We care

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Annual Report and Accounts

Financial year 2024/25

Doncaster and Bassetlaw Teaching Hospitals

The DBTH Way

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Annual Report and Accounts 2024/25

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

Contents

Performance Report

This section of the Annual Report offers an overview of the Trust, outlining its purpose, the key risks to achieving its objectives, and how it has performed over the past year.

Richard Parker OBE
Chief Executive
30 June 2025

Chair and Chief Executive's statement

Over the past year, Doncaster and Bassetlaw Teaching Hospitals (DBTH) has continued to make significant strides in improving services, strengthening partnerships, and delivering on our vision of exceptional healthcare for all.

Throughout 2024/25, our colleagues have responded to sustained demand with professionalism and compassion. In March alone, we recorded our busiest ever month for urgent and emergency care, seeing over 18,600 patients. This speaks not only to the increasing need for NHS services, but also to the dedication of Team DBTH in rising to that challenge every single day.

This year marked a new chapter in our strategic journey. We launched a refreshed organisational vision: Healthier together – delivering exceptional healthcare for all – and developed a new strategic framework, shaped by the voices of our colleagues, communities, and partners. Built around four clear priorities – Patients, People, Partnerships, and Pounds – our strategy sets the foundation for the years ahead, aligning ambition with action and ensuring we continue to meet the needs of those we serve.

We have made significant progress across all areas of the Trust. Our Montagu Elective Orthopaedic Centre of Excellence (MEOC) celebrated its first anniversary, setting new records for elective surgery in South Yorkshire. Additionally, in February we proudly opened the Bassetlaw Emergency Village, reintroducing 24/7 inpatient paediatric admissions for the first time since 2017 and transforming emergency care for local people.

Our capital development programme has continued at pace, with more than £49 million invested this year. At Montagu, the Community Diagnostic Centre was completed, adding vital imaging and endoscopy capacity, while the development of a new robotic stroke rehabilitation suite is now well underway. At Doncaster Royal Infirmary, we began a major programme of redevelopment, including a new Discharge Lounge, a Same Day Emergency Care Unit, and plans for a relocated Department of Critical Care.

Innovation remained central to our progress. We introduced new digital systems such as electronic prescribing (ePMA) and expanded the use of Patient Initiated Follow-Up (PIFU), both of which have been revenue projects. Our robotic surgery programme has now completed over 100 procedures, and newly introduced AI-supported diagnostics are helping to enhance accuracy and speed in care delivery. Our research portfolio continued to grow, with DBTH becoming the first site in Europe to recruit into new clinical trials and achieving national recognition for studies in renal care and stroke genomics.

People remain at the heart of everything we do. Through our second year of delivering the People Strategy, we supported wellbeing, flexible working, development, and leadership – while continuing to embed The DBTH Way as our framework for inclusive and compassionate culture. We launched new mentoring and career development programmes, hosted the 2024 Star Awards, and celebrated long-serving colleagues at a dedicated recognition event.

This year also saw the publication of our first Health Inequalities Strategy, guiding our efforts to provide fairer access to care and address wider health disparities. Supported by new training, outreach programmes, and dedicated leadership, this strategy ensures equity remains at the centre of all we do.

In terms of financial performance, we achieved our financial plan for the eighth year in a row, demonstrating strong financial stewardship despite ongoing challenges across the healthcare sector.

As we look ahead, our focus will be on embedding our new strategy, finalising plans for a new Electronic Patient Record (EPR) system, continuing our capital development programme, and further improving emergency and elective care performance. We will also launch the final version of our new organisational strategy, providing a clear direction for 2025/26 and beyond.

We would like to take this opportunity to thank our colleagues, partners, members, governors, volunteers, and local communities for their ongoing support. The achievements set out in this report would not be possible without their hard work, trust, and commitment.

This Annual Report reflects the work of many, and we are proud to present it as a fair, balanced, and accurate account of our progress in 2024/25. It provides the detail necessary for stakeholders to assess our performance, strategy, and impact, and we commend it to you as a record of a year defined by ambition, progress, and collective purpose.

Suzy Brain England OBE
Chair of the Board
30 June 2025

Richard Parker OBE
Chief Executive
30 June 2025

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 (ICS) 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

Our strategy, vision, mission, values and objectives

Refreshed vision and priority statements

Throughout 2024/25, we have been developing a new organisational strategy that will shape our direction and priorities for the years to come. This work has marked an important period of reflection and renewal, giving us the opportunity to look closely at the changing needs of our communities, the challenges we face, and the strengths we can build on.

Central to this process has been the involvement of our people. We have engaged widely with colleagues, patients, partners, and representatives from our local communities—drawing upon their experiences, insights and aspirations to help co-create a strategy that is both ambitious and grounded in reality. This approach has ensured that our plans not only align with national and regional priorities, but also reflect the values and expectations of those who use and deliver our services every day.

Our new strategic framework is built around a clear vision: Healthier Together - Delivering Exceptional Care for All.

This vision captures our collective ambition to deliver care that is safe, inclusive and person-centred—care that addresses inequalities, improves health outcomes, and supports individuals at every stage of life. It recognises our role as a teaching hospital and our responsibility to develop future generations of health professionals. Additionally, it reflects our commitment to innovation, research, sustainability, and working in partnership with others to make a difference at both a local and system level.

To turn this vision into reality, we have identified four overarching **Strategic Priorities** - core areas of focus that will shape how we plan, invest, and deliver services over the coming years:

- **Patients**: Delivering safe, exceptional, person-centred care that meets individual needs and empowers people to take an active role in their health and wellbeing.

- **People**: Creating a supportive, inclusive, and welcoming environment for colleagues—enabling everyone to thrive and contribute to the success of Team DBTH.

- **Partnerships**: Working collaboratively with others across health, care, education, and the voluntary sector to improve outcomes and deliver joined-up care.

- **Pounds**: Using public resources responsibly, transparently, and sustainably to deliver best value for our patients and communities.

These priorities are supported by four cross-cutting **Strategic Ambitions**, each of which supports our long-term ambition and transformation:

- Tackling Health Inequalities.
- Becoming a leading centre for research and education.
- Becoming a digitally enabled and mature organisation.
- Improving the Trust's estate to provide the best care environment.

These aims and priorities are underpinned by a series of enabling plans, which translate our vision into practical action.

These include plans for People, Quality, Health Inequalities, Estates and Net Zero, Maternity and others. Together, they provide the detailed framework we need to ensure that our ambitions are achievable and measurable.

To guide delivery over time, we have developed a preliminary strategic timeline, setting out a phased approach that builds momentum year on year.

In the immediate term, we are focusing on key improvement - reducing waiting times, modernising digital systems, and enhancing the working environment for colleagues.

Our timeline can be viewed here:

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.

The Strategic Wheel can be viewed here: https://www.dbth.nhs.uk/about-us/how-we-are-run/trust-strategy/healthier-together-organisational-strategy/

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 by 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.

The DBTH Way

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

We are

- Kind
- Inclusive
- Person centred
- Empowering
- Accountable
- Collaborative

We show

- Attentive listening
- Integrity and honesty
- Courage and positivity

Achievements in 2024/25

Below is a summary of key achievements, milestones, and significant developments across our hospitals during 2024/25, month by month, and later aligned with our Strategic Priorities.

April 2024

In April, we began the year with a renewed sense of purpose as we refreshed our organisational vision to *Healthier together – delivering exceptional care for all*. This updated vision is now underpinned by four clear strategic priorities: Patients, People, Partnership, and Pounds, providing a firm foundation for our work ahead.

To support this direction, we launched our Operational Plan for 2024/25, outlining key areas of focus for the coming year. These include reducing waiting times, improving the efficiency of our clinics, investing in digital systems, and working more effectively with our partners to enhance patient care.

Alongside this, we introduced our Nursing, Midwifery, and Allied Health Professions Quality Strategy which sets out our commitment to safety and excellence. This included the continued roll-out of the Patient Safety Incident Response Framework (PSIRF) and the introduction of quality dashboards to support data-driven improvements.

Recognising the importance of supporting our colleagues, we continued to invest in wellbeing initiatives. Through wellbeing trolleys, virtual sessions, and the work of our Wellbeing Champions, we helped promote both mental and physical health across the organisation.

We also looked to the future by launching a public engagement campaign, inviting our communities to share their views and help shape our five-year strategy. This input is essential as we build services that reflect the needs and aspirations of those we serve.

Our commitment to education and development was demonstrated with the opening of a refreshed library facility at Doncaster Royal Infirmary – a space designed to support learning, development, and research.

We were proud to celebrate our international colleagues, hosting a graduation event to recognise newly registered nurses and allied health professionals and acknowledge their valuable contribution to Team DBTH.

Innovation remained at the forefront of our work, with the introduction of our new surgical robot – affectionately named Robi Sheldon Alan Surgeonator by the public – to further enhance patient care through state-of-the-art technology.

Research and development also continued to thrive. Our Chief Nurse Research Interns completed their placements, helping to embed evidence-based practice throughout our services.

We were pleased to receive national recognition, being shortlisted for a Student Nursing Times Award in acknowledgment of the strength and quality of our student placement programme.

Finally, we celebrated individual success, with Consultant Podiatric Surgeon Mr Tony Wilkinson elected to the Council of the Royal College of Podiatry – a reflection of his leadership and expertise in the field.

May 2024

In May, we were proud to receive national recognition for our continued focus on safety, earning the Royal Society for Prevention of Accidents' Silver Health and Safety Accreditation. This achievement reflects our commitment to creating a safe and secure environment for both patients and colleagues.

We also looked to the future, welcoming young people from across the region to our *We Care into the Future* event in Bassetlaw. This inspiring day supported NHS careers education and helped spark enthusiasm among the next generation of health professionals.

Advancements in technology continued as we installed a new Siemens Ysio Max X-ray machine at Bassetlaw Hospital, enhancing our diagnostic capabilities. At the same time, we formally introduced AI into our diagnostics service through a partnership with Annalise.ai, supporting quicker and more accurate chest X-ray reporting.

Our Medical Imaging team celebrated several achievements. The department received a 'Good' rating from the Care Quality Commission (CQC), with praise for its leadership and patient focus. We also welcomed three graduates from our in-house programme into permanent roles, strengthening the team further.

Community spirit was on full display as volunteers joined us for a hospital clean-up as part of the Great British Spring Clean, helping to enhance our environment for patients and visitors.

We were pleased to host our first-ever Leadership Conference, bringing colleagues together to explore compassionate, inclusive, and effective leadership at all levels of the organisation.

The month also brought celebration and pride. Grace Rosser represented Great Britain at the European Dragon Boat Racing Championships, showcasing the determination and talent within Team DBTH.

We were shortlisted for eight regional apprenticeship awards, recognising our continued investment in workforce development and opportunities for learning and progression.

Meanwhile, construction at Montagu reached a key milestone with a steel-signing ceremony to mark progress on our new diagnostic facilities. We also officially launched our robotic surgery programme, with a ribbon-cutting event introducing our state-of-the-art robot to patients and colleagues alike.

June 2024

In June, we took a significant step towards tackling health inequality by publishing our first-ever Health Inequalities Strategy. This document set out our commitment to ensuring fairer access to care and better outcomes for all, laying the groundwork for more inclusive services across the Trust.

We also introduced advanced imaging technology to support stroke diagnosis, with CT perfusion now in use to help clinicians make faster, more accurate decisions—ultimately improving care for those experiencing a stroke.

Our commitment to environmental sustainability continued under the Green Plan, with targeted campaigns helping to reduce waste and lower emissions across our sites.

At Montagu, we marked continued progress on our Community Diagnostic Centre with a time capsule event, further strengthening our ties with the local community. The hospital also hosted a wellbeing day, which saw outdoor spaces refreshed and upgraded to support the health and happiness of colleagues and patients alike.

A leadership announcement was made as Jon Sargeant confirmed he would step down from his role as Chief Finance Officer in early 2025.

We also celebrated surgical leadership within the Trust, as Ms Lynda Wyld was appointed to the Council of the Royal College of Surgeons - a prestigious achievement that recognises her contribution to the profession.

To improve support for patients with learning disabilities, we introduced new ‘hospital bags’ funded by charitable donations. These are designed to offer comfort, reduce anxiety, and aid communication during hospital stays.

The Mexborough Elective Orthopaedic Centre of Excellence reached a major milestone, marking its 100th hip replacement since opening earlier this year - a proud moment and a testament to the team’s hard work.

Finally, we continued to share our learning with others. One of our renal nurses presented research findings at a regional event, helping to spread knowledge and strengthen evidence-based practice across the wider NHS.

July 2024

In July, we continued to support healthier living across the Trust and in our communities, hosting a health and wellness fair that offered advice, services, and activities to promote both physical and mental wellbeing.

We strengthened patient safety by introducing a new electronic prescribing and medicines administration (ePMA) system. This digital system helps reduce prescribing errors and improves the efficiency and accuracy of how medications are managed and administered.

Our education outreach continued as we partnered with schools to promote NHS careers, helping young people explore opportunities in healthcare and understand the many roles available within the service.

To improve access to care, we launched a new transport scheme designed to support patients with mobility needs, helping them attend appointments more easily and reducing missed visits.

We were proud to celebrate our apprentices at a graduation event, recognising the achievements of colleagues who completed a wide range of apprenticeship programmes. Later in the month, we hosted a second graduation ceremony to honour those who had completed professional development programmes, highlighting our continued investment in learning and growth.

July also saw us embrace and celebrate the diversity of Team DBTH with a dedicated international event. This brought together colleagues who were recruited from overseas, as well as those who trained outside the UK, recognising the valuable contribution they make to our services and culture.

Our research portfolio grew as the Born and Bred in Doncaster study—our local birth cohort research project—welcomed its 2,500th participant. The study will help shape a better understanding of long-term health trends and inform future care for Doncaster families.

In our neonatal units, we introduced ‘Hold on, pain eases’ or H.O.P.E. boxes - charity-funded care packs that provide comfort items and practical support to families whose babies require specialist care.

We also expanded the use of Patient Initiated Follow-Up (PIFU), a model that gives suitable patients more control over their follow-up appointments, allowing them to request reviews as needed rather than at fixed intervals—helping free up capacity and improve personalised care.

Our reputation for excellence continued to attract attention, and we welcomed national leaders Sir Keir Starmer and Wes Streeting to Bassetlaw Hospital, where they met colleagues and discussed priorities for the NHS ahead of the General Election.

We were proud to host Doncaster’s largest-ever health careers event, with hundreds of students attending to explore future opportunities in healthcare and gain hands-on experience of what a career in the NHS can offer.

Finally, construction at Montagu Community Diagnostic Centre reached a significant milestone with a topping-out ceremony, marking the final phase of development for our new imaging suite.

August 2024

In August, we made further progress in enhancing access to care by increasing the number of telephone and video clinics across the Trust. These remote appointments have helped reduce waiting times and made it easier for patients to receive care at a time and place that suits them.

We also launched a new mentorship scheme to support newly qualified nurses and junior doctors, pairing them with experienced colleagues to help them settle in, build confidence, and develop their clinical skills.

As part of our commitment to sustainability, we overhauled our waste management systems by introducing more recycling points across our sites. This forms part of our wider efforts to reduce our environmental impact and promote greener working practices.

Maternity services saw improvements too, with the introduction of a new care pathway designed to provide greater continuity and better access to specialist support for expectant mothers.

Our robotic surgery programme reached an exciting milestone, with over 20 successful procedures completed using the new system—delivering faster recovery times and better outcomes for patients.

Charitable funding helped us make major improvements to patient spaces in Bassetlaw's Medical Unit, transforming the environment to better support comfort, dignity, and recovery.

Innovation continued through our participation in an AI research study focused on pressure ulcers. The study aims to improve early identification and intervention, helping to reduce harm and enhance patient care.

Our international workforce grew stronger as a new cohort of colleagues recruited from overseas successfully passed their Objective Structured Clinical Examinations (OSCEs), allowing them to begin their roles as registered professionals within the Trust.

Finally, we were encouraged to see improvements in our Adult Inpatient Survey, which showed progress across several key areas of patient experience—a reflection of our ongoing efforts to listen, learn, and improve.

September 2024

In September, we were proud to be named finalists in the Doncaster Business Awards, with recognition for both our Apprenticeship and Charity teams. These nominations reflected our ongoing commitment to development, opportunity, and community support across the Trust.

For colleagues, we upgraded our rostering systems with the introduction of a new digital scheduling tool. This improved how shifts are managed and supported greater flexibility and clarity for teams.

To enhance communication and experience for patients, we strengthened our patient liaison service by increasing staffing and improving contact routes, making it easier for individuals and families to get the information and support they need.

We also began piloting a digital booking system, aiming to improve the speed, accuracy, and convenience of appointment scheduling—helping patients access the care they need more efficiently.

September also brought international pride as porter and photographer Graham Beardsley travelled to Paris with Team GB, capturing powerful moments at the Paralympic Games and showcasing the talent and passion within our wider DBTH family.

We continued to invest in clinical care with over £50,000 allocated to strengthen our response to sepsis. This funding supported new equipment, educational initiatives, and awareness-raising across our hospitals.

Our commitment to compassionate care was formalised through the launch of our Visitors' Charter—a guide to ensure respectful, supportive visiting experiences for patients, families, and staff alike.

At Montagu, progress on the Community Diagnostic Centre continued, with local MP Ed Miliband visiting the site and placing a time capsule to mark this important development for the area.

We also celebrated success in midwifery recruitment, welcoming a record number of new starters to the team. This boost in workforce supports safer, more personalised care for women and families across our communities.

October 2024

In October, we marked World Patient Safety Day with a campaign that highlighted the important role everyone plays in keeping patients safe. From frontline care to support services, we reinforced that safety is a shared responsibility across the entire Trust.

To support better communication around appointments, we introduced NHS App reminders. These notifications help patients manage their bookings more easily and reduce the number of missed or forgotten appointments.

Our hospital sites were lit pink for Organ Donation Week, raising awareness of the lifesaving impact of organ donation and encouraging more people to consider registering their decision.

We strengthened support for cancer patients through a new partnership with Macmillan Cancer Support. The collaboration will help improve care pathways and the overall experience for individuals undergoing cancer treatment.

To further reduce waiting times and improve access, a second CT scanner was introduced at Bassetlaw Hospital, increasing capacity and helping ensure patients receive timely, high-quality imaging.

We celebrated national recognition for compassionate care, as Healthcare Assistant Elizabeth Marshall received a Chief Nursing Officer Award—a well-deserved honour reflecting her exceptional dedication to patients.

The theatre reception at Bassetlaw was refurbished to create a calmer, more welcoming environment for patients arriving for procedures—an improvement shaped by colleague and patient feedback.

We confirmed the permanent appointment of Sam Wilde as Chief Finance Officer.

Recognition also came in the form of a Nursing Times Workforce Award shortlisting, acknowledging our efforts to support internationally recruited nurses through tailored induction, training, and pastoral care.

Our hospital gardens were re-accredited Green Flag status, celebrating them as safe, welcoming, and well-maintained spaces that support the wellbeing of patients, visitors, and staff alike.

Finally, we launched a new women's health service at Doncaster Royal Infirmary with the opening of the Gynaecology Assessment and Support Clinic, offering faster access to care and specialist advice for women in need of urgent support.

November 2024

In November, we came together to celebrate our Star Awards 2024, with hundreds of colleagues gathering at Doncaster Dome to recognise the incredible individuals and teams making a difference across the Trust. It was an evening of pride, gratitude, and shared success.

We were also pleased to be re-accredited as Veteran Aware, reaffirming our commitment to delivering personalised, understanding care for veterans and Armed Forces families as part of the national Veterans Covenant Healthcare Alliance.

