



# Dr Gray's Hospital

## Plan for the Future **Strategic Intent** (2023-2033)

February 2023

# Why do we need a Plan for the Future for Dr Gray's Hospital?

## 1 Introduction

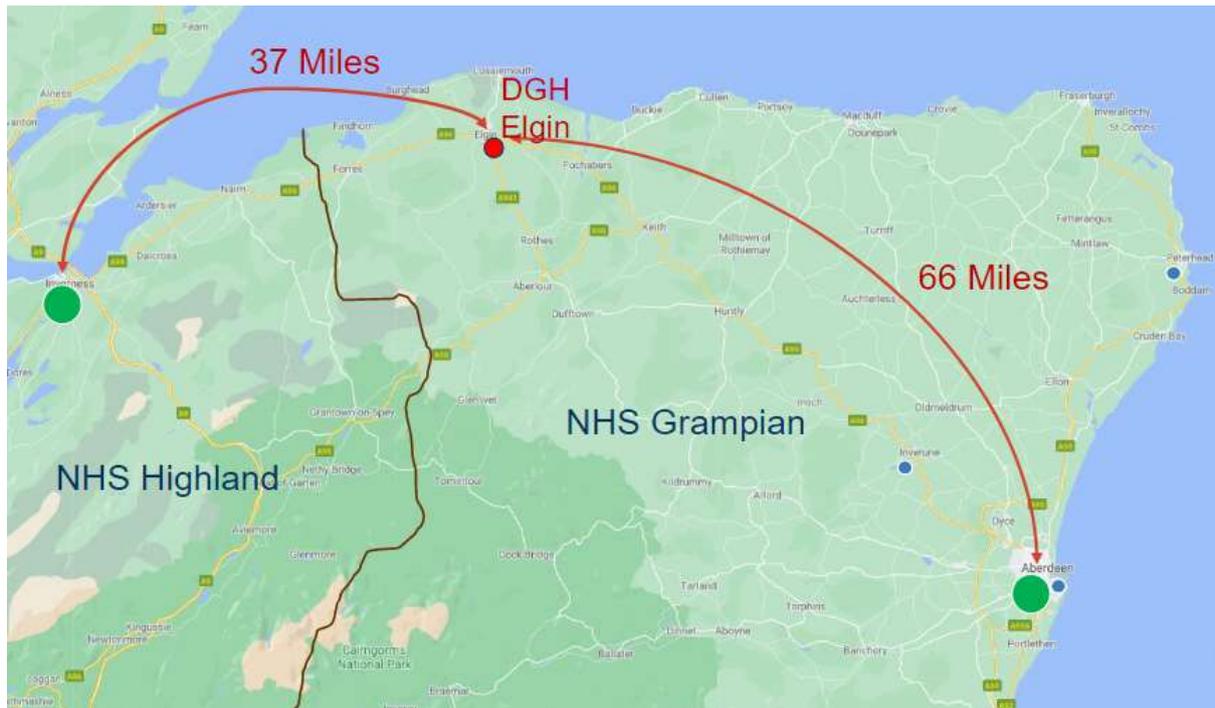
The NHS Grampian Board adopted its Plan for the Future in June 2022. A key commitment within the Health Board's strategic direction was to develop a strong strategic intent for Dr Gray's Hospital giving its future real clarity with the aim of improving both recruitment and retention of colleagues and providing people with robust assurance about the local delivery and sustainability of specialist care.



There has been a conscious intention to adopt the methodology used in developing the Grampian Plan for the Future, in part because it was broadly well received but also to ensure a consistency in approach when developing the strategic intent for Dr Gray's Hospital. *People, Places and Pathways* is used in this document as it sets out the key strategic intent for Dr Gray's Hospital.

## 2 Background

Dr Gray's Hospital (DGH) is based in the town of Elgin and forms a key part of acute services delivery for NHS Grampian (NHSG). The other acute NHSG hospitals are based in Aberdeen with all but Woodend Hospital and Royal Cornhill Hospital being located on the Foresterhill site. Grampian's population is circa 580,000, with 100,000 people living in Moray, 25,000 of whom live in Elgin.



Elgin is almost 70 miles from Aberdeen with a typical travel time of around 90-120 minutes, depending on the traffic and road conditions. NHS Highland operates the other closest acute hospital, which is Raigmore, almost 40 miles away.

Dr Gray's Hospital was developed in the early 1800s following a gift from Dr Gray. It has, through the years, been modernised and expanded with further community-based fundraising up to its most recent significant expansion in the early 1990s paid for by government funding.



- Founded 1<sup>st</sup> Jan 1819 with 30 beds with a bequest from Dr Alexander Gray
- £22M Redevelopment in 1990s
- First Obstetric Consultants in 1995
- £3M Redevelopment in 2013

Over the past few years Dr Gray's Hospital has experienced a number of difficulties with staff recruitment and retention making the ongoing delivery of acute services challenging. This has impacted almost all services delivered from the hospital, however it is very clear that the viability of any service is highly dependent on a robust system wide model – across the hospital, across Grampian and across the north-east of Scotland.

NHS Grampian agreed in June 2022, as part of its Plan for the Future, to commit to develop a clear strategic intent for Dr Gray's Hospital. This paper describes the key strategic themes which have emerged from this process and begins to set out a strategic intent for the hospital.

## 2.1 Moray Context

The Moray Health and Social Care Partnership serves a population of approximately 100,000 people, 16.5% of whom are children up to the age of 15 and 9.5% of whom are young people between 15-24 years old. The Partnership has delegated authority from NHS Grampian to manage and lead Dr Gray's Hospital.

