



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust



DBTH Three-Year Plan

2026 to 2029

Doncaster and Bassetlaw Teaching Hospitals

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Our vision is clear:

Healthier Together –

Delivering Exceptional Care for All

Our **three-year plan** sits at the heart of how we deliver our vision. It turns **Healthier Together** into practical action, aligning our **Strategic Priorities** and **Ambitions** with the national **NHS 10 Year Health Plan**, guided by the **DBTH Way** and our **We Care** values, and supported through **Enabling Plans** and improvement frameworks that shape how we work every day.



NHS 10 Year Health Plan

Sets the national direction for improving health and care, focusing on better outcomes, care closer to home, digital innovation and long-term financial sustainability.



Our Trust strategy

Sets out our long-term vision and direction, defining how we will deliver safe, high quality care through our priorities of Patients, People, Partnerships and Pounds.



Our three-year plan

Sets out how we will deliver our strategy in practice, translating long-term ambition into clear actions, measurable improvements and sustainable change.



The DBTH Dozen

Organises our improvement work into 12 clear priority areas, providing a shared structure that guides delivery, focuses effort and ensures change is coordinated.



Our Enabling Plans

Explain the practical work that supports our strategy, helping us build the people, technology and environments needed to deliver better care.



This plan

Over the **next three years**, we will focus upon **five clear goals**, and associated measurable improvements - practical shifts in how we organise care, support colleagues and secure our future.

Workforce & Organisational Design

Right workforce, organised well, with clear roles and less reliance on temporary staffing. Over the next three years, we will:

- **Reduce reliance on agency and bank**, instead offering substantive roles that provide stability and development
- **Redesign workforce structures** to improve efficiency and clarity.
- Complete **job planning and role reviews** to ensure capacity is aligned to demand.
- Make sure **teams are organised at a size and shape that works well** day to day.
- **Simplify systems and reduce duplication** so colleagues can focus on patient care.
- Use **digital tools to reduce administrative burden** and empower teams.

Shape of DBTH

Clearer roles for our sites and services, making best use of our estate and partnerships. Over the next three years, we will:

- **Define clear roles and identity for each hospital site** so services are organised in the right place.
- Ensure **emergency and planned care** are delivered **in the right environments**.
- **Reconfigure services where needed** to improve quality, resilience and workforce sustainability.
- Develop **stronger partnerships with system partners** to support joined-up care.
- Deliver **more care in community and town-centre settings** where appropriate.
- **Optimise estate** and facilities to make **best use of available space**.

Access & Flow

Helping patients move through services more quickly, reliably and with fewer delays. Over the next three years, we will:

- **Increase planned operations and day-case activity** so patients are treated sooner.
- **Reduce waiting lists** in a structured way.
- **Cut last-minute cancellations** and improve reliability of clinics and theatres.
- Make **better use of clinic appointments** and reduce wasted capacity.
- **Improve discharge and patient flow** so beds and theatres are used effectively.
- **Expand outpatient and diagnostic capacity**, including virtual and community-based care.
- Strengthen **performance management and grip** through regular review and escalation

Productivity & Finance Reset

Using our resources better, controlling spend and improving productivity. Over the next three years, we will:

- Deliver a **significant cost improvement programme** across workforce, procurement and services.
- Make **better use of theatres, clinics and estate**.
- Improve **productivity in diagnostics, theatres and outpatients**.
- Further **strengthen control of non-pay spend, procurement and contracts**.
- **Reduce vacancy-related inefficiencies** and improve workforce utilisation.
- **Improve financial reporting**, analytics and grip on delivery.
- Ensure **all improvements are planned, tracked and delivered** through one programme.

Culture & Leadership

Stronger leadership, clearer expectations and a more supportive, accountable culture. Over the next three years, we will:

- **Set clear expectations** through a leadership accountability framework.
 - Increase **visible leadership and engagement** across services.
 - Support teams through change with **strong communication and involvement**.
 - Promote a **culture of learning, civility and continuous improvement**.
 - Ensure leadership **actively supports delivery of all four pillars**.
- Getting this right will help us create the conditions for sustainable change and consistent, high-quality care long into the future.

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Our sites

We serve communities across two regions, covering busy urban areas and rural towns and villages. That gives us scale, reach and opportunity - here are our plans for each of our unique sites:

Doncaster Royal Infirmary

Strengthen emergency and time-critical services

Emergency care will become faster and more reliable, with fewer long waits, improved four-hour performance and ambulance handover delays reduced to zero.

