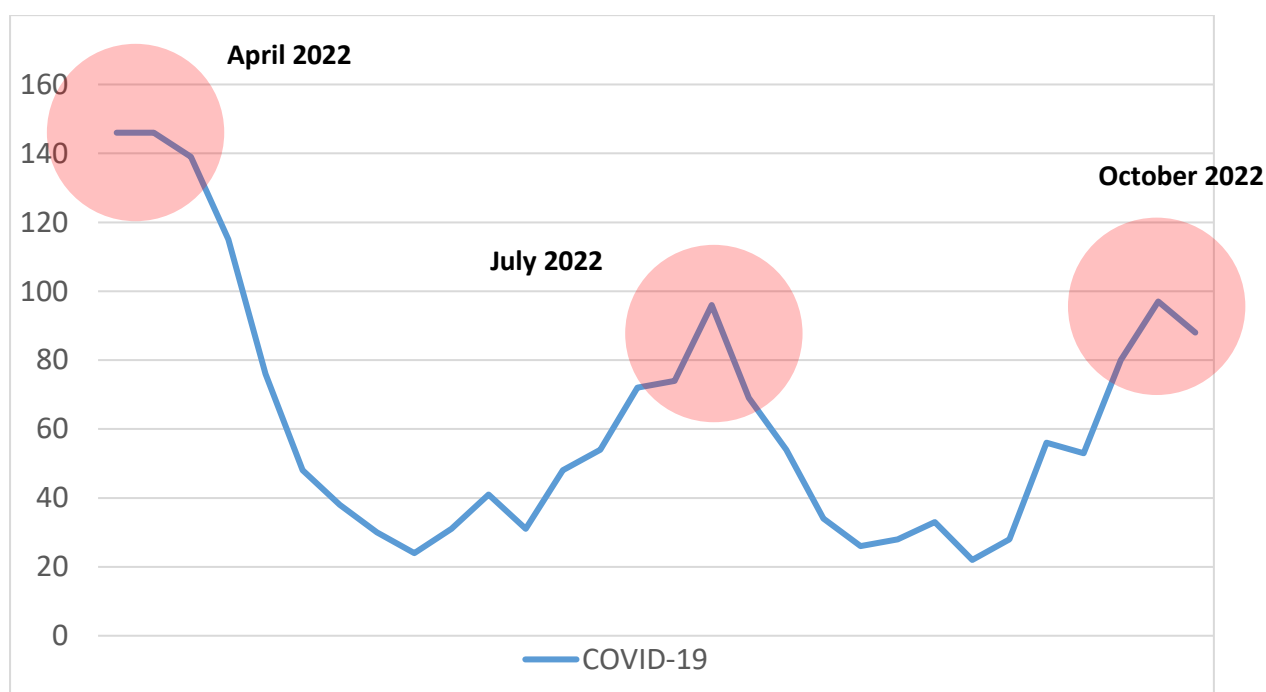


Update from Doncaster and Bassetlaw Teaching Hospitals (DBTH)

Emergency Department waiting times and ambulance handover

In 2022, we have seen Emergency Department attendances return to pre-pandemic levels, and in some instances daily attendances have been at the highest recorded levels.

Throughout October, services were particularly challenged as we saw spikes in COVID-19 activity, and high levels of delayed transfers of care.



This created significant pressures within the Trust and required work to be refocused and reprioritised to maintain urgent and emergency care services, and urgent elective and cancer care. This level of concerted pressure did have a knock-effect on our performance.

General Emergency Department activity:

From August through to October, our urgent and emergency services across both Doncaster Royal Infirmary and Bassetlaw saw 47,985 attendances. In 2021 attendances in the same period were 44,693, representing an increase of 7.3%. Broken down to a local level for Doncaster Royal Infirmary, this represents:

August: 11,071 attendances of which 56% were classed as a minor illness/injury and 5.4% of attendees left without treatment.

September: 10,782 attendances of which 55% were classed as a minor illness/injury and 4.76% of attendees left without treatment.

October: 11,094 attendances of which 53% were classed as a minor illness/injury and 5.20% of attendees left without treatment.

In September, 68.4% of patients waited less than four hours for treatment/admittance, still some ways away from where we want to be, but higher than the regional average of 57%. The October data is still being analysed.

