

# Developing our clinical strategy 2025-2035

Update – Health & Adult Social Care Overview & Scrutiny Committee 02.03.2026



Peter Wilson Chief Medical Officer  
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# Introduction

- Dorset's NHS is changing, to improve
- UHD is nested within the wider health & care system, and we need each other to succeed
- "We are UHD" sets out our contribution, strategic themes and progress to date
- Our emerging clinical strategy – Process, priorities and discussions to come

# We Are UHD

## Our Trust Strategy 2026-2031

If one word describes our strategy for UHD, it's 'ambitious'.

We are setting out our vision and practical steps for the next five years and how we'll further develop over the next 10 years.

Our goal is to work with our local communities and partners to make Dorset the healthiest place to live in the UK. We will also provide excellent care to our patients and make UHD a great place to work.



We hope you'll join us on our journey.

**Siobhan Harrington**  
Chief Executive



# Our goals and how we will achieve them



▲ Many areas have improvement huddles to track progress

Our strategy isn't just nice words on a page, it is a roadmap to success. Our Trust uses Patient First to empower all colleagues and teams to get involved and be part of our improvement.

We have five long term objectives and every month we track our progress against these.

Strategic Theme	Strapline	Vision <b>LONG TERM</b>	Strategic Goal <b>MEDIUM TERM: 3 - 5 YEARS</b>	Breakthrough Objective <b>SHORT TERM: 1 YEAR*</b>
<b>POPULATION AND SYSTEM</b> <i>Mark Mould</i>	"See patients sooner"	Consistently delivering timely, appropriate, accessible care as part of a wider integrated care system for our patients.	<ul style="list-style-type: none"> <li>Meeting the patient national constitutional standards for Planned and Emergency care, reducing inequalities in outcome and access and improving productivity and value</li> </ul>	<ul style="list-style-type: none"> <li>To achieve 100% weighted value elective activity against the 2019/20 baseline, including specialist advice and guidance</li> <li>No more than 66.1% of patients on incomplete RTT pathways should have been waiting more than 18 weeks (18 week RTT) for treatment</li> <li>&gt;78% of patients to be treated within 4 hours through the emergency care pathway</li> </ul>
<b>OUR PEOPLE</b> <i>Melanie Whitfield</i>	"Be a great place to work"	To be a great place to work, attracting and retaining the best talent.	<ul style="list-style-type: none"> <li>Significantly improved staff experience, engagement and retention</li> <li>NHS Staff Survey results in top 20% of comparator Trusts</li> </ul>	To deliver improvements in the NHS Staff Survey Results for: <ul style="list-style-type: none"> <li>"I would recommend my organisation as a place to work" &gt; 65%</li> <li>Staff Engagement Score &gt; 7.1 / 10</li> </ul>
<b>PATIENT EXPERIENCE</b> <i>Sarah Herbert</i>	"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.	<ul style="list-style-type: none"> <li>Rated as Outstanding by CQC as Caring</li> <li>Over 80% of our employees see patient care as a top priority for UHD</li> <li>In the top 20% of NHS Acute Hospital Trusts on the 'overall experience' section in all CQC national surveys</li> </ul>	<ul style="list-style-type: none"> <li>100% of complaints to be closed within 35 days, with associated action plan</li> <li>Increase the number of Early Resolution of complaints by 20%</li> <li>Reduce the number of complaints received per 1,000 contacts for clinical services by 10% from baseline</li> </ul>
<b>QUALITY OUTCOMES AND SAFETY</b> <i>Peter Wilson</i>	"Save lives, improve patient safety"	To be rated the safest Trust in the country and be seen by our staff, as an outstanding organisation for effectiveness (Hospitalised Standardised Mortality Ratios – HSMR) and patient safety (Patient Safety Incidents - PSIs).	<ul style="list-style-type: none"> <li>In the top 20% of trusts in country for Hospitalised Standard Mortality Ratios (HSMR)</li> <li>Rated as Outstanding by CQC for Safety</li> <li>Decrease severe/moderate harm Patient Safety Incidents (as a ratio of all incidents) by 30%</li> <li>Over 80% of employees believe the Trust promotes a safety culture</li> </ul>	<ul style="list-style-type: none"> <li>To statistically reduce our rate of Falls per 1,000 bed days</li> <li>To ensure the % of patients given timely VTE prophylaxis is 95% or higher</li> <li>To statistically reduce the rate of pressure ulcers (hospital acquired) per 1,000 bed days</li> <li>Doctors to achieve 100% compliance in eMortality reviews</li> </ul>
<b>SUSTAINABLE SERVICES</b> <i>Pete Papworth</i>	"Use every NHS pound wisely"	To maximise value for money enabling further investment and sustainability in our services to improve the timeliness and quality of care for our patients, and the working lives of our staff.	<ul style="list-style-type: none"> <li>Return to recurrent financial surplus from 2026/27</li> <li>Rated as Outstanding by the CQC for our Use of Resources</li> <li>Achieve our Green UHD goals of sustainability for people and planet, and 80% carbon reduction by 2030</li> </ul>	<ul style="list-style-type: none"> <li>To fully deliver the budgeted Efficiency Improvement Programme target with at least 80% achieved recurrently</li> <li>To have reconfiguration efficiency plans in place</li> </ul>

