



**University Hospitals Dorset**  
NHS Foundation Trust

# 2023/24 Operational Plan: University Hospitals Dorset NHS Foundation Trust

MASTER VERSION (V1.5)

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# 1. Foreword – A Year of Transition Ahead

University Hospitals Dorset (UHD) has had a turbulent few years with Trusts merging, the Covid pandemic and an extensive reconfiguration programme. Looking to the future, UHD will play its role in the NHS Dorset forward view for our community - a healthy and happy population with ill-health prevention, thriving communities to live in, and services joined up, delivering care when it is needed.

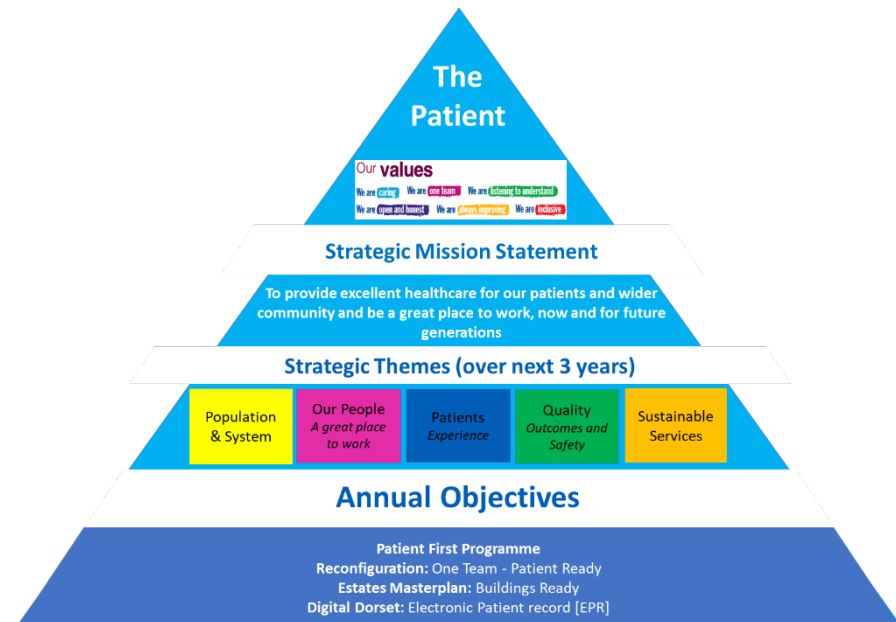
UHD will strive to provide high quality services with effective outcomes, are safe and provide a good patient experience. None of that is possible without our brilliant staff. Faced with ever rising challenges, vacancies, and the cost of living, caring for our teams and each other is paramount. This plan sets out how UHD will deliver those ambitions using the Patient First approach and extra support for our staff.

Both population health and putting patients first requires a sustainable set of services – sustainable financially, environmentally and sustaining the trust of the public. This requires us to change and improve. We have four enabling programmes to help us achieve this:

- Patient First approach to how we do things
- One team: Integrate and reconfigure services
- Our New Hospitals building programme
- Preparing for our Electronic Patient Record

All this is only possible by staying true to the values that were designed by our staff and ensuring that these become universal in ‘how we do things around here.’

The diagram below describes how our values are the heart of what we do, helping us to deliver our mission through our priorities and enabling programmes.



This is a year of transition between our current way of working and our future, Patient First, way. We have a long way to go to become the outstanding organisation that we aspire to be.

This is a five-year journey, with several stages:

- Develop Patient First over 2023
- Integrate services over 2023 and 2024
- Reconfigure in 2025 to create the planned and emergency hospitals
- Upgrade our digital systems by 2025
- Embed these changes alongside the greater prevention, thriving communities and joined up services.

Such a set of ambitions represents the largest changes in Dorset's healthcare in the past 25 years. This journey requires us to change, for teams to work with patients to solve problems and continually improve services. It also requires us to be focussed, so we do not try and do everything, everywhere, all at once. Instead, over five years to stay focussed on the changes that will make the biggest impact against our strategic priorities of population & system, patients, quality, our people, and sustainable services.

The 2023/24 year is likely to be especially challenging. The effects of industrial action, staff vacancies and the burn out of many staff working in healthcare globally are very real for our staff. Our investment in staffing levels and safety mean we have a record deficit, and we know we have patients in our beds who would be better cared for in their homes, instead of on a hospital ward. We need to return to the pre-pandemic

levels of productivity and go beyond this to match the top performers in the NHS. We do this so we can offer shorter waiting times for our patients.

The plan for 2023/24 sets out how we can do things better. Details are provided in relevant chapters, such as quality, workforce, performance and transformation. Despite our challenges, we know what better care could look like and will work together to deliver it. Across a large organisation like UHD, there are many shining exemplars of excellence. Our task is to set the course, stay focussed on a smaller number of high impact improvements, and free teams up to excel in their own areas.

The next few years will be challenging, exciting and well worth the effort as we will become an organisation where we are proud to work, where we want our families and friends to be treated, that lives our values and where Patient First is always the way we do things.

I hope you will join us on this journey, starting with making this annual plan come to life, in the care we provide to patients, partners and staff every day.

With very best wishes

Siobhan Harrington

## 1.1 Introduction

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.

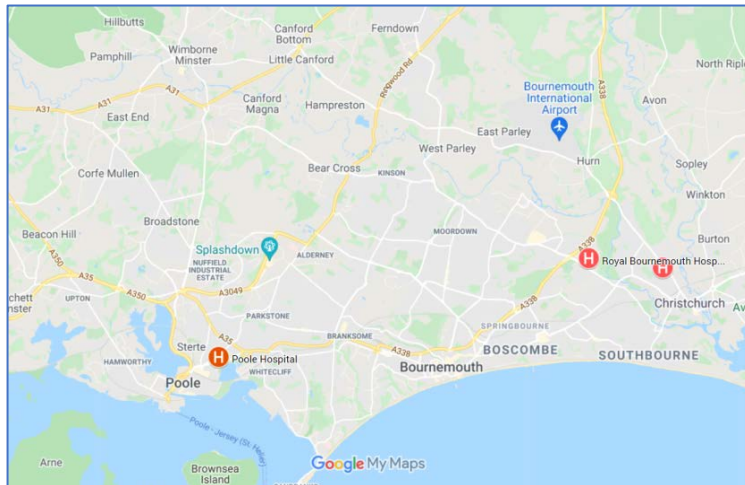
The Trust spends approximately c£680m and employs c9,500 staff across 3 hospitals – Poole Hospital (PH), Royal Bournemouth Hospital (RBH) and Christchurch Hospital (XCH) plus staff in community settings

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:

- 169,000 Type 1 ED attendances
- 70,000 Non-elective admissions
- 14,000 Elective admissions
- 88,000 Day case treatment
- 589,000 Outpatient attendances
- Over 4000 births
- Diagnostics & other services.

These services are provided primarily to a catchment population of approximately 700,000 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 Community & GP's, social care, ambulance and other NHS services and many others.



## 1.2 Trust Values, Mission and Priorities

Underpinning our Mission are **our UHD values** ([https://www.youtube.com/watch?v=g18KK8e-x\\_U&t=6s](https://www.youtube.com/watch?v=g18KK8e-x_U&t=6s)).

These guide 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.

The infographic is divided into three horizontal sections. The top section is blue and contains the text 'Our vision' and 'To positively transform our health and care services as part of the Dorset Integrated Care System'. The middle section is purple and contains the text 'Our mission' and 'To provide excellent healthcare for our patients and wider community and be a great place to work, now and for future generations'. The bottom section is white and contains the text 'Our values' followed by six phrases in colored boxes: 'We are caring', 'We are one team', 'We are listening to understand', 'We are open and honest', 'We are always improving', and 'We are inclusive'.

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

**Our mission**  
To provide excellent healthcare for our patients and wider community and be a great place to work, now and for future generations

**Our values**

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

Our values underpin how we deliver our services and meet our objectives and help us to develop our UHD culture over many years. Our priority objectives are re-visited each year to ensure they remain aligned with the national and local strategies and represent the goals and ambitions of UHD.

This is a transition year as we take the Patient First approach to setting our objectives. Developing our strategic thinking and actions to deploy this includes agreeing our “True North” guiding objective, that allows us to organise around what’s most important.

The A3 method is a process to get to the root cause of what’s stopping us excelling in this area, and then prioritising the most effective ways to improve (out of the many possible actions we could take). In effect this means doing a smaller number of more effective things, really well.

Objectives are SMART (Specific, Measurable, Action planned, Resources identified, and Timebound) and are tracked as part of our Board Assurance Framework. This allows greater continuity and certainty about what we’re working on and allows objectives to better cascade down to teams and individuals within teams.

We will remain flexible in how we go about achieving these objectives, as we learn and listen, try different approaches and develop our improvement skills. What is key though, is the True North and Strategic Objectives remain consistent, so as a team we are all pulling in the same direction.