Ambulance data:

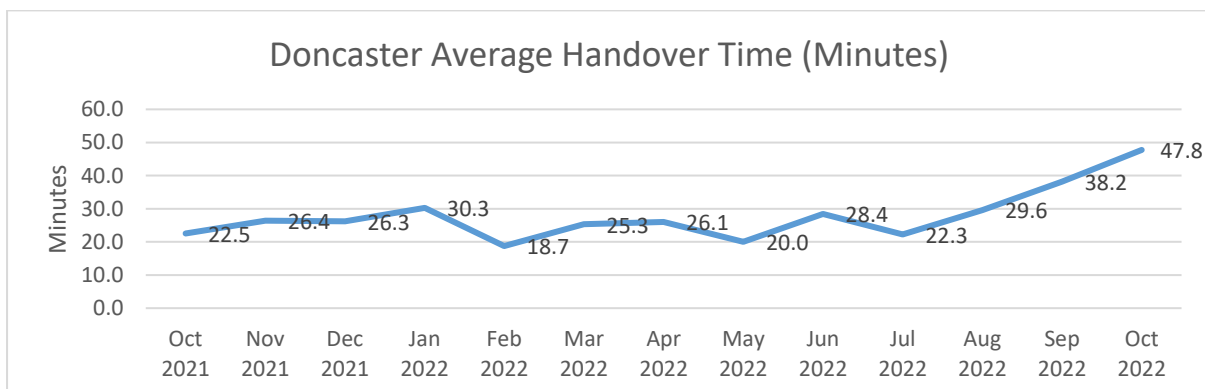
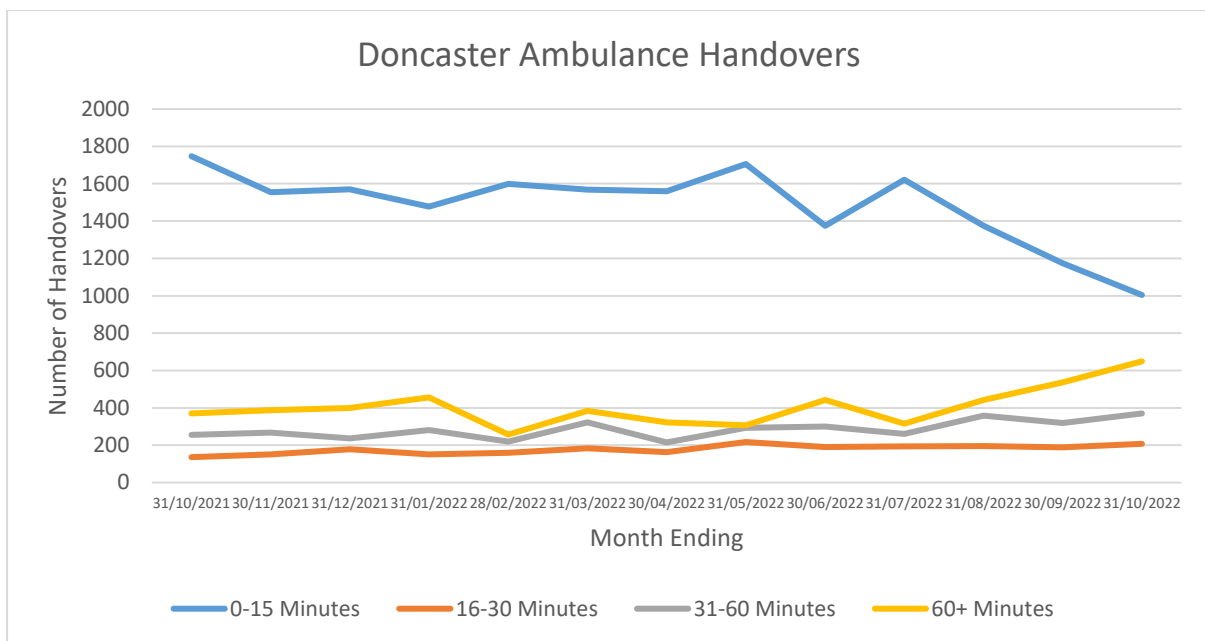
Broken down to a local level for Doncaster, our ambulance conveyance was:

August: 2,372, of which 57% were handed over to our care within 15 minutes and 18% waited more than 60 minutes.

September: 2,218, of which 52% were handed over to our care within 15 minutes and 24% waited more than 60 minutes.