## Major change projects

UHD has an ambitious set of major change projects to help us achieve our goals. These include:

- 'Transforming Care Together', a £550m investment in our services to create our emergency hospital at Royal Bournemouth and the UK's largest planned care hospital at Poole.
- 'Healthset', our £280m new electronic health record linking records across Dorset and Somerset.

For further information on our objectives and projects see our [2025-26 Operational Plan](#).



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

# UHD Supporting strategies

We have a number of strategies that support our strategic themes. You can find out more via the links below.

<b>Continuous improvement</b>	<a href="#">Patient First Improvement Strategy 2023-26</a>
<b>Population and system</b>	Urgent and Emergency Care Delivery Plan, Site Specific Cancer Plan, Elective Care Delivery Plan
<b>Our people</b>	<a href="#">People and Culture Strategy 2024-27</a>
<b>Patient experience</b>	<a href="#">Patient Engagement and Experience Strategy</a>
<b>Quality outcomes and safety</b>	Quality and Safety Strategy, Clinical Strategy (under development)
<b>Sustainable services</b>	Medium Term Financial Plan, Green Plan, Estates Masterplan

## Working with partners

UHD is an active part of Dorset Integrated Care System. Our shared strategies include:

- [Dorset ICB Strategy](#)
- [Dorset ICS Digital Strategy](#)
- Innovation Strategy - [Wessex Health Partners](#)
- [Bournemouth University - UHD Partnership Strategy](#)
- Dorset Clinical Services Review

We work with our partners, staff and the public to deliver the priorities outlined in Dorset's Joint Forward Plan 2023-28. Key partner strategies include:

- [BCP Council Corporate Strategy](#)
- [Dorset Council Plan](#)
- [Dorset County Hospital / Dorset HealthCare NHS FT Joint Strategy](#)
- [South Western Ambulance Service NHS FT Strategy](#)

Joint Forward Plan:  
2023-2028

**Dorset**



We will **improve** the lives of 100,000 people impacted by poor mental health.



We will **prevent** 55,000 children from becoming **overweight** by 2040.



We will **reduce** the gap in healthy life expectancy from 19 years to **15 years** by 2043.



We will **increase** the percentage of older people living well and **independently** in Dorset.



We will add **100,000 healthy life years** to the people of Dorset by 2033.



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# Our patients' voice

We actively work with our patients and public to codevelop our services and identify areas for improvement. Our patients are involved in numerous activities, informing our teams how their care should be delivered and giving their valuable insights into service redesign. Consultation on the NHS 10 Year Plan, patient surveys and the '100 Voices' project are three examples. Below are representative patient comments:.

- “A future NHS should be Safe, Effective and Efficient”
- “Patients need to be listened to, trusted and included in discussions and decisions around care”
- “Services should focus on providing easier and earlier access to support”
- “Services need to work together so carers don't have to keep repeating the same story”
- “Services need to provide appropriate information, tools and techniques to empower people to self-manage their own conditions”
- “By taking part in research, we hope we can help future patients”



## Our staff voice

Engaging with our colleagues is key to uniting our workforce behind our vision and making our Trust a great place to work.

Our staff tell us they:

- feel safe to report concerns
- want to work in an effective team with strong working relationships
- want to be told about the difference their feedback makes

Staff engagement and creating a positive work environment are crucial to delivering the highest quality patient care. The Trust's NHS Staff Survey results show areas for improvement, such as being informed enough about service changes, wellbeing offers or development opportunities. We intend to change this by progressing the NHS People Promise.



