University Hospitals Dorset
NHS Foundation Trust

2025/26 Operational Plan

BOARD VERSION 1.1

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1. Foreword: The year we create our planned and emergency hospitals.

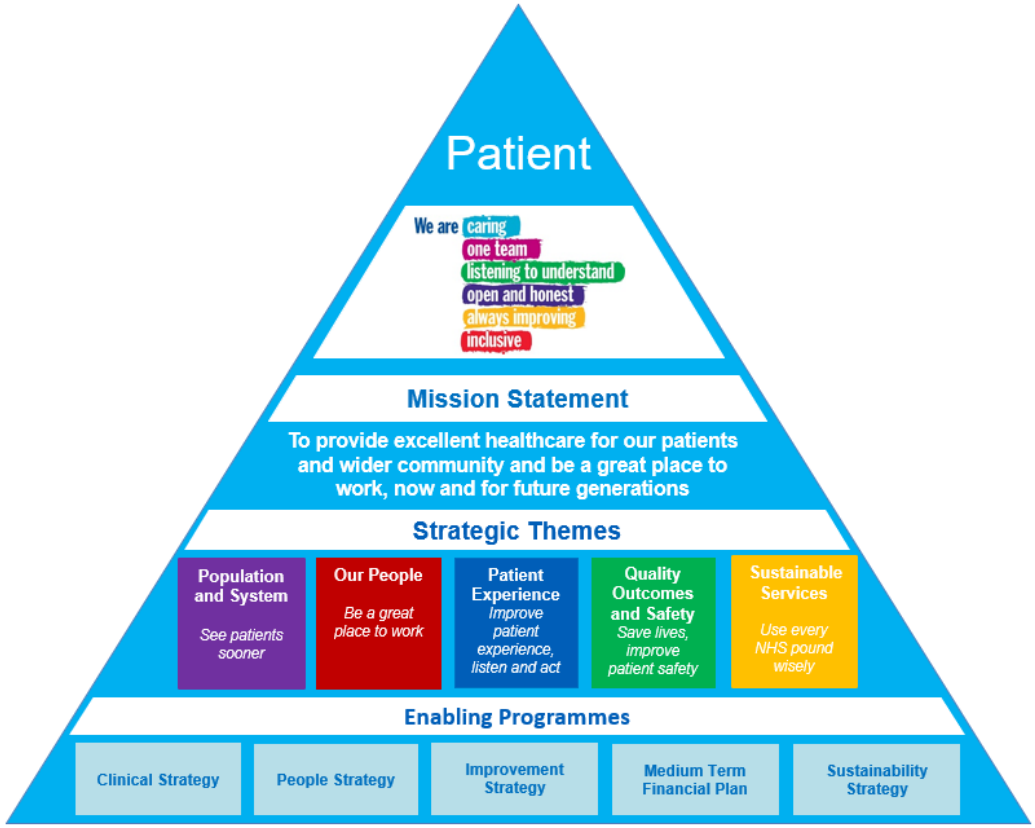
As a team we are in the midst of creating our exciting future. The scale and range of challenges is large, but so are the abilities of staff, partners & volunteers.

Together we are creating England's largest planned care hospital, as well as a dedicated emergency care hospital.

Our mission is to do much more than just this. This annual plan sets out all our objectives and corporate projects for 2025/6. Taken together these are moving us towards our mission. All this is summarised in our Patient First triangle.

Our strategic themes shape our five objectives. Every member of staff should be contributing to these:

It is my role as Chief Executive to ensure we create the conditions for all our staff to thrive. That way we can make real, tangible progress in all five areas.



How we do that is summarised in our Patient First Improvement System (PFIS). This is explained in the pages that follow.

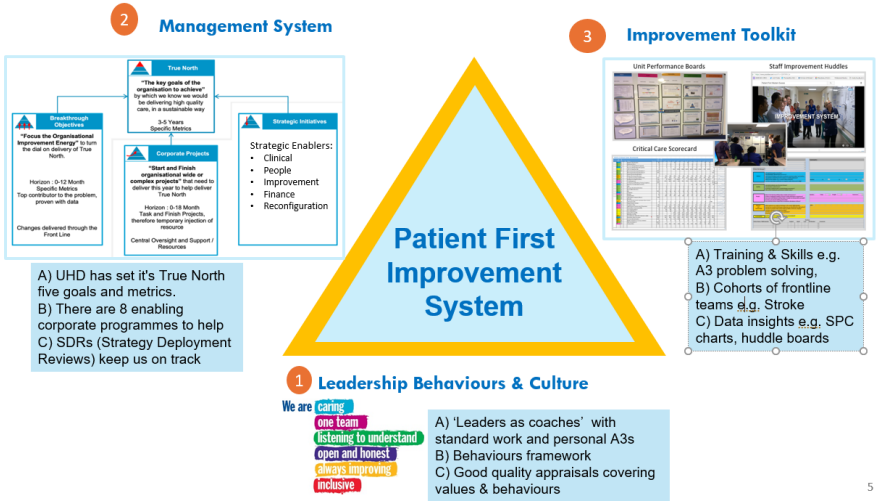
How best to achieve this plan, and keep improving, lay with our staff and patients. Together we can deliver the excellent healthcare and be a great place to work.

Siobhan Harrington, CEO.

1.1 Background – enabling future success

We started our Patient First Improvement System (PFIS) two years ago. Learning from others who began before us, we will need perseverance and a willingness to change, self-discipline and psychological safety. We acknowledge “better never stops” and this approach helps staff and services to thrive.

Our **values** and twelve positive behaviours are helping us achieve the leadership behaviours and culture we want. The **improvement toolkit** gives the skills and techniques. The **management systems** include our Strategic Deployment Reviews (SDRs) which track the ‘breakthrough’ priorities and our corporate programmes, set out in this Annual Plan.



UHD's Values and 12 Positive Behaviors

University Hospitals Dorset NHS Foundation Trust (UHD) has an exciting future ahead, built upon many years of progress across a broad range of areas. These include:

- Creation of the major emergency care hospital, starting with the opening of the BEACH building in 2025, then a series of other buildings and service moves.
- Creation of the largest planned care hospital in England by 2026 at Poole.
- Supporting Integrated community neighbourhoods, as part of our NHS Dorset’s vision of Dorset becoming the healthiest place to live in the UK.

- A digital future, including an integrated electronic health records (EHR) across Dorset and Somerset.
- A green and sustainable future, including 80% decarbonisation by 2030 and other targets set out in our Green UHD Strategy, including significant energy reduction investment.
- A workforce strategy, which has seen significant achievements already, including cutting our vacancies and improvements in our staff survey.
- A patient experience strategy which maps out improving our partnership with patients and listening to improve, and shared decision making.
- Updating our clinical strategy with the implementation of Clinical Services Review (CSR) and creation of planned / emergency separation, it is time to look ten years ahead. The NHS plan will inform this, along with speciality work.

These form our enabling strategies to help us achieve our "True North" mission of excellent care, and a great place to work. They each have a background, based on many years of effort, and a forward looking, optimistic and ambitious approach.

