

Doncaster and Bassetlaw Teaching Hospitals

Quality Accounts 2023/24



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Chief Nurse's statement

It is with great pleasure that I present to you the Quality Account for 2023/24.

This document marks the inaugural year of our newly published Nursing, Midwifery, and Allied Health Professionals (NMAHP) Quality Strategy. This strategy represents a significant milestone for Doncaster and Bassetlaw Teaching Hospitals (DBTH) NHS Foundation Trust, encapsulating our collective commitment to delivering exceptional patient care through continuous improvement and innovation.

The previous year has been pivotal as we transitioned from our former objectives, folding them into this comprehensive strategy, published in February 2024.

This Quality Account not only highlights our strategic priorities but also provides detailed reports on the progress and developments achieved since the strategy's inception.

I am pleased to report that we have made substantial strides in enhancing patient care and safety. Noteworthy developments include the establishment of the Corporate Nursing Senior Leadership Team and the appointment of several Divisional Nurses, who are leading their respective divisions with dedication and expertise.

These leadership enhancements have been fundamental in driving our initiatives forward, ensuring that patient safety and care quality remain at the forefront of our operations.

Our commitment to patient safety is further underscored by the implementation of the Patient Safety Incident Response Framework and the promotion of a Just Culture within our organisation.

I am particularly proud to note that we have registered zero Never Events in the past year, a testament to our rigorous safety protocols and the unwavering commitment of our colleagues.

In addition to these safety advancements, we have focused on improving patient experience by establishing robust feedback mechanisms and engaging with our community to ensure that their voices inform our service improvements. The creation of Family Liaison Officers and the relaunch of initiatives like John's Campaign underscore our dedication to compassionate and inclusive care.

This Quality Account also reflects on our operational achievements, including significant improvements in emergency care, cancer treatment pathways, and diagnostic services. Our commitment to maintaining service continuity during challenging periods, such as industrial actions and the winter surge, has been exemplary.

Furthermore, our efforts in winter period management ensured safe services with minimal elective cancellations, maintaining continuity of care despite seasonal pressures. During periods of industrial action, we successfully maintained essential safe services, demonstrating our resilience and commitment to patient safety.

The successful recruitment of our leadership team within Corporate Nursing and the appointment of Domestic Abuse Advisors have reinforced our strategic vision and operational capacity, further enhancing our support for vulnerable patients.

In nursing and midwifery, the launch of our strategic initiatives and the drafting of the Visitor's Charter marked significant steps forward in patient care and engagement. The implementation of the Professional Nurse/Midwife Advocate role within the Trust has also been key to enhancing patient safety.

Additionally, our achievements in the Clinical Negligence Scheme for Trusts (CNST) Year 5 in the Maternity Incentive Scheme, and the success of our healthcare and support worker transition project, underscore our commitment to excellence.

Looking ahead, we are excited about the continued evolution of our care planning and documentation processes, particularly through the embrace of digital technologies.

The transition to electronic patient records and the focus on personalised care plans will enhance the continuity and quality of care we provide, ensuring that every patient's needs and preferences are meticulously documented and respected.

Our progress is a testament to the hard work and dedication of our entire team. The successes we have achieved are not just milestones but steppingstones toward our ultimate goal of delivering the highest quality of care.

We remain committed to fostering a culture of continuous improvement, learning from our experiences, and adapting to the ever-changing healthcare landscape.

As we move forward, we invite you to join us on this journey.

Your feedback, support, and engagement are invaluable as we strive to exceed expectations and set new standards in patient care. I encourage you to explore this document in detail to gain a comprehensive understanding of our strategic priorities, the progress we have made, and our plans for the future.

Thank you for your continued support and commitment to excellence in patient care.

Karen Jessop

Chief Nurse

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Our priorities for improvement in 2023/24

Last year's Quality Account was a transitional document, and in many ways the same is true in 2023/24.

Our quality priorities are now aligned with our recently published Nursing, Midwifery and Allied Health Professionals Quality Strategy, which is available on the Trust's website (www.dbth.nhs.uk).

This document informs the organisation's quality priorities for the next five years, which are outlined below, and in further detail within this document, as follows:

- **Patient Safety:** Implementing safety frameworks, reducing infections, and improving training.
- **Patient Experience:** Enhancing feedback mechanisms and community engagement.
- **Clinical Effectiveness:** Using evidence-based practices and digital systems.
- **Fundamentals of Care:** Ensuring essential care aspects like nutrition and hygiene.
- **Care of Vulnerable Patients:** Supporting those with complex needs.
- **Care Planning and Documentation:** Embracing digital tools and personalised care plans.

Informing this strategy, and related priorities, are also the following documents:

- NHS Long Term Plan 2019
- Patient Safety Incident Response Framework 2022
- National Quality Board Shared View of Quality 2021
- Patient Safety Strategy 2019
- South Yorkshire Integrated Care System Five Year Plan
- Patient Safety Incident Response Framework supporting guidance Engaging and involving patients families and staff a safety incident 2022
- Just Culture
- Health and Social Care Act 2022 of Integrated Care Board and Integrated Care Systems.

In identifying our priorities, and strategic themes, for improvement, the Trust has taken into account the views of: patients and their care outcomes: patients, colleagues, commissioners and NHS partners, service users.

Note, the document was drafted in 2023, and ratified and published in February 2024.

Nursing, Midwifery and Allied Health Professionals Quality strategy in summary



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Our Nursing, Midwifery and Allied Health Professionals Quality Strategy 2023-27 has been developed over several months at the start of 2023 commencing with a Senior nursing/midwifery and AHP time out to develop the first draft. The strategy builds on previous engagement taken prior to the COVID19 pandemic. Collaboration of the Nursing, Midwifery and AHP teams and sharing across the Trust has led to this final version.

This strategy supports the Trust's vision to be the safest trust in the country, outstanding in all we do, which in turn supports our true north objective to provide outstanding care and improve patient experience.