Themes	Goal	2023/24 Objectives (SMART wording being developed)
<b>Systems and Partnerships</b>	To meet the patient national constitutional standards for Planned and Emergency care. supporting inequalities in outcome and access and improving productivity and value.	To have no patients waiting in excess of 65 weeks on an RTT pathway to be seen and treated by March 2024 [Stretch target: To have zero non admitted patients above 52 weeks by March 2024]. To achieve 76% of patients treated within 4 hours through the emergency care pathway by March 2024.
<b>Our People</b>	To significantly improve staff experience, engagement and retention over the next 3 years [with NHS Staff Survey results in top 20% of comparator trusts].	All wards / departments taking action to improve their 2022 National Staff Survey results, by March 2024. Overall 2023 NHS Staff Survey results: Staff Engagement Score > 7/10 Staff Morale Score > 6/10 Q23c: I would recommend my organisation as a great place to work > 62% People Promise 'We are safe and healthy' > 6/10 To achieve a 13% staff turnover rate by March 2024.
<b>Patient Experience</b>	To achieve top 20% in the inpatient survey about the quality of care	Family and Friend Test (what our patients say)

	provided at UHD over the next 3 years. Every team is empowered to make improvements using patient feedback, in order that all patients at UHD receive quality care, which results in a positive experience for them, their families and/or carers.	Feedback rates increases from baseline in all service over the next year. Is in top 20% rated 'good' over a 3-year period <ul style="list-style-type: none"> <li>Every ward / clinical service has access to monthly Have Your Say survey information and data by March 2024.</li> </ul>
<b>Quality (Outcomes and Safety)</b>	To achieve top 20% of trusts in the country for HSMR over the next 3 years. To reduce moderate/severe harm patient safety events by 30% over a 3-year period through the development of an outstanding learning culture	To reduce HSMR over the next 18 months [Sept 2024].
<b>Sustainable Services</b>	To return to recurrent financial surplus from 2026/27.	To reduce the recurrent underlying deficit over a 3-year period [Closing balance of £20m by March 2024].
<b>Patient First Programme</b>	To successfully and sustainably adopt the Patient First	To deliver Year 1 of transitioning to the Patient First approach including all staff attending a 'Let's have

	approach across UHD.	a Conversation' session and encouraged to identify improvements in their ward / department.
<b>One Team</b> <i>Patient Ready for Reconfiguration</i>	To integrate teams and services, then to reconfigure, and so create the planned and emergency hospitals	For every service to have an agreed plan to integrate and start delivery so they are "move in" and "patient ready" for the future

In addition to delivering our objectives, there are **four enabling areas of major change** in the coming years:

1. **Our Patient First approach** using evidence based actions to improve on the quality of care, safety and reliability and to improve the working lives of staff.
2. **The One Team** value means this year, we will continue to **integrate teams**, rotas, policies and day-to-day work, so care delivered is the same regardless of location. This will include essential preparations for service reconfiguration, with some services moving in 23/24, and most in 25/26. Progress here makes teams and services stronger, and care for patients improves.
3. UHD is undergoing a major **reconfiguration** programme. This will create the planned hospital and emergency hospital from 2025. During 2023/24 we will see the continuation of significant building works as we build our

improved, modern estate. These changes will deliver significantly better, safer and more sustainable care for the population. Of note, the Poole Theatres, One Dorset Pathology, RBH Catering, Wessex Fields link road and many other schemes will complete in 2023/24.

4. **Digital systems** underpin much of modern life, and healthcare especially so. An Electronic Patient Record (EPR) allows better information to guide clinicians, decisions and can improve care. During 2023/24, UHD will specify and tender for a new EPR, and develop a plan to migrate current systems. This is a major undertaking but done well can release time to care and improve patient outcomes.

In summary 2023/24 is a year of opportunity to develop our Patient First approach of True North and Strategic themes, to get to root causes of problems and then update our plan and actions to develop the services we would want to be consistently in place for our family and friends.

This is a journey that will take many years and includes delivery of our key enabling programmes that will set us up for success. Taken together this is an ambitious plan, that will require our utmost ability and resilience to see through but is the right thing for us to ensure we achieve putting our patients first.



## 2. Improving the Quality of Care and Safety

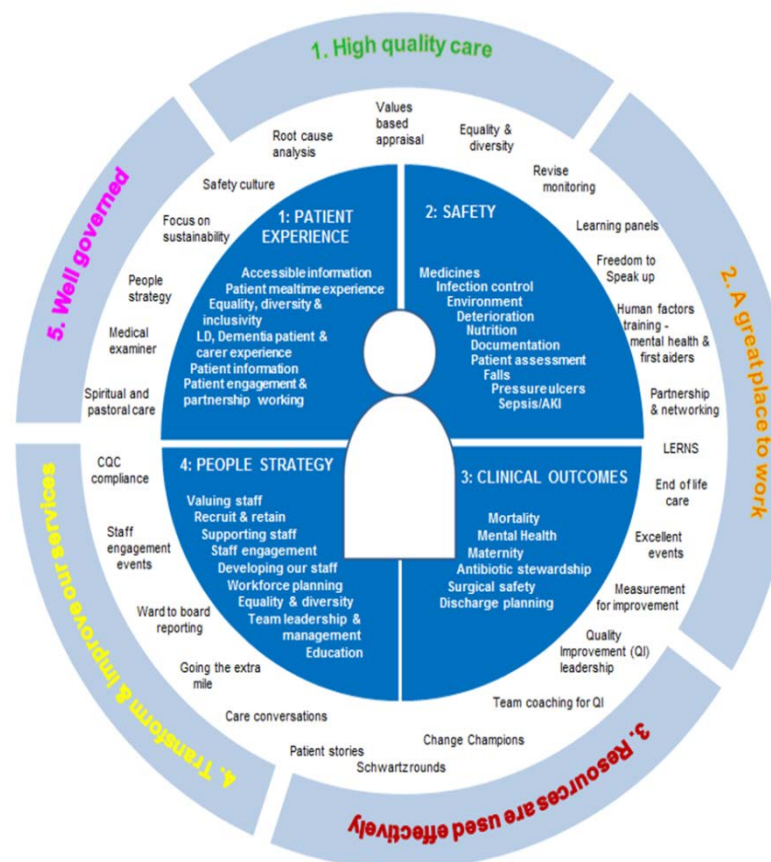
### 2.1 Quality and Safety

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 discussed, prioritised and embedded 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, internal and external reviews and patient safety reporting.

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 quality and clinical governance framework.



Quality reporting across the Trust supports the review, analysis and delivery of quality priorities related to patient experience, patient and staff safety and the clinical effectiveness of services.

The identification, measurement, analysis and review of quality and safety information is embedded principle and priority across all the Trust and ensures a culture of learning and continuous improvement.

Board and Board subcommittee discussions and reviews 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.

### **Quality objectives for 2023/24:**

The main patient safety quality priorities for 2022/23 support the implementation of the National Patient Safety Strategy:

- Implementation of the new Patient Safety incident Reporting Framework
- Appointment of Patient Safety Champions
- Embedding the principles of Just Culture
- Implementation of the National Patient Safety Syllabus
- Implementation of the new Learn from patient safety events (LFPSE) service.

Learning from deaths and medical examiner service reviews  
Maintaining effective processes for the planning, coordination and implementation of National Patient Safety Alerts.

## 2.2 Care Quality Commission (CQC)

The CQC undertook an unannounced focused inspection on the 28<sup>th</sup> and 29<sup>th</sup> September 2022. The CQC did not look at all key lines of enquiry and limited their review to a small number of areas where concerns had been raised in the Older Peoples Services and Surgery services.

CQC rated Poole Hospital's Surgical Services as Requires Improvement. The Inspectors' assessment of the hospital's Medical Care services did not lead to a rating being issued. The service remains rated 'Good'. The CQC rated Poole Hospital as "Requires Improvement" overall. It was previously rated 'Good'.

### Rating: Poole site

**CQC Inspection September 2022: report published 8 March 2023**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Medical care (including older people's care)	Requires improvement ↔ Mar 2023	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Surgery	Requires improvement ↔ Mar 2023	Requires improvement ↓ Mar 2023	Good ↔ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Mar 2023
Critical care	Requires improvement Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
Maternity	Inadequate ↓ Mar 2023	Good Jan 2020	Outstanding Jan 2020	Outstanding Jan 2020	Inadequate ↓ Mar 2023	Inadequate ↓ Mar 2023
Services for children and young people	Good Jan 2018	Good Jan 2018	Outstanding Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
End of life care	Good ↔ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2018	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020
Outpatients	Good May 2016	N/A	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Overall	Requires improvement ↔ Mar 2023	Good ↔ Mar 2023	Outstanding ↑ Jan 2020	Good ↔ Jan 2020	Requires improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023

No rating was issued for the Royal Bournemouth Hospital. The hospital remains rated 'Good' overall. Similarly, the inspectors' assessment of the hospital's medical care and its surgery did not lead to new ratings being issued. Both remain rated 'Good'.

**Rating: Bournemouth site**  
**CQC Inspection September 2022: report published 8 March 2023**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑ Mar 2018
Medical care (including older people's care)	Requires improvement ↓ Mar 2023	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018
Surgery	Requires improvement ↓ Mar 2023	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018
Critical care	Good Mar 2016	Good Mar 2016	Good Feb 2016	Requires improvement Feb 2016	Good Feb 2016	Good Feb 2016
Maternity	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑ Mar 2018
Services for children and young people	Good Feb 2016	Good Feb 2016	Outstanding Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
End of life care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Outpatients	Good Feb 2016	N/A	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Overall	Requires improvement ↓ Mar 2023	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑ Mar 2018

The inspection did not lead to Trust-wide ratings being issued.

**In medical care at the Royal Bournemouth Hospital and Poole Hospital, inspectors found:**

- There were not always enough staff to keep people safe.

- Staff did not always complete and update risk assessments, and records were not always stored securely.
- Medicine storage was not always safe.
- People did not always receive enough food and drink.
- Some people who were medically fit for discharge stayed in the service longer than they needed to, due to a lack of community and social care packages in the region.
- Staff morale was low but still focussed on the needs of patients receiving care.

However:

- Staff knew how to protect people from abuse, and managed safety well.
- Infection risk was controlled well.
- Staff mostly identified and quickly acted for people at risk of deterioration.
- Staff assessed and monitored people regularly to see if they were in pain, and they mostly administered pain relief in a timely way.

- Staff supported people unable to communicate using suitable assessment tools, and they gave additional pain relief when needed.
- Staff collaborated well, to benefit people.
- Staff treated people with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues it faced.
- The service had an open culture where people, their families and staff could raise concerns without fear.

**In surgery at the Royal Bournemouth Hospital and Poole Hospital, inspectors found:**

- There were not always have enough staff to care for people and keep them safe.
- Care was not always planned to meet local people's needs.
- At Poole Hospital, people on a fractured neck of femur pathway did not always receive treatment within recommended timescales.

