Medicine Care Group

2023/4 Plans – Acute Medicine and TIU

Objectives summary

- *Deliver our 'single Front Door' ambition by Nov 2024 and ensure all GP flow and ED streaming opportunities are optimal*
- *Eliminate non-clinical GP expected via the Emergency Department on the PGH site.*
- *Implement Handover Web trust wide to support SDEC development.*
- *Develop Business case for the delivery of Agyle in SDEC to ensure systems are linked and support flow.*
- *Embed ECDS V4 data collection in line with national mandate.*
- *To fully embed and realise the Internal professional standards within acute medicine.*
- *Achieve 80% of aligned process, policy and practice by mid/end 2024.*
- *Map acute patient journey and develop the service specification and SOP for SDEC service by April 23 and draft 2024/5 future plan*
- *Develop strategy for consistent staffing of DVT service UHD wide and delivery of a merged service based on the RBH site.*
- *Develop and implement GP referral admissions at the RBH site in line with the site moves in 24/25.*

Workforce Plans

- *Complete Nursing consultation for Nursing AMU/SDEC both sites April 23*
- *Secure substantive medical Workforce to fully realise activity opportunities in SDEC.*
- *Develop existing ANP workforce towards credentialing and develop.*
- *Workforce review of Ward Clerk coverage trust wide, to address inequities in cover, amalgamate SDEC and Acute Medical ward clerk cover to create resilience in teams.*
- *Review current directorate admin and clinical admin processes, align processes and admin cover within the directorate.*

Financial Plans

- *Budget will rollover from 2022.*
- *Review of administrative processes to realise CIP opportunities within the workforce.*
- *Ongoing financial pressures associated with switch to Monofer in TIU, currently unbudgeted.*
- *Reinvigoration of the directorate drive to engage all staff in CIP responsibility in coming financial year, to improve CIP position on 22/23.*
- *Review current processes for management of MH patients in acute medicine and mitigate financial risk against care provision.*

Quality Plans

- *Resolve Same Sex Breaches on TIU.*
- *Develop PICC service SOP and align TIU policies*
- *Merged DVT services and aligned policies.*
- *Complete workforce plans and increase staffing for the AMU high acuity bay*
- *To work with IT to resolve eObs and eNA breaches due to admission process*
- *Improve eNA compliance across both sites aiming for 90% compliance rate by 2024 – (dependent on IT resolution)*
- *Align nursing documentation and assessments across AMU/SDEC*
- *Develop robust discharge team on AMU in order to identify vulnerable adults and reduce safeguarding incidents on admission and discharge*
- *Increase MH training attendance and develop Mental Health competencies*
- *Align pathways for the admission of pregnant woman with a non-obstetric problem and develop appropriate training*

Reconfiguration Plans

- *Outline SDEC & TIU Service specifications to support demand and capacity modelling.*
- *Remodel Demand & Capacity for SDEC & Acute Medicine, in line with proposed merged front door in 24/25.*
- *Outline workforce requirements in line with modelled demand and capacity, to meet the 24/25 service needs for merged front door.*
- *Progressing our 'One Team' ambition with cross site working completed by end 2023 for all staff groups*
- *Centralised policies with gap analysis and drafted policy, process and pathways aligned end 2023/early 2024.*
- *Point of care lab in place across front door by 2024 move, working with ED to support SDEC.*
- *Modelling of Demand & Capacity of current TIU, and outline merged TIU demand & capacity, with associated workforce modelling.*
- *Merged Snr medical staffing model, with combined rota summer 2023.*

Risks, issues & any speciality specific assumptions

- *Risk of delivery of SDEC activity against the SDEC trajectory, due to failure to recruit substantive staffing to medical workforce.*
- *Medical and nursing workforce unable to recruit to vacancies*
- *Lack of data and analysis to support and drive improvement*
- *Ongoing financial risk and service risk from the delivery of MH care, un resourced and unbudgeted in the acute medical service.*
- *Risk of failure to meet growing demand in the TIU due increased oncology and interventional radiology capacity demands.*
- *Ongoing risk to service provision due to SDEC trollies being bedded, impact on the ability to support upstream services.*
- *Inability to progress work at pace required due to management resources to support services in the directorate, compounded by operational pressures on the team.*
- *Continued risk of inability to cover locum shifts due and dependence on the medical staffing coordinators in supporting the acute medical management teams.*

Specific deliverables for 2023 – 2024

Scheme/ initiative	Outcomes	Impact on Activity	Investment	Workforce	Lead	Timeframes
Introduce Online referral and waiting list management in TIU.	Improve access to care and reduce waits for TIU care.	Facilitate D & C, increase activity and improve access to care.	N/A	IT Support	RB	Jan 23 – May 23.
SDEC Revised workforce Business Case	Consistent coverage at Senior Decision-making level.	Increased SDEC activity. Decreased GP via ED. Enhanced Streaming.	£250K	MDT	RB/ROG/MH	April 23
Outline Case for Agyle in SDEC & Develop FBC	Improved safety and efficiency. Ability to capture ECDS in SDEC.	Improved planning, improved flow from ED.	TBC	IT	RB/MH	Mid 2023
Develop centralised medical referral hub.	Improved access.	Release of clinician time to increase SDEC activity, decreased GP via ED	N/A	Nursing	RB/TK	March 23
Adopt and embed IPS in Acute Medicine	Timely movement through and out of the unit Collective ownership AM processes	Reduced occupancy AMU, Improved flow.	N/A	MDT	ROG/MH	October 23.
POC Testing	Improved early discharge and decreased LoS in SDEC.	Earlier decision making and timely discharge	TBC	N/A	MH/RB	Q1-Q3 23/24
SDEC Process Review. Align RBH pathways, processes and workforce with PGH.	Improved access to SDEC. Improved flow from ED. Decreased bed base dependence.	Increase overall SDEC activity by 20-25% against Q2/Q3 22-23 baseline.	N/A	All	MH	Jan 23 – June 23

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2023/4 Plans – Emergency Medicine

Objectives Summary

- *Deliver our 'single Front Door' ambition by Nov 2024 focus on our flow and ensure every patient has an optimal patient journey*
- *Minimise our ambulance delays and 12-hour waits*
- *Increase our streaming to specialties and UTC by 20% year 1 and 40% Year 2, by embedding IPS and specialty pathways.*
- *Reintroduce the new UEC Bundle including 4-hour standard, and use as a launchpad to drive patient focussed improvements within the UEC pathways*
- *Improve our data quality to ensure full compliance with ECDS with accurate recording, reporting and analysing.*
- *Ensure the UEC data has dedicated analyst support and introduce a regular scheduled forum between BI and UEC ops and clinical teams*
- *Improve 4 hr performance to the NHSE 2-year trajectory of 76%*
- *Deliver and implement Phase 1 Agyle IT system into ED by April 23 and embed fully through phases June 23. – realise efficiencies. Commence Phase 2 April 2023*
- *Reduce all ED follow up clinic activity to 2 minimal clinics per week, and convert to virtual activity in line with sustainability strategy and also releasing Consultant time back to ED*
- *UTC Model post April awaits decision – streaming success dependant on model*
- *To fully embed and realise the Internal professional standards and specialty pathways, including no GP expects to ED.*
- *Pro-active, real time information analytics and reporting that drive improvement*
- *Achieve 80% of aligned process, policy and practice by mid/end 2024.*
- *Front door SOP in and fully implemented mid 2023*
- *Review of eTriage BC and future requirements*
- *Participate and lead work in ICS / Dorset to reduce minors' attendances to the acute sites, aim to reduce by at least 10% within 12 months.*
- *Close the observation ward by the end of 2023, in line with 2024 move to new build Model*

- **Workforce Plans**
- *Unknown UTC WF required - Funding & Model tbd*
- *Increase ACP template in minors and UTC as per BC*
- *Establish our junior doctor and MG rotas and move to one roster by the end of 2024*
- *All consultants fully job planned for 23-24 and onto health Roster,*
- *Fully implement the Medical and Nursing workforce BC and realise the outcome of reducing locum and agency spend*
- *Retention, turnover, anticipated workforce challenges*

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Financial Plans

- *ED budget will rollover from 2022-23.*
- *CIP Target carried forward estimated -£558k*
- *Deficit in Medical staffing for current Capacity and Demand. BC requires additional funding of £1,093k*
- *Implement Phase 1 of Medical WF BC with the 450k initial funding and reduce locum spend by approx. 600K end Year.*
- *Deficit in Nursing template and will continue to run over template as cost pressure £1.666k. Increase nursing recruitment and plan to eliminate use of Tier 4 Agency and use lower tier agencies.*

Quality Plans

- *Reduction in harm caused by long waits and delays in the department, including reducing deteriorating patients*
- *Compliance against the RCEM standards for ED*
- *Summarise the quality plan, any actions to address quality challenges*
- *Collaborating with Red Cross, and Addiction Services to standardise the process to reduce and target attendances for high impact service users*
- *Improving IT systems by releasing time to care*

Reconfiguration Plans

- *Remodelling CSR to accurately reflect demand and activity post pandemic.*
- *Workforce D&C planning to match predictions for adult and paediatric attendances.*
- *Progressing our 'One Team' ambition with cross site working completed by end 2023 for all staff groups*
- *All policy, process and pathways aligned end 2023*
- *Early alignment of pathways mid 2023*
- *Point of care lab in place across front door by 2024 move, including SDEC areas.*
- *Embed the new role of Nurse Consultant ACP across front door to drive ACP strategy and collaboration including SDEC and acute medicine*

Risks, issues & any speciality specific assumptions

- *Delivery of 4 hr performance dependant on a number of external factors - SDEC's and streaming delivering towards a trajectory of minimum 20% away at streaming in ED by April 2024.*
- *Inability to deliver the 4-hr trajectory of 76% by end 2024/25*
- *Medical and nursing WF unable to recruit to vacancies, and insufficient pipeline*
- *Lack of data and analysis to support and drive improvement*
- *ED current and future estate insufficient capacity for trajectory*
- *Continued flow out and delayed discharges impacting ability to improve ambulance delays and 12 hour wait for beds.*
- *Unknown provision of UTC/ primary care offering*
- *Unknown provision of specialty clinical service – i.e. labs, pharmacy, Radiology*
- *Lack of clinical engagement and ownership to embed pathways and IPS*
- *SDEC bedded and inability to stream*
- *Closure of observation ward / CDU by 2024*
- *Inability to progress work at pace required due to operational capacity of team*
- *Continued risk of inability to cover locum shifts due to Locum rate discrepancies*

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Activity	Investment	Workforce	Lead	Timeframes
Reintroduction of 4 hr performance trajectory	To achieve a trajectory towards a 76% by April 24.	Increased throughput, early decisions, early streaming	NA	NA	Michelle Higgins	Dec 21-Mar 23
Medical WF Business case	Reduced locum spend, improved WTBS,	Improved pt outcomes	£450k Phase 1 Full BC to be approved	Medical	Michelle Higgins	Dependant on BC outcome
Delivery of new IT system – Agyle in ED	Improved safety and efficiency processes	Paper lite staff system time, patient documentation, inputting etc	£570k	All	Michelle Higgins/Bruce Hopkins	April 23
Nursing BC	Fully recruited to all WTE	Reduced agency spend and eliminate Tier 4 use.	£1.6m	Nursing	Bruce Hopkins	Year 1 to 2
IPS	IPS embedded all specialties and patients reviewed with decisions by 4 hrs	Reduced occupancy ED,	NA	Medical	Tristan Richardson	April2024
High Intensity User Group	Improved Health Inequality outcomes for top ten users	Reduce the time spent on managing multiple attendances and release time back to ED	ICS – via Red X framework	External	Michelle Higgins / Carly BB	Year 2-3

2023/4 Plans - Specialty: Older People's Services

Objectives summary

- Increase SDEC activity on both sites and plan for a future 7 day service.
- Confirm bed base and community services across UHD within OPS for the future model of care.
- Transfer community hospital ward, Fayrewood, from RBH to Poole site with agreed SOP.
- Provide interim pathway plan for 2024 to support "go big go early". Identify complex care/rehab cohort of patients to be based on Poole site with agreed SOP.
- Develop virtual ward capacity and workforce for OPS patients.
- Improve RTT performance with no patients waiting over 40 weeks for First consultant review.
- Support timely admissions to RACE/OPAU/SDEC in line with national 4 hour ED target.

Activity Plans

- Alignment of SDEC and ESD activity data.
- Alignment of clinics to aid RTT improvement and follow up wait to be seen.
- RTT –to have no 65+ week patients by end of March 2024
- TOMCAT for Tilt table service to maximise capacity and management of list.
- Work with ED to understand activity and additional requirements of OPS to support timely management of patients in ED and stream to SDEC.
- Ensure all activity being recorded e.g. day hospital, Tilt table and SDEC.
- Review pathway for follow up activity to understand/streamline this across OPS using a AEC model
- Overall anticipate activity consistent to previous year but shifts across service e.g. reduced inpatient activity with increased SDEC/Virual ward activity.

Workforce Plans

- Identify workforce required to manage complex care patients on Poole site.
- Recruit, expand and develop UHD@ Home workforce.
- Adjustment of Poole ward templates – finalise and seek funding.
- Efficiencies of administration teams via use of dictation software.
- Progress with junior doctor templates and recruitment and skill mix opportunities e.g. PA roles
- Job plans consistent across OPS and aligned with consistency panel.
- Combine consultant rotas.
- Progress with band 4 Nurse Assosciate posts consistently across OPS wards.
- Recruitment of mental health support care workers.
- Overseas workforce development
- Review opportunity for OPS specific nursing/HCA recruitment, consider rotation.
- ACP increases required with training development.

Financial Plans

- Business case to fund Poole wards template adjustments.
- SDEC development – non staff costs, and substantive funding for consultant workforce for 5 day service.
- UHD@home –substantive funding for workforce for 7 day service
- CIP programme including a review of non-staff costs and recurrent vacancy factor.

Quality Plans

- Management of LLOS patients and MRFD patients in collaboration with Discharge services and ICS with aim to reduce potential harm to patients MRFD on wards.
- To Review Falls Clinic and align service across both sites. Review opportunities for additional actions for patients who have fallen in hospital to ensure they are having appropriate follow up once at home.
- Robust use of HOW on wards across site to aid operational flow and clinical management.
- On going development of SDEC pathway to increase opportunity for access.
- Hospital at home development to support admission avoidance and early supported discharge.

Reconfiguration Plans

- Aligning of rotas for consultants including consultation regarding on call rotas
- Identify/confirm space for AEC/Day Hospital service at Poole
- Check the speciality bed trajectories supplied with activity templates for 2023/4, 2024/5 and final bed state post-reconfiguration and confirm these are correct.
- On going Work with Orthopaedics and surgery to optimise frailty care for patients requiring specialist ortho and surgical care.
- Movement of patients from hospital beds to UHD@home service aiming to achieve up to 40 virtual beds across BCP.
- Fayrewood move to Poole ward April 2023.
- Implement complex care ward at Poole adjusting function of one OPS ward.
- Develop 7 day working in SDEC

Risks, issues & any speciality specific assumptions

- On average 50% of patients in OPS inpatient beds do not meet Criteria to Reside creating significant capacity challenge. Limited capacity in community increasing length of stay in hospital and harm to patients
- Enhanced care and RMN requirements creating significant financial risk.
- Operational demands limit workforce capacity to support workstreams.
- Orthopaedic move planned for 2024 will impact on Poole consultant cover and weekend service.
- Interim model of care without final definition of model and depending on outcomes of "go big, go early".
- Activity not recorded fully across services so any increases in activity may be related to recording of activity not new activity.
- On going adjustments to transformation plan over the year/adjustments from interface services that we are not aware of as specialty team.
- Surgical frailty staffing resilience

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Parkinson Service merge service and activity to neurology	All activity sitting under Neuro with all activity under 400 enabling all clinics (Xch, Poole & Dorchester) to be visible and booked evenly.	Being able to book next available instead of by location will reduce waits especially at Poole and will enable Dorchester appointments to be booked and visible	Will have a financial impact on speciality code 430 as currently majority of activity sits in this speciality	Could have staffing implications if currently Geriatric consultants refuse to continue this activity under 400 Neuro	M Gower	April 23 – March 24
Emergency care data set – SDEC and Admission unit to use same software as ED	Clear and transparent visibility of patients moving from ED to SDEC and OPS Admission Unit	Real time data collection and diagnosis data will reduce the time re clerking patients will also ensure patients admitted directly to OPAU / RACE will have the same data set as patients admitted via ED	? cost of software / training	Its not anticipated that this will impact to staff numbers but will require retraining of a large number of staff including consultants	S Hammond	April – September 23
Review of admin processes with Christchurch day hospital	Improved streamlining of admin systems,	Validators will be able to see all appointments booked and attended by patients, with correspondence / EIDF produced in a timely manner		Hopefully improved job satisfaction with no repetition of tasks and less chasing for information	L Pigott	
SDEC merger / Activity	Improved data collection Clear identification of numbers seen Identification of different group of patients	Ability to identify true SDEC numbers Ability to identify non SDEC activity, and if this will still sit with OPS and be seen at Xch or Poole	Financial loss of activity for non SDEC patients	Possible cost implication for regrading staff, possible increase in staff for merged service providing 7day	L Pigott	

				service Additional staff required if decision is to continue to see AEC patients at Poole & Xch		
Transformation of OPS	Various from each TAG		Workforce	Each TAG to identify staffing requirements, anticipated additional staffing will be required		
Deliver UHD@Home in OPS	Up to 40 patients to sit under “virtual ward” in community under OPS.	Monitor impact on OPS admissions - ?reduction and monitor LOS and stranded patients.	Workforce. Potential equipment requirements as service develops.	Consultant time, Lead nurse (band 7), Band 6. Development of ?ACP role.	G Cummings and L Pigott	April 2023 – March 2024
Implement a “Discharge to Assess” ward model like Fayrewood at Poole Hospital in place of existing OPS ward to cohort more medically stable patients into one ward.	Improved daily discharges. Create expertise on ward to manage medically stable patients and work with discharge team and partners to enable timely assessment and discharge.	Reduce stranded medically ready patients across OPS wards and pathway.	ACP workforce/Nurse consultant development. Will reduce need for junior doctors/consultants on ward base however this will only reduce the gaps and demands elsewhere versus releasing capacity for savings.	Consultant nurse work across two wards to support but likely need for additional ACP workforce.	T Welch L Pigott F Brown	Asap

2024/5 Plans

Objectives summary

- To complete “go big go early” move for OPS services, including staff consultation.
- Consistently deliver UHD@home for OPS and develop workforce so sustainable service over 7 days.
- SDEC merge in to shared space at RBH (currently ED minors) AEC activity to remain at Poole and Christchurch. Opportunity to deliver 7 day SDEC if not already started.
- Continued inreach to ED with timely pull to SDEC and Assessment units in line with ED targets and patient quality initiatives.
- To have clear outline of future bed base across UHD with organisation of ward functions such as assessment unit, short stay, complex care with draft SOP’s outlined to aid workforce plan.

Activity Plans

- Follow up out-patient activity data to reflect improving trend as we move into different management structure for this piece of work (now being done in AEC style clinics).
- To separate SDEC and AEC activity to allow development of the two different services

Workforce Plans

- Through workforce TAG and with HR support design consultation programme for OPS inpatient ward staff.
- Have confirmed ward template agreement and recruitment plans established.
- Have confirmed safe staffing medical workforce plans agreed and recruitment plans established to include PA roles.
- Have confirmed ACP templates to deliver SDEC, AEC, UHD@home, Outreach and complex care and recruitment plans and training programme established.
- Define OPS plans for workforce retention, recruitment and training for all staff in OPS in line with Trust plans following template agreement and gap analysis.

Financial Plans

- Develop business case for substantive finance to support staffing for UHD@home for OPS 7 day service.
- Develop plan for efficiencies of non staff costs with continued integration of services.
- Review all opportunities of workforce efficiencies as services align and develop.

Quality Plans

- Deliver an integrated falls plan which links with One Dorset programme and supports a reduction of falls within the acute Trust.
- Continued participation in benchmarking activities and GIRFT linking to service development and transformation programme.

Reconfiguration Plans

- Review ward template and location and define the OPS specialty of the wards in preparation for move.
- Prepare for and move of the OPS wards from Poole to Bournemouth site in line with Trust transformation plan
- Testing of pathways at Poole and Christchurch for the AEC style activity

Risks, issues & any speciality specific assumptions

- Reduced front door capacity (admissions unit and SDEC) 2024-2026 whilst estates work completed
- External partners (health and social care) not having capacity to meet the needs of medically ready for discharge patients causing intrinsic delays and pressure on inpatient bed capacity.
- Ongoing adjustments to transformation plan over the year/adjustments from interface services that we are not aware of as specialty team.
- Medical/AHP workforce to support split site working if realising a plan for some OPS patients to remain at Poole.
- Ongoing adjustments to transformation plan over the year/adjustments from interface services that we are not aware of as specialty team.

Specific deliverables for 2024 - 2025

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Merged SDEC service – initial location	With all inpatient services (and consultants) moving to RBH in Dec / January 24/25 there will be insufficient space for the merged SDEC team until new unit is built – alternative space being offered	It is anticipated that the numbers and types of patients the team will be able to see / pull from ED will be reduced due to having to share a reduced clinical space Likely impact on inpatient admissions			L Pigott	
Ward moves and In patient pathway redesign.	All inpatients beds moved to RBH site		Likely workforce requirements to manage additional bed base.	Staff consultations need to take place, until then unknown impact on staffing levels. Ward templates need agreement.		Nov 24 – Jan 25

2023/4 Plans - Specialty: Cardiology

Objectives summary

- Align services and teams as part of the transformation programme, including single Cardiology inpatient site from 1st April.
- Implement Getting It Right Frist Time (GIRFT) recommendations.
- Increase activity by 30% (against pre pandemic levels) by the start of 2024/25fy.
- Reduce follow up activity by 25% against pre pandemic level by the start of 2024/25fy.
- Eliminate waits over 65 weeks by March 2024.
- Achieve DM01 6-week diagnostic waiting time standard for Echocardiogram.
- Reduce bed occupancy to below 92% (? /reduce outliers by 50%).
- Support the use of virtual wards to 80% by September 2023.
- Increase financial efficiency by 2% plus missed 2022/3CIP.
- Reduce locum/agency spend to 3.7%.
- Achieve balanced financial position in 2023/24fy.
- Achieve national and speciality targets for intervention.
- Increase SDEC activity and plan for a future 7-day service.
- Review and re-distribution of OP clinics (e.g. increasing rapid access ACC capacity)

Activity Plans

- Demand and capacity modelling.
- Alignment of clinics in line with GIRFT clinically-led Outpatient guidance and increased use of PIFU.
- Review treatment pathways to support increased use of SDEC/early supported discharge/virtual wards/ACC to reduce admissions.
- Waiting list management including admin and clinical validation.
- Utilise ERF funding to provide additional OP clinic activity via a locum to eliminate 65+ week patients by end of March 2024.
- Ensure SDEC activity is being captured, offer extended 7/7 provision and collaborate with medical SDEC to support governance and flexible acceptance criteria.
- Utilise ERF funding to continue with insourcing to support additional Echo provision.
- Involvement with Community diagnostic clinics for increased Echo provision and clinic rooms.
- Increase use of virtual ward for early supported discharge with agreed SOP and criteria.

Workforce Plans

- Review current staffing in light of imminent transformation changes, accounting for workforce profile and implementing alternative clinician roles such as advanced roles for nursing and allied health workers.
- Design and implement joint Cardiology rota to support GIRFT recommendations for extending 7/7 Cardiology review for patients admitted to the PGH site and 7/7 permanent pacing provision.
- Use of recruitment and retention incentives where needed (financial and non-financial) to improve recruitment,
- Review of ward templates.
- Review of administration workforce and identification of efficiencies with the implementation of digital dictation solutions.
- Review opportunities for alternative junior doctor skill mixes e.g. PA roles.
- Job plans reviewed and aligned to support a joint rota.

Financial plans

- Introduce unit prices for activity (payment by results).
- Introduce best practice tariff.
- Expecting elective recovery funding ERF).
- Agree existing plan for insourcing companies (Agile; IMC; Xyla; Purbeck echo)
- SDEC 7/7 development – substantive funding for consultant workforce
- CIP programme including non-staff pay Procurement opportunities and recurrent vacancy factor

Quality Plans

- 10% improvement against standard for PALS early resolution concerns.
- 25% increase 'Friend & Family' feedback.
- 25% improvement against compliance for eObservations (eObs).
- 10% reduction in number of outstanding incidents (LERNS).
- 100% submission with 90% or above on compliance for infection control (saving lives) monthly submissions.
- More than 90% of observations (eObs) completed on time to achieve compliance.
- 95% of eIDFs locked at point of discharge
- 95% compliance for completion of patient property list within 24 hours of admission.
- Refine and improve treatment pathways for NSTEMI patients to ensure stable acute coronary syndrome patients receive Percutaneous Coronary Intervention (PCI) within 72 hours of presentation.
- Add overdue Echo surveillance appointments to active waiting list.
- Virtual ward development and rollout to support admission avoidance and early supported discharge.

Reconfiguration Plans

- Closure of ACU at Poole from April 2023 to support Single Site Cardiology
- Transformation programme in line with reconfiguration plans (Workforce reconfiguration and Treatment pathway reconfiguration).
- IT systems (Digital transformation programme; ICE; ISCV, Spacelabs)
- Alignment of staff working practises and combining teams in line with the transformation plans through cross site working, merged budgets, appointed UHD leads and joint rotas.
- Identify/confirm space for OP diagnostic procedures at Poole.
- Develop 7 day working in SDEC.
- Transfer of elective pacing to Bournemouth.
- Identify/confirm space for elective activity currently performed in procedure room at Poole ACU (TOEs, MIBI scans, DCCVs).
- Release of Poole Consultants from GIM rota to support joint Cardiology rota.

Risks, issues & any speciality specific assumptions

Risk:

- Developing a 'culture of change' to support delivery plan.
- Senior level support for real and substantive change.
- Lack of financial investment to support adapting skill mix and the introduction of new roles.
- Lack of reliable data to aid decision making and planning.
- IT integration of 'EPR' with 'ERS' to allow for Advice Frist Model of Care.
- Short term funding for key clinical positions.
- Continuity challenges in the leadership team.
- Methodology used to forecast including data quality.
- Delay to GIM Consultation will delay release of Poole Consultants from GIM rota and able to implement benefits of joint rota.
- Single site cardiology not supported due to loss of beds on the Poole site and increased pressure on the Bournemouth site.

Issue:

- Lack of demand and capacity data.
- Inconsistent elective day case capacity.
- Difficulty with recruitment.

Assumption:

- Payment by results provides increase funding to support increase activity.
- Timely discharges into the community.
- No outliers within Cardiology.
- Demand remains stable.

