

Annual Report & Summary Financial Statements 2012/13



Contents

1 Introduction	
Who we are & what we do	4
Our vision, mission, values and strategy	6
2 Chairman and Chief Executive's statement	7
3 Directors' report	
Composition of the Board in 2012/13	8
Key achievements	9
Operational performance	10
Financial performance	19
Key developments since the end of 2012/13	24
Principal risks & uncertainties and factors affecting future performance	24
Future plans	25
Quality accounts	27
Improving patient care	71
Awards and accolades	75
Communication and engagement	76
Our staff	77
Research and development	81
Charity, volunteers and fundraising	84
Being green and sustainable	85
Other statutory declarations / disclosures in the public interest	86
4 Governance report	
NHS Foundation Trust Code of Governance	87
Board of Governors	88
Board of Directors	91
Membership	97
Remuneration report	98
Regulatory ratings	103
Statement of Accounting Officer's responsibilities	104
Annual governance statement	105
Independent auditors' report	110
5 Financial performance	
Summary financial statements	112
6 Appendices	
Sustainability report	116

1 Introduction

Who we are and what we do

In 2004, Doncaster and Bassetlaw Hospitals NHS Foundation Trust became one of the first 10 NHS trusts in the country to be awarded foundation trust status. This means we have more freedom to act than a traditional NHS trust, although we are still very closely regulated and must comply with the same strict quality measures as non-foundation trusts.

As well as being an acute trust with one of the busiest emergency services in the country, we are also an associate teaching hospital of Sheffield University, an associate college of Sheffield Hallam University and have strong links with the Yorkshire and Humber Deanery.

We are fully licensed by Monitor and fully registered (i.e. without conditions) by the Care Quality Commission (CQC) to provide the following regulated activities and healthcare services:

- Treatment of disease, disorder or injury
- Nursing care
- Surgical procedures
- Maternity and midwifery services
- Diagnostic and screening procedures
- Family planning
- Termination of pregnancies
- Transport services, triage and medical advice provided remotely
- Assessment or medical treatment for persons detained under the Mental Health Act 1983

We serve a population of more than 420,000 across South Yorkshire, North Nottinghamshire and the surrounding areas and we run three hospitals:

Doncaster Royal Infirmary

DRI is a large acute hospital with approximately 515 beds, a 24-hour Emergency Department (ED), trauma unit status and some specialist services including vascular surgery in addition to the full range of district general hospital care. It has inpatient, daycase and outpatient facilities.

Bassetlaw Hospital in Worksop

Bassetlaw is an acute hospital with approximately 170 beds, a 24-hour Emergency Department (ED) and the full range of district general hospital services including a breast care unit and renal dialysis. It has inpatient, daycase and outpatient facilities.

Montagu Hospital in Mexborough

Montagu is a small non-acute hospital with approximately 50 inpatient beds for people who need further rehabilitation before they can be discharged. There is a nurse-led Minor Injuries Unit, open 9am-9pm. It also has a day surgery unit, renal dialysis, a chronic pain management unit and a wide range of outpatient clinics. Montagu is the site of our Clinical Simulation Centre and the base for the AAA vascular screening programme.

We are also registered to provide outpatient and other health services at **Retford Hospital**, including clinical therapies and medical imaging. Our site at **Chequer Road Clinic** in Doncaster town centre offers audiology and breast screening services. We provide some services in community settings across South Yorkshire and Bassetlaw. The rehabilitation beds we used to have at **Tickhill Road Hospital** in Doncaster transferred to Montagu Hospital in August 2012; however, we still provide outpatient care of older people there.

Our headquarters are at Doncaster Royal Infirmary:

Chief Executive's Office
Doncaster Royal Infirmary
Armthorpe Road
Doncaster
DN2 5LT

Tel: 01302 366666

Our services

We provide the full range of district general hospital services, some community services including family planning and audiology, and some specialist tertiary services including vascular surgery.

Key facts and figures

- Our turnover in 2012/13 was £342m and we had a capital programme of £15m investment in buildings and equipment.
- We employed 6,434 staff at 31 March 2013.
- We delivered 5,310 babies in 2012/13 (5,487 in 2011/12).
- 172,236 people attended our hospitals for emergency treatment in 2012/13 (173,049 in 2011/12).
- 51,528 people were admitted to our hospitals for emergency treatment in 2012/13 (49,794 in 2011/12).
- 43,174 people were admitted for planned (non-emergency) treatment as day cases (40,486 in 2011/12).
- 9,969 people were admitted overnight for planned treatment in 2012/13 (10,704 in 2011/12).
- We cared for 486,477 outpatients in 2012/13, including maternity care but excluding clinical therapies (490,515 in 2011/12).



1 Introduction

Our vision, mission, values & strategy

Vision

Our vision is to become recognised as the best healthcare provider in our class, consistently performing in the top 10% nationally.

Mission

We are here to safeguard the health and wellbeing of the population and communities we serve, to add life to years and years to life. We aim to combine the very highest levels of knowledge and skill with the personal care and compassion that we would want for our friends and families at times of need – in short, We Care for You.

Values

Our values show WE CARE:

- We always put the patient first.
- Everyone counts – we treat each other with courtesy, honesty, and respect and dignity.
- Committed to quality and continuously improving patient experience.
- Always caring and compassionate.
- Responsible and accountable for our actions – taking pride in our work.
- Encouraging and valuing our diverse staff and rewarding ability and innovation.

Strategic themes

Our strategic direction is founded on four core principles and themes:

- Provide the safest, most effective care possible.
- Control and reduce the cost of healthcare.
- Develop responsibly, delivering the right services with the right staff.
- Focus on innovation and improvement.



2 Chairman and Chief Executive's statement

This has been a highly significant year for the entire NHS. In addition to the sweeping structural changes heralded by the Health and Social Care Act 2012, and the ongoing challenge of improving efficiency in an era of public austerity and an ageing, sicker population, Robert Francis QC published his report following the public inquiry into events at Mid Staffordshire NHS Foundation Trust.

The Francis inquiry was a shocking indictment of what can happen if health providers forget their core purpose for being: caring for people. It prompted all of us to question our practices and priorities to ensure we are focusing on the right things.

This is something we had already been considering in some depth as we developed our strategic direction for 2013/17. Our new vision, mission, values and strategic themes are outlined in more detail in this report and will form the basis of our annual plans for 2013/14 and subsequent years, supported by a quality strategy incorporating the lessons from the Francis report.

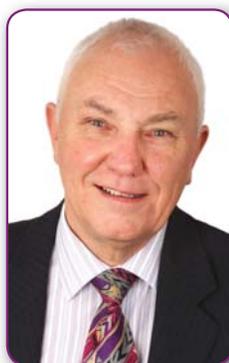
As we reflect on 2012/13, we can note some significant developments and achievements including national awards for our midwives, critical care and infection prevention teams, agreement in principle to bring radiotherapy services to DRI, the opening of the Education Centre at DRI and the start of construction work on the rehabilitation centre at Montagu.

We have faced real difficulties, however, during one of the busiest and longest winters we've ever experienced, with C difficile, pressure ulcers and waiting times proving particularly challenging.

We would like to take this opportunity to thank our staff, governors, members, volunteers, partner organisations and

everyone else who has worked with us or supported us over the past year. It is also appropriate at this point to mention and acknowledge the contribution of those who left the Trust in 2012/13, including Ron Calvert, Roy Tyson, Joe Barnes, Nicola Atkins, Ian Greenwood, Lynne Rothwell, Hilary Bond and Nancy Bennett, a nurse who is now enjoying a much-deserved retirement after an incredible 50 years of service to the NHS.

This Annual Report sets out openly, honestly and in detail how we performed in 2012/13 and what we plan to achieve in 2013/14. We hope you enjoy reading it and thank you for your interest and support.



A handwritten signature in black ink, appearing to be 'CS'.

Chris Scholey
Chairman



A handwritten signature in black ink, appearing to be 'M. Pinkerton'.

Mike Pinkerton
Chief Executive

3 Directors' report

This report is presented on behalf of the Board of Directors. In 2012/13, the following people were members of the Board of Directors.

Chairman:	Chris Scholey
Chief Executive:	Ron Calvert (until 25/09/12); Mike Pinkerton (Acting Chief Executive from 26/09/12, then Chief Executive from 15/01/13)
Non-Executive Directors:	Nicola Atkin (until 31/10/12) Joe Barnes Geraldine Broderick David Crowe Catherine Dymond (from 01/11/12) John Parker
Executive Directors:	Hilary Bond, Director of Nursing & Quality (until 06/01/13); Deirdre Fowler (Acting Director of Nursing & Quality from 07/01/13) Dawn Jarvis, Director of People & Organisational Development (from 11/06/12) David Pratt, Director of Finance, Information & Procurement Mr Sewa Singh, Medical Director

The following were non-voting members of the Board:

Ian Greenwood, Director of Strategic & Service Development (until 20/07/12)
Richard Mitchell, Chief Operating Officer (from 21/05/12)
Mike Pinkerton, Director of Transformation (from 11/06/12 to 25/09/12)
Lynne Rothwell, Director of Performance (until 31/08/12)

Key achievements

- We won a number of national awards including a Royal College of Midwives award for innovation for the special service we provide for obese pregnant women and a Patient Safety Award for innovation for preventing catheter-acquired urinary tract infections.
- Our multimillion-pound Education Centre opened at Doncaster Royal Infirmary, providing superb facilities for training and development and fulfilling the fifth of the pledges we made when we became a foundation trust in 2004.
- Specialist commissioners selected Doncaster Royal Infirmary as their preferred location for South Yorkshire & Bassetlaw's second radiotherapy centre; currently, radiotherapy is only provided at Weston Park Hospital in Sheffield. If the proposal goes ahead, we will run the centre in partnership with Sheffield Teaching Hospitals.
- We were awarded the contract to provide the abdominal aortic aneurysm (AAA) screening service for men aged 65 and over in South Yorkshire & Bassetlaw. We began screening men in February 2013.
- The vision of an innovative rehabilitation centre at Montagu Hospital (pictured) that will lead the way nationally on the care of people recovering from serious illness or injury has been realised. Work to develop the unit is now well underway and expected to be complete by autumn 2013. We transferred services from Tickhill Road in August 2012, consolidating our inpatient services onto three sites.



Work is well underway on the new rehabilitation centre at Montagu

- In partnership with Bassetlaw commissioners, we developed an Assessment & Treatment Centre staffed by consultants and acute physicians seven days a week, with dedicated pharmacy, clinical therapy and diagnostic support. It provides emergency patients with rapid access to specialist assessment and care.
- We implemented advanced robotic pharmacy services at Doncaster Royal Infirmary and Bassetlaw Hospital, improving the speed of dispensing for patients awaiting discharge as well as reducing medicines wastage and improving stock control.

3 Directors' report

Operational performance

Performance against Monitor framework in 2012/13

Indicator	Threshold	Q1	Q2	Q3	Q4	Total in 2012/2013
Clostridium difficile (cumulative monitoring)	48	13	16	14	21	64
MRSA (cumulative monitoring)	2	1	0	1	0	2
31 day wait for second or subsequent treatment: surgery	94.0%	98.9%	95.3%	98.3%	98.4%	96.7%
31 day wait for second or subsequent treatment: anti-cancer drug treatments	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%
31 day wait for second or subsequent treatment: radiotherapy	94.0%	100.0%	100.0%	100.0%	100.0%	100.0%
62 day wait for first treatment from urgent GP referral to treatment	85.0%	91.9%	90.7%	88.8%	88.9%	89.4%
62 day wait for first treatment from consultant screening service referral	90.0%	97.5%	95.6%	97.1%	88.9%	92.0%
31 day wait for diagnosis to first treatment: all cancers	96.0%	98.4%	99.0%	98.4%	98.4%	98.2%
Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	93.0%	94.2%	95.1%	94.7%	95.1%	94.7%
Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)	93.0%	94.2%	96.3%	96.4%	93.8%	94.2%
A&E: Maximum waiting time of four hours from arrival/admission/transfer/discharge	95.0%	96.0%	95.4%	92.0%	91.2%	93.8%
Maximum time of 18 weeks from point of referral to treatment: admitted	90.0%	92.5%	88.9%	87.6%	82.5%	88.0%
Maximum time of 18 weeks from point of referral to treatment: non-admitted	95.0%	99.1%	98.0%	96.8%	95.8%	97.4%
Maximum time of 18 weeks from point of referral to treatment: incomplete pathway	92.0%	92.3%	93.4%	91.1%	92.2%	92.2%

Achieved	
Not met	

Commentary on our performance follows on pages 12-18. This includes description of the factors affecting our performance and action taken to address those areas where we did not achieve our targets.

Achievement against internal targets

Indicator	Target	April 12	May 12	June 12	July 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
HSMR	100	99.0	99.5	96.8	97.8	107.3	95.0	109.0	104.2	91.3	96.8	109.1	97.6
Never events	0	1	0	0	0	0	0	0	0	0	0	1	0
VTE	90%	92.4%	93.3%	92.1%	94.4%	93.2%	93.2%	93.5%	90.5%	91.5%	92.1%	91.8%	92.1%
Pressure ulcers (cumulative)	38	8	18	29	41	54	65	65	86	100	121	139	157
Falls that result in a Serious Fracture (cumulative)	23	6	9	10	13	16	20	20	21	26	27	28	30
Catheter UTI (snapshot audit)					2.08%	1.78%	1.90%	0.79%	1.40%	1.11%	1.30%	1.16%	0.96%
Diagnostic test waiting times >= six weeks	0	11	3	2	4	2	24	44	2	15	10	3	21
Hospital cancellations - 28 day standard	0	0	0	0	0	0	0	0	0	1	0	0	0
Hospital cancelled operations	0.70%	0.46%	0.88%	0.51%	0.54%	0.82%	0.52%	1.46%	1.42%	1.06%	1.35%	1.38%	1.64%

Note: Catheter UTI audits were not completed in Quarter 1 2012/13

3 Directors' report

Performance against our objectives

One of the key tasks we set ourselves was to carry out a major review of our strategy in recognition of the significant changes taking place across the NHS. The new strategic direction, vision, mission and values we developed for 2013/17 are outlined on page 8. The previous mission statement, vision and values and strategic goals, which shaped our 2012/13 objectives, are set out below.

Mission in 2012/13: We Care for You

Vision and values in 2012/13

We will:

- Put the patient at the centre of everything we do.
- Provide integrated services that are high quality, safe and efficient.
- Value our staff and provide good educational and career opportunities.

We believe in:

- Care and compassion by listening, being open and responsive.
- Courtesy, honesty, respect and dignity.
- Always looking for innovative ways to do things better.

We expect:

- Staff, patients, governors and volunteers to work together to improve health, well-being and patients' experiences.
- The highest professional and managerial standards and accountability.
- Everyone working for, and involved with our organisation, commit to these principles at all times.

Strategic goals in 2012/13

High-quality and safe services for all our patients

- Put the patient at the centre of everything we do.
- Improved safety.
- Measurable effectiveness.
- Better outcomes for patients.

Clinicians and managers working together running clinical services

- Clinicians leading clinical services.
- Valued and motivated staff.
- Workforce development to support the advancement of the organisation.
- Improved communication, relying on face to face where possible.

Service integration

- Redesign our clinical services to deliver the best patient care and best practice.
- Fully integrated services, regardless of site.
- Work with other providers where beneficial.
- Integrate with community and primary care where possible.
- Innovation to maintain the market position.

Productive and value for money services throughout the Trust

- Efficient use of all resources.
- Providing services that are core to success.
- Reducing costs.
- Maintain a surplus to reinvest.

High-quality and safe services for all our patients

The effects of a long, bitterly cold winter on an ageing population resulted in a significant increase in the number of people needing emergency admission to our hospitals in 2012/13. This placed pressure on bed capacity from October onwards, with knock-on consequences for waiting times and some other areas of performance.

Full details of our performance on patient care can be found in the Quality Accounts. The paragraphs below explain where we did not achieve our objectives, the contributing factors and what we have done about them.

Emergency target

Bed capacity issues meant that in the last two quarters of the year (Oct-Dec and Jan-Mar) we did not achieve the national target for treating 95% of emergency patients within four hours.

Staff worked incredibly hard to tackle this and to redesign emergency care pathways to give patients rapid access to specialist assessment and diagnostics. Consultants began doing ward rounds seven days a week so patients who are well enough to be discharged no longer stay in hospital over the weekend.

Meetings took place three times a day to plan care and identify beds for emergency admissions. We began recruiting additional nurses across many specialties, including emergency medicine, and more emergency consultants to reduce our reliance on locums.

Late in the year, the Department of Health provided funding to ease some of the pressures on emergency departments. The £800,000 we received was invested in

initiatives including weekend ward rounds, opening more beds and buying £150,000 of additional kit to reduce delays caused by equipment shortages.

In 2013/14, we are investing £7m in increasing our bed capacity by 80 and recruiting additional nursing staff. This will relieve pressure on the Emergency Department and improve the patient's journey through the hospital. We are also working closely with commissioners, community health and social care to ensure the right support is in place, both in hospital and outside hospital, for people in our local communities.

It will take time to reap the benefit of all this work but we expect to start achieving the four-hour target again in the first months of 2013/14 and then to maintain it.

Referral-to-treatment times

In June 2012, a review by the new Chief Operating Officer, combined with the move to a new IT system, identified flaws in our data on referral-to-treatment times for planned treatment. Although we were achieving the main targets, a number of patients were waiting far too long for inpatient care – over a year in some cases.

We took immediate action to review the entire waiting list of more than 100,000 patients and check whether the data was accurate. Our booking system was revised so that the longest-waiting patients were seen and treated first and we ran additional clinics and theatre lists to address the backlog.

This increased waiting times for patients who had been referred in the last four months and resulted in us not achieving the 18-week target for treating 90% of patients admitted for non-emergency care in quarters 2, 3 and 4 of 2012/13 (Jun-Mar).

3 Directors' report

It also meant we missed the target for treating 92% of patients whose treatment was incomplete in quarter 3 (Oct-Dec).

Waiting times for patients whose treatment is incomplete were back on track in quarter 4 (Jan-Mar) and are expected to remain so. The need to cancel inpatient surgery to release beds for emergency patients has continued to affect waiting times for admitted patients but we expect to be back on track by October 2013.

We continue working hard to address this and, where appropriate, will also offer patients the opportunity to have their treatment elsewhere. The £7m investment we are making in 2013/14 in increasing our bed capacity and nursing numbers will reduce cancellations due to emergency activity.

Infection prevention and control

MRSA and C difficile

Preventing avoidable infections is an essential element in providing great care. In 2011/12 we did exceptionally well at reducing *C difficile* but had five MRSA bacteraemias. That position was reversed in 2012/13.

We achieved our MRSA target with just two bacteraemias, one of which was deemed unavoidable as it was a relapse not a new infection and the patient had been managed appropriately. We also reduced hospital-acquired colonisation – where someone has MRSA bacteria on their skin but no infection – from 67 in 2011/12 to 43 in 2012/13.

However, we had 64 cases of *C difficile*, well above our target maximum of 48. The causes are complex but the main problem was at DRI and the absence of a planned deep-cleaning programme was undoubtedly a major component, although this was

corrected in-year. Bed occupancy rates, combined with a historical low percentage of single side-rooms, meant infected patients couldn't always be isolated immediately. Patients often had multiple ward moves and deep-cleaning with hydrogen peroxide vapour to kill *C difficile* spores generally took place bay by bay, rather than a whole ward at a time, due to the absence of decant ward facilities.

We discovered that 18 of the 44 cases sent for ribotyping were the 027 strain of *C difficile*, a particularly virulent and persistent kind, which helps explain why it has been so difficult to overcome. Our plans to invest £7m in 2013/14 in additional bed capacity and nursing numbers, including more single en-suite side-rooms at DRI, will provide decant facilities so we can deep-clean whole wards at a time. This is known to be much more effective at eliminating *C difficile* spores. It will also support better observation of isolation policies. We continue to be vigilant about hand hygiene, ward and equipment cleaning, and the use of antibiotics.

The target trajectory (maximum 37 cases) the Department of Health has set us for 2013/14 was based on our excellent performance in previous years and may prove difficult to achieve but we are determined to improve significantly. We have agreed with our commissioners to have no more than 48 cases in 2013/14 and to achieve our target trajectory again in 2014/15.

Norovirus and other infections

Our success at preventing the spread of norovirus, the highly infectious ‘winter vomiting disease’, was notable compared with other trusts. Norovirus was rampant in the local community and many neighbouring trusts had to close several of their wards to new admissions. Luckily, staff vigilance, hand hygiene and good clinical practice prevented a similar situation developing in our hospitals; this was a significant improvement compared with previous years.

Wound infection rates post-Caesarean section dropped noticeably from 22% in October 2012 to 12% in February 2013, due to good skin preparation, theatre etiquette and changes to antibiotic prophylaxis before surgery. There was also a sharp decrease in post-operative knee infections from 5% to less than 2% in the last six months of the year; we are now in line with the national average.

CASE STUDY *How a toothbrush helped prevent pneumonia*

Intensive care patients often need ventilators to help them breathe but that can mean they are more vulnerable to developing pneumonia.

Our Critical Care team decided to see if enhanced mouth care reduced that risk by getting rid of bacteria that can cause ventilator-acquired pneumonia.



They piloted a rigorous regime including toothbrushing and rubbing antiseptic chlorhexidine gel into patients’ gums, not always easy when someone may be unconscious and has a breathing tube in their mouth.

The result was a 50% reduction in the number of people developing pneumonia – an achievement that saw them win the national Kimberly-Clark HAI Watchdog Award for infection prevention in critical care. It also reduced costs.

“It’s amazing how something so simple can have such a massive impact on patients’ health and their risk of developing an infection that is extremely serious, and often fatal, for someone in intensive care,” said Consultant Nurse Dr Lee Cutler.

The team’s findings will be published in an international peer-reviewed journal later this year.

3 Directors' report

Clinicians and managers working together running clinical services

Senior healthcare professionals continued to be a fundamental part of our leadership team in 2012/13. Each specialty sits within a clinical service unit (CSU) led by a clinical director who is a consultant or another appropriate health professional. Our senior nurses also play a crucial role in determining our strategy and direction and in promoting service improvement.

Senior clinicians including the Medical Director, his deputies and the clinical directors were instrumental in developing new emergency care pathways for surgery and medicine. They also drove the move towards seven-day working, ensuring consultant ward rounds took place at weekends as well as Monday to Friday.

Partnership working between clinical and non-clinical staff takes place at all levels of the organisation, with other examples including the many initiatives aimed at improving the care we provide people with dementia, the development of the Assessment & Treatment Centre at Bassetlaw Hospital, the successful bid for Department of Health funding to improve maternity facilities at DRI and Bassetlaw, and the service changes at Montagu and Tickhill Road Hospitals.

More information about staff engagement, communication and satisfaction rates is provided in subsequent sections of this report.

Service integration

To our patients and the general public, the NHS is one organisation. We're conscious they need us to work together with GPs, community health teams and the social care services provided by councils to make sure

they get the right treatment and support, no matter who's providing it. That's why we maintain excellent relationships with our partner organisations.

One of the key achievements in 2012/13 was the development of the Assessment & Treatment Centre at Bassetlaw Hospital in partnership with NHS Bassetlaw CCG. It's staffed by acute physicians with rapid access to specialist opinion, diagnostics and clinical therapy. Pharmacy and clinical therapy staff work as part of the team and consultants are present 10 hours a day, seven days a week.

Last year also saw some changes to clinical services that had been agreed in February 2012 following the 'Moving With The Times' public consultation. Our remaining acute services at Montagu Hospital transferred to DRI. Rehabilitation moved from Tickhill Road Hospital to Montagu in August 2012.

It makes sense for specialties within the Trust to work as one team regardless of site and we made significant progress on this in 2012/13. Paediatric consultants moved to a joint rota to ensure children from Doncaster and Bassetlaw get the same high standard of care no matter which hospital they attend.

Other specialties are following suit, notably General Surgery which began cross-site integrated rotas in February 2013.

We also recruited additional consultant paediatricians, including some specialising in community health, and are working with commissioners to further develop community paediatrics services in Doncaster and Bassetlaw.

Productive and value for money services throughout the Trust

Our financial performance is described in more detail later in this report but responsible management of non-clinical costs, combined with over-achievement on some savings schemes (particularly procurement), enabled us to achieve a surplus of £3.49m and reduce our cost base by 6% (£16.8m). This was despite cost pressures associated with increased emergency admissions and the penalties for under-performance on some operational targets.

Investing money to improve care

Working more efficiently frees up money that we can then invest in developments to improve patient care. Good examples include the pharmacy robots we introduced at DRI and Bassetlaw in 2012/13; as well as cutting medicines wastage by 20% (saving £300,000), they have also reduced the time it takes to dispense medication to patients, providing a better service. We invested £15m in capital schemes. Among the many exciting developments was the completion of the Education Centre at Doncaster Royal Infirmary. Another big project was the expansion and redevelopment of the Day Surgery Unit and Theatre Admissions Unit (TAU) at DRI, providing much enhanced facilities to patients, which will be completed this summer.

Construction of the new rehabilitation centre at Montagu Hospital (pictured below) began and the new Pain Management Unit on that site opened to patients. At Bassetlaw, the children's section with the Emergency Department was completed and we agreed work to enhance the Assessment & Treatment Centre. We also successfully bid for national funding to improve maternity facilities; we developed single en-suite rooms at Bassetlaw for women giving birth and refurbished the birthing pool at DRI.

Bringing new services to our patients

Stroke patients who are medically fit enough can now have all their rehabilitation in the comfort of their own homes, thanks to a pilot early supported discharge scheme that began in October 2012 and is now being rolled out more widely.

People with heart problems, carpal tunnel syndrome and gastrointestinal conditions can now access the investigations or treatments they need more quickly, thanks to the launch of 'direct access' services. It means GPs can refer patients directly for echocardiograms and 24-hour ECG monitoring, surgery to relieve carpal tunnel syndrome and flexible sigmoidoscopy (a type of endoscopy) to investigate bowel problems. Previously, patients would have had to see a specialist first in order to get a referral.

More information about new services and other developments benefiting our patients can be found later in this report.



3 Directors' report

CASE STUDY *Zippy, Bungle and George make a big difference in Pharmacy*

The arrival of three new 'team members' in 2012/13 has halved the length of time patients now wait for medication to be dispensed.

