Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Quality Accounts 2021/22

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4)(a) of the National Health Service Act 2006

Chief Executive's statement

As we have reflected within our Annual Report, 2021/22 has been a challenging year for the Trust, with all our quality indicators impacted in some way by COVID-19 and pressures stemming from the pandemic.

As you will see in the pages that follow, we have achieved some of the objectives that we set ourselves in 2021/22, maintaining performance in others and narrowly missing some.

Due to the difficulties we are currently facing and the nature of the coronavirus transmission in South Yorkshire and Bassetlaw, we experienced several waves of increased activity throughout the year, and subsequently had to remodel our priorities. Despite this, we believe that the fact that our quality indicators are broadly like the levels of national performance, should be viewed as an achievement in and of itself.

The impact of the pandemic means that much of the time we would have spent innovating, or driving through changes, has been allocated elsewhere as we mustered an 'all-hands-on-deck' approach particularly during the peaks of activity, which have in many cases been more severe than was seen in the early stages of the pandemic. The impact of COVID-19 has also been reflected in mortality rates which were higher than expected (a picture also seen nationally).

Regardless of COVID-19 however, there are still areas where we can improve, as outlined in the incidences of 'Never Events' and MRSA colonisation, and work is underway to improve this, and we will endeavour throughout the next year to make any necessary improvements particularly as the pandemic continues to recede.

It is important that we understand what has gone well in 2021/22, what could have gone better, and where we need to focus our efforts. All of this must also take place whilst we look to recover our activity levels, reduce our waiting lists, and improve the safety, quality, and responsiveness of our services particularly in the areas where challenges have been exacerbated by the difficulties presented by the pandemic.

As a final note as we look towards the future, in many ways 2022/23 will be a unique year, and while we will push towards further improvements and enhancements, COVID-19 recovery will, and has, impacted upon what we are able to achieve. To the best of my knowledge, the information in this Quality Account is accurate.

Richard Parker OBE
Chief Executive
20 June 2022

Looking forward to our priorities for improvement in 2022/23

Our priorities for the next financial year will align with our updated Trust five-year strategy for 2022 to 2027. At the time of writing this document is not yet available, therefore we are unable to share our full objectives. We will however share the report as soon as we can here: https://www.dbth.nhs.uk/about-us/our-publications/

Furthermore, we will align our improvements in quality standards to our Acting Chief Nurse and Executive Medical Director's annual objectives, specifically:

- Demonstrate Improvements in governance, management information, systems and processes to improve performance against the CQC Acute Insight Standards.
- Demonstrate delivery of the standards required to achieve Outstanding in the CQC domain.
- Demonstrate delivery of the standards required to achieve Good in the CQC domain – are services safe? Specifically:

    1. Develop and implement a Quality Framework which shapes the delivery of improvements in patient safety and experience.
    2. A 20% reduction in falls causing medium – severe harm.
    3. Achieve compliance with the National Perinatal Framework and Ockenden recommendations.
    4. Deliver national access standards for cancer diagnosis and treatment.
    5. Deliver national access standards for elective and diagnostic care.
    6. Deliver urgent and emergency care access standards.
    7. Ensure that the patient and carer voice is listened to by delivering co-produced outcomes.
    8. Celebrate, share and promote good practice.

In identifying and drafting these preliminary priorities for improvement for 2022/23 the Trust has taken into account the views of:

- **Patients and their care outcomes**: Via patient surveys and complaints monitoring.
- **Staff**: Reports on clinical outcomes and incident reporting.
- **Commissioners:** Via quality meetings and contractual arrangements.
- **Service users:** Via the work of the Patient Experience and Engagement Committee and priorities identified in analysis of key themes.

Looking back on our priorities for improvement in 2021/22

Over the last year we have made substantial improvements in delivering harm-free-care. The quality standards are rolled over from last year.

