

Meeting:	NHS Grampian Board
Meeting date:	Thursday 1st December 2022
Item Number:	9
Title:	Strategic Plan for Dr Gray's Hospital
Responsible Executive/Non-Executive:	Adam Coldwells, Director of Strategy & Deputy Chief Executive
Report Author:	Adam Coldwells, Director of Strategy & Deputy Chief Executive Christina Cameron, Programme Manager

1 Purpose

This is presented to the Board for:

- Assurance - note that the Population Health Committee was assured by the approach to engagement.
- Comment - provide comment on the key issues for the strategic direction of Dr Gray's Hospital identified in the paper.
- Endorsement - endorse the ongoing work to develop the strategic plan for Dr Gray's Hospital.
- Decision - agree that it will receive the Dr Gray's Strategy at its February 2023 meeting; and.
- Agree that it will receive the delivery plan for the Dr Gray's strategic plan at the April 2023 meeting

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Grampian aims to agree a strategic direction for Dr Gray's Hospital at its February 2023 meeting. This paper provides an update for the Board on the progress in developing the strategy and seeks guidance from the Board on a number of issues concerning the strategic direction.

2.2 Background

The Board agreed, at its June 2022 meeting and as part of endorsing the Plan for the Future, to develop a strategic intent for Dr Gray's Hospital. The Board has committed considerable time to this work receiving formal updates in August and October 2022 and undertaking seminar work in September and November 2022. The Board undertook site visits to Dr Gray's Hospital in November 2022.

A clear strategic direction for Dr Gray's Hospital will provide clarity for existing staff and will, we believe, make both recruitment and retention more robust as people will be clear about the future of the hospital and their role within it. There has been considerable change in Dr Gray's and in the Moray community settings over the past decade with a reduction in bed numbers and changed approaches to care delivery models, with some of these changes creating pressures within the system. Engagement with staff highlighted the urgency for a clear strategic direction which would then allow for changes in the Dr Gray's system to be enacted, ensuring there was consistency with a defined outcome; a sense of getting the hospital "right sized" for the activity is very important. This work will be described through the delivery plan process and will be able to draw on some recent, externally commissioned work about the bed model.

Further to the changes that have been led by the health and care system the Moray context is also changing. Whilst the population profile is changing and the implications of this will form a fundamental section of the strategy, there are a series of very positive drivers causing these changes. The Moray Growth Deal is perhaps the best indicator of the flourishing future for the area and the need to have clarity on Dr Gray's Hospital.

2.3 Assessment

This paper presents two key aspects to the Board, namely, (1) an update on the engagement for developing the plan and (2) an indication of some key issues for consideration in the strategy.

2.3.1 An update on the engagement for developing the plan

Engagement to date has occurred mainly through face-to-face discussions, on-line questionnaires promoted through social media, paper questionnaires available in Dr Gray's Hospital and communities through Moray, and with assistance from the Moray Community Wellbeing Team who have been having discussions with and gathering views from established community groups. The following table provides some summary data on these engagement approaches.

