

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

## Staff Engagement Report



March 2023

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# Dr Gray's Hospital Staff Engagement for Dr Gray's Hospital Plan for the Future

## Introduction

Dr Gray's Hospital (Dr Gray's) first opened its doors to patients in 1819 to serve the community of Elgin and the county of Moray. In the 1990s, Dr Gray's underwent a major redevelopment and extension to provide new services and facilities.

After more than 30 years, it's time to look at the facilities at Dr Gray's so we can make sure it continues serving the community's needs for the years ahead.

Since June 2022, engagement and involvement has been taking place to help this review. The public, Dr Gray's staff, and Dr Gray's "partners" (people who work with Dr Gray's, such as Scottish Ambulance Service, GPs, community hospitals, Aberdeen Royal Infirmary, etc.) have all been involved.

Face-to-face conversations, paper and online questionnaires, as well as in-person and online workshops, have all been used to engage with everyone. What we have learned will be included into the Dr Gray's 10-year plan. This will also be a part of the bigger NHS Grampian "Plan for the Future" (2022-2028).

These plans will try to guarantee that health care is accessible to all Grampian residents and that it adapts to meet their changing needs as the population ages.

## How we engaged with Dr Gray's Staff

Engagement began with Staff in June 2022 with NHS Grampian's Engagement Team spending time at Dr Gray's to listen to staff views.

A pop up banner and table were placed in the main foyer of Dr Gray's, and staff were asked:

- What they like or think works well about Dr Gray's?
- Could anything be improved about Dr Gray's?
- What would they like to see Dr Gray's to do in the future?

Paper copies of the forms were available for staff to fill in as well as a QR code that directed staff to an online version of the form.

Similar questions to these were asked more widely from mid-September to mid-November. This was done by a questionnaire being widely shared and through a number of workshops taking place in Dr Gray's. In total:

- 17 in-person staff workshops took place
- Each workshop lasted 3 hours
- 140 members of staff took part over the 17 workshops
- 84 members of staff filled in the questionnaire
- This was on top of the 75 staff who filled in the June questionnaire
- This adds up to 299 staff having their say at a workshop or through the survey

