



University Hospitals Dorset
NHS Foundation Trust

2024/25 Operational Plan: University Hospitals Dorset NHS Foundation Trust

MASTER VERSION (V1.0)

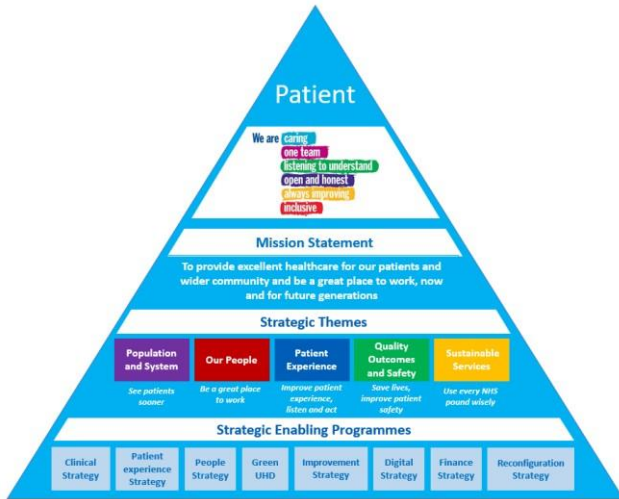
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1. Foreword – A Year of Transition Ahead

As we look forward to 2024/2025 as a team, dedicated to our patients and public, there are mixed emotions. There is hope, for the exciting future we are creating, trepidation at the scale and range of challenges, and pride at the awesome staff, partners and volunteers who deliver amazing things 24 hours a day, 7 days a week.

What this plan sets out to do is provide the framework guiding our efforts to achieve our vision. This is summarised in our triangle.

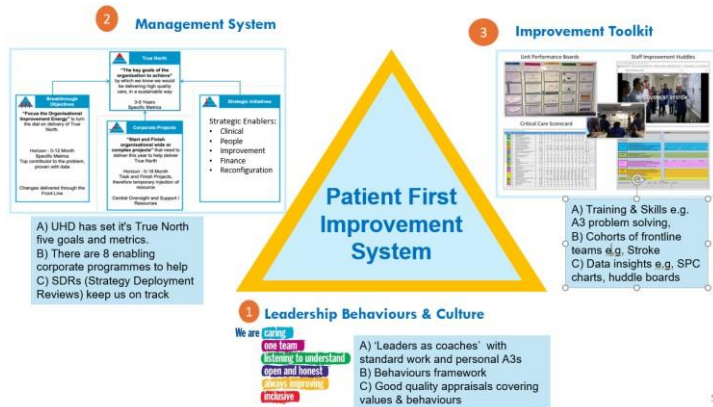


For 2024/2025 we have five objectives that every member of staff should be contributing to. These are:

It is my role as Chief Executive to ensure we create the conditions for all our staff to thrive. That way we can make real, tangible progress in all five areas. How we do that, and all the supporting plans required, are summarised in the Patient First Improvement System (PFIS) below, and in the pages that follow. As we start this year, we need a sense of curiosity. To enquire, to listen, to understand, go and see, as the solutions lay with our staff and patients – where the magic happens that makes great healthcare and a great place to work.

PFIS has three parts:

1. Living our values, and the behaviours that reinforce our Patient First approach, will be more and more about how we succeed in the future. This fits within our revamped management system.
2. Providing greater alignment and better ways of delivering major changes. Key to these are our 8 corporate projects and 10 breakthrough measures.
3. Having the tools and training for continuous improvement being deployed at scale in services.



This is a journey that will take many years, to embed our Patient First way of working. It is also accepting “better never stops”. Learning from other NHS Trusts that started their similar journeys eight or nine years ago, shows we need to

have perseverance and a willingness to change, along with the self-discipline and psychological safety for staff and services to thrive. With our values and twelve positive behaviours, we are set for the first full year of our exciting Patient First journey.

UHD's Values and 12 Positive Behaviors



With very best wishes
Siobhan Harrington

1.1 Background – enabling future success

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

- Creation of the largest planned care hospital in England by 2026.
- Creation of the major emergency care hospital, starting with the opening of the BEACH building in 2025.
- Integrated community neighbourhoods, as part of our NHS Dorset vision of Dorset becoming the healthiest place to live in the UK.
- A digital future, including an integrated electronic health record across Dorset and Somerset by 2026.
- A green and sustainable future, including 80% decarbonisation by 2030 and other targets set out in our Green UHD Strategy, including significant energy reduction investment in 2024.
- A workforce strategy, which has seen significant achievements already, including cutting our vacancies from 9% to 6%, and improvements across the board in our staff survey.
- A patient experience strategy agreed in 2024 which maps out improving our partnership with patients and listening to improve.

- Our clinical strategy, based upon the Clinical Services Review and creation of planned / emergency separation. This will be updated in 2024/2025 as part of our work to set our ambitions, by service, for the next ten years.

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

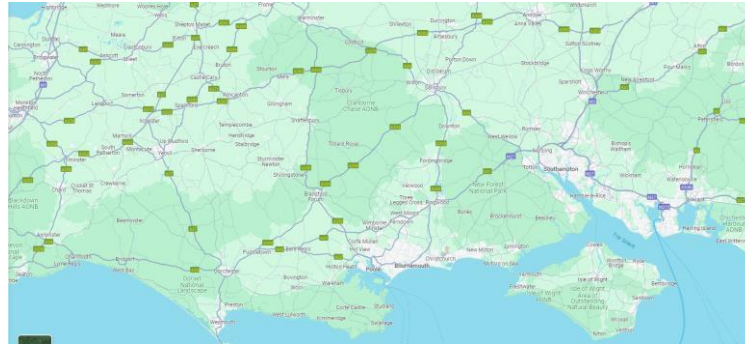
For an organisation formed by merger in October 2020, that has navigated Covid, industrial action and major construction programmes, this shows how we are both responsive to today's issues whilst also laying strong foundations for our future.

1.2 Our Trust and our communities

UHD serves Bournemouth, Poole and Christchurch, East Dorset and Purbeck, and parts of the New Forest for most hospital services. This is a population of around 750,000 with one of the most elderly populations in the UK. Significant health inequalities exist. For more information see the Director of Public Health report: [\(Annual report 2022-23\)](#)

Our specialist services also serve the whole of Dorset, South Wiltshire and parts of Hampshire, for a population of around 1 million. These services include Oncology, Neurology, Vascular, Cardiac and Interventional Radiology, along with specialist areas in services like Surgery.

Our three main sites are Poole, Royal Bournemouth and Christchurch hospitals. We also have services in many community setting including patient's homes. Our Outpatient Assessment Centre at the Dolphin Shopping Centre (Poole) is also popular. We then have many staff working offsite at Yeomans Way, Discovery Court and Alderney Sterile Services.



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

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

More detail at service level is set out in the annexe.

1.3 Vision, Values and Strategic Themes



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

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

Our values underpin our vision and mission. They are the standards shared by all UHD staff. They guide our day to day

decisions and the way we behave. They describe what is important to us and ‘the way we do things around here’.

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



Patient First is the overarching strategy for University Hospitals Dorset. It’s our guiding principle at the heart of everything that we do. It’s also the long term approach we take to transforming health services. It sets out that our True North is the ‘patient first and foremost’. This is supported by the values of compassion, teamwork, communication, respect, continuous improvement, and inclusion.

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.

