

Update from Doncaster and Bassetlaw Teaching Hospitals (DBTH)

Emergency Department waiting times and ambulance handover

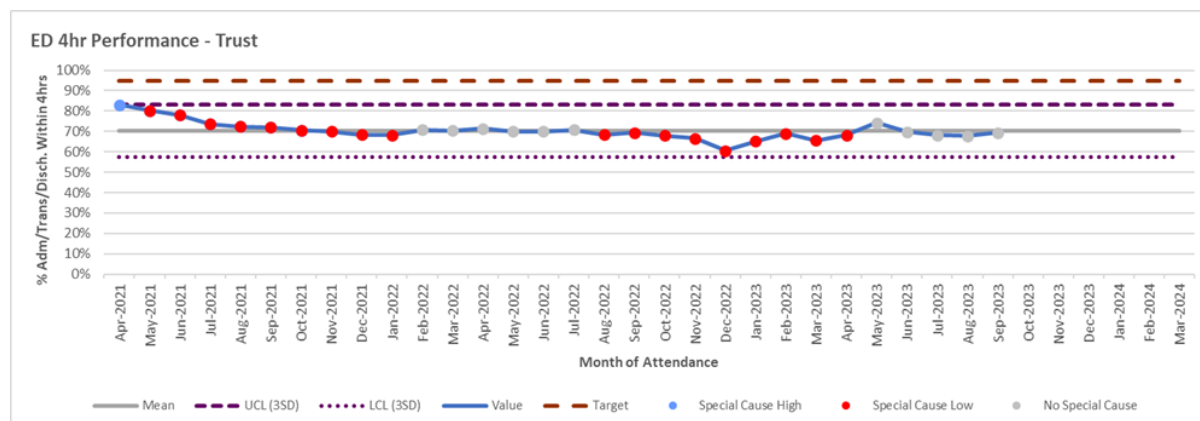
Demand on emergency services continues to be high, and in common with the rest of the NHS, and historically, it is expected that the period from October to February is likely to be extremely challenging.

In anticipation of the need to have a particular focus on expected demands we have reorganised our Divisional structure to create a new Division of Urgent and Emergency Care composed of Emergency and Acute Medicine. Work has been ongoing with our Place based partners, including NHS Doncaster Place, Doncaster Metropolitan Borough Council (DMBC), Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH), Fylde Coast Medical Services (FCMS) and Primary Care Doncaster (PCD) to improve performance and patient flow through our emergency departments and into, and out of our hospitals. Initially this was supported by the national Emergency Care intensive Support Team (ECIST) although more recently the support has been reduced as the team have refocused on the most challenged systems.

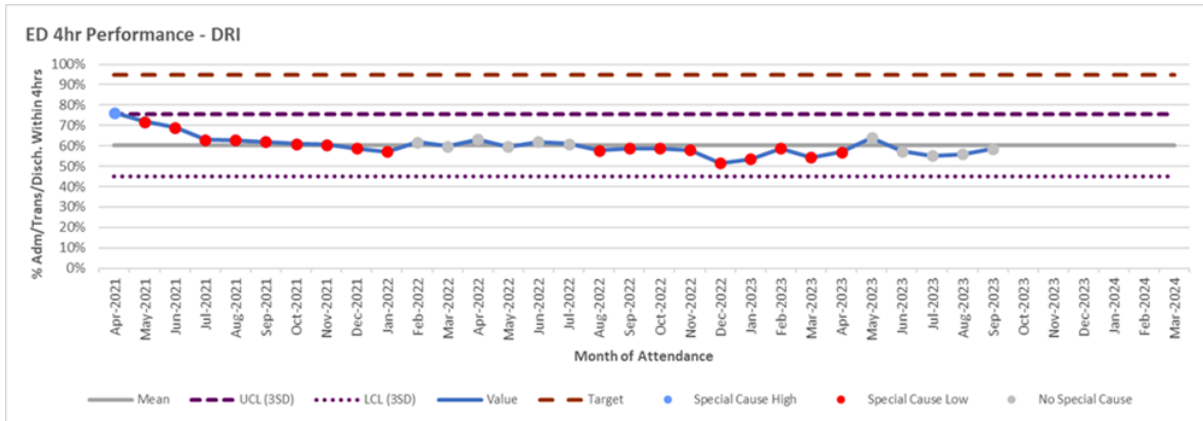
Moving into the winter period the Emergency Department at Doncaster Royal Infirmary has six ambulance handover spaces, six resuscitation spaces (five adult and one child), 22 'majors' cubicles, a separate 'minors' areaⁱⁱ, a primary care (GP) service at the front door, with dedicated facilities co-located to the Emergency Department and finally a Clinical Decision Unit which hosts up to 15 bed spaces.

