

Meeting:	Board Meeting
Meeting date:	5 October 2023
Item Number:	8
Title:	Bed Base Review
Responsible Executive/Non-Executive:	Paul Bachoo, Portfolio Lead for Integrated Specialist Care
Report Author:	Carrie Stephen, Programmes Lead Elaine Thompson, Data Analyst

1 Purpose and recommendation

The Board is asked to:

- **endorse** the decision of the Chief Executive Team to provide an additional 120 beds in Aberdeen Royal Infirmary in a staged approach, incorporating formal gateway review points to review the impact of the beds and inform the next implementation stage.
- **note** that the creation of any additional beds, beyond phase 1, will only be able to be commissioned once an appropriate funding source has been identified and approved.

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Chief Executive Team (CET) commissioned a Bed Base Review project in spring 2023 to identify options for immediate, interim, and long-term actions to maximise access to beds across Aberdeen Royal Infirmary (ARI), using a data led approach, combined with the experience and knowledge of colleagues.

The project reported to CET in August 2023, with a proposed approach to deliver the anticipated benefits (*Appendix 1*).

2.2 Background

Plan for the Future 2022-28 has a strategic intent 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. The design of our system and pathways of care must be approached in a different way, with the aim of balancing “responding to illness and enabling wellness”.

Critical to this is ensuring the number of hospital beds used for planned and unplanned care services are adequate. Rising demand has, in part, been met through modernising pathways, redesign work of unscheduled care pathways, reduced length of stay and shifting to either community-based services or less than 24 hour care (*Appendix 2, Slide 1*). There are, however, signs now of rising pressure on hospital beds; bed occupancy has increased and patient presentations are more complex, Emergency Department (ED) performance against the 4, 8 and 12 hour waiting times and ambulance stacking remain enduring challenges due to exit block from ED because of lack of capacity in ARI.

The number of hospital beds has fallen across NHS Scotland and NHS Grampian has experienced a greater fall than other large territorial Health Boards (*Appendix 2, slides 2 & 3*). Whilst redesign, transformation and efficient lean systems remain critical, the bed base in ARI is inadequate to meet the current demand profile, and this is having a significant impact on not only system performance but also staff wellbeing.

2.3 Assessment

2.3.1 Conclusions of the Review

There is a correlation between the bed occupancy rate and ED 4 hour target performance, as detailed in section 2 of the Report. NHS Grampian has committed to achieving consistent 70% 4 hour ED performance by the end of 2023 in the 2023-2026 Annual Delivery Plan, approved by the Board in June 2023. Modelling suggests this requires a bed occupancy rate of 87%.

Appendix 1 – Bed Base Review Phase 1 report (the Report) – provides details of the process and data examined to conclude that, based on the agreed model to achieve a bed occupancy rate of 87% and ED performance against the 4 hour target of 70%, the ARI site requires an additional 120 beds, with an associated substantive workforce cost of approximately £16.835million.

The review also concluded that there is no evidence to suggest that there are further significant gains in bed requirements from ongoing service redesign work.

2.3.2 Implementation of the recommendations

Taking into account both deliverability and affordability of the proposal to increase ARI capacity by 120 beds and the need to review the impact of other local and national plans affecting capacity, the Report proposed a staged approach to introduce the

additional capacity. There will be gateway reviews at the end of each stage to assess whether the risks and costs of introducing further beds are outweighed by the impact on capacity.

Four stages are proposed, detailed in section 5 of the Report at Appendix 1. On 1 August 2023 the Chief Executive Team approved Stage 1a of the plan – to introduce 40 additional beds by March 2024, with a gateway review in Spring 2024 before any decision to move on to the next stage.

Stage 1a Implementation Plan

32 of the additional 40 beds in Stage 1a have been identified for frailty and respiratory pathways and General Medicine and an appropriate location in ARI is available. Work is underway with Infection Prevention & Control (IPC) colleagues to ensure IPC risks are minimised. Recruitment of the necessary workforce is underway and includes newly graduated nurses who are now available for placement. The options for the remaining 8 Stage 1a beds are still being reviewed and CET is updated every week on progress.

