

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

### Covid-19 and related challenges:

Throughout the past 22 months, DBTH, like all NHS providers across the UK, has been dealing with the challenges related to Covid-19.

At the time of writing (2 November), we have cared for 4,066 patients who were admitted to hospital with COVID-19, and 419 (10.3%) of these patients required critical care. Of this cohort, we have safely discharged 3,902 people, while sadly 905 have passed away.

As a Trust, we have experienced around five sustained periods of COVID-19 activity since March 2020, and as such have had to concentrate our bed and testing capacity towards emergency, urgent and cancer services at certain points in time, which has created a backlog of elective and diagnostic work.

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

Below are some of the changes, developments, and achievements:

### Safety, care, and infection control:

- Creation of **Enhanced Operations team** and daily meetings to handle initial outbreak and monitor situation closely.
- Implementation of **wide-ranging guidance around Personal Protective Equipment (PPE) and infection control** and rapid programme for 'FFP3 fit mask testing'.
- Modelling of predicted COVID-19 activity, and **bed capacity increased** as a result to anticipate periods of sustained activity.
- Creation of '**yellow**' and '**blue**' pathways for patients to separate COVID-19 patients from those without the illness and increase safety within the hospital.
- In addition to provision of face-to-face appointments we moved to provide **virtual consultations**, as well as establishment of successful '**drive-thru**' services to reduce footfall wherever necessary,
- Restriction of visitors into hospitals and other foundational changes have been required throughout the year – however these policies are now less stringent.

## APPENDIX A

### Estates and Facilities

Significant investment of £20.3m on our sites throughout the year, including the **relocation of some services**, including:

- Further **expansion of oxygen capacity** to meet requirements of COVID-19 challenges.
- Fire precaution works on all three sites, totalling £2.6 million
- Emergency department flow and related ventilation works totalling £1.8 million.
- Improvements to Endoscopy services totalling £220,000
- Diagnostic improvements, including new CT scanner totalling £200,000
- Prevention of legionella works, totalling £800,000.

A full rundown of investments made at the Trust in the past year can be viewed in our 2020/21 Annual Report, page 23, here: <https://www.dbth.nhs.uk/about-us/how-we-are-run/annual-report/>

### Procurement

- **Day-by-day stock takes** with updates on how much PPE remained and how long it would last – we have not encountered any shortages and we have good stock levels, and provision, as we move into winter.
- Tireless work with suppliers to ensure **Trust never ran out of critical PPE even at critical moments**.
- Overall, more than **three million items of PPE** were sourced in the first 12 months of the pandemic, this has increased exponentially since.
- Help from local companies, organisations, and people in donating items of PPE throughout the first phase of the pandemic which helped to bolster our supplies.

### Health and wellbeing

- As a result of COVID-19, we enhanced our health and wellbeing offer for all staff. Due to isolation and other matters, our sickness absence rate has been higher than usual, with a rate of 6.33% registered on 1 November 2021.
- All colleagues who isolate, or who are on long-term sickness absence, are phoned by our Health and Wellbeing team to ask how they are, and if they need further support during their absence. This service has received extremely positive feedback from staff.
- To support colleagues, we offer several different counselling services as well as alternative therapies such as Reiki – with colleagues recently offered two free sessions with our partners at Aurora.
- We have created two ‘Rainbow Garden’ spaces, which staff can access as a place of comfort and mark their respects to those who have passed.
- We are working with local caterers to enhance and increase the variety of meals that are on offer to staff, with suppliers offering pizzas, crepes, Greek cuisine, and other catering offerings.
- In September we hosted a ‘thank you’ event at the Yorkshire Wildlife Park, with over 3,000 members of staff attending, with friends and family, bringing the overall attendance to over 6,600 on the day. All those who couldn’t attend on the day were offered a free ticket, plus two discount entries to be used at a time of their choosing.

## APPENDIX A

- Finally, we have a schedule of 'Random Acts of Kindness' (supported by charitable funds) to help further boost staff morale as we move into the winter months. In the past these have included a free cup of tea and cake delivered to all colleagues, a free bag of sweets and other assorted treats, and we plan to continue with these acts.