The pharmacy robots, whom staff affectionately nicknamed Zippy, Bungle and George, receive requests for medication, then whizz along the stock room's shelves and dispense it. The system is safer, swifter and more secure than manual dispensing and every item is carefully cross-checked at several points before it reaches the patient. As well as reducing the time taken to dispense a prescription, it has also cut errors and medicines wastage and provides better stock control.

Zippy is a single V-Max robot in the pharmacy at Bassetlaw Hospital; Bungle and George together comprise the tandem V-Max robot in the pharmacy at DRI.



Andrew Barker, Clinical Director for Pharmacy, said: "This £1m investment in improving our pharmacies has already saved £300,000 by cutting medicines wastage by 20%, as well as halving the time that patients ready to be discharged wait for the medication they need before they can leave. They're also providing a more secure service."

CASE STUDY *More comfort for patients in pain*

Nobody likes to be in pain so it's important that we make visiting hospital as easy and comfortable as we can for people being treated for chronic, long-lasting pain.

The new Pain Management Unit at Montagu Hospital has made that a reality, with vastly enhanced and much more spacious waiting areas, consultation rooms and treatment facilities. It also means the whole chronic pain team is now located in one place all on the same floor, saving patients from the hassle of having to go up and down stairs and visit different areas of the hospital for their care.

The unit, which includes two seven-bed treatment wards, a minor operating room with imaging facilities, and additional treatment, consultation and interview rooms, opened in October 2012. Consultant Anaesthetist and Chronic Pain Lead Dr Krishna Yerneni, said: "It has significantly improved the care environment, the clinical facilities and the flow of staff and patients."

Financial performance

Monitor has directed that foundation trusts' financial statements should meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual (FT ARM), as agreed with HM Treasury.

Our financial statements have been prepared in accordance with the 2012/13 FT ARM and follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent to which they are meaningful and appropriate to NHS foundation trusts. Accounting policies are applied consistently in dealing with items considered material in relation to the accounts.

2012/13 in review

We had another successful year in managing our finances and ended the year with a financial risk rating from Monitor of 3, indicating there were no regulatory concerns.

When assessing financial risk, Monitor looked at four criteria: achievement of plan; underlying performance; financial efficiency; and liquidity. Achievement against each of these criteria is scored from 5 (lowest risk) to 1 (highest risk). A weighted average of these scores is then used to determine the overall financial risk rating, which is intended to reflect the likelihood of a financial breach of the terms of authorisation.

Our performance against the criteria set out in our terms of authorisation, as reported in the annual accounts, was as follows:

Break-even on income and expenditure

We were required to contain expenditure within the level of income received.

The income and expenditure account was in surplus by £3,485,000. (Our 2011/12 surplus was £4,042,000.)

Working capital facility

External finance used for the purposes of working capital must remain within the facility limit set by Monitor of £25 million. We did not require any external finance for this purpose during the year. Cash balances held at 31 March 2013 were £11.2m, £2.9 million less than last year (£14.1m on 31 March 2012).

Prudential borrowing limit

The level of external loans we could take out to finance capital expenditure was set at £71.9m, in line with the limits set out in our terms of authorisation and Monitor's prudential borrowing code. We remained well within the borrowing limits set by Monitor, with loans outstanding at 31 March 2013 of £3.5 million (£3.8m on 31 March 2012).

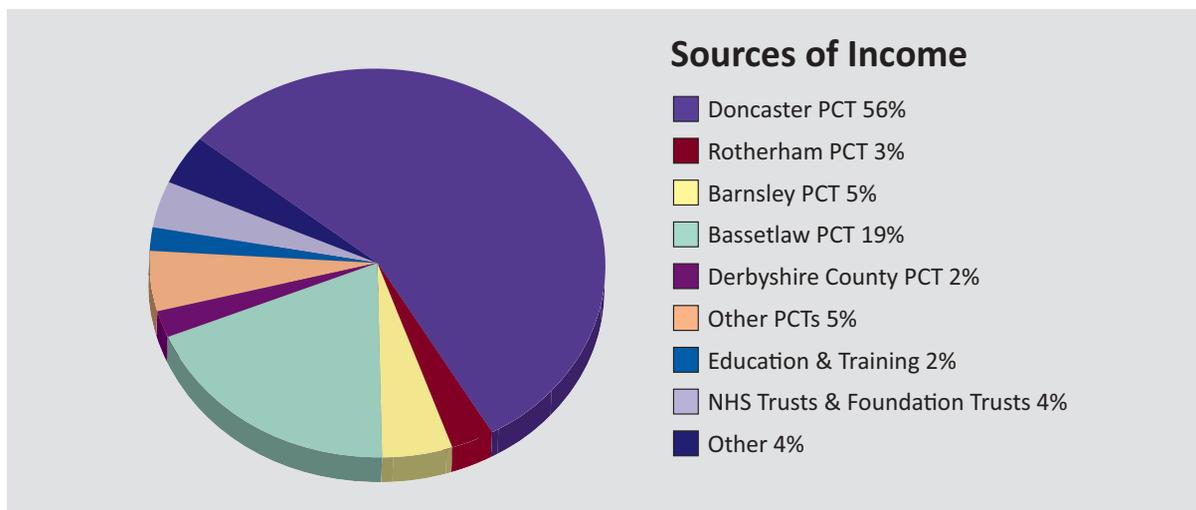
Public Dividend Capital (PDC) dividend

A charge, reflecting the forecast cost of the capital we used, was paid over to the Department of Health as PDC dividend. This should equate to a 3.5% return on average relevant net assets. We charged a dividend of £5.5m which equates to a 3.5% return (£5.3m in 2011/12).

3 Directors' report

Income

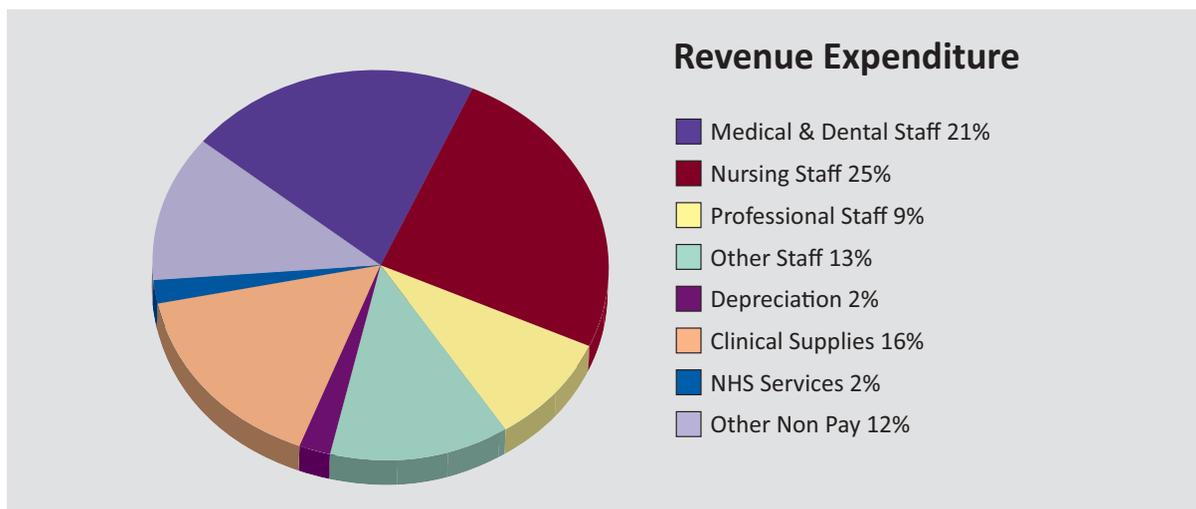
We received £341,651,000 of income during the year from the following sources (£335,759,000 in 2011/12):



This includes £17,127,000 from providing non-patient-care services to other organisations; £11,000,000 of this was from other NHS bodies. We also generated £8,677,000 of operating income: £3,772,000 of this came from recharges, while £3,921,000 was internally generated. The largest sources of this were our catering outlets, car parking charges and staff accommodation.

Expenditure

We incurred £332,666,000 of expenditure during the year over the following headings (£326,443,000 in 2011/12):



We spent £15,209,000 on capital assets in 2012/13 on the schemes listed below. Of this, £1,680,000 was funded by charitable donations and £174,000 by government grants.

Scheme	£000
Montagu development	2,072
Medical Imaging (replacement)	1,900
Medical equipment	1,500
Computer systems	1,497
Theatre Assessment Unit (DRI)	1,403
Multidisciplinary Education Centre	1,265
Ward 31 upgrade (DRI)	696
Pathology MES	682
Children's Hospital development & South Block	649
Estate investment	626
Capital team design time	451
Fire, health & safety	306
Invest to save	284
Electrical infrastructure	247
Laundry strategy (Linen Distribution Centre at DRI)	190
Emergency Department (Bassetlaw)	156
Asbestos treatment	108
Reconfiguration of EPAU (Bassetlaw)	108
Other schemes below 100k	1,069
Total capital investment	15,209



3 Directors' report

Application of charitable funds

Donations and legacies left to us are managed through our charitable fund. This is a registered charity with the Charity Commission and we are the sole corporate trustee. The object is for funds to be used "for any purpose or purposes relating to the National Health Service wholly or mainly for the service provided by Doncaster and Bassetlaw Hospitals NHS Foundation Trust".

Management of the funds is delegated to the Charitable Funds Sub-Committee and Fred and Ann Green Legacy Sub-Committee. A number of the Trust's directors are appointed to these committees, which meet at regular intervals throughout the year. They are also responsible for managing the investment portfolios and approving items of expenditure from funds in accordance with our Standing Financial Instructions.

The charity has adopted the policy of purchasing hospital equipment and funding staff training and education from donations, legacies and the proceeds of fundraising by making grants to the Trust. Details of significant activities are contained in the Charitable Funds Annual Report and Accounts, which are available from our Finance Department, Doncaster Royal Infirmary, Armthorpe Road, Doncaster, DN2 5LT.



Fred and Ann Green

Payment practice code

The Trust has adopted the Public Sector Payment Policy, which requires the payment of non-NHS trade creditors in accordance with the CBI prompt payment code and Government accounting rules. The target is to pay these creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

The Trust's payment performance of paying invoices within 30 days, measured from the invoice date to date of payment without any adjustment for invoices which have been in dispute, is 76% volume (67% in 2011/12) and 73% value (71% in 2011/12).

Independent auditors

Our independent auditors, PwC, are appointed by the Board of Governors to undertake regularity audit (adequacy of financial statements, accuracy of annual accounts, etc) and various reviews (including value for money) in accordance with a code of practice. In 2012/13, we paid PwC £55,000 for these services (£55,000 in 2011/12).

The Trust and PwC have safeguards in place to avoid the possibility that the external auditors' objectivity and independence could be compromised. The Audit and Non-Clinical Risk sub-committee reviews the external auditors' annual report on the actions they take to comply with professional and regulatory requirements and best practice designed to ensure their independence from the Trust.

The Audit and Non-Clinical Risk sub-committee also reviews the statutory audit, tax and other services provided by PwC. All engagements with the external auditors over a specified amount require

the advance approval of the Board of Governors.

Looking forward to 2013/14

We have set an income and expenditure budget for the new financial year to achieve a surplus of £3.3m with expected income amounting to £334.8m. This will provide sufficient resources to enable us to meet local and national priorities. We must also, however, generate savings of £20m to achieve our budgeted position.

In addition to this the Trust also plans to invest substantially in its capital assets, financed through charitable funds, loans and internal resources.

We must also successfully manage the following key financial risks to enable continued financial health:

- Delivering contracted activity;
- Avoiding un-remunerated contract over-performance;
- CSU/directorate overspending;
- Delivery of 2013/14 savings;
- Adequately progressing future savings; and
- Avoiding sub-optimal use of investment money.

Going concern

After making enquiries, the directors are satisfied that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

3 Directors' report

Key developments since the end of 2012/13

Monitor decision

We met our regulator, Monitor, on 15 March 2013 to discuss our performance in the three key areas – C difficile, waiting times for non-emergency care, and the four-hour emergency target – that resulted in us having a governance risk rating of Red at the end of 2012/13.

On 19 April 2013, Monitor informed us they had decided on informal action, monitoring our progress on a monthly basis. They also asked us to review our governance processes regarding risk management. Further correspondence on 30 April 2013 confirmed Monitor would amend our governance risk rating to Amber Red. It retains the right to take further action if we do not achieve our plans to return to, and maintain, compliance with these targets.

Changes to the Board

Joe Barnes resigned from his role as Non-Executive Director and left the Board on 31 March 2013. Richard Mitchell, Chief Operating Officer, will leave the Trust on 9 July 2013 for a post in Leicester. Recruitment to both posts is underway.

Principal risks & uncertainties and factors affecting future performance

The NHS is in a period of transition, as the changes heralded in the Health and Social Care Act 2012 take effect. We now have new commissioners, including our local clinical commissioning groups (CCGs). Bodies like Public Health England, Health Education England, Local Education and Training Boards and Academic Health

Science Networks will become more firmly established in 2013/14. Public health is now integrated within local authorities and new partnership arrangements such as health and wellbeing boards are starting their roles.

Rightly, our new commissioners and regulators will hold us to account. We will need to work with them to resolve those issues that are not solely within our own control, including the increasing numbers and acuity of emergency admissions, as well as continuously improving efficiency.

We need to demonstrate real improvement in the operational issues that led to us having a governance rating of Red at the end of 2012/13; if we don't, Monitor may take further action. The Care Quality Commission has announced a more robust inspection regime with intervention by a national team where trusts are deemed to have significant or long-standing problems.

The challenges posed by caring for an ageing population include the increased prevalence of dementia. We need to ensure people with dementia receive the right support while in hospital for medical or surgical treatment, so we are developing a dementia strategy and will be reviewing nursing levels.

We are operating in a more competitive marketplace, where many patients can choose from private-sector providers as well as the NHS. It's important we deliver services of a very high quality and ensure patients know what we have to offer them.

The development and implementation of national specifications may impact on the specialist services we provide or have ambitions to provide in future. Providers will need to demonstrate they meet those criteria: for example, in the number of cases they treat each year.

The huge determination to ensure a Mid Staffordshire situation never happens again also means we will rightly face greatly increased scrutiny by patients and campaign groups, as well as regulators. We share that commitment to providing safe, high-quality and effective care and will continue striving to eliminate avoidable harms such as pressure ulcers, infections and errors.

Future plans

Over the next year we will begin to bring the vision set out in our strategic direction for 2013/17 to life. Quality will be our number one priority and we have set ambitious targets for ourselves for reducing avoidable harm (e.g. pressure ulcers and infections) using a measurement tool called the Patient Safety Thermometer.

Greater staff engagement, education and training will be a vital part of this. We need to live and breathe our

values and demonstrate them in every contact with a patient, visitor, partner organisation or another member of staff. Rewarding excellence and addressing poor performance are also priorities for us.

Our plans for next year have an increased focus on academic and research activity and the expansion, where possible, of our portfolio of specialist services not normally provided in district general hospitals; this includes further development of the case for bringing radiotherapy to the Doncaster Royal Infirmary (DRI) site.

After extensive capital improvements at Bassetlaw and Montagu in the last few years, we will develop a comprehensive estates plan for DRI. This is likely to include significant investment in key areas including orthopaedic facilities. We will also begin the technological transformation of our IT and information systems, a programme we have named the iHospital.

We plan to make efficiency savings of 6% (£20m) to enable us to invest in schemes that will benefit patients and improve care, through money specifically allocated for this purpose in the 2013/14 budget and through the following year's capital programme.



The new Education Centre (left) provides superb facilities for staff training and development

3 Directors' report

CASE STUDY *When IT can help save a life*

Having the right information at your fingertips is crucial if you're caring for a patient whose condition has suddenly deteriorated and could be life-threatening. The technological transformation we're making under our iHospital programme over the next few years will achieve just that.

Instead of patients having one set of paper casenotes that need to be physically brought to clinicians who need them, we'll have a fully electronic patient record linked to all the other relevant clinical systems.

Authorised staff will be able to get instant access to a patient's medical history, test results, current medication, allergies and so on. They will also be able to refer them on electronically via the same portal for further care. Access will be strictly controlled via secure log-ins to protect patients' confidentiality.

Steve Parsons, Deputy Director of IT, said: "The programme will revolutionise the way we care for patients by providing staff with instant access to the information they need and massively reducing the volume of time-consuming paperwork and form-filling."



Quality Accounts 2012/13



Contents

Chief Executive's statement	30
Introduction	31

Patient safety

'Never events'	32
Healthcare-associated infections	33
Patient falls causing harm	34
Pressure ulcers	35

Clinical effectiveness

Deaths that may have been preventable	36
Venous thrombo-embolism (VTE)	37
Occurrence of cardiac arrests (time and day of week)	38

Patient experience

Complaints citing patient harm as a feature	39
Monitoring patient experience	40
Monitoring patient experience for patients with learning disabilities	44
Feedback from carers of people with dementia	46
Patient feedback relating to equality	47

Priorities for improvement in 2013/14	48
Review of services	50
Participation in clinical audits	50
Participation in clinical research	53
CQUIN payment framework	53
Statements from the Care Quality Commission	54
Data quality	54
Information governance attainment levels	57
Clinical coding	57
Core indicators	58
Review of quality performance in 2012/13	61
External comments on Quality Accounts for 2012/13	64

Annex

1. Statement of directors' responsibilities	65
2. Independent auditor's report	67

Key



Indicates the direction of travel / performance for 2012/2013



= Performance achieved or exceeded trajectory for 2012/13



= Performance improved on last year but trajectory not achieved for 2012/13



= Performance did not achieve trajectory for 2012/13



Chief Executive's statement

Since joining the Trust, I have been impressed by the commitment and enthusiasm of our staff. At all levels of the organisation, staff are dedicated to improving the quality of services for our patients. The Board places quality at the top of its agenda, as do our governors.

2012/13 has been a challenging year in relation to quality of care, whilst introducing the major changes agreed following the 'Moving With The Times' clinical services review and public consultation. There has been poorer performance than I would have wished in a number of areas, all of which matter to patients.

The Board has taken these issues seriously, focusing on identifying the root causes and working towards long-term sustainable solutions, as well as taking immediate action where appropriate, with the strong support of our local commissioners.

During the year, 64 patients on our wards contracted C difficile against our annual target of 48. It is clear that we must do more to practically eliminate this infection from our wards, as we have done with MRSA. Our target for 2013/14 will be a significant challenge for our staff. We recognise that any patient who acquires an infection is a patient harmed, and that avoidable infections are not acceptable.

We have also faced issues with waiting times, both for planned treatment and for emergency care. Elective (i.e. non-emergency) demand has increased and the emergency patients we see are increasingly older with more complex problems. This is another key quality issue, as waiting times have a significant impact on our patients' experience.

We have been taking and will continue to take action to address the underlying causes of these problems. We are recruiting additional nurses, opening up beds and

redesigning emergency care patient pathways with the aim of providing 'seven-day' services, so patients get the same standard of emergency care no matter what day of the week it is.

Our aim in all of this is to provide earlier senior decision making, lower bed occupancy and ensure that we can provide the highest-quality experience possible for our patients.

There are also areas where we have made important improvements. Our mortality rates have reduced on last year and are on a downwards trend. I am confident there will be further improvement into next year, as we take forward the work to redesign emergency pathways and as work to tackle other quality issues gathers pace. Integration of care across sites has also developed, ensuring services are more equitable and sustainable.

Our work into next year will be guided by the Francis Report, which I see as a fundamental change in approach for the NHS and all its organisations, and our new Strategic Direction, shaped by continued staff engagement.

I would like to thank all our staff for their continuing hard work over the past year. Improvements are required, but I am confident that staff will do everything they can to rise to the challenge of providing high-quality care for our patients and it is the Trust's aim to support our staff better in doing just that.

To the best of my knowledge the information contained within this report is accurate.



Mike Pinkerton
Chief Executive
24 May 2013

1 Introduction



The Trust's quality focus during 2012/13 was to reduce harm which may have been preventable. We have had varying levels of success and have faced challenges in other areas.

This year we are able to report that we have sustained the previous year's reduction in falls which caused significant harm to patients. We reduced the incidence of MRSA from five in 2011/12 to two in 2012/13. We reduced the number of cardiac arrests. Our previous high standard of risk assessments for VTE prevention has again been maintained.

Disappointingly, we have not achieved the standards we would have expected in other areas: for example, C difficile infections, pressure ulcers and four-hour maximum emergency waiting times.

We have expanded the use of real-time surveys, carried out inpatient and outpatient surveys and continued obtaining comments from patients who use our

emergency services. In addition this year, we have developed 'easy read' surveys for patients with learning disabilities and asked for feedback from relatives and carers of patients with dementia. We are proud of the comments and feedback we have received from patients. In those areas where the results were below our expectations, we have developed improvement plans to raise our standards.

In 2012/13 there were no occasions where patients of the opposite sex were required to share sleeping or bathroom facilities except for clinical reasons such as on the coronary care unit.

The following pages provide further details of our achievements against the quality improvements we set ourselves during 2012/13. We will focus on many of these priorities again in 2013/14 as most quality improvements are long-term goals and aspirations and require strategies to achieve significant progress which can then be sustained year on year.

Achievement against our quality improvement priorities for 2012/2013: Patient safety

Priority 1:

Take a zero tolerance approach to 'never events'		
Aim: To stop all harmful clinical events that must never happen (never events).		
Rationale: These are largely preventable patient safety incidents that should not occur if preventative measures have been implemented within the Trust.		
2010/11	0 reported incidents	
2011/12	3 reported incidents	
2012/13	2 reported incidents ¹	
Progress, monitoring & reporting	<ul style="list-style-type: none"> Learning from the root cause analysis which follows any such events is shared Trust-wide to ensure that the never event does not happen again in the future. Reporting to the Board of Directors takes place monthly. 	
<p>Never events as defined by National Patient Safety Agency (NPSA)</p> <ul style="list-style-type: none"> <i>Wrong site surgery</i> <i>Wrong implant/prosthesis</i> <i>Retained foreign object post-operation</i> <i>Wrongly prepared high-risk injectable medication</i> <i>Maladministration of potassium-containing solutions</i> <i>Wrong route administration of chemotherapy</i> <i>Wrong route administration of oral/enteral treatment</i> <i>Intravenous administration of epidural medication</i> <i>Maladministration of insulin</i> <i>Overdose of midazolam during conscious sedation</i> <i>Opioid overdose of an opioid-naïve patient</i> <i>Inappropriate administration of daily oral methotrexate</i> <i>Falls from unrestricted windows</i> <i>Entrapment in bedrails</i> <i>Transfusion of ABO-incompatible blood components</i> <i>Transplantation of ABO- or HLA-incompatible organs</i> <i>Misplaced naso- or oro-gastric tubes</i> <i>Wrong gas administered</i> <i>Failure to monitor and respond to oxygen saturation</i> <i>Air embolism</i> <i>Misidentification of patients</i> <i>Severe scalding of patients</i> <i>Maternal death due to post-partum haemorrhage after elective caesarean section</i> <i>Suicide using non-collapsible rails</i> <p>Never events are defined as "serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers".</p> <p>Between April 2012 and March 2013 there were 2 never events reported:</p> <ol style="list-style-type: none"> April 2012 – Retained vaginal swab. Maternity service guideline was not followed in respect of the pre- and post-repair swab count. February 2013 – Removal of wrong tooth. The baby tooth was consented to be removed but had been lost naturally prior to the operation. The permanent adult tooth, which occupied the same position in the mouth as the baby tooth, was removed in its place, despite all existing processes being followed. <p>Data source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</p>		
<p>¹Year-on-year figures are not directly comparable, as the original definition of never events – set out by the National Patient Safety Agency in April 2009 – was expanded for 2011/12 and then expanded further in 2012/13.</p>		

Achievement against our quality improvement priorities for 2012/2013: Patient safety

Priority 2:

Reduce the number of healthcare-associated infections (HCAIs)

Aim: To reduce levels of hospital-acquired MRSA* bacteraemia and C diff** and collect data on E coli and MSSA bacteraemia.

Rationale: The Trust wishes to ensure the safest possible care for patients by reducing the number of healthcare-acquired infections.

	MRSA*	C diff**	E coli***	MSSA****
2009/10	12	67		
2010/11	1	67		
2011/12	5	43	77	32
2012/13	2	64	73	22

Progress, monitoring & reporting

- Dashboards for the monitoring and reporting of HCAIs have proved very successful and will be continued in 2013/14.
- Reporting directly to the relevant clinical area.
- Monthly reporting to the Board of Directors.

* MRSA - Methicillin-resistant *Staphylococcus aureus* bacteraemia

** C diff - *Clostridium difficile*

*** E Coli bacteraemia

**** Methicillin Sensitive *Staphylococcus aureus* (MSSA) bacteraemia

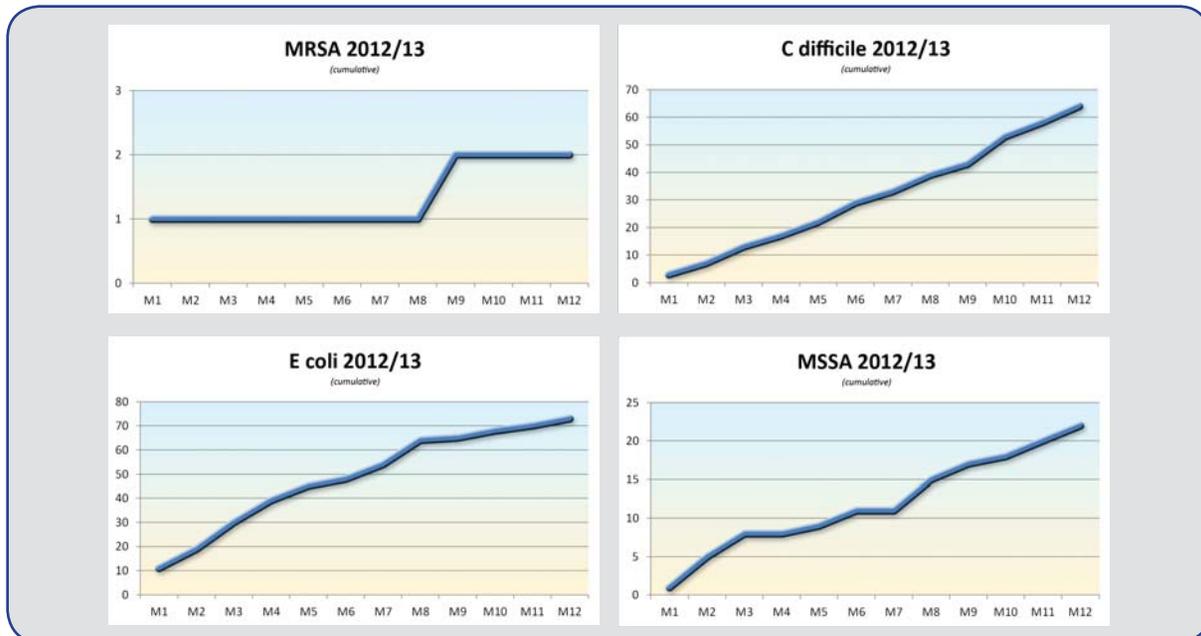
The prevention of avoidable healthcare-associated infections remains a Trust priority.

