NHS Grampian

Meeting:	**NHS Grampian Board**
Meeting date:	**12 December 2024**
Item Number:	**14.2**
Title:	**Temporary Bed Capacity Increase – Additional Expenditure**
Responsible Executive/Non-Executive:	**Geraldine Fraser, Portfolio Executive Lead, Medicine & Unscheduled Care & Integrated Families Portfolios**
Report Author:	**Carrie Stephen, Programmes Lead**

1 Purpose

This report is presented to the Board for:

- Awareness
- Agreement

The Board is asked to:

- Retrospectively note associated financial spend required to respond to the critical incident declared on 28th November 2024
- Agree that in order to provide some mitigation of the intolerable risks relating to NHS Grampian's inability to meet demand in both Planned and Unscheduled Care pathways and learning the lessons from the recent critical incident at ARI in November 2024, bed capacity across the system must be increased to stabilise the system over the winter period.
- Note the unavoidable additional costs to increase bed capacity to stabilise the system over the coming months, noting there is no provision in the current financial plan for these costs and that this commitment will increase our projected overspend.
- Note that there is ongoing engagement with Scottish Government in respect of NHS Grampian's financial position and the predicted unavoidable costs of increasing bed capacity to meet winter surge demand.

This report relates to:

- NHS Grampian Strategy: Plan for the Future (Pathways, Access: improve preventative and timely access to care)
- NHSG Strategic Risk Register Risk 3065- Inability to meet population demand for Planned Care
- NHSG Strategic Risk Register Risk 3639 – Significant Delays in the Delivery of Unscheduled Care
- NHSG Operational Risk Register multiple operational risks

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Grampian has been experiencing enduring pressures across our system over the last few years which is impacting on flow across the system, and specifically on Aberdeen Royal Infirmary (ARI) and Dr Gray's Hospital (DGH).

Several key risks being held across the organisation (see Strategic Risk paper), relate to our ability to deliver planned and unscheduled care. Two of these (Risk ID 3065 & Risk ID 3639) have been categorised as very high and outwith our risk tolerance thresholds, and creation of additional capacity, in the immediate to short term is considered to be the only viable option to go some way to mitigating this risk assessment in an increasingly challenged system.

In 2023, the Centre for Sustainable Delivery (CfSD) National Unscheduled Care Programme completed detailed discovery analysis) in all boards, designed to help develop evidence-based planning assumptions. Debrief sessions were held with Grampian in early 2024. The summary report concluded that NHS Grampian is one of the most efficient unscheduled care systems in mainland Scotland, whilst operating with a significantly smaller bed base and recommended, alongside some targeted improvement measures, consideration of the hospital bed base must be an essential part of future strategic planning.

The ongoing Bed Base Review project is progressing the future strategic planning of our bed capacity, seeking to identify optimal and sustainable options for bed capacity in the medium and long term.

Pressure has been coming from the Scottish Ambulance Service and the Scottish Government for NHS Grampian to quickly improve ambulance wait times at ARI. The reasons for poor ambulance wait times and front door performance are multifactorial, impacted by wider hospital occupancy and flow. Improvement work

continues through the Unscheduled Care Improvement Programme, and operational colleagues continually monitor performance, putting in place extra measures or improvements whenever possible.

On 15th November 2024, a Whole System Unscheduled Improvement Plan*)* was submitted to Scottish Government, focussed on system wide improvements to reduce long ambulance wait times. A follow up visit from the Centre for Sustainable Delivery took place on 2nd December 2024, and we await the outputs of that visit and response from the Scottish Government.

On 28th November 2024, NHS Grampian declared a board critical incident "due to very high demand on our services and those of our partner agencies." The Chief Executive explaining, "We have taken this significant step in light of sustained and continuing pressure at Aberdeen Royal Infirmary". This has resulted in any patients not requiring lifesaving care to be redirected to alternative hospitals, where clinically appropriate. Some elective procedures and appointments were also cancelled, with the exception of cancer treatment or diagnostic tests. NHS Grampian also worked with Health and Social Care Partnerships to increase bed capacity to manage the demand across Grampian.