Our Nursing, Midwifery and Allied Health Professional quality strategy is based on three the dimensions of quality; clinical effectiveness, patient experience and patient safety. This is underpinned by the six strategic themes:

1. Safe

Avoiding harm to patients from care that is intended to help them.

2. Timely

Reducing waits and sometimes harmful delays.

3. Effective

Providing services based on evidence and which produce a clear benefit.

4. Efficient

Avoiding waste.

5. Person-centred

Establishing a partnership between practitioners and patients to ensure care respects patients' needs and preferences.

6. Equitable

Providing care that does not vary in quality because of a persons' characteristics.

Strategic aims

Patient Safety

We will continuously improve our systems and processes to ensure our patients receive high-quality, safe and effective care.

Patient Experience

We will provide compassionate and personalised care which meets the patient's individual needs. We will listen to our patients and their families ensuring their feedback is reflected in new or changes to services.

Clinical Effectiveness

We will ensure our care is provided in a manner which maximises the potential to improve patient outcomes and health, based on evidence based practice, continuous improvement and the monitoring of clinical outcomes.

Fundamentals of care

We will recognise and deliver fundamentals of care so patients receive the quality of care we would wish for our own loved ones.

Care of our most vulnerable patients

We will focus on improving the experience of care for our most vulnerable patients such as those living with dementia, learning disabilities, mental health issues and other health inequalities.

Care planning and documentation

We will embrace digital technology, ensure our patients are partners in their plan of care, and their care plans reflect the latest care needs. Our documentation will always be in line with professional standards and support continuity of care for our patients.

As a Trust, we do not work in isolation and we will continue to work in collaboration with system partners at Place, Integrated Care Board (ICB) and Integrated Care Partnership (ICP) level in the delivery of this Strategy and our wider strategic objectives. As a multi-site Trust, we work collaboratively with partners in both the South Yorkshire and Nottinghamshire systems. We are also proud of our role working with and supporting our local communities as an Anchor organisation and a Cornerstone employer.

Our NMAHPS Quality Strategy is underpinned by a delivery plan, detailing how we will achieve our strategic ambitions and how we will measure our progress and success. This includes quantitative measures such as a range of people data metrics and key performance indicators, triangulated with patient-related metrics where appropriate, as well as qualitative measures such as colleague and learner feedback and external recognition.

Feedback and data from our patient surveys are also important to us, for example friends and family test and our inpatient and maternity surveys. We take a quality improvement approach to our work and, when appropriate, develop and utilise research models.

Patient Experience is the 'golden thread' cutting through all that we do as a Trust. Patient engagement and involvement remains at the heart of everything we do.

This Nursing, Midwifery and Allied Health Professional Quality Strategy will be supported by other enabling Trust strategies and functions, aligned with our True North ambitions. This Strategy will be supported by a robust quality architecture, quality assurance framework and governance processes. The strategy will be supported by a children and young people delivery plan and a maternity delivery plan. Each strategic objective has a detailed delivery plan with a dedicated senior responsible person aligned to each strategic aim.

At DBTH, we have previously taken steps to develop a restorative just and learning culture which understands the impact of Human Factors. We will continue to work with the Just Culture work-streams. We will work in partnership with our peoples business partner teams to ensure we have a joined-up approach linked to the experiences of our people and the safety of our patients, linked with the continued implementation of PSIRF (Patient Safety Incident Response Framework) at DBTH.

[The full strategy document can be viewed on The Hive](#)

Strategic theme 1: Patient Safety

Outlined within our Nursing, Midwifery and Allied Health Professionals Quality Strategy, which is available on the Trust's website (www.dbth.nhs.uk) and was published in mid-2023.

Our aim: We will continuously improve our systems and processes to ensure our patients receive high-quality, safe and effective care.

Objectives:

- Implement the Patient Safety Incident Response Framework and embed its principles.
- Implement learning from patient safety events (LFPSE).
- We will review and learn from incidents and patient deaths.
- Implement national patient safety initiatives.
- Reduce healthcare-acquired infections.
- Increase the numbers of patients screened for, and where relevant, treated for sepsis.
- Patients who deteriorate will be recognized and treated promptly.
- Professional ownership of ward and department modelling and annual workforce review process to meet acuity and dependency requirements.
- Evidence of embedded practice and utilisation of Safe Staffing decision support tools to monitor compliance and professional judgement in regards to maintaining safe staffing.
- Embed Just culture principles.
- Review patient safety governance structures, ensuring board oversight of patient safety risks.
- Ensure staff have appropriate Patient Safety training.
- Recruit Patient safety partners.
- Ensure safeguarding policies in place and implemented.
- Develop and implement a 'Care Excellence' quality framework which increases oversight and accountability.
- Increase the number of no harm incidents reported to identify greater learning.
- Ensure procedures in place to acknowledge, review and act on National safety alerts.

Indicative success measures:

- Increased proportion of staff reporting increasing safety culture in local and national surveys.
- Increased proportion of staff who would recommend the Trust as a place to work or receive care in staff survey.

- Consistently achieving peer median care hours per patient day and submitting nationally required safe staffing reports. Aligning AHP workforce against recommended guidance in specialist areas.
- Proportion of staff who have undertaken the patient safety syllabus training.
- Evidence of shared learning from incidents.
- Patient Safety Partners in post.
- Increase in proportion of clinical incidents with no harm or minimum harm reported.
- Safeguarding policies in place and practise embedded.
- Quality Framework in place.
- Reduced number of patient harms/impact of harm.
- Reporting feedback.
- Establishment/Workforce reduction in vacancy/skill mix reviews.
- Learning from feedback/outcomes.
- CARE and Excellence review meetings.
- Audit and Compliance with Emergency Care Standards.
- Introduction of Quality and Safety seminars.

Strategic theme 2: Patient Experience

We will provide compassionate and personalised care which meets the individual needs of our patients. We will listen to and engage with our patients and their families ensuring their feedback is reflected in new or changes to services.