There have been 2 MRSA bacteraemia cases which remains on trajectory; one of the cases was deemed unavoidable by the primary care trust. Last year the Trust moved across to a single-use applicator for skin decontamination prior to taking blood cultures. In addition, feedback is provided to clinical service units.

This has seen a sustained reduction in skin contamination rates at 3% or below. Unfortunately the Trust did not remain within the ceiling for C difficile infection in 2012/13. There have been a number of small outbreaks within surgery, medicine and care of the elderly. There has also been a significant increase with the virulent O27 ribotype of C difficile. Part of the control measures involved a deep clean and hydrogen peroxide vapour (HPV) of the East Ward Block at Doncaster Royal Infirmary and other affected areas. Plans are in place to maintain this level of decontamination and HPV activity as well as revising antimicrobial policies, enhancing the Infection Prevention & Control (IPC) accreditation process and introducing mandatory C difficile training for clinical staff.

Data source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems

Achievement against our quality improvement priorities for 2012/2013: Patient safety



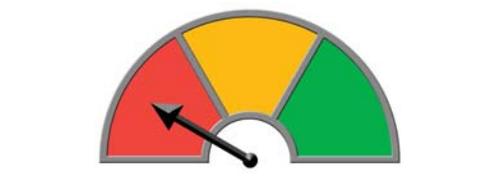
Priority 3:

Reduce the number of patient falls

Aim: To reduce the number inpatient falls which result in serious harm.

Rationale: To prevent incidences of severe injury to our patients whilst in hospital.

2010/11	101 (number of falls resulting in serious fracture)
2011/12	27 (number of falls resulting in serious fracture)
2012/13	30 (number of falls resulting in serious fracture)

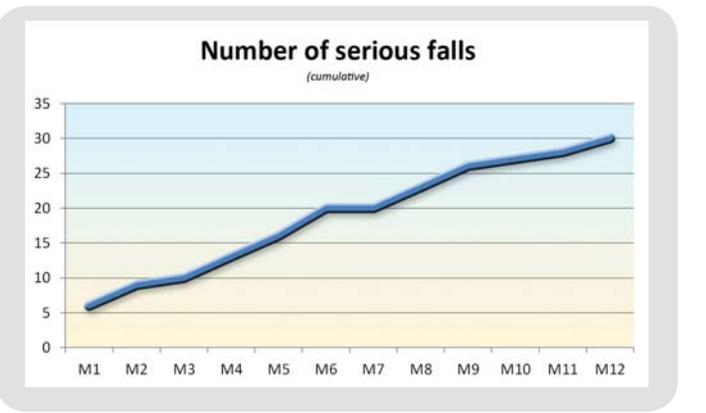


- Progress, monitoring & reporting**
- Audit of compliance with falls risk assessments.
 - Timely root cause analysis following falls causing severe harm.
 - Reporting via ward-based accountability framework.
 - Monthly reporting to Board of Directors.

**** Please note that the data used in these graphs was accurate as at 22/04/13.**

Once again, our priority has been to focus on the prevention and reduction of the number of inpatient falls and also the severity of harm when a fall does occur. Although the Trust has maintained the position from the previous year, we have not achieved any further reduction which is disappointing. In 2013/14, extra focus will be placed upon completion of root cause analysis when a fall has occurred to ensure learning from the event, which will be cascaded throughout the Trust.

Data source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems



Achievement against our quality improvement priorities for 2012/2013: Patient safety

Priority 4:

Reduce the number of hospital-acquired pressure ulcers: Categories 3 & 4

Aim: To reduce the number of hospital-acquired category 3 & category 4 pressure ulcers

Rationale: To prevent injury to our patients relating to hospital-acquired pressure ulcers, our Trust has adopted a zero tolerance approach.

	Grade 3 / ungradeables	Grade 4
		
2010/11	85	2
2011/12	65	5
2012/13	153	4
Progress, monitoring & reporting	<ul style="list-style-type: none"> Review of any trends will continue. Accountability meetings will continue throughout 2013/14. 	

The Trust has seen a deteriorating picture of harm during 2012/13 as the number of severe hospital-acquired pressure ulcers has significantly increased from the previous year. The 100-day improvement plan was launched on 16 July 2012. The objective of this plan was to achieve by 22 October 2012:

- Zero level 3, 4 and ungradeable hospital-acquired pressure ulcers; and
- 50% reduction in levels 1 and 2, compared to monthly average from January 2012 to June 2012.

The 100-day improvement plan identified workstreams with a designated lead. Progress was reported to Management Board on a bimonthly basis and at weekly pressure ulcer accountability meetings.

Progress was made within a number of clinically-focused areas:

- Re-launch the tissue viability top 10 education and policy tool, with versions developed for maternity and children's services. Alongside this there were developments in critical care.
- Introduction of a paediatric risk assessment tool.
- A Trust-wide equipment audit determined that there was adequate equipment (excluding incidences of infection outbreak) but that equipment was not being used within current Trust guidelines for equipment selection.
- Development of a tissue viability dashboard and a move to paper-free referrals.
- A substantive tissue viability development post was secured to enhance the clinical input, education and support provided by the team.
- Short-term appointment of a task force of nurses by the Acute & General Medicine CSU to implement the enhanced tissue viability competency model (piloted on Ward C2 during 2011) on the Medical Assessment Units (MAU).
- Ward manager workshops.
- Revised root cause analysis process and revised documentation.

An external review of the Trust's approach to harm from pressure ulcers was undertaken in November 2012. A number of themes for further work were identified:

- Safe staffing levels.
- Patient pathway for A&E.
- Patient pathway for MAU.
- Skin inspection / transfer information from ward to ward.
- The need to share the positive impact from work on the renal ward.
- Equipment provision.

Despite a range of activities and actions there was no reduction in the number of severe hospital-acquired pressure ulcers; in contrast, a significant increase was seen.

Achievement against our quality improvement priorities for 2012/2013: **Clinical effectiveness**

A pressure ulcer forum has been established by the commissioners and is driving forward the development of a health economy pressure ulcer pathway. A revised process is in place for root cause analysis (RCA) following harm from pressure ulcers as part of the 2013/14 CQUIN. This is being monitored through a commissioner-led RCA overview group. An internal action plan is being developed with the aim of focusing attention on the wards with the highest rate of harm and addressing some of the outstanding recommendations from the external review.

Data source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems

Priority 5:

Reduce the number of deaths which may have been preventable

Aim: To implement system for continuous review of HSMR* and SHMI**.

Rationale: This system will support achievement of priority 5: to have no avoidable deaths and no avoidable harm to patients.

2010/11	The Trust's HSMR for 2010 was: 104.3***	
2011/12	The Trust's HSMR for 2011 was: 108.9****	
2012/13	The Trust's HSMR for 2012 was: 102.1*****	
Progress, monitoring & reporting	<ul style="list-style-type: none"> • Monitor HSMR and SHMI. • Continue to monitor at Review of Mortality Group. • Monthly reporting to Board of Directors. 	

* Hospital Standardised Mortality Ratio

** Summary Hospital-level Mortality Indicator

*** January 2010 – December 2010 position

**** January 2011 – December 2011 position

***** January 2012 – December 2012 position

Since January 2012 the Trust has begun to implement a review of the emergency pathways in medicine and surgery across both the Doncaster and Bassetlaw sites. This has led to the development of an Assessment & Treatment Centre (ATC) at Bassetlaw and also to the implementation recently of the emergency surgery pathway across both the Doncaster and Bassetlaw sites.

Underpinning these changes is increased consultant cover throughout the week including weekends. The emergency medicine pathway review at Doncaster is progressing at pace and it is expected that, powered by a review of the bed stock and continuing with the principle of increased consultant cover, it will become fully functional by August / September 2013.

Together, these changes in addition to the targeting of certain causes of mortality will be expected to produce a further reduction in HSMR for the January 2013 to January 2014 period but will not achieve its maximum benefit until January 2014 to January 2015.

Additional work is also being undertaken in respect of improvements in coding with an emphasis on palliative care and peri-natal mortality.

Data source: Dr Foster Intelligence

Achievement against our quality improvement priorities for 2012/2013: **Clinical effectiveness**

Priority 6:

Embed implementation of venous thrombo-embolism (VTE) guidelines

Aim: To reduce the number of patients who develop a VTE (blood clot) within 28 days of inpatient hospital treatment.

Rationale: The Trust is aware that it has significant room for improvement relating to VTE risk assessment to comply with recommendations with NICE guidance in 2010. This is also one of the national priorities within the CQUIN framework.

2010/11	<ul style="list-style-type: none"> 88.1% of all eligible patients had a documented risk assessment. 	
2011/12	<ul style="list-style-type: none"> 93.9% of all eligible patients had a documented risk assessment. 80% of all eligible patients received thromboprophylaxis* (randomly selected sample). 	
2012/13	<ul style="list-style-type: none"> 92.5% of all eligible patients had a documented risk assessment. 100% of all eligible patients received thromboprophylaxis* (randomly selected sample). 100% root cause analysis for all patients who were admitted with a VTE within 90 days of previous inpatient episode. 	
Progress, monitoring & reporting	<ul style="list-style-type: none"> Collect monthly data to monitor and ensure compliance (assessment, prophylaxis & root cause analysis). Link with national CQUIN framework. Monthly specialty reports. Monthly reporting to the Board of Directors. Monthly audits of appropriate thromboprophylaxis prescribing. 	

* Thromboprophylaxis – types of prevention

Once again, the Trust is pleased to report that over 90% of our patients are being risk assessed for VTE as part of the routine admission process throughout all specialties within the organisation.

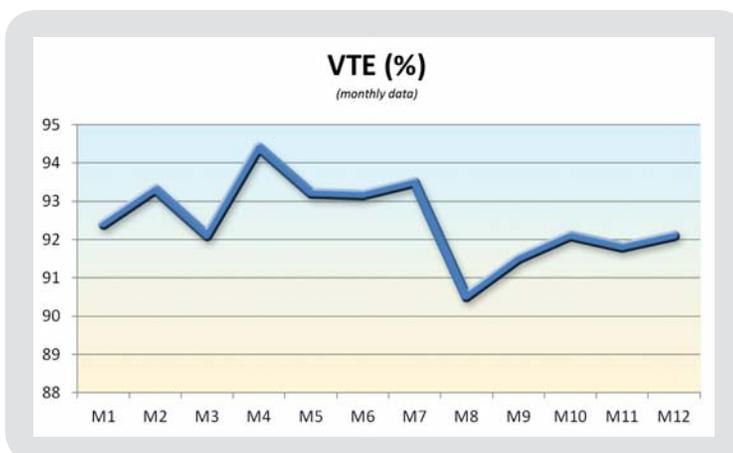
Monthly audits are conducted to assess the prescribing of appropriate thromboprophylaxis. One hundred patients, who were deemed as 'high risk' as a result of the risk assessment, were chosen at random each month and their patient records were reviewed to ascertain

whether they had received the appropriate prophylaxis. Of the 100 patients selected throughout 2012/13 as part of this process, all (100%) had received the appropriate prophylaxis; this is a 20% improvement on the results for 2011/12.

Although the monthly audits were conducted and demonstrated a positive improvement, as part of the root cause analysis process (for all patients admitted with a VTE within 90 days of a previous hospital admission), it was noted that one patient did not receive appropriate prophylaxis.

Root cause analyses were carried out for every patient who was admitted with a VTE within 90 days of an inpatient episode.

Data source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems



Achievement against our quality improvement priorities for 2012/2013: **Clinical effectiveness**

Priority 7:

Monitor the occurrence of cardiac arrests (time of day and day of week)

Aim: To reduce the number of cardiac arrests, particularly those occurring out of hours.

Rationale: To identify and address the factors in and out of hours that increase the risk of cardiac arrest.

2011/12	Number of cardiac arrests: 186 % of cardiac arrests 'in hours': 23.7% % of cardiac arrests 'out of hours': 76.3%	
2012/13	Number of cardiac arrests: 182 % of cardiac arrests 'in hours': 21.4% % of cardiac arrests 'out of hours': 78.6%	
Progress, monitoring & reporting	These figures remain encouraging with a lower number of cardiac arrests in 2012/13 despite an increase in the admission figures of 2,185 patients. The majority of cardiac arrests continue to take place out of hours and this is again seen in the 2012/13 data. Audit work continues to be undertaken, some of which is detailed below along with preliminary findings. Full quarterly reports are made to the Review of Mortality group and Patient Safety Review Group.	

* In hours cardiac arrests are arrests that take place Monday to Friday, 9am to 5pm.

** Out of hours covers arrests that take place Monday to Friday, 5pm-9am, at weekends and on bank holidays.

At the time of writing, resuscitation services had undertaken case note reviews on 132 of the 182 cardiac arrests that occurred in 2012/13. Key themes have been identified with action plans to address any areas where improvements were identified.

Education and training is continuing to embed the importance of recognising the seriously ill patient and escalating care.

There were 34 cardiac arrests where resuscitation was classified as medically futile but no DNACPR was in place prior to the arrest. Of these 34 events, 24 occurred out of hours. In many of these cases medical futility was documented either as the reason for stopping resuscitation once it had commenced, or as the rationale for a DNACPR decision once return of spontaneous circulation had been obtained. Consideration of the patient's resuscitation status on admission or at first consultant review would have resulted in a DNACPR decision, which would have prevented inappropriate resuscitation. Work to ensure that this is a vital part of the admission process will be prioritised by all CSUs.

The Trust joined the National Cardiac Arrest Audit (NCAA) in April 2013. This will mean that all of our cardiac arrest data can be analysed in more depth and will also provide us with the ability to benchmark nationally. Future figures will not be year-on-year comparable due to this change and improvement.

Data source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems

Achievement against our quality improvement priorities for 2012/2013: Patient experience

Priority 8:

Monitor and aim to reduce the number of complaints, including those where patient harm is a feature of the complaint

Aim: To improve the patient experience by reducing the number of complaints relating to patient harm.

Rationale: To ensure our patients are at the heart of everything we do.

2010/11	Total number of complaints received: 536 Patient harm data was not recorded during this period.	
2011/12	Total number of complaints received : 470 Patient harm data was not recorded during this period.	
2012/13	Total number of complaints received: 518 There were 2,755 subjects recorded within these 518 complaints, 303 (11%) of which relate to patient harm ² .	
Progress, monitoring & reporting	<ul style="list-style-type: none"> • Continue to collect data relating to patient harm. • Special focus on pain management adopting a zero tolerance approach to patients where their pain was not managed adequately. • Review all complaints relating to end-of-life care, again adopting a zero tolerance approach to end-of-life care which is not of the very highest standard. 	

The majority of complaints (239) related to inpatient care. Of those, the most common complaints relating to harm were:

- Pain management not managed correctly.
- Missed fracture.

The Trust is developing a new patient satisfaction policy for 2013/14. This will focus on information given to patients, relatives and carers encouraging them to 'speak out – speak now'. This will enhance the prevention or resolution of concerns at an early stage rather than patients being dissatisfied with their care, prompting them to make a formal complaint

Data source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems

²This was a new measure for 2012/13 and there is no directly comparable data from last year, as we did not previously record complaints related to patient harm. We have rated our performance as Amber because, although we cannot compare data on complaints related to patient harm with 2011/12, the overall number of complaints increased.

Achievement against our quality improvement priorities for 2012/2013: Patient experience

Priority 9:

Patient experience monitoring

Aim: To continue to monitor patient experience.

Rationale: The Trust believes that **every** patient should feel that they matter and are at the heart of everything we do.

2012/13



Progress, monitoring & reporting

- Reporting patient experience to all clinical areas and departments.
- Robust regular reviews of improvement plans.
- Reporting to Board of Directors and commissioners.

The Trust continued to engage with our patients by conducting patient surveys in all inpatient and outpatient areas, as well as our accident and emergency departments. Throughout 2012/13, 40 surveys were completed on each inpatient ward per month, 100 surveys were completed for outpatients per month and 100 were completed per month from the emergency departments. Monthly feedback reports were cascaded within the Trust and also externally to commissioners, demonstrating improvements and also highlighting where improvement plans were required.

The questions in the surveys were designed to gain valuable feedback from our patients as to how they perceive the service(s)/treatment(s) they received.

In order to ensure that the improvements reported in 2011/12 continued in 2012/13, we retained a set of core questions which had been used as part of the 2011/12 surveys. We continued to monitor the patient response to these questions to ensure that, where possible, further improvements were made and also to ensure that where no improvements were made, the position didn't decline by more than 5%. For those questions where a 5% decline (based on the 2011/12 outturn) was recorded, an improvement plan was developed.

Also in consultation with our commissioners, some new questions were added to the patient surveys for 2012/13. As these questions were new in 2012/13, no benchmarking data was available. As a result, for the new questions a trajectory was set that no more than 50% negative comments should be received.

The results below show the overall year-end position for all questions asked on the patient surveys throughout 2012/13, benchmarked against the 2011/12 outturn where relevant.

Achievement against our quality improvement priorities for 2012/2013: Patient experience

Inpatient questions	March 2011/12	March 2012/13
Percentage of patients who felt that they did not share a sleeping area – for example, room or bay – with patients of the opposite sex	95%	96%
Percentage of patients who felt that they weren't bothered by noise at night from other patients or hospital staff	79%	70%
Percentage of patients who were asked how they would like to be addressed	86%	88%
Percentage of patients who felt that they got enough help to eat meals	100%	96%
Percentage of patients who felt that they were given enough opportunity to talk to a doctor, if they needed to	94%	93%
Percentage of patients who felt that they were able to find someone on the hospital staff to talk to about their worries and fears	89%	92%
Percentage of patients who got enough help from staff getting to the bathroom or toilet	99%	96%
Percentage of patients who felt that the doctor or nurse explained the results of the tests in a way they could understand	92%	94%
Percentage of patients who felt overall that they were treated with respect and dignity whilst in hospital	100%	99%
Percentage of patients who felt that they would recommend this hospital to family and friends	98%	98%
The following questions were new for 2012/13:		
Percentage of patients who felt that reasonable adjustments were made for their disability	88%	
Percentage of patients who felt that their religious / cultural beliefs were accommodated for	86%	
Percentage of patients who felt that they received prompt pain relief	92%	
Percentage of patients who felt that they were able to ask to see male / female staff	93%	
Percentage of patients who felt that their medication worries were addressed	88%	
Percentage of patients who felt that changes to medication had been explained	89%	
Percentage of patients who were asked about any allergies	94%	
Percentage of patients who felt that they received healthy lifestyle advice	58%	
Percentage of patients who received help with shaving if needed	90%	
Percentage of patients who received help with clean clothes / night clothes	96%	
Percentage of patients who received help with cleaning their nails if needed	92%	
Percentage of patients who received help with keeping hair clean and tidy	94%	
Percentage of patients who felt that they had confidence & trust in the doctors treating them	99%	

Achievement against our quality improvement priorities for 2012/2013: Patient experience

Outpatient questions	March 2011/12	March 2012/13
Percentage of patients who were told about any delays	83%	52%
Percentage of patients who felt that they were given regular updates about the delays	79%	43%
Percentage of patients who felt that they had enough time to discuss health or medical problems with a healthcare professional	99%	99%
Percentage of patients who felt that they were able to ask questions they may have had	99%	98%
Percentage of patients who felt that a member of staff explained why they needed any tests	99%	96%
Percentage of patients who were told how they would find out the test results	97%	91%
Percentage of patients who felt that the test results were explained in a way they could understand	99%	95%
Percentage of patients who were offered copies of letters sent between the hospital team and GP	69%	62%
Percentage of patients who were told who to contact if they were worried about their condition or treatment	88%	87%
Percentage of patients who felt that the car parking / park & ride facilities were easy to access	80%	81%
Percentage of patients who felt that staff did not talk to them as if they weren't there	98%	98%
Percentage of patients who felt that they were given enough privacy and treated with dignity during their consultation	100%	97%
Percentage of patients who noted that staff introduced themselves before treating or examining them	96%	93%
The following questions were new for 2012/13:		
Percentage of patients who would recommend this hospital to a friend or relative	98%	
Percentage of patients who felt that they were involved in decisions about their care	98%	
Percentage of patients who felt that their religious / cultural beliefs were accommodated for	56%	
Percentage of patients who felt that reasonable adjustments were made for their disability	91%	

In 2013/14 we will continue to monitor our patients' views and opinions through our Trust patient experience surveys and also as part of the national 'friends and family test'.

Achievement against our quality improvement priorities for 2012/2013: Patient experience

A&E survey questions	March 2011/12	March 2012/13
Percentage of patients who felt that they were happy with the cleanliness of the toilets they used in the hospital	99%	97%
Percentage of patients who felt that staff did not talk to them as if they weren't there	95%	92%
Percentage of patients who felt that they were given enough privacy and treated with dignity during their consultation	99%	96%
Percentage of patients who felt that if they needed attention whilst they were waiting a member of staff would have noticed them	83%	86%
Percentage of patients who said staff introduced themselves before treating or examining them	89%	95%
The following questions were new for 2012/13:		
Percentage of patients who were told how long they would have to wait to be examined or treated	45%	
Percentage of patients who felt they had enough time to discuss their health or medical problems with the healthcare professional	94%	
Percentage of patients who felt that the healthcare professional explained their condition and / or treatment in a way they could understand	95%	
Percentage of patients who felt that the healthcare professional listened to what they had to say	96%	
Percentage of patients who felt that they had confidence and trust in the healthcare professional treating them	96%	
Percentage of patients who would recommend this hospital to a friend or relative	94%	
Percentage of patients who felt that they were able to ask to see male / female staff	95%	
Percentage of patients who felt involved in the decisions made about their care	94%	



Achievement against our quality improvement priorities for 2012/2013: Patient experience

Priority 10:

Patient experience monitoring for patients with learning disabilities

Aim: To improve the experience of people with learning disabilities.

Rationale: The Trust believes that **every** patient should feel that they matter and are at the heart of everything we do.



Progress, monitoring & reporting

- Reporting patient experience to all clinical areas and departments.
- Robust regular reviews of improvement plans.
- Reporting to Board of Directors and commissioners.

Throughout 2012/13 the Trust worked on improving the experience of patients with learning disabilities. This was also part of the CQUIN framework. Surveys were completed by inpatients with learning disabilities, providing the Trust with valuable feedback as to how this group of patients perceived the service and treatment they received whilst an inpatient.

The initiative was well received within the Trust and, as the results demonstrate, positive feedback was received from our patients with learning disabilities regarding the service(s) / treatment(s) they received whilst an inpatient. Quarterly feedback was cascaded within the Trust to ensure that staff remained engaged with improving the experience for patients with learning disabilities.

Learning disability questions	March 2013
Percentage of patients who were visited by the Learning Disabilities Liaison Nurse	97%
Percentage of patients who were shown where the toilets were on the ward	98%
Percentage of patients who were shown where the phone was on the ward	79%
Percentage of patients who were shown where the drinking facilities were on the ward	97%
Percentage of patients who were shown where to get food from whilst on the ward	93%
Percentage of patients who felt that staff found out if they needed help with bed rails	94%
Percentage of patients who felt that staff found out if they needed help with going to the toilet	79%
Percentage of patients who felt that staff found out if they needed help eating and drinking	88%
Percentage of patients who felt that staff found out if they needed help with having a wash	94%
Percentage of patients who felt that staff found out if they needed help with communication	82%
Percentage of patients who felt that staff spoke to them	100%
Percentage of patients who felt that staff spoke to their family/carer	100%
Percentage of patients who felt the staff let them / family / carer ask any questions they may have had	100%
Percentage of patients who knew who to talk to about any worries	100%
Percentage of patients who felt that things were explained to them in a way they could understand	100%
Percentage of patients who felt that their treatment was explained to them in a way they could understand	100%
Percentage of patients who felt that food and drink was explained to them in a way they could understand	100%
Percentage of patients who felt that permission was sought in a way they could understand	100%

Continued overleaf

Achievement against our quality improvement priorities for 2012/2013: Patient experience

Percentage of patients who felt their discharge was explained to them in a way they could understand	100%
Percentage of patients who got help with transport to take them home	86%
Percentage of patients who felt that their medications were explained to them in a way they could understand	100%

This was a new initiative for 2012/13 and therefore no benchmarking data was available; however, we will continue to conduct these surveys throughout 2013/14 and action plans have been developed to ensure that there is no decline in position and, where, possible improvements are made.

Data source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems



Achievement against our quality improvement priorities for 2012/2013: Patient experience

Priority 11:

Dementia – Carers survey

Aim: To ensure that key carers / advocates have involvement in the care of patients who have dementia.

Rationale: The Trust believes that **every** patient should feel that they matter and are at the heart of everything we do, and in some cases a carer’s perspective is necessary to achieve this goal.

2012/13



Progress, monitoring & reporting

- Reporting patient experience to all clinical areas and departments.
- Robust regular reviews of improvement plans.
- Reporting to Board of Directors and commissioners.

Throughout 2012/13 the Trust continued to gain feedback from all patient groups including dementia patients. Surveys were completed by carers of patients with dementia who had been admitted to hospital for care.