Our rostering software was further refined following colleague feedback, supporting improved workforce planning and helping teams manage their shifts more effectively.

As part of our efforts to tackle health inequalities, we launched a diabetic eye screening outreach programme aimed at increasing uptake among underserved groups—bringing this vital service into the heart of local communities.

We also strengthened our commitment to women's health research by awarding honorary contracts to key academic partners, supporting greater collaboration and future research activity.

Professional achievements were celebrated, with Sarah Ritzmann receiving a Fellowship from the British Society of Echocardiography—recognition of her significant contribution to the field and continued excellence in patient care.

At Bassetlaw, we expanded paediatric care services, introducing overnight and extended hours to better support local children and their families with timely, high-quality care.

Montagu's endoscopy service marked one year of local care delivery, celebrating a successful first year of operation and the improved access it has brought to patients across the area.

We were honoured to receive a community award from University Campus Doncaster, recognising our ongoing contribution to education and engagement across the borough.

Supporting the next generation of clinicians, we hosted a regional careers day for Foundation Year 2 doctors, helping junior doctors explore their next steps and connect with development opportunities.

In a major milestone for research, we held our first-ever Research and Innovation Conference. The event brought together staff, academics, and partners to focus on maternal and child health, sharing insight and inspiring future work.

Finally, colleagues completed our Board Development Programme, supporting leadership growth across the organisation and strengthening the pipeline of future leaders at DBTH.

December 2024

In December, we brought the calendar year to a close by celebrating the incredible dedication of our long-serving colleagues. At a special afternoon tea event, we honoured those who had reached milestones of 10 to 50 years of NHS service—recognising their commitment, compassion, and contribution to patient care.

Our work was recognised once again at the Doncaster Business Awards, where both our Apprenticeship and Charity teams were shortlisted. These nominations reflected the Trust's focus on developing people and supporting our wider community through education and engagement.

We were grateful to receive a generous £5,000 donation to support children's health education, helping to fund early years learning around healthy lifestyles and giving young people the knowledge to make informed choices about their wellbeing.

In clinical research, we led the way across Europe, becoming the first site to recruit into a new prostate cancer trial—placing DBTH at the forefront of international research efforts.

A new cohort of nurse research interns began their placements, continuing our commitment to developing evidence-based practice and supporting colleagues to pursue clinical research careers.

Innovation in stroke care progressed with the launch of a national pilot in genetic testing. The trial, focused on genomics and personalised treatment, aims to improve outcomes for those affected by stroke.

At Montagu Hospital, we introduced a new ultrasound system to support therapy services, improving diagnostic accuracy and treatment planning. In addition, construction began on a new stroke rehabilitation gym, designed to aid recovery and improve quality of life for patients following a stroke.

Finally, we created new employment pathways with the opening of a dedicated healthcare training room. This new space will help local people develop the skills and confidence to take their first steps into a career with the NHS.

January 2025

In January, we took an important step forward in joined-up care with the launch of the Doncaster and Bassetlaw Shared Care Record. This new system allows colleagues to access regional patient information, supporting safer, more co-ordinated care across health and care services.

We also expanded our diagnostic capacity with the opening of a new Imaging Suite at Montagu Hospital. The facility introduced additional CT, MRI, and ultrasound services for the local area, helping to improve access and reduce waiting times.

Virtual Wards continued to grow, enabling more patients to receive safe, supported care at home through remote monitoring and clinical oversight- freeing up hospital beds while maintaining high standards of treatment. Across the financial year, the service cared for more than 2,000 patients across 12 specialities.

At Doncaster Royal Infirmary, we began a new phase of redevelopment, with works starting to improve our Discharge Lounge and Department of Critical Care. These changes are designed to enhance both patient experience and accessibility.

Our focus on education and workforce development was strengthened through a new partnership with Doncaster College, aimed at creating more opportunities for local people to develop careers in health and care.

We paused to remember and pay tribute to Peter Brindley, a valued friend of the Trust who helped to steward the Fred and Ann Green Legacy as executor of the former's will. His dedication and kindness were warmly remembered across DBTH.

At Montagu Hospital, patients recovering from stroke began to benefit from a new music therapy initiative—part of a holistic approach to rehabilitation that supports both emotional and physical recovery.

We also celebrated one year of the Montagu Elective Orthopaedic Centre of Excellence (MEOC), marking 12 months of delivering high-quality, planned orthopaedic care in a purpose-built environment.

February 2025

In February, after a period of service transition we proudly opened the Bassetlaw Emergency Village - a major development bringing emergency, children's, and assessment services together under one roof. Designed to support safe, modern, and integrated care, the new facility represents a significant investment in the future of urgent and emergency services for local people.

We also continued our work in research and innovation by joining a national pilot exploring the role of genetics in stroke care. This study aims to assess how genomics could improve diagnosis and lead to more personalised treatment for stroke patients.

At Montagu Hospital, final preparations were completed for the new Imaging Suite. With team training and equipment commissioning now finalised, the facility is ready to deliver increased diagnostic capacity for the community.

We also went live with the Yorkshire and Humber Care Record, enabling clinicians across the region to securely access shared patient information. This development marks a major step forward in joined-up care, helping to improve safety, reduce duplication, and support more informed decision-making.

Our Skin Integrity Team received national recognition for their work in wound care, having been shortlisted for three awards—an achievement that reflects their commitment to excellence and innovation in preventing and managing pressure ulcers.

Finally, we opened a new £14,000 sensory room, designed to support children with additional needs. This calming and engaging space provides comfort and reassurance for young patients, helping to improve their experience while in our care.

March 2025

In March, we took time to reflect and remember as we marked five years since the start of the COVID-19 pandemic. We paused to honour those we lost and to thank our colleagues for their extraordinary efforts, resilience, and compassion during one of the most challenging periods in NHS history.

We also celebrated a milestone in our ongoing transformation, recognising that since 2020, more than £100 million has been invested in our hospital estate. This record investment is helping us to modernise services, improve environments, and plan for the future.

Our charitable spirit was on full display as we hosted our first-ever charity abseil. Thirty-five brave fundraisers descended 160 feet down, raising over £11,800 for the DBTH Charity and supporting projects that enhance patient care and experience.

A new record was set at the Montagu Elective Orthopaedic Centre of Excellence (MEOC), where five joint replacements were successfully completed in a single day—a first for the region, highlighting the centre's efficiency and exceptional care.

We were also proud to support the NHS on the global stage, as Advanced Nurse Practitioner Eleanor Bull competed in Ironman and ice swimming events for Team GB.

Our stroke genetics pilot advanced further, with 130 participants enrolled and 20 individuals already identified for potentially life-changing treatment. This innovative work is helping to shape the future of personalised care for stroke patients.

Finally, we announced our intention to launch an Electronic Patient Record (EPR) in early 2026, with full implementation completed by late 2027—marking a major step towards safer, more efficient, and joined-up care.

From milestones to strategy

As you can see from the previous section, the past year has seen continued progress across our services—from local innovations and national recognition to collaborative projects and major developments across our sites. These achievements reflect the hard work of colleagues across Team DBTH and our shared commitment to delivering outstanding care.

In the following section, we align further successes to our four strategic priorities - **Patients, People, Partnership and Pounds** - highlighting how they support our long-term ambitions and the DBTH Way.

Strategic Priorities:

Patients - "We deliver safe, exceptional, person-centred care."

The 2024/25 year has seen significant progress and achievement at Doncaster and Bassetlaw Teaching Hospitals, reflecting our commitment to providing outstanding patient care and improving health outcomes for our communities. Through targeted investment, innovation, and strong clinical leadership, we continued to enhance safety, quality, and experience across our services.

Operational achievements

Emergency care improvements: In March 2025, we achieved 72% against the four-hour standard for Emergency Department performance (76%), a slight decline from the previous 12-month period, which saw 76% both achieved and standard. However, during this time, we saw 11,159 more patients, reflecting the increased demand on services. Continued improvements in urgent and emergency care were supported by the increased use of our discharge lounge, expansion of the Virtual Ward model, and more efficient ambulance handovers. A major milestone was the completion and opening of the Bassetlaw Emergency Village, which not only improved patient flow and experience by consolidating emergency, paediatric, and assessment services under one roof but also brought back overnight inpatient observation for paediatric patients —a first since 2017.

Cancer care advancements: We made continued progress in improving cancer pathways, reducing delays, and meeting the Faster Diagnosis Standard. A new partnership with Macmillan Cancer Support was launched to enhance wraparound care for patients following diagnosis.

Diagnostic and elective care: We expanded our diagnostic capacity with new imaging facilities at Montagu and Bassetlaw hospitals, and saw strong progress in reducing long waits for elective care. The Montagu Elective Orthopaedic Centre of Excellence marked its first full year of operation, with positive outcomes and improved access.

Outpatient service improvements: We achieved a significant reduction in outpatient Did Not Attend (DNA) rates, dropping to just above 7% from a Trust high of 10% a few years ago. This was achieved through the implementation of the NHS App, further collaboration with Dr Doctor, and improved communication to help patients cancel and rearrange appointments more effectively.

Winter period management: Throughout the winter, we maintained safe services with minimal elective cancellations and increased resilience through Virtual Ward, helping patients receive high-quality care at home.

Nursing and Midwifery

Embedding strategic priorities: Following the launch of our Nursing, Midwifery, and Allied Health Professionals (NMAHP) Strategy in late 2023/24, this year marked our first full year embedding its principles into everyday practice. We prioritised improving patient experience, strengthening professional leadership, and nurturing our workforce. Highlights included the launch of our first Visitors' Charter, clearly communicating compassionate and respectful standards for visiting loved ones, reinforcing our commitment to person-centred care.

Safe staffing and responsive care: Throughout 2024/25, we made substantial progress embedding evidence-based safe staffing models across clinical areas, especially during challenging periods, particularly in winter.

Work commenced on safe staffing reporting for Allied Health Professional (AHP) services, with initial focus on Therapies including Dietetics, Occupational Therapy, Orthotics, Physiotherapy, Speech & Language Therapy, and Diagnostic Radiography.

Our Enhanced Therapeutic Observations of Care project, a Trust-wide quality improvement initiative, has launched to improve support for our most vulnerable patients. This initiative will equip colleagues with skills and confidence to deliver compassionate, high-quality care, reinforcing our safety-first culture.

Safeguarding and compassionate practice: We enhanced safeguarding capabilities through team expansion and the introduction of dedicated Domestic Abuse Advisors. These new roles significantly strengthened our capacity to provide trauma-informed, personalised care to vulnerable patients, ensuring their safety and dignity.

Transformative patient safety practices: The successful implementation of the Patient Safety Incident Response Framework (PSIRF) marked a transformative step in our patient safety culture, moving from reactive measures towards a proactive, learning-focused approach. Additionally, the introduction of Patient Safety Partners embedded patient voices directly into our patient safety initiatives, ensuring meaningful involvement in safety improvements.

Maternity excellence: Our maternity services delivered exceptional outcomes this year, meeting all criteria of the Maternity Incentive Scheme (CNST Year 5) we also achieved one of our most successful Registered Midwife recruitment drives to date, demonstrating our commitment to safe and compassionate maternity care.

Professional growth and recognition: Our first cohort of Chief Nurse Fellows successfully completed their programme, developing future nursing and midwifery leaders.

Care Excellence Accreditation: The Trust-wide rollout of our Care Excellence Accreditation Framework began last year, promoting consistent, high-quality standards across inpatient wards. Our focus for 2025/26 is our 'Meal Times Matter' initiative, enhancing patient meal experiences through targeted improvements.

Patient empowerment with Call4Concern: Approval and initial preparations for our patient-led safety escalation initiative, Call4Concern, were completed. Aligned with Martha's Rule, this initiative empowers patients and families to escalate urgent clinical concerns, reinforcing our commitment to responsive, accountable, and patient-centred care.

Celebrating professional excellence: Looking forward, we are proud to host the International Nurses Day (IND) Conference at DBTH on 12 May 2025. With prominent speakers including Professor Michael West and Duncan Burton, Chief Nursing Officer for England, the conference will inspire colleagues, celebrate our professions, and reinforce our commitment to professional excellence and compassionate care.

Quality and Safety

Maintaining safety during disruption: Throughout periods of operational pressures, we prioritised patient safety by successfully implementing flexible, responsive staffing models. These adaptive strategies ensured that critical services remained safely staffed, care was prioritised based on clinical need, and colleagues received clear guidance and support.

Strengthening clinical governance: We enhanced our clinical governance processes by embedding structured job planning and increasing medical appraisal compliance. These improvements fostered greater transparency, accountability, and professional development, contributing to a robust governance culture focused on safety and continuous improvement.

Reducing health inequalities: Our inaugural Health Inequalities Strategy was launched and began influencing key areas such as resource allocation, quality improvement prioritisation, and equity in access. Equity audits, targeted team engagement, and dedicated training were integral to this initiative, embedding health equity into our organisational culture.

Enhancing patient experience: Patient experience was significantly improved through new sensory rooms, specially adapted care environments, and expanded digital tools for managing appointments and communication. These innovations supported patients with additional needs, reducing anxiety and enhancing satisfaction.

Pressure ulcer prevention: We achieved a 64% reduction in Category 2 and above hospital-acquired pressure ulcers, reflecting a multi-year effort to embed prevention into clinical practice. Interventions such as HeelPro offloading devices, enhanced mattress provisions, and StatLock catheter securement significantly reduced skin damage. A comprehensive education programme further boosted clinical knowledge and confidence.

Clinical effectiveness: Divisional Quality Dashboards and structured Effectiveness Highlight Reports significantly improved local governance, enabling teams to quickly identify and respond to performance trends.

Audit and assurance: We maintained full participation in national clinical audits and confidential enquiries, embedding their findings into local quality improvement initiatives. This ongoing commitment has reinforced our dedication to evidence-based, continuously improving care.

People - "We are supportive, positive, and welcoming."

2024/25 marks the second year of our five-year People Strategy, and we're proud of the significant progress we've made to improve the experiences of our colleagues and continue our journey to becoming an employer of choice.

Our DBTH People Strategy, published in June 2023, sets out how we will develop as an organisation by embedding an inclusive culture and improving the working lives of our people. The strategy is shaped around four key pillars: **'Looking after our people'**, **'Belonging in #TeamDBTH'**, **'Growing for the future'**, and **'New ways of working and delivering care'**, with defined measures of success across leadership, inclusion, wellbeing, speaking up, recognition and development.

This year's achievements reflect our commitment to these priorities:

Looking after our people

Health and Wellbeing: We reviewed our wellbeing diagnostic framework, completed a health and wellbeing survey (with support from the Evidence Centre), and aligned findings with existing priorities. We also refreshed our Statutory & Essential Training (SET) resources and launched a wider training framework to support ongoing development.

Occupational Health investment: With approval from the Corporate Investment Group, we strengthened our support offer through investment in additional Occupational Health services, including new mental health nursing roles.

Flexible working: Quality improvement sessions helped us shape new approaches, and we launched a new Flexible Working Policy and toolkit. A steering group is now developing wider action plans around this work.

Staff survey: We achieved a 62% response rate in the 2024 NHS Staff Survey. Results were largely maintained from the previous year, with notable improvements in some areas and clear opportunities to improve in others. These insights, along with learner surveys and exit feedback (now gathered through a new electronic process), are helping us shape further action.

Appraisal Season: Over 90% of eligible colleagues completed an appraisal, with refreshed paperwork and messaging to support high-quality conversations and meaningful development planning.

Research in the workplace: We took part in two major workforce research projects — the IGLOo study, looking at how long-term sickness is managed, and the Magnet study, exploring wellbeing and retention. DBTH was among the top organisations in Europe for enrolling participants into both studies.

Belonging in #TeamDBTH

The DBTH Way: Developed in partnership with colleagues, the DBTH Way sets out how we work together. This year we focused on further embedding it across our organisation through communications, workshops, and integration into recruitment, appraisals, and colleague recognition.

Leadership development: Our 12-month Leadership Prospectus sets out development opportunities for colleagues at all levels. This includes action learning sets, a new coaching network and continued use of the Team Engagement and Development (TED) tool to support team culture.

Equality, Diversity and Inclusion (EDI): We completed another successful cohort of the Board Development Delegate Programme and have recruited for the next. We also continued the Reciprocal Mentoring Programme to support inclusive leadership.

Recognition: Long Service Awards returned in 2024 with a celebratory event recognising colleagues who had reached significant NHS milestones. The 2024 Star Awards also saw record nominations and attendance.

Speaking Up: A new strategy was developed following wide engagement. New implementation tools and training sessions are now helping embed a culture of openness and psychological safety.

Growing for the future

Workforce planning: A new workforce planning tool supported this year's business planning process and our learning needs analysis, helping us better anticipate future gaps and development needs.

Inclusive recruitment: We developed an action plan and continued sharing ideas with other NHS organisations to improve the inclusivity and accessibility of our recruitment.

Preceptorship and early careers: We maintained Gold Standard accreditation for our preceptorship offer, supporting large cohorts of newly registered colleagues as they start their careers.

Widening participation: We increased our work experience placements (including T-levels), maximised our use of the apprenticeship levy, and launched the Health Career Champions programme. Our 'We Care into the Future' events in Doncaster and Bassetlaw were the largest to date.

Pre-registration education: Placement numbers for students and trainees increased by 30% from the previous year, with growth across multiple professional groups.

Succession planning: We introduced the Scope for Growth framework to support career conversations and a new approach to succession planning for leadership roles.

New ways of working and delivering care

Automation and efficiency: Robotic Process Automation (RPA) tools such as the New Starter Bot were introduced to improve accuracy and free up time for teams.

Education quality: A new Education Quality Framework was launched aligned to our Trust and national standards. We also expanded our Role-Specific Training (ReST) offer to help teams develop relevant skills.

Safe staffing: Implementation of SafeCare within our e-rostering system improved our ability to match staffing levels with patient acuity.

Temporary workforce management: We completed a series of audits and projects to improve oversight of agency usage and sickness absence, strengthening planning and governance.

Education and Research

In 2024/25, colleagues at the Trust continued to deliver high-quality education and research, driving innovation and supporting professional development. Key highlights include:

Education Quality Framework: Fully embedded, ensuring education aligns with our People Strategy and national frameworks.

Multidisciplinary training: Comprehensive provision covering Statutory and Essential Training (SET), Role Specific Training (ReST), professional development, and clinical placements.

Maximising funding opportunities: Effective use of the apprenticeship levy, with apprentices comprising 3.5% of our workforce, contributing to strong retention rates.

Anchor partnerships: Strengthened collaboration with local schools and colleges through initiatives like 'We Care Into the Future', engaging over 1,700 students.

Strategic alliances: Formalised partnership with Doncaster College through the Healthcare Education Strategic Alliance, contributing to Doncaster's Education and Skills Strategy 2030.

Clinical placements: Provided over 1,000 placements annually across multiple disciplines including medicine, nursing, midwifery, allied health professions, healthcare science, and pharmacy.

External recognition: Continued positive feedback from external assessments such as NHSE Senior Leaders Engagement (SLE) and the University of Sheffield's Medical School annual review.

Research and Innovation Strategy: Successful delivery of year one of our five-year strategy, aligned closely with our People, Clinical Quality, and Health Inequalities strategies.

Born and Bred in Doncaster (BaBID) research study: Surpassed 2,250 participants by March 2025, advancing maternal and child health research in collaboration with Sheffield Hallam University.

National Institute for Health and Care Research (NIHR) contract performance: Consistently exceeded recruitment and study targets, achieving significant milestones including first European and UK patient recruitment in renal research studies.

Academic and innovation partnerships: Joined INSIGNEO and the South Yorkshire Digital Health Hub, and actively participated in regional Integrated Care Boards.

Public engagement: Expanded our People and Public Involvement (PPI) work through the Doncaster Voices community, ensuring local insight shapes our research priorities.