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

Our strategic themes will support the delivery of our vision and shape our ‘breakthrough’ annual objectives and enabling programmes. The five strategic themes are:

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

Within the next 12-18 months we aim to achieve the following which are known as our breakthrough objectives:

Strategic Theme	Breakthrough Objective SHORT TERM: 12 – 18 MONTHS
POPULATION AND SYSTEM	<ul style="list-style-type: none"> • Planned Care - to have no patients waiting in excess of 52 weeks on an RTT pathway to be seen and treated • Emergency/Urgent Care: >77% of patients treated within 4 hours through the emergency care pathway
OUR PEOPLE	To deliver improvements in the NHS Staff Survey Results for: <ul style="list-style-type: none"> • "I would recommend my organisation as a great place to work" > 62% • Staff Engagement Score >7/10
PATIENT EXPERIENCE	<ul style="list-style-type: none"> • A 5% improvement in employees who see patient care as a top priority for UHD • To increase the Friends & Family Test (FFT) and Have Your Say (HYS) feedback rates by 30%
QUALITY OUTCOMES AND SAFETY	<ul style="list-style-type: none"> • HSMR <100 • Improve Staff Survey safety culture questions by 5% • Implement <u>MaPSAF</u>
SUSTAINABLE SERVICES	<ul style="list-style-type: none"> • To fully deliver the budgeted Efficiency Improvement Programme target of £30.3m (4%) with at least 80% recurrent

Progress has been made in 2023/2024 in these areas, but there is a long way to go. To help us get from here to there we have the following eight organisational wide and/or complex projects. They all need to deliver within 1 to 2 years to enable us to deliver our strategy. They are, each in their own right, a “blockbuster” programme with their own governance and projects. All are overseen by the Trust

Management Group (TMG) the most senior operational group in the Trust.



These are covered in more detail in the specific sections within this document. Whilst the colour coding links to the primary strategic theme, all projects support multiple areas. They are therefore reinforcing each other and our transformation efforts.

1.4 Patient First and our Improvement Strategy

We are developing a culture of continuous improvement to support the delivery of our refreshed strategy and strategic priorities.

We believe that our staff working together in their teams are most engaged in their roles when they have a degree of authority and control over their work and environment, as well as the opportunity to stretch themselves and develop.

We also aspire to a new style of leadership, working alongside our frontline staff to better understand their practical challenges, supporting them to remove barriers and tackle daily frustrations.



Patient First will help us all by improving the way we work at UHD. It is not a 'quick fix', it will take time to embed and deliver

this commitment across the whole organisation to ensure we rise to the challenges ahead and grow our UHD family.

Patient First is a process of continuous improvement that focuses on giving frontline staff the time and freedom to identify opportunities for positive, sustainable change and the skills to make it happen. It is a way of bringing us all together, following the merger and the pandemic, to truly engage with our hard-working and dedicated staff, and focus on the right things for patients.

Patient First is a systematic approach to improvement led delivery of quality that will help build upon UHD strong foundations and what works well within the organisation. It will refresh our culture of excellence and further developing *the way we do things around here*.

All of this will require a different way of working to unleash the passion and skills of our staff, create a sense of belonging, and promote a more inclusive service and workforce, so that all people will want to stay and positively contribute to the success of our organisation.



The first clinical services using this approach are Stroke, Critical Care and Christchurch Day Hospital. The next group starting in 2024 are Maternity, Paediatrics and Acute Medicine. Further cohorts of services will be selected over 2024/2025.

Patient First is the UHD Improvement Method

Patient First has a vision to develop a sustainable culture of continuous improvement at UHD. At its heart is an acknowledgement that when staff thrive our patients experience sustained improvements in the quality and experience of their care.

Our Patient First improvement strategy sets out our approach and proposed arrangements for a Patient First continuous improvement system, to be deployed organisation wide over the next three years.

To support delivery of our organisational strategy and priorities and ensure we create the right conditions for continuous improvement, we will adopt the following principles:



2. Patient Experience

True North Goal - Improve patient experience, listen and act	All patients at UHD receive quality care, which results in a positive experience for them, their families and carers. Every team is empowered to make continuous improvement by engaging with patients in a meaningful way, using their feedback to make change.
Breakthrough Objectives	A 5% improvement in employees who see patient care as a top priority for UHD To increase the Friends & Family Test (FFT) and Have Your Say (HYS) feedback rates by 30%
Corporate Projects	CQC Getting to Outstanding – One plan with one purpose to coordinate delivery of improvements in order that: <ul style="list-style-type: none"> • Staff feel they work in an outstanding organisation committed to delivery of great care. • There is structure, capacity and resilience to excel going forward • We are confident that we will be able to demonstrate we are well led.

The UHD Patient Experience and Engagement Strategy 2023-2025 sets out how the Trust will deliver the patient first objectives and guide how we will continue to meaningfully engage with patients during the continued transformation of our services.

As part of the Patient First journey, our patient experience **CARE** Priorities further expand on the trust priority of 'improving patient experience' by acting on feedback. The **CARE** priorities for the organisation are the following;

Continuous Feedback- increasing the opportunity for patients to give their views on their care and increase accessibility by using different methods to enable patients to tell us about their experiences.

Areas for Improvement- teams use this feedback to recognise and drive changes, ensuring any improvements that are made deliver the intended improvement.

Recognising People- ensuring all patients who use our services are heard, by actively seeking out their opinion through engagement with the community.

Excellent Partnerships- working with health, social and voluntary partners to understand the views of the public and work together to solve problems.

The **CARE** Priorities link to our trust values. The strategy describes what activities and measures will be taken to achieve these Priorities. During 2024-2025 it is expected that the **CARE** priorities, set out in the strategy will be realised in full, with the outcome being outstanding care for our patients.

Clear and transparent communication with the public about the transformation of our services has been vital and will continue into 2024-2025, where plans for moving of services across UHD will be realised. The public and patients of the hospitals have been extensively involved in decision making through the Clinical Services Review engagement, but this was several years ago. Therefore, this next phase will include being informed of the changes and provided with educational materials and workshops to understand what the transformation will mean to them. Involvement includes co-designed workshops for the transformation of services e.g. stroke services. Similar involvement of our patients is planned into future transformation, which will include larger scale workshops and smaller group work for particular changes.

2.1 Care Quality Commission (CQC)

The CQC undertook short notice announced focused inspections to urgent and emergency care services (Emergency Departments at Poole Hospital and Royal Bournemouth Hospital) as well as Outpatients at Poole Hospital and the Outpatients Assessment Clinic at Dorset Health Village on 27 and 28 June 2023.

As it was a focused inspection, no ratings were produced but CQC focused on the key questions of well-led, safe and responsive for these services as well as caring for urgent and emergency services at both hospitals. University Hospitals

Dorset NHS Foundation Trust is yet to receive a rating by CQC for its services or hospital locations.

Poole Hospital remains rated 'Requires Improvement' and Royal Bournemouth Hospital remains rated 'Good' overall.

In urgent and emergency care at the Royal Bournemouth Hospital and Poole Hospital, inspectors found:

- Not everyone could access services in a timely and clinically safe way, with some remaining in the departments for much longer than necessary.
- Inspectors saw some people who needed to remain in the emergency department because there were no porters available to transfer them to a ward causing a blockage. This blockage meant new people waiting to come into the department for treatment were delayed. This caused lengthy delays for ambulance crews waiting to handover people to the hospitals meaning other people in the community were waiting longer for care and treatment from the emergency services.
- The layout of the departments meant staff could not see everyone in the waiting area, making it difficult to spot if people's health was deteriorating. There were some mitigations put in place, such as a live camera feed for reception staff, but it was not monitored consistently.
- There was not always a dedicated space for young people and their families, meaning children were not

- always protected or removed from seeing and hearing adults using services, some with complex needs.
- Neither reception was fully accessible or suitable for wheelchair users. Inspectors observed wheelchair users attempting to stand to be seen and heard by reception staff which was unsafe.
- People's records were not always consistently completed in full or easily accessible, but a new record system had just been installed and as being rolled out.
- There was enough suitably trained staff to care for people safely, most of the time but staff skill mix and experience wasn't always optimally balanced.