2.3.2 Quality/ Patient Care

Increasing capacity at Aberdeen Royal Infirmary will stabilise services, improving patient experience and outcomes by reducing the provision of ‘corridor care’ and patients being boarded out to alternative wards. These boarded patients often experience longer length of stays and often multiple movement between wards. Early analysis shows high occupancy rates are linked to higher reported adverse events so as length of stay reduces quality of care is expected to improve, as well as improving access to both planned and unplanned care.

2.3.3 Workforce

Any measures to reduce system pressure will contribute towards improving the safety, experience and wellbeing of our colleagues. Our Plan for the Future sets out to ensure our colleagues can thrive and be safe and well through work. Delivery of additional capacity in the short term will relieve some of the pressure and safety concerns of colleagues required to deliver care in corridors or other unsuitable environments, as well as reducing the need to care for patients boarded in wards across the hospital, outwith the specific specialty areas.

All areas of the workforce are being considered in the provision of additional capacity and whilst recruitment will not be without its challenges, creative campaigns along with innovative new roles may increase attractiveness of the posts.

2.3.4 Financial

Significant investment will be required to deliver appropriately staffed additional capacity. The Chief Executive Team have been provided with costings for 120 additional beds, both for a substantive staffing model and with use of

supplementary staffing. The staged approach allows for staged investment over two years.

The majority of the spend is recurring staffing costs but some initial one off expense will be required to upgrade identified accommodation to ensure it is safe for patients and staff, and for additional equipment costs.

The 2023-24 financial plan includes provision for phase 1a of the bed review project, which aims to deliver 40 additional beds this winter. The gateway approach used to move from one stage of the implementation plan to the next stage will include a review of the impact of the additional beds introduced at each stage and an assessment of the need for further beds against the financial and workforce risks associated with increasing the bed numbers up to the maximum of 120 additional beds.

The challenge of identifying additional recurring funding for the full complement of 120 beds at a time when NHS Grampian is overspending by £42.9 million cannot be underestimated. The further 80 beds will not be able to be commissioned until a funding source is identified and approved. In order to commission and fund these additional beds, there will need to be a mixture of service prioritisation and pathway redesign in order to deliver services at a reduced cost. Even then it will be a challenge to create spare funding at a time when the Board is in financial deficit. The costs for phase 2 onwards will be considered through our budget work for 2024/25.

2.3.5 Risk Assessment/Management

The Project Delivery Group and subgroups identify and manage, mitigate or escalate risks within the governance structure.

There are some key risks likely to impact on delivery, in particular the ability to recruit the required workforce. The Workforce Subgroup is considering all options to mitigate this and will monitor progress closely to respond to emerging issues.

2.3.6 Equality and Diversity, including health inequalities

Impact Assessments will be carried out at each implementation stage because the specific placement and function of additional capacity will differ at each stage.

2.3.7 Other impacts

There is an ambitious timeframe to provide additional staffed bed capacity in order to assist with an expected surge in demand over winter 23/24. Failure to introduce additional staffed beds may affect confidence and credibility with citizens, colleagues, Scottish Government and partners.

2.3.8 Communication, involvement, engagement and consultation

This plan has been developed at pace but has recognised the importance of engagement and consultations with our colleagues and other stakeholders and has utilised a variety of methods to keep them well informed and effectively engaged. Section 3 of the Report at Appendix 1 contains details of the engagement events.

Further feedback on the proposed staged approach to deliver additional capacity is underway. Early responses indicate 75% of respondents agree with the staged approach, although there is some concern at our ability to deliver this in the timeframe suggested.

2.3.9 Route to the Meeting

The Bed Base Review has been developed iteratively using the outputs from data analysis, engagement activities outlined in Appendix 1, and in collaboration with the Executive Lead, the Project Delivery Group and others.

The paper was submitted to the Chief Executive Team on 1 August 2023, where the recommendations were accepted.

2.4 Recommendation

The Board is asked to:

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3 Appendix/List of appendices

The following appendix/appendices are included with this report:

- Appendix 1 – Bed Base Review Phase I Report (Jul 2023)
- Appendix 2 – Supporting Data Slides