Objectives:

- Provide a wide variety of ways for patients to feedback to us.
- Hold community engagement events and work with Health-watch and Voluntary Sector organisations in the community to gain insight and feedback from the community including those groups who are seldom heard or affected by health inequalities.
- Launch carers charter/contract.
- Relaunch of the DBTH commitment to John's campaign John's Campaign which recognizes the important role of family members who care for people living with dementia and people with complex needs, including learning disabilities and or autism, and welcomes carers into our hospital.
- Embed, patient involvement and co-design into our organisations policies, procedures and Governance. Integrating the patient, family and carer voice within our everyday business.
- Review our complaint handling process for opportunities to provide a swift resolution for people when they raise concerns.
- Review Patient Experience reporting and escalation procedures to ensure the Chief Nurse and Board have oversight of patient experience.
- Establish patient forums and engagement panels.
- Achieve compliance with the Accessible Information Standard.
- Implement "we care to talk" across all inpatient areas.
- Introduction of Family Liaison Officers.
- Introduce "relative ward rounds" across inpatient areas.
- Celebrate success stories when we've engaged with patients/families to change services and feedback on changes is positive.

Success measures:

- Continued increase in Trust's response rates in Friends and Family Test.
- Where services utilise additional patient satisfaction/feedback, that results are audited and actioned.
- CQC patient survey results.

- Establish a youth forum and develop a patient engagement programme to include parental experience post discharge from neonatal services.
- Earlier resolution of complaints.
- Incremental reduction in complaint resolution times until most are resolved within 40 days and only the most complex take up to 90 days to resolve.
- Support our teams to resolve concerns at the earliest opportunity, through improved processes and training opportunities.
- Co-produced complaints policy developed and in place.
- Increasing positive score in patient satisfaction survey data including recommending DBTH as a place to receive care.
- Evidence of Board oversight of patient experience feedback and reports.
- Policy and processes in place to ensure patients/users/carers are involved in every service change.
- Citizens panel in place.
- Evidence that Accessible Information Standard requirements are met and SMART Action Plan in place to address any areas of non-compliance.
- Developing greater insight into patient, family and carer experience, including real-time feedback, and acting on trends in all care delivery areas.

Strategic theme 3: Clinical Effectiveness

We will ensure our care is provided in a manner which maximises the potential to improve patient outcomes and health, based on evidence-based practice, continuous improvement and the monitoring of clinical outcomes.

Objectives:

- Participating in National audits and creating a programme of local audits.
- Use of Quality Improvement (QI) methodology to improve care.
- Procedures in place for implementation of Nice Guidance and technology appraisals within 6 months of implementation.
- Plan and implement care in all settings in line with national guidance and evidence base.
- Fulfil our responsibilities in line with the Trust research and innovation strategy.
- Use our digital systems to ensure we gather and use data to inform improvements in care, by the use of Tendable, quality dashboard and other technology.
- Roll out ward accreditation across all inpatient wards.
- Develop and monitor quality measures across outpatient and community services.
- Explore opportunities (external and internal) to promote contribution and leadership to practise transformation and research impacting on patient care.
- Establish a shared governance framework in line with the Magnet for Europe (M4E) principles.
- Implement M4E Shared Governance and Nurse, Midwife, Allied Health Professions Council model.
- Contribute to the financial stability of the Trust by ensuring services are effective and outcome driven.
- Individual accountability, capability and competence to be factored into the development of a framework for professional practice at both fundamental and advanced levels.
- Links to leadership and relevant competencies.
- Link with partners (patient/carers/communities/voluntary/health and social care sectors across Place and System to maximise resources.

Success measures:

- Evidence of Quality Improvement methodology being implemented and improvements in quality.
- Roll out of audit and NICE dashboard.
- Agree the principles of the ward accreditation programme.

- Utilising digital information and technology enabling triangulation of both data and narrative.
- Agree criteria for Shared Governance Councils remit and responsibilities.
- Number of developed shared governance councils.
- Develop and agree the principles of a framework for professional practice.
- Launch the Framework for Professional Practice and embed into practice.
- Audit and Compliance with Emergency Care Standards.

Strategic theme 4: Fundamentals of Care

We will recognise and deliver fundamentals of care to ensure our patients receive the quality of care we would wish for our own loved ones.

Objectives:

- Implement evidence-based approaches to reducing the numbers of inpatient falls.
- Implement evidence-based approaches to continue to reduce the number of hospital-acquired pressure ulcers.
- Reduce the number of hospital-acquired infections.
- Evaluate safe transfer of care, both internally and externally.
- Provide person-centred care involving patients and their carers/families within all of our settings (inpatient, outpatient, and community).
- All of our contacts encourage, support, and promote patients to maintain independence to avoid deconditioning.
- Follow best practice and evidence-based principles of care to ensure the fundamentals of care are embedded, particularly:
 - Continence
 - Nutrition and Hydration
 - Oral Care
 - Medicines Management
 - Hygiene Care
 - Pain Management
 - Falls
 - Skin Integrity
 - Psychological support.

Success measures:

- CARE & Excellence Review Meetings as part of the ward to board assurance and quality framework.
- Improved patient experience and outcomes.
- Reduction in complaints concerning the fundamentals of care.
- Reduction in incidents due to failure to implement fundamentals of care.
- Reduced length of stay.
- Quality Dashboard implementation improvements in metrics.
- Roll out deconditioning QI project Trust-wide.

- Reduction in falls, pressure ulcers, VTE and infections.
- Reduced number of medication incidents.

Strategic theme 5: Care of our most vulnerable patients

We will focus on improving the experience of care for our most vulnerable patients such as those living with dementia, learning disabilities, mental health issues, and other health inequalities.