# People Promise



## UHD now...



## Fact file

- We serve over 750,000 local residents plus visitors, with one of the oldest populations in the UK
- We have almost 10,000 staff, and spend £900m
- We are part way through our £550m capital rebuild programme
- Each year we assess around 160,000 patients in our Emergency Departments, help deliver more than 3,500 babies, perform over 98,000 day case treatments, and care for more than 635,000 people in our outpatient clinics
- We are one of largest hip and knee replacement centres in Europe
- We are the largest non-surgical cardiac unit in the UK
- We deliver the 14th highest number of cancer treatment pathways in England
- Over 3,900 of our patients have been recruited to 37 different research studies via our UHD Research Hub
- We support the training of 100s of students each year via partnerships with Bournemouth University and other local Higher Education Institutions

## ...and planning our future

Over the next three years we will progress towards our goals. This will be assisted by working with partners to complete:

- Our service reconfiguration, delivering our planned and emergency hospitals.
- Our digital system upgrade by 2028.
- Embedding Patient First continuous improvement methodology across our organisation.

We will become a very different organisation, so we are taking time to review our long term vision. Work with patients, volunteers, public, staff and partners will develop the next chapter of our clinical strategy.

This work is informed by the government's [10 Year Health Plan for England](#). This describes the three major shifts needed in how we deliver healthcare:

**1** From hospital to community: developing our neighbourhood health services.

**2** From analogue to digital: delivering power in the patient's hands.

**3** From sickness to prevention: giving people the power to make the healthy choices.

We will pull these together as a draft clinical strategy by spring 2026. This will be overseen by our Board and our Council of Governors. This will then inform our next stage of engagement.

### To get involved:

- [Become a member of our UHD Foundation Trust](#)
- [Volunteer at UHD](#)
- Contact a UHD governor via **uhd.company.secretary-team@nhs.net**
- Or send us your comments via **uhd.communications@nhs.net**

## We are already delivering our strategy

### Population and systems

- Our Beach moves are enabling better maternity, emergency and critical care
- Numbers on our waiting lists are down and waits for appointments have reduced
- Access to our diagnostics have improved
- Reduced unnecessary stays in hospital
- We support our Veteran community
- We have improved support for our global majority patients



### Great place to work

- We shine a spotlight on colleagues working hard improve their services
- We celebrate Team UHD at our annual UHD Staff Awards
- Our wellbeing service supports colleagues to Thrive
- We have more permanent staff with less reliance on temporary agency staff



### Patient experience

- Cancer patients rate our services much better than others
- We have improved patient parking and promote sustainable transport
- We are leading the way in stroke research



### Safety

- Our Patient Safety Incident Response Framework promotes compassionate conversations
- Our mortality rates are better than expected
- Our maternity safety programme is complete
- We have introduced new beds and mattresses



### Sustainability

- We have lived within our means for all five years since UHD started
- We have cut carbon and energy costs e.g. £1.3m solar panel funding awarded to University Hospitals Dorset
- We have one of the most improved productivity results in the NHS

