



Doncaster Council

28th November 2019

To the Chair and Members of the Health and Adult Social Care Scrutiny Overview and Scrutiny Panel

Update from Doncaster and Bassetlaw Teaching Hospitals

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Rachael Blake - Portfolio Holder for Adult Social Care and Chair of Health and Wellbeing Board	All	None

EXECUTIVE SUMMARY

1. The Panel is asked to give consideration to information provided at Appendix A together with a presentation from the Chief Executive of Doncaster Royal Infirmary on the following areas:
 - Strategic issues including future aspirations;
 - Future challenges and impacts;
 - Cancer Care waiting times; and
 - Maternity Care – Hospital Services Review

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. The Panel is asked to give consideration to the information provided by Doncaster Royal Infirmary.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. Reviewing such issues ensures the Panel is responding to and highlights the importance of areas which ultimately have an impact on its residents across the borough.

BACKGROUND

5. Doncaster Royal Infirmary was identified as a key partner that the Panel wished to invite to a meeting as part of its 2019/20 workplan. The areas for consideration are identified in paragraph 1 and further information will be provided through a briefing note attached at Appendix A and a presentation that will be made available at the meeting.

OPTIONS CONSIDERED

6. There are no specific options to consider within this report as it provides an opportunity for the Panel to consider the appendix to the report.

REASONS FOR RECOMMENDED OPTION

7. There is no recommended option.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 8.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none">• Better access to good fulfilling work• Doncaster businesses are supported to flourish• Inward Investment	The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account and reviewing issues outside the remit of the Council that have an impact on the residents of the Borough.
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none">• The town centres are the beating heart of Doncaster• More people can live in a good quality, affordable home• Healthy and Vibrant Communities through Physical Activity and Sport• Everyone takes responsibility for keeping Doncaster Clean• Building on our cultural, artistic and sporting heritage	

	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	

RISKS AND ASSUMPTIONS

9. There are no risk and assumptions associated with this report.

LEGAL IMPLICATIONS (HP 20.11.19)

10. The Council's Constitution states that subject to matters being referred to it by the Full Council, or the Executive and any timetables laid down by those bodies, Overview and Scrutiny Management Committee (and its Panels) will determine

its own Work Programme (Overview and Scrutiny Procedure Rule 6a). Specific legal implications and advice will be provided as required on matters brought to the Committee and Panels.

Overview and Scrutiny may invite external organisations to give information to the panels.

FINANCIAL IMPLICATIONS (D.B. 19/11/19)

11. There are no financial implications arising directly from this report

HUMAN RESOURCES (AT 19/11/19)

12. No Human Resource implications have been sought.

TECHNOLOGY IMPLICATIONS (PW Date 19/11/19)

13. There are no specific technology implications for Doncaster Council in relation to this report.

HEALTH IMPLICATIONS (VJ 19.11.2019)

14. Evidence suggests that 25% of impact on population health is determined by accessibility to high quality healthcare service. Information provided in this report (Appendix A) shows that Doncaster and Bassetlaw Teaching Hospital NHS Trust provides such a high quality service to the local population and it has ambition to be the safest and outstanding in England. Evidence provided on its performance targets suggest the activities are improving and saving lives. There needs to be continuous monitoring of the performance against local and national standards / targets of the quality improvement initiatives outlined in the report.

EQUALITY IMPLICATIONS (CDR 04.11.19)

15. Throughout the work undertaken by Overview and Scrutiny, it gives due consideration to the extent to which the Council has complied with its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

CONSULTATION

16. To give consideration to information to be provided by Doncaster Royal Infirmary.

BACKGROUND PAPERS

17. There are no background papers.

REPORT AUTHOR & CONTRIBUTORS

Caroline Martin, Senior Governance Officer

☎ 01302 734941 ✉ caroline.martin@doncaster.gov.uk

Phil Holmes
Director of Adults Health and Wellbeing

Appendix A

Update from Doncaster and Bassetlaw Teaching Hospitals (DBTH)

Strategic issues and future aspirations

Over recent years the Trust has consolidated the good progress which has been made in patient care, treatment and experience, whilst further strengthening our links with partners both locally and nationally.

In September 2017, we published our Strategic Direction 2017-2022; however since then the environment in which we operate has changed considerably. As such, this year we took the opportunity to reflect upon our vision, values and objectives, clearly laying out where we want to head as an organisation. This has resulted in a revised vision for Doncaster and Bassetlaw Teaching Hospitals (DBTH), which is 'to become the safest Trust in England, outstanding in all that we do'. While undoubtedly ambitious, we feel that with the skill, expertise and dedication we can count on amongst our colleagues, this is a reachable destination for the Trust.

This vision, we believe, can also only be achieved as a result of our total commitment to safety and quality, something which is reflected so often in the positive feedback we get from patients, visitors and the public.