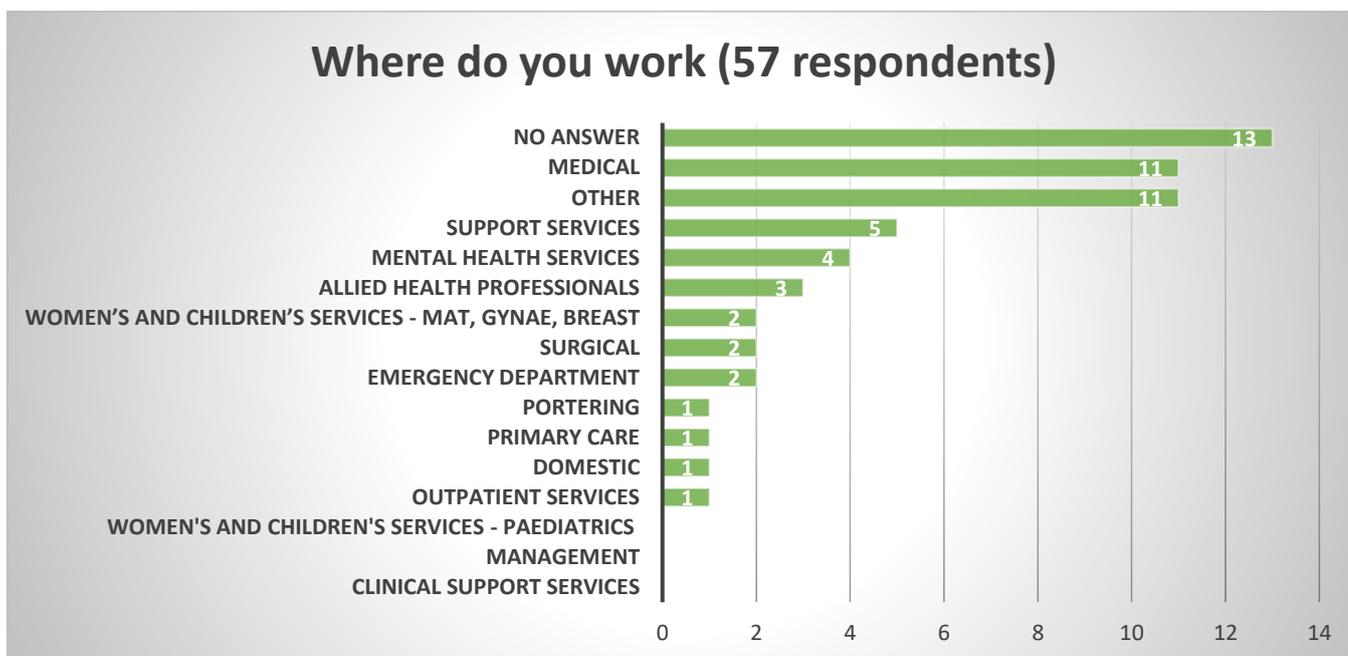
## **DGH Staff Questionnaire Findings**

The findings from the questionnaire and discussions that took place in June 2022 are shown in the Engagement Summary Report: [Dr Gray's Engagement Summary Report](#)

84 members of staff completed the questionnaire that was shared widely between September and November 2022. Not all staff answered each question in the questionnaire, which is why the numbers of answers can be different for each question.

The first question asked which service area the staff member was from:

- 57 staff answered this question.
- 13 of these selected no answer (23% of respondents).
- Medical Service had the highest input = 11 people (19%).
- Support Services = 5 (9%), Mental Health = 4 (7%) and AHPs = 3 (5%).



### What staff told us are the current strengths of Dr Gray's

The next questions asked of staff are all 'open questions' which had a free text box for staff to write or type their answer without being prompted or influenced by options to tick. Each of these answers were read and the main areas of mention/themes were recorded and counted.

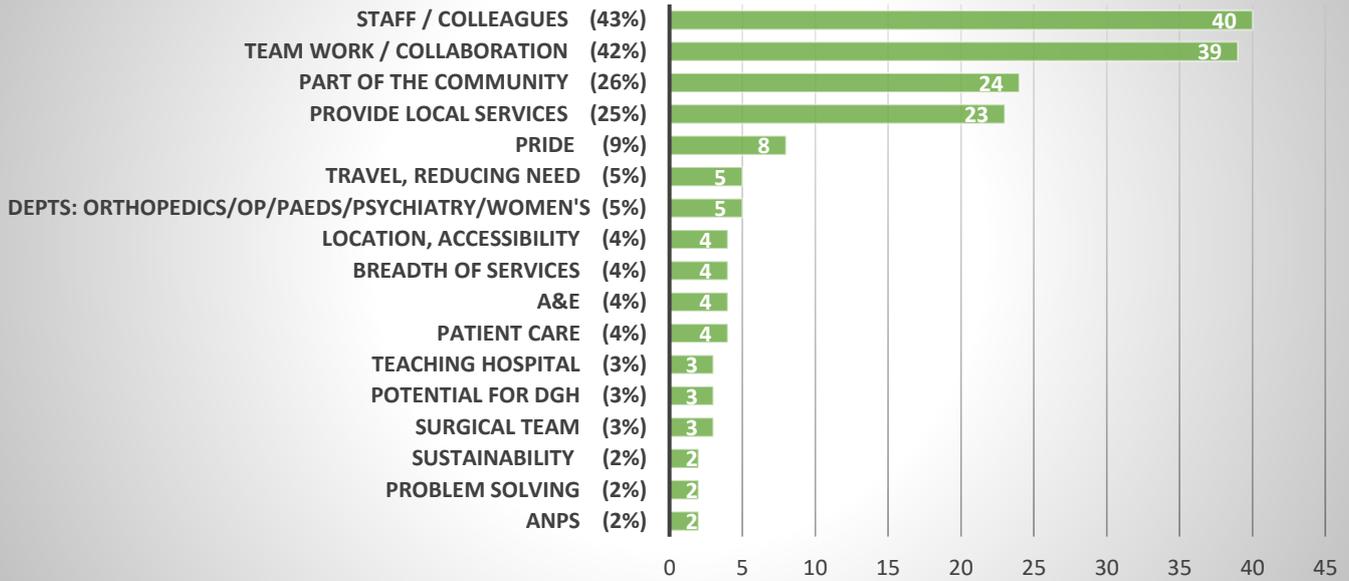
92 staff answered this question, which asked what staff felt the current strengths of Dr Gray's are. Many staff told us that the staff in Dr Gray's is its biggest strength, describing the pride they had in their teams and the support they got from their colleagues day-to-day.

