



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust



Quality Accounts

Financial year 2024/25

Doncaster and Bassetlaw Teaching Hospitals



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Hospitals NHS Foundation Trust
Quality Accounts 2024/25

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Chief Nurse's statement

As Chief Nurse at Doncaster and Bassetlaw Teaching Hospitals (DBTH), I am proud to introduce our Quality Account for 2024/25 — a record of both our achievements over the past year and our unwavering commitment to delivering safe, high-quality and compassionate care for the people we serve.

This year has brought considerable operational pressures, with rising patient demand, workforce challenges, and the continued complexity of recovery post-COVID. March 2025 was our busiest month on record for urgent and emergency care, while across the year, we cared for over 200,000 emergency patients, more than 550,000 outpatients, and delivered over 4,000 babies.

Despite these pressures, our colleagues have responded with professionalism, resilience and extraordinary compassion.

I am pleased to report that across the past 12 months, we have not stood still. In 2024/25, we embedded the national Patient Safety Incident Response Framework (PSIRF), building a stronger culture of openness, learning and improvement. We enhanced how we review incidents, introduced new safety tools, and strengthened the role of Patient Safety Partners across our services.

We made meaningful progress in reducing avoidable harm, including our lowest ever rate of hospital-acquired pressure ulcers, and improved how we care for vulnerable patients and those most at risk of inequality. Our safety alert systems, clinical audits, and governance frameworks have matured — supporting early action, accountability and continuous quality improvement.

A significant milestone this year was the implementation of our first Nursing, Midwifery and Allied Health Professionals (NMAHP) Strategy, following its launch in late 2023/24. This strategy marks a new chapter for professional leadership at DBTH, setting out clear ambitions for care excellence, innovation, inclusion and workforce development. Already, it has shaped key priorities — from therapeutic observations to safeguarding, care planning, education, and workforce wellbeing.

This Quality Account is also an opportunity to reflect on how we are working differently — not just improving what we do, but how we do it. Whether through the rollout of Virtual Wards, the standardisation of digital care documentation, or the strengthening of patient engagement and co-production, we are putting patients at the centre of improvement and listening more closely than ever to the voices of our communities.

As we look ahead to 2025/26, our focus is clear: To continue strengthening the fundamentals of care, to champion equity and inclusion, and to move forward with a strong sense of shared purpose.

We are proud to be shaping our services in alignment with our ambition to become a University Teaching Hospital, where excellence in care, education and research go hand in hand.

On behalf of the Nursing, Midwifery and AHP leadership teams, I would like to thank every colleague at DBTH for their extraordinary contribution. The progress reflected in this report is testament to your dedication, compassion, and the values we live by every day.

I hope this report provides a meaningful reflection on our collective efforts throughout 2024/25 — and a clear, confident sense of our direction for the future.

Karen Jessop

Chief Nurse

Who we are and what we do

We are Doncaster and Bassetlaw Teaching Hospitals (DBTH), an acute NHS Foundation Trust serving a population of more than 440,000 people across South Yorkshire, North Nottinghamshire and the surrounding areas.

As one of the busiest providers of emergency care in the region, we deliver a wide range of healthcare services across our sites. We are also a teaching hospital, working in close partnership with the University of Sheffield and Sheffield Hallam University to support clinical education and research.

We work closely with our local Integrated Care Boards (ICB) in South Yorkshire and Nottinghamshire, as well as system partners across the region and locally in Doncaster and Bassetlaw.

Formerly Doncaster and Bassetlaw Hospitals, we were one of the first ten NHS trusts in the country to be awarded Foundation Trust status in 2004. This gave us greater financial and operational autonomy, while maintaining the same high standards and regulatory oversight as a non-Foundation Trust.

We are fully licensed by NHS England and registered without conditions by the Care Quality Commission (CQC) to provide the following regulated activities:

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

We provide the full range of district general hospital services, a number of community-based services (such as family planning and audiology), and some specialist tertiary services, including vascular surgery.

Our services are delivered across the following sites:

Doncaster Royal Infirmary (DRI): A large acute hospital with more than 450 beds, a 24-hour Emergency Department, and trauma unit status. It offers a wide range of district general and specialist services, with inpatient, day case and outpatient care.

Bassetlaw Hospital (BH), Worksop: A medium-sized hospital with over 170 beds, a 24-hour Emergency Department, and an obstetrics unit. It provides the full range of general hospital services, including a dedicated breast care unit, with inpatient, day case and outpatient facilities.

Montagu Hospital (MH), Mexborough: A small hospital with more than 50 inpatient beds for patients requiring rehabilitation before discharge. It also houses a nurse-led Urgent Treatment Centre (open from 9am to 9pm), a day surgery unit, renal dialysis, chronic pain services and a wide range of outpatient clinics. The site is home to our Rehabilitation Centre, Clinical Simulation Centre, and the Abdominal Aortic Aneurysm Screening Programme.

More recently, Montagu has also become the base for the Mexborough Elective Orthopaedic Centre of Excellence (MEOC) and the Community Diagnostic Centre (CDC).

Additional locations: We provide outpatient and diagnostic services at Retford Hospital, including medical imaging and clinical therapies. Our Audiology service is based at Sandringham Road Centre, while Mammography and Children's Speech and Language Therapy are delivered from Devonshire House—both located within two miles of Doncaster Royal Infirmary.

Our headquarters are at Doncaster Royal Infirmary:

Chief Executive's Office
Doncaster Royal Infirmary
Armthorpe Road
Doncaster
DN2 5LT
Tel: 01302 366666

Setting the scene: Our Vision and Strategic Priorities and Aims

At Doncaster and Bassetlaw Teaching Hospitals (DBTH), our vision is both simple and ambitious:

Healthier together – delivering exceptional care for all.

This Quality Account sets out our progress in delivering safe, high-quality care over the past year — and the steps we are taking to improve even further.

At the heart of this work lies our organisational vision and the four strategic priorities that guide everything we do. These priorities are not abstract values — they shape our approach to quality, influence our improvement plans, and define the culture we strive to build across our hospitals and services.

Patients – “We deliver safe, exceptional, person-centred care.”

This is the foundation of our Quality Account and our most important strategic priority. It reflects our duty to protect patient safety, reduce harm, and provide care that is consistently respectful, responsive and inclusive.

In 2024/25, this commitment has been visible in our reduction of hospital-acquired harm, improvements to urgent and emergency care, delivery of safer maternity services, and continued investment in personalised care. Our quality improvement work, learning from deaths, and implementation of the Patient Safety Incident Response Framework (PSIRF) are all key drivers in delivering on this promise.

People – “We are supportive, positive, and welcoming.”

We know that high-quality care depends on a supported and engaged workforce. This priority recognises the connection between colleague experience and patient outcomes.

Through our Nursing, Midwifery and Allied Health Professionals (NMAHP) Strategy, our leadership development programmes, and wellbeing initiatives, we have taken steps to ensure that our people are equipped, empowered and cared for. This year’s Quality Account also highlights the role of professional development, psychological support, and safe staffing in sustaining standards of care.

Partnership – “We work together to enhance our services with clear goals for our communities.”

Quality is not achieved in isolation. Our partnerships with system colleagues, voluntary sector groups, patients, families and local communities are vital to achieving meaningful improvement.

From our work on the Health Inequalities Strategy, to integrated discharge planning and co-produced care pathways, collaboration has underpinned many of the achievements outlined in this report. It also strengthens our ability to innovate, adapt and plan services that truly meet the needs of our population.

Pounds – “We are efficient and spend public money wisely.”

Quality care must also be sustainable. This priority reflects our commitment to delivering value — using our resources efficiently, reducing unwarranted variation, and ensuring that every decision is guided by both clinical evidence and financial responsibility.

Our efforts to improve productivity, embrace digital transformation, and recover elective and outpatient services are all featured within this year’s account and are aligned to this principle.

Together, these strategic priorities provide a framework for continuous improvement. They shape the quality of care we deliver, support the culture we nurture, and ensure that our services are safe, effective, and compassionate — now and in the future.

A note on our Strategic Aims

This Quality Account outlines our progress in improving the safety, effectiveness, and experience of care — but these improvements are not stand-alone. They are part of a broader and more ambitious direction of travel, guided by the refreshed Trust Strategy, due to be published in 2025/26.