The Moray area has some 50 towns and villages. It has with 8 secondary schools, and 25% of the population lives in the town of Elgin.

In December 2021, £100 million of investment was announced for Moray over the next decade as part of the Moray Growth Deal, designed to attract and retain families in Moray and create opportunities for future community prosperity. In addition, the Ministry of Defence has invested over £300 million in RAF Lossiemouth in recent years as one of the most strategically important airbases in the UK.

**The Moray Integration Joint Board carried out a Strategic Needs Assessment in 2018 looking at the future health and care needs of the Moray population. More recent public health factors have also informed the following highlights:**

- There are continuing inequalities in health status across Moray, with an evident association between level of neighbourhood affluence and morbidity and mortality.
- The population is aging, with a growing population represented by adults over the age of 65, and growing numbers of adults over 80, with implications for increasing morbidity.
- Significant demand for health and social care services arises from chronic disease and a growing proportion of the population is experiencing more than one condition (multi-morbidity).
- The current cost of living crisis is likely to have a disproportionate impact on Moray as around a third of households were already in fuel poverty in 2019.

- Significant morbidity and mortality due to mental health problems.
- Significant morbidity and mortality due to lifestyle exposures such as smoking, alcohol and drug misuse.
- Moray is characterised as remote and rural, and there are significant access challenges for some in the population to access services.
- Care activity is highly demanding of informal carers, and there is evidence of distress in the informal carer population.
- Moray's military and veteran population constitute a significant group, requiring both general and specific health services.

## 2.2 Dr Gray's Hospital context

Dr Gray's Hospital delivers acute hospital care for the local population.

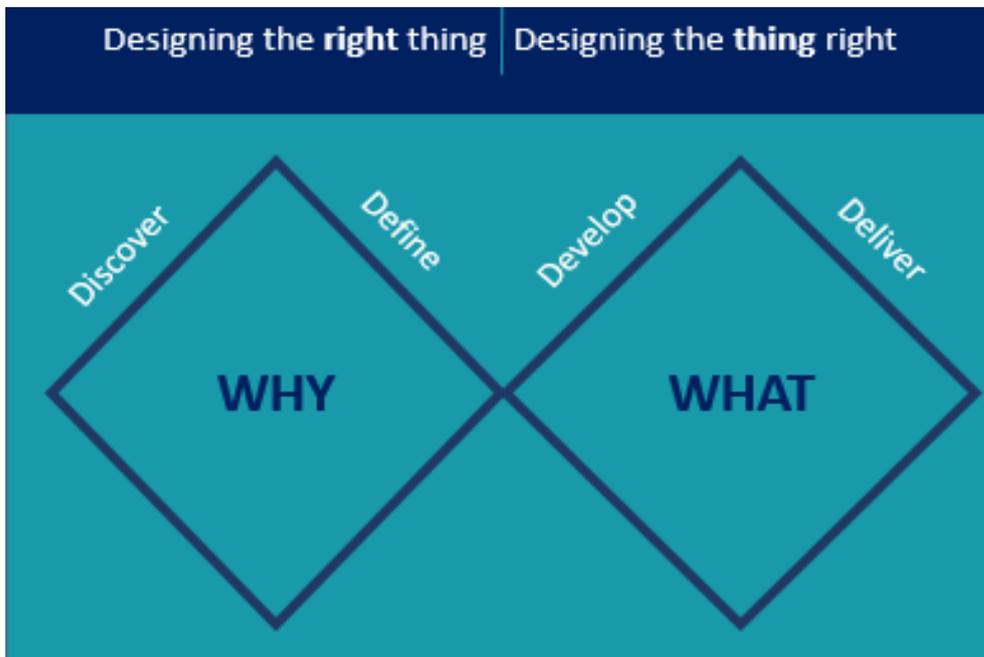
Resource	Description	Capacity
Inpatient Beds	Mental Health Medicine and Surgery  ED Clinical Decision Unit Maternity Paediatrics	18 94 funded in-patient beds including Acute Medical Assessment Unit and High Dependency Unit 4 14 7
Outpatient clinics	Ophthalmology Spey Unit (Oncology) Renal Unit (satellite haemodialysis) ENT (inc. Audiology) West End Dental MacMillan Nurses Orthodontic & Maxillofacial; Urology Plastic Surgery Pain Services Sexual Health and Family Planning General Surgery Orthopaedics General medical and sub-speciality clinics ( <i>diabetes &amp; endocrinology; gastroenterology;</i>	12 generic consulting rooms in general out-patient department  Cardiology suite for one-stop assessment  2 consulting/2 scan rooms in Woman's Health Clinic  3 consulting rooms in Paediatric Outpatients Clinic  Single clinic room for specialist podiatry care Adult Mental Health provision at Pluscarden Clinic

	<i>cardiology; geriatrics; respiratory; renal; dermatology; neurology)</i> Paediatrics Obstetrics and Gynaecology Psychiatry and Psychology	
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### 3 Process and Engagement to develop the Strategic Intent

#### 3.1 Engagement Approach

Engagement with the public, colleagues and partners is at the heart of the approach to developing the strategic intent for Dr Gray’s Hospital. The Scottish Government’s *Scottish Approach to Service Design* is that the people of Scotland are supported and empowered to actively participate in the definition, design and delivery of their public services. Part of its methodology is the “Double Diamond” tool, which was designed to focus on the importance of understanding the problem before designing a solution. It follows a process of exploring the issues, creating ideas and refining them before implementing changes. This tool was also used in the development of the NHS Grampian Plan for the Future and set the model for engagement, which was delivered by engagement experts from NHS Grampian’s Corporate Communications team.



