

## Update from Doncaster and Bassetlaw Teaching Hospitals (DBTH)

### **Covid-19 and related challenges:**

Since early March 2020, our Trust, like all NHS providers across the UK, has been dealing with the challenges related to Covid-19.

At the time of writing (9 November), we have confirmed 1,422 positive patients within our hospital, with 119 of these individuals requiring critical care. Of this cohort, we have safely discharged 850 people, while sadly 370 have passed away.

Following a significant reduction in Covid activity after wave one, a second-wave of Covid 19 pressures began to impact South Yorkshire and Bassetlaw in October and throughout October, our inpatient numbers increased, with our hospitals reporting the third-highest Covid-19 bed occupancy in the country for a short period, and the number of patients we are now caring for far surpasses the peak of the first-wave (220 as opposed to 115). As such, we are concentrating our bed and testing capacity towards emergency, urgent and cancer services.

Despite these pressures, as ever Team DBTH has risen magnificently to the challenge, and while there have been challenging moments, together we are managing these unprecedented circumstances.

It is clear is that the rate of transmission is differing from place to place, and while positive tests at Doncaster Royal Infirmary (DRI) have stabilised somewhat in the past few days (whilst remaining high), the numbers at Bassetlaw Hospital have continued to rise.

We have spent the summer preparing for a potential spike like this, and while it has occurred earlier than our projections, we are proud of our team our response. Our four-daily operations meetings have given us real clarity in terms of the pressures we are facing in different areas, our Daily Review meetings act as a catalyst for further escalation and our Executive Team are meeting at least three times a week to ensure, as a whole, we are responding appropriately.

Casting our focus back to earlier in the year, we are now benefitted from a number of mitigations put in place as we dealt with the first-wave. These include, but are not limited to:

- Increasing our Intensive Care bed capacity from around 30 to a surge, and super surge capacity of just under 130.
- Consolidating and moving service provision across site, whilst making use of Parkhill Hospital's (on-site private provider) facilities and staff. We will also complete a doubling of our piped oxygen capacity at the end of November.
- Implementing and refining a redeployment process for colleagues, as well as appropriate training.

- Introduction of in-house Covid-19 testing and related antibody testing – with more than 41,000 of the former conducted and 28,000 of the latter.
- Significantly reorganising our sites into yellow and blue risk areas to aid patient flow and minimise cross infection amongst Covid-19 positive patients and those negative.
- Our Estates and Facilities colleagues have installed a number of wash basins and similar hygiene stations, and our sites are now dotted with ‘keep left’ and other social distancing prompts.
- Further implementation of technology to aid home-working, virtual visiting and electronic observations.
- Closely managing our procurement processes, ensuring that we now have substantial stocks of relevant items.
- Restricting visitors to all but exceptional circumstances (paediatric, maternity and end of life provisions remain).
- During the first-wave we offered free meals to all staff, and this has returned once again, with the offer extending to those on the front-line, alongside other health and wellbeing initiatives, while parking on-site remains free.
- Finally, we continue to work closely with our partners, both at a Place level, regionally as well as nationally.

In addition to the above, we also have some further cause for optimism regarding a Covid-19 vaccine becoming available in the next few months. We have also recently taken delivery of 6 DNA Nudge Covid 19 point of care testing machines and we are also planning for the delivery of six Loop-mediated Isothermal Amplification (LAMP) Covid-19 testing devices. The DNA Nudge machines are now used within our Emergency Departments and allow us to process Covid 19 and Influenza tests within 90 minutes (beyond the ordinary 24 to 72 hours that was the norm).

All of this has only been made possible thanks to the truly heroic efforts of colleagues, of all grades and specialisms, to ensure that our pathways continue to function, our patients continue to receive the care they need, and our communities are given the confidence they need to ensure they can carry on about their daily lives, albeit under certain restrictions, safe in the knowledge that friends and family have a place to go if they become critically unwell.

We undoubtedly have some challenging days, weeks and months ahead, however we are confident that, as a Trust, we are as prepared as we can be. We will continue to rely on the support of our partners, as well as the goodwill of our communities, and we look forward to a time when we can put this illness behind us.

