

Staff Briefing

21st April 2021

hello my name is...

David Moss
Chairman



Debbie Fleming
Chief Executive

Welcome
David Moss

Contents

Thank you

Update on Covid-19

Performance

Elective Recovery

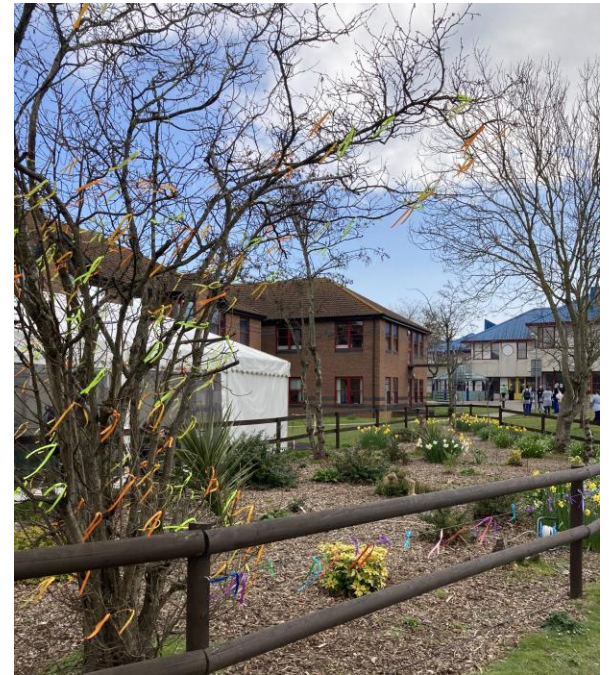
Developing our Organisation

Transformation Programme (inc. estates changes)

Questions & Answers

A huge THANK YOU for everything that you do

- Tuesday 23rd March 2021 – service of reflection across all 3 sites
- Our ribbon trees look beautiful and remind us of the very human cost of this pandemic – both personally and professionally
- If you haven't had chance to do so, please do add a ribbon to one of our trees at Christchurch, Poole and/or the Royal Bournemouth



Chief Executive Updates

Debbie Fleming

Covid-19

- **Fall in infection rates and covid admissions** – real cause for optimism after the sustained pressure across all our hospital sites
 - BCP Council: 12.1 (case rate per 100,000)
 - Dorset Council: 15.3 (case rate per 100,000)
- **Significant milestone in the national Covid roadmap** – much welcomed opportunity to do more with our family & friends
- **Vaccination programme** – vast majority of our staff have now had their second dose and the rollout across our region has also been very encouraging
- **Shielding staff** – we have been delighted to welcome back many of our staff who have been shielding

Current UHD Position

Select all PHT RBCH

Bed state (PHT) @ 08:00 + 19

OPEL 3

Bed state (RBCH) @ 06:00 + 74

OPEL 2

Inpatients

Poole data: TelePath / CPI Flags Updated: 07:59
Bournemouth data: TelePath / CPI Flags Updated: 07:59

Positive Cases

Currently Admitted
Covid-19 Positive
Patients

4

Area	Positive patients
RB21 - RBH - WARD 21	2
B3T - B3 TRAUMA (B3)	1
XMAC - XCH - MACMILLAN UNIT	1

Cumulative cases
3300

Cumulative discharges (excl. deaths)
2513

Cumulative deaths
782

Currently Admitted
Awaiting Results

3

Currently Admitted
Negative Only Cases

872

Inpatients on a Covid-19 pathway
(Current Positive + Current Suspected)

4

Last 24 hours

Diagnosed yesterday	Diagnosed today	Admitted yesterday	Admitted today	Discharged yesterday	Discharged today
1	0	1	0	2	0

Critical Care

Poole data: ICIP Updated: 07:59
Bournemouth data: ICIP Updated: 07:59

Green Zone	Level 1	Level 2	Level 3	Total occupied	Total beds
	0	7	7	14	15

Blue Zone	Level 1 (Covid)	Level 2 (Covid)	Level 3 (Covid)	Total occupied	Total beds
	0	0	0	2	16
	Level 1 (non-Covid)	Level 2 (non-Covid)	Level 3 (non-Covid)		
	0	1	1		

Staffing

Poole data: HealthRoster & ESR Updated: 20/04 08:10
Bournemouth data: HealthRoster & ESR Updated: 20/04 08:10

Staff absence reason last 30 days



Shielding 8
Isolating 36
Symptomatic 38

- ☐ Select all
- ☐ Add Prof Scientific and Technic
- ☐ Additional Clinical Services
- ☐ Administrative and Clerical
- ☐ Allied Health Professionals
- ☐ Estates and Ancillary
- ☐ Healthcare Scientists
- ☐ Medical and Dental
- ☐ Nursing and Midwifery Registered
- ☐ Students

