

Chief Executive's Report
14 March 2024 Board Meeting
Dr Adam Coldwells, Interim Chief Executive



Purpose of this report

This report updates Board members on priority issues since the last Board meeting which are not covered elsewhere on the agenda.

1. Healthcare Improvement Scotland (HIS) Reports (ARI & Dr Gray's Hospital)

As you are aware, both ARI and Dr Gray's Hospital were subject to an inspection from Healthcare Improvement Scotland between 9-11 October last year and the resulting reports were published on 1 February 2024.

The independent inspectors praised staff at both sites for the care they were providing to patients and noted the significant range of pressures, including increased hospital admissions being experienced.

Whilst HIS highlighted several areas of good practice and some issues identified were able to be resolved on the day, there were some notable areas reported as requiring improvement.

Our communication and engagement with staff around publication of the reports, sought to focus on the positive findings which were rightly singled-out by HIS. A written staff briefing was issued, supported by a number of meetings with local teams to discuss the report findings and our intended response in a constructive forum.

Publicly, members of our Executive team fulfilled media interviews reinforcing the positive staff as well as acknowledging the areas for improvement and apologising where performance had fallen short.

I am pleased to be able to advise that the comprehensive action plans developed in response to each report are progressing well with Portfolio Leadership Teams input. As a Board we have a total of 53 agreed actions and 36% (19) are now complete, with accompanying evidence collated. This supports a progressive review by our Executive Lead before an 18-week update submission is required to HIS week commencing 3 June 2024.

There is a separate update required for the concerns raised about overall management of controlled drugs at Dr Gray's Hospital due on 31 March 2024. The response for this is currently being collated, with the final letter and evidence expected on Friday 15 March 2024.

2. Finance

Our medium-term financial plan and annual delivery plan will come to our Board meeting in April. However, at this juncture I would like to highlight the extremely challenging financial landscape that we continue to operate in. Whilst we are at an advanced stage in our financial planning for 2024/25, our forecasts anticipate a more challenging year for all Health Boards than we have ever previously experienced. Indications are that NHS Grampian will be required to identify and achieve savings in excess of £77 million.

The scale of this challenge is unprecedented and cannot be underestimated. In developing our medium-term financial plan, we are seeking to achieve the right balance between good financial governance, clinical governance and staff governance, whilst not losing sight of the prevention activities that move us closer to enabling people to remain well for longer and require medical treatment later.

This scale of financial reduction can only be achieved through a mix of close control over day-to-day spending, significant focus on organisation-wide areas of high expenditure and transformation driven by clinical services. In the short-term we're encouraging all staff to play their part by using resources efficiently.

3. National Treatment Centre Grampian & Dr Gray's Hospital MRI

In December, the Scottish Government announced its budget and outlined a very challenging picture for public sector spending. One area which has seen the impact of this very quickly is capital spending.

The Scottish Government subsequently confirmed to NHS Grampian that, based on the budget allocation for 2024/25 and medium term funding outlook, development work on the National Treatment Centre - Grampian should pause.

Clearly, this news was hugely disappointing, not only for those staff who have worked on this project but also for the wider organisation and the people of Grampian. The Executive team has expressed its disappointment and emphasised its ongoing commitment to these projects. Our hope is that both will proceed at some point in the future when there is certainty of funding.

It is notable that capital investment across the public sector, not just health and social care, have been affected by the Budget. This was reflected in the Scottish Government's most recent progress update to its 2021-22 to 2025-26 Infrastructure Investment Plan (IIP) published on 29 January.

Any capital funds that we receive in 2024/25 financial year will therefore be directed towards the maintenance of the existing estate and essential equipment replacement programmes. Plans to refurbish the mental health ward at Dr Gray's, which were planned to take place at the same time as the MRI construction, will now be reviewed alongside NHS Grampian's wider infrastructure investment requirements.

4. Flow and Safe Transfer of Patients

The topic of ambulances waiting outside Emergency Departments (EDs) is well rehearsed and continues to be used by some as a proxy measure for the pressure our health and care system is experiencing. So, I wanted to highlight a number of pieces of work underway that are increasing capacity, supporting flow and will contribute to a reduction in ambulance waits.

The expansion of our Flow Navigation Centre (FNC) to create an urgent care hub, is enabling us to redirect patients away from ED to more appropriate care pathways where appropriate. The Call Before You Convey initiative for SAS crews continues to significantly reduce the number of cases which present to the ED by utilising the FNC and capabilities such as Hospital at Home to provide the most appropriate care.

As part of our Safe Transfer of Patients (SToP) work, the ED at ARI has increased its capacity to assess patients from 12 bays to 20 and in AMIA (the location where our longest waits tend to be) the team have tested an initiative to increase initial assessment capacity within the department.

Optimising Patient Flow continues to refine and review delayed transfers of care/delayed discharges to maintain admitting capacity in the ED. NHSG and SAS have just completed a joint escalation framework to best manage risk at the front doors and minimise stacking.

In addition, the project board to realign bed capacity at ARI has worked tirelessly with key stakeholders to agree solutions for the introduction of 32 additional beds – 18 for respiratory pathway and 14 for the frailty pathway – which were fully opened at the end of January 2024. The team is now exploring options for the introduction of 8 further beds.

Dr Adam Coldwells, Interim Chief Executive 14 March 2024