University Hospitals Dorset
NHS Foundation Trust

2022/23 Operational Plan: University Hospitals Dorset NHS Foundation Trust

MASTER VERSION - Version 3.2

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1. Introduction - Our Priorities

University Hospital Dorset's (UHD) Annual Operating Plan sets out a significant programme of work for an organisation just 18 months old. The plan sits within the Dorset Integrated Care System plans and within some of the most challenging times the NHS and Social Care have ever faced.

Our multi-year strategy is based on our mission to provide excellent healthcare and to be a great place to work, now and for future generations. We have a once in a generation opportunity to transform our services and 2022/23 will be a cruicial year to re-establish services and re-focus on delivery of excellent care.

As part of our re-focus we have identified the key drivers and areas that have greatest impact on our services. From this a programme-based approach is being developed, focusssing on the three most critical areas:

- Emergency care and hospital flow
- Maximising elective care
- Investing in our workforce

No single one of these priorities will enable us to provide great care, better outcomes for our patients, motivated teams and timely access to care on their own. Together, they unlock far wider benefits throughout our hospitals and for all our staff and patients, and form key parts of our wider annual objectives for 22/23.

For example, improving our emergency care pathways and the experience these patients have will mean fewer elective cancellations due to overwhelming operational pressures.

Our patients rightly expect to receive timely planned care – and we all want to provide this. By maximising our teams, facilities and new technology, we can see more patients for their scheduled care, helping to see patients sooner. This priority is paramount in addressing the numbers of patients on our waiting lists as a consequence of the Covid-19 pandemic.

These achievements will mean little if our workforce is not supported to thrive, develop and grow as we bring in new talent, and keep hold on to those colleagues whose contributions are immeasurable. Our goal is to support and develop all staff in order to meet our priorities for our patients, and ensure being part of TeamUHD is something we all feel and benefit from each day.

The three priorities work together to achieve these outcomes

Our priorities set out at high level what we are trying to achieve. The following pages describe how.

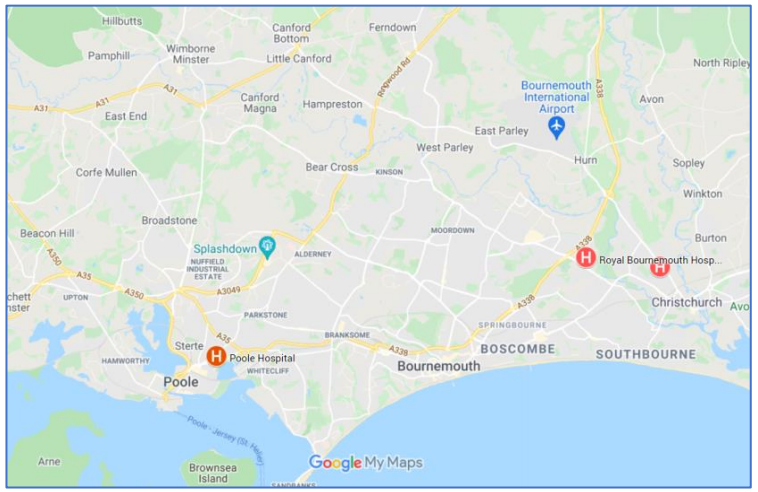
This is an approach that puts a safety and learning culture at the centre of how we deliver care and our major change programmes. This means being a well-led organisation, with leadership expected of all staff, with the empowerment and drive for continual improvement in every service. How we go about delivering the three priorities will be as important as selecting and delivering the priority itself. Only by doing the work in a well-led way, through high performing teams, can excellent care be sustainable.

It's important to be clear that delivering the following annual operational objectives underpins our ability to deliver on our priorities, and conversely, focusing on the three priorities outlined earlier will directly support the dlivery of these annual objectives.

1.1 Overview of the Trust

University Hospitals Dorset NHS Foundation Trust (UHD) was formed in October 2020 with the merger of Poole Hospital NHS FT and Royal Bournemouth and Christchurch Hospitals NHS FT bringing together teams to service Dorset and beyond.

The Trust spends approximately c£680m and employs c 10000 staff across 3 hospitals – Poole Hospital (PH), Royal Bournemouth Hospital (RBH) and Christchurch Hospital (XCH).



The Trust's services include the major medical and surgical specialties, routine and specialist diagnostic services and other clinical support services, delivering the following annual activity:

- 153,000 Type 1 ED attendances
  (Type 3 are transferring to DHUFT on 1st April 2022)
- 73,000 Non-elective admissions
- 73,000 Day case treatment
- 536,000 Outpatient attendances
- 36,000 Planned admissions
- Over 4000 births

These services are provided primarily to a catchment population of approximately 600,000 in the Bournemouth, Poole, Christchurch and east Dorset and New Forest areas.

Specialist services such as vascular, oncology, neurology, cardiology are provided for a wider population of 1 million and most of our services are delivered with our partners including GP's, social care, ambulance and other NHS services and many others.

UHD is undergoing a major building programme in preparation for service reconfiguration. This will create a planned hospital and an emergency hospital from 2026. During 2022/23 we will see the continuation of significant building works and more importantly the integration and development of teams that are ready for the planned service changes. These changes will deliver significantly better, safer and more sustainable care for the population.

1.2 Trust Vision, Mission and Values

Underpinning the Mission and Vision are ***our UHD values*** ***(***https://www.youtube.com/watch?v=g18KK8e-x_U&t=6s***)*** . These underpin everything the Trust does and defines how patients and visitors are treated, and also how staff treat each other. The values are embedded into every part of UHD, such as recruitment, appraisal and development.

The Values were drawn up by our staff, facilitated by our Change Champion volunteers, following widespread listening and testing.

UHD has a set ***five strategic objectives*** which are progressed over multiple years. These are:

1. Continually improve quality of patient care
2. Be a great place to work
3. Use our resources well
4. Be well-led and an effective partner
5. Transform our services to better serve patients

Our strategic objectives are revised each year and specific actions set for the year ahead. For 2022/23 there are 15 specific actions as noted overleaf.

University Hospital Dorset Annual Objectives 2022/2023

Strategic Objective 1: To continually improve the quality of care so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent patient experience		**Exec Lead**
1.1	To deliver wide range of **Patient Safety Quality Priorities,** using a quality improvement (QI) approach, across the Trust including: • Quality account priorities including Deteriorating Patient and Safety Checklists. • Priorities for 2022/23 including Acute Kidney Injury/Dialysis Management, Blood glucose management, the deteriorating patient in ED and medical/pharmacy communication. • Improving against Stroke and Trauma pathway quality standards	CMO/ CNO
1.2	Improve the safety and experience of **emergency patients** and their flow, including moving towards zero the number of patients in hospital beds who don't have a reason to reside, by working with partners and improving our own processes to support safe and timely discharge from hospital. To also improve the responsiveness and quality of Urgent and Emergency Care (UEC) as measured by a reduction in 12 hour waits in ED towards zero, minimisation of ambulance handover delays and same day emergency care outcomes supported by implementation of the UEC 10 Point Action Plan.	COO
1.3	To redesign and transform **outpatient services** with a Digital First offer, improving access to care, diagnostics strategy delivery, reducing travel times, and through effective completion of care pathways.	COO
Strategic Objective 2: To be a great place to work, by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.		**Exec Lead**
2.1	To continue to engage with staff at all levels to ensure we maintain focus and realise the **Health, Wellbeing and Covid-recovery** needs and priorities of all our people, investing in appropriate provision of holistic interventions and resources. To engage with staff so that they feel valued and listened to and to strengthen our compassionate and inclusive culture, acting on staff culture champions recommendations and demonstrating success through the national staff survey.	CPO
2.2	To support teams in coming together to operate as a **single team** across UHD sites, embedding our values and behaviours, policies and processes and to identify talent and raise performance and staff engagement across the Trust as measured by an improvement the staff Integration Survey	CPO
2.3	To deliver the Trust's **People Strategy** by developing effective and responsive People services, policies and practices for each stage of the employee cycle. This will include workforce planning, recruitment and retention, training and education, employee relations, temporary workforce and workforce systems.	CPO
2.4	To champion **Equality, Diversity and Inclusion** across UHD through positive action and promote initiatives which continue to improve results against workforce equality standards (e.g. WRES and WDES). Implement the National Patient Strategy requirement to develop a just culture across UHD as part of a ICS workforce plan. Define and agree measures to monitor implementation of inclusive leadership, equal opportunities in career development and endorsement of staff networks.	CPO

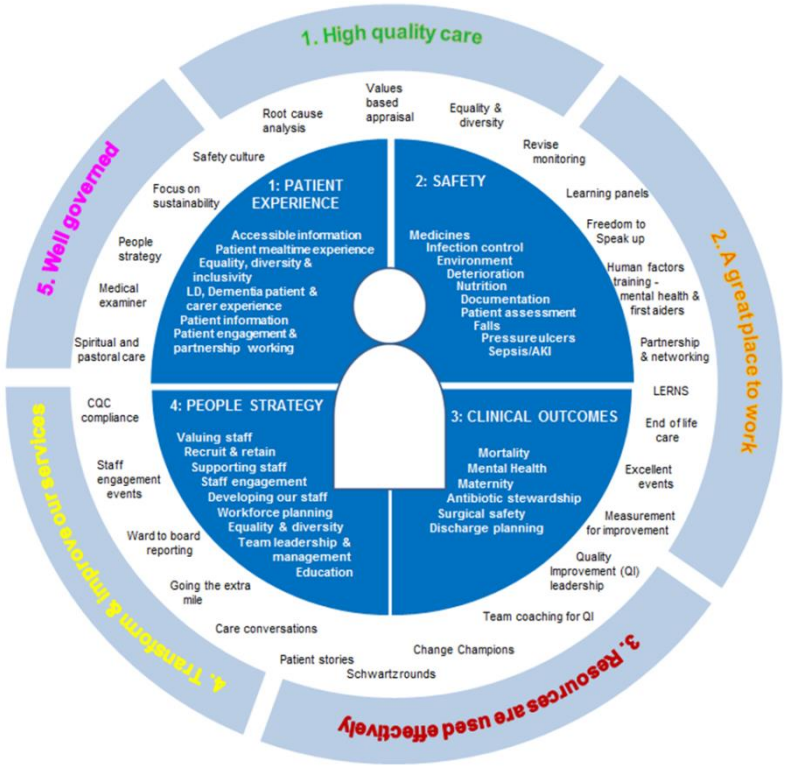
Strategic Objective 3: To ensure that all resources are used efficiently to establish financially and environmentally sustainable services and deliver key operational standards and targets.		**Exec Lead**
3.1	Agree and deliver a **sustainable budget,** including delivery of the Trust Cost Improvement Programme. This includes realising the opportunities identified in the Getting it Right First Time (GIRFT) and Model Hospital benchmarking data.	CFO
3.2	To deliver a Covid restoration programme that reduces the **elective backlog,** increases activity to pre-pandemic levels and returns waiting times and waiting patient numbers towards the national standards for elective, cancer, diagnostics and emergency care.	COO
3.3	To update and deliver our **Green UHD Strategy** and Plan – including reducing our carbon footprint, improving air quality and make more sustainable use of resources.	CSTO
Strategic Objective 4: To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.		**Exec Lead**
4.1	To improve **partnerships and engagement** with staff, governors, patients, local people and key stakeholders through: • a communication and engagement plan, delivered over the year. • Further develop our BU partnership and tangible benefits • Host the Dorset Innovation Hub on behalf of Dorset partner supporting spread of proven innovations	CEO/ CSTO
4.2	Work with partners to address **health inequalities** and improve population health management, preventing ill health and promoting healthy lifestyles.	CFO
Strategic Objective 5: To transform and improve our services in line with the Dorset ICS Long Term Plan, by separating emergency and planned care, and integrating our services with those in the community.		**Exec Lead**
5.1	Develop the **reconfiguration plan** to create the emergency and planned hospitals. This includes site decants and clinical services moves starting in 2022, teams being prepared and understanding their trajectory for new estate and new models of care. To ensure that the Outline Business Cases and Full Business Cases for the New Hospital Programme are submitted in 2022/3	CSTO
5.2	Work with system partners in establishing the **Dorset ICS** and within that develop the Dorset provider collaborative.	CEO
5.3	Implement the UHD **Digital Transformation Strategy**: • Progress digital transformation and play an active part in the key Dorset transformation plans programmes • Progress a Digital Dorset Shared Service • Procure and implement the Strategic Integrated Imaging Service: a digital diagnostics image sharing platform for Dorset. • Create the Strategic Outline Case and Outline Business Case for the Dorset Electronic Patient Record system • Ensure that the IT infrastructure and BAU support services are fit for purpose with minimal down-time and the technical layers are subject to a rolling stock replacement programme. • Achieve a compliant Data Protection and Security Toolkit submission.	CIO

2. Quality of Care and Safety

2.1 Quality and Safety

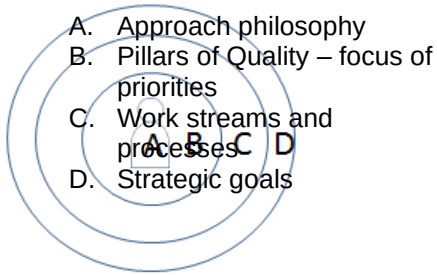
The trust's quality priorities are arranged within the domains of quality; safety, patient experience and clinical effectiveness (clinical outcomes). High quality care can only be achieved when all three of these domains are present equally and simultaneously.

We recognise the fundamental role that our staff play in delivering high quality care and our people strategy therefore forms the fourth domain of our quality strategy. Individual priorities within each domain are derived from the national guidance and triangulation of internal data from a variety of sources including patient feedback, external



stakeholders, regulators, governors and incident reports.

Each of the three pillars of quality; Patient Safety, Patient Experience, Clinical Outcomes/Clinical Effectiveness are monitored through the respective reporting groups in the trust governance framework (see below).



Quality reporting through these structures supports to review, analysis and delivery of key metrics related to patient experience, safety and effectiveness of services up to the board of directors.