Each year, we continue to see rising numbers of patients attending our hospitals, with increasing acuity and dependency. In 2018/19 alone, we cared for 123,200 inpatients, 472,000 outpatients and 175,200 emergency attendances. Despite these further pressures, we continue to focus upon improvement, looking at new and innovative ways to meet these challenges, going above and beyond in the care of our patients.

Throughout the past 12 months, we have also implemented a number of campaigns and projects such as 'Making Mealtimes Matter', 'Sleep Helps Healing', increasing visiting times and our 'Sharing How We Care' conference and newsletter, all with the aim of ensuring that patients remain at the heart of everything we do. We are pleased to note further reductions in our rates of Serious Incidents (SI), low rates of falls with serious harm, avoidable hospital acquired pressure ulcers and clostridium difficile, as well as consistent achieving a hospital standardised mortality ratio (HSMR) less than expected.

In early 2019 in order to meet increasing demand we upgraded the footprint of our Doncaster Royal Infirmary Emergency Department with the development of a minor injuries area. We have also started work to create a new building to house an additional CT scanner that has been generously donated by the Doncaster Cancer Detection Trust to the tune of £4.9 million. This will assist with diagnosis of patients with many conditions and will also be a valuable asset as Doncaster has been designated as one of the two designated hyper acute stroke units in South Yorkshire and Bassetlaw.

We successfully applied to be one of the first trusts on a national NHS programme to further develop the work of our DBTH Quality Improvement (Qi) team. We want to ensure that all of our teams have the skills and support to be able to contribute to improvement as part of their everyday work. We have already seen teams using this approach create some exciting and positive benefits in diverse areas including Antenatal Clinic, Emergency Department and Trauma and Orthopaedics.

This ambition has also spread to our approach to education and the development of colleagues, new and existing. In January 2017, we were awarded teaching hospital status, becoming Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and this continues to be a huge benefit to both our patients and staff. So successful has this transition been that we now train 25% of all medical students in the region, as well as 30% of all other health professionals, as well as host some national-first roles such as the 'Trainee Nursing Associate' and 'Trainee Assistant Practitioner'. It is our ambition to further strengthen our position locally, regionally and nationally as a leading innovator within the field of education and research.

In the coming weeks we will appoint a Director of Education and Research to help support specific our aim is to work with partners to develop a University City proposal for Doncaster, workforce innovations in Worksop as well as further our innovative research portfolio.

Throughout the past number of years, we have made significant strides delivering on all the milestones in our research strategy, appointing our first Professor of Surgery and working in partnership to create the nation's first 'Foundation School in Health'. Furthering our ambitions in these areas are essential as we look to help colleagues develop in their NHS career, as well as offer our team the opportunity to take part in research in order to improve health outcomes for our patients.

Future challenges and impacts

- **Workforce vacancies:** Like many trusts across the country, we continue to experience shortages in certain key specialities, across a range of clinical and non-clinical areas, as well as our numerous hospital sites. To address this, we have developed a Workforce Plan which covers the next two years and identifies innovative ways in which we can develop and support colleagues in their career ambitions, as well as further our ambitions as an 'anchor' employer within the area.
- **Significant backlog maintenance totalling above £60 million:** Our estate is mixed and there are extensive costs and problems associated with older facilities and infrastructure, particularly at Doncaster Royal Infirmary. Each year we spend a substantial amount on maintenance, essentially in order to stand still, a position which is not sustainable in the long-term.
- **Activity and delivering to local and national targets:** As an organisation, we have a number of performance indicators which must be met. We must balance these with demand; quality and ensuring we are delivering the safest service possible.
- **Changes to clinical pathways:** With increased demand this puts pressure on our diagnostic facilities, which we are addressing but we are also constantly looking for ways to ensure these are used as efficiently as possible.
- **Modernisation and digital transformation:** As an organisation it's crucial that we make the best of digital solutions in order to improve efficiency within the Trust, as well as enhance our approach to patient care. In 2019 we began in earnest our 'DBTH Digital Transformation Programme' which looks at bringing in a number of systems and services in order to improve our approach from Board to ward.

- **Challenging financial landscape and making the most of every penny spent:** We have had recent financial difficulties with a breach in our licence conditions but we have worked hard to address these with a 2016/17 year-end deficit significantly below our control total. We continue to experience challenges with this given our significant underlying deficit, efficiency requirements and increasing demand for our services.

Like many other NHS organisations we continue to face significant changes and challenges and in order to meet these, we have developed our strategic direction in anticipation to ensure we work effectively both internally and with partners to develop solutions.

