



Partner Brief

February 2019. For more information on this bulletin contact Adam Tingle, Acting Head of Communications and Engagement: Adam.Tingle@NHS.net or call extension 644244.



Moira Hardy to retire

Moira Hardy, Director of Nursing, Midwifery and Allied Health Professions has announced her decision to retire and will leave the Trust at the end of August.

As Director of Nursing, Midwifery and Allied Health Professionals, Moira has been a great asset to DBTH, providing fantastic leadership for our clinical staff and she will be missed by all at the Trust. We wish her the happiest of retirements.

Following Moira's retirement, David Purdue, Chief Operating Officer, will become the Director of Nursing, Midwifery and Allied Health Professionals. A Registered Nurse of many years' experience, we expect David to bring the same innovation, dedication and enthusiasm he has shown for a number of years to this role and we will go to advert for a new Chief Operating Officer shortly.



Performance update

4 hour access - We achieved 91.3% against the national standard of 95%
RTT – We performed slightly below our contract target, reaching 86.6%
Cancer targets – The 62 day performance achieved the 85% standard, coming in at 86.9%.
HSMR – Remains better than expected at 93.43.

C.Diff – Two cases recorded in month and below (better than) year trajectory.

Nursing workforce - The Trust's overall planned hours versus actual hours worked was 98%.



Financial position update

The Trust was able to make a small surplus in month nine (December 2018) of £59k, which is better than planned, and better than our forecast by £233k.

The Trust needs to achieve a £6.6m deficit to deliver the year end control total, and therefore needs to continue to achieve a better than break even position for the rest of the year.

For the first time since 2015, the Trust has made small surpluses on three consecutive months. In late January, the finance team were named 'Finance Provider Team of the Year' in the Health Financial Management Association's Yorkshire and Humber Awards.



An update on capital bids at the Trust

Earlier in the year, we developed a bid to the Department of Health for £130 million to refurbish our Women's and Children's hospital, create new 'Emergency Villages' in both Doncaster and Bassetlaw with co-located urgent services, and reduce our maintenance backlog, primarily at Doncaster Royal Infirmary, but also at Bassetlaw Hospital and in specific areas like refurbishing our operating theatres and completing fire safety and electrical infrastructure.

Unfortunately this bid was unsuccessful and while we are extremely disappointed not to be receiving the additional funding, we will now look to other ways in which we can fund improvements.

The first stage will be for the Board of Directors to review the bids we submitted and ensure that the backlog maintenance cases are prioritised and where we can fund schemes through internal capital these are completed. The priorities are likely to be our operating theatre refurbishments and fire safety. We will also look to continue to work with partners in the Integrated Care System (ICS) to develop services which can be funded from other routes.

Despite missing out on the larger capital bid, we are pleased to share with you the news that we have received £4.2 million in funding to build a new CT Suite and purchase an additional scanner.

The new service will be located nearby the Emergency Department at Doncaster Royal Infirmary. With further help from the Doncaster Cancer Detection Trust, it is hoped that a further scanner can be purchased to replace one of the older machines at the hospital, meaning that patients will be able to benefit from this increased capacity to diagnose certain conditions.

This project will start in February 2019, and will take around 54 weeks to complete.



Antenatal Quality Improvement (Qi) event

Last month, a wide-range of team members from our Antenatal Services participated in a very productive three-day Rapid Improvement Event (RIE) which will improve care for mums, babies and families who receive antenatal care at DBTH.

Midwives, community midwives, consultants, sonography, IT and medical records staff participated in the event. We also had Emma Pearson, mum and chair of Maternity Voices Bassetlaw with us for the full event which meant we co-produced the improvement actions.

The group started by understanding the current processes and data, and identifying opportunities for increased effectiveness and efficiency, which would result in improved care. The group identified 77 'wastes' in the current process in areas such as waiting, defects, over processing and by the end of the QI work the plans that had been developed had addressed nearly all of those. There were so many excellent ideas generated by the team to improve and for antenatal care to be even better – in fact more than 46 ideas for improvement were developed. Qi events are all about quickly testing out

improvements that staff have identified, measuring the impact, and then putting in plans to sustain the change. This approach means that changes and ideas are not just talked about – they are tested out during the three days.