The Trust captured data from a minimum of 100 carers each quarter and the results are as follows:

Dementia carer questions	March 2013
Percentage of carers who felt that they had the opportunity to discuss and be involved in the patient’s management and discharge plan	90%
Percentage of carers who felt they were given enough information before discharge	93%
Percentage of carers who felt they had the opportunity to discuss worries or concerns	94%
Percentage of carers who answered ‘yes’ to the previous question and felt that worries were explained in a way the carer could understand	98%
Percentage of carers who felt they were given clear information about the next steps after discharge	92%

The results demonstrate that positive feedback was gained from carers with regards to their experience.

This was a new initiative for 2012/13 and therefore no benchmarking data was available; however, we will continue to conduct these surveys throughout 2013/14 and action plans have been developed to ensure that there is no decline in position and, where possible, improvements are made.

Data source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems

Achievement against our quality improvement priorities for 2012/2013: Patient experience

Priority 12:

Gain feedback from patients relating to equality (e.g. patients with learning or physical disabilities)	
Aim: To improve the care and health outcomes of people with learning disabilities or physical disabilities.	
Rationale: To ensure that reasonable adjustments are made for patients with learning disabilities or physical disabilities.	
2012/13	
Progress, monitoring & reporting	Due to the very good results during 2013/14, this will not be an area reported next year. The Trust will, however, continue to monitor this internally to ensure high standards are maintained.
<p>As part of our local CQUIN framework for 2012/13 we implemented a 'traffic light' assessment with the aim of improving the care and health outcomes for people with learning difficulties and to ensure that they were treated with dignity and respect. The hospital Traffic Light Assessment (TLA) was devised by Gloucestershire NHS Trust and has been adapted and used by many acute trusts in England. It is a colour-coded document which contains essential information about a patient's medical history, routine, likes and dislikes and is designed to stay with the patient throughout their hospital stay.</p> <p>We conducted audits in Q2 and Q3 of 2012/13 to ensure that the traffic light assessment was being successfully implemented and also to monitor the completion of risk assessments for patients with a length of stay of over 48 hours.</p> <p>The results of the audits were extremely positive: 98% of patients were provided with a traffic light assessment at their bedside and 93% of patients with a length of stay over 48 hours had a risk assessment completed.</p> <p>In order to ensure that reasonable adjustments were made for patients with physical disabilities, as part of our real-time surveys we asked all inpatients and outpatients the following question:</p> <p><i>If you feel you have a disability did staff try to make reasonable adjustments?</i></p> <p>93% of adult inpatients who had a disability reported that reasonable adjustments had been made to accommodate their disability.</p> <p>94% of adult outpatients who had a disability reported that reasonable adjustments had been made to accommodate their disability.</p> <p>Overall it was identified that patients felt staff made reasonable adjustments. These results were cascaded throughout all wards and outpatient departments to ensure that these standards are maintained.</p> <p>Data source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</p>	

Priorities for improvement in 2013/14

Delivering harmfree care is the Trust's highest priority in 2013/2014. Systematic approaches to recognising, preventing or reducing risk to our patients will identify vulnerable patients, thus allowing plans to be adopted to reduce risk of harm. We will improve our approach to the detection and escalation of patients with a deteriorating condition. We will build on current policy and practices relating to infection prevention and control. Our mortality review programme is effectively monitoring decision-making and care planning. We want to ensure there is a consistent approach between weekends and weekdays.

In identifying the priorities for improvement for 2013/14, the Trust has taken into account the views of:

Patients: The Trust conducted a range of monthly patient surveys throughout 2012/13 as well as taking part in national patient surveys. Analysis of patient responses was undertaken in order to gain an insight into the views of our patients and

to ensure that they were met. This work will continue throughout 2013/14 to ensure that we remain totally focused on the views of our patients.

Staff: The 2013/14 priorities for improvement are a continuation of work undertaken throughout 2012/13. Throughout 2012/13, Trust staff were given regular feedback and were fully engaged in the identified metrics. Discussions were held in the relevant groups and workstreams to ensure that the metrics remained embedded.

Wider public: Meetings and discussions were held with the Trust governors in relation to the 2013/14 priorities for improvement.

Our highest priorities are:

		Outturn 2012/13	Trajectory/Threshold 2013/14
Patient Safety	Take a zero tolerance approach to 'never events'	2	0
	Reduce the number of healthcare-associated infections		
	• MRSA	2	0
	• C difficile	64	48 ³
	Reduce the number of patient falls causing serious harm	30	Reduce by 20% (24)
Reduce the number of hospital-acquired pressure ulcers above Category 2	157	Reduce by 14% (135) This will be done by the top 'hot spot' areas identifying improvement themes and trends	

³The national trajectory set for us by the Department of Health in 2013/14 is a maximum of 37 cases of C difficile. However, we have agreed with commissioners and Monitor to have no more than 48 cases in 2013/14 and to return to trajectory in the following year.

Priorities for improvement in 2013/14

		Outturn 2012/13	Trajectory/Threshold 2013/14
Clinical Effectiveness	Venous thrombo-embolism (VTE) risk assessment	92.5%	95%
	Prescribing of VTE prophylaxis (preventive measures) for high-risk patients	100% of high risk patients received prophylaxis	100% of high risk patients to receive prophylaxis
	Root cause analysis for all patients admitted with a VTE within 42 days	N/A: This is a new measure for 2013/14	100%
	Monitor occurrence of cardiac arrests (time of day and day of the week) <i>*In hours cardiac arrests are arrests that take place Monday to Friday, 9am-5pm</i> <i>**Out of hours covers arrests that take place Monday to Friday, 5pm-9am, at weekends and on bank holidays</i>	21.4% of cardiac arrests occurred 'in hours'* 78.6% of cardiac arrests occurred 'out of hours'**	Reduction in number of cardiac arrests as a percentage of hospital admissions
	Reduction in HSMR	102.1 (Jan 12 – Dec 12)	Reduce by 5%
Reduction in SHMI	102.9 (Jun 11 – Jul 12)		
Patient Experience	Carry out the 'friends and family test'	This is a new initiative for 2013/14. In line with the national friends and family test CQUIN, the Trust will aim for 15%-18% survey return rate and patient satisfaction rates which place us within the top 50% nationally	
	Monitor and aim to reduce number of complaints where patient harm is a feature of the complaint	Q1 – Develop categories for confirmed patient harms Q2 – Develop and implement plans to reduce these harms Q3/Q4 – Demonstrate and monitor improvements by reduction in % of complaints where patient harm is a feature	
	Seek the views of relatives/carers of those patients following end-of-life care	This is a new measure for 2013/14. No trajectory will be set this year	

Review of services

During 2012/13, the Doncaster and Bassetlaw Hospitals NHS Foundation Trust provided and or sub-contracted 44 NHS services.

Doncaster and Bassetlaw Hospitals NHS Foundation Trust has reviewed all the data⁴ available to them on the quality of care in 44 of these NHS services.

The income generated by the NHS services reviewed in 2012/13 represents 81% of the total income generated from the provision of NHS services by Doncaster and Bassetlaw Hospitals NHS Foundation Trust for 2012/13.

Participation in clinical audits

During 2012/13, 37 national clinical audits and three national confidential enquiries covered NHS services that Doncaster and Bassetlaw Hospitals NHS Foundation Trust provides.

During that period Doncaster and Bassetlaw Hospitals NHS Foundation Trust participated in 95% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Hospitals NHS Foundation Trust was eligible to participate in during 2012/13 are overleaf.



⁴The data reviewed should aim to cover the three dimensions of quality – patient safety, clinical effectiveness and patient experience – and indicate where the amount of data available for review has impeded this objective.

Participation in clinical audits

National Clinical Audits	Participation	% of cases submitted
Acute		
Adult community-acquired pneumonia	Yes	100%
Adult critical care	Yes	100%
Emergency use of oxygen	Yes	100%
Renal colic	Yes	100%
Trauma	Yes	100%
Blood and transplant		
Comparative audit of blood transfusion	Yes	100%
Potential donor	Yes	100%
Renal transplantation (NHSBT UK Transplant Registry)	Yes	100%
Cancer		
Bowel cancer	Yes	60% (1)
Head and neck oncology	Yes	100%
Lung cancer	Yes	100%
Oesophago-gastric cancer	Yes	100%
Heart		
Acute coronary syndrome or acute myocardial infarction	Yes	95% (2)
Cardiac arrest	No (3)	
Cardiac arrhythmia	Yes	100%
Congenital heart disease (paediatric cardiac surgery)	Yes	100%
Heart failure	Yes	100%
Vascular surgery (VSGBI Vascular Surgery Database)	Yes	100%
Long-term conditions		
National joint registry	Yes	100%
Adult asthma	Yes	100%
Bronchiectasis	Yes	100%
Diabetes (adult)	Yes	100%
Diabetes (paediatric)	Yes	100%
Inflammatory bowel disease	No (4)	
Renal registry	Yes	100%
Mental health		
National Audit of Dementia	Yes	100%
Older people		
Carotid interventions	Yes	100%
Fractured neck of femur	Yes	100%
Hip fracture database	Yes	100%
Parkinson's disease	Yes	100%
Stroke National Audit Programme	Yes	100%

Participation in clinical audits

National Clinical Audits	Participation	% of cases submitted
Other		
Elective surgery (National PROMS Programme)	Yes	100%
Women's & children's health		
Epilepsy 12 (childhood epilepsy)	Yes	100%
Fever in children	Yes	100%
Neonatal intensive and special care	Yes	100%
Paediatric asthma	Yes	100%
Paediatric intensive care	Yes	100%
National Confidential Enquiries		
Patient outcome and death	Yes	100%
Asthma deaths	Yes	100%
Maternal infant and perinatal	Yes	100%

Note 1: Returns were only submitted for patients who underwent surgery. Returns are now submitted for all patients.

Note 2: A small number of patient notes could not be accessed.

Note 3: The Trust did not take part in this audit due to the existence of a more comprehensive local audit. National dataset has now been improved. We will take part from 1 April 2013.

Note 4: The Trust did not take part due to lack of resources.

All reports from national audits are reviewed by the provider and any actions necessary to improve the quality of healthcare are instigated. During the year 2012/13, more than 300 local audits were completed and reviewed by the provider and various actions will be taken to improve the quality of healthcare provided.

We have listed below a few examples of improvements which have been made as a result of audits undertaken throughout 2012/13:

- A satisfaction audit of patients having laparoscopic gastric bands fitted resulted in greater involvement of patients' family and an improved discharge pathway.
- Transfer of physiotherapy patients returning to residential and care homes after fractured neck

of femur resulted in a new 'ward to community' rehabilitation protocol being implemented.

- An audit into the management of bedpans and the incidence of cross-infection within the Trust resulted in a more robust system of cleaning and storing bedpans and a regular bedpan replacement programme being implemented. The Trust is also planning to trial disposable products.
- An audit of post-operative surgical site infections (SSI) in breast surgery patients resulted in improved documentation of washing advice to patients and a better regulation of temperature, oxygen and glucose during the operation.
- Audits undertaken with Endoscopy Unit – i.e. decontamination, patient pain score, mortality, morbidity and re-admissions – have all provided evidence for accreditation for Joint Advisory Group and global rating score.
- An audit into theatre admissions led to improved patient information and staggered admission times to reduce waiting times for patients.

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Doncaster and Bassetlaw Hospitals NHS Foundation Trust in 2012/13 that were recruited during 2012/13 to participate in research approved by a research ethics committee was 3,675. Of these, 417 participants were recruited onto studies adopted onto the National Institute for Health Research Portfolio.

During 2012/13, 58 additional studies were approved to commence within the Trust, which include Clinical Trials of Investigational Medicinal Products (CTIMPs) and medical device trials. The Trust supports research in differing roles, either as a sponsoring organisation, a participating organisation or as a participant identification centre. The Research & Development department is continuing to expand to reflect both the increasing level of research activity and also to support the continuing advancement of research within

the Trust, with the Research team providing comprehensive support to researchers during the planning, set-up and delivery phases of research.

Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer to patients and to making our contribution to wider health improvements. Our clinical staff stay abreast of the latest possible treatment options and active participation in research leads to successful patient outcomes. Our engagement with clinical research demonstrates our commitment to testing and offering the latest medical treatments and techniques.

Use of the CQUIN payment framework

A proportion of Doncaster and Bassetlaw Hospitals NHS Foundation Trust income in 2012/13 was conditional on achieving quality improvement and innovation goals agreed between Doncaster and Bassetlaw Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The monetary total in 2012/13 conditional upon achieving quality improvement and innovation goals is £6.893 million. An assessment of the monetary total for the

associated payment in 2012/13 is £4.804 million.

Further details of the agreed goals for 2012/13 and for the following 12 month period are available on request from the Director of Communications, Doncaster Royal Infirmary, Armthorpe Road, Doncaster, DN2 5LT.

Statements from the CQC & data quality

Statements from the CQC

Registration

Doncaster and Bassetlaw Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is full registration compliance with no conditions on registration.

The Care Quality Commission has not taken enforcement action against Doncaster and Bassetlaw Hospitals NHS Foundation Trust during 2012/13.

The Trust has had two routine inspections by the Care Quality Commission during 2012/13. The first was an inspection of maternity services which took place in December 2012 at the Doncaster Royal Infirmary site and the Bassetlaw Hospital site. Both locations were found to be fully compliant with the six standards that were reviewed. These were:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safety, availability and suitability of equipment
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision

The CQC did not require the Trust to take any actions in order to maintain compliance.

The second inspection was a visit by the CQC to monitor how the Mental Health Act is used in the Trust and how we manage patients with mental health issues. This was one of the first of a new national programme of inspections of acute trusts focusing on this issue. The CQC's report

indicated that action was required to address organisational arrangements and responsibilities regarding the administration of the Mental Health Act processes, and to address staff training in relation to the Act. A detailed action plan has been developed to resolve these issues.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period 2012/13.

Data quality

Doncaster and Bassetlaw Hospitals NHS Foundation Trust submitted records during 2012/13 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data (cumulative position to Month 9 of 2012/13):

Which included the patient's valid NHS number was:

99.8% for admitted patient care – *national position 99.0%*
99.9% for outpatient care – *national position 99.3%*
96.6% for accident and emergency care – *national position 94.7%*

Which included the patient's valid General Medical Practice Code was:

100% for admitted patient care – *national position 99.9%*
100% for outpatient care – *national position 99.9%*
99.4% for accident and emergency care – *national position 99.7%*

Data quality

Doncaster and Bassetlaw Hospitals NHS Foundation Trust will be taking the following actions to improve data quality:

The Trust recognises the importance of high-quality information as a fundamental requirement for the prompt and effective treatment of patients. High-quality information is critical to the delivery of high-quality care to patients and in meeting the needs of clinical governance, management information, accountability, financial control, health planning and service agreements.

The delivery of high-quality care to patients in relation to safety, effectiveness and patient experience is fundamentally dependent on high-quality data and as such is a key business driver.

High-quality business information supports decision-making as well as ensuring that the Trust reports its performance accurately, both internally and externally, including to commissioners, Monitor, the Department of Health and the Care Quality Commission.

Achievement of CQUINs and accurate charging for Payment by Results (PbR) and non-PbR income, through robust data collection and reporting, is also reliant on high-quality data and is of the highest priority for the Trust. It also provides commissioner confidence and assurance.

Maintaining and driving improvements in data quality continued to be an area of high priority and focus for the Trust during 2012/2013 and this will continue in 2013/14 and beyond. The Trust continues to invest in data quality resources.

- During 2012/13 there has been an even greater focus on cleaning up historic 18-weeks data and maintaining the 'clean' data to: ensure the accuracy of waiting times to support treating

patients in chronological order for the same clinical priority; support demand and capacity modelling; and ensure accurate performance reporting and provision of better information around 18 weeks to assist CSUs, and to support better data quality monitoring.

- Delivery of key priority packages of work, in line with the requirements laid down within the Data Quality Improvement Plan for 2012/13 within the NHS Standard Contract with Commissioners.
- As part of the iHospital programme, data cleansing preparation work continues around the PAS (Patient Administration System) replacement project. The PAS replacement system is currently expected to go live during 2014. In relation to data quality, concentration has continued on merging duplicate patient registrations and physical patient case notes. Ensuring accurate patient registration and demographic details is critical, not just for PAS, but also for all other clinical systems which are interfaced with PAS.
- Continuing to provide focus on key data quality performance areas through the Data Quality Sub-group monthly meetings, chaired by the Head of Applied Information and with representation from clinical CSUs, the Outpatients and Clinical Administration CSU, PAS system managers, PAS trainers and Information. The group identifies workstreams to address areas of concern and then monitors and review progress against improvement targets. The Data Quality Sub-group reports to the Trust Information Governance Group.

Data quality

- The Trust monitors its performance monthly against the national SUS (Secondary Uses Services) data quality dashboard. The Trust continues to perform slightly above the national average for recording of valid NHS number at: 99.8%, compared to a national average of 99.0% for admitted patients: 99.9%, compared to a national average of 99.3% for outpatients; and 96.6% against a national average of 94.7% for Accident and Emergency patients. These figures are based on the latest published data quality dashboards for data up to and including December 2012.
- Continuing the annual programme of data quality workshops that are mandatory for patient administration staff, including outpatient booking teams, medical secretaries, ward clerks, receptionists and outpatient clinic clerks. Workshops are tailored and designed to be fully interactive for specific staff groups. Each workshop concentrates on key data recording issues and provides information on any new data collections or standards for the coming year, which are relevant to the staff group.
- Continuing to carry out work on understanding patient pathways linked to data recording and quality; this will inform service transformation and pathway redesign as well as provide insight into areas where refresher training is needed.
- Through the focused data quality workshops, PAS training sessions and other relevant opportunities, promote the principle of 'right first time' in respect of recording patient information. All new staff attend for PAS training before they are given access to the system. During Q4 of 2012/13 a PAS training and competency record was introduced to provide ongoing assurance around ensuring users are competent in using PAS and are following the latest guidance and procedures. During 2013/14 it is also planned to be rolled out to existing PAS users.
- PAS trainers produce module-based user guides that provide an ongoing reference for staff in their workplace. The PAS trainers also produce regular PAS newsletters that are circulated to relevant departments and posted on the Trust intranet; content includes information on system updates, news of training sessions and reminders of key data quality items.
- Continuing to undertake key regular data quality audits, both to fulfil information governance and local requirements which support targeted training and process redesign work to promote 'right first time'.
- For all Trust system implementations, data quality is a key element within the project including potential risks along with mitigating strategies and actions. For example during 2012/13 the Trust implemented a new Clinical Therapies system where data quality was integral to the project.

Information governance & coding

Information Governance Toolkit attainment levels

Doncaster and Bassetlaw Hospitals NHS Foundation Trust's information governance assessment report overall score for 2012/13 was 74% and was graded as **Satisfactory**.

The main action areas and specific targets for the Information Governance Group have been agreed with the Caldicott Guardian, the Trust Senior Information Risk Owner (SIRO) and IG Steering Group.

The IG Group's focus will firstly be to maintain all IG Toolkit standards at level 2 or above. Particular attention is being given to increase some standards to level 3.

The improvement priorities are based around the Trust's Information Governance Assurance Framework (IGAF), the IG Toolkit v10, and the actions from Independent Internal Audit Reports filed in 2012/13, and are detailed as follows:

- To promote and enhance IT-based IG training (through e-learning, video-learning etc).
- To improve security adverse incident reporting through the new DATIXWeb online reporting tool.
- To further liaise with the Trust's clinical service units and corporate departments through the SIRO engagement programme (siro@dbh.nhs.uk) to ensure that the Trust's information asset registration database is accurate and up to date.
- To monitor & report on Freedom of Information compliance.
- To maintain the Registration Authority (RA) strategy, policy and intranet pages to reflect the now 'split' responsibilities for RA/IT technical infrastructure, and the RA smartcard management processes across the Trust.

- To promote and monitor network policy compliance in conjunction with IT services.
- To work to align the use of Trust ID cards with the Trust's UIM and RA smartcard workstreams.

Clinical coding error rate

Doncaster and Bassetlaw Hospitals NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

- Primary diagnoses incorrect: 0.85% (error rate)
- Secondary diagnoses incorrect: 3.3% (error rate)
- Primary procedures incorrect: 6.9% (error rate)
- Secondary procedures incorrect: 0% (error rate)

The results should not be extrapolated further than the actual sample audit as some of the issues raised may only relate to the specialty selected and will not apply to other specialties. For this reason, extrapolating the overall results would not provide an accurate position in relation to performance. The services reviewed within the sample consisted of 60 episodes coded with a primary diagnosis of lobar pneumonia, and 60 episodes with a diagnosis of falls in the first five diagnoses, as selected by the PCT cluster.

As different specialties are audited each year, it is not valid to make a direct comparison to the previous year's performance.

Performance on core indicators

From 2012/13 the Trust was required to report on a core set of indicators. For each of the indicators the Trust has extracted the data made available to them from the Health and Social Care Information Centre for two reporting periods (where possible).

NHS trusts & NHS foundation trusts' performance					
	2010/11	2011/12	National Average 2011/12	Highest	Lowest
The value and banding of the SHMI * for the Trust	1.0203 Banding 2	1.0352 Banding 2	1 Banding 2	THE WHITTINGTON HOSPITAL NHS Trust (2011/12)	GEORGE ELIOT HOSPITAL NHS TRUST (2011/12)
<p>The Doncaster & Bassetlaw NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> The data reported above has been extracted from the Health & Social Care Information Centre <p>The Doncaster & Bassetlaw NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services by:</p> <ul style="list-style-type: none"> Implementing all the measure which have been outlined on page 36 of the Quality Accounts 2012/13 					
	2010/11	2011/12	National Average 2011/12	Highest	Lowest
Percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust	10%	9.2%	18.9%	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST (2011/12)	YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST (2011/12)
<p>The Doncaster & Bassetlaw NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> The data reported above has been extracted from the Health & Social Care Information Centre <p>The Doncaster & Bassetlaw NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services by:</p> <ul style="list-style-type: none"> Reviewing and strengthening internal processes to ensure specialist palliative care is clinically documented and therefore available to be clinically coded. The improved processes were implemented in November 2012. Both local data and data on Dr Foster shows an increase in palliative care coding for deaths since November 2012. Using Dr Foster for data since November 2012 the Trust is now only just marginally below national rates (as at January 2013 data). 					
	2010/11	2011/12	National Average 2011/12	Highest	Lowest
Patient Reported Outcome Measures (PROMs) scores for:					
Groin hernia surgery	1.191	-1.949	-0.440	BMI - THE FOSCOTE HOSPITAL (2011/12)	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST (2011/12)
Varicose vein surgery	- 8.167	-10.3104	7.89	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST (2011/12)	OXFORD UNIVERSITY HOSPITALS NHS TRUST (2011/12)
Hip replacement surgery	17.846	18.712	20.091	SPIRE SUSSEX HOSPITAL (2011/12)	NEWHAM UNIVERSITY HOSPITAL NHS TRUST (2011/12)
Knee replacement	12.931	12.358	15.148	BMI THE HUDDERSFIELD HOSPITAL (2011/12)	HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (2011/12)
<p>The Doncaster & Bassetlaw NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> The data reported above has been extracted from the Health & Social Care Information Centre <p>The Doncaster & Bassetlaw NHS Foundation Trust has taken the following actions to improve this score, and so the quality of its services by:</p> <ul style="list-style-type: none"> Ensuring that the Clinical Director for each Clinical Service Unit activity monitors the PROMs scores and takes action as appropriate in order to improve health gain scores for patients. 					

Performance on core indicators

NHS trusts & NHS foundation trusts performance

	2009/10	2010/11	National Average 2010/11	Highest	Lowest
Readmissions to hospital within 28 days of being discharged, percentage aged:					
0 - 15	10.08%	10.82%	10.42%	BARKING, HAVERING AND REDBRIDGE HOSPITALS NHS TRUST (2010/11)	THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST (2010/11)
16 and over	11.02%	11.45%	11.54%	NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS NHS FOUNDATION TRUST (2010/11)	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST (2010/11)
<p>The Doncaster & Bassetlaw NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> The data reported above has been extracted from the Health & Social Care Information Centre <p>The Doncaster & Bassetlaw NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services by:</p> <ul style="list-style-type: none"> Agreeing a target with commissioners during Q1 of 2013/14 Improving discharge planning e.g. through the use of a 'discharge passport' Looking at the possibility of an 'assessment tariff' to prevent inappropriate admissions to hospital, where possible 					
	2010/11	2011/12	National Average 2011/12	Highest	Lowest
Responsiveness to inpatients' personal needs	67.4%	65.5%	67.4%	THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST (2011/12)	NORTH WEST LONDON HOSPITALS NHS TRUST (2011/12)
<p>The Doncaster & Bassetlaw NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> The data reported above has been extracted from the Health & Social Care Information Centre <p>The Doncaster & Bassetlaw NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services by:</p> <ul style="list-style-type: none"> Implementing all the measures which have been outlined on page 40 of the Quality Accounts 2012/13 					
	2011	2012	National Average 2012	Highest	Lowest
Percentage of staff employed who would recommend the Trust as a provider of care to their family or friends	60%	51%	65%	GUYS AND ST THOMAS NHS FOUNDATION TRUST (2012)	NORTH CUMBRIA UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (2012)
<p>The Doncaster & Bassetlaw NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> The data reported above has been extracted from the Health & Social Care Information Centre <p>The Doncaster & Bassetlaw NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services by:</p> <ul style="list-style-type: none"> The Trust is implementing a robust action plan to ensure that improvements are made against key objectives following the publication of the 2012 National Staff Survey. The Trust will ensure that monthly monitoring is undertaken against key milestones within the action plan. 					