UHD is an organisation formed by merger in October 2020, during Covid and it has faced all the pressures that every Trust has. In addition it has delivered major service reconfiguration. During this same time staff satisfaction has been maintained and UHD has the second greatest productivity growth in the South West. This shows how we are both responsive to today's issues whilst also laying strong foundations for our future.

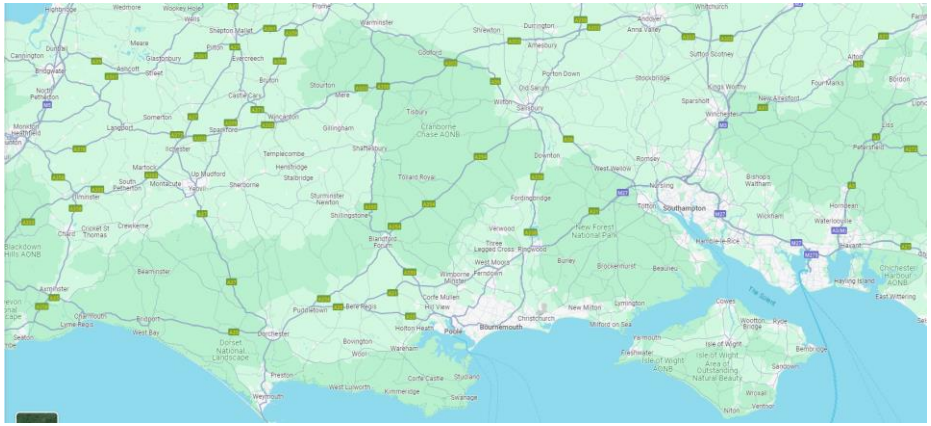
The Annual Operating Plan sets out our ambitious objectives and projects for 2025/2026.

1.2 Our Trust and Our Communities

UHD serves Bournemouth, Poole and Christchurch, East Dorset and Purbeck, and parts of the New Forest for most hospital services. The population is c750,000 with one of the most elderly populations in the UK. Significant health inequalities exist.

Our specialist services also serve the whole of Dorset, South Wiltshire and parts of Hampshire, for a population of c1 million. These services include Oncology, Neurology, Vascular, Cardiac and Interventional Radiology.

Our three main sites are Poole, Royal Bournemouth and Christchurch hospitals. We also have services in many community settings including patient's homes. We then have many staff working offsite at Yeomans Way, Discovery Court and Alderney Sterile Services.



UHD employs around 10,000 staff including via our staff bank. We are blessed with hundreds of volunteers and strong partners, and have a thriving charity and allied independent charities.

All this stands us in good stead for what are significant challenges to meet the health needs of our population, which is ageing and growing, by about 1% per year. In addition the local area remains popular for 30,000+ students and over one million visitors each year.

1.3 Vision, Values and Strategic Themes

Our Vision

To positively transform our health and care services as part of the Dorset Integrated Care System

Our vision:

We are part of an integrated system of health and care, working towards making Dorset the healthiest place to live in England. That requires us to not just change, but transform in many ways. All our enabling strategies work towards this vision. Whilst this is an Annual Plan, it is a stepping stone to those multi-year, positive transformations.

Our values:

Our values have been developed as a result of engaging with and listening to our staff to understand 'what is important to them?' This appreciative inquiry was carried out over many months with the support of our culture champions - a representative group and cross section of staff across UHD.

Our values underpin our vision and mission. They are the standards shared by all UHD staff. They guide our day to day decisions and the way we behave. They describe what is important to us and 'the way we do things around here.' This is why the twelve positive behaviours listed in Section 1.1 are important. As these demonstrate our values in action.

What is striking about the values developed by staff is their duality. Each one consistently and equally speaks to the values for staff **and** for patients.

Patient First is the overarching improvement methodology for University Hospitals Dorset. It is our guiding principle at the heart of everything that we do and is also the long-term approach we take to transforming health services. It sets out that our True North is the 'patient first and foremost.' Our values and our change methodology are mutually supportive. Both are built upon compassion, teamwork, communication, respect, continuous improvement, and inclusion.

We intend to keep learning improving and embedding this.

Our Strategic Themes:

These will support the delivery of our vision and shape our 'breakthrough' annual objectives and enabling programmes. The five strategic themes are set out below. These are likely to remain consistent for many years, as these are directly aligned with delivery of our vision.

Strategic Theme	Vision *LONG TERM*
POPULATION AND SYSTEM *Mark Mould*	Consistently delivering timely, appropriate, accessible care as part of a wider integrated care system for our patients.
OUR PEOPLE *Tina Ricketts*	To be a great place to work, attracting and retaining the best talent.
PATIENT EXPERIENCE *Sarah Herbert*	All patients at UHD receive quality care which results in a positive experience for them, their families and carers. Every team is empowered to make continuous improvement by engaging with patients in a meaningful way, using their feedback to make change.
QUALITY OUTCOMES AND SAFETY *Peter Wilson*	To be rated the safest Trust in the country and be seen by our staff, as an outstanding organisation for effectiveness (Hospitalised Standardised Mortality Ratios – HSMR) and patient safety (Patient Safety Incidents - PSIs).
SUSTAINABLE SERVICES *Pete Papworth*	To maximise value for money enabling further investment and sustainability in our services to improve the timeliness and quality of care for our patients, and the working lives of our staff.

1.4 Patient First & Delivery of this Plan

As set out in our Forward, the Patient First Improvement system has three parts: Culture, Toolkit and Management System. It is the management system that will be used, set, enable, track and deliver the ambitious improvements that have been prioritised for 2025/6.

This Annual Operating Plan is organised into the 5 strategic themes. Each of this then has the following sections:

- ✓ Breakthrough objectives
- ✓ Corporate programmes
- ✓ Corporate service projects
- ✓ Strategy deployment.

SMART breakthrough objectives:

"Breakthroughs" are a small number of areas to focus our "improvement muscle" on (see below for details of the 14). We use SMART targets and Statistical Process Controls (SPC) to ensure this is evidence-based progress.