Clear purpose

As our principal hot site, this hospital will play a leading role in delivering the following clinical services:

- Urgent and Emergency Care
- Complex planned and elective
- Women's and Children's services
- Adult inpatient
- Diagnostics

Strong training and development opportunities

We will support colleagues to grow their skills and careers, strengthening expertise across all of our sites and building a confident workforce for the future.

Support specialist teams at the right scale

Bringing specialist teams together at the right scale will protect skills, improve consistency and ensure patients receive expert care in the right place.

Improve patient flow across acute services

Patients will move more smoothly through services, with fewer delays, shorter stays where appropriate, and quicker access to the care they need.



Over the next three years, we will make better use of that footprint by organising our sites and clinics with greater clarity and purpose. Each location has distinct strengths - and it's crucial we make the most of them.

Bassetlaw Hospital

Grow reliable planned and day-case care

We will increase planned and day-case activity in a stable setting, helping more patients be treated on time with fewer cancellations.

Clear purpose

As a hybrid hot and cold site, Bassetlaw Hospital will play a vital role in delivering both urgent and planned care for the communities it serves.

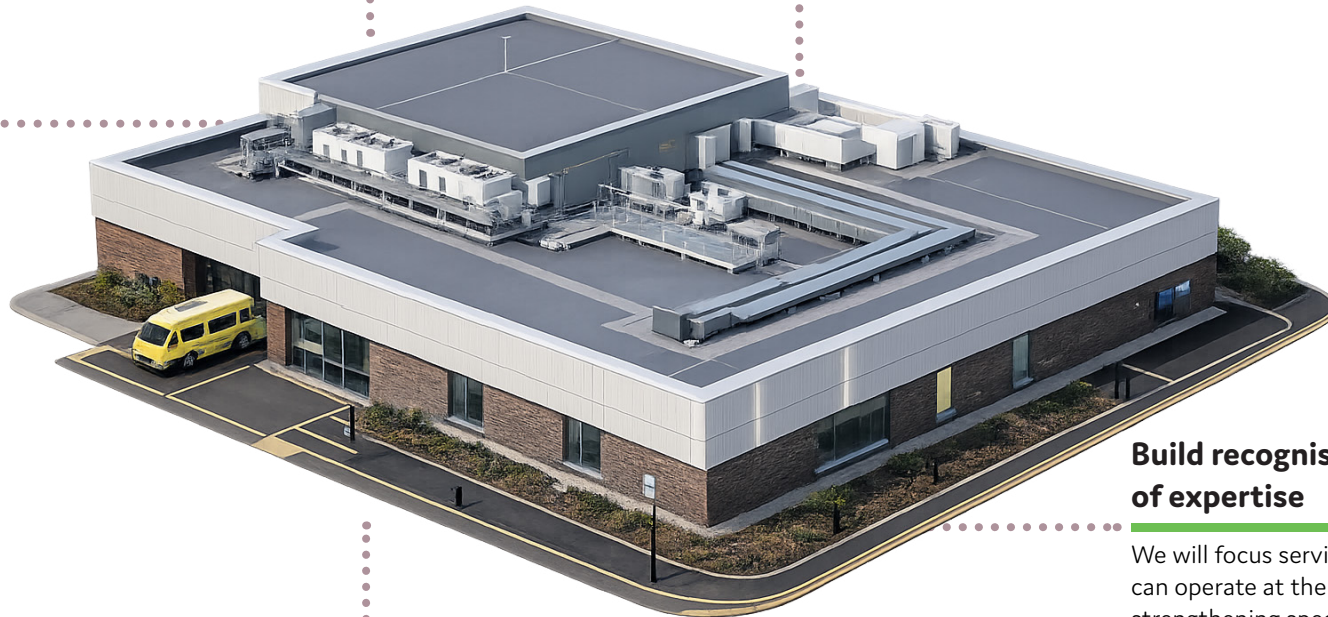
- Urgent and Emergency Care
- Planned and elective
- Women's and Children's services
- Adult inpatient
- Diagnostics
- Outpatients

Work closely with local primary and community

We will strengthen links with GPs and community services to provide more joined-up care and make it easier for patients to access support closer to home.

Provide predictable services in a stable setting

Care will run more consistently, with fewer last-minute changes and a clearer, more dependable experience for patients and colleagues.



Build recognised areas of expertise

We will focus services where they can operate at the right scale, strengthening specialist skills and delivering consistently high standards of care.



This is about building on what we already have - our geography, our people and our facilities - and using them in a way that delivers safe, exceptional, person-centred care.