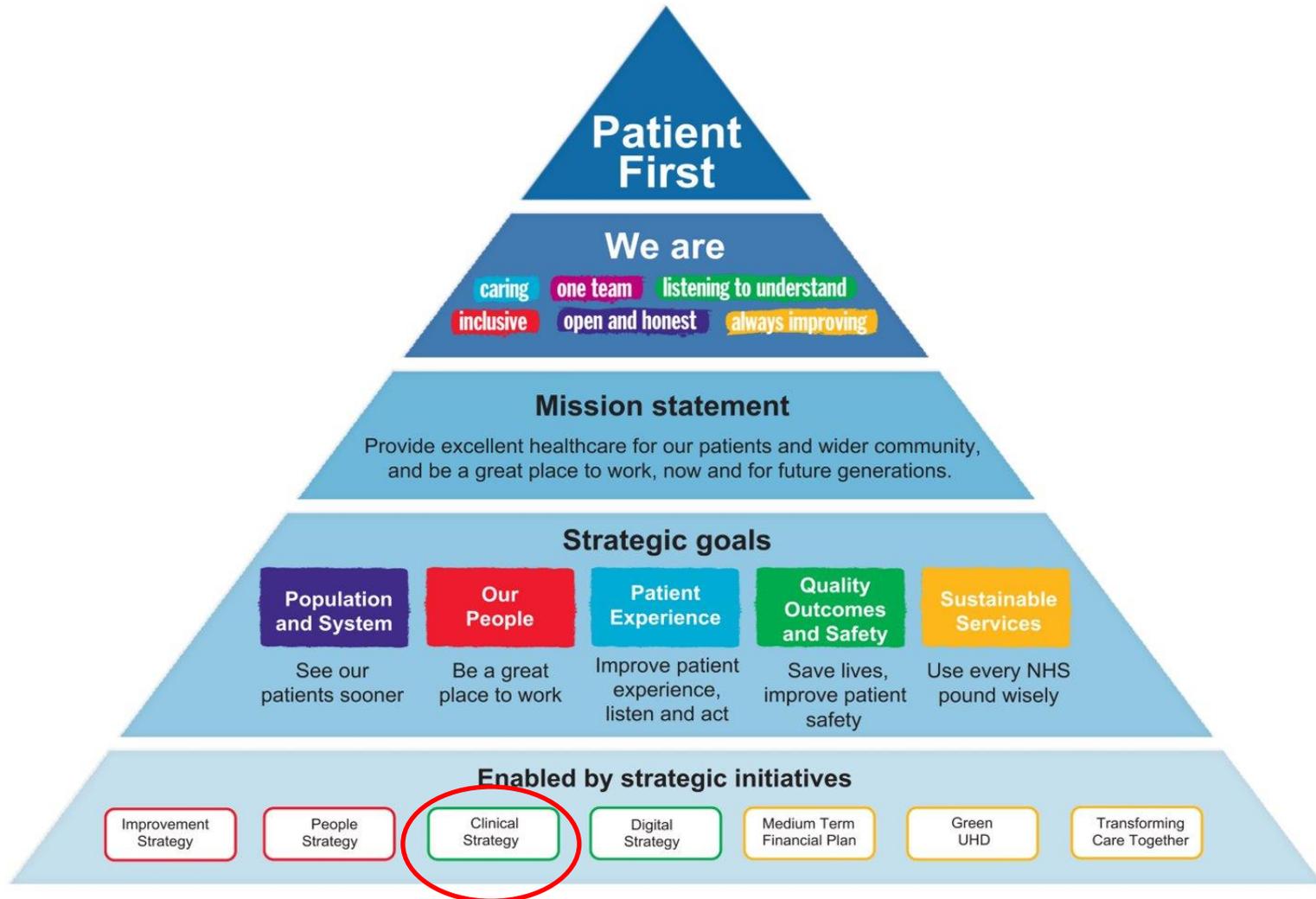


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# Developing UHD's

## Clinical Strategy

# Our refreshed strategy triangle...



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# Our Vision & Goals, linked to our 26/7 key targets

Strategic Goal	Vision <i>LONG TERM: 7-10 years</i>	Strategic Goal <i>MEDIUM TERM: 3 - 5 YEARS</i>	Breakthrough Objective <i>SHORT TERM: ~1 YEAR</i>	Driver metrics AND TARGETS
<b>POPULATION AND SYSTEM</b> <i>Chief Operating Officer</i>  "See our patients sooner"	Consistently delivering timely, appropriate, accessible care as part of a wider integrated care system for our patients.	Meeting the patient national constitutional standards for Planned and Emergency care, reducing inequalities in outcome and access and improving productivity and value	<ul style="list-style-type: none"> <li>To achieve shorter waiting times and improved outcomes for patients as measured by achievement of access trajectories within the operational plan (Planned, UEC, Diagnostics and Cancer).</li> </ul>	<ul style="list-style-type: none"> <li>82% of <i>emergency department attendances admitted, transferred or discharged within four hours</i></li> <li>7% improvement in <i>patients waiting 18 weeks or less for elective treatment (18 week RTT)</i></li> <li>80% of <i>patients treated for cancer within 62 days of referral</i></li> </ul>
<b>OUR PEOPLE</b> <i>Chief People Officer</i>  "Be a great place to work"	To be a great place to work, attracting and retaining the best talent, as measured by the Trust being in the upper quartile for all 7 elements of the People Promise.	<ul style="list-style-type: none"> <li>To develop a sustainable workforce measured against the 3 components of staff morale: improving retention, staff feeling supported with sufficient resources, and respected and trusted to do their work</li> </ul>	<ul style="list-style-type: none"> <li>To improve permanent staff availability across all professions as measured by the reduction in temporary staffing spend.</li> </ul>	<ul style="list-style-type: none"> <li>To have favourable <i>variance of WTE against the budgeted establishment</i></li> <li>To reduce <i>premium (bank) spend</i> by 15%</li> </ul>
<b>PATIENT EXPERIENCE</b> <i>Chief Nursing Officer</i>  "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.	<ul style="list-style-type: none"> <li>Rated as Outstanding by CQC as Caring</li> <li>Over 80% of our employees see patient care as a top priority for UHD</li> <li>In the top 20% of NHS Acute Hospital Trusts on the 'overall experience' section in all CQC national surveys</li> </ul>	<ul style="list-style-type: none"> <li>To understand the experience of our patients by actively listening to feedback and using it to inform change in the way we deliver care in a timely way.</li> </ul>	<ul style="list-style-type: none"> <li>90% of <i>total complaints to be closed within 35 days</i></li> <li>95% for % of <i>good/very good recorded on FFT</i> for all areas</li> </ul>
<b>QUALITY OUTCOMES AND SAFETY</b> <i>Chief Medical Officer</i>  "Save lives, improve patient safety"	To be rated the safest Trust in the country and be seen by our staff as an outstanding organisation for effectiveness (Hospitalised Standardised Mortality Ratios – HSMR) and patient safety (Patient Safety Incidents - PSIs).	<ul style="list-style-type: none"> <li>In the top 20% of trusts in country for Hospitalised Standard Mortality Ratios (HSMR)</li> <li>Rated as Outstanding by CQC for Safety</li> <li>Decrease severe/moderate harm Patient Safety Incidents (as a ratio of all incidents) by 30%</li> <li>Over 80% of employees believe the Trust promotes a safety culture</li> <li>Digital integration across all clinical and operational workflows</li> </ul>	<ul style="list-style-type: none"> <li>To improve mortality and morbidity across the trust as measured by a 5% reduction in hospitalised standardised mortality rate through an improvement in key morbidity metrics.</li> </ul>	<ul style="list-style-type: none"> <li>95% <i>compliance on VTE prescribing within 24 hours of admission</i></li> <li>To reduce the number of <i>hospital acquired e Coli infection</i> by 20%</li> <li><i>Uptake of ICE filing</i> – improved % sign off on a monthly rolling basis</li> </ul>
<b>SUSTAINABLE SERVICES</b> <i>Chief Finance Officer</i>  "Use every NHS pound wisely"	To maximise value for money enabling further investment and sustainability in our services to improve the timeliness and quality of care for our patients, and the working lives of our staff.	<ul style="list-style-type: none"> <li>Return to recurrent financial surplus from 2028/29</li> <li>Rated as Outstanding by the CQC for our Use of Resources</li> <li>Achieve our Green UHD goals of sustainability for people and planet, and 80% carbon reduction by 2030</li> </ul>	<ul style="list-style-type: none"> <li>To operate within the approved budget, including delivering the budgeted Efficiency Improvement Programme target, with at least 60% achieved recurrently.</li> </ul>	<ul style="list-style-type: none"> <li>To have favourable <i>Forecast Outturn Variance to Budget</i></li> <li>To achieve 60% <i>Forecast EIP Recurrent Delivery</i></li> </ul>