2023/4 Plans – Specialty: Clinical Neurophysiology

Objectives summary

- *To confirm environment, equipment and workforce plan for combined UHD Clinical Neurophysiology service following Trust changes in November 2024*
- *To achieve accreditation as STP training centre for Clinical neurophysiologists and start delivering training by Sept 2023*
- *To be able to deliver appropriate range of diagnostics for population according to national targets to support safe, effective and timely care for paediatric and adult services.*

Activity Plans

- *To consistently achieve DM01 targets (with continued ERF support for 2023/4)*
- *To report against nationally agreed targets for all investigations completed in Clinical Neurophysiology*
- *To review current capacity of clinical neurophysiology service and bring in line with demand*

Workforce Plans

- *To develop sustainable workforce with appropriate skill mix for UHD clinical neurophysiology service*
    - *To develop and recruit to ACP Clinical Neurophysiologist role with support of HEE (Band 8a)*
    - *To attract and retain STP trainee following site accreditation (Band 7 taining role)*
    - *To develop and expand roles of support staff via apprenticeship training (Band 2-4)*
    - *To recruit to 1.0wte Consultant vacancy*

Financial Plans

- *Vacancy in Consultant Neurophysiology (1.0wte) will impact ability to provide private patient work in 2023/4 (income target - £12k/year)*
- *Equipment requirements and maintenance contracts to be reviewed with procurement as life cycles expire (from 2024) to consolidate costs*
- *Off set pay related cost pressures through skill mixing, including development of ACP and expanded support roles to release consultant time*
- *Identify opportunities to contribute towards Directorate CIP target.*

Quality Plans

- *To upgrade patient database used in Clinical neurophysiology(PRISM) to SOLUS by April 2023*
- *To increase capacity to offer Home Videotelemetry for caseload*
- *To explore and embed as appropriate using of AI to support diagnosis of seizures*
- *To support delivery of the 'First Seizure MDT' clinic*

Reconfiguration Plans

- *'One team, one clinical model' on track for end 2023/4*
- *Still working through plans for approval at CAG for relocation of Clinical Neurophysiology service to the major emergency site noting significant out-patient provision of service*
- *Finalise requirements for space, equipment and workforce to deliver the needs of the patients*

Risks, issues & any speciality specific assumptions

- *Transformation plans not yet approved by CAG*
- *Risk of consultant vacancy gaps following resignation of Clinical Lead from March 2023 and a potential retirement within 3 years*
- *Risk of clinical neurophysiology workforce gaps with 1.6wte retirements pending within 2 years.*
- *Activity not recorded fully across service and administration resilience lead to delays in recording activity.*
- *Ongoing adjustments to transformation plans over the year/adjustments from interface services that we are not aware of as a specialty team.*

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Sustain DM01 performance		Impact of RTT for Neurology	?	Skill mix	Morwenna Gower	April 203 onwards
Transfer Solus-Prism	Robust patient management system	Accurate reporting and planning	NA	NA	Emma Durrant	April 2023
Reporting into national database for non-DM01	Understanding of full Clinical neurophysiology performance			Additional support staff requiremet to be quantified	Morwenna Gower	April 2024
Additional HVA Equipment		Increased ability to manage DM01 and reduced need for IP telemetry beds	£40k + maintenance which is typically 10% of equipment value over 7 year life cycle	Skill mixing to address	Morwenna Gower	April 2024

2024/5 Plans

Objectives summary

- *To deliver appropriate range of diagnostics for population according to changing national targets to support safe, effective and timely care for paediatric and adult services.*

Activity Plans

- *To consistently achieve DM01 targets*
- *To consistently achieve nationally agreed targets for all non DM01 investigations completed in Clinical Neurophysiology*

Workforce Plans

- *To develop and retain workforce with appropriate skill mix for UHD clinical neurophysiology service*
- *Risk of consultant vacancy gaps following resignation of Clinical Lead from March 2023 and a potential retirement within 3 years*
- *Risk of clinical neurophysiology workforce gaps with 1.6wte retirements pending in 2024/5*

Financial Plans

- *Equipment requirements and maintenance contracts to be reviewed with procurement as life cycles expire (from 2024) to consolidate costs*
- *Develop and sustain income generation via provate patient provision*

Quality Plans

- *To sustain increased capacity to offer Home Videotelemetry for caseload*
- *To embed as appropriate using of AI to support diagnosis of seizures*
- *To work in partnership with ICS to support regional offer of appropriate diagnostics for population*

Reconfiguration Plans

- *Relocation of service to RBH site to maximise resource available to support acutely unwell patients whilst maintaining ability to offer OP diagnostics as trauma status changes and paediatrics relocate to RBH.*

Risks, issues & any speciality specific assumptions

- *Successful recruitment to workforce plan require for safe delivery of service*
- *Risk of additional workforce vacancy as a result of site change for transformationrisks*

2023/4 Plans - Specialty: Dermatology

Objectives summary

- Facilitate the transformation to a single site service
- Collaborate with Dorchester County Hospital (DCH) to align services across the county.
- Gain National Institute for Health Care and Excellence (NICE) accreditation for Moh's service.
- Review performance management processes.
- Set up process for sustainable workforce management.
- Implement Getting It Right First Time (GIRFT) recommendations.
- Refine and improve treatment pathways.
- Increase activity by 30% (against pre pandemic levels) by the start of 24/25fy.
- Reduce follow up activity by 25% (against pre pandemic levels) by the start of 24/25fy.
- Improvements in outpatient processes (dermoscopic photos for 2 ww as part of teledermatology, advice and guidance and high volume follow-up clinics to be led by ANP's)
- Increase theatre utilisation to 85% minimum.
- Eliminate waits over 65 weeks by March 2024.
- Achieve the faster diagnosis standard (FDS).
- Reduce the number of cancer patient waiting over 62 days.
- Increase cancer treatment capacity by 13%.
- Achieve financial balance in 23/24fy and efficiency by 2.2%.
- Reduce locum/agency spend by 3.7%.

Activity Plans

- Review treatment pathways.
- Demand and capacity modelling.
- Review clinic templates.
- IT systems (E-outcome; DrDr; Teledermatology; EPR; BigHand)
- Waiting list management including clinical and admin validation.

Workforce Plans

- Workforce reconfiguration for the following staff group: Medical (consultants); Medical (non-consultants); nursing; healthcare support workers including health care assistant; other clinical; administrative.

Financial Plans

- Expecting Elective Recovery Funding (ERF).
- Expecting funding from Wessex Cancer Alliance (WCA).
- Agree an exit plan for insourcing company,18 Week Support.
- Exploring the option of unit prices for activity (payment by result).
- Introduce best practice tariff.
- Agree costs associated with the transformation programme.

Cost pressure:

- Inflation (supplies and maintenance contracts).
- Trust Doctors – Health Education England (HEE) & COVID funding.

Quality Plans

- 10% improvement against standard for PALS concerns, complaints and incidents (LERNS).
- 25% increase 'Friend & Family' feedback.

Reconfiguration Plans

- Align services across the county.
- Transformation programme.
- Workforce reconfiguration.
- Treatment pathway reconfiguration.

Risks, issues & any speciality specific assumptions

Risk:

- Developing a 'culture of change' to support delivery.
- Senior level support for real and substantive change.
- Lack of financial investment to support adapting skill mix and the introduction of new roles.
- Lack of reliable data to aid decision making and planning.
- Failure to achieve financial efficiency.

- IT integration of EPR with ERS to allow for ‘Advice First’ model of care.
- Delays on the outcome of options appraisal for the space allocation as part of the transformation programme.
- Methodology use for activity forecast including data quality.

Issue:

- Lack of details plan for transformation.
- Lack of demand and capacity data.
- Flexibility to manage varying (peaks) demand.
- Failure to achieve quality standards.
- Failure to achieve training standards.
- Delays in the role out of ‘Teledermatology’ IT system across the county.
- Lack of plan to support the full implementation of the ‘Dragon’ IT system.
- Ongoing use of insourcing company to provide additional capacity.
- Overspend budget.
- Reliance on bank staff and waiting list initiative (WLI).
- Reliance on ERF and WCA funding.

Assumption:

- Payment by results provides increase funding to support increase activity.
- Demand remains stable.

2023/4 Plans - Specialty: Diabetes and Endocrine

Objectives summary

- Align services as part of the transformation programme.
- Review performance management processes.
- Implement Getting It Right Frist Time (GIRFT) recommendations including audit collections in particular relating to the transition service on both sites, current disparity.
- To participate in the National Diabetes Audit 2023/24. Finding will be compared with other centres nationally.
- Refine and improve treatment pathways including merging specialty areas across the 2 sites so not duplicated including the pump service, transition service, inpatient nursing support and community service.
- Cohorting of specialty beds, providing specialty care by the right team in the right place (Only diabetes bed base at RBH)
- Improvement in DNA rate in diabetes and endocrine (DrDr text reminder service, telephone calls to transition age patients)
- Increase activity to 109% by the start of 24/25fy by ensuring capturing all appointments and clinic template reviews.
- Reduce follow up activity by 25% (against pre pandemic levels) by the start 0f 24/25fy using PIFU. Initial meeting April 23, SOP/patient letter Jun 23, aim role out Aug 23.
- Eliminate waits over 40 weeks by March 2024 with validation and template reviews following demand and capacity review.
- Reduce locum/agency spend by converting current consultant locum to substantive 0.4 wte post.
- Development of the diabetic foot service to include support from the inpatient vascular team.
- Review and redesign of the acute input into the community service. Currently includes support to GP practice and some care homes, not sustainable in current model.

Activity Plans

- IT systems (replacement for Diabeta; E-outcome; EPR; BigHand)
- Demand and capacity modelling April 23.
- Review clinic templates following D&C work.
- No target date and long waiting fup validation to be completed by May 23

Workforce Plans

- Workforce reconfiguration for SDEC and 7 day working.
- Re job planning required for consultants once model agreed.
- 7 day nursing model for inpatient nursing.
- Recruitment of Youth worker and additional admin staff (funding from DHC to support achieving BPT)
- Additional administrator to support diabetic foot service with capturing activity including route cause analysis work

Financial plans

- Recurring funding for the T1DE service.
- Support from the Integrated Care Board (ICB) to increase access to new technology for patients with diabetes to meet NICE guidance.
- Exploring the option of unit prices for activity (payment by result).
- Best practice tariff to be achieved in young persons and transition age patients, supported by DHC with youth worker and additional administrator
- Agree costs associated with the transformation programme.

Cost pressure:

- Inflation (supplies and maintenance contracts).
- Trust Doctors – Health Education England (HEE) & COVID funding

Quality Plans

- 10% improvement against standard for PALS concerns, complaints and incidents (LERNS).
- 25% increase ‘Friend & Family’ feedback.

Reconfiguration Plans

- Transformation programme.
- Workforce reconfiguration.
- Treatment pathway reconfiguration.

Risks, issues & any speciality specific assumptions

Risk:

- Lack of reliable data to aid decision making and planning.
- Withdrawal of ‘Diabeta IT system’ and replace with in-house system.
- Delays on the outcome of options appraisals for the space allocation as part of the transformation programme.
- Workforce risk to support 7 day working with limited consultant workforce including GIM rota requirement.
- Methodology use for activity forecast including data quality.

2023/4 Plans - Specialty: Gastroenterology and Endoscopy

Objectives summary

- Reducing RMN spend by introducing controls (form) and reduction in shift timings and number of shifts
- Improve validation of OP waiting list to reduce long waiters and increase capacity
- Cohorting of specialty beds to improve efficiency and reduce outliers
-
- Align services as part of the transformation programme.
- Review performance management processes.
- Set up process for sustainable workforce management.
- To achieve Joint Advisory Group (JAG) accreditation.
- Implement Getting It Right Frist Time (GIRFT) recommendations.
- To roll out the '54-year age extension screening programme'..
- Increase activity by 30% (against pre pandemic levels) by the start of 2024/25fy.
- Reduce follow up activity by 25% against pre pandemic level by the start of 2024/25fy.
- Eliminate waits over 65 weeks by March 2024.
- Achieve the faster diagnosis standard (FDS).
- Reduce the number of cancer patients waiting over 62 days.
- Achieve diagnosis waiting time standard (DMO1)
- Increase cancer treatment capacity by 10%
- Increase theatre utilisation to 85% minimum.
- Reduce bed occupancy to below 92%.
- Achieve financial balance in 23/24 financial year and efficiency by 2.2%.
- Reduce agency/locum spend by 3.7%

Activity Plans

- Demand and capacity modelling.
- IT systems (ICE; HICCs;WLM)
- Review clinic templates.
- Review treatment pathways.
- Waiting list management including admin and clinical validation (introduce waiting list validation hub).
- Discharge planning

Workforce Plans

- Workforce reconfiguration for the following staff group: Medical (consultants); Medical (non-consultants); nursing; healthcare support workers including health care assistant; administrative.

Financial Plans

- Explore the option of unit prices for activity (payment by result)
- Introduce best practice tariff.
- Expecting elective recovery funding (ERF).
- Agree exit plan for mobile unit.
- Agree cost associated with transformation programme.

Cost pressure:

- Inflation (supplies and maintenance contracts).
- Trust Doctors – Health Education England (HEE) & COVID funding.
- Patients admitted but without criteria to reside (mental health & enhance care).

Quality Plans

- 10% improvement against standard for PALS concerns, complaints and incidents (LERNS).
- 25% increase 'Friend & Family' feedback.
- 100% submission with 90% or above on compliance for infection control (saving lives) monthly submissions.
- More than 90% of observations (eObs) completed on time to achieve compliance.
- 50% improvement against compliance for SafeCare

Reconfiguration Plans

- Development of Community Diagnostic Hubs and associated location, staffing and revenue plans, working with ICS to implement and recruit.
- Workforce reconfiguration.
- Treatment pathway reconfiguration.

Risks, issues & any speciality specific assumptions

Risk:

- Developing a ‘culture of change’ to support delivery plan.
- Senior level support for real and substantive change.
- Lack of financial investment to support adapting skill mix and the introduction of new roles.
- Lack of reliable data to aid decision making and planning.
- IT integration of ‘EPR’ with ‘ERS’ to allow for Advice Frist Model of Care.
- Having to enter patients details on 2 systems (HICCs &WLM).
- Methodology use for forecasting including data quality.

Issue:

- Lack of demand and capacity data.
- Failure to achieve quality standards.
- Failure to achieve training standards.
- Difficulty with recruitment.
- Ongoing use of mobile unit to provide additional capacity.
- Overspend budget.
- Excessive reliance on locums and bank staff.

Assumption:

- Payment by results provides increase funding to support increase activity.
- Timely discharges into the community.
- Mental health provides nursing services to inpatients as required.

2023/4 Plans – Specialty: Neuro Rehabilitation

Objectives summary

- *To bring together the in-patient ABI and Neuro MDTS which make up the Neuro Rehabilitation speciality in order to meet the needs of the population*
- *To work with ICB to ensure patients are able to receive neuro rehabilitation at the appropriate intensity and in the most suitable location for their needs aligned to the NHS Dorset Neurorehabilitaiton programme.*
- *To ensure the service provided remains safe and efficient as Trust reconfigurations occur in 2023/4(eg Stroke moves)*
- *To deliver service within agreed financial envelope*

Activity Plans

- *To maintain RTT performance at 92% by 18 weeks*
- *To ensure all follow up patients have target date to be seen and are booked appropriately*
- *To record UK-Roc data for all 2B patients across UHD*
- *To reduce waiting times to access UHD neurorehabilitation beds*
- *To reduce delayed discharges on Portland ward working closely with partner organisations and discharge team.*

Workforce Plans

- *Develop 'one team' approach to the management of Neuro Rehabilitation caseload at UHD to maximise opportunities for cross cover within the specialities*
- *Formalise arrangements for the management of West Dorset patients within consultant template as SLA with DCH ends in August 2023.*
- *Anticipated high turnover of staff 23/24 as a result of transformation plans*

Financial Plans

- *SLA for 4 PAs consultant workforce due for renewal/renegotiation August 2023*
- *Bring costs in line with templated workforce for ward based activity in 2023/4*
- *Ongoing high requirement for enhanced care due to caseload will impact ability to deliver service in budget*

Quality Plans

- *To ensure equity of access to neurorehabilitation for all IP at UHD (eg access to workforce and rehabilitation equipment)*
- *To maintain clinic delivery in west of region for OP activity*
- *To utilise Badgernet referral platform to manage all referrals into and out of IP service*

Reconfiguration Plans

- *To confirm available bed base across UHD estate for patients requiring neurorehabilitation*
- *Steering Group and TAG groups in place to address team integration plans cross site over 2023/4*

Risks, issues & any speciality specific assumptions

- *Uncertainty about IP bed base location and space for 2024*
- *Limited community Neurorehabilitation commissioned services continue to result in LLOS in hospital but noted ICB workstream addressing this over 5 year plan.*
- *Ongoing NHSE funding for ABI specialist beds*
- *Activity not recorded fully across services.*
- *Ongoing adjustments to transformation plan over the year/adjustments from interface services that we are not aware of as specialty team.*

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Agreement re West of County Provision	Maintenance of RTT and FU waiting lists for Dorset patients	Maintenance of RTT and FU waiting lists	£50 – 60k	Additional 4-5 PAs consultant staffing + admin support	Morwenna Gower/Gemma Brittan	August 2023 onwards
Ward Template Review	Agreed template. Business case to support investment,.	Reduced LOS on ward and reduced waiting times for access	Circa £280K		Mark Valentine/Troy Welch	April 23 - April 24

2024/5 Plans

Objectives summary

- *To bring together the in-patient ABI and Neuro MDTS which make up the Neuro Rehabilitation speciality in order to meet the needs of the population*
- *To continue working with ICB to ensure patients are able to receive neuro rehabilitation at the appropriate intensity and in the most suitable location for their needs*
- *To ensure the service provided remains safe and efficient as medical care group moves take place*
- *To deliver service within budget*

Activity Plans

- *To maintain RTT performance at 92% by 18 weeks*
- *To ensure all follow up patients have target date to be seen and are booked appropriately*
- *To record UK-Roc data for all 2B patients across UHD*
- *To reduce LOS in hospital (as community neurorehabilitation offer develops with ICB workstream)*

Workforce Plans

- *Embed 'one team' approach to the management of Neuro Rehabilitation caseload at UHD to maximise opportunities for cross cover within the specialities*
- *Recruitment and retention of specialist workforce within tempates following anticipated high turnover of staff 23/24 as a result of transformation plans and sites moves*

Financial Plans

- *Bring costs in line with templated workforce for ward based activity in 2024/5*
- *Ongoing high requirement for enhanced care due to caseload will impact ability to deliver service in budget*

Quality Plans

- *To ensure equity of access to neurorehabilitation for all IP at UHD (eg access to workforce and rehabilitation equipment)*
- *To maintain clinic delivery in west of region for OP activity*
- *To continue to use Badgernet as referral platform*
- *To ensure safety in the management of deteriorating patients in the event of split site model of care continuing*

Reconfiguration Plans

- *To cohort neurorehabilitation patients on one site to maximise opportunities for workforce utilisation and space requirements as medical take moves to RBH site*

Risks, issues & any speciality specific assumptions

- *Ensuring safety in the management of deteriorating patients in the event of split site model of care continuing*
- *Limited community Neurorehabilitation commissioned services continue to result in LLOS in hospital but noted ICB workstream addressing this over 5 year plan.*
- *Ongoing NHSE funding for ABI specialist beds*

Specific deliverables for 2024 - 2025

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Cohorting Neuro Rehab on One site	Maximise workforce capacity	Improved access to speciality			Morwenna Gower/Gemma Brittan	Nov 2024

2023/4 Plans – Specialty: Neurology

Objectives summary

- *To review and redefine UHD Neurology service provision with support of ICB to ensure it is fit for purpose by end of 2023/4*
- *To achieve balance between competing priorities of IP and OP service delivery for the Neurology sub-specialities whilst delivering against nationally set targets*

Activity Plans

- *To reduce RTT backlog by end of 2023/4 so that there are no patients waiting over 40weeks and align to target of no patients over 65 weeks by March 24.*
- *To manage follow up waiting list so that all patients have a target date to be seen and no patient is >52weeks past due date.*
- *To work in collaboration with the Trust to identify opportunities to support same day emergency care work that will reduce unnecessary hospital admissions and reduce LOS*
- *To have 5% of Neurology caseload under PIFU with reduction in Follow up acitivity.*
- *To ensure all patients on elective WL are admitted within 12 weeks of referral*
- *To meet the sub-speciality specific standards for specialist nursing and practitioner team interventions.*

Workforce Plans

- *Additional 0.8wte Consultant Neurologists due to start in November 2023 reducing gap in template (NB – still significant workforce gaps as/GIRFT recommendations)*
- *Risk of 2.0wte Consultant Neurologist retirements/resignations in 2023/4*
- *To agree funding to be able to recruit to Specialist Nurse and Practitioner Team posts in MS and Epilepsy specifically in response to the Neurology service review of 2022*
- *Development if sustainable workforce plan relating to PD care*

Financial Plans

- *To present Business Cases for increased workforce capacity in Neurology specialities of MS, Epilepsy and the consultant workforce*
- *To work with NHSE Pharmacy to ensure all requirements for specialised commissioned drugs are met and funded appropriately*
- *To review recharges and income relating to all neurology work delivered at DCH and UHS*

Quality Plans

- *To work with Dorset ICB to re-commission/re-define Neurology services in General Neurology, MS, Epilepsy, PD, MND, Migraine and Neuromuscular to meet the needs of the population of Dorset*
- *To be providing Siponimod safely for people with MS in Dorset as /NICE guidelines*
- *To extend patient and carer education and support forums across Dorset to ensure equity of access*
- *To formalise outpatient prioritisation of access and achieve consistent process of triage*
- *To be able to provide 5 day cover for IP service for Neurological patients at PH, RBH and DCH*
- *To provide GP training/education to support management of headaches in primary care*

Reconfiguration Plans

- *Steering Group and TAGs in place to support team integration plans in 2023/4*
- *Working with Strategy and Transformation to identify how competing IP and OP priorities can be best addressed by a significantly under resourced workforce covering all of Dorset and portion of Hants*

Risks, issues & any speciality specific assumptions

- *On-going recovery backlogs in RTT and FU waiting lists*
- *Workforce changes and likely impact on activity.*
- *Current concerns with ability to provide safe and offer effective management of DMD's for patients with MS due to staffing templates*
- *National trainee workforce shortage in Neurology resulting in challenging consultant recruitment*
- *Improved understanding of contract for Epilepsy services expands area of cover to some Hants GP surgeries*
- *Lack of substantive funding for MND coordinator post*
- *Activity not recorded fully across services.*
- *Ongoing adjustments to transformation plan over the year/adjustments from interface services that we are not aware of as specialty team.*

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Delivery of Siponimod	Quality service complaint with NICE		~£300k	See BC	Morwenna Gower	April 2023
Epilepsy Specialist Nurse Service Expansion	Safety		TBC	See BC submissions 2 x B6 and 2 x Band 7 posts	Morwenna Gower	April 2023

2024/5 Plans

Objectives summary

- *To deliver appropriately defined Neurology service for the population of Dorset as agreed with ICB*
- *To achieve balance between competing priorities of IP and OP service delivery for the Neurology sub-specialities whilst delivering against nationally set targets*

Activity Plans

- *To improve Neurology RTT to achieve 92% within 18 weeks target*
- *To manage follow up waiting list so that all patients have a target date to be seen and no patient is >12weeks past due date.*
- *To support the Trust same day emergency care work to reduce unnecessary hospital admissions and reduce LOS*
- *To have 5% of Neurology caseload under PIFU*
- *To ensure all patients on elective WL are admitted within 6 weeks of referral*
- *To meet the sub-speciality specific standards for specialist nursing and practitioner team interventions.*

Workforce Plans

- *Address Consultant workforce shortages as compared with national recommendations*
- *Risk of 2.0wte Consultant Neurologist retirements/resignations*
- *Development, recruitment and retenation of specialist nursing and practitioner workforce*

Financial Plans

- *To deliver Neurology services within updated*

Quality Plans

- *To be able to provide safe and equitable services in General Neurology, MS, Epilepsy, PD, MND, Migraine and Neuromuscular to meet the needs of the population of Dorset*
- *To be consistently offering 5 day IP Neurology provision in PH, RBH and DCH*

Reconfiguration Plans

- *UHD Neurology service to be providing equitable IP and OP services across all sites for population of Dorset*

Risks, issues & any speciality specific assumptions

- *Significant under resourcing of Consultant Neurologist workforce and national trainee workforce shortage in Neurology resulting in challenging consultant recruitment*
- *Risk of re-commissioning of neurology services with ICB being insufficient to meet demands on service*

2023/4 Plans - Specialty: Respiratory

Objectives summary

- Optimising LoS by cohorting of speciality beds
- Reducing RMN spend by introducing specialist request form ensuring correct staff assigned, staff realignment including the addition of mental health support workers and reduction in shift timings and number of shifts
- Introducing criteria based medical SDEC and increase patients seen by DAIRS team to avoid admission and use of virtual ward model.
- Progression of the plans for Respiratory High Care Unit.
- Align services as part of the transformation programme.
- Expansion of the 'targeted lung health check programme' UHD support from May/June 23 depending on consultant recruitment.
- Refine and improve treatment pathways by aligning services across site including physiology, DAIRS and ward pathways.
- Increase activity by 30% (against pre pandemic levels) by the start of 2024/25fy by ensuring capturing all virtual activity, considering ANP or nurse consultant roles to support consultant vacancies.
- Reduce follow up activity by 25% against pre pandemic level by the start of 2024/25fy with use of PIFU. SOP and paperwork to be completed June 23 with role out Sept 23.
- Eliminate waits over 65 weeks by July 23 by validation and single waiting list to manage patients in order.
- Achieve the faster diagnosis standard (FDS).
- Reduce the number of cancer patients waiting over 62 days.
- Reduce bed occupancy to below 92%.

Activity Plans

- New IT systems implementation (TOMCAT implementation for respiratory physiologists; ICE; New dictation module as decided by the trust)
- Demand and capacity modelling to be completed May 23.
- Review clinic templates following D&C modelling
- Long waiting fup and 'no target date' fup validation to be completed April 23

Workforce Plans

- Workforce reconfiguration for inpatient wards teams in preparation for 'go big, go early'.
- Further recruitment for vacant 1wte consultant post.
- Consider ANP or consultant nurse roles to increase outpatient capacity
- Buisness case proposal for staffing of respiratory high care unit

Financial Plans

- Explore the option of unit prices for activity (payment by result).
- Introduce best practice tariff.
- Agree cost associate with transformation programme.

Cost pressure:

- Inflation (supplies and maintenance contracts).
- Trust Doctors - Health Education England (HEE) & COVID funding.
- Patients admitted but without criteria to reside (mental health & enhance care).

Quality Plans

- 10% improvement against standard for PALS concerns, complaints and incidents (LERNS).
- 25% increase 'Friend & Family' feedback.
- 100% submission with 90% or above on compliance for infection control (saving lives) monthly submissions.
- More than 90% of observations (eObs) completed on time to achieve compliance.
- 50% improvement against compliance for SafeCare

Reconfiguration Plans

- Develop plans for high case respiratory unit including location, staffing model and revenue assumptions – requires business case approval for revenue
- Workforce reconfiguration.
- Treatment pathway reconfiguration.

Risks, issues & any speciality specific assumptions

Risk:

- Recruitment of consultant staff as national shortage
- Business case approval for staffing high care unit and achieving 7 day staffing model across the wards
- Lack of reliable data to aid decision making and planning.
- Enhanced care and RMN spend creating significant financial risk
- High number of patients do not meet criteria to reside creating significant capacity issues
- Ongoing adjustments to transformation plans adds risk to current respiratory plans.

2023/4 Plans - Specialty: Rheumatology

Objectives summary

- Merge rheumatology service at Dorchester County Hospital (DCH) with University Hospital Dorset (UHD) April 2024.
- Facilitate the transformation to a single site service (Options Appraisal submitted Mar 23, Healthcare planner input May 23, Decision re: site June 23, Reconfiguration dependent on where site is as which service will be vacating).
- Review performance management processes (Demand/capacity modelling across UHD and DCH, Performance reporting as merged team April 2024) .
- Practitioner team restructure with plan for lead practitioner.
- Implement Getting It Right First Time (GIRFT) recommendations including drug usage alignment across sites, moving the spinal injection pathway out of Rheumatology, aligning appointment length and review of fracture liaison service and its role within rheumatology.
- Refine and improve treatment pathways.
- Improvements to OP pathway (advice first model of access, high volume follow-up clinics led by ANP's)
- Increase activity against pre pandemic levels by the start of 24/25fy, including work to reduce DNAs, reduce consultant led follow ups, workforce review including consider ANPs or consultant therapist roles.
- Reduce follow up activity by 25% (against pre pandemic levels) by the start of 24/25fy (PIFU paperwork complete, being used by some and has formal launch date of April 23)
- Eliminate waits over 65 weeks by March 2024.
- Achieve financial balance in 23/24fy and efficiency by 2,2%.

