Transforming Care Together
Better for patients, better for staff

NHS
University Hospitals Dorset
NHS Foundation Trust

# Delivering the Dorset Clinical Services Review (CSR)

Dorset ICB Briefing:
Acute Services Changes

11th July 2024

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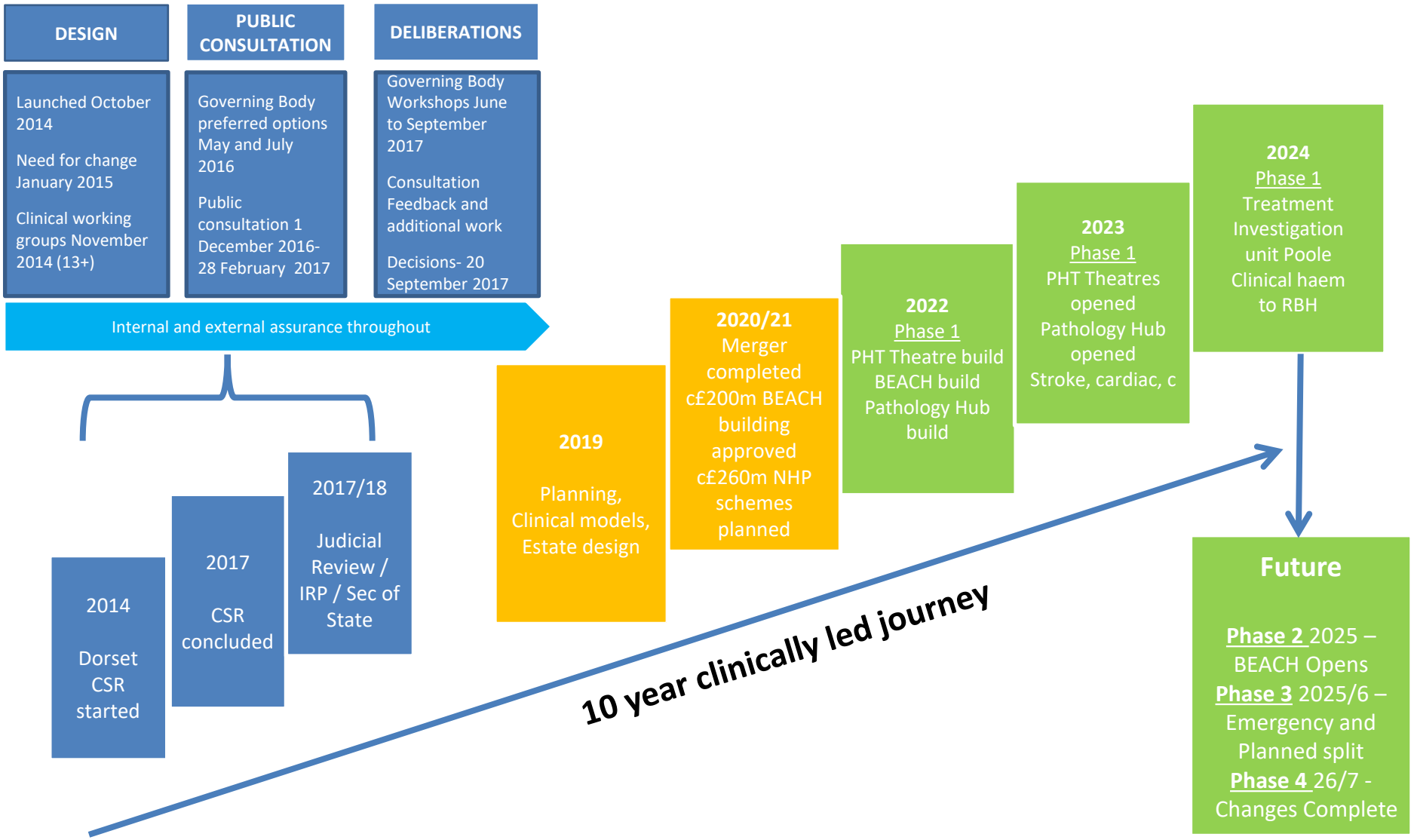
# Key Issues for Discussion

Briefing on acute reconfiguration: key dates, benefits and end state of this once-in-a-generation change

What **risks and ownership of counter measures**, at phase 1, 2 and 3?