#### **Maternity update:**

Earlier this year, and as the challenges of Covid-19 became apparent, health professionals at Doncaster and Bassetlaw Teaching Hospitals (DBTH) made the difficult decision to transfer the majority of maternity services to Doncaster Royal Infirmary (DRI).

On 2 November, thanks to a successful recruitment drive we have reopened our inpatient Maternity services at Bassetlaw Hospital. This was made possible by the appointment of nine newly qualified midwives who will work and three experienced midwives. Additionally, we are currently out to advert for two more specialist midwives, as well as more labour co-ordinators.

The action to consolidate the service in March was taken to ensure that the Trust's maternity services had the appropriate staffing and resources available to ensure that both mum and baby had the safest and best possible birthing experience. The move also freed up essential staff, such as anaesthetists, to support critically ill patients treated at Bassetlaw Hospital.

With the services combined, we have delivered 2,636 babies at Doncaster Royal Infirmary, while a further eight have been successfully delivered at Bassetlaw Hospital following its reopening earlier this month.

In order to support mothers, fathers and little ones we have implemented a new digital service for our Maternity service. Using Facebook, the Doncaster and Bassetlaw Maternity Services page went live in mid-March, and since then has proved very popular.

Lead by our Digital Midwife, as well as various senior colleagues within the service, the page shares news, information and other useful updates. There is also a function to send a private message, which our matrons have an excellent track record of responding to within a short time frame. Since the page was launched, around 25,000 people engage with the page on a monthly basis.

#### **Emergency Department update:**

Throughout this year, our Emergency Departments have cared for a significant number of patients, and, at the time of writing, have seen 104,387 patients (from March to date), with 64,984 at Doncaster Royal Infirmary.

Like all services, this area has been transformed to reflect the realities of Covid-19, and there are now separate areas for those suspected of Covid-19. Again, like all services, colleagues are asked to wear high levels of PPE to ensure their safety.

Throughout October, work was undertaken within our Doncaster Emergency Department to convert the ambulance bay entrance. Completed in late October, we now have an improved admin and check-in area, with six additional assessment bays, a new paediatric area with observation space, as well as an early senior assessment area.

This work will be complemented with a new canopy which will enclose the entrance to the service, providing further privacy and dignity to those arriving by ambulance. The works will continue until January as further improvements are made.

Finally, it is absolutely crucial that we continue to ask our local communities to only use the Emergency Department when it's a genuine emergency. We are working with our partners to highlight alternative services, and while our position is difficult, we are confident that we are engaging with our local residents in this regard.

#### **Nursing workforce and education:**

Due to the challenges presented by Covid-19, our programmes of education have been severely impacted.

Routine training for colleagues was paused earlier this year, with some courses brought back during the summer, and as we entered the second-wave only moving and handling and resuscitation training takes place face-to-face - everything else is delivered virtually.

Earlier this year, you will be aware that all second year and third year trainee nurses, midwives and allied health professionals were offered the opportunity to be deployed and join the NHS workforce, while first year students saw their clinical placements paused.

As a result of this, we are now in a process of 'restoration' and 'expansion' of clinical placements. Looking at the former, this means we are bringing back all years of learners back on to site, to support individuals in undertaking their clinical placements as has happened in years prior, aligning to professional regulators requirements. While our education teams and many of our staff who work alongside our students on a daily basis are managing this process well, the need for high levels of personal protective equipment (PPE), means that on some occasions it is more difficult to teach and learn, and therefore requires more time, patience and understanding.

In order to ensure that students have the best possible placement with us, we are treating them as members of our team, educating them in our IPC standards to ensure they remain safe and practice safely, and providing appropriate face mask fittings, offering vaccination, whilst also supporting them with our in-house Covid-19 swabbing process, should they become symptomatic.

We are working with our local Universities and other education providers to be as flexible as possible, to ensure that we can continue to offer the best possible placements, whilst also ensuring we have enough educators and mentors/supervisors on hand to make sure they receive the support and training they require.