However:

- staff and managers worked hard to prioritise people in terms of clinical need well, and there was a clear understanding of everyone's needs and reasons for delays.
- There was exceptional teamwork across all staff groups, which was highly valued by all staff.
- Staff received training specific for their role on how to recognise and report abuse. They could give examples of how to protect people from harassment and discrimination, including those with protected characteristics under the Equality Act.
- 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 outpatient services at Poole Hospital and the Outpatients Assessment Clinic, inspectors found:

- There was enough suitably qualified staff to care for people safely.
- People could not always access the service when they needed it and had long waits for treatment putting their health at risk of deteriorating.
- Services used multiple information systems as well as paper records for triage and booking of appointments which meant there was a reliance on staff to ensure tracking of appointments.

Inspectors found the following at all services:

- Managers monitored the effectiveness of services and made sure staff were competent.
- There was an open and honest culture where people could raise concerns.
- Staff were supported and trained in key skills and understood how to protect people from abuse, acting where necessary.

- Safety incidents were well managed, and lessons were learnt and shared to prevent them from happening again.
- Staff felt respected, valued, and proud to work in the organisation.
- It was easy for people to give feedback.
- Staff were kind, compassionate and caring.

The Trust has developed detailed action plans to address the issues highlighted in the reports. The Trust Management Group and 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.

3. Quality Outcomes and Safety [PW]

True North Goal – Save lives, Improve patient safety	To be rated the safest Trust in the country and be seen by our staff, as an outstanding organisation for effectiveness (Hospitalised Standardised Mortality Ratios – SMR) and patient safety (Patient Safety Incidents – PSIs)
Breakthrough Objectives	Reduce HSMR <100 Reduce PSI by 5%, Improve staff survey safety culture questions by 5%
Corporate Projects	<p>Building a UHD Safety Culture (PSIRF) – Developing a culture and programme plan of safety that will deliver:</p> <ul style="list-style-type: none"> • PSIRF – e-learning from deaths, formal investigator and compassionate engagement training. Patient Safety syllabus • LfPSE – Learning from Patient Safety Events • Safety skills and leadership training • Business Intelligence for quality and safety <p>Implementing a new electronic health record (EHR) - To sign a contract with an EPR vendor by 31.3.2024 that enables UHD</p>

	to begin its migration off the current EPR (which is expected to take at least 2 years).
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3.1 Clinical Strategy

At a high level our Clinical Strategy is to deliver the Clinical Services Review from 2019. For UHD this is the creation of the planned and emergency hospitals by 2026, supported by £500m capital investment. The programme is a once in a generation change unlocking huge benefits. Implementation is already well underway (see Transforming Care Together, section 6.3). In 2014/15 key service changes include Pathology, Haematology, Stroke and Maternity and preparations for virtually every other service affected in 2025/2026.

Looking beyond that change, the need for a clinical strategy for the next 10 years, now needs to be developed. The critical phase of work in 2024/2025 will provide the framework. Alignment with clinical strategy development across Dorset and Hampshire will be required both through and with the Dorset Provider Collaborative. This will need to start with how best to meet our populations needs and to navigate the limited resources available. Exploiting opportunities, especially in technology, research and innovation will be important.

Workforce trends and developing staff, including with education providers, will assess opportunities for Dorset, including more Allied Health Professionals and a Medical School.

The clinical strategy will need to be meaningful and owned at specialty level for it to truly shape our future. This will mean significant time, and numerous iterative stages of work before completion, expected in 2025/2026.

3.2 Building a UHD Safety Culture

The corporate projects for 2024/2025 included: **Building a UHD Safety Culture**

- Development of a patient safety strategy for UHD which focuses on using the experiences of staff and patients to identify opportunities for learning and improvement.
- Development of an implementation and transitional plan for the new Patient Safety Incident Response Framework (PSIRF)
- Development of an integrated framework for patient safety, quality improvement, transformation and innovation that maximises resources and reduces duplication

The Patient Safety Incident Response Framework (PSIRF) is a fundamental cultural safety change in the way we think, report and investigate incidents. Our Patient Safety Incident Response Plan, based on the NHS framework, focuses on **learning and improvement**. It is built on a culture in which

people feel **safe to talk**, and we will be working in **partnership with patients** to improve.

With compassionate engagement, we want to:

- Improve the experience for patients and families whenever a patient safety incident occurs.
- Reduce harm from patient safety incidents through learning and improvement.
- Support compassionate leadership, just culture and learning for improvement.
- Work with system partners to undertake thematic reviews of patient safety across care pathways.
- Improve the safety and care we provide to our patients.
- Maximise our resources to support quality and safety.
- Train staff in improvement methodologies.

We will be looking for themes and interconnected causal factors. This way, we aim to reduce repeat patient safety risks and focus on the quality, rather than the quantity, of patient safety investigations. Investigations will be viewed as improvement projects with clear plans.

Our Patient Safety Incident Response Plan (approved in December 2023) set out our Patient safety priorities for Team UHD for the next 12-18 months. We will focus on:

- Patient falls
- Medication safety
- Hospital Acquired Pressure ulcers
- Diagnostics processes, specifically the follow up of radiology and laboratory investigations

- Deteriorating patient management
- Mental health (management and reducing restrictive interventions)
- Post-partum haemorrhage
- Unexpected term admission to neonatal intensive care (NICU)
- Still births

We aim to engage with patients, carers, relatives and Patient Safety Partners in our improvement and learning responses to patient safety incidents and we will provide training for our staff in investigation skills, report writing and compassionate engagement. We will also look to improve how we support staff involved in a patient safety incident and create safe spaces for open and honest reporting and learning. We will develop additional feedback mechanisms to share learning and improvement across the Trust and within the wider community.

3.3 Implementing a new PAS/EHR

The UHD Board of Directors supported a decision in December 2023 for Dorset to collaborate with Somerset Foundation Trust in order to address the affordability of achieving an Electronic Health Record Solution (EHR) for each ICS. The collaboration will bring some savings in terms of the overall costs, e.g. a single instance across the regions, staffing costs associated with the configuration effort, third party systems costs. Following National and Regional advice it has been agreed to develop a single Outline Business Case (OBC) covering both Somerset and Dorset.

The OBC will be prepared for submission to NHS England in March. There is a five-month process for approval. This should lead to the procurement commencing in Autumn 2024. Contract award should be April 2025 with implementation from October 2026.

The scope of the EHR is all the patient related IT Systems in the Acute Trusts excluding the scanned records, PACS system and Pathology system but with the increased scope of Mental Health and Community being in the same solution, with future aspirations for Primary care and Social Care to move onto the same single system.

The joint EHR Programme will deliver transformational change to digitise and modernise our technology landscape to support higher quality care. It will also be a sustainable solution. By creating a joined-up electronic health record and harmonising our care pathways, this delivers many benefits:

- eliminate unwarranted variation and waste,
- unlock efficiencies and financial savings,
- retain, and attract the best workforce,
- deliver the best care across our services.

All these achieve better patient outcomes.

The current plans for UHD are to continue to ensure that the existing systems in the Trust are kept up to date and supported, until the new system is implemented. The following programmes of work therefore are required:

- An upgrade to the order communications system along with looking at an interim solution for closed loop result management to reduce the risk of Serious Incidents associated with pathology and radiology results being lost
- Expansion from the proof of concept to the next stage of deployment of the Strategic Integrated Image Solution (SIIS) as part of the south-east three diagnostics network
- A systematic rolling stock replacement of all layers of our technical infrastructure and end-user devices
- Work to achieve a fully compliant Data Security and Protection Toolkit submission will also be continued.

