

Chief Exec's Update



Monday 30 March 2026

In my final blog of 25/26, I want to start by saying thank you to each and every one of you for your hard work and focus over the last year, which I recognise has been hugely challenging.

We go into the new financial year and quarter 1 of 26/27 in much better shape and ready to build on the progress we can evidence over the last 12-months. Our 5 strategic priorities for the year ahead are: (1) people, leadership and governance (2) prevention (3) unscheduled care (4) planned care and (5) value and sustainability. We will report our progress on a quarterly basis so we know how we're doing against the measures for improvement we have agreed.

From 7 April, we will be moving from what is currently the Chief Executive Team to an Executive Team. This will be comprised of me and my main line reports and will be a main decision-making forum as we explore what a more inclusive model may look like in the months ahead. This early engagement work is underway. We will continue to share a summary of the key discussions and decisions after every weekly meeting so you feel well-informed.

Our work to improve the timeliness and access to urgent and emergency care remains a top priority. I talk often about the importance of recognising improvements, no matter how big or small, and we are starting to see some positive signs which I want to share with you. Our 4-hour emergency access performance at ARI has improved week on week for 3 consecutive weeks. There is still much to be done, but progress must be recognised.

We are determined to eliminate all non-standard bed spaces. Our Unscheduled Care Improvement Programme includes work to improve our discharge practices and in turn flow through and out of our hospitals. We have since closed a number of non-standard bed spaces, including 14 at ARI. We have delivered a sustained 30% reduction in General Medicine boarders since the start of this year. We are reducing our reliance on corridor care. Back in January 2026, we were averaging around 35-38 beds in use each day with a peak of 43. This has gradually come down, and we are now at 23-25 (Monday at 20). This reduction is not the result of increasing boarding elsewhere or increasing the length of time people spend in the Emergency Department. 12 hour waits in ED are coming down and the number patients waiting for a bed in ED at 8am each morning has come down from an average of 12-14 to 8-9 each day. We have closed 5 general surgery wards to boarders. We are moving in the right direction. In spite of that, I know many of you aren't yet feeling the benefit of these improvements in your day-to-day work. As such we must keep going with our improvement work, which will benefit our patients and you in turn.

As always, thank you for everything you do. Have a good week everyone and take good care.

Best wishes

Laura

Laura Skaife-Knight
Chief Executive