

Meeting:	NHS Grampian Board
Meeting date:	12 December 2024
Item Number:	12.2
Title:	DGH Strategy Planning
Responsible Executive/Non-Executive:	Judith Proctor, Chief Officer Moray
Report Author:	Christina Cameron, Planning, Innovation and Programmes Directorate

## 1 Purpose

This report is presented to the Board for:

- Discussion
- Endorsement
- Approval
- Future Reporting

The Board is asked to:

- **Discuss** – review and discuss a revised approach to achieving the Strategic Intent for Dr Gray’s Hospital
- **Endorsement** – endorse progressing the exploration of a revised approach, through integrated service planning and engagement as set out in this paper.
- **Approve** - the resources required to undertake appropriate planning and engagement work
- **Future reporting** – to request that a Draft Plan is brought back to the Board in Q4 2024/25 for discussion and review.

This report relates to a:

- Medium Term Delivery Plan
- Medium Term Financial Plan
- Plan for the Future

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

Dr Gray's Hospital is one of two acute hospitals in NHS Grampian and is located in Elgin, Moray. It is commonly regarded as a District General Hospital, is a teaching hospital and delivers multiple specialty services including theatres. It is a valued anchor organisation for Moray, a treasured local resource and an important asset for NHS Grampian. As part of the whole health and care system, the hospital faces significant challenges to sustainability; these challenges are framed in financial overspend, difficulties in recruitment and retention, workplace experience and utilisation efficiencies.

A range of new and emerging issues have brought these ongoing challenges into focus as a signal that the current approach to achieving the strategic vision for Dr Gray's requires further review. These include the outcomes of recent inspection activity, ongoing concerns about maintaining a sustainable workforce in some services and the recent and unprecedented financial position across the whole system. The current Dr Gray's strategy takes us in the right direction and was formulated with significant input from those that work at Dr Gray's and our communities in Moray. However, the following recent communication with senior clinical colleagues in Dr Gray's sets out the position well;

*"Despite the significant, focused and consistent effort by everyone involved, I believe our current planning and actions are not going to ultimately result in a safe, effective, high quality and sustainable model for the future of secondary care in Moray, as set out in the 2023-33 DGH Strategy; Defining the Role and Function of Dr Gray's Hospital developed as part of the overarching NHSG Plan for the Future.*

*We are at a critical juncture and a radical re-think is required. However, I do not want this to be misinterpreted, so to be very clear, I remain absolutely and sincerely committed to DGH as a core part of NHS Grampian's infrastructure and services. Neither do I mean all that is contained in the current DGH Strategy will not be part of the future plan for DGH but that we need to reassess our approach."*

**Adam Coldwells, Chief Executive, September 2024**

It is necessary therefore to consider what a revised approach might include, as part of the Route Map to Strategic Change and a refreshed approach to integrated planning; one that will build on the significant commitment and efforts already undertaken, that will achieve the strategic vision for the hospital, and will result in safe, effective, high quality care at Dr Gray's in a long term model that is sustainable and affordable.

### 2.2 Background

Dr Gray's Hospital is a key part of acute services delivery for NHS Grampian and is the local hospital for around 100,000 people living in Moray, broadly one sixth of the Grampian population.

The following facts and figures may provide a summary insight into the Moray context.

- Dr Gray's is the most northerly acute hospital in Scotland's mainland.
- It is a Local Trauma Centre in the national Major Trauma Network and sees the second highest rate of road traffic casualties in Scotland
- There are a number of health inequalities in Moray, including that 27.5% of people in Moray are among the 15% most access deprived in Scotland.
- The population is aging, with 22.3% over 65yrs old compared with 16% in Aberdeen City, with associated implications for increasing morbidity.
- Despite this, it has the lowest rate of emergency admissions for 65yrs+ in Scotland
- Travel times to an acute hospital can vary greatly for people in Moray, e.g. DGH to ARI can take 2hrs while NHS Highland's Raigmore Hospital is around an hour away
- 16% of Grampian's births are to the women of Moray
- There are 4 theatres in use in DGH and a consultant led maternity model is in development.
- It has a base of 140 inpatient beds and delivers outpatient clinics across a wide range of c.14 surgical and medical specialties including psychiatry, pain, sexual health, oncology and diabetes.
- The entry point for the hospital is the Emergency Department which sees around 90 presentations per day; 30 of whom arrive by ambulance. Around 20 of the 90 presentations are admitted.
- It is linked to a network of community hospitals across Moray

### Strategy Development

In 2023, the NHS Grampian Board approved the 2023-2033 DGH Strategy and Implementation Plan as an important element of our Plan for the Future. Drivers for developing a strategic vision for the hospital included

- Scottish Government's recommendation in Ralph Robert's Review 2021 that a DGH Strategy was needed to define its role.
- Vocal community concerns regarding the future of local hospital services – seen by the community as a 'treasured resource'.
- Vital asset and element of NHS Grampian's capability and capacity to deliver acute services, inc. Local Emergency Unit in Major Trauma Network.
- Important anchor role in historical, current and future relationship with local community.