The Trust remains dedicated to educational excellence and research innovation, actively contributing to regional and national leadership while prioritising the needs of our communities.

Our Staff Survey results

This year, over 4,500 colleagues—62% of Team DBTH—shared their views through the annual NHS Staff Survey, well above the national average response rate. On behalf of the Board of Directors, we would like to thank everyone who took part.

The feedback provided plays a vital role in shaping our workplace and informs our ongoing commitment to the *DBTH Way*—creating a culture where all colleagues feel valued, supported, and empowered to provide outstanding care.

While results showed a dip in some areas, this mirrors wider national trends and follows significant progress made in 2023. Despite this, DBTH continues to perform above the sector average in four of the seven NHS People Promises, and remains close to the benchmark in the remaining three.

What's going well:

- Many colleagues feel their work makes a difference and that career progression is fair.
- The Trust is seen as inclusive, with leaders who respect and support individual differences.
- Learning and development opportunities are widely available and appraisals are taking place.
- Positive relationships with managers are helping support work-life balance and flexible working.

Focus areas:

- Supporting wellbeing and managing workload more effectively.
- Encouraging open feedback and ensuring colleagues feel heard when raising concerns.
- Creating more opportunities for colleagues to contribute ideas and shape improvements.
- Strengthening teamwork, leadership development, and recognising achievements across the organisation.

A full breakdown of the results and ongoing actions is available further on in this report. We remain committed to learning from feedback and continuing to make DBTH the best possible place to work and receive care.

Looking ahead

As we move into the third year of our People Strategy, our focus includes:

- Continuing to embed our strategic priorities across all services
- Further embedding the DBTH Way into everyday interactions and people processes Delivering year two actions in our Flexible Working and Speaking Up workstreams
- Enhancing how we use feedback to guide change, including through regular survey cycles
- Refreshing and launching our updated induction process, now known as DBTH Welcome

- Increasing work experience placement capacity and continuing to act as an anchor organisation
- Further embedding the Scope for Growth framework and succession planning templates into all departments
- Bringing to a successful conclusion the next cohort of our Board Development Delegate Programme
- Implementing the Safe Learning Environment Charter as an early adopter site

We're proud of the steps we've taken together — and even prouder of the commitment and care shown by colleagues across the Trust. Thank you to every member of #TeamDBTH for your continued support and contributions. Through your work, we are building a culture where people thrive, feel valued, and are proud to belong.

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

In 2024/25, Doncaster and Bassetlaw Teaching Hospitals (DBTH) continued to strengthen its partnerships and improve corporate governance. This work has supported joined-up care, robust leadership, and new ways of working with our system partners to deliver the best possible outcomes for our communities.

Working with partners to improve care

- **Montagu Elective Orthopaedic Centre of Excellence (MEOC)**: Now fully operational, MEOC marked its first year with a number of key milestones, including setting a South Yorkshire record by completing five joint replacements in a single day, and consistently high-quality surgical outcomes. Delivered in collaboration with Barnsley Hospital NHS Foundation Trust and The Rotherham NHS Foundation Trust, MEOC continues to improve access to elective orthopaedic care across South Yorkshire and Bassetlaw. Over 1,500 people have received surgery at the centre to date.

- **Virtual Ward expansion**: In partnership with Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH), we expanded our Virtual Ward offer, allowing more patients to receive hospital-level care and monitoring in the comfort of their own homes. In total, more than 2,000 patients were supported by the service across 12 specialties. DBTH is also part of the Paediatric Virtual Ward programme piloted within the Acute Federation, helping to avoid unnecessary admissions and support recovery at home for younger patients.

- **Montagu Community Diagnostic Centre (CDC)**: Based at Montagu Hospital, the CDC carried out nearly 4,500 endoscopy procedures this year, with average wait times of just 7–14 days. The service has been praised by patients for its accessibility, same-day results, and welcoming environment. The Centre also achieved JAG accreditation in recognition of its high-quality care.

- **South Yorkshire and Bassetlaw Pathology Partnership**: Pathology services across five acute Trusts - including DBTH - formally came together on 1 April 2024 to form a single networked service. This collaboration improves equity, consistency, and innovation in diagnostics, while offering career development opportunities and sustainable service models.

- **Yorkshire and Humber Care Record**: In early 2025, DBTH fully implemented this digital platform across all services. It provides clinicians with secure, real-time access

to patient information from across the region, enabling faster, safer, and more co-ordinated care.

- **AHP-led innovation in care:** Working with Active Together and Yorkshire Cancer Research, we have developed the role of Allied Health Professionals in the prehabilitation and rehabilitation of cancer patients, working alongside colleagues in Doncaster Culture and Leisure Trust (DCLT) to maximise health before treatment and support optimal recovery post-treatment.

  We also implemented a new rotation scheme for newly qualified occupational therapists between DBTH and Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH). This approach strengthens recruitment and retention in more vulnerable professions and helps streamline patient care across organisational boundaries.

- **Collaborative procurement and mutual aid**: Through participation in system-level initiatives as part of the South Yorkshire Acute Federation, DBTH helped deliver over £1.16 million in savings via collaborative procurement, and supported more than 560 patients to receive elective care faster through mutual aid arrangements across partner Trusts.

You can read more about some of our partnership work via the South Yorkshire Acute Federation's Annual Report for 2024/25:
https://syics.co.uk/application/files/5617/4738/7239/AF_Annual_report_2025_v7.pdf

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

The 2024/25 financial year has been marked by strategic financial management and significant investments in infrastructure at Doncaster and Bassetlaw Teaching Hospitals. Below are the highlights from the year under the "Pounds" category, reflecting our commitment to financial sustainability and innovation.

- **Financial Performance:** For the eighth year running, we achieved our financial plan. In September 2024, we alerted colleagues to the fact that, due to ongoing challenges, our financial forecasting suggested a significant deficit without substantial course correction (initial forecast of £50.1 million). We were open and transparent about this, and managed to affect change effectively, coming in on plan.

  We delivered a £2.4 million deficit in line with the commitment we made in our financial plan. Additionally and with agreed support from NHS England, we successfully managed our cash flows, ending the year with £41 million cash in hand.

- **Capital Plan Delivery:** We executed a substantial £49 million capital plan, ensuring the continued enhancement and expansion of our facilities and services.

- **Cost Improvement Programme** (CIP)**:** The Trust delivered its £21.2M planned level of efficiency improvement although some of this was through non-recurrent means.

These accomplishments reflect our dedication to maintaining financial health, investing in our infrastructure, and implementing strategies that support both quality improvement and innovation.

Significant changes and developments since 1 April 2025

In April 2025, we extended our mechanical thrombectomy stroke pathway to seven days a week, operating 8am to 6:30pm daily. Delivered in partnership with Sheffield Teaching Hospitals, the service enables rapid, life-saving treatment for patients experiencing large vessel occlusion strokes. The extension marks progress towards our goal of offering 24/7 access by the end of the year.

The same month, we launched *Take C.A.R.E when transferring patients*—a Trust-wide campaign to improve the safety, communication, and consistency of patient transfers. Centred around four steps—Comfort, Alert, Risk Assessment, and Engage—the initiative aims to reduce avoidable incidents and improve experience during what can be vulnerable moments for patients.

Both developments reflect our commitment to safer, more compassionate care across every stage of the patient journey.

Performance overview and analysis in 2024/25

Throughout the year, colleagues at the Trust have concentrated on several key priorities outlined in our Operational Plan, including:

- **Quality and safety:** Enhancing the overall quality and safety of services, particularly in maternity and neonatal care, and reducing health inequalities in line with the Core20PLUS5 approach.

- **Urgent and emergency care:** Improving ambulance response and Emergency Department waiting times by supporting admission avoidance and hospital discharge, and maintaining increased acute bed and ambulance service capacity.

- **Elective care:** Reducing elective long waits and improving performance against core cancer and diagnostic standards.

- **Community and primary care access:** Facilitating easier access to community and primary care services, particularly general practice and dentistry.

- **Mental health services:** Improving access to mental health services to ensure more individuals receive the treatment they need.

- **Staff experience and retention:** Enhancing staff experience, retention, and attendance by implementing elements of the NHS People Promise.

The full Operational Plan for 2024/25 is available at:
https://www.dbth.nhs.uk/dbth-operational-plan-2024-25/

In the following sections, we detail our performance in these areas, illustrating our commitment to delivering high-quality, patient-centered care while navigating operational and financial challenges.

Our activity in 2024/25

In the 2024/25 financial year, colleagues at the Trust have demonstrated exceptional dedication and resilience in delivering patient care amidst a particularly busy and challenging period. Notably, March 2025 was recorded as the Trust's busiest ever month for Urgent and Emergency Care services, with 18,629 patients seen, highlighting the growing demand on our services.

During the winter months, particularly in December, we saw a marked increase in activity and acuity levels, a trend that is consistent with broader pressures across the NHS.

The following section provides a comparison of our patient care activities, illustrating the number of individuals treated across emergency, inpatient, and outpatient services, as well as the number of babies delivered.

This data underscores the unwavering commitment of our staff to meet increased demand while maintaining high-quality care standards throughout the year.

It is important to note that as people live longer, we are not only seeing more patients, but also treating more complex episodes of care. Advances in medical treatment and technology mean that more individuals are surviving illness and injury, which in turn increases the demand for both urgent and long-term care. This is reflected in the increasing number of patients we are seeing and the greater complexity of care being provided.

2024/25 Highlights:

- We cared for 209,821 emergency patients.
- We cared for 551,036 outpatient patients.
- We cared for 127,893 inpatient patients.
- We delivered 4,280 babies.

Comparison with 2023/24:

- Emergency patients: +11,159 (+5.6%). Meaning we saw more emergency patients this year compared to last year.
- Outpatients: +39,573 (+7.7%). We saw more outpatients this year, reflecting increased demand for services.
- Inpatients: -3,059 (-2.3%). We saw slightly fewer inpatients this year compared to last year.
- Babies delivered: -292 (-6.4%). The number of babies delivered decreased slightly this year compared to last year.

Site Breakdown (2024/25) per patient contacts:

- Doncaster Royal Infirmary: 594,205 patients
- Bassetlaw Hospital: 208,274 patients
- Montagu Hospital: 85,845 patients
- External Clinics: 4,706 patients

This data reflects the continued dedication of our teams across all sites to provide exceptional care, even as we navigate significant pressures within the healthcare system. We

will continue to adapt and innovate to meet the needs of our communities and ensure we are providing the best possible care for our patients.

Performance analysis 2024/25

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 throughout the year, above 92%, 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 co-ordinated 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 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 Faster Diagnosis Standard (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.

Looking ahead in 2025/26

Our Operational Plan for 2025/26 has been developed through careful analysis of our performance in the previous year, alongside our strategic priorities and long-term ambitions.

Colleagues across the Trust have contributed to shaping this plan, ensuring it addresses the areas most important to our patients, communities, and teams.

In the coming year, our key areas of focus will include:

Quality and safety: Continuing major quality improvement initiatives, fully delivering the Ockenden recommendations in maternity care, and appointing patient safety partners to enhance our governance arrangements.

Reducing health inequalities: Embedding targeted support for underserved communities through enhanced prevention programmes, partnership working, and dedicated training frameworks.

Urgent and emergency care: Improving performance in our emergency departments by reducing ambulance handover delays, expanding same-day emergency care, and working towards achieving the national four-hour standard by March 2026.

Elective recovery: Reducing elective waiting times by streamlining outpatient processes, maximising capacity—including through Community Diagnostic Centres—and achieving the 18-week elective care standard.

Diagnostics: Expanding diagnostic capacity with the opening of a new imaging suite at Montagu Community Diagnostic Centre, further enhancing patient access and turnaround times.

Workforce development: Strengthening workforce planning, embedding flexible working practices, improving colleague wellbeing, and addressing workforce inequalities to boost retention and satisfaction.

Financial sustainability: Delivering targeted efficiency programmes, closely managing income and expenditure, and aligning capital investment strategically to support sustainability.

Digital transformation: Accelerating our digital maturity by enhancing electronic patient records, expanding robotic process automation, and leveraging digital tools to improve patient experience and operational efficiency.

System collaboration: Deepening our collaboration with local Integrated Care Boards, Place partnerships, and other NHS providers to optimise patient pathways, especially within cancer services, elective orthopaedics, community paediatrics, and urgent care.

Our Operational Plan for 2025/26 will be available on www.dbth.nhs.uk

Investment and infrastructure

Capital investment and estate development

Over the past few years, the Capital Planning Unit - part of the Directorate of Infrastructure, Estates and Facilities - delivered over £100 million in estate modernisation projects across DBTH.

In 2024/25, this work continued at pace, with £49.8 million invested in capital infrastructure. This included a combination of Operational and Public Dividend Capital (PDC) funding. As noted on the Trust website, we are proud of the capital investments that have directly contributed to improved patient care and the creation of high-quality facilities.

Project highlights from 2024/25 include:

- **Montagu Hospital:**
    - Completion of **Phase 3 of the Community Diagnostic Centre (CDC)** in February 2025. This new standalone facility houses CT, MRI and Ultrasound services, supported by upgraded high and low voltage substations to meet the increased electrical demand. This milestone concludes a multi-year, £26.2 million redevelopment programme at Montagu.
    - A new **stroke rehabilitation gymnasium suite**, opening early in the new financial year. Part of a wider £1.4 million investment, it features cutting-edge robotic equipment and virtual reality tools to support advanced therapies and stroke recovery.
- **Doncaster Royal Infirmary:**
    - A **£19.8 million redevelopment programme** is underway to relocate the Department of Critical Care (DCC) and refurbish key areas, including the Surgical Same Day Emergency Care (SSDEC) unit and Discharge Lounge.
    - The current Discharge Lounge is being transformed into the new SSDEC, with the lounge itself relocating to the former Hydrotherapy department. These works began in 2024/25, with completion expected in spring 2025. The new DCC facility will follow in summer 2026.

- **Bassetlaw Hospital:**

    - In February 2025, a **new state-of-the-art complex** the Bassetlaw Emergency Care Centre opened, housing the Emergency Department, Children's Assessment Unit, and Acute Medical Unit. Located at the front of the hospital, the development features calming, patient-friendly environments, including single rooms with ensuite bathrooms, motion-activated lighting, and improved access routes.

    - Surrounding infrastructure has also been upgraded, with reconfigured ambulance routes, additional parking (including Blue Badge spaces), and landscaped areas to promote wellbeing. A secure children's play area is also being installed.

    - Public Dividend Capital for this scheme totalled £17.6 million, with the Trust funding the remaining amount—bringing the total cost, including the earlier Radiated, Aerated, Autoclaved Concrete (RAAC) scheme (which won the 2023 *Building Better Healthcare* award for Estates & Facilities Team of the Year), to £41.5 million.

- **Additional developments:**

    - An additional **CT scanner at Bassetlaw**, funded by PDC, is being delivered at a cost of £1.15 million and completed in late spring 2025.

    - At DRI, earlier capital schemes completed in previous years include modular theatres and inpatient wards, as well as a new Central Delivery Suite and Triage area in the Women's and Children's Hospital.

Throughout the year, our focus has remained on delivering large-scale, complex PDC schemes, alongside smaller projects critical to clinical operations, business continuity, and accreditation standards.

These projects align with the capital strategies developed by the Integrated Care Boards in South Yorkshire and Nottingham and Nottinghamshire. We continue to work closely with Place partnerships in Doncaster and Bassetlaw to ensure our investments are meeting local needs.

Key operational capital schemes in 2024/25 included:

Electrical infrastructure (Phase 4c) – £1,784,281 - Replacement of high-voltage (HV) and low-voltage (LV) switchgear and transformers within the East Ward Block at Doncaster Royal Infirmary (DRI).

Fire precaution works – £932,164 - Fire safety improvements across Doncaster Royal Infirmary, Bassetlaw Hospital, and Montagu Hospital, including upgrades to Ward M1 at DRI.

Lift refurbishment – £172,638 - Upgrade to the pharmacy lift at Doncaster Royal Infirmary.

Minor works (Care Quality Commission, Patient-Led Assessments of the Care Environment, staff accommodation) – £142,660 - Upgrades to staff areas and communal spaces, including refurbishment of D Block and changing facilities at DRI.

Estates management – £26,092 -Includes six-facet condition surveys and updates to the MiCAD (Management Information Computer Aided Design) system.

Divisional priorities – £573,483 -Infrastructure works aligned with annual planning across clinical and non-clinical divisions.

Audiology – £541,347 -Upgrades to the Audiology estate to improve accessibility and service delivery.

Roads and car parks – £94,274 - Health and safety improvements to roads and car parking facilities across Trust sites.

Data cabinet improvements – £84,629 -Risk reduction works in data cabinet locations to address issues such as overheating and inappropriate access.

Security and lighting – £96,965 -Upgrades to security systems and lighting, including installation of new closed-circuit television (CCTV) across multiple sites.

Control of Legionella bacteria – £65,979 - Ongoing upgrades to mitigate water safety risks, including removal of dead legs and storage vessel upgrades.

Asbestos abatement – £48,353 -Safe removal or encapsulation of asbestos identified on the Trust's asbestos register.

East Ward Block cold water tank replacement – £186,079 - Replacement of the main cold water supply tank serving the East Ward Block at DRI.

Bassetlaw boiler replacement – £162,570 - Replacement of three out of five main boilers serving Bassetlaw Hospital.

Trust-wide nurse call system upgrade – £162,627 - Replacement of outdated nurse call systems across multiple inpatient wards.

Refrigeration and heat exchanger upgrades (DRI) – £110,017 - Replacement of refrigeration systems and installation of plate heat exchangers to reduce water storage and associated Legionella risk.

Women's and Children's roof upgrade (DRI) – £707,470 - Replacement and upgrade of the roof membrane for the Women's and Children's Hospital at Doncaster Royal Infirmary.

Space utilisation works – £161,978 - Office reconfigurations across sites to support evolving service and operational needs, as directed by the Space Utilisation Group.

Bassetlaw Same Day Emergency Care (SDEC) – £972,078 - Refurbishment of the former Accident and Emergency (A&E) department following the relocation to the new Emergency Department, creating a dedicated Minor Injuries and Same Day Emergency Care facility.

A note on the future of Doncaster Royal Infirmary

In last year's Annual Report, we shared an update on our long-term plans to improve and modernise Doncaster Royal Infirmary (DRI). While the Trust's bid to secure funding for a new hospital was unsuccessful in May 2023, we remain committed to delivering meaningful improvements to the site and are actively pursuing an ambitious refurbishment programme.

We are pleased to report progress towards the proposed relocation of the Department of Critical Care to a new, purpose-built facility on the ground floor of the site. While plans remain subject to funding approval, this development represents a key milestone in our vision for a safer, more modern DRI.

In early 2025, we welcomed the Minister for Health, Karyn Smith, to the hospital to outline the challenges facing our estate and to discuss the critical need for investment. We will continue to work closely with the Government and our partners to advocate for Doncaster and secure the resources needed to fulfil our long-term ambitions.

The proposed improvements focus on four key areas of the site, targeting infrastructure risks and areas with the greatest impact on patient care—particularly for our most acutely ill patients. If approved, the works would also address around 50% of the current maintenance backlog, estimated at approximately £50 million.

The proposed programme includes:

- **Relocation of the Department of Critical Care to the ground floor** – Providing modern, accessible facilities for the most unwell patients and enabling further redevelopment of the East Ward Block.

- **Construction of a new ward block** – Located in front of the East Ward Block, this would modernise clinical accommodation and improve patient flow.

- **Installation of two new modular theatres** – To maintain surgical capacity during refurbishment of the existing theatre suite.