Phase 3 Recovery: Summary Position

		October '20 Merged Position	November '20 Merged Position	December '20 Merged Position	January '21 Merged Position	February '21 Merged Position	March '21 Merged Position
RTT ~ TOTAL	%	60.4%	63.4%	64.8%	63.0%	59.3%	58.2%
	Incomplete pathways	44320	44349	44117	44615	45524	47133
	>52 weeks	2998	3242	3439	4273	5325	5595
	> 78 weeks	92	149	291	542	726	979
	>104 weeks	0	0	0	0	0	0
RTT ~ Admitted	%	40.4%	42.6%	44.4%	41.5%	37.2%	36.1%
	Incomplete pathways	11642	11497	12136	12779	13105	13165
	>52 weeks	2184	2464	2590	3065	3612	3657
	> 78 weeks	86	147	272	510	680	866
	>104 weeks	0	0	0	0	0	0
RTT ~ Non-Admitted	%	67.5%	70.7%	72.6%	71.6%	68.2%	66.8%
	Incomplete pathways	32678	32852	31981	31836	32419	33968
	>52 weeks	814	778	849	1208	1713	1938
	> 78 weeks	6	2	19	32	46	113
	>104 weeks	0	0	0	0	0	0
DM01	% > 6 weeks	9.78%	1.43%	2.70%	6.41%	5.90%	2.90%
	No. patients >= 13 weeks	196	27	41	48	31	29
	% >= 13 weeks	3.31%	0.43%	0.66%	0.82%	0.47%	0.40%
ED	Mean time	219	224	248	262	228	205
Ambulance	60 minute handover breaches	48	57	103	203	36	20
	Average ambulance handover - PH	14.4	17.6	17.0	20.7	16.9	15.5
	Average ambulance handover - RBH	16.9	14.8	19.8	23.8	14.3	14.2
Cancer	2 week wait	80.4%	74.23%	81.2%	75.4%	91.0%	93.3%
	62 day	70.9%	80.30%	73.9%	76.0%	71.6%	80.0%
	Faster Diagnosis	76.4%	76.20%	77.7%	72.5%	80.2%	83.8%
	Backstops (104)	7	3	2	9	7	9
OP Backlog	*snapshot on last Monday of the month	13710*	13039*	13606*	14967*	15775*	15745*
Activity recovery (% variance vs 2019/20)	First OPS	99%	105%	92%	87%	85%	109%
	F/U	88%	98%	78%	73%	80%	100%
	Day case	93%	98%	85%	62%	67%	95%
	Elective	91%	84%	69%	33%	43%	71%
	Endoscopy	74%	81%	76%	63%	71%	83%

x

✓

✓

✓

✓

Recovery

- Due to the pandemic, we have had to delay lots of routine operations and procedures for many different reasons:
 - Redeployment of theatre staff
 - Use of theatre space to create additional ICU beds
 - IPC measures have impacted on throughout in theatres
- We have done an incredible job maintaining essential services and ensuring that clinically urgent patients were still able to access treatment
- However, given all the challenges we have inevitably seen an increase in the number of patients waiting for treatment and **our focus must now be on tackling our growing waiting lists**
 - The health and wellbeing of our staff will remain “front and centre” of all our plans

Health and Wellbeing of our Workforce

Compassionate Leadership

- expressions of gratitude
- universal offer
- health and wellbeing at heart of conversations
- *'no service recovery without people recovery'*
- strong voice of staff

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

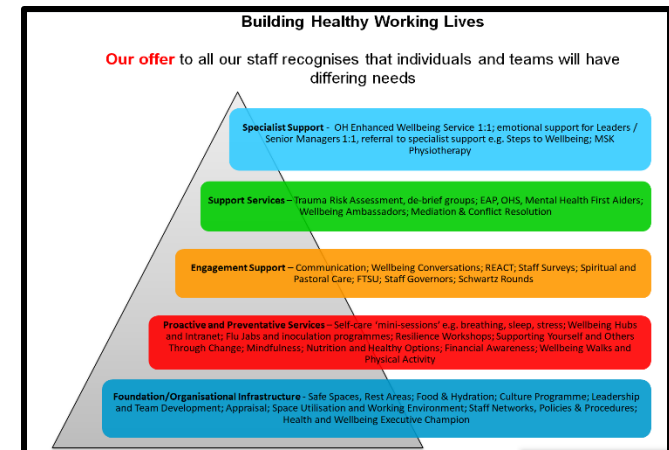
Space and Resources to Recover

- time for reflection
- a collective drive on improving working lives and basic work conditions
- safe spaces and rest areas, including access to nutritious food at night