Activity Plans

- IT systems (Replace the HICCS with an inhouse solution)
- Demand and capacity modelling planned for UHD March 23 with joint UHD and DCH modelling June 23.
- Review clinic templates (Align Poole and Xch to same model of care I.e. frequency of consultant appointment, move to more specialist clinics, equity across team).
- Review treatment pathways for EIAC, Osteoporosis, Inflammatory spines by Sept 23.
- Job planning to be able to provide input into SDEC service within specified time frame, including being able to support
- Overdue fup validation by April 23.
- High volume, ANP led, fup clinic trial planned, if successful hope will be able to increase NP capacity for consultants.

Workforce Plans

- Workforce reconfiguration for single site model of care including lead practitioner post, workforce alignment with DCH and future planning the consultant workforce with a number of likely retirees over the next 4-5 years.

Financial Plans

- To agreed budget for merged services.
- Explore the option of unit prices for activity (payment by result).
- Introduce best practice tariff.
- Review of drug tapering differences across sites (Noted from GIRFT feedback, potential CIP)

Cost Pressure:

- Inflation (supplies and maintenance)
- Trust Doctors – Health Education England (HEE) & Covid Funding.

Quality Plans

- 10% improvement against standard for PALS concerns, complaints and incidents (LERNS).
- 25% increase 'Friend & Family' feedback through DrDr feedback.
- Address inequalities in access across the county with merger with DCH will ensure all patients have access to speciality clinics with equal waiting times

Reconfiguration Plans

- Merge with DCH programme.
- Transformation programme.
- Workforce reconfiguration.
- Treatment pathway reconfiguration.

Risks, issues & any speciality specific assumptions

- Senior level support for real and substantive change.
- Lack of financial investment to support skill mix and the introduction of new roles.
- Lack of reliable data to aid decision making and planning.
- IT integration of EPR with ERS to allow for ‘Advice First’ model of care.
- External influences impacting on transformation I.e. other moves within the trust and ‘Go Big, Go Early’ plans.
- Increase workforce demand when merged with Dorchester.
- Assumption that demand remains stable.

2023/4 Plans - Specialty: STROKE SERVICES

Objectives summary

- *Manage the transitional move of the Poole Stroke Recovery Unit to RBH (April 2023) and development of the integrated single site stroke unit at RBCH (late 2023) with an overall reduction of 12 stroke beds*
- *Create a combined Stroke and TIA SDEC service on the RBH site*
- *Progress with Stroke improvement plan with aim to achieve SSNAP A July 2024.*
- *Ensure accurate recording of all TIA and Stroke activity with ecamis clinic codes representative of service.*

Activity Plans

- *Continue to work towards a SSNAP score of A with a focus on front door metrics which remain in a challenged position locally and nationally*
- *Assumption that 90% stay performance will dip when single site stroke unit is developed due to reduction in capacity of 12 beds which will be mitigated by development of Stroke/TIA SDEC, optimised ESD provision and reduced LOS. Same activity numbers overall, activity with from In-patient to SDEC activity.*
- *Continuous review of pathways to maintain good practice during and post transition*
- *Ensure safe and equitable management of any displaced patients as a result of the reduction in number of beds on the single site stroke unit*
- *Ongoing involvement with the development and implementation of the Dorset wide Community Stroke and Neurorehabilitation Strategy to develop integrated stroke/neuro community services*

Workforce Plans

- *Review and finalise workforce requirements to support plans for single site stroke unit, enhanced ESD services and Stroke/TIA SDEC: medical, nursing and therapies*
- *Increase stroke neuropsychology provision to nationally recommended levels*
- *Review Stroke Outreach Template to reflect population demand and align with other service templates across Wessex and nationally.*
- *Workforce templates agreed for move of Poole SRU to Ward 9 in April 2023. Final nursing and therapy templates developed but not yet approved.*

Financial Plans

- *Ensure finances (pay and non pay) are aligned with single site stroke plans and identification of CIP savings confirmed.*
- *Reduce levels of locum/bank spend*
- *Cost stroke/TIA SDEC service*

Quality Plans

- *Address inequities in access to community services for Hampshire stroke patients*
- *Aim to cohort stroke outliers in one location to maximise workforce and promote continuity of care*
- *Single site stroke unit will improve equity of access to rehabilitation services including Walkerbot and neuropsychology*
- *Review and develop TIA service.*

Reconfiguration Plans

- *All stroke services including TIA to be on one site prior to Dec 2023*
- *Combined Stroke/TIA SDEC service requires allocated space at RBH and work up of staffing requirements*
- *Reconfiguration of stroke and TIA OP clinic templates to reflect reduced medical staffing on Poole site after April 2023*
- *By Q4 2023: 43 stroke inpatient beds*

Risks, issues & any speciality specific assumptions

- *Overall reduction of stroke capacity by 12 beds – need to have Stroke/TIA SDEC in place to mitigate this, alongside optimised ESD services and addressing inequities in community services for Hampshire patients.*
- *Impact will be increased numbers of outlying patients and reduced 90% stay performance plus potential for reduced performance on 4hr admission to stroke unit if SDEC not in place.*
- *Stroke Outreach Team template is significantly lower than other Trusts when compared to number of strokes admitted per team. This impacts on all front door metrics (currently and consistently SSNAP E)*
- *Bed capacity challenges related to significant limitations in the community to support patients with complex or significant health and social care needs*
- *Radiology at UHD is not able to meet the National Optimal Stroke Imaging Pathway (NOSIP) requirements currently. Our ability to deliver SDEC and 10% thrombectomy target does rely on radiology capability.*
- *Space required for TIA clinic at RBH site – currently not identified.*
- *Q1-Q3 SSNAP performance may be impacted through transformation plans*
- *Risk of vacancies on Poole Stroke Unit as a result of consultation*
- *Thrombectomy transfers to UHS are not currently commissioned and our ability to deliver 10% thrombectomy does, in a large part, depend upon rapid transfer*
- *1 in 3 Salisbury TIA clinic –patients preference to come to UHD*
- *Ongoing adjustments to transformation plan over the year/adjustments from interface services that we are not aware of as specialty team.*

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Transfer Stroke Recovery Unit from Poole to RBH Ward 9	All stroke inpatient beds on one hospital site but split wards Better utilisation of medical, therapy and nursing staff Improved continuity of care by being on one site	Reduced LOS due to no longer requiring transfer of patients between sites	Cost neutral	Consultation to be finalised with nursing workforce by April 2023. Medical and therapy workforce re-organised accordingly with existing templates.	Sara Curtin Sue Ragab	April – December 2023
Building work to create additional 7 beds on existing RBH stroke unit	Decant of 11 patients up to Ward 9 when building work commences	Impact on 90% stay performance	Cost neutral	Not impacted	Sara Curtin Sue Ragab	Circa June - December 2023
Completed single site stroke unit at RBH and closure of Ward 9 stroke beds	Reduction of 12 beds on new stroke unit All stroke inpatient beds on one site and ward	Number of stroke outliers will increase	Potential CIP savings and reinvestment to support stroke services e.g. outreach/ESD	Further consultation required for single site unit and reduction in nursing template (if applicable at the time)	Sara Curtin Sue Ragab	Circa December 2023
Creation of stroke/TIA SDEC service and move of TIA services from Poole to RBH	New pathway for mild strokes All TIA services to be delivered from RBH	Reduction of low or zero length of stay patients	Template requirements to be reviewed and decision re investment.	5 wte nurses to increase outreach/tia/sdec service and 0.5 additional consultant. Consultation process with existing TIA staff	Tony Smith Sue Ragab Sara Curtin	April-December 2023

Review of Stroke ESD services alongside Dorset Stroke/Neurorehab Strategy work	Most efficient use of resource with the patients taken home at the earliest opportunity at the right level of complexity	Reduced length of stay Rehab at home Improved flow Equitable access to local and regional services	Template requirements to be reviewed and decision re investment.	10 WTE lower than nationally recommended levels currently	Louise Johnson	March 2024

2024/5 Plans

Objectives summary

- *Delivery of high quality stroke and TIA services on one hospital site and in community*
- *Moving Stroke/TIA SDEC services to permanent location as part of the wider Trust Transformation plan*
- *Ongoing review of single site stroke/TIA pathway to realise pathway and workforce efficiencies*
- *Determine opportunities for cohorted stroke/neuro patients on one site*

Activity Plans

- *Implementation of single site unit should start to realise improved performance metrics. Continue to monitor/manage this through SSNAP reporting aiming for SSNAP A*
- *Assumption that 90% stay performance will dip when single site stroke unit is developed, due to reduction in capacity of 12 beds which will be mitigated by Stroke/TIA SDEC, optimised ESD provision and reduced LOS*
- *Assume front door metrics will improve with increased stroke outreach template, optimised ESD services and Stroke/TIA SDEC services*
- *Ongoing local implementation of the recommendations of the Dorset Stroke/Neurorehabilitation Strategy*

Workforce Plans

- *Workforce should be aligned as part of previous years' transformation plan.*
- *Ongoing review and monitoring of workforce for sustainability*

Financial Plans

- *Opportunity to properly scrutinise financial positions once all services on one site, enabling identification of potential CIP savings*
- *Reconfiguration of medical workforce for single site job planning should eliminate the need for locum/bank spend*

Quality Plans

- *Troubleshooting of any ongoing cross site stroke pathway issues*
- *Single site SOPs/policies/guidelines to be fully implemented and monitored*

Reconfiguration Plans

- *Stroke/TIA SDEC permanent location*

Risks, issues & any speciality specific assumptions

- *Main risk will be reduction of number of beds on new stroke unit and ability of MDT to provide continuity of care if displaced patients are not cohorted. This will also impact on performance.*

Specialties Care Group

2023/4 Plans - Specialty: : Cancer Care

Objectives summary

- To deliver the increase in activity for the Haematology and Oncology services , reducing waits for first appointment to meet national targets.
- To reduce admissions in to our ward areas by increasing patient access to support services for day treatments , toxicity recognition, SDEC services and Hospice @Home.
- Review of personnel delivering clinics and treatments to maximise the available workforce. Training and enabling non clinicians to undertake enhanced and advanced roles.
- Engage with organisations for which we provide services to agree appropriate and viable remuneration.
- Continue to nurture a positive cultural programme to attract staff at all levels and maintain their support.

Activity Plans

- Anticipated increase in activity across all sub specialties.
- Increased treatments as per NICE for Immunotherapy and Chemo therapy
- Oligometastasis treatments increasing in both number and complexity.
- Increasing complexity of breast cancer treatment (internal mammary chain)
- Local providers of RT are facing long waiting lists resulting in Dorset pat ient referrals increasing from Salisbury for example

Workforce Plans

- Continuing the apprenticeship route for radiographers alongside recruitment.
- Utilising the support of WCA to train a consultant radiographer for Breast work
- Maintain the cultural programme to improve working lives and interprofessional relationships.
- Increase education and professional training to support the service and staff progression.
- Stratify the skills of all professional teams to improve
- Safe staffing numbers for haematology

Financial Plans

- Remove senior bank roles , replaced by recently qualified staff.
- Review of contracts and SLA's for our services to fully reflect the services provided and identify income
- Improve research engagement and thus income for directorate and trust
- Increasing costs associated with diagnostics reflecting the increased demands Financial risks or issues that might impact in year
- Recruit to permanent roles at consultant level to remove agency costs.

Quality Plans

- Increase the opening hours of the Oncology SDEC to provide improved support to ED and further reducing admissions
- Increase the HOPE course training for staff to support patients living with cancer (increasing number)
- Further review of treatments to extend the home delivery of drugs (oral and subcut)
- Learning for a selected team of staff to improve skills for patients with special needs and / or autism for example
- Review support services eg Psychology and counselling to ensure equity of provision across the UHD patient base
- Review of all non clinical services to assure quality and provision
- Investigate the possibility of a radiologist reporting station within Cancer Care to provide advice to teams (PET / CT)

Reconfiguration Plans

- Aligning the policies and SOP's for each area in preparation for amalgamation of the main sites in 24/25
- Ongoing planning for services to move in 24/25
- Cultural programme to bring together teams and nurture working relationships- working with OD team
- Joined up team events to allow individual teams to commence a mutual understanding and create a working model going forward
- Increase the provision of Hospice at Home to gradually reduce the Hospice bed base

- Continue to pursue the retention of the estate to maintain and improve the provision of services and to provide sufficient facilities for the three specialties.
- Ongoing review and correction of activity to reflect the true activity and demand on services

Risks, issues & any speciality specific assumptions

- Meeting demand without increase in capacity including staffing
- Restrictions on Chemo delivery at both sites , numbers capped by Pharmacy due to their capacity
- Short term funding may result in cessation of services and cause pressure on other areas which is unsustainable.

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Hospice at Home	Ful delivery of H@H services Flexibility of staffing to support IP and H@H	Reduction in bed base within hospices Discharge from acute sites with full support	Funding from ICB and hospice services	Increasing the shared workforce with hospices	Louise Pennington/Mandy Tanner	November 23
Consultant Radiographer recruitment and training	Commence the capacity increase for the breast oncology service	Improve capacity and reduce waiting times for this specialty in Oncology	Training funded by WCA for two years Ongoing funding identified from the oncology consultant budget to maintain role	Recruit to role 1 WTE at b7 moving to 8a/ 8b	David Frost	April 23
Immuno toxicity service	Reduction of review in consultant clinics Reduction in admissions Nurse led review	Increase capacity and reduce admissions.	Pump primed by RWLF , requiring investment at year 3 when service is proven	1 WTE ANP 1 WTE band 6 1 WTE band 4	Marie Miller Mandy Tanner	Q1

2024/5 Plans

Objectives summary

- To deliver the anticipated increase in activity for the Haematology and Oncology services , reducing waits for first appointment to meet national targets.
- To maintain and increase reduction in admissions in to our ward areas by increasing patient access to support services for day treatments , toxicity recognition, SDEC services and Hospice @Home.
- Further support the designation of personnel delivering clinics and treatments to maximise the available workforce. Training and enabling non clinicians to undertake enhanced and advanced roles.
- Engage with organisations for which we provide services to agree appropriate and viable remuneration.
- Continue to nurture a positive cultural programme to attract staff at all levels and maintain their support.

Activity Plans

- Anticipated second year step increase in treatments following statutory implementation of drug increases from NICE
- Review of 23/24 activity to assess impact of increased regimens

Workforce Plans

- Maintain training of nursing staff to achieve ANP level and support the clinics and wards
- Retrospective assessment of skills and forward planning of training
- Well being review to ensure workload is manageable and safe
- Clear discussions regarding relocation of the services and impact on individual staff

Financial Plans

- Align income to costs and review / renegotiate
- Continue to recruit and retain in permanent roles to avoid high cost agency

Quality Plans

- Maintain waiting lists by reviewing lists regularly and validating small numbers quickly .
- Ensure capacity meets predicted demand to accommodate treatments , clinics and reviews.

Reconfiguration Plans

- Amalgamation of all IP beds to Bournemouth site on newly built ward.
- Commencement of OP facility upgrade at Poole site to accommodate the OP activity for Cancer care
- Commence the workforce consultation and establish the workforce structure for the teams that are combining .
- Build on the facilities necessary for maintaining a unit to support the Radiotherapy service and their IP treatment regimens
- Assess the use of the OAU/ SDEC area to decide on what is the greatest need for this space with activity to support.

Risks, issues & any speciality specific assumptions

- Financial investment to provide the clinicians and staff to undertake the wider roles and meet the increasing demands
- Shortages of trained staff in a number of areas

Attracting non-skilled staff to the directorate where monetary reward is not recognised as commensurate with the role (NHS)

Specific deliverables for 2024 - 2025

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Move to single site IP facility at RBCH for Onc and Haem	All IP on acute site with associated support services (exception RT)	Facility sufficient to accommodate all pts and reduce outliers	Capital as per CSR plans	Single workforce for each specialty	Marie Miller Mandy Tanner	Spring 2025

2023/4 Plans - Specialty: Child Health

Vision:

High-quality care for children closer to home: supported by innovation and research

Objectives summary

- To deliver safe, quality care for sick babies and children
- Consistent and sustainable workforce and better use of budget.
- To improve waiting times for children's outpatients.
- To improve the neurodevelopmental pathway for children and families.
- To prepare for the move to the BEACH/Derwent (CDC and OPD paediatrics).
- To use service development to provide additional investment to service.

Risks, issues & any speciality-specific assumptions

- **Workforce: Gaps at middle-grade and in nursing workforce**
- **Budget**: currently overspent due to locum and agency nursing
- **OPD and ED pressures.**
- **Children admitted with non-physical issues**
- **Pharmacy pressures affecting the Robert White (RW) service.**
- **Peer reviews (CQC/GIRFT/RCPCH e.g. diabetes) may increase cost**
- **Additional MRI GA lists/play support to address an SI.**

Specialty-specific assumptions:

- Acute paediatrics will be busier in winter and will maintain our bed-base.
- New paediatric curriculum and working patterns will affect shift coverage.

Activity Plans

- Note significant rise in Group A Strep post-COVID and will anticipate spikes in respiratory viruses (e.g. COVID/RSV/flu) out-of-season
- We will continue to anticipate patients needing CAMHS/social care
- CH: National waiting times standard is eliminate 65wk waits (Mar '24).
- Ongoing increasing referrals (inc community)
- Neonatal activity rising with Channel Islands referrals.

Workforce plans

- Safe medical staffing business case (inc. named doctor)
- Sleep service + Obesity business cases
- ED nursing staffing (band 6) and address nursing workforce gaps.
- Neonatal and paediatric nurse educator (18-24hr each)

Financial Plans

- Reduce locum costs using Safe medical Staffing business case: £770k YTD
- Reduce RMN costs by recharging other agencies under MOU (£593k 21/22)
- Address recurrent CIP saving shortfall: Pill School, [GP bloods tariff]

Quality Plans

- UHD@Home: supporting children's ambulatory care
- Neurodevelopment service transformation plan completed (CCG ~£600k)
- Charity-funded (RW) Oncology business case: more complex paediatric oncology
- Paediatric HDU Level 2 bid.
- Research/education: use studies (e.g. Harmonie) and links with BU to improve quality care and reduce admissions.

Reconfiguration Plans

- Adapt acute child health working to virtual ward + sustain funding with GP localities.
- Our bed-base is one of the lowest per capita in UK and won't change with move: we are unable to escalate outside our numbers
  - BCP conurbation population 458,309(UK's 10th largest urban population+ bigger than many cities, including Cardiff, Nottingham, Newcastle, Portsmouth (238,137)+Southampton (253,651). Child population c90,000.
  - ED sees ~35k children p/a and we admit 7260 children p/a as emergencies +2500 children electively to 26-bed based unit.
  - Short length of stay and marked seasonal variation: no plans to change.

- **Team integration plans for move: currently ~Nov 2024.**
  - Table-top exercise re: services: Inpatient child health/NICU: BEACH
    - Child Health/CDC OPD split btw Derwent/Poole
    - Community clinics (Wareham/Swanage/Xchurch/Canford Hth)
  - 1:50 drawings completed (lift/drop: same bed base for acute paeds/NICU)
  - Ongoing work with radiology/pharmacy/ED/dependent services to prepare for move.
- Transfer from paediatric oncology RW funds to spec. commissioning funding

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment from Trust	Workforce	Lead	Time-frames
UHD@home (virtual ward)	Improved flow of children from ED/GP	Less ED escalation Better 4hr waits	N/A coming from NHS Dorset		Josie Roberts/ Kate Goyder	
Neurodevelopmental pathway	Reduced waiting time for appts	Improved waits (currently 12-18m)	National money coming to NHS Dorset circa £600K for adult and children services	Outsourcing of long-waiters	Del Howard/ Louise Davis David Hannington	
Paediatric Oncology RW service improvement	Infusional chemo repatriated from UHS to UHD	Less travel to UHS and more beds in UHS for new oncology patients	£239k for 2y staffing to be transferred from RW to spec commissioning.	Business case includes various enhancements to workforce	Mark Tighe/Alex Keegan	In place by April 24
Named Doctor	Recruit community paediatrician (Named Dr)	Statutory Safeguarding role: on risk register	£130k on-costs		Mark Tighe Del Howard	Aim to recruit in 2023
Children with non-physical needs	Reduced Length of Stay	Reduced Length of stay RMN spend	£60k to save up to £470k	Complex care co-ordinator (band 7)	Karen Fernley	
Prepping for move	Identifying outpatient space utilisation on Poole+RBH sites.	Map distribution of activity across Poole/RBH+community	Transformation team support		Sian Williams David Hannington	Early 2023
Progressing new business cases	Obesity service Sleep service	Improved support for patients and families	Bids with NHS Dorset for consideration		Mark Tighe	

2024/5 Plans

Vision:

High-quality care for children closer to home: supported by innovation and research

Objectives summary

- To deliver safe, quality care for sick babies and children
- Consistent and sustainable workforce and better use of budget
- To improve the neurodevelopmental pathway for children.
- To move to the BEACH (inpatient) /Derwent (CDC and OPD paediatrics).
- To use service development to provide additional investment to service.

Risks, issues & any speciality specific assumptions

- **Workforce: Gaps at middle-grade and in nursing workforce**
- **Budget**: currently overspent due to locum and agency nursing
- **OPD and ED pressures**
- **Children admitted with non-physical issues**
- **Pharmacy: central chemo provision established.**
- **Peer reviews/inspection recommendations may increase cost**

Additional Specialty specific assumptions (see above):

- We assume that there will be some slippage in the moving date.
- We assume the Derwent will have some capacity to take child health staff even if outpatient room modifications aren't complete.

Activity Plans

- Improved waits and screening (aspirational target for no over 40 weeks by year end)
- We've seen a significant rise in Group A Strep post-COVID and will continue to anticipate spikes in respiratory viruses (e.g. COVID/RSV/flu) out-of-season
- We will continue to anticipate patients needing CAMHS/social care

Workforce Plans

- HR Consultation for Service Move

Financial Plans

- Reduce locum costs using Safe medical Staffing business case: £770k YTD
- Reduce RMN costs by recharging other agencies under MOU (£593k 21/22)
- Address recurrent CIP saving shortfall: Pill School, [GP bloods tariff]
- Assumptions/risks: budget corrections for pay rises/inflation.
    - Prudently address potential costs of recommendations.

Quality Plans

- UHD@Home: supporting children's ambulatory care (2nd year: GP localities buying in)
- Safe medical staffing business case
- Sleep service + Obesity services implemented
- Neurodevelopment service transformation plan integrated and reviewed.
- Paediatric Oncology specialist commissioning in place
- Paediatric HDU to Level 2
- Research/education: use studies (e.g. Harmonie) and links with BU to improve quality care and reduce admissions.

Reconfiguration Plans

- Consultation regarding implications of move.
- Inpatient child health/NICU move to BEACH building when ready and commissioned
    - Timed with ED/ITU move
    - Operate 2 inpatient parallel sites for 2 weeks.
    - Continue some outpatients in Poole+CDC building depending on state of Derwent.
- Continue with GP education and implementing curriculum changes for Drs.
- Continue developing care of children in community.

Specific deliverables for 2024 - 2025

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Time-frames
UHD@home (virtual ward)	Improved flow of children from ED/GP	Less ED escalation Better 4hr waits			Josie Roberts/ Kate Goyder	
Neurodevelopmental pathway	Reduced waiting time for appts	Improved waits (currently 12-18m)	National money coming to NHS Dorset circa £600K for adult and children services		Del Howard/ Louise Davis	
Paediatric Oncology RW service	Infusional chemo being delivered in UHD	Less travel to UHS and more beds in UHS for new oncology patients	Switched to specialist commissioning	Ensure pharmacy staffing of aseptic unit.	Mark Tighe/Alex Keegan	
Moving services	Moving paediatrics and neonates to BEACH building	2 weeks of frozen clinics 2 sites staffed for 2 weeks Postpone Annual Leave.	Tbc – transitional costs not yet known	Whole consultant and nursing workforce	Mark Tighe/David Hannington	

2023/4 Plans - Specialty: Gynaecology

Objectives summary

- *Recruit to and Implement two tier middle grade rota by October 2023*
- *Implement and recruit 4 new consultants to run a pairing on call rota improving quality and safety by end of 2024*
- *Eliminate 104, 78 week waits by March 2023 and 65 week waits by the end of March 2024.*
- *Increase day case activity by implementing new pathways for activity redirected from main theatres to day case in line with GIRFT dashboard and national standards.*
- *Conform with national targets for cancer waiting time and coloposcopy QA recommendations.*
- *Planning and implementing relocation of emergency and elective care services*
- *Reduce medical agency spend*

Activity Plans

- *Reduce follow up activity supported by further implementation of PIFU*
- *Ensuring patients are seen in the most appropriate setting using GIRFT data to increase activity. Increasing utilisation of theatre activity to 85%.*
- *Maximise activity through consultant job planning, reintroducing registrar clinics for senior fellow post holders*
- *Collaborative working with the ICB to introduce new fast track pathways and fast track scanning for low risk patients in a community setting*
- *Meet RTT national objectives for 104, 78 and 65 week waits*
- *Collaborative working with urology and integration into new urology hub to improve urogynae diagnostic activity and pathways*

Workforce Plans

- *Retention, turnover, anticipated workforce challenges*
- *Recruitment of remaining 4 middle grade post and 4 consultants – to support the maternity challenges but this will also feed into gynaecology recovery – awaiting full financial approval for phased recruitment.*
- *Recruitment of nurse Colposcopist*
- *Seek agreement to extend nursing workforce to meet demands of additional activity*
- *Succession planning for specialist nurse roles*
- *Recruit to trainee nurse colposcopist role*
- *Expand colposcopy administrative workforce in line with the QA recommendations and increase in activity*
- *Succession planning for urogynae retirement*

Financial Plans

- *Business case awaiting full financial approval for phasing of medical recruitment and support services*
- *Urgent requirement for capital replacement of Fluent Management Systems to continue procedures in an outpatient setting.*
- *Work through potential model hospital opportunities to support increased activity and CIP*

Quality Plans

- *Improving patients pathways by moving more activity from theatres into an outpatient setting.*
- *Consultant led early pregnancy and emergency gynaecology sessions*
- *Two tier middle grade rota and consultant pairing will reduce waiting times for patients to be reviewed and improve flow through ED and wards.*

Reconfiguration Plans

- *Away day session for stakeholders to map out clinical activity across emergency and planned sites.*
- *Bidding for additional elective gynae space through space utilisation group to increase activity.*

Risks, issues & any speciality specific assumptions

- *Potential of being unable to recruit into medical posts*
- *MEC allocation may impact the ability of service delivery without the necessary replacements*
- *Risk of medical staffing overspends to ensure safe services*

Cancellation of activity due to bed capacity could impact on meeting national RTT and cancer waiting times

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Medical staffing plan plus support services	*24/7 triage service, improved patient experience, improved flow, safer staffing levels*	*Reducing RTT backlog and improving CWT performance*	*700k*	*Within workforce document*	*Georgina Floyd/Alex Taylor*	*2023/24*
Implementing GIRFT recommendations	Improved patient experience, reduce length of stay, improve RTT performance	Improved waiting times	N/A	No additional requirements	Georgina Floyd/Sarah Burgess	2023
Reintroduce registrar clinics following senior fellow appointment	Improved waiting times and learning	Improved waiting times	N/A	N/A	Georgina Floyd/Alex Taylor	March 2024

2024/5 Plans

Objectives summary

- *Emergency gynaecology to be fully running from RBH site*
- *Elective gynaecology to be fully running on the Poole site*
- *Aim to achieve the national stands for RTT and cancer waiting time*
- *Activity, finance and workforce impact of objectives above can be included in the table on page 2 if required*