The areas the team worked on were:

- Initial contact and booking process for mums who are pregnant to ensure initial community midwife appointments are scheduled effectively
- Developing clearer risk stratification to ensure mums and babies receive the right level of care, from the right professional at right time
- Guidelines for sonography scans to ensure mums are getting the right scans when they need them
- Antenatal environment including trialling reducing the use of paper records in clinic.

The teams tested out their ideas, measured the impact, and refined their approach using PDSA (Plan, Do, Study, Act). Staff back in the workplace also contributed their ideas, and helped test out the proposed changes too.

Clear actions for the next 30, 60, and 90 days were agreed to maintain the momentum and to take the ideas forward and continue to measure the benefits. Members of the Qi team will continue to work with antenatal services with regular Qi coaching and support.



‘Making Mealtimes Matter’

Ensuring patients eat well and have enough to drink is extremely important. Good nutrition and hydration helps patients to recover from illness and injury, usually resulting in a shorter length of time spent in hospital.

Despite the best efforts of our clinicians, patient meal times can be interrupted due to a number of reasons. Wards and inpatient departments are often very busy places with competing priorities and treatments. To complement recently increased visiting times at the Trust, we will be moving away from ‘Protected Mealtimes’ and are instead working towards ‘Making Mealtimes Matter’.

This means that non-essential activity will stop during mealtimes and activities will shift from clinical work to the meal service. All staff will be encouraged to help and nutrition-related patient care such as topping up drinks, creating social dining spaces and assisting patients who need help to eat. Carers and families who wish to support their loved ones to ‘Make Mealtimes Matter’ will also be welcomed onto the ward area at this time.

It is hoped that by making these simple changes that mealtimes will become much more structured and enjoyable for patients, while also creating a much more social environment. It’s also important that relatives and carers are welcomed onto wards to help their loved ones if they wish and as such all mealtimes will be displayed upon entry to our wards, clear for all visitors to see.



Dr Mike Whiteside is appointed Chief Clinical Information Officer

In late 2018, we appointed Dr Mike Whiteside as our new Chief Clinical Information Officer.

Specific to the healthcare industry, this role is quickly become a necessity within the NHS. The idea is to have a designated individual who is responsible for enhancing the use of technology within a given organisation, in order to benefit both patients and clinical practice. This means that a Chief Clinical Information Officer (CCIO) needs to be familiar with IT, complementing the medical expertise that is required for their day job.

An Acute Physician, working at Doncaster Royal Infirmary (DRI) and Bassetlaw Hospital, Dr Whiteside is a perfect fit for the role. He will be working alongside the Trust's IT team in order to ensure that technology is meeting the needs of clinicians.



Trust champions Britain's Armed Forces

We are proud to share the news that in mid-January, we publically pledged our commitment to Britain's Armed Forces covenant.

On Friday 18 January, Richard Parker was joined by the President of the Reserve Forces' and Cadets' Association for Yorkshire and The Humber, and Her Majesty's Lord-Lieutenant of South Yorkshire, Andrew Coombes Esq. to sign the Armed Forces Covenant. They were also joined by Mr Andrew Bruce, Consultant Orthopaedic Surgeon at the Trust and Army Reservist, and our Chair, Suzy Brain England OBE.

Under the covenant we promise to support the military community and ensure that those who serve, or who have served in the armed forces, and their families, are treated fairly. More than 150 companies and organisations across the region have signed the covenant and Doncaster and Bassetlaw Teaching Hospitals is now one of 16 NHS Trusts to do so.



Reducing the number of missed appointments

Nationally, around one in ten appointments made are missed every year in England. Unfortunately, we are within the highest 25% of all trusts in the country for patients not attending appointments, recording around 4,166 a month or 140 missed per day.

To tackle this issue, in 2018 we undertook a procurement exercise to work with external partners to aid in our capability and capacity in managing patient pathways with two preferred suppliers now identified: PSL Print and DrDoctor.

Working with these two partners will enable us to share patient notifications about upcoming appointments. In addition to this, patients will have access to a personal patient portal, where appointments and specific information can be viewed by the patient or their carer with permission. They will be able to do this at their own convenience: Online, on their smartphone or by

conversational SMS. This activity is then presented to hospital booking teams, via a Managed Reporting System.

Ultimately, it is our goal to see a 20% reduction on the current missed appointment rate in the pilot areas - Ophthalmology, Gastro and Respiratory - within 12 months of implementation and 20% reduction overall by mid-2020.