Following a clarified financial position for NHS Scotland at the start of 2024, the Board agreed in March 2024 that implementation should focus on improving three key main areas:

- Theatres
- Surgical Redesign
- Front Door

Work has progressed with limited resource on the crucial area of Theatres Redesign in Dr Gray's and a new model is scheduled for the end 2024/5. This area of focus and improvement is foundational for the wider clinical infrastructure of the hospital and for effective acute service delivery for Grampian, including the developing maternity model.

The Strategic Vision for Dr Gray's Hospital remains and provides a framework of strategic intent to underpin a revised plan.

Dr Gray's Hospital – Strategic Intent		
Our Vision: that Dr Gray's Hospital is a vibrant, rural, district general hospital that delivers consistently high quality services for people and careers where staff can flourish.		
People	Place	Pathways
<ul style="list-style-type: none"> <li>• Staff being enabled to fulfil their potential</li> <li>• Centre for excellence for remote health provision</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) local treatment, or (2) onward transfer</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>

## 2.3 Assessment

As noted earlier in this paper, there is firm commitment to the future of DGH and a recognition of the value in building on the efforts already undertaken to deliver the strategy. It is not suggested here that we restart the strategic planning process but instead that we acknowledge the significant changes in context since our plans were approved. Among the aspects that have changed is the financial position for the Board however the challenges to DGH success can be categorised as follows



- Significant and ongoing financial pressures – DGH overspend represents c.£10m of the c.£73m total for Grampian
- Letters of concern from clinical fora and agencies including HIS and the Deanery
- Use of Medical Locums & agency staff to address staffing gaps – although progress has been made, balancing clinical and financial governance remains a challenge
- 24/7 consultant model reliant on agency and locum workforce across acute medicine, emergency medicine, anaesthetics
- Effect of anticipated consultant retirements on sustainability of some specialty services
- Challenges in sustaining the maternity model as instructed

It is proposed that a renewed approach is needed to deliver the benefits of DGH to citizens of Moray, Grampian and the northeast of Scotland. The approach will set a revised route to delivering the agreed Strategic Intent, while building on work already completed by

- Ensuring affordability and sustainability
- Enabling DGH to focus on its strengths
- Reflecting the reality of local demand and local geography
- Performing with clinical excellence in vital services for people of Grampian
- Acknowledging DGH as a part of a single acute network with ARI
- Delivering on a whole system basis, across services, and traditional territorial Board boundaries

- Acting as a crucial asset in NHSG capacity for treatment, training and networking

### **Integrated Service Planning**

It is proposed that an *integrated service planning* approach is used to develop a revised way of delivering the DGH Strategy. This approach, developed by the Planning, Innovation and Programmes Directorate, will ensure that all aspects of planning and engagement are completed in an integrated way, on a whole system basis. The main elements of this approach to planning are:

#### **Vision**

**Stakeholders** – build on the very thorough stakeholder engagement already carried out, using NHS Grampian’s Putting People First’s principles to involve the public in ongoing dialogue to help guide decision making and ensure adherence to *Planning with People* national guidance to meaningfully co-design any service changes.

**Vision** – ensure the values and assumptions of the stated vision for DGH are still correct by testing it with the overall NHS Grampian strategic vision.

**Capacity** – fully understand the sustainable capacity of DGH and identify strengths and weaknesses

**Leadership** – describe the leadership needed to executively and operationally deliver the vision on a sustainable basis

#### **Analysis**

**Population** – understand the changing needs of the population to be served by DGH on a local and whole system basis

**Current /future situation** – use data to develop future proposals including any service change

**Risks and Challenges** – both current and potential, based on modelling any future scenarios

## **Plan**

### **Gap analysis & options**

Describe the gap between where we are and where we want to be, using real examples of services and the options available

### **Priorities for 1, 3 & 5 years**

Set out a staged approach that delivers objectives based on prioritised outcomes and impact assessment

## **Resource alignment**

Detail what resources will be needed for implementation: (finance, workforce, infrastructure, digital)

### **Interface /interdependencies**

Acknowledge the links to enabling structures, services, pathways and plans with interdependencies e.g. Plan for the Future

## **Implement, Monitor & Review**

### **Impacts & strategic outcomes**

Measure, monitor and report on high level impacts and outcomes using data and feedback

### **Performance monitoring**

Ongoing monitoring and reporting of performance towards implementation, via the agreed reporting governance structure (Strategic Change Board)

### **Ongoing partnership**

Maintain relationships with stakeholders through ongoing engagement at all levels ensuring feedback supports continuous improvement