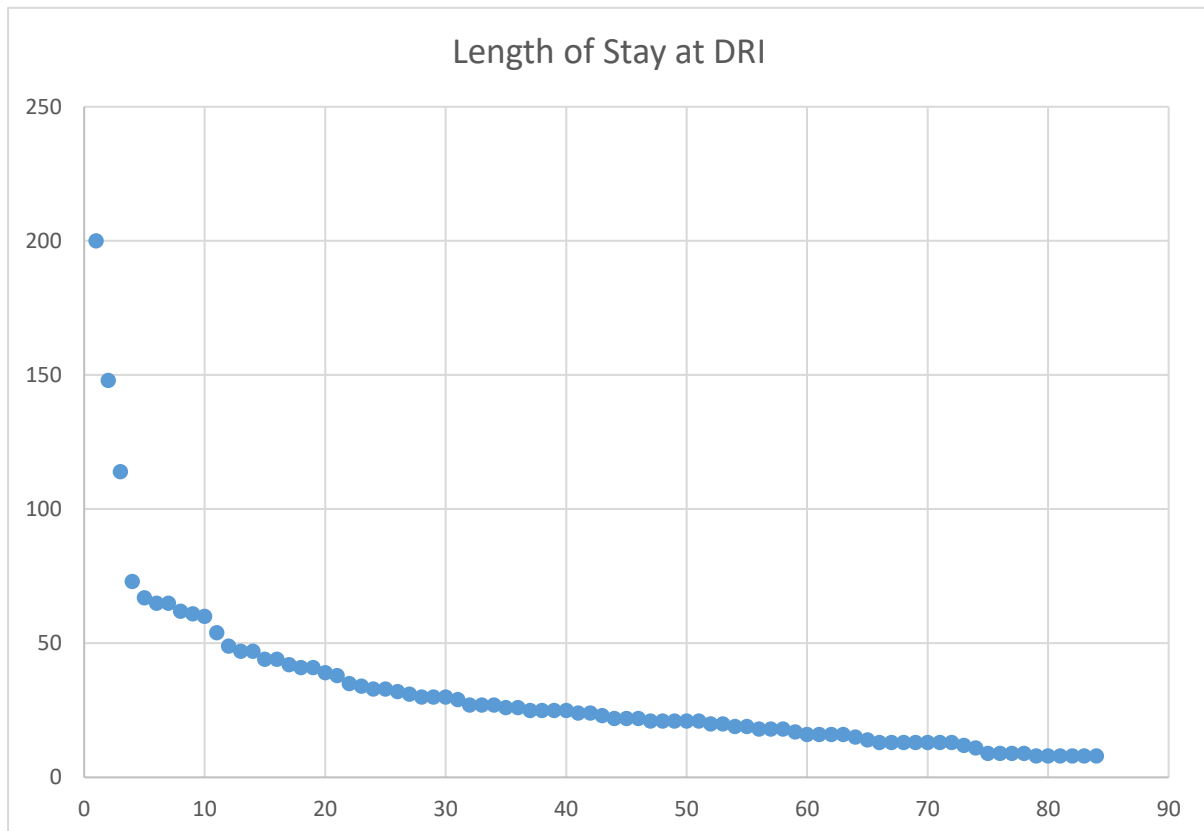
October: 2,230, of which 45% were handed over to our care within 15 minutes and 29% waited more than 60 minutes.

In September and October, as a resulted of flow through the department to the inpatient wards we saw increased delayed handovers and ambulances waiting outside Doncaster Royal Infirmary. We continue to work hard to try to reduce handover delays.



Transfer of Care (discharge plans)

At the time of writing (1 November 2022), we continue to have high levels of patients who require complex and specific discharge plans with an average of 70 to 120 patients recorded as medically fit for discharge but with no discharge date identified. This is a fluid position as patients conditions and circumstances do change whilst waiting for discharge, and there are some particularly challenges for patients with neurological conditions who require specialist supported living placements. The average length of stay in this group of patients is 25 days.



To give a sense of the pressures we currently face, for the week commencing 31 October, the Integrated Discharge Team at the Trust received 27 new referrals (including Bassetlaw). Compared to week commencing 24 October where this figure stood at just 15 – representing an 80% increase in just seven days. We expect this to continue as we head further into winter.

At present, our Discharge Lounge team are facilitating on average 35 discharges a day. This is an important service as it facilitates available admission beds earlier in the day which supports flow through the admission pathways. The usage of this service does fluctuate, and we are trying to raise the profile to ensure that people get home earlier if they have no reason to remain in hospital.

Housing can be a particular issue for some patients who are homeless at the time of their admission to hospital, and we continue to work with partners to support discharge from hospital.