Montagu Hospital

Protect and expand specialist planned services

We will safeguard dedicated elective services and grow specialist planned care, ensuring patients are treated in focused environments with fewer disruptions.

Clear purpose

As our dedicated elective and rehabilitation centre, Montagu Hospital will lead in delivering focused planned care and recovery services:

- Outpatients
- Planned and elective
- Adult inpatient
- Therapies
- Diagnostics

Improve productivity in elective care

We will make better use of theatres, clinics and staff time so more patients can be treated safely and efficiently.

Provide focused recovery and rehabilitation environments

We will offer calm, dedicated spaces that support safe recovery and high-quality rehabilitation after treatment or surgery.

Strengthen overall capacity across the Trust

Montagu will provide dedicated elective and rehabilitation capacity, creating additional headroom and reducing pressure on our acute sites.



Our ambition is to combine local access with specialist strength, ensuring every site plays a confident and valued part in the future of DBTH.

Community clinics

Improve convenience and access for patients

We will provide care in community and town-centre locations, making it easier for patients to attend appointments closer to home.

Reduce travel and parking pressures

Providing more care closer to home will cut down unnecessary journeys and ease parking pressures at our main hospital sites.

Clear purpose

As part of our community and prospective High Street network, these sites will play an important role in delivering care closer to home:

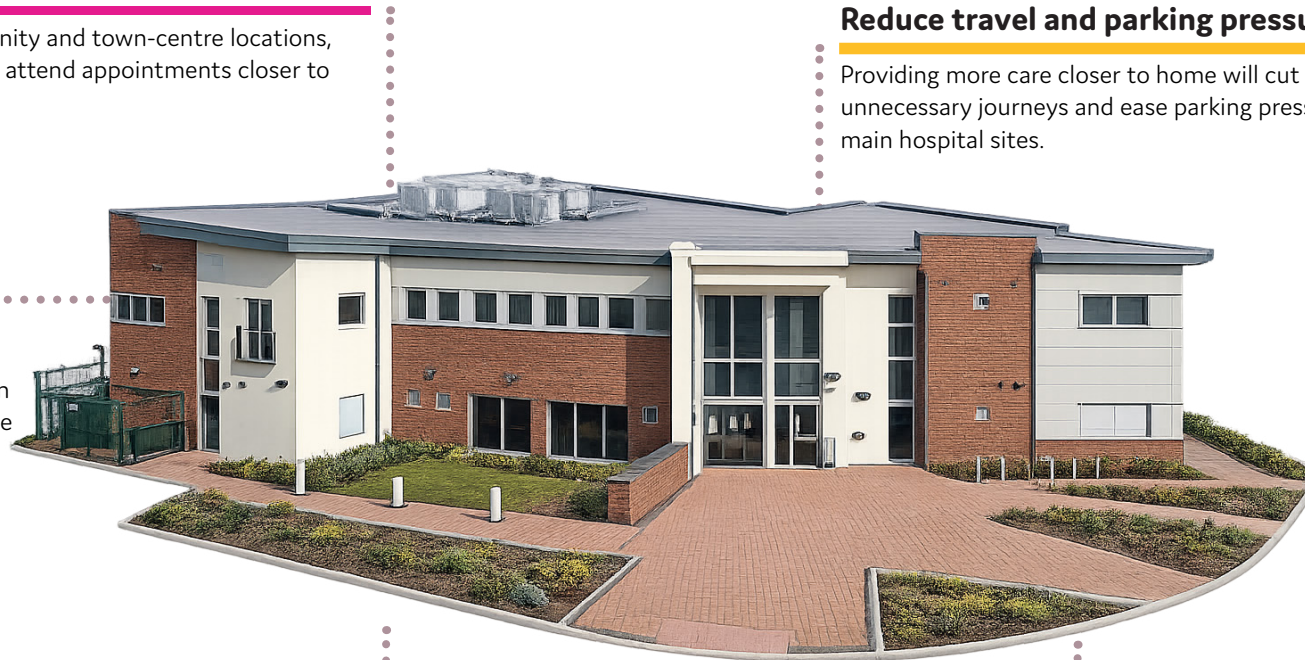
- Outpatients
- Therapies
- Diagnostics
- Pre-operative assessment

Allow hospital sites to focus on specialist and acute care

By delivering more routine services in community settings, our hospitals can concentrate on complex, urgent and specialist care.

Support all our communities, wherever they are

We will bring services closer to towns and villages across our footprint, making it easier for people to access care without travelling long distances.