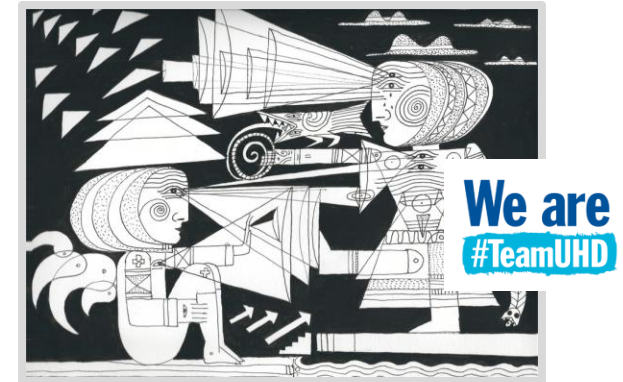
Systemic Wellbeing Offer

- supporting line managers – they place a critical role in supporting their staff and identifying those at risk
- a more preventative and proactive role for occupational health
- health and wellbeing guardians (*People Plan* imperatives) ; annual leave flexibility



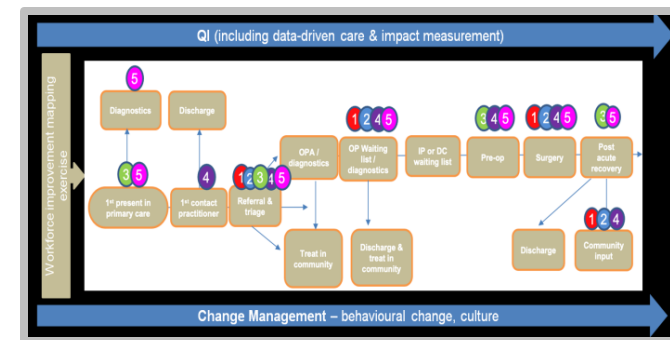
Teams are Everything

- 'home team' bonding and support
- opportunities for social interaction to (re)-build team cohesion
- space and time to meet for reflection and learning
- multi-disciplinary where diversity is valued



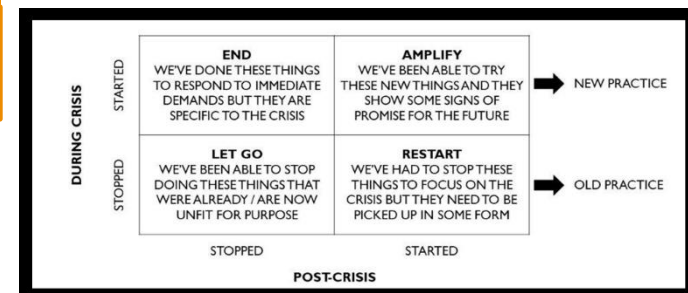
Workforce Supply

- gap between supply and demand - creates additional stress for staff
- Working to accelerate recruitment
- targetted work on retention
- new ways of working



Transformation with System Collaboration

- Working to ensure that all creative thinking and practice is built into our work as clinical pathways come back online
- Building on innovative practice, not just "going back" to what was there before

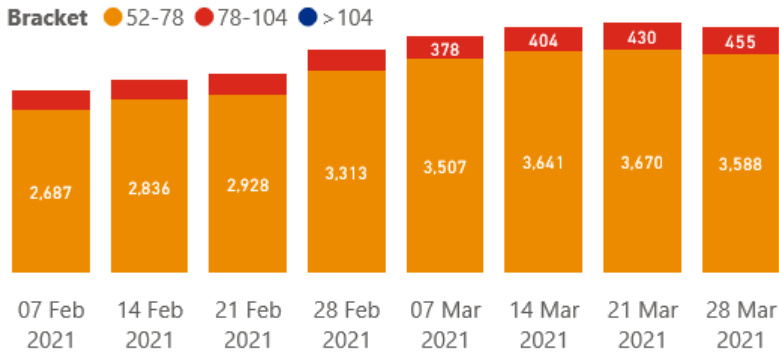


Our story through numbers...

First non-admitted waiting list size

UHD	31,539	31,660	31,500	32,096	32,408	32,467	33,478	33,771
DCH	12,524	12,708	12,708	12,759	12,763	12,865	12,989	13,127

Over 52 weeks by month



Waiting List			
Active	(admitted & non admitted)		
Planned			
Follow up Outpatients			
Total			

RTT

System	% of WL > 52 weeks				
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
BSW	3.39%	3.57%	4.11%	5.39%	6.63%
BNSSG	3.90%	4.79%	6.27%	7.99%	9.69%
Glos	2.31%	2.59%	3.05%	4.04%	4.73%
Somerset	5.92%	6.16%	6.47%	8.95%	10.95%
Dorset	8.32%	8.84%	9.51%	11.38%	13.58%
Devon	5.51%	6.61%	7.37%	8.43%	10.14%
Cornwall	1.44%	1.65%	2.00%	3.75%	4.76%
South West	4.62%	5.25%	6.02%	7.48%	9.02%