In accordance with best practice, engagement is still ongoing and will continue to inform the principal themes for Dr Gray’s strategic plan.

These principal themes were identified by collating the highest number of references in survey responses and from feedback from face-to-face discussions and workshops and can be seen in the table on page 9. The feedback gathered and

summarised then sets out the perceived current strengths, future opportunities and aspirations for Dr Gray's in greater detail.

The Dr Gray's engagement is an iterative process where continuous feedback and learning is being reviewed and adjustments made as necessary to ensure inclusive reach and engagement, specifically seeking involvement of less heard populations/groups.

Some gaps in representation have been identified by analysing the responses, in particular from men, younger people and from the smaller, more rural communities in Moray. There are plans to reach out to these groups during January and February 2023, through existing Third Sector and Moray Health and Social Care groups, and Moray education colleagues. This engagement will further inform the planning process and the development of a related DGH Action Plan.

Full details of the methodology, processes and emerging themes from Phase 1 and 2 engagement activity are set out in a separate **Engagement Report** which is available as an appendix to this Strategic Intent document. ([Appendix 1](#))

### 3.2 Development Process

The intention to develop strategic planning for Dr Gray's Hospital was agreed in June 2022, and it has also been clear that colleagues and local people are seeking clarity in a short timescale. Recent drivers around maternity services as delivered in Moray have also shaped the need to undertake this work in comparatively short timescales, with approx. 6 months of engagement and development and a DGH Action Plan to follow within 2 months.

To achieve this, focused support and input from a range of colleagues and from a small dedicated group has been required. Despite the time challenge, the group has reported to the NHS Grampian Board on a monthly basis since the work was initiated in the summer of 2022, as well as to other relevant groups including the Population Health Committee and the Clinical Governance Board.

A full list of the programme team is included at [Appendix 2](#).

# What We Intend to Do

## 4. Strategic intent for Dr Gray's Hospital

Following the Double Diamond approach, we have invested time and commitment to understanding the issues through actively listening and engaging with those with knowledge and experience of the hospital and the area. The themes that have emerged from this extensive engagement are set out below in People, Places and Pathways – a format which has proven helpful and accessible as part of the wider Plan for the Future work.

From these themes it can be seen that there is enthusiasm for change amongst colleagues in relation to their own roles and working experience and also in relation to transformation of how health services are delivered across the north east of Scotland. These themes then form the strategic intent for Dr Gray's Hospital as set out below.

People	Place	Pathways
<ul style="list-style-type: none"> <li>• Staff being enabled to fulfil their potential</li> <li>• Centre for Excellence for Remote and Rural health</li> <li>• Test bed for interdisciplinary/ multi-disciplinary models of care</li> <li>• Centre for Excellence for teaching undergraduate students and development post-graduate trainees</li> </ul>	<ul style="list-style-type: none"> <li>• An anchor organisation for Elgin and Moray</li> <li>• Expert provision for local population</li> <li>• Delivery of service for Grampian and North regions</li> <li>• Moray Portfolio as an integrated system</li> <li>• Utilisation of technology and innovation</li> </ul>	<ul style="list-style-type: none"> <li>• Networked with Aberdeen and Inverness</li> <li>• Delivery of general unscheduled services, expert in assessment, diagnosis and stabilising and either (1) onward transfer, or (2) local treatment</li> <li>• Residual capacity to deliver planned care services in Dr Gray's and in network</li> <li>• Separate planned and unplanned care</li> </ul>

### 4.1 People

#### 4.1.1 Colleagues being enabled to fulfil their potential

There was considerable feedback from colleagues about their desire to maximise their potential in the roles they fulfil. This was expressed by many different professions and the mechanisms to achieve this vary from altering working practice within the hospital, e.g developing more advanced practitioner roles across a range of professions including nursing, pharmacy and others, through to successful network models which offer colleagues the opportunity to work in different environments and with different teams.

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**The DGH Action Plan will consider how:**

1. Altering roles within the hospital can increase overall productivity and maximise the specialist role that each profession can contribute within the pathways of care.
  2. Hybrid roles that work across acute and community settings might offer attractive job roles and support the integration of pathways
  3. The development of advanced roles, with all parties involved in potentially redesigning the pathways of care.
  4. Working with partners such as NHS Education for Scotland will support the creation of new roles with appropriate training and education.
  5. The developing networks with both Aberdeen and Inverness can contribute to, and benefit from the maintenance of competencies and the development of new skills.
  6. More advanced skills can be utilised within the network, reviewing the scale and complexities of surgeries delivered locally
  7. The attractiveness of surgeons' and anaesthetists' roles might be improved by ensuring equitable access to a range of work for consultants across Grampian.
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#### 4.1.2 Centre of excellence for remote health provision

Dr Gray's Hospital has a geographic location which means that it delivers care in a remote setting, requiring a particular approach to the management and care of patients. At present there is very limited offering in the UK for further study and development of the skills necessary to work in remote settings. There is a clear opportunity to develop Dr Gray's Hospital in this specialised role, working alongside academic partners and NHS colleagues,

Development of the use of tele-medicine and tele-mentoring could provide a robust delivery model, addressing the challenges of small teams working remotely.

Supporting Dr Gray's Hospital as a Centre of Excellence in this area creates an opportunity to showcase and share skills with people from other centres; regionally, nationally and potentially internationally.