Over recent years we have strengthened our links with health and care partners in Doncaster and Bassetlaw and we are an integral partner in the first wave South Yorkshire and Bassetlaw Integrated Care System (ICS). These established, strong relationships with neighbouring health and social care providers and clinical commissioning groups, are built on the foundations of a proven history of working together to improve health and care for our population.

We recognise our role as an ‘anchor organisation’ in our locality and plan to further cement our role in advancing the welfare of the population we serve.

Cancer Care waiting times

In the last year (2018/19), we achieved the 62 day wait for first treatment following an urgent referral. We also achieved all 31 day waits between the start of treatment and agreed treatment plan with doctor. We missed our two week wait (2ww) achieving 90.1% instead of the required 93%. To address this and ensure that we met this target we transitioned all two week referrals to the Electronic Referral System, with all GP practices within Doncaster and Bassetlaw moving to this method in 2018/19.

This year our 2ww and 31 day position are performing well however the 62 day wait standard is currently more challenging to the Trust. We have recently seen a significant improvement in most of the 62 day standards and we are currently achieving four out of five national standards on cancer with 62 day wait for first treatment from consultant screening service referral the only target not being met, and some of the reasons behind this is due to patient choice.

National test site: We are not currently reporting the two week wait standard as we have agreed to be one of a number of trusts across England to carefully test updates to NHS access standards on cancer. Professor Stephen Powis, the NHS National Medical Director, proposed testing the use of a faster diagnosis standard for people with suspected cancer – meaning that people can expect to be told whether or not they have cancer within 28 days of being referred by their GP or a screening programme, instead of the current standard of seeing a specialist within two weeks.

Once testing is completed, the NHS nationally will collate and analyse the data to track results, with the learning from DBTH and elsewhere informing any final recommendations from the review later in the year.

It is important to note that while we are not being measured against the 2ww standard, patients’ right to see a specialist within two weeks continues to apply throughout the testing period.

New developments: As part of the National Cancer Board's efforts to catch and diagnose the disease more quickly, new rapid diagnostic and assessment centres are being set up across regions to diagnose cancers early in people who do not have so-called 'alarm symptoms' for a specific type of cancer.

I'm pleased to report that the Trust's proposal to host a rapid diagnostic centre at the Mexborough Montagu site was supported by the South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance with £500,000 to develop plans to deliver the service in the early part of next year.

Cancer patients experience: We have also focused on overall experience of our cancer patients and in December 2018, a new Macmillan 'Pod' was opened in the main outpatient area of Doncaster Royal Infirmary, to help those affected by cancer. The pod - which provides support, information and advice - has been funded by Macmillan Cancer Support, a charity which helps people affected by cancer through their journeys.

The new centre provides a friendly, private environment for patients, carers and family members affected by cancer, to access appropriate information and support. From managing symptoms, to advice on benefits and financial support, the pod can provide expert help and has a wide-range of Macmillan booklets to take away.

These key developments in cancer care have had a positive impact on our patients which has been demonstrated in this year's National Cancer Patient Experience survey. The Trust scored above the national average at 8.9 out of 10. As such, the Trust now ranks as the best in the locality, over Barnsley, Rotherham, Sheffield, Chesterfield and Mid Yorks. This outcome represents a significant step forward for DBTH, having previously been placed towards the lower end of the spectrum.

Hospital Services Review and maternity services

The South Yorkshire and Bassetlaw Hospital Services Review commenced as an independent review in August 2017 looking at how to future proof local hospital services. In May 2018 the independent team made their recommendations to the health and social care organisations which make up the South Yorkshire and Bassetlaw Integrated Care System.

The final report, published on 20 August 2019 recommended in summary that:

- The hospitals develop a new way to work together through 'Hosted Networks'. Each of the hospital trusts in South Yorkshire and Bassetlaw agreed to be the 'host' to lead a 'Level 1' Hosted Network for one of the five services covered in the review (Gastroenterology, Maternity, Paediatrics, Stroke and Urgent and Emergency Care).
- The exploration of a partnership approach to delivering services for children between Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and Sheffield Children's NHS Foundation Trust. We have since announced plans to work with Sheffield Children's Trust to explore what the report calls a level 3 Hosted Network

- The transformation agenda should continue to go forward, in particular with a focus on strong workforce planning across the system, and development of new models of care and patient pathways, through shared working. This approach of collaboration was strongly supported by public engagement.
- Since it cannot be guaranteed that transformation will address all of the challenges, and unplanned workforce issues can arise at any time, a monitoring system with early warning signals should be put in place at a system level, and transformation will be kept under ongoing review.

On reconfiguration, the system recognised the potential benefits but also that reconfiguration carries a risk of unsettling the workforce and thereby destabilising the system. It was also found that reconfiguration would not fully resolve staff shortages and not all existing staff would re-locate if services were moved. The group felt that reconfiguration should therefore only be taken forward if it was felt that the system could not be made sustainable without it.