- People remained in Poole Hospital's surgery service when they were fit for discharge, due to a lack of community and social care packages in the region.

However:

- Staff assessed risks to people, acted on them and mostly kept good care records.
- Staff treated people with compassion and kindness, respecting their privacy and dignity.
- Staff were focused on the needs of people receiving care.

The CQC recognised that the Trust was aware of a number of these issues and noted that in a number of areas organisational and system wide actions were in place to mitigate risk. The Trust has developed a detailed action plan to address the issues highlighted in the report. The Quality Committee will ensure oversight of effectiveness of the actions identified.

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 CQC inspected Maternity services at Poole Hospital in November 2022 as part of a national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country to help understand what is working well to support learning and improvement at local and national level. The CQC aim to publish a national report on the overall findings of the programme in 2023/24.

The inspection at Poole Hospital was a short notice announced focussed inspection looking at Safe and Well led key questions.

The inspection report was published on the 10 March 2023.

The CQC rated Poole Hospitals Maternity service as 'Inadequate'. The service was previously rated 'Good' (January 2020).

In Poole Hospital maternity services, the report noted that inspectors found:

- There were not always enough staff to keep women safe.
- Systems and processes for managing risk were not always effective, especially in maternity triage.
- Maintenance of the environment especially regarding the emergency call bell systems, were not adequate to

maintain people's safety. The CQC acknowledged that at the time of the inspection the Trust was implementing a new call bell system and confirmed it had addressed this issue.

- Managers did not always investigate incidents thoroughly or in a timely manner.
- The maternity leadership team was new and did not always have enough capacity or experience.

However:

- Staff understood how to protect women and children from abuse.
- The environment was visibly clean.
- Staff managed medicines safely.
- Staff felt respected, supported and valued. They were focussed on the needs of women receiving care.
- The service had an open culture where women, their families and staff could raise concerns without fear.

The Trust has identified a detailed action plan to address the issues raised in the CQC report. The Quality Committee will ensure oversight of effectiveness of the actions identified.



## 2.4 Quality Improvement and Innovation

Progress has continued to be made on delivering the Quality Improvement (QI) and Innovation strategies through 2022/23.

The 2023/24 year is one of transition between the existing QI strategy and the new Patient First programme. Patient First seeks to develop a culture of continuous improvement and learning across UHD in which everyone is empowered to make changes to improve the quality of clinical and non-clinical services to improve patient care.

Patient First has a proven track record of delivering change and will assist in aligning UHD priorities with improvement programmes and focus on delivery of specific breakthrough objectives while rolling out cultural and organisational change to clinical and non-clinical teams.

During 2022/23 staff across Dorset and UHD have been trained in QI methodology using the QI lite and QSIR methodology and this will continue throughout 2023/24 whilst Patient First training is developed and deployed.

The QI priorities for 2022/23 will continue to be delivered into 2023/24 while the Patient First objectives are determined. The QI priorities include IV Fluids, Deteriorating Patient

Programme, Difficult IV Access, Safety Checklists, Cancer Care Recovery Programme, Acute Kidney Injury, Blood Glucose Management and 'Think Steroids.'

The work of the Dorset Innovation Hub (DIH) is in its second year with Health Foundation funding supporting the Hub until April 2024. The Hub has undertaken a series of training and development events with staff and stakeholders and has developed a partnership approach to increasing the impact of the spread and adoption of innovation. The Hub priority of malnutrition in ageing people has progressed and the DIH will be seeking nominations for its 2023/24 work programme from members in early 2023.

An Innovation Summit has been planned for 2024 to showcase the spread and adoption of innovation across Dorset. This event will seek to further develop the ways by which we can use innovation to improve outcomes for the people of Dorset and will consist of national and local presenters alongside focussed workshops.

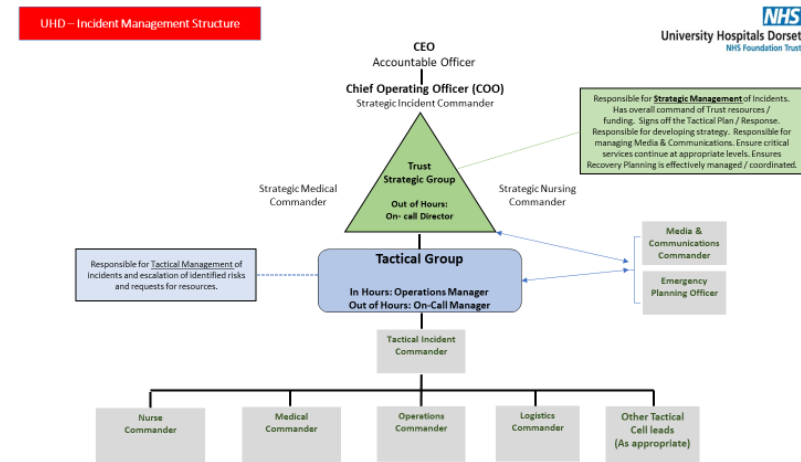
The future sustainability of the DIH is being taken forward with DIH partners and in particular with the Dorset Integrated Care Board.

## 2.5 Incident Management

UHD has a well-established incident management response model which covers operational, tactical, and strategic levels of command. At the heart of this response model is a cadre of Trained On-call Managers and Directors who have responsibility for the management of any significant incidents that may affect the Trust.

The Trust's response to any given incident may be scaled up or down as appropriate for the circumstances encountered at the time. The effective coordination and management of incidents may be further enhanced by the establishment of Incident Coordination Centres in dedicated rooms on either of the Trust's acute sites.

The Trust has a number of prepared plans designed to guide and inform the response to incidents e.g. Major, Business Continuity, and Critical Incident Plans.



At the current time, Poole Hospital site is the Trust's Headquarters and is designated as the primary Incident Coordination site, with back up locations at Royal Bournemouth Hospital. Once the current building works at the Royal Bournemouth Hospital site have been completed in 2025, this position will reverse with the Royal Bournemouth Hospital site becoming the designated primary ICC site for UHD.

## 3. Becoming a great place to work: 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 UHD a great place to work. Our people have remained under increasing pressure since the response to Covid-19 and in 2022 our staff have also been impacted by the cost-of-living crisis, workforce capacity issues and a need to focus on the large-scale integration activities.

Our People Strategy has proved to be acutely important as it 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 deliver patient care, and related services. Adapting the Patient First approach will help this further. This is needed as we work 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 as we move into our new buildings and reconfigure our services and adapt new digital systems.

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 2023/24:**

#### ***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 allow them to work effectively to face the challenges and changes of the future.

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 and provide meaningful roles with the right resources and support so that our staff feel equipped for the future.

#### ***Compassionate and Inclusive Leadership***

We will continue to place health and wellbeing at the heart of our line manager's duties, encouraging them to have meaningful conversations, giving feedback and communicate clearly and consistently about expectations and objectives. 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, with a particular focus in 2023 on improving key WRES indicators.

### **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.
- Launch our new online *Thank You* tool, and a new annual staff award event to show staff how proud we are of everything they do for UHD.
- Continue focus on supporting our managers to have valued based appraisal conversations with a focus on individual development and aligning objectives to the Trust's True North.
- Further develop our leadership and lifelong learning offers for staff including embedding the Level 7 Leadership Apprenticeship in partnership with Bournemouth University and further developing a modular programme to support basic people management skills and competencies.
- Introduce a pilot for our talent management tool in line with the national *Scope for Growth* initiative and participate in a national pilot study.

- Review the 2022 staff survey results at team, directorate and care group 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 and Values has continued with events and work programmes throughout the year.

In the past year there have been many successes. These included changes being 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; 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:**

- Ensure our team leaders can build and lead effective teams 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.



### 3.3 Developing our Workforce

#### Workforce Planning, Recruitment and Retention

During 2023/24 we will continue to 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.

Workforce plans are iterative and do change throughout the year but having robust multi-year plans are essential to have the right skills and people for the future.

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

#### 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 working through the Dorset ICS and wider system 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 our 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. Improving our Operational Performance

### 4.1 Introduction: improving productivity

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 2023/24, it's 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.

Speciality level plans have been developed for every speciality within the Trust and are the building blocks of our Annual Plan (Appendix 1).

### 4.2 Organisational Performance and Challenges

From 1 July 2022 integrated care boards (ICBs) became responsible for the performance and oversight of NHS services within their integrated care system. The NHS Oversight Framework 2022/23 describes the approach to oversight and a set of performance metrics aligned to the 2022/23 priorities for the NHS.

Performance management is integral to our Corporate Governance structure. We have agreed a broad range of Key Performance Indicators (KPI's) which form the basis of our performance management framework. These KPI's are aligned to our Strategic Priorities and take into account all NHS constitutional patient access targets and statutory obligations, along with targets we have agreed locally to support the delivery of our overarching vision, enabling strategies and to address key areas of risk.

#### How we have performed during 2022/23

##### Referral to Treatment

In 2022/23 our waiting list from referral to treatment increased in size by 30% (16,732 patients). Referral levels increased post the pandemic more quickly than recovery of hospital activity levels. The waiting list however has shown an overall reduction in the most recent six months.

The national target is that at least 92% of patients should be waiting for treatment no more than 18 weeks from their referral to hospital. Our performance has deteriorated from 61% in March 2022 to 53.8% at the end of March 2023. Our performance has been similar to that experienced across trusts in England.

The position that some patients wait significantly longer than the 18 week target has been an area of focus in the Trust during 2022/23. UHD achieved the elimination of waiting times greater than 104 weeks in February 2023 and reduced waits greater than 78 weeks by 87%, to 96 at the end of March 23. The patients who typically wait longest for treatment continue to be those who require admission for surgical procedures in specialities such as Colorectal surgery, Upper Gastrointestinal surgery and Ear, Nose and Throat specialities. Continuation of the Theatre Improvement programme across UHD is a cornerstone for increasing elective capacity, efficiency, and productivity. Alongside this in May 2023, we will launch the new theatre complex at Poole, including the provision of Barn theatres.