As part of this strategic refresh, we have set out four cross-cutting Strategic Aims. These aims underpin our long-term ambition to become a more inclusive, digitally advanced, research-active and sustainable organisation.

They complement and support the strategic priorities outlined earlier in this document, and help translate our vision into measurable, lasting improvements.

The work described in this Quality Account — from our health inequalities programme and digital infrastructure to estate development and workforce education — is aligned to these aims and forms part of our phased transformation journey.

Our Trust vision

At Doncaster and Bassetlaw Teaching Hospitals (DBTH), our vision is simple but powerful:

Healthier together – delivering exceptional care for all.

This vision shapes everything we do, driving our ambition to deliver the best outcomes for patients while creating a supportive, respectful, and empowering environment for colleagues.

To help us achieve this, we're guided by our values and behaviours, known as '**We Care**', which are brought to life through living the '**DBTH Way**'.



Our Strategic Priorities



Patients

We deliver safe, exceptional, person-centred care.



People

We are supportive, positive and welcoming.



Partnerships

We work together to enhance our services with clear goals for our communities.



Pounds

We are efficient and spend public money wisely.

Our Strategic Ambitions

Provide the best care environments

We are improving care spaces by modernising facilities, enhancing community care, and reducing pressure on DRI, with a focus on funding, safety, and service integration.



Tackling health inequalities

We prioritise health equity through prevention, partnerships, training and targeted support for underserved communities.



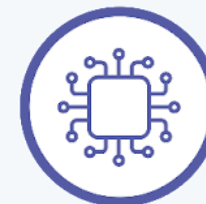
Becoming a leading centre for research and education

We aim to enhance patient care, expand student placements, invest in facilities, and grow clinical trials and funding.



Becoming a digitally enabled and mature organisation

Integrating technology and innovation to improve care, enhance support for colleagues and improve efficiency through an electronic patient record, AI and shared records.



Tackling health inequalities

We are committed to placing equity at the heart of our decision-making. This means ensuring that everyone has access to the care and support they need, and that services are designed around the diverse needs of our communities.

Our first Health Inequalities Strategy, launched in 2024/25, is a key step in this journey and is reflected in several of the improvements featured throughout this report.

Achieving University Teaching Hospital status

We are working towards University Teaching Hospital status, recognising the impact that strong academic partnerships, research, and professional education have on the quality of care.

This year has seen progress in clinical placements, professional development, and research participation — laying the groundwork for our future ambitions.

Becoming a digitally enabled and digitally mature organisation

A key enabler of quality, safety and efficiency is digital maturity. We continue to develop our infrastructure and capabilities, with significant progress in 2024/25 through our preliminary work to introduce an Electronic Patient Record (EPR), SafeCare staffing systems, and clinical decision support tools.

These developments are transforming how we deliver care and how we support colleagues.

Improving our estate

Safe, modern, and accessible environments are essential to good care. In 2024/25, we progressed a number of major capital schemes, including the Bassetlaw Emergency Village and expanded diagnostics.

These investments support not only clinical quality, but also patient experience, sustainability and integrated working.

These strategic aims are supported by a suite of enabling strategies, each of which turns ambition into action. These include:

- The **People Strategy** – driving recruitment, retention, and wellbeing.
- The **Nursing, Midwifery and Allied Health Professionals Quality Strategy** – setting out our approach to safety, improvement, and learning
- The **Health Inequalities Strategy** – tackling unfair barriers to care and outcomes.
- The **Estates and Net Zero Strategy** – guiding development and environmental sustainability.

Together, these strategies provide the frameworks, resources and direction needed to deliver on our promises. A preliminary strategic timeline has been developed, setting out short, medium and long-term goals.

Immediate focus areas include reducing waiting times, accelerating digital transformation, and improving colleague experience.

Over the longer term, our aims include achieving Teaching Hospital status, becoming more research active, and reshaping our estate to meet future needs.

Our full strategic timeline will be shared alongside the publication of the new Trust Strategy in 2025/26.

2025/26

- Deliver Year 3 of the People Plan.
- Deliver Year 2 of the Research & Innovation enabling plan.
- Deliver the national access standards in the 2025/26 plan.
- Improve patient safety by reducing hospital-acquired pneumonia, optimising antimicrobial prescribing, and strengthening Mental Capacity Act compliance.
- Deliver Year 2 of the three-year maternity and neonatal services plan.
- Strengthen clinical effectiveness and efficiency, meeting GIRFT, national standards, and benchmarks.
- Deliver Health Inequalities Board commitments for 2025/26.
- Embed stronger governance and risk management at Board and committee level.
- Invest in digital platforms and deliver Electronic Patient Record business case milestones for 2025/26.
- Deliver the 2025/26 financial plan and improve financial sustainability.



2026/27

- Speaking up embedded into DBTH culture.
- DBTH is employer of choice with enhanced learner experience and research opportunities.
- Improved access for our most vulnerable families.
- Clinically led transformation of services delivered with health and care partners.
- EPR project is live.
- Sharing core business services to reduce the cost base.
- Develop and invest in research infrastructure and facilities.
- Increase NHS App usage.



2027/28

- Talent management and succession planning embedded.
- Services moved to appropriate place-based settings.
- One public estate and co-location of services with partners.
- Health inequalities framework embedded.
- All information we share with patients and colleagues is accessible.
- EPR successfully implemented.
- Business case for the East Block (DRI) delivered.
- Increase in research investment delivered.
- Talent and innovation expertise grown.



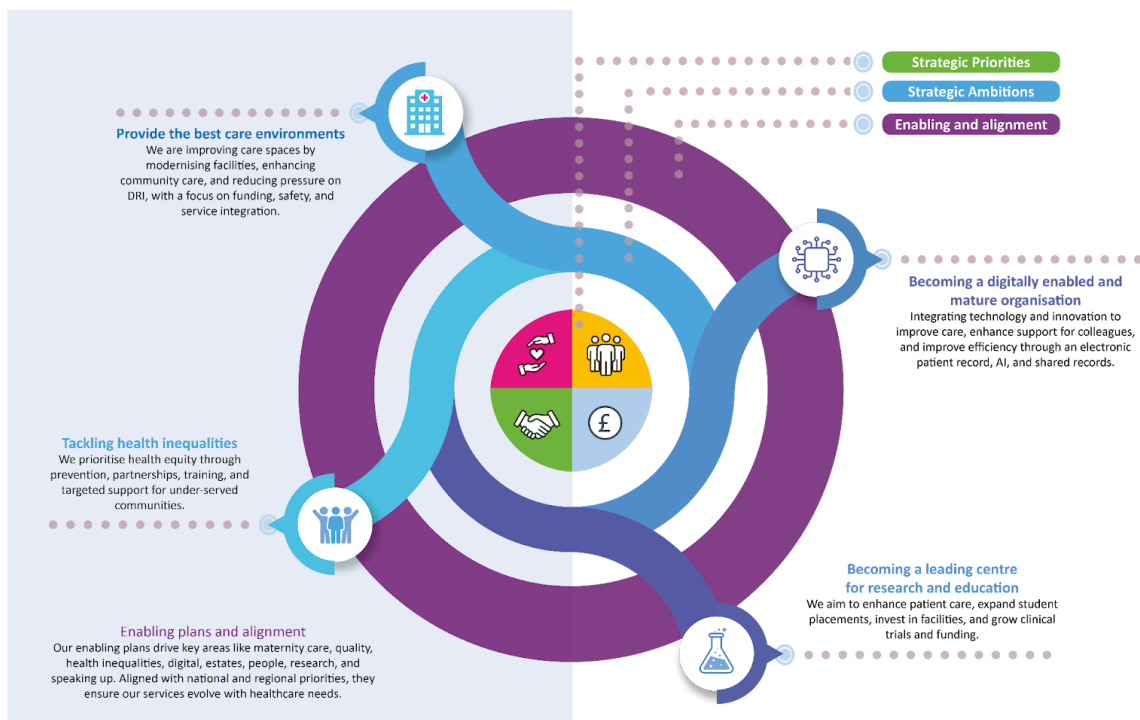
2028/29

- To the best of our ability, we provide the best care environment.
- Health equity is prioritised in everything we do.
- We are a leading centre for education and research.
- We are digitally enabled and mature.



At the centre of this work is the **DBTH Strategic Wheel**. This visual framework brings together our Strategic Priorities, Strategic Aims and Enabling Strategies into a single, interconnected model.