4. Our People

<p>True North Goal - Be a great place to work</p>	<p>To be a great place to work, attracting and retaining the best talent</p>
<p>Breakthrough Objectives</p>	<p>To deliver improvements in the NHS Staff Survey Results for:</p> <ul style="list-style-type: none"> • "I would recommend my organisation as a great place to work" > 62% • Staff Engagement Score >7/10
<p>Corporate Projects</p>	<p>Safer Staffing – There is a need to establish baseline workforce data in order to improve confidence in workforce deployment, utilisation and planning</p> <p>Agreed staff establishment is aligned financially and professionally</p> <p>Agreed process for identifying and changing future workforce and staff in post maintains currency and accuracy</p> <p>Systems use, Rostering process and quality assurance processes in place ensuring optimum use - including staff satisfaction</p> <p>Provision of management analytics to inform workforce deployment decisions and Board assurance</p>

4.1 People Strategy

National guidance sets out the requirement to accelerate plans to grow the substantive workforce and work differently as we keep our focus on the health, wellbeing, and safety of our staff. It sets out the need to invest in our workforce, with more people tackling substantive gaps in acute care. It emphasises new ways of working and strengthening the compassionate and inclusive culture needed to deliver outstanding care. Our people have remained under increasing pressure and have also been impacted by the cost-of-living crisis, workforce capacity issues and a need to focus on the large-scale integration and transformation plans that UHD have in place.

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. Adopting 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.

Our overarching ambition and True North goal is to be within the top 20% of acute Trusts for the National staff engagement score along with increasing the number of staff who would recommend the organisation as a place to work. This will support us to improve our people's experience and ensure the

Trust is a great place to work, attracting, developing and retaining the best talent.

We know there remains a shortfall of trained people to meet the rising demands for healthcare. We will need to be more flexible, creative and innovative in how we attract, retain and develop our people. This then enables us to fulfil our core purpose and achieve our vision. A key focus on workforce planning. 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 2024/25:

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 2024/25 on improving key Workforce Race

Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) 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 integrate our leadership and lifelong learning offers for staff including apprenticeship and accreditation opportunities in partnership with Bournemouth University and further developing a modular programme to support basic people management skills and competencies.
- Develop a Talent Management strategy aligned to *Patient First* and the needs of our workforce – a co-ordinated approach to attracting, developing and retaining our staff and harnessing their potential

- Review the 2023 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' health and wellbeing check-in conversations with staff.

Key actions:

- Further develop our Mental Health First Aid (MHFA) and Wellbeing Ambassador programmes.
- Embed a range of targeted resources, education and support for line-managers.

- 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.
- Embed a speaking up culture and remove any barriers staff may face, through the support of our Freedom to Speak Up Guardians and ambassadors. To help support our leaders build working environments that are psychologically safe and based on respect and civility.

4.2 Workforce Planning and Data

Workforce Planning, Recruitment and Retention

During 2024/25 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. Planning will also reflect patient pathways and care of the future.

Corporate Project – Workforce Baseline Data

We will ensure:-

- Agreed staff establishment is aligned financially and professionally
- Agreed processes for identifying and changing future workforce maintains currency and accuracy

- There is a provision of management analytics to inform workforce deployment decisions and Board assurance

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 Chief People Directorate in conjunction with the Trust Management 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.

5. Population and Systems

True North Goal - See patients sooner	Consistently delivering timely appropriate, accessible care as part of a wider integrated care system for our patients.
Breakthrough Objectives	<p>Planned Care - To have no patients waiting to be seen and treated in excess of 52 weeks on an RTT pathway.</p> <p>Emergency/Urgent Care: >77% of patients treated within 4 hours through the emergency care pathway.</p>
Corporate Projects	<p>Planned Care Improvement Programme To coordinate delivery of improvements in planned care in order that we meet patients' expectations and national constitutional standards for planned care and reduce inequalities in outcomes and access for patients whilst improving productivity and value.</p> <p>Hospital Flow Programme Single plan to coordinate delivery of improvements in Urgent and Emergency Care that will meet the constitutional standards for Urgent and Emergency Care and reduce inequalities in outcomes and access for patients whilst improving productivity and value.</p>

Overarching aim:

Our True North goal for our Systems and Partnerships is to achieve the national constitutional targets for both planned and emergency care. For planned care our 24/5 breakthrough is that no patients will wait in excess of 52 weeks on a Referral to Treatment (RTT) Pathway to be seen and treated, and for emergency care that 77% of patients are consistently treated within 4 hours in Emergency Care Services.

How to achieve this:

In the challenging context of recovering services following the COVID-19 pandemic and continuing high demand for hospital services, we are working to achieve these targets by first ensuring that no patients wait in excess of 65 weeks on an open RTT pathway by September 2024 and in excess of 52 weeks by March 2025. This is our breakthrough objective. Our Planned Care Improvement Corporate Project is helping us focus our efforts to achieve this. Our breakthrough objective for Emergency/Urgent Care relates to reducing the number of patients waiting in our emergency departments in excess of 4 hours to be treated and either admitted or discharged. Our Hospital Flow Programme supports the work needed to achieve this.

Our population and system goals are also supported by our Transforming Care Together programme. This is a £501million capital investment programme that includes the establishment of the Bournemouth Emergency Hospital and Poole Planned Care Hospital in December 2025.

5.1 Planned Care

Our Planned Care Improvement Programme focuses on knowing what our population needs and delivering the best care and support to our population within the facilities, budget and workforce available. This covers patients requiring cancer treatment, outpatient care, patients needing surgery, diagnostic and therapy services. To see or treat people in a timely way we need to fully understand the demand for services through a fully validated waiting list and referral data, and what productive capacity we will need to meet this demand.

The planned care 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.

Planned care - Activity

Guidance issued by NHS England in 2023/24 asked the Trust to seek to increase activity levels to above those we delivered in 2019-20 levels, to increase the amount of day case activity, improve our use of theatre capacity, and to free up slots for outpatient treatment by reducing unnecessary follow-up treatment. This table summarises how the Trust performed






against this ask and the level of activity we are committed to

Activity Type	2019-20 Baseline	2023-24 Plan	2023-24 % Increase	Planned % Increase 2024/25
New outpatient appointments				
Follow up appointments in outpatients				
Day case surgery				
Elective surgery				
Total				
Total (excluding follow up outpatient appointments)				

How we will achieve it:

The Trust plans to increase its planned care activity by:

- Increasing productivity of services to operate within existing capacity. The Trust has identified five areas of focus: outpatients, theatres, endoscopy, reducing length of stay in hospital and radiology.

Outpatients	Theatres	Endoscopy	Length of Stay	Radiology
 <p>Reducing DNA rates. Achieving an increase in clinic utilisation rates. Increasing PFIU rates and increasing conversion of FIU to New. Increase in capture or coding of activity</p>	 <p>Maximising the day case opportunity. Achieving a reduction in case opportunity and increasing theatre utilisation</p>	 <p>Increase utilisation of Endoscopy lists. Effective Communication and Monitoring of multiple Performance metrics. Reducing DNA rates. Efficient cross site bookings.</p>	 <p>Reducing length of stay of elective and non-elective patients and reducing overall occupied bed days achieving a reduction in occupancy, bed base and temporary staffing</p>	 <p>Reducing DNA rates. Reducing cancellations. Improving scheduling efficiency and understanding of demand and capacity. Data capture and coding. Increasing CDC activity.</p>

- Increasing the provision of High Volume Low Complexity (HVLC) outpatient clinics and theatre sessions. This will include HVLC pathways for upper limb surgery in trauma and orthopaedics and expansion of HVLC pathways in ENT, Oral Maxillofacial Services and Ophthalmology.
- Continuing 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. This includes implementing a day case arthroplasty pathway and reducing length of stay for hip and knee replacements. The Trust will also seek to rapidly adopt best practice outlined through the Further Faster programme speciality handbooks where it has not done so already.
- Full implementation of National evidence-based intervention guidance to improve the quality of care being offered to patients by reducing unnecessary interventions and freeing up resources that can be put to use elsewhere.
- Increasing the use of one-stop ambulatory pathways supported by diagnostic teams.