Quality reporting is based on the Care Quality Commission (CQC) key lines of Enquiry (Safe, Caring, Responsive, Effective and Well Led). Board and Board subcommittee reporting support wider quality assurance processes such as peer review, clinical audit, and internal and external audit. Information in the Board and Quality Committee reports routinely includes progress on quality, patient safety and patient experience metrics including:

- Risk register additions, updates, controls, action plans and assurances
- Serious incidents, incident reports, near misses and learning outcomes from investigations and reviews Trends – current and future risk, assurance and quality issues
- Internal comparisons and external benchmarks
- Directorate, specialty, ward and consultant level data where appropriate
- Quantitative and qualitative data
- Patient stories and patient feedback
- Statistical interpretation and analysis

Specific objectives for 2022/23:

The Quality priorities for 2022/23 have been derived from shared learning from patient and staff safety incidents, clinical audits, claims and inquests, Medical examiner reviews, peer reviews and Mortality reviews during 2021/22.

The main patient safety quality priorities for 2022/23 are as follows:

- Fluid Management
- Difficult IV Access (DIVA)
- Deteriorating Patient
- Safety Checklists
- Consent

- VTE risk assessment and prophylaxis
- Acute Kidney Injury pathways and management
- Blood glucose management
- Medical and Pharmacy communication processes

2.2 Care Quality Commission (CQC)

RBCH and PHT were inspected separately in 2018 and 2020 respectively. UHD remains unrated against all core services.

Location level rating:	Safe	Effective	Caring	Responsive	Well led	Overall
Overall	NA	NA	NA	NA	NA	NA
Christchurch Hospital	NA	NA	NA	NA	NA	G 25/2/2016
Poole Hospital	RI 31/1/2020	G 31/1/2020	O 31/1/2020	G 31/1/2020	G 31/1/2020	G 31/1/2020
The Royal Bournemouth Hospital	G 18/6/2018	G 18/6/2018	G 18/6/2018	G 18/6/2018	O 18/6/2018	G 18/6/2018

The Care Quality Commission (CQC) undertook an announced focused inspection of University Hospitals Dorset NHS Foundation Trust in April 2021. The inspection looked at leadership, culture, governance, information management and learning at the trust following concerns about the safety and quality of some areas.

The inspection focused on individual elements of the CQC well-led key lines of enquiry. The CQC did not rate the trust at that time.

During the inspection, the CQC found leaders had the skills and abilities to run the service. Managers understood and managed the priorities and issues the service faced and were visible and approachable in the service for their staff. The CQC noted that the culture was open, and staff could discuss errors without fear of reprisal. There were effective processes focused on learning from mistakes and continuously improving practices.

However, the CQC found that governance systems were not always effective in determining patients' pathways of care and treatment. In a small number of cases the systems used did not prevent cancer treatments from being missed, delayed or terminated in error. The CQC recognised that the trust had taken steps to address these gaps and noted further actions were in place to mitigate risk. It was recognised this was a new organisation and the trust leadership knew there were gaps that needed addressing in some areas, and processes that needed to be improved.

CQC reviews will remain an important part of the quality approach at UHD and we will continue to use these to understand where further improvements to our services can be made.

2.3 Maternity Services

The planning guidance sets out the requirement to support the Immediate and Essential Actions arising from the Ockenden Report. This will include a calculation of the Birth Rate Plus metric for UHD and we anticipate that these will lead to a requirement for around a further 20 midwifes.

Ockenden Report - Immediate and Essential Actions

- Additional midwifery workforce
- Enhanced obstetrician availability
- Introduction/development of maternity MDT

The second of these actions requires the further provision of consultant obstetrician time to support the provision of twice daily ward rounds; consultant leadership for fetal heart monitoring; and the introduction of Maternity MDTs.

The Trust will be bidding against these national monies early in 21/22 and continues to work in partnership with the Local Maternity Services to oversee the provision of maternity care for the local population.

2.4 Quality Improvement and Innovation

The Quality Improvement (QI) strategy and Innovation strategy were approved by the UHD Trust Board in early 2021, have been implemented throughout 2021/22 and will continue to be delivered through 2022/23.

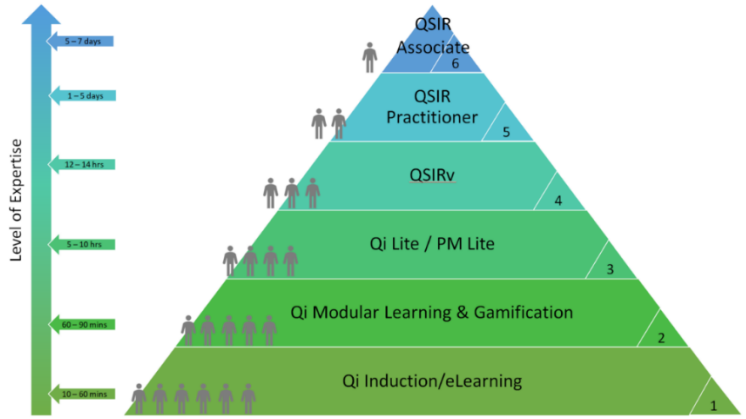
The strategies underpin the Trust value of 'always improving' and seeks to develop a culture of continuous improvement and learning across the organisation in which everyone is empowered to make changes to improve the quality of clinical and non-clinical services to improve patient care.

UHD has been selected as one of four Trusts in the country to host a Health Foundation funded innovation hub on behalf of the Dorset system in order that spread and adoption of innovation can be accelerated.

During 2021/22, implementing the QI strategy delivered:

- ICS-wide QI lite training course led by UHD, rolled out in <6 months
- A successful QI celebration day, with hundreds of web page views and thousands of social media views
- QI Training (using national QSIR model), QI project registration and QI website all developed
- Over 150 QI projects registered and supported
- Strategy and Culture of improvement work underway to support 'always improving'
- UHD QI priorities supported - improved processes rolled out with over 14 large projects supported

For 2022/23 we aim to build on our foundation year and continue to develop our culture of improvement while building capacity and capability in QI and innovation methods though our multi-tiered training programme (QI example below).



Our plans to develop a culture of continuous improvement include:

- Develop a continually improving UHD via implementing QI Strategy and innovation strategy
- Deliver QI and innovation events
- Deploy QI and innovation training in partnership with ICS, and within UHD.
- Develop community of improvers and innovators in each care group/directorate
- Demonstrate the benefits of improvement approaches to the UHD Trust Board and stakeholders

Our innovation programme includes:

- Delivery of Medtech mandate innovations across Dorset (4 delivered in 2021/22 and 7 in 2022/23)
- Delivery of 5 priority system innovation projects
- Development of spread and adoption communications
- Deployment of the training and development programme
- Showcase events and learning sessions for partners

The UHD QI main priorities for the year include completion of the 2021/22 priorities and supporting the patient safety quality priorities as outlined in the Quality chapter above.

3. Organisational Development and Workforce

3.1 People Strategy

Our People Strategy which launched in 2021 sets out how we will unite our workforce behind our vision and make our new trust a great place to work. Our people have remained under increasing pressure since the response to Covid-19 began which is why it remains critical that we look after our people. Our People Strategy continues to drive the actions needed to keep our people safe, healthy and well, both physically and psychologically, and provide the necessary support and development needed to continue to deliver the highest possible standards of care in an environment of high demand, and at a time of significant change in the way patient services are organised and delivered across Dorset.

Successful delivery of our strategy will support us to improve our people's experience and ensure the trust is a great place to work. We recognise the importance of engaging and involving our people, and despite the challenging time ahead for us and for the wider NHS, it is essential that we hold this at the heart of what we do.

We know there is a shortfall of trained people to meet the rising demands for healthcare and that we will need to be more flexible, creative and innovative in how we attract, retain and develop our people, to enable us to fulfil our core purpose and achieve our vision with a key focus on workforce planning. Our People Strategy has five key action themes, which, through service integration, will enable appropriate support and care for our people while strengthening our organisational capabilities. Our work continues to be underpinned by the principles of the NHS Long Term Plan, the CQC Well Led domain and the NHS People Plan.

We recognise that there is a lot to do, and that we have some real strengths to build on, specifically the extraordinary commitment of our people to deliver excellent patient care.

Key Actions for 2022/23:

Supporting the Health and Wellbeing of Staff and taking action on recruitment and retention

Our focus continues to be on how we enable staff to be healthy in 'body and mind', to help them recover effectively and face the challenges of a post pandemic world.

We recognise that recovery will be different for everyone and there is no one-size fits all. This highly personalised experience will include the need to support rest and recuperation, mental, emotional, physical and financial wellbeing as well as changes to work / life practice, family / social life and loss and bereavement. As we move into stage two of our second-year

plan for staff recovery, our focus continues in the following areas:

Compassionate and Inclusive Leadership

Our expressions of gratitude to staff, in recognition and acknowledgement of what we have been through, will be universal with no differentiation. We will continue to place health and wellbeing at the heart of our line manager conversations and communicate clearly and consistently. Ensuring the strong voice of staff is essential to ensure their involvement and innovation. We recognise colleagues that most need help are the most unlikely to speak up. We will also continue to face the inequalities agenda head-on.

Key actions:

- continue focussed work on the Trust's cultural development programme to embed organisational values and ensure the voice of our staff continues to be heard. We will focus on: a) our *'You Matter'* campaign for staff reward and recognition b) getting 'back to basics' and improving staff experience c) implementation of a trust wide *Thank You* system c) strengthening implementation of values-based appraisal
- further develop our leadership and lifelong learning offers for staff including a) Level 7 Leadership Apprenticeship in partnership with Bournemouth University and b) introduction of a modular programme to support basic people management skills and competencies
- introduce a talent management framework in line with the national *Scope for Growth* initiative and participate in a national pilot study aligned to our matron development programme
- review the 2021 staff survey results at care group / departmental level and design improvement interventions, including:
    - increase in % BAME composition target to improve leadership diversity by 2025
    - improvements in our Black, Asian and minority ethnic disparity ratio
    - continue to implement priorities within our *Leading for Equality, Diversity and Inclusion* plan and health inequalities within our staff groups
- continue to enhance staff network engagement and intersectionality to strengthen contribution to organisational decision-making process

Systemic Wellbeing Offer

Our enhanced wellbeing service will continue to meet the need for staff access to immediate, acute psychology support. It will be integrated and coordinated for sustainability with a focus on prevention and organisational resilience. We will also focus on local interventions, supporting line managers to have 'psych savvy' conversations with staff.

The Trust has launched a new Managing Attendance Policy which recognises the need for staff to recover after periods of ill health by offering an extended phased return programme.

Key actions:

- further develop our Mental Health First Aid (MHFA) and Wellbeing Ambassador programmes
- embed a range of targeted education and support sessions for line-managers
- continue to support the work of our Freedom to Speak Up Guardian and ambassadors to identify staff areas of concern and help remove any barriers staff may face in speaking up
- increase proactive health and wellbeing initiatives enabling staff to remain well at work
- review "hotspots" of MSK injury-reviewing processes and working patterns and continue to work closely with the ICS MSK team
- Continue work with the respiratory Physiotherapy team in running the long covid rehabilitation programme for UHD staff
- Further develop the trauma pathway to include running a regular "stabilisation group" in collaboration with the ICS and Steps2Wellbeing along with refining referral pathways and co-developing support options for UHD staff

3.2 Organisational Development & Integration of Teams

Since the merger in October 2020 much progress has been made in teams coming together to improve services for the benefit of patients. Single leadership teams are in place across the Trust in senior clinical and managerial positions and early patient benefits are being delivered in clinical services such as stroke, cardiology and older peoples services.

The Trust cultural champions have completed work on how staff would like to be valued and recognised with a series of recommendations that are being taken forward within the Trust. Work on embedding the Trusts Mission, Vision and Values has continued with events and work programmes throughout the year.

In the past year there have been many successes – there were changes made to the national merger guidance that reflected UHD input and will hopefully make the merger process more grounded and easier to navigate for others, completion of post-merger actions has continued (with over 50% of post-day 1 actions complete), a care group integration assessment has been undertaken that has highlighted areas on which to focus and is supported by an action plan based on staff feedback that is in place to get the basics right.

There is however much still to do. The pandemic has bought about delays in the bringing together of teams in some services at Tiers 4 and below and planned cultural changes are still very much underway. Support for leadership development and team integration is in place with teams developing their own plans for coming together to be 'match fit' for the reconfiguration in 2024-2026.

Teams are Everything

Post pandemic, staff will continue to need supportive relationships with those they work closest to and we will prioritise support to encourage strong social bonds within our home teams.

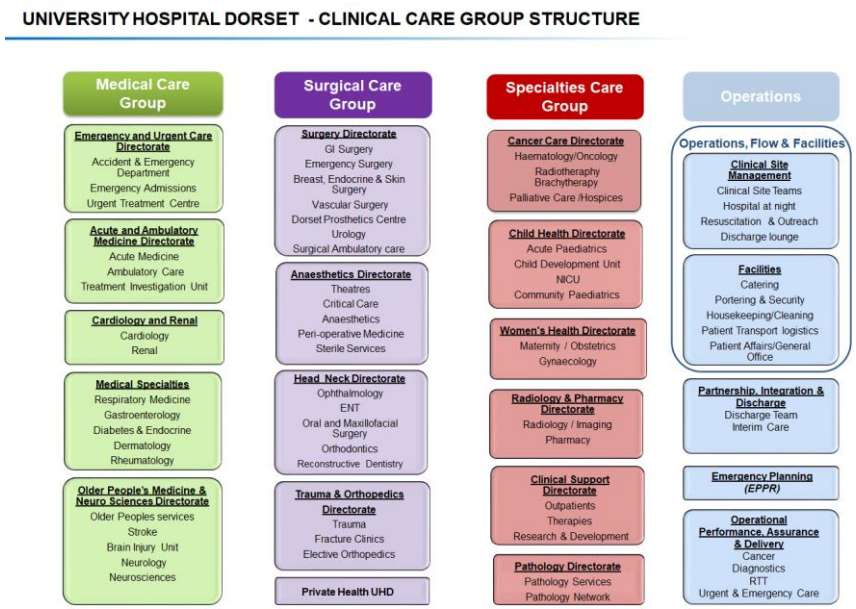
Key actions:

- embed effective team development e.g. Affina Team Journey at directorate and specialty level as part of COVID-19 recovery, service transformation and our organisational change programme

- continue to provide team interventions e.g. action learning sets, coaching, debriefing sessions and peer review facilitation to support resilience and reflective practice

Refreshed plans have been adapted to build on the lessons learned through the pandemic and the opportunity of bringing teams together to improve services can now be more fully taken forward.