The second part of this, known as expansion, forms part of the Government's plans to increase the number of Registered Nurses by 50,000. Again, we are doing what we can to support this, however, finding appropriate placements may prove challenging, but we are doing what we can to ensure that we do not experience a gap in newly qualified nurses in years' to come, as a result of the issues experienced in 2020.

Throughout this second wave, our final year medical students (doctors) have continued on clinical placement with us. Supported by our Consultant colleagues they should complete their medical degree on time and thus be in a position to take up their Foundation Year 1 starting posts in the summer of 2021.

Finally, we continue to be innovate with our apprenticeship offer, and we are pleased to share that in January 2021, 19 of our trainee Nursing Associates complete their programme, qualify and become registered Nursing Associates. This is the first group of learners who have completed this programme here at DBTH, and we will be congratulating each of them and looking forward to them joining and enhancing our workforce. Some of these individuals will be supported to further progress to undertake an additional two years of learning which will give them a clear pathway to becoming a Registered Nurse should they choose. Additionally, this year we will introduce a four year full nursing degree apprenticeship which, once complete, will qualify the successful individuals as Registered Nurses.

#### **Ambulance handover update:**

Joint working is ongoing with Yorkshire Ambulance Service (YAS) and East Midlands Ambulance Service (EMAS) with weekly system meetings across both place settings to discuss delays and work with the all teams are ongoing. Longer waiting times have been seen due to increased infection control processes and the split in the estates footprint of Covid-19 and non-Covid patients.

There are ongoing challenges with “batching” of ambulances on both sites that both YAS and EMAS have acknowledged. This is a multifactorial issue with ambulance crews and can cause multiple ambulances to arrive at the same time and we are working through this.

We have met with NHS Elect (who support clinical improvements) and YAS as a team and they have agreed to work with us around the delays and we have been allocated one of the team from NHS Improvement who we will work across both sites at the trust in conjunction with partners to improve the pathways and conveyance to hospital.