- Enhancing use of the Outpatient Assessment Centre, in Poole and efficient use of theatre capacity including transfer of activity and capacity from Wimborne to UHD Theatres. We will also improve efficiency and utilisation in the Cardiac Cath Labs via scheduling improvements.
- We will continue the work started in 2023-24 to ensure we meet national standards on data quality and that all inpatient, outpatient and day case activity is suitably recorded and reported against.

With the support of the Clinical Acute Networks Dorset (CANDo) programme, we will work with Dorset County Hospital and other relevant partners to improve the resilience and sustainability of services by:

- Implementing a single service across Dorset for Orthodontics and Rheumatology.
- Increase the frequency of HVLC cataract lists and increased Glaucoma follow ups.
- Establish a Network for Gastroenterology, Ear, Nose and Throat Services, Gynaecology, General Surgery and Urology.
- Establish a single Orthopaedic hand service across Dorset.

Planned Care – Referral to Treatment Times

National planning guidance sets out that patients waiting more than 65 weeks should be seen by September 2024 and a

maximum waiting time of 52 weeks should be achieved by March 2025.

How we will achieve it:

In 2023-24 the Trust improved its referral to treatment times and has significantly reduced the numbers of patients waiting more than 65 weeks for planned care. The number of patients who potentially would wait over 65 weeks if not seen in the year reduced from just over 40,000 to below 1,000 between April 2023 and February 2024. The Trust will continue to optimise use of internal and external capacity to reduce this number further before the end of the year.

The Trust plans to achieve zero patients waiting more than 65 weeks for treatment or outcome by September 2024. Our modelling of our capacity to reduce 52 week waits, including the impact of increased productivity and increasing planned care activity, indicates that the Trust will not reduce these to zero by March 2025. The Trust would need to exceed the national activity targets to be able to deliver this. The Trust plans to deliver 106% of the baseline (2019/20) activity in 2024/25 to bring about a reduction in waits exceeding 52 weeks.

We will achieve this reduction by implementing efficiency and productivity improvements. This will include, ensuring only the patients who need our services are referred, effective management of referrals, outpatient and diagnostic clinic capacity, follow up (including increasing patient initiated follow

up pathways) and discharge. We will also work to reduce lost capacity through missed appointments.

In theatres, we aim to reduce our dependency on agency staff and insourcing/outourcing by encouraging workers back into substantive and bank roles. The Trust aims to deliver an improvement in the time our surgeons spend operating by increasing theatre utilisation rates to be in line with national best practice at 80% by March 2025, moving to 85% in some specialities. The number of theatre sessions run will also increase returning to 93% against the template operating in 2019/20.

We forecast that there will be areas where increased productivity alone will not deliver the reduction planned in the waiting list or the length of time patients wait. In these areas, we will consider ways of investing that delivers the best value for patients.

We will ensure waiting lists are validated achieving 90% validation of pathways greater than 12 weeks, supported by the expansion of digital first validation. The Trust developed an RTT waiting list management training programme for staff in 2023-24 and will continue to roll this out in 2024-25 to promote evidence based best practice.

Diagnostics and Community Diagnostic Centres

The national planning guidance requires trusts to maximise the roll out of community diagnostic capacity with new community

diagnostic centres (CDCs). Trusts are also asked to increase the percentage of patients that receive a diagnostic test within six weeks compared to 2023/24.

The Dorset CDC Programme is responsible for rolling out additional diagnostic across Dorset in line with the 2020 Richards' Review and Dorset's strategy for delivery. Over the last 12 months the Trust has made progress in the following areas:

- Ultrasound, Dexa scanning and phlebotomy services have commenced at the Outpatient Assessment Centre, Poole.
- We have increased colposcopy services, delivered additional endoscopy (including cytosponge and TNE) and increased CT capacity in Poole hospital.
- Mobile MRI services in AECC, Boscombe are in place until end of March 2024.

In 2024/25 the Trust will continue its roll out programme to increase diagnostics capacity by:

- Completion of AECC, Boscombe CT and ultrasound room build by July 2024 in order to deliver an increase in capacity.
- Provision of additional Echocardiograms, MRI and familial health breast surveillance capacity at Poole.
- Provision of additional fibroscan capacity at the Outpatient Assessment Unit, Poole.

- Completion of an endoscopy modular build at Poole by 2025.
- Roll out of teledermatology pre and post referral pathways across all CDC sites.

The increased capacity will provide additional diagnostics in a range of locations across Dorset enabling a reduction in wait times for tests and development of one stop clinics.

Two of the CDC sites in Dorset are in known areas of deprivation, thus providing tests closer to home and supporting a reduction in health inequalities.

Transforming Outpatient Care

The planning guidance sets out continuing to further improve outpatient services.

How we will achieve it:

The overarching aim is to work towards operating models, capacity and scheduling that deliver clinically effective and efficient outpatient care and reduces waiting times across our sites, optimising opportunities for transformation that includes digital models of care and better space utilisation. The Trust will achieve this by:

- Continuing to deliver safe, high quality patient care for our outpatients and scaling up on actions to reduce health inequalities in patient access and experience of outpatients.

- Providing a sustainable nursing, administrative and Phlebotomy workforce now and into the future.
- Digitally transforming services that will enable improved patient access and experience, and responsive and effective ways of working, increasing productivity and workforce retention. This includes moving to paper free booking methods, expanding the use of DrDoctor patient facing digital capabilities including the coverage of text reminders, video consultations and implementing two-way bookings. The Trust will roll out e-outcomes for capturing the outcomes of clinics and e-assessment pathways.
- Optimising clinic templates and clinic room utilisation, supporting elective recovery plans.
- We will continue to support a reduction in the number of patient waiting a follow up appointment through validation and increased clinic utilisation.
- Providing a more personalised approach to outpatients by expanding the use of patient initiated follow-up (PIFU) to all major outpatient specialties, moving or discharging 5% of outpatient attendances to PIFU pathways by March 2025.
- Using an approach to understanding where efficiencies in our outpatient processes can be made through deploying process mining and intelligent workflow analysis.
- Increasing the reach of Specialist Advice and Guidance (Vascular, UGI) and reducing response times to ensure

General Practitioners receive advice when they need it and to reduce referrals into secondary care.

Timely Access to Cancer Care

The Trust continues to work as an integral part of the Dorset ICS Cancer Programme alongside the Wessex Care Alliance (WCA) to ensure key priorities are met in the national planning guidance.

The national planning guidance specifies for Trusts to recover the 62 Day Standard to 70% by March 25 and for the 28 Day Faster Diagnosis Standard to achieve 77% by March 2025.

We will also maintain the number of people waiting no longer than 62 days (including 104 backstops) below 220 patients (nationally agreed target in 23/24).

How we will achieve it:

In 23/24, UHD signed up to the Cancer Recovery and Improvement Programme that was led by the Dorset ICS Cancer Programme to recover cancer performance to meet the national targets, whilst implementing new and best practice pathways to support rapid diagnosis and treatment.

For 24/25, the programme is moving away from 'recovery' internally at UHD, to a programme of sustainability and improvement across the entire remit of Cancer Services. This is due to the expectation that UHD will achieve 75%

performance for FDS and meet the over 62D backlog target of 220 patients by the end of March 24.

The priorities for 24/25 consist of sustaining the performance priorities whilst working to meet the requirements in the planning guidance. The following pillars make up the wider Cancer Improvement Programme at UHD to aspire towards becoming a Centre of Excellence for Cancer:

- Developing a Clinical Strategy for Cancer as the 12th large treating hospital in the UK.
- Articulating and supporting our cancer workforce to be fit for the future.
- Transforming MDT meetings and processes to maximise digital opportunities and to use our clinical resources efficiently.
- Quality, Safety and Patient Experience – driven through the development of the Personalised Care programme.
- Work collaboratively with the ICS to confirm commissioning and financing arrangements for the future.
- Establish the Cancer Improvement Programme at UHD
- Appoint a Clinical Director for Cancer Services
- Implement the Best Practice Timed Pathways, including maintaining priority pathway changes for prostate cancer.
- Fully implement Tele-dermatology
- Develop and embed process to identify and support patients on an open cancer pathway who are impacted by health inequalities.
- Grow links with the VCS to enhance experiences for patients and to support clinical teams.