The clinical structure implemented on the first day of merger has remained largely in place with some minor evolution as expected. The care group structure is outlined below.



Workforce plans are iterative and do change throughout the year in response to initiatives that may not have been known at the time of business planning, for instance additional money being made available for new initiatives; new commercial venture opportunities; or services currently provided by the Trust being put out to competitive procurement, with the potential for this to result in a TUPE transfer of staff to a new organisation.

Looking forward, the effectiveness of the workforce plan will be reviewed monthly by the HR Team in conjunction with the Operational Leadership Group, and a quarterly report will be presented to the Workforce Strategy Committee and the Executive Management Committee. Trust Board will be assured of progress via the Workforce Strategy Committee which is chaired by a Non-Executive Director.

3.3 Workforce Challenges

Workforce Planning, recruitment and retention

During 2022/23 we will focus on Workforce Planning by generating information, analysing it to inform future requirements of staff and skills and translating that into a set of actions that will develop and build on the existing workforce to meet UHD's future resource requirements.

Recruitment

Current market forces mean significant challenges in sourcing candidates for an increasing number of hard to fill roles, so improving our reach and attraction of candidates via an increased use of social media and focused marketing is important to us.

Key actions:

- consolidate workforce planning activity across UHD and the wider system and communicate the core requirements of the individual stakeholder in the overall short, medium- and long-term Workforce Plan.
- engage in national and regional recruitment programmes and initiatives for key roles, including international nursing and health care support workers [HCSWs]
- work alongside the ICS to further develop the HCSW vocational scholarship
- increase our uptake on the UHD preceptorship programme and apprenticeship scheme for both clinical and non-clinical roles
- full implementation of refreshed ESR Exit module and BI analytics to develop an evidence-based attraction and retention strategy that supports both local and system wide staffing gaps
- reduction in agency spend and off framework agency usage
- expansion of the international nurse offer to define the pathway of development for newly appointed international nurses towards their first band 6 role
- implement the UHD Temporary Staffing model with resources focused on the attraction and retention of a flexible temporary workforce as a priority.

Retention

Retaining our current workforce remains a priority for us and we will endeavour to offer more flexible, varied roles.

We recognise that flexible working is about more than just retention. It can unlock new opportunities and contribute to people's mental health, wellbeing and engagement with their role, and we know that in the NHS more engaged staff leads to better patient care. We have worked in partnership with staff side colleagues to develop and agree UHD's new Flexible Working and Agile Working Policies, in line with the NHS People Plan principles.

We also recognise that the fair treatment of staff supports a culture of compassion, fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame.

Key actions:

- embed Just and Learning principles into our core people management training
- continue to develop and support the offering of flexible working practices.
- develop attraction and retention incentives at local and system wide level
- Continue to develop and embed the UHD employee value proposition to support reputation as a 'good place to work'

- ensure elective care pathway restoration includes a) talent management and succession planning and b) bespoke health and wellbeing offer for staff and patients

4. Operational Performance and Recovery

4.1 Introduction

In our second year of operating services alongside the ongoing level of healthcare demand from COVID-19, teams have continued to rise to the challenge of restoring services, reducing the backlog of care that is a direct consequence of the pandemic, whilst also meeting the demands for transforming the way we deliver safe, high quality services for our community. In 2022/23, its crucial that we continue our resolve to ensure the highest clinical priority patients are prioritised, we complete any outstanding work for cancer recovery against our ambitions and we continue reforms to urgent and emergency care.

4.2 Organisational Performance and Challenges

In 2021/22 the Trust continued to focus on the planned response to the COVID-19 pandemic and the elective recovery programme.

The response to the COVID-19 pandemic included compliance with national infection control guidance and social distancing. This resulted in a reduction in elective and non-elective capacity and increased waits and numbers waiting for routine planned work.

A focus on re-establishing all cancer and urgent activity during the recovery periods (between peaks in Covid-19 positive activity) has also resulted in the Trust undertaking less activity in the re-established outpatient, procedure and theatre sessions for some specialities.

Consequently, the Trust's position against national standards was mixed in 2021/22 with good performance against diagnostics (DM01) for the first 8 months of the year but continued challenges against constitutional standards such as Referral to Treatment (RTT) and cancer waiting times, meantime in ED and ambulance handovers. There have been further improvements against a number of urgent care indicators such as arrival time in the Emergency Department (ED) to initial assessment and arrival time in ED to treatment.

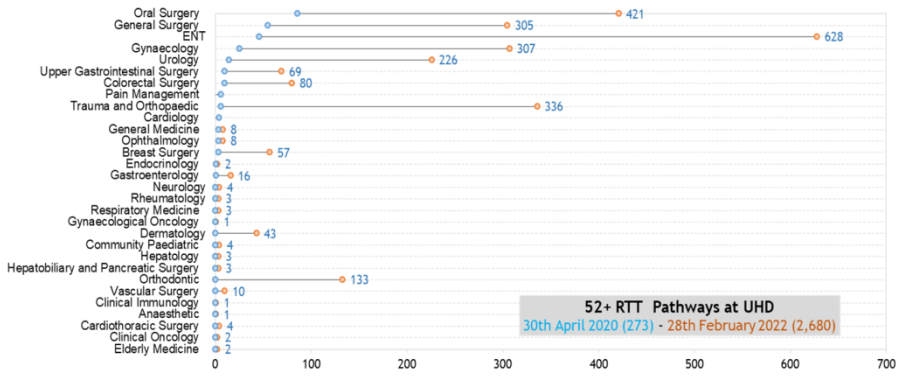
These challenges are multi-factorial but include increases in demand for cancer referrals, workforce capacity gaps, flow and inpatient capacity impacted by Covid and Infection Prevention and Control (IPC) measures, as well as patient's choosing to delay treatment due to the concerns related to Covid-19.

Referral to Treatment

In 2021/22, the RTT waiting list size has increased to over 54,000 and the RTT performance increased to be consistently above 60% since May 2021 against a target of 85%.

The chart below highlights the growth in over 52 week waits with Oral Surgery, Ear Nose and Throat (ENT), General surgery, Gynaecology and Orthopaedics standing out.

There have been overall improvements in the number of patients waiting for extended periods of time for treatment with the number waiting over 52 weeks reducing to 2,680 in February 2022. The proportion of patients waiting over 78 weeks has also decreased with plans to reduce the number of patients waiting over 104 weeks by March 2022.



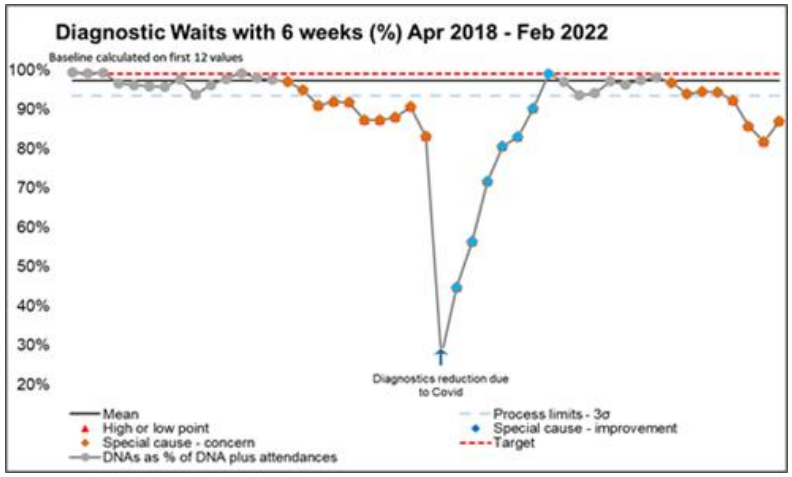
Cancer

Cancer referral numbers continue to exceed previous years putting additional pressure of several services at all stages of the pathway. Despite these pressures the Trust achieved the 31 day Cancer standards. The 62-day standard was not met in 2021/22 and 28 day Faster Diagnosis standard not achieved in Qtr 3. Diagnostic waits and late referrals have been contributing factors alongside surgical capacity.

	Measure	Target	Q3 20/21 - FINAL	Q4 20/21 - FINAL	Q1 21/22 - FINAL	Q2 21/22 - FINAL	Q3 21/22 - FINAL
UHD	Cancer Two Week Wait	93%	N/A	N/A	N/A	N/A	N/A
	Cancer Plan 62 Day Standard (Tumour)	85%	78.6%	77.8%	79.1%	76.9%	70.9%
	62 Day Screening Standard (Tumour)	90%	94.1%	88.1%	88.1%	81.0%	87.0%
	31 Day First Treatment (Tumour)	96%	97.0%	96.7%	97.1%	97.4%	96.8%
	Subsequent Treatment - Surgery	94%	95.4%	90.5%	91.2%	92.2%	93.9%
	Subsequent Treatment - Radiotherapy	94%	98.7%	99.0%	99.0%	97.8%	100.0%
	Subsequent Treatment - Anti Cancer Drugs	98%	100.0%	99.7%	98.8%	98.1%	100.0%
	Faster Diagnosis	75%	80.7%	79.1%	76.5%	75.4%	66.6%
	Over 104 days (treated in month)	N/A	26	16.5	30	28	36

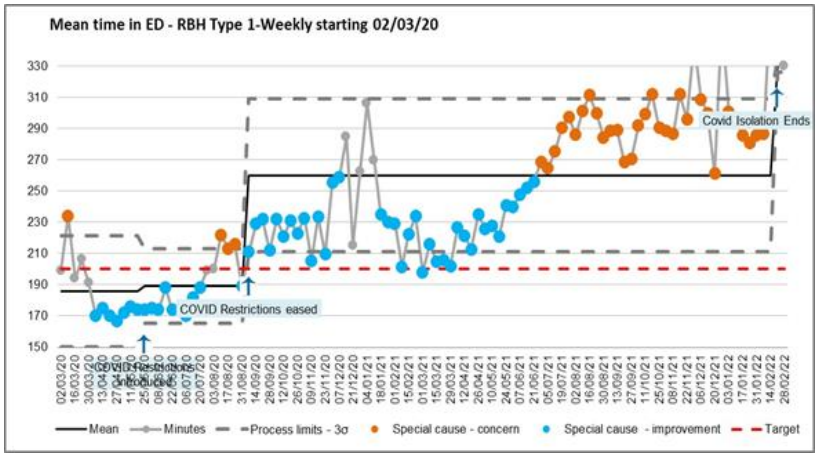
Diagnostics

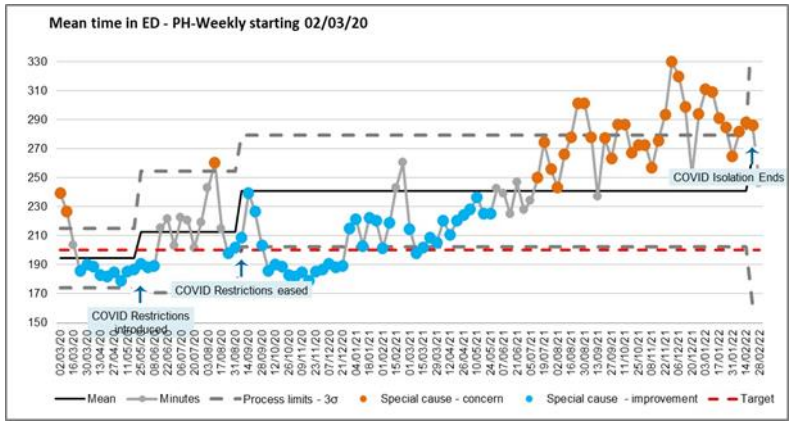
The graph below shows the strong recovery of the 6 week diagnostic standard during the latter half of 2020/21 and the first half of 2021/22. Performance has shown improvement in February following some deterioration over the last few months. Increased demand for diagnostics has been experienced as the Trust increases elective activity to support recovery and due to rising urgent referrals. The most challenged speciality continues to be endoscopy.



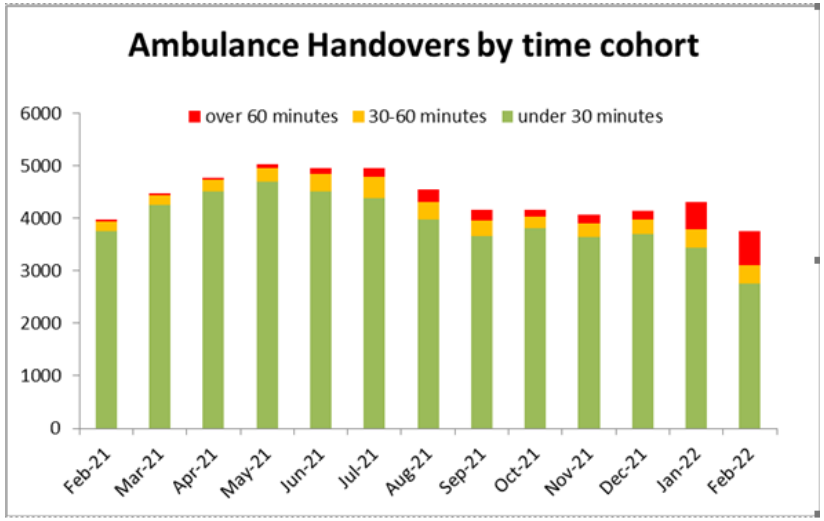
Urgent and Emergency Care

Both emergency departments made improvements in overall mean time during 2021/22 despite increased demand and delays in discharging patients medically ready for discharge.