Once enabling works are complete, further developments could include:

- **Full refurbishment of the East Ward Block** – Modernising inpatient facilities and clinical environments within the main tower block.

- **Full refurbishment of the Women's and Children's Hospital** – Enhancing care environments for women, babies, and families.

- **Creation of additional on-site car parking and staff accommodation** – Improving accessibility and colleague experience.

If approved, the full programme would be delivered in multiple phases at an estimated total cost of £360 million. While funding has not yet been secured, these proposals represent a clear, deliverable vision for the future of Doncaster Royal Infirmary—ensuring we can continue to provide outstanding care in facilities that match the quality of our services.

The full plan can be viewed at: www.dbth.nhs.uk/dri-refurbishment-plan

Sustainability and the Trust's Green Plan

The NHS has set an ambitious target to become the world's first net zero national health service, aiming to achieve net zero for directly controlled emissions (*NHS Carbon Footprint*) by 2040, and for emissions it can influence (*NHS Carbon Footprint Plus*) by 2045.

As one of the largest employers in Doncaster and Worksop, operating across three major sites, we acknowledge the significant environmental footprint created by our activities—through carbon emissions, air pollution, and the waste we generate.

In recognition of this, and in support of the NHS' net zero ambitions, the Trust has outlined its sustainability strategy in the *Green Plan*, available here:
www.dbth.nhs.uk/about-us/how-we-are-run/trust-strategy

Throughout 2024/25, we continued to make progress against the objectives set out in the Green Plan. Highlights include:

Carbon reduction: Following the 2024 carbon footprint assessment, we are pleased to report an estimated reduction of approximately 6,550 tonnes of carbon dioxide equivalent (tCO_2e) since the launch of the Green Plan—demonstrating our commitment to sustainability and reducing our environmental impact.

Sustainable developments: Major new facilities, including the Montagu Elective Orthopaedic Centre of Excellence (MEOC), the Bassetlaw Emergency Village (BEV), and the Montagu Community Diagnostic Centre (CDC), were designed with low-carbon technologies, decarbonised heating systems, and renewable energy generation—ensuring they are sustainable, modern clinical environments for patients, staff, and visitors.

Renewable electricity: We maintained our commitment to procuring 100% clean, renewable electricity to power our buildings and services.

Green Flag recognition: The memorial gardens at Doncaster Royal Infirmary and Bassetlaw Hospital once again received Green Flag Awards, recognising their positive contributions to biodiversity and wellbeing. Restoration work was also completed on the memorial garden at Montagu Hospital, which is now scheduled for Green Flag assessment in 2025.

Anaesthetic gas emissions: We continued work to reduce the environmental impact of volatile anaesthetic gases and nitrous oxide, including the active removal of piped nitrous oxide infrastructure across all sites.

LED lighting expansion: Energy efficiency improved through the continued rollout of LED lighting, helping to reduce electricity consumption across the estate.

Waste reduction: Our commitment to sending zero waste to landfill remains in place. Improved waste management practices avoided nearly 90 tCO_2e in emissions this year.

Clinical sustainability initiatives: Service-led efforts continued to grow, including a Greener Theatre Group, sustainability improvements in Endoscopy, and a Greener Dialysis initiative—reducing emissions in dialysis services by approximately 4,000 kgCO_2e per year.

Looking ahead, we plan to install electric vehicle (EV) charging points at each of our sites in 2025 and will expand on-site renewable energy generation at Doncaster Royal Infirmary through the installation of additional solar panels.

In 2025, we will also refresh our Green Plan to set out updated objectives for the next three years, aligned with national guidance from NHS England.

Through these actions, we remain committed to reducing emissions, improving environmental sustainability, and contributing to a healthier, more resilient healthcare system - supporting our vision of *"Healthier together – delivering exceptional healthcare for all."*

The Trust's Task Force on Climate-Related Financial Disclosures (TCFD) can be found further on within the report.

Health inequalities

Doncaster and Bassetlaw Teaching Hospitals (DBTH) is committed to embedding the reduction of health inequalities in all aspects of our work.

In March 2024, we launched our inaugural Tackling Health Inequalities Strategy, approved by the Trust Board in November 2023. This strategy aligns with national and local plans and outlines six priority areas: https://www.dbth.nhs.uk/tackling-health-inequalities/

Prevention: Collaborating with the Healthy Hospital Programme Team, we are reviewing data through a health inequalities lens. Additionally, we are involved in developing an alcohol care team for DBTH, co-ordinated by our Integrated Care Board (ICS) colleagues.

1. **Elective Care Pathways/Recovery**: We have contributed to the review of the Access Policy to ensure health inequalities are considered. Plans are underway to address Did Not Attend (DNA) rates and assess the impact of the Montagu Elective Orthopaedic Centre of Excellence (MEOC) on health inequalities.

2. **Urgent and Emergency Care pathways**: A project is planned to examine high-intensity users in urgent and emergency care and the effectiveness of initiatives like Making Every Contact Count.

3. **Maternity and best start in life**: Efforts are focused on strengthening relationships with maternity colleagues to support existing work related to health inequalities.

4. **Children and young people**: We aim to build relationships with paediatric teams to support initiatives addressing health inequalities among younger populations.

5. **Research and Innovation**: As of February 2024, Dr. Kelly Mackenzie has taken on a joint role as Clinical Senior Lecturer at the University of Sheffield and Honorary Consultant in Public Health at DBTH. Plans are in place to develop research projects explicitly targeting health inequalities.

These priorities are supported by a foundation and five pillars:

Foundation: Enhancing communication, awareness, and education on health inequalities for staff, patients, and the community. A training matrix has been developed, including:

    1. *Baseline Training*: Completion of Statutory and Essential Training (SET) with initial health inequalities input via the Equality, Diversity, and Inclusion (EDI) module.

    2. *Level One*: In-depth understanding through e-learning modules accessible to all staff.

3. *Level Two*: A package developed by the Health Inequalities Team to help participants identify relevant health inequalities, piloted with two teams and planned for wider rollout.

4. *Level Three*: Currently under development, this training will provide a step-by-step guide on addressing identified health inequalities, closely linked to the Quality Improvement (QI) approach.

Pillars:

Understanding our communities: Ensuring access to timely population health data and incorporating community voices to better understand and address health inequalities.

Connecting people: Collaborating with partners to align efforts and prevent siloed working, adopting a whole-system approach.

Model of delivery: Transitioning to a needs-led, compassionate social model of care, utilizing co-production to improve or develop services based on community needs.

Access to and experience of services: Focusing on the Core20PLUS5 approach to provide targeted support for specific groups, ensuring equitable access and experiences.

Leadership and accountability: Establishing strong leadership and clear governance structures to embed health inequalities considerations throughout the organisation.

To support the delivery of our strategy, we have introduced a three-tier framework guiding efforts to:

1. Increase support or develop new services focusing on prevention.
2. Improve existing services.
3. Influence the wider determinants of health in our role as an Anchor Institution.

In November 2023, NHS England published its first Statement on Information on Health Inequalities, outlining data collection and reporting requirements for NHS bodies. In response, we have provided a supplement alongside our Annual Report summarizing these data. While we have presented most of the requested data, some external data source access issues remain.

The key takeaway is the variability across demographics such as deprivation, ethnicity, age, and gender. As a Trust, we recognise the need to routinely break down activity data by these demographics and understand the broader population context to identify and address over- or under-representation.

At DBTH, we believe that factors like ethnicity, or place of birth should not determine access to healthcare. The launch of our Tackling Health Inequalities Strategy provides a clear plan to

progress this work and ensures collaborative efforts with partner organisations to address broader health inequalities challenges.

The Trust's full Health Inequalities Strategy can be viewed:
https://www.dbth.nhs.uk/about-us/how-we-are-run/trust-strategy/

Financial performance

NHS England has directed that foundation trusts' financial statements must comply with the accounting requirements of the NHS Foundation Trust Annual Reporting Manual (FT ARM), as agreed with HM Treasury.

Our financial statements have been prepared in accordance with the 2024/25 FT ARM and adhere to International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual, to the extent that these are meaningful and appropriate to NHS Foundation Trusts. Accounting policies are applied consistently to items considered material in relation to the accounts.

This marks the fifth year that the accounts of the Trust's charitable funds, and the Wholly Owned Subsidiary have been consolidated with the accounts of the Foundation Trust to produce 'group' accounts, in line with the guidance above. The comments below refer to the financial performance of the Foundation Trust, with separate annual reports for both the Charity, and the Wholly Owned Subsidiary (Doncaster and Bassetlaw Healthcare Services Ltd) to be published at a later date.

2024/25 in Review

In a year marked by increasing elective and non-elective treatments, rising inflation, industrial action, and staffing challenges, the financial performance of the Trust has reflected these pressures.

Clinical Income: The Trust's clinical income increased by £64.8 million in the year, as it received additional funds to support increased clinical activity, and inflationary cost pressures within the sector.

Overall Deficit: The Trust reported an overall deficit of £32.4 million, which includes £32 million of impairments resulting from the annual valuation exercise. Excluding these and other technical adjustments, the Group's deficit stands at £2.4 million (compared to a £23.7m deficit in 2023/24). This position was in line with the planned deficit for the year.

Summary of Financial Performance: Detailed in the annual accounts, the key financial metrics are as follows:

- **Working Capital:** Cash balances held by the Trust as of 31 March 2025 were £40.9 million (31 March 2024: £36.3 million).

- **Loan Repayments:** The Trust made loan repayments of £0.5 million during the year (2023/24: £1.8 million).

- **Public Dividend Capital (PDC) Dividend:** A charge of 3.5% of average relevant net assets is payable to the Department of Health as a PDC dividend. The dividend payable in 2024/25 was £7.6 million (2023/24: £7.6 million).

- **Income:** The Trust received a total income of £641 million in 2024/25, an increase of £73 million from the previous year.

- **Revenue Expenditure:** Operating expenses for the year totalled £668 million, a £38 million increase from the previous year. The majority of expenditure was on pay budgets (staffing) at £420.5 million (increase of £35.3m compared to 2023/24, with nursing and medical staffing being the largest areas of expenditure.

- **Capital Expenditure:** Expenditure on larger items with a lifespan of more than one year, such as buildings and equipment, was £49 million, of which £27.8 million was funded by the Department of Health and Social Care, primarily for estate improvements. Major areas of capital expenditure included:

    - Critical Infrastructure: £10 million
    - Community Diagnostic Centre: £6.3 million
    - Digital Transformation: £8.6 million.

Joint Forward Plans and Capital Resource Plans

At the start of the 2024/25 financial year, the Trust agreed on its capital plan with the South Yorkshire Integrated Care System (ICS) and partners. Throughout the year, the Trust engaged with the ICS and its partners to deliver the jointly agreed capital plans.

Additionally, the Trust's business planning process was conducted in conjunction with Place and ICS-based partners to ensure alignment. This planning included setting out how the system would meet national planning guidance expectations and defining each organisation's role. The Trust actively participated in developing the One Doncaster Plan, which outlines key priorities at Place for the next five years.

As an organisation, we are also an active partner in developing the Joint Forward View Five Year ICS plan, ensuring all our corporate strategic plans and strategies align with the ICS and Place initiatives

Principal risks, opportunities and uncertainties and factors affecting future performance

The Trust has identified several principal risks and opportunities that may impact the achievement of our strategic objectives:

Focusing on patients awaiting treatment:

Addressing the backlog of patients awaiting treatment remains a priority. We are collaborating with Place and system partners to enhance care delivery and reduce waiting times, aligning with the government's strategic shifts towards community-based care, preventive measures, and digital integration.

Delivering our financial plan and efficiency programs:

While a comprehensive budget-setting process has been undertaken, risks such as unanticipated demand growth may affect financial performance. We are committed to implementing cost reduction and efficiency plans to mitigate these challenges.

Ensuring appropriate estates infrastructure:

A significant portion of our estate dates back to the 1960s and requires substantial investment to meet legal requirements and maintain a safe environment. In 2024/25, our Capital Programme focused on safety improvements. We continue to seek additional funding for further developments, particularly at Doncaster Royal Infirmary.

Workforce availability and agency cap management:

Recruiting, retaining, and developing sufficient clinical staff remains a challenge. We are exploring innovative programs, leveraging our teaching hospital status, and increasing international recruitment. Efforts to reduce reliance on agency staff are ongoing, supported by robust governance structures.

Additional risks:

Other risks include cyber attacks, patient harm, critical lift failures, and compliance with standards, all of which have mitigation strategies in place.

Opportunities in 2025/26:

We are embracing the government's three strategic shifts in health and care:

- **From hospital to community care:** By aiming to relocate services to community settings, such as high street locations, we aim to make healthcare more accessible and address health inequalities.
- **From analogue to digital:** Implementing digital solutions, including an Electronic Patient Record system, will enhance care delivery and operational efficiency.
- **From treatment to prevention:** Focusing on preventive measures will improve population health outcomes and reduce the burden on acute services.

Additionally, we are exploring the use of artificial intelligence to support innovative and effective ways of working, enhancing patient care and operational efficiency.

Through strong partnerships within our Integrated Care System and Place partners, we aim to implement these strategic shifts, enhancing care delivery and addressing health inequalities within our communities.

Going Concern

These accounts have been prepared on a going concern basis.

The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

The Directors of the Trust have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust is a member of the South Yorkshire Integrated Care System (ICS).

The ICS has stated its immediate strategic plans, focusing on delivering the objectives set out in NHS England's 2025/26 priorities and operational planning guidance, and its response to the NHS long-term plan. The ICS plans assume the continued provision of services by the Trust. No circumstances were identified causing the Directors to doubt the continued provision of NHS services. The ICS plans align activity, workforce, mental health and capital submissions and fully account contracting arrangements.

No circumstances were identified causing the directors to doubt the continued provision of NHS services.

This year, with an adjusted performance deficit of £2.4m, the Trust performed in line with its plan. This position recognises a significant level of financial and operational efficiencies that have been achieved in the year.

The Group has reported a cash position at 31 March 2025 of £42.2m, which includes a capital creditors balance of £27.7m. The underlying cash challenge is expected to continue into 2025/26 and for the remainder of the going concern period to 30 June 2026.

For 2025/26, the Trust submitted a break-even financial plan to NHS England. This is based on a significant level of expected financial efficiencies, in the region of 6% of overall expenditure. These financial efficiencies are still being worked upon and represent an element of risk for the Trust.

Should these efficiencies either not be achieved, or achieved in a non-cash releasing way, the Trust may have to utilise the financing facilities offered by the Department of Health and Social Care, as it has done in previous years.

NHS operating and financial guidance is not yet issued for 2026/27, and so the Trust has based its assessment for the first quarter of 2026/27 on the same assumptions used to build the 2025/26 financial plan. Key assumptions include:

- A continuation of income and expenditure flows and performance in line with 2025/26 plans
- A continued need to deliver financial efficiencies

In conclusion, these assumptions, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts.

Richard Parker OBE
Chief Executive
30 June 2025

Accountability Report

Welcome to the Accountability Report section of DBTH's Annual Report. This section outlines the composition of our Board, details on remuneration, and an overview of our staffing and oversight committees.

We aim to provide transparency and insight into the governance and workforce that drive our Trust forward. Thank you for your interest in our commitment to accountability and excellence.

Richard Parker OBE
Chief Executive
30 June 2025

Directors' Report

The Board of Directors at Doncaster and Bassetlaw Teaching Hospitals (DBTH) is responsible for setting and advancing the Trust's strategic direction. Comprising both Executive and Non-Executive Directors, the Board develops and monitors strategic aims, ensuring performance aligns with key objectives and indicators.

Collectively, the Board reviews and challenges reports to fulfill its responsibilities and provide assurance to the Council of Governors. The composition is designed to balance the skills and experience of both Executive and Non-Executive Directors, with ongoing assessments throughout the year and during any director-level vacancies. The Trust's constitution allows for slight variations in numbers as needed, maintaining a majority of Non-Executive Directors.

A strong unitary Board is fundamental to the Trust's success. Its effectiveness is closely monitored by the Governors, who hold the Non-Executive Directors, and through them, the Board, accountable. The Board continually evaluates its performance through individual and collective appraisals, ultimately answering to the Council of Governors on behalf of the Trust's members.

Composition of the Board

During 2024/25, the following persons were members of the Board of Directors:

Name	Position	Length of service at 31 March 2025	Term of office from	Attendance at Board meetings
Suzy Brain England OBE	Chair of the Board	8 years 3 months	1.1 2017	6 of 6
Mark Day	Non-Executive Director (Senior Independent Director)	2 years and 11 months	1.5.2022	2 of 6
Kath Smart	Non-Executive Director	7 years	1.4.2018	5 of 6
Mark Bailey	Non-Executive Director	5 Years 2 months	1.2.2020	5 of 6

Hazel Brand	Non-Executive Director	2 years 9 months	1.7.2022	6 of 6
Joanne Gander	Non-Executive Director	2 years 9 months	25.7.2022	5 of 6
Dr Emyr Jones	Non-Executive Director	2 years 1 month	20.2.2023	6 of 6
Lucy Nickson	Non-Executive Director	2 years 1 month	1.3.2023	6 of 6
Richard Parker OBE	Chief Executive			5 of 6
Zara Jones	Deputy Chief Executive			6 of 6
Zoe Lintin	Chief People Officer			5 of 6
Karen Jessop	Chief Nurse			5 of 6
Jon Sargeant	Chief Financial Officer			5 of 5
Sam Wilde	Chief Finance Officer			2 of 2
Denise Smith	Chief Operating Officer			5 of 6
Dr Nick Mallaband	Acting Executive Medical Director			6 of 6

All Non-Executive Directors are considered independent in accordance with the criteria set out in NHS England's Code of Governance.

Non-Executive Directors are appointed and removed by the Council of Governors, while Executive Directors are appointed and removed by the Nominations and Remuneration Committee of the Board of Directors.

The Chair of the Board's other principal commitment is as Chair of Keep Britain Tidy. She also serves as the Chartered Directors Lead Examiner for the Institute of Directors and was co-opted to the Board of Doncaster Chamber of Commerce in 2017/18.

In 2023/24, the Trust introduced *Scope for Growth*, a succession planning tool designed to support inclusive talent development. This approach was further embedded during 2024/25, helping to identify and nurture individuals with the potential to progress into leadership roles. Alongside this, we ran a successful cohort of the *Board Delegate Programme*, encouraging colleagues from diverse backgrounds to consider and prepare for senior and Board-level positions.

In addition, the Board participated in a number of development days throughout the year, with sessions focused on specific topics and strategic planning to support continuous improvement and effective leadership.

Balance of the Board

Non-Executive Directors are appointed to bring specific skills, knowledge, and perspectives to the Board, ensuring a balanced, comprehensive, and effective membership.

The Board of Directors considers the range and depth of skills and experience among its members to be appropriate and well aligned to the strategic and operational needs of the Trust.

Brief details of all Directors who served during 2024/25 are as follows:

Chair of the Board (as of 31 March 2025):

Suzy Brain England OBE C.Dir is an experienced board chair, Non-Executive Director, consultant, mentor, and counsellor. She currently serves as Chair and Trustee of Keep Britain Tidy, sits on the Institute of Directors' Accreditation and Standards Committee, and is the founder of Cloud Talking mentoring services. Suzy brings extensive board-level experience across sectors including health, housing, enterprise, and finance.

Awarded an OBE for public service—particularly for her role as Chair of the Department for Work and Pensions' Decision Making Standards Committee—Suzy began her career as a journalist and was previously Chief Executive of the Earth Centre in South Yorkshire.

Non-Executive Directors (as of 31 March 2025):

Joanne Gander is a retired registered nurse with extensive experience across health and care systems, most recently serving as Director of Clinical and Product Assurance at NHS Supply Chain. She has held senior roles at NHS England and North East Lincolnshire Care Trust Plus. As Clinical Non-Executive Director, Jo chairs the Quality Committee and serves as one of the Trust's Maternity and Neonatal Safety Champions. Her focus is on patient safety and ensuring consistently high-quality care experiences.