Shared communications & engagement work

# Implementing CSR – UHD's journey



# Sense of Scale…

Public: Transferring ED, paediatrics & maternity; many new pathways. Poole becoming the largest planned care hospital in England, establishing an Urgent Treatment Centre at Poole

Staff: c3,500 changing site. Staff in community & social care, and ambulance services all affected.

Bed capacity: RBH 610 to 989, Poole 585 to 169.

Buildings: £500m, 35 linked projects, all in live hospital sites.

Electronic Health Record design, rollout, change and benefits.

All within ambitious and changing ICS context.


Beach Building on Vimeo

# Why Are We Doing This? Benefits

## Poole - Planned care hospital

- ✓ New theatres and recovery space
- ✓ Efficient patient pathways
- ✓ Enhanced post-op care, for more complex patients
- ✓ 6 day working
- ✓ Fewer cancellations
- ✓ Shorter time to treatment
- ✓ Diagnostic hub & new endoscopy unit
- ✓ UTC walk in

New stroke ward extension

## RBH - Emergency care hospital

- ✓ Full range of emergency services, resourced 24/7, on one site
- ✓ Better quality and faster access to care, integrating teams, better pathways of care
- ✓ Fewer patient transfers
- ✓ More same day emergency care
- ✓ New maternity & children's units

## CSR/Overall

- ✓ Investment in improved patient and staff environments
- ✓ Reduce LOS & FU's, improve day case rates & efficiency to live within bed capacity
- ✓ Recruit, retain and train staff
- ✓ Reduce Delayed Transfers
- ✓ Some reduction in backlog, and greener estate

# Trust wide clinical redesign workstreams

## Clinical Services 7 Key Transformations to improve safety & Experience

- 7 significant transformation programmes
- 23 specialties going from 2 teams to one team
- 31 specialties moving site
- 3 teams going from single site working to split site working

## The Clinical Model - Major change in how we provide care

| | |
|---|---|
| Urgent & Emergency Care Inc SDEC | UEC 'front door' pathways providing rapid assessment, ambulatory care, treatment and discharge for timely emergency flow |
| Hospital Beds and LOS/ Productivity | The right bed capacity for those requiring inpatient care, supported by upper quartile lengths of stay |
| High Care Capacity | Optimal capacity and models for enhanced, or critical care- 'just right' acuity bed for our inpatients |
| Medical Workforce inc out of hours | Medical workforce job planning, including rotas to support a multi-disciplinary out of hours model, for safe and consistent care |
| Theatres-Maximising Productivity | Effective and efficient theatre capacity and scheduling for optimal activity, patient experience, waiting times and clinical outcomes |
| Outpatients | Operating models, capacity and scheduling that deliver effective and efficient outpatient care and waiting times across our sites |
| Out of Hospital Care | The right community based bedded and non bedded capacity, services and pathways to maximise appropriate care out of hospital, timely discharge and hospital flow |

## Aims of the acute models of care

- Unnecessary attendances are prevented
- Unnecessary admissions are prevented
- Length of stay is no longer than medically required
- Timely discharge to the most appropriate place
- Cancellations are reduced and Theatres are productive
- Poole Hospital is an accredited and efficient surgical hub
- Timely Emergency and Planned care

## …and to ensure…

- Patient experience is maintained or improved
- Care quality and clinical outcomes are maintained or improved
- Organisational performance is maintained or improved
- Efficient and productive working delivering value for money

# Timeline to Reconfiguration

**Already Achieved**

**Apr-May 23**
Cardiology and stroke consolidated at Bournemouth

**Jun 23**
Poole Barn theatres open

**Oct 23**
Interim catering model at RBH Diagnostics – Beales

**Feb/Mar 24**
New ward catering at RBH

**Early moves complete**

Phase 1

**Mar 24**
Pathology Hub opens

**May/Jun 24**
TIU, Haem, Surgical wards and stroke ward opens

**Phase 1 complete**

**2024**

**Jun-Aug 2024**
- Stour building complete
- Doctor's Mess complete

**Dec 2024**
- New main entrance and shops – RBH
- New access road - RBH

**2025**

**July 2025**
Endoscopy Diagnostic Hub complete – PHT

**BEACH complete**
**Q1 2025**
**25 March - RBH Critical Care move**
**2nd April - Maternity/NICU move**
**Date TBC - ED and Radiology**