Objectives:

- Work with experts through experience to determine and further develop flagging of vulnerabilities including clinical vulnerabilities.
- Improve the recording of vulnerabilities within patient administration and incident reporting systems.
- In partnership with Education colleagues, develop a training strategy to support staff in recognizing and assessing vulnerabilities of our patients across all settings.
- Ensure reasonable adjustments are implemented and documented.
- Embedded the role of the Named Practitioner Safety in Caring.
- Understand and apply the relevant principles of the Mental Capacity Act, Deprivation of Liberty Safeguards, Mental Health Act, and the Best Interest process including the least restrictive options and safeguarding principles.
- Assess, plan, implement and review personalised plans of care for the vulnerable patient.
- Review and embed Violence Prevention and Reduction Standards to support risk management and maximise safe and secure working environments.
- Ensure our people have access to the resources and specialist inputs required in a timely way.
- Monitor incidents and complaints. Collating themes to promote shared learning and improve patient outcomes.
- Implement evidence-based approaches to reduce the number of incidents related to behaviour that challenges.
- To reduce health inequalities by promoting equitable access to healthcare.

Success measures:

- Robust flagging system across all systems to support.

Strategic theme 6: Care planning and documentation

We will embrace digital technology, ensure our patients are partners in their plan of care, and that their care plans reflect the latest care needs. Our documentation will always be in line with professional standards and support continuity of care for our patients.

Objectives:

- Ensure care plans feature person-centred care goals agreed with the patient – ‘what matters to you’.
- Embrace and embed digital technology such as electronic patient records.
- Patient and Carer involvement in planning and evaluation.
- Nothing about you, without your approach to factual documentation.
- Care planning from initial consultation/appointment and at the bedside - contemporaneous records.
- Discharge planning from initial consultation/appointment and point of admission.
- Meaningful documentation/respectful/factual.
- Supportive of innovation, e.g., clinical photography.
- Implement National documentation standard guidance to ensure consistent and accurate recording of patient information and care plans incorporating Information governance and GDPR principles.
- To facilitate the timely and efficient delivery of care by streamlining documentation processes and reducing unnecessary paperwork.
- Effective handover and Transitions across pathways (Therapies).
- Effective "board rounds".
- Effective "safety huddles".
- Effective Multi-Disciplinary meetings/approaches.

Success Measures:

- Personalised care plan review/evaluate once per shift.
- Audit - Quality of plans.
- Completion of assessments within the agreed timeframes.
- To ensure that all nurses, midwives, and AHPs are trained in best practices related to care planning and documentation and have access to ongoing education and support.
- Robust documentation audit.
- Transition to digital.
- Reduction in patient harms due to lack of handover/transfer/care planning processes.
- Reduce length of stay.
- Improved staff and patient satisfaction.

- Reduction in complaints around care planning/involvement.

Strategic themes - review of achievements in 2023/24

Our Quality strategy was only published in February 2024; however, a number of projects were ongoing at this time, meaning that significant progress has been made, aligned with the strategy, and summarised below.

Operational achievements

- **Emergency care improvements:** Following an intensive piece of work which began in January 2024, in March 2024, we achieved a performance rate of 76.1% against the four hour access care standard for March 2024 of 76%. Additionally, we saw increased use of the discharge lounge, virtual ward and improvements in ambulance handover times - improvement we hope to maintain in the long-term.
- **Cancer care advancements:** We made significant strides in reducing the 62-day cancer backlog and successfully delivered the Cancer Faster Diagnosis Standard.
- **Diagnostic and elective care:** There were notable improvements in the six-week diagnostic standard for Endoscopy and Medical Imaging. By the end of March, we virtually eliminated long waits for elective care, with zero 104-week waits, two 78-week waits, and only 16 patients waiting over 65 weeks.
- **Winter period management:** We maintained safe services over the winter period with minimal elective cancellations, ensuring continuity of care despite seasonal pressures.
- **Response to industrial action:** Throughout periods of industrial action, we successfully maintained essential safe services, demonstrating our resilience and commitment to patient safety.
- **Leadership recruitment:** We completed the recruitment of our leadership team within Corporate Nursing, as well as recruitment to vacant posts within our Divisional teams, reinforcing our strategic vision and enhancing our operational capacity.
- **Sexual Safety Charter:** As signatories to this charter, we have committed to a zero-tolerance approach to any unwanted, inappropriate, and harmful sexual behaviours towards our workforce. By signing up to this document, we pledge to uphold the principles and actions outlined in the charter to ensure a safe and respectful environment for all staff members, demonstrating our dedication to fostering a secure and supportive workplace.

Nursing and Midwifery

- **Strategic initiatives:** The launch of the Nursing, Midwifery, and Allied Health Professionals Strategy, along with the drafting of the Visitor's Charter, marked significant steps forward in patient care and engagement.
- **Safe Staffing processes:** We recruited to a number of vacant posts, embedding evidence-based safe-staffing processes throughout the Trust.
- **Safeguarding and support:** Our safeguarding team has expanded, and we have introduced Domestic Abuse Advisors, strengthening our support for vulnerable patients.
- **Patient safety framework:** We have implemented the Patient Safety Incident Response Framework (PSIRF), as well as supported the development of the Professional Nurse/Midwife Advocate role within the Trust, both of which have been key to enhancing patient safety.
- **Maternity and midwifery achievements:** We have achieved Clinical Negligence Scheme for Trusts (CNST) Year 5 in the Maternity Incentive Scheme and had our most successful year for Registered Midwifery recruitment. The healthcare and support worker transition project was also successfully completed.
- **Professional development:** Our first cohort of Chief Nurse Fellows have completed their training. Additionally, we achieved the National Preceptorship Quality Mark for nursing.
- **Care excellence accreditation:** We commenced Care Excellence Accreditation reviews for all inpatient areas, aiming to standardise and elevate the quality of care across the Trust.

Quality and Safety

- **Maintained safety during industrial action:** Ensuring patient safety during this time was our top priority, and we successfully maintained it throughout periods of industrial action.
- **Mortality rate reductions:** We have achieved reductions in hospital mortality rates, with improvements in both the Hospital Standardised Mortality Ratio (HSMR) which has dropped from 107.95 to 105.44 in a 12-month period, with improvement in the Summary Hospital-level Mortality Indicator (SHMI) .