Waiting longer times for appointments

Increasing patient numbers waiting



Clinically Led Validation

Digital communication system to determine patients' status to validate waiting lists
+
Clinical and Admin validation

Automatically switch to another channel if the patient is not digitally enabled



Active Planned & OP follow up

Optimised Capacity & Virtual First

Pathway design

Maximise internal capacity



Use of Independent Sector

Supported self-management

Health & care video library and app



ORCHA

Virtual consultations



Video consultation weekly average = 380

Advice and guidance

Written A&G (via eRS)



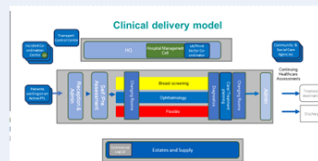
Telephone A&G (via Consultant Connect)

Theatres Improvement

Effective pre-op assessment, avoidance of on the day cancellations and efficient theatre session and workforce planning

Outpatients Transformation

Think Big



Patient initiated follow-up, Robotic Process Automation

Business Intelligence and population health

High quality data and intelligent reporting

Demand and capacity planning



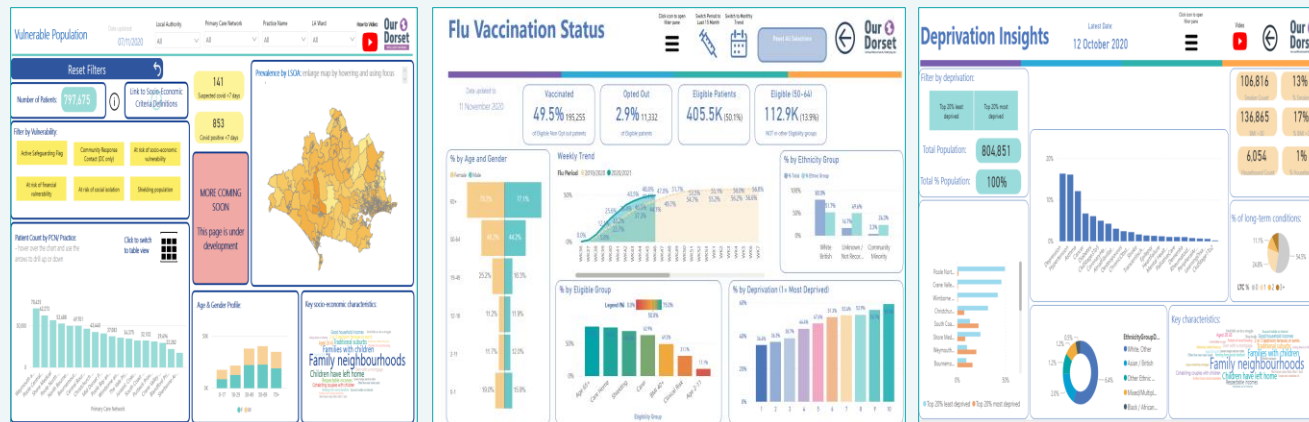
Understanding Health Inequalities

PAS migration

Dorset Intelligence & Insight Service supporting the inequalities agenda

Demographic markers such as gender and ethnicity have been added into DiiS tools to support Dorset's response to the COVID pandemic. This has highlighted the health inequalities experienced throughout the pandemic. The analytics are interactive and filterable by a number of metrics including deprivation, such as most and least 20% deprived, as well as other vulnerabilities including risk of social isolation, unhealthy behaviours and active safeguarding flags. A live view of our flu vaccination status is informing the winter flu campaign informing comms strategies as well as helping clinicians to target hard to reach populations.

“The depth and quality of data now available in one place is astounding.”



Looking to make better use of business intelligence and population health data – so that we can be more effective at tackling health inequalities

“Clinicians are delighted that the data doesn’t give you answers. It helps you refine your questions. The amount of effort people gave to responding to those questions ... I’ve seen that happen in the past, but not at this scale.”