### **Diagnostic waiting times**

Our diagnostic waiting times performance has been one of the best in the South West Region reducing to 7% of patients waiting more than 6 weeks for a diagnostic test in March 2023. There has been an overall 56% reduction in the proportion of patients waiting greater than 6 weeks for a diagnostic test during 2022/23.

### **Cancer Waiting Times**

The timeliness of urgent services for patients with suspected cancer has improved during 2022/23 with the Trust delivering a level of performance in line with the national Faster Diagnosis Standard (75%) and the Trust continue to benchmark well against the national average for the 62 cancer standard, although the level of performance achieved has declined overall between March 22 and March 23. Against the national 62 day target to provide first definitive treatment to at least 85% of patients with cancer within 62 days of referral to hospital the Trust achieved 65% (provisional) in March 2023. We have faced a range of challenges in relation to cancer demand including a large increase in the number of referrals for investigations, an increase in the complexity of treatment required by new and existing patients and the impact of recent industrial action on treatment capacity.

### **Urgent and Emergency Care**

Poole Hospital was one of the 14 Trusts selected to take part in national field test of the proposed Urgent & Emergency Care Review of Standards (UEC CRS) in 2019 and Bournemouth joined the pilot following the Trust's merger. This approach measured the mean time in the department. In 23/24 all Trusts have been asked to return to the 4-hour access standard for emergency departments approach, which will require significant operational and cultural change. This states 76% of emergency patients should be seen, treated if necessary, and either discharged or admitted, within four hours of arrival in an

Emergency Department (ED). The Trust is working hard to identify areas which will support delivery of the 4-hour standard, enable monitoring against the standard and support staff education and cultural change.

Below is a summary of the key clinical performance indicators for the UHD.

Performance Metric	Target	UHD Performance 31 March 2023
Mean wait time in Emergency Dept	200	358
Diagnostic 6 week standard - % greater than 6 weeks	1%	7.0%
Referral to Treatment - % patients within 18 weeks	92%	53.8%
Referral to Treatment - number of patients waiting >52 weeks : Trust target March 2023	1,860	4,100
Referral to Treatment - number of patients waiting >78 weeks : Trust target March 2023	123	96
Referral to Treatment - number of patients waiting >104 weeks	0	0
Referral to Treatment - number of pathways	51,491	72,770
28 day Faster Diagnosis Standard	75%	75.0% (provisional)
31 day Cancer Standard - % patients diagnosed being treated within 31 days	96%	96.2% (provisional)
62 day Cancer Standard - % patients being seen 62 days from urgent GP referrals	85%	65.0% (provisional)

## 4.3 Urgent and Emergency Care

### Key Challenges

Approximately 30% of patients attending one of our Emergency Departments (ED) will require admission to a hospital bed. Whilst Covid has reduced its prevalence, there is still an impact on the actions we continue to take to prevent the spread of infection, which impacts hospital flow.

At any time, more than 20% of UHD beds continue to be occupied by patients that are medically fit for discharge but who have an ongoing health or social care need that requires support. This may be physical rehabilitation or support to undertake daily activities at home. The lack of availability of resources to care for people out of hospital often delays patients' discharge, sometimes for a considerable period. This pressure is felt throughout the Urgent and Emergency Care Pathway, and manifests as crowded Emergency Departments and delayed Ambulances in the departments.

UHD has been a pilot site for a suite of new Urgent and Emergency Care metrics over recent years. As part of this pilot, we have not reported against the 4-hour standard that most Trusts nationally have continued to report. This pilot will end in Q1 2023/4 and UHD will return to reporting against the 4-hour standard. The work to return to the 4-hour standard is

significant, both in terms of system and process redesign and cultural realignment to a different way of working. This will be an area of whole system focus in 2023/4.

The challenges faced by UHD are not unique and sites with Emergency Care Pathways throughout England are facing similar issues. The National UEC Delivery Plan for Recovering Urgent and Emergency Care Services was published at the end of January 2023 which links plans for the NHS with those of the Department of Health and Social Care. Many of the actions in the National UEC Delivery Plan for Recovering Urgent and Emergency Care Services focus on challenges and factors outside of the Acute Hospital. UHD is committed to working as part of the Integrated Care System and with our partners from Local Authorities and other sectors to achieve the benefits for our patients as laid out in the plan.

For the in-hospital actions the existing UHD Hospital Flow Improvement Group, which reports to our Executive led Trust Management Group will continue to lead our recovery actions and the re-implementation of the 4-hour standard. There are four improvement Group workstreams – ED, SDEC, Operational Flow and Discharge report to a single steering group. Each workstream is led by a senior team that are accountable for delivering transformational change required to achieve the National UEC Delivery Plan for Recovering Urgent and Emergency Care Services.

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.

#### **UEC 4 Hour standard Delivery Plan at-a-glance**



## Hospital Flow Improvement Programmes



## Key actions

### Reduce 12-hour waits in EDs

The number of patients spending more than 12 hours in our Emergency Departments reached unprecedented levels in 2022/23, which is again reflected nationally. Addressing 12 hour waits in ED is a core element of the National UEC Delivery Plan for Recovering Urgent and Emergency Care Services.

A significant number of the patients spending more than 12 hours in our Emergency Departments were waiting for an inpatient bed. Achieving the actions laid out in the National UEC Delivery Plan will support flow and reduce these delays.

In late 2022 UHD implemented a continuous flow model. This means that during core hours patients are transferred to downstream wards potentially before the bed space is available. This is a model being used widely nationally to create earlier flow and balance risks across the organisation, rather than resting solely with our Emergency Departments and Ambulance partners. While there are specific challenges around some of the UHD estate and staffing, there are areas where this has been implemented well, and in 2023/4 we will seek to embed this further as a key element of our response to pressure and delays in our Emergency Departments.

Additional actions and pathways for those patients that could be discharged earlier has been enabled by significant investment in Same Day Emergency Care provision in 2022/3 and virtual ward expansion. Recruitment and training delays have impacted the full benefit of this investment, but this will continue to grow in 2023/4.

### **Getting ambulances to patients quicker**

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 (internally and externally) to reduce the risk of ambulance delays in order to make a meaningful reduction in the numbers of ambulances that are unable to hand over to the ED within 15 minutes. This will support our Ambulance Service partners to achieve the recovery of the Category 2 response time to an average of 30 minutes over 2023/24 and return to pre-pandemic levels in 2024/25.

### **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 has made significant investment in SDEC provision in 2022 and will realise the benefits of this investment in 2023/4. The first 7-day SDEC service commences in March 2023, with plans to increase the services available, and the pathways to access these services ahead of winter 2023/24.

### **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.**

The reconfiguration of clinical services in Dorset provides for an Urgent Treatment Centre at both Poole and the Royal Bournemouth Hospital after end state reconfiguration in 2025.

Currently the UTCs at Poole and the Royal Bournemouth Hospital provide urgent appointments for over 35,000 patients a year, a third of which are booked from NHS111 directly.

UHD, with the support of the ICS and system partners will develop and further integrate the UTCs into the core UEC front door in 2023, in preparation for the full reconfiguration of emergency care that is now planned for 2025.

## **Growing the workforce**

UHD has made unprecedented commitments to growing the workforce that supports the Urgent and Emergency Care Pathway.

Investments of almost £4m have been made recurrent in 2023/24 budgets to allow both medical and nursing workforces to recruit substantively into posts based on detailed capacity and demand modelling that has been undertaken by the teams, along with £1.9m of investment in creating capacity outside the Emergency Departments, including SDEC, support teams and escalation beds.

## **Risks and Issues**

- Change management requirements to return to the 4-hour standard
- Face to Face Access in Primary Care, and access to primary care appointments from NHS111 or from UHD.
- Workforce recruitment into newly funded posts of all types
- Capacity and technology to divert patients to Minor Injuries Units (MIUs) or other appropriate services
- Timely availability of booked appointments
- Increase in minors' attendances over the Summer
- Increasing NHS111 disposition to Emergency Department

- Ability of partners to respond to demand pressures and avoid additional impact on UHD
- Cultural shift from 'ED work' to 'system work' (internal and external to organisations).

## **Assumptions**

- System plans are developed to deliver The National UEC Delivery Plan for Recovering Urgent and Emergency Care Services
- UTCs are funded and are able to fully integrate into the core Urgent and Emergency Care front door in 2023/24
- Transformation initiatives and funding support for schemes will facilitate deliverables, safe care and progress against key standards.

## **4.4 Patient Flow & Bed Capacity**

In 2022/23, investment was made in key areas to improve flow and increase inpatient capacity. System support was given to increasing SDEC services across both sites, introducing Departure Lounges, recruitment of Discharge Facilitators and funding additional beds on a seasonal basis. Trialling of a rapid discharge teams (Tiger Team) has shown that a targeted team of professionals focusing on discharge in the evening and at weekends can reduce length of stay (LOS) and improve the

discharge rate. In 2023/24, the teams aim to enhance and develop the services further.

Underpinning the Trust's surge and capacity planning is our bed modelling. 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 our bed gap mitigation plans, is the role of the system-wide community capacity and the Pathway to Home programme. In addition to supporting our system-wide work, internally, our focus is on planning for discharge from admission and Pathway 0 discharges, which form 88% of all discharges.

Further work continues with clinical teams to develop flow across the hospitals:

- Review of speciality pathways and cross site bed capacity demands for opportunities to optimise bed capacity
- Alternative care models which support admission avoidance, including Same Day Emergency Care (SDEC) to avoid unnecessary overnight stays and/or reduced length of stay for patients.
- Work internally and with Dorset System partners to optimise the Criteria to Reside framework and Pathway to Home programme

- Review and refinement of our UHD-wide escalation (OPEL) plans and associated risk assessments.