### Vaccination and testing

- In early April 2020, the Trust introduced PCR testing via a drive-thru services for all staff, as well as patients undergoing planned procedures.
- This also led to an increase in our in-house testing provision, with, to-date, over 175,000 PCR tests having taken place at the Trust. Our testing is extremely sensitive, at a rate of around 97% of producing true positives.
- All staff are asked to undertake a twice-weekly regime of lateral flow testing, which continues today with good take-up.
- We have also delivered over 13,000 COVID-19 vaccines to colleagues across two doses. 85% of all staff received the dual vaccine, with the remainder opting out largely due to medical exemption.
- At the time of writing, more than half of all colleagues have received the booster vaccine, while we have administered more than 4,000 flu vaccines.

### Communications and Engagement

- As a Trust we have substantially increased the amount of internal and externally messaging over the past 20 months, updating colleagues and our communities on our position, as well outlining new guidance and so on.
- We created a **Coronavirus Resource Hub** for colleagues to access, which contains everything from PPE policy to how staff book a PCR test – this continues to be maintained daily and accessed and referenced by colleagues, on average, around 17,000 times per week.
- Been a key partner in Team Doncaster communications cell, communicating key messages to communities through the 'Let's do it for Doncaster campaign'
- We have also kept in **constant contact with our local communities via social media** and other platforms – with a weekly Facebook 'reach' of over 100,000 and increasing followers to the organisation's page from 10,000 to almost 50,000 by November 2021. The Trust also has a private Facebook group which is used by more than 80% of all employed colleagues.

### What comes next?

Throughout the past number of weeks, we have developed our winter plans as we expect to care for the usual seasonal illnesses, as well as further cases of COVID-19. This includes:

**Provision of additional capacity:** 10 extra beds Emergency Surgical Ambulatory Care as well as £958,000 investment to reconfigure our Critical Care surge capacity and Discharge Lounge service. Further investments of £2.4 million include:

1. Additional support services and staff to support the Emergency Department including portering for tests and pharmacy, additional Rapid Assessment Team staff and keeping day surgery running until midnight .

## **APPENDIX A**

2. Introducing a virtual fracture clinical at weekends supported by additional junior doctors and beds will be available through private sector providers on an ad hoc basis.

### **Bed capacity and managing surges in activity:**

Last year, we took the opportunity to be able to increase our intensive bed capacity from around 30 to 130 to match the possible level of demand but thankfully this was not required. Moving through this winter we have some flexibility in our current capacity, however the position this will be challenging because of staffing pressures.

The Trust's overall bed capacity before the pandemic was approximately 670. With enhanced infection, prevention, and control measures this reduced to 610 (9% reduction) and since then we lost an additional 40 beds following the incidents in the Women's and Children's Hospital (15% overall reduction from 20/21) – however we hope to recover this position somewhat by December (more information further into this report in the Maternity and Paediatric section).

As we look towards the challenges of winter our in-house testing capacity also screens for influenza, and as such existing infection prevention and control processes will help to contain outbreaks from other viruses, with the same ICP principals applied to Covid -19, Influenza and norovirus.

Finally, we continue to work with our Integrated Care System partners to flex our capacity as required, helping our partners in times of high activity in neighbouring localities, while similar support is available should the communities we serve come under stress. These arrangements also exist at a nation level.

### **Priorities throughout the next 12 months:**

While we tackle winter, the Trust, and Integrated Care System (ICS), have several priority areas we wish to tackle throughout the remainder of 2021/22:

#### **Restoration and recovery of elective and cancer care:**

- Waits over 104 weeks to be eliminated by March 2022 (except where patients choose to wait).
- The number of 52 weeks waiters to stay the same or reduce (providers will be given individual trajectories through the planning process).
- Waiting lists to stabilise at the level seen in September 2021.
- Return the number of people waiting for longer than 62 days the February 2020 by March 2022.
- Meet the faster diagnosis standard from Q3 with 75% of patients having cancer diagnosed or ruled out with 28 days of referral.