**Nov 2025**
Surgical SDEC complete

**Dec 2025**
Shelley dining and staff area complete

**2026**

**Q3 2026**
Children's OP - RBH

**Q2 2026 – Q2 2027**
- Post-Op Surgical, EPOC, UTC - PHT
- AMU/RACE - RBH

**2027**

**Reconfiguration Complete**
**Q2 – Q3 26/27**
**Poole Surgical Hub: 6 more theatres, admission & recovery complete**

**Planned & Emergency Separation**
**Q3/4 25 (TBC) - Wards, Modular and interim EPOC Complete**
**Bournemouth - Emergency Site**
**Poole - Planned Care Site**

**Q1-2 2026**
New ward catering at PHT

**Electronic Health Record**
2025- Business Case
2026/2027-Migration and Go-Live

**Reconfiguration Phases**

**Phase 2**
**BEACH**
**Mar-May 25**
- BEACH Building
- Maternity, RBH ED & RBH CC

**Phase 3**
**Planned & Emergency Separation**
**Q3/4 25 (TBC)**
- Major Reconfiguration
- ED, Paeds - BEACH
- Medical - Modular wards
- Temporary EPOC

**Phase 4**
**Reconfiguration Complete**
**Q3-Q4 26/27**
- Theatres completion
- Final EPOC
- Final ward moves
- Electronic Health Record

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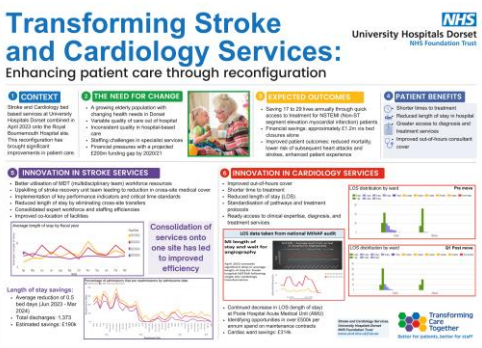
# Phase 1: completed


- Stroke, Cardiac, Clinical Haematology single site: faster care, better outcomes, lives saved. (see annex)
- One Dorset Pathology: cutting edge facilities, AI services, more cost effective, staff attract & retain
- Catering: more choice & quality, lower cost, spare capacity to serve others, net zero facilities
- Cross site working: more resilient services, reduced agency & turnover
- Overall UHD costs growing more slowly than other acute Trusts

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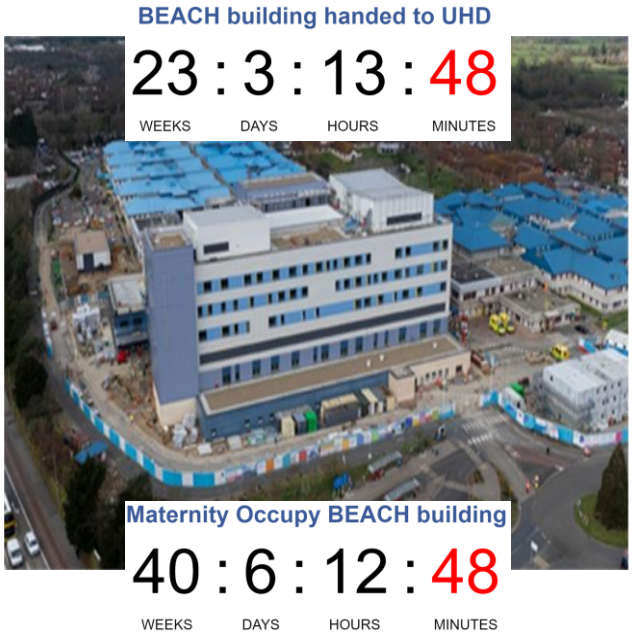
# Phase 2: Beach Building Moves - March / April 25