Activity Plans

- *Decrease waiting times for surgery due availability of bed capacity on the elective site*
- *Increase cancer waiting time performance – availability of enhanced recovery post op*

Workforce Plans

- *Increase numbers of physicians associates*
- *Succession planning*

Financial Plans

- *Manage spend within budget*
- *Deliver CIP*

Quality Plans

Reconfiguration Plans

- *Gynaecology will be split across both sites with elective activity at Poole Harbourside unit and emergency gynaecology at RBH in the Jigsaw unit*

Risks, issues & any speciality specific assumptions

- New build/transformation time scales being met
- Ensuring equipment meets the needs of the newly configured service – risk access to capital funding
- Staff consultations regarding working locations

2023/4 Plans - Specialty: : Maternity

Objectives summary

- *Following national guidance for continuity of carer to be introduced when safe staffing enables. Aim to launch first team spring 2023.*
- *Ockenden 2 progression, awaiting national instruction.*
- *Recruitment and retention*
- *Introduction of Internationally educated midwives – NHSE funded*
- *Moving maternity triage to a 24/7 service with obstetric support*
- *Working group to improve women's experience of using maternity services*
- *Transformation planning to move to the BEACH building in 2024*
- *detailed action plans around CQC inspection and Insight visit*

Activity Plans

- *Implementation of the Birthrate Plus acuity tool early 2023 to enable us to have confidence that our labour ward is staffed adequately with a planned rollout to use this tool in the postnatal setting.*
- *Red flags to be used to start reporting on Allocate delays in care in inline with the rest of the Trust*
- *Geographical mapping for our community teams to spread out workload evenly and to improve flow and the use of community hubs.*
- *Consideration of all-day theatre lists and impact on postnatal flow*

Workforce Plans

- *Recruitment and retention team/support*
- *Recruitment of internationally educated midwives*
- *Appoint consultant midwife*
- *Community action plan to improve community conditions.*
- *Working party developed to offer our student midwives a job without interview.*
- *Development and implementation of band 6 to 7 development plan*
- *Until all midwifery and MSW vacancies filled, to* have *a rolling job advert*
- *Clinical leaders to be encouraged to consider flexible working contracts. To ensure this process is fair and that HR policy is followed.*
- *Proceed with the recruitment of nurses within the maternity department*

Financial plans

- *Continue monthly meeting with finance leads to monitor spend in maternity*
- *Continue to review cost saving regarding consumables to generate CIP – PICO dressings*
- *Risk that maternity incentive scheme is not achieved resulting in loss of income*

Quality Plans

- *Working group to improve women's experiences within the maternity service*
- *Our first continuity of carer team will be introduced in the areas with highest deprivation and BAME residents*
- *We continue to strive for BFI accreditation*
- *24/7 triage service*
- *Introduction of a non-urgent call line reducing the calls through to labour line by March 2023*
- *QA visit anticipated in November 2023*

Reconfiguration Plans

- *Continued work to plan for the move ot he BEACH building in 2024*
- *Regular stakeholder participation in moving of services*
- *MVP to work with us to make the best use of the current site via regular 15 step visits*

Risks, issues & any speciality specific assumptions

- *Safe staffing*
- *TBR monitors – risk continues until purchased*
- *Resuscitaires MEC replacement 10 in 22/23*
- *MIS compliance*
- *Reducing incidents of 3rd and 4th degree tears*
- *Continued monitoring of number of babies with low Apgars at 5 minutes*

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Recruitment of internationally educated midwives	*Safer staffing levels*	*N/A*	*NHSE funded*	*12 midwives to be employed by the Trust*	*Kerry Taylor*	*2023*
24/7 Triage Service	Timely review of women, improving outcomes	N/A	Approx. 700k	Two tier middle grade rota (6 middle grades) 4 consultants, out of hours security and admin staff	Alex Taylor/Georgina Floyd	March 2024
Improve women's experience	Improved survey results			Working group to be set up	Kerry Taylor	March 2023

2024/5 Plans

Objectives summary

- *Recruitment and retention*
- *Maternity unit to be relocated in the BEACH building*
- *Continue to improve women's experience*
- *Safe and well led assurances to the board, CQC and our families*

Activity Plans

- *All day theatre lists*

Workforce Plans

- *Recruitment and retention team to continue work to improve staffing levels*

Financial plans

- *Meet MIS compliance*
- *Work within financial envelope*
- *Deliver CIP target*

Quality Plans

- *Continue to improve Women's experience to be evidenced in survey results*
- *Achieving KPIs to ensuring safe and well led service*

Reconfiguration Plans

- *Relocate services to the BEACH building*

Risks, issues & any speciality specific assumptions

- Completion of the BEACH building
- Equipment – Resuscitaires will need replacing in additional to the 10 requested in previous year
- Staff consultations

2023/4 Plans - Specialty: Therapies

Objectives summary

- *BI team working towards generating accurate data collection for both IP and OP therapies activity which represents our demand, activity undertaken and unmet need. This is not currently in place, but we aim to have by 2023/34 Q1.*
- *Transformation plans are being generated via the care groups and these will need to be signed off to allow therapies to assess the levels of input required for the interim and final reconfigured bed base.*
- *Workforce planning will clarify clinical capacity both in UHD's current state and following transformation requiring investment.*
- *Financial impact will be dependent on subsequent risk assessment and gap analysis to develop business cases by clinical area.*

Activity Plans

- *Elective recovery- plans to reduce the MSK OP waiting list – see below specific deliverable*
- *Maintain mix of virtual OP appointments for dietetics and SALT*
- *Reduction in ward-based activity due to vacancy rate within IP teams, in particular OT however lack of IP data means that this cannot be quantified.*

Workforce Plans

- *Recruit, retain and attract workstreams*
- *IP areas of particular challenge due to high attrition rates and turnover related to poor job satisfaction and repetitive discharge processes for therapists.*

Financial Plans

- *Underspend generated by vacancies and high turnover across IP therapy teams*
- *Skill mix review of IP teams to increase non-qualified workforce*

Quality Plans

- *Quarterly quality forum*
- *Development of a quality matrix and dashboard for Therapies*

Reconfiguration Plans

- *Stroke unit move to single site model – Therapists to move from PGH site to RBH in April 2024.*
- *Maternity, Child health, neurology, CC/ ED, OPS- planning for staffing to move under reconfiguration with good progress made during 2022/23*
- *Therapies transformation meetings utilising a matrix approach for all areas to track integration plans by end 2023/4*
- *Specific areas of focus for Therapies planning 2023/24- orthopaedics, critical care, ED and oncology*

Risks, issues & any speciality specific assumptions

- *Space requirements at RBH reconfigured site with move of 100+ staff*
- *Clear plan for advanced practice required for Therapies' with financial support identified*
- Apprenticeships – funding and clear support from organisation required

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Elective recovery- MSk Ops	*Increased throughput of elective cases*	*Reduce 52+ waits by 130, undertake 150 additional elective IP cases*	*£177,000*	*Additional 4 staff required*	*Katherine Armitage*	*Dec 21-Mar 23*

2023/4 Plans - Specialty: Research

Objectives summary

- Engage with more PIs to develop ideas that can utilise the Clinical Trials Unit
- BU/UHD research steering group working on partnership strategy
- Revised 5-year research strategy to be finalised for UHD, aligning with BU/UHD strategy and CTU and life sciences white papers.
- Establish drop-in sessions with speciality leads for research
- Develop research fellow role to increase clinical presence in the hub
- Continue to explore and maximise opportunities for increased patient access to clinical trials as services align. Focus on areas with maximum opportunities for expansion and those areas who are currently inactive in research where there are engaged clinicians.
- Expanding the hub model to include RSV and other research requiring large scale rapid delivery
- CTU structures (staffing and governance) to be established, with specific strategic and steering committee.
- Continued closer working with BU as part of the partnership – particularly around PhDs and potential CTU projects as well as staffing structure (including patient and public representation).

Activity Plans

- Increase pipeline of commercial research into the hub, ensuring the ability to delivery all studies offered through Wessex Health Partners
- Maintain the current number of patients being recruited into studies across UHD
- Managed recovery process has been completed and all studies have now been restarted or closed.

Workforce Plans

- Research Practice Educator role required to support staff, aid retention and support succession planning
- Map career pathway for non-clinical and clinical team and benchmark roles with local Trusts to prevent staff leaving for higher banded posts elsewhere.
- Introduce the role of Clinical Research Practitioner role to aid retention and use the workforce in new ways.
- Develop a research fellowship programme in the hub
- Increased focus and prioritisation of the wellbeing agenda, including away days.
- Reduce the number of fixed term contracts offered at the point of employment to ensure stability within the workforce

Financial Plans

- Extensive reconciliation work is being undertaken to ensure that all owed monies for work performed has been accurately invoiced.
- No specific CIP opportunities exist for research as CIPs as a result of research are seen within other specialties. It is important however that these CIPs are captured and opportunities through research to support CIPs in other specialties are explored.
- Utilisation of BI and research databases to demonstrate cost avoidance for the Trust from research.
- Continued vaccination and immunisation studies present opportunities for additional commercial trial income for UHD for reinvestment into further staff posts, supporting further growth and retention of staff.

Quality Plans

- Significant progress made on the alignment of SOPs, policies, workflows, quality management systems and roles and responsibilities.
- MHRA CAPA completed
- Research Quality Assurance Manager post has been filled and is driving alignment of processes and improving standards
- Progress made on strengthen governance structures and processes relating to income recovery for research.
- Workforce - staffing levels have improved over the last year. Currently only a small number of unfilled vacancies.

Reconfiguration Plans

- Current planned service reconfiguration for pharmacy will have a significant negative impact on the ability to deliver commercial research and to be selected for studies; engage in discussions with pharmacy and impacted specialities.
- Need clarity about where biological samples can be processed and stored on all sites to allow research to continue and to grow

- Appropriate HR support required as part of service reconfiguration and changes in research delivery structures as services move sites
- Additional post of R&D manager approved to strengthen the research management structure

Risks, issues & any speciality specific assumptions

- Vacant Head of Research post
- Inexperienced staff across research, in particular previously high performing areas for commercial research including cardiology.
- Interdependency on pharmacy - funding secured for a clinical trial pharmacy post (8A) but post remains unadvertised. Staffing issues in pharmacy impacting the number of new trials which can be supported.
- Ensuring LEP requirements and milestones continue to be met
- Merger of finances not complete so current research balance not known. Historic cost centres need to be merged.
- Loss of organisational memory with the departure of the Head of Research and Clinical Director.
- Workforce remains a challenge – due to inexperience
- Confirmation that NIHR funding for 2023/ 2024 will be flat cash and unlikely to change significantly in 2024/2025
- Transition year from Wessex CRN to South West DRN
- Several national directives which set the expectation that research is everyone's business

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Finalise 5 year research strategy	Final ratified document to outline key priorities and objectives.	NA	TBC	Reliance on workforce proposals being supported and implemented	JS &RW	Jun 23
Finalise and disseminate structure for research across UHD	Clear reporting structure in place with all staff aware of reporting mechanisms	NA	HR support with any consultation processes necessary.	Reliance on workforce proposals being supported and implemented.	JS & RW	Sept 23
Continue to explore and maximise opportunities for increased patient access to clinical trials for patients as services align.	Focus on areas with maximum opportunities for expansion (e.g. paediatrics) and where access to clinical trials is paramount (e.g. cancer). More patients having access to treatment through clinical trials.	Supports patient benefit realisation through increased access to research.	TBC – investment in pharmacy staff is key, outsourcing models being explored.	Reliance on workforce proposals being supported and implemented	JS & RW	Ongoing
Strengthen governance structures and processes relating to income recovery	Clear, improved processes in place for income recovery with defined roles and responsibilities	Massive efficiency gains as well as increased income recovery and cost savings,	0.6 WTE Band 4	Dedicated finance support for research	JS & RW	Jul 23
Complete work aligning policies and processes for research across UHD	Clear, aligned processes for research set up and delivery across UHD with appropriate training for all staff.	NA	NA	Reliance on workforce proposals being supported and implemented	JS & HS	Jun 23
Adapt the vaccine hub model to allow expansion of trial portfolio beyond COVID vaccination studies, to include other research requiring large scale rapid delivery, e.g. RSV vaccine trials.	Increase in the number of large-scale studies, improved clinical outcomes, closer working with primary care. Development of a sustainable model for additional commercial research. Finalise working arrangements with the Wessex Health Partners	Increased research activity, development of new products to support health challenges. Supports patient benefit realisation through increased access to research.	TBC	Advertise pharmacy post for the hub	RW	Mar 24
Define and formalise CTU staffing and governance structure.	Ensuring Dorset LEP milestones continue to be met, growth of the CTU and closer working with BU	NA	0.8 WTE Band 6. Post filled.	NA	NL	Mar 24
Grow collaboration with BU potentially including PhDs, joint appointments, and BU-UHD clinical research projects delivered through CTU.	Clear partnership for research between BU/UHD, joint processes and appointments.	Scope of opportunity TBC	TBC	TBC	LP/TL	Dec 22

2024/5 Plans

Objectives summary

- Transitioning into new Regional Research Delivery network (RRDN) (South West)
- Build relationships within this network
- Retain relationship with Wessex Health Partners
- Retain research activity and staffing levels as services move to new locations

Activity Plans

- Increase the number of home-grown research studies that are running across UHD; facilitated through the CTU
- Increase the number of people who are recruited into trials across UHD

Workforce Plans

- Establish Trust wide regular training programmes for research active individuals
- Well-being review to ensure workload is manageable and safe

Financial Plans

- Robust systems established for invoicing proactively for all research studies
- Attempt to put a system in place to forecast income for commercial and non-commercial trials
- Expand the finance team capacity to enable the timely invoicing for and negotiating of contract income

Quality Plans

- Continue to develop the UHD research SOPs and policies to maintain high standards of research delivery
- Ensure that the Trust is MHRA inspection ready
- Increase the number of audits that are being conducted
- Implement relevant training as a result of the findings

Reconfiguration Plans

- Engagement and planning with each clinical team as services are relocated

Risks, issues & any speciality specific assumptions

- Pharmacy reconfiguration plans may remain a risk
- Assume that Head of Research is in post
- Transition to RRDN may impact our access to NIHR funded trials

Specific deliverables for 2024 – 2025

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Increase the number of match funded PhD posts	Successful match funded applications to BU	N/A	Funds from PI pots	N/A	RW	1 year

2023/4 Plans - Specialty: Radiology

Objectives summary

- Demand and Capacity review to understand impact on reconfigured services (emergency and planned sites) for Radiology.
- Recovery of diagnostic performance (DM01)
- Identify innovative ways to deal with current workforce challenges, working with HR, system partners and learning from other Trusts
- Implementation of NHSE Guidance – Direct access from GP's which will involve significant increase in activity for CT and MRI
- Working with system partners to implement Community Diagnostic Hub and spoke business case – Poole/AECC & DCH – Need to understand tariff v current activity as well as staff and equipment impact at AECC)
- Reviewing Radiology service provision at Wimborne/Swanage, currently undertaken by Dorset Healthcare with Clinical Management by UHD

Activity Plans

- Increased activity from direct GP referrals
- Ability to respond to increased activity for elective recovery, one stop clinics, emergency presentations and cancer early diagnosis
- Reviewing Private service provision and extending services currently offered

Workforce Plans

- Investigate options for Recruitment and Retention premium to retain current staff and fill current vacancies
- Investigate innovative options to attract new staff and also invest in staff development to ensure we retain those staff by having effective career pathway (e.g. advanced practice; extended scope)
- Build and start consultation for new workforce model
- Better collaboration across the Wessex Network to improve workforce and capacity
- Links with local universities for improved educational links
- Increase Training provision for Registrars to develop future Radiologist workforce

Financial Plans

- Currently overspent (£2m) – outsourcing and CIP not delivered
- Ability to deal with increased activity with no growth in resources
- Reduce outsourcing costs – business case to recruit and also investigate in-sourcing model (previously in place at Poole but need to understand IR35 impact)
- Long term contracts not reflected as cost avoidance in CIP

Quality Plans

- Maintaining Quality Standards in Imaging accreditation – will be assessed as UHD for first time in May 2023
- SOP review – plan in place and to be completed by end of 2023 (currently 1600 SOP's)
- Finalise Quality Manual (currently in draft format)
- KPI's and turnaround times for reporting in line with national standards – new report to be developed for OPG
- Undertake Service User and patient feedback to further improve the services offered

Reconfiguration Plans

- Staff Engagement and OD programme to bring UHD teams together.
- Demand and capacity – Need to understand impact of specialities moving between sites and impact on current/future workforce
- Identify proposed structure for services for staff consultation to commence in 2023/24
- Skill mix of current staff and training – some staff will be able to work remotely (offer this as an incentive to retain staff) or will travel across sites
- 2 additional CT scanners (procurement) and additional staff recruitment
- IR Day Case Business Case (biopsies and drainages moving to Poole) – could need 3rd IR room at Poole (IR provision at both sites as well as day case)
- Digital – Integrated systems already but need to maximise efficiency opportunities

Risks, issues & any speciality specific assumptions

- Biggest risk is number of radiologists and amount of work we are having to outsource.
- Finance – continued outsourcing and agency spend. Considering insourcing model (IR35 compliance)
- Future day case and IR provision
- Cost to develop MRI Paediatric suite at Bournemouth Hospital

Space constraints and funding for redevelopment of estate to meet the demand for the service

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Scoping demand of other services (Capacity & Demand needed from all other areas)	Business Case funding	Identify increases in activity from Specialities	N/A	N/A	James Knowles	June 2023
Implement direct access to Radiology Services from GP's - modelling and understanding capacity impact	No impact on OP referrals	Will increase activity but CDC capacity should be in place to offset	CDC business case	Will require significant staffing recruitment	James Knowles	March 2024
Implement SPOKE at AECC (impact on Mobile Unit funded as part of ERF)	Health inequalities	Another pad for another unit will be required. AECC – power distribution will need to be improved	CDC business case	Additional staff will need to be recruited	James Knowles	March 2024
Lung Cancer screening (new service)	Implement national screening	Increased referrals but CT scanner available at Poole	National funding	Already recruited	James Knowles	May 2023
Radiology Services at Swanage and Wimborne	Providing services for DHC.	Increased opportunity for patient choice – X-ray and Ultrasound	Funding will be received from DHC	N/A	James Knowles	June 2023
Digital						
Business Case and Implementation of Patient Portal – (possibly Dr Dr or RIS system)	Invest to save – 2 FTE's currently administering	N/A	TBC Needs support from IT	N/A	James Knowles	March 2024

IT improvements are identified but don't have IT Support to implement – Electronic linking (hexarad)	Possible invest to save Clinical risk Turnaround times	Will reduce report turnaround times	Available from ICS	Lack of IT workforce delaying project	James Knowles	May 2023
Artificial Intelligence (AI) in Breast Screening	Faster report Turnaround times	Faster report turnaround times	National Funding available	N/A	Lisa Bissett	March 2024
Workforce						
Consider recruitment and retention premium – national issue but impounded by cost of living in Dorset (Wessex Imaging Network discussion)	Reduce Agency / Outsourcing costs	Reduction in diagnostic pathway	Will require central funding	Will increase workforce	James Knowles	June 2023
Insourcing Model (prev at Poole but stopped due to IR35 complaince)	Reduce Outsourcing costs	Reduction in reporting turnaround times	N/A	N/A	Ravi Ayer / Al Thomson	March 2024
Wessex Imaging – Developing the network so improved support and workforce improvements	Increased staffing recruitment	Improved capacity	N/A	Increase workforce	James Knowles	March 2024
Income stream in UHD if we have project resource (could include private referrals)	Increased revenue	N/A	N/A	N/A	James Knowles	July 2024
Advance Practice	Increased staffing recruitment / Reduction in outsourcing	Reduction in diagnostic pathway	Business case	Improved Recruitment / Retention	James Knowles	March 2024

2024/5 Plans

Objectives summary

- Implementation and completion of UHD Radiology Services in line with demand and capacity requirements for all specialities,
- Complete Reconfiguration moves for emergency and planned site
- Continue objectives from 2023/2024
- Continue CDC hub and spoke implementation

Activity Plans

- GP Direct access for CT and MRI
- Explore opportunities for additional NHS activity from neighbouring Trusts to assist with their recovery
- Reduce referral to report waiting times in line with national guidance

Workforce Plans

- Work with Bournemouth University to increase Radiography course provision
- Incentivise recruitment and retention to increase workforce across all roles within Radiology
- Increase Student placement capacity for undergraduates and Apprentices

Financial Plans

- Possible implementation of Equipment MES across Wessex Network
- Consider Tariff pricing for Radiology Examinations across Wessex Network

Quality Plans

- Continue QSI Accreditation
- Standardise Radiology examinations across Dorset region
- Continue patient and Service User Improvements

Reconfiguration Plans

- Support reconfiguration moves for Acute/Planned care sites
- Implement cross site Interventional Radiology Service

Risks, issues & any speciality specific assumptions

- Space constraints – being land locked is a risk
- *Appropriate finance support for workforce increases and equipment replacement programme*
- Significant risk in maintaining staff levels and also recruitment into necessary vacancies to support CDC hub and spokes.

Specific deliverables for 2024 – 2025

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Deliver reconfiguration moves	Acute/planned care Radiology provision	Reduced waiting lists	Provision of IR room at Poole and Paediatric MRI area at Bournemouth	Move of staff between sites	James Knowles	January 2025
Offer additional capacity to other NHS Trusts	Increased revenue to Radiology	Increase Activity	Additional income into Radiology	N/A	James Knowles	March 2025
Reduce Report Turnaround Times	Improved waiting time	Reduction in waiting times	Business case for Advanced practice	Increase workforce with improved retention	James Knowles	March 2025
Wessex Network MES	Reduced maintenance and replacement budget	N/A	Regional investment required	N/A	James Knowles	March 2025

2023/4 Plans - Specialty: OUTPATIENTS DRAFT V0.2

Objectives summary

- To continue deliver safe, high quality patient care for our outpatients.
- To provide a sustainable nursing, administrative and Phlebotomy workforce now and into the future.
- Digitally transform services that will .support improving patient access and experience, responsive and effective ways of working increasing productivity and workforce retention.
- To optimise clinic templates and clinic room utilisation supporting elective recovery plans.

Activity Plans

- Support specialties in referral optimisation delivery of 16 specialist advice requests, including Advice & Guidance, per 100 OP first attendances
- Support reduction in DNA rates to =<5%
- Support specialties reduction of outpatient follow-up in line with the NHS 2023/24 priorities and operational planning guidance:
    - Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024
    - Offer meaningful choice at point of referral and at subsequent points in the pathway, and use alternative providers if people have been waiting a long time for treatment including through the Digital Mutual Aid System (DMAS)
- Increase optimisation of the outpatient clinics locally and through partnership working across the Dorset ICS to support eliminating 65wk weeks by March 24 for non-admitted elective recovery.
- Improve optimisation of clinic session template utilisation to achieve 85% rate.

Workforce Plans

- Deliver the administrative and nursing re-structure plans to support recruitment & retention.
- Reform/Redesign recruitment and retention strategies in line with the NHS Peoples Promise, UHD Values and Outpatient Values.

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Financial Plans

- Levels of overall trust activity uncertain at this time therefore unpredictable level of spend i.e. bank/overtime.
- Improve income through eOutcome/TCI procedure and appointment outcomes.
- Progress digital solutions to support CIP i.e. patient portal to reduce cost of appointment letters/appointment reminders
- Coding & Data Capture – ensuring procedure codes are robustly captured to support income
- Reduction in paper and postage costs – first year approx. £50k
- Additional funding into budgets for digital software service maintenance/help services i.e. DrDoctor/Bookwise/INTOUCH solutons

Quality Plans

- Standardise all outpatient standard operating procedures (SOP's) across all sites linking with silo outpatient areas.
- Recruitment t & retention Plans reformed to support a sustainable workforce and training programme improving:
    - Workforce health & well-being
    - Workforce retention
- Reduce Health Inequalities:
    - Approach DNA rate data proactively to accelerate improvements including analysis of the non-admitted waiting list by deprivation and ethnicity therefore ensuring access to elective care.
    - Continue partnership working with Dorset ICS to support those patients with Learning Disabilities to be seen within 18 weeks.
- Outpatient Transformation Plan
    - Improve referral turnaround times through eRS - ePR integration
    - Improve outpatient appointment outcomes through eOutcome/TCI
    - Improve patient experience - DrDoctor patient portal
- Reduce LERN's, improve quality of LERN recording and increase learning

Reconfiguration Plans

- Continued integration of outpatient nursing/administrative teams via new staff re-structure plans to optimise work flows
- Continue to engage with Dorset ICS with regards to transformation plans and elective recovery in terms of any reconfiguration of outpatient service delivery.
- Improvements in outpatient environments in line with PLACE audits
  IPC and digital working.
- Optimisation of High flow clinics at the Outpatient Assessment Centre

Risks, issues & any speciality specific assumptions

- Risk - starting year with potential significant reduced administrative workforce.
- Risk for implementation of administrative structure due to e-RS –ePR digital solution delays.
- Assumption patient uptake of DrDoctor patient portal solution.
- Potential risk to service continuity when nursing re-structure plans are commenced in 2023/24.
- Assumption made that specialty teams will be changing their referral triage processes to support referral optimisation (A&G, specialist advice).
- Assumption specialties will review clinic templates from D&C outcomes with a digital first approach.
- Assumption – specialties will robustly review FU outcomes with regards to discharge/discharge to PIFU/virtual first approach.
- Assumption specialties will triage referrals electronically.
- Assumption that IT supports the digital outpatient transformation projects as part of their high priority areas.
- Assumption that dedicated project management support is restored to deliver transformation projects now and into the future.
- Finance - sustained cost pressures into the future for digital transformation/increased additional non-admitted clinic sessions
- Assumption Phlebotomy location remain in situ.

Specific deliverables for 2023 - 2024

Scheme/Initiative	Outcomes	Impact on Waiting List/Activity	Investment from Trust	Workforce	Lead	Timeframes
Implement administrative restructure care group hubs	Improving recruitment & retention through clear succession plans Improving partnership working with specialties Improving efficiency and productivity	Reduced risk of workforce delays Increase in response times to support elective non-admitted recovery Optimisation of clinic slots	Investment realised 2022/23		MR/KT	End Q1
Design & Implement Nursing re-structure	Improve recruitment and retention through clear succession plans	Increase responsiveness and flexibility to support increased specialty clinics	TBC		DS/CR/ MR	End Q2
Digital transformation plans linked to UHD OPD Digital & Enabling Excellence Transformation plan • **Patient Portal** • **eRS to ePR** • **e-Outcome/TCI**	Improve patient experience and access Improve administrative efficiencies and productivity Reduce risks around referral management and decrease referral turnaround times. Improve clinic outcomes and income	Reduced DNA rates Reduce delays in administrative process within patient care pathways Reduce Follow ups Accurate Data Quality	On-going DrDoctor, INTOUCH & Bookwise software systems – maintance/helpdesk	Administrators service leads clinicians	MR/KT/ DS	On-going
Improve Outpatient environments- clinic rooms and waiting areas	• Improved patient experience • Improved working environments • Improved patient flow • Improved IPC controls	Increased clinic room capacity Increased high volume patient flow	TBC	Nursing Clinicians Administrators		
Reducing DNA rates to 5% or less	• Improve patient experience • Improve slot utilisation	Support reducing non-admitting wait times		Administrators Service Leads		
Slot utilisation improve by 4-7%	• Improve care pathways • Increase clinical productivity	• Support reducing non-admit wait times		Administrators clinicians		

Reduce FU by 25%	• Opportunity to increase new appt slots • Increase patient ownership of their care via PIFU pathways	• Reduction of FU pathways		Specialty leads Clinicians Administrators		
Increase first appointments to 109%	• Improve new wait times • Improve Patient experience	• Support increasing first appt activity to reduce non-admit pathways and income				
Referral optimisation - 16% of all referrals to be A&G/specialist advice	• Increase new capacity through reduction of inappropriate referrals • Improve primary care learning • Improve patient experience	• Support GIRFT		Administrators Specialty leads Clinicians		

2024/5 Plans

Objectives summary

- To continue deliver safe, high quality patient care for our outpatients.
- To provide a sustainable nursing, administrative and Phlebotomy workforce now and into the future.
- Digitally transform services that will .support improving patient access and experience, responsive and effective ways of working increasing productivity and workforce retention.
- To optimise clinic templates and clinic room utilisation supporting elective recovery plans.