A strong sense of community spirit among staff was also described, many saying this came from staff themselves, along with their families and friends, are part of the community they care for.

The top 5 strengths of Dr Gray's as described by those who took part were:

- **Staff/Colleagues** had the highest amount of mentions = 40 mentions (43% - almost half of those who took part said this)
- **Team work/working together** was the next highest mention = 39 mentions (42%)
- **Being part of the community** was the next highest = 24 mentions (26%)
- **Providing local services** to the community was next = 23 mentions (25%)
- **A sense of pride** of Dr Gray's was the fifth highest = 8 mentions (9%)

## Strengths (92 Respondents)



### Staff quotes about strengths:

"DGH is a close-knit hospital in the community, which is comforting to those who require its service, with staff who will make reasonable adjustments to ensure patients journeys through their stay is as positive an experience as possible."

"I am so proud of our ED team and in fact DGH. DGH are endeavouring to catch up on missed appointment due to Covid and we seem to making a dent in it"

"Our biggest strength is our staff. The desire and motivation to serve our local population in the best way we possibly can."

"A willingness to develop and keenness to grow"

The nursing staff, HSCWs, domestics and porters are amazing, they work hard in very trying times."

"The hospital is situated between two big city hospitals, its positioning is vital for local people & the rural Moray area. Nobody wants to travel for an hour for an appointment unless it's absolutely necessary."

"Many of the teams have worked together for many years. They work and treat each other as family with respect for the role they undertake within the team. They can be very caring and supportive towards each other."

"Good ED- manages a huge range of acute presentations. Breadth of general medicine looked after on site- in spite of it being mostly locum delivered the team work hard to try to be cohesive."

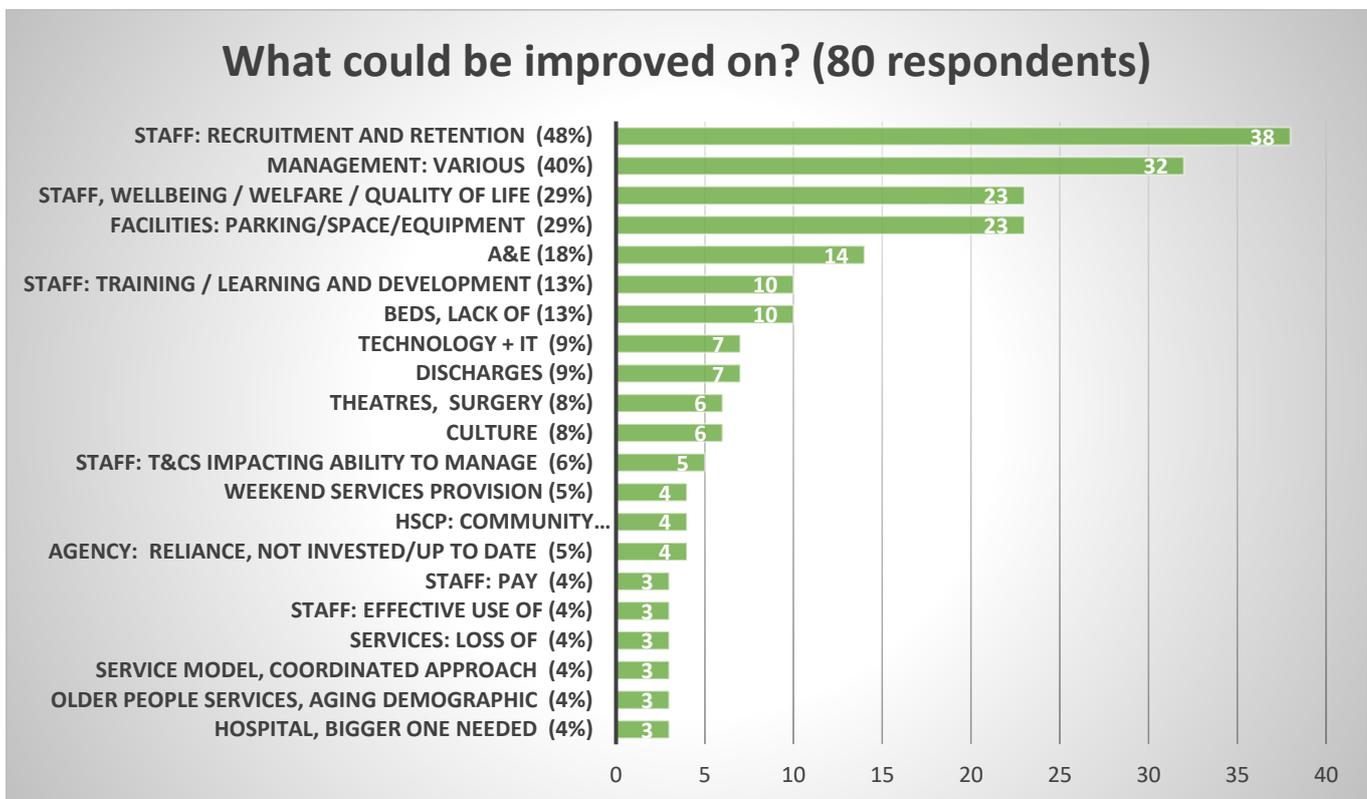
"Dr Gray's strengths are being able to sort problems."