To help with the challenges of delayed transfer of care we are currently working with partners on both sites to implement Transfer of Care Hubs and they are both due to go live on 7 November.

Additionally, PLACE partners have potential provision for an additional 12 community Transfer of Care beds (10 with one provider and two with another).

Operational performance and activity (September)

Our activity

Below you can see Team DBTH's activity throughout **September** broken down by type of patient, and where these individuals received care and treatment.



Backlog activity and waiting lists:

Significant work is underway at present to address our backlog of activity, as well as reduce our overall waiting times.

- In August 2022, our waiting list stood at 50,601. For comparison, in March 2020 (when the pandemic began), this was 27,509, a change of 83.9%.
- Of these waiting patients, 7,963 are awaiting an inpatient admission.
- Of our waiters, 1,382 have been waiting more than 52 weeks.

Trust average waiting times for first appointment:

- **Breast:** 3 weeks
- **Cardiology:** 10 weeks
- **ENT:** 7 weeks
- **General Surgery:** 9 weeks
- **Gynaecology:** 12 weeks
- **Orthopaedics:** 9 weeks
- **Upper GI surgery:** 27 weeks
- **Vascular:** 9 weeks
- **Ophthalmology:** 8 weeks
- **Pain Management:** 20 weeks
- **Urology:** 11 weeks

Elective: We are expanding our capacity to deal with backlogs, however elective activity is affected by pressures in emergency and urgent care services from COVID, delayed transfers of care and workforce pressures.

To help with our backlog, a business case on behalf of DBTH, Rotherham Foundation Trust and Barnsley Hospital Foundation Trust is being submitted to secure funding for an Elective Orthopaedic Centre (EOC) at Montagu Hospital, which has been chosen as it is the site in South Yorkshire which is not affected by emergency pressures creating fixed resources for elective care. Having the EOC on a 'cold' site will allow the development of a centre of excellence for elective orthopaedics as part of the plan to reduce waiting times locally.

Cancer and diagnostics: Performance on our six-week standards are improving, with CT waits decreasing in June and July by 40%.

Our Referral to Treatment rate currently sits at 66.2% (consultant-led treatment begun within 18 weeks of referral), slightly ahead of the regional average of 62.2%.

Since August, we have begun to implement the Faster Diagnosis Framework. The vision of this workstream is to provide personalised, accurate and speedy investigations, all of which will help us to start treatment quickly if needed, as well as provide a better patient experience.

Innovations that the FDF is looking to develop, implement and embed within the Trust are:

- Pilot a 'One-stop ovarian, cervical/vulval straight-to-test clinics and implementation of best practice timed pathways for gynaecology pathways.
- Evaluation of additional monthly ultrasound core biopsy clinics for head and neck pathway and implementation of best practice timed pathways.

- Histology – testing/evaluating new ways of working using new rapid tissue processors installed 2022.
- Further upper and lower gastroenterology improvements.
- General non-specific symptoms pathway improvements.
- General skin pathway improvements.
- Prostate – one stop clinics and additional capacity for Clinical Nurse Specialists and Patient Navigators.

Additionally, just over £9 million is being invested at Montagu Hospital in the coming months, as plans to further expand and enhance the site's Community Diagnostic Centre (CDC) are approved by The National CDC Programme, with support from the South Yorkshire integrated Care Board (ICB).

In 2021, Montagu Hospital was selected to host one of a pair of 'Community Diagnostic Centres' (CDCs) within South Yorkshire, following a £3 million investment from NHS South Yorkshire, of which Doncaster and Bassetlaw Teaching Hospitals (DBTH) received around £230,000 of initial capital funding.

Phase one of the project began in January 2022 when a mobile MRI was placed at Montagu Hospital, and this was joined in early February by a CT scanner. Between January and the end of March, around 2,600 patients were seen – work that has helped to reduce the backlog of activity which has accumulated because of COVID-19-related restrictions throughout the past two years.

Following completion of phase one the Trust's Strategy and Improvement team and service leads have been hard at work to develop a new business case to enhance services offered by the CDC as it enters its second phase, with further funding secured as a result.

The CDC will be housed in vacated space within the main area of Montagu Hospital, referred to as the 'rotunda', which will be familiar to many who are local to the site. The additional monies will expand diagnostic services, as well as increase staffing for the service, and developments will include:

- The provision of a new endoscopy suite.
- The creation of ultrasound facilities and related rooms.
- The development of multifunctional clinic rooms which can be used for screening and mobile services.
- Further training facilities to develop workforce for the future.