Performance of Emergency Care Access within 4 hours

Trust: In September 2023, there were 16,373 patients attending the Trusts Emergency Departments, of these 5,006 patients were in the Department over four hours before admission, discharge, or transfer. Performance was 69.42% against the standard of 76%.

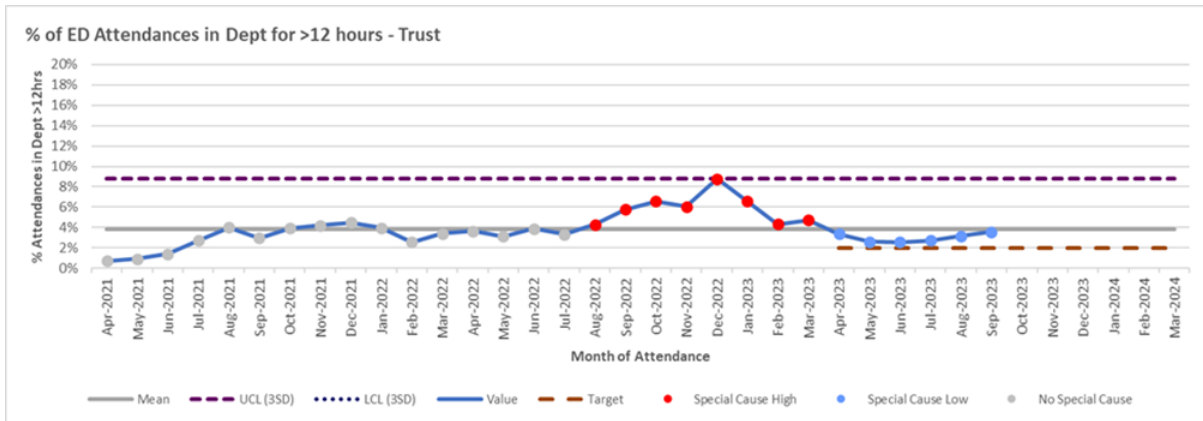


Breaking this down, In September 2023 there were 9,258 attendances to the Doncaster Royal Infirmary ED, of these 3,839 patients were in the Department over four hours before admission, discharge, or transfer. Performance was 58.53% against the standard of 76%

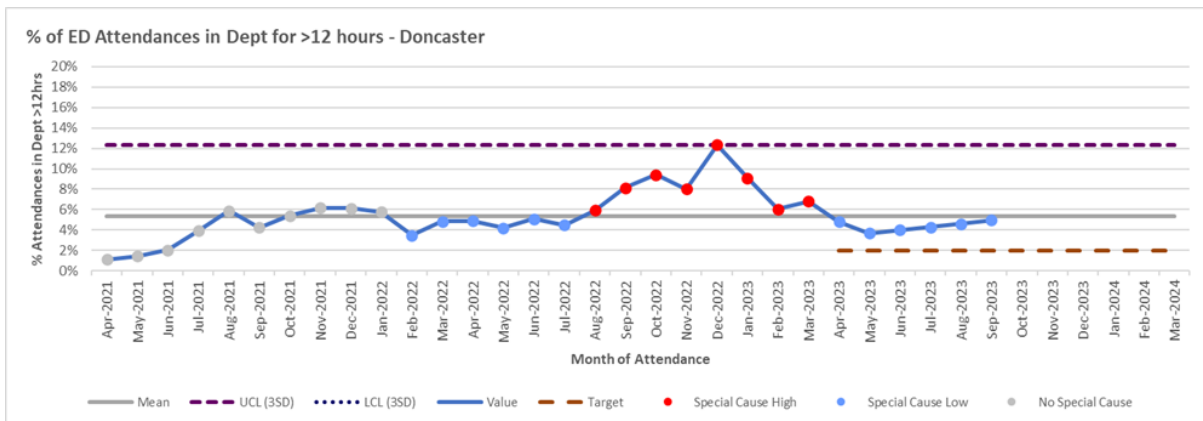


Performance of Emergency Care Access within 12 hours

In September 2023, there were 585 patients in the Trusts Emergency Departments over 12 hours from arrival. This is 3.57% of all attendances, against the standard of no more than 2%.



