

Meeting:	NHS Grampian Board
Meeting date:	10 April 2025
Item Number:	12.1
Title:	DGH Strategy and Acute Pathways Integration
Responsible Executive/Non-Executive:	Judith Proctor, Moray Portfolio Lead
Report Author:	Christina Cameron, Programme Lead

1 Purpose

This is presented to the Board for:

Assurance – to provide an update on the work to revise the approach to the Dr Gray's Hospital Strategy in the context of the developing approach for the Integration of Acute Pathways of Care.

The Board is asked to

- Endorse the approach to encompass the implementation of the ambitions within the Dr Gray's Strategy within the wider approach to the Integration of Acute Pathways of Care set out within this paper.
- Note that the initial focus for the Integration of Acute Pathways of Care will focus on cardiology, orthopaedics and endoscopy. This will be a phased approach initially focusing on designing an optimum service model which reduces immediate clinical and service risks through the implementation of a single delivery model and governance structure supported by a single workforce model by early summer 2025.
- Agree that an update on the description of the three service models, along with key areas of progress in relation to implementation will be provided at the Board Seminar in July 2025.
- Note the approach for Integration of Acute Pathways is a key component of the emerging Route Map to Strategic Change and the learning over the coming months will inform the development of the Route Map for Strategic Change.

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):

- Safe

- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Grampian has a strategy for Dr Gray's Hospital and is committed to implementing its strategic objectives, however, it has become clear that in order to achieve these objectives, a whole system approach to acute care is required to enable the desired outcomes. This paper provides an update on progress, and describes the shift in emphasis towards a whole system approach to integration of acute care to enable sustainability of services whilst meeting the needs of the population.

2.2 Background

At the Board meeting in December 2024 there was confirmation of the commitment to and the value of Dr Gray's Hospital as a key part of the NHS Grampian system. There was also recognition of the need to be radical in what might be required to achieve the necessary sustainability of services and the ambitions set out in the Dr Gray's Hospital strategy and wider organisational strategy, Plan for Future.

At the Board Seminar in March 2025, Board members considered a range of concerns across a number of factors which were affecting sustainable delivery of acute care in Dr Gray's Hospital and in acute services within Aberdeen. The issues presented in diagram 1, have been reported via a number of routes such as operational feedback structures (clinical and management), in letters of concern, and from external sources such as the Health Improvement Scotland (HIS). The scale and range of these concerns are seen as clear indicators of a need to revise our approach.



- Operational feedback
- Range of warning signs and concerns across many areas
- Multiple internal and external sources of concern and issues
- Affecting sustainability, affordability, quality and safety

Diagram 1: Key factors and issues highlighted

Board members explored how whole system transformation of acute services pan-Grampian would assist in ensuring greater sustainability of services both in the short and medium term in Dr Gray's and in Aberdeen hospitals. This is consistent with the

key areas of focus for the proposed Route Map for Strategic Change agreed by the Grampian NHS Board in December 2024.

Discussions also acknowledged that the integration of acute pathways of care would be a significant piece of work, requiring a multi-factorial approach and appropriate support and resource. It was also clear that many of the areas of strategic intent for Dr Gray's Hospital are also applicable to the sustainability of acute service across Grampian, as outlined below:

- affordability and sustainability of services, including workforce models
- managing risks to enable safe and quality care
- equitable access regardless of where people reside
- reflecting the reality of demand and geography and the need to do things differently
- ensuring clinical excellence in vital services for the people of Grampian

The proposal to incorporate the Dr Gray's Hospital Strategy implementation as part of the whole system Integration of Acute Pathways Programme of work was agreed in principle at the seminar in March. This approach also supports building on the strength of Dr Gray's Hospital as a crucial asset in NHS Grampian's acute capacity. There was an agreement to bring the revised approach to the Board in April 2025, having undertaken the necessary review and planning work.