#### **Urgent and emergency care:**

- Reduce the number and duration of ambulance to hospital handover delays.
- Eliminate any 12 hour waits in Emergency Department.

## APPENDIX A

- Ensure safe and timely discharge of patients without clinical criteria to reside, especially individuals on pathway 0 (as outlined by the Hospital Discharge Service Operating Model (<https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model>)).

### Discharge and system working:

- A key area of focus in reducing length of stay (particularly over 21 days).

### Other key areas:

- Meet the uptake ambitions for the flu jab set out in the national flu letter.
- All NHS board performance reports must include reporting by deprivation and ethnicity.
- All individuals eligible for a vaccine should be offered one by 1 November.
- Systems must deliver their 2021/22 Mental health plan.
- Systems should continue to deliver improvements in maternity care including responding to Ockenden review.

### Maternity and paediatric update:

Last 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 most maternity services to Doncaster Royal Infirmary (DRI).

On 2 November 2021, thanks to a successful recruitment drive we have reopened our inpatient Maternity services at Bassetlaw Hospital. This was made possible by the appointment of several newly qualified midwives as well as appointment to other specialised roles.

We do not anticipate that we will have to consolidate maternity services this winter.

Unfortunately, in April and October 2021, the Women's and Children's Hospital at Doncaster Royal Infirmary experienced two significant water leaks. These occurred in covered pipework at the very top of the building and caused damage to the electrical infrastructure within the east side of the building.

Ever since, extensive repair works have been underway within the Women's and Children's Hospital which are not expected to be completed for some time.

As part of our contingency plans, we have relocated our paediatric wards to the hospital's South Block for the time being, whilst our Maternity services are able to operate solely within the west side of the building.

As part of a £12.4 million investment, two wards are now being developed at the rear of the Women's and Children's Hospital, alongside significant enabling works, which, once complete, will house surgical theatres, related plant room, as well as two-storey paediatric inpatient services. The

## **APPENDIX A**

buildings are constructed using modern methods of construction (MMC) and cutting-edge technology by ModuleCo – with similar techniques employed in the construction of facilities such as university student accommodation, the hotel industry, as well as hospitals about to be built as part of the Government's new programme.

With an expected handover date of early December, once complete, paediatric services will transition back within the footprint of the Women's and Children's Hospital and will eventually move back within the building once repair works are complete. The additional ward areas we have created will be used for additional surge capacity and are built to last.

### **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 118056 patient's financial year to-date (up from 104,387 in the same period last year – 13.1%) with 70,701 (up from 64,984 – 8.8%) at Doncaster Royal Infirmary.

Throughout last year and into 2021, work was undertaken within our Doncaster Emergency Department to convert the ambulance bay entrance. Largely complete, 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.

Work has also been completed on a new canopy which will enclose the entrance to the service, providing further privacy and dignity to those arriving by ambulance. While the entrance way to the service, known as Gate 2 and 3, has been significantly improved with better access for patient transport and ambulances.

Finally, it is 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 residents in this regard.

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

Last year, due to the challenges presented by COVID-19, our programmes of education were severely impacted including our clinical placement offer for pre-registration students and doctors in training.

We are now in a process of 'restoration' of clinical placements. This means we have brought our pre-registration 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 daily are managing this process well, there remains some challenge with the number of students we can support aligning to our workforce availability and maintaining quality education standards.

In relation to our in-house education programmes, we have continued to deliver these complying with IPC standards and ensuring that we can continue to offer appropriate learning requirements to meet

## APPENDIX A

educational standards as required e.g., National Resuscitation Council. The challenge around our staff being able to be released from direct clinical care remains of significant concern and is reviewed, discussed and staff are prioritised monthly to ensure we maintain safe care.

Finally, to address any local shortfalls of nursing colleagues, we have undertaken overseas recruitment of Registered Nurses from India. In total we expect around 50 new starters to join us, who will help to staff a variety of areas. For our part, we are putting them through the relevant qualifications to ensure they are able to practice within the United Kingdom.