Summary of Engagement to Date		
Engagement method	Numbers so far	Further Actions Planned
Survey responses	<p>Total – 859 This is made up of:</p> <ul style="list-style-type: none"> • Public – 607 • Staff – 156 (Nov) • Staff – 177 (June) • Partners, non-DGH Colleagues and other Professional Stakeholders – 81 • GP questionnaire – 15 to date (workshop also scheduled) 	<ul style="list-style-type: none"> • Public, Staff and GP Questionnaires closed on 14 November. • Partner, Colleagues and other Professional Stakeholders will be promoted until it closes on 30 November.
Staff and Stakeholder Facilitated Engagement Workshops (3hrs per workshop)	<ul style="list-style-type: none"> • 17 face to face staff workshops, c140 participants, (50 hrs of engagement) • 2 Scottish Ambulance Service workshops 1 x face to face/ 1 x MS Teams (3hrs of engagement). 	<ul style="list-style-type: none"> • GP engagement session planned for 1 December at Moray College. • Workshop feedback will be shared with all staff, initially with workshop attendees to sense check then wider.
Pop-up engagement at Main Entrance of DHG	<ul style="list-style-type: none"> • June 2022 – early engagement to inform approach. • Nov 2022 - at close of workshops to provide an additional chance for hard copy responses and promoting QR codes on posters. 	<ul style="list-style-type: none"> • Further Pop-up engagement will be done to feedback engagement findings and update on progress of the plan development.
In-person Community Engagement	<p>The Community Wellbeing and Development Team (CWDT) for Moray Health and Social Care Partnership have engaged with 20 older people groups across Moray.</p> <p>This offered the opportunity for approximately 600 citizens to have their say on DGH. The CWDT have supported engagement through offering online participation via QR code or by offering paper responses.</p>	<p>Face to Face engagement sessions have been undertaken in for following Localities to date:</p> <ul style="list-style-type: none"> • Speyside • Moray coastal communities • Cullen • Buckie • Elgin <p>Both hard copies and digital survey links continued to be shared across CWDT groups and networks until 14 November.</p>

Engagement method	Numbers so far	Further Actions Planned
Reach Via social media	Awareness and engagement opportunities continue to be promoted.	<ul style="list-style-type: none"> Promotion will continue during November. Website will continue to be updated with progress and engagement findings.
DGH Strategy Video	140 DGH staff views during Sept and October.	
DGH Plan Website Page	Continues to be developed with details of engagement and feedback to be published in real time.	
DGH Senior Staff Committee	Attendance and updates give every month since June 2022.	This will continue going forwards.
Strategic Planning and Commissioning Group (SPCG)	Attendance and updates given 4th October and 6th Dec 2022.	Updates will continue.
Moray Senior Leadership Team	Attendance and updates given 11th October and 25th November 2022.	Updates will continue.

The service user, patient and community focused questionnaire was launched in September 2022. To date more than 600 responses have been received. This questionnaire closed on 13 November and the feedback received will inform the level and nature of continued face-to-face public engagement, using participant demographics to target any under-represented groups or communities.

Communication has also taken place with key partners such as Moray Council and Moray Integration Joint Board, and internally with key groups such as Dr Gray's Senior Staff Committee, Area Clinical Forum, and the Population Health Committee. From the engagement activity to date, the Planning Team has begun to pull together a number of key themes which are being further tested with staff, partners and the public. This process also allows those groups to become familiar with the themes and the necessity for change that they represent.

The Population Health Committee considered the engagement approach to this work at their November 2022 meeting and confirmed that they are assured it is robust and inclusive.

2.3.2 Key issues for consideration in the strategy

Whilst there is an emerging direction for Dr Gray's Hospital there are a number of key components where differences of opinion exist about where to land on a spectrum of

choice. The strategy will be formed around these key components. A number of these are set out below to seek guidance from the Board.

1. How much to do locally?

This is probably the most fundamental question which the strategy seeks to answer. Whilst it is absolutely clear that Dr Gray's needs to have both medical and surgical specialties the scope and range of services provided could vary considerably.

There are a few hospital types (although largely very poorly and inconsistently defined in the literature) ranging from a University teaching hospital, through a District General Hospital (DGH) to a rural general hospital. The feedback from the staff engagement sessions has illustrated a range of views with some staff insisting it must be a DGH to firm views that there should be clarity that it is not a rural general hospital and others also being insistent it is not a DGH either. The Nuffield Trust published a paper "Rethinking acute medical care in smaller hospitals"¹ which explores some practical steps for organising care in smaller centres. When considering the differences between a rural general hospital (examples include Orkney & Shetland) with the offering from Dr Gray's hospital there are two very helpful indicators (1) the size of the population served at Dr Gray's Hospital is some 100,000 people whereas the island hospitals typically serve some 25,000 people and (2) the provision of consultant led Emergency Doctors in the ED, rather than the more direct support of specialty consultants and specially trained general practitioners.