Streamline Pathways and Processes

- ✓ Blue/green pathways
- ✓ Frailty pathway restored
- ✓ Trauma Assessment Unit
- ✓ UHD-wide & centralised admission pathways
- ✓ Operational flow and escalation

Optimise Care Closer to Home

Admission avoidance & Advice & guidance

NHS 111 First



Consultant Connect

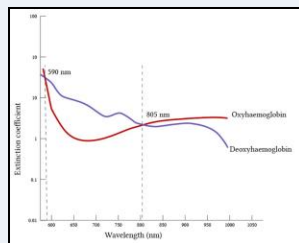


Same Day Emergency Care (SDEC)



Primary & Community Care

e.g. Pulse oximetry @home



Discharge pathways

Discharge to assess



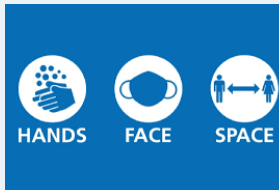
Home first

Home First
Discharge from hospital and recovery at home



Capital works and improved environments

Infection Prevention & Control



Estate improvements



=
Safe care, pathways & flow

Timely ambulance handovers

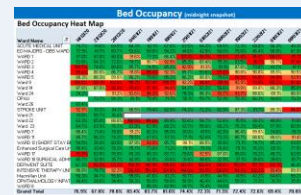


Modelling and tracking bed capacity

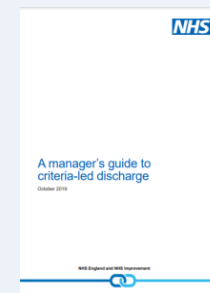
Optimising bed occupancy



Operational flow and capacity



Criteria to reside



Developing our organisation

- **6 months on from merger** – we have achieved so much together
- Established a clear vision, mission statement and publicised set of values
- Established our Board, Council of Governors, Executive team and Care Groups
- Brought together a number of our corporate teams and functions
- Just finished our Tier 3 consultation – feedback with those affected taking place this week
- Officially launched our new University Hospitals Dorset NHS Charity
- Shall continue to join up teams and develop our new organisation over the coming year so we really do feel like one UHD team
- At the same time, we shall continue working with our local partners to develop and strengthen our Dorset Integrated Care System (ICS)

UHD Vision, Mission & Values

Our **vision**

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

Our **mission**

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

Our **values**

We are **caring** We are **one team** We are **listening to understand**

We are **open and honest** We are **always improving** We are **inclusive**

UHD Strategic Objectives

Our strategic objectives

Be a great place to work

2021/22: nurturing staff wellbeing; having meaningful appraisals; acting on staff feedback; progressing People Strategy; championing equality, diversity and inclusion

Use our resources well

2021/22: restoring our clinical services; achieving our budget; maintaining consistent standards of care; starting our Green Plan

Continually improve quality

2021/22: delivering our priority clinical improvement programmes; transforming outpatient pathways; improving elective and emergency care services; discharging patients who are medically ready as quickly as possible

Be a well led and effective partner

2021/22: communicating more; fostering culture of improvement; developing our leadership; partnering with Bournemouth University

Transform our services

2021/22: creating emergency and planned hospitals; taking forward Health Infrastructure Plan; developing our role in Dorset Integrated Care system; implementing digital transformation strategy

Transformation Programme

Richard Renault

Whistle stop tour

- Post merger quick survey
- Green UHD
- Quality Improvement
- Building works at Poole and RBH
- University partnership & Wessex Fields

Want to know more? – contact me

richard.renaut@uhd.nhs.uk

Share your views on the trust since merger

Published in the staff bulletin last Friday

Please see the link below for quick survey

<https://www.surveymonkey.co.uk/r/5QLYDRG>

Green UHD

- 1st Oct 2020 UHD is formed on the same day NHS England & NHS Improvement publish a watershed report: Delivering a 'Net Zero' National Healthcare Service. This recognised that the Climate Emergency is a Health Emergency as more extreme weather, infections and poor air quality all make health worse.
- Ambitious UHD Green Plan is being drawn up for Net Zero challenge (see next slide).
- UHD Green Plan also incorporates new levels of ambition for air quality, the Trust's contribution to the UN Sustainability Development Goals and responsible use of resources included plastic, energy and water.
- 1st Draft of UHD Green Plan will be shared for feedback and amendments, prior to Board of Directors approval on 26th May.
- As well as Trust wide actions there will be things every individual can do (how we travel, what we eat, separating our waste, if we turn off power etc).
- Sustainability communications plan and staff engagement planning is underway. If your team would like a presentation about Green UHD/ "GUHD" (a.k.a. GOOD) please email : **GreenUHD@uhd.nhs.uk**

Green UHD – Overview of Structure

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

Healthy Lives,
Healthy Community
Healthy Environment

Cornerstone Targets

Net Carbon Zero (core -80% by 2030, -100% 2040; Footprint+ 2045)
Clean Air Hospital "Excellent" by 2026
Sustainability Goal score - 100% by 2030
Use of resources: single use plastic, water, waste & energy targets
Staff empowered and leading the changes