- Ensure the counting and coding opportunities are maximised for new work such as Personalised Stratified Follow Up (PSFU) pathways.
- Roll out Rhabdomyosarcoma (RMS) treatments to Lung, Thyroid, Renal and Skin if there is agreement for sustainable commissioning of this service.

5.2 Hospital Flow Programme

Key Challenges

Long waiting times in Emergency Departments have a potential to cause harm and a negative impact on patients and staff experience. This increases risk across the organisation of a longer length of stay in hospital, less access to care by our community and Ambulance waits at our front door. Our patients have an expectation and constitutional right to receive Urgent and Emergency care in line with National Standards, and our Trust along with every other hospital, is challenged to deliver these standards consistently. These standards are agreed by clinical experts who evidenced receiving care in a timely manner improved quality of care and mortality rates and will increase staff morale and experience.

The creation of the emergency hospital in 2025/2026 is a major step towards meeting these challenges. Planning for transition to the new configuration of services is where this programme and Transforming Care Together are joined up.

At any time, more than 20% of UHD beds in 23/24 continued to be occupied by patients that have No Criteria to Reside (NCtR) in hospital but who have an ongoing health or social care need that requires support. UHD has remained one of the most challenged Trusts for the numbers of patients waiting to leave that no longer require a hospital bed. This may delay 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 increased bed occupancy and increased escalation beds being opened (planned and unplanned surge beds). At its worst it results in crowded Emergency Departments and delayed Ambulances in the departments.

In 2023 UHD returned to reporting the 4-hour standard as the key Emergency Department metric. Previously UHD had been part of a national pilot for a different set of metrics set by NHS England. This change of metrics has embedded through 2023 in to 2024. Achievement of 76% of patients being seen and discharged from the Emergency department within 4 hours is proving challenging to achieve. Work will continue through 24/25 towards achieving and increasing performance against the 4-hour standard.

The challenges faced by UHD are not unique and sites with Emergency Care Pathways throughout England are facing similar issues. The most recent National UEC Delivery Plan for Recovering Urgent and Emergency Care Services was published at the end of January 2023 and links with 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. While the Dorset ambition to reduce NCtR by 50% was not achieved in 23/24 UHD remains 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 previous UHD Hospital Flow Improvement Group became the Urgent and Emergency Care (UEC) programme board in October 2023 and refreshed its Terms of Reference to meet fortnightly to oversee plans to deliver productivity and transformational change to support the delivery of the 4-hour standard and UEC pathway improvements. The UEC programme board reports to our Executive led Trust Management Group. There are four Key Lines of Enquiry:

- 4-hour Safety Standard,
- efficient hospital pathways,
- discharge, and

- operational flow.

These 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.

Risks and Issues

- Change management requirements to embed the 4-hour standard and achieve the step change in performance.
- Face to Face Access in Primary Care, and access to primary care appointments from NHS111 or from UHD.
- Workforce recruitment into posts of all types
- Capacity and technology to divert patients to Minor Injuries Units (MIUs) or other appropriate services
- Timely availability of booked appointments
- 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

- Dorset system plans to achieve 50% reduction in NCtR is achieved
- UTCs are funded and are developed to fully integrate into the core Urgent and Emergency Care front door in 2024/25

- Transformation initiatives and funding support for schemes will facilitate deliverables, safe care and progress against key standards.

Patient Flow & Bed Capacity

In 2022/23, investment was made in key areas to improve flow and increase inpatient capacity. Funding for 23/24 was minimal and provided a small element of escalation bed funding. In 2023/24 the teams enhanced and developed services with SDEC services across both sites, introducing highly successful Departure Lounges, and recruitment of Discharge Facilitators. In 2024/25 our teams will continue to develop schemes to improve productivity and efficiency in patient pathways, for both elective and emergency patients. This also puts us on the trajectory for the reconfigured planned / emergency hospitals.

Underpinning the Trust's surge and capacity planning is our bed modelling. The UHD bed modelling tool is being adopted by the Dorset system in 24/25 to underpin the overall capacity requirements for Dorset and adopt system wide assumptions. UHD used high levels of 'escalation' beds, above core for initial months post winter pressures, at considerable cost. 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 Discharge to Assess (D2A) 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 daily.

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 Discharge to Assess programme
- Review and refinement of our UHD-wide escalation plans and associated risk assessments.

Discharge to Assess (D2A)

The Dorset system implemented a simplified discharge pathway in 23/24 which continues to embed. This is 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. 23/24 has seen challenges as patients have not moved through the D2A pathway as efficiently as planned, or required for a successful impact to be felt at UHD. Delivery of this model remains a priority for the Dorset system for 24/25.

Key Benefits once achieved

- 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:

- Ensuring flow through the D2A capacity and that it does not become blocked.
- Continuing to expand community capacity.
- Review of pathways and commissioning for complex and specialist patient needs.
- ‘Front door’ pathways for unnecessary admission avoidance.

- 7-day discharge planning and discharges – UHD now have a 7-day service but this is not in all providers.
- Transport services that support discharge, a new transport provider will be announced in 24/25 for routine transport.
- Planning for the high level and increasing number of frail older patients in Dorset, including over 85s.

Discharge Planning – Planning to leave from point of admission

Our internal work on early planning and reduced discharge delays is being driven by our Urgent and Emergency Care (UEC) programme board. 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 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.
- Discharge to Assess capacity and pathways are unable to deliver further reductions in Length of Stay to offset the acute bed capacity gap.
- Workforce gaps, particularly in therapy and care capacity, impacting on service and system delivery.
- Inability of system partners to meet demands on services – health and social care out of hospital.

5.3 Health Inequalities

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

In 2023/24 we sought to strengthen our use of population health management to narrow the gap in health inequalities and improve health outcomes. We built on work to proactively identify the health inequalities of our population to inform service design and policy development. Our Population Health and System Committee of the Trust Board was established to support the Trust in achieving its strategic objective, to transform and improve our services in line with the Dorset ICS Long Term Plan.

In 2024/25 the Committee will continue to do this through:

- Providing oversight of the implementation by the Trust of its responsibilities pursuant to the system Making Dorset the healthiest place to live - Joint Forward Plan: 2023-2028.
- Assisting the Trust's Board of Directors in its oversight of achievement of breakthrough objectives and strategic initiatives relating to population health and health inequalities.

- Receiving and reviewing information and data relating to population health and health inequalities and reporting to the Board.

We will frame our vision for addressing health inequalities around: patients and families, our workforce and our leaders. This will include:

- A focus on reducing variation in access to elective health care and reducing Hospitalised Standardised Mortality Ratios (HSMR).
- Ensuring accessible information related to care and treatment. Including ensuring our Transforming Care Together programme considers accessibility and signage.
- Building on our patient experience and community networks in co-designing improvements; including capturing the views of our staff living in Dorset.
- Embedding health inequalities in our Patient First methodology for improvement.
- Reviewing our Equality Impact Assessment to ensure it comprehensively considers the impact on health inequalities.
- Expanding opportunities for staff to access training on health inequalities and building an informed workforce. We will work with the ICS to develop a communications plan to support staff to deliver public health messages.
- Increasing our staff's access and use of data to better understand unwarranted variation.

In our approach, we will continue 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 in Dorset. Including:

- Against the 24 Domains introduced in NHS England's statement on information on health inequalities published in November 2023, we will make available in our Annual Report an assessment of variation and identify the areas requiring strengthening.
- Working in partnership with the system and its health inequalities delivery programme, we have identified data as a priority, including further rapid development of indicator definitions for the collection above and development of dashboards in relation to the Core20Plus5 national framework for adults and children.
- We will 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 2023/24 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 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.