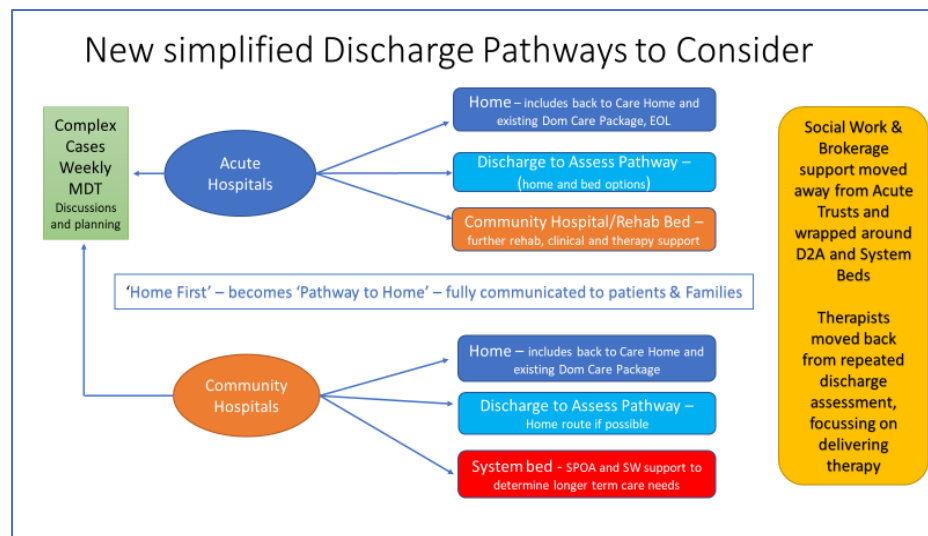
### **Pathway to Home**

The Dorset system have agreed to implement a new simplified discharge pathway. This will be supported by a Discharge to Assess (D2A) model for those patients who are unable to be discharged to their usual place of residence due to new care needs. The model aims to optimise patient rehabilitation and recovery and complete assessments for their longer term needs outside of the acute hospital.

We will work with our system partners on workforce plans to support the D2A model. This requires registered professional and non-registered skills to support the range of patients' needs both in a bedded setting and at home.

This work includes streamlining assessment processes and releasing our therapists to focus on delivering therapy to our patients and reducing their longer-term care needs. We also continue to develop roles such as Assistant Practitioners, OT apprenticeships and new nursing roles. Ongoing joint work across teams at UHD as well as with our system partners will continue to be key as we develop new Dorset pathways and capacity. D2A bed capacity has been secured for 23/24, with a

minimum of 50 beds provided in care homes alongside our local community hospitals.



## Key Benefits

- It is 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 reducing unnecessary longer stays in hospital, supporting best patient outcomes.
- It allows patients to optimise their rehabilitation and recovery and allow the assessment of their longer term needs to take place in a more appropriate setting.

- It reduces pressure on staff, wards and the front door; allowing our sickest patients to be admitted more quickly.

## Further system-wide improvement work includes:

- Continuing to expand community capacity, supported by national funding.
- Review of pathways and commissioning for complex and specialist patient needs.
- 'Front door' pathways for unnecessary admission avoidance.
- 7-day discharge planning and discharges.
- Transport services that support discharge.
- Planning for the high level and increasing number of frail older patients in Dorset, including over 85s.

## Transforming Hospital Flow Programme – Planning to leave from point of admission

Our internal work on early planning and reduced discharge delays is being driven by our Planning to Leave from Point of Admission workstream. This is overseen by the Trust's Transforming Hospital Flow Programme. The workstream's next phase of work is focused on:

- Estimated Date of Readiness (EDR) - rollout of our Best Practice Toolkit for early and effective discharge planning and processes, supported by developments to our Health of the Ward bed management system. This



aims to optimise the time our patients spend in our hospitals, reduce long lengths of stay, increase P0 discharges and provide early information to our system partners to support discharges and capacity planning.

- Developing pathways and processes on our wards that support the new system simplified discharge pathway and specifically the Discharge to Assess (D2A) model.
- 7-day discharges/discharge planning so patients are discharged when they are medically optimised.
- Streamlining assessment and referral pathways including the development of digital solutions that release time to therapy.
- Develop our Health of the Ward bed management system as central conduit for digitally sharing timely information and to support our data driven intelligence and reporting internally, across the system and nationally.

### **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.

- Pathway to Home 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 Estimated Date of Readiness and associated Criteria to Reside framework
- Further waves of infection, prevention and control impact, outstripping planning assumptions.
- Workforce gaps, particularly in therapy and care capacity, impacting on service and system 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.

Our Elective Care Programme focuses on the post-COVID pandemic recovery of elective care through pathway redesign, maximising productivity, and optimising elective capacity, including reducing health inequalities. The programme is closely aligned to the Hospital Flow programme ambitions to reduce the average length of stay, bed occupancy and the number of patients in hospital with no criteria to reside. It is also



aligned to the ICP three strategic priorities: prevention and early help, thriving communities and working better together.

### **Progress made during 2022/23**

Considerable strides forward have been made during 2022/23 in support of recovery of elective care. The following are some examples of the progress we made in delivering against the operational plan for 2022/23 and the NHS Long-term Plan ambitions.

Further development of clinical networks across the Dorset system has taken place in the six-high volume, low complexity (HCLV) specialties with system wide clinical leads appointed. Progress was recognised in the visit to Dorset by the national GIRFT team in December 2022.

The Trust was spotlighted for its 'wait-in-line' (WIL) initiative during the national 'Super September' focus on reducing outpatient waits and introduced validation hubs across a range of specialties. Both initiatives have had a positive impact on reducing the length of time people wait and improved booking efficiency.

We expanded the roll out of high flow outpatient assessment clinics at the Dorset Health Village (Outpatient Assessment

Centre) to include 13 specialities including physiotherapy, dermatology, maternity and colorectal surgery.

The Trust has seen the progression of digital outpatient transformation in 22/23 with the launch of a patient portal (DrDoctor), installation of virtual consulting pods, extension of Bookwise room booking capability for Christchurch and Poole, and introduction of InTouch Digital check in at Bournemouth and Christchurch Hospitals.

Our Theatre Improvement Programme saw the Trust partner with Foureyes Insight to deliver a reduction in the case opportunity and increased theatre utilisation. Implementation of a smart theatres scheduling tool and cluster theatre planning meetings for specialties supported this improvement.

### **Health Inequalities**

During 2022, the Dorset Elective Health Inequalities Group was established, together with specific working groups. Progress this year has included:

- Waiting list management: tracking new elective patients with a learning disability flag in the Trust with the aim to ensure first outpatient appointments are held within 18 weeks. We have also sought feedback from the learning disability network on communication received and

experience of OP appointments to improve the experience of patients.

- Analytics and data intelligence: working with the Dorset Intelligence and Information Service (DiiS) to build upon the population health data available to monitor the impact of our elective recovery programmes on patients' access, experience and outcomes.

### **Key challenges**

All patients referred to the Trust for elective care since 1 January 2023 will require their referral to treatment pathway to be completed by March 2024 in order to meet the national ambition to eliminate waits over 65 weeks. This is over 67,000 patients.

The absence of optimised hospital flow, high numbers of beds occupied by patients with no criteria to reside, an increase in non-elective length of stay and high staff vacancy rates across key areas, including outpatients and theatres, reduces capacity for elective care, exacerbating long waits for elective care.

The most challenged services are those reliant upon theatre capacity including General surgery; Urology; Colorectal surgery; Upper Gastro surgery; Trauma and Orthopaedics; ENT; Oral surgery and Gynaecology. Gastroenterology,

Dermatology and some paediatric services also have high numbers of patients waiting to be seen or treated.

Elective Recovery Funding (ERF) supported the return to pre-Covid levels of activity in 2022/23 across inpatients and first outpatient appointments at an organisational level, however variation in levels of recovery was seen at speciality level. Specialties will need to deliver significant productivity and efficiency in order to reach the level of recovery required in 2023/24 (109%).

Continued reliance on the independent sector to provide additional capacity across outpatients and theatres, inevitably brings an additional pull on the finite resources within our booking and admissions teams and is delivered at higher costs.

The elective workforce is stretched and has been operating at pace for a considerable period, thus impacting resilience and wellbeing. Workforce shortages relating to clinical and support staff within key areas are exacerbating elective gaps, and ongoing operational pressures inhibit the ability of our clinical and operational leadership to fully engage in service improvements at times.

Plans for key service reconfiguration in 2024 and beyond, as part of the major build programmes, including the new Theatre