"Friendly atmosphere. Strong sense of teamwork when facing difficult or challenging situations - probably because staff know each other well some have worked together for a very long time."

## Areas for Improvement

When asked to identify areas of Dr Gray's which could be improved, 80 staff answered. The top 5 mentions were as follows:

- **Staff recruitment and retention** – 38 staff mentioned this which was almost half that answered (48%)
- **Management arrangements** was the next highest mention – 32 (40%) various areas of management were mentioned, the most frequent mentions about communication upwards from front line staff and downwards from management could be difficult at times and lead to confusion across staff groups and services due to some services being managed from Aberdeen and some from Dr Gray's resulting in inconsistent or mistimed messaging
- **Staff wellbeing/welfare/experience** was the next mention – 23 (29%)
- **Facilities/parking/space/equipment** were also mentioned 23 times (29%)
- **The Emergency Department** was the fifth highest mention – 14 (18%) common mentions here were about the size and equipment in ED not being fit for purpose



### Staff quotes about areas for improvement:

“Sizes of departments - Moray is continually growing in population but the hospital especially the emergency department are too small and there is no space for expansion.”

“Simplify management structures. Too many differing line managers with complex structures that counteract each other. Within department we are managed by NHS Grampian, Moray IJB, HSCM. Different members of our team are managed by different management structures.”

