing day management of patients, enhancing staffing arrangements, enhancing pre-op assessment and pre-admission management
 - (f) Supporting GPs by offering a consistent range of electronic advice options as an alternative to admission to Assessment Units
 - (g) Maintaining COVID-19 pathways in hospitals and communities to protect staff and patients
 - (h) Ongoing support for successful service changes implemented during COVID-19 e.g. signposting at EDs, SATAs and Community Assessment Centres (CACs)
 - (i) Developing the NHSGGC response to the national work to increase scheduling of urgent care

In the medium to longer term, the Board will continue to deliver its clinical strategy *Moving Forward Together*, together with regional and national plans, including the delivery of the Major Trauma Network. The reference point for these strategies is the Scottish Government's National Clinical Strategy with a focus on retaining and maximising services that can be safely delivered locally either within the hospital or, where appropriate, within a community setting. Where services are not available locally Inverclyde residents will have access to specialist services delivered across the Board or West of Scotland. Current examples would include the Neurosciences Institute on the QEUH campus, the Beatson Specialist West of Scotland Cancer Centre on the Gartnavel General Campus and the West of Scotland Heart and Lung Centre hosted in the Golden Jubilee Hospital.

Investors in People (IiP)

The Board recognises that our people are our most valuable asset. Central to the success of any organisation is the right blend of talent, motivation and leadership. As part of the NHSGGC's Culture Framework, which was approved in February 2020, the Board gave a commitment to investing in our leaders and our staff by seeking Investors in People accreditation.

We have agreed that Inverclyde Royal Hospital should be the first site to implement the programme, which will help in our efforts to attract and retain a talented workforce for the

hospital. The rollout of the Investors in People Standard commenced at Inverclyde Royal Hospital in October 2020 and the learning from this pilot site will inform wider rollout across NHSGGC in a three year implementation programme.

Moving Forward Together

The blueprint for the future delivery of health and social care services in Greater Glasgow and Clyde was approved by the NHS Board in June 2018.

The Moving Forward Together strategy sets out how primary, community and acute health and social care services will work together to support people to live longer, healthier lives in their own homes and communities and to promote self-management and independence. The strategy seeks to maximise the number of people who are supported to live at home in good mental and physical health for as long as possible.

It describes how care shall be delivered as close to home as possible, supported by a network of community services with safe, effective and timely access to high quality specialist services for those whose needs cannot be met in the community.

A whole system approach will be taken to achieve this in which services are delivered by a network of integrated teams across primary, community and specialist hospital-based care, working seamlessly around the needs of the person.

To support the NHSGGC response to the COVID-19 pandemic, the Moving Forward Together (MFT) programme, including the formal planning and governance arrangements was paused in March 2020. However, since that time many strands of work aligned to MFT have continued to deliver important and necessary change for the organisation and indeed, a number of work streams have been vastly accelerated. The COVID-19 pandemic has reinforced the objectives and practical assumptions set out within MFT and associated strategies.

Major Trauma Network

In 2017, the Scottish Government announced its plan to improve trauma care in Scotland for the 6000 seriously injured patients in Scotland each year through the creation of a Scottish Trauma Network, with four major trauma centres in Scotland, including one at the Queen Elizabeth University Hospital. The Major Trauma Centre is due to open in March 2021 with planning well underway to establish the 24 bed major trauma ward which will provide specialist care to major trauma patients and also provide early access to hyper acute rehabilitation. As part of this network, Inverclyde Royal Hospital will continue to operate as an emergency hospital. The majority of trauma and injury patients will continue to be seen and treated at the IRH, with less than one patient per week transferred to QEUH Major Trauma Centre and approximately 14 patients per week transferred to the Trauma Unit at Royal Alexandra Hospital. Six of 10 patients transferred will be repatriated to IRH for ongoing care within three days.

These changes - as part of the national strategy - free up current trauma theatre activity at the hospital and the plan is to use this capacity to develop a centre for excellence in orthopaedics at the IRH. A design team have now been appointed for the £1.5million capital programme to reconfigure one of the hospital's theatres for orthopaedic activity. A further £350,000 will also be invested to upgrade two wards to support the redesigned trauma and orthopaedic service.

**NHS Greater Glasgow and Clyde
November 2020**