As well as this very short period of ambulance diversions and cancellation of some elective activity, additional beds were stood up in community facilities for a period of 1-2 weeks. However, hospital occupancy remains high at both ARI and Dr Gray's Hospital - ARI averaged 111% in the week leading up to the critical incident and has not been under 100% occupancy since September. At Dr Gray's in Elgin, it has been at 124% and has also not been under 100% since September.

The critical incident was stood down on 30th November, and the system is now in a recovery phase and a review of the incident will follow. Additional costs were incurred in the response to the incident, primarily linked to supplementary staffing used to support additional bed capacity. The full cost of the response is still to be finalised but indicative additional supplementary staffing costs for the first five days of the critical incident response were £32k. It is estimated that further costs of £110k will be incurred to support maintaining the additional bed capacity during December 2024.

As we move through the winter months, to alleviate the anticipated high pressures from front door through to discharge, reducing the likelihood of another critical incident is paramount. The Bed Capacity Contingency Plan is a key cornerstone to stabilise the system in the short term (3-6 months). At present, the Bed Capacity Contingency Plan is distinct from the formal Bed Base review project, which will be progressed as part of wider strategic planning and change priorities as set out in our Delivery Plan.

2.2 Background

In August 2024, the Chief Executive Team (CET) commissioned the creation of a Bed Capacity Contingency Plan capable of addressing both surge and/or

contingency requirements for a time limited period. This plan is intended to provide short term stability at times of greatest system pressure / disruption whilst work is ongoing to plan for longer term sustainability being progressed by the Bed Base Review project to increase overall bed capacity across the system.

2.3 Assessment

Constructive discussions took place at the Chief Executive Team meeting on 26th November 2024 with Health & Social Care Partnership colleagues exploring how partners can be supported to maintain existing capacity and increase flow across the health and care system. It is recognised that Delayed Discharges and Delayed Transfers of Care have been increasing and consequently more beds in ARI and DGH are being occupied with medically fit for discharge patients. Maintaining, and if possible increasing, care home beds and care at home provision is a priority, to ensure timely flow out of the hospital and free up beds more quickly.

Health and Social Care Partnerships have active improvement plans and are engaged in the national Discharge Without Delay group led by Collaborative Response and Assurance Group, Scottish Government and COSLA.

However, the Integrated Joint Boards face the same financial challenges and constraints as the NHS Grampian Board and are having to make some difficult decisions which impact on available capacity across community care. These difficult decisions change the balance of risk across the whole system; demand that cannot be met by community services is displaced into secondary care which has to fund and staff additional capacity when the risk to quality and safety of care and workforce wellbeing increases even further beyond already uncomfortable levels.

Therefore, based on our very high risk appetite and inability to maintain or reduce Risk Tolerance a CET decision was made to increase bed capacity through enaction of the Bed Capacity Contingency Plan.

There is no provision within the projected overspend reported to the Board of £73.1 million to meet the costs of the Bed Capacity Contingency Plan. Any expenditure incurred will further increase the Board's financial deficit.

The Bed Capacity Contingency Plan is to be activated when existing surge and nonstandard bed capacity has been exhausted, or to respond to physical or environmental factors resulting in a need to displace inpatient activity. It should sit alongside service Business Continuity Plans. The first part of the Plan was triggered on 28 November 2024 and additional capacity was opened in Rosewell, which will remain open for the duration of the winter period. Further capacity has been scoped and will be activated when both of the following tests are met;

1. Pressure Escalation test - All G-OPES level 4 actions to mitigate are in place across the whole system; and
2. The system capacity is over 111% with an adverse trend in Delayed Discharges/Delayed Transfers of Care beyond control levels

If the trigger is activated a decision will made at the time how much of the capacity will be required, so the total capacity may be activated in phases and may not all be used. The Bed Capacity Contingency Plan is intended to be active for a period of up to 3-6 months initially but must have a clear exit strategy. Should the requirement continue beyond this range, any impacts, dependencies and transitions which overlap with the Bed Base Project future stages will be monitored and managed. The Board will receive another paper if any extension resulting in increased costs is required.