## Services Occupying Beach Building

- Maternity (From Poole site)
- NICU (From Poole site)
- Critical Care (RBH site only)
- Emergency Department (RBH site element only)
- Operational Services (Cleaning, Housekeeping, portering etc.)
- Radiology (RBH element)

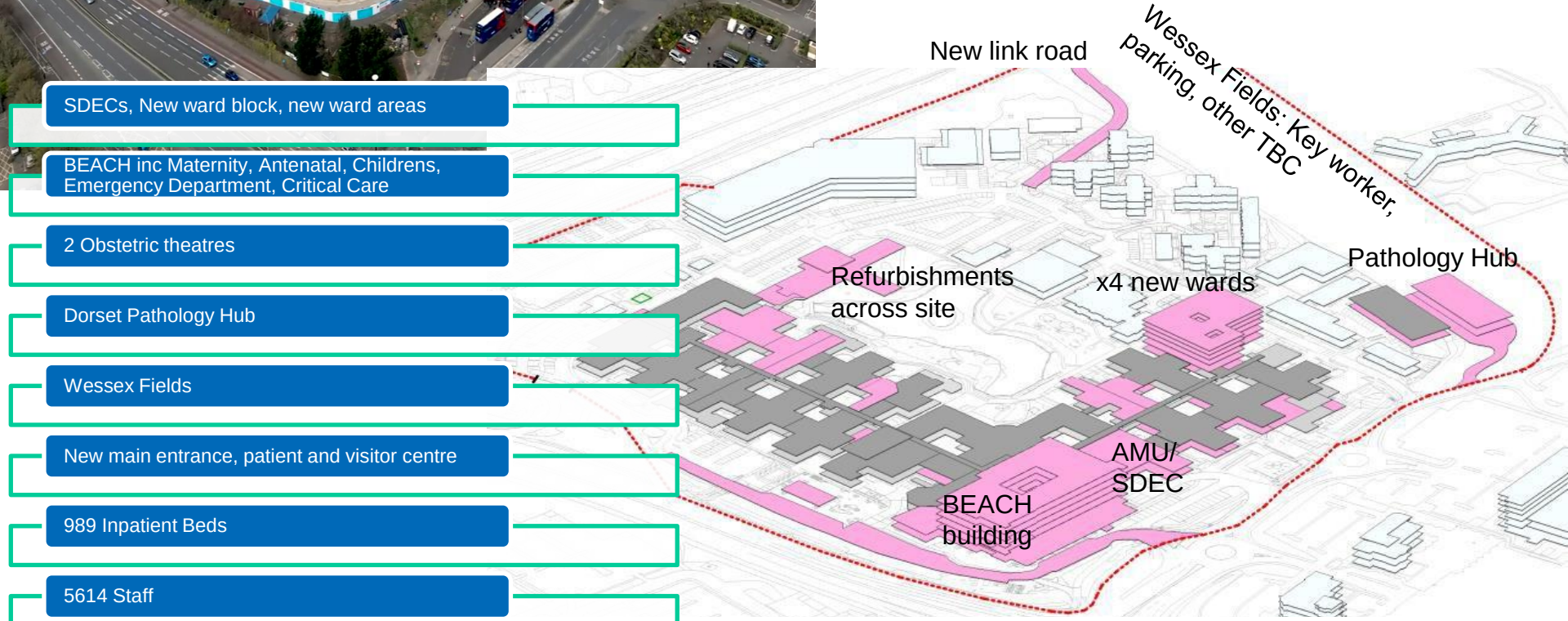



## Gateway Review & Move in Dates

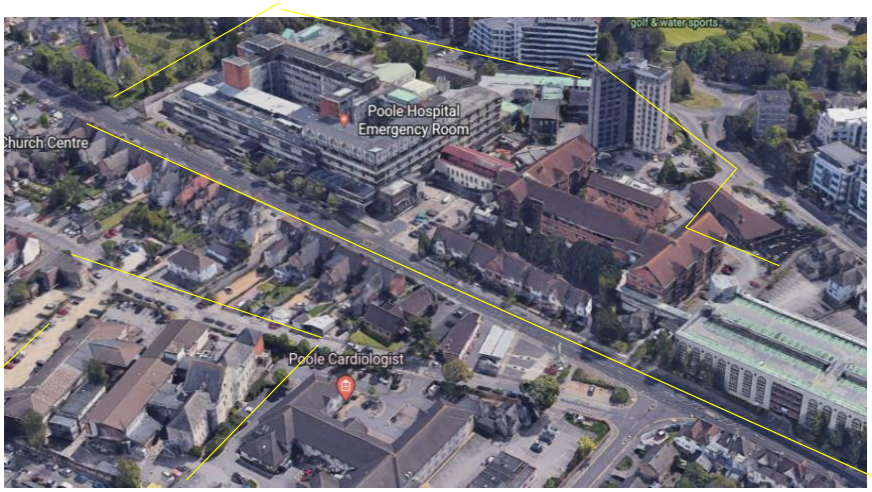
| Service | Move in Date |
|---|---|
| Maternity | 2nd April 25 |
| RBH element Critical Care | 25th March 25 |
| RBH element ED | March / May 25 |
| Operational Services | Dec - Feb |
| Radiology | TBD (Feb/Mar 25) |

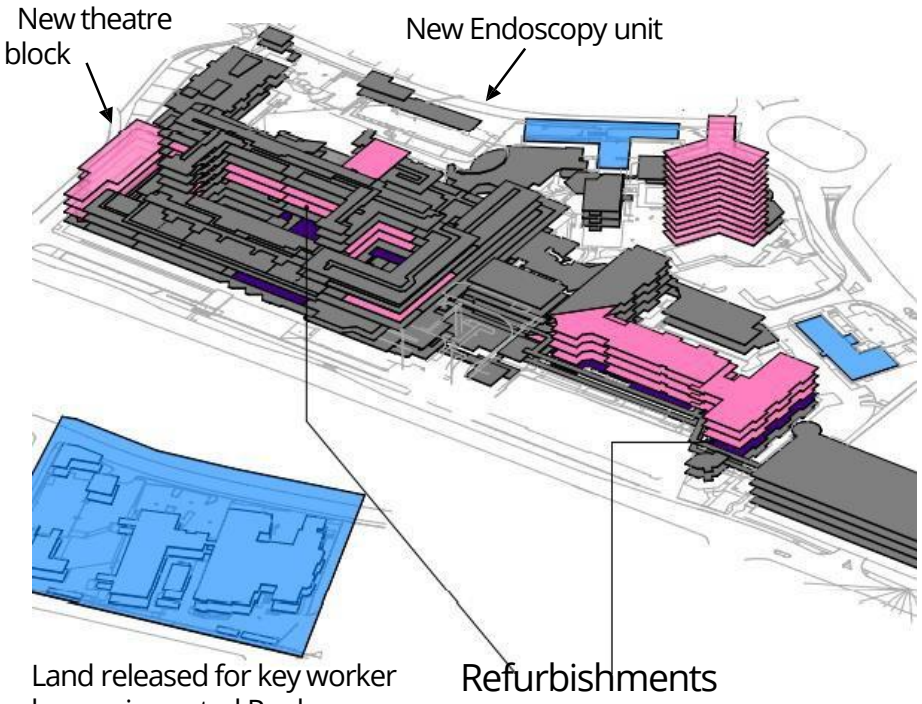
# RBH End State: Emergency Hospital

- SDECs, New ward block, new ward areas
- BEACH inc Maternity, Antenatal, Childrens, Emergency Department, Critical Care
- 2 Obstetric theatres
- Dorset Pathology Hub
- Wessex Fields
- New main entrance, patient and visitor centre
- 989 Inpatient Beds
- 5614 Staff



# Poole End State: Planned Hospital




- 18 Theatres,, Admission & Recovery
- New Endoscopy unit
- Dorset's Community Diagnostics hub
- Dorset Cancer Centre and clinics
- Enhanced Post Operative Care Unit
- Urgent Treatment Centre
- 139 Inpatient Beds, 63 DC Beds, 19/31 Community Beds
- 1853 Staff

New Barn theatres: new ways of working, Better outcomes.

