



Doncaster and Bassetlaw  
Teaching Hospitals  
NHS Foundation Trust



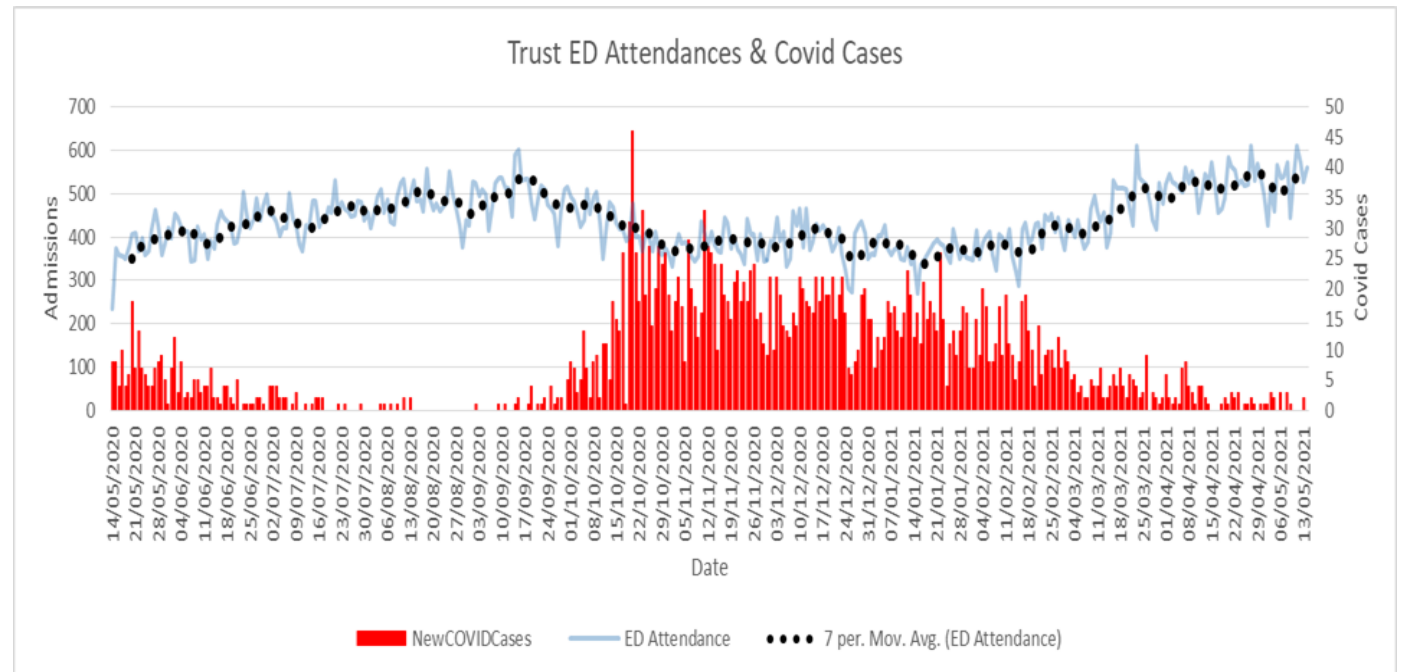
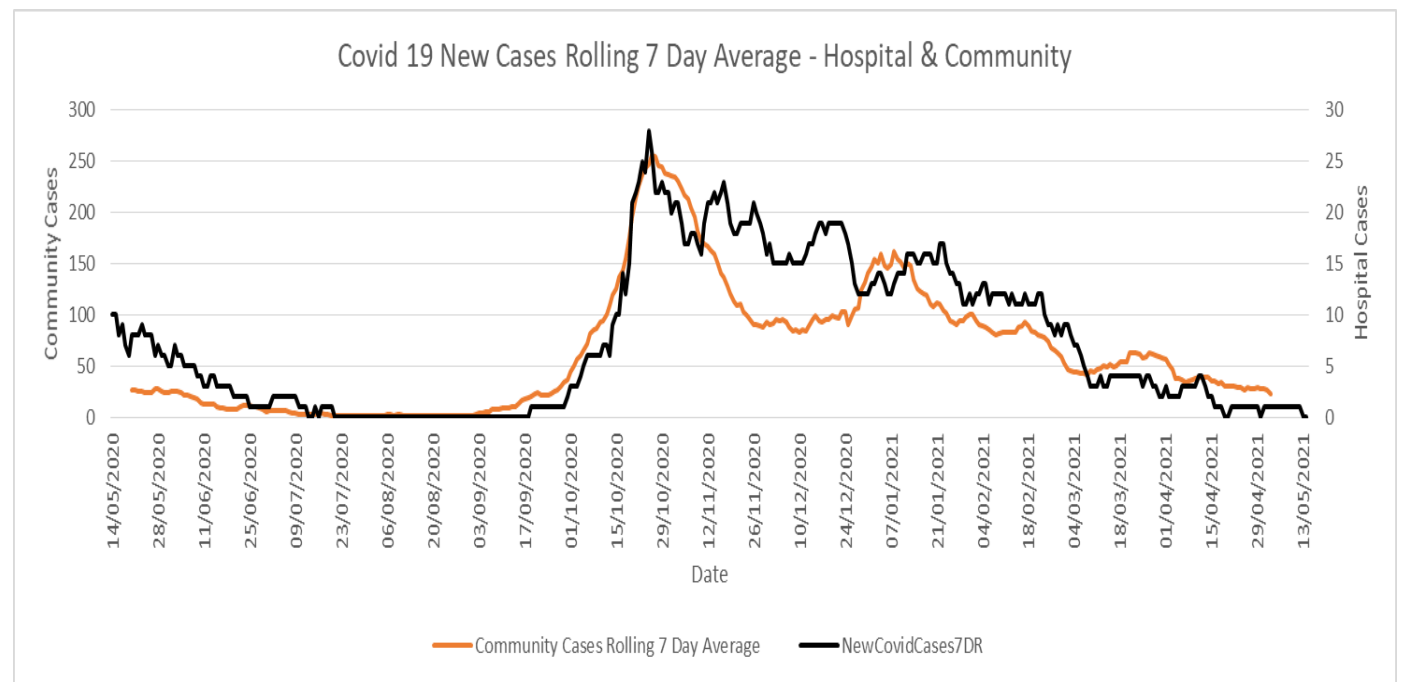
**Board May 2021 - Operational Update**