The wheel helps ensure alignment across all areas of the organisation and reinforces how our efforts support wider priorities, including those of our local Integrated Care Board, the South Yorkshire and Bassetlaw Acute Federation, and national programmes such as the NHS Long Term Plan.



Our strategy will be finalised and formally launched in 2025/26, following further engagement, refinement and governance review. Once launched, it will become the foundation for our operational planning, decision-making, and performance management—providing clarity of purpose and direction for all parts of the Trust.

We are proud of the work we’ve done so far, and excited about the opportunities this strategy brings. It reflects who we are, what we value, and where we want to go—always guided by the needs of our patients, the wellbeing of our people, and the health of the communities we serve.

The DBTH Way

The DBTH Way is now well embedded across the Trust, providing a clear and consistent framework that complements our organisational **Vision** – *Healthier together – delivering exceptional care for all* – and our **We Care** values.

Developed with input from colleagues at all levels, this framework sets out our shared expectations of one another and strengthens our collective commitment to delivering high-quality care, while ensuring everyone at DBTH has a positive and rewarding working experience.

Its development was a truly collaborative process, shaped through open engagement sessions, interactive workshops, and vital insights from the annual Staff Survey. It is also closely aligned with our **People Strategy, Just Culture Pledges**, and wider national frameworks, including the NHS Five Year Forward Plan.

The DBTH Way builds on the strong foundation of our We Care values, providing further clarity on what those values look like in practice. It defines how we engage with each other, our patients, our communities, and our partners – fostering a culture rooted in excellence, compassion, and inclusion.

Importantly, the DBTH Way is not a set of rules to memorise, but a guiding principle that captures who we are and how we work. It defines what it means to be part of Team DBTH and creates an environment where every individual feels supported, valued, and empowered to deliver their best.

At its core, the DBTH Way can be summarised by two key statements:

- **We are** Kind, Inclusive, Person-centred, Empowering, Accountable, and Collaborative.
- **We show** Attentive listening, Integrity and Honesty, Courage, and Positivity.

Since its launch, colleagues have embraced the DBTH Way as an integral part of life at the Trust – helping to create a workplace culture that supports both our people and our patients to thrive.

Our Values

At DBTH, our **We Care** Values are at the heart of everything we do. They underpin the **DBTH Way** - setting out how we work together, lead by example, and support each other. Both are more than a set of words; they are the standards we hold ourselves to, creating a culture that is kind, inclusive, empowering, and accountable.



We lead by example and role model the **DBTH Way** and our **We Care Values**

We are



We show



Nursing, Midwifery and Allied Health Professionals (NMAHP) Strategy

Launched in 2023/24, the Nursing, Midwifery and Allied Health Professionals (NMAHP) Strategy marked a new chapter for professional leadership at DBTH. Developed in partnership with clinical colleagues and aligned with our wider strategic direction, the strategy sets out a clear vision for how we support, develop, and empower our NMAHP workforce to deliver the highest standards of care.

The 2024/25 year represents the first full year of implementation — and this Quality Account provides a valuable opportunity to reflect on its early impact.

The strategy is built around four core ambitions:

- **Professional leadership and visibility:** Strengthening the role and voice of NMAHPs at every level, and ensuring clinical leaders are visible, accessible, and supported.
- **Lifelong learning and development:** Creating an environment where all NMAHPs can grow, learn, and lead — from students to experienced professionals.
- **Innovation and high standards:** Embedding evidence-based practice, driving continuous improvement, and maintaining a strong focus on quality and safety.
- **Workforce wellbeing and advocacy:** Promoting a compassionate culture, supporting wellbeing, and providing access to structured, restorative support when it is most needed.

These principles have underpinned a wide range of improvements throughout 2024/25 — many of which are captured in this report.

We introduced the Enhanced Therapeutic Observations programme, designed to improve support for patients with complex needs and ensure colleagues feel skilled and confident in their role. We expanded our safeguarding team, introducing Domestic Abuse Advisors to enhance support for vulnerable patients and embed a trauma-informed approach across our services.

We also implemented the Patient Safety Incident Response Framework (PSIRF) in full, and introduced Patient Safety Partners, embedding patient voice and lived experience into our learning processes. These changes reflect our commitment to building a safety culture that is inclusive, learning-focused, and led by compassionate professionalism.

In maternity care, we delivered our most successful year to date for Registered Midwife recruitment, providing a more stable workforce and helping improve continuity of care. Our support for newly registered colleagues was nationally recognised through the Preceptorship

Quality Mark, which affirmed our approach to early career development and pastoral support.

Elsewhere, we launched the Care Excellence Accreditation Framework, promoting consistent standards of care across our inpatient areas. The first phase focused on mealtimes and nutrition, with structured peer reviews helping teams reflect and improve.

We were also proud to celebrate the achievements of our first Chief Nurse Fellows, and preparations began for the 2025 International Nurses Day Conference, which DBTH will host in May. The event will bring together leading voices in nursing, midwifery and AHP leadership — including Professor Michael West and Duncan Burton, Chief Nursing Officer for England — offering a moment of pride and shared learning for the entire organisation.

Together, these milestones represent meaningful progress against our NMAHP Strategy and reflect our ambition to foster an inclusive, values-led, and professionally confident workforce — one that is central to delivering safe, exceptional and person-centred care.

You can view the full strategy here:

<https://www.dbth.nhs.uk/about-us/how-we-are-run/trust-strategy/>

Overall performance overview and analysis in 2024/25

The 2024/25 financial year was marked by both extraordinary pressures and extraordinary dedication. Across Doncaster and Bassetlaw Teaching Hospitals (DBTH), colleagues responded with unwavering professionalism and compassion to meet the needs of our growing and increasingly complex patient population.

Throughout the year, the Trust experienced significant operational pressures, reflective of wider challenges across the NHS. Rising acuity, increased demand for urgent and elective services, and the long-term impacts of the pandemic all shaped the year's activity. And yet, despite these demands, our teams continued to provide high-quality, person-centred care across all sites and services.

Notably, March 2025 was the busiest month in our Trust's history for Urgent and Emergency Care, with 18,629 patients seen. This milestone illustrates not only the scale of current demand but also the capability of our services and teams to respond in the most challenging of circumstances.

The winter months, particularly December 2024, brought sustained increases in both patient volume and complexity. These pressures were compounded by seasonal illness and workforce strain, yet our services remained resilient, safe, and focused on patient experience.

Our activity data from 2024/25 paints a clear picture of this upward trend in demand — but also reflects our determination to deliver care that is safe, timely, and of high quality:

2024/25 Activity Highlights:

- Emergency care: 209,821 patients treated
- Outpatient services: 551,036 patients seen
- Inpatient care: 127,893 admissions
- Maternity services: 4,280 babies delivered

While this activity reflects the continued pressure on our hospitals, it also reflects the adaptability and dedication of our workforce. Increasingly, we are not only seeing more patients — we are also managing more complex episodes of care, as people live longer and survive illness thanks to advances in treatment.

This has implications for length of stay, multidisciplinary support, and demand for ongoing rehabilitation and social care.

Activity by Site:

- Doncaster Royal Infirmary: 594,205 patient contacts
- Bassetlaw Hospital: 208,274 patient contacts
- Montagu Hospital: 85,845 patient contacts
- External clinics: 4,706 patient contacts

These figures demonstrate the Trust's critical role across our local Places, and the breadth of our services across Doncaster, Bassetlaw and beyond.

Operational Standards and Performance

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 2024/25, average daily attendances to our Emergency Departments were 571, a 5.1% increase compared to the previous year.

In March 2025, 74.8% of our patients were admitted, transferred or discharged from our Emergency Departments within 4 hours from arrival.

Bed occupancy remained high, above 92% 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 have continued to work in collaboration with partners across Doncaster Place during 2024/25 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.

In February 2025 we opened Bassetlaw Emergency Village which increases the emergency department capacity and provides facilities for paediatric patients to be observed at Bassetlaw Hospital overnight, rather than being transferred to Doncaster Royal Infirmary.

Elective Care

Our focus in 2024/25 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 2025 we had virtually eliminated the longest waiting times in all but two specialties. In total we had 146 patients at the end of March 2025 waiting over 65 weeks.

In February 2025, 60.5% of our patients were treated within 18 weeks from referral, compared to 59.3% nationally.