Predominately from India, the first cohort of Registered Nurses sat their Objective Structured Clinical Examinations (OSCEs) in Northampton on 18 October, and the second group on 8 November. These exams allow the newly recruited nurses to practice within the United Kingdom and, upon receiving passing grades, these individuals will be placed within a variety of a clinical settings at Doncaster Royal Infirmary.

### **Benchmarking our performance:**

The below is based on last available data in September:

**Four-hour access:** Our national benchmark is against national and local performance in September – we achieved 78.2% compared to the National average of national mark 83.7%. This was due to workforce pressures, high attendance levels, the impact of the women and children’s incident on the inpatient bed base and surges in COVID-19 activity in South Yorkshire.

**Referral to Treatment:** Our national benchmark is against national and local performance – we outperformed this national mark which stood at 64.6% registering 71.6%. In the coming weeks and months, we hope to improve this performance further as we further implement our Rapid Diagnostic Service, as well as launch the Community Diagnostic Hub at Montagu Hospital – the intention for both is to provide a one-stop-appointment for diagnostic tests for those suspected of cancer. We will have a further update on this soon.

**Cancer targets:** Our national benchmark is against national and local performance in August – we outperformed every target both nationally and locally except one – the maximum 62 waits from referral from NHS cancer screening service to first definitive treatment

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

**Waiting times:** Can be viewed in our Board of Directors report for November, which will be made available here: <https://www.dbth.nhs.uk/about-us/how-we-are-run/board-of-directors/board-directors-meetings/>

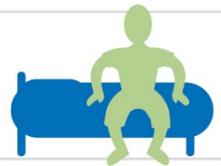
# Our activity

Below you can see Team DBTH's activity throughout the **financial year-to-date** broken down by type of patient, and where these individuals received care and treatment.