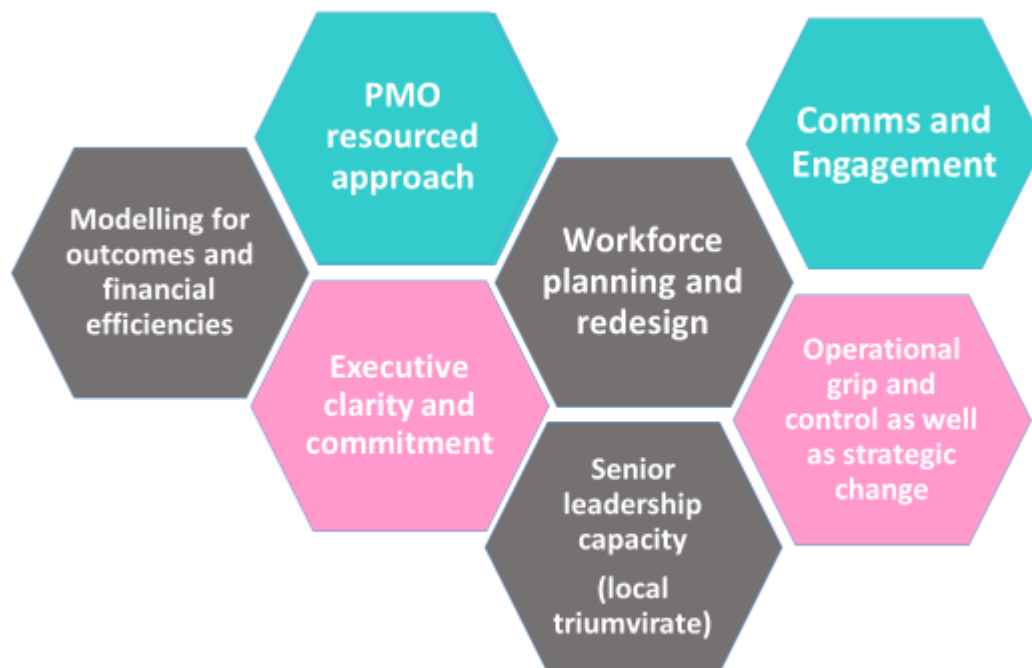
### **Changed assumptions**

Continuous improvement culture which enables an agile response to changes in context and operating environment

## **Planning Resource**

As described above, it is proposed that a revised plan is required to ensure the long term, sustainable success of DGH. The development of this plan, using the integrated service

planning methodology will produce a robust, whole system based approach that is consistent with our Plan for the Future and forms part of the overall Route Map for Strategic Change. The planning and engagement activity necessary will require dedicated resource including expertise and time. In an integrated system, achieving sustainable change is likely to be a complex task requiring a mix of inputs such as set out below:



It is also clear that preparation and planning must be resourced appropriately to ensure that viable and evidence based options are developed for the Board to consider. The suggested time frame for this work is three months from mid December to mid March, producing a Draft Plan for the Board to review at its meeting in April 2025. As part of the planning process, further direction may be sought from the Board in Seminar mode to clarify strategic direction and risk tolerance and to ensure alignment to the Route Map to Strategic Change.

The human resource and expertise needed for this work is mostly available within NHS Grampian although some external support around scenario and data modelling may be required in order for us to work at the pace necessary. Capacity within the existing DGH Strategy Programme will be refocused and beyond that, the additional resource is anticipated to be reprioritised from current commitment and capacity in teams. The necessary elements include:

**Additional Input Required to be reprioritised (mid Dec 2024 – mid March 2025)**

- Planning
- Administrative Support
- Health Intelligence
- Engagement and Communications



- |   |
|---|
| <ul style="list-style-type: none"><li>- HR/Workforce Planning</li><li>- Senior Operational Leadership</li></ul> |
|---|

### 2.3.7 Route to the Meeting

To date, the development of this paper has been informed by

Jan 2023 – NHSG Board Approval of the DGH Strategy 2023-2033

Mar 2023 – NHSG Board Approval of the DGH Implementation Plan

March 2024 – NHSG Board Approval of DGH Strategy Programme Progress Update

October 2024 – CET Critical Thinking Session Agenda Item

November 2024 – NHSG Board Seminar Agenda Item

This engagement has informed the development of this paper, overseen by the Chief Officer for Moray.

## 2.4 Recommendation

The Board is asked to

- **Discuss** – review and discuss a revised approach to achieving the Strategic Intent for Dr Gray's Hospital
- **Endorsement** – endorse progressing the exploration of a revised approach, through integrated service planning and engagement as set out in this paper.
- **Approve** - the resources required to undertake appropriate planning and engagement work
- **Future reporting** – to request that a Draft Plan is brought back to the Board in Q4 2024/25 for discussion and review.