- Diagnostics Waiting Times and Activity – 78.95% (March Performance)
- Cancer FDS – 81.4% (Full Year)

Diagnostics

During the year we have made improvements to reducing our waiting times in a number of our diagnostics tests.

Cancer

The number of urgent suspected cancer referrals has remained high throughout 2024/25 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. In February 2024/25, we achieved the faster diagnosis standard for 81.4% of our patients.

Quality achievements in 2024/25

In 2024/25, Doncaster and Bassetlaw Teaching Hospitals (DBTH) made meaningful progress in delivering safe, exceptional, and person-centred care. Against a backdrop of rising demand, workforce pressures and increasingly complex patient needs, we continued to strengthen the quality, safety, and responsiveness of our services across the Trust.

This year's Quality Account highlights the impact of targeted improvement efforts across urgent and emergency care, elective recovery, cancer, diagnostics, outpatient transformation and care for our most vulnerable patients.

Urgent and Emergency Care:

One of the most significant achievements was the improvement in Emergency Department (ED) performance, with 72% of patients admitted, transferred or discharged within four hours - despite an 11,000+ increase in attendances. This reflects the continued efforts of frontline teams and investment inflow and urgent care redesign.

A major milestone was the opening of the Bassetlaw Emergency Village, which brought adult and paediatric, urgent and assessment services under one roof. This transformation reintroduced 24/7 paediatric overnight observation admissions to Bassetlaw for the first time since 2017, marking a significant step towards equitable care access for children and families in the region.

Cancer and diagnostics:

Cancer care continued to evolve through redesigned pathways, faster diagnostics, and wraparound support. A new partnership with Macmillan Cancer Support now provides patients and families with more holistic care following diagnosis.

We also strengthened diagnostic capacity across the Trust. Our Community Diagnostic Centre at Montagu and expanded imaging services at Bassetlaw have reduced delays and helped manage elective pressures.

Elective recovery and Orthopaedic excellence:

2024/25 marked the first full operational year of the Montagu Elective Orthopaedic Centre of Excellence. Outcomes have been positive, waiting times have reduced, and the patient experience has improved. This model continues to attract national interest as an example of high-volume, low-complexity elective recovery.

Outpatient transformation:

A key success was reducing outpatient Did Not Attend (DNA) rates to just above 7%—down from a historic high of 10%. This was achieved through expanded use of the NHS App, enhanced messaging via Dr Doctor, and clearer communication with patients around appointment options.

Winter resilience and Virtual Wards:

Through a scaled-up Virtual Ward model and strengthened community partnerships, we supported more patients to receive high-quality care at home during the winter months. This alleviated pressure on inpatient services, reduced avoidable admissions, and ensured a safe response to seasonal demand.

Quality and safety enhancements

Throughout 2024/25, we maintained our focus on delivering safe, high-quality care, even as we faced significant operational pressures — including national industrial action, rising demand, and system-wide constraints. In this context, safeguarding patient safety and enhancing the quality of our services remained at the forefront of our work.

We continued to build a safety-first culture, supporting teams to adapt, learn and innovate in response to ongoing challenges. Key areas of progress included:

Adaptive staffing models

To maintain safety across all sites during periods of industrial action and unplanned workforce fluctuation, we introduced more flexible and responsive staffing models. These ensured that critical services remained safely staffed, patients were prioritised based on acuity, and colleagues were supported through clear escalation protocols and enhanced coordination. The approach demonstrated the organisation's ability to respond dynamically while maintaining core quality standards.

Strengthened clinical governance

We enhanced the consistency and transparency of clinical governance processes across the Trust. This included the wider rollout of structured job planning for consultants and senior clinicians, ensuring alignment between individual roles and service needs. We also improved medical appraisal compliance, supporting professional development, encouraging reflection, and strengthening our organisational approach to revalidation and safety oversight. These changes have contributed to a more robust and supportive governance culture.

Embedding health equity

A key milestone in our quality and safety journey was the launch of our first Health Inequalities Strategy. This strategy places equity at the heart of decision-making and seeks to

address the wider determinants of health that impact outcomes across our communities. It has already begun to influence how we prioritise quality improvement, allocate resources, and evaluate access. Equity audits, targeted engagement and training for teams have supported this work, and further developments are planned for 2025/26.

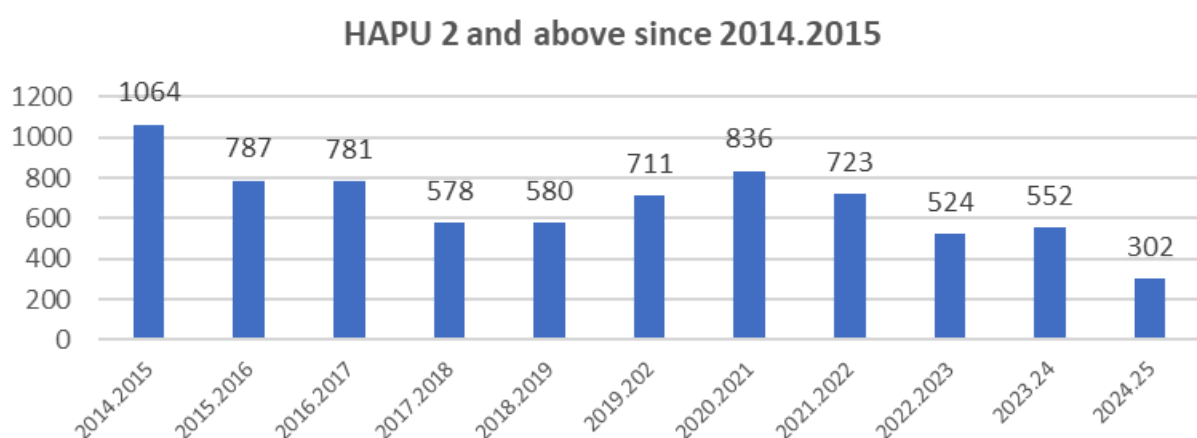
Enhancing patient experience

We continued to invest in the experience of those using our services — recognising that quality is about more than outcomes alone. This year, we created sensory rooms and adapted care environments to better meet the needs of patients with autism, dementia or sensory processing differences. We also expanded the use of digital tools to help patients manage their appointments, communicate with services, and receive more personalised information about their care. These changes support accessibility, reduce anxiety, and improve overall satisfaction.

Pressure ulcer prevention

Preventing avoidable harm remains a core focus of our quality improvement work — and in 2024/25, we saw the culmination of a multi-year programme to reduce hospital-acquired pressure ulcers (HAPUs) across Doncaster and Bassetlaw Teaching Hospitals.

The Pressure Ulcer Reduction Quality Improvement (QI) Work Plan, launched in 2021, was designed to improve early identification, prevention, and learning around pressure damage. Now, in its final year, the programme has delivered substantial and measurable improvements in both clinical outcomes and patient safety culture.



Most notably, the Trust achieved a 64% reduction in Category 2 and above HAPUs compared to the 2020/21 baseline. This represents the most significant improvement in recorded history and reflects the sustained efforts of clinical teams across inpatient wards, theatres, and community settings.

Our Trust-wide HAPU rate now stands at 1.05 per 1,000 bed days, the lowest level since consistent monitoring began. This achievement demonstrates not only improved care practices but also the impact of embedding prevention into everyday clinical decision-making.

Several targeted interventions supported this success, including:

- The rollout of HeelPro offloading devices to reduce pressure injuries on high-risk areas.
- Enhanced mattress provision across key clinical areas, with improved tracking to ensure appropriate use.
- The introduction of StatLock catheter securement to minimise moisture-associated skin damage and Medical Device Related Pressure Ulcers (MDRPU's).

Alongside these physical improvements, we also strengthened our learning and review processes. By applying the Patient Safety Incident Response Framework (PSIRF) to pressure ulcer investigations, we moved away from blame-led analysis and adopted a more system-focused, compassionate approach. Each Category 2 or above incident was triangulated with staffing, acuity and equipment data — providing more meaningful insights and actions.

A Trust-wide education programme was delivered to support awareness and practice, including training for nurses, allied health professionals and students. Pre- and post-training assessments showed a 12% improvement in knowledge scores, indicating increased clinical confidence and understanding in this area of care.

This work has been delivered through collaboration between our tissue viability service, nursing leadership, clinical educators, ward teams, and quality improvement leads. While we are proud of the progress made, we remain committed to sustaining these gains and ensuring that the prevention of pressure ulcers remains a key marker of safe, compassionate and effective care across all of our services.