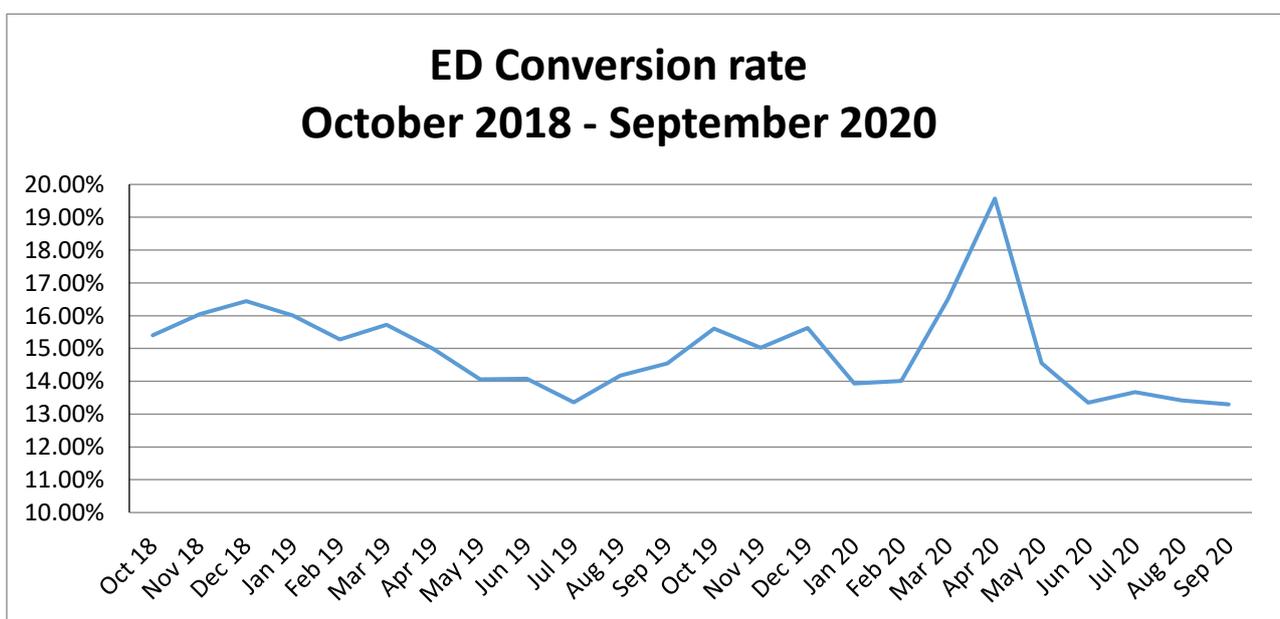
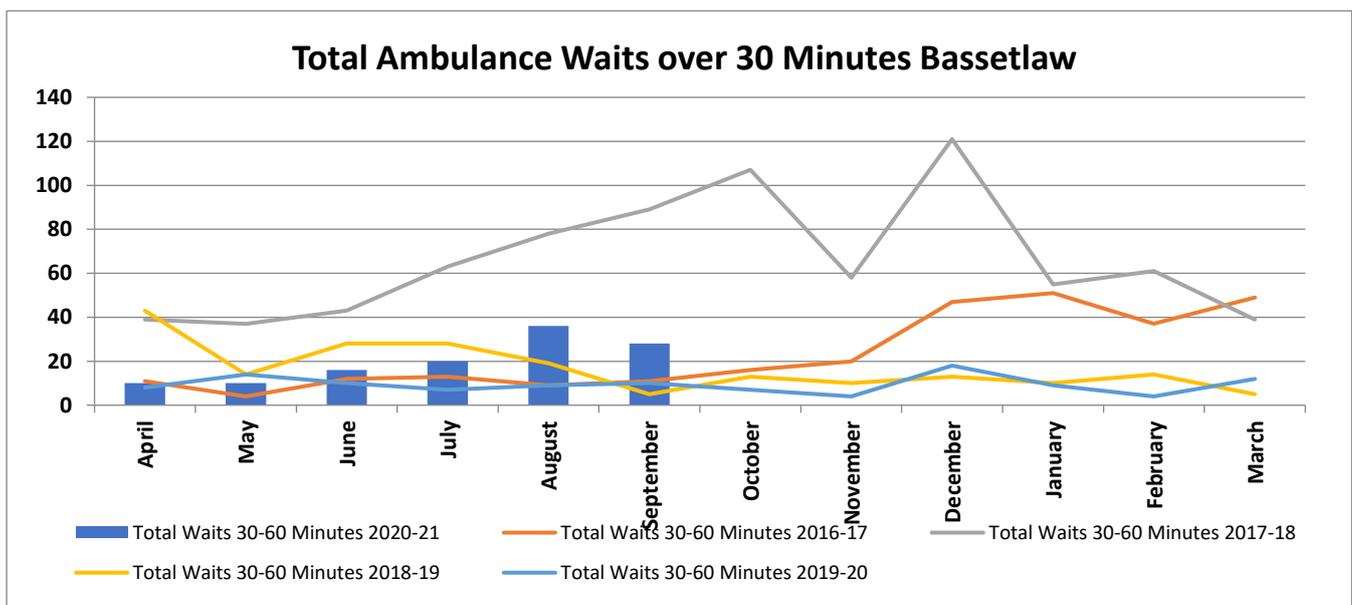
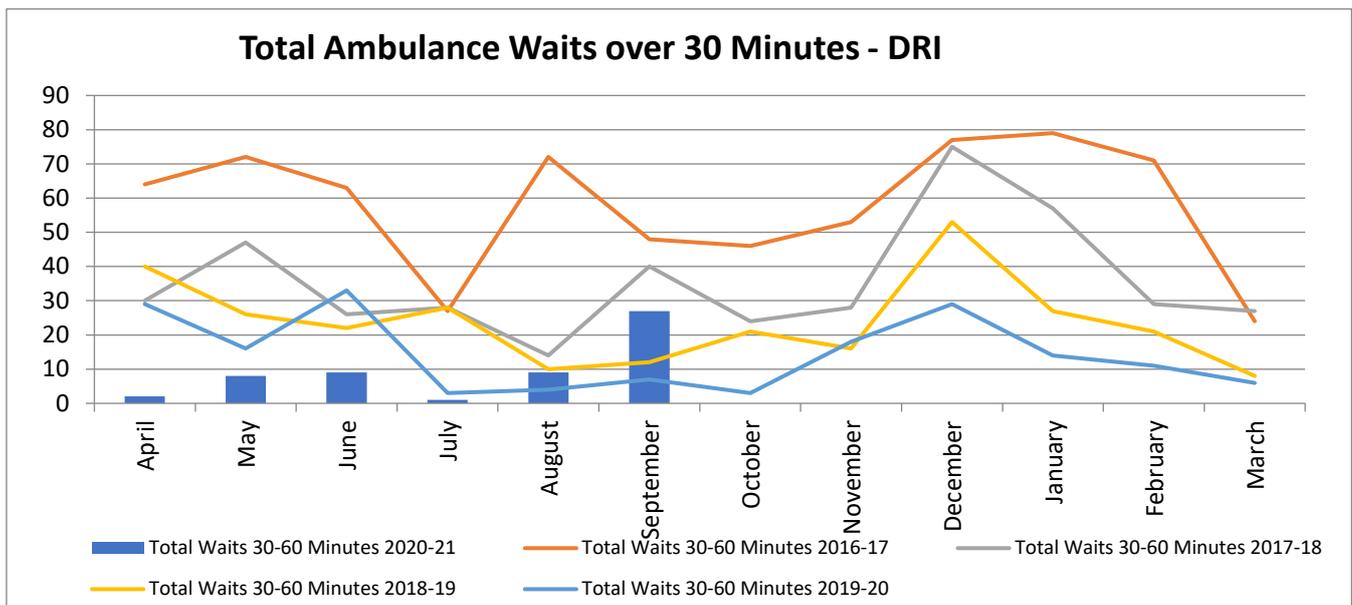
The handover challenge is just not an Emergency Department (ED) challenge. Without flow throughout the system the turnaround will still be challenged.