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**The DGH Action Plan will consider how:**

1. To explore how the hospital can be framed as a centre of excellence in networked health provision
2. To identify additional leadership for this area needed in DGH and in NHS Grampian
3. To develop areas of common interest with academic partners and NHS colleagues, scoping a unique role for DGH
4. To implement new and appropriate technologies within the day-to-day use within the hospital, including telemedicine and tele-mentoring

5. To explore how the General Medical Council could support by establishing credentials for remote and rural doctors.
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#### 4.1.3 Test bed for inter-disciplinary / multi-disciplinary new models of care

Local colleagues demonstrated enthusiasm for Dr Gray's Hospital to be a test bed site for new and emerging models of care. Deeper engagement and discussion identified this as being around the unique set up of the hospital which lends itself to further exploit the multi-disciplinary team configuration that is already in place. The size, scale and 'can do' attitude of colleagues, combined with the current configuration offers an ideal test bed for new and emerging models of care and adds a dynamic perspective that might not be as easily achieved in much bigger centres.

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#### **The DGH Action Plan will consider:**

1. Identifying and supporting the cohorts of colleagues who wish to be part of this approach, with provision of appropriate training and support
  2. Developing new roles to optimise local talent, including volunteer roles
  3. Establishing an approach to test models of care and then promote and share this with wider system
  4. Exploring with colleagues in Scottish Government what opportunities exist for testing and innovating new models of care
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#### 4.1.4 Centre of excellence for teaching undergraduate students and developing post-graduate trainees

Feedback from undergraduate medical students who were on placement in Dr Gray's Hospital was positive with the site offering valuable experience and a sense of greater learning opportunities through working within a smaller team. Whilst the experience may offer "super specialist" opportunities, this was felt to have been compensated for by the more 'hands on' experience and the increased amount of Consultant interaction.

Feedback identified an eagerness for the hospital to offer educational opportunities to undergraduate and to post-graduate students across all professions and there is a strong desire for Dr Gray's Hospital to develop its reputation as a great place to come and learn. This, combined with a role for excellence in remote care, offers a unique and special training environment.

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#### **The DGH Action Plan will consider:**

1. The identification of leads/advocates in departments and teams

2. The creation and development of a framework that provides a clear route to Advance Practice roles
3. What configuration of accommodation is needed to provide high quality spaces for learning, including clinical education space and simulation areas
4. In partnership with academic colleagues, how to best design teaching and learning experiences that will shape DGH as a centre of excellence for education, training and development
5. How to ensure these opportunities are available to a wide range of colleagues including all undergraduate students; postgraduate medical trainees and postgraduate non medical professions.
6. How to build and provide a framework for wider support and on-boarding for new colleagues and students, including housing, schools, family liaison

People	Place	Pathways
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## 4.2 Places

### 4.2.1 Anchor organisation for Elgin and Moray

The role of Dr Gray's Hospital within Elgin and also the wider Moray area as an 'anchor organisation' is unquestionable. As the only other acute hospital in Grampian, its anchor role may be spread even further into Aberdeenshire. Through earlier work in developing the NHS Grampian Plan for the Future, three important aspects of being an anchor organisation have been identified for focus at present;

- employer
- procurement
- use of facilities by the community.

Moray has a relatively low population income and so the employment of people by the hospital positively contributes to the local economy. The location leads to many

people experiencing challenges in accessing services and the location of an acute hospital in the heart of Moray goes some way to improve this.

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**The DGH Action Plan will consider:**

1. What opportunities exist or can be created to have a positive impact on the more deprived communities' levels of employment.
  2. How local procurement policies can support the local Moray community and economy
  3. How the current buildings and infrastructure are used by the community now, and how could further opportunities enhance the anchor role.
  4. The quality and appropriateness of the current physical spaces and how they meet current and future needs, (to be reviewed by NHS Grampian's Property and Asset Development team in early 2023.)
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#### 4.2.2 Expert provision for local population

Dr Gray's Hospital delivers services as a District General Hospital. It currently operates with some network provision via Aberdeen (tertiary services) and is developing a network model with Inverness ,where Raigmore Hospital is a larger District General Hospital with more depth of provision.

It is important that people are well informed of the scope of services which can be delivered locally, and that other services are delivered as part of these wider networks. Whilst a District General Hospital cannot deliver everything, those services which it does deliver can be provided with expertise and to a high standard. A high volume of activity in healthcare can be delivered very successfully in this type of environment and in this way, Dr Gray's Hospital already provides a robust and essential service to the local Moray population.

Beyond this, the engagement feedback indicates a strong desire for Dr Gray's Hospital to take up an even bigger role within the Grampian framework, including the delivery of some services to those who are resident outwith Moray. An existing example of this is in the Moray midwifery teams which provide care for a cohort of women in the Banff area, based on geographical location.

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**The DGH Action Plan will consider :**

1. The level of awareness and interest among the Moray population on services being delivered as locally as possible and as specialist as necessary.
2. The development of clarity and communication in the pathways of care describing what is delivered locally, regionally, nationally.
3. The exploration of what additional services can be delivered from the site as part of a network model
4. What services might be more appropriately delivered outwith the acute hospital site

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### 4.2.3 Delivery of service for Grampian and North regions

As indicated above there is a desire for Dr Gray's Hospital to play an active role in the network for people beyond the residents of Moray. The development of networked models which provide opportunities to reduce traditional barriers in colleagues' roles and locations of work, in sharing data and other resources as well as pathway development, will create the conditions to refine this role and to contribute to healthcare delivery regionally. This will be considered in the context of the development of the National Treatment Centres.

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#### **The DGH Action Plan will explore:**

1. The role of Dr Gray's Hospital in the delivery of elective procedures as part of a broader network for both Grampian and Highland residents.