Care planning and documentation

Clear, consistent, and person-centred documentation is central to high-quality care. It supports safe decision-making, continuity across clinical teams, and ensures that patients' preferences, needs and risks are visible and understood. In 2024/25, we made significant strides in improving care planning and documentation across Doncaster and Bassetlaw Teaching Hospitals, aligned with our Nursing, Midwifery and Allied Health Professionals (NMAHP) Strategy and wider Quality Strategy.

As part of this work, we rolled out a new person-centred care plan in our Care of the Elderly and Medicine specialties. This plan focuses on capturing holistic needs, individual strengths, and personal goals — helping ensure that care is tailored to what matters most to each patient. The early impact has been positive, with improved clarity for multidisciplinary teams and greater involvement of patients and carers in planning. Building on this success, we plan to expand implementation across Trauma and Orthopaedics (T&O), Surgery, and Paediatrics during 2025/26.

A major enabler of this work has been our move toward standardised documentation across professions. Following the highly successful ‘Paper to Pixels’ event, we brought together nurses, AHPs, medical staff and digital colleagues to co-design documentation that is streamlined, interoperable and aligned to safety goals. This has allowed us to begin removing duplication, reduce variation, and improve the quality and usability of clinical notes across electronic platforms.

One important improvement from this standardisation work has been the automation of key data ‘pull-throughs’ — such as mobility status, falls risk, and nutrition scores. This means that essential patient safety information now follows the patient across different parts of their care journey, from ward to theatre to discharge planning. This enhancement not only supports clinical decision-making in emergencies but also reduces reliance on manual transcription, helping to prevent error and improve efficiency.

This work is ongoing, with further opportunities identified for enhancing handover documentation, care escalation planning, and communication tools for patients with complex needs. Feedback from frontline colleagues will continue to shape the next phase of our digital transformation in this area.

Together, these improvements reflect our commitment to building a documentation system that is not only clinically effective but also human-centred — one that supports safer, more coordinated, and more compassionate care for every patient.

Clinical effectiveness

Delivering effective care means ensuring that the right interventions are provided, at the right time, and in the right way — consistently, reliably, and based on the best available evidence. In 2024/25, we strengthened our approach to clinical effectiveness across Doncaster and Bassetlaw Teaching Hospitals, supporting continuous learning, robust measurement, and shared accountability for improvement.

One of the year’s standout achievements was that every inpatient ward across the Trust (100%) achieved CARE Accreditation — our internal framework for recognising high-quality ward-based care. This accreditation is based on clear standards around safety, communication, documentation, leadership, and patient experience. Each ward was

reviewed against these criteria by peer reviewers and quality leads, and support was provided where further development was needed. The result is a strong baseline of consistent, high-quality practice, with structured plans in place to sustain and build upon this achievement.

To support transparency and local ownership of performance, we introduced Divisional Quality Dashboards, bringing together real-time data on key quality indicators including falls, skin integrity, observation compliance, and nutrition assessments. These dashboards are now routinely used at governance meetings, enabling divisions to monitor trends, identify early warning signs, and target support to the areas that need it most.

We also made important strides in improving how we use audit and assurance data. In 2024/25, results from Tendable clinical audits were fully embedded into divisional governance structures and featured in newly developed Effectiveness Highlight Reports. These reports provide a structured overview of strengths, gaps and actions in each area, allowing leaders to quickly assess effectiveness and plan targeted interventions.

Quality improvement (QI) methodology continues to be a key enabler of our clinical effectiveness work. One example of this was a successful *Clostridioides difficile* (CDIFF) prevention project, which used structured problem-solving and stakeholder engagement to reduce infection risk and improve antimicrobial stewardship. Each division now has a named QI Lead, helping to build improvement capability at every level and embed QI thinking into daily practice.

Together, these efforts have strengthened our ability to deliver care that is safe, evidence-based, and continuously improving — supporting our ambition to be a learning organisation that delivers outstanding outcomes for patients.

Care of our most vulnerable patients

At DBTH, we are committed to ensuring that every individual receives care that is not only clinically safe and effective, but also dignified, inclusive, and responsive to their specific needs. In 2024/25, we took further steps to strengthen the support we provide to our most vulnerable patients — including those with learning disabilities, mental health needs, cognitive impairment, and those identified as at risk of harm or poor outcomes.

These efforts were led and coordinated through our Vulnerable Patients Steering Group, which oversees Trust-wide initiatives aimed at improving recognition, support and safeguarding for individuals who may require enhanced care. One key improvement this year was the introduction of monthly vulnerability reporting, providing greater oversight of how well we are identifying and flagging patients with additional needs. This reporting is now used to inform targeted improvements and support service planning.

We also strengthened our delivery of reasonable adjustments for people with learning disabilities. In 2024/25, 84% of adult patients with a known learning disability had clearly documented reasonable adjustments in their records — such as communication preferences, environment adaptations, and sensory considerations. This ensures that care is more accessible, appropriate and respectful of individual needs.

In response to feedback from patients, carers and frontline teams, we trialled a new Vulnerable Patient Care Plan, focused on improving personalised care for those at risk of readmission, delayed discharge or hospital-related anxiety. Alongside this, we enhanced our approach to high-impact user monitoring, enabling more proactive, multidisciplinary planning for patients who frequently attend or experience complex care episodes.

Supporting colleagues to feel confident and equipped in delivering inclusive care has also been a key priority. This year, we achieved over 80% compliance in both Mental Capacity Act training and the Oliver McGowan Tier 1 Training — the latter being a national standard designed to improve the care of people with learning disabilities and autism. These training milestones reflect our commitment to trauma-informed, values-led practice, and our belief that safe care starts with understanding and empathy.

We also strengthened our partnership with Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH) to support joined-up care for patients with mental health needs. This included quarterly education sessions, shared policy development, and case-based reviews designed to improve interface working between acute and mental health services.

Together, these initiatives reflect a Trust-wide commitment to protecting the rights, dignity and safety of vulnerable people in our care. While there is more to do, we are proud of the progress made and will continue to place equity and inclusion at the heart of our improvement journey.

Named practitioner for safety in care

In 2024/25, we continued to strengthen our approach to supporting patients experiencing distress, anxiety, or behaviours that challenge — with a focus on reducing restrictive interventions and promoting compassionate, person-centred care.

A key milestone was the introduction of Reducing Restrictive Interventions (RRI) training, developed in alignment with the Restraint Reduction Network Training Standards and accredited by the British Institute of Learning Disabilities (BiLD). This training was rolled out to clinical teams and SABA security colleagues and was designed to support our compliance with Care Quality Commission (CQC) expectations around restraint reduction and trauma-informed care.

Across the year, we delivered 27 training sessions, reaching 301 colleagues from across the Trust. The content focused on recognising early signs of distress, de-escalation techniques, and the ethical, clinical, and legal frameworks surrounding restrictive interventions. Feedback from participants was highly positive, with many reporting increased confidence, awareness, and sensitivity when supporting patients in distress.

Beyond training, the programme catalysed a broader shift towards collaborative care planning for individuals at risk of crisis or behavioural escalation. Multidisciplinary teams were supported to work more closely with patients, families, and mental health colleagues to develop holistic, co-produced care plans that reflected individual needs, preferences and risks. These plans included tailored strategies to reduce triggers, promote calming environments, and support effective communication.

While we have made good progress, we acknowledge that embedding true co-production into every part of the care pathway remains an ongoing challenge. In 2025/26, further work is planned to improve the accessibility and visibility of behavioural support plans across digital records, and to promote shared decision-making principles in high-risk clinical areas.

The Named Practitioner for Safety in Care role has been instrumental in driving this agenda, acting as a visible source of expertise, advocacy and escalation. This role also supports learning from incidents involving restraint or behavioural distress, helping teams reflect on what went well, where improvements can be made, and how a more human-centred approach can be consistently delivered.

This work represents a key part of our broader quality and safety improvement journey — one that is grounded in the belief that safety and compassion must always go hand in hand.

Patient safety alerts and notices

A responsive and reliable system for managing national safety alerts is a cornerstone of strong clinical governance. At Doncaster and Bassetlaw Teaching Hospitals (DBTH), we remain committed to promptly addressing national guidance, safety notices, and medical device alerts to reduce risk and promote continuous learning.