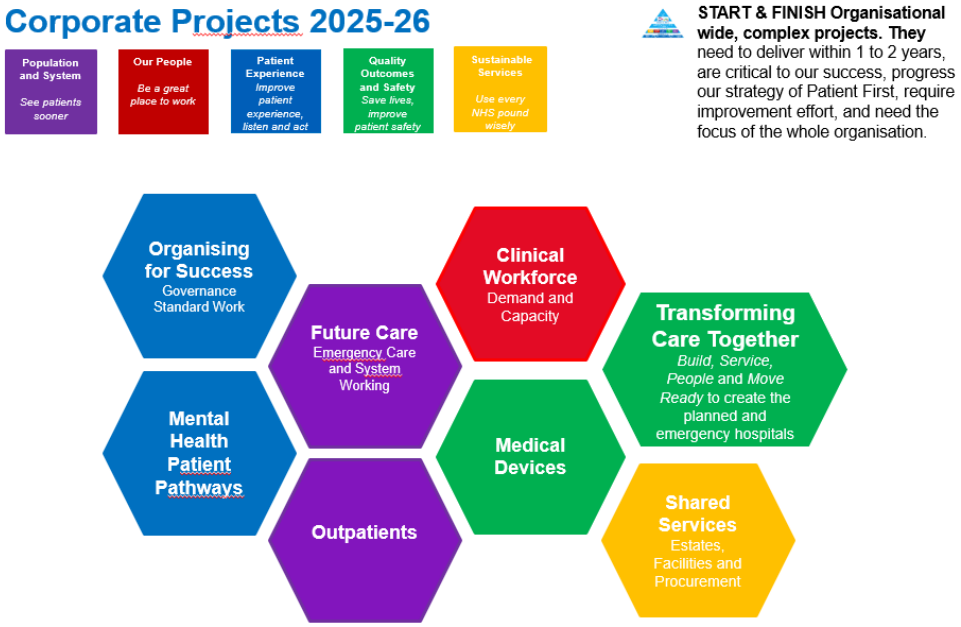
We still track all our other metrics ("watch" and "discretionary watch"). These again have rules and SPC tracking.

The Strategy Deployment Reviews (SDRs) are where leaders at Trust, Care Group and directorate levels review progress, take counter measures, and celebrate success. The Strategy and PFIS provide the 'golden thread' from mission to day-to-day priorities.

Strategic Theme	Breakthrough Objective *SHORT TERM: 1 YEAR* * (* May be kept another year if not achieved)
POPULATION AND SYSTEM *Mark Mould*	• To achieve 109% weighted value elective activity against the 2019/20 baseline, including specialist advice and guidance • No more than 66.1% of patients on incomplete RTT pathways should have been waiting more than 18 weeks (18 week RTT) for treatment • >78% of patients to be treated within 4 hours through the emergency care pathway
OUR PEOPLE *Tina Ricketts*	To deliver improvements in the NHS Staff Survey Results for: • "I would recommend my organisation as a place to work" > 65% • Staff Engagement Score > 7.1 / 10
PATIENT EXPERIENCE *Sarah Herbert*	• 100% of complaints to be closed within 35 days, with associated action plan • Increase the number of Early Resolution of complaints by 20% • Reduce the number of complaints received per 100 contacts for clinical services by 10% from baseline
QUALITY OUTCOMES AND SAFETY *Peter Wilson*	• To statistically reduce our rate of Falls per 1,000 bed days • To ensure the % of patients given timely VTE prophylaxis is 95% or higher • To statistically reduce the rate of pressure ulcers (hospital acquired) per 1,000 bed days • Doctors to achieve 100% compliance in eMortality reviews
SUSTAINABLE SERVICES *Pete Papworth*	• To fully deliver the budgeted Efficiency Improvement Programme target with at least 80% achieved recurrently • To have reconfiguration efficiency plans in place

Corporate Programmes:

The following eight Trust programmes are large, often system wide groups of projects. They all need to deliver real progress within one to two years, to enable us to deliver our strategy. They are, each in their own right, a "blockbuster" programme with their own governance and sub-projects. All are overseen by the Trust Management Group (TMG) the most senior operational group in the Trust.



The colouring of the hexagon indicates just the lead theme

Each programme requires Trust wide engagement and will be prioritised over other projects. In the following chapters, a summary of the project charter for each in included, with the

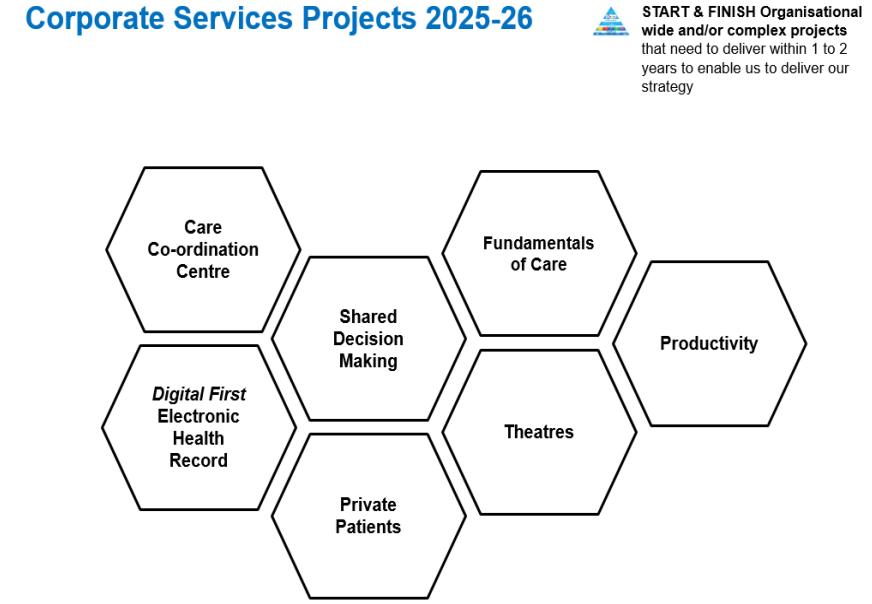
problem trying to be solved, background, project goals and the exit criteria, for the project to have a clear start and finish.

The problem charters are based upon looking at the root causes. It is a self-critical spur to action. The goals and exit criteria ensure progress, but not perfection, is achieved.

Whilst the colour coding links to the primary strategic theme, all projects are reinforcing each other, and our transformation efforts.

Then are also a set of seven more targeted “service projects.” These are more self-contained, but also important to achieving our mission.

A summary is also given in the following chapters.



Enabling Strategies

This final part of each themed chapter is where we are developing some of our longer term, enabling strategies this year.

These include our:

- Clinical Strategy
- People Strategy
- Green UHD
- Medium Term Financial Plan

Taken together the Breakthrough objectives, corporate and service projects, and enabling strategies all combine to set the bulk of our work programme for the year. These are above our “business as usual” approach to running our hospitals.

By making progress this year, we move towards our patient first goals of excellent healthcare, a great place to work, now and for future generations.

2. Patient Experience

True North Goal – Improve patient experience, listen and act	All patients at UHD receive quality care which results in a positive experience for them, their families, and carers. Every team is empowered to make continuous improvement by engaging with patients in a meaningful way, using their feedback to make change.
Strategic Goal	• Rated as Outstanding by CQC as Caring • Over 80% of our employees see patient care as a top priority for UHD • In the top 20% of NHS Acute Hospital Trusts on the 'overall experience' section in all CQC national surveys
Breakthrough Objectives	• 100% of complaints to be closed within 35 days, with associated action plan • Increase the number of Early Resolution of complaints by 20% • Reduce the number of complaints received per 100 contacts for clinical services by 10% from baseline
Corporate Programmes	Organisational wide, complex projects. Critical to our success, progress our strategy of Patient First, require improvement effort, and need the focus of the whole organisation. Organising for Success: Governance Mental Health Patient Pathways **Service Projects:** Shared Decision Making

2.1 Organising for success: Governance

Background:

Following the merger of 2 Trusts in 2020, significant work has been undertaken on the governance structures of the organisation. A review of the governance structure from Trust Management Group to Board has been completed with some improvements put in place. However, the review from ward/ service level to Trust Management Group is yet to be completed.