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### 4.2.4 Moray Portfolio as an integrated system

NHS Grampian introduced a Portfolio Approach to leadership in 2021/22 and Moray is designated as a discrete portfolio which, of course, includes Dr Gray's Hospital. The aim is to have a fully integrated and holistic system bringing together all of health and social care along with the acute specialties based in Dr Gray's Hospital.

The opportunity for the Moray portfolio is significant. Successful integrated care is built on a foundation of trust and relationships and the Moray portfolio is of a size and scale where robust and well-founded relationships between practitioners is very realistic.

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#### **The DGH Action Plan will consider:**

1. Further strengthening the relationships between primary care and Dr Gray's practitioners. This work has already been initiated as part of the engagement process.
2. Shaping pathways of care which maximise the skills and expertise of all parts of the system and have explicit risk sharing in place

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### 4.2.5 Utilisation of technology & innovation

A key theme of this strategy is to maximise the expertise, delivery and training opportunity for remote healthcare delivery. At the centre of the remote health care model is getting the following right:

- Retaining as many of the right people locally as possible
- Stabilisation and safe, timely transfer of those patients who need it

Technology has a vital part to play in achieving these aims and offers many opportunities through telemedicine, remote monitoring, tele-mentoring of surgeons in theatre and drone transport of chemo-therapy drugs to suggest a small number of examples.

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**The DGH Action Plan will consider:**

1. Key technologies available which will enhance the delivery and training of remote healthcare delivery now
  2. A prioritisation approach to the implementation of technologies
  3. The infrastructure and training required to deliver the technologies reliably and safely
  4. Horizon scanning for innovation which support this theme and align with the stated aspirations for the future role of Dr Gray's Hospital
  5. Identification of local advocates to drive implementation and use of technologies at scale
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## 4.3 Pathways

### 4.3.1 Networked with Aberdeen and Inverness

At the heart of successful delivery of a fully integrated health and care system, from a remote location, is being part of a successful and flourishing network. Such a networked model has many dimensions from services to transport to information technology and local aspirations for networked models cover a broad range including

- IT network – networked devices, laptops, smartphones are vital tools for working as a centre of excellence, with networked access to data systems.
- A network of services – pathways of care and service delivery must be developed with networked links where required, to provide services as locally as possible and as specialist as necessary

- A network for colleagues working – in smaller sites, the volume and range of clinical activity must be framed as a networked model to ensure colleagues gain and maintain experience and professional skillsets.
- A transport network is vital for people, (colleagues, patients, community) and for resources such as equipment, samples etc.

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**The DGH Action Plan will consider:**

1. What successful networks exist locally and further afield and what opportunities exist to further develop these at scale and to replicate success in other service areas.
2. How to establish shared understanding of networks, examples, interconnections and the range of benefits they offer
3. What practical arrangements need to be developed to support and enable colleagues working in networks; contracts, vicarious liability, relationships, communication.

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#### 4.3.2 Delivery of general unscheduled services, expert in stabilising and either (1) onward transfer or (2) local treatment

Dr Gray's Hospital operates unscheduled care via the Emergency Department as a front door and provides medical and surgical assessment. Resuscitation bays provide an opportunity to stabilise patients who require a higher level of care than is available locally, and transport networks provide safe transfer onwards to more specialist units.

Local engagement and listening highlighted opportunities to enhance the model and flow of unscheduled care across the hospital.

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**The DGH Action Plan will consider:**

1. Reviewing the site's capacity and configuration for medical and surgical assessment, with consideration for joint assessment pathways
2. Developing Pharmacy, Allied Health Professions and others as part of multi-professional assessment pathways
3. Further developing the pre-assessment model to support people in accessing appropriate services without admission.

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#### 4.3.3 Separate planned and unplanned care

As is seen in many acute hospitals, there are issues when delivering planned and unplanned care on the same wards and units and with the same teams and resources. Each year, winter clearly demonstrates the pressures and resulting interruptions to planned care when the demands of unscheduled care are higher. In a smaller hospital, with smaller teams, it can be even more difficult to catch up with

cancelled activity, and with the resulting health debts and the frustrations of colleagues who are unable to practice their skills during periods of paused activity.

Whilst achieving improved efficiency of flow through the hospital is an on-going endeavour, a reduced in-patient bed capacity in Dr Gray's Hospital in the past 15 years has led to greater challenges than traditionally experienced in maintaining elective surgical activity.

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**The DGH Action Plan will consider:**

1. To what extent and in what way can planned and unplanned care be separated in Dr Gray's Hospital, considering physical space, teams, equipment.
  2. Links with work in the general unscheduled care pathways as described above, ensuring these priorities are developed jointly across NHS Grampian as a whole system.
  3. What opportunities may be available as a result of national elective pathways.
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#### 4.3.4 Residual capacity to deliver planned care services in Dr Gray's and in network

As a teaching hospital, Dr Gray's delivers a range of planned care services very well, and in 2021 won a national award for orthopaedic surgery. Protecting the hospital's ability to focus on its role as a centre of excellence for teaching means a focus on the value of delivering planned care services. This is closely tied with the need to separate planned and unplanned care.

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**The DGH Action Plan will consider:**

1. How the hospital is framed as an educational centre that delivers planned care.
  2. How to ensure positive educational experience is at the centre of operational planning for activity and for pathways.
  3. How to maximise the planned surgical work providing the surgical teams with fulfilling job satisfaction and as much capacity as possible.
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#### 4.3.5 Other Drivers and Priorities

The above themes broadly set out a Strategic Intent for Dr Gray's Hospital that offers a framework for the next 10 years; the areas for focused work that will mean a clearer, more defined role and function for such a valuable asset and anchor organisation as part of NHS Grampian.