There is a downward trend of patients needing a hospital bed following presentation in ED. And the use of early assessment unit (EAU) supports the flow as it allows patients to be reviewed by specialities and receive further treatment in a period of time longer than four hours but no more than 12 hours. This EAU work has stopped during Covid-19 due to the area being used for the positive patient pathways.

Work to improve the ambulance pathway:

- From the 1 October 2020 the alliance provider which includes Fylde Coast Medical Services (FCMS), Primary Care Doncaster (PCD) Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) and DBTH jointly deliver the urgency and emergency care across Doncaster. This will enhance partnership working and longer term will build efficiency into the pathway with ensuring patients get to see the right clinician in the right place at the right time. As from 1 December 2020 the alliance will be in a position to support Doncaster Place with a Clinical Advice Service (CAS) which will streamline patients to an appropriate service after a clinical triage has assessed them after an initial call from the patient via 111. The team will have the skills to be able to stream to a GP next day, utilise pharmacy, voluntary sector, direct admit to the hospital etc. Over time a directory of services will be expanded and local knowledge of what is needed to maximise home first.
- A full review of the Directory of Services has taken place across both system partners to maximise the opportunities of care in community settings, delivered by our partners.
- DRI – Estates footprint has been increased around the early senior assessment area with will increase cubicle capacity by six.
- On 5 November Point of Care Testing for Covid-19 patients have been put in place to support early and appropriate movement of patients to the Covid/Non-Covid-19 wards which will support the ambulance handover process.