Activity Plans

- Continued partnership working with system partners to develop outpatient activity/transformation plans to meet the national and local activity objectives.
- To increase productivity to support elective recovery through efficient processes and waiting list management ensuring patients are seen in clinical and chronological order.

Workforce Plans

- Provide a continued sustainable administrative/nursing and Phlebotomy workforce through robust recruitment and retention planning strategies.
-

Financial Plans

- To continue to use digital solutions to provide CIP opportunities
- Invest in further solutions to support workforce sustainability

Quality Plans

- Recruitment & retention Plans reformed to support a sustainable workforce and training programme improving:
  - Workforce health & well-being
  - Workforce retention
- Reduce Health Inequalities:
  - Approach DNA rate data proactively to accelerate improvements including analysis of the non-admitted waiting list by deprivation and ethnicity therefore ensuring access to elective care.
  - Continue partnership working with Dorset ICS to support those patients with Learning Disabilities to be seen within 18 weeks.
- Outpatient Transformation Plan
  - Improve referral turnaround times through eRS - ePR integration
  - Improve outpatient appointment outcomes through eOutcome/TCI
  - Improve patient experience - DrDoctor patient portal
- Reduce LERN's, improve quality of LERN recording and increase learning

Reconfiguration Plans

- Commence work on any reconfiguration requirements to support specialty operational **service move plans** for the year and any particular issues around service moves unique to outpatients.
- Continued improvements to outpatient environment to support patient experience, workforce well-being and digital transformation.

Risks, issues & any speciality specific assumptions

- **Finance** - sustained cost pressures into the future for digital transformation/increased additional non-admitted clinic sessions
- **Workforce –** unpredictable levels of recruitment and retention
- **Specialty moves –** assumption no impact on outpatient services

Specific deliverables for 2024 - 2025

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Any on-going Digital transformation	Improve patient/workforce experience and access Improve referral optimisation Clinic outcomes	Reduction in administrative delays Improvement in turnaround times Improvement in reduction FU and income		Clinicians Administrators Nursing		
Workforce reviews	Recruitment & Retention stability	Improved response to specialty needs		Administration Nursing Phlebotomy		
Improve Outpatient environments- clinic rooms and waiting areas	• Improved patient experience • Improved working environments • Improved patient flow Improved IPC controls	Increased clinic room capacity Increased high volume patient flow	TBC	Nursing Clinicians Adminisrators		
On-going NHS standards						

APPENDICIES

Outpatient Digital & Enabling Excellence Plans

New Structures

Recruitment & Retention plans

Outpatient Transformation – Digital, Enabling Excellence and Specialty Programme Groups

Outpatient Transformation

NHS
University Hospitals Dorset
NHS Foundation Trust

KEY PROGRAMME DELIVERABLES BY GROUP

Digital Outpatients

1. Implement DrDoctor Patient Portal
2. Installation of Virtual Consulting Pods
3. Implementation of Bookwise room booking software at XCH and PGH
4. InTouch Digital check in at RBH and XCH
5. Embed and drive usage of Dragon Dictation

Delivery Lead: Alice

Enabling Excellence

1. Development of OP performance dashboard
2. Admin restructure and improvements
3. Pilot Electronic clinical triage- eRS to ePR
4. Work towards standard eClinic letter templates
5. Develop eOutcome/TCI specification

Delivery Lead: Sophie Towler

Speciality Led

1. Delivery of specialty level review actions plans.

2. Establishing an outpatient transformation forum. Owner: Sarah M (for time being)

Delivery Lead: Wasique/Sarah M

Success Metrics

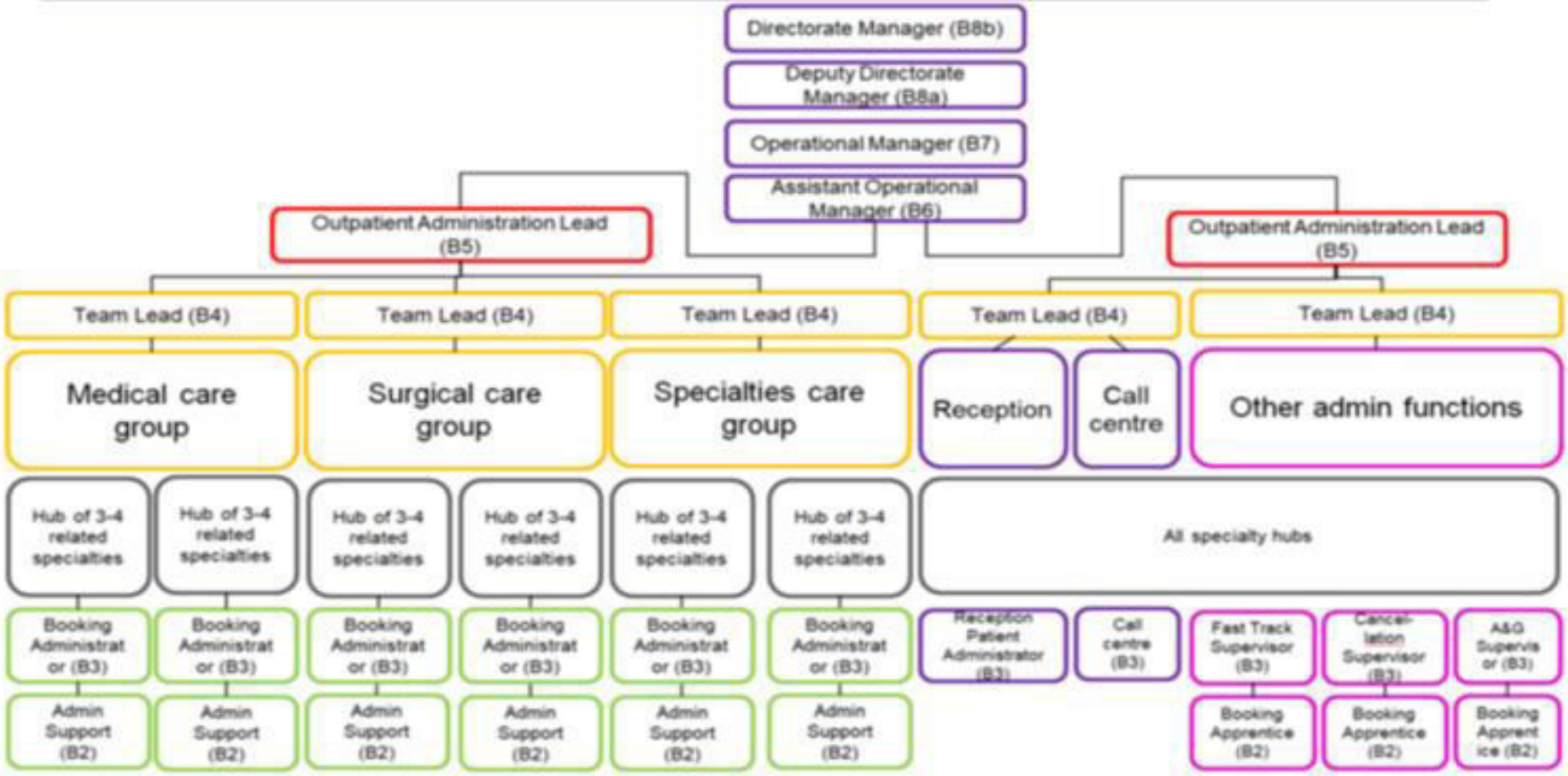
PIFU, A&G, Virtual Consultation, Follow Ups, ASI's, DNA's, Slot utilisation, Cancellations, 104% recovery, Available slots.

Blockers/ Enablers / Dependencies

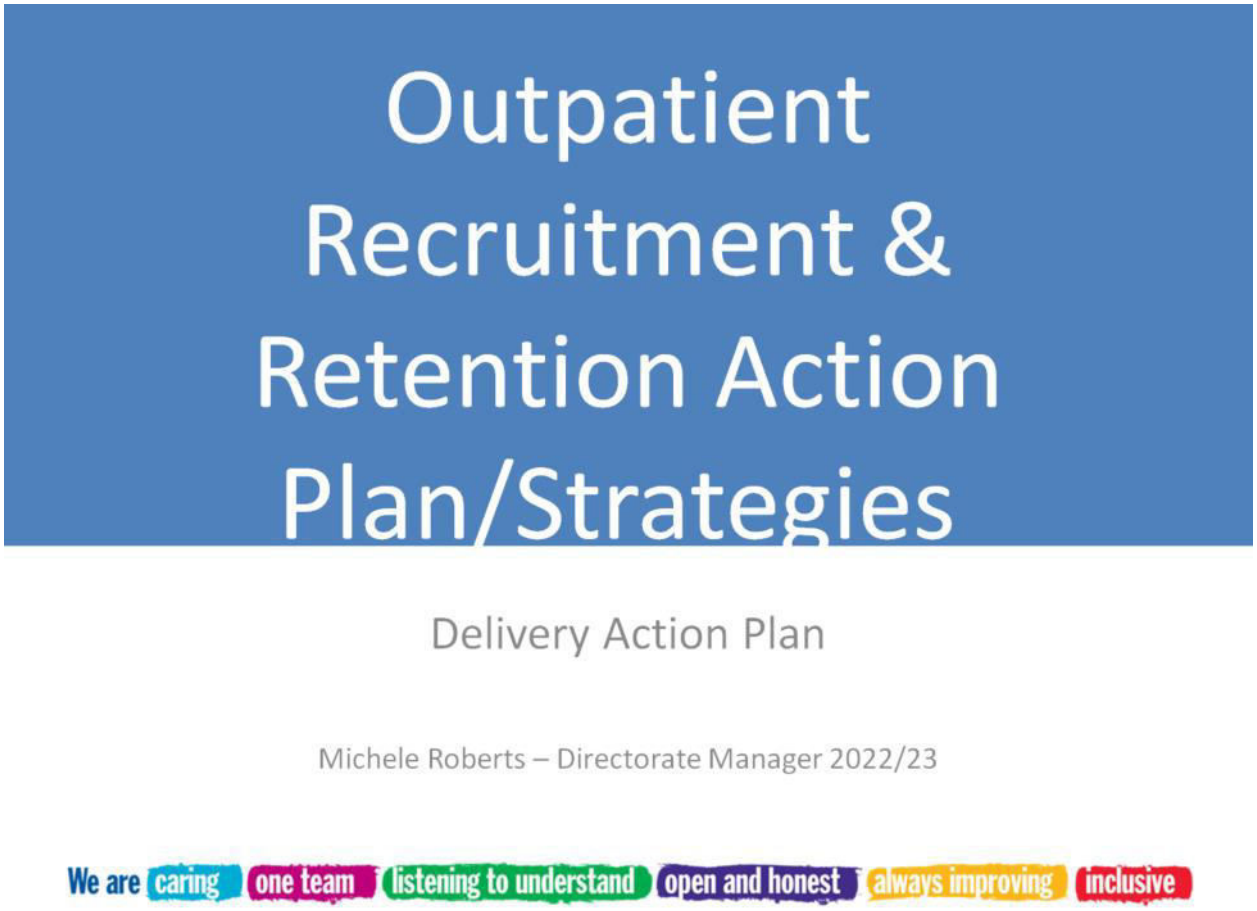
1. Data Quality.
2. PAS Merger Completion.
3. IT Priorities.
4. Workforce

New Administration Structure

Centralised admin structure with Care Group Flex



Recruitment & Retention – Action Plan/Strategies 2022-23

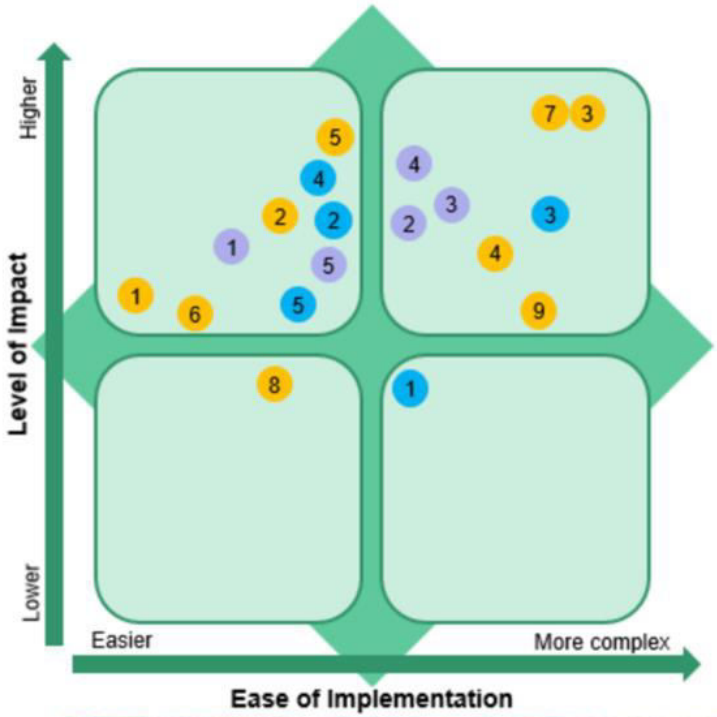


Introduction

The outpatient recruitment and retention strategies have been constructed with the support of the recommendations from the PA Consultation programme of works. This programme has produced a matrix of strategies that have a range of complexity as well as levels of impact. The UHD staff survey results will also be utilised to ensure all staff's voices have been heard and improvement plans are worked up in conjunction with these and with all the staff ensuring each have a voice that counts.

Delivery Matrix

Impact and Ease of Implementation



Recruitment & Retention Strategies:

1. Staff Benefits
2. Develop flexible working patterns
3. Coaching and Mentoring
4. "Whole-Person" approach
5. Patient feedback

Retention Strategies:

1. Localised staff awards and engagement
2. Pulse Checks
3. Standardising Outpatient admin teams
4. Organisational Development Lead / Speak Up Guardian
5. Mental health and Wellbeing Champion
6. Outpatient Admin Newsletter/ Internal Comms
7. Career progression plan
8. Exit interviews and deep dives
9. Centralised approach

Recruitment Strategies:

1. Apprenticeship Scheme
2. Recruitment trajectories
3. Comms campaign and optimisation of social media
4. Reduce time to recruit
5. Open Days

We are caring one team listening to understand open and honest always improving inclusive

Recruitment & Retention Strategies

Both Recruitment & Retention Strategies	Action	Issues/Comments	Lead	Progress /Status
1. Staff Benefits	• To ensure all staff are aware at induction of the staff benefit schemes such as: Bus schemes, Key card used at various shop outlets, childcare vouchers details within UHD intranet page		ALL induction Leads	
2. Develop Flexible working patterns	• Continue to support flexible working patterns across the teams where possible whilst ensuring service delivery utilising the UHD Flexible Working Policy			
3. Coaching & Mentoring	• Ensure staff are aware of the Coaching opportunities at UHD using MyeCoach portal on intranet when conducting appraisals/interviews		ALL Appraisers	
4. "Whole Person Approach"	• Ensure line-managers are fully aware of the NHS People Promise • Utilise the NHS Employes website to support line-managers to understand the key areas for retention		MR/DS	
5. Patient/Colleague Feedback	• All patient feedback is circulated across the teams and where appropriate to individual members of staff. • Quality Boards utilised to demonstrate patient feedback • Directorate/Quality reports reflect patient feedback • Sharing good practice and recognition from others			

Recruitment Strategies

Recruitment Strategies	Action	Issues/Comments	Lead	Status
1. Apprenticeship Scheme	• Link up with Apprenticeship Lead at UHD to understand opportunities for both nursing and administration teams			
2. Recruitment Trajectories	• Review actual number appointments and work up ambitions in terms of WTE needed now and into the future for both nursing & administrative teams • Utilise workforce dashboards to monitor	• Liaise with recruitment team	MR/DS	
3. Comms campaign and Optimisation of social media	• Links with communications to alert a job of the week/month to be utilised • Various media platforms utilised such as Twitter/Facebook to promote job roles		Managers	
4. Reduce time to recruit	• Close working relationships with recruitment team to ensure quick turnaround of HR processes to support retention of new starters	• On-going however, work force pressures within HR/Recruitment services currently	Managers	
5. Open days	• To work up an open day for outpatients across the sites link in with recruitment/HR for support		ALL	

Retention Strategies

Retention Strategies	Action	Issues/Comments	Lead	Status
1. Localised staff awards and Engagement	• Utilise the UHD 'Thank you' postcards • Weekly/Daily huddles across the sites • Thankful Thursdays – comment box • Acknowledge birthdays	• To expand across all sites • To look at across all sites		
2. Pulse Surveys/Staff Surveys	• Implement "Survey Monkey" monthly (see separate slide on managing results) • Utilise NHS Staff Surveys to work up action plans	• Await 2022 outcomes	MR	
3. Standardising Outpatient Admin Teams	• Implement Proposed new UHD Outpatient Administration structure as per PA Consulting support • Next steps draft proposed nursing structure	• Consultation commenced 2nd August for 45days – Porposal of new outpatient administration structure	MR/DS	
4. Organisation Development Lead/Speak up Guardian	• OD representative to visit sites to be planned • Freedom to Speak Up visits to be planned	• On-going	MR/DS	
5. Mental Health & Well-Being Champion	• Health and well-being lead • Mental Health & First Aider – staff support	• Lead nurse to support H&W identified & producing monthly H&W newsletter		
6. Outpatient Admin Newsletter/Internal Comms	• New TEAMS channel to be set up to communicate up to date timely news across the UHD Nursing & Administrative teams	• TEAMs channel set up – called "Outpatient Services"	MR	
7. Career progression plan	• New proposed administrative structure support a clear career progression plan for administration team • All appraisals to ensure training and development plans are captured for staff and reviewed to ensure on track • Nursing structure to be developed	• As per point 3 • Audit of appraisals to be undertaken throughout the year by Band 7's across both admin and nursing teams • Admin re-structure completed • Await nursing re-structure feedback from Care Group/Exec leads	Manager/ nurse leads	
8. Exit Interviews & Deep dives	• Review with line-managers to ensure exit interviews are being undertaken and actions taken to support improvements where appropriate		Band 7's	
9. Centralised Approach	• Utilise the NHS Employers retention guide to support line managers consider key areas which affect workforce retention	• Discuss at Outpatient Management meetings going forward in July	ALL	

What to do with the Pulse/Other Survey results?

2023/4 Plans - Specialty: Pharmacy

Objectives summary

- Complete the full pharmacy team restructure, confirming cross site roles, lines of accountability and begin the consolidation of service.
- Continue with recruitment as a priority working with the system wide Dorset Pharmacy Faculty to develop cross sector posts, moving to mixed portfolios, developing further education, training and apprenticeship offers.
- Tender and procure new robotic dispensing systems at both Poole and Bournemouth Pharmacy departments and complete the Poole build.
- Support and open the new outpatient pharmacy Boots store in Poole

Activity Plans

- Continue to support care groups and divisions with service moves and service developments
- Develop a Dorset wide model for Aseptic Pharmacy services to support the increase demand and activity from cancer services and align to the regional hubs supply model.
- Implement a new pharmacy outpatient service at Poole operated by Boots.

Workforce Plans

- Focus on recruitment and retention by increasing cross sector posts, increasing students numbers and moving to a blended portfolio for trainees. Update promotional videos and advertising materials.
- Explore new ways of working such as Pharmacy technician clinical prioritising, consultant pharmacist post, science and manufacturing apprenticeships and University based teacher Practitioner roles
- Over-recruit on students, trainees, apprenticeships and junior posts to increase our ability to grow our own.

Financial Plans

- Continue delivering best value medicines options for the health economy with a focus on high cost savings such as generic switches, biosimilar adoption and VAT saving opportunities.
- A flexible approach to the staff budget is required as we complete our restructure and implement new posts.

Quality Plans

- Maintain our focus on education and training for staff ensuring all have leadership development opportunities
- Maintain a strong focus on safety and risk, monitoring medication errors through the Medicines Governance Group and near misses within service.

Reconfiguration Plans

- Completion of the pharmacy full team restructure will see cross sector posts implemented and accountability for service lines confirmed. The restructure also addresses team wide banding and managerial discrepancies, gives clear lines of progression and moves the limited resources equitably across the trust.
- During the restructure we will propose the consolidation of services and a “do once” approach.
- The consolidation of services will be
    - Moving pharmacy procurement to Bournemouth
    - Moving clinical trials to Bournemouth
    - Completing an options appraisal for the consolidation of pharmacy aseptic services to Poole
- In a wider Dorset review of Pharmacy aseptic services we will begin explore options for a purpose built off site aseptic service hub

Risks, issues & any speciality specific assumptions

- Recruitment and retention of staff remains our greatest challenge and risk. Locally Dorset is 250 wte pharmacists short and UHD is regularly running with 15 wte pharmacist vacancies. This has wide reaching implications to patient safety and service delivery. All changes and new services within UHD must consider the fragility of the pharmacy service and ability to deliver.
- The fragility of Aseptic pharmacy across the system. Both the staffing and estates for aseptic services need investment and development as they are tasked with supporting the increase in demand from cancer services.

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Complete the pharmacy restructure	New structures in place, consultations complete and responded to, new JDs and PS in place	Improved accountability for pharmacy services with care groups and divisions.	No investment requested but flexibility in the current staffing budget required.	Support from HR required	Steve Bleakley	All posts completed by end of 2023
Award and build the new pharmacy outpatient service	Boots awarded contract in Jan 2023. Lloyds service in Poole will end March 2023 and Boots will move in building a new store June 2023	5-10% increase in activity for outpatients within tender. Increase opening hours on Saturday within tender.	Estates and IT enabling work estimated at £30k	Support from procurement, estates and IT	Steve Bleakley	New service built and operational by June 2023
Award the tender for the pharmacy robotic systems	Award the tender and complete the Poole build first	Improved efficiency within Poole pharmacy	Total capital investment is around £1.2 million	Support from procurement, estates and IT required	Nick Bolton	Tender complete by Feb 2023, Poole build complete by October 2023.

2024/5 Plans - Specialty: Pharmacy

Objectives summary

- Complete the robot rebuild at Bournemouth
- Develop a Dorset wide business case for Aseptic Pharmacy services to support the increase demand and activity from cancer services and align to the regional hubs supply model.
-

Activity Plans

Workforce Plans

- Aspire to be the leading education and training provider for pharmacy staff within the South West.
- Develop a career pathway for the science and manufacturing profiles
- Appoint our first Dorset consultant pharmacist – cancer care

Financial Plans

- Continue delivering best value medicines options for the health economy with a focus on high cost savings such as generic switches, biosimilar adoption and VAT saving opportunities.
-

Quality Plans

- Maintain our focus on education and training for staff ensuring all have quality improvement training
- Maintain a strong focus on safety and risk, monitoring medication errors through the Medicines Governance Group and near misses within service.

Reconfiguration Plans

- In a wider Dorset review of Pharmacy aseptic services we will begin explore options for a purpose built off site aseptic service hub
- Work with our outpatient providers to explore VAT savings on discharge medicines

Risks, issues & any speciality specific assumptions

- Recruitment and retention will likely to remain a risk until trainee and student numbers improve
-

Specific deliverables for 2024 - 2025

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Build the Bournemouth Pharmacy robotic system	Complete the new Bournemouth robotic build	Improved efficiency and reliability within Bournemouth Hospital pharmacy – fit for the future	Total capital investment is around £1.2 million	Support from procurement, estates and IT required	Nick Bolton	Tender complete by Feb 2023, Poole build complete by October 2023.
Develop a business case for the ICS on a Dorset wide Pharmacy Aseptic Manufacturing hub	Business case complete with a fully funded options appraisal		Seek either national funding or IBC funds estimated £5milion capital.	Will need a wide range of stakeholders such as procurement, estates, regional QA, financial leads	ICS Chief Pharmacist	End of 2024

2023/4 Plans - Specialty: Pathology - One Dorset Pathology

Objectives summary

- Commissioning of the hub laboratory at the Royal Bournemouth Hospital
- Reconfigure the staffing in line with the one Dorset pathology business case commencing with tier one in February 2023
- Progress digital agenda including digital pathology, implementation of Q pulse upgrade and aligning blood track across Dorset hospitals
- Complete tender exercise for microbiology equipment and consumables in Dorset

Activity Plans

- Recover demand and capacity gap for both processing and reporting in cellular pathology to meet cancer targets
- Extend cellular pathology capacity to meet needs of elective recovery and increasing complexity of individual requests; further investment will be required in order to achieve this against a 25% target
- Repatriation and increase of FIT testing ~50k per year in support of bowel screening and national operating planning guidance
- Maintenance of samba covid testing on both sites in support of patient flow

Workforce Plans

- Deliver tier 1 and tier 2 workforce reconfiguration across Dorset in line with the One Dorset Pathology business case
  .
- Support future recruitment with IBMS accredited interns graduating from Bournemouth University
- Incentivise recruitment opportunities in difficult to appoint positions including blood sciences biomedical scientists and histopathology consultants
- Accelerated training to train associate specialist biomedical scientists to perform duties traditionally performed by consultants; namely advanced dissection and cut up and reporting

Financial Plans

- Increase income to the directorate through more accurate billing for private patients
- Further investment in digital pathology required to complete project and implement artificial intelligence for automated reporting of histopathology specimens
- Level of overall trust activity uncertain at this time therefore unpredictable level of spend

Quality Plans

- Maintain accreditation during the commissioning and transition to the hub laboratory New revision of ISO standards to be issued with mandate for all UK NHS Hospital pathology departments to be compliant by 2025
- Standardise all pathology procedures across One Dorset Pathology
- Recruit training lead to unify training programs and ongoing competency assessment checks

Reconfiguration Plans

- Review and redesign of microbiology and blood sciences provision on Poole site to align with the clinical services review reconfiguration
- Reconfiguration of the test repertoire at each of the sites to optimise workflows
- Continued integration of the histopathology consultant body across Poole Bournemouth with further integration with DCH exploring common practice and sub specialisation where possible
- Complete tender exercise and procurement for sample transport system across Dorset primary and secondary care
- Engage with South 6 Pathology network regarding business case for collaborative working across member organisations

Risks, issues & any speciality specific assumptions

- Significant reconfiguration of staff structures planned. Appropriate HR support required to successfully deliver scheme
- Appropriate finance support required to develop and manage integrated service across Dorset including implementation of an internal recharge system and oversight of the managed equipment services
- Significant risk to maintaining staff levels during extended period of disruption and uncertainty. Restructuring the workforce carries a notable talent leakage and service continuity risk
- Ongoing challenge to recruit into key areas including histopathology consultants and blood sciences biomedical scientists
- Starting year with significant demand capacity gap in histopathology for laboratory processing and reporting with adverse impact on cancer waits
- Noting retirements for key positions in Dorset histopathology during this period