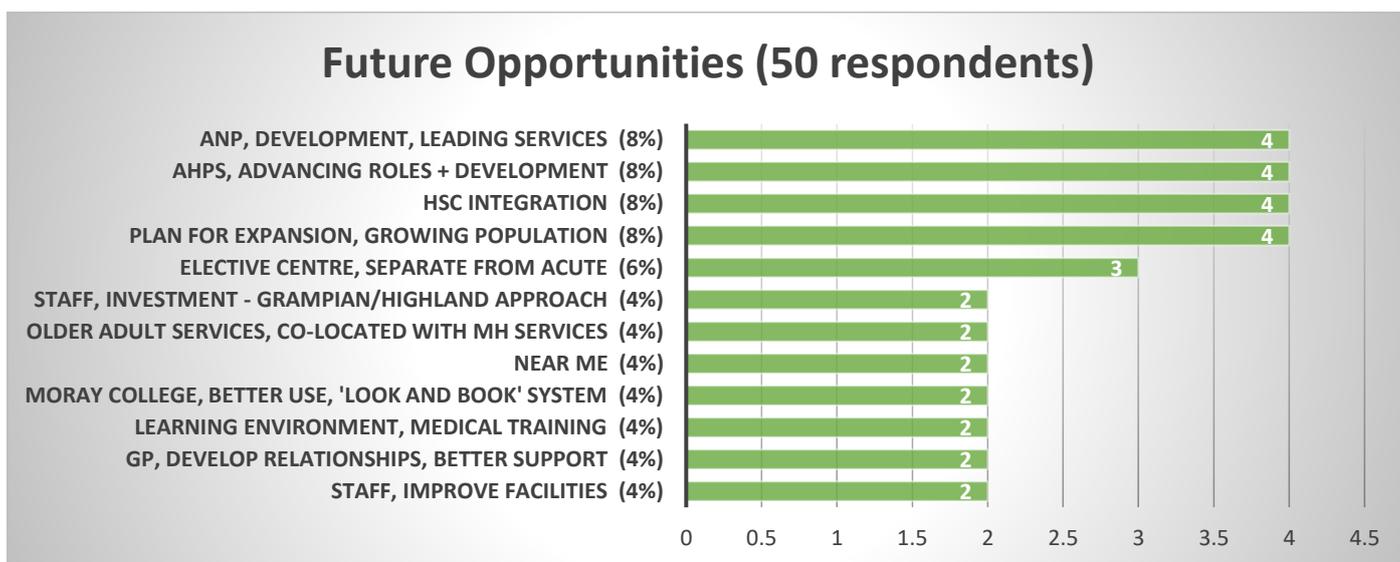
“Pharmacy services provided for patients on a weekend as well for 2-4 hours, this would also allow any wards to access medications that their ward needs, rather than having to borrow. OT and physio at weekends as well, to help with patient flow and discharge. Creation of a discharge lounge, also to help with the patient flow.”

“Really poor IT- huge knock on effect for medical trainees. Some wards have only one computer you can access PACS/ x-rays on”

## Future Opportunities

Staff were then asked what opportunities they could see for Dr Gray's in the future. 50 staff answered this question, the top 4 mentions all had 4 mentions (8%), which were:

- **Advanced Nurse Practitioner role** development and leading services – 4 (8%)
- **Allied Health Practitioner roles** being advanced and developed – 4 (8%)
- **More integrated Health and Social Care Services** – 4 (8%)
- **Planning for expansion of services** available to the growing population – 4 (8%)
- **Separating Elective/Planned care** from acute services – 3 (6%)



## Staff quotes about opportunities:

“Investment in ANPs/PAs allows trainees to spend less time doing service and more time being trained- much better for trainees and for sustainability”

“Building a bigger hospital where the needs of the area can be met”

“DGH has the opportunity to become a centre that offers elective treatment away from the bed pressures of ARI, ring fencing elective procedures and ambulatory/day case care both for the population of Moray and Aberdeen. More use of Near Me consultations etc. to avoid travel that may then not be required.”

“We should be able to tap the full potential of the location of Dr Gray's Hospital and establish a robust centre for research in rural settings and also provide care in all spheres of medicine. We do understand the limitations of developing a tertiary centre, but Dr Gray's has always been a beacon of hope for the community it is serving. So we hope to see more staff who are on substantive posts, resuming elective operating lists and infrastructure to meet the increased demands.”

“Development of the AHP resources to keep patients out of hospital and allow for earlier discharge from hospital”

“Better use of NHS rooms in Moray College - for Near Me consultations, video links, learning space.”

“Deliver an exemplary standard of medical training so DGH is the place to go.”

“Small size allows close working relationships across traditional boundaries of care (primary vs secondary care; cross specialty working; inter professional working). By ensuring a shared vision, this will enable teams to provide person-centred, realistic care across boundaries of care. This is ideal for older people with frailty and multi-morbidity who benefit from this cross boundary, cross specialty approach.”

“We could have these [hospital] accommodation problems turn into a fantastic opportunity to create a new premises for outpatient clinics in a location out with the Hospital.”