There are, of course, other drivers and considerations which will influence the delivery of these strategic intentions. Some of those include:

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**Maternity Services:** One of the services with the highest level of external scrutiny in Moray, plans for full obstetric services at Dr Gray's Hospital as part of a networked model by 2026 are a major influence on the wider hospital system, impacting clinical teams, management structure, physical space including theatres and support services.

**COVID-19 Pandemic:** the impacts of responding to the pandemic cannot be overstated, and may not even yet be fully acknowledged and appreciated. Colleagues' roles, morale, bed numbers, space utilisation, patient journeys (experience and time) have all been affected and many effects continue. Activity levels in some areas have not yet returned to pre-COVID levels.

**Financial Challenges:** The NHS is accustomed to operating with restricted budgets, however the current post-COVID financial challenges are significant and affect almost every aspect of delivery. This is and will continue to be a limiting factor in how we will be able to deliver against strategic aspirations. This is of course further impacted by energy costs and the cost of living crisis affecting both patients and colleagues.

**Sustainability:** A key strategy for NHS Scotland is its Climate Emergency and Sustainability Strategy, setting out its plans to reduce greenhouse gas emissions and the impact on the environment, to adapt to climate change and to better contribute to the United Nation sustainable development goals. As an anchor organisation for Moray and for Grampian, these drivers are equally key in developing strategic plans for the future in NHS Grampian.

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**DRAFT (V4)**

# **Dr Gray's Hospital Developing a Plan for the Future (2023-2033)**

## **Engagement Summary**

**Phase 1: June 2022**

**Phase 2: August 2022 to December 2023**



**9 January 2023**

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## INTRODUCTION

A principal work stream of NHS Grampian's Plan for the Future (2022-2028) is to develop a strategic ten-year plan for Dr Gray's Hospital to ensure it meets the needs of its community in the years ahead. This process began in June 2022.

This work stream is sponsored by the Deputy Chief Executive and Head of Strategy for NHS Grampian and the Chief Officer of Moray Health and Social Care. The engagement process is being delivered by NHS Grampian's Public Engagement team.

Figure 1 - NHS Grampian Plan for the Future



## Purpose of this Report

This report provides a high level summary of stakeholder engagement, participation and subsequent feedback which will be used to identify key focus areas for the development of a ten year strategic plan for Dr Gray's Hospital covering the period from 2023 to 2033. This engagement forms one element of an on-going engagement process.

Full analysis of the methodology, process and feedback is available in the Appendix.

## SCOPE

Feedback from early informative engagement with colleagues indicated it would be necessary to be explicit in terms of scope for the formal engagement process. The scope for engagement is:

- All the services that Dr Gray's Hospital currently provides
- It may also include services not currently delivered at Dr Gray's Hospital or might be delivered at a higher level of speciality

- Potential new models of service delivery will also be included, for example, networked models of care:
- Where services are planned and delivered working between other hospitals and across traditional boundaries of neighbouring NHS Boards
- Current influences and parameters are in place which are non-negotiable:
- The need to deliver maternity services at a level and via models prescribed by the Cabinet Secretary in April 2022. This requirement means service provision and the organisational structure and facilities at Dr Gray's Hospital will need to be developed to achieve this
- Business as usual as we develop our future focus areas, e.g. winter, managing waiting times as a result of the pandemic

## PHASE 1 ENGAGEMENT PROCESS

It was agreed from the outset with Dr Gray's Hospital management that colleagues engagement would be prioritised over public engagement in the first instance to help inform the approach needed for Phase 2 engagement sequencing.

Throughout the process the Scottish Approach to Service Design (2019)<sup>1</sup> framework has been followed, using the 'Double Diamond' approach.

Three qualitative questions were asked of colleagues using the following means:

- An online survey tool using Lime Survey for colleagues and visitors to Dr Gray's Hospital
- Microsoft Word/paper version of the survey was made available for those who could not/did not have access to the online survey
- A pop-up 'Have your Say' event was hosted in the foyer of Dr Gray's Hospital on 15 and 16 June 2022 hosted by Public Engagement team colleagues

Subsequent engagement and consultation on the intended approach for Phase 2 was tested with Dr Gray's Hospital Senior Colleagues Committee who provided a valuable sounding board and have continued to be engaged throughout the process. A presentation pack was provided to Senior Colleagues in support of Phase 2 engagement which could be used to promote and encourage colleagues participation.

## PHASE 1 ENGAGEMENT RESULTS & THEMES

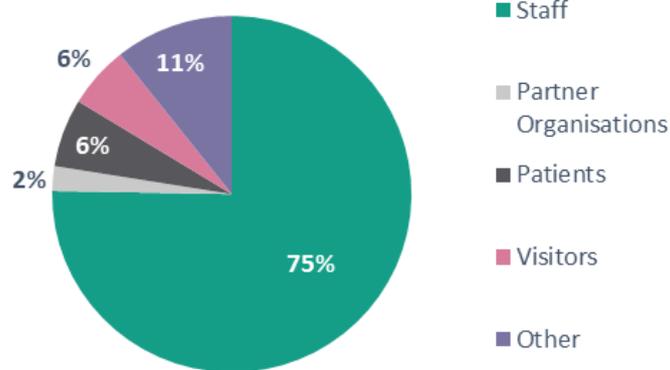
Phase 1 engagement resulted in 178 responses to the on-line and hard-copy questionnaires, principally from Dr Gray's Hospital colleagues along with face-to-face dialogue with colleagues and visitors at the pop-up events held in the foyer at Dr Gray's Hospital. Anecdotally this early engagement was generally well received.