Performance on core indicators

NHS trusts & NHS foundation trusts performance

	2012/13 Jul-Sep 2012	2012/13 Oct-Dec 2012	National Average Oct-Dec 2012	Highest	Lowest
Percentage of patients who were admitted to hospital and who were assessed for venous thromboembolism	93.6%	93.6%	93.7%	SOUTHESEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST (Oct-Dec 2012)	WESTERN SUSSEX HOSPITALS NHS TRUST (Oct-Dec 2012)
<p>The Doncaster & Bassetlaw NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> The data reported above has been extracted from the Health & Social Care Information Centre <p>The Doncaster & Bassetlaw NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services by:</p> <ul style="list-style-type: none"> Taking all appropriate steps to ensure that compliance is maintained and the process remains embedded 					
	2009/10	2010/11	National Average 2010/11	Highest	Lowest
Rate of C difficile per 100,000 bed days	22.2	14.2	21.8	QUEEN VICTORIA HOSPITAL (2010/11)	TAMESIDE HOSPITAL (2010/11)
<p>The Doncaster & Bassetlaw NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> The data reported above has been extracted from the Health & Social Care Information Centre <p>The Doncaster & Bassetlaw NHS Foundation Trust intends to take the following actions to improve this rate, and so the quality of its services by:</p> <ul style="list-style-type: none"> Implementing all the measures which have been outlined on page 33 of the Quality Accounts 2012/13 					
	2011/12	2011/12	National Average 2011/12	Highest	Lowest
Number of patient safety incidents reported within the Trust	Apr 11 - Sep 11 1864	Oct 11 - Mar 12 2176	Oct 11 - Mar 12 3562	WRIGHTINGTON, WIGAN AND LEIGH NHS TRUST (Oct 11-Mar 2012)	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST (Oct 11-Mar 2012)
<p>The Doncaster & Bassetlaw NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> The data reported above has been extracted from the Health & Social Care Information Centre <p>The Doncaster & Bassetlaw NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services by:</p> <p>The Trust recognises that an increase in the reporting of patient safety incidents is a good reflection of a mature patient safety culture. However, the degree of harm caused as a result of patient safety incidents must reduce.</p> <p>Following a thematic analysis of patient safety incidents, the following actions will help to reduce the percentage causing severe harm:</p> <ul style="list-style-type: none"> Increase staffing and skill mix Open and appropriately staff more beds Conduct organisational-wide learning events delivering the key messages from patient harm incidents 					
	2011/12	2011/12	National Average 2011/12	Highest	Lowest
Percentage of patient safety incidents that resulted in severe harm or death.	Apr 11 - Sep 11 2.57%	Oct 11 - Mar 12 3.26%	Oct 11 - Mar 12 0.7%	EAST LANCASHIRE HOSPITALS NHS TRUST (Oct 11-Mar 2012)	DONCASTER & BASSETLAW HOSPITALS NHS FOUNDATION TRUST (Oct 11-Mar 12)
<p>The Doncaster & Bassetlaw NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> The data reported above has been extracted from the Health & Social Care Information Centre <p>The Doncaster & Bassetlaw NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services by:</p> <ul style="list-style-type: none"> Implementing all of the measures outlined in relation to the previous indicator on the 'number of patient safety incidents reported within the Trust' 					

Review of quality performance in 2012/13

The indicators below are included to demonstrate the Trust's performance against some additional quality initiatives which were selected by the Board of Directors and were monitored internally throughout 2012/13. Some of the indicators are mandatory for 2012/13; however, the remaining indicators were chosen as we were able to benchmark against national targets. The achievements made throughout 2012/13 against national targets and regulatory requirements are set out in the table below.

National targets and regulatory requirements	2008/09	2009/10	2010/11	2011/12	2012/2013	National target or trajectory 2013/14
Screening all elective inpatients for MRSA ** <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>			100%	100%	100%	100%
MRSA – maintaining the annual number of MRSA bloodstream infections at less than half the 2003/04 level <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	13	12	1	5	2	0
Clostridium difficile year on year reduction⁵ <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	147	67	67	43	64	37 ⁶
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	98.5%	98.16%	97.3%	96.5%	93.8%	95%
A two-week maximum wait from urgent referral to first outpatient appointment for all urgent suspected cancer referrals <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	99.1%	95.2%	96.1%	95.1%	94.8%	93%
A maximum wait of 31 days from diagnosis to treatment of all cancers <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	99.8%	98.3%	97.9%	99.2%	98.6%	96%
A maximum wait of 62 days from urgent GP referral to treatment of all cancers⁷ <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	97.3%	90.8%	91.9%	92.48%	90.8%	85%

⁵ Number of Clostridium difficile infections, as defined above, for patients aged 2 or more on the date the specimen was taken. A C difficile infection is defined as a case where the patient shows clinical symptoms of C difficile infection, and using the local trust C difficile infections diagnostic algorithm (in line with DH guidance) is assessed as a positive case.

⁶ The national trajectory set for us by the Department of Health for 2013/14 is 37. However, we have agreed with commissioners to have no more than 48 cases of C difficile in 2013/14 and to return to trajectory the following year.

⁷ Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer. Cancer referral-to-treatment period start date is the date the acute provider receives an urgent (two-week-wait priority) referral for suspected cancer from a GP and treatment start date is the date first definitive treatment commences if the patient is subsequently diagnosed.

Review of quality performance in 2012/13

National targets and regulatory requirements	2008/09	2009/10	2010/11	2011/12	2012/2013	National target or trajectory 2013/14
A maximum waiting time of 31 days for subsequent treatments for all cancers: <ul style="list-style-type: none"> • Surgery 97.5 97.7 98.9 97.5 94% • Drugs 100% 100% 100% 100% 98% • Radiotherapy and other 100% 100% 100% 100% 94% • 62-day screening 95.7% 92.2% 97% 94% 90% <i>(this figure includes the rare tumours which are managed on a 31-day referral-to-treatment pathway)</i>						
Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems						
18-week maximum wait from referral to treatment (admitted patients)	94.8%	96.6%	95.8%	94.1%	88%	90%
Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems						
18-week maximum wait from referral to treatment (non-admitted patients)	98%	99.2%	99.1%	99.0%	97.4%	95%
Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems						
A maximum two-week wait standard for rapid access chest pain clinics	100%	100%	99.9%	100%	100%	100%
Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems						
Percentage of incomplete pathways waiting under 18 weeks	*****	*****	*****	*****	92.2%	92%
Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems						
People suffering heart attack to receive thrombolysis within 60 minutes of call	88.9%	95.5%	100%	100%	100%	68%
Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems						
Guaranteed access to a genito-urinary medicine clinic within 48 hours of contacting a service	90.82%	100%	99.9%	100%	100%	98%
Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems						
100% of people with diabetes to be offered screening for early detection (and treatment if needed) of diabetic retinopathy	100%	100%	100%	100%	100%	100%
Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems						
Breastfeeding initiation	60.64%	68.63%	65.13%	65.86%	66%	68%
Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems						
Breastfeeding at transfer to health visitor	**	**	33.99%	31.51%	30%	40%
Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems						
Patients admitted with stroke who spend 90% of their stay on a stroke unit	***	68.5%	71.4%	82.9% ⁸	86.7%	80%
Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems						

** Data collection changed mid-year from breastfeeding at 10 days post-delivery to at the time of transfer to health visitor and from just those women who initiated breastfeeding to all women who gave birth to a live baby.

*** This indicator was not measured in 2008/9

⁸The 2011/12 position was reported in our prior year's Quality Accounts as 79.1%. Following validation with commissioners, the 2011/12 position has been amended accordingly.

Review of quality performance in 2012/13

National targets and regulatory requirements	2008/09	2009/10	2010/11	2011/12	2012/2013	National target or trajectory 2013/14
All patients who have operations cancelled for non-clinical reasons to be offered another date within 28 days Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems	1.14%	0.64%	1.40%	0.78%	1.02%	0.75%
Number of patient safety incidents Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems	****	****	8398	9119	9228	N/A ⁹
Percentage of patient safety incidents resulting in severe harm/death¹⁰ Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems	****	****	0.05%	0.09%	0.08%	N/A ¹¹
Staff sickness rates Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems	5%	4.30%	3.89%	3.79%	3.90%	< 3.5%
Number of staff who have had a PDA within the last 12 months Data Source: Doncaster and Bassetlaw Hospitals Foundation Trust internal systems	46%	81%	77%	77%	69%	N/A ¹²
National patient experience Data Source: Picker Institute Data Collection	****	****	67.4%	65.5%	68%	N/A ¹³

**** This indicator was not measured in 2008/9 & 2009/10

***** This indicator was not measured in 2008/9, 2009/10, 2010/11



⁹Number of patient safety incidents: There is no national target for this measure.

¹⁰It should be noted that the term 'serious incidents', as defined by the old NHS Yorkshire and Humber, incorporates more than just severe harm and death events resulting in the numbers reported by Doncaster & Bassetlaw Hospitals NHS Foundation Trust and the information made available by Health & Social Care Information Centre. This is the criteria the Trust uses to report all serious incidents. Those that have resulted in severe harm and/or death are then classified as 'Dangerous' on our internal Datix system and this is the data reported in the indicator above. Note that this information is correct as at 14/05/13.

¹¹Percentage of patient safety incidents resulting in severe harm or death: There is no national target for this measure.

¹²Number of staff having a PDA: There is no national target for this measure.

¹³National patient experience: No trajectory has been set for this indicator as this is not a national measure for 2013/14.

Comments on the 2012/13 Quality Accounts were received from:

Board of Governors

Having discussed the Quality Accounts in detail, the governors' main area of concern is the number of C difficile cases during the year. Performance in this area is a serious concern, as it has given rise to financial penalties, and has breached a Monitor compliance target. We are pleased that a programme of deep cleaning and fogging wards is now in place, and hope that plans to establish a decant ward to support the deep cleaning work are implemented swiftly.

Our other key area of concern is the increase in pressure ulcers, which has been a priority of the governors in previous years. We hope that increased use of technology through patient alerts etc will help to improve this measure in future years.

We'd like to congratulate the Board on improving mortality, as HSMR is now on a downwards trend. In addition, we are pleased to see that VTE assessments are now fully embedded into practice.

We understand that next year complaints will be reported in the context of the number of patient episodes. This will be a positive move, as it will provide more meaningful data for this measure.

We are concerned to see the poor patient survey performance in relation to communication regarding delays. We are pleased to hear that there is work underway to improve this, as communication regarding waiting times is an important part of the patient experience. Good

communication with patients, relatives and carers is also essential during and after end-of-life care, and we are glad to see that the Trust will be seeking the views of relatives and carers following end-of-life care in 2013/14.

Finally, some governors recently attended a matrons' conference at the Trust, at which the '6Cs' initiative was discussed. We would like to endorse this work in the context of these Quality Accounts, as we feel it will play a key role in improving the experience of patients who use our services and the quality of care provided.

The following groups were also invited on 1 May 2013 to comment on the Trust's Quality Accounts. To date, no comments have been received:

- NHS Doncaster Clinical Commissioning Group
- NHS Bassetlaw Clinical Commissioning Group
- Doncaster Overview & Scrutiny
- Bassetlaw Overview & Scrutiny
- Doncaster HealthWatch

Annex 1

Statement of directors' responsibilities in respect of the Quality Accounts

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation for the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual;
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - o Board minutes and papers for the period April 2012 to 24 May 2013
 - o Papers relating to quality reported to the Board over the period April 2012 to 24 May 2013
 - o Feedback from the commissioners dated – feedback requested but not received
 - o Feedback from governors dated 17 May 2013
 - o Feedback from Local HealthWatch organisations dated – feedback requested but not received
 - o The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 1 April 2013
- o The 2012 national patient survey (published April 2013)
- o The 2012 national staff survey (published February 2013)
- o The Head of Internal Audit's annual opinion over the Trust's control environment dated 24 May 2013
- o CQC quality and risk profiles for April 2012 to March 2013
- The quality report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- The performance information reported in the quality report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measure of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the quality report has been prepared in accordance with Monitor's annual reporting guidance, which incorporated the Quality Accounts regulations (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board



Chris Scholey
Chairman
Date: 24 May 2013



Mike Pinkerton
Chief Executive
Date: 24 May 2013



Annex 2

Independent Auditor's Limited Assurance Report to the Council of Governors of Doncaster and Bassetlaw Hospitals NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Doncaster and Bassetlaw Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Doncaster and Bassetlaw Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2013 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2013 in the Quality Report that have been subject to limited assurance consist of the following national priority indicators and criteria as mandated by Monitor:

1. Number of Clostridium difficile infections:
 - Infections relate to patients aged two years old or more;
 - A positive laboratory test result for Clostridium Difficile recognised as a case according to the Trust's diagnostic;
 - Positive results on the same patient more than 28 days apart are reported as separate episodes, irrespective of the number of specimens taken in the intervening period, or where they were taken; and
 - The Trust is deemed responsible. This is defined as a case where the sample was taken on the fourth day or later of an admission to that trust (where the day of admission is day one).

2. Maximum cancer waiting time of 62 days from urgent GP referral to first treatment for all cancers:

- The indicator is expressed as a percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer;
- An urgent GP referral is one which has a two week wait from date that the referral is received to first being seen by a consultant;
- The indicator only includes GP referrals for suspected cancer (i.e. excludes consultant upgrades and screening referrals and where the priority type of the referral is National Code 3 – Two week wait);
- The clock start date is defined as the date that the referral is received by the Trust; and
- The clock stop date is the date of first definitive cancer treatment as defined in the NHS Dataset Set Change Notice. In summary, this is the date of the first definitive cancer treatment given to a patient who is receiving care for a cancer condition or it is the date that cancer was discounted when the patient was first seen or it is the date that the patient made the decision to decline all treatment.

We refer to these national priority indicators collectively as the "specified indicators".

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the assessment criteria for the indicators (the "Criteria"), shown above.

The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual (“FT ARM”) issued by the Independent Regulator of NHS Foundation Trusts (“Monitor”).

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM;
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria.

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the following documents:

- Board minutes for the period 1 April 2012 to the date of signing this limited assurance report 24 May 2013;
- Papers relating to Quality reported to the Board over the period 1 April 2012 to 24 May 2013;
- Feedback from Governors dated 17 May 2013;
- The latest national patient survey dated 2012;
- The latest national staff survey dated 2012;
- Care Quality Commission quality and

risk profiles issued throughout the 2012/13 year; and

- The Head of Internal Audit’s annual opinion over the trust’s control environment for 2012/13.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the “documents”). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Doncaster and Bassetlaw Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting Doncaster and Bassetlaw Hospitals NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2013, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Doncaster and Bassetlaw Hospitals NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- Making enquiries of management
- Limited testing, on a selective basis, of the data used to calculate the specified indicators back to supporting documentation.
- Comparing the content requirements of the FT ARM to the categories reported in the Quality Report.
- Reading the documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different

measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM and the Directors' interpretation of the Criteria specified in the Quality Report.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Doncaster and Bassetlaw Hospitals NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2013;

- The Quality Report does not incorporate the matters required to be reported on as specified in annex 2 to Chapter 7 of the FT ARM;
- The Quality Report is not consistent in all material respects with the documents specified above; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria.

PricewaterhouseCoopers LLP
Chartered Accountants
Benson House
33 Wellington Street
Leeds

21 June 2013

The maintenance and integrity of the Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

3 Directors' report

Improving patient care

Feedback from patients, relatives and visitors is one of the best ways of finding out how we can keep improving the care we provide. Our participation in the national patient surveys is just one of the ways we get this feedback. In the National Inpatient Survey 2012, we scored 8.0 out of 10 on whether patients would rate their care as a good experience and 8.9 out of 10 for respecting patients' privacy and dignity. Both were in line with the national average.

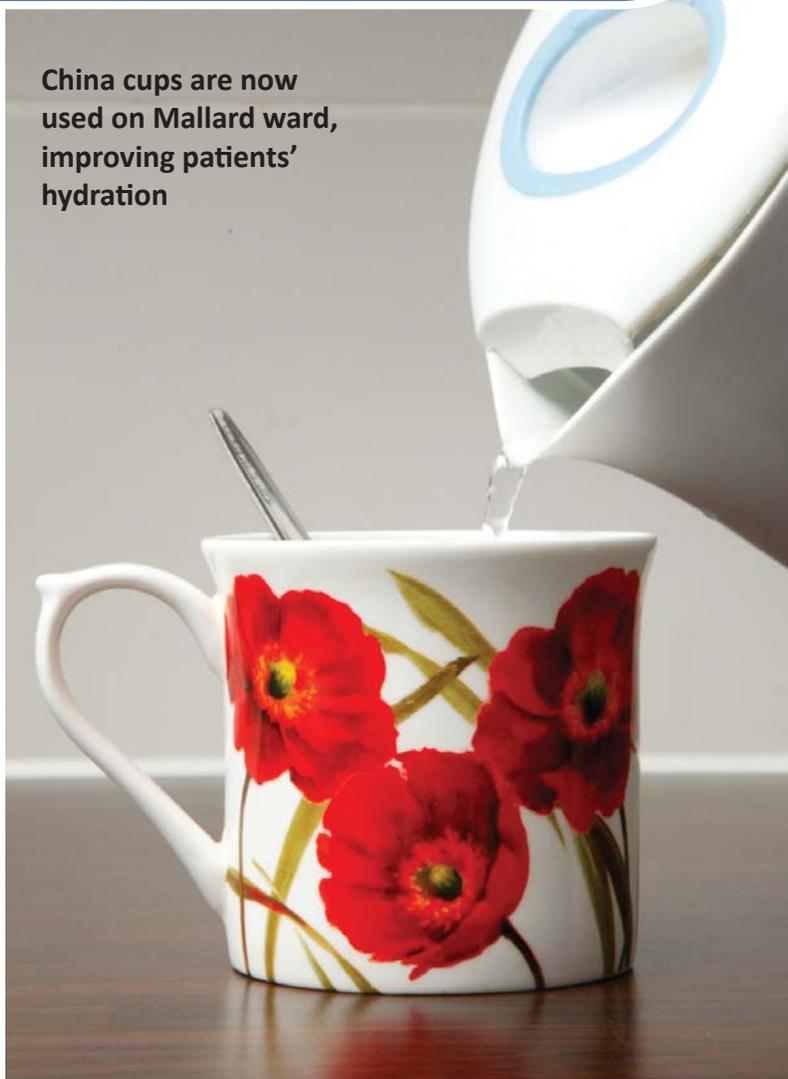
We passionately believe that every patient should receive care of the same high quality we would want for our family or friends. When we make mistakes or fail to meet the standards we set for ourselves, we need to be transparent, learn lessons and make changes to reduce the risk of it happening again.

We welcome feedback through a variety of mechanisms including our 'Your Opinion Counts' forms, websites like NHS Choices or Patient Opinion, informal contact through our Patient Advice & Liaison Service (PALS), or formal complaints. During 2012/13 we also piloted the 'Friends and Family Test' being rolled out nationally from April 2013 as an important measure of our patients' experience.

All formal complaints are fully investigated and the Chief Executive personally signs and checks every response to make sure he knows and understands the issues being raised. We are keen to streamline and improve the complaints process in 2013/14 to ensure that each complainant receives a timely and transparent response that fully answers their concerns.

Further information about complaints in 2012/13 can be found in the enclosed Quality Accounts. Information about inspections carried out by the Care Quality

China cups are now used on Mallard ward, improving patients' hydration



Commission is on page 88 with other statutory declarations.

Dementia-friendly Mallard leads the way

Being in hospital can be very disorientating for someone with dementia. The unfamiliar surroundings and bustle of a busy ward can leave them feeling confused or even frightened.

That's why our Care of Older People and Estates teams put their heads together to develop a ward that had been specially designed and furnished to be dementia-friendly. Mallard ward on the Gresley Unit at DRI was totally refurbished with warm colours, softer lighting, and pictures to help people with dementia find their way around more easily.

3 Directors' report

Homely touches like china cups rather than paper ones help patients feel more confident and secure. There's also a lounge area with books, music and a TV so people who are well enough to be out of bed can spend time with family members, nursing staff and each other.

Mallard was opened in January 2013 as a five-month pilot to see if it improved the hospital experience for patients with dementia. It made a noticeable difference by providing a much calmer and less disorientating environment.

It has also enabled staff to provide care that is more centred around each patient's individual needs. We now plan to make similar improvements when other wards in our hospitals are refurbished to bring them up to the same standard.

Dr Rod Kersh, Clinical Director for Care of Older People, said: "With up to 40% of hospital patients estimated to have some degree of dementia, a figure that's likely to increase, it's important to develop our hospitals and health services in a way that really meets their needs. Our new dementia strategy will enable us to do that."

Our commitment to people with dementia doesn't end there. We are fully signed up to the community-wide pledges to make both Doncaster and Bassetlaw dementia-friendly communities.

Therapeutic stroke care in the comfort of patients' homes

Having a stroke used to involve several weeks in hospital as patients received the rehabilitation they needed to help them make the best possible recovery.

That's no longer the case. Since October 2012, people in Doncaster who are medically well enough have been offered

the choice of having their post-stroke physiotherapy and other support in the comfort of their own home.

It means they don't need to stay in hospital unnecessarily just to have physio, occupational therapy or speech and language therapy. Instead, the hospital therapists see them at home, providing exactly the same care.

Judith Fairhurst, from Doncaster, was one of the first patients to use the service, known as 'early supported discharge'. "I'd been in DRI for two weeks and was offered the choice of going to Montagu Hospital for rehabilitation or having the same therapy at home," said Judith.

"The physios came to my house every day to work with me and help me do my exercises and the occupational therapist also came to see how I was managing in daily life – things like making a meal or a cup of tea. Having a stroke is a life-changing event but the early supported discharge was brilliant. You're having your therapy in your own environment and I would definitely recommend it."

Early supported discharge is now being rolled out across Doncaster. The hospital and community stroke therapy teams in Doncaster are also being integrated so patients receive continuity of care and a seamless service throughout their recovery.

Rapid access to emergency assessment and care

We've taken an exciting new approach to ensuring that people who need assessment and treatment for sudden illnesses get access to specialist expertise more quickly.

The Assessment & Treatment Centre at Bassetlaw Hospital has been developed in partnership with commissioners at NHS

Bassetlaw CCG. It's staffed by consultant physicians 10 hours a day, seven days a week, with dedicated support from pharmacy, clinical therapies and diagnostics as well as nursing staff.

The aim is to ensure consultants have direct input into each patient's care much sooner than usually happens on a traditional medical assessment unit; it is also reducing delays caused when patients need tests or specialist opinion from another part of the hospital.

The ATC launched in pilot form in winter 2012/13 and will be completed in 2013/14 with building work to improve the layout and provide an ambulatory care facility, where patients can be treated for conditions that previously required admission to a ward. Similar improvements to emergency pathways are also being made at DRI and there is now increased cover by acute physicians, working closely with Emergency Department staff.

Preventing AAA deaths thanks to a simple scan

Deaths from the unexpected rupture of one of the body's major blood vessels should be less likely in future, thanks to the new screening service we're providing across South Yorkshire and Bassetlaw.

Men aged 65 and over are most at risk of developing abdominal aortic aneurysms (AAA), weak spots in the wall of a key artery. AAAs can become dangerously dilated and if they burst they can be fatal, due to the speed and volume of blood loss.

Yet a simple ultrasound scan of the abdomen identifies any signs of an AAA, allowing appropriate monitoring or intervention. All men aged 65 and over in South Yorkshire and Bassetlaw are entitled to this screening, which began in February 2013. Anyone with a small or medium AAA

is monitored closely; those with large AAAs are offered appropriate care such as surgery to repair the aneurysm.

The screening is part of a national programme aimed at reducing deaths from AAAs. We were selected to provide the service in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. Men who need surgery can choose to have it at our Trust or at Sheffield Teaching Hospitals.

Signing up to support people with learning disabilities

Dedicated staff at Bassetlaw Hospital have learned Makaton sign language to help them communicate better with people with learning disabilities. The team noticed they were caring for more patients who needed alternative forms of communication, so they enlisted the help of colleagues at Bassetlaw's community learning disability service.

They can now use the Makaton symbols and signs to communicate with patients who have learning disabilities or other special needs. "We wanted to do more for our patients to make their stay in hospital less daunting," said Staff Nurse Vicky Celoleskaj, who came up with the idea. "It has made such a difference and I know our patients appreciate it. You can see in their faces when they know we have listened and understood them."

3 Directors' report

Montagu's role in transforming rehabilitation

The 58-bed rehabilitation unit we're developing at Montagu Hospital (pictured) will offer a totally new way of caring for people recovering from serious illness or injury when it opens this summer.

Its pioneering philosophy will see patients receiving intensive therapeutic, nursing and medical care in an environment that supports and encourages them to play an active role in their own recovery.

Unlike a traditional rehab ward where patients receive therapy at specific times of the day, people will be encouraged to incorporate ordinary daily activities like making their own breakfast and reading into their regime in addition to the organised treatment sessions.

The whole unit is being designed to resemble the home environment so patients can measure their progress in a realistic setting, building their confidence about leaving hospital. It will include a set of normal household stairs, for example, as well as shallower hospital-style steps.

The development is part of £5m investment at Montagu Hospital that has also included the new Pain Management Unit. Once more, we are indebted to the Fred & Ann Green Legacy Fund for their support of this innovative project.

People with cancer benefit from new financial advice service

Money worries caused by having to take time off work can leave people with cancer feeling very alone. Now Doncaster residents can get advice about benefits and other sources of support from the Macmillan welfare advice service at DRI.



The team helps people with cancer access the financial support they're entitled to receive by providing guidance and a helping hand with all the paperwork. It's a partnership between our Trust, Macmillan and Bassetlaw Citizens Advice Bureau and launched on 1 October 2012. People in Bassetlaw can access a similar service.

Awards and accolades

- Our staff work incredibly hard to deliver the best possible care and to seek continuous improvements. It was no surprise, then, that they won a number of awards and accolades in 2012/13.
- Our Healthy Lifestyle Midwives – Carolyn Garland and Ali Williams – won the national Royal College of Midwives Award for Innovation for the service they provide to pregnant women who are clinically obese. They were also shortlisted for the regional Medipex Innovation awards.
- The Infection Prevention & Control and IT teams jointly won a national Patient Safety Award for Innovation for an electronic alert system aimed at reducing catheter-acquired urinary tract infections (CA-UTIs). It triggers a daily reminder to each ward manager of any patients under their care who have catheters, so they can check whether it is still appropriate and remove any catheters that are no longer needed.
- Mr Muhamad Quraishi, Consultant Ear, Nose & Throat (ENT) Surgeon and Clinical Director for Head & Neck and Special Surgery, was appointed to the four Royal Colleges of Surgery's Specialist Advisory Committee for the training of ENT surgeons. It is a rare accolade for a district general hospital – members are usually drawn from teaching hospitals – and is testament to Mr Quraishi's pioneering involvement in education and training.
- Our Critical Care team won the national Kimberly-Clark HAI Watchdog Award for preventing infections in intensive care after halving the number of patients who

developed ventilator-acquired pneumonia. They provided enhanced oral hygiene including tooth-brushing and the use of antiseptic gels to keep patients' mouths clean while on a ventilator.