The overall increased stay for patients remains above the standard and has had a detrimental impact on the national Urgent and Emergency Care (UEC) metrics, particularly 12hr Decision To Admit and ambulance handovers in recent months.



4.3 Urgent and Emergency Care

Key Challenges

Covid has meant the sustained implementation of several IPC related pathways and processes which have adversely impacted patient flow, operational capacity and timely discharges.

This continues to include reduced bed capacity to facilitate compliance with patient distancing, coupled with ongoing lost capacity due to both outbreaks and a requirement to maintain a COVID bed base on both inpatient UHD sites. Bed modelling across UHD had previously demonstrated a gap in bed capacity which required mitigation. Furthermore, the impact of Covid on urgent and emergency patients demonstrates an increase in higher acuity presentations and a sustained backlog of patients who have avoided services now attending hospital later in their disease pathways.

Achieving the new national Urgent & Emergency Care standards is a challenge but as existing pilot sites, we strive to continue to provide safe care and good clinical outcomes for our patients.

Actions

To oversee and deliver the 2022/23 priorities and operational planning guidance and the National UEC 10 Point Action Recovery Plan,UHD has launched an Improving Hospital Flow Programme reporting to the Trust Management Group.

There are 4 key workstreams – ED, SDEC, Operational Flow and Discharge that report to a single steering group. Each workstream is led by a senior team with dedicated programme support and are accountable for delivering transformational change required to deliver the 2022/23 Priorities. Additionally, UHD will continue to use ECIST to support its recovery programme.

Each workstream has detailed action plans and governance in place to ensure these are tracked and delivered. In terms of the 2022/23 Operational Guidance we will specifically deliver:

Reduce 12-hour waits in EDs towards zero and no more than 2%

UHD has a good record of both measuring and delivering waits of no more than 12 hours, however with increased crowding in the Emergency Department this has been a challenge. The Improving Hospital Flow Programme will oversee the recovery and transformation work streams that will contribute to the eradication of all waits longer than 12 hours that are not clinically justified.

We aim to Improve Ambulance Response Standards - minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards. This includes: - eliminating handover delays of over 60 minutes - ensuring 95% of handovers take place within 30 minutes - ensuring 65% of handovers take place within 15 minutes

Ambulance handover delays have become a challenge in UHD when the EDs become overcrowded. The Trust will continue to develop and refine both escalation triggers and responses both internally and externally to respond to the risk of Ambulance delays and make meaningful reduction in the numbers of Ambulances that are unable to hand over to the ED within 15 minutes.

Same day Emergency Care (SDEC) is available 7 days per week, 12 hours per day.

The second workstream of the Improving Hospital Flow Programme is specifically tasked with ensuring local SDEC provision meets national recommendations for accessibility both in terms of time, and breadth of pathways. UHD will challenge services to meet these requirements, and to develop strong cases to reprofile funding from beds to SDEC services.

Ensuring there is a full range of available options in the Directory of Services to meet local need

With partners UHD will continue to develop its Directory of Services accessible from primary care, paramedics and NHS111 to ensure patients can be seamlessly referred to the right service directly, without the need to attend the ED.

Expanding urgent treatment centre (UTC) provision and increasingly moving to a model where UTCs act as the front door of ED, to enable emergency medicine specialists to focus on higher acuity need within the ED.

With partners UHD will continue to develop the UTC provision on both acute sites and facilitate rapid streaming from the earliest decision maker in ED to the UTC environment or prevent attendance into ED entirely.

Risks and Issues

- Face to Face Access in Primary Care
- Workforce – wellbeing, sickness, vacancies, recruitment
- Capacity and technology to divert patients to Minor Injuries Units (MIUs)/Urgent Treatment Centres (UTC) or other appropriate services
- Timely availability of booked appointments
- Timeliness, effectiveness and continual nature of local public communication
- Increase in minors' attendances over the Summer
- Inappropriate referrals
- Complexity of referral/booking processes/symptoms
- Funding/ability to implement capacity mitigation schemes (e.g. SDEC)
- Ability of partners to respond to demand pressures and avoid additional impact on UHD
- Challenges in developing intelligent conveyancing as a means of balancing Ambulance demand and ED crowding
- Changing to funding of IAGPS potentially destabilising DIUCS provision and primary care access from UEC.
- Cultural shift from 'ED work' to 'system work' (internal and external to organisations)

Assumptions

- System plans are developed to deliver the community-based elements of the UEC 10-point plan
- DIUCS/UTC develops as an integrated element of the UEC offering in Dorset
- Transformation initiatives and funding support for schemes will facilitate deliverables, safe care and progress against key standards
- Key ambitions against indicated national UEC standards will be achieved if actions delivered and risks mitigated

4.4 Patient Flow & Bed Capacity

Underpinning the Trust's surge and capacity planning is our bed modelling. With the backdrop of lost bed utilisation due to IPC risk assessment as well as reconfiguration of areas to meet Covid demands (e.g. Blue ITU and cohorting of Covid patients across acute wards) the model demonstrates the need for 'escalation' beds, above core for initial months post winter pressures. A key assumption in our modelling, as well as out bed gap mitigation plans, is the role of the Home First and Hospital Discharge Programmes. There are two key

components of the drive to ensure that patients are not admitted unnecessarily and are discharged when they no longer require the hospitals' services. These are Home First and Community bed based services.

Home First

The following table shows some of the highlights of the Home First programme.

Pathway	Proportion of patients	Features / "What Does Good Look Like"
0 – Discharge Home	50%	Voluntary sector provision. Provides rapid short term 'settling in support' to facilitate timely discharge. Services act as a 'facilitator' to access other smaller place based voluntary/third sector services as required
1 – Discharge Home with Support	45%	Five Integrated cluster teams with responsibility for receiving referrals, determining pathway, allocating care, provide rehab / reablement, case management and assessment for ongoing need. Standardised processes across teams. Integrated/ single IT systems to support processes and data collection.
2 – Discharge to Interim Beds	4%	Range of commissioned beds to meet needs. Single bed management function (flow) and leadership. Step up for known patients or via Acute ambulatory services.
3 – Discharge – Complex and End of Life	1%	Robust hospital and centralised processes for case managing people out of hospital on P3 (and P1 complex and EOL). Timely discharge on P3 to patient's final destination. Timely assessment for ongoing funding. In reach Social Workers supporting ward based discharge planning decision with wider MDT.

Further improvements for the Home First Model and discharge offer during 22/23:

- To agree the ambition / trajectory for improvement e.g. 50% reduction in LLOS from March 2022 and maintained
- Baseline for "admissions not avoided" in ED and Assessment Units where community services have not been able to respond to avoid admission to an inpatient ward (Criteria to Admit enforced via clinical criteria)
- Design a Pathway 1 & 2 Community Service Offer to increase discharges via Home First & Decision to Admit

(D2A) from ED & Assessment Units across the acutes to avoid a long length of stay in hospital

- Commencement of weekly “complex / stranded patient meeting (14 & 21 day LOS)” with representation from Dorset ICS partners to expedite discharge arrangements for patients referred to community services via Home First / D2A.
- In reach hospital Social Workers to support complex discharge planning.
- Establish a Dorset ICS escalation process for patients who do not meet Criteria to Reside, where a community offer for discharge has not been established e.g. within 72 hours of receipt of referral within the SPA / Cluster Team.
- Continue to work with external strategic partner to support the Dorset system and draw on learning from elsewhere.

Hospital Discharge Programme including Criteria to Reside (C2R)

The new Discharge to Assess guidance was issued during the COVID-19 pandemic and the Dorset System is being supported by NHSEI to facilitate timely discharge underpinned by a “Home First” model of care. The ethos behind this guiding principle is that patients receive acute hospital care when needed, only for the period required; underpinning quality of care and patient outcomes.

This Discharge to Assess guidance includes Criteria to Reside (C2R), which aims to move assessment out of hospital and into people’s homes – patients only remain in hospital if they meet a defined set of “clinical criteria to reside”. It is designed to provide an evidence base for identifying the on-going care needs of patients during and beyond the acute phase of care.

Key Benefits

- It’s good for patients – helps to ensure right care, best place at the right time. Reduces the clinical risk of hospital acquired infection and deconditioning by ensuring an optimised length of stay, supporting best patient outcomes.
- It reduces pressure on staff, wards and the front door; allowing our sickest patients to be admitted more quickly.
- It will inform our partners when and how to help and support; enabling effective demand planning.
- The information and data will provide assurance to regulators.

Actions

- Internal clinical focus on P0 and P1 patients with no criteria to reside (using clinical criteria NEWS scores led by senior decision makers)
- Continuing implementation plan which considers all aspects of C2R including engagement and awareness (rolling programme)
- Hospital Discharge Workstream in place to support Trust’s assurance framework and work with senior nurse leads to

include within quality metrics as well as part of the Care Group's performance.
- Have in place an improvement trajectory that is able to demonstrate progress or highlight where further work is needed.
- Future focus on internal processes that delay discharge.

Risks and Issues

- Demand (non-elective and/or elective) exceeds bed modelling scenario assumptions
- 'Staycations' and visitors to Dorset result in surge demand at peak periods
- Increase in the number of patients ready to leave requiring step down to community services
- Home First and Discharge to Assess capacity and pathways are unable to deliver further reductions in Length of Stay to offset the acute bed capacity gap
- Ability and capacity to support engagement and delivery across all clinical and ward teams in the Criteria to Reside framework
- Further Covid waves, outstripping planning assumptions
- Workforce gaps impacting on service delivery

4.5 Elective Care

Elective care covers a broad range of non-urgent services, from diagnostic tests and scans, to outpatient care, surgery and cancer treatment. The COVID-19 pandemic has had a significant impact on the delivery of elective care, meaning that many patients are now waiting longer for treatment than they were before.

Progress made during 2021/22

Considerable strides forward have been made during 2021/22 in support of recovery of elective care. Some of the key achievements are as follows:

We have achieved:

- Mobilisation of the Outpatient Assessment Centre as part of the Dorset Health Village concept to support high flow outpatient procedures and diagnostics within the community. Pathways include cancer, ophthalmology, orthopaedics, cardiology and breast screening.
- The introduction of Patient Initiated Follow Up (PIFU) pathways for key specialities with enhanced decision making to reduce OP follow ups.
- Introduction of Advice & Guidance (A&G) in dermatology, to ensure that patients are seen in the right place, at the right time by the right person.
- A targeted health inequalities approach to enhance the use of waiting list data to identify disparities in relation to waits for elective care using population health

management (PHM) and identification of key measures to support patients to ‘wait well’.

Key challenges

There are several key challenges impacting the recovery of elective care going into 2022/23. Some of these include:

- The impact of COVID-19 and urgency and emergency care, including trauma on elective activity has been significant, in reducing the availability of resource (i.e. staff and beds) and, in particular, exacerbating waiting lists for complex patients.
- Linked to the above, whilst mitigations have been applied throughout 2021/22 there remain patients on our waiting list that have waited over a year for treatment. With key challenges in Trauma and Orthopaedics, ENT, Oral Surgery, General Surgery and Gynaecology. Concurrently our plans must tackle capacity and transformation to address long waiting lists.
- The elective workforce is stretched and has been operating at pace for a considerable period of time thus impacting resilience and wellbeing. Workforce shortages relating to clinical and clinical support staff within key areas are negating elective delivery, and ongoing operational pressures inhibit the ability of our clinical and operational leadership to fully engage within service improvement at times.
- Theatre capacity is in high demand, whilst theatre efficiency and utilisation has not been able to be optimised due to workforce capacity gaps and an increasing reliance on the independent sector to provide additional activity, which brings an additional pull on the finite resources within our booking and admissions teams.
- The pandemic has both slowed and accelerated different pre-pandemic aspirations for the transformation of outpatient services to give patients greater control and convenience regarding their clinic appointments – by offering telephone or video consultations, empowering people to book their own follow-up care, and working with GPs to avoid the need for an onward referral where possible. As the Dorset system prepares for digital and pathway transformation of its outpatient services there is a need to lay the foundations of operational excellence within outpatients through a ‘getting the basics right’ programme.

In 2022/23 it’s clear that recovery of pre-pandemic and pandemic related performance will not be delivered without transforming the design and delivery of services across UHD. To realise the quadruple aims of transformation, to:

- Reduce unwarranted variation in access and outcomes
- Redesign clinical pathways to increase productivity
- Increase involvement of patients in decision making; and
- Accelerate progress on digitally enabled care

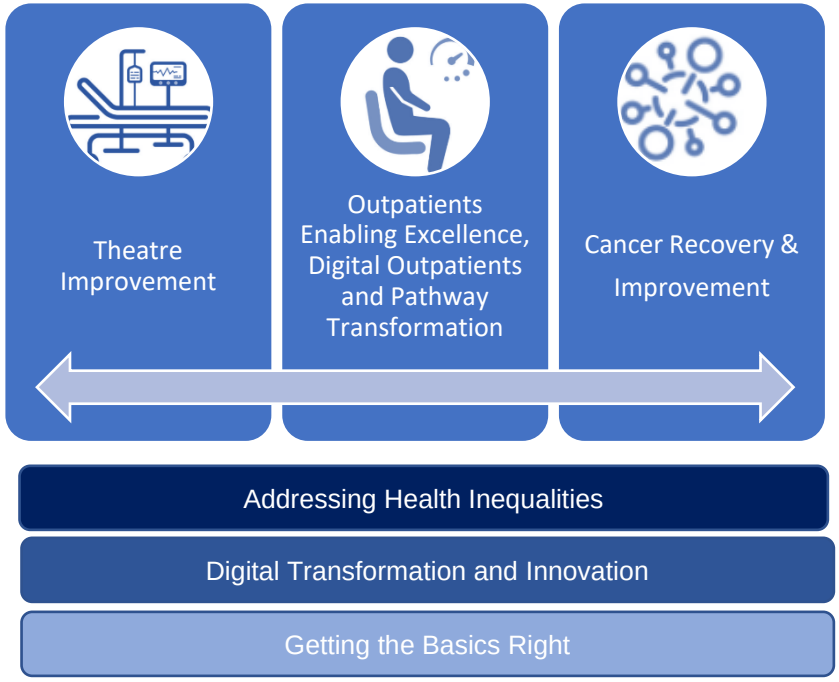
Our plan for elective care in 2022/23

The plan is centred around four areas of delivery:

- Increasing health service capacity
- Prioritising diagnosis and treatment
- Transforming the way we provide elective care
- Providing better information and support to patients

And three transformation programme areas:

- Theatre improvement programme
- Outpatients Enabling Excellence, Digital Outpatients and Pathway Transformation Programmes
- Cancer recovery and improvement programme (see section 4.3)



Each programme is underpinned by the three cross cutting themes of addressing health inequalities, digital transformation and innovation and getting the basics right.