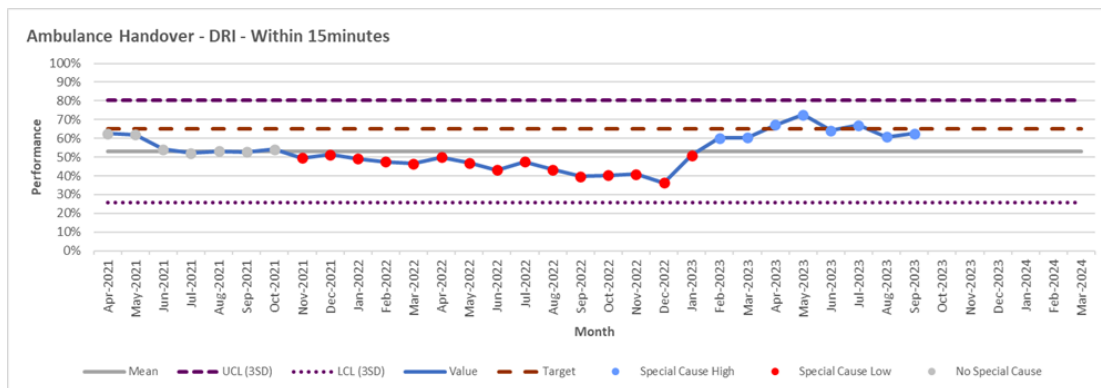
At DRI there were 460 patients in the Emergency Department over 12 hours from arrival. This is 4.97% of all attendances.



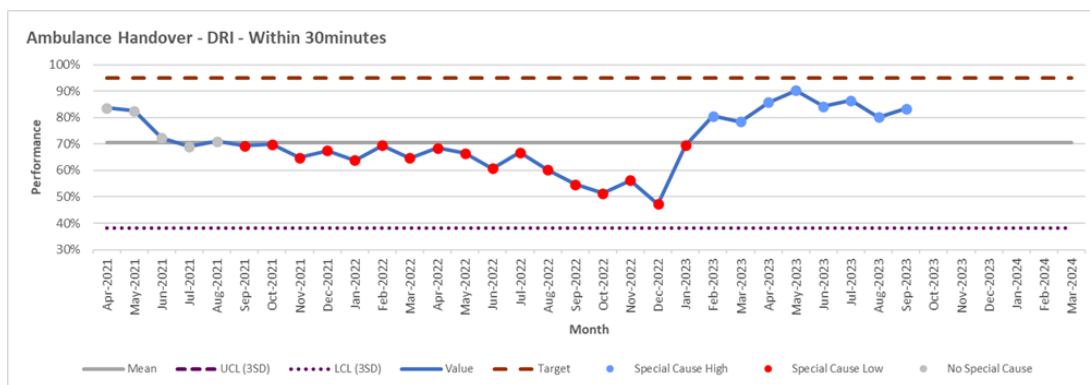
However, both metrics, 4-hour performance, and 12-hour performance, are directly impacted by flow through the department with the wait for admission directly impacted by bed pressures. As bed pressures rise performance is increasingly challenged.

Ambulance handover performance

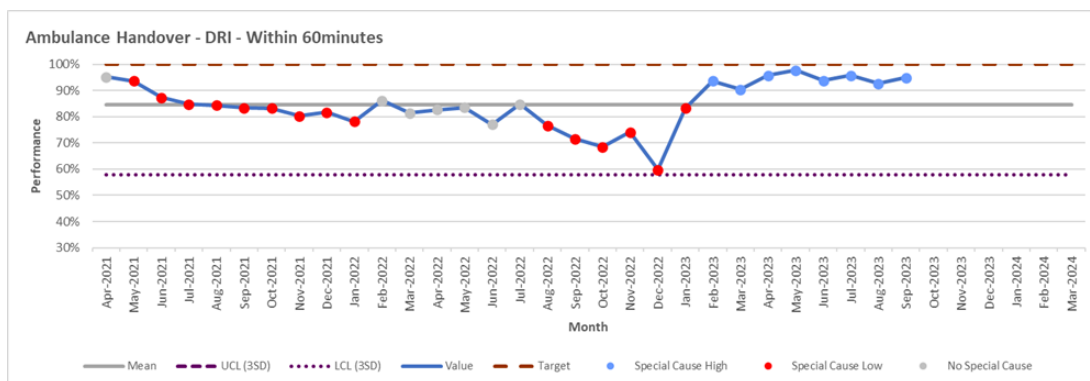
Ambulance handover within 15 minutes improved from 55.30% in August 2023 to 55.61% in September, against the standard of 65%.