Kath Smart became Deputy Chair in February 2023 and brings significant public sector expertise. A Doncaster resident and CIPFA-qualified accountant, Kath has held senior roles within the NHS, local government, and housing. She currently chairs Acis Group and serves as a Non-Executive Director with various organisations. At DBTH, she brings strong financial oversight and governance experience, having previously chaired the Audit Committee at RDaSH.

Mark Bailey joined DBTH as a Non-Executive Director in February 2020. A former Group Director at Rolls-Royce plc, Mark has over 30 years of private sector experience in business growth, digital transformation, and customer service. He chairs the Trust's People Committee and Doncaster and Bassetlaw Health Care Services Ltd. He also serves as a Non-Executive Director at Derbyshire Community Health Services NHS FT and is a Visiting Fellow at Cranfield University.

Mark Day is a Chartered Director with executive leadership experience in NHS finance and estates, including as Chief Operating Officer of a £2.5 billion national property company. A

former employee of Doncaster Health Authority, he now works as a healthcare business consultant and serves as an independent lay member on Cornwall Council's Audit Committee. Mark is the Trust's Senior Independent Director. Mark departed the Trust in March 2025.

Hazel Brand is a former Lead Governor and Head of Communications at DBTH. Originally trained as an Occupational Therapist, Hazel moved into health journalism and later communications, supporting the Trust through major changes for nearly two decades. Since retirement, she has served on Bassetlaw District Council and holds the Non-Executive lead for Freedom to Speak Up at the Trust.

Dr Emyr Wyn Jones is a retired Consultant Physician in Diabetes and Endocrinology who worked at Doncaster Royal and Mexborough Hospital NHS Trust for 24 years. He has held senior clinical and executive roles and contributed nationally as a Medical Advisor to the National Audit Office and Clinical Lead at NHS Digital. At DBTH, he is a Clinical Non-Executive Director, Deputy Chair of the Quality Committee, and a Maternity and Neonatal Safety Champion.

Lucy Nickson is a registered nurse with a career spanning over 30 years in both NHS and charitable healthcare sectors. She has held senior leadership roles in end-of-life care, community nursing, and performance management across the East Midlands. Currently Chief Executive of Day One Trauma Support, Lucy brings deep expertise in patient-centred care, charity leadership, and service development.

Executive Directors (as of 31 March 2025):

Richard Parker OBE, Chief Executive, was appointed in January 2017 after serving as Director of Nursing, Midwifery and Quality. Since qualifying as a nurse in 1985, Richard has held several senior NHS roles including Chief Operating Officer at Sheffield Teaching Hospitals. He holds an MBA in Health and Social Services and was awarded an OBE in 2018 for services to health and social care.

Jon Sargeant, Chief Finance Officer, joined the Trust in 2016. He served as Deputy Chief Executive and Executive Director for Recovery, Innovation, and Transformation until early 2023. Jon retired in January 2025.

Dr Tim Noble, Executive Medical Director, joined DBTH in 2006 as a Consultant Respiratory Physician and has held multiple leadership roles including Deputy Medical Director. He was appointed Medical Director in March 2020. During 2024/25, Dr Nick Mallaband acted as Executive Medical Director.

Dr Nick Mallaband, Acting Executive Medical Director, joined DBTH as a Consultant in Acute Medicine in 2011, playing a key role in developing the service across both sites. He has since held senior roles including Divisional Director and Medical Director of Workforce. Appointed to his current role in 2023, Nick has a strong interest in acute care, education, and digital transformation.

Zoe Lintin, Chief People Officer, was appointed in June 2022. A Fellow of the Chartered Institute of Personnel and Development (CIPD), Zoe brings a strong background in HR, OD, and leadership development. She also holds regional and national roles with HPMA and CIPD and is a qualified coach and accredited mediator.

Denise Smith, Chief Operating Officer, was appointed in January 2023. She has more than 25 years of NHS experience across primary and secondary care, including as Chief Operating Officer at The Queen Elizabeth Hospital, King's Lynn.

Karen Jessop, Chief Nurse, joined the Trust in January 2023. Previously Deputy Chief Nurse at Sheffield Teaching Hospitals, Karen has over 25 years of nursing and midwifery experience. She holds a Master's degree in Health Care Leadership and has a background in critical care and surgical services.

Zara Jones, Deputy Chief Executive, was appointed in October 2023. She previously served as Executive Director of Strategy and Planning at Derbyshire ICS, overseeing acute, community, and mental health portfolios. Zara brings experience in strategic leadership, commissioning, and partnership working.

Sam Wilde, Chief Finance Officer, joined DBTH in late 2024 from Lincolnshire Community Health Services NHS Trust, where he was Director of Finance and Business Intelligence. A Chartered Management Accountant with an MBA, Sam brings senior financial experience from both the NHS and private sector. His role covers finance, estates and facilities, IT and digital transformation, and the Project Management Office.

Registers of interests

All Directors and Governors are required to declare their interests, including company directorships, upon taking up appointment and (as appropriate) at Council of Governors' and Board of Directors' meetings in order to keep the register up to date.

The Trust can specifically confirm that there are no material conflicts of interest in the Council of Governors or Board of Directors. The Register of Directors' Interests and the Register of Governors' Interests are available on request from the Foundation Trust Office at Doncaster Royal Infirmary.

Cost allocation and charging

The Trust complied with the cost allocation and charging guidance issued by HM Treasury.

Donations

The Trust made no donations to political parties or other political organisations in 2024/25 and no charitable donations in 2024/25.

Better Payments Practice Code

The Trust has adopted the Public Sector Payment Policy, which requires the payment of non-NHS trade creditors in accordance with the CBI prompt payment code and government accounting rules. The target is to pay these creditors within 30 days of receipt of goods or a valid invoice (whichever is the later), unless other payment terms have been agreed with the supplier.

Non NHS	Number	Value £'000
Total bills paid in the year	97,510	£326,783
Total bills paid within target	52,777	£266,467
Percentage of total bills paid within target	**54.1%**	**81.5%**

NHS	Number	Value £'000
Total bills paid in the year	3,156	£39,096
Total bills paid within target	2,871	£36,167

Percentage of total bills paid within target	**91%**	**92.5%**

Invoices are not paid within 30 days, usually due to being held in query and invoice validation as well as cash flow management. Better Payment Practice Code achievement is also below target as a result of the lengthy time invoices are validated by the Trust's third party accounting services provider.

Quality Governance

The most recent formal inspection of Use of Resources, carried out in 2019/20, concluded that the Trust was performing well, with a rating of *Good*. However, the latest overall Care Quality Commission (CQC) inspection—received towards the end of 2023/24—resulted in a revised overall rating of *Requires Improvement*.

The Board of Directors continues to closely monitor the quality of care across the organisation. A suite of quality measures and objectives is reviewed monthly through the Business Intelligence Report and the Nursing Workforce Report. Risks to quality are identified, managed, and monitored through established risk management and assurance processes, as outlined in our Annual Governance Statement.

Quality governance is supported by the work of the Board's committees—particularly the Quality Committee—which plays a central role in overseeing quality performance. This includes reviewing internal audit findings, scrutinising key reports, and ensuring robust challenge to drive service improvement and maintain high standards of care.

The Board remains proactive in assessing the impact of any proposed changes to services, including cost improvement plans, to ensure that service quality and patient safety are not compromised. These considerations are embedded into all aspects of Board decision-making.

There are no material inconsistencies to report between the Annual Governance Statement, quarterly and annual Board statements, the Board Assurance Framework, the Annual Report, and CQC findings.

Engaging with patients and the public remains central to our improvement efforts. We continue to gather feedback through the Friends and Family Test, patient surveys, and involvement in service development initiatives.

The Trust also works closely with Healthwatch Doncaster and Healthwatch Nottinghamshire, as well as our public Governors, to strengthen engagement and ensure the patients' voice is heard.

Income disclosures

The directors confirm that, as required by the Health and Social Care Act 2012, the income that the Trust has received from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes. The Trust has processes in place to ensure that this statutory requirement will be met in future years, and has amended its constitution to reflect the Council of Governors' role in providing oversight of this.

In addition to the above, the directors confirm that the provision of goods and services for any other purposes has not materially impacted on our provision of goods and services for the purposes of the health service in England.

Remuneration Report

Annual Statement on Remuneration

The Nomination and Remuneration Committee aims to set executive remuneration at an appropriate level to ensure good value for money while enabling the Trust to attract and retain high quality executives.

During 2024/25 the Trust continued to build on the benchmarking work undertaken in previous years, comparing executives' remuneration to that of market trends and neighbouring Trusts.

Remuneration policy – Executive Directors

It is the policy of the Nominations and Remuneration Committee of the Board of Directors to consider all reviews and proposals regarding executive remuneration on their own merits. This means that the recruitment market will be taken into account when seeking to appoint new directors. It also means that salaries will be set to ensure that the Trust is able to recruit and retain individuals with the required competencies and skills to support delivery of the Trust's strategy.

Executive Directors do not have any performance related components within their remuneration, and do not receive a bonus.

The committee does not routinely apply annual inflationary uplifts or increases, and only applies uplifts of any kind where it is advised by NHSE, or where this is thought to be justified by the context.

The primary aim of the Remuneration Committee is to ensure that executive remuneration is set at an appropriate level to ensure good value for money while enabling the Trust to attract and retain high quality executives.

The committee considers the pay and conditions of other employees when setting the remuneration policy, but does not actively consult with employees. The committee also considers the remuneration information published annually by NHS Providers when making decisions regarding appropriate remuneration levels.

Three Executive Directors earn more than £150,000, and the Nominations and Remuneration Committee – Board of Directors has given detailed consideration to the context of this salary and the performance of the individuals in order to satisfy itself that this remuneration is reasonable.

Remuneration policy – senior managers

As at 31 March 2025, three senior managers other than the Executive Directors are not remunerated according to Agenda for Change Terms and Conditions of service.

As part of the appraisal process, the remuneration of these managers may reduce or increase on the basis of performance, including delivery of personal objectives and CIP targets. The starting salary for these managers is generally market-based, within the pay strategy set by the Trust. With the exception of remuneration, all other Agenda for Change terms and conditions, including those relating to payment for loss of office, are applied to these managers.

The committee considers the pay and conditions of other employees when setting the remuneration policy, but does not actively consult with employees. The committee also considers the remuneration information published annually by NHS Providers when making decisions regarding appropriate remuneration levels. All work is taken in respect to the Equality Analysis policy when making decisions.

All other managers are remunerated in accordance with Agenda for Change terms and conditions of service. Approval to pay remuneration outside of Agenda for Change terms and conditions may only be granted by the Chief People Officer or Deputy Director of People and Organisational Development.

For managers who are paid according to Agenda for Change terms and conditions, the Trust is under an obligation to pay increments and uplifts in accordance with national pay agreements. The Trust does not propose to introduce any new obligation which could give rise to, or impact on, remuneration payments or payments for loss of office.

The Trust intends to maintain this remuneration policy for 2025/26.

Remuneration policy – Other employees

Other than the senior managers and Executive Directors referred to above, all employees are paid according to either the Agenda for Change or Medical and Dental Terms and Conditions of service.

Early Termination Liability

Depending on the circumstances of the early termination the Trust would, if the termination were due to redundancy, apply redundancy terms under Section 16 of the Agenda for Change Terms and Conditions of Service or consider severance settlements in accordance with HSG94 (18) and HSG95 (25).

Future Policy Table

Salary/Fees		**Taxable Benefits**	**Annual Performance Related Bonus**	**Long Term Related Bonus**	**Pension Related Benefits**
Support for the short and long-term strategic objectives of the Foundation Trust	Ensure the recruitment/ retention of directors of sufficient calibre to deliver the Trust's objectives	None disclosed	N/A	N/A	Ensure the recruitment/ retention of directors of sufficient calibre to deliver the Trust's objectives
How the component Operates	Paid monthly	None disclosed	N/A	N/A	Contributions paid by both employee and employer, except for any employee who has opted out of the scheme
Maximum payment	As set out in the Remuneration table. Salaries are determined by the Trust's Remuneration Committee	None disclosed	N/A	N/A	Contributions are made in accordance with the NHS Pension Scheme

Framework used to assess performance	Trust appraisal system	None disclosed	N/A	N/A	N/A
Performance Measures	Based on individual objectives agreed with line manager	None disclosed	N/A	N/A	N/A
Performance period	Concurrent with the financial year	None disclosed	N/A	N/A	N/A
Amount paid for minimum level of performance and any further levels of performance	No performance related payment arrangements	None disclosed	N/A	None paid	N/A
Explanation of whether there are any provisions for recovery of sums paid to directors, or provisions for withholding payments	Any sums paid in error may be recovered. In addition there is provision for recovery of payments in relation to Mutually Agreed Resignation Scheme (MARS) payments where individuals are subsequently employed in the NHS	None disclosed	Any sums paid in error may be recovered	None paid	N/A

Nominations and Remuneration Committee of the Board of Directors

The membership of the committee in 2024/25 consisted of the Chair and Non-Executive Directors with attendance by the Chief Executive, and Chief People Officer (both of whom withdraw if their remuneration or appointment is considered) where appropriate. The committee was convened on three occasions during the year to discuss appointments and the remuneration of Executive Directors.

Name	Role	Attendance

Suzy Brain England OBE	Chair of the Board	3 of 3
Kath Smart	Non-Executive Director (Deputy Chair of the Board)	2 of 3
Joanne Gander	Non-Executive Director	1 of 3
Mark Bailey	Non-Executive Director	3 of 3
Hazel Brand	Non-Executive Director	3 of 3
Mark Day	Non-Executive Director	2 of 3
Dr Emyr Jones	Non-Executive Director	3 of 3
Lucy Nickson	Non-Executive Director	3 of 3

Fair pay comparison

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

Pay ratio for highest paid director (excluding pension benefits) - subject to audit

	2023/24			**2024/25**		
Percentile	**25th**	**Median**	**75th**	**25th**	**Median**	**75th**
Salary component of pay	£247,500	£247,500	£247,500	£242,500	£242,500	£242,500
Total pay and benefits excluding pension	£25,806	£31,970	£44,780	£27,554	£34,228	£45,611
Pay ratio	9.59:1	7.74:1	5.53:1	8.80:1	7.08:1	5.32:1

The banded remuneration of the highest paid director in the financial year 2024/25 was £240k-£245k (2023/24: £245k-£250k), and the decrease between 2023/24 and 2024/25 was 2%, based on the mid-points of the pay bandings (as per DHSC GAM guidance). This decrease is as a result of the highest paid director pay in 2023/24 reflecting an adjustment for a previously deferred remuneration review that was completed in 2023/24.

This is 4.6 times higher than the salary and allowances of all employees on an annualised basis, divided by the FTE number of employees. (2023/24: 4.9 times).

This was 7.08 times (2023/24: 7.74 times) the median remuneration of the workforce, which is £34,228 (2023/24: £31,970).

For employees of the Trust as a whole, the range of remuneration in 2024/25 was from £5 to £514k (2023/24: £95 to £434k). This increase in the higher end of the range is due to additional medical sessions being performed.

25 employees received remuneration in excess of the highest-paid director in 2023/24 (2023/24: 23 employees).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employers' pension contributions and the cash equivalent transfer value of pensions.

Expenses

	2023/24 No. in office	**2023/24 No. receiving expenses**	**2023/24 Expenses Paid (£)**	**2024/25 No. in office**	**2024/25 No. receiving expenses**	**2024/25 Expenses Paid (£)**
Non-Executive Directors	8	4	£3,434.35	7	**2**	£1,074.50
Executive directors	8	4	£912.72	9	**4**	£849.16
Governors	39	0	£0.00	39	0	£0.00

Senior Managers Service Contracts

All directors have a notice period of six months; this does not affect the right of the Trust to terminate the contract without notice by reason of the conduct of the Executive Director. All other employees have notice periods between one and three months depending on the seniority of the role.

Name	Position	Date of contract (date commenced in post as senior manager)	Unexpired term as at 31 March 2025
Suzy Brain England OBE	Chair of the Board	1.1.2017	Nine months
Kath Smart	Non Executive Director	1.4.2018	Two years
Mark Bailey	Non Executive Director	1.2.2020	Ten months
Mark Day	Non Executive Director	1.5.2022	Left the Trust 31 March 2025
Hazel Brand	Non Executive Director	1.7.2022	Four months
Joanne Gander	Non Executive Director	25.7.2022	Four months
Dr Emyr Jones	Non Executive Director	20.2.2023	Eleven months
Lucy Nickson	Non Executive Director	1.3.2023	Eleven months
Richard Parker OBE	Chief Executive	14.10.2013	N/A
Dr Tim Noble	Executive Medical Director	1.4.2020	N/A
Zoe Lintin	Chief People Officer	1.6.2022	N/A
Karen Jessop	Chief Nurse	10.1.2023	N/A
Denise Smith	Chief Operating Officer	3.1.2023	N/A

Zara Jones	Deputy Chief Executive	25.09.2023	N/A
Dr Nick Mallaband	Acting Executive Medical Director	26.9.2023	N/A
Sam Wilde	Chief Financial Officer	31.1.2025	N/A
Jon Sargeant	Chief Financial Officer	2.10.2016	Left the Trust in January 2025.

Directors' Remuneration - subject to audit

Name and Title	2023/24 Salary and fees (bands of £5k)	2023/24 Taxable Benefits (to the nearest £100)	2023/24 Annual Bonus (bands of £5k)	2023/24 Long Term Bonus (bands of £5k)	2023/24 Pension Benefit (bands of £2.5k)	2023/24 Total (bands of £5k)	2024/25 Salary and fees (bands of £5k)	2024/25 Taxable Benefits (to the nearest £100)	2024/25 Annual Bonus (bands of £5k)	2024/25 Long Term Bonus (bands of £5k)	2024/25 Pension Benefit (bands of £2.5k)	2024/25 total (bands of £5k)
Suzy Brain England OBE – Chair of the Board	55-60					55-60	55-60	1,100				55-60
Mark Bailey – Non-Executive Director	10-15	500				15-20	10-15	700				15-20
Kathryn Smart – Non-Executive Director	15-20					15-20	15-20					15-20
Mark Day – Independent Director	10-15	100				15-20	15-20	200				15-20

Name and Title	2023/24 Salary and fees (bands of £5k)	2023/24 Taxable Benefits (to the nearest £100)	2023/24 Annual Bonus (bands of £5k)	2023/24 Long Term Bonus (bands of £5k)	2023/24 Pension Benefit (bands of £2.5k)	2023/24 Total (bands of £5k)	2024/25 Salary and fees (bands of £5k)	2024/25 Taxable Benefits (to the nearest £100)	2024/25 Annual Bonus (bands of £5k)	2024/25 Long Term Bonus (bands of £5k)	2024/25 Pension Benefit (bands of £2.5k)	2024/25 total (bands of £5k)
Hazel Brand – Non-Executive Director	10-15					10-15	10-15					10-15
Joanne Gander – Non-Executive Director	10-15					10-15	10-15					10-15
Dr Emyr Jones – Non-Executive Director	10-15					10-15	10-15					10-15
Lucy Nickson – Non-Executive Director	10-15	100				10-15	10-15	300				10-15
Dr Tim Noble – Executive Medical Director	210-215					210-215	180-185				42.5-45	225-230

Name and Title	2023/24 Salary and fees (bands of £5k)	2023/24 Taxable Benefits (to the nearest £100)	2023/24 Annual Bonus (bands of £5k)	2023/24 Long Term Bonus (bands of £5k)	2023/24 Pension Benefit (bands of £2.5k)	2023/24 Total (bands of £5k)	2024/25 Salary and fees (bands of £5k)	2024/25 Taxable Benefits (to the nearest £100)	2024/25 Annual Bonus (bands of £5k)	2024/25 Long Term Bonus (bands of £5k)	2024/25 Pension Benefit (bands of £2.5k)	2024/25 total (bands of £5k)
Richard Parker OBE – Chief Executive (3)	245-250					245-250	240-245					240-245
Jon Sargeant – Chief Financial Officer (1)	155-160					155-160	145-150					145-150
Sam Wilde - Chief Finance Officer (2)							55-60				2.5-5	60-65
Zoe Lintin – Chief People Officer	145-150					145-150	150-155				27.5-30	180-185
Denise Smith – Chief Operating Officer	145-150					145-150	150-155					150-155

Name and Title	2023/24 Salary and fees (bands of £5k)	2023/24 Taxable Benefits (to the nearest £100)	2023/24 Annual Bonus (bands of £5k)	2023/24 Long Term Bonus (bands of £5k)	2023/24 Pension Benefit (bands of £2.5k)	2023/24 Total (bands of £5k)	2024/25 Salary and fees (bands of £5k)	2024/25 Taxable Benefits (to the nearest £100)	2024/25 Annual Bonus (bands of £5k)	2024/25 Long Term Bonus (bands of £5k)	2024/25 Pension Benefit (bands of £2.5k)	2024/25 total (bands of £5k)
Karen Jessop – Chief Nurse	140-145				62.5-65	200-205	145-150					145-150
Zara Jones – Deputy Chief Executive	75-80					75-80	155-160				45-47.5	200-205
Dr Nick Mallaband – Acting Executive Medical Director	100-105				2.5-5	105-110	215-220				55-57.5	275-280

(1) Individual left role as substantive Director on 31st January 2025, but remained in employment throughout 2024/25. Salary reflects the full year of employment, as recommended within the Group Accounting Manual although pension movements are prorated for the time spent as Director.