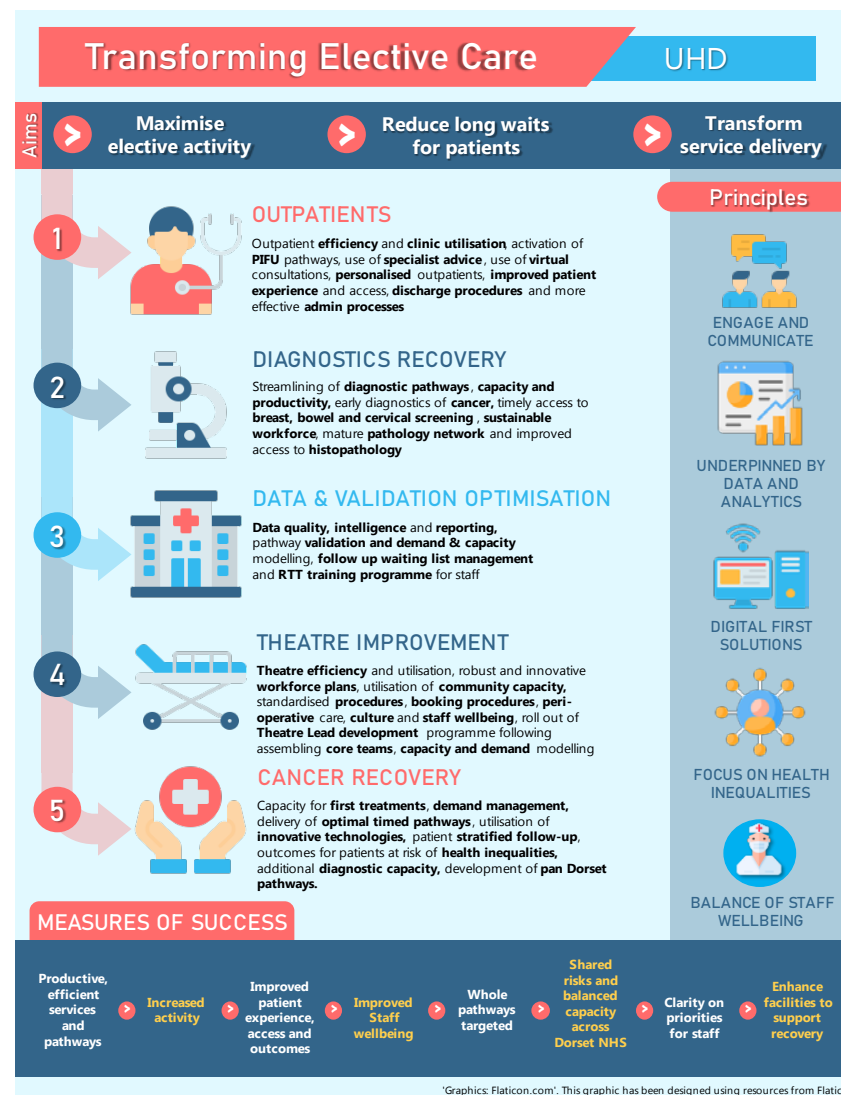
block at Poole Hospital, will challenge operational teams' capacity to focus on both the here and now delivery and important transformation for the future.

## Our plan for elective care in 2023/24

The plan is centred around recovering core services and regaining lost productivity, progressing delivery of the Long-term plan key ambitions and continuing to transform for the future. Key areas of delivery are:

- Transforming outpatient care
- Increasing productivity, including theatre utilisation
- Offering meaningful choice for patients.

The existing UHD Transforming Elective Care Portfolio Programme Board, which reports to our Executive led Trust Management Group will continue to lead our recovery actions with an extended scope in 2023/24. There are five programmes included within the portfolio - Outpatients, Cancer, Diagnostics, Data Validation & Optimisation and Theatre improvement. Each programme is led by a senior team that are responsible for leading on transformational change required to achieve the Trust's elective care recovery ambitions. A new delivery Programme for Community Diagnostic Centres will be established in 2023/4 and link closely with the diagnostic element of the Transforming Elective Programme.



## **Transforming Outpatient Care**

We aim to:

- Further expand high flow outpatient clinics in Orthopaedics, Vascular services and Ophthalmology in Q1 and to continue to grow capacity and pathway innovation across all specialities. This aligns to the community diagnostics centres programme to increase access to diagnostics closer to home.
- Improve booking and clinic outcoming capacity and efficiency through a range of measures including standardising appointment guidelines, delivering digital transformation including a 2-way booking portal, standardisation and movement towards e-outcoming, and widespread deployment of digital dictation and speech recognition software. Funding has also been secured through the national Patient Engagement Portal (PEP) Programme to expand the reach of the DrDoctor platform into radiology and cardiology.
- Approach DNA rates proactively to accelerate a reduction in the Trust's overall DNA rate to 5%, including analysis of DNA rates by patients' index of multiple deprivation (IMD) and ethnicity and developing interventions to level up access to elective care.
- Complete a review of clinical session templates to optimise utilisation to achieve a 4% improvement in utilisation rate.

- Introduce greater use of personalised follow ups by increasing patient initiated follow up (PIFU) and ensuring clinically appropriate first to follow up ratios to support effective use of follow up capacity for patients who need to be seen. We aim to deliver an overall reduction in outpatient follow-up appointments (OPFU) against the 2019/20 baseline by March 2024, recognising that the Trust has a backlog of patient waiting a follow up appointment and our ambition is to produce a month-on-month reduction in overdue follow ups in 2023/2024. Significant validation is required to support this programme.
- Support specialties in referral optimisation to deliver 16 specialist advice requests, including Advice & Guidance, per 100 outpatient first attendances through enabling eRS to ePR integration. We will focus on targeting improvement in services with a high discharge rate after first outpatient appointment.

## **Increasing productivity, including theatre utilisation**

We are committed in 2023/24 to improving productivity and reducing variation across the Trust and Dorset system.

We will:

- Continue to reduce unwarranted variation in clinical standards and outcomes through the adoption of best practice outlined in the Getting It Right First Time (GIRFT) programme.

- Reduce our dependency on agency staff and insourcing/outourcing encourage workers back into substantive and bank roles.

In 22/23 we completed a review of day case opportunities against the British Association of Day Surgery (BADs) directory for the most appropriate setting for procedures to inform the movement of more cases to day surgery, supported also by GIRFT best practice guidance. In 23/24 we will build on the areas of greatest opportunity including the knee pathway in Orthopaedics and day case rate for trans urethral resection of bladder tumour (TURBT) procedures and Uretoscopy in Urology.

Continuation of the Theatre Improvement programme across UHD is a cornerstone for increasing elective capacity, efficiency, and productivity. Five workstreams provide a focus on: digital transformation, building a sustainable workforce, operational excellence & efficiency, staff wellbeing, understanding demand & capacity and utilisation of data to support benchmarking.

As an outcome of the theatre improvement programme, we are targeting improved theatre efficiency and utilisation to achieve 85% utilisation releasing a total case opportunity of 15%.

Our emphasis in 2023/24 is on building teams and staff development to support theatre improvement. Phase 2 of Theatre Improvement programme is aimed at development for theatre leads in response to staff feedback and assembling speciality-based improvement teams, while continuing to roll out digital solutions.

Building on the roll out of the Care Coordination Solution (CCS) theatre scheduling tool we will launch an 'on the day tool' to provide the departmental status and run/over-runs to support efficiency improvement by Q2 and continue to develop system and internal processes. The CCS tool will be extended to other elective services using the waiting list Management Module. We will also implement the virtual platform for pre-op assessment.

In May 2023, we will launch the new theatre complex at Poole, including the provision of Barn theatres. The majority of our trauma lists will be moved into the new theatre complex from existing theatres allowing the Trust to decommission day theatres.

Key to reducing the case opportunity will be the development a workforce strategy which addresses recruitment and retention, supports staff well-being and a promotes a positive culture in the workplace for theatres. As part of this strategy, we will be launching an ODP apprentice training programme in two

cohorts during May and September 2023. Though implementation of the workforce strategy we aim to increase theatre lists running and align capacity with speciality level theatre templates.

The Trust will pay attention to the national and Dorset Evidence-Based Intervention Policies to reduce the number of interventions that are of limited value, inappropriate for some patients, or may do more harm than good to improve the quality of care, reduce variation and ensure resources are used effectively.

### **Data capture and coding**

We will:

- Transition our digital first validation project to business as usual across specialities using the DrDoctor platform.
- Expand our validation team to provide additional administrative and technical validation of our RTT waiting list by becoming part of the Southwest NHSE regional validation pilot between March and August 2023. This will support the validation of the active waiting list and achievement of the 65-week target March 2024.
- Review where there may be opportunities to improve the capture of activity and ensure that activity is coded fully.

- Continue RTT validation hubs in other services and the roll out of wait-in-line approaches to all services.

### **Offering meaningful choice for patients**

We will seek to provide patients with meaningful choice at the point of referral and at subsequent points in their pathway, including using alternative providers if people have been waiting a long time for treatment through local mutual aid within Dorset and use of the Digital Mutual Aid System (DMAS). We will support patients to make decisions about their care by:

- Providing sufficient information and time to consider what's right for them.
- Offering choice in where to have their first appointments.
- Promoting My Planned Care Digital Platform.

### **Assumptions**

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

- Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer).



- Deliver 109% elective ordinary activity, 105%-day case activity, and 109% outpatient first attendances against National 19/20 WDR baseline activity.
- Minimise growth in 52 week waits by March 2024.
- Reduce consultant led OPFU based on 95% of 2019/20 WDR baseline activity.
- Expand PIFU to all major specialties, moving or discharging 5% of all outpatients to PIFU consistently by March 2024.
- Deliver 16 specialties advice request including A&G, per 100 outpatient first attendance by March 2024 across the Dorset system.
- Continue to offer video and telephone consultation for outpatient services.

- Ability and capacity to support engagement and delivery of improvement across all clinical and management teams.
- Workforce gaps and fatigue, particularly in theatres, administrative and clinical roles, impacting on service and system delivery.
- Availability of mutual aid or independent sector capacity locally or via DMAS in specialities where capacity is a constraint.
- Funding – our ability to retain additional elective funding to support the elective plan is based on delivery against an equivalent value-based activity target of 109% of the 2019/20 baseline.
- Patient compliance and public anxiety.

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

## **Risks and Issues**

- Demand (non-elective and/or elective) exceeds bed modelling scenario assumptions, reducing capacity for routine elective care.
- Further Covid waves of infection, prevention and control impact, outstripping planning assumptions.

## **4.6 Diagnostics**

A UHD Transformance and Delivery Programme for Community Diagnostic Centres will be established in 2023/4 to encompass the wider the Community Diagnostics Programme (CDC) plans for Dorset.



The diagnostics programme includes radiology, physiological measurement, endoscopy, pathology and other associated diagnostic services. It links into outpatient services and cancer pathway development as well as workforce planning.

The Transforming Elective Care Programme will retain an element of diagnostic recovery and the deliverables that are associated with local recovery plans for DM01 performance and cancer recovery with close links to the CDC programme.