2.3 Assessment

Since December 2024 there has been considerable focus, both strategic and operational, in determining the right approach for this work and to ensure that organisational efforts will result in transformed services that are sustainable, safe, high quality and flourishing, as outlined in the extant Dr Gray's Strategy and Plan for the Future. The approach also requires to support the balancing of risk across the 'Finding Balance' domains of clinical safety, workforce, prevention and finance. Delivering these strategic benefits is a priority issue for NHS Grampian and the Chief Executive Team has allocated time and critical focus to shaping the way forward.

The clarity and agreement of the whole system approach has been further developed via the NHS Grampian Strategic Change Board, which has directed the development of a commission for a whole system approach to the Integration of Acute Pathway of Care as a major component of our Route Map to Strategic Change. The commissioning approach has been constructive in forming real clarity on 'the ask', defining the scope and parameters of acute integration, in formulating the benefits we expect to see from the work, and in confirming that such a significant undertaking needs appropriate resource to succeed.

It is equally important to consider the enabling strategic objectives in areas such as infrastructure, digital and training that support the provision of care, and these will be reframed for local prioritisation and delivery across the whole system pathway of care.

Given the level of risk in a number of services, it is clear a more rapid response to more immediate concerns is required. These services will be prioritised and supported through the integration of acute pathways approach, overseen by the Integration of Acute Pathways Board but as part of a phased approach to initially progress stabilisation and then with a greater focus on medium term transformation.

Diagram 2 overleaf, summarises the high level approach managing both the immediate area of focus and the medium term sustainability required.

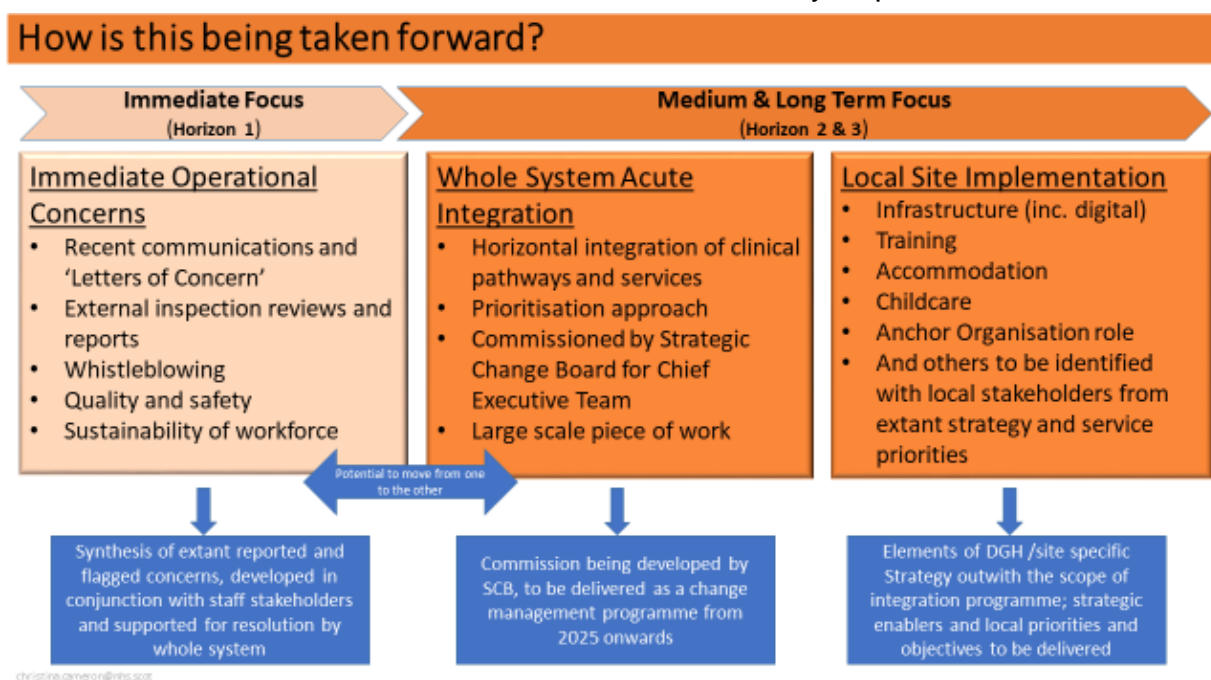


Diagram 2: Phased high level approach for services deemed requiring immediate focus

The proposed approach to integrate acute pathways of care was reinforced by the Strategic Change Board, which approved the Integration of Acute Pathways Commission on 25 February 2025. In early March, the Chief Executive Team confirmed the first set of prioritised services to be taken forward via the Integration of Acute Pathways of Care approach are Cardiology, Endoscopy and Orthopaedics. The Chief Executive Team has confirmed that this work will be taken forward at pace in response to a range of internal intelligence and feedback, along with recent concerns raised by Healthcare Improvement Scotland and NHS Education for Scotland.