Theatre Improvement Programme

- Theatre transformation is critical to supporting elective recovery. Building on work commenced in 2021/22 to optimise theatre efficiency and utilisation and improve staff and patient experience of theatres, through our theatre improvement programme, we will:
- Engage in a Regional Theatre Improvement Programme, working with Four Eyes Insight to maximise theatre capacity based on ongoing theatre optimisation analysis focusing on trauma and orthopaedics, urology and oral surgery.
- Review GIRFT and Model Health System opportunities and support clinicians to reduce variation.
- Introduce the Smart Theatre Scheduling Tool to enable a single approach to scheduling of patients for theatres.
- Implement a virtual pre-op assessment platform to enable virtual pre-op assessment and remote delivery of pre and post-operative education.
- Standardise operational procedures across sites, including re-energising 6-4-2 meetings and maximising operating capacity.
- Develop a workforce strategy, which addresses recruitment and retention, promotes staff wellbeing and a positive culture in the workplace.

- Identify further opportunities to better utilise community capacity and ensure that secondary care capacity is utilised appropriately.
- Establish perioperative care co-ordination team by April 2023

Outpatient Transformation (Enabling Excellence, Digital Outpatients and Pathway Transformation programmes)

In 2022/23 we will:

- Roll out the plan to maximise use of high flow outpatient assessment clinics at Beales as part of the Dorset Health Village concept. Key steps will focus on developing diagnostic pathways for additional specialities.
- Deliver a back to basics enabling excellence programme for Outpatient Services focused on achieving immediate and sustainable efficiency improvements to optimise the productivity of the service and improve staff wellbeing. Deliverables include:
- Standardisation of appointment guidelines, follow up booking processes and room booking processes.
- Optimisation of an Outpatient dashboard and its operational application.
- Creation and roll out of a speciality capacity model tool and approach.
- A single operating model and recruitment and retention strategy.
- Expand the activation of PIFU pathways in all Care Groups, moving or discharging a minimum of 5% of all outpatients to PIFU by March 23.
- Identify opportunities for referral optimisation and implement specialist advice services across the next priority tranche of specialities to deliver a minimum of 16 specialist advice requests per 100 outpatient first attendance by March 23.
- Optimise the use of virtual consultations to a minimum of 25% of all Outpatient attendances supported by communications and training in conducting virtual consultations to improve usage.
- Deliver Digital Outpatient transformation to improve the patient experience for people on the elective pathway by combining a range of digital technologies into a comprehensive service.
    - Establishing a patient 2-way booking portal to give patients and their carers the ability to proactively manage their appointment requirements, access information related to their care needs and improve clinic utilisation.
    - Use of robotic process automation to enable last minute slots to be more filled more effectively.
    - Deployment of digital dictation and speech recognition technologies to capture clinical notes directly into the patient administration system to reduce handoffs, improve quality of notes and reduce administration.

- Deployment of room booking software giving better control over room bookings, reduce administration and enable better utilisation of spaces.
- Standardisation of self check-in services (software & check-in kiosks) across UHD sites.

In 2022/23 we will also:

Increase health service capacity by:

- Work in partnership with high quality independent sector providers as part of our core offer to patients to secure the best outcomes in areas of high demand and reduce waiting times.
- Re-establish bed capacity consistent with UKHSA IPC guidance.
- Creating a better understanding of demand and capacity by rolling out demand and capacity tools across all specialties.
- Use data intelligently to develop insights on activity and performance which inform our understanding of the opportunity to deploy capacity for elective recovery, including addressing data quality issues.
- Delivering against the Derwent 3rd theatre project in Trauma and Orthopaedics.

Prioritise diagnosis and treatment by:

- Working across the Dorset system and with other NHS providers to offer patients who are waiting a long time, alternative locations for treatment to reduce their length of wait. Including supporting patients to access a new national network for long waiters.
- Ensuring waiting list management consistently follows national clinical prioritisation frameworks.
- Supporting the development of investment plans that lay the foundations for further expansion of capacity through CDCs in 2023/24 and 2024/25.
- Ongoing participation in Dorset Endoscopy Network and the establishment of a long-term solution for endoscopy capacity at UHD. Including expanding capacity at Wimborne, 6 day working in Endoscopy and provision of out of hours/on call endoscopy nursing at the RBH site.
- Developing the trauma pathway.
- Addressing workforce challenges in cardiac services related to echocardiogram capacity through recruitment of Physiologists.
- Undertaking clinically led validation of our elective waiting lists so that they are accurate, organised and prioritised in a way which seeks to engage and empower patients in decision making about their care. Our validation programme will take a digital-first approach and learning from this experience will be transferred to develop further ways of reaching out to patients who are clinically vulnerable and promote self-management.
- Through our access policies we will set the expectation of three-monthly reviews for patients waiting over 78 weeks.
- Moving to a single Patient Administration System (PAS) for UHD.

- Continuing to develop our approach to population health management in relation to elective care, building on the use of data in the DiiS to better understand variations in access, outcomes and experience of treatment and develop detailed clinical and operational action plans to address health inequalities.
- Continuing our focus on reducing interventions identified as of lower clinical value in deliver of the Evidence Based Interventions programme across the Dorset system.

Transform the way we provide elective care by:

- Delivery of our transformation programmes across Theatres and Outpatient services.
- Developing options to support networked MSK/Orthopaedic services and protect in-patient elective capacity.
- Implementing the Medisight Ophthalmology EPR

Providing better information and support to patients by:

- Empowering patients while they are on the elective pathway by giving them the opportunity to access information specific to a range of conditions through the My Planned Care platform, to enable a better understanding of supporting their own health while on the waiting list and how long they may be waiting.
- Enhancing and embedding culturally competent personalised care planning and approaches to support patients to 'wait well'.
- Mitigating against digital exclusion by continuing to offer face to face care to patients who cannot use remote services. Our approach to addressing health inequalities will include an assessment of who is accessing face to face/telephone/video consultations broken down by age, ethnicity, IMD, disability status and other population characteristics.

Assumptions

As a result of these actions, we are committed to deliver the following performance, to:

- Deliver 95% of 19/20 day case activity, 90% of 19/20 elective activity and 96% of Outpatient first attendances in 22/23.
- Eliminate 104 week waits by July 2022 except for Orthodontic waits which we aim to eliminate by end October 2022.
- Eliminate over 78 week waits by April 2023, in year reducing the number of 78 week waits and introducing 3 monthly reviews.
- Reduce 52 week waits by March 2023.
- Reduce OPFU by March 2023 to 85%.
- Use released OPFU capacity to reduce clock starts and/or increase clock stops, with the impact of reducing the total waiting. This capacity will also be redirected to support the organisational response to surges in demand due to seasonal pressures or COVID.

- Expand PIFU to all major specialties, moving or discharging 5% of all outpatient to PIFU by March 2023.
- Deliver 16 specialties advice request including A&G, per 100 outpatient first attendance by March 23 across the Dorset system.
- Continue to offer video and telephone consultation for outpatient services with a minimum of 25% taking place by this route.
- Reduce diagnostic over 6-week waits to less than 5%
- Increase diagnostic activity to a minimum of 100% of pre-pandemic levels across 2022/23

Risks and Issues

- People recovery - a key risk to elective recovery is the workforce capacity. We have a high number of vacancies and a fatigued workforce, which extends beyond frontline staff.
- Theatre capacity - we have insufficient internal capacity to meet the demand for routine surgery and successful delivery of elective recovery will rely upon access to additional independent sector capacity.
- Funding – our ability to earn additional elective funding to support the elective plan is based on delivery against an equivalent value-based activity target of 104% of the 2019/20 baseline.
- Patient compliance and public anxiety

Further details of elective care are included within individual specialty plans.

4.6 Cancer

During the subsequent phases of the pandemic the Trust continued to work as an integral part of the Dorset Cancer Partnership (DCP) and Wessex Care Alliance (WCA) to ensure cancer treatment where clinically safe to do so was prioritised.

Progress made during 2021/22

Some of the key achievements are as follows:

- The Dorset bowel screening programme was the first in the South West to recover the invitation back log for Faecal Immunochemical Testing (FIT) and successfully extended screening to people over 56 years of age in May 2021.
- Implementation of teledermatology for all routine referrals for suspected skin cancer, with the introduction of Advice & Guidance in dermatology and a requirement to attach photos which meet agreed quality standards.
- The reintroduction of one-stop prostate clinics.
- Establishment of Cancer Support worker role within specific tumour sites.

Key challenges

Whilst at the height of the pandemic there was a significant drop in referrals the Trust has now regained referral numbers to meet pre-pandemic levels. Sustained increase in referral numbers in several specialties has proved challenging in

colorectal, breast, head and neck and skin. It is expected nationally that levels of demand will rise in 2022/23 as people with cancer symptoms are encouraged to come forward.

Capacity to manage areas of high demand has been impacted by diagnostic and treatment capacity as well as the availability of specialist and administrative workforce.

Work with Wessex Cancer Hub has been stood down, whilst use of the independent sector for cancer treatments is still available.

Cancer Improvement Programme

In 2021/22 the Dorset Cancer Partnership launched a Cancer Recovery and Improvement Programme to address identified challenges that were holding the Partnership back from achieving its ambitions for cancer services as well as delivering transformation opportunities to support improvement.

Key deliverables of the programme are to:

- Establish a phased, outcome-oriented roadmap for the delivery of recovery and improvement across Dorset's seven priority tumour sites: Lower GI, Head and Neck, Gynaecology, Upper GI, Urology, Skin and Breast, and ensure timed pathway milestones are met.
- Accelerate progression of high-level demand and capacity analysis for each of the priority tumour sites.
- Implement a more consistent approach to cancer pathway processes and design, with a focus on the triage of patients to support patients to receive congruous service and outcomes across Dorset.
- Improve performance in a range of operational targets across the partnership.
- Embed DCP/WCA cancer dashboard into specialty governance structures to monitor progress and identify unwarranted variation.

The programme is underpinned by the three cross cutting themes of addressing health inequalities, digital transformation and innovation and getting the basics right.

We are also committed make progress against the ambition in the NHS Long Term Plan to diagnose more people with cancer at an earlier stage, with a particular focus on disadvantaged areas where rates of early diagnosis are lower. Delivery of the improvement programme in partnership with the Wessex Cancer Alliance aims to improve performance against all cancer standards, with a focus on the 62-day urgent referral to first treatment standard, the 28-day faster diagnosis standard and the 31-day decision-to-treat to first treatment standard.

Actions

In 2022/23 we will:

Ensure there is **sufficient diagnostic and treatment capacity** to meet recovering levels of demand by:

- Working with public health commissioning teams to restore all cancer screening programmes through enhancing current clinical delivery models, including the utilisation of the Outpatient Assessment Centre in the Dorset Health Village for breast screening.
- Streamlining all cancer pathways across UHD to ensure equity of access for patients.

- Improving data sharing with primary care on faecal immunochemical test (FIT) requests and patient information on FIT to support an increase in the proportion of patients referred with suspected lower GI cancer accompanied by a FIT.
- Introducing precision point technology for prostate biopsies.
- Optimising the uptake of innovations including delivering the Cytosponge pilot, and colon capsule endoscopy, to support effective clinical prioritisation for diagnostics
- Increasing triage capacity by provision of additional or high flow clinics to clear the backlog of referrals and the introduction of e-triage, to improve performance against timed pathway milestones.
- Implementing additional one-stop triple assessment clinics for suspected breast and gynaecology cancers.
- Increasing local anaesthetic clinic capacity for ultrasound and hysteroscopies.
- Implementing personalised patient stratified follow up pathways for breast, bowel, testicular and prostate cancers implemented June 2022, followed by endometrial and haematology by March 2023.
- Streamlining access for patients with vague lump symptoms through implementing a Lymph Node Pathway.
- Reintroducing video microscopy in head and neck services.
- Increasing Robotic Assisted Radical Prostetectomy capacity through the procurement of an Xi Robot to reduce operative times for cystectomy.
- Implementing nurse-led scope clinics for low risk head and neck cancer referrals.
- Implementing standardised booking processes to optimise the utilisation of clinic slots for urgent referrals.
- Bringing forward staging CT scans following diagnosis at endoscopy for upper GI cancers.
- Delivering on our ongoing commitment to the clinical validation and prioritisation programme, including through our access policies we will set the expectation of at least weekly reviews for those waiting longer than 62 days on a cancer pathway.

Ensure there is **sufficient workforce capacity** to meet recovering levels of demand by:

- Increasing the recruitment and retention of advanced nurse practitioners, cancer support workers and pathway navigators, and promote take up of clinical training opportunities for the cancer workforce in partnership with WCA.
- Recruiting additional trainee consultant radiographers across Dorset.
- Implementing recruitment and retentions plans to address vacancy gaps in admissions and outpatient booking teams and specialist clinical posts.
- Identifying variation in clinical skill mix and aligning workforce capacity to areas of need.

Enhance **availability of data** to target variation by:

- Completing the development of an early detection dashboard which will enable forecasting of cancer

incidence and staging at diagnosis, with ability to analyse data for variation according to demographics and deprivation.
- Enhancing the existing Cancer health inequalities dashboard available through the DiiS to identify inequalities for specific groups that are identified as having (or at risk of having) poorer outcomes.
- Supporting the delivery of the South West Health Inequalities strategy for screening programmes, which will include breast screening.
- Launching Dorset Care Record (DCR) MyDCR patient portal.