# Today

- Operational trends – where are we now
- Delivery of Elective Restoration
- Elective Accelerator Proposal
- Women's Major Incident – Impact & Next Steps

# C19 Infection & Admission

- Vaccination programme progressing well in Doncaster and Bassetlaw
- Breaking link between community cases & hospital admissions
- Total COVID occupancy = 0.9%. Active case occupancy = 0.3%. Now consistently low
- 0 C19 patients on ITU
- Indian variant of significant concern – national scenario modelling
- Non COVID emergency demand filling beds
- Continued high levels of ED attendance.
  - Largely minor demand
  - High paed numbers - schools return
- Dialogue with CCGs / PCNs re practice patterns. Significant risk- national unlocking



# Elective - Theatre Step Up

- **Theatres**

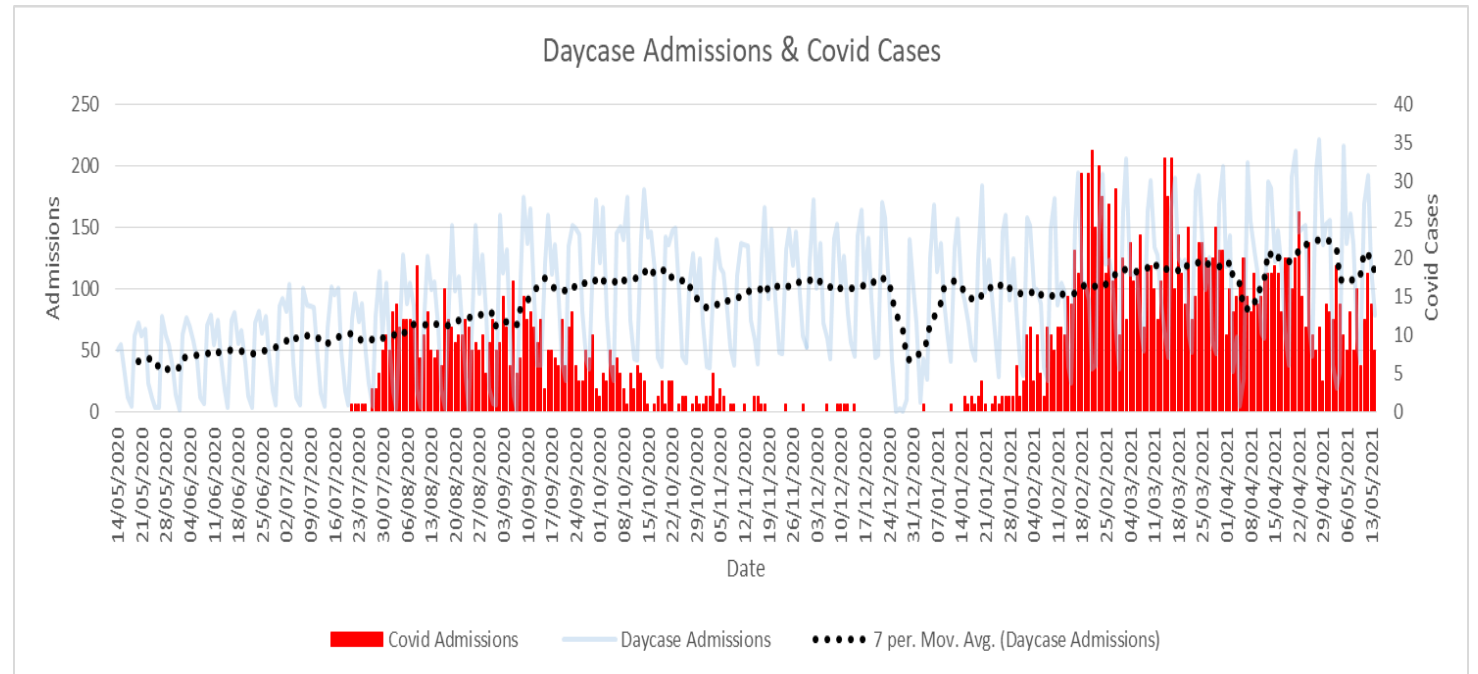