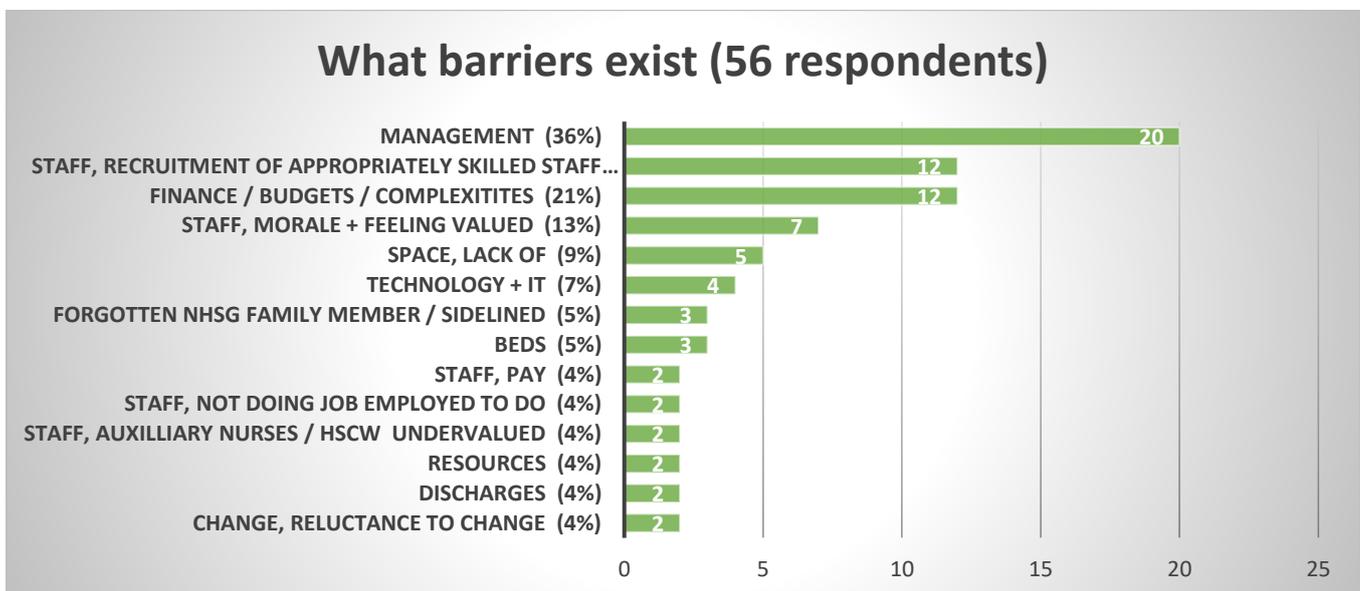
“More ANP lead services with support from specialty teams in ARI could potentially help with increasing the number of services available”

“Expanding the hospital to accommodate increasing life expectancy and ever increasing population rise in the area. Especially increasing A+E, it's just not big enough.”

### What barriers exist?

56 Staff answered the question about what the barriers might be that could get in the way of the opportunities, the top 5 mentions were:

- **Complicated management structures** was the highest mention – 20 (36%)
- The **difficulty in recruiting** appropriately skilled staff was next – 12 (21%)
- **Funding, the complexity and way budgets are allocated** was also 12 (21%)
- **Staff morale and the way they are currently feeling** had 7 mentions (7%)
- The fifth highest mention was the **lack of space** at Dr Gray's – 5 (9%)



### Staff quotes about barriers:

“Recruitment for consultants and all staff is a huge issue to be able to cover the roles that are vacant with current and competent staff.”

“Staffing - difficult to recruit and retain appropriately skilled staff to Moray. Particularly for older people with frailty, there is nationwide challenges in recruiting appropriately skilled staff, which is accentuated by the geographical challenge of Moray. One solution is clear vision and clear commitment to ongoing funding and development of posts which is attractive for people moving in, but also allows development of home grown talent who are more likely to stay.”

“Reluctance to change - some people and groups resistant to change the way they have always done things here.”

“Out-of-date infrastructure - there should be two CT scans in case one breaks down. Technology within the hospital updated - better IT and computers.”

“DGH being seen as the forgotten family member of NHS Grampian.”