Risks and issues

Key risks

- Continued increase in demand in certain tumour sites impacting on capacity
- Patients declining diagnostic interventions due to ongoing concerns around COVID-19.
- Capacity levels reduced due to on-going COVID restrictions
- Staffing skills and infrastructure to meet the increases in demand, especially in key diagnostic areas: radiology, pathology, radiotherapy
- Capacity in IT infrastructure to support developments both in remote monitoring and protocol/AI driven triage.

As many pathways are reliant on more than one Provider, these risks are not just intra-Trust but inter-Trust

Assumptions

As a result of these actions, we are committed to deliver the following performance:

- To return the number of people waiting for longer than 62 days (including 104 backstops) to the level we saw in February 2020 by March 2023.
- Deliver the number of treatments required to address the shortfall in the number of first definitive treatments (31 day) in all quarters.
- Recover the backlog in breast cancer screening to meet national standards (36-month cycle) by August 2022.
- Recover the Faster Diagnosis Standard to the levels seen in Q2 2021/22 by Q2 2022/23
- To deliver at least 65% of urgent cancer referrals for suspected prostate, colorectal, lung, oesophago-gastric, gynaecology and head and neck cancer meet timed pathway milestones through delivery of the cancer improvement plan.

4.7 Living with COVID

The coronavirus pandemic presented an unprecedented challenge for the National Health Service in response to record demands for care, whilst protecting the health of

patients and staff. Vaccines have enabled the gradual and safe removal of restrictions on everyday life over the past year and will remain at the heart of the Government's approach to living with the virus in the future.

The NHS, with the help of volunteers, has delivered one of the largest vaccination programmes in history. Vaccines and other pharmaceutical interventions will continue to form the first line of defence and the Government has recently accepted the JCVI recommendation to offer an additional booster to all adults aged over 75, all residents in care homes for older adults, and all over 12s who are immunosuppressed.

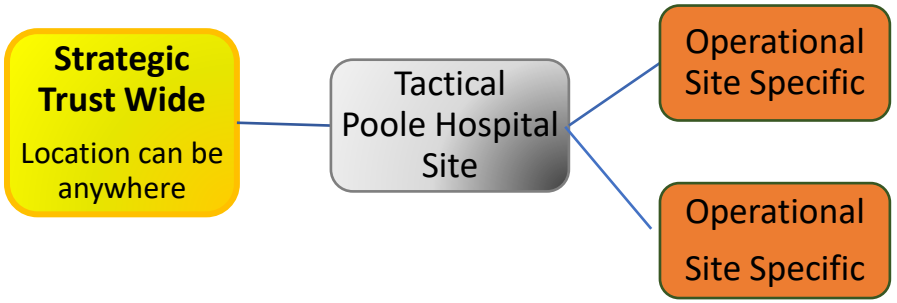
The Government will continue to be guided by the JCVI on future vaccine programmes and UHD will respond to the pandemic in line with the latest government advice. To support us with this response we have the following procedures in place.

Incident Management

We have a well-established incident management (operational, tactical, strategic) response model which can be escalated as required. In line with current NHS incident levels, our current arrangements remain responsive to the ongoing requirements of incident management, internal and external escalation, receipt of national guidance and requests for information.

Since merger in October 2020, progression has been made towards the integration of the organisation, services merging and managers, matrons and other staff working across both sites; this has led to much closer working and knowledge of both sites by all senior staff.

Poole Hospital site is the Trust's Headquarters and has become the primary Incident Coordination site as follows:



The Bournemouth Hospital site will remain as a back up venue and will continue to be maintained.

Preparations for any future potential surge requirements for COVID patients

Capacity

Our current operational capacity plan is being updated to take account of the current and estimated future prevalence of COVID in the local community and to address continued operational pressures.

Bed Modelling

The advent of COVID19 and the resultant IPC and social distancing measures reduced our bed capacity significantly, however as the Health Service moves to 'Living with Covid' it is anticipated the majority of closed IPC beds will be reopened permanently. In addition, reconfiguration of areas and pathways (e.g. Blue ITU) is planned to manage the risk of reduced core bed availability. Our bed capacity modelling will consider a significantly reduced Covid bed base scenario. Planning for COVID activity will remain iterative and will be based on public health advice in relation to community incidence and vaccination impact.

Internal bed model based assumptions:

- 88% max occupancy (to allow for swabbing, distancing and other related pathway challenges)
- 0% growth on 19/20 non elective activity
- Elective activity assumptions that meet the national recovery trajectory requirements
- Base model assumes COVID activity will continue to decrease but will allow for fluctuations in community incidence/hospital admission rate.

Capacity becomes substantially more challenging from the autumn onwards and this will be considered during the winter planning round. Further mitigations are in development to offset capacity gaps which include;

- Review of speciality pathways and cross site bed capacity demands for opportunities to optimise bed capacity across UHD
- Alternative care models which support admission avoidance, Same Day Emergency Care to avoid unnecessary overnight stays and/or reduced Length of Stay across UHD
- Work internally and with Dorset System partners to optimise the Criteria to Reside framework and Home First programme.
- Review and refinement of our UHD-wide escalation (OPEL) plans and associated risk assessments

Critical Care

During 2021/22 circa 10% of COVID admissions required critical care, with most patients requiring respiratory high care. Modelling information on capacity and demand with associated surge modelling allowed for the flexing of critical care capacity to meet expected demand. Surge and escalation plans were in place with critical care networks providing resilience across the network in case of severe demand. Additional beds were created on both sites, providing physically separate areas to safely manage the isolation requirements of c19+ patients.

Both the RBH site and the PHT site are maintaining Covid ICU areas and pathways in addition to Covid escalation plans that have been tried and tested throughout 2021/22. Based on this experience, bed capacity requirements for 2022/23 are around high care rather than ITU beds. Planning therefore has commenced in how to create a high care area to benefit the needs of our patients, whilst providing a safe environment for patients.

During 2022/23 we will continue to provide appropriate isolation for patients with infectious diseases for patients requiring critical care and the needs of elective patients who require HDU support.

We will develop workforce planning and a recruitment strategy to support the workforce of the units and intend to pilot an enhanced recovery area and high care surgical pathways to help preserve the bed base for complex/high risk procedures and emergency care.

In order to make best use of capacity outside of the RBH and PHT sites we will develop a sustainable cover arrangement for general anaesthetic activity at Wimborne Community Hospital and maintain our strong link with local and regional critical care networks.

COVID Testing

Rapid testing:
We have a range of rapid testing equipment on site in dedicated areas :-

- For point of care testing the Directorate have transitioned to the new Samba2 assay with a shorter run time.
- The Trust has received increased allocation of Genexpert reagents that have supported wider use of this assay including providing resilience during down time of alternative platforms
- The Genexpert multiplex assay is now available for Covid, Flu A, Flu B and RSV testing to allow differentiation of specific viruses in patients with nonspecific symptoms
- Currently awaiting delivery of additional 2 x 8 module Genexpert analyser for out of hours multiplex testing

Non-rapid Testing:
We also have a range of non-rapid testing on site.

- Capacity has been increased on the Step One Plus platform at Poole to 180 swabs per day. This has reduced Poole's reliance on referred work to Bristol and Porton Down giving a faster turnaround. However, staffing for the team performing the assay is still at the minimum required to run a seven day service with insufficient resilience to cope with unplanned absences
- One Dorset Pathology are seeking NHSI support for implementation of a Roche 6800 analyser to be installed at DCH which would have the capacity to process all non-rapid testing and referrals generated in the county

Vaccination

In 2020 and 2021, the Trust delivered a vaccination programme for UHD staff and the wider health and social care workforce. In total we vaccinated around 35,000 staff using out-patient accommodation and co-opting a wide range of clinical and non-clinical staff to deliver this.

Working with system partners, the Trust are in a position to respond to any further national guidance regarding boosters for staff, the wider health and social care workforce and at-risk patients as and when the guidance becomes available.

Infection Prevention and Control (IPC) - COVID Actions

COVID-19 Specific

- Complete post infection review reports for all COVID-19 cases acquired within the Trust (after day 8) excluding those identified within an outbreak.
- Complete a review of all outbreaks following the agreed Trust template developing a thematic learning plan for the Trust building upon the report recommendations from the 2020/2021 findings
- Set up and establish a COVID-19 dedicated pathway for patients on both sites with clear guidance for admissions into their speciality wards. This will include clear guidance for how to manage increasing prevalence, healthcare acquired cases and triggers to review the safety of the pathways in each area.
- Support the development of a Respiratory High Care Unit including the design and functioning of the ward from an IPC perspective.
- Incorporate learning from COVID-19 into current IPC policies to support the development of pathways into the Trust.
- Risk assess requirements for weekend cover for IPC across UHD to ensure that a plan is in place to deliver the Trusts requirements for IPC in the presence of any increased peaks or outbreaks of COVID-19.

Other IPC Actions in 2022/23

- **Surveillance -** Fully integrate ICNET (Electronic surveillance tool) into reporting and managing of patients with alert organisms. Explore the benefits of using this system with CMST to support out of hours IPC actions Incorporating a surgical feed to enable monitoring of surgical site infections.. Review the Trust wide monitoring and recoding of post procedure infections to ensure that there is an accurate understanding of this burden on patients and the Trust.
- **Surveillance –** Ensure that the Trust is an active member in the collaborative projects across the South West and UK looking into the increasing burden of Clostridioides difficile, MSSA and E. coli upon patients. Use the learning and actions from these events to reduce the health care associated cases and support the reducing of community associated cases.
- **Cleaning and Decontamination.** Set up Trust wide Decontamination group. Continue to support the implementation of the new Healthcare Cleanliness Standards. Work with the Facilities senior management teams to continue monitoring the standards of cleanliness within the Trust.
- **Equipment** Support the introduction of a Trust wide Bedframe and Mattress management system including the ability to offer a higher standard of bed and mattress cleaning systems.
- **New builds/ modifications of existing structure -** Continue to work with organisation to ensure that all new builds and modifications are planned and delivered in a safe way for patients and staff. This will cover not only the design concept but also ensuring a risk assessment takes place to review impact on the clinical environment prior to building work commencing following the IPC in the built environment policy.
- **Staffing -** Merge the two IPC Teams into 1 to ensure resilience and support available for the Trust establishing key roles for all members of the team and explore how the Team can work cross site to increase resilience.
- **Learning** Complete programme of listening events and debrief for team members to ensure all members are fully supported.
- **Training -** Deliver training and education programme for IPC Champions across UHD to establish a Trust Wide network with the potential to support the IPC Team during periods of extreme pressure. Ensure all new joiners to the IPC Team have access to training and that existing staff get the opportunity and time to refresh skills and knowledge in areas that have not had focus due to the high demand of COVID-19.
- **Policy -** Risk assess all IPC UHD policies alongside Dorset ICS IPC policies to create a plan to review, update and merge policies based upon risk. The aim would be for the creation of Dorset wide policies.

4.8 Tackling Health Inequalities

Covid-19 has shone a light on inequalities and highlighted the urgent need to strengthen action to prevent and manage ill health in deprived and ethnic minority communities. Narrowing the gap in health inequalities and improving health outcomes is a golden thread woven throughout all aspects of our plan.

In 2022/23 we will strengthen our use of population health management to narrow the gap in health inequalities and improve health outcomes. We aim to proactively identify the health inequalities of our population to inform service design and policy development.

We will build upon the strong foundations provided by the Dorset Intelligence and Insight Service (DiiS) population health management (PHM) tools, which give access to comprehensive, good quality data and linked data sets from many care settings including acute care, primary care, mental health and social care.

Our approach will be to use this data to identify the needs of our communities experiencing inequalities in access, experience and outcomes in relation to their health, so that we can respond with tailored strategies for addressing inequalities and track the impact of these strategies. To support this, we will continue to improve data collection on ethnicity within the waiting list minimum data set (WLMDS).

We will work collaboratively across the Dorset ICS to adopt the Core20PLUS5 approach and to deliver the ICS Integrated Care Strategy. In doing so, we will made specific consideration of Black and minority ethnic populations and the bottom 20% by IMD for clinically prioritised cohorts.

Building on the work undertaken in 2021/22 to evaluate the impact of elective recovery plans on addressing pre-pandemic and pandemic-related disparities in waiting lists we will continue to spread the learning to date to other prioritised cohorts.

Our strategy will relate to addressing health inequalities for both patients and staff. Our Equality, Diversity and Inclusion Group and Healthy Working Lives Group will be asked to set out its priorities in tackling health inequalities as they directly relate to staff and to review the strategy to ensure activities are viewed through a health inequalities lens.

Accountability for health inequalities will be assured through our Board performance reporting framework. We will move towards outcome reporting, breaking down performance reports by patient ethnicity and IMD quintile, focusing on unwarranted variation in referral rates and waiting lists for assessment diagnostic and treatment pathways, immunisation, screening and late cancer presentations. In 2022/23 we will ensure that an assessment is made of the South West regional health inequalities dashboard to allow for measurement, assurance and regular oversight by the Board of the impacts achieved in closing the gap on health inequalities.

We will strengthen our governance arrangements by establishing a trust-wide Health Inequalities Group, with appropriate connection to the Board through the Finance and Performance Committee, to lead this work and develop an overarching plan for the prevention of ill health. A designated Senior Responsible Officer at Executive level will have responsibility for oversight. Dedicated operational leadership and resources, including a programme lead and clinical champion will be identified to support the programme.

To reflect our position as one of the biggest employers in Dorset, we will consider adoption of the Anchor Institute approach and be an active member of the Dorset Anchor Institution's Network.

In 2022/23 we will also;

- Review our current patient engagement strategy to ensure we optimise how we understand our communities and the way in which they experience our services through personalised culturally competent approaches to clinical and operational management including participatory community engagement.
- Evaluate the Trust's approach to Equality and Health Inequalities Impact Assessment to ensure its alignment with NHS best practice.
- Support staff to access training on population health management and health inequalities, including the development of technical and analytical capability within the Performance and Business Intelligence service.