# Codeveloping a clinical strategy

We already have good quality, recent patient & public engagement data on the public's expectations for future NHS services in Dorset which we are utilising to help inform the themes for our strategy. This includes **Dorset ICS 100 conversations, Dorset & SW region NHS 10YHP consultation results.**

We also have at organisation and service level **UHD Friends and family test data, Patient complaints and feedback, Results of patient surveys and other engagement activity.**

Engagement in Autumn 2025:

- Agreed to use existing feedback/insight to maximum effect as we develop the strategy themes
- Consult again with our patients and public once emerging themes become visible from the clinical engagement exercise, (likely April-June 2026).

# Writing a clinical strategy:

## The story so far

- ✓ Task & Finish Group have worked with the Dorset Patient Engagement Group and UHD Governors to develop and agree the process of how we develop a clinical strategy at UHD.
- ✓ To help ensure patient's priorities for services are at the heart of the trust's new clinical strategy findings from recent consultations with patients and public undertaken as part of development of the NHS 10-year health plan and the 100 conversations project and patient views on current services inform our work including development of the template for clinical teams to complete.
- ✓ 6 key themes were identified that would help UHD deliver progress against trust goals
- ✓ Each of our clinical specialties are completing a template: what do patient say about your service? SWOT. Horizon scan. 60/30/10 value add. Current initiatives etc This included relative priorities against the 6 themes

# Writing a clinical strategy: Current work & Next steps



As templates are returned, thematic analysis is beginning to identify key priorities for inclusion in organisation wide clinical strategy;

- Suggest priorities to be further refined through a workshop between lead clinicians and the trust execs.
- The strategies content and structure will be further developed through a wider task and finish group comprised of senior medical, nursing and allied health professional leads from across the trust.
- Strategy checked for alignment to other trust / system strategies. Check *clear links to the PF triangle, strategic goals, other enabling strategies.*
- **Further feedback on draft will be obtained through series engagements with our partners and community before expected publication in Spring 2026.**
- Governors and patient representatives already engaged and supporting the process.