- **Job planning and medical appraisal:** We have seen improvements in job planning, with over 92% of medical appraisals completed, enhancing our workforce's effectiveness and satisfaction.
- **Health inequalities strategy:** We published a new Health Inequalities Strategy, which is now available in the usual locations, emphasising our commitment to addressing disparities in health outcomes.
- **DBTH Way and Just Culture:** The development and launch of the DBTH Way alongside a renewed focus on Just Culture has fostered a more supportive and transparent workplace environment.

Just Culture

As a Trust, we always strive to provide the best possible care for our patients and a good experience at work for our people. However, sometimes things don't always go to plan. We recognise that mistakes and accidents can happen in any healthcare organisation or other setting, as we are all human, and what sets us apart is our dedication to learning from these experiences and enhancing patient safety and colleague experience.

At DBTH, we are committed to delivering the highest quality of care to our patients and being a great place to work, and we recognise the vital role that a Just Culture plays in achieving this goal.

Just Culture is our commitment to fostering fairness, transparency and continuous learning throughout our organisation. By embracing Just Culture, we can create a supportive environment that empowers our colleagues to speak up and that will enable us to identify system vulnerabilities and promote continuous improvement. Our Board of Directors is committed to embedding a Just Culture approach.

Just Culture has four key principles which we should consider in our response to a patient safety incident:

1. **Fair accountability:** We recognise the importance of accountability without unjust blame. Just Culture recognises that errors are often the result of system failures rather than individual negligence. We will encourage open dialogue and learning from these to implement preventative measures and avoid similar incidents in the future.
2. **Learning and improvement:** We will not only identify and report errors but analyse reported incidents, near misses and other raised concerns to identify trends, patterns and underlying causes. Through this analysis, we can implement effective measures, continuously evolving and enhancing our practices for the safety of our patients.

3. **Communication and feedback:** Open and transparent communication is at the heart of Just Culture. We encourage everyone to speak up, ask questions and share suggestions, concerns or ideas for improvement. Additionally, we will provide timely feedback on reported incidents and the subsequent actions taken.

4. **Education and training:** Just Culture is supported at DBTH by the national Patient Safety Incident Response Framework (PSIRF) and we will provide comprehensive education and training for all colleagues who respond to such incidents.

Readers can head to <https://www.dbth.nhs.uk/just-culture-at-dbth/> to view the Just Culture pledges from several senior colleagues across the Trust, whilst all colleagues have been invited to share their own.

Analysis of our activity and performance in 2023/24

As an organisation, we have built upon the achievements and performance of the previous years, improving in some aspects of care, whilst upholding standards in others. We have also maintained a focus upon good financial performance, with an eye on capital developments and sustainability. In this section, you can find a brief summary of our activity, and related performance, in a number of areas, highlighting some of our achievements and developments throughout the past 12 months.

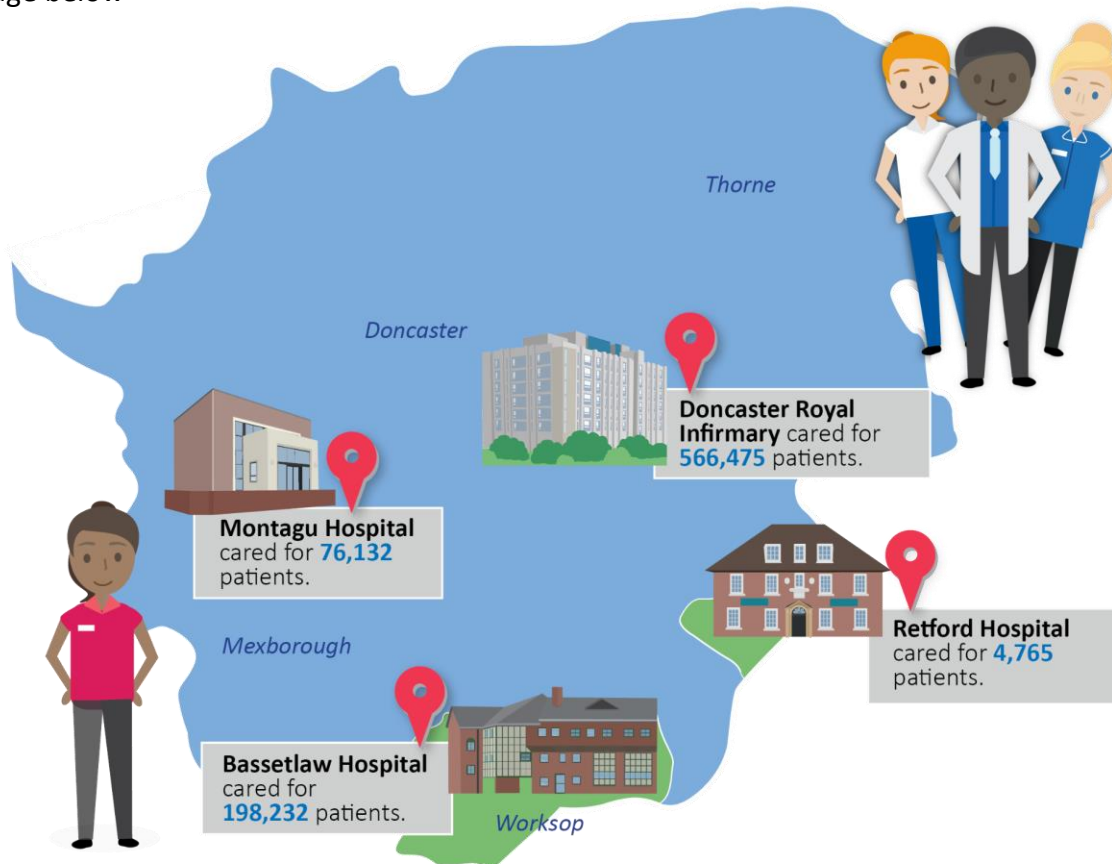
Our activity in 2023/24:

- We cared for 511,463 inpatients.
- We cared for 130,952 more outpatients.
- We cared for 198,662 emergencies.
- We delivered 4,572 babies.