- The Acute Oncology service was shortlisted for two national awards – the Macmillan Professionals Excellence Award and the Quality in Care Excellence in Oncology awards – for the care they provide people with cancer who need emergency treatment. An electronic alert system known as PEAKS (Patient Electronic Alert to Keyworker System) informs acute oncology when a patient known to have cancer arrives at hospital. A specialist oncology nurse then visits the Emergency Department to assess the patient and make sure they receive the cancer care they need.
- Several staff members were recognised as 'NHS Heroes' in the national Department of Health scheme enabling patients and relatives to nominate health workers who have gone above and beyond the call of duty and truly embody the NHS values. They included Stroke Consultant Dr Dinesh Chadha, Sister Joe Wilkinson from Care of Older People, and several members of the Paediatrics team caring for young people with autism spectrum disorders.



Healthy lifestyle midwives Ali Williams (left) and Carolyn Garland

3 Directors' report

Communication and engagement

Having an open and honest approach to keeping patients, the public, GPs, staff, governors and members informed about key news and developments is very important to us. We're equally keen to make sure we genuinely engage with people, listen to their views and suggestions and work with them to keep improving the care we provide.

Our commitment to this includes:

- Publicising key news and developments and pursuing positive working relationships with the media.
- Being honest about mistakes, both with patients/next of kin and with external bodies where appropriate.
- Learning from and responding to feedback, whether it's provided directly to us or via websites like Patient Opinion and NHS Choices.
- Responding to freedom of information requests.
- Producing patient and service users with high-quality information e.g. about health conditions and treatment.
- Keeping key stakeholders including governors, members, staff and GPs informed through regular briefings and publications.
- We now hold our Board of Directors meetings in public, and continue to hold Board of Governors meetings in public as well.
- Publicising our complaints procedure.

Over the last year, we have explored a number of new ways of communicating and engaging with people. We held a series of staff and governor roadshows, as well as meetings with our two main commissioners, to involve them in the development of our strategic direction for 2013/17. Our staff and member magazines were revamped,

based on discussions with readers, and we launched a weekly staff news bulletin. We now have a Twitter feed, which is steadily building followers who respond as well as receiving our tweets.

Our Flickr photostream is keeping people up-to-date with progress on construction of the new rehabilitation centre at Montagu Hospital. Autumn saw our video wall in the Frenchgate shopping centre in Doncaster to promote breastfeeding, sexual health, hand hygiene and other key messages. In early 2013, we installed TV-style screens at Doncaster Royal Infirmary and Bassetlaw Hospital with rolling information relevant to our patients and visitors.

We have no intention of standing still, though, and will be producing a new communications and engagement strategy in 2013/14 to ensure we are using the most effective channels for informing and involving people, listening to feedback and continually improving the services we provide.

Information governance and data security

We have an open and transparent approach when providing information but we take our duties regarding the confidentiality of personal data – whether it relates to patients, staff or others – very seriously. There were no serious incidents involving data loss or a breach of confidentiality in 2012/13.

Our staff

Our staff are the backbone and the heart and soul of the organisation. We simply couldn't do what we do without them so it's absolutely vital that we recruit and retain the right people, enable them to maintain the highest level of knowledge and skill, and support them in doing their jobs.

Over the last year, we have begun to transform the way we involve staff in decisions and listen to their suggestions. Perhaps we haven't done enough of this in the past but we are absolutely committed to addressing that and it will form a core plank of the workforce strategy and the communications and engagement strategy that we will develop in 2013/14.

Keeping staff informed and engaged

Our monthly Staff Brief keeps people informed about key news and developments, including the Trust's performance. The Chief Executive briefs each site's senior teams via videoconference. It is cascaded through the organisation by managers / team leaders and available on the intranet both as a document and a podcast. Two sets of staff roadshows (summer and autumn 2012) saw the executive team visiting all our sites to meet staff, listen to their views and engage them in developing our strategic direction for 2013/17. In October 2012, we launched a weekly bulletin called DBH Buzz to communicate key information, celebrate individual and team achievements and explain what different people's jobs involve to highlight how every member of staff has an important role to play in our success as an organisation.

The Ask the Boss facility allows staff to put their questions and suggestions to the Chief Executive, receiving a direct response if they have provided their contact details.

Reward and recognition

It's important that we encourage and recognise good performance by our staff so, in February, we launched a new awards scheme called DBH Stars (STaff Awards & Recognition Scheme). Any employee can nominate colleagues who deserve recognition for the work they do.

Once a month a panel of staff and managers review the nominations and select the winning 'Star'. The winner receives gift vouchers and a place on our 'wall of stars'; anyone nominated receives a certificate. We plan to hold an annual DBH Stars event where we can recognise and reward good performance more formally, with criteria focused around our organisational values.



Occupational health & wellbeing

A healthy workforce is a vital element in providing high-quality care to our patients. Our award-winning Occupational Health & Wellbeing team is there to promote and improve staff health and wellbeing, support people returning to work after illness, and ensure that no one is working in an environment that is harmful to their physical or emotional health.

3 Directors' report

Once again, the team ran a highly successful flu vaccination programme that resulted in 80.9% of frontline staff being immunised by 31 January, one of the best rates in the country for an acute trust.

They also developed collaborative working relationships with North Lincolnshire & Goole Hospitals NHS Foundation Trust and have been providing occupational health services there since 1 February 2013. The team ceased providing occupational health services to Rotherham, Doncaster and South Humber NHS Foundation Trust on 31 January 2013.

We continued to have one of the lowest staff sickness rates in the region in 2012/13, compared with other trusts, at 3.81%.

No member of staff should experience bullying, harassment or discrimination and, although we were pleased to perform slightly better than average on this in the 2012 NHS National Staff Survey, we are determined to do even better next year.

Health and safety

Caring for the health and safety of our staff while they are at work is vital, and the Occupational Health & Wellbeing team now have the additional responsibility of managing both the health and safety and manual handling teams.

Education & training

It is vital that we enable staff to enhance and/or maintain their skills, knowledge and expertise. Our Education & Training department facilitates this process by providing a wide range of courses offering personal and professional development, as well as mandatory and statutory training.

Particular highlights in 2012/13 included the opening of our new Education Centre

at DRI, a flagship development that is equipped with the latest technology including interactive whiteboards and videoconferencing. It fulfils the final pledge of the strategic direction we set when we originally became a foundation trust.

Staff satisfaction

Our performance on staff satisfaction is benchmarked against other similar trusts once a year in the NHS National Staff Survey. In most trusts this is done by surveying a randomly-selected representative sample of staff but we decided to do something different this year: we surveyed every substantive employee (i.e. those on long-term or permanent contracts).

Our response rate (57%) was in the top 20 per cent nationally for trusts of our type but it's fair to say that our performance was mixed. There were some notable improvements since last year and areas where we outshone our peers but we were below average in many respects, which means staff are telling us some things need to change. Our overall score for staff engagement was 3.51, which was in the bottom 20 per cent for trusts of our type.

We are devoted to achieving this improvement in staff satisfaction and engagement. In partnership with staff-side, we analysed the survey results and identified the top three things that would make a difference to staff. We will focus on delivering significant improvements in these areas over the next year:

- The quality and availability of statutory and mandatory training.
- Providing all staff with meaningful annual appraisals.
- Enabling managers to provide better support to staff.

We believe that the progress we make in achieving these goals will have knock-on benefits for two other important areas: the number of staff saying they felt stressed and overworked and the number of staff who said they wouldn't recommend us as a place to work or be treated.

Response rate and overall staff engagement

	2012/13		2011/12		Comments
	Trust	Average	Trust	Average	
Response rate	57%	50%	53%	54%	Improvement since last year and top 20% nationally
Staff engagement	3.51	3.69	3.50	3.62	Score out of 5. Bottom 20% nationally

Top 5 ranking scores

Area	2012/13		2011/12		Comments
	Trust	Average	Trust	Average	
Staff experiencing physical violence from other staff in last 12 months	1%	3%	1%	1%	Better than average; no change since last year
Staff working extra hours	65%	70%	59%	65%	Better than average; deterioration from last year
Staff reporting errors, near misses or incidents witnessed in last month	91%	90%	96%	96%	Average; deterioration from last year
Staff experiencing discrimination at work in last 12 months	10%	11%	9%	13%	Average; deterioration from last year
Staff saying handwashing materials always available	59%	60%	65%	66%	Average; deterioration from last year

3 Directors' report

Bottom 5 ranking scores

Area	2012/13		2011/12		Comments
	Trust	Average	Trust	Average	
Staff receiving health and safety training in last 12 months	52%	74%	76%	81%	Bottom 20%; deterioration from last year
Staff job satisfaction	3.35	3.58	3.37	3.47	Score out of 5. Bottom 20%
Staff able to contribute to improvements at work	59%	68%	53%	61%	Bottom 20%; improvement this year
Staff having equality & diversity training in last 12 months	26%	55%	22%	48%	Bottom 20%; slight improvement this year
Support from immediate managers	3.34	3.61	3.47	3.61	Score out of 5. Bottom 20%

Equality & diversity

We have a richly diverse workforce, with staff from across the globe working alongside those born and bred in South Yorkshire or Bassetlaw. Respect for each other's unique skills, experience and strengths is an integral element in effective team-working and our Equality & Diversity Policy sets out the standards we expect.

These include equality of opportunity for job applicants with disabilities. We are a 'two ticks' employer and have policies and guidelines in place to support the recruitment of people with disabilities. We also make reasonable adjustments to enable us to retain staff who become ill or develop disabilities while employed here.

Workforce statistics at 31 March 2013

Headcount (including part-time staff)	6,434
Whole-time equivalent staff numbers	5,175.74
Staff sickness absence rate in 2012/13	3.81%

Gender

Male	1,153
Female	5,281
Total	6,434

Age

17-21	67
22-50	4,260
51+	2,107
Total	6,434

Ethnic Background

White	5,648
Black	72
Asian	271
Chinese/ East Asian	19
Mixed	57
Other	57
Not stated	310
Total	6,434

Disability

Yes	23
No	16
Not declared	30
Undefined	6,365
Total	6,434

A workforce census carried out in April 2013 will provide more accurate data for next year's Annual Report, including information about religious belief and sexual orientation.

Fraud awareness

Fraud costs the NHS millions of pounds a year that could have been spent on patient care so every member of staff has a duty to help prevent it. We have well publicised systems in place for staff to raise alerts if they identify or suspect fraud. They can do this via our Local Counter Fraud Specialist, their line manager or the Director of Finance, Information & Procurement.

Whistleblowing

We actively encourage staff to raise any concerns they have relating to the safety of our patients, visitors and colleagues. Everyone working in the Trust has a duty to report incidents, ill treatment or other situations where someone could be at risk. Our Whistleblowing Policy outlines the steps by which staff can do this in

confidence and protects them against bullying, victimisation or harassment.

Research & development

Healthcare never stands still and it's important that our patients can benefit from the latest advances in treatment. A thriving research culture improves patient care, encourages innovation and promotes clinical excellence. We're passionate about expanding our involvement in research and health sciences and are developing a research and development (R&D) strategy to take us there.

Our R&D team has continued to expand since becoming a standalone unit as Doncaster Clinical Research in 2009/10 in a partnership with Rotherham, Doncaster and South Humber NHS Foundation Trust. The last 12 months has seen the appointment of a senior research sister and a senior research management & governance administrator within the R&D team. A number of other research nurses have also been appointed through other routes to support the delivery of research.

The R&D team ensures we make the best use of our resources by approving high-quality research activity that will help in preventing and treating illnesses. Our role in these studies can be as a sponsoring organisation, a participating organisation or as a participant identification centre.

Sixty additional studies were approved in 2012/13 to commence in the Trust, 41 of which are supported by the National Institute of Health Research (NIHR); they include both clinical trials of investigational medicinal products (CTIMPs) and medical device trials. It means we now have a total of 195 studies ongoing and either actively recruiting or in the follow-up stage.

3 Directors' report

We received external recognition of our commitment to R&D in January 2013 when the National Institute for Health Research presented us with a certificate praising the research culture in the Trust in general and in the Renal department in particular.

More than 3,694 participants were recruited onto research studies in 2012/13, with 436 of these on studies adopted onto the National Institute for Health Research Portfolio. That's important because research funding is primarily provided through the South Yorkshire Comprehensive Local Research Network (CLRN), which is based on ongoing activity in studies adopted onto this NIHR portfolio.

The CLRN provided us with an income of £336,950 in 2012/13, contributing to staff posts across the Trust including the R&D department, Pharmacy, Pathology, Medical Imaging, Medical Records and Paediatrics. It also covers time spent on research by our clinicians.

Other funding received for research activity includes monies for commercially-sponsored studies. These provide income that is used to directly benefit patients, either through further research to improve healthcare outcomes or by reinvestment into our clinical service units.

The R&D team provides comprehensive support to Trust staff right throughout the planning stage, set-up and delivery phases of their research. They also monitor participant recruitment so they can provide help and support to studies that are not progressing as the Principal Investigator had expected.

The support the R&D team can offer includes facilitating the appointment of research nurses, usually funded by income from the Comprehensive Local Research Network (CLRN). Following the

appointment of a senior research sister, as mentioned above, we plan to further embed R&D in services across the Trust by using innovative nursing models.

We have been an active member of the South Yorkshire CLARHC (Collaboration for Leadership in Applied Health Research and Care) and have met our commitment targets.

Our research activity has gone from strength to strength and we plan to continue growing in this way so the best possible treatment options are available for our patients.

Academic Health Science Network

One important element of the Health and Social Care Act 2012 was the development towards Academic Health Science Networks (AHSN) to promote the translation of knowledge and innovation from the research lab to the patient's bedside.

We are a partner in the proposed Yorkshire and Humber AHSN.



CASE STUDY *A better understanding of diabetes in children*

As a Consultant Paediatric Endocrinologist, Dr Anuja Natarajan sees the impact of diabetes on her young patients. Two of the research studies she's involved with could transform our knowledge of how Type 1 diabetes develops and how best to manage it.

The SCIP trial (Sub-Cutaneous Insulin: Pumps or Injections) is gathering an evidence base to establish whether children who have been newly-diagnosed with Type 1 diabetes have better long-term health outcomes if they receive their insulin via a pump or injections. The ADDRESS-2 study, jointly funded by Diabetes UK and Juvenile Diabetes Research, aims to further our understanding of how genetic factors may influence people's risk of Type 1 diabetes, and how the auto-immune response that attacks insulin-producing cells is triggered.

"We have been very successful in recruiting patients interested in participating in these studies, exceeding our targets, and we're actually one of the top performers nationally on the SCIP trial," said Dr Natarajan. "Our involvement in these kinds of research studies increases our clinical expertise and understanding and will ultimately benefit all people with Type 1 diabetes. The R&D team has been very supportive and helped us secure a part-time paediatric research nurse and her subsequent expansion into a full-time post."

CASE STUDY *Research benefits for people in kidney failure*

When the kidneys stop functioning properly, the body's inability to expel waste products can lead to other complications as well. Dr Mohsen El-Kossi, Consultant in Renal Medicine, is involved in a number of research studies that aim to improve health outcomes for patients in renal failure or slow speed of kidney failure.

They include a trial of a new way of managing anaemia in people in renal failure which is a common problem in these patients, another trial using a novel therapy to slow the effect of diabetes on the kidneys, and the collection of data on bone parameters (the measurements of minerals including calcium phosphate) in renal failure patients.



"Participating in this kind of research is good for us as clinicians, it's good for our patients and it's good for the Trust," Dr El-Kossi said. "These trials offer our patients the opportunity to try new medicines that are not yet available. Clinicians can ensure their expertise remains at the forefront and research activity also generates income for the Trust."

Dr El-Kossi was instrumental in securing the external recognition we received in 2012/13 from the National Institute for Health Research for the research culture we have developed.

3 Directors' report

Charity, volunteers & fundraising

The enormous contribution made by volunteers, fundraisers and charitable associations continues to touch us and we are truly grateful for the benefits they offer to our patients and staff.

Volunteers

Once again, we have seen an increase in volunteer numbers and in enquiries about volunteering, including many via Doncaster Volunteer Bureau and Bassetlaw Community & Voluntary Service. We now have 251 volunteers in our hospitals and continue to expand the range of opportunities available, with new roles recently developed in the physiotherapy department and the care of older people and plans for dining companions to assist patients at mealtimes.

Volunteers from external agencies including WRVS, the League of Friends, Aurora and the Montagu Hospital Comforts Fund also provide important services that enhance our patients' hospital experience.

Each year we hold a thank-you lunch during National Volunteers Week to express our gratitude to the many individuals and agencies who give their time to us.

Charitable funds and fundraising

Charitable and legacy funds such as the Montagu Hospital Comforts Fund, the League of Friends and the Fred & Ann Green Legacy enable us to provide items or services that benefit patients and staff but which are surplus to those that the NHS should reasonably provide.

Examples in 2012/13 include the free Fred & Ann Green shuttle bus between Montagu

and DRI and a robotic arm for keyhole surgery, purchased thanks to the Montagu Hospital Comforts Fund (See page 87). The Fred & Ann Green Legacy and the Montagu Hospital Comforts Fund are also supporting development of our new rehabilitation unit.

Countless individuals, many of them patients or their relatives, have fundraised for the Trust's charitable funds or bequeathed legacies. We are very touched by their generosity, and that of the many companies and organisations that have fundraised or made donations to benefit patient care in 2012/13.



Our thank-you lunch is held each year during National Volunteers Week



CASE STUDY *Robot lends a hand to surgeons*

Surgeons caring out keyhole surgery at Montagu Hospital now have an extra pair of hands in theatre with them, thanks to a robotic arm funded by the Montagu Hospital Comforts Fund.

Keyhole surgery is carried out using a small camera that enables surgeons to get a clear, magnified picture of the area they are operating on. The £17,000 Freehand Robotic Camera Controller enables surgeons to get a consistently high-quality picture and to control the camera remotely, eliminating human variability. It is being used in a range of procedures including gall bladder removal and hernia repair.

Consultant General Surgeon Mr Niraj Khetan said: “We are very grateful to the Comforts Fund for their generosity in funding this equipment, which enables us to provide an even higher standard of care to patients at Montagu Hospital.”

Being green and sustainable

We’ve long been committed to sustainability and are proud to be in the top 18% nationally in the carbon reduction commitment (CRC) performance league table. Combined heat and power (CHP) boilers at DRI generate 1MW of energy – about 50% of all the electricity used at the site.

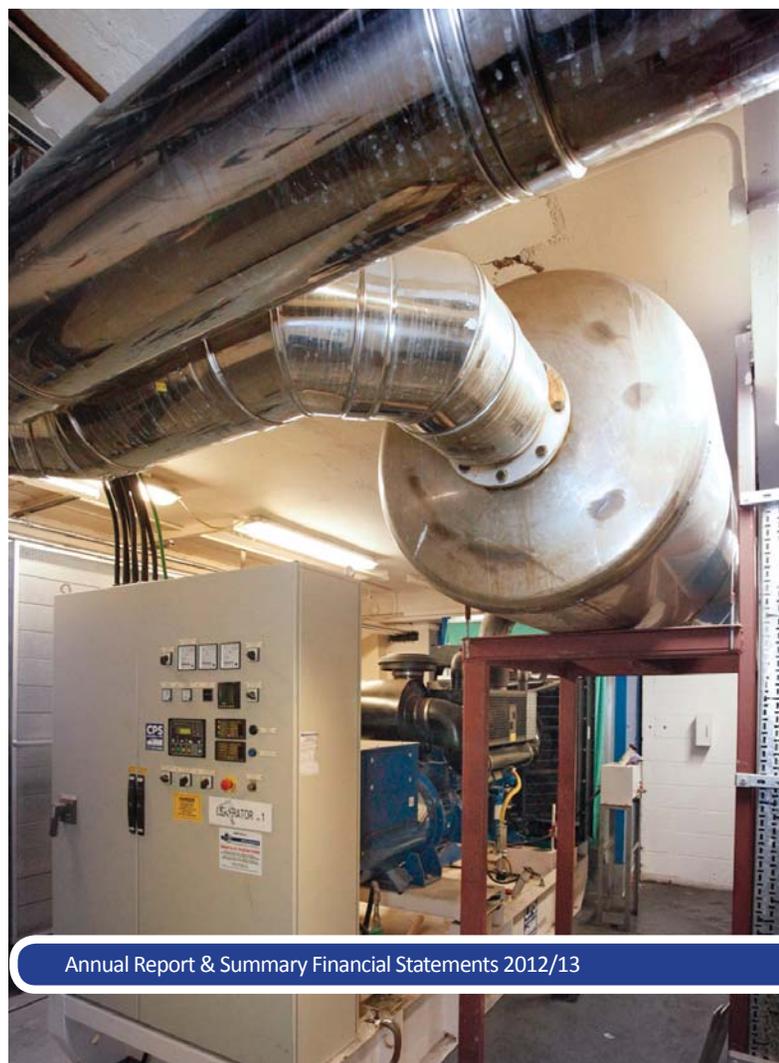
The ‘waste heat’ emitted by these boilers’ exhausts is recycled and used to create steam so hot that it can be used to clean and sterilise surgical equipment as well as heating the hospital. Eventually, it condenses back into the boilers where the cycle starts again. On-site boreholes provide much of our non-drinking water.

All general waste is compacted and collected, then transferred to a materials recycling facility where it is sorted and separated. All recyclable rubbish, including paper, cardboard, glass, plastics, wood and metal, is recycled. Non-recyclable waste is used as fuel for cement kilns.

We aren’t standing still, however, and new initiatives promoting sustainability

and reducing our environmental impact include the work we have done on ‘green nephrology’ in our renal dialysis units.

Our full sustainability report is in Appendix 1.



3 Directors' report

CASE STUDY *Renal dialysis goes greener*

Haemodialysis 'cleans' waste products from the blood of people who are in kidney failure and therefore unable to excrete this waste in urine. It has traditionally been a very intensive user of water and energy but going greener has enabled us to reduce this significantly.

Until relatively recently, haemodialysis used dialysate fluid at a rate of 600ml a minute and, with an average session lasting around four hours per patient, that added up to a very large volume of water. The machines also needed to be primed with around 1.5 litres of saline per patient to get the air out before dialysis began.

New dialysis machines are much more efficient, using only around 100ml of dialysate fluid a minute once the machine is primed, reducing water use, packaging and delivery journeys. Using a central supply of sterile water rather than individual saline bags, and central delivery of dialysate fluid rather than bottles, has also reduced packaging and deliveries. All packaging is bagged and recycled through the Trust's 100% waste recycling programme.

Consultant Nephrologist Dr Ian Stott was co-author of a poster presentation showing the benefits of this 'green nephrology' at the national Renal Association congress in March 2013. Their work was also featured in the BMJ.

Other statutory declarations and disclosures in the public interest

- Each director confirms that, as far as he/she is aware, there is no relevant audit information of which the Trust's auditor is unaware, and that they have taken all the steps they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.
- The Trust made no donations to political parties or other political organisations in 2012/13 and made no charitable donations in 2012/13.
- The Care Quality Commission (CQC) made three inspections of the Trust in 2012/13. It carried out unannounced inspections of maternity facilities at Doncaster Royal Infirmary and Bassetlaw Hospital in December 2012. Both sites were fully compliant with the standards being assessed. In February 2013, it assessed compliance at Doncaster Royal Infirmary with the Mental Health Act 1983 requirements for patients detained under the Act. It made some recommendations around formalising procedures with our local mental health providers. This work is underway and we expect it will be completed imminently.
- We complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

4 Governance Report

NHS Foundation Trust Code of Governance

The Board of Directors is committed to high standards of corporate governance, understanding the importance of transparency and accountability and the impact of Board effectiveness on organisational performance. The Trust has undertaken a great deal of work to ensure that its governance procedures are in line with the principles of the Code in 2012/13, including:

- Ensuring that the Board membership has an appropriate balance of skills and experience, by supporting governors to target specific skills when appointing non-executive directors.
- Reviewing the structure of the Trust's executive team and appointing new executive directors, to ensure the right balance of skills and experience on the Board.
- Working with governors in 'timeout' sessions, and enabling governors to attend both the Board of Directors meeting and the Board's governance sub-committees, improving the ways in which governors engage with and hold the Board to account.
- Ensuring that all directors and governors receive a comprehensive and tailored induction.
- Ongoing review of compliance with the Code of Governance by the Board of Governors and Board of Directors when making decisions which impact on governance arrangements.

For the year ending 31 March 2013, the Board considers that it was fully compliant with the provisions of the NHS Foundation Trust Code of Governance.

Governance

As a foundation trust, Doncaster & Bassetlaw Hospitals NHS Foundation Trust is accountable to its Board of Governors, which represents the views and interests of the membership. The principal responsibilities and decisions of the Board of Directors and Board of Governors are as shown below.

Board of Directors
<ul style="list-style-type: none"> • Operational management • Strategic capital development • Financial & service performance • Trust-wide policies • Risk assurance and governance • Strategic direction of the Trust (taking account of the views of the Board of Governors)
Board of Governors
<ul style="list-style-type: none"> • Appointment of the Chairman and non-executive directors • Appointment of the Trust's auditors • Remuneration and other terms and conditions of the Chairman and non-executive directors • Promoting membership, and governorship, of the Trust • Establishing links with the members and stakeholders • Seeking the views and representing the interests of members and stakeholders • Communicating information about the Trust with the members and stakeholders who elected or appointed them

Although, the Board remains accountable for all its functions, it delegates to management the implementation of Trust policies, plans and procedures and receives sufficient information to enable it to monitor performance.

In addition to the responsibilities listed above, the powers of each body, and those delegated to specific officers, are detailed in the Trust's Reservation of Powers to the Board and Delegation of Powers.

4 Governance Report

Board of Governors

The Board of Governors met on six occasions in 2012/13. Our Board of Governors meetings are held in public. The composition of the Board of Governors, including attendance at meetings, is shown below.