As an example, one of the issues discussed in the engagement sessions is about the provision of critical care. Dr Gray's Hospital has a level 2 facility (high dependency unit) whilst some colleagues felt we should expand provision to have a level 3 facility (intensive care unit). Implementation of such a facility would need to consider a number of issues, including the staff model, likely demand for level 3 care and the associated maintenance of competencies and the attractiveness of the role, cost etc.

At present, Dr Gray's Hospital provides a comprehensive range of District General Hospital level services. For illustration these are presented in Appendix 1. The current model sees the more specialist, complex critical and tertiary level care being provided from Aberdeen which requires patients from across the region to travel to Foresterhill. This is supplemented with specialist teams, based in Aberdeen, also travelling to peripheral clinics in Moray on a regular basis.

Whilst it is essential that the strategy is developed to give real clarity on the role of Dr Gray's Hospital, progress and the planning & delivery of new developments have continued.

¹ [Rethinking acute medical care in smaller hospitals | The Nuffield Trust](#)

A few examples of this include

- a new MRI suite
- a refurbished General Medical and Acute Care of the Elderly ward with two newly appointed Geriatricians commencing in August this year to complete the consultant team.
- New dual-site working arrangements for Emergency Medicine consultants between ARI and Dr Gray's Hospital has created a sustainable workforce model in this specialty,
- Recruitment to all Orthopaedic and General Surgical consultant vacancies, the introduction of a Surgical Ambulatory Clinic as well as a new Radiology Consultant commencing in 2021.
- The Laboratory now has Smart Fridge technology and the Renal Dialysis Unit has also recently been refurbished to modern and compliant standards.
- Dr Gray's is also leading the way at a national level with Artificial Intelligence innovations in Radiology.

Key work over the next two months will continue to develop clarity on the scope of service delivery for Dr Gray's Hospital.

2. Creating a successful networked model

A central requirement for the success of Dr Gray's Hospital is for it to be part of a cohesive and highly functional network with both Aberdeen and Inverness. The network approach will allow both patient care to be managed most appropriately and for staff to fulfil exciting and challenging job profiles. The network with Aberdeen hospitals maintains services within the NHS Grampian model whilst relations and networking with Inverness requires agreement and "win-win" situations to be determined with NHS Highland.

Whilst this work will take time to develop as it is fundamentally about developing relationships and trust between clinicians in order to share pathways of care, the strategy will set out the intention and the delivery plan, which will be presented to the Board in April 2023, will set the mechanisms for progressing this work.

3. Workforce – matching expectations of role and specialty work

One challenge which was highlighted frequently in the engagement with staff was the scope of roles; this applied to various professions, each with their own unique context. For some there was a frustration about their scope of work within Dr Gray's whilst for others it related to their ability to work within a network and experience work in other centres as well as in Dr Gray's. Issues for consideration include career development, retention and professional accreditation. Developing a successful network with other hospitals will certainly support progress in this dimension.

4. Investment in infrastructure?

There has been considerable feedback from across all the stakeholder groups that the facilities and infrastructure at Dr Gray's Hospital are not as required. The stakeholder groups have all suggested that the solution is a new hospital to be built and developed on a new site in Elgin. Whilst this solution may or may not be the most appropriate outcome there is clearly a staged piece of work to determine the service provision that is required against this new strategy, an objective (facilities expert driven) assessment of current facilities and then the development of options and a plan.

The tension in this area relates to the likely levels of capital funding that will be available to NHS Grampian over the next decade. The requirements for Dr Gray's Hospital will need to be considered alongside all demands for the finite resource available.

NHS Grampian has agreed with Scottish Government colleagues (at officer level) to develop a comprehensive prioritised capital plan during the 2023 year. The needs of Dr Gray's Hospital will be included in this planning work.