Project goals

1. A single aligned governance structure across the organisation.
2. Roles and responsibilities at every level of organisation to support delivery of the governance structure.

Exit Criteria

- New governance structure in place.
- Accountability framework in place covering all roles within the Trust and all templates standardised

2.2 Mental Health Patient Pathways

Background:

UHD has, for several years, accepted patients on a section into the organisation. What has been seen is an increase in complexity and acuity as opposed to an increase in numbers. This has seen UHD and DHC need to work more collaboratively to achieve better outcomes and patient experience. This collaboration is promoted by GIRFT and the CQC Report written in 2020 entitled 'How are people's mental health needs met in acute hospitals, and how can this be improved.'

Project goals

Improvements will address root causes and deliver sustainable solutions, underpinned by a process for on-going continuous improvement to mental health provision across UHD.

Exit Criteria

- Improved patient and staff experience.
- 50% reduction in long length of stay.

2.3 Shared Decision Making

Background:

Shared decision making is a collaborative process via which a clinician's support patients in making decisions about their care. It is one of the pillars of personalised care which seeks to empower patients to work with clinicians to choose care options that supports the patients' choices. Shared decision making enhances patient cooperation with treatment and gives the opportunity for patient participation in their care.

Project Goal:

To roll out Shared Decision Making among specialties in UHD and measure the impact in UHD thereby providing opportunity for improvement of Shared Decision-Making practice which in turn empowers patients' participation in their care.

Exit Criteria:

- Embedment of SDM processes within specialities.
- Set up of pathway for measuring impact and sharing benefits with other specialties.

3. Quality Outcomes and Safety

True North Goal – Save lives, Improve patient safety	To be rated the safest Trust in the country and be seen by our staff, as an outstanding organisation for effectiveness (Hospitalised Standardised Mortality Ratios – HSMR) and patient safety (Patient Safety Incidents - PSIs).
Strategic Goal	In the top 20% of trusts in country for Hospitalised Standard Mortality Ratios (HSMR) Rated as Outstanding by CQC for Safety Decrease severe/moderate harm Patient Safety Incidents (as a ratio of all incidents) by 30% Over 80% of employees believe the Trust promotes a safety culture
Breakthrough Objectives	To statistically reduce our rate of Falls per 1,000 bed days To ensure the % of patients given timely VTE prophylaxis is 95% or higher To statistically reduce the rate of pressure ulcers (hospital acquired) per 1,000 bed days Doctors to achieve 100% compliance in eMortality reviews
Corporate Projects	Organisation widely complex projects: - Medical Devices Service Projects: Fundamentals of Care Electronic Health Records
Strategy Development	Clinical Strategy

3.1 Medical Devices

Background:

There is a need to ensure that the Trust's management of medical devices meets regulations and guidance, while ensuing value for money, optimal clinical benefit and minimised risk. Rapidly developing healthcare technology and changes in clinical practice mean that increasingly complex medical devices and testing technologies can be and are being used in healthcare. Good management systems appropriate to the care setting must be in place to ensure the safe and effective use of medical devices, and these devices and their users must comply with relevant legal requirements.

Project Goals:

- Implementation of Isherwood Recommendations for "End-to-end" medical device management model for all services and activity in line with MHRA guidance and best practice

to meet requirements for assurance of medical devices and Point-of-care testing (POCT). This includes complying with SFIs, and financial priorities and governance.

- Develop specific assurance for POCT. This is to ensure any medical device information, user identification and competency together with the data used for diagnosis, is securely stored and retrievable.
- Develop a plan for all applicable staff to have training relevant to their role with regular updates. All training should be recorded. Training process and records to be centralised and retained for all users.
- Ensure medical equipment associated with the reconfiguration is moved safely, and the right balance of new and old is achieved, within the budget. This includes applying lessons learnt form the Phase 2 moves.
- Secure agreement for the clinical engineering service to expand in line with the STP1/NHP business cases, with improvement in workforce resilience and service KPIs.
- Develop the options proposal for Clinical Engineering, to inform the Shared Services business case.

Exit Criteria:

- All the milestones are evidenced as embedded in the organisational governance processes and recorded.
- Consider external assurance process to confirm this.

3.2 Projects: Fundamentals of Care

Background:

Post covid/merger we have seen a lack of aligned practice across UHD sites. Care can become more task orientated delivery as opposed to a patient centred approach. This can reduce engagement and collaboration with our patients and their families. In addition, we have noted learnt standards as opposed to evidence/research-based practice which can result in a lack of standardisation and consistency of care.

Project Goal:

To identify opportunities for the improvement in the delivery of fundamentals of care, using a systematic approach to quality improvement which will result in the delivery of high-quality care.

Exit Criteria:

Nine workstreams have been identified, each will have a different project exit point, and some will require on going re-evaluation.

Key exit criteria:

- Policies aligned and up to date with recent evidence.
- Sustained reduction in risk, either evidenced through statistical data trends, QA data or patient experience feedback.
- Adoption and embedding of fundamentals of care throughout organisation for example into recruitment, appraisals, education etc.

3.3 Electronic Health Record

Background:

UHD has an EPR that is unsupported and several critical IT systems that have minimal contract management arrangements in place. IT Systems have historically been positioned as optional resulting in low levels of digital maturity, adoption and uptake and an environment where both paper and digital are prevalent.

To resolve the clinical and operational risks associated with this, a strategic decision has been taken to work with the other Trusts across Dorset and Somerset to purchase an integrated Electronic Health Record (EHR) System.

However, this will not be live before early 2028. It is therefore necessary to consolidate and strengthen existing support arrangements both to mitigate risk and to prepare the organisation for standardisation of pathways.

Project Goal:

Implement a tactical alternative to the EPR system for the Trust to increase safety of patient data & patient care.

Implement a new Electronic Health Record solution to release benefits to the organisation.

Exit Criteria:

- Once the alternative solution is in for the EPR and the Graphnet EPR can be shut down that will end that element of the programme.
- The EHR project will be closed on delivery into operational use.

3.4 Clinical Strategy

At a high level our Clinical Strategy is to deliver the Clinical Services Review (CSR). For UHD this is the creation of the planned and emergency hospitals by 2026, supported by £500m capital investment. The programme is a once in a generation change unlocking huge benefits. Implementation is already well underway with patients already benefitting from the opening of new facilities (see Transforming Care Together, section 6.2).

A new clinical strategy for the next 5-20 years is now under development. This will set out how we will maximise the benefits of this major investment and take advantage of further advancements in technology and practice.

Work is underway to ensure the strategy is in alignment with the new national NHS 10-year plan (due summer 2025) and the “3 shifts” to prevention, neighbourhoods and digital. The clinical strategies of our key partners including Dorset NHS Provider Collaborative and local ICS will also be aligned. This is considered crucial to ensure that by working together we use the collective resources available to best meet the population and our patient's needs.