(2) Individual started employment at the Trust in November 2024, but started the role as substantive Director on 31st January 2025. Salary reflects the full period of employment at the Trust, as recommended within the Government Accounting Manual although pension movements are prorated for the time spent as Director.

(3) In 2023/24, salary and fees included a backdated pay award of £10k - £15k

Downward valuations of pension related benefits are shown as nil movements in the relevant column.

All Executive Directors who are currently within the NHS Pension Scheme are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023.

The basis of calculation for pension related benefits is in line with section 7.69 of the Annual Report Manual (ARM), and follows the 'HMRC method' which is derived from the Finance Act 2004 and modified by Statutory Instrument 2013/1981. The calculation required is:

Pension benefit increase = ((20 x PE) + LSE) - ((20 x PB) + LSB))

PE is the annual rate of pension that would be payable to the director, if they became entitled to it at the end of the financial year.

PB is the annual rate of pension, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year. LSE is the amount of lump sum that would be payable to the director if they became entitled to it at the end of the financial year. LSB is the amount of lump sum, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year.

Pension benefits

	Real increase/ (decrease) in Pension age			Real increase/(decrease) in pension related lump sum at pension age			Total accrued pension at pension age at 31 March 2024			Lump sum at pension age related to accrued pension at 31 March 2024			Cash Equivalent Transfer Value at 1 April 2024	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer value at 31 March 2025	Employers contribution to stakeholder pension
	(Bands of £2500)			(Bands of £2500)			(Bands of £5000)			(Bands of £5000)						
	£000k			£000k			£000k			£000k			£000k	£000k	£000k	£000k
Richard Parker (1)	0	-	0	0	-	0	0	-	0	0	-	0	-	-	-	-
Jon Sargeant (1)		-		0	-	0	0	-	0	0	-	0	1,476	-	-	-
Tim Noble	2.5	-	5	0	-	2.5	80	-	85	210	-	215	1,781	65	1,989	-
Nicolas Mallaband	2.5	-	5	2.5	-	5	25	-	30	70	-	75	469	43	561	-
Zoe Lintin	0	-	2.5	0	-	0	35	-	40	90	-	95	699	22	786	-
Denise Smith	0	-	2.5	0	-	0	45	-	50	120	-	125	1,068	-	1,140	-
Karen Jessop		-		0	-	0	50	-	55	135	-	140	1,114	-	1,143	-
Sam Wilde	0	-	2.5	0	-	0	35	-	40	0	-	0	498	2	589	-
Zara Jones	2.5	-	5	0	-	2.5	40	-	45	105	-	110	726	35	830	-

(1) Nil figures as individual is in receipt of pension benefits. Due to updated guidance from NHS England, no values are required to be reported

Cash Equivalent Transfer Value (CETV)

The CETV is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme, or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004/05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. On 1 October 2008, there was a change in the factors used to calculate CETVs as a result of the Occupational Pension Scheme (Transfer Value Amendment) regulations. These placed responsibility for the calculation method for CETVs (following actuarial advice) on Scheme Managers or Trustees. Further regulations from the Department for Work and Pensions to determine CETV from Public Sector Pension Schemes came into force on 13 October 2008. In his budget of 22 June 2010 the Chancellor announced that the uprating (annual increase) of public sector pensions would change from the Retail Prices Index (RPI) to the Consumer Prices Index (CPI) with the change from April 2011. As a result the Government Actuaries Department undertook a review of all transfers factors. The new CETV factors have been used in the above calculations and are lower than the previous factors we used. As a result the value of the CETVs for some members has fallen since 31 March 2010.

Richard Parker OBE
Chief Executive
30 June 2025

Governance Report

Responsibility for preparing this annual report and ensuring its accuracy sits with the Board of Directors. The principal responsibilities and decisions of the Board of Directors and Council of Governors are as shown below. The process for resolution of conflict between the Board of Directors and Council of Governors is detailed in the Trust Constitution.

The respective roles of the Board of Directors and Council of Governors are as follows:

Board of Directors	Council of Governors
• Appoint the Chief Executive • Operational management • Strategic development • Capital development • Business planning • Financial, quality and service performance • Trust-wide policies • Risk assurance and governance • Strategic direction of the Trust (taking account of the views of the Council of Governors).	• Hold the Non-Executive Directors to account for the performance of the Board of Directors. • Appoint and determine the remuneration of the Chairman and Non-Executive Directors • Appoint the external auditors • Promote membership, and governorship, of the Trust • Establish links and communicate with members and stakeholders • Seek the views and represent the interests of members and stakeholders • Approve significant transactions, mergers, acquisitions, separations, dissolutions, and increases in non-NHS income of over 5%.

Board of Directors

Although the Board remains accountable for all its functions, it delegates to management the implementation of Trust policies, plans and procedures and receives sufficient information to enable it to monitor performance.

In addition to the responsibilities listed above, the powers of each body, and those delegated to specific officers, are detailed in the Trust's Reservation of Powers to the Board and Delegation of Powers.

Performance evaluation of directors

The Chair conducts the performance appraisals of the Chief Executive and Non-Executive Directors. The Senior Independent Director conducted the performance appraisal of the Chair in 2024/25. The Council of Governors receives the objectives of the Chair and

Non-Executive Directors, and governors and directors feed into the appraisal process by providing commentary regarding the performance of the Chair and Non-Executive Directors.

The performance review of Executive Directors is carried out by the Chief Executive, with input from the Chair, Non-Executive Directors and Governors.

Performance evaluation of the Board and its committees

Each Board Committee undertook a self-effectiveness review during 2024/25, with outcomes reported back to the respective committees and then to the Audit and Risk Committee (ARC) for oversight at its April meeting. A full Board effectiveness review is currently underway and is due to be completed in early 2025/26.

Audit and Risk Committee (ARC)

The Audit and Risk Committee's role is to provide the Board of Directors with a means of independent and objective review of internal controls and risk management arrangements relating to:

- Financial systems
- The financial information used by the Trust
- Controls and assurance systems
- Risk management arrangements
- Compliance with law, guidance and codes of conduct
- Counter fraud activity

The Committee has Board-approved Terms of Reference, reviewed on a regular basis. It has four members – all Non-Executive Directors, including the Chair of the Committee. One member (the chair) has recent and relevant financial experience and is a qualified accountant.

The committee maintains a formal work plan and action log to ensure that areas of concern are followed up and addressed by the Trust. The Committee reviews the effectiveness of both the internal auditors and the external auditors on an annual basis and tenders the contracts when required by its Standing Orders.

Name	**Role**	**Meeting attendance**
Kath Smart – Chair	Non-Executive Director	5 of 5
Emyr Jones	Non-Executive Director	5 of 5

Mark Bailey	Non-Executive Director	4 of 5
Mark Day	Non-Executive Director	2 of 4
Joanne Gander	Non-Executive Director	4 of 5
Lucy Nickson	Non-Executive Director	1 of 1

As internal auditors, 360 Assurance, attend all meetings of the Audit and Risk Committee, in order to report on progress against the annual audit plan and present summary reports of all internal audits conducted. Internal audit's main functions are to provide independent assurance that an organisation's risk management, governance and internal control processes are operating effectively by:

- Reviewing the Trust's internal control system.
- Delivery of a risk based audit plan to provide assurances to management and ARC.
- Examining relevant financial and operating information.
- Reviewing compliance by the Trust with applicable laws or regulations.
- Identifying, assessing and recommending controls to mitigate significant risks to the Trust.

ARC undertakes an annual effectiveness review of both the Internal and External Audit provision, this was carried out in June 2024, prior to the re-appointment of the auditors being carried out

For 2024/25, the Trust paid audit fees to the external auditor of £25,000 for the Wholly Owned Subsidiary audit and £15,000 for the Charitable Funds Statutory Audit. Value for non-audit work payments stand at zero.

Staff Report

We can only achieve our goals through the dedication, innovation, hard work and values of our people. Recruiting and retaining the right colleagues is essential—but equally important is supporting their health and wellbeing, helping them to grow their skills, and enabling them to deliver their best work every day.

We are proud to be an inclusive organisation, with great people providing great care, day in and day out.

All colleague policies and procedures can be found here: https://www.dbth.nhs.uk/about-us/our-publications/publication-scheme/our-policies-and-procedures/

Keeping our colleagues informed and engaged

We engage with our colleagues in a number of ways, combining formal mechanisms with a broad range of communication channels. This includes consultation with Staff Side representatives, regular feedback opportunities, and the use of both digital and informal methods to keep everyone updated, involved and informed.

Here are some of the key platforms we use:

- **The Hive:** Our intranet received around 2.2 million page views and 5.3 million interactions last year. It features all essential Trust information, including news and updates.

- **All-colleagues emails:** Used sparingly to avoid fatigue, these emails are sent to 7,900 users and help to mark key moments and drive action.

- **DBTH Staff App:** With 7,000 users and around 2.9 million interactions last year, the app gives colleagues another way to access The Hive and receive key updates via push notifications.

- **Buzz, Round-Up, and Managers' Brief:** These newsletters provide regular updates to colleagues. In 2024/25, the Buzz (Tuesdays) received 330,000 views, the Round-Up (Fridays) 170,000, and the Managers' Brief 25,000 views. The average read time is around five minutes.

- **DBTH Staff Facebook Group:** With 7,500 members, this is one of our most active spaces, with 8,000 posts and over 211,000 interactions last year. On average, 6,900 colleagues check the group daily, with the most popular times being Wednesday and Friday evenings.

- **Trust website:** Our public-facing site saw 2.2 million page views and 5.8 million interactions across the year.

- **Informal channels:** We recognise that many colleagues share updates via informal routes such as WhatsApp. All our communications are designed to be easy to copy, link or screenshot, helping colleagues to cascade updates quickly and effectively within their teams in a method that suits.

Reward and Recognition

We know that appreciation matters. Our recognition schemes and events aim to thank colleagues for their hard work and dedication, helping to build pride and morale across the organisation.

- **Star Awards:** Our year-round recognition scheme invites nominations for colleagues who go above and beyond. Monthly winners receive a certificate, gift voucher and a place in the shortlist for our annual Star Awards celebration. In 2024/25 our annual award ceremony received a record number of nominations and attendance.

- **Celebration events:** We run a range of recognition activities throughout the year, marking professional days and cultural events with gestures of thanks—ranging from tea and cake delivered by the Executive Team to tailored events and giveaways.

- **Long Service Awards:** These events recognise continuous NHS service milestones of 10, 20, 30, 40 and 50 years. In 2024/25 we hosted a special afternoon tea for 100 long-serving colleagues.

- **Staff Lottery:** For a small monthly fee, colleagues can join our lottery, with 11 winners every month and prizes from £50 to £1,000. A special £6,000 draw is also held twice a year. In 2024/25, we significantly increased the number of participants thanks to the introduction of a streamlined sign-up process.

Health and Wellbeing

We are committed to attracting and retaining skilled colleagues by supporting their physical and mental health. Our comprehensive well-being package helps colleagues feel valued, cared for and supported.

With the ongoing cost-of-living crisis continuing to affect many, financial well-being has become an area of increased focus. We've introduced a number of initiatives to help colleagues better manage their money.

In 2024/25, we offered a series of webinars facilitated by external organisations including The Money Helper and Utility Warehouse, providing practical advice on saving money and planning for the future. Our weekly Wellbeing Wednesday sessions covered a range of financial topics—from budgeting and getting on the property ladder to reducing energy bills—with input from partners such as the Doncaster Energy Team, Yorkshire Water, Nottinghamshire County Council, and Citizens Advice Bureau.

We also welcomed HSBC for on-site 'Financial Health Check Clinics', which were open to all colleagues, regardless of bank affiliation, and partnered with Blue Light Discounts to offer exclusive savings.

Accolades

- Awarded **Gold** in the South Yorkshire *Be Well @ Work* awards
- **Winner**, NHS Employers Wellbeing Award at the HPMA Awards, for 'Mission Menopause' (in collaboration with South Yorkshire Integrated Care Board)
- **Shortlisted**, NHS Employers Wellbeing category at the HPMA Awards, for our innovation and impact
- **Shortlisted**, Supporting Team category at the DBTH Star Awards
- **Accredited** as a Menopause Friendly Employer

Women's health

From pregnancy to menopause, we understand the unique health needs of our female colleagues. Support includes:

- Free emergency period products available on-site
- Staff smear clinics offering evening and weekend appointments
- Comprehensive menopause support, including our Menopause Policy (launched in 2023), drop-in clinics, a WhatsApp peer support group, 20 trained Menopause Advocates, and a menopause library

Staff Survey 2024

Our most recent Staff Survey reflects the positive steps we're taking to improve colleague well-being.

- 58% of respondents agreed: "The Trust takes positive action on health and well-being".
- 68% agreed: "My immediate manager takes a positive interest in my health and well-being".

Vivup

Our Employee Assistance Programme, delivered by Vivup, provides colleagues with 24/7 support, 365 days a year. This includes access to counselling for issues such as anxiety and depression, as well as a Listening Line and a Bereavement Support Line. Vivup also offers help with domestic abuse, financial concerns, and provides lifestyle discounts and payroll-based pay schemes.

Wellbeing Champions

We're proud to have around 30 Wellbeing Champions across the Trust, promoting support services and encouraging participation in activities. In 2024, we introduced bi-monthly sessions to offer further training and support for Champions in their roles.

Additional support

Our health and well-being offer continues to evolve and currently includes:

- Complementary therapies
- Reiki
- Dr Bike clinics
- Yoga sessions
- *Know Your Numbers* health checks
- Visits from therapy dogs
- Wellbeing trolleys
- An annual *Wellbeing Calendar* packed with activities and awareness events

Education

In our continued commitment to providing and securing the highest quality education and training for all colleagues, including all our learners, we have further embedded the DBTH Education Quality Framework. This framework complements our overarching People Strategy and aligns with the NHSE Quality and Outcomes Framework, offering a mechanism to triangulate educational data across programmes and professional and clinical groupings.

Our multidisciplinary and inclusive Education Department leads and supports all training areas, including Statutory and Essential Training (SET), Role Specific Training (ReST), upskilling for new roles, and ongoing professional development. We remain aligned to national standards and improvement work, including StatMand, and are proud to be trailblazers for the Safe Learning Environment Charter. Additionally, we continue to provide high-quality clinical placements for a wide range of pre-registration learners, postgraduate doctors in training, and those seeking broader work experience.

Education Leads, aligned with clinical and corporate directorates, work closely with senior leaders to ensure that our education provision reflects both current and future workforce needs. The Learning Needs Analysis (LNA) tool has been integrated into our annual business planning process, ensuring that our education provision and commissioning align directly with business needs.

As a Trust, we have maximised available education funding—both internally and externally—to support our colleagues in these areas while meeting the quality standards outlined in our education contracts. The apprenticeship levy has further enabled us to expand our educational offerings across all workforce areas, from entry-level to postgraduate study. DBTH remains a leading employer for apprenticeships, with a rolling average of 3.5% of our workforce engaged in apprenticeships during 2024/25. This commitment to ‘growing our own’ and investing in our people is further supported by significantly low attrition rates among apprentices. We will continue to be responsive to the new national Skills Bill, ensuring we maximise opportunities for colleagues across DBTH.

Building on our partnerships with local education providers, including schools and Further Education Institutes (FEIs), and recognising our 'Anchor' organisation status within our local communities, we have continued to offer a wide range of work experience placements. These include T Level students, clinical attachments, virtual workshops, career events, and bespoke opportunities such as poster designing and supporting local events, ensuring learners and citizens in Bassetlaw and Doncaster are 'work-ready'.

Following the success of our 'Foundation School in Health' partnerships with Hall Cross Academy (Doncaster) and Retford Oaks Academy (Bassetlaw), we hosted two additional 'We Care Into the Future' events, with over 1,700 Year 8 students attending and exploring the wide range of employment and educational opportunities available at DBTH. These initiatives have garnered national interest, with other NHS providers beginning to replicate our model.

Recognised for our forward-looking approach to health and wider care careers, DBTH formalised its partnership with Doncaster College through the 'Healthcare Education Strategic Alliance'.

Additionally, our Director of Education and Research is a member of the Education and Skills Strategy Board. DBTH co-chairs the Doncaster Health and Care Centre of Excellence, contributing to the Education and Skills Strategy 2030's commitment to establishing Centres of Excellence ecosystems.

DBTH remains committed to providing clinical placements for over 1,000 pre-registration students from various Higher Education Institutes (HEIs) across South Yorkshire and beyond. These placements cover a wide range of programmes, including Medicine, Nursing, Midwifery, Allied Health Professionals, Healthcare Scientists, and Pharmacists, along with elective placements and return-to-practice opportunities. We also continue to support postgraduate doctors in training in collaboration with NHSE, ensuring our clinical service provision aligns with training needs.

Providing clinical placements for both pre-registration and postgraduate trainees remains a core aspect of our educational mission. We take pride in our reputation for high-quality clinical education, as reflected in learner feedback and confirmed by annual external assessments, including the Senior Leaders Engagement (SLE) meeting and The University of Sheffield's Medical School annual assessment.

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.

Paediatric 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 prioritise 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 recognised for integrating education and research into our organisational culture, supported by strong leadership and alignment with our strategic priorities.

Health and safety

At Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH), we are committed to maintaining a safe and secure environment for our patients, colleagues, and visitors.

We do this by embedding strong systems and processes that ensure the effective management of health and safety (H&S). Our approach includes proactive risk identification, the application of a structured hierarchy of controls to mitigate those risks, and the use of Datix, the Trust's electronic incident reporting system. We actively promote a no-blame culture to encourage open reporting, reflection, and learning, reducing the likelihood of future incidents.

This report provides an overview of Health and Safety management across the Trust for the reporting period 2024/25.