Ambulance handover within 30 minutes improved from 81.45% in August 2023 to 83.3% in September, against the standard of 95%.



Ambulance handover within 60 minutes improved from 93.86 in August 2023 to 95.36% in September, against the standard of 100%.



But again, performance against these metrics is related to the same issues which are the focus of the Doncaster Partners improvement work as below.

Improvement work

At present, the Trust is undertaking improvement work linked to the NHS Transformation and Recovery Plan. This project, as outlined in the project charter, is aimed at redesigning, and improving

the Urgent and Emergency Care (UEC) pathway, ensuring a more efficient and patient-centric system.

As part of this project, colleagues conducted a whole system process mapping exercise and undertook a comprehensive UEC redesign to determine how patients should enter the system. The primary goal is to ensure that patients are directed to the right clinician the first time they access our services.

The outcome of this project will be significant. By reevaluating and enhancing our UEC pathway, we are not only streamlining the process for patients but also providing a framework that will guide other work streams in designing their services to effectively meet the growing demand for healthcare services. Outputs with speciality teams, workforce development and review of front door estates will be considered as part of this ongoing project.

Winter plans

Our winter planning process started in the summer, with workshops involving all divisional and corporate teams.

We have participated in operational and surge planning across our Integrated Care Boards (South Yorkshire and Nottinghamshire) and there is a particular focus on ensuring robust escalation frameworks, supported by agreed actions, are in place across the system.

Our high impact interventions for winter are aligned to the delivery of our UEC improvement programme as described above.

Additional interventions include virtual wards (managing appropriate and ambulatory patients from home) as well as regular communication with our community to ensure appropriate usage of NHS services at all times.

We do however understand that this winter will be challenging, and we intend to do all we can to ensure that patients receive the best quality care and in a timely manner.

Reducing long waits for elective care

The national ambition is to virtually eliminate waits over 65 weeks by the end of March 2024. The Trust is currently forecasting 387 patients over 65 weeks by the end of March 2024, with the majority of these in the three specialties areas (Urology, Orthopaedics and ENT).

Trust elective recovery plans are focussed on fully utilising all available clinical capacity in outpatients, diagnostics and theatres. This includes increasing the number of patients on operating lists and reducing the number of missed appointments in outpatients. Unfortunately, the recovery plan has been impacted by the ongoing industrial action and a continuation through the autumn and winter months is a significant concern for both emergency and elective performance.

To support the reduction in long waits for treatment the Patient Initiated Digital Mutual Aid System (PIDMAS) was launched on 31 October 2023 - patients who have been waiting over 40 weeks for treatment, and do not have an appointment date within the next eight weeks, could be eligible to request to move to a different hospital to be treated sooner. Those eligible have been contacted by the Trust and given a web link and telephone number to submit a request to explore their options.

In January or 2024 it is anticipated that the Mexborough Elective Orthopaedic Centre of Excellence (MEOC) will help to significantly reduce waiting lists in this speciality. A collaboration between

Doncaster and Bassetlaw Teaching Hospitals (DBTH), Barnsley Hospital NHS Foundation Trust (BH) and The Rotherham Hospital Foundation Trust (TRFT), the MEOC is a new £14.9 million, dedicated orthopaedic hub providing additional services for the people of South Yorkshire.

Patients on orthopaedic waiting lists at all of the three hospital trusts will have the option to have their procedures at the MEOC or opt to remain at their local hospitals. The procedures available at the MEOC include hip and knee replacement alongside foot, ankle, hand, wrist, and shoulder surgery.

Providing ring-fenced elective bed capacity through the MEOC on a 'cold site' (a hospital site unaffected by urgent and emergency admissions) will prevent cancellations, improve patient experience and patient outcomes and play a significant role in reducing orthopaedic waiting lists and waiting times for local people, in the first year of operation, it is anticipated the centre will undertake some 2,200 orthopaedic procedures, equating to about 40% of the current orthopaedic waiting list.

Non-Surgical oncology position

The non-surgical breast oncology service for South Yorkshire is provided by Sheffield Teaching Hospitals and during the course of the year has faced challenges as a result of workforce pressures, primarily the recruitment of oncologists. Whilst recruitment of breast oncologists remains challenging nationally, STH have been able to secure some additional capacity from an independent provider who is now working alongside their own clinical teams to provide additional capacity at Weston Park for patients from across the region.

This additional support coupled with work by STH clinical teams to modify care pathways and upskill other clinical colleagues within the oncology multi-disciplinary team has meant that the extension in waiting times for new patients has been contained for the time being and has not continued to grow in the way it was anticipated it might back in April.