10 Areas of Activity in 3 groups, supported by the Corporate Approach

Asset Management & Utilities
Sustainable Use of Resources
Carbon/Greenhouse Gas



Capital Projects
Climate Change Adaptation
Green space & Biodiversity



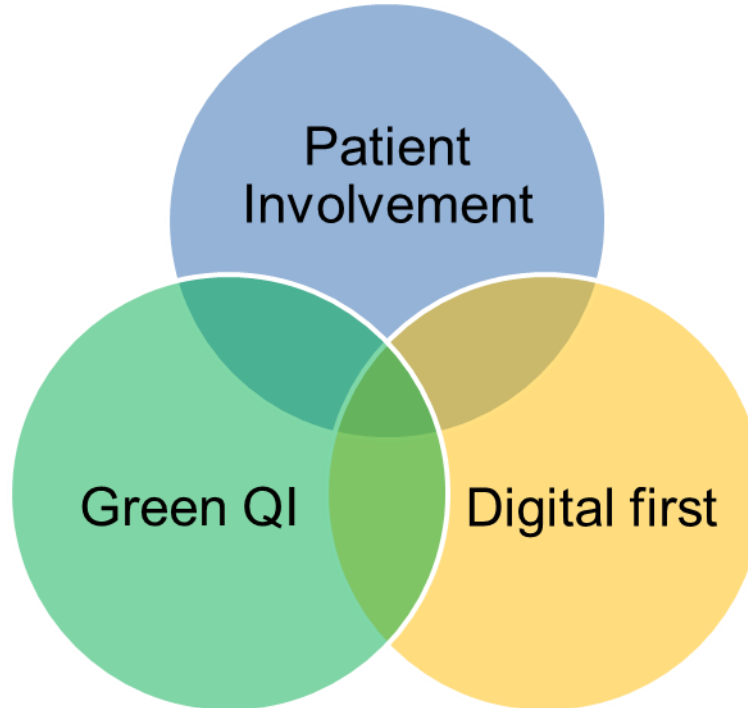
Sustainable Care Models
Travel and Logistics
Our People

Sustainability actions, processes & projects tracked by NHS sustainability assessment tool and UN Sustainable Development Goals

The UHD Quality Improvement (QI) Strategy

To become a continually improving and learning organisation

**Three
foundations for
quality
improvement**



Strategic Aims

Leadership, governance and culture

Aim: To embed senior support and leadership for QI underpinned by robust governance and an improvement culture

Vision and buy in

Aim: To raise awareness of the QI approach and support early delivery

Improvement skills and infrastructure

Aim: To deliver training and development to staff to enable delivery of QI projects

