

Meeting:	Grampian NHS Board
Meeting date:	12th September 2024
Item Number:	10
Title:	Bed Base Project Gateway Review
Responsible Executive:	Paul Bachoo, Medical Director, Acute & Portfolio Executive Lead Planned Care
Report Author:	Carrie Stephen, Programmes Lead

1 Purpose and recommendations

This is presented to the Board for:

- Decision

The Board is asked to:

1. Agree formal closure of Stage 1 of the Bed Base project.
2. Agree the development with wider system partners, a business plan progressing to Stage 2 of the ARI bed base review utilising capacity released by the Baird and Anchor projects.
3. Support ongoing discussion with Scottish Government to deliver additional bed capacity, acknowledging financial challenges being experienced by the organisation.

This report relates to:

- NHS Grampian Strategy: Plan for the Future (Pathways, Access: improve preventative and timely access to care)
- Board Annual Delivery Plan – Phase 2 of the ARI Bed Base Review
- NHSG Strategic Risk Register Datix ID 3065
- NHSG Strategic Risk Register Datix ID 3639

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

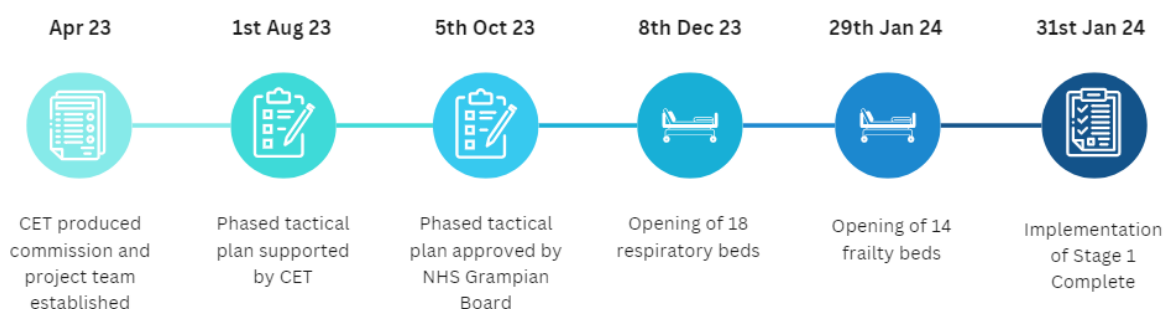
2 Report summary

2.1 Situation

The Chief Executive Team (CET) commissioned a project in spring 2023, designed to provide stability and reduce detrimental impact on citizens and colleagues by providing an immediate, interim and long-term strategy to maximise efficiency, effectiveness and access to beds across Aberdeen Royal Infirmary (ARI) using a data led approach, combined with experience and knowledge of colleagues.

Phase 1 of the project was delivered during winter 2023-24, following which a detailed review analysis has been conducted as agreed in the original project plan.

Timeline of Phase 1



The attached Position Paper is an update to the Board following completion of Phase 1 in March 2024 and sets the outline for Phase 2.

2.2 Background

NHS Grampian has a strategic intent (Plan for the Future 2022-28) to have pathways of care which are responsive and adaptable to meet individual needs. We aim to have empowering pathways, designed around people, which optimise the entire system by not letting traditional boundaries get in the way.

Critical to this is ensuring each PLACE has adequate Capacity to meet its Demand. In terms of the overall Programme of work, this project has focused on ARI. The number of hospital beds in ARI used for planned and unplanned care services are inadequate. Phase 1 of the Bed Base Review Project evidenced NHS Grampian has too few beds to meet its current Demand and this is directly linked to the observed pressure and strategic risk profile referenced above.

It is well evidenced that NHS Grampian has the lowest bed base in Scotland:

- 1.4/1000 population
- Closest mainland board (Highland) is at 2/1000 population
 - If we were at this level we would have 349 additional beds
- The Scotland median (mainland Boards) is 2.4/1000 population
 - If we were at this level we would have 608 additional beds

2023/24	Beds per 1000 population	Beds as % of Scotland	Population as % of Scotland	Difference between Bed % and Population %	Resource Allocations - Unified Budget indicesR - Overall index5	Resource Allocations - Unified Budget target sharesR - '+ Age-sex, Additional needs, Excess Cost share and Out of Hours adjustment	Difference between Population % and NRAC %
Ayrshire & Arran	2.5	6.5%	6.7%	-0.3%	1.10	7.3%	0.6%
Borders	2.3	1.9%	2.1%	-0.3%	1.02	2.2%	0.0%
Dumfries & Galloway	3.1	3.3%	2.7%	0.5%	1.10	3.0%	0.2%
Fife	2.2	5.9%	6.8%	-0.9%	1.01	6.9%	0.0%
Forth Valley	2.8	6.0%	5.6%	0.4%	0.97	5.5%	-0.1%
Grampian	1.4	5.7%	10.7%	-5.0%	0.91	9.7%	-1.0%
Greater Glasgow & Clyde	3.6	30.5%	21.6%	8.9%	1.02	22.1%	0.5%
Highland	2.0	4.5%	5.9%	-1.4%	1.13	6.6%	0.7%
Lanarkshire	2.4	11.3%	12.1%	-0.8%	1.02	12.3%	0.2%
Lothian	2.2	14.6%	16.7%	-2.1%	0.89	15.1%	-1.7%
Orkney	2.1	0.3%	0.4%	-0.1%	1.23	0.5%	0.1%
Shetland	2.3	0.4%	0.4%	0.0%	1.14	0.5%	0.1%
Tayside	2.8	8.4%	7.6%	0.8%	1.02	7.8%	0.1%
Western Isles	3.2	0.6%	0.5%	0.1%	1.39	0.7%	0.2%

Phase 1 of the Bed Base project delivered 32 of the 120 additional beds on ARI campus, supporting frailty and respiratory pathways. The immediate impact must be considered proportionately but early indicators showed a 5% reduction in occupancy rates compared to a 'do nothing' scenario.