These facilities will create much-needed capacity for imaging and other diagnostic services and enable patients to get their diagnosis quicker, in one place within a community setting.

Colleagues at the Trust also plan to prepare a further business case to procure static CT/MRI facilities on site, which will replace the mobile units which are currently being used. This work will form part of the next phase of the CDC's development, and the three-to-five-year plan for the project, with an emphasis upon developing 'hub and spoke' models in other areas of Doncaster and Bassetlaw, working closely with primary care (services such as GP practices) to develop pathways like cardio-respiratory and lung health within the community.

Did not attend: From June through to September, 4,684 patients did not attend their first appointment (around 11.4%). This is in addition to 7,979 who did not attend their follow-up appointment (around 10.4%).

Financial position (month five)

The Trust finished month five £1m adverse to our plan with an overall deficit of £7.9m (adverse to plan by £1.4m).

The breakdown is as follows:

- £4.7m overspend on temporary staff usage because of vacancies, sickness, and activity pressures.
- We have seen some underspend against elective recovery £2.4m
- We have also received £1m relating to the damage caused by the significant water leak in the Women's and Children's Hospital.
- The current financial position is challenging.

Throughout winter we will see further pressures regarding staffing, as well as spend on bank/agency as a result.

There will also be further cost pressures related to our winter ward (Ward 22) which has been opened much earlier than planned to respond to the pressures in October. This facility will now be in place until at least Spring 2023.

Winter plans

Since summer, we have been developing our winter plan. This is an ongoing process - ensuring we meet spikes in activity, as well as closely monitoring capacity, staffing levels, and refocusing priorities wherever it is appropriate to do so.

The Place winter plans have been tested in September and October, responding to the spikes in COVID-19 and other pressures and further work and capacity will be needed and Doncaster Place is focused in implementing national guidance, developing rapid response services, alternatives to hospital admission, virtual wards, vaccination programmes and in response to more recent guidance local and regional control centres.

Working towards low levels of COVID-19, Influenza and Norovirus will be key to the degrees of pressure across health and social care this winter and in addition to maximising the vaccination in our community's infection prevention and control measures will also be encouraged and in some hospital and social care settings may be mandated by health professionals – hands, face, space, and ventilation.

At DBTH we have kept in place many of the restrictions and guidance related to COVID-19. This means that we still routinely screen colleagues for the illness if they become symptomatic, with an in-house swabbing service which is accessed via our Sickness Absence Line.

Members of staff are also asked to wear a mask in all clinical settings, and the Infection Prevention and Control team routinely work with wards and services in relation to any outbreaks to minimise nosocomial spread within the hospital.

Additionally, we continue to ask members of the public to wear a mask when coming to and from site, as well as consider their attendance as a visitor if they are unwell.

We are anticipating a spike viral infection, with specific caution relating to the FIFA World Cup, which is to be held in mid-November, and will likely lead to communities meeting in larger numbers indoors as will the festive period in December.

With key operational challenges in mind, and while we intend on reacting as necessary to related pressures, our focus remains on recovering services, as well as reducing our backlog. This remains 83% higher than at the start of the pandemic, and as such it is a key priority of the Trust to bring it down as much as possible, and as quickly as it is safe to do so.

Health and wellbeing

Throughout the pandemic we invested heavily in our health and wellbeing offer which is now well-established and remains in place for colleagues should they need it.

In terms of general health and wellbeing, this includes our TLC team, staff helplines and counselling – all of which can be found on our Trust intranet and are regularly sign-posted to colleagues if they are struggling and need extra support. We also have a Health and Wellbeing Team who routinely promote their work, as well as support managers.

We also have looked at more innovative and proactive measures, such as the introduce of visits from therapy pets for teams, as well as offering complimentary therapies to colleagues. These include things such as reflexology and reiki, and began in October 2021, with eight sessions funded at DRI, four at Bassetlaw and four at Montagu Hospital each week. Funding has been put in place for a further six months (at least) to ensure this continues throughout the winter – since implementation, hundreds of colleagues have benefited from this free offer.

We have also put specific emphasis on financial health and wellbeing and our package includes access to VIVUP – a service which includes access to counselling support, as well as salary sacrifice schemes on discount items such as electronic and white goods, with significant savings passed on to colleagues.

We also work with Transave a credit union, and WageStream, which offers an alternative to pay-day lenders, and allows colleagues to access a portion of their wage early without interest. The service also provides financial planning advice, a savings service and much more.