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Dorset staff restructure in line with Pathology business case – savings to offset building costs etc	Optimal model aligned across county	NA	Notwithstanding turnover this figure is in line with the vacancy factor across county therefore minimal/0 redundancy anticipated	reduction of 25 WTE across pay bands	SH	February to October 23
Completion and commissioning of Hub	LEAN workflow full optimisation of managed service equipment	Reduce turnaround time for some tests	Equipment relocation from other sites and period of double running during validations and commissioning	NA	SH/PM	Sep 23
Replace q pulse server for quality management system	Refresh hardware and assure capacity	NA	New server and software upgrade	NA	SW/PM	Aug 23
Maintain cellular pathology backlogs (in sourcing outsourcing, process improvements)	Trust able to meet QA guidelines for breast etc and other cancer targets	Reduction in reporting times in support of cancer targets – ambition to reach 98% of diagnostic histopathology reporting within 10 days	External partners & additional activity for laboratory and consultants based on royal college points	Overtime required in addition to locum and outsourcing support	AG/PM	Processes developed during '21 will continue to be refined in support of this scheme until demand and capacity is balanced
Medical cellular pathologist recruitment (specialty and specialist roles to be considered)	Fill vacancy factor and improve turnaround times	Ambition to reach 98% of diagnostic histopathology reporting within 10 days	2 vacancies to fill currently with retirements anticipated in year	2+ x consultant vacancy factor	SS/PM	Ongoing effort until demand and capacity levels are balanced
Enhance blood tracking hardware and functionality	Alignment of practice, reduction of risk of incorrect transfusion (never event)	NA	NHSI funding secured for all aspects of this project	Project management and practitioner support during roll out/training	MT/SH/PM	Dec 23
Improve LIMS stability	Transfer connection to HSCN, resolve all outstanding concerns regarding Cloud provider and connection issues	Reduced periods of outage requiring fewer fallback contingency events	Included within maintenance contract with Clinisys	N/A	PM/SH	Nov 23
Optimise workflow UHD	Lean processes in terms of sample handling and consolidation of testing where possible at the hub	Reduced turnaround time for serology testing Reduced turnaround time for F IT testing	Purchase within the managed service contract F IT funding provided by primary care	Potential reduction in workforce in line with the One Dorset Pathology Business case	MB/AB	May 24
Digital pathology	Scanning of all slides for pilot, implementation of all hardware and train consultants	Increased opportunities for remote reporting from insourcing our outsourcing	Regional and national funding plus business case where appropriate	To absorb requirement	AG/PM/SH	May 23

2024/5 Plans

Objectives summary

- Completion of reconfiguration exercise for One Dorset Pathology
- Complete tender exercise for microbiology in Dorset
- Review of microbiology and blood sciences provision on Poole site to align with the clinical services review outcome
- Implement artificial intelligence reporting solution in cellular pathology

Activity Plans

- Consolidation of GP activity and specialist testing at hub laboratory
- Explore opportunities for acquiring additional NHS pathology activity from organisations outside of the county
- In line with national guidance improve productivity of histopathology reporting by 10% through digital pathology and artificial intelligence

Workforce Plans

- Support future recruitment with IBMS accredited interns graduating from Bournemouth University
- Incentivise recruitment opportunities in difficult to appoint positions including blood sciences biomedical scientists and histopathology consultants
- Accelerated training to train associate specialist biomedical scientists to perform duties traditionally performed by consultants; namely advanced dissection and cut up and reporting

Financial Plans

- Formal formation of a single budget for pathology in Dorset
- Further investment in digital pathology required to complete project and implement artificial intelligence for automated reporting of histopathology specimens
- Level of overall trust activity uncertain at this time therefore unpredictable level of spend

Quality Plans

- Commence accreditation cycle conforming to new version of ISO UKAS standards
- Standardise all pathology procedures across One Dorset Pathology
- Unify quality management systems into a single entity
- Complete unification of blood track implementation across Dorset
- Optimise workflow in the hub laboratory around new equipment and laboratory layout

Reconfiguration Plans

- Review and redesign of microbiology and blood sciences provision on Poole site to align with the clinical services review to include scope of services provided out of hours
- Ongoing redistribution of activity in Dorset to optimise workflow in line with Hub and Essential Service Laboratory model

Risks, issues & any speciality specific assumptions

- Appropriate finance support required to manage integrated service across Dorset including implementation of an internal recharge system and oversight of the managed equipment services
- Significant risk to maintaining staff levels during extended period of disruption and uncertainty. In particular, restructuring the workforce carries a notable talent leakage and service continuity risk

Specific deliverables for 2024 - 2025

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Maintain cellular pathology backlogs (in sourcing outsourcing, process improvements)	Trust able to meet QA guidelines for breast etc and other cancer targets	Reduction in reporting times in support of cancer targets – ambition to reach 98% of diagnostic histopathology reporting within 10 days	External partners & additional activity for laboratory and consultants based on royal college points	Overtime required in addition to locum and outsourcing support	AG/PM	Processes developed during '21 will continue to be refined in support of this scheme until demand and capacity is balanced
Enhance blood tracking hardware and functionality	Alignment of practice, reduction of risk of incorrect transfusion (never event)	Efficient and robust process at bedside for transfusions	NHSI funding secured for all aspects of this project	Project management and practitioner support during roll out/training	MT/SH/PM	April 24
Digital pathology artificial intelligence	AI reporting of validated cases	Reduced TAT for cancer cases	Regional and national funding plus business case where appropriate	Improved efficiency and productivity of histopathology reporting	AG/PM/SH	March 25
Embed One Dorset pathology	Single operational entity with cross site support and flexibility of operations	Improved turn around times for most critical acute work at all 3 sites	As per One Dorset Pathology business case	Overall reduction across county in some grades	SH, PM	Dec 24
Microbiology MSC	Procurement of equipment and consumables under a single provider	Modernised new equipment that has improved efficiency and is subject to fewer incidents of unplanned downtime	MSC expected to deliver a cost saving with scale of economy	Impact dependent on outcome of tender	SH, PM	August 24
Review and redesign of workflow on system level	Optimised process and resilience	Improved turn around times for most critical acute work at all 3 sites. Scales of economy reached opening potential for repatriation with further cost reduction and reduced turn around time	As per One Dorset Pathology business case	Optimal use of equipment and staffing structure	SH, PM	March 24
Unify and consolidate quality management systems	LEAN processes and reduced duplication	NA	Reduction in accreditation costs	Removal of duplication with proportional efficiency gains	SH, PM	June 24

Surgical Care Group

2023/4 Plans - Specialty: Ear, Nose & Throat

Objectives summary

- Continue to recover elective services and increase productivity in OPD, treatment centre and theatres with review of options to deliver pathways in day/main theatres, green clinic and treatment centre
- Reduce dependency on outsourcing and waiting list initiatives/additional paid sessions and maximise substantive workforce
- Maximise estate potential within system for delivery of services (OPD and Theatre) at alternative venues
- Deliver further potential for system working with development and sharing of clinical pathways and protocols for consistency and equity of access
- Increase access to, and use of, treatment rooms for SDEC delivery of specific urgent pathways

Activity Plans

- To achieve continued reduction in ENT PTL including contractual target of no long waiting patients >65 weeks in 23/24 by end Q3
- Management of planned waiting list to ensure no patients breach target date
- Continued oversight and management of validated PTL and focus on reducing waits to first and follow-up appointments
- Maximise potential of HVLC pathways, and virtual, PIFU, DHV, and A&G options to reduce unnecessary hospital attendances and reduce waits
- Increase access to high flow clinics for cancer fast track and FDS targets
- Maintain access to urgent/emergency pathways in SDEC and treatment rooms
- Implement rigorous referral management processes to ensure referrals meet appropriate criteria for secondary care services
- Continue to utilise demand and capacity modelling, reflecting clinical and staffing changes, and act upon predictors to ensure minimal loss of activity
- Maintain high level of daycase procedures reducing need for 'routine' overnight stays (excluding unpredictable emergency activity)
- Adjustments to activity plans agreed to reflect changes to staffing and requirements for shifting clinical demands and meet 109% of 19/20 activity

Workforce Plans

- Delivery of workforce planning document with focus on retention, succession planning and future staffing strategy (including service specific training), development of advanced practice/non-medical posts and retention of staff
- Focus on hard to fill vacancies at consultant level that are nationally recognised as difficult to recruit into
- Medical staffing review and 'team job planning' to maximise efficiencies and clinical activity requirements
- Reduction in spend on agency or fixed term posts with conversion (if essential for safety or delivery of service) to substantive posts
- Support ward based staffing reviews and development of new roles
- Support recruitment and training of skilled, specialist staffing in OPD, green clinic and treatment centre to increase capacity and enhance service delivery
- Expand decentralised workforce for management and booking of specialist clinics

Financial Plans

- Continue to drive cost improvement programme
- Realise benefits of pathway reviews and redesign
- Review counting and coding of activity after pathways reviews
- Review of consumables and drug spend and ongoing costs for equipment maintenance and service contracts in 23/24
- Investment for replacement of essential clinical equipment across UHD
- Seek support for additional ENT consultants evidenced by D&C modelling
- Seek support for development and expansion of services within contract that may require short term pump priming or would be considered as 'invest to save'

Quality Plans

- Maintain robust meeting and reporting structure for all aspects of quality and safety remains in place with escalation from service/Directorate level meetings to Surgical Care Group Board
- Embrace and lead Patient First principles within Trust, Care Group and Directorate
- Deliver clinical audit requirements and support outcomes to benefit patient outcomes
- Ensure service/Directorate engagement in M&M structure and reporting
- Application and implementation of GIRFT recommendations, NICE guidelines, CQC feedback, expansion of local OPD and bookings teams, and continued working with system and community partners to deliver services out of hospital, all of which will support reduction in health inequalities and access to services
- Support use of real time BI data in planning and scheduling
- Deliver on system dashboard and PTL to support management and flow of patients
- Work in partnership with DCHFT and wider system on cancer fast track pathway review

Reconfiguration Plans

- Reconfiguration work commenced and continuing in planning for delivery of ENT services across Poole and Bournemouth sites
- Team job planning for current and future service delivery commenced
- Recruitment of two additional posts at consultant level supported for progression at care group level and will support delivery on requirements for 'one team, one clinical model in year
- Supportive of C4 move, SDEC and plans within Directorate and Care Group

Risks, issues & any speciality specific assumptions

- Limited paediatric theatre opportunities
- Underutilised space resulting in loss of potential capacity in some areas of estate
- Challenged position for staffing and skill mix in areas out of specialty control
- Lack of suitable office accommodation close to service delivery points
- Challenged bed position impacting on routine elective, urgent and emergency theatre lists
- Recruitment of skilled workforce to enable delivery of services on two sites (including on-call arrangements) across all professional groups remains a concern

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Replacement of Stacks & Scopes	Provision across UHD sites of system fit for purpose	Reduce waiting times and PTL	£TBC +/- 350k		BA-D	
ENT ACP	Secure delivery of service	Admissions avoidance Reduce ED pressures	£	2 x Trainee B7	BA-D	
Treatment Room	Secure daily support to service	Admissions avoidance Reduce ED pressures	£	1 x B3 HCA	BA-D	
Green Clinic & Treatment Centre	Delivery of refurbished capacity in OPD and Treatment Centre	Decrease waits Decrease RTT period Increase clock stops Increase patient satisfaction Reduce complaints	£TBC (Refurbishment of Treatment Centre)	1 x B7 Recruit to remaining staff from OPD budget	BA-D/CF-L LM/MK	
Capacity Utilisation & Coordination Team	Increase Outpatient & Day Case utilisation across RBH, PH & DHV	Decrease waits and PTL Increase clock stops Increase patient satisfaction Reduce complaints	£	1 x B5 4 x B4	BA-D CF-L	

2023/4 Plans - Specialty: Oral Maxillofacial

Objectives summary

- Continue to recover elective services and increase productivity in OPD, treatment centre and theatres with review of options to deliver pathways in day/main theatres, green clinic and treatment centre
- Reduce dependency on outsourcing and waiting list initiatives/additional paid sessions and maximise substantive workforce
- Maximise estate potential within system for delivery of services (OPD and Theatre) at alternative venues
- Increase access to, and use of, treatment rooms for SDEC delivery of specific urgent pathways
- Plan and deliver on lead provider model for OMF across Dorset system reducing risk, access times and increasing capacity across areas to meet demand profile
- Thorough review of cancer pathways to ensure best use of capacity and to secure specialist cancer surgery, including 'free flap' service, to ensure local delivery for patients requiring complex procedures
- Review of Oral and Maxillofacial sub-specialties to align staffing according to skill mix, demand and required capacity to appropriately to manage specialist OPD and treatment pathways and deliver sedation pathway

Activity Plans

- To achieve continued reduction in OMF PTL including contractual target of no long waiting patients >65 weeks in 23/24 by end of Q2
- Management of planned waiting list to ensure no patients breach target date
- Continued oversight and management of validated PTL and focus on reducing waits to first and follow-up appointments
- Maximise potential of HVLC pathways, and virtual, PIFU, DHV, and A&G options to reduce unnecessary hospital attendances and reduce waits
- Increase access to high flow clinics for cancer fast track and FDS targets
- Maintain access to urgent/emergency pathways in SDEC and treatment rooms
- Implement rigorous referral management processes to ensure referrals meet appropriate criteria for secondary care services
- Continue to utilise demand and capacity modelling, reflecting clinical and staffing changes, and act upon predictors to ensure minimal loss of activity
- Maintain high level of daycase procedures reducing need for 'routine' overnight stays (excluding unpredictable emergency activity)
- Adjustments to activity plans agreed to reflect changes to staffing and requirements for shifting clinical demands to deliver 109% of 19/20 activity

Workforce Plans

- Delivery of workforce planning document with focus on retention, succession planning and future staffing strategy (including service specific training), development of advanced practice/non-medical posts and retention of staff
- Focus on hard to fill vacancies at consultant level that are nationally recognised as difficult to recruit into
- Medical staffing review and 'team job planning' to maximise efficiencies and clinical activity requirements.

Workforce Plans (cont'd)

- Reduction in spend on agency or fixed term posts with conversion (if essential for safety or delivery of service) to substantive posts
- Support ward based staffing reviews and development of new roles
- Support recruitment and training of skilled, specialist staffing in OPD, green clinic and treatment centre to increase capacity and enhance service delivery
- Expand decentralised workforce for management and booking of specialist clinics

Financial Plans

- Continue to drive cost improvement programme
- Realise benefits to system of single service/lead provider options during review of clinical pathways in design phase
- Review counting and coding of activity after pathways reviews
- Review of consumables and drug spend and ongoing costs for equipment maintenance and service contracts in 23/24
- Investment for replacement of essential clinical equipment across UHD
- Seek support for development and expansion of services across system that may require short term pump priming or would be considered as 'invest to save'

Quality Plans

- Maintain robust meeting and reporting structure for all aspects of quality and safety remains in place with escalation from service/Directorate level meetings to Surgical Care Group Board
- Embrace and lead Patient First principles within Trust, Care Group and Directorate
- Deliver clinical audit requirements and support outcomes to benefit patient outcomes
- Ensure service/Directorate engagement in M&M structure and reporting
- Application and implementation of GIRFT recommendations, NICE guidelines, CQC feedback, expansion of local OPD and bookings teams, and continued working with system and community partners to deliver services out of hospital, all of which will support reduction in health inequalities and access to services
- Support use of real time BI data in planning and scheduling
- Deliver on system service, dashboard and PTL to support implementation and delivery of single service model
- Work in partnership with DCHFT, DCP, Wessex Cancer Alliance and wider system on cancer fast track pathway for deliver appropriate cancer fast track pathway review
- Introduction of Therabites to reduce LoS on H&N ward
- Work on proposals to embed ACP within OMF to deliver AEC clinic capacity, reducing unnecessary hospital admissions and LoS
- Planning and delivery of sedation pathway to reduce waits and increase access
- Deliver on review and implementation of pathways for treatment and management with Dental Hygienist;

Reconfiguration Plans

- Reconfiguration work commenced and continuing in planning for delivery of Oral and Maxillofacial services across Poole and Bournemouth sites
- Internal planning will feed into options for single service/lead provider model within Dorset system
- Team job planning for current and future service delivery commenced with work being done to predict additional staffing requirements
- Service will aim to deliver on requirements for 'one team, one clinical model by year end
- Supportive of C4 move along with ITU, SDEC and plans within Directorate and Care Group

Risks, issues & any speciality specific assumptions

- Limited paediatric theatre opportunities
- Underutilised space resulting in loss of potential capacity in some areas of estate
- Challenged position for staffing and skill mix in areas out of specialty control
- Lack of suitable office accommodation close to service delivery points
- Challenged bed position impacting on routine elective, urgent and emergency theatre lists
- Recruitment of skilled workforce to enable delivery of services (including on-call arrangements) on two sites across all professional groups remains a concern
- Reduced workforce in Dieticians and Head & Neck CNS teams, leaving fragile service for complex patients resulting in increased LoS
- Concern with regards to bed base, regular loss of activity, including complex interventions, and increased demand on service

Specific deliverables for 2023 - 2024

Scheme/ Initiative	Outcomes	Impact on waiting list/activity	Investment	Workforce	Lead	Timeframes
H&N: Capacity Utilisation & Coordination Team	Increase Outpatient & Day Case utilisation across RBH, PH & DHV	Decrease waits and PTL Increase clock stops Increase patient satisfaction Reduce complaints	£	1 x B5 4 x B4	BA-D CF-L	

2023/4 Plans - Specialty: Ophthalmology

Objectives summary

- Continue to recover services and increase productivity
- Reduce dependency on outsourcing and waiting list initiatives/additional paid sessions and maximise substantive workforce
- Maximise estate potential within system for delivery of services (OPD and Theatre)
- Work with IT to deliver on:
    - Maximised Ophthalmology IT platform (MediSight)
    - Reduced paper burden /paper light service
    - Platform access across UHD and system estate
    - Access and use of available clinical data and imaging
- Develop and deliver on system working

Activity Plans

- To achieve continued reduction in Ophthalmology PTL including contractual target of no long waiting patients >65 weeks in 23/24
- Management of planned waiting list to ensure no patients breach target date
- Delivery of validation and reduction in OPD follow-up waiting list
- Maximise potential of HVLC pathways
- Maximise virtual/PIFU/DHV options to reduce HES attendances and reduce waits
- Increase and maintain access for cancer fast track and early diagnostics
- Maintain access to urgent and emergency eyecare pathways with referral management, shift of non-essential HES monitoring and appropriate low risk patient pathways to community eyecare providers
- Undertake demand and capacity planning and act upon findings to support defining and delivery of clinical pathways
- Maintain high level of daycase procedures reducing need for 'routine' overnight stays (excluding unpredictable emergency activity)
- Adjustments to activity plans for daycase and OPD in line with increased cataract throughput (HVLC) to meet 109% of 19/20 activity

Workforce Plans

- Delivery of workforce planning document with focus on retention, succession planning and future staffing strategy (including service specific training), development of advanced practice/non-medical posts and retention of staff
- Focus on hard to fill vacancies at consultant level that are nationally recognised as difficult to recruit into
- Medical staffing review and 'team job planning' to maximise efficiencies and clinical activity requirements
- Reduction in spend on agency or fixed term posts with conversion (if essential for safety or delivery of service) to substantive posts
- Support ward based staffing reviews and development of new roles

Financial Plans

- Continue to drive cost improvement programme
- Realise benefits of pathway reviews and redesign
- Improve counting and coding of activity
- Review of consumables spend and ongoing costs for equipment maintenance and service contracts in 23/24

Quality Plans

- Maintain robust meeting and reporting structure for all aspects of quality and safety remains in place with escalation from service/Directorate level meetings to Surgical Care Group Board
- Embrace and lead Patient First principles within Trust, Care Group and Directorate
- Deliver clinical audit requirements and support outcomes to benefit service delivery and patient care
- Ensure service/Directorate engagement in M&M structure and reporting
- Application and implementation of GIRFT recommendations, NICE guidelines, CQC feedback, expansion of local OPD and bookings teams, and continued working with system and community partners to deliver services out of hospital, all of which will support reduction in health inequalities and access to services
- Support use of real time BI data in planning and scheduling

Reconfiguration Plans

- Integration and reconfiguration planning minimal in Ophthalmology as a single site service
- Will deliver on requirements for 'one team, one clinical model in year
- Supportive of plans within Directorate and Care Group
- Focus for Ophthalmology remains space for service delivery and use of current eye ward

Risks, issues & any speciality specific assumptions

- Workforce risks:
    - Recruitment of consultant grade staffing and sub-specialty areas (recognised nationally as difficult to recruit into)
    - Loss of skilled staff within sub-specialty areas
    - Skill mix across department reducing efficiencies
- Risk to service delivery from failure of equipment or limited access due to availability
- Risk to delivery of shared care pathways or transfer of care to CHEC (Community Health & Eye Care) as community partner
- Sustained high referrals across all sub-specialties with high volumes requiring long term monitoring or regular injectables, both causing pressure on capacity

Specific deliverables for 2023 - 2024

Scheme/ Initiative	Outcomes	Impact on waiting list/activity	Investment	Workforce	Lead	Timeframes
Ophthalmology clinical pathways	Efficiencies across all pathways for management of patient care	Reduce risk to those on follow-up plan Review delivery options (virtual/PIFU/DHV) Increase access to diagnostics.	£TBC	In post	BA-D	September 2023
Ophthalmology: Medisoft Upgrade	Paper light/Paper free	Improve sharing of electronic data across system and reduce replication of questions and diagnostics	£TBC	Nil	BA-D	December 2023
Elective care	Deliver validated and reduced PTL	No long waiters Controlled planned waiting list Safe follow-up waits Delivery of virtual clinics Delivery of PIFU pathways	Nil	Nil	BA-D	March 2024

2023/4 Plans - Specialty: Orthodontics

Objectives summary

- To continue a collaborative system approach for the delivery of a safe service in partnership with DCHFT, ensuring capacity to manage all patient pathways is available to meet demand for the local population across the county
- Maximise potential for virtual, PIFU and A&G
- To design and deliver a lead provider model of care agreeable to, and approved by the Dorset system
- Utilise the proposed new model of service delivery to support the recruitment of substantive clinical posts, ensuring safe delivery of services
- To continue increasing collaboration with OMFS and Restorative Dentistry
-

Activity Plans

- To continue to deliver against the national target of no patients waiting longer than 78 weeks for treatment and to aim to achieve no patients waiting longer than 65~~0~~ weeks
- Management of non-admit waiting list to ensure no patient breaches the above targets
- To increase capacity to treat to achieve pre-pandemic activity levels of 109% of 19/20 activity
- To continue to improve follow-up position reducing number of patients placed on review and increase numbers of patients eligible for PIFU
- To improve access to orthognathic pathway and subsequent treatment
- To consider reestablishment of new patient pathway

Workforce Plans

- Delivery of workforce planning document with focus on retention, succession planning and future staffing strategy (including service specific training, development of advanced practice/non-medical/dental posts and retention of staff
- Focus on hard to fill dental vacancies that are nationally recognised as difficult to recruit to
- Support 'team job planning' to maximise efficiencies and clinical activity requirements
- Reduction in spend on agency or fixed term posts with conversion (if essential for safety or delivery of service) to substantive posts
- Support development of new therapist and trainee roles

Financial Plans

- Continue to drive cost improvement programme
- Realise benefits of pathway reviews and redesign
- Improve counting and coding of activity
- Investment plans for infrastructure and equipment in support of system wide service delivery
- Investment in technology to innovate service delivery methods for assessment

Quality Plans

- Maintain robust meeting and reporting structure for all aspects of quality and safety remains in place with escalation from service/Directorate level meetings to Surgical Care Group Board
- Embrace and lead Patient First principles within Trust, Care Group and Directorate
- Deliver clinical audit requirements and support outcomes to benefit service delivery and patient care
- Ensure service/Directorate engagement in M&M structure and reporting
- Application and implementation of national dental/clinical and NICE guidelines, CQC feedback and local/regional network and specialist commissioning input to support reduction in health inequalities and access to services
- Ensure use and inclusion of available system BI data around health inequalities in proposals for new model of service delivery
- Support use of real time data in planning and scheduling

Reconfiguration Plans

- Integration and reconfiguration planning minimal in Orthodontics as a single site service. Orthodontics will remain in its current footprint at RBH
- Will deliver on requirements for 'one team, one clinical model in year
- Supportive of plans within Directorate and Care Group
- Focus and priority for Orthodontics is to deliver a safe, high quality pathway for system wide service delivery

Risks, issues & any speciality specific assumptions

- Department requires significant investment to bring lab up to standards required for service delivery as a spoke to the system wide service hub
- No substantive Consultant in service from May 2022 with recognition that there is a national shortage of appropriately qualified orthodontic consultants
- Adverse outcomes for patients who have delayed commencement to treatment due to capacity/staffing issues
- Increased likelihood of complex patients needing longer treatment pathways due to poorer mental health (children specifically)
- Specialist practice waiting times are on average 2 years for new patient assessment and 2.5 years to commence treatment.
- Anticipated influx of new patient referrals from primary care (no consultant in situ currently to assess/triage – locum prioritising long waits, DCHFT seeing news);
- Anticipated increase in patients requiring orthognathic pathway due to treatment times being extended and patients becoming more complex.