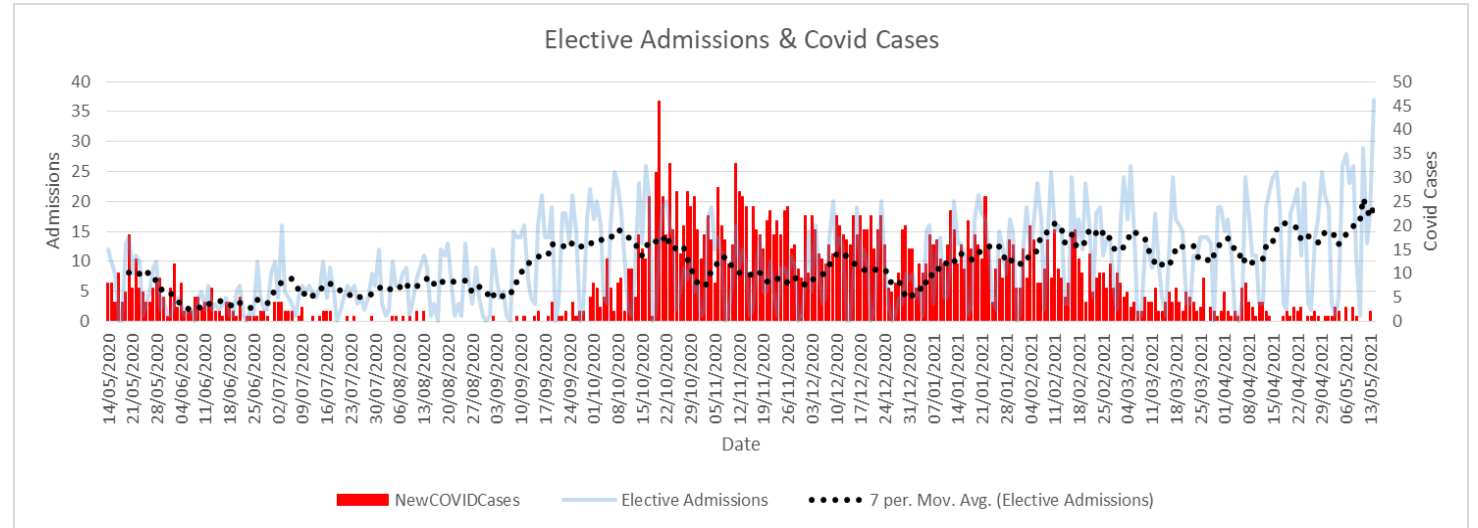
- 19<sup>th</sup> April step up to 68% sessions
- 1<sup>st</sup> May 100% step up at Bassetlaw and Doncaster
- 1<sup>st</sup> May 74% step up at MMH
- 1<sup>st</sup> June 100 % step at MMH

- **All Sites**

- From 01.05.2021 = 83% across all sites (note works in women's theatre)

- **Independent Sector**

- 30 cases from 1<sup>st</sup> May for 6 months – Parkhill



# Performance against Activity Plan & Elective Incentive Fund - April

Specialty	New				Follow Up				Elective				Daycase			
	Capacity	Activity	Variance	% Achievement	Capacity	Activity	Variance	% Achievement	Capacity	Activity	Variance	% Achievement	Capacity	Activity	Variance	% Achievement
Trust	12011	11193	-819	93.2%	22225	22066	-160	99.3%	490	513	23	104.7%	3358	3720	362	110.8%