Name	Role / Constituency / Partner Organisation	Appointed (A) / Elected (E)	Meeting attendance
Dr Utpal Barua	Public - Bassetlaw (from 22/09/12)	E	3 of 3
David Cuckson	Patient	E	4 of 6
Nic Davison	Public - Doncaster	E	3 of 6
Eddie Dobbs	Public - Doncaster	E	6 of 6
Eddie Durdy	Public - Doncaster	E	0 of 6
Nicky Hogarth	Public - Doncaster (from 22/09/12)	E	3 of 3
Ronald Hughes	Public - Doncaster (to 26/06/12)	E	0 of 2
John Humphrey	Patient	E	6 of 6
Peter Husselbee	Public - Bassetlaw	E	4 of 6
Rosalind Marsh	Public - Bassetlaw	E	5 of 6
Bev Marshall	Public - Doncaster (from 22/09/12)	E	2 of 3
Lynne McWhinnie	Public - Doncaster	E	6 of 6
Susan Overend	Public - Bassetlaw	E	5 of 6
John Plant	Public - Doncaster	E	5 of 6
Patricia Ricketts	Public - Doncaster	E	6 of 6
Dennis Shaw	Public - Doncaster	E	5 of 6
Mike Smith	Public - Bassetlaw (to 21/09/12)	E	3 of 3
Denise Strydom	Public - Bassetlaw	E	5 of 6
Howard Taylor	Public - Doncaster	E	4 of 6
Harold Dave Trickett	Public - Doncaster (to 16/04/12)	E	0 of 1
George Webb	Public - Doncaster	E	6 of 6
John Weston	Public - Doncaster	E	3 of 6
Maureen Young	Public - Doncaster	E	6 of 6
Dr Jamal Ahmad	Staff - Medical and Dental	E	3 of 6
Jane Barber	Staff - Other Professionals	E	2 of 6
Lynn Hunt	Staff - Nurses and Midwives	E	3 of 6
Adam Sanders	Staff - Non-Clinical	E	1 of 4
Sharon Smithson	Staff - Nurses and Midwives	E	3 of 6
Roy Underwood	Staff - Non-Clinical	E	5 of 6
Ruth Allarton	Sheffield Hallam University (from 27/06/12)	A	2 of 4
Dr Oliver Bandmann	Sheffield University	A	1 of 6
Joan Beck	Doncaster MBC	A	3 of 6
Elaine Brookes	Sheffield Hallam University (to 26/06/12)	A	2 of 2
David Hamilton	Nottinghamshire County Council	A	4 of 6
Dick Hassett	Bassetlaw & Doncaster CVS (to 22/06/12)	A	1 of 1
CLlr Christine Mills	Doncaster MBC (from 29/07/12)	A	0 of 3
CLlr John Mounsey	Doncaster MBC (from 30/07/12)	A	0 of 3
CLlr Adele Mumby	Bassetlaw District Council	A	3 of 6
Penny Spring	NHS Bassetlaw (PCT)	A	3 of 6
Clive Tattley	Bassetlaw & Doncaster CVS (from 09/01/13)	A	2 of 2
Vacancy	NHS Doncaster (PCT)	A	

Attendance by directors

Directors in addition to the Chairman attend Board of Governors meetings to listen to governors' views and to brief and advise them on the business of the Trust.

Director	Role	Board of Governors meeting attendance
Chris Scholey	Chairman	6 of 6
Nicola Atkin	Non-Executive Director (to 31/10/12)	1 of 4
Joe Barnes	Non-Executive Director	0 of 6
Hilary Bond	Director of Nursing & Quality (to 06/01/13)	2 of 4
Jessica Bradshaw	Interim Director of Human Resources (to 10/06/12)	1 of 1
Geraldine Broderick	Non-Executive Director	4 of 6
Ron Calvert	Chief Executive (to 25/09/12)	3 of 4
David Crowe	Non-Executive Director	4 of 6
Catherine Dymond	Non-Executive Director (to 01/11/12)	1 of 2
Deirdre Fowler	Director of Nursing & Quality (from 07/01/13)	1 of 2
Dawn Jarvis	Director of People & Organisational Development (from 11/06/12)	2 of 5
Richard Mitchell	Chief Operating Officer (from 21/05/12)	3 of 5
John Parker	Non-Executive Director	4 of 6
Mike Pinkerton	Director of Transformation (to 25/09/12) Acting Chief Executive (from 26/09/12 to 15/01/13) Chief Executive (from 15/01/13)	3 of 5
David Pratt	Director of Finance, Information & Procurement	4 of 6
Mr Sewa Singh	Medical Director	3 of 6

Governor elections & terms of office

Governors serve for a period of three years and are eligible to stand for re-election or re-appointment at the end of that period. The following elections were held in 2012/13.

Constituency (no. of seats in brackets)	Date of election	No. of candidates	Voting turnout (%)
Public – Doncaster (2)	August 2012	3	18.7%
Public – Bassetlaw (1)	August 2012	3	29.7%
Public – Doncaster (9)	February 2013	11	15.8%
Public – Bassetlaw (2)	February 2013	4	28.1%
Staff – Medical & Dental (1)	February 2013	1	n/a
Staff – Non-Clinical (2)	February 2013	3	12.6%
Staff – Other Healthcare Professionals (1)	February 2013	0	n/a

4 Governance Report

Steps Board members take to understand the views of governors and members

Executive and non-executive directors attend Board of Governors meetings to offer their knowledge on their areas of expertise and to listen to the views of governors. Other steps that directors have taken to understand the views of governors and members are:

- Attendance at governors' quarterly 'timeout' sessions.
- Involvement in Board of Governors projects and other activities.
- Attendance at some Board of Governors' sub-committee meetings.
- Accessibility of the Chairman, Head of Corporate Affairs, Senior Independent Director, and Foundation Trust Office.
- Nominated governor observers are invited to observe or sit on committees with directors, including the Clinical Governance Standards Committee, Audit & Non-Clinical Risk Committee, and the Fred & Ann Green Legacy Advisory Group.
- Governor participation in unannounced patient safety ward visits.
- Governor sponsorship of wards involved in the Productive Ward programme.
- Consultation sessions with governors regarding the development of the Trust's strategic direction.
- Governor participation in the annual appraisal of the Chairman and non-executive directors.
- Sharing information such as Board minutes, Governors' Brief, reports and briefing papers and Foundations for Health, the members' magazine.

Registers of governors' & directors' interests

All directors and governors are required to declare their interests, including company directorships, on taking up appointment and as appropriate at Board of Governors and Board of Directors meetings to keep the register up to date.

We can specifically confirm that there are no material conflicts of interest in the Board of Governors or Board of Directors, and directors and governors declared no company directorships which may conflict with their management or governance responsibilities. The Register of Directors' Interests and the Register of Governors' Interests are available on request from the Foundation Trust Office at Doncaster Royal Infirmary.

We can confirm that the Chairman does not have any other significant commitments, and that there has been no change to this position during the year.

Appointments & Remuneration Committee of the Board of Governors

The Appointments & Remuneration Committee of the Board of Governors was convened in relation to four non-executive director appointments in 2012/13 and recommended the following reappointments, all of which were approved by the Board of Governors:

- Joe Barnes for a term of one year, commencing 1 October 2012.
- Catherine Dymond for a term of two years, commencing 1 November 2012.
- Chris Scholey for a term of three years, commencing 1 January 2013.
- John Parker for a term of three years, commencing 1 April 2013.

The committee was convened on two occasions to discuss these appointments. In addition, a panel made up of members of the committee was convened to conduct shortlisting and interviews during the process to appoint Catherine Dymond, for which open advertisement was used.

The membership of the Appointments & Remuneration Committee for these appointments consisted of:

Name	Role	Attendance
Chris Scholey	Chairman	2 of 2
Dr Syed Jamal Ahmad	Staff Governor – Medical & Dental	0 of 2
Joan Beck	Partner Governor	0 of 2
David Cuckson	Patient Governor	1 of 2
Dick Hassett	Partner Governor (to 22/06/12)	1 of 1
Peter Husselbee	Public Governor, Bassetlaw	1 of 2
John Plant	Public Governor, Doncaster	2 of 2
George Webb	Public Governor, Doncaster	2 of 2
John Weston	Public Governor, Doncaster	1 of 2

Board of Directors

Name	Position	Term of office	Term of office from	Attendance at Board meetings
Chris Scholey	Chairman	3 years	1 January 2013*	14 of 14
Nicola Atkin	Non-Executive Director (to 31/10/12)	1 year	1 November 2011*	5 of 9
Joe Barnes	Non-Executive Director (Deputy Chairman, Senior Independent Director)	1 year	1 October 2012*	11 of 14
Geraldine Broderick	Non-Executive Director	3 years	1 April 2011*	14 of 14
David Crowe	Non-Executive Director	3 years	1 April 2012*	12 of 14
Catherine Dymond	Non-Executive Director	2 years	1 November 2012	5 of 5
John Parker	Non-Executive Director	3 years	1 April 2010	13 of 14
Ron Calvert	Chief Executive (to 25/09/12)			8 of 8
Mike Pinkerton	Acting Chief Executive (from 26/09/12 to 15/1/13) Chief Executive (from 15/01/13)			6 of 6
Hilary Bond	Director of Nursing & Quality (to 06/01/13)			10 of 11
Jessica Bradshaw	Interim Director of Human Resources (to 10/06/12)			3 of 4
Deidre Fowler	Director of Nursing & Quality (from 07/01/13)			3 of 3
Dawn Jarvis	Director of People & Organisational Development (from 11/06/12)			9 of 10
David Pratt	Director of Finance, Information & Procurement			14 of 14
Mr Sewa Singh	Medical Director			13 of 14

* Extension of previous term of office

4 Governance Report

The following also attended meetings of the Board of Directors:

Name	Position	Attendance at Board meetings
Ian Greenwood	Director of Strategic & Service Development (to 20/07/12)	2 of 4
Richard Mitchell	Chief Operating Officer (from 21/05/12)	11 of 12
Lynne Rothwell	Director of Performance (31/08/12)	2 of 4
Mike Pinkerton	Director of Transformation (from 11/06/12 to 25/09/12)	4 of 4

All non-executive directors are considered to be independent, meeting the criteria for independence as laid out in Monitor's Code of Governance.

Appointment of non-executive directors

Non-executive directors, including the Chairman, are appointed and may be removed by the Board of Governors. The Board of Governors delegates the recruitment and selection of candidates to its Appointments and Remuneration Sub-committee.

Evaluating the performance of directors

The Chairman and three members of the Appointments & Remuneration Sub-committee conduct the performance appraisals of the non-executive directors. The Senior Independent Director and three members of the Appointments & Remuneration Sub-committee conduct the performance appraisal of the Chairman, with input from the remaining non-executive directors.

The Board of Governors determines the objectives of the Chairman and non-executive directors, and all governors and directors feed into the appraisal process by providing commentary regarding the performance of the Chairman and non-executive directors. The performance review of executive directors is carried out by the Chief Executive.

Evaluating the performance of the Board and its sub-committees

The Board held a timeout meeting to discuss and review its performance and effectiveness in July 2012. The performance, membership and terms of reference of the sub-committees of the Board of Directors are also subject to annual review.

Balance of the Board

Non-executive directors are appointed to bring particular skills to the Board, ensuring the balance, completeness and appropriateness of its membership. The skill-mix of the Board was considered by the Appointments and Remuneration Committee of the Board of Governors during 2012/13, as part of non-executive director appointments processes.



Chris Scholey became Chairman in January 2009. Previously Managing Director of Renaissance South Yorkshire, he was UK Sales & Marketing Director then UK Managing Director of Rexam Glass from 1988 to 2005. Chris lives in Dinnington and has a physics degree from Liverpool.

Nicola Atkin, Non-Executive Director until 31 October 2012, lives in Doncaster and is a Senior Manager, Charter Mark Assessment Services, and part-time tutor for the Open University. She was educated at Doncaster High School for Girls, then graduated from London University. She has an MA in Education from the Open University. Nicola was appointed for her experience in corporate governance and business strategy.



Joe Barnes, Non-Executive Director until 31 March 2013, was Head of Pensions, Network Rail Ltd. Other key posts included: Deputy Chief Executive, Coal Pension Trustees Services Ltd (CPT); Head of Investment Monitoring, Audit and Contracts, CPT; Manager, Corporate Finance, British Coal Corporation (BCC); and Senior Auditor rising to Principal Auditor, BCC. He was appointed for his experience in corporate finance and lives in Doncaster.

Geraldine Broderick, Non-Executive Director, lives in Everton, near Bawtry. During her career, Geraldine has gained a wealth of accountancy and management experience, acting as Managing Director for three companies of the Barlow Group from 1997 to 2001. From 2001 to 2005, she was the Managing Director responsible for combining the eight companies into one entity. Geraldine now runs Leah & Broderick Associates, a management consultancy specialising in interim management and business turnaround. Geraldine has also been a Non-Executive Director for A1 Housing in Bassetlaw. She was appointed for a three-year term of office.



David Crowe, Non-Executive Director, lives in Carlton-in-Lindrick, near Worksop, and has a background in human resources management. Over the years, he has worked in printing, home shopping, local government, and engineering. Most recently, he was HR Director for a privately-owned printing group, Benhamgoodheadprint, with Board-level responsibility for HR strategy and operations. From 2000 to 2006, he was HR Director of the UK's largest independent print group, Polestar. David has been appointed for a three-year term of office.

Catherine Dymond, Non-Executive Director, is an experienced local businesswoman whose career has included senior commercial roles at Unilever, Nestle, LearnDirect and Seven Seas. She commenced her two-year term of office on 1 November 2012. Now a freelance marketing consultant, Catherine has also been a Non-Executive Director of the NHS Humber Cluster Board and is an associate of Attain, a market leader in the provision of support to healthcare commissioners.



John Parker, Non-Executive Director, was born and brought up in Manton, Worksop and currently lives in Saxilby. He is a qualified accountant. In addition to senior Civil Service appointments, John has been Finance Director for a number of large public and private-sector organisations. He is currently Senior Lecturer in Finance at Sheffield Hallam University Business School and a partner in a firm of financial management consultants.

4 Governance Report



Mike Pinkerton was appointed as Chief Executive in January 2013. Prior to this, he was Director of Transformation, then Acting Chief Executive. Mike has an MSc in Public Sector Management, a BSc in Biomedical Electronics and was on the NHS graduate training scheme. He has a background in electronic engineering and general management and was Chief of Business Development at Rotherham NHS Foundation Trust prior to joining us.



Hilary Bond, Director of Nursing & Quality until 6 January 2013, started her nursing career at University College, London. She qualified in midwifery at the Jessop Hospital for Women, Sheffield, and worked there until 1990. She was appointed Assistant Director of Midwifery at Bassetlaw Hospital and went on to further posts in midwifery management at Bassetlaw Hospital before being appointed Deputy Director of Nursing when the merged Trust was formed in 2001.



Deirdre Fowler is Acting Director of Nursing & Quality. Deirdre completed her nurse education in Dublin and midwifery in south London. She holds a BSc Midwifery, PGDip Ed and MSc and has worked in trusts in south London and Lincolnshire. She also spent eight years as a lecturer at the University of Nottingham and is a Supervisor of Midwives. Deirdre joined the Trust in Sept 2011 as Head of Midwifery and General Manager for Women's Services and has been Acting Director of Nursing & Quality since January 2013.

Dawn Jarvis is Director of People & Organisational Development. Dawn has a Master's degree in Human Resource Management and was Director of People & Change at the Department for Education prior to joining the Trust. Dawn has a background in HR, transformational change, leadership, and efficiency.



Richard Mitchell is Chief Operating Officer and joined us in May 2012 from Imperial College Healthcare NHS Trust where he was Head of Operations. Richard has an MBA and two MSc degrees and began his NHS career as an NHS graduate trainee. He has a background as a general manager and service manager in acute NHS trusts in London.

David Pratt, Director of Finance, Information & Procurement, began his NHS career as a Graduate Trainee in Financial Management in Harrogate and at Dewsbury District Hospital. After qualification, he worked in North East Lincolnshire NHS Trust, then University College London Hospitals NHS Trust, where he led financial management and reporting, contracting with PCTs and budget-setting in one of the largest and most complex NHS organisations. He joined us from Ealing Hospital NHS Trust where he was Director of Finance.



Sewa Singh, Medical Director, graduated from Sheffield University Medical School and trained in Surgery in South Yorkshire and London. He is an enthusiastic trainer and was Director of the Surgical Training Programme in South Yorkshire until his appointment as Medical Director. He has worked for the Trust as a Consultant Vascular Surgeon since 1996. Sewa was Clinical Director for Surgery from 2004-7, Clinical Director of the Division of Surgery from 2008-10, and Deputy Medical Director from 2010 until his appointment as Medical Director in April 2012.

Audit and Non-Clinical Risk Committee

The committee's remit is to make sure that effective internal controls and systems are in place, and compliance with law, guidance and codes of conduct. It has three members – all non-executive directors – excluding the Chairman. One member has recent and relevant financial experience.

Name	Role	Meeting attendance
John Parker (Chair)	Non-Executive Director	5 of 5
Nicola Atkin	Non-Executive Director	2 of 3
Joe Barnes	Non-Executive Director	4 of 4
Geraldine Broderick	Non-Executive Director	1 of 1
Catherine Dymond	Non-Executive Director	2 of 2

Geraldine Broderick served from 1 April to 6 June 2012. Joe Barnes served from 7 June 2012 to 31 March 2013. Nicola Atkin served on the committee from 1 April 2012 to 31 October 2012. Catherine Dymond served from 1 November 2012 to 31 March 2013. There were three members of the committee throughout 2012/13.

The Audit & Non-Clinical Risk Committee:

- Reviewed internal control and systems, including the Board Assurance Framework.
- Reviewed standards of financial reporting.
- Approved the internal and external audit plans each year and associated costs.
- Received summaries of internal audits.
- Received the external auditor's opinion on the financial statements, annual audit plan and report.
- Examined the circumstances when standing orders were waived.
- Reviewed schedules of losses and compensations.
- Reviewed the standards of business conducted by and for the Board, with the aim of ensuring high standards of probity.

The Board of Governors approved the Audit & Non-Clinical Risk Committee's recommendation to extend the

appointment of PricewaterhouseCoopers LLP as external auditor for a further two-year period from 2012/13. External auditors reviewed the accuracy of the Annual Accounts and may carry out various reviews in accordance with the Audit Code for NHS Foundation Trusts, published by Monitor. Directors made the auditors aware of all the information that they require to carry out their audit responsibilities in accordance with the Audit Code.



4 Governance Report

Clinical Governance Standards Committee

The Clinical Governance Standards Committee held eight core meetings in 2012/13 and four accountability meetings. The membership changed part-way through the year.

It was chaired by Joe Barnes initially, with David Crowe as the second non-executive member. David then succeeded Joe in June 2012 as Chair and Geraldine Broderick joined the committee as its second non-executive member.

Attendance at core meetings:

Member (or deputy)	Attendance	%
Joe Barnes (Chair)	2 out of 2	100%
David Crowe (as Chair)	4 out of 6	67%
Sewa Singh (Vice Chair)	7 out of 8	88%
David Crowe (as non-executive)	1 out of 2	50%
Geraldine Broderick	5 out of 6	83%
Hilary Bond	6 out of 6	100%
Deirdre Fowler	1 out of 2	50%

Attendance at accountability meetings:

Member (or deputy)	Attendance	%
David Crowe	3 out of 4	75%
Sewa Singh	1 out of 4	25%
Hilary Bond	1 out of 2	50%
Deputy Director of Nursing (attending in Hilarys' place)	1 out of 2	50%
Deirdre Fowler	2 out of 2	100%
Geraldine Broderick	4 out of 4	100%

Nominations and Remuneration Committee

The Nominations and Remuneration Committee is responsible for the appointment and remuneration of executive directors. The membership in 2012/13 consisted of the Chairman and non-executive directors. The Chief Executive (who withdraws if his own remuneration is being considered), the Director of People & Organisational Development and the Head of Corporate Affairs attend by invitation.

The committee was convened on four occasions in 2012/13 to discuss the remuneration and structure of the Trust's executive team, and the appointment of the Chief Executive.

Name	Role	Attendance
Chris Scholey	Chairman	4 of 4
Nicola Atkin	Non-Executive Director	2 of 3
Joe Barnes	Non-Executive Director	3 of 4
Geraldine Broderick	Non-Executive Director	4 of 4
David Crowe	Non-Executive Director	4 of 4
Catherine Dymond	Non-Executive Director	1 of 1
John Parker	Non-Executive Director	2 of 4

In addition, a panel made up of members of the committee was convened to conduct interviews for the Chief Executive post. There was an open recruitment process. Governors were involved in the appointment process.

The committee follows the Department of Health recommendations on pay uplift for very senior managers. As at 31 March 2013, all senior managers with the exception of executive directors are remunerated according to Agenda for Change terms and conditions of service.

Membership

We have three categories of foundation trust membership.

- Patient members: individuals who live outside the Trust area and have

been patients at any of the Trust's hospitals within the last 10 years.

- Public members: people who live within the areas covered by Bassetlaw District Council and Doncaster Metropolitan Borough Council.
- Staff members: Trust staff automatically become members unless they decide to opt out. There are four staff classes:
 - a. Medical and Dental
 - b. Nurses and Midwives
 - c. Other Healthcare Professionals
 - d. Non-Clinical

We had 16,747 members on 31 March 2013.

	Number of members (31 March 2013)
Public Constituency (total)	8,977
Doncaster	6,470
Bassetlaw	2,507
Staff Constituency (total)	6,356
Nurses and Midwives	1,844
Non-Clinical	2,970
Other Healthcare Professionals	966
Medical and Dental	576
Patient Constituency (total)	1,414
OVERALL TOTAL	16,747

Progress towards recruitment targets:

Membership figures	Staff Constituency		Patient & Public Constituencies	
	Target	Actual	Target	Actual
31 March 2009		5,056		4,463
31 March 2010	6,000	6,149	6,000	7,424
31 March 2011	6,000	6,238	9,000	8,044
31 March 2012	6,000	6,309	12,000	10,698
31 March 2013	6,000	6,356	12,000	10,391

4 Governance report

We ran one member event during 2012/13 on the topic of diabetes. We also attended community events and meetings to promote membership, and a large number of members attended our AGM, where our staff put on health-related displays and stalls.

During 2012/13, we worked to improve the quality and quantity of member engagement by, among other things:

- Continuing to communicate directly with individual members and keeping them informed regarding governors activities via the member magazine, Foundations for Health.
- Holding member events on the topics that our members are interested in.
- Governor attendance at local community events.
- Continuing to regularly inform members of the Trust's plans and activities through Foundations for Health.
- Working to ensure governor elections are contested and improve member participation in the election process by promoting governorship.
- Working to recruit and engage young members, who are currently under-represented, through engagement with local schools and governor attendance at SureStart centres.

Members who wish to contact directors or governors can do so via the Foundation Trust Office on foundation.office@dbh.nhs.uk or 0800 169 4857 / 01302 381355, or by post at: Head of Corporate Affairs, Doncaster Royal Infirmary, Armthorpe Road, Doncaster, DN2 5LT.

Remuneration report

Details of the remuneration committee responsible for non-executive directors can be found on page 90.

Details of the remuneration committee responsible for executive directors can be found on page 96.

Directors' remuneration

The Trust follows the Department of Health's recommendations on pay for very senior managers. As at 31 March 2013, all senior managers with the exception of executive directors were paid in line with Agenda for Change terms and conditions. There are no plans to change this. The pay scales and clinical excellence awards for medical staff are determined by the Pay Review Body on Doctors' and Dentists' Remuneration. There was one termination of contract during the year. Appraisal processes, employment policies, and terms and conditions of employment were in place to address any performance issues that arise. There is no performance-related pay. The salaries and pension entitlements of senior managers (interpreted as directors) are listed in the tables overleaf.

Median pay comparison

At 31 March 2013, the ratio of the annual salary of the highest-paid director (the Chief Executive) to the median salary of Trust staff was 6.88:1 (7.57:1 on 31 March 2012).

Calculation of the median figure of £21,798 reflects the use of agency staff, the cost of which excludes VAT (where appropriate) and assumed agency fees of 25%. (The median figure at 31 March 2012 was £21,798.)

Salary and pension entitlements of senior managers

Salary entitlements

Name and Title	2012/13				2011/12			
	Salary (bands of £5000) £000	Performance-related bonus (bands of £5000) £000	Other remuneration (bands of £5000) £000	Benefits in kind rounded to the nearest £100	Salary (bands of £5000) £000	Performance-related bonus (bands of £5000) £000	Other remuneration (bands of £5000) £000	Benefits in kind rounded to the nearest £100
Chris Scholey, Chairman	40-45	0	0	0	40-45	0	0	0
Nicola Atkin, Non-Executive Director (to 31 Oct 2012)	5-10	0	0	0	10-15	0	0	0
Joe Barnes, Non-Executive Director	10-15	0	0	0	10-15	0	0	0
Geraldine Broderick, Non-Executive Director	10-15	0	0	0	10-15	0	0	0
David Crowe, Non-Executive Director	10-15	0	0	0	10-15	0	0	0
Catherine Dymond, Non-Executive Director (from November 2012)	0-5	0	0	0				
John Parker, Non-Executive Director	10-15	0	0	0	10-15	0	0	
Dr Peter Reading, Interim Chief Executive (to October 2011)					90-95 (See Note 1)	0	0	0
Ron Calvert, Chief Executive (Sep 2011 to Sep 2012)	80-85	0	0	0	95-100	0		0
Mike Pinkerton, Director of Transformation (Jun-Sep 2012), Acting Chief Executive (Oct-Dec 2012), Chief Executive (from Jan 2013)	110-115	0	0	0				
Dr Robin Bolton, Medical Director (to Mar 2012)					155-160	0	45-50 (See Note 2)	0
Mr Sewa Singh, Medical Director (from Apr 2012)	145-150	0	60-65 (See Note 2)	0				
Hilary Bond, Director of Nursing & Quality (to Dec 2012)	80-85	0	0	0	100-105	0	0	0
Deirdre Fowler, Acting Director of Nursing & Quality (from Jan 2013)	20-25	0	40-45 (See Note 3)	0				
Joe Brayford, Director of Human Resources (to Mar 2012)					105-110			0

Continued overleaf

4 Governance report

Name and Title	2012/13				2011/12			
	Salary (bands of £5000) £000	Performance-related bonus (bands of £5000) £000	Other remuneration (bands of £5000) £000	Benefits in kind rounded to the nearest £100	Salary (bands of £5000) £000	Performance-related bonus (bands of £5000) £000	Other remuneration (bands of £5000) £000	Benefits in kind rounded to the nearest £100
Dawn Jarvis, Director of People & Organisational Development (from Jun 2012)	95-100	0	0	0				
Ian Greenwood, Director of Strategic & Service Development (to Jul 2012)	35-40	0	205-210 (See Note 4)	0	100-105	0	0	0
Richard Mitchell, Chief Operating Officer (from May 2012)	95-100		0	0				
David Pratt, Director of Finance, Information & Procurement	115-120	0	0	0	115-120	0	0	0
Lynne Rothwell, Director of Performance (to Aug 2012)	100-105	0	0	0	100-105	0	0	0
Roy Tyson, Director of Facilities (to Dec 2012)	80-85	0	0	0	100-105	0	0	0

Note 1: The Interim Chief Executive's salary was as shown above. He was employed through a third party company with which costs have been incurred of £23,500 plus VAT.