# 2. Overview key risks & governance

Key risks: Phases 2 & 3

Infrastructure and Project Authority (IPA) Gateway Review findings – system ownership of system risks

Current UHD governance

# SUMMARY of Phase 2 (March /April 25): BEACH Risks & Mitigations

BEACH Building (Maternity, NICU, Emergency Department RBH, Critical Care RBH and diagnostics):

**Internal**

- ❑ Services not sufficiently prepared to move – Capacity of team to progress change
- ❑ Unplanned financial commitments arise in staffing or equipment (e.g. increase in space/standards = increased staffing, clinical & cleaning).
- ❑ Attrition/turnover: Staff shortages prior during & after transfer due unwillingness to relocate work base (Maternity /NICU).
- ❑ Building/new pathways & familiarisation adversely impacts productivity (all )

**System Wide**

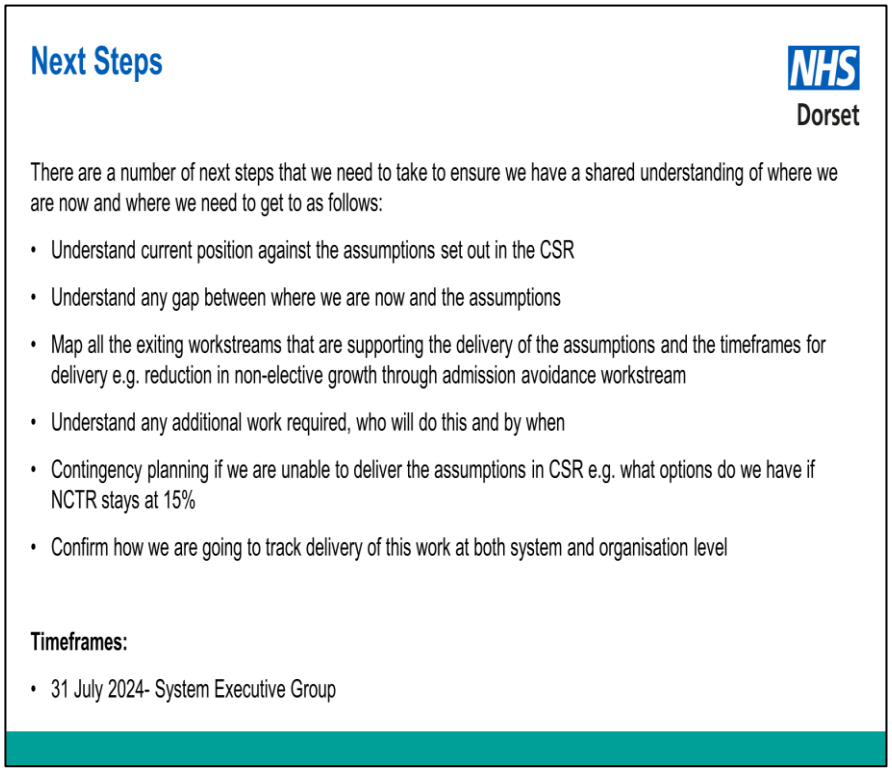
- ❑ Transfer of the services has unintended consequences - reputational risks
- ❑ Emergency/Urgent demand continues at high levels during moves
- ❑ Communications and engagement with the public
- ❑ Operational standard impact (4 hour, electives, cancer)

Mitigations in place but residual risks remain in all categories.

# SUMMARY of Phase 3 (Winter 2025/6): Planned & Emergency separation

**Key strategic system risks, currently not fully mitigated (help needed):**

1. Emergency hospital sized on CSR assumptions, (not yet delivered):
   - 25% reduction in non-elective admissions growth (vs up 9% 3yrs to 19/20)
   - Reduction in delayed transfers of care to <3.5% (vs c20%, c200 beds)
2. Additionally physical beds gap of c150 (50 phasing, others as result of capital constraints), plus less community beds.
3. Year of move always sees a dip in performance (Staff turnover when services move, prep and recovery from changes etc).
4. Elective benefits not till Phase 4 (following build works at Poole, theatres gap until then).
5. Retaining public and partner support and reassurance throughout changes.