*Breakdown of respondents, Phase 1*

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<sup>1</sup> [The Scottish Approach to Service Design \(SAAtSD\) - gov.scot \(www.gov.scot\)](http://www.gov.scot)

## 178 Responses



*“A porter told me that there was a real “buzz” across the site that we were there listening to what colleagues had to say and pushing for colleagues to go and have their say”*

### Overview of Phase 1 Feedback

A review of the initial feedback principally fell into three themes as set out below and is illustrated by qualitative feedback.

#### Summary of Phase 1 Engagement Themes



## Qualitative Feedback



## PHASE 2 ENGAGEMENT PROCESS

Phase 1 engagement informed the approach needed for Phase 2 and its chosen methodology. The Scottish Approach to Service Design framework used by the engagement team fosters co-production ensuring continuous feedback which is reviewed and adjusted as necessary. Evaluation of engagement throughout Stage 2 provided the opportunity to understand and appreciate the personal experiences of those taking part, so the approach could be refined or adapted as needed. This method achieved an added benefit of demonstrating that participants' voices had been heard in 'real time' and in some cases acted upon immediately.

A key focus for planning and facilitating engagement has been through partnership working, benefiting from partners' networks and expertise to help steer engagement activities and to reach harder-to-reach communities and groups.

Close working relationships have been established with Health and Social Care Moray (HSCM), in particular through the Moray Community Wellbeing Team, which has given a much improved increase in reach. In addition, linking in with the Engagement Lead for HSCM and colleagues at TSI Moray, as well as Moray Health and Wellbeing Hub, has further facilitated reach and penetration.

Scottish Ambulance Service, Primary Care colleagues and other colleagues and partners that interact with hospital services have participated, including those based at other hospital sites across Grampian to ensure that understanding of what is important to stakeholders, what is seen to work well and what could be improved is viewed from multiple perspectives.

## PHASE 2 ENGAGEMENT RESULTS & THEMES

Phase 2 engagement was undertaken between August and December 2022 and comprised in summary:

*Participant/respondent number for Phase 2*

Activity	Participants/ responses**
17 x colleagues in-person 3 hour facilitated workshops held at Dr Gray's Hospital 50 hours of in-person engagement	140
1 x Scottish Ambulance Service 3 hour facilitated in-person workshop	2
1 x Scottish Ambulance Service MS Teams online workshop	3
1 x Primary Care 3 hour in-person facilitated workshop held at Moray College	8
<b>Online questionnaires* for:</b> - Colleagues	156
- Partner organisations and other professional stakeholders	81
- Primary Care and dentists	16
- The public and service users	607
A pop-up 'Have your Say' event was hosted in the foyer of Dr Gray's Hospital hosted by Public Engagement colleagues	Multiple members of colleagues, patients and visitors
<b>Community Wellbeing and Development Team</b> - 20 x older people groups - Engagement in localities: Speyside, Moray coastal communities; Cullen, Buckie and Elgin	600
Dr Gray's Hospital Senior Colleagues Committee	Monthly from June 2022
Strategic Planning and Commissioning Group	October/December 2022
Moray Senior Leadership Team	October/November 2022
Deputy Chief Executive and Head of Strategy, NHS Grampian – weekly 'open' visits specifically to engage with colleagues	September to December 2022)

\* 859 people accessed online questionnaires, but not all left comments

\*\* These may not be unique responses

## Overview of Phase 2 Feedback

In-person colleagues workshops provided the opportunity to undertake in-depth discussions in an environment which fostered a relaxed and open discussion, with personal experiences being shared openly with independent facilitators invested solely in the engagement process, rather than any pre-determined outcome. Themes were interrogated to aid understanding and dialogue from the workshops provided detailed responses which substantiate the high level themes first identified in Phase 1.

Feedback from all the workshops was constructive, balanced and at times humbling in its content; the colleagues and colleague cohorts presented a professional team with a desire to provide the best possible service to the people of Moray and to be practising as one component of an integrated offer for the Grampian region.

Analysis of both quantitative and qualitative feedback from all stakeholder groups has enabled feedback to be summarised into 13 high level priority areas sitting under the headings of People, Place and Pathways. These themes were identified by collating the highest number of references in the survey responses and from feedback from the face-to-face discussions.

### Phase 2 Emerging Strategic Themes

People	Place	Pathways
<ul style="list-style-type: none"> <li>• Staff being enabled to fulfil their potential</li> <li>• Centre for excellence for remote and rural health</li> <li>• Test bed for interdisciplinary/ multi-disciplinary models of care</li> <li>• Centre for excellence for teaching undergraduate students and development post-graduate trainees</li> </ul>	<ul style="list-style-type: none"> <li>• An anchor organisation for Elgin and Moray</li> <li>• Expert provision for local population</li> <li>• Delivery of service for Grampian and North regions</li> <li>• Moray Portfolio as an integrated system</li> <li>• Utilisation of technology and innovation</li> </ul>	<ul style="list-style-type: none"> <li>• Networked with Aberdeen and Inverness</li> <li>• Delivery of general unscheduled services, expert in assessment, diagnosis and stabilising and either (1) onward transfer, or (2) local treatment</li> <li>• Residual capacity to deliver planned care services in Dr Gray's and in network</li> <li>• Separate planned and unplanned care</li> </ul>

Details of methodology, processes and emerging themes from Phase 1 and 2 engagement are set out in the Appendix. Feedback explains current strengths, future opportunities and aspirations for Dr Gray's Hospital in greater detail.

In addition, feedback concerning current immediate to short-term challenges have been collated, themed appropriately and shared with the commissioning team and Dr Gray's Hospital management as it sits outside the main scope of this work stream.