In comparison with 2022/23:

- We cared for 15,150 more inpatients.
- We cared for 29,041 more outpatients.
- We cared for 4,631 emergencies.
- We delivered 66 fewer babies.

A breakdown of how many patients were cared for in each respective site can be viewed in the image below



Performance analysis 2023/24

As an organisation, we strive to provide timely access to care for all our patients. In this section, you can find a brief summary of our operational performance against a number of national standards, highlighting some of our achievements from the past 12 months.

Urgent and Emergency Care

During 2023/24, average daily attendances to our Emergency Departments were 542, a 2.1% increase compared to the previous year.

In March 2024, 76.1% of our patients were admitted, transferred or discharged from our Emergency Departments within 4 hours from arrival, achieving the standard set out in the national planning guidance for 2023/24.

Bed occupancy remained high throughout the year and all our available inpatient beds were open during the winter period to support patient flow from the Emergency Department through to a ward.

We expanded our same day emergency care services for acute medicine and this service is now available 12 hours a day, seven days a week.

We have worked in collaboration with partners across Doncaster Place during 2023/24 to deliver the Urgent and Emergency Care Improvement Plan, recognising that timely access to urgent and emergency care requires a coordinated approach across the health and social care system.

Throughout 2023/24 we have continued the work to develop our Bassetlaw Emergency Village which, once complete, will provide facilities for paediatric patients to be observed at Bassetlaw Hospital rather than being transferred to Doncaster Royal Infirmary. Further details can be viewed in the capital projects section below.

Elective Care

Our focus in 2023/24 has been to continue to reduce the number of patients experiencing long waiting times, following the COVID-19 pandemic and backlog created as a result.

By March 2024 we had virtually eliminated the longest waiting times with no patients waiting over 104 weeks and only four patients waiting over 78 weeks.

In March 2024, 60.1% of our patients were treated within 18 weeks from referral, compared to 57.2% nationally.

- Diagnostics Waiting Times and Activity – 77.4% (March Performance)
- Cancer FDS – 81.2% (Full Year)

Diagnostics

During the year we have made significant improvements to reducing our waiting times for diagnostics. By March 2024, we were consistently delivering the six-week waiting time standard for endoscopy and medical imaging.

Cancer

The number of urgent suspected cancer referrals has remained high since the COVID-19 pandemic yet we achieved our plan to reduce the number of people waiting over 62 days on a cancer pathway by the end of the year.

We have consistently delivered the 28-day faster diagnosis standard, ensuring the majority of patients are diagnosed or have cancer ruled out within 28 days of being referred urgently by their GP for suspected cancer. During 2023/24, we achieved the faster diagnosis standard for 81.2% of our patients.

Statements of assurance

Participation in clinical audits

During 2023/24, 44 national clinical audits and five national confidential enquiries covered relevant health services that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust provides. During that period, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust participated in 100% national clinical audits and 33% the national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2023/24, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust was eligible to participate in during 2023/24 are as follows:

National Audit Trust participation	Data collection completed during 2023/24	% of cases submitted
Adult Respiratory Support Audit	Yes	100% of eligible cases
BAUS Nephrostomy Audit	Yes	100% of eligible cases
Breast and Cosmetic Implant Registry	Yes	100% of eligible cases
Case Mix Programme (CMP)	Yes	100% of eligible cases
Child Health Clinical Outcome Review Programme (now covered by the National Child Mortality Database)	Yes	100% of eligible cases

Elective Surgery (National PROMs Programme)	Yes	100% of eligible cases
Emergency Medicine QIPs: a) Care of Older People b) Mental Health (Self Harm) c) Infection control	Yes	100% of eligible cases
Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	Yes	100% of eligible cases
Falls and Fragility Fracture Audit Programme (FFFAP): a) Fracture Liaison Service Database (FLS-DB) b) National Audit of Inpatient Falls (NAIF) c) National Hip Fracture Database	Yes	100% of eligible cases
Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	Yes	100% of eligible cases
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	100% of eligible cases
Mental Health - Self Care	Yes	100% of eligible cases
Medical and Surgical Clinical Outcome Review Programme	Yes	100% of eligible cases
National Adult Diabetes Audit (NDA): a) National Diabetes Footcare Audit (NDFA) b) National Diabetes Inpatient Safety Audit (NDISA) c) National Pregnancy in Diabetes Audit (NPID)	Yes	100% of eligible cases
National Asthma and COPD Audit Programme (NACAP) a) COPD Secondary Care b) Adult Asthma Secondary Care c) Children and Young People's Asthma Secondary Care	Yes	100% of eligible cases
National Audit of Cardiac Rehabilitation	Yes	100% of eligible cases
National Audit of Care at the End of Life (NACEL)	Yes	100% of eligible cases

National Audit of Dementia (NAD)	Yes	100% of eligible cases
National Bariatric Surgery Registry	Yes	100% of eligible cases
National Cancer Audit Collaborating Centre - National Audit of Metastatic Breast Cancer	Yes	100% of eligible cases
National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer	Yes	100% of eligible cases
National Cardiac Arrest Audit (NCAA)	Yes	100% of eligible cases
National Cardiac Audit Programme (NCAP): c) National Heart Failure Audit (NHFA) d) National Audit of Cardiac Rhythm Management (CRM) e) Myocardial Ischaemia National Audit Project (MINAP)	Yes	100% of eligible cases
National Child Mortality Database (NCMD)	Yes	100% of eligible cases
National Comparative Audit of Blood Transfusion: a) 2023 Audit of Blood Transfusion against NICE Quality Standard 138 b) 2023 Bedside Transfusion Audit	Yes	100% of eligible cases
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	100% of eligible cases
National Emergency Laparotomy Audit (NELA)	Yes	100% of eligible cases
National Gastro-Intestinal Cancer Audit Programme (GICAP): a) National Bowel Cancer Audit (NBOCA) b) National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	100% of eligible cases
National Joint Registry	Yes	100% of eligible cases
National Lung Cancer Audit (NLCA)	Yes	100% of eligible cases