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.

6. Sustainable Services

	<ul style="list-style-type: none"> • Move plans implemented and services safely moved
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[SECTION 6 – AWAITING UPDATE FOLLOWING FINAL BUDGET SETTING]

<p>True North Goal - Use every NHS pound wisely</p>	<p>To maximise value for money enabling further investment in our services to improve the timeliness and quality of care for our patients, and the working lives of our staff.</p>
<p>Breakthrough Objectives</p>	<p>To develop and fully deliver recurrent financial efficiencies of £33m (4.4%) consistent with the 2023/24 budgeted Cost Improvement Programme target. Update</p>
<p>Corporate Projects</p>	<p>Efficiency Improvement Programme (including One Dorset Procurement) – Full delivery of planned CIP targets, with at least 60% achieved recurrently</p> <p>Transforming Care Together Programme (Build Ready and Service Ready Programmes) -</p> <p>Build ready:</p> <ul style="list-style-type: none"> • Completion of BEACH building • Completion of NHP funded Wards and Theatres • Completion of associated enabling works • Completion of Poole’s new Endoscopy Unit <p>Service Ready:</p> <ul style="list-style-type: none"> • Teams Integrated, new clinical models in place

6.1 Financial Strategy [PP]

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:

- Estates Development (section 6.3);
- Digital Transformation (section 6.4); and
- 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.

6.2. Efficiency Improvement Programme [AG]

[New chapter – to align with project charter]

6.3 Transforming Care Together Programme

The existing healthcare facilities in east Dorset are insufficient to cater to the rising healthcare demands of our ageing community. To ensure access to timely, high-quality healthcare services for our residents, we need to transform services and separate planned and emergency care per the Clinical Services Review.

This requires the planning and construction of the £201m BEACH (Births, Emergency care, And, Critical care and child Health) building and £262m NHP funded wards and buildings on the Bournemouth Hospital Site to create the Emergency Hospital. On the Poole Hospital site, new theatres, wards and a new Endoscopy building will create the Planned Care Hospital. This modern, fit for purpose estate will have advanced construction, adequate bed capacity, and the capability to offer comprehensive healthcare services.

These changes will help to meet the needs of our population and deliver the overarching benefits of improved outcomes due to centralised emergency and specialised services, shorter waiting times, reduced cancellations and clinical/financial sustainability.

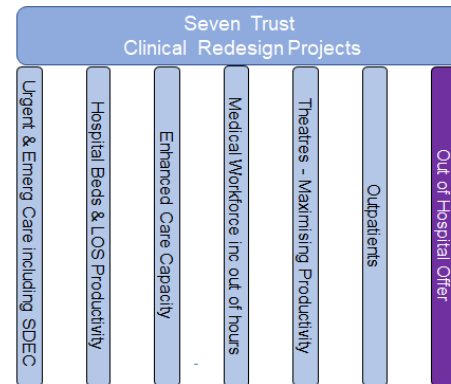
Our Transforming Care Together Programme will be delivered by our Service Ready and Build Ready projects.

Service Ready

Establishing the Planned and Emergency Hospitals means changes to the majority of our clinical services. Our scope is made up of:

- 7 clinical redesign projects
- 23 specialties going from two teams to one
- 31 specialties moving site
- 3 teams going from single site working to split site planned / emergency

Our clinical redesign projects are outlined below:



This will necessitate the development of new clinical and operational models and the integration of teams where the same service is currently supplied over different sites.

Our headline dates for the movement of services are outlined below:

- Phase 1 - Q4 2023/4 & Q1 2024-5: TIU, Haem, Surgical moves, Pathology hub opens
- Phase 2 – Q1 2025/6 – BEACH opens, Maternity, RBH-CC and RBH-ED move
- Phase 3 – Q3-Q4 2025/6 – Planned and Emergency separation
- Phase 4 – Q3-Q4 2026/7 – Final moves and completion

The Transforming Care Together programme will deliver:

- 1) Clinical excellence delivered from fit a fit for purpose estate
- 2) Improved patient safety and infection control
- 3) Shorter waiting times and reduced cancellations
- 4) Clinically and financially sustainable services

This is a huge programme of change for all our staff and patients and as such there are several risks to manage:

a) Build ready delays (funding and/or construction) – successful management of the construction critical path will help to mitigate these risks

b) Service ready delays (Integration of teams, clinical/operational models, possible workforce shortages) – successful critical path management, staff engagement, workforce and OD support will help to mitigate these risks.

The completion of the Transforming Care Together Programme will deliver:

- Clinical, Financial and Societal benefits as determined in the STP and NHP business cases.
- STP (BEACH) - £21.6m cost savings, 5 specialties with quantified benefits, 6 speciality benefits for up to 150,000 patients per year from planned and emergency separation, societal benefits of £11.4m
- NHP funded Schemes - £6.1m of cash releasing benefits, £8.0m of non-cash releasing benefits and £12.2m societal benefits

Together these benefits will deliver the vision and ensure clinically and financially sustainable services for the UHD service users.

Build Ready

As in previous years, the creation of the planned care hospital at Poole and the emergency hospital on the Royal Bournemouth site remains the centre piece of the Clinical 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://www.uhd.nhs.uk). The links on the website layout the changes across all the UHD sites, with funding coming from a range of sources including the New Hospitals Programme, Sustainability & Transformation Programme as well as other capital investment schemes.

The Estates masterplan provides visuals and the timeline for the major changes that complete in 2026/27:

- The first clinical changes commenced in 2023/24 covering Stoke, Cardiology and the opening of the Pathology Hub.
- The next significant changes are planned for the start of 2024/25 when the new catering block will come online.
- The BEACH building will be handed over to the Trust for commissioning in Oct 2024.
- The initial clinical opening of the BEACH building will be in April 2025 providing Births (Maternity), Emergency Care (Royal Bournemouth ED will move into the new facility; however Poole ED will remain the designated Trauma unit), Antenatal, Royal Bournemouth Critical Care will also move into the new facility.
- All other changes including Child Health will move as part of the Major Reconfiguration in Q3 2025/26.

There are other extensive changes across both Poole & Bournemouth including the work related to the New Hospitals Programme, the Wessex Fields Access Road and the commencement of the Clinical Diagnostic Hub (CDC) for Endoscopy in Poole.



In 2024/25, there are five strategic changes:

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



2. **BEACH Building completes** in November 2024, with Trust commissioning finishing by the end of March 2025. The first services will move into the BEACH in April 2025
3. **Wessex Fields Access Road completes** in September 2024, at which UHD staff will be able to enter and exit the site directly from the South Bound Wessex Way carriageway
4. **CDC in Poole commences** in Spring 2024 with plans to complete in early 25/26
5. **New Hospitals Programme (New Ward Block and Catering commences)** is due to complete in November 2025 with commissioning running into December 2025.
6. **Catering.** The Central Production Kitchen (CPK) will be fully open, allowing a totally new, improved catering

offer. This will offer more choice, be more sustainable, provide greater resilience and provide future opportunities for revenue growth by providing catering to partners.

These six significant service changes will happen in 2024/25 but across all our sites, small and medium sized building works in preparation for major reconfiguration in 2025/26 will continue and step up. The enabling works for the New Hospital Programme will continue, and the Full Business Case for the New Hospitals Programme is expected to be approved in the summer of 2024. Other capital projects will also be progressed, including back log 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 Environmental 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, sets out our:

- **Vision** - to provide excellent healthcare to our patients and wider community and be a great place to work, now and for future generations
- **Green objectives** – to deliver healthy lives, a healthy community and a healthy environment.