Work on the strategy began in 2024 with pilot specialties. Clinical teams from across the hospital are now working with patients and their carers to identify how to harness the opportunities and identify key areas for us to focus our energy and improvement work on.

This is not about doing more of the same. We are keen that we focus more of our efforts not only on those who are sick, but also on helping people stay well throughout life.

The use of technology offers the greatest opportunity to be more productive, and tailor care to individuals. How specialities harness technology for their services, going beyond the hype, is important to ensure clinical strategy drives our digital agenda.

When people do get sick or need support, we know that for many, care closer to home is preferable when it is safe to do so. Working with patients, carers and our partners, our clinical strategy will therefore support neighbourhood working.

All this is only possible with motivated, well-trained staff. As research active, university hospital we are proud to have close links and with our local education providers. These links help us nurture a supportive, learning environment for students and staff in our hospitals and help us continuously improve our services for patients.

We recognise that the clinical strategy will need to be owned at specialty level for it to truly shape our future. We understand that to co-develop a strategy with meaningful engagement from patients, staff and partners will take time.

For this reason, publication is not expected until Spring 2026.

4. Our People

True North Goal - Be a great place to work	To be a great place to work, attracting and retaining the best talent
Strategic Goal	Significantly improved staff experience, engagement and retention NHS Staff Survey results in top 20% of comparator Trusts
Breakthrough Objectives	To deliver improvements in the NHS Staff Survey Results for: "I would recommend my organisation as a place to work" > 65% Staff Engagement Score > 7.1 / 10
Corporate Projects	Clinical Workforce (Demand and Capacity)
Strategy	People Strategy

4.1 Clinical Workforce (Demand and Capacity)

Background:

Workforce Planning is a key focus for the Trust to support the Transforming Care Together Programme and as part of the annual planning cycle. Work is being undertaken to improve the quality of job plans and to update the e-rostering platform to include all staff groups. However, further work is required to triangulate the workforce to activity and finance.

Project Goal:

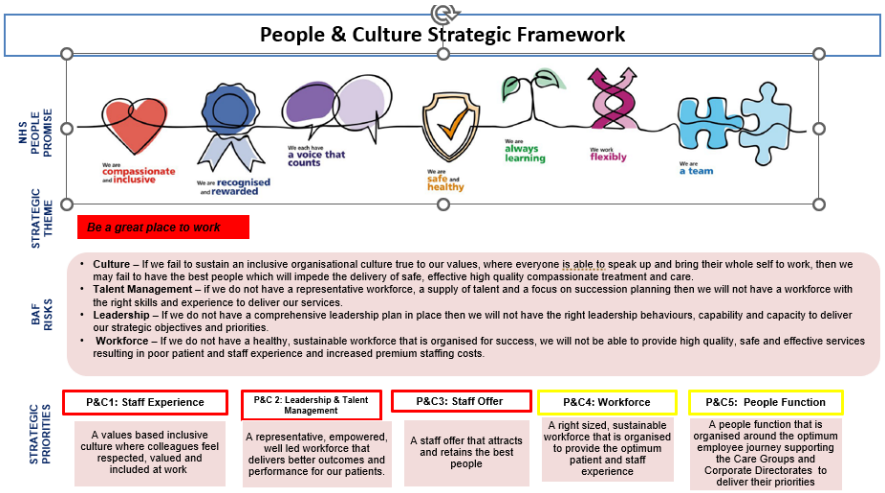
- An agreed baseline of medical staffing capacity (number of available clinical sessions from those directly employed by the Trust)
- An agreed baseline of the additional medical staffing capacity available (insourcing and outsourcing)
- To determine the balance of required capacity v available capacity of the medical workforce

Exit Criteria:

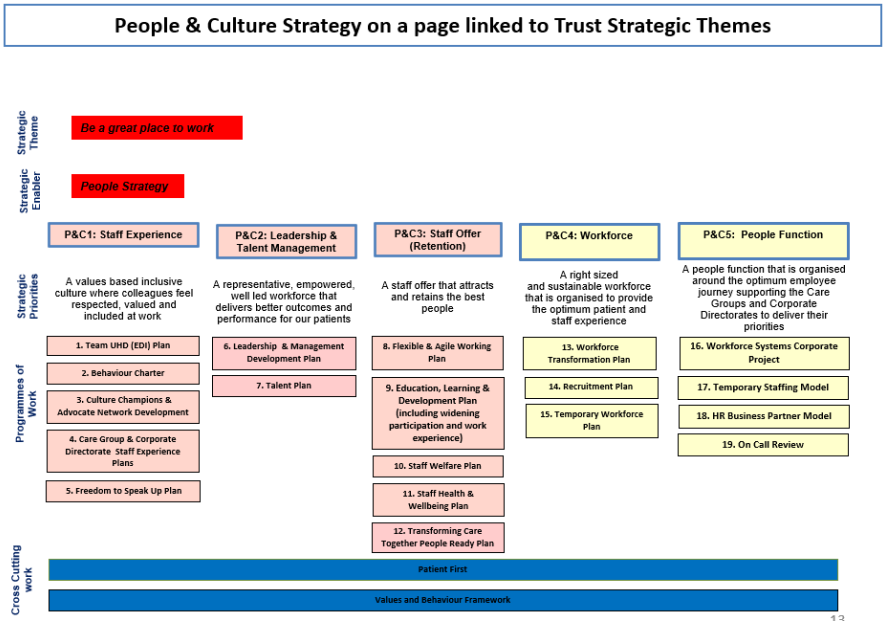
- Demand/ capacity models in place for medical staff across the 38 specialties.

4.2 People Strategy

The new people & culture strategy was approved by Board in January 2025. A summary of the strategy is set out in the following diagram.



The strategy has 5 pillars and 19 programmes of work as set out below:



The strategy will be taken forward in two phases with short-term objectives being our focus in 2025 and medium-term objectives undertaken by December 2027 (see diagrams below):

People & Culture Strategy – Summary of Short-term Objectives 2024/5

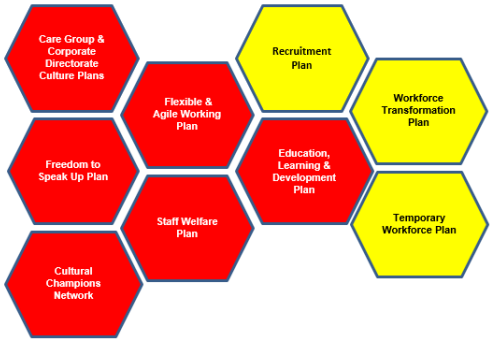
Strategic Priority	Strapline	Key short-term objectives 12 to 18 month period
Staff Experience	Be a great place to work	• To have a representative workforce at band 8a and above • To be in the top quartile for the NHS survey results for: We are compassionate and inclusive, civility and respect
Leadership & Talent Management	Be a great place to work	• To Improve the quality and compliance of appraisals • To improve the capability of middle managers (Band 6 &7)
Staff Offer	Be a great place to work	• Improvement in NHS Staff Survey question "My organisation takes positive action on health and well-being" • To have a stable staff turnover rate throughout the Transforming Care Together programme
People Function	Use every NHS £ wisely	• The new Bank and Agency model to be in place and operational by 30th June 2025 • The new HR Business Partner model to be in place and operational by 1st April 2025 • To be better than our peer group average for our time to hire • A harmonised On Call Policy and availability rates are in place by 31st March 2025