“Complex management structures that compete for funding. Working within an IJB but still within NHS Grampian is complicated and services are not truly integrated”

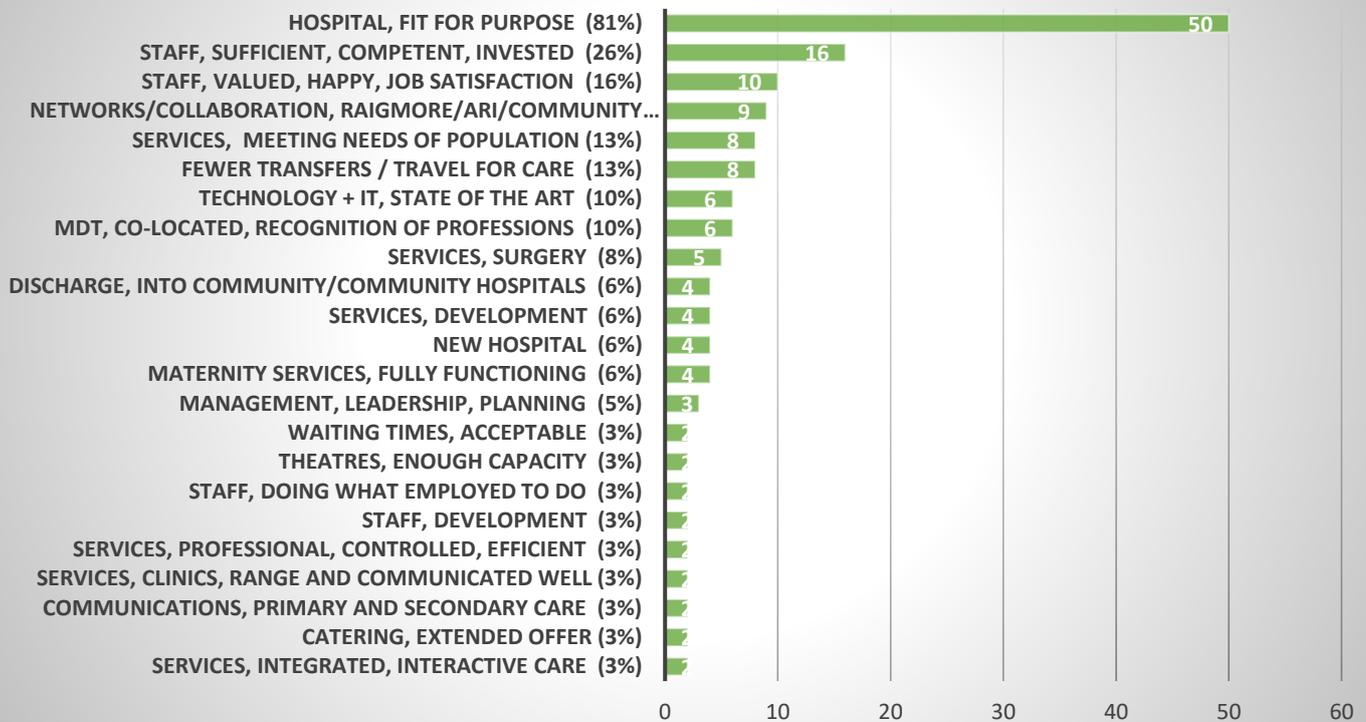
“AMAU - not being used as an assessment area and just another medical ward, but often the most disruptive and sickest patients are sent here as there are no beds in HDU. As a result discharges are not expedited appropriately, patients are not moved to the medical ward and ED fills up with expects. With no assessment capacity in AMAU these patients then wait in ED for hours, and are then admitted to any bed available.”

### What would good look like?

The top 5 mentions from 62 staff members who were asked to describe what good would look like in the future were as follows:

- **Having a hospital that is fit for purpose** was mentioned 50 times (81%)
- **Staff being well trained and invested in** – 16 (26%)
- **Staff feeling valued, happy and having job satisfaction** – 10 (16%)
- **That Dr Gray’s can work as part of a wider health care network** – 9 (15%)
- **That services provided at Dr Gray’s meet the needs of those using it** – 8 (13%)

### What does good look like (62 responses)



### Staff quotes about what good looks like:

“Excellent cross working with staff [all disciplines] working in other areas of Grampian to get wide experience and understanding of other areas”

“A welcoming, quietly buzzing hospital that had a reputation as a great place to learn and a great place to get excellent care. An engaging reception that was skilled in hospitality. An outpatient clinic that's norm was Near Me consultations.”