Improving performance

Strengthening our hospital sites is not just about structure. It is about creating the conditions for better care, and we can turn our attention to improving our performance, as well as outcomes.

Current demand

At the moment, our services are working hard under sustained pressure, and our current position:

- Around seven in 10 patients are seen within four hours in our emergency departments.
- Just over six in 10 patients start planned treatment within 18 weeks.
- More than 54,000 people are currently waiting for care.
- Around seven in 10 cancer patients start treatment within the 62-day standard.

Colleagues are working hard every day. The next three years are about turning that effort into sustained and reliable improvement.

Predicted demand

We are not planning for a quieter NHS. We are planning for more people needing care. Over the next three years:

- Emergency Department attendances will rise from 215,074 to 224,115.
- Emergency admissions will increase from 60,057 to 66,334.
- Elective day-case activity will increase from 50,026 to 52,607.
- First outpatient appointments will increase from 145,537 to 168,783.

That means more patients arriving urgently, more people needing beds and more planned activity taking place across clinics and theatres. All of the performance improvements described here will happen alongside that growth.

Areas of improvement



Urgent and emergency care

Over the next three years, we will deliver:

1. **Four-hour performance** will improve from **76% to 86% by 2028/29**.
2. **12-hour waits** will reduce from **4%** to around **1%**.
3. **Ambulance handover delays over 45 minutes**, currently **3.5%**, are planned to **reduce to zero**.

In simple terms, with further support, emergency care should feel more stable, with fewer extreme delays.



Planned care and waiting lists

Over the next three years, we will deliver:

1. Our **waiting list will reduce** from just over **54,000 to around 51,000** – while we treat more patients each year.
2. **Elective day-case activity** will increase from approx **50,000 to 53,000**.
3. **Inpatient elective activity** will grow from approx **8,900 to 9,600**
4. **Referral to treatment (RTT) performance** will **improve in line with national standards of 92%**.



Outpatients

Over the next three years, we will deliver:

1. **First appointments** will increase from approx **145,500 to 168,700**.
2. **Follow-up appointments** will reduce as more patients move onto patient-initiated pathways, increasing from **18,000 to 22,200**.

This means more new patients seen sooner, fewer unnecessary routine follow-ups and greater control for patients over when they need to be reviewed.



Cancer care

Over the next three years, we will deliver:

1. **Cancer 62-day performance** will improve from **68% to 85%**.
2. **Maintain Cancer Faster Diagnosis Standard** performance of at least **80%**.
3. **Cancer 31-day performance** will be sustained at **96%**.

This means more patients diagnosed and starting treatment sooner, with fewer delays at critical stages of care.

Financial stability

We are here to deliver safe, exceptional, person-centred care and to achieve that consistently, we must also be financially sustainable. One does not trump the other - they depend on each other.

The next three years

At present, we are operating in deficit which reflects a long-standing gap between what it costs to run our services and the income we receive. To address this, over the next three years, we will deliver:

- Our in-year deficit reducing over the period, with financial balance achieved by 2028/29.
- Our underlying deficit reducing over the period through sustained delivery of efficiency and productivity improvements.
- Approximately £90 million of recurrent savings delivered over period of plan.

This means bringing what we spend and what we receive back into balance in a steady and controlled way.



Workforce and efficiency

Since 2019/20, our workforce increased significantly to support pandemic response and recovery. With these pressures now long behind us, we must ensure staffing levels are aligned to activity and affordable in the long-term. Over the next three years, we will deliver:

- A move to a more sustainable workforce model over time.
- Continued enhanced Vacancy Control, with posts reviewed carefully when colleagues leave.
- Recruitment prioritised for clinically essential and safety-critical roles.
- Reduced reliance on temporary and agency staffing.

With appropriate oversight and action, this will ensure teams are right-sized to demand while maintaining safe, effective services.



What this means for us

This three-year plan represents a significant and exciting period of change for DBTH. It reshapes how we organise care, strengthens the role of our sites, improves access, supports our workforce and restores financial stability. It affects every part of the organisation.

Delivering change at this scale requires clarity, discipline and visible leadership. Delivery will be structured and accountable.

Each major programme of work has:

- Clear executive sponsorship.
- Defined milestones and delivery plans.
- Agreed measures of success.
- Regular reporting through Trust governance.

Progress will be monitored formally, with risks identified early and performance tracked consistently.