## Next Steps

NHS Dorset

There are a number of next steps that we need to take to ensure we have a shared understanding of where we are now and where we need to get to as follows:

- Understand current position against the assumptions set out in the CSR
- Understand any gap between where we are now and the assumptions
- Map all the exiting workstreams that are supporting the delivery of the assumptions and the timeframes for delivery e.g. reduction in non-elective growth through admission avoidance workstream
- Understand any additional work required, who will do this and by when
- Contingency planning if we are unable to deliver the assumptions in CSR e.g. what options do we have if NCTR stays at 15%
- Confirm how we are going to track delivery of this work at both system and organisation level

**Timeframes:**

- 31 July 2024- System Executive Group

# Capital Programme Risks

Overall programme on time and budget

- ✓ Poole theatres complete
- ✓ Beach building on track to complete

- ✓ Future risks to work through
- Finance Colleagues to work through Future capital funding required to support overall reconfiguration plan
- Cashflow reforecasting needed with national team (STP & NHP)
- Usual ongoing review of scope, value engineering, other funding to maintain value for money etc.

# Infrastructure and Project Authority Gateway Review November 2023

**Delivery Confidence Assessment:** Successful delivery of the programme/project to time, cost and quality appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun (AMBER)

The Review Team found strong evidence supporting continued strategic need for the programme, including in supporting and helping drive wider necessary health system change within Dorset, consistent with national policy goals.

The UHD programme team is highly experienced and has a demonstrable track-record of delivering. Robust Commerical and wider Programme management controls were evidenced. We saw good evidence of good cost control – for instance adjusting programme scope to remain within budget, while mitigating impact on outputs; and adopting a sequential approach to governance to minimise pressures. The Programme Team have also highlighted the cost risk of delays in progressing FBC A contract signature. The Review Team also saw good evidence of a delivery culture which was accountable, open and which sought to learn from experience within the organisation and elsewhere.

The overall assessment reflects the degree of challenge faced in terms of:

- A complex and major build; combined with
- Significant service delivery reconfiguration