## Appendix – Ambulance Handover Charts

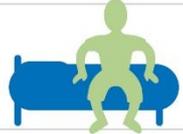




# Our performance

**Our indicators**

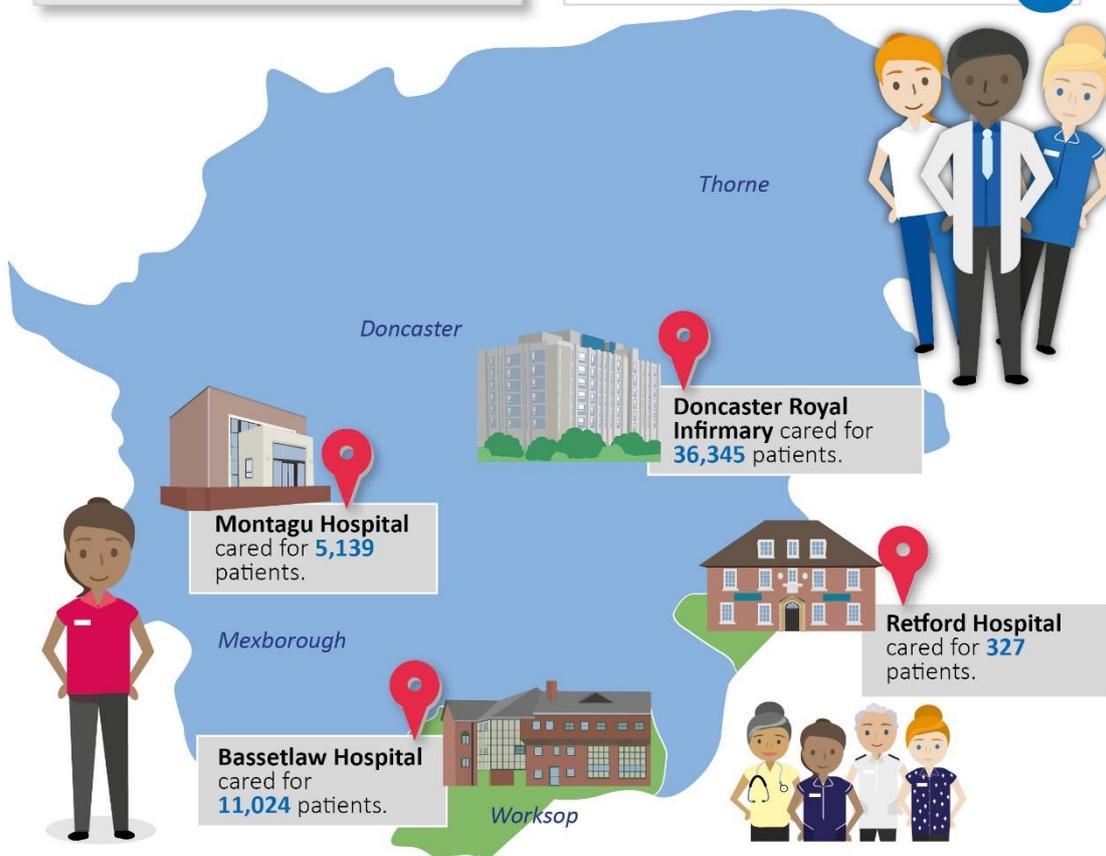
-  We achieved **82.5%** for our **four hour access target** (national 81.6%).
-  We achieved **60.7%** for **Referral to Treatment** (national 49%).
-  We achieved **four of five cancer targets** in month.
-  Our rolling 12 month **HSMR** is **103.87**.
-  We recorded **zero cases** of **MRSA Bacteraemia** in month.
-  We recorded only **four cases** of **C.Diff** in month.

We cared for **8,131** inpatients 

We cared for **31,334** outpatients 

We cared for **12,999** emergencies 

Together, we delivered **371** babies 



**Benchmarking our performance:**

**Four hour access:** Our national benchmark is against national and local performance in September – we outperformed this national mark which stood at 81.6%, however the local average was 85.1%.

**Referral to Treatment:** Our national benchmark is against national and local performance in August – we outperformed this national mark which stood at 49.3% as well as local one at 48.8%.

**Cancer targets:** Our national benchmark is against national and local performance in August – we outperformed every target both nationally and locally except one ' 62 day wait for first treatment from urgent GP referral to treatment'.

The other performance indicators do not have national or regional benchmarks and are instead internal targets.