National Maternity and Perinatal Audit (NMPA)	Yes	100% of eligible cases
National Neonatal Audit Programme (NNAP)	Yes	100% of eligible cases
National Obesity Audit (NOA)	Yes	100% of eligible cases
National Paediatric Diabetes Audit (NPDA)	Yes	100% of eligible cases
National Prostate Cancer Audit (NPCA)	Yes	100% of eligible cases
National Vascular Registry (NVR)	Yes	100% of eligible cases
Perinatal Mortality Review Tool (PMRT)	Yes	100% of eligible cases
Prescribing Observatory for Mental Health (POMH): a) Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services b) Monitoring of patients prescribed lithium	Yes	100% of eligible cases
Sentinel Stroke National Audit Programme (SSNAP)	Yes	100% of eligible cases
SAMBA	Yes	100% of eligible cases
Serious Hazards of Transfusion UK National Haemovigilance Scheme	Yes	100% of eligible cases
Society for Acute Medicine Benchmarking Audit	Yes	100% of eligible cases
The Trauma Audit & Research Network (TARN)	Yes	100% of eligible cases
UK Renal Registry National Acute Kidney Injury Audit	Yes	100% of eligible cases

NCEPOD Trust participation	Data collection completed during 2023/24	% of cases submitted
Epilepsy	Yes	100%
Testicular	No	0%
Juvenile Idiopathic Arthritis	Yes	100%
End of life	No	0%
Endometriosis	No	0%

Participation in Clinical Research

Progressing our commitment to making DBTH a leading centre of research excellence for the benefit of our patients and our Trust, we have successfully delivered the introductory year of the new Research and Innovation Strategy (2023-2028). Complementing this overarching strategy, we developed and launched a Nursing, Midwifery, and Allied Health Professionals Research and Innovation Framework, recognising the need for tailored support for our wider healthcare professionals alongside medical and dental colleagues.

We have aligned and cross-referenced this strategy with the new Clinical Quality Strategy, People Strategy, and Health Inequalities Strategy to ensure our key objectives are reinforced and supported. This integrated approach has fostered growth in research talent, innovation expertise, and leadership in research and innovation among DBTH colleagues, underpinned by a sustainable financial model.

Significant research developments have been made, particularly in maternal and child health. The Born and Bred in Doncaster (BaBiD) research study has reached over 2,250 recruits by the end of March 2023.

Comparable to our external education quality scrutiny, DBTH has again met its annual contract requirements with the National Institute for Health and Care Research (NIHR) Clinical Research Network (CRN), receiving overwhelmingly positive feedback on patient recruitment and the breadth of studies offered. Our notable studies include the 'IGLOO' (Sickness absence and

sustainable return to work pilot study) and the 'BaBiD' (Born and Bred in Doncaster) study, addressing seldom-heard groups and specialist clinical areas.

Building on our portfolio research activity successes, DBTH continues to develop partnerships with local academic and innovation institutions, as reflected in our new Research and Innovation Strategy.

As part of our ambition to develop Doncaster as a University City and recognising the value of a collaborative network, DBTH continues to work closely with the City of Doncaster Council and Rotherham, Doncaster and South Humber NHS Trust. This year, we have focused on developing our People and Public Involvement (PPI) approach, progressing with the Doncaster Voices community to help inform, shape, and prioritise our research and innovation activities. Complementing our place-based activities across Doncaster, DBTH is a key partner within the South Yorkshire Integrated Care Board, supporting the development of research and innovation activities at the ICB level, including a new Research and Innovation Strategy.

We remain a key partner for education and research across the South Yorkshire Integrated Care Board (SY ICB). While committed to supporting all communities we serve, we are financially aligned with the SY ICB for commissioning and reporting purposes. Additionally, we have started engaging with the North Nottinghamshire ICB, particularly in developing their new Research Strategy. As this work progresses, we look forward to sharing updates through our usual channels and in next year's annual report.

DBTH continues to lead regionally and nationally with our multi-professional and inclusive approach, often sharing our experiences with other provider organisations. We are recognised for the integration of education and research within our organisation, supported by individual leadership, engagement, and embedding these elements within work profiles and the organisation's strategic priorities.

Statements from the Care Quality Commission (CQC)

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is FULL Registration compliance with no conditions on registration.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The Care Quality Commission has not taken enforcement action against Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust during 2023/24.

The Board has taken assurance from the CQC inspection outcome. Unannounced and announced inspections by the CQC took place across Trust sites in August and September 2023 and the Trust received an overall rating of requires Improvement, a change on the previous years' rating of good.

Overall, the CQC rated the 'caring' domain as good, whilst safe, effective, responsive and well-led were rated as requires improvement.

In rating the trust, the CQC took into account the current ratings of the services not inspected. Well-led for the senior leadership of the trust was also rated as good.

The inspection report identified some areas for improvement and a programme of work is in place to address these. Progress against this programme is reported to the Trust's board in-line with the governance and control processes outlined above.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Bassetlaw District General Hospital	Requires Improvement →← Mar 2024	Requires Improvement ↓ Mar 2024	Good →← Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024
Doncaster Royal Infirmary	Requires Improvement →← Mar 2024	Requires Improvement ↓ Mar 2024	Good →← Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024
Montagu Hospital, Mexborough	Requires Improvement ↓ Mar 2024	Good →← Mar 2024	Good →← Mar 2024	Good →← Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024
Retford Hospital	Requires Improvement ↓ Mar 2024	Not rated	Good →← Mar 2024	Good →← Mar 2024	Good →← Mar 2024	Good →← Mar 2024
Overall trust	Requires Improvement →← Mar 2024	Requires Improvement ↓ Mar 2024	Good →← Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024

Quality and Effectiveness Committee

The remit of the committee is to provide assurance on the systems of control and governance, specifically in relation to clinical quality and governance and organisational effectiveness.