5. Transformation, Capital Development and Sustainability

5.1 Overview

Dorset has been on its ambitious transformations journey since the Clinical Services Review (CSR) completed in 2017 and set the clinical strategy to best meet our populations needs. For UHD two major capital developments are underway to support the reconfiguration of services into the Planned Hospital site at Poole and the Emergency Hospital site at Bournemouth.

UHD has been awarded STP Wave 1 funding of £201m to establish the BEACH building (Births, Emergency care, And, Critical care and child Health) and additional capital to develop a new theatre block at Pole Hospital. A Strategic Outline Case has also been approved for £205m from the New Hospitals Programme to establish the other reconfigured services required to meet the planned and emergency care model.

In addition to the ambitious capital schemes the Trust is consolidating the merger of the two legacy organisations, transforming services through improvement & innovation, implementing operational changes and improvements across

the care pathway and has been strengthening the partnership working with Bournemouth University.

The strategic plan for UHD over the next five years will see delivery of high quality, safe and sustainable services for the population of Dorset in a modern, fit for purpose estate as detailed in our estates masterplan.

5.2 Estates Development

The UHD estates strategy up to 2026 is well established, with key service reconfigurations in 2024 and 2026 resulting from the major build programmes.

In 2022/2023 significant enabling works will continue to progress the complex capital programme that supports the Acute Reconfiguration. This includes the continuation of the RBH main entrance, demolition of the catering block to make way for the new seven storey block which will house a new catering facility, three new theatres and three new wards, capital works for the movement of antennal to the St Mary's site, enabling works to support the new Macmillan unit on the Christchurch site.

The new Theatre block at Poole Hospital will be completed externally in 2022/23. Work continues in establishing estates quality compliance systems and reducing estates backlog work.

Construction of the One Dorset Pathology Hub on the Royal Bournemouth site is expected to complete by March 2023, with services moving in early 2023/24.

The Capital Expenditure Departmental Limit (CEDL) allocated to Dorset and UHD continues to constrain the backlog and maintenance carried out across all three hospital sites. The Integrated Care System is in the process of agreeing a capital prioritisation process which will allocate CDEL for future years, this may add further pressure to the UHD capital plan should other partners in the system have higher prioritised capital expenditure requirements.

For 2022/2023 the estates capital programme focus is on:

i) Completion of works already in progress, many related to enabling works for reconfiguration.
ii) Essential and backlog reduction maintenance
iii) Planning and preparation of major schemes such as the BEACH (Births, Emergency care, And, Critical care and child Health) building, Poole Hospital theatres, New Hospitals Programme schemes at the Royal Bournemouth Hospital, Poole Hospital and Christchurch Hospital sites.

5.3 Sustainability- Green UHD Plan

The UHD sustainability strategy aligns with the requirements set out in the NHS national plan, delivering a “Net Zero” national health service.

The Sustainability Strategy, or Green UHD Plan, is built around four levels, these are

- Our vision to provide excellent healthcare
- Our green objectives, healthy lives, healthy community and a healthy environment
- A set of cornerstone targets relating to carbon, clean air, the use of resources, sustainable development goals and staff engagement

Our green plan can be found on: https://www.uhd.nhs.uk/about-us/sustainability#:~:text=University%20Hospitals%20Dorset%20NHS%20Foundation%20Trust%20(UHD)%20has%20launched%20its,NHS%20England's%20carbon%20neutral%20target.

To realise our green plan there are ten areas of activity that cover all the aspects of services within UHD.

- Asset management and utilities

• Use of resources

• Monitoring our carbon and greenhouse gas emissions

• Capital development

• Adaption to climate change

• Our green spaces and biodiversity

• Sustainable models of care

• Travel and logistics,

• Our staff and how they can help with the change

The plan has put the trust on the route to being a net zero organization by 2040 in line with the wider NHS plan. The plan contains a range of measures across the action areas that will be revised regularly as we move along the reduction trajectory.

5.4 Digital Programmes

UHD has a *Best of Breed* approach to deploying systems that meet specific departmental needs and uses messaging and a *portal* based EPR (Graphnet CareCentric) to share information across the Trust and the wider system, via the Dorset Care Record.

The vast majority of our departmental systems send data to EPR and we currently have 5 critical enterprise-wide systems (EDM, Order Comms, EPMA, Dorset Care Record, Radiology PACS) linked to EPR such that the user can launch these systems from within EPR without having to login or find the patient from within that connected system[1]. Work is progressing to deliver another 2 systems within the next 6 months (HICSS (endoscopy and rheumatology) and eNurse Assessment).

All historic paper-based recording of clinical care is now scanned following the inpatient and outpatient event and consequently no “legacy” paper documents are presented to clinicians at the point of care. Graphnet EPR has >180 specific electronic form templates and >300 specific e-forms exist outside of Graphnet EPR for clinical and non-clinical use. It is difficult to find a clinical department that does not use computer-based recording for at least part of their patient interactions and gradually, albeit slowly, the dependency on paper recording is being eroded, particularly in the non-inpatient settings were clinical staff are finding it easier to make this transition.

Over the last 12 months it had become clear that the best of breed/portal approach may be constraining our attempts to improve clinical productivity through digital transformation as it requires clinicians to navigate multiple systems to conduct effective clinical workflow. This would suggest that UHD, in the context of the ICS, needs to consider a new genre/architecture of clinical information systems to make the

next step change in digital services to support clinical safety and efficiency.

Graphnet, our portal provider, as part of the System C alliance, has indicated that although there is no threat to the continuation of our existing portal-based system, the future roadmap for that product is to subsume it within system C EPR which presents a far richer Services Oriented Architecture approach to clinical systems. No decision has been made yet on the UHD strategic digital future given the recently announced national “managed EPR convergence” policy which is still under consideration at Dorset ICS level.

The UHD current plans are to continue with the tactical deployment and completion of in-flight deployments of best of breed systems with as much integration as possible to our existing clinical ecosystem to provide value to our clinical and operational staff in addressing their objectives until such time as we have an overarching Dorset wide architecture, roadmap and programme of delivery. Some key projects are described below, this is not an exhaustive list.

- new theatres departmental system being procured and implemented to support productive theatre initiatives in support of elective care recovery
- Completing deployment of EPMA for inpatient settings
- team based notification in-house development to provide closed loop reporting for results and referrals
- deployment of order comms and results reporting to cardiology and endoscopy
- procurement and deployment of image sharing solution as part of the south-east three diagnostics network
- deployment of a range of digital technology to support outpatient productivity (including online booking platform, voice recognition, robotic process automation, business intelligence tools, workflow enhancement for referral and advice and guidance management)
- replacement of traditional pagers for routine communication with a portable, WiFi connected device allowing immediate communication by instant message, voice and video
- Removal of all unsupported operating systems and applications in line with meeting our DPST requirements

These developments will be underpinned by a systematic rolling stock replacement of all layers of our technical Infrastructure and end-user devices and work to achieve a fully compliant Data Security and Protection Toolkit submission

With support from the UHD Board of Directors, we will be undertaking the detailed design and implementation planning for a single Digital Dorset Shared Service during 2022/23

5.5 Bournemouth University (BU) Partnership Strategy

Our BU-UHD partnership strategy identifies the main areas of focus for the BU-UHD partnership programme:

- strategic alignment – better coordination of strategic objectives
- stimulus for research and innovation – facilitate collaboration and increase research activities
- education and training of future workforce – develop training opportunities and meeting future workforce training needs
- recruit and retain talent – making BU and UHD great places to work
- meeting future challenges – working together to better solve future challenges
- wider private and public partnerships – working closely with other partners

The strategy promotes a “joint by default approach” between the organisations, complementing the existing work and strategies of each individual organisation, enhancing the work that is already done together and developing on both organisations’ strengths.

The jointly agreed work programme identifies the collaborations planned for the year in order to deliver benefits to patients, students, staff, organisations and wider. Key opportunities in the coming year are:

- to collaborate to develop new roles across the hospital and university attracting new talent supported by guidance for creating joint appointments
- to utilise UHD apprenticeship funding to co-design and co-deliver training to support development of our senior leaders and utilising existing talent from across the organisation to train others
- to enable further research to support both improved patient experience and outcomes including 4 Match funded PhDs to develop digital assistive technology for use in breast cancer surgery, new nurse led technology enabled pathways for patients with skin cancer, develop more personalised care for women of advanced maternal age and improve wayfinding in hospital
- to work together to increase the number of non-clinical placements for BU students from a range of faculties at UHD

Both BU and UHD recognise the strength of working more closely together and are committed to this programme in the coming years.

6. Governance, ICS Development and Communications

6.1 Governance and Assurance

University Hospitals Dorset Hospitals recognises risk is inherent in the provision of healthcare and its services, and therefore a defined approach is necessary to identify and contextualise risk, ensuring that the Trust understands the risks it is prepared to accept in pursuing the Trust's aims and objectives.

The overall aim of the Trust is to achieve a culture where risk management and safety is everyone's business, that there is open and honest recording of risks and a culture that encourages organisation wide learning and risks are continuously identified, assessed and minimised. A culture of ownership and responsibility for risk management is fostered and supported throughout the organisation.

The Trust Risk Management Strategy sets out the Board's strategic approach to risk-taking by defining its boundaries and risk tolerance thresholds. The strategy supports the delivery of;

- Devolved decision making and accountability for the management of risk throughout the organisation; from the point of delivery to the Board.
- Promoting a culture of assurance, monitoring, and improvement, ensuring risks to the delivery of Trust strategic objectives are well understood.
- Supporting patients, carers, and other stakeholders through the management of risks to patient safety, patient experience, and service delivery.
- Refining processes and systems to ensure engagement in risk management is efficient and effective, enabling good decision making through robust reporting to relevant decision making groups and scrutiny groups.
- Supporting the Trust Board, commissioners, and other key stakeholders in receiving and providing assurance that the Trust understands its risk profile and is working to mitigate key risks in appropriate and timely ways.

The Trust Board of directors recognise that Risk Management is an integral part of the Trust's quality, governance, and performance management processes. The Board, with support from its committees has ensured a robust system of risk management is effectively maintained whereby risk management is embedded across the Trust through policy, strategy, and plans.

The Trust manages risks by:

- Undertaking an annual assessment of the organisation's objectives and identifying the principal risks to achieving

those objectives (Board Assurance Framework (BAF) risks). The BAF is a key mechanism to reinforce the strategic focus of the board and better manage risk.

- Regular monitoring of the effectiveness of the Board Assurance Framework by the Trust's Board and the Audit Committee.
- Consideration of independent sources of assurance to verify the accuracy and completeness of the risks identified and the controls in place to mitigate them
- Regular monitoring and review of the risk register and risk appetite ensuring the risks are managed effectively and at the appropriate level within the organisation and escalated where appropriate.
- Integrating risk management into business planning, quality improvement and cost improvement planning processes, ensuring that objectives that are set across the organisation with plans to manage risk in accordance with quality impact assessment and risk assessment procedures.

As well as the Board itself, all Board committees have defined responsibilities to oversee relevant risks

This is further supported by risks being reviewed by defined groups through the organisation including:

- Trust Clinical Governance Group
- Care Group and Directorate Risk and Governance Groups

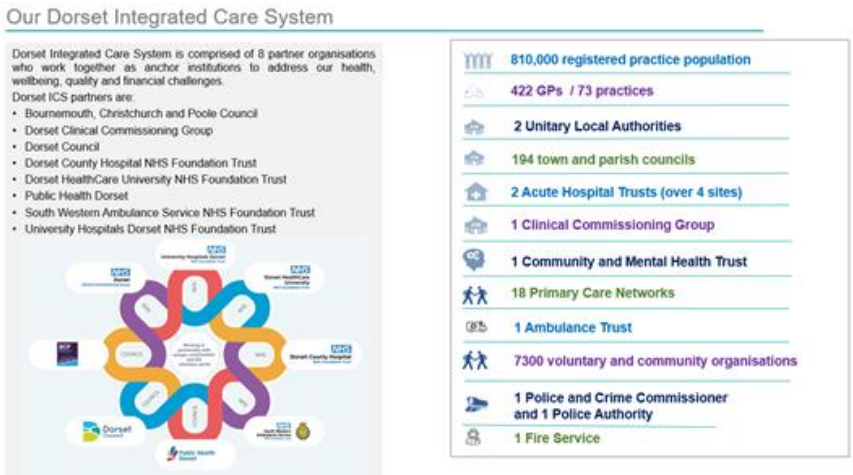
6.2 Integrated Care System (ICS) Development

The NHS Long Term Plan confirmed that all parts of England would be served by an integrated care system (ICS) by 1st July 2022. At this point Dorset CCG functions will transfer to Dorset ICS and the governance arrangements of a Dorset Integrated Care Board, Provider Collaborative and Integrated Care Partnership will be established.

Dorset ICS will have four key functions:

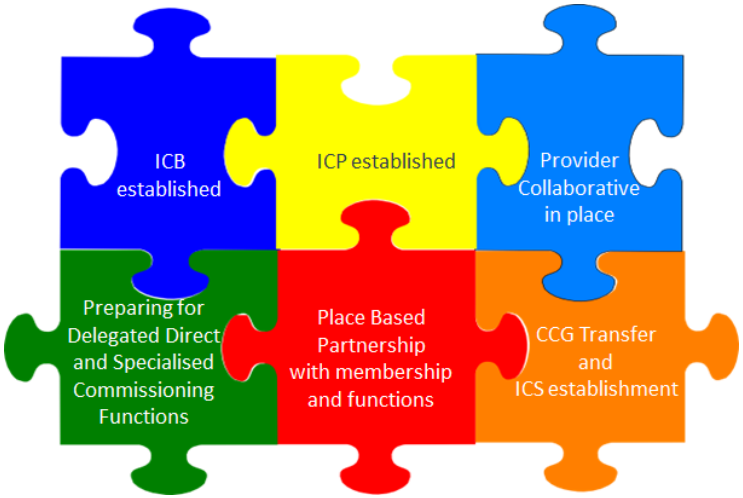
- improving outcomes in population health and healthcare
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- supporting broader social and economic development.