Specific deliverables for 2023 - 2024

Scheme/ Initiative	Outcomes	Impact on waiting list/activity	Investment	Workforce	Lead	Timeframes
Orthodontics: 4th dental chair	Direct clinical care capacity	Provides capacity to treat patients	£120k	Orthodontics	Rachel Crooks	
Orthodontics: Intraoral Scanner	Scanning & sharing of dental/intraoral images	Delivering innovation in pathway management across acute and community providers; Supporing MDT & specialist opinion.	£90K	Orthodontics	Rachel Crooks	
Orthodontics: Lab Refurbishment	Support for OMF and DCH	Lab can ensure patients aren't delayed due to lack of lab capacity either in OMF or DCH orthodontics	£60-£70k	Orthodontics OMF	Rachel Crooks	
Orthodontics: 3D printer for study models	Digital records	Digitises care enabling remote management	Only viable by leasing equipment	Orthodontics OMF	Rachel Crooks	
Orthodontics: 3D printing room	Appliances	Can support T&O, orthodontics, oral surgery	NA	Orthodontics OMF T&O	TBD	
Orthodontic; Pathway Review	System Working	Delivery of pathways across system to allow continuity of patient care	TBC	Orthodontics, QI		

2023/4 Plans - Specialty: Surgery Directorate (Colorectal / Upper GI / Breast, Endocrine, Skin and Sarcoma / Urology / Vascular / Dorset Prosthetics Centre

Objectives summary

- Consolidate plans for the transformation of services as per the CSR
- Prepare for all the reconfiguration / ward moves in 2024/5
- Continue elective recovery through alternative care providers (ISP/OAC)
- Focus on productivity gains, optimised LoS and increased capacity
- Implement GIRFT / HVLC action plans, focus on Urology for 23/24
    - Daycase rate for TURBT (benchmark of 44%)
    - Daycase rate for ureteroscopy for stones (benchmark of 75.1%)
    - Daycase rate for cystoscopy (benchmark of 81.9%)
    - Emergency readmission within 30 days following RARP
- Progress business cases for Urology Investigation Unit and Hybrid Theatre
- Develop the DWVN and Dorset Cancer (Urology) Networks
- Progress the business case for the approved EPOC
- Finalise the business case for the Ambulatory Emergency Theatre
- Scope the requirement and viability of a Surgical Frailty Unit

Activity Plans

- Recovering the position, reducing the long waiting patients
    - Current position
        - Over 52 week waiting patients = 694
        - Over 78 week waiting patients = 112
        - Over 104 week waiting patients = 0
- Managing the PTL and planned waiting list
    - Current position
        - Total PTL = 12417
        - Admitted = 3454
        - Non admitted = 8963
- Proactive demand management including EBI compliance and commissioning intention clarity, focussing on:
    - Surgical removal of benign skin lesions
    - Varicose vein surgical intervention
- Cancer target compliance – areas of concern are Urology and Colorectal
    - Colorectal 2ww position as at Feb23 = 70.9% (target of 93%)
    - Urology 2ww position as at Feb23 = 56.3% (target of 93%)
- Embrace digital technology solutions as detailed below
- Reduce DNA rates and increase activity rates (4% and 109%)
- Operationalising the bed modelling plan

Workforce Plans

- Integrating teams across site
- Standard rotas / workforce plans reviewed
- Safe medical staffing project undertaken and implemented – all specialties
- Undergraduate teaching continuation
- Increased administrative support in place

Financial Plans

- Budgets aligned and reviewed
- Job planning completed
- Robust CIP plan developed and implemented
- Improved coding and capture of activity

Quality Plans

- Pathways reviewed and updated – nurse led services and one stop provision
- Action plan to reduce health inequalities – fair access across the ICS
- Waste walks / audits undertaken
- Robust governance structure implemented = #1 priority
- Patient First

Reconfiguration Plans

POOLE

- Enhanced Peri-Operative Care Unit in Poole
- Patient transfer service
- Elective surgical inpatient beds (80-90 beds planned with a contingency for 20 more to allow for growth)
- 18 operating theatres in Poole (10 new) – opening May 2023
- TIU – GP and ACP led
- Urgent Treatment Centre – 24 hour care
- Essential service lab in Poole
- 100 day case beds planned for the Poole site

RBH

- Closure of Sandbourne Unit
- Reallocation of Sandbourne theatre activity, admission and recovery functions
- SAU move into the former Surgery Directorate offices
- Junior doctors mess competed above SAU
- Ward moves, introduction of mixed specialty wards
- Operationalising the bed plan, in place by Q3 23/24

Risks, issues & any speciality specific assumptions

- Recruitment and retention – skill mix, ward template reviews
- Reconfiguration plans – workforce, equipment, environment
- Demand and capacity alignment
- Job and succession planning
- Theatre staffing gaps impacting activity
- Absence management

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Additional main theatre capacity and improved efficiency	Increased activity – elective cases Theatre cases in Feb23 = 520	Reduction in waiting list / PTL size	Ongoing revenue spend, including additional payments for activity beyond agreed job plans. Theatre scheduling template expansion required too	Additional staff required	Nicki House	April 2023 onwards
Additional day case theatre capacity	More appropriate treatment pathway, 85% day case rates for BADS targets	Reduction in waiting list / PTL size	Increased day case beds planned for Poole site as per reconfiguration plans	Additional staff required	Nicki House	December 2023 onwards
Reduction in DNA figures	Improved utilisation, reduction in waiting times Increased virtual consultations (current rate is 14.5%)	Target of 4% Current rate 5.9%	Investment in digital technologies ie DrDoctor	Additional admin staff to monitor position and contact patients proactively	Nicki House	June 2023 onwards
Theatre scheduling / CCS tool	Improved theatre scheduling Maximise theatre utilisation (current utilisation is 76.6% - target of 85%) Increased capacity to reduce PTL	Reduced waiting list Increased activity Reduction in late starts (currently reported as 74.7%)	Additional theatre, recovery and administrative support	Admissions and administrative staff training	Nicki House	April 2023 onwards

		Reduction in early finishes (currently reported as 40.6%)				
SDEC	7 day service Appropriate streaming Admission avoidance	Increase in ambulatory pathways, increased admission avoidance, more appropriate streaming.	Project spend, ongoing recurring funding for staffing model.	Additional staff recruited to allow for 7 day working	Nicki House	April 2023 onwards
Alternative care settings	OAC ISP Urology Investigation Unit	Reduced waiting list Increased activity Less footfall on main sites One stop service provision	Increased quality of care, opportunity for one stop service provision. Reduction in LoS.	Additional session payments	Nicki House	April 2023 onwards
Digital transformation	Dr Doctor E-triage Dragon Dictation Winscribe cessation EPR Electronic TCI cards	Streamlining processes, alignment and consistency. Reduction in error, increased governance.	Hardware costs and training costs for staff.	Change in roles and responsibilities	Nicki House	As per outpatient transformation plans
Outpatient transformation	Increase in PIFU (Current conversion rate = 6.9%)	Reduction in follow up appointments. Over 52 weeks not booked (Feb23) = 4139 No target date and not booked (Feb23) = 23284	Additional capacity	Change in pathways and practice	Nicki House	June 2023 onwards
Outpatient transformation	Advice and Guidance (A&G requests per 100 first attendances is 7.3% as at Feb23 Target of 16%	Capturing activity appropriately. Admission avoidance by early triage.	Additional virtual clinic capacity and coding	Increased workload associated with additional “virtual clinic” set up	Nicki House	September 2023 onwards
Finance	CIP planning	Develop a robust CIP plan which meets the target - recurring	n/a	Management time	Nicki House	April 2023 onwards

Specific deliverables for 2023 – 2024

Time horizon (When?)	***Workforce goals*** *(Where do we need to be?)*	**Analysis required** (Mix of narrative and numbers needed)	**Workforce problems and gaps** (Where are we now? What is the reality of the gaps between our workforce demand and supply for each of the time horizons and other predicted problems?)	**Workforce solutions** (What actions will we take to bridge the gaps) **Action**	**Workforce actions** (When will they happen and who will own the actions) **When/who?**	
Short term (2023-2024)	*Sustainable workforce to meet the needs of patients requiring surgical care across Dorset and the networks*	<u>Directorate head count</u> 601 <u>Substantive staff</u> 542 <u>Vacancy rate</u> 8.5% Target for 23/24 = 3% <u>Sickness levels</u> In month – 5.7% Target – 3%	Vacancy rate of ?% on consultant roles Projected staff loss that outweighs recruitment for ? roles Reduced training numbers for ? roles Increased activity by **0**% between Dec-Feb, meaning **0** more staff needed	Recruitment and locum cover in the interim	ASAP	NH & HR

		Turnover rate 13.5% Medical appraisal rate 76.1% Target of 90% Values-based appraisal rate 48.3% Target of 90% Planned retirements/secondments				

Medium Term 2024-2026	Reconfiguration of services Changes to funding (reintroduction of tariff and BPT), Increase in demand	*To do:* *Clinical activity forecasts for service changes* *Model workforce demand on this clinical demand* *Model and forecast workforce supply* *Assess the gaps in numbers* *SWOT/PESTLE to assess other future workforce challenges* *Vacancy rate and critical role analysis* *Christmas Tree model*	Vacancy Rate of **0**% on consultant roles Projected staff loss that outweighs recruitment for **0** roles Reduced training numbers for **0** roles Workforce gap of **0** in Bringing teams together in MDT approach	Train and recruit speciality Drs to absorb some tasks from Consultants Development programme to promote Recruit new HCAs to start on internal apprentice scheme for nurses internally Nurse led services approved and implemented	ASAP with start date of two years	NH & HR & Education

Long term 2026 +			Vacancy rate of **0**% on consultant roles Reduced training numbers for **0** roles Lack of skills of working in a systems way across functional and organisational boundaries	Retention strategy of SHOs within speciality in Dorset Grow our own nurses from HCAs Offer development through apprenticeships Strategy to increase training numbers with universities Work with local schools to encourage recruitment Systems-wide OD initiatives Systems leadership development	ASAP	NH & HR & Education

2023/4 Plans - Specialty: Breast, Endocrine, Skin and Sarcoma

Objectives summary

- Increasing Advanced Practitioner and nurse led services
- Recovery programme by increasing treatment capacity
- Additional capacity / working with ISP and mutual aid
- Continued transformation of the diagnostic and treatment pathways
- Cancer pathways and targets maintained

Activity Plans

- Patient led follow up maintained and developed
- Address “5 week rota”
- DIEP flap pathway
- Reduce surgical waiting list

Workforce Plans

- ANP review needed
- CNS review needed
- Admin support to be augmented
- Cancer Support Worker role to be reviewed
- Succession planning

Financial Plans

- ERF funding has been supporting reduction in waiting times
- Increase in house capacity, removal of locum usage
- Job plan review – team planning
- Ongoing succession planning

Quality Plans

- Maintaining MDT alignment
- Cross site working fully embedded
- Research work embedded
- Clinical trials implemented
- Magseed implementation

Reconfiguration Plans

Risks, issues & any speciality specific assumptions

- Insufficient investment in workforce and equipment to deliver
- Workforce resilience
- Access to theatre capacity
- Demand management across the ICB
- Recruitment challenges in DCH
- Diagnostic capacity
- Shortages in Radiology

2023/4 Plans - Specialty: Colorectal

Objectives summary

- Implementing Nurse led services to release Consultant time
- Recovery programme by increasing treatment capacity
- Additional capacity / working with ISP and mutual aid
- Continued transformation of the diagnostic and treatment pathways
- Cancer pathways reviewed / target focussed

Activity Plans

- Increased use of one stop, ambulatory pathways supported by diagnostic teams

Workforce Plans

- ANP review needed to ensure alignment of roles and responsibilities
- CNS review needed with reference to Cancer provision
- Admin support to be augmented to address increased workload
- Replacement Consultant Surgeon to be appointed, vacancy exists

Financial Plans

- ERF funding has been supporting reduction in waiting times
- Continued use of ISP
- Increase in house capacity, removal of locum usage
- Job plan review – team planning

Quality Plans

- Real time demand and capacity – scheduling for cancer cases
- Data quality to model future service provision

Reconfiguration Plans

To plan for:

- Closure of Sandbourne
- SDEC
- Ends of wards being reconfigured back into bed spaces
- Out of hours cover
- Transfer service
- EPOC
- TIU – GP and AMU lead

Risks, issues & any speciality specific assumptions

- Insufficient investment in workforce and equipment to deliver
- Workforce resilience
- Access to theatre capacity
- Demand management across the ICB
- Recruitment challenges in DCH
- Diagnostic capacity

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
SDEC	7 day service Limited floorplan Ambulatory model Skill mix reviews					
ESCU split	Ward 15 and 16 GI surgery patient mix					
ISP / OAC / additional capacity	Alternative care settings					
Cancer targets	DCP integration Target achievement					
Digital Transformation Programme	Streamlined processes PIFU Advice and Guidance					

2023/4 Plans - Specialty: Dorset Prosthetics Centre, including Orthotics and Environmental Controls

Objectives summary

- Finalise location and configuration of department within RBH
- Strengthen pathways with Vascular Surgery
- Demand and capacity modelling – increased workload

Activity Plans

- Improve information collected to support business planning

Workforce Plans

- Admin support to be augmented
- Succession planning
- Increase in numbers and complexity of patients DPC
- Time to treat veterans is not currently funded
- Recruitment challenges

Financial Plans

- NHSE funded
- Job plan review – team planning
- Succession planning
- Overspend relating to Veterans
- Component costs increase
- Use information and evidence to support request for additional resources to DPC and ECS via regional commissioning
- Establish funding source for veteran components for this year.

Quality Plans

- Planning for service role once the reconfiguration plans are implemented
- ECS in Portsmouth service and space review needed
- Review of Prosthetic Service specification and QIs if it is released 23/24
- Review of ECS service against QIs

Reconfiguration Plans

- Work with directorates and services to establish what the orthotic Service will look like when wards move location

Risks, issues & any speciality specific assumptions

- Insufficient investment in workforce and equipment to deliver
- Workforce resilience
- Demand management across the ICB

2024/5 Plans

Objectives summary

Activity Plans

Review of DPC activity and staffing levels

Workforce Plans

Recruitment is challenging for technical staff in ECS

Financial Plans

Ensure all funding streams are understood for all currently funded NHSE services

Quality Plans

Logistics of running a department in Portsmouth

Poor premises in Portsmouth

Review of new Prosthetic service specification and quality indicators DPC if not released in 23/24

Reconfiguration Plans

ORTHOTICS

Provision of:

Spinal Orthoses

Ankle Foot Orthoses

Traumatic brain surgery moving to RBH

Outpatients requiring Orthotic intervention

PROSTHETICS

Review of facilities and equipment

ENVIRONMENTAL CONTROLS

Establish whether commissioners will change

Risks, issues & any speciality specific assumptions

- Neither Prosthetics or ECS has a partner service in Poole
- Poor premises in Portsmouth for ECS
- Long distances for staff to cover geographically for ECS

2023/4 Plans - Specialty: UGI

Objectives summary

- Implementing nurse led services to release Consultant time
- Recovery programme by increasing treatment capacity
- Additional capacity / working with ISP and mutual aid
- Continued transformation of the diagnostic and treatment pathways
- 5th Consultant Surgeon business case to be progressed

Activity Plans

- Increased use of one stop, ambulatory pathways supported by diagnostic teams
- Demand management, liaison with GPs, increased role for primary care to "check"
- Outpatient transformation
    - PIFU
    - Advice and Guidance
    - Demand management / alternative care settings
    - Digital technologies

Workforce Plans

- ACP / ANP review needed to align roles and responsibilities
- CNS review needed to determine succession planning
- Admin support to be augmented, quality and safety issue
- Bariatric Surgery team to be reviewed and augmented in order to expand the service, build on Tier 4 and look to introducing Tier 3
- 5th Consultant Surgeon post needed to succession plan / Bariatrics
- 6th Consultant Surgeon post needed to meet resectional demand

Financial Plans

- ERF funding has been supporting reduction in waiting times
- Continued use of ISP for additional capacity
- Increase in house capacity, removal of locum usage
- Job plan review – team planning

Quality Plans

- Real time demand and capacity – scheduling for cancer cases
- Data quality to model future service provision
- Regional hot chole group participation

Reconfiguration Plans

To plan for:

- Closure of Sandbourne
- SDEC
- Ends of wards being reconfigured back into bed spaces
- Out of hours cover
- Transfer service
- EPOC
- TIU – GP and AMU lead

Risks, issues & any speciality specific assumptions

- Insufficient investment in workforce and equipment to deliver
- Workforce resilience
- Access to theatre capacity
- Demand management across the ICB
- Recruitment challenges in DCH
- Diagnostic capacity

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
SDEC	7 day service Limited floorplan Ambulatory model Skill mix reviews					
ESCU split	Ward 15 and 16 GI surgery patient mix					
ISP / OAC / additional capacity	Alternative care settings					
Cancer management	DCP integration Target achievement					
Digital Transformation Programme	Streamlined processes PIFU Advice and Guidance					

2023/4 Plans - Specialty: UROLOGY

Objectives summary

- Implementing nurse led services to release Consultant time
- Recovery programme by increasing treatment capacity
- Additional capacity / working with ISP and mutual aid
- Building the Dorset Cancer Network for Urology
- Continued transformation of the diagnostic and treatment pathways
- Urology Investigation Unit to be progressed

Activity Plans

- Increased use of one stop, ambulatory pathways supported by diagnostic teams
- Develop and implement a pan Dorset approach to managing waiting lists

Workforce Plans

- ANP review needed to align roles and responsibilities
- CNS review needed to support safe delivery of urological treatment
- Admin support to be augmented to address demand
- Increase middle grade rota to support on call provision
- Physician Associate permanent appointment

Financial Plans

- ERF funding has been supporting reduction in waiting times
- Continued use of ISP
- Increase in house capacity, removal of locum usage
- Job plan review – team planning

Quality Plans

- Governance structure
- Quality improvement
- Service improvement

Reconfiguration Plans

- Urology Investigation Unit
- Increase middle grade rota
- SDEC
- Ward moves

Risks, issues & any speciality specific assumptions

- Insufficient investment in workforce and equipment to deliver
- Workforce resilience
- Access to theatre capacity
- Demand management across the ICB
- Recruitment challenges in DCH
- Diagnostic capacity

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Theatre capacity and scheduling	Increased throughput of elective cases Demand and capacity modelling					
SDEC	Increased admission avoidance, reduced length of stay					
Urology Investigation Unit	Improved patient experience and outcomes – GIRFT recommended					
Digital Transformation Programme	Streamlined processes Electronic TCI cards Improved diagnostics / reporting					

2023/4 Plans - Specialty:

Dorset and Wiltshire Vascular Network

Objectives summary

- Clinical validation and ongoing prioritisation of all waiting lists
- Increase nurse led activity and review workforce succession planning
- Integrated care pathways established

Activity Plans

- SLAs to be reviewed and updated with spoke sites
- Supporting SDH with benign vascular work
- Supporting DCH with diabetic foot work
- Outpatient referral pathway to be reviewed
- Varicose Veins referral pathway under review
- Advice and Guidance / PIFU / Virtual clinic activity to be increased and captured

Workforce Plans

- Network lead nurse role
- DWVN co-ordinator
- Clinical nurse practitioner role to be advertised
- Admin review – increased Consultants and vacancy factor
- Clinic staffing uplift, multi disciplinary approach
    - Administrative support
    - Vascular nurse
    - Vascular sonographer / technician
    - HCA support
    - ACP liaison
    - Vascular Consultant

Financial Plans

- ERF funding has been supporting reduction in waiting times
- Review of SLAs to ensure appropriate remuneration to hub from spoke sites
- Increase in house capacity, removal of locum usage
- Job plan review – team planning

Quality Plans

- Surgical Frailty (POPS) service support
- Building stronger links with DPC

Reconfiguration Plans

- Hybrid Theatre – not currently part of the S&T programme
- Ward move – inadequate beds for vascular service as per CSR modelling

Risks, issues & any speciality specific assumptions

- Efficient use of limited operating capacity
- Demand management
- Workforce resilience
- Job planning

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Hybrid Theatre business case	Business case to CAG					
Vascular Hub proposal	Inclusion in reconfiguration plans					
Digital Transformation Programme	Streamlined processes PIFU Advice and guidance					
Reconfiguration programme 2023/24	Renal service Diabetic foot service DWVN pathways					
SDEC	7 day service Limited floorplan Ambulatory model Skill mix reviews					

2023/4 Plans - Specialty: Theatres

Objectives summary

- Continuation of the Theatre Improvement programme across UHD. Work streams are supporting digital transformation, workforce, operational excellence & efficiency, wellbeing, demand & capacity and data / benchmarking and information. Key deliverables include workforce strategy, improved theatre efficiency, improved working lives and the implementation of digital tools into the theatre workflow.
- Phase 2 of Theatre Improvement programme is aimed at development for theatre leads based on the recent staff survey and assembling speciality based improvement teams while continuing to roll out digital solutions.
- Theatre Improvement programme to deliver Improved efficiency and utilisation of theatres to achieve 85% and reduce case opportunity (16% opportunity across all of UHD)
- Launch of the new theatre complex - Barn and Level 1 theatres
- Planned consultation with staff to set up speciality based core teams on both sites to improve efficiency
- To further develop the enhanced recovery programme by way of a proof of concept for the future.
- Ongoing review and enhancement of theatre scheduling tool and phase 2 roll-out of CCS to other elective services and ongoing development of system and internal processes
- implementing the national guidance for pre-op assessment service [guidance name]
- Implementation of the virtual platform for pre-op assessment
- Develop a business case for the third robot at UHD for future reconfiguration

Activity Plans

- Optimising activity by aligning patient need to care setting and provider including insourcing opportunities – first stage to align existing processes
- Develop funding bids with care groups to maximise use of new build theatres to reduce backlogs (potential for 1.5 theatres and backfill paeds from level 2 to level 1, overall capacity for 2 additional theatres- revenue and workforce dependent)
- Activity drop over 7/8 dates in march to train theatre teams in managing new theatre estate and in 2 weeks in may to train staff - a planned reduction in RBH orthopaedic lists to release staff
- GIRFT and Model Hospital – opportunities to improve theatre throughput, maximising LA estate to free up space in main theatres for IP cases (and same for DC to OP)
- Launch of ‘on the day tool’ for departmental status and running/over-runs to support efficiency improvement (Apr-July 23)
- Transfer of activity and capacity from Wimborne to UHD Theatres

Workforce Plans

- Address any remaining barriers to cross-site working and ensure the appropriate support mechanisms in place to facilitate ease of working between sites.
- Launch of ODP apprentice training programme in May 23 and sept 23 (8 proposed)
- Develop a workforce strategy which addresses recruitment and retention, supports staff well-being and a positive culture in the workplace
- Agreed with DCH to run a joint theatres recruitment event;
- Admission consultation commenced with anticipated benefits to utilisation through closer alignment with specialty.
- Develop business case for 4 training anaesthetic associates as part of workforce strategy for Barn theatres (3 years training required)
- Emphasis in 2023 of building teams and staff development
- Develop workforce to increase lists run to align with theatre templates
-

Financial Plans

- Standardisation across sites in terms of process and equipment will offer both CIP and productivity gains during 23/24
- Theatre Scrub Uniform Management System will deliver c30% savings on cost of scrubs.
- Note revenue required for 4th barn theatre and revenue case for floor 1 theatres required
- Upgrade/replace buildings management system for Poole – feasibility study needed by existing design team with capital implication (reduce delayed starts and increases efficiency)

Quality Plans

- Monthly governance and quality meetings reviewing LERNs and never events
- Full Compliance with theatre safety brief (audit and improve compliance aim for 100%)
- Continue to support the flow programme to Reduce delayed discharges from recovery and improve access for post op electives into ICU/HDU

Reconfiguration Plans

- Commissioning of Floor 2 Barn Theatres, May-23, implementation plan in place.
- Potential for use of Floor 1 Theatres from June/July (paediatrics), increased utilisation is staff dependent
- Develop of 'Implementing the CSR' theatre plan – mitigating the 5 theatre gap for early 2025 (view on teams) for PHT and RBH sites, particularly loss of Sandbourne theatres in 24/25
- Improve cross site working to be ready for moves in 24/5
- Implementation of virtual platform is key enabler to aligning processes across both sites and enable staff to operate common processes across sites
- Assessment and capital funding required to develop refurb of theatres 7 and 8 at (RBH) due to long terms plans for orthopaedic use
- Repurposing ward 7 left to support day surgery activity (June 23)

Risks, issues & any speciality specific assumptions

- Recruitment and retention of theatre staff.
- Air exchange equipment (AHU) at end of life risking loss of activity due to outage.
- Planning around 6-day working and what is deliverable within workforce and funding envelope.
- Sandbourne theatre loss when SDEC refurbished requires alternative provision
- Appraisal of options for the future of SSD services across Dorset could impact on services
- If cases approved for Theatres floor 1 and 4th Barn theatre there is a risk staffing cannot be recruited
-

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Implementation of Phase 2 of Theatre Scheduling Tool and waiting list Management Module	• Earlier access to treatments for patients • Improved utilisation • Supports good clinical outcomes • Better visibility of waiting list • Empowered clinicians	TBC subject to viability study with other elective services			Louise Mcgraw	TBC
Continuation of internal Theatre improvement programme (2023/4)	• Increased utilisation • Workforce strategy and forecasting • Staff wellbeing • Theatre template aligned to new demand profile • Digital tools to support workflow • Focus on Operational excellence and processes underpinning the service • On the day IT tool	UTE	n/a	n/a	Mark Major	April 2023
Evaluation of a Transfer of Theatre and Endoscopy activity from Dorset Healthcare, including staff and assets	• Better utilisation of community theatres. • Supports health and inequalities agenda	Tbc	n/a	C30 WTE	Mark Major	
Level 1 theatres Scheme	• Uplift additional elective capacity	Reduce WL				June 23

2024/5 Plan

Objectives summary

- Staff consultations for Implementing the CSR
- Upskill requriements assessed and staff trained into new theatre reconfiguration
- Delivery of gateway reviews and arrangements for implementing CSR workstreams
- Continuation of theatre improvement programme
- Standardisation of theatre equipment so generic access UHD to enable risk-free moves
- Deployment of new robot into UHD

Activity Plans

- Continuation of theatre improvement programme to deliver improved utilisation and case opportunity
- Development of ambulatory emergency theatre plans to support shorter stay for patients/faster discharge
- Increase capacity at Wimborne to off-set pressures on the transitional year of limited theatre capacity in 24/5

Workforce Plans

- Upskilling – training/development of staff for supporting more complex surgery and for site moves for specific services (linked to staff consultation and change of base for staff groups)
- Staff release for training and development

Financial Plans

- Revenue required to deliver training to staff for new reconfiguration and to back fill staff when undertaking training and site familiarisation

Quality Plans

- Review of support for obstetric theatres for 2025 onwards, aiming for better access and timely treatment for patients

Reconfiguration Plans

- Detailed delivery plans for BEACH, Paed theatres and Sandbourne implemented
- Following moves in 24/5 develop plans for 12-18 month refurb of paeds into support areas for theatres
- Develop detailed plans for the 2 new theatres to occupy the pathology space in 24-26

Risks, issues & any speciality specific assumptions

- Delivery of estate on time and budget, availability of workforce for training and development
- A risk of empty theatres related to staff availability for theatres due to theatre move constraints and skill mix of teams to be able to work int eh new configuration

Specific deliverables for 2024 - 2025

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Continuation of internal Theatre improvement programme (2023/4)	• Increased utilisation • Workforce strategy and forecasting • Staff wellbeing • Theatre template aligned to new demand profile • Digital tools to support workflow • Focus on Operational excellence and processes underpinning the service On the day IT tool	UTE	n/a	n/a	Mark Major	April 2023
Evaluation of a Transfer of Theatre and Endoscopy activity from Dorset Healthcare, including staff and assets	• Better utilisation of community theatres. Supports health and inequalities agenda	Tbc	n/a	C30 WTE	Mark Major	

2023/4 Plans - Specialty: Trauma and Orthopaedics

Objectives summary

- Trauma pathway development,
- Achievement of #NOF KPI, including BPT achievement.
- Continue Elective recovery through ISP, Productivity, reduced LoS and increased capacity,
- Staff wellbeing, empowerment, respect and value,
- integrating orthogeriatric / social care service with T&O facilitating earlier discharge from acute care / reduction in length of stay,
- Think Big mass clinic pathways in Hips, Knees and Hands,
- Maximising efficiency and productivity through GIRFT/HVLC
- Complex Orthopaedic Trauma Reablement ward – pilot,
- Maximising trauma theatre capacity in barn complex,

Activity Plans

- To achieve continued reduction in T&O PTL
- To achieve contractual long waiting targets (2022/23 no pts over 78wk, 2023/24 no pt over 62wks)
- HVLC pathways to be implemented particularly in upper limb surgery
- Day case arthroplasty pathway reducing LoS for hip and knee replacements if any specific intelligence on activity changes or reasons for lower activity than previous years, can include here (e.g. more complex case mix, recording changes)
- Full implementation of evidence based interventions (e.g. reduction in carpel tunnel surgery)
- Assumptions. Elective theatre capacity is at templated levels, no impact to ringfencing of elective beds, Elective bed template is available for 25 wks of the year.