The main programmes currently underway are:

- Community Diagnostic (CDC) Programme
- One Dorset Radiology
- One Dorset Pathology reconfiguration
- Endoscopy expansion
- Cancer pathway development

### **Progress made during 2022/23**

- Approval of the Poole hub CDC business cases.
- Expression of interest submitted for endoscopy expansion strategy. A Project Manager has been appointed to take this work forward.
- Submission at system level of the CDC spokes business case and endoscopy equipment case to the CDC national panel.
- Pathology hub build started. Due for handover Autumn 2023. Estates reconfiguration at UHD is continuing.
- Digital slide scanner in place across Dorset with commissioning and training in progress.

### **Actions**

During 2023/24 we will focus on the following workstreams:

- CDC programme – expansion of diagnostic capacity across Dorset in line with optimal utilisation rates in CDC guidelines.
- Expansion of CT/MRI capacity in Poole by moving to 7 days a week in a phased approach linking into workforce planning.
- Development of Weymouth CT scanner (TLHC funded) and audiology build.
- Development of CT scanner for spoke in AECC in Boscombe.
- Endoscopy - Development of additional endoscopy rooms at the Poole hub site (also part of CDC programme)
- Pathology - Handover of hub building, equipment delivery and validation to be completed by September 23.
- Radiology - One Dorset strategy to be completed.
- IT integration at UHD for AI for TLHC programme CT reporting.
- Development of Echo rooms at Poole and introduce 2 CDC funded training ANP posts

### **Risks**

As for elective care.

## Assumptions

Improving performance against the core diagnostics standard; maintaining the percentage of patients receiving diagnostic tests within six weeks in line with the March 25 ambition of 95%

Deliver diagnostic activity based on 22/23 run rates (104% of 2019/20)

## 4.7 Cancer

The Trust continues to work as an integral part of the Dorset Cancer Partnership (DCP) and Wessex Care Alliance (WCA) to ensure key priorities are met in the post pandemic recovery period.

### Key challenges

In 2021/22, the Trust regained referral numbers to meet pre-pandemic levels. 22/23 has seen a further increase by 17% (predicted 7%) since 21/22 with some sites seeing an increase by 35% (Colorectal). This has been due to further patients coming forward for investigations post the pandemic, often at later stages and with complex co-morbidities. Awareness campaigns such as 'Bowel Babe' have also had an impact on referrals.

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.

### Progress made in 2022/23

Some of the key achievements are as follows:

- Implementation of the FIT <10 pathway to support the increase in Colorectal 2 week wait referrals and to safety net patients in conjunction with Primary Care.
- The upgrade of the HICSS system to improve open cancer pathway reporting.
- Further investment in Cancer Support worker roles within specific tumour sites.
- Introduction of precision point technology for prostate biopsies.
- The launch of Cancer Pathway Navigators to support FDS recovery in 4 priority tumour sites.
- 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 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.
- Delivering on our ongoing commitment to the clinical validation and prioritisation programme, with weekly reviews for those waiting longer than 62 days on a cancer pathway.

### **Cancer Improvement Programme**

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.

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 to make progress against the ambitions 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 (WCA) aims to improve performance against all cancer standards, with a focus on the 62-day urgent

referral to first treatment standard and the 28-day faster diagnosis standard.

### **Actions**

In 2023/24 we will:

- Review the FDS recovery plans and officially close down the delivered schemes and reset the high impact actions for 2023/4.
- Implement the Best Practice Timed Pathways, including maintaining priority pathway changes for prostate cancer. This will include implementation of a Urology Investigation Unit (UIU), a reduction in 2ww referrals due to change in PSA referral thresholds and phasing out GA template biopsies.
- Implement Tele-dermatology and triage in Dermatology.
- Implement Targeted Lung Health Checks to start from Spring 2023 with subsequent modelling on longer term impacts on referrals from screening to support earlier and faster diagnosis.
- Relaunch the Personalised Care agenda with clear priorities that have associated long term funding streams.
- Appoint a Personalised Care Lead to drive forward e-Holistic Needs Assessments, Treatment Summaries, Remote Monitoring Services (RMS), Health and Wellbeing events and Cancer Support Worker transformation.

- Evaluate the non-specific pathway pilot and ensure sustainability through the ICB, post transfer from WCA.
- Deliver an improvement plan for colorectal pathways which builds on greater integration across UHD.
- Evaluate the FIT <10 pathway and transfer of the pathway back to Primary Care in 23/24.
- Transform the PMB pathway in gynaecology – completing a system referral guidance review and implement high flow clinics at the Outpatient Assessment Centre, Poole.
- Develop and embed process to identify and support patients on an open cancer pathway who are impacted by health inequalities.
- Support the system priorities to increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.

### **Risks and issues**

- Awaiting release of CWT standards v12. This is expected to reduce the number of standards down to 3. The dates are currently unknown for consultation, publication and implementation.
- The volume of projects across required by DCP/WCA – need robust prioritisation through the Cancer Strategy Group.

- Capacity of digital teams to integrate new ways of working regarding software solutions and automation e.g., Tele-dermatology, Aidence AI (lung health checks), colorectal e-triage
- Despite the planned 8% increase in referrals, there are some tumour sites that have seen extreme levels of referral increases due to national campaigns and some unknown reasons. This is a potential risk again for this year.

### **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 220 (nationally agreed target) and at a level that is 6.4% of the overall PTL.
- Sustainably recover FDS performance to the level of the national standard of 75% by September 2023.
- Recover 62-day performance by March 2024.

## 5. Finance: Best value from the resources we have

On 23 December 2022, NHS England (NHSE) published the 2023/24 priorities and operational planning guidance. This guidance sets out the key tasks for the next financial year, the most immediate being to recover core services and improve productivity.

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 remain constant; both Emergency departments continue to operate under extreme (Level 4) pressures; and we continue to care for over 250 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, has resulted in a significant recurrent underlying deficit.

### 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 a balanced budget for the Trust, consistent with the overall Dorset ICS break-even financial plan.

Whilst the plan reflects a financial break-even position, a number of financial risks remain which could, if unmitigated, drive an in-year deficit.

These include:

- CIP plans currently amount to £14 million against the target of £33 million, representing a risk of £19 million.

- Recovering elective services to the 109% threshold may cost more than the funding available, or funding may be clawed back for failing to achieve this threshold.
- 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 £4 million.
- Inflation costs reflect the national planning assumptions, representing a risk of circa £7 million against local forecasts.

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 almost £0.5 billion over the coming four years with budgeted spend of £199 million during 2023/24 (assuming final approval of the

New Hospitals Programme business case) comprising three key elements:

1. Estates Development (section 6.3);
2. Digital Transformation (section 6.4); and
3. Medical Equipment replacement programme.

This programme sits within the aggregate Dorset ICS capital programme which lives within the ICS capital allocation.

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 materially depleted if the Trust cannot mitigate the expected revenue deficit, resulting in a requirement to borrow cash in future years.

### **2023/24 Financial Priorities**

The Trust's absolute priority during 2023/24 is to recover the projected revenue deficit thereby mitigating the strategic implications of depleting its cash reserves.

The Trust will continue to develop its detailed financial improvement plans which will be underpinned by strong financial governance and control, both within the Trust and across the ICS.

Throughout these plans there are 9 priority areas that are the focus of productivity and efficiency opportunities in each Speciality, each of which has a detailed plan with specific deliverables:

- Hospital Flow: Admissions Avoidance and Length of Stay and Discharge Optimisation.
- Increasing Productivity & Efficiency: Theatres, Outpatients, Radiology.

- Cross Cutting Themes: Temporary Staffing, Procurement and Non-Pay Spend, Medicines Management, Coding and Data Capture.

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.



## 6. Transformation

### 6.1 Overview

Dorset has been on its ambitious transformation journey since the completion of the Clinical Services Review (CSR) in 2017. 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 Poole Hospital. A further investment of £262m as part of the New Hospitals Programme to complete the planned and emergency care model.

The new Theatre block will complete in Poole in May 2023 and the Dorset Pathology Hub is scheduled to open on the RBH site in 2023. Building work has advanced on the BEACH building which is due to open in spring 2025.

During 2022 UHD and partners worked together on the safest way to transition services to implement the CSR. Over a series

of workshops, the groups recommended that services move some 18 months earlier than originally planned. This will result in the planned and emergency hospitals being largely established in Spring 2025, with the final service moves completing in 2026/27.

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.

### 6.2 Integration

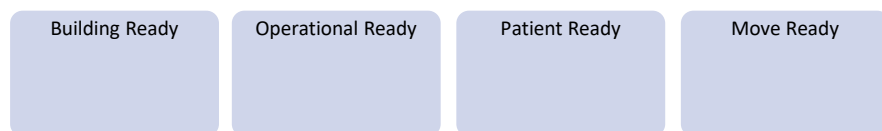
Establishing the Planned and Emergency Hospitals means the majority of services will be delivered from a single site, depending on whether those services are planned services and take place at Poole Hospital or Emergency services and take place at Bournemouth Hospital. This allows each site to concentrate and become a centre of excellence, and to provide better patient care.

This will necessitate the integration of some teams where the same service is currently supplied over both sites. For instance, the current Emergency Department teams delivering services at Poole and Bournemouth Hospitals will form a single, new ED team delivering services from the Bournemouth site with some

staff delivering services from the Urgent Treatment Centre at the Poole site.

The integration of teams usually requires changes to the way teams work in order to adopt a single way of delivering services and could require changes to team staffing structures and staff rotas in order to deliver standardised clinical pathways and operating procedures. There will be engagement and consultation with staff and users over the next two years.

Whilst the building plans require buildings to be ready to be occupied for delivery of services ('build ready'), our new builds also require equipping with the relevant equipment and facilities to deliver services ('operationally ready') and also require existing teams to be operating as a single team using single pathways and protocols before moving into the new buildings, so as to minimise the risk of disrupting services and maximise safety ('patient ready'). It is only at this point that teams can then move and deliver services from the new buildings ('move ready').