Health needs and localised services will be determined in part through Place-based partnerships for the Dorset and PCT council boundaries. See below for ICS membership.



All the organisations operating within the Dorset ICS recognise that their effectiveness is dependent on the connections with other organisations across the health and care system, which in turn significantly impacts on the outcomes and experience of our patients. UHD has always had a strong commitment to partnership working, with its vision being "To positively transform our health and care services as part of the Dorset Integrated Care System".

The main changes on day one of the new ICS are outlined below with new leadership and structures in place by July 1st. It is likely a key focus of the new ICS will be health inequalities and population health management and UHD is working closely with ICS members on these issues.



6.3 Communications and Engagement

The University Hospitals Dorset communications strategy and plan will support the 2022/23 priorities and operational plan. This will be done hand in hand with our UHD values that will underpin our communications as they underpin everything the Trust does.

Our communications team, working with colleagues across the Trust, will focus efforts on communicating with staff and the public to ensure they are kept in touch with what's happening at UHD and to share any important health messages.

Our communications plan will be developed to be multi-channel. We need to ensure that all our communication

reaches the correct audiences at the right time and by the right channel. This means we need to explore all forms of communications, from digital, to social media, to traditional posters and signposts on location.

Successes that we will build on include our website (www.uhd.nhs.uk); twice weekly email bulletin; CEO videos (published on our You Tube channel), online staff briefings; the Brief – monthly staff digital and printed publication: screensavers; and social media channels (Twitter, Facebook, Instagram, Linked In).

We have also rolled out a staff app which helps frontline staff who traditionally haven't had access to our communications through desktops. Over 7,600 staff have downloaded this onto their person devices.

We also publish Together magazine three times a year which is sent to all members of our foundation trust.

We have built up very strong media relations both locally and nationally and will continue to work closely with the media as appropriate.

Our key messages will include:

Health, wellbeing and Covid-recovery

We will ensure that all staff have easy access to information to signpost them to all that the Trust has on offer to support their health and wellbeing. Working closely with colleagues in Occupational Health and Organisational Development, we will highlight how we reward and celebrate our staff and also what support we offer for staff who are struggling for whatever reason.

Promoting benefits of our transformation

Recent public engagement events have highlighted that there is still a lot of public misunderstanding/mistrust around the future reconfiguration plans for our hospitals. There is also a lot of misinformation about benefits to patients around the changes. Working with our clinical colleagues, we need to create a new campaign that updates the Clinical Services Review to the here and now. We have the possibility to start holding public events again and these could be used to promote the benefits and answer any queries people may have.

Recruitment and retention

We will promote the benefits of working across our Trust in the many varied roles available. This will be based on the benefits of our new university hospital trust status, our career development possibilities and our location.

Champion Equality, Diversity and Inclusion

Need to ensure we boost the support communications gives to colleagues across the trust, celebrating success and promoting and highlighting the work of the staff networks. This will include encouraging attendance at events and promoting any annual events and diversity calendar.

Promotion of Green UHD strategy and plan

Working with our transformation teams, we shall promote the Green UHD strategy and plan. This will include encouraging colleagues to take steps themselves as well as celebrating successes around the Trust. Will be tied in with the travel plan to help encourage more colleagues to seek alternative transportation to work than single car travel.

Working collaboratively

The UHD communications team works very closely with partners across the Our Dorset Integrated Care System (ICS). The pandemic brought us closer together and we will continue this. Our work together will be focussed on joint resilience and also on addressing the health inequalities of our region.

Preventing inappropriate attendance at ED

Working with the Dorset CCG (and in future Dorset NHS) and with the local media and across our social media channels, we have produced several campaigns focussing on where the best place to go for care is. We will continue to do this to ensure that our ED can provide the best possible care for those who need it the most in a timely fashion. We will work with our partners to showcase the alternatives as well as reminding the public to ensure they don’t ignore symptoms but get them seen to.

Governor partnership

Our communications team is closely linked to our Governors though our membership of the Membership Engagement Group. We work very closely with governors on public engagement with listening events; understanding health talks and through our monthly members newsletter and our publication Together.

7. Finance

The national planning guidance for 2022/23 was written at a time when the NHS was operating within a Level 4 National Incident in response to the emergence of the Omicron variant. Despite this, it was felt important to provide certainty and clarity where possible, including setting out the priorities and financial arrangements for the whole of 2022/23. It is recognised however that these will need to be kept under review.

The objectives set out within the planning guidance together with the accompanying financial allocations are based on a scenario where COVID-19 returns to a low level. COVID funding has been reduced significantly, with this transferred into the national Elective Recovery Fund. The assumption is that significant progress can be made in the first part of the new financial year in restoring services and reducing the COVID backlogs.

Locally, the Dorset Integrated Care System continues to operate under significant pressure, with high demand for urgent and emergency care services and increasing numbers of patients in acute hospitals who are medically ready for discharge. Within the Trust, COVID admissions are increasing daily; both Emergency departments continue to operate under extreme (Level 4) pressures; and we continue to care for over 200 patients who no longer require acute care but are unable to be safely discharged due to a lack of available step-down care. As a result, we continue to operate at Operational Pressures Escalation Level (OPEL) 4 with bed occupancy frequently exceeding 100%.

Operating under this pressure requires a relentless focus from all teams to ensure patients receive safe care. Having to operate under this pressure for such a sustained period has obviated the Trusts ability to progress transformation and efficiency schemes at pace. This has limited the Trusts ability to improve productivity and reduce expenditure and when compounded with the significant workforce challenges and reduced COVID funding, makes it incredibly difficult to set a balanced budget.

Revenue

Considerable financial planning and detailed financial modelling has been undertaken within the Trust. This reflects the national planning guidance together with the agreements reached within the Integrated Care System in relation to the distribution of funding across partner NHS organisations. The outcome of this is an expected financial break-even position, within the expected Dorset ICS aggregate break-even position (exclusive of South Western Ambulance Service). This reflects considerable inflation costs, the inability to exit specific COVID costs, together with the sustained operational and workforce pressures highlighted above; off-set by

additional national inflation funding and a number of expected non-recurrent mitigations

However, a number of financial risks remain which could, if unmitigated, lead to a considerable financial deficit. These include:

- Cost Improvement Plans currently amount to £6 million against the target of £14 million, representing a risk of £8 million.
- Pay costs have been budgeted based on the substantive cost, with only a small amount budgeted for the premium cost of agency cover. If the current agency expenditure run rate continues there is an additional risk of up to £6 million.
- Non-NHS income budgets have been returned to pre-COVID levels consistent with the national planning guidance. This represents a risk of up to £2 million if actual income does not recover in full with effect from 1 April.
- Expenditure of £10 million (off-set with dedicated funding of £10 million) has been included to cover the expected ongoing COVID-19 costs. However, costs may exceed this level if not controlled or if COVID related admissions continue to rise.

These risks, together with the wider financial governance procedures will be managed through the Trust Management Group (supported by the Financial Planning Group) and assured by the Finance and Performance Committee and ultimately the Board.

Capital

The Trust has a comprehensive medium-term capital programme, developed as part of the acute reconfiguration business case and fully aligned to the outcome of the Dorset Clinical Services Review.

This very significant and ambitious programme totals £0.45 billion over the coming four years with budgeted spend of £122 million during 2022/23 comprising three key elements:

1. Estates Development (section 5.2 above);
2. Digital Transformation (section 5.4 above); and
3. Medical Equipment replacement programme.

This programme sits within the aggregate Dorset ICS capital programme which lives within the ICS capital allocation. However, several risks remain within the Trusts capital programme including:

- The capital budget includes a 20% slippage assumption and whilst this has been allocated at scheme level, there remains a risk that this will not be achieved resulting in a capital overspend.
- A significant number of priority schemes have been removed from the programme due to affordability within

the ICS capital allocation. There is a risk that these will become urgent and unavoidable requiring in year expenditure to address.

- The New Hospitals Programme schemes totalling £15 million would impact upon the critical path for the Trusts wider reconfiguration programme if not progressed, and therefore if early enabling funding is not secured, there is a risk that the Trust (and therefore the ICS) will breach its capital allocation unless alternative mitigations can be identified.

The Trust has a strong track record of successfully managing its capital budget and this will remain a focus through the Trust Management Group (supported by the Capital Management Group) and assured by the Finance and Performance Committee and ultimately the Board.

Cash

The trust continues to hold a significant cash balance which has been strategically built up over many years and is fully committed, supporting the medium-term capital programme and specifically the unfunded elements of the Dorset Clinical Services Review acute reconfiguration programme.

However, this will be depleted if the Trust cannot contain expenditure within budgeted levels.

2022/23 Financial Priorities

The Trust's absolute priority during 2022/23 is to live within its budget and make progress in recovering the recurrent underlying deficit.

The Trusts approach will be as set out in section 1 above, with an absolute focus on the following key priorities;

- Emergency Care Flow
- Elective Care Productivity
- Sustainable Workforce

In addition to delivering direct financial improvements, making progress in these areas will release clinical and management capacity to focus on further quality improvement, thereby improving productivity and efficiency and reducing waste.

This recovery plan will be underpinned by strong financial governance and control, both within the Trust and across the ICS.

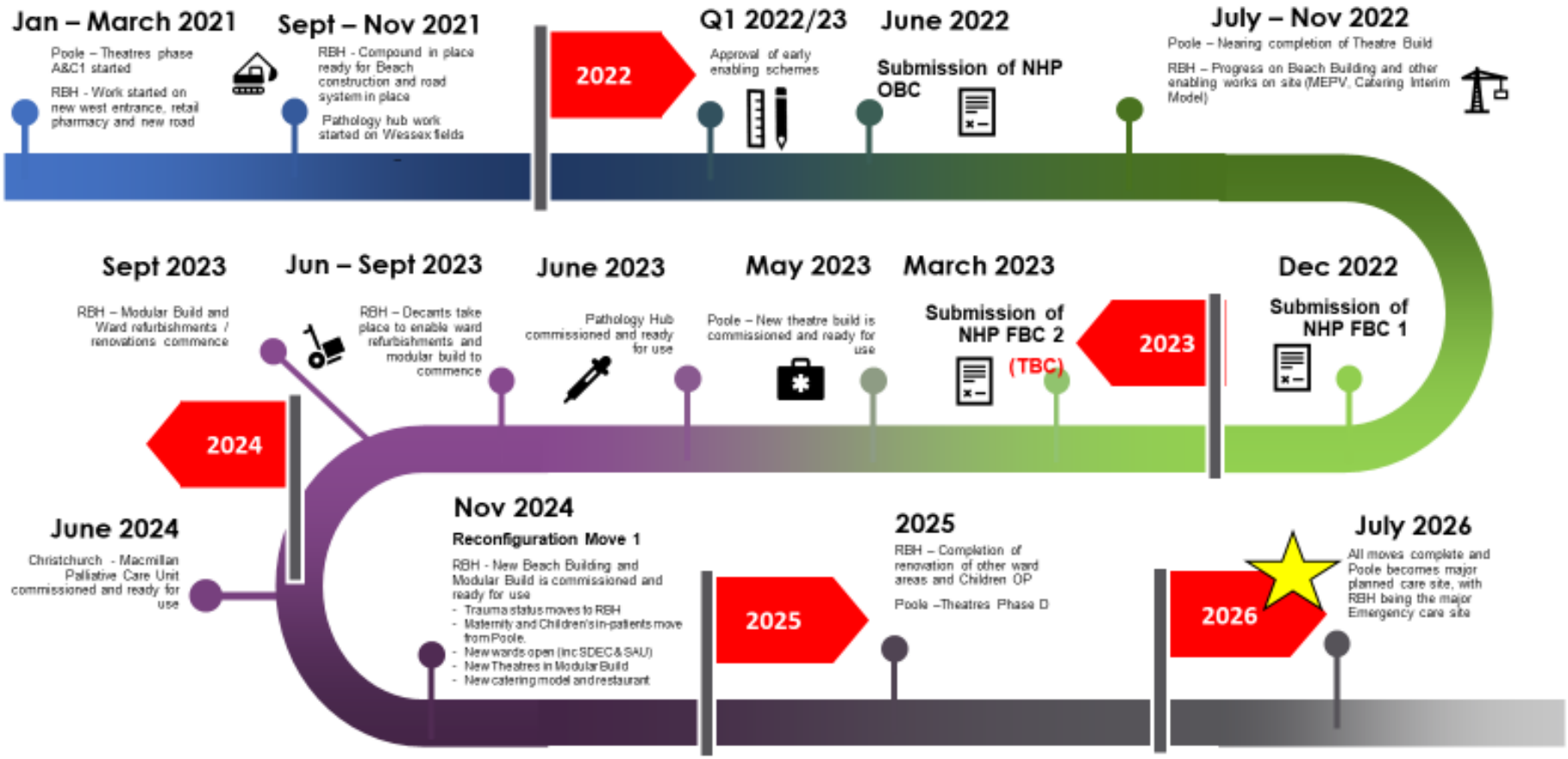
This approach aligns with the wider ICS recovery plan which focuses on:

- Transforming the Urgent and Emergency Care pathway, with a focus on appropriate and timely discharge;

- Recovering the productivity that has been lost through the pandemic;
- Reducing reliance upon premium cost agency staffing; and
- Seeking to remove specific COVID expenditure as we learn to live with COVID.

In addition, the Trust will work with ICS partners to develop a comprehensive medium term financial strategy following receipt of the 2023/24 and 2024/25 revenue allocations which are expected to be published before 30 September.

Appendix A – Reconfiguration Roadmap



Transformation Roadmap

East Reconfiguration Detailed Build Roadmap 2022 onwards *Version 1.1*

March 2022

Please Note: Dates Are Indicative

Appendix B – Speciality Level Plans

To follow