Note 2: Remuneration in respect of clinical duties.

Note 3: Remuneration received prior to being made Acting Director of Nursing & Quality.

Note 4: Redundancy payment.



Pension benefits

Name and title	Real increase in pension and related lump sum at age 60 - See note 2	Total accrued pension and related lump sum at age 60 at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2012	Real increase/ decrease (-) in Cash Equivalent Transfer Value - See Note 2	Employers contribution to stakeholder pension
	(bands of £2500) £000	(bands of £2500) £000	£000	£000	£000	To nearest £100
Dr Peter Reading	See Note 1					
Ron Calvert	0.00	152.5-155	749	754	(5)	0
Dr Robin Bolton	N/A	N/A	N/A	N/A	N/A	0
Mike Pinkerton	30.0-32.5	172.5-175	802	608	156	0
Sewa Singh	5.0-7.5	192.5-195	998	963	35	0
Hilary Bond	2.5-5.0	197.5-200	N/A	993	N/A	0
Deirdre Fowler	2.5-5.0	57.5-60	232	175	57	0
Joe Brayford	N/A	N/A	N/A	1,227	N/A	0
Dawn Jarvis	0-2.5	0-2.5	17	N/A	N/A	0
Ian Greenwood	2.5-5.0	150-152.5	631	610	21	0
Richard Mitchell	N/A	37.5-40	110	N/A	N/A	0
David Pratt	10.0-12.5	87.5-90	348	293	55	0
Lynne Rothwell	5.0-7.5	182.5-185	885	834	51	0
Roy Tyson	N/A	77.5-80	N/A	N/A	N/A	0

Note 1: Employed via an agency. The Trust made no pension contributions.

Note 2: No inflation factor has been applied in 2012/13.

Note 3: The figures for directors appointed to the Board during 2012/13 reflect the period of their Board membership.

There are no entries in respect of pensions for non-executive directors as they do not receive pensionable remuneration.

Cash Equivalent Transfer Value (CETV):
The CETV is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member

leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004/5 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional benefit accrued to the member as a result of their purchasing additional years of pension

4 Governance report

service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV: This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. On 1 October 2008, there was a change in the factors used to calculate CETVs as a result of the Occupational Pension Scheme (Transfer Value Amendment) regulations. These placed responsibility for the calculation method for CETVs (following actuarial advice) on Scheme Managers or Trustees. Further regulations from the Department for Work and Pensions to determine CETV from Public Sector Pension Schemes came into force on 13 October 2008.

In his budget of 22 June 2010 the Chancellor announced that the uprating (annual increase) of public sector pensions would change from the Retail Prices Index (RPI) to the Consumer Prices Index (CPI) with the change expected from April 2011. As a result the Government Actuaries Department undertook a review of all transfers factors. The new CETV factors have been used in the above calculations and are lower than the previous factors we used. As a result the value of the CETVs for some members has fallen since 31 March 2010.



Mike Pinkerton
Chief Executive
24 May 2013



Regulatory ratings

Our regulator, Monitor, uses risk ratings to assess our performance. The governance risk rating is based on our performance against the operational measures outlined on page 12, along with other factors including the systems in place to manage risk and performance, cooperation with partner organisations and membership. It uses a traffic light system to rate risk levels as green (low risk), amber green, amber red or red (high risk).

The financial risk rating is based on our performance against plan, financial efficiency and liquidity and uses a scale from 1-5, where 1 is high risk and 5 is the lowest risk.

We declared governance risk ratings in 2012/13 around our performance against our targets for reducing C difficile infections, 18-week referral-to-treatment times for non-emergency care, and the four-hour target for treating emergency patients. The factors behind this and actions to address them are described earlier in this Annual Report.

We met Monitor on 15 March 2013 to discuss our performance, the action being taken and our plans for returning to full compliance. Monitor informed us in April that our progress would be tracked monthly, and our governance risk rating amended to Amber Red. They reserve the right to take further action if dissatisfied with our progress.

Risks declared in 2012/13

	Governance risk rating	Financial risk rating
Annual plan for 2012/13	Green	3
Q1 (Apr-Jun)	Amber Green	3
Q2 (Jul-Sep)	Amber Red	3
Q3 (Oct-Dec)	Amber Red	3
Q4 (Jan-Mar)	Amber Red	3

Risks declared in 2011/12

	Governance risk rating	Financial risk rating
Annual plan for 2011/12	Green	3
Q1 (Apr-Jun)	Green	3
Q2 (Jul-Sep)	Green	3
Q3 (Oct-Dec)	Green	3
Q4 (Jan-Mar)	Green	3

4 Governance report

Statement of the Accounting Officer's responsibilities

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS foundation trust. The relevant responsibilities of Accounting Officer, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the Independent Regulator of NHS Foundation Trusts ('Monitor').

Under the National Health Service Act 2006, Monitor has directed the Doncaster and Bassetlaw Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and

- Prepare the accounts on a 'going concern' basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable him to ensure that the accounts comply with the requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.



Mike Pinkerton
Chief Executive
24 May 2013



Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Doncaster and Bassetlaw Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Doncaster and Bassetlaw Hospitals NHS Foundation Trust for the year ended 31 March 2013 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Chief Executive has overall accountability and responsibility for risk management, while the executive directors are responsible for those risks which are relevant to their areas of responsibility. In particular, the Medical Director and Director of Nursing & Quality are responsible for risk that has a direct impact on the safety and quality of patient care, and the Director of Finance, Information & Procurement is responsible for financial risk. The allocation of risks to individual directors is outlined in both the Assurance Framework and Corporate Risk Register. The Head of Corporate Affairs, on behalf of the Chief Executive, is responsible for the Board Assurance Framework and Corporate Risk Register.

Clinical directors and departmental managers are responsible for the risk registers for their departments. In addition, management of risk is a fundamental duty of all employees whatever their grade, role or status.

An assessment of the risk management training needs of all staff is documented within the Trust's training review and reviewed on an annual basis. The Trust's training prospectus includes details of all risk management courses. Local risk management training needs are discussed with the risk management department.

The risk and control framework

The Board is responsible for determining the organisation's risk appetite, ensuring that robust systems of internal control and management are in place and that risks to the achievement of organisational objectives are being appropriately managed. This responsibility is supported through the assurance sub-committees of the Board:

4 Governance report

- Audit and Non-Clinical Risk Committee – responsible for non-clinical risk, including financial governance, information governance and corporate governance.
- Clinical Governance Standards Committee – responsible for clinical risk, including clinical and quality governance.

The primary role of these committees in respect of risk management is to review the assurance framework on a quarterly basis, and to satisfy the Board of Directors that there are satisfactory review arrangements in place for the Trust's internal control and risk management systems. The arrangements for clinical (quality) risks and non-clinical risks are otherwise the same. The Board receives a quarterly report highlighting gaps in control and assurance as well as any proposed changes to the assurance framework. In addition to the above, the Audit and Non-Clinical Risk Committee receives assurance regarding compliance with CQC registration and information governance requirements. Data quality forms part of the internal audit annual work. Risks to data security were managed and controlled through application of the Information Governance Policy and an assessment of compliance with the requirements in the Information Governance Toolkit.

As part of the Board's commitment to improving risk management, the Trust's Corporate Risk Register and Assurance Framework underwent ongoing review and amendment during 2012 and 2013.

The Trust's Risk Management Strategy covers risk identification, evaluation, recording, escalation, control, review and assurance. It also defines the structures for the management and ownership of risk.

The Management Board is responsible for monitoring and reviewing the Corporate

Risk Register, which is linked with the assurance framework, on a monthly basis. Each CSU and department is responsible for maintaining its own risk register, which is a standing agenda item on the clinical management team meeting. Any risk identified as 'Extreme' is escalated to the Management Board.

The most significant risks currently facing the Trust are:

- Quality:
 - o Failure to achieve governance compliance targets
 - o Infection prevention and control – specifically, C difficile
 - o Failure to match capacity with demand, particularly during winter
 - o Failure to maintain and develop specialist service profile
- Finance:
 - o Delivery of 2013/14 savings
 - o Delivering contracted activity
 - o Avoiding un-remunerated contract over-performance
 - o CSU/directorate overspending

This list is not exhaustive and more details can be found in the Trust's Annual Plan, where mitigating actions and outcomes are detailed.

These risks will be managed through the governance and assurance processes as outlined above.

The Trust has an effective structure in place for public stakeholder involvement, predominantly through the Board of Governors. The Trust's Assurance Framework has been informed by partnership working and a variety of external contacts, including:

- Collaborative working between governors and directors. The Board

of Governors reviews updates from executive directors on performance, quality, finance and associated risks at its quarterly meetings

- Consistent engagement with commissioners through contract review meetings and other contacts, and in relation to key shared risks.
- Governor observers in attendance at the Clinical Governance Standards Committee and Audit and Non-Clinical Risk Committee.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The following policies and processes are in place to ensure that resources are used economically, efficiently and effectively:

- Scheme of Delegation and Reservation of Powers to the Board.
- Standing Financial Instructions and Standing Orders.
- Competitive processes used for procuring non-staff expenditure items.
- Use of materials management and other best practice approaches to hold appropriate stock levels and minimise wastage.
- Cost improvement schemes, designed to not impinge on effective delivery of quality patient care.
- Controls on vacancy management, non-permanent staffing and recruitment
- Use of benchmarking.

The Board gains assurance regarding financial and budgetary management from a monthly finance report. The Audit and Non-Clinical Risk Committee receives reports regarding losses and compensations and waiver of standing orders, among others. Risks to the Trust's financial objectives are subject to regular review and monitoring in the same way as other risks.

A range of internal and external audits that provide further assurance on economy, efficiency and effectiveness have been conducted during the year and reported to the Audit and Non-Clinical Risk Committee. The annual external audit review by PricewaterhouseCoopers, as stated in their ISA 260 report, provides an unqualified opinion on the Trust's exercising of its functions economically, efficiently and effectively.

The Trust's 2012 reference cost index is 95, which means that costs are 5% below average.

4 Governance report

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The formulation of the Trust's Quality Report is led by the Acting Director of Nursing and Quality, with the support of the Board of Directors and the Board of Governors. The Board of Directors monitors the key measures and objectives in the Quality Account on a monthly basis throughout the year. Significant risks to achievement of quality priorities are included within the assurance framework and corporate risk register, and therefore reviewed in line with the processes outlined above.

Compliance with CQC standards is monitored by the Audit and Non-Clinical Risk Committee and Clinical Governance Standards Committee, and performance against CQUIN targets is monitored by the Board of Directors. The data quality behind quality and performance reports is subject to internal audit, the results of which are reported to the Audit and Non-Clinical Risk Committee.

Quality governance is subject to rigorous challenge through non-executive director and governor engagement, and Non-executive chairmanship of the Audit and Non-clinical Risk and Clinical Governance Standards Committees. Non-executive directors and governors also actively engage with staff and patients on quality by regularly visiting wards and departments.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the Audit and Non-Clinical Risk Committee and Clinical Governance Standards Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

A number of the ways in which the Board and I have received assurance that an effective system of controls is in place have been outlined above. In addition, Internal Audit have stated their opinion that significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls put the achievement of particular objectives at risk.

During the 2012/13 financial year, the Trust did not meet performance targets on four hour waits in A&E, referral to treatment times for admitted patients and reduction of Clostridium difficile cases. In each case, processes and controls have been reviewed

and action plans developed using a range of internal and external advice, expertise and best practice. The plans have been supplied to Monitor and the timescales for performance to return to expected levels in 2013/14 have been agreed.

The Trust recognises the need for ongoing development and continuous improvement of its systems of control and assurance to ensure the assurance framework and risk register remain fit for purpose. During 2012, the Risk Management Strategy was reviewed and updated in response to internal audit recommendations. In 2013, internal audit conducted follow-up audits of the assurance framework and risk management processes.

The systems for the review of clinical and non-clinical risks are aligned, with robust processes in place for the monitoring of risks and controls. As part of work to ensure continuous improvement, the format and structure of both the corporate risk register and assurance framework have been subject to ongoing revision and amendment during the year in response to feedback from directors and recommendations regarding best practice. Both documents are currently being revised to take account of the Trust's new strategic direction and objectives.

Conclusion

My review confirms that Doncaster and Bassetlaw Hospitals NHS Foundation Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives. Where the Trust has not met its objectives, processes and controls have been reviewed as outlined above.

Signed:



Mike Pinkerton
Chief Executive
24 May 2013

4 Governance report

Independent auditors' statement to the Board of Governors of Doncaster and Bassetlaw Hospitals NHS Foundation Trust

We have examined the summary financial statement for the year ended 31 March 2013 which comprises the Summary Statement of Comprehensive Income, the Summary Statement of Financial Position, the Summary Statement of Changes in Taxpayers' Equity, the Summary Statement of Cash Flows, and the Annual Report.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report and summary financial statement, in accordance with directions issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the full annual statutory financial statements, and its compliance with the relevant requirements of the directions issued by Monitor.

We also read the other information contained in the Annual Report and consider the implications for our statement if we become aware of any apparent misstatements or material inconsistencies with the summary financial statement. The other information comprises only the Annual Governance Statement, the Chairman and Chief Executive's Statement, the Directors' Report, and the Governance Report.

This statement, including the opinion,

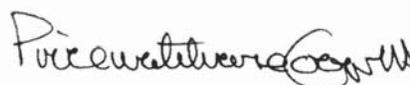
has been prepared for, and only for, the Board of Governors of Doncaster and Bassetlaw Hospitals NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 (the Act) and for no other purpose. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this statement is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

We conducted our work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board. Our report on the Trust's full annual statutory financial statements describes the basis of our audit opinion on those financial statements, the Directors' Report and the Directors' Remuneration Report.

Opinion

In our opinion the summary financial statement is consistent with the full annual statutory financial statements and the Annual Report of Doncaster and Bassetlaw Hospitals NHS Foundation Trust for the year ended 31 March 2013 and complies with the relevant requirements of the directions issued by Monitor.

We have not considered the effects of any events between the date on which we signed our report on the full annual statutory financial statements 29 May 2013 and the date of this statement.



PricewaterhouseCoopers LLP
Chartered Accountants and Statutory
Auditors
Leeds

Date: 29 August 2013

Notes:

- (a) The maintenance and integrity of the Doncaster and Bassetlaw Hospitals NHS Foundation Trust website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the full annual financial statements or the summary financial statement since they were initially presented on the website.
- (b) Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Directors' Statement

The auditors have issued unmodified opinions on the full annual statutory financial statements; the part of the directors' remuneration report that is described as having been audited; and on the consistency of the directors' report with those annual financial statements.

The auditors' report on the full statutory annual financial statements contained no statement on any of the matters on which they are required, by the Audit Code for NHS Foundation Trusts, to report by exception.

5 Summary financial statements

Foreword to the summary financial statements

These statements are a summary of our full accounts for 2012/13. Copies of our full accounts, including accompanying notes that provide further detail, are available on request from the Director of Finance, Finance Department, Doncaster and Bassetlaw Hospitals NHS Foundation Trust, Doncaster Royal Infirmary, Armthorpe Road, Doncaster, DN2 5LT.

These summary financial statements have been approved by the Board. The independent auditor's statement on the summary financial statements is included. The auditor's opinion on the full accounts was not qualified by any exceptions.



Mike Pinkerton
Chief Executive
24 May 2013

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2013

	2012/13 £000	2011/12 £000
Operating income	341,651	335,759
Operating expenses	(332,666)	(326,443)
Operating surplus	8,985	9,316
Finance costs:		
Finance income	206	222
Finance costs	(181)	(203)
Public dividend capital dividends payable	(5,525)	(5,293)
Net finance costs	(5,500)	(5,274)
Surplus for the year	3,485	4,042
Other comprehensive income		
Revaluation gains/(losses) on property, plant and equipment	(7,109)	2,683
Total comprehensive income for the year	(3,624)	6,725

5 Summary financial statements

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2013

	31 March 2013 £000	31 March 2012 £000
Non-current assets		
Intangible assets	1,055	1,566
Property, plant and equipment	176,828	177,113
Trade and other receivables	1,230	1,187
Total non-current assets	179,113	179,866
Current assets		
Inventories	2,972	3,438
Trade and other receivables	16,128	14,991
Trade and other receivables	11,207	14,054
	30,307	32,483
Non-current assets held for sale	630	1,180
Total current assets	30,937	33,663
Total assets	210,050	213,529
Current liabilities		
Trade and other payables	(25,300)	(23,454)
Borrowings	(475)	(427)
Provisions	(2,765)	(4,055)
Tax payable	(4,255)	(4,078)
Other liabilities	(143)	(402)
Total current liabilities	(32,938)	(32,416)
Total assets less current liabilities	177,112	181,113
Non-current liabilities		
Borrowings	(3,033)	(3,341)
Provisions	(1,010)	(1,079)
Total non-current liabilities	(4,043)	(4,420)
Total assets employed	173,069	176,693
Financed by taxpayers' equity:		
Public dividend capital	122,632	122,632
Revaluation reserve	31,829	38,938
Income and expenditure reserve	18,608	15,123
Total taxpayers' equity	173,069	176,693

The summary financial statements were approved by the Board on 24 May 2013 and signed on its behalf by:



Mike Pinkerton, Chief Executive

5 Summary financial statements

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2013

	Public dividend capital (PDC)	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Balance at 1 April 2011	122,632	36,720	10,616	169,968
Changes in taxpayers' equity for 2011/12				
Surplus for the year	0	0	4,042	4,042
Revaluation gains on property, plant and equipment	0	2,683	0	2,683
Transfers to the income and expenditure account in respect of assets disposed during the year	0	(465)	465	0
Balance at 31 March 2012	122,632	38,938	15,123	176,693
Changes in taxpayers' equity for 2012/13				
Surplus for the year	0	0	3,485	3,485
Revaluation losses on property, plant and equipment	0	(7,109)	0	(7,109)
Balance at 31 March 2013	122,632	31,829	18,608	173,069

5 Summary financial statements

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2013

	2012/13 £000	2011/12 £000
Cash flows from operating activities		
Operating surplus	8,985	9,316
Depreciation and amortisation	8,123	7,516
Impairments	1,100	309
Other non cash movements	102	44
Decrease in inventories	466	212
(Increase) in trade and other receivables	(1,085)	(2,965)
Increase/(decrease) in trade and other payables	3,403	(4,162)
Increase/(decrease) in tax payable	177	(175)
(Decrease) in other current liabilities	(178)	(428)
(Decrease)/increase in provisions	(1,385)	278
Net cash inflow from operating activities	19,708	9,945
Cash flows from investing activities		
Interest received	206	222
Purchase of intangible assets	(176)	(318)
Purchase of property, plant and equipment	(16,544)	(14,215)
Receipts from disposal of plant, property and equipment	30	660
Net cash outflow from investing activities	(16,484)	(13,651)
Net cash inflow/(outflow) before financing	3,224	(3,706)
Cash flows from financing activities		
Loans received	191	0
Loans repaid	(451)	(426)
Interest paid	(148)	(164)
Public Dividend Capital dividends paid	(5,663)	(4,918)
Net cash outflow from financing	(6,071)	(5,508)
Net decrease in cash and cash equivalents	(2,847)	(9,214)
Cash and cash equivalents at 1 April	14,054	23,268
Cash and cash equivalents at 31 March	11,207	14,054

Appendix 1: Sustainability report

The Trust is committed to reducing our impact on the environment. Delivering world-class health services over several hospital sites has an unavoidable impact on the environment, so we have transformed the way we operate in order to improve health, conserve energy and reduce carbon emissions.

All trusts across the NHS are expected to reduce their estate running costs and carbon emissions, and at Doncaster and Bassetlaw Hospitals we are aiming high – reducing our impact on the environment and demonstrating good corporate citizenship by reducing carbon dioxide emissions to 80% below 2007 levels by 2050.

In 2012/13, further investment in energy efficiency measures included a £283,000 capital allocation for Invest to Save energy and carbon reduction schemes with anticipated cost savings of £158,000 and carbon savings of 696 tonnes:

- Energy-saving measures included low-energy lighting including LED technology and new energy efficient plate heat exchanger heating and hot water systems and controls.
- Introduction of personal computer control to allow closedown when not in use.
- Improvements in the energy procurement strategy, achieving lower unit costs.

We have significantly reduced the cost of energy over the last year through a number of initiatives. The energy centre is regulated for carbon emissions under the European Union Emission Trading Scheme. Since the Trust joined the scheme in 2005, we have saved 17,800 tonnes of carbon emissions against the allocation received.

In 2005, 12,549 tonnes of carbon were emitted, compared with 7,723 in 2012. In 2012, we achieved the Carbon Saver Gold Standard accreditation, which recognises good practice in carbon measurement, management and minimisation of emissions. Our energy conservation efforts have delivered technical improvements including top-range building services controls and Combined Heat and Power (CHP), and an environmental awareness campaign for staff. The Environmental Awareness Campaign is supported by the Carbon Trust and aims to raise awareness and achieve energy savings through everyday actions. A campaign team has been established and volunteer Energy and Environmental Representatives recruited, trained and supported to reduce our impact on the environment.

We were one of the first health organisations to appoint a dedicated Waste Manager, responsible for minimising waste and complying with legislation. We received aid through the Resource Efficiency for Yorkshire for innovation in a low-carbon economy, and joined a number of innovative low-carbon economy initiatives.

Water boreholes, developed in previous years at our three main hospital sites, have saved over £100,000 a year since installation. New water conservation measures will be introduced as part of the Carbon Management Strategy, allowing us to build upon previous success to further benefit of the environment.

Performance of the CHP against environmental targets was in line with the government's Energy and Climate Change Strategy 2000-2010. Doncaster and Bassetlaw Hospitals by far exceeded targets set by the Government.

Appendix 1: Sustainability report

Our Carbon Management Strategy approved for 2010/15, will continue to reduce energy use and CO₂ emissions. The strategy for sustainable management of energy, water, transport, waste and procurement makes a significant commitment to sustainability.

Measure	Government target	Trust over-achievement compared with expected outcome
Reduction in primary energy	15%	21.5%
Reduction in CO ₂ emissions	20%	39%
Reduction in sulphur dioxides	83%	99%

Review and implementation of energy savings and environmental improvements are managed by an Energy and Environmental Working Group, and a Board lead for sustainability and carbon reduction has been appointed. The Trust Board has approved capital investments for energy, Invest to Save measures and carbon reduction. The in-house capital design team complies with a carbon management strategy for all new healthcare buildings and refurbishments to achieve a minimum of a 'very good standard' for refurbishments and 'excellent' or new buildings.

As a member of the Government's Carbon Reduction Commitment (CRC) Energy Efficiency Scheme, the Trust is required to report annually to the Department of Energy and Climate Change on its carbon emissions.

The Trust's CRC reported emissions for 2011/12 was 13,837 tonnes. This represents a reduction in emissions of 5% from the previous year. The Trust is placed in the top 24% of good-performing organisations as measured by the CRC performance league table published by the Environment Agency.

Sustainability report

Area		Non-financial data (appropriate metric)				
		2008/09	2009/10	2010/11	2011/12	2012/13
Waste minimisation and management	<ul style="list-style-type: none"> • Absolute values for total amount of waste produced by the Trust • Methods of disposal (optional) 	2099 tonnes <ul style="list-style-type: none"> • Incineration • Alternative treatment • Landfill • Recycling 	2182 tonnes	2014 tonnes <ul style="list-style-type: none"> • Incineration • Alternative treatment • Landfill • Recycling 	1875 tonnes <ul style="list-style-type: none"> • Incineration • Alternative treatment • Landfill • Recycling 	1796 tonnes <ul style="list-style-type: none"> • Incineration • Alternative treatment • Landfill • Recycling • Recovery • Re-use
Finite resources	<ul style="list-style-type: none"> • Water • Electricity • Gas • Other energy consumption 	<ul style="list-style-type: none"> • 250,000m³ • 54,000 GJ • 194,267 GJ • None 	<ul style="list-style-type: none"> • 299,852 m³ • 62,780 GJ • 223,841 GJ • None 	<ul style="list-style-type: none"> • 254,515m³ • 76,712GJ • 229,160GJ • None 	<ul style="list-style-type: none"> • 286,523m³ • 76,971GJ • 203,332GJ • None 	<ul style="list-style-type: none"> • 142,155m³ • 55,192GJ • 211,252GJ • None

Area		Financial data (£k)				
		2008/09	2009/10	2010/11	2011/12	2012/13
Waste minimisation and management	<ul style="list-style-type: none"> • Expenditure on waste disposal 	£571,964.23 (ERIC figures)	£543,671.48 <ul style="list-style-type: none"> • Incineration • Alternative treatment • Landfill • Recycling 	£644,742.80 <ul style="list-style-type: none"> • Incineration • Alternative treatment • Landfill • Recycling 	£633,862.52 <ul style="list-style-type: none"> • Incineration • Alternative treatment • Landfill • Recycling 	£579,727 <ul style="list-style-type: none"> • Incineration • Alternative treatment • Landfill • Recycling • Recovery • Re-use
Finite resources	<ul style="list-style-type: none"> • Water • Electricity • Gas • Other energy consumption 	Total cost of energy and utilities ERIC £3,341.39	£3,101,101	£2,975,275	£3,486,755	£3,413,188

The text of this document is available in large print on request.

We also welcome feedback on the format and content of the report. Contact the Communications team on 01302 647020 or contact@dbh.nhs.uk if you would like a hard copy or have any comments.



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