

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust  
**Quality Accounts 2022/23**

## Chief Executive's statement

As we have reflected within our Annual Report, 2022/23 has been another transitional year for the Trust, with all our quality indicators continuing to be, in some way, impacted by COVID-19 and pressures which have followed in the wake of the pandemic.

As you will see in the pages that follow, we have achieved some of the objectives that we set ourselves in 2022/23, broadly maintaining performance in others and narrowly missing achieving our objectives in others.

Whilst the acute phases of the pandemic have largely passed, in 2022/23 the Trust experienced one of its most difficult autumn and winter and this in turn impacted upon the organisation's ability to carve out time for improvement projects above and beyond business as usual.

Increased activity has meant that much of the time we would have spent driving improvement, driving through changes and innovating had to be allocated elsewhere as we managed the challenges. This was particularly true during the peaks of activity, which have in many cases been more severe than was seen in the early stages of the pandemic COVID-19 has combined with flu, norovirus, and other seasonal illnesses.

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

It is important that we understand what has gone well in 2022/23, 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.

Finally, within this report you will see an update on our Quality Strategy, which will be published soon. This will reflect some of the changes in leadership we have achieved this year, and outline our ambitions for the future. In all, we hope this will mean a very different picture for next year, with updated indicators, success measures and activity.

To the best of my knowledge, the information in this Quality Account is accurate.



Richard Parker OBE  
Chief Executive  
22 June 2023

## Looking forward to our priorities for improvement in 2023/24

Our priorities for the next financial year will align with our updated Trust five-year strategy for 2023 to 2027 – with relevant quality indicators attributed.

At the time of writing this document this was not yet finalised, 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/>

The strategy, which at the time of writing is nearing publication, has been drafted in line with the NHS Long Term Plan (2019) and adopts the National Quality Board's definition of quality within the health service, which is summarised as the following:

- Safe
- Effective
- Positive experience
- Well-led
- Sustainability resourced
- Equitable

The new strategy will also support the Trust's overall vision to be the 'Safest Trust in England, outstanding in all that we do'. To achieve this, we have organised the plan into five themes, each with a number of objectives and success measures. These are:

**Patient safety** – This includes:

- Implementation of the Patient Safety Incident Response Framework (PSIRF).
- Improving learning for incidents and deaths.
- Implementing relevant national frameworks.
- Enhancing workforce modelling and Safe Staffing.

**Patient experience** – This includes:

- Enhancing our means of engagement with patients and stakeholders.
- Embedding patient involvement in the design of our services, procedures, policies and governance.
- Reviewing how we handle complaints and escalation.
- Celebrating achievements.

**Clinical effectiveness** – This includes:

- Participation in national audits and similar schemes.
- Embedding of Quality Improvement methodologies.
- Further developing links with Research and Innovation.
- Developing and enhance quality measures across services.

**Fundamentals of care** – This includes:

- Reducing preventable harms such as falls, pressure ulcers and infection.
- Providing person centred care across all of our health settings.
- Empowering patients in their recovery journey to prevent deconditioning.
- Following best practice and evidence-based principles of care to ensure these are embedded at all levels.

**Care of our most vulnerable patients** – This includes:

- Development of a strategy to support colleagues to recognise and assess the needs of vulnerable patients and groups to reduce inequality.
- Improving documentation and recording of those who may have additional needs.
- Supporting teams in the understanding and application of the relevant principles of the Mental Health Capacity Act and other relevant guidance.

**Care planning and documentation** – This includes:

- Ensuring our care plans feature person centred care goals, agreed with patients.
- Embracing digital technology, such as an electronic patient record.
- Implementing national documentation standards to ensure consistent and accurate recording of information.
- Creating a culture of ‘effectiveness’ and apply this to ward rounds, safety huddles and multi-disciplinary meetings.

In identifying and drafting these priorities for improvement for 2023/24 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.

Our intention is to produce a much different report in 2023/24 to reflect the above work, and the indicators inherent within the strategy.

## Looking back on our priorities for improvement in 2022/23

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 2022/23	Actual 2022/23	Progress
Take a zero-tolerance approach to Never Events	0	2	→
Reduce the number of healthcare associated infections (MRSA bacteraemia)	0	1	→
Reduction in patients suffering moderate and severe harm from an inpatient fall	<40	47	<
Reductions in category two and higher hospital acquired pressure ulcers	<20%	37%	☆

Clinical effectiveness quality improvement targets	Target 2022/23	Actual 2022/23	Progress
Reduce the number of deaths which may have been preventable - Hospital Standardised Mortality Ratio (HSMR)	<100	107.95	<
Reduce the number of deaths which may have been preventable - Summary Hospital-level Mortality Indicator (SHMI)	100	117.91	<
Reduce the number of missed hospital appointments	<10%	11.52%	<

Patient experience quality improvement targets	Target 2022/23	Actual 2022/23	Progress
Reduce the number of complaints relating to staff attitude and behaviour	5% reduction based on 2021/22 outturn	24%	☆

## Achievements against quality improvement priorities 2022/23

### 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 = Two cases, 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*
2017/18	0
2018/19	1
2019/20	4
2020/21	4
2021/22	1
2022/23	2

During 2022/23 there were two ‘Never Events’. This is an increase from the previous years, highlighting that 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 2022/23 related to:

#### 1. Retained guidewire from a chest drain

Omitted to complete post-procedure chest x-ray following chest drain insertion with guidewire retained as a result. Harm graded as moderate.

#### 2. Wrong site nerve block

Planned awake supraclavicular nerve block of the right arm followed by a general anaesthetic (GA) for open reduction internal fixation. Nerve block administered on left arm. Harm graded as low.