# "You said" Themes

A future NHS should be  
Safe , Effective and  
Efficient

Patients need to be listened to,  
trusted and included in  
discussions and decisions  
around care

Services should focus on  
providing easier and earlier  
access to support

Services need to work together  
so that carers don't have to  
keep telling the same story

Services need to provide appropriate  
information, tools and techniques to  
empower people to self-manage their  
own conditions

# Potential Opportunities

## Digital Transformation

Transition from analogue to digital, enhancing accessibility and efficiency in healthcare delivery

## Moving care from hospital to community settings

developing the neighbourhood health service to better meet patients' needs

## Working with partners to focus on prevention

supporting patients to make the healthy choices and reduce health inequalities

## Further develop our core services at UHD

making the most of reconfiguration and the resources we have

## Realising the benefits of our university status

for education and research

## Expanding / networking

to attract new specialist and tertiary work

# Suggested % effort by theme

	Opportunity Area	Medical Care Group (n=7/12)	Surgical Care Group (n=8/14)	WCCSS Care Group (n=8/11)	UHD (n=23/37)
1	<b>Further develop our core services at UHD</b> , making the most of reconfiguration and the resources we have	33% 1st	35% 1st	22% 2nd	<b>30%</b>
2	<b>Digital Transformation</b> : Transition from analogue to digital, enhancing accessibility and efficiency in healthcare delivery	18% 3rd	22% 2nd	27% 1st	<b>22%</b>
3	Moving care <b>from hospital to community settings</b> developing the neighbourhood health service to better meet patients' needs	16% 2nd	13% =3rd	17% 3rd	<b>15%</b>
4	Realising the <b>benefits of our university status</b> for education and research	14%	13% =3rd	11%	<b>12%</b>
5	Working with partners to <b>focus on prevention</b> supporting people to make the healthy choices and work together to reduce health inequalities	11% 4th	9%	12% 4th	<b>11%</b>
6	<b>Expanding/networking</b> (including via Dorset NHS provider collaborative) to attract new specialist tertiary work	8%	11%	11%	<b>10%</b>
	Total effort	100%	100%	100%	100%

# Further develop our core services

- Make the most of creating UK's largest planned care hospital
- Make the most of the emergency services being set up to succeed

- "You said" key actions

Specific projects for 26/7

- Outpatients
- Future Care and & Emergency patient flow
- Fundamentals of care



# Poole becoming UK's largest planned care hospital by 2027

- 10 new operating theatres
- Ward refurbishments
- Brand new Endoscopy unit
- Additional diagnostic capacity
- Enhanced post-op care



## Keeping local services:

- 24/7 Urgent Treatment Centre for 111 and walk ins (as now)
- Clinics, diagnostics & Dorset's cancer centre.



## Benefits include:

Improved Patient pathway and experience

Reduced cancellations, shorter waiting times

Improved day case & inpatient environment

Significant reduction in estates backlog

Specialist rehabilitation environments

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## Royal Bournemouth Hospital Major Emergency Site 2026

New BEACH building  
(Births, Emergency care, And Critical  
care and child Health)

### 1,000+ beds inc. new build & refurbishments

Haematology & Oncology Unit

Surgical Admissions Unit

COAST building 4 new wards & Catering

Expansion of Frailty and Acute Admission Units

### Same-day emergency care units including:

Acute Medical

Frailty

Surgical

Haematology and Oncology

Trauma and Orthopedics



### New main entrance, patient & visitor centre including:

- Patient liaison, spiritual centre, charity & volunteers, retail.
- Staff changing, showering, resident doctors mess, meeting rooms & hot desk space.



### New Pathology Hub opened

- AI & digital working
- Flexible workspaces
- Networked solutions

# Transforming Stroke and Cardiology Services:

Enhancing patient care through reconfiguration

- 1 CONTEXT**  
Stroke and Cardiology led based services at University Hospitals Dorset combined in April 2023 onto the Royal Bournemouth Hospital site. This reconfiguration has brought significant improvements in patient care.
- 2 THE NEED FOR CHANGE**
  - A growing elderly population with changing health needs in Dorset
  - Variable quality of care out of hospital
  - Inconsistent quality in hospital-based care
  - Staffing challenges in specialist services
  - Financial pressures with a projected £200m funding gap by 2020/21
- 3 EXPECTED OUTCOMES**
  - Saving 17 to 29 lives annually through quick access to treatment for NSTEMI (Non-ST segment elevation myocardial infarction) patients
  - Financial savings: approximately £1.2m via bed closure alone
  - Improved patient outcomes: reduced mortality, lower risk of subsequent heart attacks and strokes, enhanced patient experience
- 4 PATIENT BENEFITS**
  - Shorter times to treatment
  - Reduced length of stay in hospital
  - Greater access to diagnosis and treatment services
  - Improved out-of-hours consultant cover