POD	Baseline - Adjusted WD	Capacity	Capacity - Including ISP	% Core Capacity	% Total Capacity	Actual	% Actual Delivered	Movement	% Target	ERF Plan	ERF Actual	Variance
OP First	2,358,828	1,681,871	1,681,871	71%	71%	1,935,698	82%	11%	70%	30,692	284,518	253,826
OP Follow Up	2,376,730	1,967,128	1,979,799	83%	83%	1,980,075	83%	0%	70%	316,088	316,365	277
Daycase	2,591,584	1,991,564	2,073,765	77%	80%	2,303,499	89%	9%	70%	259,656	489,390	229,734
Elective	2,142,379	1,407,548	1,518,307	66%	71%	1,394,557	65%	-6%	70%	18,642	-105,104	-123,750
<b>Grand Total</b>	<b>9,469,521</b>	<b>7,048,111</b>	<b>7,253,742</b>	<b>74%</b>	<b>77%</b>	<b>7,613,830</b>	<b>80%</b>	<b>4%</b>	<b>70%</b>	<b>625,077</b>	<b>985,165</b>	<b>360,088</b>

## Key Issues


- Over performance overall for activity & value
- Note over for EL IP Activity but 1% under on value (133K) - driven by orthopaedics (30 IP elective cases under target).

## How do we compare for electives?

- Best in region for daycase, improving position on inpatient elective (lower than average)
- Outpatient throughput around average in NEY
- Staged theatre step up is showing steady increase.
- 52 week position 1864 “in the pack” for NEY. Improving position. *CAUTION: Modelling underway*
- Cancer position still performing well

## Main Risks

- Theatre Staffing
- Bed Plan
- Risk to patients waiting
- Oversight and governance



Mitigations discussed with Finance  
and Performance Committee

## Next Steps

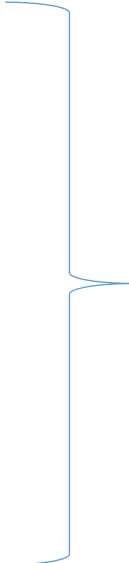
- Patient Communications Plan – further develop
- High level actions from Performance and Access Board
- Finalisation of 52 week trajectories & wider issuing of IQPR
- Confirm & Challenge events on Annual Plan end of May
- Focus further on the emergency pathway & planning

# Accelerator Fund

1. One of 11 Integrated Care Systems to be selected
2. £20 m to North East & Yorks – SYB and Cumbria and North East – expect £10 m per ICS
3. Delivery is of 100% 19/20 baseline by July – likely based on activity / value
4. Activity NOT funded through 10m. Activity funded via Elective Incentive Fund (120% of tariff over threshold).
5. National language of late has been "stretch of 120%" by July, but SYB proposal stated 100% is the ambition
6. SYB - commitment to improve 52 ww and dating of most urgent patients within 28 days
7. Focus on innovation / sharing good stories more widely
8. Engagement session with T&O completed. Further specialty engagement sessions required
9. Initial proposal put forward – focus on independent sector, Mexborough, and using kit and capital to increase throughput. Supported by admin hub, improved Pre-Operative Assessment, Demand Management
10. Awaiting feedback from NHS England on South Yorkshire proposal

## Main Risks

- Small print unclear
- Finance Risk
- Pace of delivery / distraction
- Workforce Challenges
- Bed plan



Mitigations discussed with Finance  
and Performance Committee

## Next Steps

- Governance – Project and Trust wide
- Executive discussion on risk & financial commitment
- Wider communication and engagement
- Key “quick wins”
- Regional solutions & collaboration



# Impact of Women's Incident (27/4/2021)

- **Response:** Fantastic internal response & significant support from partners – all patients & staff safe
- **Capacity**
  - Neonates – 11 cots (down from 18). Higher threshold of admission with partners
  - Paeds – temporary ward has 13 beds (a reduction from pre incident 18 & down from Pre Fire Works 30)
  - Maternity located across M1 plus G5 (no impact on capacity compared to Pre Incident)
  - Female elective surgery now on Mallard (pre-incident was on G5). G5 was 20 beds. Mallard is 16 beds.
  - Loss of some activity over the short term due to necessity for divert / to manage impact,
- **Temporary Plan**
  - Paeds temporary ward – good immediate option issue, but environmental & capacity challenges
  - More capacity required – interim bed plan under discussion
    - Temporary paediatric ward significant priority
    - Part of wider bed planning
  - Concern re high anticipated level of paediatric respiratory admissions looking forward to autumn / winter
- **Major Incident Review**
  - Hot debrief undertaken: excellent set of outcomes, patients & staff safe, team wor
  - Learning on refinements of emergency planning processes
  - Cold debrief planned

# Conclusions

- Elective and Accelerator Fund – good start but some key risks & opportunities
- Need to keep focused on doing the right things, getting the basics right
- Solutions for paediatrics key next step – and wider bed plan
- Planning for winter & Wave 4 – critical early conversations