Ensuring financial stability protects care - it allows us to invest in care environments, digital systems, supports substantive roles and fulfilling careers, and gives us confidence to plan for the future.



Our delivery

This plan represents a significant and exciting opportunity for DBTH. Delivery requires clarity, discipline and visible leadership - with clear executive sponsorship, defined milestones, agreed measures of success and regular reporting via agreed governance.

A structured approach

Improvement will be organised through DBTHi and the DBTH Dozen.

This ensures work is:

- Joined up across clinical, operational and corporate teams.
- Aligned to our Strategic Priorities and Strategic Ambitions.
- Supported with data, programme management and governance.
- Measured in terms of quality, workforce and financial impact.

Further information on the DBTH Dozen is available here:

<https://extranet.dbth.nhs.uk/the-dbth-dozen/>

Productivity and performance

Improvement will focus on practical changes that strengthen delivery.

This includes:

- Better use of theatres, clinics and diagnostics.
- Improved patient flow across sites.
- Reduced cancellations and delays.
- More effective outpatient pathways.
- Workforce aligned to activity.

Productivity is about removing duplication, reducing waste and organising services so they function reliably and safely.

Clinically-led and professionally informed

Change will be shaped and led by clinical and professional expertise, ensuring improvements are safe, practical and focused on patient care.

This means we will:

- Involve clinical teams in redesigning pathways and services.
- Test proposals against safety and quality standards.
- Use professional insight to guide decision-making.
- Maintain openness and transparency as plans develop.

The DBTH Way underpins delivery. Working together, taking responsibility and maintaining high standards will be central to success.

Financial discipline

Restoring financial balance is essential to long-term stability. Over the three-year period, we will deliver steady improvement through structured programmes.

This includes:

- Reducing reliance on temporary staffing.
- Strengthening procurement and contract management.
- Making better use of our estate.
- Addressing variation and duplication.

All schemes are subject to quality impact assessment and oversight to ensure patient safety remains central.

DBTH dozen

Bringing together our key improvement priorities into one clear framework, helping us turn strategy into practical change across the organisation.

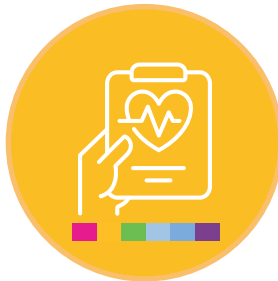
Right care, right place

Services are delivered in the most appropriate physical or digital setting, based on patient need and local population demand.



Effective patient journey

To ensure patients experience a smooth, joined-up journey from first contact through to treatment and discharge.



Delivering quality care

To ensure care is safe, reliable, and consistently high quality.



Emergency care excellence

To provide excellent urgent and emergency care through clinically prioritised access and digital-first models.



Elective care excellence

To deliver high-quality elective care through digital-first, patient-led models.



Doing things fairly

To place health equity at the centre of all decision-making and service design.



We are one DBTH

To ensure colleagues feel valued, supported, and prepared for current and future challenges.



Leading in Research & Education

To develop DBTH as a leading centre for research and education.



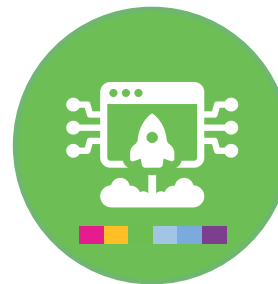
The best care environments

To improve care spaces and facilities for patients and colleagues.



Digital transformation

To deliver digitally enabled services with a single view of patient information.



Corporate enablement

To strengthen governance, risk management, and organisational effectiveness.



Making the money work

To ensure funding is focused on delivering the best possible patient care.



Get involved

This plan will only succeed if we deliver it together. While structure sits at Board and executive level, day-to-day improvement happens in teams, wards, departments and clinics.

Everyone has a role to play

Small changes in how we work make a real difference. Starting clinics and lists on time, escalating delays early, reducing avoidable cancellations and planning discharges will all improve flow and patient experience.

Using agreed processes, avoiding duplication and being mindful of supplies helps reduce waste. Stable teams, thoughtful rota planning and reducing reliance on temporary staffing support quality and morale.

When new digital tools are introduced, using them consistently and confidently helps reduce paperwork, improve communication and strengthen decision-making.

This is not one-way.

- If something is not working, speak up.
- If you see a better way of doing something, share it.
- Bright Ideas and local improvement forums exist so colleagues can shape change, not just receive it.

Living the DBTH Way means working together, focusing on solutions and keeping patients at the centre of every decision.

This is about collective responsibility - and collective opportunity.





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