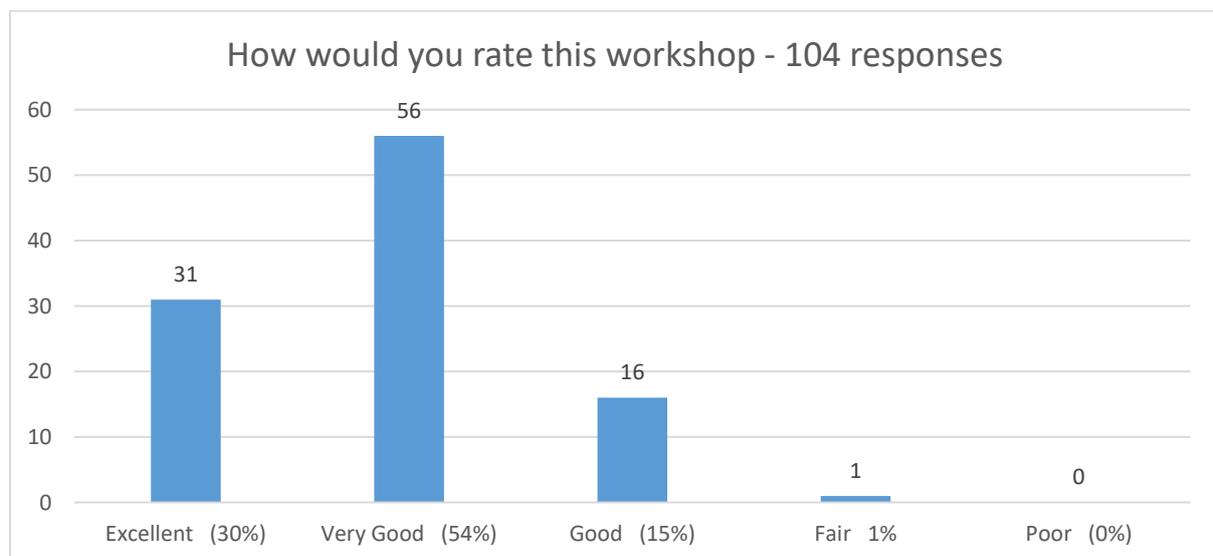
## EVALUATION

Initial feedback from June's colleagues engagement informed the approach of offering colleagues the opportunity to participate in face-to-face facilitated workshops. The workshops provided a 'deep dive' to explore strengths, challenges and opportunities that exist for colleagues and their respective teams.

In planning the workshops a decision was reached by the Planning Team to not only offer workshops for each Department team in Dr Gray's Hospital, but to also offer five multi-disciplinary pathway workshops to explore how services work together due to the smaller hospital site and the many interdependencies of services offered at Dr Gray's Hospital.

Each workshop was evaluated, in total 140 members of colleagues attended the workshops with 104 completing evaluation forms.

### *DGH Hospital Plan for the Future Workshop Evaluation Summary*



### A sample of feedback:

"I was encouraged to come by my manager"

"I know pressure of lack of colleaguesing restricted others"

"Lots of opportunity for everyone to make their contribution"

"Was better than I expected and really enjoyed it"

"Conversation flowed well due to the 2 facilitators - very friendly, warm, open to wide discussion"

“Open discussion, clear agenda, good facilitation. Willingness of colleagues to discuss difficult and challenging topics”

"Well above my expectations - much better than my perception. Friendly and relaxed"

## Learning

As highlighted, this approach is an iterative process where continuous feedback and learning is being reviewed and adjustments made as necessary to ensure inclusive reach and engagement across Moray and the wider Grampian Health Care System, specifically seeking involvement of those seldom heard populations/groups.

Learning points so far include:

Collaboration of effort with partner organisations to streamline processes and maximise reach.

Seeking opportunities and reducing duplication through other engagement initiatives currently planned or being carried out both internally and within partner organisations.

Using a cascading model to reach seldom heard groups, utilising the skills and reach of the Moray Community Wellbeing Hub, Public Health, Local Authority and Third Sector Colleagues.

The need for bespoke approach to presentation and facilitation, depending on group/audience.

Managing the sequencing of engagement to ensure it is authentic, meaningful and timely. It is important that it is seen and practised as a process rather than a series of independent events.

Linking in with other Northern Health Boards to find out what matters to their populations and to find out about any strategy development work carried out locally so can share good practice and insights.

Linking in with Public Health, Community Planning and Equality & Diversity colleagues which provides extremely valuable advice on approach and actions.

Digital barriers continue to be an issue for many people. Having a digital device does also not automatically mean people are aware that an engagement initiative is happening, so more traditional means of publicity e.g. posters, newsletters, articles in local press are still important.

## Key Risks

There are a number of risks which are being reviewed and managed throughout the process. Key risks and relevant learning is summarised below:



## Dr Gray's Plan for the Future 2023-2033

### Programme Team

Adam Coldwells	Director of Strategy and Deputy Chief Executive
Simon Bokor-Ingram	Moray Portfolio Lead and Chief Officer Moray HSCP
Jenny McNicol	Acute Director of Nursing and Midwifery and Integrated Family Portfolio Lead (pre- 2023)
Alasdair Pattinson	General Manager Dr Gray's Hospital
Fiona Strachan	Consultant and Chair (former) of DGH Senior Colleagues Committee
Stuart Falconer	Colleagues Side Representative
Carmen Gillies	Strategic Planner Moray Council
Sam Thomas	Chief Nurse Moray (pre-2023)
Louise Ballantyne	Head of Public Engagement
Susie Wilson	Engagement Advisor
Christina Cameron	Programme Lead