There are over 35 specialties at UHD, some of which are already single teams and will not require an integration work programme. However, the majority will be undertaking an integration programme, supported by the Organisational Development Team and the Strategy and Transformation Team throughout 2023/24 in order to progress towards the 'patient ready' stage of the reconfiguration.

Evidence from other reconfigurations is clear that single teams operating in the same way before a move to a new site much reduces clinical risks and allows teams to focus on delivering a safe move to new facilities without being distracted by moving whilst attempting to harmonise differing working practices from legacy teams. 2023/24, therefore, has a major focus on preparing teams to be operationally and patient ready.

## 6.3 Reconfiguration

The creation of the planned care hospital at Poole and the emergency hospital at Bournemouth remains the centre piece of the Critical Services Review (CSR) agreed by the Secretary of State for Health in 2019, following three years of public, staff and partner engagement.

The benefits and reconfiguration changes are set out in our Future Hospitals Website: [Investing in our hospitals \(uhd.nhs.uk\)](https://uhd.nhs.uk).

The Estates masterplan provides visuals and the timeline for the major changes that complete in 2026/27. The main set of changes are planned for Spring 2025, with the opening of the BEACH building, providing Births, Emergency Care, Antenatal, Critical Care and Child Health. There are other extensive changes across both Poole & Bournemouth.



In 2023/24, there are five strategic changes:

1. Our **Dorset Pathology Hub** opens. This is a state-of-the-art building with digital Pathology, able to serve the whole of Dorset and beyond.



2. **Stroke rehabilitation** combining on the Bournemouth site. This will provide more seamless care and combine expertise for better patient outcomes. Complex older peoples' rehabilitation will be centred at Poole.
3. **Cardiac Emergency Care.** This will be centred at Bournemouth and allows better cardiac care at both Poole and Bournemouth.
4. **Poole Operating Theatres.** Four brand new theatres in the Orthopaedic Barn open. These will be used to support orthopaedic trauma surgery (until the Poole site becomes all elective and the theatres



are used for routine hip and knees replacements).

5. **Catering.** The Central Production Kitchen (CPK) will open, allowing a totally new, improved catering offer. This will offer more choice, be more sustainable and provide greater resilience.

These are five significant service changes in 2023/24 but across all our sites, building works in preparation for 2025 will continue and step up. The enabling works for the New Hospital Programme and the Full Business Case will be submitted. Other capital projects will also be progressed, including backlog estates works across the Trust.

Taken together the five-year capital programme represents over £500m of investment in Dorset NHS Estates. This is the largest such investment ever, and only comparable to the late 1980s when Royal Bournemouth Hospital was built. All this building work is only an enabler, to support clinical services be reconfigured to deliver integrated teams, better able to provide specialist care seven days a week, and to ringfence planned care, free of emergency care pressures.

Work to ensure the environmental sustainability of the buildings, improved transport, and that information technology

is fully harnessed for better patient care, are set out in different parts of this plan.

## 6.4 Digital Programmes

UHD currently 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 care environment, 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 where clinical staff are finding it easier to make this transition.

Over the last 24 months it had become clear that the best of breed/portal approach is constraining our attempts to improve clinical productivity through digital transformation as it requires clinicians to navigate multiple systems to conduct effective clinical workflow. Graphnet, our EPR 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 the System C EPR.

The UHD board of directors, in the context of working in partnership across the ICS, has agreed an outline business case for a single Acute EPR, shared between UHD and Dorset County Hospital, with advanced linking/interoperability with primary, community and mental health in order to achieve a step change in digital services to support clinical safety and efficiency. The realistic implementation timeline for this major change is around the 2025, 2026 horizon which maps directly onto the time scale for the reorganisation and integration of clinical services as part of the clinical service review changes.

Consequently, the selection of the EPR provider is required to support the process of the service review changes in 2024 so we must launch and complete the procurement in 2023.

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.

- Completing deployment of EPMA for inpatient settings
- An interim solution for closed loop result management to reduce the risk of Serious Incidents associated with pathology and radiology results being lost
- Deployment of order comms and results reporting to cardiology and endoscopy
- Implementation of a new Emergency Department system.
- Deployment of Strategic Integrated Image Solution (SIIS) as part of the south-east three diagnostics network
- Continued support for clinical and nursing quality improvements including addition of digital Fluid Balance to the e-Observations system
- 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, Wi-Fi connected device allowing immediate communication by instant message, voice and video
- Removal of all unsupported operating systems and applications in line with meeting our Data Security and Protection Toolkit 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.

## 7. Population and System Working

### 7.1 NHS Dorset Strategy

The legislative changes to implement the NHS Long Term Plan were completed in July 2022, establishing Integrated Care Systems and Dorset CCG functions transferred to the Dorset Integrated Care Board (NHS Dorset), supported by an Integrated Care Partnership and Provider Collaborative.

#### The new health and care system



Dorset ICS has 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.

The first ICP strategy for Dorset 'forward view' identified 3 key priorities:

#### 1. Prevention and early help

Helping you to stay well by providing prevention support as early as possible.

#### 2. Thriving communities

Investing in communities, building strong networks and developing high quality spaces in the community where we can work together.

#### 3. Working better together

Consider your needs at all stages of your journey through health and care services.

The Joint Strategic Needs Assessment tells us these are the important factors:

- Mental health and wellbeing
- Fairness in access to services, including digital
- Loneliness and social isolation
- Rising cost of living, hidden poverty



- Children's health and social care
- Workforce and ability to help support people with more complex needs
- Lack of maturity in working as one system to improve quality – demand and pressures
- Integrated mental and physical health.

NHS Dorset and its partners, including UHD, will work as part of the ICS and ICB to help deliver the ICP strategy aiming for the following outcomes:

- Joined-up health and wellbeing, for mental and physical health
- Invest in and involve informal care and support
- Care closer to home
- Children's health and best start in life
- Inequality and fairness; in access, outcomes and experience
- Social isolation, loneliness
- Listen and involve people in solutions

Place based partnerships and the Provider Collaborative will help to deliver these outcomes for the people of Dorset

## 7.2 Bournemouth University (BU) Partnership



University Hospitals Dorset  
NHS Foundation Trust

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

- strategic alignment – refresh of our partnership strategy
- stimulus for research and innovation – facilitate collaboration, host research events and develop pathways that enable more staff to participate in research
- education and training of future workforce – develop local training opportunities including apprenticeships that meet future workforce training needs
- recruit and retain talent – with joint posts and collaborations that help make both 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 to the benefit of all.

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
- to work together to increase the number of non-clinical placements for BU students, maintaining the quality of all student's experience at UHD.
- work with other local employers to utilise apprenticeship funding to co-design and co-deliver local training to both attract new staff and support the development of our existing workforce at UHD
- to enable our staff to undertake research to support both improved patient experience and outcomes
- work with AHSN and BU colleagues to evaluate the impact of major NHS programmes on our service users and staff

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

## 7.3 Health Inequality

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 2023/24 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.

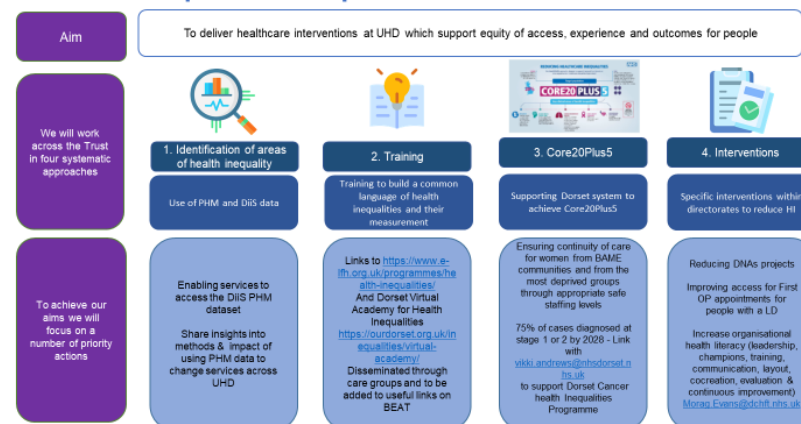
We will work collaboratively across the Dorset ICP to adopt the Core20PLUS5 approach and to deliver the ICP Working Better Together Strategy. In doing so, we will made specific consideration of Black and minority ethnic populations and the bottom 20% by IMD for clinically prioritised cohorts.

Building on the work undertaken in 2022/23 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. Including a focus on reducing DNA rates and increasing health literacy.

Our implementation plan includes a focus on four systematic approaches:

1. Identification of areas of health inequality
2. Training for staff
3. Core20Plus 5 assessment and approaches
4. Interventions targeted to reduce health inequalities

## Health Inequalities : Implementation Phase



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.

A new Population Health and System Committee has been established to provide oversight of the implementation by the Trust of its responsibilities pursuant to the Our Dorset strategic plan for population health and health inequalities. 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.

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 2023/24 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.

## 7.4 Sustainability

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, maps out the Trust sustainability vision, objectives and governance approach through targets and areas of activity:

- 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

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

- Workforce and leadership
- Sustainable models of care
- Digital transformation
- Travel and transport
- Waste
- Capital projects
- Utilities
- Medicines
- Supply chain and procurement
- Food and nutrition
- Adaptation
- Greenspace and biodiversity.

We also have two additional ‘summary areas of activity’ to help roll up, capture and manage the total contribution towards carbon and social value targets.

- Carbon
- Social value / anchor institution

The Green Plan aligns the Trust with the NHS aim for an 80% carbon reduction by 2028 and to become a net zero organization by 2040 and contains a framework on which to hang a range of measures designed to progress the Trust towards this and the other targets set out. Given the unprecedented nature of the challenges being addresses, the measures taken and the Green Plan itself will require regular review and revision along this journey.

In 2023/24, two areas will receive the greatest attention:

- **Electrical Infrastructure** and the start of major investment in to decarbonised energy, and more renewables on site.
- **Green Travel** plan to support staff travel and be both easier and more enjoyable (as well as cheaper, healthier and greener).