- **Cornerstone targets** –
 - To reduce UHD’s core carbon footprint to 80% by 2030 (against 1990 baseline) and to net zero by 2040.
 - Carbon footprint plus to be net zero by 2045.
 - To become an excellent rated clean air hospital by 2026, reduce single use plastics, generate zero waste to landfill and consume 100% renewable energy.
 - The trust also uses a sustainable development assessment toolkit with circa 500 criteria and aims to score 100% by 2030.

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

Our Green Plan aligns the Trust with NHS net zero targets. Given the unprecedented nature of the challenges being addressed, the measures taken to achieve the Green Plan and the Green Plan itself will require regular review and revision along this journey.

In 2024/25, we will build on work through 23/24 and continue to give particular focus to three areas:

- **Decarbonisation of the energy consumed by our estate.** This includes major investment to increase the electrical supply capacity, increase renewable generation on site and detailed planning for heat decarbonisation.
- **Green travel.** The delivery of a detailed sustainable travel plan in 2023/24 was a significant milestone. 2024/25 will see the implementation of several projects needed to deliver against this plan. This includes the introduction of Mobilityways which will provide staff with personalised travel plans and provide the trust with a powerful modelling tool to better assess staff travel needs and support them with sustainable travel solutions. Our aim to ensure staff travel is both easier and more enjoyable (as well as cheaper, healthier and greener).
- **Sustainable quality improvement.** During 2023/24, UHD started on our transformational journey to embrace the "Patient First" quality improvement approach, with the first cohort of staff including 200 managers beginning their training. Through 2024/25 we will ensure environmental

sustainability is integrated with Patient First and reconciled with our target to mainstream sustainable quality improvement throughout the trust. Progress is already starting with our Green Theatres work.

The Green Plan is aligned with our work across Dorset ICS, the SW region and fits with our ambitious, but essential, vision for future generations to benefit from our work today.

7. Corporate Governance

7.1 System partnerships

Integrated Care System (ICS)

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

For more detail on the Dorset ICS strategy see website ([link](#)). UHD's contributions are summarised with the driver diagram overleaf.

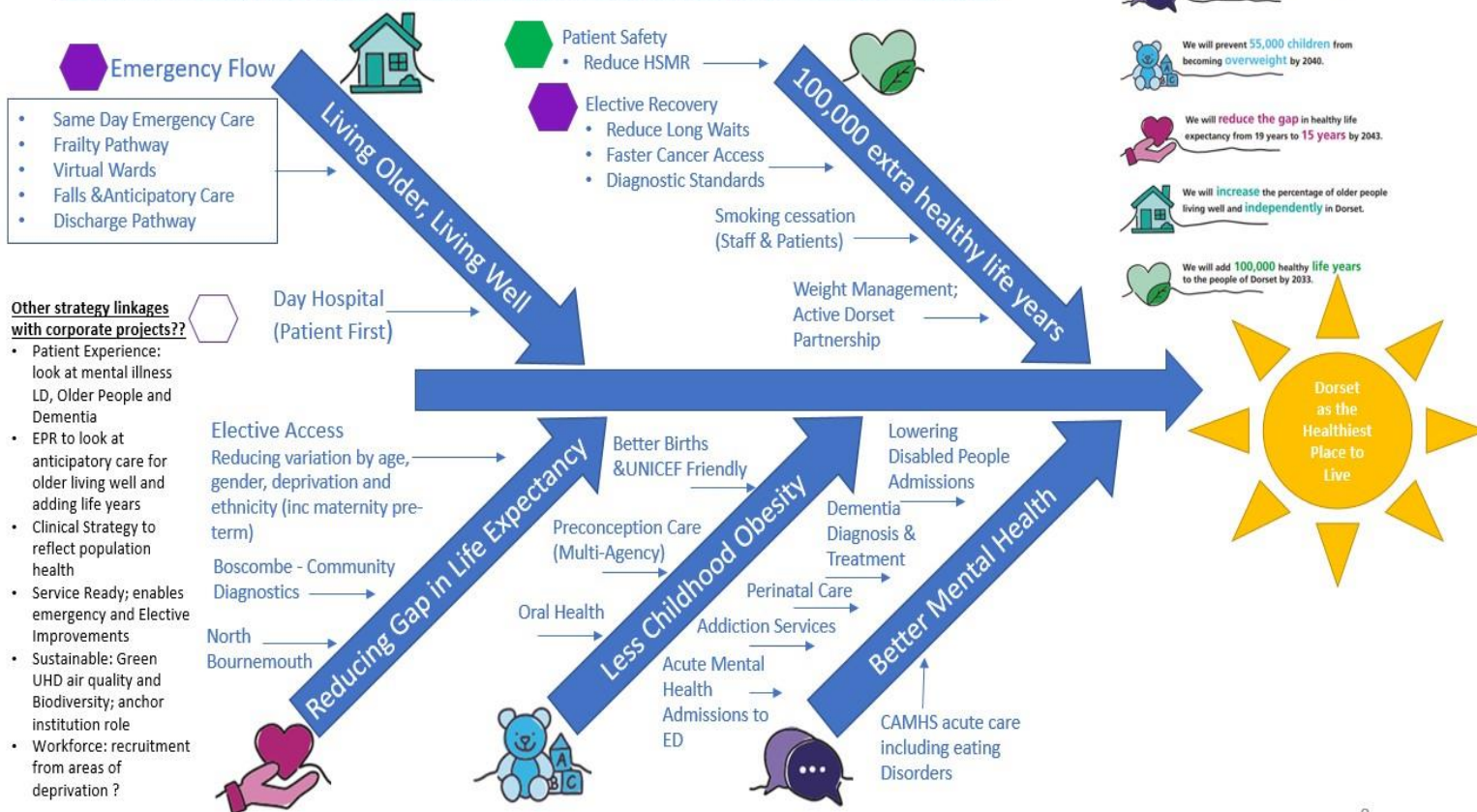
Wider determinants of health

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

University Partnership

A key formal partnership is with Bournemouth University, a highly ranked institution. Over the last three years our partnership has supported education, research, joint appointments and a range of projects, including in leadership development. The strategy will be updated in 2024. One area to explore will be development of a medical school for Dorset, alongside expanding existing programmes including physicians' assistants.

Dorset's Joint Forward Plan: UHD's contribution to Five Pillars



7.2 Membership and Governors

Member Engagement

The Trust currently has over 14,000 public members, with staff and volunteer members being in the region of 10,000. All individuals in our staff constituency automatically become members unless they choose to opt out. In 2024/25, Governors will further develop upon successful events, communication and outreach, supporting their role of representing the interests of members and the public.

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

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

Council of Governors (CoG)

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

- 6 Public Governors from the Bournemouth Constituency;
- 6 Public Governors from the Poole & Rest of Dorset Constituency;
- 5 Public Governors from the Christchurch, East Dorset & Rest of England Constituency;
- 5 Staff Governors, each representing a staff class:
 - Medical and Dental;
 - Nursing, Midwifery & Healthcare Assistants;
 - Allied Health Professions, Scientific & Technical;
 - Administrative, Clerical and Management;
 - Estates and Ancillary Services
- 4 Appointed Governors, each representing a partnership organisation:
 - Bournemouth, Christchurch & Poole Council;
 - Dorset Council;
 - Bournemouth University;
 - University Hospitals Dorset Volunteers

More information about our Council of Governors can be found [here](#)

Informal Groups

The Council of Governors has established four informal groups:

- **Membership & Engagement Group** – a forum for discussion on membership, engagement, development and recruitment of members;
- **Effectiveness Group** – a forum for discussion on the effectiveness of the Council of Governors and to informally oversee the development and implementation of plans to enhance this;
- **Quality Group** – a forum for discussion on matters relating to quality and the Quality Account;
- **Constitution Review Group:** a forum for discussion on matters relating to the review and updating of the Trust's constitution triennially. The process for the constitution review is underway and will conclude in 2024/25.