**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** = One case, target NOT achieved.

Year	Number of reported cases
2015/16	2
2016/17	3
2017/18	2
2018/19	0
2019/20	2
2020/21	2
2021/22	2
2022/23	1

By 1 March 2023, the Trust had reached over 700 days without incidence of a hospital-acquired MRSA infection. Unfortunately, a case was reported later in the month. Regardless, this shows improvement, and we hope to build upon this within 2023/24 as we continue to embed good practice, namely:

- I. Identifying on admission all previously colonised patients with MRSA, and ensuring if on antibiotics 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 devices with the increased 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 aseptic non-touch technique (ANTT) 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 Health Care Associated Infections. 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 47 falls which resulted in moderate or severe harm reported during 2022/23 – Target NOT achieved**

Year	Moderate/Severe Harm
2019/20	46
2020/21	33
2021/22	52
2022/23	47

While the target has not been met, we have seen a reduction in the number of falls resulting in harm, and we believe this is a result of the recent changes we have implemented.

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.

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

Reducing preventable harms is one of the themes of the Trust’s new Quality Strategy and will be a major focus for the organisation in 2023/24, as well as embedding learning from those times when things haven’t gone right.

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

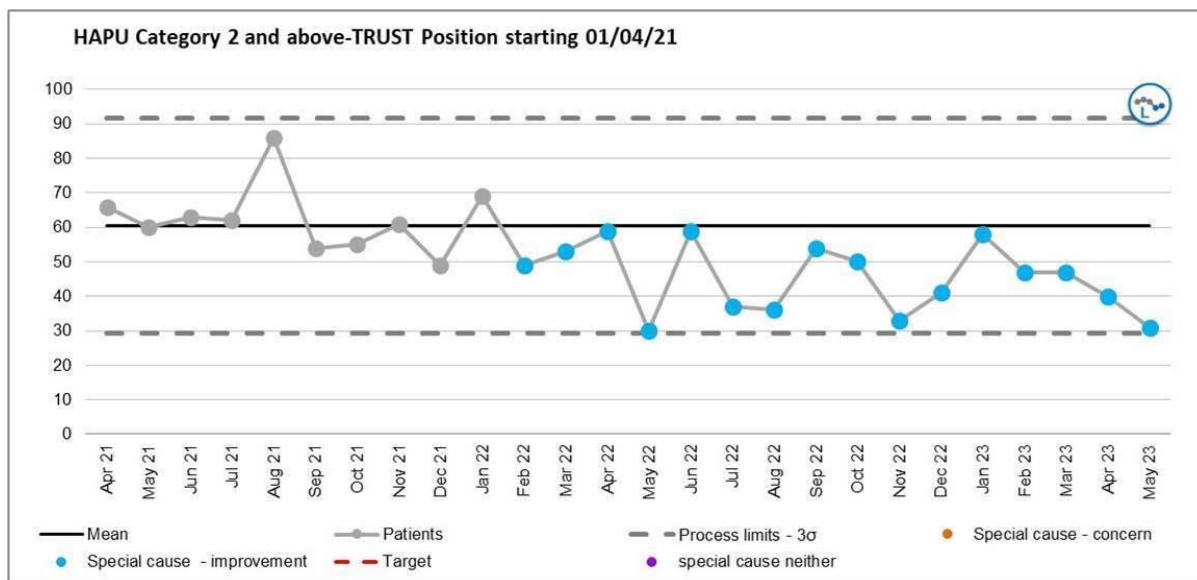
**Data Source:** Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems. This data is governed by: National definitions.



## Quality improvement 4 – Patient safety

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

Outcome = We have achieved a 37% reduction over two years for category 2 and above hospital acquired pressure ulcer (when broken down this was 42% reduction in category 2 and a 6% reduction in category 3/unstageable/uncategorisable/4) – Target achieved



The Skin Integrity Team (SIT) exceeded their 20% reduction of hospital acquired pressure ulcers at category two or above by end of March 2023, and now continue their Quality Improvement programme of achieving a 50% reduction of hospital acquired pressure ulcers at category two or above by March 2025.

To aid in this task, the Trust has established 'Learning from HAPU' panel which extracts learning from reported cases. The learning is circulated to all ward managers, matrons and divisional nurses.

An annual collation of themes is also shared across the Trust to ensure that 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: 107.95 and SHMI 117.91 – outcome 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)
2022	107.95 (Apr 22 - Feb 23)	117.91 (Apr 22 - Feb 23)

We had higher HSMR scores in August and September 2022 but since February this has improved with us seeing observed deaths being less than expected.

Like with HSMR we did see increased SHMI scores in September and October, SHMI scores are delayed from HSMR as they take into account deaths in the community, but we have seen the score decrease since December 2022.

We expect our mortality rates to reduce as we move further away from the pandemic.

**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 = 11.52% did not attend rate within the Trust, target achieved.**

In 2017, it was highlighted that the Trust was in the bottom 20% of Hospital Trusts for performance in the patient did not attend (DNA) metric. 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 peaks of COVID-19 we had to re-evaluate some of our activity, making use of clinical capacity as appropriate, meaning that some appointments were moved and rescheduled to a later time.

Furthermore, with uncertainty related to industrial action, we know that some appointments have been missed and we hope to reduce this figure in 2023/24.

Year	Actual Performance
2017/18	10.7%
2018/19	10.3%
2019/20	10.3%
2020/21	10.4%
2021/22	9.75
2022/23	11.52%

**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 our Trust values.**

**Outcome= 24%, 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.

Similarly, in 2022/23, we managed to improve this figure once again, reducing to just 24% of overall complaints received.

This improvement has been delivered gradually over a period of years and is the result of numerous schemes and initiatives aimed at reducing the number of complaints regarding staff behaviour.

In 2023, the Trust appointed a Head of Patient Experience, Involvement and Engagement, and we hope to see further improvements in the year ahead.

**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