The Chief Executive Team approved a mandate for each service area as outlined below:

- Design a NHS Grampian Cardiology Service future state model. This model will include a single governance structure, centralised referral management, unified

waiting lists and a single workforce serving the population of Grampian and beyond.

- Design an optimum service model for the NHS Grampian Endoscopy Service, including the interface with bowel screening and operating with a single governance structure, single waiting lists and single workforce for the population of Grampian and beyond.
- Design a NHS Grampian Trauma and Orthopaedic Service future state model, operating a single governance structure with single waiting lists and a single workforce which also includes arrangements for out of hours trauma provision service for the Grampian population.

Key milestones for the delivery of the mandates over the next four months are:

- By end of April 2025 - Shared description of the integrated single acute service model will be approved;
- By mid May 2025 - Implementation plan for the integration of a single acute service model is approved (any immediate actions in response to key risks will be progressed prior to formal approval); and
- By end of June 2025 - Key aspects of the integrated model for implemented and impact monitored/evaluated

An update on the description of the service model and key areas of progress in relation to implementation will be provided at the Board Seminar in July 2025.

2.3.1 Risk

Operational - There is a risk that service redesign and transformation work takes time and yields results in the medium term, rather than short term. Some services may need more immediate, short term interventions. This risk is being mitigated by prioritising those services and creating a more agile approach to respond to this whilst maintaining the agreed principles for medium term sustainability.

Governance - Integration of acute pathways is broad in scale and acute governance may sit across a number of existing structures. Mitigation of the risk of lack of clear governance is provided by clarity the agreed commissions for the Integration of Acute Pathways. The governance of this work will be the remit of an Integration of Acute Pathways Programme Board reporting directly to the Strategic Change Board, which reports to the Chief Executive Team. Given the initial focus and pace required for this work, the Chief Executive Team will initially receive fortnightly formal reports to provide necessary assurance and as appropriate support to deal with any escalations which could slow the pace of this important work.

Resource Capacity - The leadership and delivery resource required by this work is acknowledged to be both significant and vital to success, but the financial position does not permit recruitment to new roles. Mitigation of this risk lies in the reprioritisation of current work within existing teams in NHS Grampian to redistribute the available skills, expertise and leadership capacity.

2.3.2 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.

All redesign plans linked to the integration of acute service will be subject to a full impact assessment in line with the Planning with People guidance and NHS Grampian's Putting People First principles.

2.3.3 Communication, involvement, engagement and consultation

The Integration of Acute Pathways programme of work outlined in this paper is expected to lead to changes of existing pathways and services to enable greater sustainability of safe, equitable and quality care. This will be undertaken through a collaborative approach with key stakeholders, using multiple tools to ensure engagement to identify, inform and shape key changes required. We will build on the engagement work already undertaken.

The process for consulting on proposed service change will be followed and supported by expert colleagues in the Marketing and Corporate Communications Directorate.

2.3.4 Route to the Meeting

This update has been presented at the Board Seminar in March 2025 prior to submission to the NHS Grampian Board.

2.4 Recommendation

The Board is asked to:

- Endorse the approach to encompass the implementation of the ambitions within the Dr Gray's Strategy within the wider approach to the Integration of Acute Pathways of Care set out within this paper.
- Note that the initial focus for the Integration of Acute Pathways of Care will focus on cardiology, orthopaedics and endoscopy. This will be a phased approach initially focusing on designing an optimum service model which reduces immediate clinical and service risks through the implementation of a

single delivery model and governance structure supported by a single workforce model by early summer 2025.

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