In 2024/25, we maintained a high level of responsiveness and compliance across all categories of safety alert, ensuring timely action, audit, and assurance. This work is overseen by our Clinical Governance Team in collaboration with divisional safety leads and subject matter experts, forming a key part of our Trust-wide approach to risk management and improvement.

Safety Alert Performance Overview (2024/25)

- 12 National Patient Safety Alerts (NPSAs) issued by NHS England:

- 11 fully actioned and closed
- 1 in progress (within the implementation period, with progress monitored through divisional governance structures)
- 79 additional national alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA), UK Health Security Agency (UKHSA) and others:
 - 100% closed within required timeframes
- 91 Field Safety Action Notices (FSANs) related to medical devices and equipment:
 - 93.4% completed, with remaining items either superseded, addressed through alternative mitigations, or scheduled for completion

Each alert is tracked using a centralised system that ensures visibility at executive and divisional levels, with documented evidence of action plans, training, and, where applicable, changes to clinical practice or procurement.

This year, our teams demonstrated strong vigilance and coordination across specialties — ensuring alerts were not only actioned in a timely manner, but also used as learning opportunities to strengthen systems and reduce future risk. Examples included swift action in response to alerts on infusion devices, surgical safety, and infection control measures, which triggered updates to policy, equipment checks, and targeted communication campaigns.

Importantly, this work does not happen in isolation. Our alert management process is now closely aligned with our wider Patient Safety Incident Response Framework (PSIRF) and complements our focus on proactive risk identification and system learning.

Together, this performance reflects a mature safety culture and robust governance processes that are agile, transparent, and responsive to national priorities — ensuring we continue to meet our duty of care to every patient, every time.

Clinical Audit and national confidential enquiries

Clinical audit plays a vital role in assuring the quality, safety, and effectiveness of care at Doncaster and Bassetlaw Teaching Hospitals (DBTH). Through systematic review of clinical practice against nationally agreed standards, audit allows us to identify variation, celebrate good practice, and target areas for improvement. This is an essential part of our approach to continuous learning and accountability, and forms a key pillar of our Trust-wide Quality Strategy.

In 2024/25, we maintained strong engagement with both national clinical audit programmes and National Confidential Enquiries into Patient Outcome and Death (NCEPOD), ensuring we are benchmarked against best practice and contributing to national learning.

Performance overview

- 39 national clinical audits participated in.
- 5 NCEPOD reviews engaged with in full.
- 100% participation in all eligible national projects.
- 72% data submission rate across active audit cycles.

These participation and submission rates reflect the collective commitment of clinical teams across specialties to contribute to improvement and scrutiny. Where data submission was incomplete, this was often due to project timing or changes in national reporting schedules — and mitigation plans were put in place locally to ensure progress continued.

Key National Audits and Enquiries

The audits and reviews we engaged with in 2024/25 covered a wide range of specialties and high-impact care areas, including:

- National Hip Fracture Database (NHFD) – Assessing standards of care for older adults following hip fracture, including surgery timing, delirium screening, and multidisciplinary rehabilitation.
- National Emergency Laparotomy Audit (NELA) – Focusing on timeliness of intervention and perioperative care in high-risk emergency abdominal surgery.
- National Neonatal Audit Programme (NNAP) – Monitoring care provided to preterm and sick babies against clinical best practice.
- National Maternity and Perinatal Audit (NMPA) – Evaluating the quality and outcomes of maternity care across the antenatal, intrapartum and postnatal pathways.
- National Cardiac Arrest Audit (NCAA) – Examining in-hospital cardiac arrest responses, escalation pathways and survival rates.
- Learning from Lives and Deaths – People with a Learning Disability (LeDeR) – identifying improvements to health and care services through structured mortality reviews for people with learning disabilities.

The reports of 39 national clinical audits were reviewed by the provider in 24/25 and DBTH intends to take the following actions to improve the quality of healthcare provided as set out in the ‘areas for improvement’ section of this report.

The report of 85 local clinical audits were reviewed by the provider in 24/25 and DBTH intends to take the following actions to improve the quality of healthcare provided as set out in the 'areas for improvement' section of this report.

Each of these audits has informed local quality improvement work, audit action plans, and discussions within clinical governance structures. In some cases, findings have led to direct changes in documentation, team training, or service design — while others have prompted further internal audit to ensure compliance and address any gaps.

Looking ahead, we will continue to strengthen our internal audit governance process, improve the integration of audit findings into QI planning, and ensure that all learning is shared transparently across divisions. Clinical audit remains one of the most important ways we measure our performance and uphold our ambition to deliver outstanding care, every time.

Learning from Deaths

As a Trust, we are committed to learning from every patient death to improve safety, reduce avoidable harm, and ensure compassionate, high-quality care for all.

In 2024/25, a total of 2,151 patients died across our hospital sites, including deaths within the Emergency Department. Structured Judgement Reviews (SJRs) were requested for 147 cases, representing 6.8% of all deaths. By the end of April 2025, 120 of these reviews had been completed. While this is a marked improvement from previous years, we recognise the need to increase our reviewer capacity to reach our aspiration of reviewing 12–15% of all deaths.

Two deaths reviewed were judged to be 'more likely than not' due to problems in care. These cases were investigated through the Trust's patient safety systems, with all findings contributing to organisational learning and improvement.

Themes from our SJRs this year have highlighted key learning opportunities, including:

- The need for timely blood culture sampling and prompt administration of antibiotics in suspected sepsis.
- The importance of completing the Sepsis IPOC (Individualised Plan of Care).
- Prescribing oxygen prior to administration.
- Improved documentation of best interest decisions, particularly for patients with learning disabilities.
- Prompt initiation of blood transfusions when prescribed.
- Early recognition of hypotension and the need for fluid resuscitation.

In addition to areas for improvement, SJRs have identified examples of high-quality care:

- Senior clinical reviews and early recognition of deterioration.
- Timely assessments and clear management plans.
- Strong multidisciplinary collaboration and input from specialist nurses.
- Effective communication with families and high standards of clinical documentation.

The Mortality Governance Committee oversees the review process and drives forward improvement initiatives. In 2024/25, the Trust's Learning Disability Lead worked closely with the Vulnerable Patient Steering Group to strengthen documentation and best interest decision-making. Sepsis-related themes have been taken forward by our Sepsis Action Team, and improvement in oxygen prescribing is already being seen due to the learning shared via quarterly mortality reports.

Two Regulation 28: Prevention of Future Deaths reports were issued to the Trust in Q4. Action plans in response to these reports are being led by the Medical Director and monitored through Mortality Governance to ensure timely and effective resolution.

Looking ahead, we are committed to:

- Increasing the proportion of deaths reviewed.
- Embedding learning into clinical education and safety improvement.
- Strengthening reporting on vulnerable patients and embedding equity across mortality review processes.

Our approach to learning from deaths remains a key part of our wider Patient Safety Incident Response Framework (PSIRF), ensuring that every death is an opportunity to learn, improve and deliver better care.

Areas for improvement in 2025/26

While 2024/25 has seen meaningful progress across many aspects of care, we acknowledge that there are areas where further improvement is both needed and expected. By identifying these openly, we are reinforcing our commitment to continuous learning and service development, and creating a strong foundation for change.

1. Consistency in Frailty Identification in the Emergency Department

Although improvements were made during the year, frailty screening performance varied significantly across quarters — dropping to 37% in Q3. In 2025/26, we will work to embed consistent frailty assessment processes and improve the early identification and management of older patients at risk of deterioration.

2. Limb Ischaemia Pathways

Our performance against the revascularisation standard for limb ischaemia remained below expected levels. This highlights the need for stronger coordination across urgent care and vascular teams, clearer pathways, and more robust data collection to reduce delays and improve outcomes.

3. Health Inequalities Implementation

While our first Health Inequalities Strategy has been launched, implementation is still in its early stages. The coming year will require more consistent application of equity principles across all services, enhanced workforce training, and the development of tailored approaches to improve access and outcomes for underserved groups.

4. Pressure Ulcer Documentation Compliance

Despite overall improvement in pressure ulcer prevention, documentation compliance dipped in Q3. Work is ongoing to strengthen reliability in high-pressure areas, with a focus on sustaining strong practice even during periods of operational strain.

5. Co-Produced Care Planning for Vulnerable Patients

Progress has been made in supporting vulnerable patients, including the introduction of new care plans and staff training. However, embedding consistent co-production — particularly for patients who access services frequently or experience behavioural distress — remains a development priority.