10 Priority Programmes of work 2024/5

People & Culture Strategy – Summary of Medium-Term Objectives 2026/7

Strategic Priority	Strapline	Key medium-term objectives 18 to 36 month period
Staff Experience	Be a great place to work	• To have culture plans in place at specialty and corporate directorate level which are regularly reviewed through Care Group/ Corporate Service Board meetings • To be in the top quartile for the NHS staff survey question "if I spoke up about something that concerned me, I am confident my organisation would address my concern • To recruit at least 50% of our workforce as culture advocates
Staff Offer	Be a great place to work	• To achieve Timewise accreditation for our culture and approach to flexible working • Staff welfare is seen as a top priority for the Trust • Every member of staff has a personal development offer (including mandatory training, essential to role training, continued professional development and personal development)
Workforce	Use every NHS £ wisely	• To reduce our vacancy rate to below 5% • To reduce our reliance on the temporary workforce to below 5% • 3 year workforce plans are in place for all service and corporate areas

9 Priority Programmes of work 2026/7



5. Population and Systems

True North Goal - See patients sooner	Consistently delivering timely appropriate, accessible care as part of a wider integrated care system for our patients.
Strategic Goal	Meeting the patient national constitutional standards for Planned and Emergency care, reducing inequalities in outcome and access and improving productivity and value.
Breakthrough Objectives	To achieve 109% weighted value elective activity against the 2019/20 baseline, including specialist advice and guidance No more than 66.1% of patients on incomplete RTT pathways should have been waiting more than 18 weeks (18 week RTT) for treatment >78% of patients to be treated within 4 hours through the emergency care pathway
Corporate Projects	5.1 Future Care: Emergency Care and System Working 5.2 Outpatients **Service projects:** 5.3 Care Co-ordination Hub 5.4 Theatres

5.1 Future Care

Background:

The FutureCare programme conducted a diagnostic in summer 2024 to identify areas of opportunity for improvement across the Dorset ICS. Two of the four operational workstreams, Alternatives to Admission and Transfers of Care, will directly impact the acute hospitals.

Alternatives to admission - Patients are being unnecessarily admitted to hospital when they could be better supported in the community.

Transfers of Care – Patients are not always being discharged to their most independent settings and many have unnecessarily long stays in hospital with no medical reason to reside, due to delays in complex discharge.

Project Goal:

To achieve a bed reduction of 59 beds in UHD across both workstreams

Exit Criteria:

- Meeting or exceeding operational KPI targets.
- Changes are sustainable and embedded in BAU ways of working.

5.2 Outpatients

Background:

In February 2025 central Outpatient Services were relocated into the Corporate Operations team to provide a greater focus and additional resources to support the transformation.

Project Goals:

- A ‘one team’ Trust-wide culture of outpatient care where staff feel well led, involved and where processes are standardised and followed.
- Productive and efficient outpatient delivery that optimises the number of patients able to access care & deliver value.
- More convenient & efficient care, empowering patients to actively manage their health through digital tools.
- Reconfigured outpatients to support the planned and emergency care hospital sites and delivering transformation for the future.
- More services closer to where people live with the goal of improving patient experience and reducing unnecessary hospital attendances.

Exit Criteria:

- Delivery of key improvements against each improvement pillar.

5.3 Care Coordination Centre

Background::

The Trust has access to a wealth of information via multiple systems; however, these systems operate in isolation of each other thus providing a two-dimensional view of the operational health of the Trust, which presents a number of challenges:

1. Data Silos
2. Workflow Disruptions
3. Staff Productivity
4. Patient Experience

Problem:

Lack of real-time data across UEC and elective pathways limits the ability to manage performance and can create barriers to timely patient flow.

Project Goal:

To reduce / minimise idle bedtime (waste) and to connect bed capacity to patients waiting, within an agreed period of time.

Improve patient experience and outcomes through timely placement of patients achieved through improved efficiency of our capacity, underpinned by introduction of end-to-end digital monitoring.

Exit Criteria:

- Implementation of a Care Coordination Hub (physical space).

- Realtime end – to – end information presented in a way to prompt operational decisions and performance managing flow.
- New site and bed management model.
- Achieved by joining various operational systems that currently operate in silos.
- Demonstratable reduction of bed idle time.
- Improvement in admitted performance.
- Staff trained and explicit role requirements.
- Nurses fully understand roles and responsibilities.
- Medical workforce – adapt ways of working to increase efficiency and flow**.**

5.4 Theatres

Background:

Timely access to treatment for all urgent and routine patients alongside delivery of various elective and productivity milestones, need to be underpinned by increasing theatre utilisation >80% & >85% in future.

Problem:

Whilst improvements are noted within the majority specialities, Orthopaedic and Gynae specialities have further opportunities for improvement.

Project Goals:

- Enhance patient care, by providing elective surgery in a timely manner meeting national targets.
- Productive and efficient delivery that optimises the available theatres, increasing the number of patients ability to access care – in line with GIRFT principles.
- Reconfigured theatres to support the planned and emergency care hospital sites and delivering transformation for the future.
- Provide fully utilised robotic theatres across both sites.
- Produce a theatre schedule with a medical and clinical workforce that meets capacity and demands of our patients.

Exit Criteria:

Special cause variation (improvement) demonstrating sustained theatre utilisation in excess of 85%. Further and continued theatre improvement projects will likely be maintained to remain current.

6. Sustainable Services

True North Goal - Use every NHS pound wisely	To maximise value for money enabling further investment and sustainability in our services to improve the timeliness and quality of care for our patients, and the working lives of our staff.
Strategic Goal	Return to recurrent financial surplus from 26/27 Rated as Outstanding by the CQC for our Use of Resources Achieve our Green UHD goals of sustainability for people and planet, and 80% carbon reduction by 2030
Breakthrough Objective	To fully deliver the budgeted Efficiency Improvement Programme target with at least 80% achieved recurrently. To have reconfiguration efficiency plans in place
Corporate Projects	6.1 Transforming care together (TCT). These are the Build, Service, People and Move Ready projects to create the planned and emergency hospitals. 6.2 Shared Services Estates, Facilities, and Procurement 6.3 Productivity – Full delivery of planned CIP targets, with at least 80% achieved recurrently. 6.4 Private Patients
Strategy Development	6.5 Medium Term Financial Plan 6.6 Green UHD

6.1 Transforming Care Together

Background:

Our existing healthcare facilities are insufficient to cater to the rising healthcare demands of our ageing community. To ensure access to timely, high-quality healthcare services, we need to transform services and separate planned and emergency care. The Transforming Care Together programme comprises the Service Ready, Build Ready, People Ready and Move Ready programmes. These will ensure our staff are ready to safely deliver high quality care from our reconfigured Planned and Emergency Hospitals. This is part of a £500m investment, affecting virtually all our staff.