On our intranet we offer links to numerous sites and services regarding economic stability, as well as how colleagues can access help such as food banks, should they find themselves in a particularly difficult position.

Finally, we have recently revamped our bank and agency system, meaning that colleagues are paid more in-line with their substantive contract when picking up additional hours – meaning staff can earn a little extra if they need to this winter.

Reward and Recognition

The Trust has a rolling schedule of reward and recognition projects, with a few highlighted below, and many more planned in November/December:

Six Weeks of Summer Giveaway: This began in August and ended in early September. Every member of Team DBTH was entered into a random prize giveaway each week for the duration of the giveaway.

With ten vouchers given away each week, prizes included a family pass to the theatre, free passes to the Yorkshire Wildlife Park, Virgin Experience days, dining experiences and free entry to the Doncaster Dome's leisure centre.

Colleagues were drawn at random every Friday afternoon and announced by Richard Parker, Chief Executive.

£130 Club: This began in October and will run monthly until March. Winners will receive a £130 Love2Shop voucher. This is a random giveaway which is linked to a specific activity within the Trust.

In September, to enter colleagues had to comment on our DBTH Staff Facebook group (or fill in an online form provided via the Hive if they are not a social media user) as well as download our DBTH Staff app. We had over 2,000 entries, and downloads for the app reached over 4,000 as a result.

Similarly in October, we ran the same system however asking colleagues to complete their Staff Survey. At the time of writing, 2,200 colleagues will be eligible for the draw and our Staff Survey response rate sits at 56% - the highest in the country at the time of writing.

Team building: In August 2022, the Trust launched a scheme to fund team building activities for all services, departments, and directorates. Each area can bid for up to £400 (or £20 per person) and must have a conversation about their targets/vision as part of the day.

At the time of writing 32 bids have been received, with a spend of £7,757. Activities include escape rooms, outdoor activity centres, mini golf, alpaca walking and bowling.

Hearts for Doncaster: Launched as a fundraising project in mid-2021, this is a nine-foot memorial which is adorned with acrylic hearts, all of which have a personal message engraved upon them. Once complete, the statue will look like a rainbow arch, with the hearts making up the constituent colours.

Since launch we have been working closely with Doncaster Council on planning permission, and this has been now sited at the Archive Centre in Chequer Road. Around 1,000 hearts have been sponsored (of a possible 5,000), with many members of Team DBTH dedicating messages to one another, and managers sponsoring shapes for their entire team/department.

The memorial is now open to view and is in profit from a fundraising perspective.

Estates and Infrastructure.

General capital expenditure last financial year was £35.5 million, this included:

- Women's and Children's critical incident - £11.6m
- Targeted Investment Fund for Estates and Technology - £5.3m
- Fire Safety - £4.8m
- Building backlog maintenance - £4.1m

In addition to the expenditure above, we made significant capital investments within our hospital throughout the year – both to combat COVID-19, as well as to enhance the Trust's infrastructure. Works accounted for £25.49m and included 120 projects, some of which are listed below (note all costs are approximates):

- **Electrical incident, reinstatement, and recovery (£14.683m):** Works related to the water leak within the Women's and Children's Hospital.
- **Maintenance backlog and critical infrastructure (£7.827m):** Works to improve our electrical infrastructure, fire precautions, water safety, minor repair works, road and footpath upgrades, roofing, window replacement, lifts, ventilation, and preparatory works.
- **COVID related works (£620,000):** This includes 72 projects related to safe working, air scrubbing and partitioning wards and corridors.
- **Divisional works (£1,380m):** This includes the enhancement of wards, offices, and bathrooms within the hospital.
- **General infrastructure (£535,000):** This includes IT systems, security, site utilisation surveys and rationalisation

While all of the above amounts to a substantial amount of investment, and work, it doesn't necessarily mean that the hospital is moving forward in terms of infrastructure.

The site's backlog maintenance and age mean that we must spend a significant amount to stay in place, and unforeseen events such as the critical incident within the Women's and Children's Hospital

are the types of risks we see as we continue to use facilities which, in some cases, are reaching almost 100 years old.

It also means that we have pressures when installing new technology, such as scanners, and ensuring we have the right electric infrastructure to power equipment, some of which is right at the cutting edge and revolutionary for the care we provide for local people.

As such, we continue to make the case for a new hospital in Doncaster, and have a team dedicated to developing a business case.