Workforce Plans

- Safer staffing medical workforce review.
- Reduce fixed term contracts by conversion to permeant
- Retention, turnover, anticipated workforce challenges

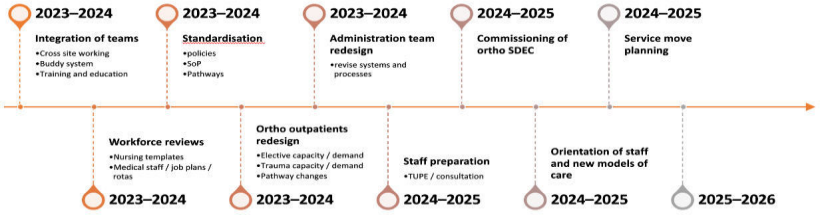
Financial Plans

- Continue to drive cost improvement activity through realisation of benefits
- E trauma (reduction in LoS, increase VFC capacity, reducing equipment costs, trauma scheduling efficiencies)
- Prineo dressings (reduction in LoS for #NOF, reduction in SSI)
- Trauma pathway design (reduction in LoS).
- UHD power tools tender
- Improve counting and coding of orthopaedic activity
- Pass through of inflationary increase
- Potential unfunded pay award

Quality Plans

- Full implementation of CQC recommendations
- Robust M&M structure and reporting.
- Continue extensive clinical audit program
- Actions to support reducing health inequalities include full application of GIRFT recommendations, adherence to NICE guidelines, decentralised OPD activity (OAC, AECC, Virtual).
- Embrace and lead Patient First principles

Reconfiguration Plans



- Trauma operating to move to Barn theatre complex May 23

- One team approach to service design and delivery, medical workforce working across sites, ongoing listening events for nursing and Admin staff.
- Overall theatre/bed modelling complete, 2023/24 to test trauma theatre capacity modelling. Ward template reviews in place to determine staff/patient ratios Commentary/notes to support beds/theatres and staffing trajectories for service moves into new configuration
- Activity and bed modelling for both elective and trauma services complete and accurate.
- Orthopaedic and fracture clinic OPD reconfiguration group in place

Risks, issues & any speciality specific assumptions

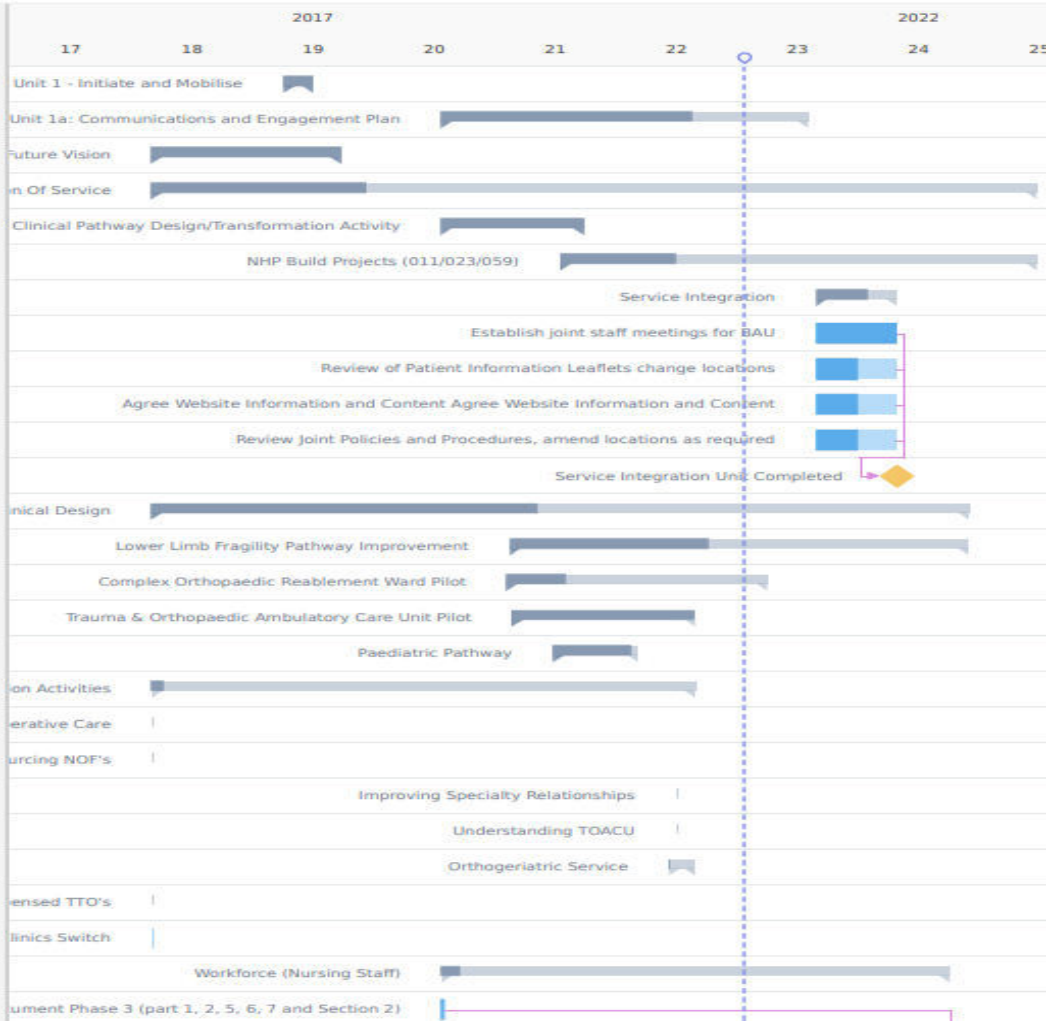
- Theatre workforce gap causing inability to access theatre template
- Delays to refurbishment of Pool hospital site
- Impact of trust wide capacity issues on ability to sustain elective service
- High numbers of ready to leave patients in trauma beds (45% of bed base) due to difficulty in accessing social care
- Any specialty specific assumptions e.g. service delivery risks or assumptions to meet performance targets
- Risk to activity through ongoing unresolved industrial action

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Additional theatre capacity	Increased throughput of elective cases.	Reduce 52+ waits, reduction in PTL size	Ongoing revenue spend	Additional staff required	John West	Apr 23-Mar 25
CCS tool implementation	Aligned systems, improving efficiency, increasing efficiency, and improving elective theatre capacity	Improved theatre scheduling maximising capacity to reduce PTL/Long waits	Trust wide	Administrative support staff training and investment	John West	Apr 23-Mar 25
SDEC/TOACU	Increased admission avoidance, reduced length of stay.	Increased ambulatory pathways. Decreased inappropriate admissions.	Ongoing revenue spend	Business case dependant	John West	Apr 23-Mar 25
OAC/Think big clinics	Improved patient experience and outcomes – encompassing GIRFT recommended.	Increased quality of care, opportunity for one stop service provision. Reduced length of stay, decrease in inappropriate admissions.	N/A	TBC	John West	Apr 23-Mar 25
Etrauma Digital trauma end to end pathway management	Streamlined processes ie theatre scheduling, pre-op assessment, electronic TCI cards, improved diagnostic technologies etc.	Streamlining processes, reduction in error, greater visibility. Centre of Excellence.	Ongoing revenue spend	N/A	John West	Apr 23-Mar 23
Trauma improvement programme	Close gap of NHFD performance to national average	Improvement in trauma flow/productivity and patient outcomes (EG pit stop #NOF admission reducing time to	Various broken down by scheme	Business case dependant	John West	Apr 23-Mar 25

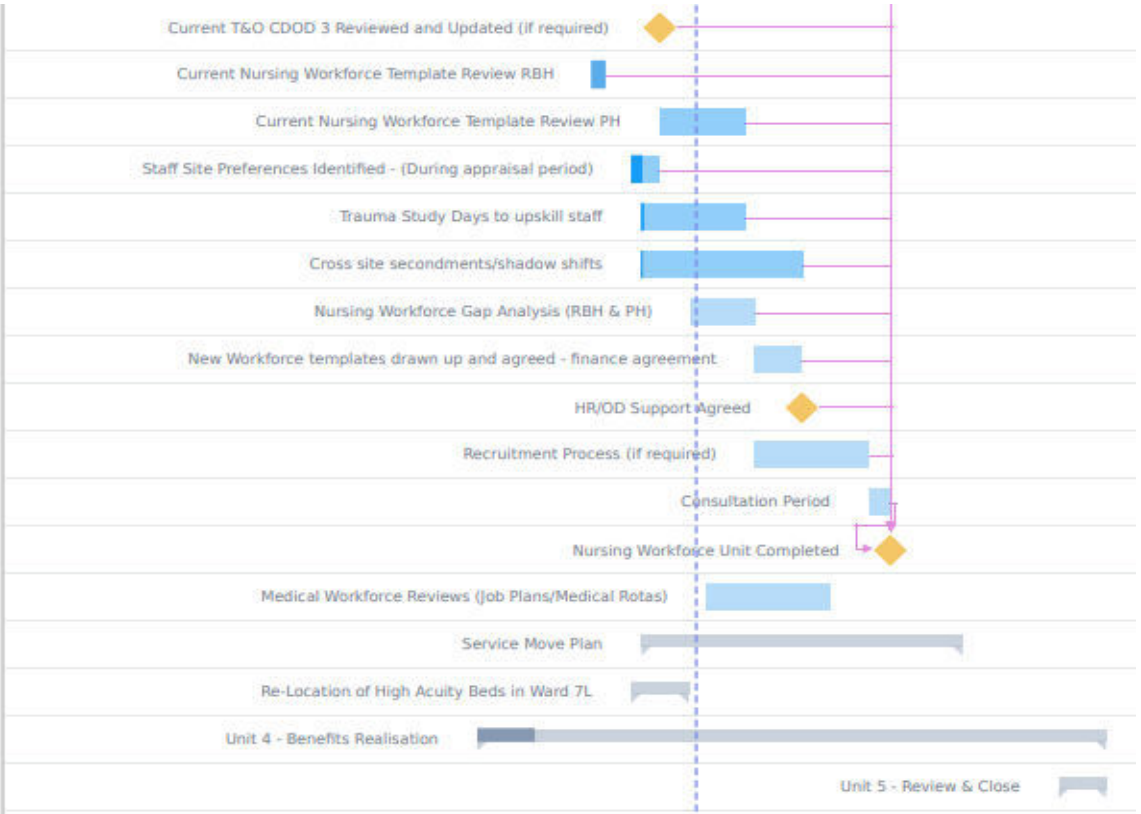
		admission)				
Increase utilisation of PIFU OPD outcome	Reduces FU waiting list	Reduced demand on FU OPD slots	Nil	Administrative support staff training and investment	John West	Apr 23-Mar 25

UHD_T&O_Project Plan

#	Name	Planned Start	Planned Finish
1	**Unit 1 - Initiate and Mobilise**	8 Apr 19	2 Jul 19
10	**Unit 1a: Communications and Engagement Plan**	30 Jul 20	4 Aug 23
16	**Unit 2 - Understand Current Service & Future Visi...**	7 Mar 18	23 Sep 19
23	**Unit 3 - Reconfiguration Of Service**	7 Mar 18	24 Jun 25
24	**Clinical Pathway Design/Transformation Activity**	30 Jul 20	30 Sep 21
31	**NHP Build Projects (011/023/059)**	22 Jul 21	24 Jun 25
68	**Service Integration**	1 Sep 23	30 Apr 24
69	Establish joint staff meetings for BAU	1 Sep 23	30 Apr 24
70	Review of Patient Information Leaflets change loc...	1 Sep 23	30 Apr 24
71	Agree Website Information and Content Agree We...	1 Sep 23	30 Apr 24
72	Review Joint Policies and Procedures, amend locat...	1 Sep 23	30 Apr 24
73	Service Integration Unit Completed	30 Apr 24	30 Apr 24
74	**Clinical Design**	7 Mar 18	2 Dec 24
75	**Lower Limb Fragility Pathway Improvement**	17 Feb 21	2 Dec 24
121	**Complex Orthopaedic Reablement Ward Pilot**	9 Feb 21	4 Apr 23
130	**Trauma & Orthopaedic Ambulatory Care Unit...**	1 Mar 21	31 Aug 22
138	**Paediatric Pathway**	30 Jun 21	11 Mar 22
142	**Trauma Summit Transformation Activities**	7 Mar 18	31 Aug 22
143	**Pre-Operative Care**	7 Mar 18	7 Mar 18
145	**Insourcing NOF's**	7 Mar 18	7 Mar 18
147	**Improving Specialty Relationships**	4 Jul 22	4 Jul 22
149	**Understanding TOACU**	4 Jul 22	4 Jul 22
151	**Orthogeriatric Service**	14 Jun 22	31 Aug 22
157	**Nurse Dispensed TTO's**	7 Mar 18	7 Mar 18
159	Outpatients Clinics Switch	7 Mar 18	7 Mar 18
160	**Workforce (Nursing Staff)**	30 Jul 20	7 Oct 24
161	Complete Clinical Design Output Document Phase...	30 Jul 20	5 Aug 20



162	Current T&O CDOD 3 Reviewed and Updated (if re...	30 Sep 22	30 Sep 22
163	Current Nursing Workforce Template Review RBH	28 Feb 22	8 Apr 22
164	Current Nursing Workforce Template Review PH	30 Sep 22	30 Jun 23
165	Staff Site Preferences Identified - (During appraisa...	4 Jul 22	30 Sep 22
166	Trauma Study Days to upskill staff	1 Aug 22	30 Jun 23
167	Cross site secondments/shadow shifts	1 Aug 22	1 Jan 24
168	Nursing Workforce Gap Analysis (RBH & PH)	9 Jan 23	31 Jul 23
169	New Workforce templates drawn up and agreed - ...	31 Jul 23	29 Dec 23
170	HR/OD Support Agreed	29 Dec 23	29 Dec 23
171	Recruitment Process (if required)	31 Jul 23	31 Jul 24
172	Consultation Period	1 Aug 24	1 Oct 24
173	Nursing Workforce Unit Completed	7 Oct 24	7 Oct 24
174	Medical Workforce Reviews (Job Plans/Medical Rot...	1 Mar 23	1 Apr 24
175	**Service Move Plan**	2 Aug 22	30 May 25
196	**Re-Location of High Acuity Beds in Ward 7L**	30 Jun 22	30 Dec 22
205	**Unit 4 - Benefits Realisation**	22 Feb 21	1 Sep 26
212	**Unit 5 - Review & Close**	31 Mar 26	1 Sep 26



Workforce

Time horizon (When?)	***Workforce goals*** *(Where do we need to be?)*	**Analysis required** (Mix of narrative and numbers needed)	**Workforce problems and gaps** (Where are we now? What is the reality of the gaps between our workforce demand and supply for each of the time horizons and other predicted problems?)	**Workforce solutions** (What actions will we take to bridge the gaps) **Action**	**Workforce actions** (When will they happen and who will own the actions) **When/who?**	
Short term (2023-2024)	*Sustainable workforce to meet the needs of patients requiring orthopaedic care in Dorset*	Rota analysis Head count projections Holiday planning report Sickness/leaver projections Planned retirements/secondments, etc. Christmas Tree model Critical role analysis Vacancy rate analysis Clinical activity forecasts	Vacancy rate of **8**% on consultant roles Projected staff loss that outweighs recruitment for **3** roles Reduced training numbers for **0** roles Increased activity by **0**% between Dec- Feb, meaning **0** more staff needed	Recruitment and locum cover in the interim	ASAP	JW & HR

Medium Term 2024-2026	Reconfiguration of services (trauma/elective site switch), changes to funding (reintroduction of tariff and BPT), , increases in demand (expected continued trauma activity growth of 3-5%PA).	Clinical activity forecasts for service changes Model workforce demand on this clinical demand Model and forecast workforce supply Assess the gaps in numbers SWOT/PESTLE to assess other future workforce challenges Vacancy rate and critical role analysis Christmas Tree model	Vacancy Rate of **0**% on consultant roles Projected staff loss that outweighs recruitment for **0** roles Reduced training numbers for **0** roles Workforce gap of **0** in **4 consultant** roles with reconfigured service Bringing teams together in MDT approach	Train and recruit speciality Drs to absorb some tasks from Consultants Development programme to promote Recruit new HCAs to start on internal apprentice scheme for nurses internally	ASAP with start date of two years	JW & HR & Education

Long term 2026 +	Regional surgical hub development, revision arthroplasty centre.	Review relevant national strategic and workforce strategies Christmas Tree model Clinical demand vs workforce supply Forecast workforce supply data SWOT/PESTLE to assess workforce challenges Critical role analysis	Vacancy rate of **0**% on consultant roles Projected staff loss that outweighs recruitment for **5** roles Reduced training numbers for **0** roles Lack of skills of working in a systems way across functional and organisational boundaries	Retention strategy of SHOs within speciality in Dorset Grow our own nurses from HCAs Offer development through apprenticeships for **20** number of HCAs in the service Strategy to increase training numbers with universities Work with local schools to encourage recruitment Systems-wide OD initiatives Systems leadership development	ASAP ASAP with start date of three years ASAP with start date of five years ASAP with start date of three years	JW & HR & Education

2024/5 Plans

Objectives summary

- Reduced variation in activity and sustain core activity over a 52wk template
- Progress #NOF pathway, reducing LoS and time to theatre to be in top national quartile for NHDF KPI's
- Embedded day case arthroplasty pathways
- Confirm pathways for reconfiguration moves
- Develop regional arthroplasty revision service
- Deliver HVLC capacity for Dorset Few bullet points to summarise objectives for the speciality to deliver the activity, workforce, finance, reconfiguration plans, over and above usual service delivery
- Activity, finance and workforce impact of objectives be included in the table on page 2.

Activity Plans

- Match activity to referral growth through Dorset wide MSK working
- Trauma demand will continue at 3-5%annual growth
- Continued aging population increasing complexity and demand

Workforce Plans

- Sustain low vacancy rate

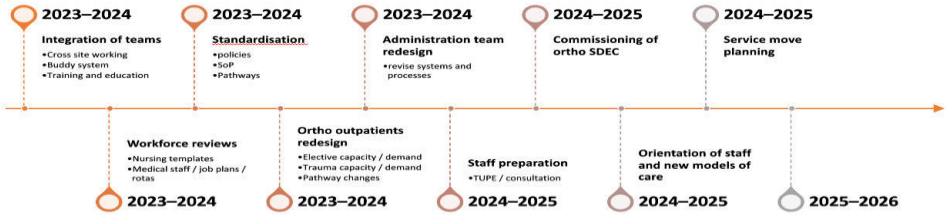
Financial Plans

- Few bullet points to summarise the finance plan
- Accurate counting and coding to maximise income potential

Quality Plans

- Full implementation of CQC recommendations
- Robust M&M structure and reporting.
- Continue extensive clinical audit program
- Actions to support reducing health inequalities include full application of GIRFT recommendations, adherence to NICE guidelines, decentralised OPD activity (OAC, AECC, Virtual).
- Embrace and lead Patient First principles

Reconfiguration Plans



Risks, issues & any speciality specific assumptions

- Delays to reconfiguration plan
- No impact to bed base from winter pressures
- Theatre templates are fully staffed.

Specific deliverables for 2024 - 2025

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Robotic arthroplasty pathway	Decreased revision rates of elective cases	Reduce long waits of complex knees/hips	Nil	nil	JW/PP	Dec 24-Mar 25
Develop Dorset wide day case arthroplasty pathway	Reduce Dorset wide waiting times for Hip and Knee Surgery reducing health inequalities across Dorset	Reduces LoS, reduces waiting list	For review	For review	JW/NS/PP	Dec 24-Mar 25

2023/4 Plans - Specialty: Critical Care

Objectives summary

- Develop workforce planning and recruitment strategy to support service
- Advise and engage with the programmes of work to develop pathways by way of admission avoidance, helping to preserve bed base for complex / high risk procedures.

Activity Plans

- Optimise access to Critical care beds and being flexible to accommodate elective activity.
- Robust winter planning to mitigate against the emergency impact on complex elective surgery.
- In partnership with specialties ensuring that job plans support equitable distribution of referrals to critical care beds.

Workforce Plans

- Key aim is to capitalise on staff development, role innovation and the benefits of living in Dorset; to support successful recruitment and to ensure strong workforce pipeline.
- Ongoing support to staff wellbeing.
- Integration of teams with cross site working in preparation for reconfiguration in 2025.
- Clear and aligned development programmes for newly recruited and further development of existing staff.
- Working with the care group to ensure staffing levels are aligned with demand.

Financial Plans

- Migration to electronic methods of interim solutions to gaps in rotas.
- More sustainable workforce planning to avoid high cost tactical solutions to gaps in cover; will bring opportunities in terms of quality, workforce and efficient delivery of care.
- Seeking to invest to provide required staffing level in preparation to support the new unit to include for example:
- Technicians / Transfer practitioners
- Allied Health Practitioners (support to specialties care group subject to business case and governance)
- psychological support across both units.

Quality Plans

- Continue research programmes and actively recruit to upcoming new research programmes.
- Benchmark and implement changes based on ICNARC data reviews.
- Strongly advocate for timely step down of patients to ward areas and raise awareness of the impact to outcomes that delays have to patients.

Reconfiguration Plans

- **Service Integration** – cross site working, upskilling/training, joint meetings
- **Clinical Design working groups:**

Policy / SoP / Pathway alignment	Retrieval and transfer
Medical device management	Digital transformation
Children's skills	Education and training
Morbidity & Mortality	Audit and ICNARC
Follow-up and wellbeing	Research

- **Workforce reviews / aligning:**
  - Nursing workforce
  - AHP workforce
  - Medical workforce
- **Service move planning:**
  - Estates
  - Equipment
  - Patients

Risks, issues & any speciality specific assumptions

- Recruitment and retention is a key risk to the delivery of the Critical Care service
- Rota gaps and additional beds funding expensive cohort of staffing required. Specialist nature of critical care creates a reliance on agency which needs to be acknowledged in any agency reduction plans
- Delayed discharges from the unit continues to be a risk to outcomes and quality.
- Engagement of subject matter experts to actively support critical re-configuration activities alongside the day jobs.
- Anaesthetic cover a challenge to service delivery and development.
- Acuity remains high across both units and is forecast to continue over the next 12 months.
- Lack of Psychological support to the units. Psychological support is considered 'best practise,' across Critical Care areas.
- Unlikely to return to pre-pandemic activity levels due to elective recovery and impact on population's health over the past 12 months. Bed pressure does therefore remain a key risk.

Specific deliverables for 2023 - 2024

Scheme / initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Develop a dynamic and forecast mechanism	*Support scheduling of complex elective surgery*	Fewer cancellations due to bed capacity	N/A	N/A	Louise McGraw	April 2023
Help and inform specialties in implementing job plans that align with critical care bed capacity	Equitable distribution of referral and admission rates through the specialties	Fewer cancellations due to bed capacity	N/A	N/A	Louise McGraw	April 2023
Psychological support across units	Improved longer term outcomes for patients who have experienced critical care.	N/A	TBC	1 WTE	TBC	TBC
Specialty specific pathway reviews e.g. urology	Optimise length of stay and patient outcomes	N/A	N/A	N/A	Ruth Dodgson	March 2024

2024/5 Plans

Objectives summary

- Finalise workforce requirement for agreed bed base for May 2025 move into the BEACH unit.
- Commissioning and workforce orientation into the new unit, including equipment requirements transfer planning.
- Finalise transfer practitioners workforce and rota's in readiness for reconfiguration move 1.
- Supporting early implementation of enhanced post-operative care unit principles / methodology.

Activity Plans

- In partnership with specialties ensuring that job plans support equitable distribution of referrals to critical care beds.
- Review impact of upcoming high units on the demand of critical care beds.

Workforce Plans

Financial Plans

Quality Plans

- Benchmark and implement ongoing changes based on ICNARC data reviews.

Reconfiguration Plans

- Finalise workforce templates for new unit
- Staff consultation in preparation for move to RBH
- Finalise equipment transfers and transition requirements
- Service move planning and simulations
- Orientation and simulations for staff of the new unit

Risks, issues & any speciality specific assumptions

- Delays to reconfiguration and transition planning to new unit

2023/4 Plans - Specialty: Private Health

Objectives summary

- *Grow the Private Health model across UHD specialities in accordance with USP; low volume/high complexity/high tariff*
- *Assign accommodation capacity across appropriate sites ahead of site moves early 2025*
- *Implement revised working practices and policy once agreed*

Activity Plans

- *Support development of private maternity service (caesarean section)*
- *Oncology and radiotherapy growth*
- *Growth in demand for complex treatments not available via other local providers*

Workforce Plans

- *Plan workforce according to the reconfigured bed model on each site TBC following enhanced recovery facility now being incorporated at Poole*
- *Anticipated issues with existing workforce based entirely at Bournemouth currently*
- *Challenges with moving from a single site to a multi-site team*

Financial Plans

- *Increased tariffs to be introduced*
- *Improved billing with new software system (deferred from 22-23*
- *Team growth and early recruitment costs (unknown)*

Quality Plans

- *Supporting a ringfenced service delivery base (IP and OP)*
- *PHIN reporting alignment with NHS digital and care group dashboards*
- *Patient feedback escalation process aligned with UHD governance and supported by external body (eg.ISCAS)*
- *Development of UHD in private provider network*

Reconfiguration Plans

- *Majority of private inpatient/day case activity to move onto Poole site2023/4*
- *Area to be identified and agreed with clinicians and meeting PMI provider minimum requirements for contract*
- *Private services growth is dependent on reconfiguration plans in other services with majority of IP activity at Poole. High dependency and IR on RBH*
- *Revenue to increase 3-fold for private patient activity over all sites requiring minimum: (from current 8 bed model)*
    - *RBH 4 beds potentially shared with DHC-for high complexity and Interventional Radiology*
    - *Poole 12 beds plus procedure room*
    - *Integrated OPD facility in both areas*
    - *Potential to develop OP facility at XCH with Dermatology/Gastro*
- *Theatre capacity required at speciality level (not generic) as USP is low volume high complexity services and therefore require specialist teams*

Risks, issues & any speciality specific assumptions

- *Legacy outlying NHS patients into PP bed base ongoing*
- *Bed pressures across the trust impacting on PP activity*
- *Loss of consultant confidence in PHUHD*
- *Loss of business to independent providers and subsequent Trust income*
- *Attrition of experienced staff to other areas*
- *IT infrastructure pressures could delay revised plans*

Specific deliverables for 2023 - 2024

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
Compucare	*Improved accuracy in billing*	*No impact on activity- financial gain and efficiency in process and reporting mechanism*	*175k*	*nil*	*Jo Clothier*	*April 23 onwards*
Activity reporting suite	*Expanded PHIN data collection and submission*	*nil*	*Support from BI team*	*nil*	*Antonia Hunter*	*April 23*
Continuation of Village hotel contract	*Post op and ? pre op consultation Potential to grow hydrotherapy as offer*	*Positive feedback and enhanced offer*	*Recurrent £13k*		*Jo Clothier*	*Renewal October*
Privately insured tariffs	*Uplift to pricing agreed with insurance companies*	*Increased revenue on baseline activity*		*nil*	*Jo Clothier*	*End Q1*

2024/5 Plans Private Health

Objectives summary

- *Continue/revise the Private Health growth model across UHD specialities in accordance with USP; low volume/high complexity/high tariff*
- *Review/amend accommodation capacity across appropriate sites ahead of site moves early 2025*
- *Embed revised working practices and policy once agreed*

Activity Plans

- *Support ongoing development of private maternity service (caesarean section)*
- *Growth in demand for complex treatments not available via other local providers*
- *Detail dependent on bed base modelling*

Workforce Plans

- *TBC according to the reconfigured bed model on each site TBC following enhanced recovery facility now being incorporated at Poole*
- *Increased workforce for clinical and admin workforce to reflect growth in activity*
- *Multi-site team structure in place*

Financial Plans

- *Align with workforce plan/expectation*
- *Funding for new units to be confirmed*

Quality Plans

- *Supporting a ringfenced service delivery base (IP and OP)*
- *Ensure enhanced offer with updated estate/unti facilities*
- *Development of UHD in private provider network*

Reconfiguration Plans

- *Majority of private inpatient/day case activity to move onto Poole site2023/4*
- *Area to be identified and agreed with clinicians and meeting PMI provider minimum requirements for contract*
- *Private services growth is dependent on reconfiguration plans in other services with majority of IP activity at Poole. High dependency and IR on RBH*
- *Revenue to increase 3-fold for private patient activity over all sites requiring minimum: (from current 8 bed model)*
    - *RBH 4 beds potentially shared with DHC-for high complexity and Interventional Radiology*
    - *Poole 12 beds plus procedure room*
    - *Integrated OPD facility in both areas*
    - *Potential to develop OP facility at XCH with Dermatology/Gastro*
- *Theatre capacity required at speciality level (not generic) as USP is low volume high complexity services and therefore require specialist teams*

Risks, issues & any speciality specific assumptions

- *Outlying NHS patients into PP bed base ongoing*
- *Loss of consultant confidence in PHUHD*
- *Loss of business to independent providers and subsequent Trust income*
- *Attrition of experienced staff to other areas*

Specific deliverables for 2024 - 2025

Scheme/ initiative	Outcomes	Impact on Waiting List/ Activity	Investment	Workforce	Lead	Timeframes
TBC dependent on Trust strategy for future service	Agreed facility template for each site	N/A	TBC			