Key ☆ = target achieved → = close to target < = behind plan

Patient safety quality improvement targets	Target 2021/22	Actual 2021/22	Progress
Take a zero-tolerance approach to Never Events	0	1	<
Reduce the number of healthcare associated infections (MRSA bacteraemia)	0	2	<
Reduction in patients suffering moderate and severe harm from an inpatient fall	<40	52	<
Reductions in category three hospital acquired pressure ulcers	<50	46	☆

Clinical effectiveness quality improvement targets	Target 2021/22	Actual 2021/22	Progress
Reduce the number of deaths which may have been preventable - Hospital Standardised Mortality Ratio (HSMR)	<100	102.71	<
Reduce the number of deaths which may have been preventable - Summary Hospital-level Mortality Indicator (SHMI)	100	111.61	<
Reduce the number of missed hospital appointments	<10%	9.75%	☆

Patient experience quality improvement targets	Target 2021/22	Actual 2021/22	Progress
Reduce the number of complaints relating to staff attitude and behaviour	5% reduction based on 2020/21 outturn	66%	☆
Reduction of noise at night for patients (to minimise disturbed sleep)	70%	No data Survey's not completed	N/A
Ensure patients feel involved with decisions about their care	95%	No data Survey's not completed	N/A

Achievements against quality improvement priorities 2021/22

Quality improvement 1 – Patient safety

Take a zero-tolerance approach to "Never Events"

These are largely preventable patient safety incidents that should not occur if preventative measures have been implemented within the Trust

Outcome = One case, target NOT achieved.

Never Events are defined by the National Patient Safety Agency (NPSA) as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.'

Period	Number of incidents reported*
2015/16	2
2016/17	1
2017/18	0
2018/19	1
2019/20	4
2020/21	4
2021/22	1

During 2021/22 there was one 'Never Event'. This is a significant reduction from the previous years, however work still needs to be done to ensure that there are none.

The Trust has an incident reporting system that specifically enables any member of staff to highlight never events or serious incidents, so that any potential case can be reviewed rapidly. This provides a culture of openness and the duty of candour to our patients. The Never Event in 2021/22 related to:

1. **Retained guidewire**
A guidewire was retained post femoral line insertion. Femoral lines are used for dialysis. This incident resulted in moderate harm to the patient.

Progress, Monitoring & Reporting: The learning from root cause analysis which follows any such events is shared Trust-wide to ensure a Never Event does not happen again in the future. Reporting to the Board of Directors takes place monthly.

Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems. This data is governed by: National definitions

Quality improvement 2 – Patient safety

To reduce levels of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia

Why = the Trust wishes to ensure the safest possible care for patients by reducing the number of healthcare acquired infections.

Outcome = Two Cases, target NOT achieved.

Year	Number of reported cases
2012/13	2
2013/14	2
2014/15	2
2015/16	2
2016/17	3
2017/18	2
2018/19	0
2019/20	2
2020/21	2
2021/22	2

With the COVID-19 pandemic gradually resolving, we are focused on the actions which were taken in late 2017 through 2018 and 2019 and which led to the achievement of zero MRSA bacteraemia's for greater than 700 days, and then a period of 340 days:

I. Identifying on admission all previously colonised patients with MRSA, and ensuring if on antibiotic to treat an infection/sepsis they also have anti-MRSA antibiotic, we also advise the use of oral antibiotics if possible to reduce risk of intravenous devises with the increases risk.
II. Visual Infusion Phlebitis (VIP) scores are monitored closely and documented in clinical notes to initiate prompt action on their removal if early sign of phlebitis or infection at the cannula sites.
III. Early initiation and completion of decolonisation treatments and ensuring repeat screening results negative.
IV. Continue to promote the non-touch technique (NTT) when taking blood cultures to reduce risk of picking up skin flora organism during blood culture procedures in septic patients

Progress, Monitoring & Reporting: Dashboards are completed for the monitoring and reporting of HCAIs. Reporting to the Board of Directors takes place monthly.

Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems. This data is governed by: National definitions

Quality improvement 3 – Patient safety

Reduction in patients suffering moderate and severe harm from an inpatient fall

Outcome = There were 52 falls which resulted in moderate or severe harm reported during 2021/22 – Target NOT achieved

Year	Moderate/Severe Harm
2019/20	46
2020/21	33
2021/22	52

This year, 1,378 patients have fallen, of which 52 resulted in moderate or severe harm.

In comparison to 2020/21 there were 1,388 falls overall, of which 33 falls resulted in moderate and severe harm.

This means we have seen a 0.7% decrease in identified falls but a 58% increase in falls which have led to moderate and severe harm. Following review, there appears to be a link to restricted visiting and less involvement from family and friends during a patient's hospital stay (meaning individuals are more prone to deconditioning or getting up and moving about unaccompanied. Visiting restrictions have been largely rescinded as of June 2022.

Our 'Learning from Falls' panel extracts learning from these cases, which is sent out to all ward managers, matrons and divisional directors of nursing as live as possible. A year-end collation of themes is also shared across the Trust so the falls accreditation can be based around local learning.

The new Holistic Care Team launched in mid-2021, with the support if the Quality Improvement (Qi) team. The Holistic Care Team includes a falls prevention practitioner, lead dementia nurse along with a multi-disciplinary team. The current focus is working with the 10 wards with the highest number of falls. The team have also worked to introduce visual aids for patients at risk of a fall, such as yellow slippers and blankets to aid in overall efforts.

Progress, Monitoring & Reporting: Reporting to the Board of Directors takes place monthly.

Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems. This data is governed by: National definitions.

Quality improvement 4 – Patient safety

Reduction in category three hospital acquired pressure ulcers (HAPU).

Outcome = There were 46 hospital acquired category 3 pressure ulcers reported during 2021/22 – Target achieved.

Year	Number of category 3 pressure ulcers
2019/20	57
2020/21	56
2021/22	46

There were 46 Category 3 hospital acquired pressure ulcers reported during 2021/22, a reduction of 25% from last year, and inline with our target.

This progress is the result of an established 'Learning from HAPU' panel which extracts learning from reported cases. The learning is circulated to all ward managers, matrons and divisional directors of nursing.

An annual collation of themes is also shared across the Trust so the Skin Integrity accreditation is based around local learning.

Progress, Monitoring & Reporting: Reporting to the Board of Directors takes place monthly.

Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems. This data is governed by: National definitions.

Quality improvement 5 and 6 – Clinical effectiveness

Reduce the number of deaths which may have been preventable

Implementing a system for continuous review of Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) will support achievement of no avoidable deaths and no avoidable harm to patients.

Outcome = HSMR: 102.71 (Jan 21 – Dec 21) SHMI 111.61 (Jan 21 – Dec 21). Target NOT achieved.

Year	HSMR	SHMI
2013	111.12 (Jan 13 – Dec 13)	108.47 (Oct 12 – Sep 13)
2014	108.68 (Jan 14 – Dec 14)	112.88 (Oct 13 – Sep 14)
2015	95.62 (Jan 15 – Dec 15)	105.7 (Oct 14 – Sep 15)
2016	91.08 (Jan 16 – Dec 16)	102 (Dec 15 – Nov 16)
2017	87.42 (Jan 17 – Dec 17)	101 (Dec 16 – Nov 17)
2018	92.43 (Jan 18 – Dec 18)	101 (Jan 18 – Dec 18)
2019	99.25 (Jan 19 – Dec 19)	111 (Jan 19 – Dec 19)
2020	109.14 (Jan 20 – Dec 20)	112 (Jan 20 – Dec 20)
2021	102.71 (Jan 21 – Dec 21)	111.61 (Jan 21 – Dec 21)

Over the last 12 months the overall HSMR has remained within the expected range however, as with last year, a surge in COVID-19 in the spring and autumn resulted in peaks of mortality which means we are a little off target, but much better than the year previous.

Case mix continues to be challenging with an ageing population and high level of co-morbidity as evidenced in the depth of coding.