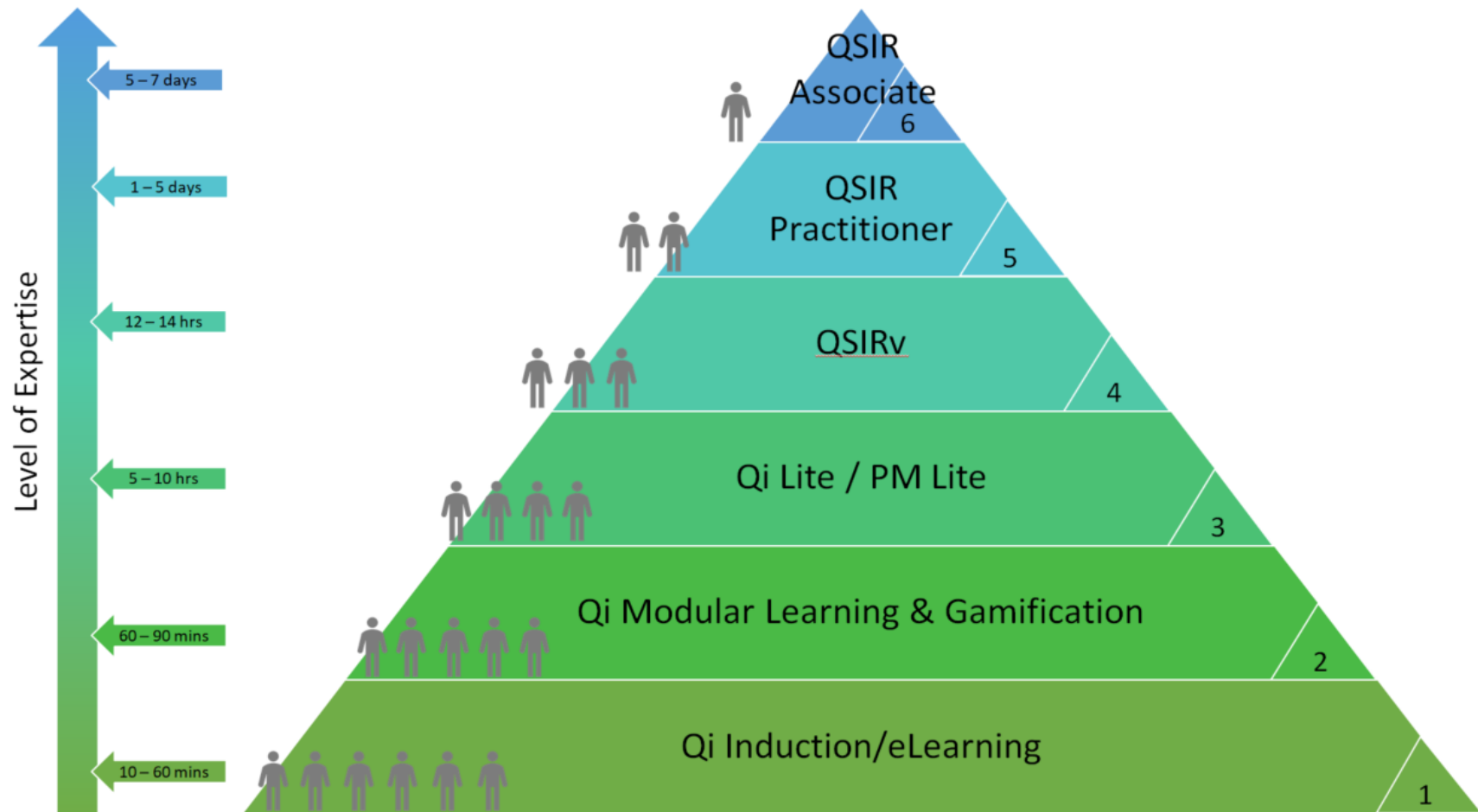
Aligning activity

Aim: To embed improvement approaches across all UHD activities

Sustain and spread

Aim: Hold our QI gains and spread improvement.

QI Training Plans



QI Strategy Summary

How UHD can become a continuously improving organisation



Adapted from 'The improvement journey – Health Foundation 2019'

It's a building site!



Travel wise support

- Non-permit staff parking will be reduced as Covid measures wind down
- Free parking ends in September
- Busy staff carparking (+100 spaces at Littledown)
- Active travel support & advice
- Discounted bus passes
- Cycle discounts
- Continue some home/mobile working

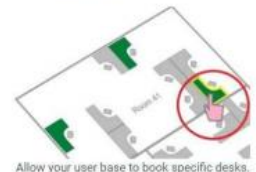
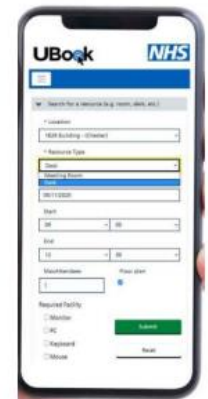
Researching the best practice for good working conditions – developing our plans to be a good place to work.