Locations are yet to be finalised but several suitable locations in a reasonable state of 'readiness' have been identified and are under consideration. Each of these has impacts and dependencies which will inform the final plan, with clear staging for opening of each.

2.3.1 Quality/ Patient Care

Increasing inpatient bed capacity on a temporary basis, (for 3-6 months), will address the most severe risks and challenges currently being faced in the system (long ambulance waiting times, increasing delays in access to unscheduled and urgent planned care, very high occupancy rates, insufficient system flow, further increasing the use of non-standard bed spaces, risk to patient safety) and be a key contributor in avoiding the need to call further critical incidents.

2.3.2 Workforce

The impact of sustained service pressures on our workforce is clear. We would be unlikely to staff additional beds from existing teams without negatively affecting patient care and staff wellbeing, and a likely reduction in activity.

The recommendation to enter a service contract with an external supplier of health and care staffing has been supported by the Chief Executive Team. This recommendation followed an Options Appraisal process with Chief Nurses and the acute AHP Lead. There is no spare capacity or flexibility in the system, and the commission for the contingency plan stipulated no negative impact on elective care. This model has been used successfully previously in providing nursing staff for the orthopaedic service at Woodend Hospital.

Nursing and medical models will be agreed with the relevant professional groupings and will be appropriate for the specific locations. The Plan will also account for proportionate clinical and non-clinical support services.

2.3.3 Financial

Four 16-bed units have been identified in various locations. It is unlikely all of these units would be in use but gives flexibility to increase or decrease as needed. As

noted in section 2.3.2 a service contract staffing model is the best option for operationalising these units quickly, although is acknowledged to be the most expensive option and all efforts to minimise the cost will be made (e.g. use of bank, agency, fixed term contracts).

We are working with suppliers to get firm quotes, but based on previous experience and contracts, the costs for clinical staffing (medical, nursing and Allied Health Professions) for each unit, for a 12-week period, would be in the region of £350 000 - £550 000.

2.3.4 Risk Assessment/Management

The strategic risks outlined in section 1 of this report also link to the 'NHSG Board Strategic Risk Report December 2024' where more detail of these risks are outlined: Assigned Assurance level, Current Risk Rating and Risk Appetite/Risk Tolerance Thresholds.

The two intolerable risks relating to our inability to meet demand in both Planned and Unscheduled Care pathways leave us little room to mitigate one without further increasing the risk in the other. The recent critical incident has shown the outcome of holding these risks with no further controls or mitigations.

It was therefore important we have an agreed Bed Capacity Contingency Plan ready to enact, noting there is zero 'slack' in the system to reassign nursing, medical, AHP and discharge staff to cover any additional capacity, and limitations in the physical environments available to us.

If we are unable to provide additional inpatient capacity over the coming months it is likely to result in further critical incidences due to intolerable operational pressures, and this should be balanced with the financial risk incurred by the Bed Capacity Contingency Plan.

2.3.5 Equality and Diversity, including health inequalities

The aim of implementing the Bed Capacity Contingency Plan 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 has been identified.

2.3.6 Communication, involvement, engagement and consultation

Iterations of the original commission and the plan have been communicated to and consulted with the Portfolio Executive Leads (PELs) and the Chief Executive Team.

Members of clinical, support and corporate teams have been involved in the detailed workforce planning and site assessments.

The report has not been shared with any external stakeholders.

2.3.7 Route to the Meeting

The Chief Executive Team reviewed and commented on two submissions of the Bed Capacity Contingency Plan on the 19th and 26th of November.

This Board paper, in draft, was discussed at CET on 3rd and 10th December 2024.

2.4 Recommendation

The Board is asked to:

- Retrospectively note associated financial spend required to respond to the critical incident declared on 28th November 2024.
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