### Is there anything you would stop doing?

When asked whether there was anything they would stop doing, 28 staff responded. There were 26 responses, but there were no recurring themes (they were all about different things). Other than two staff mentioning reducing the need for patient transfers, and two staff mentioning the importance of making investments in more modern facilities.

### Staff quotes about what could be stopped:



## Opportunities to expand into different areas/develop current activities further

28 members of staff answered about what opportunities could exist. Again, with a wide range of suggestions, the only common themes (2 mentions each) were a desire for management to be more inclusive in decision-making and demonstrating that it values input from those working on the ground.

Some slightly common mentions were being open to learning from other Health Boards and supportive of staff working to the best of their skills and experience through development of roles and innovative working structures.

### Staff quotes about opportunities to develop:

“Gynaecology services and family planning etc.”

“Provide more services such as complementary therapies for maternity use”

“Spey unit to develop chemo services further... integrate and develop further.”

“Community based older adult mental health wards regularly meeting up to discuss good ways of working together.”

“I could work with Clinical leads, consultants and my other doctor colleagues to improve diversity and make Dr Gray’s Hospital a much sought-after destination for international medical graduates by offering them taster weeks/clinical attachments.”

“ANP team in general, have many unfulfilled skills.”

“We should have an intensive care unit which would enable us to do more complex patients who are unnecessarily transferred across even though we have the needed skills and

“Evolution of links with other services - within and out with the hospital. A clear commitment around the permanency and development of a core Geriatric Medicine team.”

“There could be Physio / OT running the rehabilitation teams, specifically in stroke rehab. There is no stroke consultant and in truth we probably don't need one with the correct management and planning structure.”

### Anything else you’d like to tell us

This question was intended as a ‘catch-all’ opportunity for staff to share other thoughts or comments. 29 staff answered this with their being **4 top mentions**:

- A feeling of there being a **lack of investment** in Moray by management – 7 (30%)
- That some staff have chosen to **retire early due to welfare reasons** – 5 (22%)
- That the **facilities aren’t sufficient and more space is needed** – 3 (13%)
- Staff felt **excluded from the wider NHSG Grampian picture** \* - 2 (9)
- There were 12 other answers which were all different and had no common themes

\* There were 3 questionnaires. One for the Public, Dr Gray’s Staff and Dr Gray’s Partners. A small amount of Dr Gray’s staff had used the link to the Partner questionnaire in error and had been upset that Dr Gray’s staff wasn’t an option in the drop down list of the question about where you work.

### What else staff said:

“I would like the hospital to be joyful place to work.”

“Just please spend money to future proof Gray’s, it has a fantastic reputation, however how long will it be before it's not fit for purpose. I know all areas of government have budget issues and we can't change much but higher management maybe could.”

## Summary

The engagement that took place enabled feedback from a variety of stakeholders regarding their positives, concerns, thoughts, and ideas for future ways of working at Dr Gray's Hospital. It included thoughtful consideration of how Dr Gray's could be an Anchor Organisation for the people of Moray, and more connected with community care colleagues and acute partners from both NHS Grampian and NHS Highland.

The feedback received has been incredibly valuable in explaining what people value and what benefits could be realised, ensuring what is strong is not lost and what needs strengthened is supported. It provides a plausible account of what matters most, as future models of service delivery are considered.

The Word Cloud below contains a summary of things most mentioned by Staff when asked what Dr Gray's future should include.



## Next Steps

The incredibly rich and valuable feedback gained through public, staff and partner engagement has allowed for a detailed understanding of what is important to the people who use, work in and work with staff at Dr Gray's Hospital.

This information is crucial to the development and consideration of different models of service delivery, and will be at the heart of the plans that are developed for Dr Gray's going forward.

## Thank You

We would like to thank everyone for participating in the engagement opportunities and taking the time to give their views in person and through the questionnaires. We greatly appreciate and value everyone's input and time, especially given how busy everyone and the hospital has been.

We would also like to pass on special thanks from Adam Coldwells and the rest of the senior leadership team to all staff, partner stakeholders and the public for their participation and wealth of information we received. This will make pulling together a plan for Dr Gray's much easier and will ensure it is based on what is important to the people in Moray.