2.3 Assessment

The attached report summarises the activities and outputs to date, analyses key factors and changes impacting hospital performance, identifies opportunities and reviews the initial modelling with our new baseline. The scope was expanded to look at all standard adult in-patient beds (excluding maternity, mental health and critical care). The revised projections to meet our optimum ARI bed capacity are outlined in the table below.

Additional Number of Beds	Scenario	Predicted ARI % Occupancy	Predicted ARI ED % Performance	Predicted NHSG ED % Performance
170	Clear Corridor Care, Non-Standard Bed Use, Surge Beds and Delayed Discharges and allow turnaround space	81%	70%	67%
130	Clear Corridor Care, Non-Standard Bed Use, Surge Beds and Delayed Discharges	85%	65%	65%
85	Clear Corridor Care, Non-Standard Bed Use and Surge Beds	89%	60%	62%
45	Clear Corridor Care and Non-Standard Bed Use	94%	54%	60%
30	Clear Corridor Care	96%	52%	60%
0	Do nothing	103%	47%	58%

The Centre for Sustainable Delivery Discovery report acknowledged NHS Grampian operate efficiently in a very lean system reporting "our analysis concludes that NHS Grampian is already one of the most efficient unscheduled care systems in mainland

Scotland achieving middling performance against the Emergency Access Standard whilst operating within a significantly smaller bed base.”

A multi-faceted approach is required to achieve stability, in the short term focussing on improving delayed discharges, reducing length of stay and increasing community capacity as well as acute bed numbers, Longer term, redesign and transformation work to support new pathways is essential to ensuring a sustainable health and care system but is, on its own, insufficient to meet the ongoing challenges.

Our infrastructure presents challenges in finding suitable areas for additional ward spaces on ARI campus. The opening of Baird & Anchor offers the greatest opportunity to increase in-patient capacity in ARI, by repurposing the vacated ward areas, subject to approval through the Corporate Landlord process.

Location	Barriers / Dependencies	Number of possible beds	Timeline*
Ward 309	On relocation to Baird Family Hospital	15	Mid-2025
Ward 308	On relocation to Anchor Centre (currently used as OP but bed head services available)	18	Late 2024

** Estimated timelines dependent on opening of Baird & Anchor units. Existing staff would transfer with the services so recruitment of appropriate workforce required.*

2.3.1 Quality/ Patient Care

Increasing inpatient bed capacity will stabilise services, improving patient experience and outcomes by reducing the provision of ‘corridor care’ (which has increased since Phase 1) and patients being boarded out to alternative wards. These boarded patients often experience longer lengths of stays and multiple movements between wards.

2.3.2 Workforce

Any measures to reduce system pressure will contribute towards improving the safety, experience and wellbeing of our workforce. Delivery of additional capacity in the short term will relieve some of the pressure and safety concerns of our colleagues, stabilising the system and creating readiness for broader transformation. Staff surveys showed an improvement in staff experience following the implementation of the 32 additional beds in Phase 1.

All areas of the workforce were considered in Phase 1 to ensure additional capacity was appropriately staffed and will continue in future phases.

Recruitment is not without its challenges, so creative campaigns along with innovative new roles will be needed to attract and retain suitable workforce.

2.3.3 Financial

Significant recurring investment will be required to deliver further additional capacity. Exact costs will depend on the type of clinical provision and pathway a cohort of beds are delivering. For indicative costs, the 32 beds in Phase 1 have a recurring cost of £4.32m.

Additional one-off expense may be required to upgrade ward environments to ensure it is safe for patients and staff, and for additional equipment costs.

2.3.4 Risk Assessment/Management

Current operational risks are well documented within services and portfolios. Risks specific to future implementation of Phase 2 will be identified and managed by the Project Board.

Key risks to delivery are:

- Financial
- Ability to recruit workforce
- Safe and appropriate locations for additional beds

2.3.5 Equality and Diversity, including health inequalities

The aim of the project is to increase access for all our populations, thereby improving quality of care and outcomes. No adverse impact has been identified and no specific impact on any patients with protected characteristics.

2.3.6 Other impacts

The findings of Phase 1 are well documented and well-rehearsed across the organisation, along with our commitment to provide additional capacity. Inability to meet our objectives may affect confidence and credibility amongst colleagues, citizens and partners.

2.3.7 Communication, involvement, engagement and consultation

Phase 1 included developing a comprehensive Communication & Engagement Plan which was in place throughout the lifecycle of the project, utilising a variety of methods to keep stakeholders well informed and effectively engaged. A similar approach would be adopted for Phase 2.

2.3.8 Route to the Meeting

The position paper has included input from operational management and performance teams across ARI, Dr Gray's Hospital and Health & Social Care Partnerships. Health Intelligence colleagues have provided specialist data analysis.

This has been previously considered by the following committee/group/meeting as part of its development. The committee/group/meeting has/have either supported the

content, or their feedback has informed the development of the content presented in this report.

- Portfolio Executive Leads, 2 August 2024
- Chief Executive Team, 6 August 2024

2.4 Recommendations

The Board is asked to:

1. Agree formal closure of Stage 1 of the Bed Base project.
2. Agree the development with wider system partners, a business plan progressing to Stage 2 of the ARI bed base review utilising capacity released by the Baird and Anchor projects.
3. Support ongoing discussion with Scottish Government to deliver additional bed capacity, acknowledging financial challenges being experienced by the organisation.

3 Appendix

The following appendix/appendices are included with this report:

- Appendix 1 – Stage 2 Bed Base Review Position Paper