6. National Audit Data Submission

While participation in national audits was excellent, our overall data submission rate was 72%. In 2025/26, we will prioritise the timeliness and completeness of audit data to ensure that we can better evaluate clinical effectiveness and identify areas for targeted improvement.

7. Enhancing the Use of Patient Safety Learning

The rollout of the Patient Safety Incident Response Framework (PSIRF) has strengthened our systems, but we know that fully embedding a just culture of learning takes time. In the coming year, we will enhance how learning is shared across teams and ensure actions from incidents are translated into sustained improvements.

Looking ahead: Priorities for 2025/26

As we move into 2025/26, our focus is firmly set on building on the progress made this year while continuing to respond to the evolving needs of our patients, colleagues, and communities. Informed by our refreshed Trust Strategy, our operational plan, and the

insights gained through this year's Quality Account, we have identified a set of key priorities that will guide our efforts in the year ahead.

These priorities are designed to drive quality, safety, equity and sustainability across all aspects of our services, while aligning with our long-term ambition to become a University Teaching Hospital known for delivering outstanding care, every time.

Our key priorities for 2025/26 are:

- **Improving elective access and reducing long waits:** We will continue to focus on recovering elective activity and reducing waiting times, particularly for those patients who have waited the longest. This includes increasing productivity in outpatient and theatre services, optimising follow-up models, and expanding the use of Community Diagnostic Centres to provide earlier and more convenient access to care.
- **Strengthening urgent and emergency care:** Building on the foundations laid this year, we will work to improve Emergency Department (ED) flow, reduce ambulance handover delays, and make further use of Same Day Emergency Care and Virtual Wards. Our aim is to consistently achieve the national four-hour access standard by March 2026, while maintaining a focus on patient experience and safety.
- **Expanding cancer and diagnostic services:** We are committed to meeting national cancer performance standards, including the 62-day and Faster Diagnosis targets. This will be supported by investment in diagnostic capacity, pathway redesign, and partnerships that ensure patients are diagnosed and treated as quickly and holistically as possible.
- **Delivering maternity transformation:** We will continue to embed the recommendations of the Ockenden Review and deliver all requirements of the Clinical Negligence Scheme for Trusts (CNST) Year 6, ensuring that our maternity services are safe, personalised and supportive. This work includes ongoing staff training, improved surveillance and escalation processes, and strong family involvement.
- **Embedding the Health Inequalities Strategy:** Reducing unwarranted variation in access and outcomes remains a central theme. We will embed the principles of our Health Inequalities Strategy across all clinical services, using data, community insights and targeted support to ensure that care is equitable and inclusive for all.
- **Growing research, innovation and digital capability:** As part of our journey towards University Teaching Hospital status, we will further expand research activity, digital maturity and innovation partnerships. The continued rollout of our **Electronic Patient**

Record (EPR) and investment in clinical decision tools will help transform how we deliver care and engage patients.

- **Supporting staff wellbeing and retention:** Workforce remains at the heart of all we do. In 2025/26, we will implement more flexible working models, improve access to psychological support, and develop tailored recruitment and retention strategies — ensuring that DBTH is a positive, inclusive and rewarding place to work.
- **Enhancing system-wide collaboration:** Working closely with partners across Place, Integrated Care Boards (ICBs) and community services, we will continue to develop integrated care pathways that are person-centred and seamless. This will include greater alignment between physical and mental health services, as well as stronger connections between primary, secondary and social care.
- **Achieving financial sustainability:** We will align our improvement work with productivity and benchmarking data to ensure that our services are efficient, value-driven and sustainable. This includes strengthening business intelligence tools and adopting models that support clinical and financial decision-making.

Statements of assurance

Participation in Clinical Research

DBTH remains committed to becoming a leading centre of research excellence, enhancing both patient care and workforce development. In 2024/25, we successfully completed Year 1 of our Research and Innovation Strategy (2023-2028), which integrates seamlessly with our broader organisational goals, including the Clinical Quality, People, and Health Inequalities Strategies. This alignment has reinforced our objectives, fostering the growth of research talent and innovation leadership across DBTH.

Key to our success is the inclusion of the Nursing, Midwifery, and Allied Health Professionals Research and Innovation Framework, which acknowledges the need for tailored support to non-medical healthcare professionals alongside medical colleagues. This framework, alongside the R&I Strategy, has led to considerable growth in research capabilities and expertise within our workforce.

In the area of maternal and child health, we have made significant strides. The Born and Bred in Doncaster (BaBiD) research study has reached over 3,350 recruits, with 1,013 new participants (mothers and babies) annually. Our ongoing collaboration with Sheffield Hallam University continues to strengthen this area, with key research contributions from Professor Hora Sultani and Dr. Frankie Fair.

DBTH has also met its annual contract requirements with the National Institute for Health and Care Research (NIHR) Regional Research Delivery Network (RRDN), receiving commendations for patient recruitment and the wide range of studies offered. Among the notable achievements is the expansion of rheumatology research, with clinical trials evaluating new treatments for patients with systemic lupus erythematosus (SLE). Additionally, in renal research, we proudly recruited the first European patient for the ALXN1210-IgAN-320 trial, exploring a novel drug for immunoglobulin A nephropathy.

Pediatric research has also seen substantial progress, particularly in the BronchStart study, which focuses on bronchiolitis in children. In line with our strategic commitment to maternal and child health, we hosted our inaugural Maternal and Child Health conference, which is informing real-world evaluations aimed at reducing maternal inequalities. We are also leading two NIHR-funded projects tackling maternal health disparities, in collaboration with the University of Sheffield, City of Doncaster Council, and University of Bournemouth.

Our research portfolio continues to grow, with DBTH expanding its partnerships with local academic and innovation institutions. Notably, our membership with INSIGNEO (University of Sheffield) has enabled research into surgical innovations, while the South Yorkshire Digital Health Hub is exploring pump prime funding for research stemming from the BaBiD study. We are also collaborating with Sheffield Teaching Hospitals and Manchester University Foundation Trust to redesign healthcare for patients with multimorbidities.

As part of our ambition to develop Doncaster as a University City, we continue to strengthen our collaborative efforts with the City of Doncaster Council and Rotherham, Doncaster and South Humber NHS Trust (RDaSH). Our work with the Doncaster Voices community is a key part of our People and Public Involvement (PPI) approach, which helps to shape and prioritize our research and innovation activities. Additionally, DBTH remains a key partner within the South Yorkshire and North Nottinghamshire Integrated Care Boards, contributing to regional research and innovation strategies.

DBTH is proud to lead the way regionally and nationally with our inclusive, multi-professional approach to education and research. We continue to share our experiences with other NHS providers and are recognized for integrating education and research into our organizational culture, supported by strong leadership and alignment with our 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

Clinical coding error rate

In line with the DS&P requirements the Trust has undertaken clinical coding audits (diagnoses and procedure coding) during 2024/2025 which resulted in the Trust achieving the Expectations Exceeded level (the highest level attainable). 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%	99.0%
Secondary diagnosis correct	>=90.0%	>=80.0%	98.05%
Primary procedure correct	>=95.0%	>=90.0%	99.05%
Secondary procedure correct	>=90.0%	>=80.0%	98.08%



















NHS Staff Survey

The NHS staff survey is conducted annually. As of 2021/22, 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 2024/25 survey among trust staff was 62% (2022/23: 67%).