We cared for **271,702** outpatients



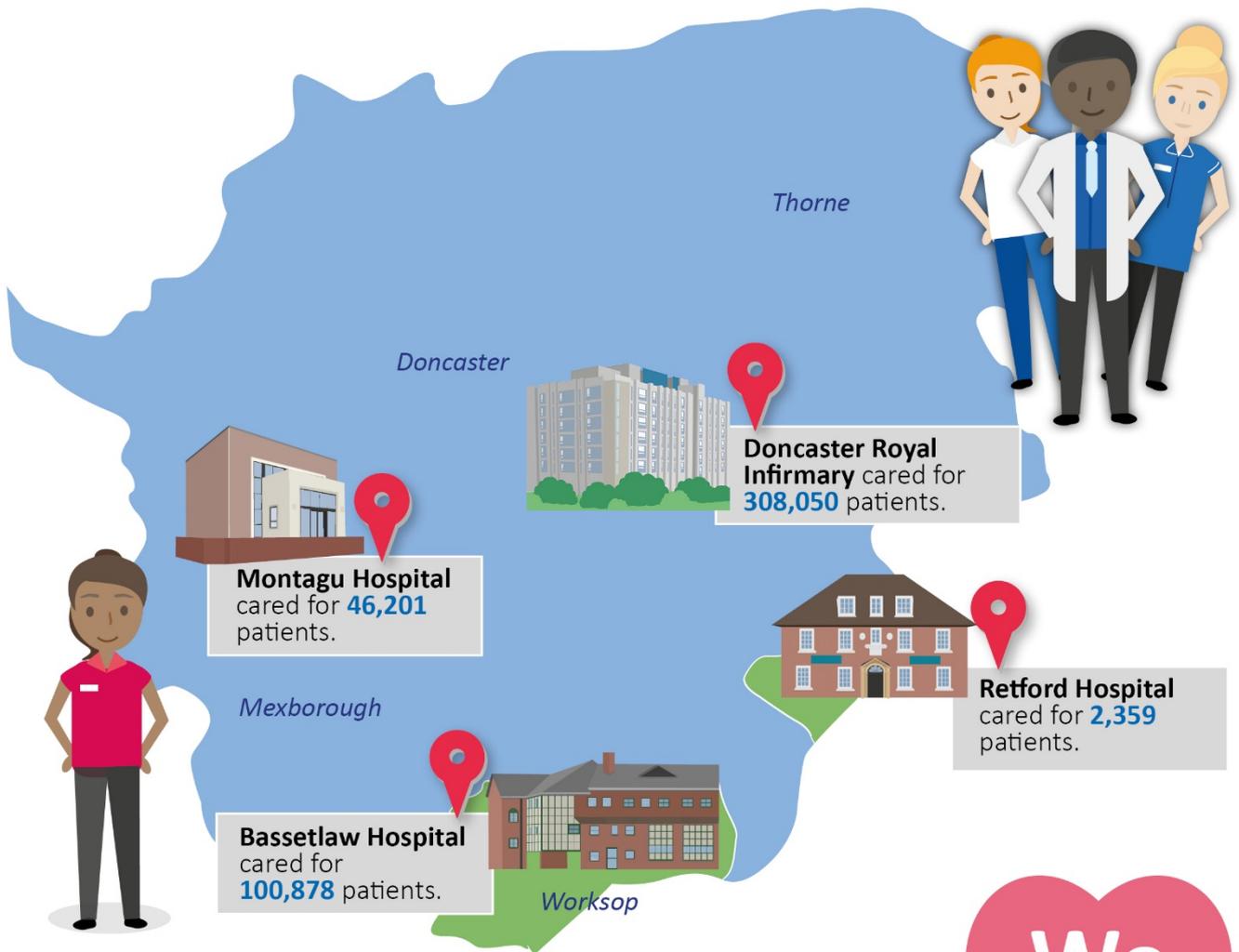
We cared for **65,174** inpatients



Together, we delivered **2,556** babies



We cared for **118,056** emergencies



## APPENDIX A

### Ambulance Handover Update:

Joint working is ongoing with Yorkshire Ambulance Service (YAS) and East Midlands Ambulance Service (EMAS) with monthly system meetings across both place settings to discuss delays and improvement opportunities. Longer waiting times continue to be seen due to increased infection control processes and the split in the estate's footprint of COVID-19 and non-COVID patients.

The iUEC Programme has supported a joint Acute Walk Through with GIRFT (Getting it Right First Time), ECIST (Emergency Care Improvement Support Team - who support clinical improvements) and the ambulance services. They have also completed a diagnostic audit of ambulance conveyances and handovers times over a two-day period to identify opportunities to improve patient flow and ambulance handover times. ECIST have subsequently agreed to work with us around the ambulance delays identified and we have been allocated one of the team from NHS Improvement who will work across both sites at the Trust in conjunction with partners to improve the pathways and conveyance to hospital.

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

There is a continuing downward trend of patients needing a hospital bed following presentation in ED and the planned re-configuration of the Acute Medical Unit with integration into ED at DRI will aim to ensure that patient flow is maintained and patients requiring discharge or admission are in the right place, receiving the right care and treatment within no more than 12 hours of arriving in ED. Use of the Clinical Decision Unit (CDU) at Bassetlaw also aims to support patient flow as it allows patients to be reviewed by specialities and receive further treatment within the same timescales.

Work to improve the ambulance pathways include:

- Additional GP hours in urgent primary care to support ambulance crews where discussion needed with GP
- Extend Same Day Health Centre offer to YAS and South Yorkshire Police for patients that need minor injuries support
- Pilot with new geriatrician at DRI to support conveyance avoidance, particularly around frailty
- Work underway to promote the Rapid Response service with ambulance crews
- YAS direct pathway to SDEC, ESAC now implemented, to be duplicated at BDGH
- Single point of access for GPs to facilitate direct admission to SDEC, ESAC
- Early senior review in ambulance bay to identify patients suitable for SDEC, ESAC and fit to sit
- Implement Screening and Redirection tool, supported by signposting away and early senior review
- A full review of the Discharge Lounge to increase capacity to support decompression of ED in a morning has been completed
- Implementation of Criteria to Reside, Red to Green, and MDT Long Stay Wednesday walk-arounds aim to reduce LoS and increase discharges
- Mutual aid is also in aid at Place and across SYB
- We are also working closely with partners to identify additional options for bedded capacity and increase support to care homes and domiciliary care

### Appendix – Ambulance Handover Charts

**APPENDIX A**