The SHMI, which includes deaths outside hospital within 30 days of discharge also remains in the expected range. The SHMI is always higher than the HSMR as it makes no adjustments for palliative care.

Progress, Monitoring & Reporting: Monitoring of the Trust HSMR and SHMI continues through the Mortality Monitoring Group. Reporting to the Board of Directors takes place monthly.

Data Source: HED, this data is governed by: National definitions.

Quality improvement 7 – Clinical Effectiveness

Reduce the number of missed hospital appointments

Outcome = 9.75% did not attend rate within the Trust, target achieved.

In 2017, it was highlighted that the Trust was in the bottom 20% of Hospital Trust for performance in patient did not attend (DNA). With over 500,000 hospital appointments each year, over 50,000 appointments are missed. The impact of missed appointments results in significant waste in precious clinical services, reduced patient experience, impact on patient waiting times and financial risk.

The Trust has therefore undertaken a missed appointments improvement project in partnership with Healthwatch Doncaster to engage with people in Doncaster and Bassetlaw to understand why people miss their hospital appointment and to learn how, together, we can improve our services and overall patient experience. An evaluation report was produced with a number of recommendations. These recommendations were supported by the Trust Board and partnering organisational boards. An action plan was developed and a monthly steering group was formed to drive forward the recommendations.

Much of this work continued throughout the pandemic, however, during spikes of COVID-19 we had to revaluate some of our activity, making use of clinical capacity as appropriate, meaning that some appointments were moved and rescheduled to a later time.

In May 2021, we have launched our digital letters system, as well as brought our reminder service back online and, as the pandemic continues to recede, we anticipate further improvements in our DNA rate.

Year	Actual Performance
2017/18	10.7%
2018/19	10.3%
2019/20	10.3%
2020/21	10.4%
2021/22	9.75

Progress, Monitoring & Reporting: Monthly reporting to Clinical Governance Committee.

Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems. This data is governed by: National definitions.

Quality improvement 8 – Patient experience

Reduce the number of complaints relating to staff attitude and behaviour

Good attitude and behaviour is paramount to providing a good quality service and patient experience. This also relates to the families and visitors of patients, and reinforces out Trust values.

Outcome= 61, target achieved.

In the Quality account for 2021/22 there was an objective to have a 5% reduction of complaints relating to staff attitude and behaviour, which stood at 181.

In 2021/22, the Trust in fact managed to achieve this target, reducing such complaints by 66% to an overall number of 61. Of these only 13 were partly or fully upheld, representing a very significant reduction.

Some of this reduction reflects the 'Sharing How We Care' work we have undertaken, which underlines patient safety and experience within monthly newsletters and annually events. It will also be a natural result of fewer visitors into services.

Progress, Monitoring & Reporting: Reporting monthly to the Patient Experience & Engagement Committee and quarterly to the Clinical Governance Committee

Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems. This data is governed by: National definitions

Quality improvement 9 – Patient experience

Reduction of noise at night for patients (to minimise disturbed sleep)

Outcome = Not observed due to COVID-19 pandemic.

The Trust continues to work to reduce unnecessary noise at night, with the Sleep Helps Healing (SHH) campaign, raising awareness with all Trust staff of the importance of rest for patients while in hospital. Work will be picked back up following COVID-19 pandemic.

Progress, Monitoring & Reporting: Reporting monthly to the Patient Experience & Engagement Committee and quarterly to the Clinical Governance Committee

Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems. This data is governed by: National definitions

Quality improvement 10 – patient experience

Ensure patients feel involved with decision about their care

Outcome = Not observed due to COVID-19 pandemic

Bedside information has been in place for three years and is available for every inpatient to be able to read and feel informed about decisions in care. We will also be undertaking further work in 2022/23 to ensure that this work continues to progress and monitoring is back in place.

Progress, Monitoring & Reporting: Reporting monthly to the Patient Experience & Engagement Committee and quarterly to the Clinical Governance Committee

Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems. This data is governed by: National definitions