Project Goals:

- Separation of planned and emergency care.
- Seamless, safe moves of services & patients into new configurations.
- Workforce retained; staff integrated to safely deliver service
- NHP and BEACH buildings delivered, space well used.
- Benefits delivered (financial, clinical).

Exit Criteria:

To have moved to an emergency and planned configuration and all associated services operating as a single service in their new location with the last moves being 2027.

To deliver the benefits as defined in the NHP and STP business cases as outlined in the Clinical Services Review.

6.2 Shared Services Estates, Facilities, and Procurement (EFMP)

Background:

This is a project to unlock benefits and opportunities to improve EFPM services, quality, cost and resilience, whilst retaining all within the NHS family. By working across Dorset, a preferred option has been developed, which is now being worked up.

Project Goal:

- To deliver significant savings available to a shared service subsidiary company.
- To keep staff on Agenda for Change terms and conditions and pensions.
- To keep services 100% NHS owned.
- To set up a Dorset wide EFMP service, with greater freedom to operate, able to deliver all the benefits set out in the business case.
- To provide better career opportunities, at both entry level and senior, specialist roles, than is currently provided.

Exit Criteria:

- To test and develop the preferred option, and subject to Boards approval, to set up subsidiary companies (subcos).
- Services transferred and operating successfully, against Key Performance Indicators and benefits plan.

6.3 Productivity – Full delivery of planned CIP targets, with at least 80% recurrently.

Background:

Overall, using the updated method for measuring productivity, acute productivity at UHD has grown in the first 8 months of 2024/25 compared to the same period in 2023/24. The 2025/26 priorities and operational planning guidance has set out that next year will need to build from this foundation of improved and improving productivity growth since covid and deliver a 4% year on year improvement in productivity and efficiency in order to deliver the Mandate from Government.

Project Goal:

To deliver a >4% growth in acute implied productivity in 2025/26 compared to 24/25.

Exit Criteria:

- Delivery of >4% productivity growth.

6.4 Private Patients

Background:

Board and TMG has supported a 5-fold increase in PP work. The profit will directly support higher levels of NHS services. This includes support for capital charges for the new builds (STP1 & New Hosp). UHD has a lower-than-expected PP income for a Trust of its' size. Market analysis supports a large, unserved market exists, across specialities, where there is little local choice for private patients.

This is growing the market share, allowing insured patients a chance to use their policy, and self-pay patients the option.

UHD has superior equipment, facilities and staffing and so can provide services that have a sustainable competitive advantage, and sustainable positive margins.

A series of 'gateways' will ensure any PP growth fits with our wider NHS mission. This includes any PP capacity being above and beyond NHS capacity.

Project Goal:

- To generate substantial cash contributions to the NHS to support the wider patients and population, repay NHS capital charges, and create a development fund;
- To offer an excellent PP experience, meeting a demand for services from insured and self-pay patients. This is especially where there are limited options locally to access the safest, most advanced care privately. The service will include excellent customer care, as well as ease of access and support for both patients and clinicians.
- To develop the potential to provide additional capacity.

Exit Criteria:

- Have business plans in place for the next 5 years that meets the income target.
- Signed off private patient unit at Poole, under construction, and RBH facilities agreed.

6.5 Medium Term Financial Plan

Whilst a break-even budget has been set by UHD this is based upon an underlying system deficit, and provider Trusts delivering an 8% cost improvement. This is the highest level of savings Dorset Trusts have ever attempted. This is all while UHD undertakes the largest reconfiguration in a generation.

The medium-term financial plan is challenging given the national and international situation of economic volatility and increased defence spending. This leaves little room for growth in health and social care expenditure. This is despite an ageing population, and chronic issues to address. However, UHD is well positioned to thrive in the medium-term if the plans set out

can be delivered. In particular, the drivers for a sustainable financial future, are embedded in, and reinforce the need for:

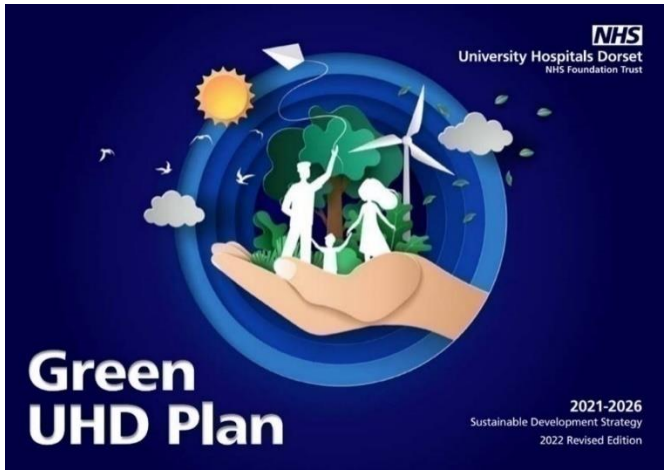
- Reconfiguration
- Productivity
- Shared Services
- Outpatients and Theatres improvements
- Future care for emergency pathways and coordination
- Quality of care [as this lowers cost of poor quality]
- Patient experience, including shared care.

By using the Patient First methodology this then provides the structure, tools, and culture for successful delivery.

In developing the Medium-Term Financial Plan, this will include building upon the 2025/2026 annual plan returns for finance, activity and performance, workforce, and capital plans. This will also cover risks and mitigations, as well as continued review of opportunities and benchmarks. The UHD Medium Term Financial Plan will fit within the Integrated Care System for Dorset's own plan of which UHD is a key part.

6.6 Green UHD Environmental Sustainability Strategy

The UHD sustainability strategy aligns with the requirements set out in the NHS national plan, delivering a "Net Zero" national health service and the Health Care Act 2022.



Our green plan can be found on: uhd_green_plan_1.pdf.

The Sustainability Strategy, or Green UHD Plan, sets out our:

Vision - to provide excellent healthcare to our patients and wider community and be a great place to work, now *and for future generations.*

Green objectives – to deliver healthy lives, a healthy community and a healthy environment.

Cornerstone targets –

- To reduce UHD's core carbon footprint to 80% by 2030 (against 1990 baseline) and to net zero by 2040.
- Carbon footprint plus to be net zero by 2045.

- To become an excellent rated clean air hospital by 2026, reduce single use plastics, generate zero waste to landfill and consume 100% renewable energy.
- The trust also uses a sustainable development assessment toolkit with circa 500 criteria and aims to score 100% by 2030.

In 2025/26, we have built on work since 2021 and continue to give particular focus to:

One Dorset approach- Alignment and economies of scale of from building upon a history of close collaboration – working towards a single Green Plan for Dorset Trusts and integrated delivery.

Decarbonisation of the energy consumed by our estate. This includes commissioning a detailed heat decarbonisation plan for all sites and a feasibility study for a geothermal well to supply heat for the Royal Bournemouth Hospital.