Name	Role	Meeting attendance

Jo Gander – Chair	Non-executive Director	6 of 6
Dr Emyr Jones	Non-executive Director	6 of 6
Hazel Brand	Hazel Brand	6 of 6
Lucy Nickson	Non-executive Director	4 of 6
Dr Tim Noble	Executive Medical Director	2 of 3
Dr Nick Mallaband	Acting Executive Medical Director (from 25 September 2023)	3 of 3
Karen Jessop	Chief Nurse	6 of 6
Zara Jones	Deputy Chief Executive (from December 2023)	2 of 2

In the year the Committee has, on behalf of the Board, provided assurance on:

- The effectiveness of clinical governance, clinical risk management and clinical control
- Compliance with Care Quality Commission standards.
- Adverse clinical incidents, complaints and litigation and examples of good practice and learning.
- Patient experience in terms of care, comments, compliments and complaints.
- Workforce matters include workforce planning, staff engagement, training, education and development, staff wellbeing, equality and diversity, employee relations and HR and OD systems and processes.
- Reviewed strategy in relation to-patient experience and person-centred-care, clinical governance, quality improvement and innovation, people and workforce development and communications and engagement.
- Undertaken strategic discussions and deep dives into quality, governance.

- Carried out interrogations of key risks on the Trust’s corporate risk register and board assurance framework.
- Ensured that the Trust has reliable, up-to-date information about what it is like being a patient experiencing care administered.

Data quality

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust submitted records during 2023/24 to the Secondary Uses Services for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

- 99.7% for admitted patient care.
- 99.8% for outpatient care.
- 97.8% for accident and emergency care 100% for admitted patient care.
- 99.9% for outpatient care.
- 99.9% for accident and emergency care.

Clinical coding error rate

In line with the DS&P requirements the Trust has undertaken clinical coding audits (diagnoses and procedure coding) during 2023/2024 which resulted in the Trust achieving the mandatory compliance level. The combined results of the audits were:

Table 1: Overall results for Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust:

Criterion	DS&P Advisory Level	DS&P Mandatory Level	Doncaster and Bassetlaw Teaching Hospitals
Primary diagnosis correct	>=95.0%	>=90.0%	91.0%
Secondary diagnosis correct	>=90.0%	>=80.0%	89.6%

Primary procedure correct	>=95.0%	>=90.0%	97.3%
Secondary procedure correct	>=90.0%	>=80.0%	90.9%

NHS Staff Survey

The NHS staff survey is conducted annually. The survey questions align to the seven elements of the NHS 'People Promise' and retains the two previous themes of engagement and morale.

These replaced the ten indicator themes used in previous years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those. The response rate to the 2023/24 survey among trust staff was 67% (2022/23: 65%).

Indicators	2023/24 Trust score	2023/24 benchmarking group score	2022/23 Trust score	2022/23 benchmarking group score
We are compassionate and inclusive	7.41	7.24	7.3	7.2
We are recognised and rewarded	6.05	5.94	5.8	5.7
We each have a voice that counts	6.82	6.70	6.7	6.6
We are safe and healthy	6.24	6.06	6.0	5.9
We are always learning	5.90	5.61	5.6	5.4
We work flexibly	6.24	6.20	6.0	6.0
We are a team	6.81	6.75	6.6	6.6
Staff	6.94	6.91	6.8	6.8

engagement				
Morale	6.11	5.91	5.8	5.7

Patient experience

In the 2023/2024 financial year, 620 complaints were reported to the Trust, marking a 16.1% reduction from the 739 complaints reported in the 2022/2023 financial year.

The Head of Patient Engagement, Experience, and Involvement continues to build relationships with our local population, attending various local engagement events to “hear our communities' voices.” We remain actively engaged with the LeDeR Programme and LeDeR Steering Groups.

The Trust now has 120 Learning Disability Ambassadors, with ongoing recruitment and training efforts. Additionally, the Oliver McGowan training has been rolled out across the Trust.

Friends and Family Test: To improve response rates, the Trust changed its method of collecting Friends and Family Test feedback in January 2024. We have partnered with Iwantgreatcare for a 12-month pilot to enhance data collection and analytics. This service offers various feedback options, including text messaging, paper copies, QR codes, and online translations of the survey.

Formally Launched Carers Contract: Following successful engagement and positive feedback, the Trust has formally launched the Carers Contract.

Relaunch of John’s Campaign: John’s Campaign has been relaunched to provide support from families and carers during inpatient or outpatient care. This initiative allows carers or family members to be present during general care, mealtime support, and decision-making as advocates for the patient.

Volunteers: Volunteers are integral to enhancing the quality of care at Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTHFT). Our dedicated volunteers undertake various roles, including escorting patients, serving as ward and clinic volunteers, and assisting in the library and A&E. The number of volunteers has increased compared to previous years, and the Trust continues to actively recruit more.

Engaging Service Users: The Head of Patient Engagement, Experience, and Involvement continues to build relationships with our local population, attending several local engagement events to “hear our communities' voices.”

Following a successful NHS Charities Bid, the Trust commissioned the People Focused Group as our engagement partners for a twelve-month period. Peer supporters will spend time in various areas, including:

- Emergency Department at DRI
- Emergency Department at Bassetlaw Hospital
- St Leger Ward DRI (Orthopaedics)

- Mallard Ward DRI (Gresley Unit) – Dementia
- SEND Therapies DRI
- Audiology Sandringham Road Centre
- Montagu Hospital Audiology
- Bassetlaw Hospital Audiology
- Ward 26 DRI (Surgical Unit)
- Elective Orthopaedic Mexborough Centre
- Mexborough Community Diagnostic Centre

Peer supporters will familiarize themselves with patients and Trust services, providing a unique community-led perspective on each area. They will also ensure that the patients' voice remains central to delivering excellent care across the Trust. Additionally, the Peers have participated in the Trust Ward Accreditation process.

Future plans include recruiting for a sustainable Trust Citizens' Panel.



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