5. Need to demonstrate immediate and tangible actions for some local issues whilst still describing a strategic future.

Constructive, honest engagement with staff has described and raised local issues regarding service delivery and sustainability, often with innovative suggestions about what could be changed. Whilst these may be more immediate than strategic issues, it is vitally important that we take the opportunity to build on this engagement process by addressing these points. To this end, the local management team will be reviewing the feedback points and developing local improvement plans.

6. Balancing enabling wellbeing and responding to illness

The central thrust of the Plan for the Future is to create a balance between enabling wellbeing and responding to illness. In the development of the Dr Gray's strategy, for obvious reasons, there has been an initial concentration on the responding to illness aspects of this dual aim. Progress on the enabling wellbeing aim will be a key part of the work of the Moray Portfolio where the hospital works in an integrated and cohesive manner with the health and social care partnership.

2.3.3 Next steps

The board will receive the Strategic Plan for Dr Gray's Hospital at the February 2023 meeting and the delivery plan at the April 2023 meeting. The delivery plan for the Dr Gray's Hospital strategy will be extremely important to illustrate how NHS Grampian and its partners will make progress on the strategic intent.

2.3.4 Equality and Diversity, including health inequalities

NHS Grampian, as a public body, has a legal duty to impact assess any potential changes in service provision against the Public Sector Equality and Fairer Scotland Duties. This is to ensure we are working towards reducing inequality gaps, are not inadvertently discriminating against anyone with a protected characteristic, or negatively impacting anyone who accesses our services.

As well as fulfilling our statutory obligations, it is our ambition to have continual and meaningful impact assessment conversations going forward. This will be best achieved through partnership working between the Moray HSCP Community Wellbeing and Public Health Teams, the Moray Wellbeing Hub and TSI Moray.

2.3.5 Communication, involvement, engagement and consultation

Service users, members of the public, staff, stakeholders and partners will continue to be well involved and engaged in the coming months to ensure as a minimum, legal duties are met but with the aspiration to go far beyond this, continuing to build on and develop meaning dialogues and relationships.

2.3.6 Route to the Meeting

This update has been developed by the team leading the planning work.

2.4 Recommendation

The Board is asked to:

1. Note that the Population Health Committee was assured by the approach to engagement.
2. Provide comment on the key issues for the strategic direction of Dr Gray's Hospital identified in the paper.
3. Endorse the ongoing work to develop the strategic plan for Dr Gray's Hospital.
4. Agree that it will receive the Dr Gray's Strategy at its February 2023 meeting.
5. Agree that it will receive the delivery plan for the Dr Gray's strategic plan at the April 2023 meeting.

3 List of appendices

The following appendix is included with this report:

Appendix 1 - Services currently provided at Dr Gray's Hospital

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24/7 emergency specialties - Emergency Medicine (A&E), General and Geriatric Medicine, General Surgery, Orthopaedic Trauma, Obstetrics & Gynaecology, Paediatrics, and High Dependency level care, Radiology (MRI modality in development), Acute Psychiatry.

Inpatient care - Acute & General Medicine and Acute Care for the Elderly, Stroke Care, emergency and elective General Surgery, Orthopaedics, Gynaecology & Obstetrics, Paediatrics and High Dependency level care, Acute Psychiatry, Radiology (MRI modality in development).

Out-patient and Day Case Services - Women's Health, Paediatrics/Child Health, Surgical Ambulatory Care, General Surgery, Orthopaedics and Fracture Clinics, Minor Surgery, Pre-operative Assessments, Gastroenterology, Diabetes and Endocrinology, Cardiology, Clinical Oncology, Renal Dialysis, Dentistry, Mental Health.

Visiting and Remote Services (from and to both Aberdeen and Raigmore Hospitals) - Ophthalmology, Urology, Orthodontics & Maxillofacial, Chronic Pain, Plastic Surgery, Ear, Nose & Throat, Dermatology, Breast Services, Cardiology, Oncology, Haematology, Neurology, Respiratory Medicine, Rheumatology, Sexual Health Services.

Support Services include a range of Allied Health Professionals, Pharmacy and Laboratory Services providing support to all service areas.