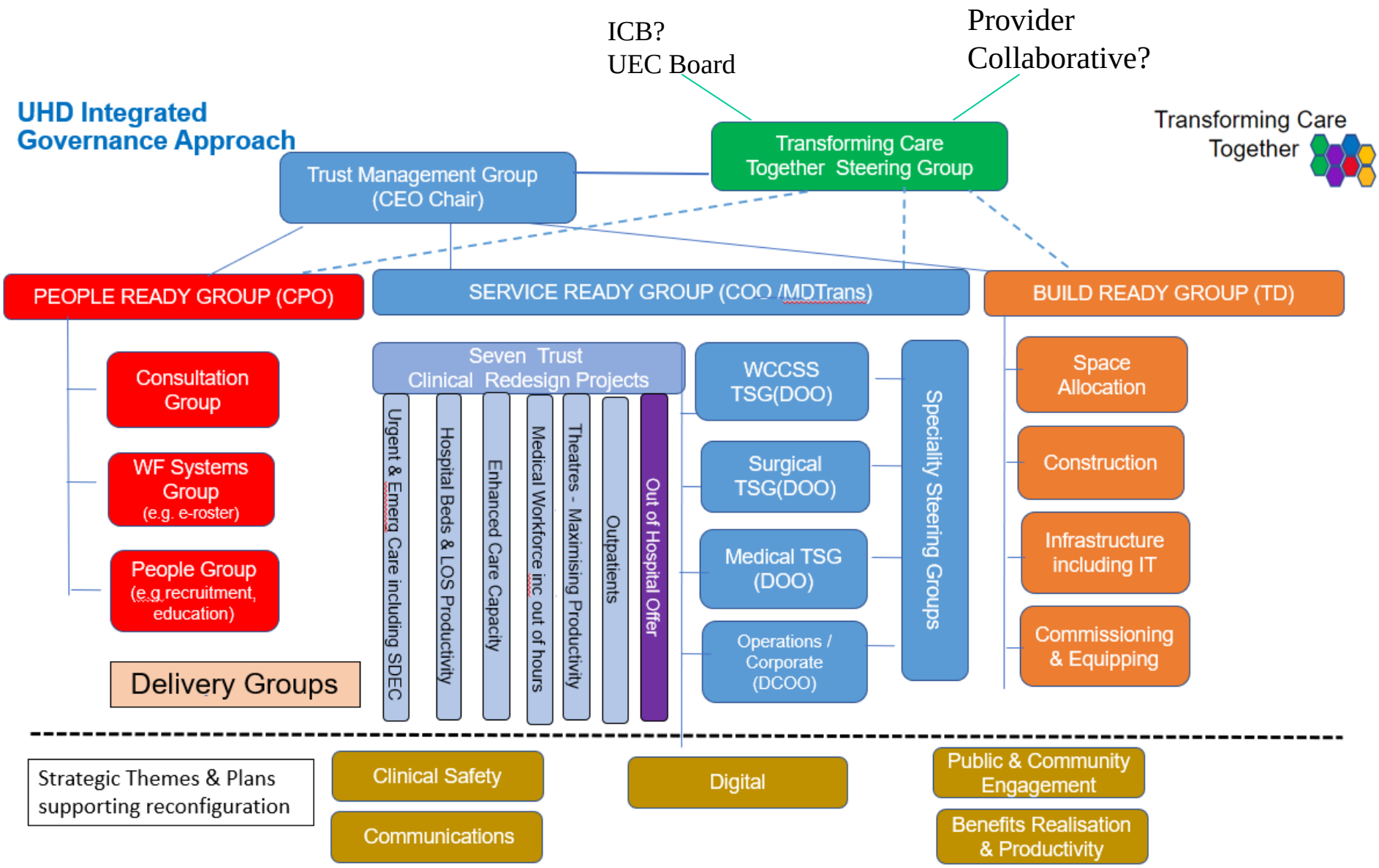
Set within the context of demanding and unavoidable day-to-day BAU pressures and with external change inter-dependencies within the wider Dorset health care system, especially regarding out of hospital services and demand reduction.

The recent establishment of the Service Ready Group has been instrumental in accelerating necessary change in Service Readiness: the key is to now further broaden and deepen progress. Doing this will help ensure that programme implementation by the Trust will also, as intended, be an effective lever for wider internal and wider cross system change.

| Commending delivery of | Describe specific details of successful delivery |
|---|---|
| Governance | Ensuring through the new BRG/SRG governance structure that senior accountability for service readiness is embedded within Trust Operations. |
| Financial Planning and Management | Proactive management of cost pressures through descoping while minimising impact on benefits. |
| Knowledge Management | Evidence of an open culture that recognises, acknowledges and mitigate mistakes and to learn from them. |

**Recommendation 1:**
Engage with Dorset ICB partners to ensure that inter-dependencies (such as demand reduction), are in place to underpin full benefit realisation

# Governance

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# Discussion on Risks & Mitigations

1. What would good system oversight at Region/ ICS look like on the overall delivery of the programme? (Learning from elsewhere e.g. Liverpool).

2. Preparation of IPA gateway review of system

3. Impact of transition and risks on a programme this size are inevitable. How to manage expectations /mitigation plans in short term? Then how best to deliver benefits longterm?

# 3. Communications & Engagement

Effective communications and engagement activity is vital to retain public support during these changes.

Changing services – need to explain “why?” in a way that connects and engages.

Improvements in health and care services are for our wider community, but they will also create a great place to work for staff.

Within the Integrated Care System, we have a wealth of knowledge, skills and experience within communications and engagement.

The ICB and UHD comms teams are working on a **"Transforming health and care together"** communications strategy to harness that expertise to come together to develop, deliver, monitor, and evaluate this work.

- Key communications lessons of CSR and Judicial Review
- Retain support of key opinion formers (e.g. GPs, elected leaders etc)
- Speak with one NHS & Care voice
- Focus on the benefits & why the changes
- System key & consistent messages