The Trust's Health and Safety Committee meets quarterly, producing a formal biannual report to the Finance and Performance Committee (F&P). Any areas of concern can then be escalated to the Trust Board via the Chair's assurance report.

In addition, the Director of Infrastructure submits an annual declaration of compliance against the NHS Premises Assurance Model (PAM), specifically addressing patient safety and experience in line with NHS England requirements and the Care Quality Commission's Key Lines of Enquiry (KLOEs).

Throughout the reporting year, incidents involving or posing a risk of injury to staff, visitors, or contractors were reported through Datix. Some of these met the threshold for reporting under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and were submitted to the Health and Safety Executive (HSE). Table 1 presents a breakdown of incidents by subcategory and site for the period April 2024 to March 2025.

Table 1: Breakdown of incidents into Subcategory and Site April 2024 – March 2025

	Doncaster Royal Infirmary	Bassetlaw Hospital	Montagu Hospital	External to DBH	Total
Accident caused by some other means	44	17	6	2	69
Collisions	12	11	0	1	24
Exposure to electricity, hazardous substance, infection etc	19	6	1	0	26
Injury caused by physical or mental strain	15	3	1	0	19
Moving and Handling Incidents	40	7	0	1	48
Sharps related incident, including knives	80	32	12	1	125
Slips/trips/falls (includes faints)	54	23	10	2	91
Transport related incident	0	0	0	0	0
Total	264	99	32	7	402

In July 2024, DBTH was awarded the Royal Society for the Prevention of Accidents (RoSPA) Silver Award for Health and Safety performance between January and December 2023. The

RoSPA Awards recognise excellence in health and safety across all sectors, celebrating organisations that show a strong commitment to protecting lives. This award reflects DBTH's ongoing dedication to maintaining high safety standards and supporting the wellbeing of patients, colleagues, and visitors.

A new internal Health and Safety Alert process has been introduced, based on models used by the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England's Estates and Facilities Alerts (EFA). The system includes a mechanism for recipients to submit evidence confirming completion of any required actions, which are then reported to the Trust's Health and Safety Committee for assurance.

Internal Safety Alerts are issued to raise awareness of specific hazards, risks, or unsafe situations. They are a key tool in helping prevent incidents by providing colleagues with clear, practical guidance. By sharing this information Trust-wide, we aim to reduce the recurrence of similar events and strengthen our overall safety culture.

The Health and Safety Advisor and Head of Compliance met with the Health and Safety Executive's (HSE) safety culture team to explore the 'Achieving Safety Culture Excellence Now and Tomorrow' (ASCENT) programme. This work will help the Trust better understand and influence safety attitudes. A follow-up meeting has taken place, and the HSE's Human Factors Team is now developing a bespoke training package for DBTH, planned for rollout during 2025/26.

A new annual Health and Safety Audit has been approved and circulated across the organisation. The Health and Safety Advisor tracks all responses and resulting action plans, with quarterly updates provided to the Trust's Health and Safety Committee.

In partnership with Occupational Health, Health and Wellbeing, People and Organisational Development, and the Trust Nurse Advocate, the Health and Safety Advisor has developed a 'Manager's Toolkit' to support teams in managing work-related stress. This will be rolled out in 2025 and aligns with the aims of a newly established Occupational Health Working Group.

As part of our proactive approach to Health and Safety, the Trust has introduced a Health and Safety Champions scheme. Ten colleagues volunteered to take part and are currently completing an IOSH Managing Safely course, due to finish in April 2025. These colleagues will work closely with the Health and Safety Advisor to identify and address local safety issues. There are plans to expand this group and link with the Just Culture and Speak Up teams.

Regular reviews of the Trust's Control of Substances Hazardous to Health (COSHH) system, 'Alcumus Sypol', are being carried out. The Health and Safety Advisor has also updated guidance on The Hive, created a COSHH awareness presentation, and launched a new COSHH e-learning package. A Trust-wide review of COSHH storage areas has been completed, with digital locks installed and new operating procedures displayed to ensure safe and compliant storage practices.

The Health and Safety Advisor now attends the bi-monthly Health and Wellbeing Committee, presenting updates on incident trends and analysis. This includes fire, health and safety, and security-related data, following a request from the Audit and Risk Committee for improved oversight and information sharing.

Fire Safety

Fire safety at DBTH is governed both externally and internally. It complies with national legislation, including the Regulatory Reform (Fire Safety Order) 2005, Building Regulations, and the new Building Safety Act 2022. Internally, the Trust follows its Fire Safety Policy and associated procedures, in line with NHS Fire Code and Health Technical Memoranda (HTM 05).

Governance is provided by the Fire Task and Finish Group (FTFG), the Fire Safety Committee (FSC), and the Health and Safety Committee (HSC), with fire safety risks recorded on the Trust's risk register. The capital fire safety improvement programme is driven by findings from fire risk assessments, items on the risk register, and a joint action plan agreed with South Yorkshire Fire & Rescue Service (SYFRS), particularly focused on the East Ward Block and the Women's and Children's Hospital at DRI.

The 2024/25 capital works have now been completed. These included fire safety improvements to Ward M1 in the Women's and Children's Hospital and projects led by the Fire Task and Finish Committee. Planning for the 2025/26 phase is underway, pending funding confirmation.

A presentation was delivered to the Trust Leadership Team outlining the overall fire improvement strategy, including completed works at the East Ward Block and Women's and Children's Hospital, key actions from the Fire Task and Finish Group, and the future direction of fire safety at DBTH. This includes prioritising high-dependency areas such as Theatres, ITU, and SCBU, and addressing actions related to the current Enforcement Notice. These plans are supported but may be affected by space availability for decanting and proposals linked to the East Ward Block's Strategic Outline Case.

DBTH Fire Safety Strategy – Summary

1. Statutory Guidance and Legislation

- Our approach is guided by the Building Regulations 2010, the Regulatory Reform (Fire Safety) Order 2005 (FSO), and the Building Safety Act 2022, introduced post-Grenfell.
- NHS-specific guidance includes the Health Technical Memorandum (HTM 05) series and internal protocols for fire safety management and training.

2. Regulatory Context and Assurance

- Improvement Notices were issued in 2015 by South Yorkshire Fire & Rescue for the East Ward Block and the Women's and Children's Hospital.
- These were rescinded in 2021 following an agreed programme of work. A supporting business case, first produced in 2018, is now reviewed and updated annually.

3. Key Fire Safety Works (2015–2025)

- **East Ward Block (DRI)**: Comprehensive works in critical care and the basement, including fire doors, fire stopping, smoke dampers, and upgraded fire alarm systems.
- **Women's and Children's Block (DRI)**: Evacuation improvements across multiple levels and building-wide fire alarm upgrades.
- **Trust-wide Investment**: £16.9 million has been invested in fire safety improvements since 2015.

4. Outstanding Enforcement Notice Actions

- Work remains ongoing at various levels in both the East Ward Block and Women's and Children's Block at DRI to address residual enforcement notice requirements.

5. Other Trust-wide Improvements

- Key upgrades delivered at Bassetlaw (compartmentation and theatre works), Montagu (panel upgrade), and across DRI (alarm system upgrades in multiple blocks).

6. Fire Task and Finish Programme

- A Trust-wide initiative delivering:
    - Fire risk assessments
    - Fire compartmentation and door surveys
    - Fire alarm upgrades
    - Fire damper installation

- Record-keeping improvements via MiCAD

7. Next Steps

- **DRI**: Continue with enforcement notice mitigation—East Ward Block works (subject to decant/SOC) and Women's & Children's residual areas.

- **Trust-wide High Dependency Areas**: Planned improvements for theatres, intensive care, and neonatal units across DRI, Bassetlaw, and Montagu hospitals.

Task force on climate-related financial disclosures (TCFD)

NHS England's *NHS Foundation Trust Annual Reporting Manual* has adopted a phased approach to incorporating the Task Force on Climate-related Financial Disclosures (TCFD) recommended disclosures as part of sustainability reporting requirements for NHS bodies. This stems from HM Treasury's TCFD-aligned disclosure guidance for public sector annual reports.

These TCFD recommendations, as interpreted and adapted for the public sector by HM Treasury's TCFD-aligned disclosure application guidance, will be implemented on a phased basis up to the 2025/26 financial year.

Local NHS bodies are not required to disclose Scope 1, 2, and 3 greenhouse gas emissions under the TCFD framework, as these are calculated nationally by NHS England. For the 2024/25 financial year, the phased approach incorporates disclosure requirements under the governance, risk management, and metrics and targets pillars. These disclosures are outlined below, with cross-referencing to relevant sections of the Annual Report and Accounts and other external publications.

Governance Pillar

Board oversight of climate-related issues: The Chief Finance Officer (CFO) is the designated board-level Net Zero Lead for the Trust. The Trust's Finance and Performance Committee, a committee of the Board, receives a biannual update on Green Plan/Net Zero delivery. This includes progress against key objectives outlined in the Green Plan, updates on system-wide initiatives, and details of other climate-related issues. This information is then used to inform strategic planning processes at Board level.

Management's role in assessing and managing climate-related issues: The Director of Infrastructure and the Operational Director of Estates and Facilities serve as the operational

sustainability leads for the Trust, reporting to the CFO. Together, they oversee the implementation of the Green Plan.

A multi-disciplinary Sustainability Steering Group meets quarterly to monitor progress against Green Plan delivery and assess climate-related issues. Additionally, the Trust participates in a monthly Sustainability Meeting hosted by the South Yorkshire Integrated Care Board (ICS), where system-level climate risks and initiatives are discussed.

Insights from both the ICS Sustainability Meeting and the Trust's Sustainability Steering Group inform tactical and strategic decision-making, with updates reported via the biannual reports to the Finance and Performance Committee.

Risk Management Pillar

Identifying and assessing climate-related risks: The Trust is currently undertaking a climate change risk assessment to identify risks relevant to the geographical location of each site. Once complete, this assessment will define climatic risks and proposed control measures, informing the development of a climate adaptation plan. These risks will also be entered into the Trust's risk register and managed through the organisation's standard risk management processes. The aim is to complete this work during the 2025/26 financial year.

Horizon scanning is used by both the Trust's Sustainability Steering Group and the ICS Sustainability Meeting to identify emerging climate-related risks, guided by advice from NHS England and other public bodies.

Managing climate-related risks: The Trust's Green Plan sets out a comprehensive range of sustainability objectives aimed at managing and reducing climate-related risks. Oversight of Green Plan delivery rests with the Finance and Performance Committee:
https://www.dbth.nhs.uk/about-us/green-plan/

Where required, new or emerging risks are addressed via the Trust's risk management process, ensuring appropriate oversight and assurance. As noted above, a climate adaptation plan will be developed in 2025/26, informed by the ongoing climate risk assessment, outlining further mitigation and control measures.

How processes for identifying, assessing, and managing climate-related risks are integrated into the organisation's overall risk management: The processes for identifying, assessing, and managing climate-related risks are aligned with the Trust's overarching risk management framework, feeding into both operational and strategic planning and decision-making.

Metrics and Targets Pillar

Metrics used to assess climate-related risks and opportunities in line with the Trust's strategy and risk management process: The Trust uses a wide range of metrics to assess climate-related risks and opportunities. These include data on energy and water consumption, use of volatile anaesthetic gases and nitrous oxide, waste generation, and fleet vehicle emissions.

This data is reported annually through the Estates Return Information Collection (ERIC) and is also published on NHS England's Model Hospital platform to support benchmarking and trend analysis: https://model.nhs.uk/

Additionally, data is collected and shared by NHS England's Greener NHS Team via the Greener NHS Dashboard, further supporting analysis and benchmarking.

The proposed Green Plan refresh in 2025 will include a new suite of performance metrics, in line with NHS England guidance. These metrics will support the monitoring of progress against Green Plan delivery and enhance the assessment of climate-related risks and opportunities.

Targets used by DBTH to manage climate-related risks and opportunities: The Trust's current targets are detailed within its existing Green Plan:
https://www.dbth.nhs.uk/about-us/green-plan/

As part of the 2025 Green Plan refresh, the Trust will review and refine these targets to ensure they are SMART - Specific, Measurable, Achievable, Relevant, and Time-bound. This will ensure each key objective related to climate risk and opportunity is supported by clear, robust targets.

Workforce statistics as at 31 March 2025 (not subject to Audit)

In 2024/25, the Trust's staff turnover figure stood at 11%.

Please note, staff turnover information can be viewed here:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics
(not subject to audit)

	FTE (Perm)	FTE (Other)	FTE (Total)
Total staff employed as at 31 March 2025	5,742.64	388.22	6,130.86
Medical and dental	345.4	218.54	563.95
Administration and estates	1,699.64	61.90	1761.54
Nursing, midwifery and health visiting staff	1,834.65	37.77	1,872.42
Scientific, therapeutic and technical staff	578.49	14.71	593.19
Healthcare science staff	45.50	3	48.50
Other	1,238.96	52.30	1,291.26

This year's full-time equivalent (FTE) figure is lower than last year (2023/24: 6,728), mainly due to how we've coded certain staff groups in our internal systems.

We've removed a category called "Exec Team Board" from the count, which includes resident and recharge doctors who are on our systems but don't actually work within the Trust. It looks like they were included in last year's figures, but they wouldn't normally be counted in either FTE or headcount.

There's also a small drop in FTE linked to staff who've transferred to other organisations through TUPE processes.

To ensure consistency, we've only included colleagues on permanent, fixed-term or locum contracts (with locums being doctors working regular hours, not bank or agency). We've also included those currently on maternity leave, secondment or career breaks — but we've excluded anyone whose post ended before 31 March.

Finally, last year's data grouped healthcare assistants in with nurses. However, based on how we internally code staff groups, the category "Nursing, Midwifery and Health Visiting" is

meant for registered professionals only. So, this year, we've moved healthcare assistants and similar roles into the "Other" category, which better reflects the structure we use.

Sickness absence

Metric	2024/25 Actual	2024/25 Target	Benchmarking data
Staff Sickness Absence Rate	5.8%	5%	2023/24 the rate was 5.77%. In 2023/24 the regional average was 4.65%

Figures Converted by DH to Best Estimates of Required Data Items			Statistics Produced by NHS Digital	
Average FTE 2024	**Adjusted FTE days lost to Cabinet Office definitions**	**Average Sick Days per FTE**	**FTE-Days Available**	**FTE-Days Lost to Sickness Absence**
6,320	85,479	13.5	2,306,781	138,666

Staff Costs

Note, as per guidance, this information excludes Non-Executive Directors/Lay Governing Body Members but includes executive Board members.

	Total £000	Permanently employed total £'000	Other total £'000
Salaries and wages	301,980	288,864	13,116
Social security costs	31,428	31,428	-
Apprenticeship Levy	1,499	1,499	
Pension cost – defined contribution plans	33,532	33,532	-

employer's contributions to NHS Pensions			
Pension cost – defined contribution plans employer's contributions to NHS Pensions paid by NHS England on provider's behalf	21,883	21,833	
Pension cost - other	138	138	-
Temporary staff – external bank	31,118	-	31,118
Total Staff costs	421,578	377,344	44,234

Equality, diversity and inclusion (EDI) - (not subject to audit)

At Doncaster and Bassetlaw Teaching Hospitals (DBTH), we are committed to building an inclusive culture where every colleague feels they belong and are valued.

We celebrate diversity and expect all colleagues to treat one another with kindness and respect, upholding the values of the DBTH Way. Our ambition is to reflect the diversity of the communities we serve—both in our overall workforce and across leadership roles—by nurturing and supporting the talent within our organisation. We recognise the equal importance of all protected characteristics, including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Further information on our equality priorities, actions and compliance with the Equality Act is available on our Equality and Diversity page at www.dbth.nhs.uk.

On 8 June 2023, NHS England launched its first Equality, Diversity and Inclusion (EDI) Improvement Plan, recognising that a diverse and inclusive workforce leads to better care for patients. In response, we developed our own DBTH EDI Improvement Plan, reviewing all current EDI workstreams and aligning our actions to the six high impact priorities and associated success metrics. As of March 2025, all actions were delivered within the set timescales.

We have now refreshed our EDI Improvement Plan with new priorities and measurable outcomes for 2025 and 2026, while ensuring all remaining actions remain on track. This work is also closely linked to our Health Inequalities Strategy, approved by the Board in March 2024, which sets out how we aim to reduce avoidable disparities in access, experience, and outcomes for our patients and communities.

We use our internal communications to highlight key cultural events and awareness days, providing opportunities for colleagues to engage through learning sessions, guest speakers, and team activities. We also participate in local events, including the Doncaster PRIDE celebration, and continue to work closely with our community partners to support inclusion across the borough.

In 2023, City of Doncaster Council's Ethnic Culture Fusion Network (EFCN) became a core member of our EDI Committee. We are also a key member of the Doncaster Anti-Racism Steering Group, which brings organisations together to share resources and take a joined-up approach to becoming actively anti-racist as employers and service providers. This work is co-ordinated through the Doncaster Place Strategic Workforce Group.

Our efforts are having an impact. The 2024 NHS Staff Survey shows continued improvements in the workplace culture and colleague experience at DBTH since 2021, with results that consistently exceed the national average for acute trusts. While we are proud of the progress made, we remain committed to doing more to ensure fairness, equity, and inclusion for every colleague.

Our Trust values—set out in our strategic direction—reflect our aim to eliminate discrimination, promote equality of opportunity, value diversity, and foster positive relationships. We are committed to ensuring fair and equitable treatment for all. By recognising and celebrating the diversity our colleagues bring, we aim to provide the best possible care for our patients and a supportive and inclusive workplace for everyone.

Our Fair Treatment for All Policy clearly outlines our expectations: we do not tolerate discrimination, victimisation, harassment, bullying, or unfair treatment of any kind—on any grounds.

Equality Information as at 31 March 2025 – Executive and Senior Directors

Gender (Directors Only)	Headcount	Headcount %
Female	9	64.29%
Male	5	35.71%

Senior managers

Gender	Headcount	Headcount %
Female	68	63.26%
Male	38	36.74%

Organisational equality information

Gender	Headcount	FTE	Headcount %
Female	6,068	4,956.81	80.85%
Male	1,309	1,174.05	19.15%

	7,377	6,130.86	

Age	Headcount	FTE	Headcount %
16 - 20	97	84.28	1.37%
21 - 25	529	489.78	7.99%
26 - 30	806	718.18	11.71%
31 - 35	957	801.92	13.08%
36 - 40	924	782.06	12.76%
41 - 45	848	724.99	11.83%
46 - 50	709	616.76	10.06%
51 - 55	848	720.59	11.75%
56 - 60	836	650.36	10.61%
61 - 65	617	419.33	6.84%
66 - 70	160	94.07	1.53%
71 & above	46	28.54	0.47%

Ethnicity	**Headcount**	**FTE**	**Headcount %**

Any Other	115	107.78	1.56%
Asian	676	626.83	9.16%
Black	295	271.10	4%
Chinese	27	23.64	0.37%
Mixed	92	80.45	1.25%
White	6,063	4,931.50	82.19%
Not Disclosed	109	89.56	1.48%
Disability	**Headcount**	**FTE**	**Headcount %**
No	6,562	5,471.19	89.24%
Not Declared	355	281.27	4.59%
Prefer Not To Answer	28	22.35	0.36%
Unspecified	3	2.27	0.04%
Yes	429	353.78	5.77%
Sexual Orientation	**Headcount**	**FTE**	**Headcount %**
Bisexual	80	67.11	1.09%
Gay or Lesbian	107	99.53	1.62%

Heterosexual or straight	5,788	4,840.20	78.95%
Other sexual orientation not listed	11	8.85	0.14%
Undecided	9	7.48	0.12%
Unspecified	1	1.00	0.02%
Not Disclosed	1,381	1,106.69	18.06%

Gender Pay Gap

As of 31 March 2025, Doncaster and Bassetlaw Teaching Hospitals (DBTH) employed 7,217 colleagues, comprising 5,871 women and 1,346 men. This represents a gender split of approximately 81% women and 19% men - broadly consistent with the previous year.