Desk Booking System: UBook

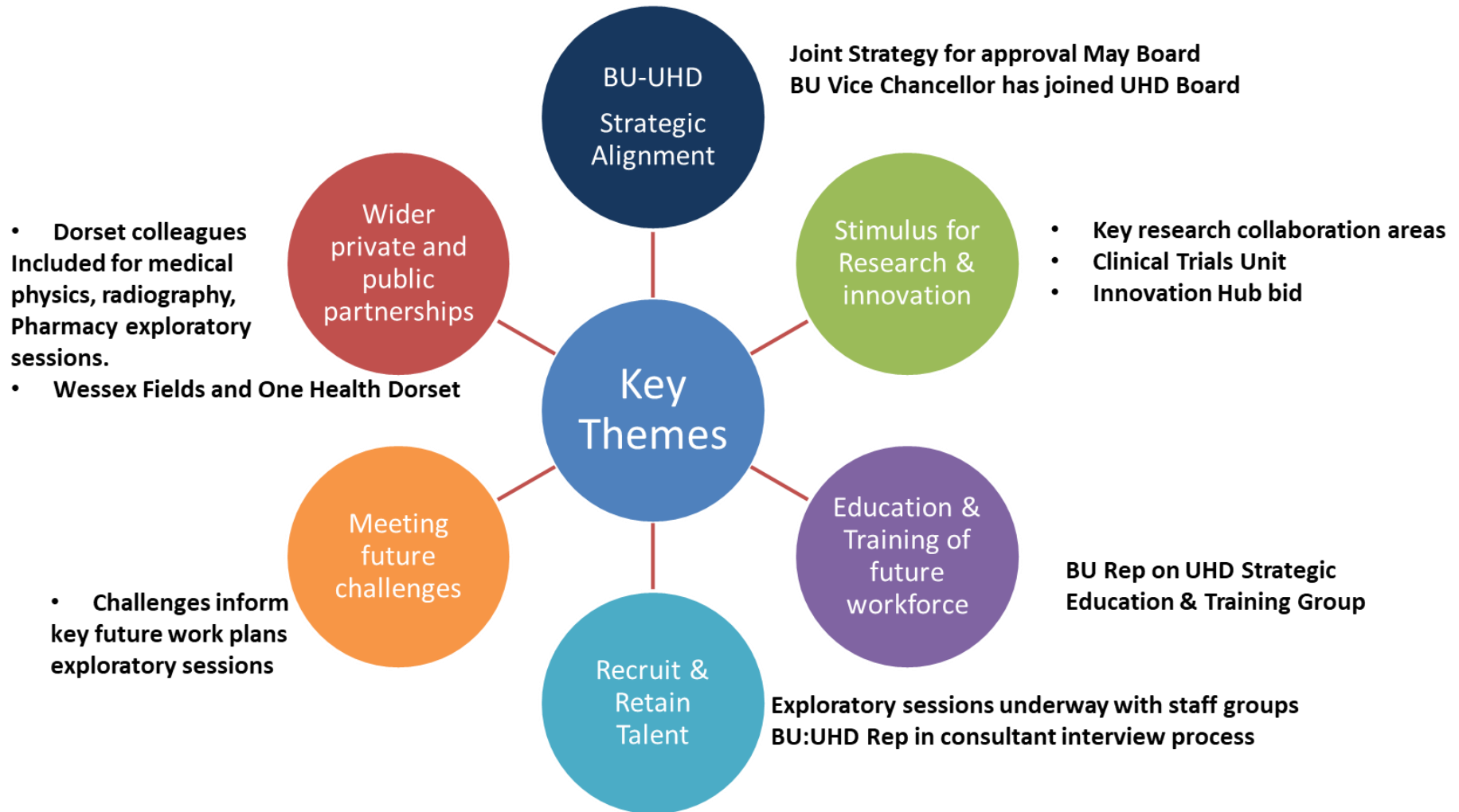
- State-of-the-art Room and Hot Desk booking system, designed for NHS organisations
- Developed by NHS Midlands and Lancashire Commissioning Support Unit
- Recognising fellow NHS organisations' cost pressures, offers tiered pricing.
- System purchased and trial version going live in April 21

Key points:

- Book rooms and hot desks in seconds
- Built-in control of social distancing
- Informs NHS organisations' return to work estates planning post-lockdown
- Quick, reliable, no limits
- Works great on desktop, iPad, smartphone
- Designed by the NHS for the NHS.



Bournemouth University Partnership

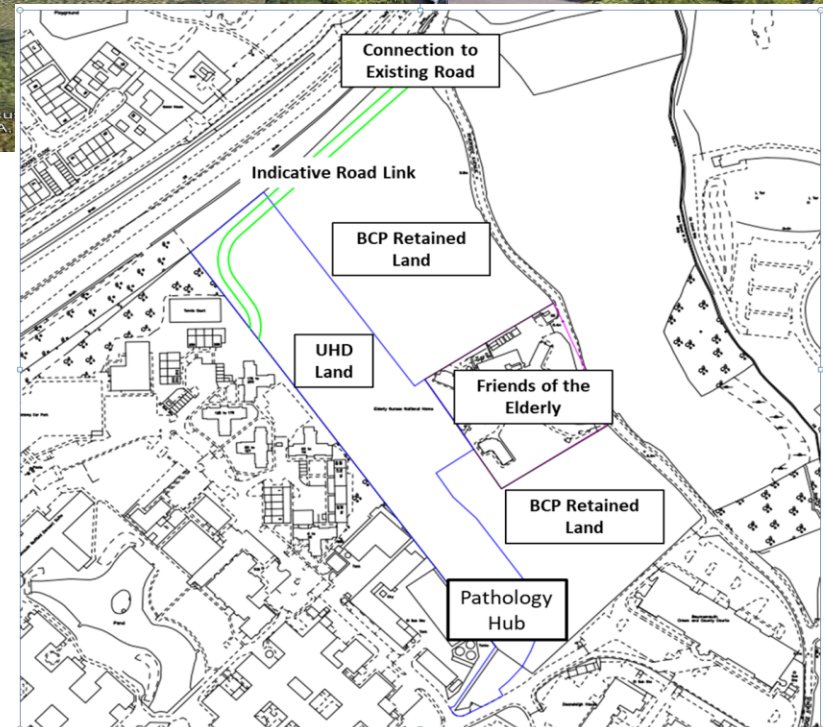


Wessex Fields

Royal Bournemouth Hospital



Dorset Pathology Hub



Questions & Answers

Please use the Q&A bar to submit any questions



Over to you