Additional clinics have been established on Saturdays for patients from Rotherham, Barnsley, Doncaster & Bassetlaw who are currently being seen in the Breathing Space facility in Rotherham.

To deliver the additional capacity in the most efficient way, some patients from Doncaster are being asked to attend Weston Park Cancer Centre rather than Breathing Space for their first outpatient appointment. We appreciate that this is not ideal for those patients, but it means that they can be seen in a timelier way, and discussions regarding transport arrangements are being had if there are any difficulties for these patients.

The primary focus remains looking after the most clinically urgent patients with appointments face to face in Sheffield as required and patients moving back to the Breathing Space Hub as soon as possible. All treatments continue to be delivered locally.

Developing a sustainable future service model

As the national workforce challenges are likely to continue for the foreseeable future the South Yorkshire and Bassetlaw Cancer Alliance have been asked to work with partners to lead a piece of work to look at options for a future sustainable service model for non-surgical oncology services. Key stakeholders and decision makers from an NHS provider and commissioning perspective from each locality are represented.

This programme of work will outline and identify future Non-Surgical Oncology (NSO) outpatient model options, based on the needs of patients, to maximise safety, to reduce clinical risk and variation

and to invest in a sustainable model for the future. The review also needs to be cognisant of the workforce pressures and to maximise the resources available.

A public engagement process began in early March and ended in April and this insight will inform the development of options which will then require further engagement with staff, patients, public and stakeholders. The Joint Health Overview and Scrutiny Committee (JHOSC) for South Yorkshire, North Derbyshire and North Nottinghamshire is being kept informed of the progress of the engagement and will formally review it at a meeting in November. When the options appraisal is ready, JHOSC will advise if a formal consultation should be undertaken on the proposed models. Further updates on this work will be provided as soon as the development of potential options is finalised.

Estate and Infrastructure

Recognising the importance of our infrastructure, this year we have prioritised the development of our sites to ensure they are fit for the future - whilst pushing for a new hospital in Doncaster.

Over the past year, we have undertaken a record-breaking capital projects program, investing £56 million in vital upgrades and expansions. Notable projects include the Community Diagnostic Centre and Elective Orthopaedic Centre at Montagu Hospital, the Emergency Village at Bassetlaw Hospital, and the newly opened, state-of-the-art Central Delivery Suite at Doncaster Royal Infirmary, to the cost of almost £3 million, to name but a few projects. These investments will enable us to provide enhanced services and improved patient experiences.

Unsuccessful bid for a new hospital: In May 2023, as a Trust we learned that we were unsuccessful in our bid for funding for a new hospital in Doncaster.

At present, the backlog maintenance bill at Doncaster Royal Infirmary (DRI) stands at approximately £550 million – and our overall bid for a new Hospital was £1.37 billion, with development to take place within the Canal Basin in the centre of the city.

Instead, we are now looking at a longer-term refurbishment plan, which, over the course of a number of years, will modernise DRI.

Community Diagnostic Centre: 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 the National CDC Programme, 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. In the first three months of operation around 2,600 patients were seen, and many more since – work that has helped to reduce the backlog of activity which has accumulated because of COVID-19-related restrictions throughout the past two years.

Phase two is now nearing completion, following investment of just over £9 million, with the development of a fully functional endoscopy suite, with training facilities and multifunctional clinic rooms including ultrasound facilities soon to be open to patients.

Construction began in March 2023, and the new facility exiting Pain Clinic which has been re-sited within the previously vacant physio-therapy area, while the imaging suite will be a new build to the rear of site in accordance with the site Development Control Plan adjacent to the new Montagu Elective Orthopaedic Centre, works for which will also get underway shortly.

Refurbished maternity services: The new £2.5m Central Delivery Suite and Triage area at Doncaster Royal Infirmary officially in April after months of refurbishment.

The area has been entirely updated and modernised and the refurbishment includes a full refit of the suite's birthing rooms, as well as the creation of a new welcoming reception and waiting area. The triage department is prepared to cater for all expecting families and the suite also has a dedicated Obstetric Observation Area which is fully equipped to support women and pregnant people who need additional observations.

The opening of the suite marks the Trust's first ever Midwifery Led Birth Centre. Whilst these services have been around for a little while, this is the first time that Doncaster's maternity department has had the required infrastructure to provide them.

ⁱⁱ Resuscitation (or 'resus') – where the sickest patients go. Major injuries (or 'majors') – where the next sickest patients go. Minor injuries (or 'minors') – where the least sick patients go.