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NHS Grampian

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Sent via email: Fiona.Bennett@gov.scot

Stephen Gallagher
Director of Assurance and Improvement
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Date: 03 08 2026
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Board Meeting
13/08/26
Open Session
Item 9.2

Dear Fiona and Stephen,

Thank you for your letter dated 23 July 2026 providing NHS Grampian with financial comfort in relation to the Acute Frailty Expansion and strengthening of the Emergency Department consultant staffing model. NHS Grampian is extremely grateful for this support and helping us to implement these developments which will improve access to unscheduled care services for the population of Grampian and improve the experience of our patients and staff which is what we all remain focused on achieving.

With regard to your letter, I can confirm the following:

- *No additional funding is required in 2026–27.*
  At the end of Quarter 1, we continue to forecast that this can be delivered within the current slippage. We are therefore confident that no additional funding will be required in 2026–27.

- *We will underwrite (rather than fund) the risk in 2027–28 and 2028–29 up to £3.4 million. However, all attempts should be made to deliver this within NHS Grampian's existing budget.*
  We fully understand the need to reduce the financial cost and burden in future years and are committed to doing so. During 2026–27, we will explore all options with our partners in the Integration Joint Boards, and we believe there will be further slippage in 2027–28. Once all projects are fully implemented, we will be in a much stronger position to determine priorities and assess their impact on performance.

- *An open-book approach is maintained, ideally through the Assurance Board, with NHS Grampian providing updates on performance, expenditure, any financial gap, options to mitigate it, and any remaining shortfall.*
  Financial monitoring of the Operational Improvement Plan will form part of our standard budget monitoring report. It will also continue to be included within our updates via the quarterly financial reviews with the Scottish Government.

  We will provide the Assurance Board with regular progress updates against the implementation plan for the Acute Frailty Expansion, and a benefits realisation

reporting framework is currently being developed which will support close performance monitoring.

- *Evidence is provided that all reasonable options to close any funding gap have been fully explored.*
  We will provide this evidence via the Assurance Board and our quarterly financial reviews.

The frailty bed capacity across the Aberdeen Royal Infirmary site will increase by 29 beds, from 39 to 68 beds through this important development. This will be partially offset by a reduction of 13 general medicine beds, resulting in a net increase of 16 beds. The proposal also includes the realignment of Ward 308, with all associated costs, staffing and budget requirements factored into the project.

In relation to staffing, I can confirm that the requirements are as follows:

Workforce Group	**WTE**	**Cost**
Medical	9.0	£0.92m
Nursing	69.14	£4.02m
Pharmacy	4.0	£0.27m
Allied Health Professionals	9.0	£0.50m
Est support services costs	TBC	£0.20m
Total additional frailty staffing requirement	**91.14**	**£5.91m**
Reduction in Ward 308 Staffing	(37.4)	(£2.40m)
Net increase in staffing requirement	**53.74**	**£3.51m**

These figures have been verified through the following process:

- The frailty workforce establishments were initially developed and verified through a multi-disciplinary team and subsequently reviewed through a series of clinical and operational staff workshops.
- The nursing establishment was tested against the NHS Scotland Common Staffing Methodology and subject to a separate professional review by the Chief Nurse and Deputy Chief Nurse in Medicine.
- The Allied Health Professional establishment was independently reviewed by the Director of Allied Health Professionals.
- Medical and Pharmacy staffing was assessed against the existing delivery model.
- An external clinical review by the clinical lead responsible for a comparable frailty service (NHS Tayside) identified similar staffing requirements and provided additional assurance that the proposed establishment is consistent with the workforce required to deliver a high-turnover acute frailty unit and inpatient service.

You have my assurance that teams will continue to review these workforce establishments and reduce these where it is deemed clinically safe to do so.

Thank you once again for your continued support in helping NHS Grampian to improve its Unscheduled Care Performance and with this, quality, safety and experience for our patients and staff.

Please don’t hesitate to come back to me if any further information is needed at this stage.

I will share your letter and my response with our Board in full and we will discuss it at our Board meeting on 13 August 2026.

Yours sincerely,

Laura Skaife-Knight
Chief Executive, NHS Grampian