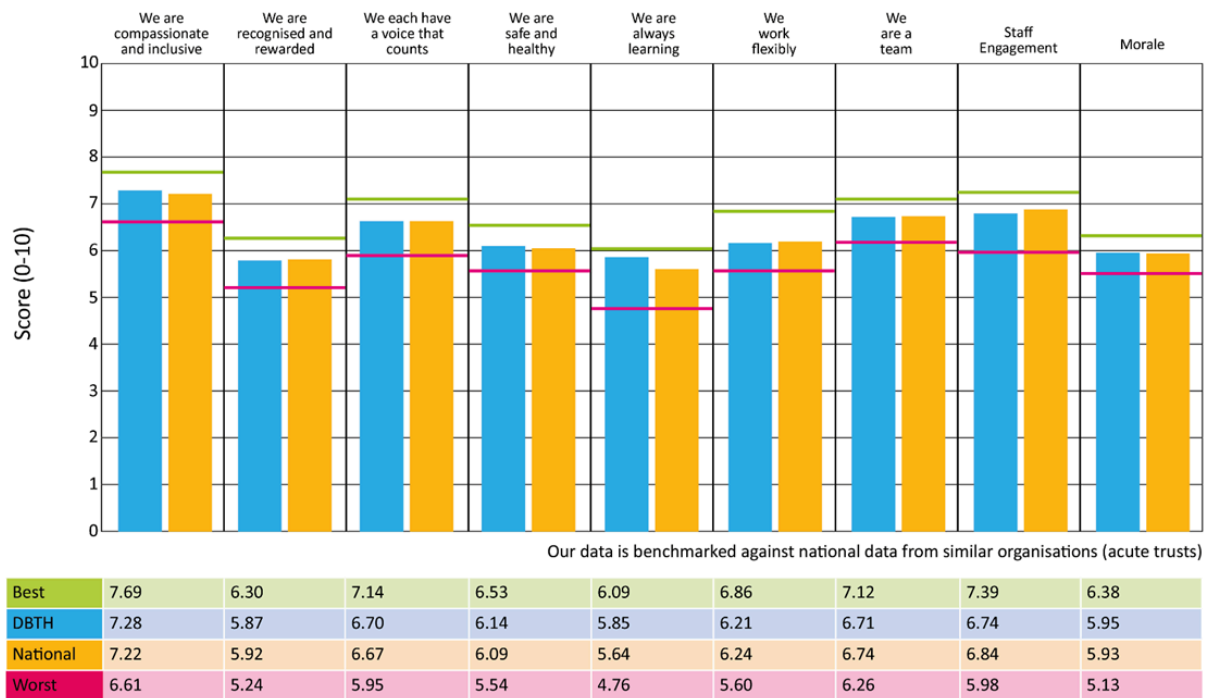
On behalf of the Board of Directors, I want to say a heartfelt thank you to all colleagues who took the time to complete this year's NHS Staff Survey. Your feedback helps us understand where we're doing well—and where we need to do better.

Theme	DBTH Score	2023 Score	2023 comparison	National Score	National comparison
We are compassionate and inclusive	7.28	7.40		7.22	
We are recognised and rewarded	5.86	6.00		5.90	
We each have a voice that counts	6.70	6.80		6.68	
We are safe and healthy	6.14	6.20		6.09	
We are always learning	5.84	5.90		5.69	
We work flexibly	6.20	6.20		6.22	
We are a team	6.71	6.80		6.74	
Staff Engagement	6.74	6.80		6.85	
Morale	5.95	6.10		5.93	

 Same or Better
  Worse
  Slightly lower (less than 0.05 difference)

Over 4,500 colleagues shared their views, representing 62% of our workforce—well above the national average response rate of 49%.

This is a clear sign that our teams are engaged and want to shape the future of DBTH together.



These insights continue to shape our approach to the ‘People’ priority within our Trust Strategy. At the heart of this is the DBTH Way—ensuring all colleagues feel valued, supported and confident in their roles so we can deliver the highest quality care.

What we’re doing well

Despite a slight overall decline compared to our strong 2023 results, the survey highlighted key strengths that we can be proud of:

- **Feeling valued:** Colleagues feel their work makes a difference, with fair opportunities for progression and supportive line managers.
- **Inclusive culture:** DBTH continues to be seen as a place where individuals are respected and diversity is embraced.
- **Learning and development:** Appraisals are taking place, and many colleagues feel they have opportunities to grow their skills.
- **Supportive leadership:** Team leaders are approachable, and flexible working is improving across departments.

We also continue to outperform the sector average in four of the seven NHS People Promise themes, and in the remaining three, we are only slightly below—demonstrating our ongoing commitment to improving the colleague experience.

Where we need to improve

Alongside the positives, we recognise where improvements are needed and are taking steps to address them:

- **Workload and wellbeing:** Some colleagues report challenges with workload and resources. We're enhancing signposting and access to wellbeing support.
- **Speaking up:** While results exceed the national average, we want all colleagues to feel confident that concerns will be listened to and acted on.
- **Ideas and innovation:** We're working to ensure every colleague feels included in shaping improvements and decision-making.
- **Teamworking:** We'll continue to strengthen collaboration and mutual support across teams.
- **Flexible working:** While progress has been made, we're looking at how we can offer more consistent options.
- **Leadership development:** We're growing our development offer to build confidence and support at all levels.
- **Recognition and reward:** While many feel appreciated, we want to do more to celebrate great work across the organisation.

Next steps

All teams with ten or more responses will receive an anonymised summary of their results. These will be used to spark conversations, shape team-level action plans, and agree on next steps. If these discussions aren't taking place in your area, we encourage you to speak to your manager.

All action plans will be submitted by 31 May, with progress updates shared in September. Resources and templates are available to support this process via the Hive.

While we know there's more to do, there's also a great deal to be proud of. Thank you once again for your input—your voice is helping shape DBTH as a better place to work and receive care.

Patient and Public Involvement and Experience

Patient experience

The Head of Patient Engagement, Experience and Involvement continues to establish relationships with our local population and has attended a number of local engagement events to “hear our communities voices”.

We continue to engage with the LeDeR Programme and LeDeR Steering Groups.

The Trust now has 120 Learning Disability Ambassadors and recruitment and training remains ongoing. Oliver McGowan training has now been rolled out across the trust.

Friends and Family Test

The friends and family inpatient response rate increased to 20% in December 2024 and ... March 2025 from 8% the previous financial year and the highest inpatient response rate the trust had had in 4 years. The A & E Response rate was... . The number of outpatients responses also increased although this was covered in sending text messages . The number of maternity responses remained reduced an there was plan to improve the number of responses. The contract with Iwantgreatcare was extended for a further twelve month period.

Complaints

In the 2024/2025 financial year, 620 complaints were reported to the Trust. This was a 16.1% reduction from the 2023/20234 financial year when the total complaints reported were 739.

Volunteers

Volunteers are integral in enhancing the quality of care to patients at DBTH.

There are a wide range of roles undertaken by our dedicated volunteers; escorting patients around the hospital, ward volunteers, clinic volunteers, library volunteers and A&E Volunteers. In the last year we have also introduced patient liaison roles.

The Trust continues to actively recruit volunteers.

Engaging service users

The Head of Patient Engagement, Experience and Involvement continued to establish relationships with our local population and has attended a number of local engagement events to “hear our communities voices”.

Following a successful NHS Charities Bid the Trust were able to commission the People Focused Group as the Trust’s engagement partners over a twelve-month period. The evaluation of this project was particularly positive around staff feedback of having the peers on the wards.

The Head of patient engagement attended Doncaster’s prisons, Parkinson’s UK, Doncaster Carers voices to gain feedback from parents with special education needs and disabilities.

Conclusion

The 2024/25 year has been one of meaningful progress, continued challenge, and enduring commitment across Doncaster and Bassetlaw Teaching Hospitals. In a landscape marked by increasing complexity, operational pressures and evolving patient needs, our teams have consistently risen to the occasion — delivering safe, person-centred care while also driving forward long-term transformation.

This Quality Account reflects a year in which we not only sustained high standards of safety and effectiveness but also took important steps toward creating more equitable, responsive and integrated services. From reducing hospital-acquired pressure ulcers and strengthening maternity safety, to launching our first Health Inequalities Strategy and embedding a Trust-wide NMAHP vision, we have built solid foundations for the future.

We are proud of the advances made in clinical effectiveness, care planning, audit participation, digital innovation, and the voice of our patients and communities — all of which demonstrate a maturing culture of improvement and accountability. At the same time, we acknowledge the areas where further progress is needed. These are not blind spots, but active priorities — and we welcome the opportunity to learn, adapt, and improve.

Looking ahead to 2025/26, our strategic direction remains clear. We are focused on improving urgent and elective access, deepening our system partnerships, and growing the capabilities that will define the Trust's future — from research and digital maturity to education and patient involvement. Our journey toward becoming a University Teaching Hospital continues, with quality and compassion at the heart of everything we do.

None of this would be possible without the extraordinary colleagues who power our services, the patients and carers who challenge us to do better, and the communities whose trust we work every day to earn and uphold.

Together, we are building something stronger — a healthcare service that reflects the best of our people, our partnerships, and our shared ambition to deliver outstanding care, every time.