- 5 INNOVATION IN STROKE SERVICES**
  - Better utilisation of MDT (multidisciplinary team) workforce resources
  - Upskilling of stroke recovery unit team leading to reduction in cross-site medical cover
  - Implementation of key performance indicators and critical time standards
  - Reduced length of stay by eliminating cross-site transfers
  - Consolidated expert workforce and staffing efficiencies
  - Improved co-location of facilities



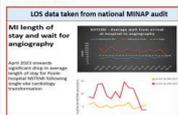
Consolidation of services onto one site has led to improved efficiency

**Length of stay savings:**

- Average reduction of 0.5 bed days (Jun 2023 - Mar 2024)
- Total discharges: 1,373
- Estimated savings: £190k

**6 INNOVATION IN CARDIOLOGY SERVICES**

- Improved out-of-hours cover
- Shorter time to treatment
- Reduced length of stay (LOS)
- Standardisation of pathways and treatment protocols
- Ready access to clinical expertise, diagnosis, and treatment services



LOS data taken from national MINAP audit

- Continued decrease in LOS (length of stay) at Poole Hospital Acute Medical Unit (AMU)
- Identifying opportunities in over £500k per annum spend on maintenance contracts
- Cardiac ward savings: £314k



## Phase 1: Completed

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

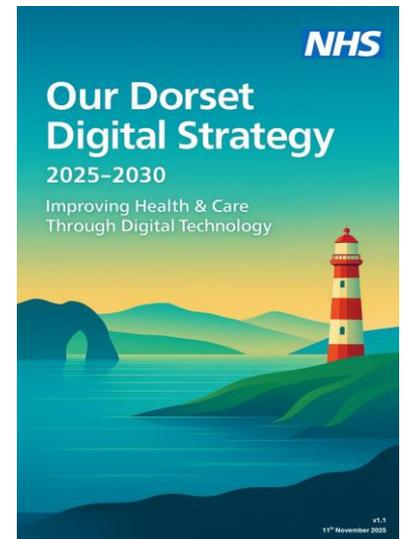


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# Digital transformation

## Our Dorset Digital Strategy

- Health Set - shared electronic health record reducing need to repeat stories
- Ambient voice technology
- Hospital at Home
- Remote monitoring
- Expanded Teleconsultation
- Outpatients transformation



Key theme so far for:

Child health(30%), therapies (top ranked), critical care (30%), pre-operative medicine (30%), obstetrics/maternity (30%), gynaecology (25%)

# From Hospital to Community

- Increased focus on keeping patients safely at home - better joined up working with community and primary care, and care-coordination hubs
- Integrated virtual wards – Hospital at Home
- Increased work in the community incl SDEC (Same Day Emergency Care)
- Greater focus on community based child health

Key theme so far for:

Trauma & orthopaedics (50%), Older Peoples Services(40%), Child Health (30%)

# Focus on Prevention

- Proactive screening for frailty in association with primary and community colleagues
- Further support for aging well
- Improved falls prevention
- Better osteoporosis management
- Improved access to specialist advice to benefit all patients

Key theme so far for:

Older Peoples Services(30%), Obstetrics & Maternity (25%)

# University Status

- Develop further training opportunities supporting entry and further development in both clinical and non-clinical career pathways
- Potential future medical school
- Further joint research and trials, benefiting Dorset residents

Key theme so far for:

Theatres (30%), Research Dept (30%), Ophthalmology

# Expanding / networking

- Specialist services – working with Dorset County Hospitals and other partners to develop county wide services with improved access for patients and resilience for staff
- Enable better access to specialist expertise from acute hospital staff to patients and carers out of hospital via primary care & community colleagues

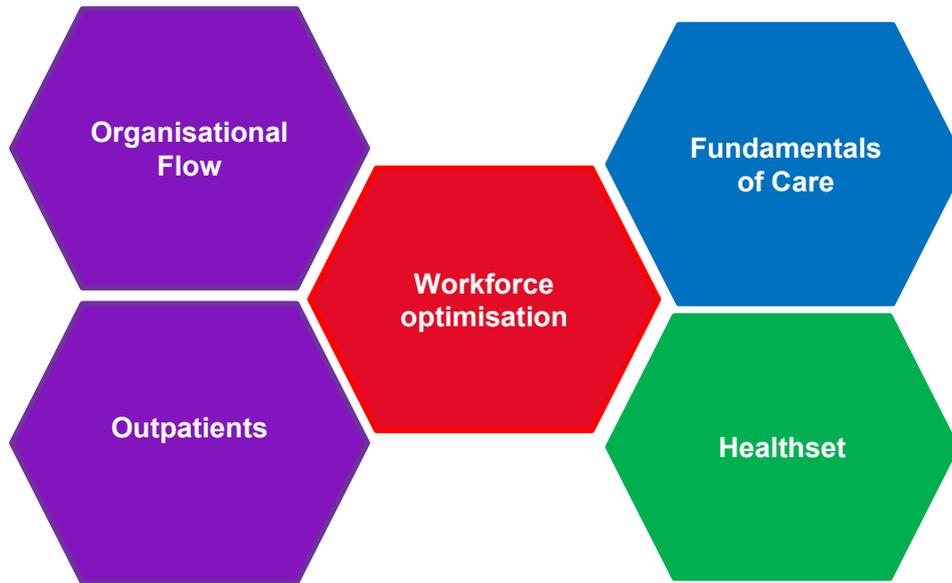
Key theme so far for:

Breast, endocrine & skin surgery (25%), Urology (15%), Gastroenterology (15%)

# Corporate Projects 2026 -27



**START & FINISH** Organisational wide, complex projects. They need to deliver within 1 to 2 years, are critical to our success, progress our strategy of Patient First, require improvement effort, and need the focus of the whole organisation.



*The colouring of the hexagon indicates just the lead theme*

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

# What to look out for in 2026

## What's changed so far

### New MPCC Ward in Poole

On 22 January, we opened a new Medical Patient Continuing Care (MPCC) Ward at Poole Hospital. Lulworth Ward became a dedicated ward for patients who are medically fit but have complex needs.

These patients were previously cared for across A4, A5 and Durlston. Bringing them together in one place will help improve patient flow and support timely discharge.

As part of this change, Durlston is now an



acute gastroenterology ward. A4 is now a respiratory ward with nine endocrinology beds, and A5 has been vacated for refurbishment.

## We got the keys!

On 30 January, our new oncology build was officially handed over to UHD by our contractor, IHP. The new ward is now fully accessible to the Oncology Team as they prepare to move in later this month.



## Yet to come

### Oncology inpatient services moving to RBH

From **23 February 2026**, oncology inpatient services and the Oncology Assessment Unit (Oncology SDEC) will move to the Royal Bournemouth Hospital from Poole Hospital. From this date, all Oncology and Haematology ward admissions will take place at RBH.

Radiotherapy services will remain at Poole Hospital. Outpatient and chemotherapy



appointments will continue at both sites. Read more about this change on the 'latest news' page on our website [here](#).

## Proposals for new MRI and CT scanning facility close to Poole Hospital

Come and see the plans, as well as give your feedback, on the appearance of the proposed new MRI and CT scanning facility that would replace the Shaftesbury House building on Shaftesbury Road, opposite Poole



## RBH ward names are changing

From Tuesday 3 March, ward names at our RBH site will change to their new location identifier. For example, 'Ward 1' will be known as 'Ward A13L'.



### What happens to the IT systems?

New system codes have been created that now identify the ward by its function, or speciality, and will then replace the existing code on all impacted IT systems, like eCamis, HOTW, ICE/Graphnet, EPR etc on the date of change over. For example, the code for Ward 1 is currently 'RB01', meaning 'RBH - Ward 1' however a new code for this ward has been generated which is 'RBGAS1' which stands for 'RBH - Medical Gastroenterology 1'.

### Why is this happening?

This change aligns ward identities and system codes to ward function, meaning wards can move location within the site without needing a code change.

### Who will this impact?

This change will impact 19 wards at RBH. Support will be available on 3 March to ensure all devices move over to the new ward codes. All wards will also receive new Emergency Action Cards, advising what to state when raising emergency calls following the name change.

**Further detailed communications and direct support will be provided ahead of the change and contact [uhd.strategyandtransformation@nhs.net](mailto:uhd.strategyandtransformation@nhs.net) if you have any queries.**

**RBH Surgical SDEC and SAU relocation** This month, our Surgical Same Day Emergency Care (SDEC), Surgical Admissions Unit (SAU) and Emergency Gynaecology Assessment teams at RBH will move into the newly refurbished areas on the first floor of the BEACH. This will provide improved facilities for patients and staff.

Surgical SDEC and the Emergency Gynaecology Assessment Unit will move on **Sunday 15 February**, with Surgical SDEC reopening on **Monday 16 February**. The SAU will move on **Wednesday 18 February**.

# Summary

- Our strategy is very much nested in the Dorset wide strategy development
- We need to live within available funding, which requires change, especially in emergency care
- Operational pressures are taking priority, so engagement is not perfect, but we are building on work already done, and looking to April-June to share our draft clinical strategy.
- Our 26/7 delivery plan is agreed, and this fits the emergency clinical strategic direction

# Discussion and feedback

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