Green travel. Significant progress has been made already. For 2025/2026 an intersite bus, more bike facilities, ANPR and car park improvements will enable further switch away from traffic, pollution and carbon. Staff will also be able to access personalised travel plans.

Climate Adaptation. Working with partners, especially local councils, to prepare for and mitigate extreme weather events, and other impacts of a changing climate.

7. Corporate Governance

7.1 System partnerships

Integrated Care System (ICS)

The ambition for Dorset to be the healthiest place to live in the UK's also fits UHD's ambition. NHS Dorset Integrated Care Board as the key organisation, is leading this work, and their plans on behalf of the system align within ours. In turn these fit within wider national strategies.

University Partnership

A key formal partnership is with Bournemouth University, a highly ranked institution. Over the last three years our partnership has supported education, research, joint appointments and a range of projects, including in leadership development. One area to explore will be development of a medical school for Dorset, alongside expanding existing programmes including physicians' assistants and apprenticeships.

7.2 Wider determinants of health & tackling inequalities.

This plan is set within the context that a predominately hospital-based healthcare provider is only a small part of an individuals', and populations health and happiness. Therefore, our work as an "anchor institution", as an employer, landowner, purchaser of goods and services, and focal point for a community are also important. The progress against what good looks like as an anchor institution, is tracked via our Green UHD plan. In addition, we are active members of numerous networks, and partnerships both as a Trust and through the ICS, including for example with the voluntary sector.

To reduce health inequalities the Trust works closely with the ICB & partners. Data analysis using DiiS (Dorset Information Intelligence Service) means excellent insight into our population. For 2025/2026 UHD will work with partners to identify three areas where work on reducing health inequalities can combine with the projects set out in this Annual Plan.

7.3 Membership and Governors

Member Engagement

The Trust currently has just under 14,000 (*13,743 as of 14 February 2025*) public members, with staff and volunteer members being in the region of 10,000. All individuals in our staff constituency automatically become members unless they choose to opt out. In 2025/26, Governors will further develop upon successful events, communication, and outreach, supporting their role of representing the interests of members and the public.

The vision set out in the Trust's Membership and Engagement Strategy is to build on the engagement with Trust members to create an active and vibrant membership community, representative of the diverse population the Trust serves and of the staff who work here, that has a real voice in shaping the future of the Trust and the services it provides. To achieve this, the Membership and Engagement Strategy sets out three overarching aims:

1. To build representative membership that reflects our whole population of Dorset and West Hampshire.
2. To improve the quality of mutual engagement and communication so that our members are well informed, motivated and engaged.
3. To ensure our staff members have opportunities to be become more actively engaged as members.

More information about our Council of Governors HERE

Council of Governors (CoG)

In the absence of vacancies, the Council of Governors currently comprises the following:

- 6 Public Governors from the Bournemouth Constituency.
- 6 Public Governors from the Poole & Rest of Dorset Constituency.
- 5 Public Governors from the Christchurch, East Dorset & Rest of England Constituency.
- Staff Governors, 3 from the Clinical and 3 from the Non-Clinical Staff Constituencies
- 5 Appointed Governors:
  - Bournemouth, Christchurch & Poole Council.
  - Dorset Council.
  - Bournemouth University (partnership organisation)
  - University Hospitals Dorset Volunteers
  - Voluntary (partnership organisation), if nominated by Trust.

Informal Groups

The Council of Governors has established three informal groups:

Membership & Engagement Group – a forum for discussion on membership, engagement, development and recruitment of members.

Effectiveness Group – a forum for discussion on the effectiveness of the Council of Governors and to informally oversee the development and implementation of plans to enhance this.

Quality Group – a forum for discussion on matters relating to quality and the Quality Account

Annex: One page summary of Strategic Themes to break through objectives

Strategic Theme	Strapline	Vision *LONG TERM*	Strategic Goal *MEDIUM TERM: 3 - 5 YEARS*	Breakthrough Objective *SHORT TERM: 1 YEAR **
POPULATION AND SYSTEM *Mark Mould*	 "See patients sooner"	Consistently delivering timely, appropriate, accessible care as part of a wider integrated care system for our patients.	• Meeting the patient national constitutional standards for Planned and Emergency care, reducing inequalities in outcome and access and improving productivity and value	• To achieve 109% weighted value elective activity against the 2019/20 baseline, including specialist advice and guidance • No more than 66.1% of patients on incomplete RTT pathways should have been waiting more than 18 weeks (18 week RTT) for treatment • >78% of patients to be treated within 4 hours through the emergency care pathway
OUR PEOPLE *Tina Ricketts*	 "Be a great place to work"	To be a great place to work, attracting and retaining the best talent.	• Significantly improved staff experience, engagement and retention • NHS Staff Survey results in top 20% of comparator Trusts	To deliver improvements in the NHS Staff Survey Results for: • "I would recommend my organisation as a place to work" > 65% • Staff Engagement Score > 7.1 / 10
PATIENT EXPERIENCE *Sarah Herbert*	 "Improve patient experience listen and act"	All patients at UHD receive quality care which results in a positive experience for them, their families and carers. Every team is empowered to make continuous improvement by engaging with patients in a meaningful way, using their feedback to make change.	• Rated as Outstanding by CQC as Caring • Over 80% of our employees see patient care as a top priority for UHD • In the top 20% of NHS Acute Hospital Trusts on the 'overall experience' section in all CQC national surveys	• 100% of complaints to be closed within 35 days, with associated action plan • Increase the number of Early Resolution of complaints by 20% • Reduce the number of complaints received per 100 contacts for clinical services by 10% from baseline
QUALITY OUTCOMES AND SAFETY *Peter Wilson*	 "Save lives, improve patient safety"	To be rated the safest Trust in the country and be seen by our staff, as an outstanding organisation for effectiveness (Hospitalised Standardised Mortality Ratios – HSMR) and patient safety (Patient Safety Incidents - PSIs).	• In the top 20% of trusts in country for Hospitalised Standard Mortality Ratios (HSMR) • Rated as Outstanding by CQC for Safety • Decrease severe/moderate harm Patient Safety Incidents (as a ratio of all incidents) by 30% • Over 80% of employees believe the Trust promotes a safety culture	• To statistically reduce our rate of Falls per 1,000 bed days • To ensure the % of patients given timely VTE prophylaxis is 95% or higher • To statistically reduce the rate of pressure ulcers (hospital acquired) per 1,000 bed days • Doctors to achieve 100% compliance in eMortality reviews
SUSTAINABLE SERVICES *Pete Papworth*	 "Use every NHS pound wisely"	To maximise value for money enabling further investment and sustainability in our services to improve the timeliness and quality of care for our patients, and the working lives of our staff.	• Return to recurrent financial surplus from 2026/27 • Rated as Outstanding by the CQC for our Use of Resources • Achieve our Green UHD goals of sustainability for people and planet, and 80% carbon reduction by 2030	• To fully deliver the budgeted Efficiency Improvement Programme target with at least 80% achieved recurrently • To have reconfiguration efficiency plans in place