In 2024/25, the overall gender pay gap, calculated in favour of men, stands at 37.6%, up from 33.3% in 2023/24.

A breakdown by hourly pay quartile provides further insight into the distribution of male and female colleagues across pay bands:

- **Upper hourly pay quartile**: In 2024/25, men made up 35% of this quartile and women 65%, compared to 33.8% men and 66.2% women in 2023/24. This quartile includes many senior clinical roles and remains a key contributor to the overall gender pay gap.

- **Upper middle pay quartile**: The gender split remains heavily weighted towards women, with 85.7% women and 14.3% men in 2024/25—broadly consistent with 86.6% women and 13.4% men in 2023/24. This reflects the gender profile in professions such as Nursing, Allied Health, and Administration.

- **Lower middle pay quartile**: In 2024/25, the distribution remained largely unchanged at 86.5% women and 13.5% men, compared to 86.3% women and 13.7% men the previous year.

- **Lower hourly pay quartile**: Women accounted for 88.6% and men 11.4% in 2024/25, a slight shift from 87.6% women and 12.4% men in 2023/24.

The full breakdown of pay distribution is detailed in the *Quartile Pay* section of this report. These figures continue to highlight structural imbalances across pay bands and will help inform ongoing efforts to promote fairness, equity, and inclusive development across the organisation.

Bonus pay

As of 31 March 2024, 12.4% of men and 1% of women received a bonus payment. These bonuses are linked to Clinical Excellence Awards (CEAs), which reward consultants for delivering safe, high-quality care and service improvements. Over the past three years, we have awarded CEAs equally to all eligible consultants, regardless of gender.

Reducing the gender pay gap

We are committed to narrowing the gender pay gap through targeted action and inclusive practices. Our work includes:

Flexible working: We promote flexible working arrangements to support career development, particularly for colleagues balancing work and home responsibilities.

Gender diversity and inclusion: Our comprehensive improvement plan supports gender equality, including leadership development programmes aimed at increasing diversity at senior levels. The Board Development Delegate Programme offers opportunities for those with protected characteristics to move into executive or non-executive roles, while our Reciprocal Mentoring Programme is now in its fourth cohort.

Training and awareness: We provide learning opportunities to improve understanding of gender issues across the workforce. This is supported by our LGBTQ+ Staff Network and Internationally Educated Colleagues Network, which promote inclusion and offer peer support.

Clear goals and accountability: We have established measurable goals and benchmarks to track our progress and hold ourselves accountable, as outlined in the DBTH EDI Improvement Plan.

Organisation's structure and principal activities

As well as being an acute foundation trust with one of the busiest emergency services in the country, we are a Teaching Hospital, supported by the University of Sheffield and Sheffield Hallam University and have strong links withHealth Education England.

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

- 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 serve a population of more than 440,000 across South Yorkshire, North Nottinghamshire and the surrounding areas and we run three hospitals: Doncaster Royal Infirmary, Bassetlaw Hospital and Montagu Hospital, as well as outpatient services at Retford Hospital and our external clinics.

Our Supply Chains

Our supply chains include the sourcing of all products and services necessary for the provision of high quality care to our service users.

Slavery and Human Trafficking Statement 2024/25

Slavery and human trafficking remains a hidden blight on society. We all have a responsibility to be alert to the risks in our business and in the wider supply chain. Employees are expected to report concerns and management is expected to act upon them.

Our Policies on Slavery and Human Trafficking

We are committed to ensuring that there is no modern slavery or human trafficking in our supply chains or in any part of our business.

Due Diligence Processes for Slavery and Human Trafficking

We expect that our supply chains have suitable anti-slavery and human trafficking policies and processes. Most of our purchases are against existing supply contracts or frameworks which have been negotiated under the NHS Standard Terms and Conditions of Contract which have the requirement for suppliers to have in place suitable anti-slavery and human trafficking policies and processes.

We expect each element in the supply chain to, at least, adopt 'one-up' due diligence on the next link in the chain as it is not always possible for us (and every other participant in the chain) to have a direct relationship with all links in the supply chain.

Our standard Invitation To Tender (ITT) documentation includes a question asking whether suppliers are compliant with section 54 (transparency in supply chains etc.) of the Modern Slavery Act 2015. If they are, they are required to provide evidence. If they are not, they are required to provide an explanation as to why not. In addition, our standard contract contains the following provisions:

The Supplier warrants and undertakes that it will:

I. Comply with all relevant Law and Guidance and shall use Good Industry Practice to ensure that there is no slavery or human trafficking in its supply chains;
II. Notify the authority immediately if it becomes aware of any actual or suspected incidents of slavery or human trafficking in its supply chains;
III. At all times conduct its business in a manner that is consistent with any anti-slavery policy of the authority and shall provide to the authority any reports or other information that the authority may request as evidence of the Supplier's compliance with this Clause 10.1.29 and/or as may be requested or otherwise required by the authority in accordance with its anti-slavery policy.

Supplier Adherence to Our Values

We have zero tolerance to slavery and human trafficking. We expect all those in our supply chain and contractors to comply with our values. The Trust will not support or deal with any business knowingly involved in slavery or human trafficking.

Training

Senior members of staff within our Procurement Team are duly qualified as Fellows of the Chartered Institute of Procurement and Supply and have passed the Ethical Procurement and Supply Final Test.

This statement is made pursuant to section 54 (1) of the Modern Slavery Act 2015 and constitutes the Trust's slavery and human trafficking statement for the current financial year.

Trade Union Facility Time

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017. These regulations require public sector employers to collate and publish, on an annual basis, a range of data on the amount and cost of trade union facility time within their organisation.

Number of employees who were relevant union officials during the relevant period	***Full-time equivalent employee number (Trust Total)***
10	8.3

Percentage of time	***Number of employees***
0%	0
1-50%	9
51-99%	0
100%	1

Provide the total cost of facility time	£16,546
Provide the total pay bill	£421,578,000
Provide the percentage of the total pay bill spent on facility time calculated as: (total cost of facility time / total pay bill x100)	0.0039%

Time spent on paid union activities as a percentage of total facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period / total paid facility time hours x100)	0.00

NHS Staff Survey

The NHS staff survey is conducted annually and 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.

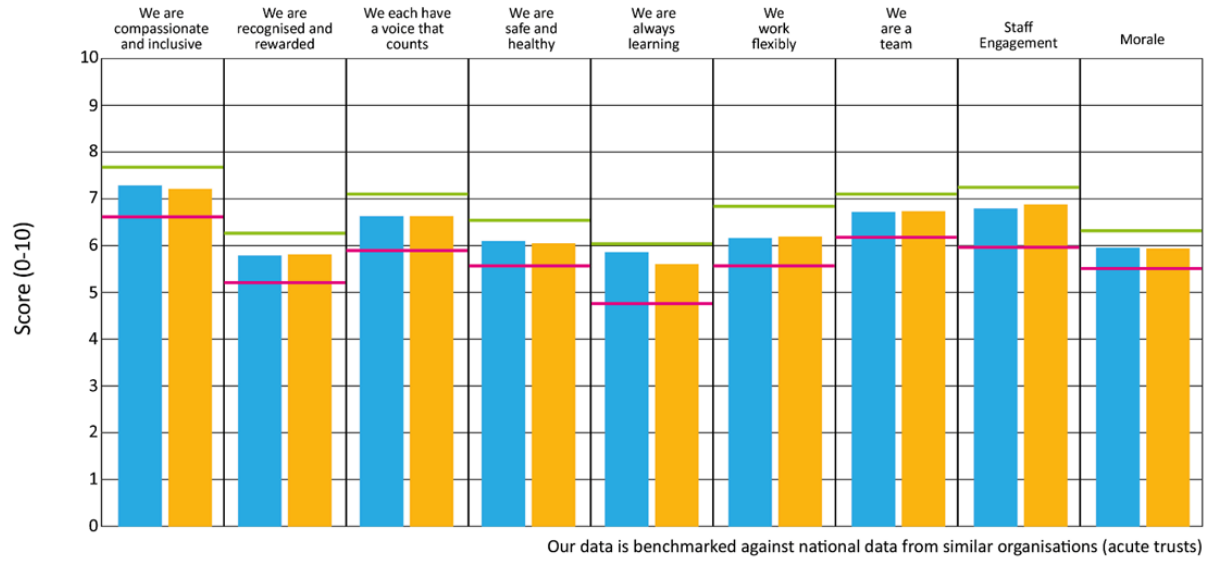
Theme	DBTH Score	2023 Score	2023 comparison	National Score	National comparison
We are compassionate and inclusive	7.28	7.40		7.22	
We are recognised and rewarded	5.86	6.00		5.90	
We each have a voice that counts	6.70	6.80		6.68	
We are safe and healthy	6.14	6.20		6.09	
We are always learning	5.84	5.90		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.



Best	7.69	6.30	7.14	6.53	6.09	6.86	7.12	7.39	6.38
DBTH	7.28	5.87	6.70	6.14	5.85	6.21	6.71	6.74	5.95
National	7.22	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93
Worst	6.61	5.24	5.95	5.54	4.76	5.60	6.26	5.98	5.13

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.

Countering fraud, bribery and corruption

While those who commit fraud against the NHS are a small minority, their actions have a serious impact on us all. The NHS is estimated to be vulnerable to over £1.3 billion pounds a year. Fraud against the NHS takes taxpayers' money away from patient care and puts it into the hands of criminals.

The Trust takes the protection of our valuable resources from fraud very seriously and to combat fraud, we have an in-house collaborative counter fraud arrangement with five other local NHS Trusts. As part of this arrangement we have a dedicated Local Counter Fraud Specialist (LCFS) permanently on site, supported by a small team of counter fraud specialists dedicated to preventing, deterring and detecting fraud.

Our Chief Finance Officer (CFO) is nominated to lead counter fraud work and was supported by the Trust's LCFS. We also have an appointed Counter Fraud Champion (CFC) who assists in raising the profile of counter fraud work and has a detailed understanding of the risks that fraud poses to the Trust. Our fraud risks are recorded in line with Government methodology and our own risk management processes. The CFO, CFC and the LCFS worked closely to ensure that our efforts to prevent, deter and detect fraud were fully co-ordinated and effective.

The Trust has a robust Counter Fraud, Bribery and Corruption Policy and Response Plan which provides a framework for responding to suspicions of fraud and provides advice and information on various aspects of fraud investigations. The Trust also has a Standards of Business Conduct Policy which sets out the expectations we have of all our staff where probity is concerned and as part of this, we provide a web-based declaration system available online or via an app for staff to make relevant declarations. The Trust website contains a statement from the Chief Executive in relation to ensuring that our organisation is free from bribery and corruption.

To ensure we have the right culture and that our staff can recognise and report fraud, we have this year enhanced our fraud awareness training to include it as part of our Statutory and Essential Training (SET)+ program. Dependent upon role and responsibility, all staff must now complete and remain compliant with one of three levels of fraud awareness training on offer.

In addition to continuing to raise awareness of fraud against the NHS throughout the year, in November 2024 we also held our annual Fraud Awareness Month, and we continued to be an official supporter of International Fraud Awareness Week in the same month. In the past year it was evident that criminals have used countless online tactics to perpetrate fraud and as such we have continued to actively publish through our staff communication network important advice and guidance to ensure vigilance to such threats.

The NHS Counter Fraud authority (NHSCFA) provides the national framework through which NHS Trusts seek to minimise losses through fraud. The Trust is required to comply with the Government Functional Standard GovS 013: Counter Fraud initiated by the Cabinet Office and in this reporting year, the Trust has continued to maintain full compliance against these standards. We also continue to maintain our contractual obligations regarding counter fraud arrangements with our ICSs.

In pursuance of our proactive approach to spotting and disrupting fraud, we have a well-publicised system in place for staff to raise any concerns of suspected fraud. They can do this via our LCFS, or the CFO or via the NHS Fraud and Corruption reporting line on **0800 028 40 60** (online at https://cfa.nhs.uk/reportfraud). Patients and visitors can also refer suspicions of NHS fraud to the Trust via the same channels.

Expenditure on consultancy

The Trust incurred consultancy expenditure of £212,000 (2023/24: £370,000).

Staff Exit packages for 2024/25 - subject to audit

There were no staff exit packages agreed, and none in 2023/24.

High paid and off pay-roll arrangements

For all off-payroll engagements as of 31 March 2025, for more than £245 per day and that last for longer than six months:

No. of existing engagements as of 31 March 2025	0
Of which:	
Number that have existed for less than one year at the time of reporting	0
Number that have existed for between one and two years at the time of reporting	0
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	0

The Trust undertakes a risk-based assessment on new and existing off-payroll engagements, to seek assurance that each individual is paying the right amount of tax.

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2024 and 31 March 2025, for more than £245 per day and that last for longer than six months:

Number of new engagements, or those that reached six months in duration, between 1 April 2024 and 31 March 2025	0
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
The number that were engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
The number that were reassessed for consistency/ assurance purposes during the year	0
The number that saw a change to IR35 status following the consistency review	0

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	17

Finance and Performance Committee

The remit of the committee is to provide assurance on the systems of control and governance specifically in relation to operational performance, workforce and financial planning and reporting.

Name	Role	Meeting attendance
Mark Day (Chair until December 2024)	Senior Independent Director	8 of 10
Denise Smith	Chief Operating Officer	9 of 10
Jon Sargeant	Chief Financial Officer	7 of 7
Sam Wilde	Chief Finance Officer	3 of 3
Kath Smart	Non-Executive Director	9 of 10
Mark Bailey (Chair from January 2025)	Non-Executive Director	9 of 10
Dr Emyr Jones	Non-Executive Director	8 of 10

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

Provided assurance on:

- Current financial and operational performance.
- Financial forecasts, budgets and plans in the light of trends and operational expectations.
- Plans and processes for the implementation of Effectiveness and Efficiency Improvement plans.
- Any specific risks in the Board Assurance Framework relevant to the committee.
- Reviewed and developed strategy in relation to clinical site development, estates and facilities, IT and information and finance.

- Undertaken deep dives into key service areas, effectiveness and efficiency plans and areas of performance.

Quality Committee

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

Name	Role	Meeting attendance
Joanne Gander (Chair)	Non-Executive Director	5 of 6
Dr Emyr Jones	Non-Executive Director	5 of 6
Hazel Brand	Non-Executive Director	6 of 6
Lucy Nickson	Non-Executive Director	5 of 5
Dr Nick Mallaband	Acting Executive Medical Director	4 of 6
Karen Jessop	Chief Nurse	4 of 6
Zara Jones	Deputy Chief Executive	3 of 6

- The effectiveness of clinical governance, clinical risk management and clinical control
- Compliance with Care Quality Commission standards.
- Adverse clinical incidents, complaints and litigation and examples of good practice and learning.
- Patient experience in terms of care, comments, compliments and complaints.
- Workforce matters include workforce planning, staff engagement, training, education and development, staff wellbeing, equality and diversity, employee relations and HR and Operational Development systems and processes.
- Reviewed and developed strategy in relation to clinical site development, patient experience and person-centred-care, clinical governance, research and development, quality improvement and innovation, people and workforce development and communications and engagement.
- Undertaken strategic discussions and deep dives into quality, governance and workforce related issues.
- Carried out interrogations of key risks on the Trust's corporate risk register and board assurance framework.
- Ensured that the Trust has reliable, up-to-date information about what it is like being a patient experiencing care administered by the Trust.

People Committee

During the year, the Committee, on behalf of the Board, has:

- Reviewed key workforce matters, including workforce planning, colleague engagement, education and development, health and wellbeing, equality, diversity and inclusion, just culture, recruitment, and HR and OD systems and processes.
- Maintained oversight of the delivery of year two of the DBTH People Strategy (2023–2027).
- Reviewed findings from both the NHS Staff Survey and Learner Survey, and monitored progress against related improvement action plans.
- Oversaw further implementation of the DBTH Way and considered plans for further embedding this approach across the organisation.
- Received and reviewed updates relating to Freedom to Speak Up.

Name	**Role**	**Meeting Attendance**
Mark Bailey (Chair until December 2024)	Non-Executive Director	4 of 4
Mark Day	Senior Independent Director	1 of 5
Hazel Brand	Non-Executive Director	5 of 5
Lucy Nickson (Chair from January 2025)	Non-Executive Director	5 of 5
Zoe Lintin	Chief People Officer	5 of 5
Karen Jessop	Chief Nurse	3 of 5
Dr Nick Mallaband	Acting Executive Medical Director	1 of 5

Charitable Funds Committee

The Committee oversees and provides assurance on all charitable activities within the Trust. Doncaster and Bassetlaw Teaching Hospitals Charity publishes its own annual report and accounts, which will be available on https://dbthcharity.co.uk/.

Name	Role	Meeting Attendance
Mark Bailey	Non-Executive Director	2 of 4
Suzy Brain England	Chair of the Board	3 of 4
Hazel Brand	Non-Executive Director (Chair)	4 of 4
Mark Day	Senior Independent Director	3 of 4
Joanne Gander	Non-Executive Director	3 of 4
Karen Jessop	Chief Nurse	3 of 4
Emyr Jones	Non-Executive Director	3 of 4
Zara Jones	Deputy Chief Executive	2 of 2
Zoe Lintin	Chief People Officer	2 of 4
Nick Mallaband	Acting Medical Director	2 of 2
Lucy Nickson	Non-Executive Director	4 of 4
Richard Parker	Chief Executive	2 of 4

Jon Sargeant	Chief Financial Officer	4 of 4
Sam Wilde	Chief Financial Officer	1 of 1
Kath Smart	Non-Executive Director	3 of 4
Denise Smith	Chief Operating Officer	0 of 4

The Committee oversees and provides assurance on all charitable activities within the Trust. Doncaster and Bassetlaw Teaching Hospitals Charity publishes its own annual report and accounts, which will be available on https://dbthcharity.co.uk/.

Council of Governors

During 2024/25 the Council of Governors met on five occasions. Council of Governors meetings are held in public. The composition of the Council of Governors, including attendance at Council of Governors meetings is shown below.

Note, the Lead Governor post is Jackie Hammerton.

Name	**Constituency / Partner Organisation**	**Meeting attendance**
Andrew Middleton	Public - Bassetlaw	1 of 2
David Gregory	Public - Doncaster	5 of 5
David Northwood	Public - Doncaster	4 of 5
Denis Carr	Public - Bassetlaw	4 of 4
Eileen Harrington	Public - Doncaster	0 of 5
George Kirk	Public – Doncaster	0 of 5
Irfan Ahmed	Public - Doncaster	1 of 5
Jackie Hammerton	Public - Rest of England & Wales	3 of 5
Lynne Logan	Public - Doncaster	5 of 5
Lynne Schuller	Public - Bassetlaw	2 of 5
Marc Bratcher	Public Doncaster (end of term 20/9/2024)	0 of 2
Maria Jackson-James	Public - Rest of England & Wales	0 of 5

Debbie Benson	Public - Doncaster (from 21/9/2024)	1 of 2
Patrick Bond	Public - Doncaster (from 21/9 - 12/12/2024)	0 of 1
Eric Boocock	Public - Bassetlaw (from 21/9 - 18/11/2024)	0 of 1
Mark Bright	Public - Doncaster	5 of 5
Andrew Flynn	Public - Doncaster (from 21/9/2024)	2 of 2
Natasha Graves	Public - Doncaster	0 of 5
Clive Smith	Public - Doncaster (until 10/9/2024)	2 of 2
Colin Wallace	Public - Doncaster (from 21/9/2024)	2 of 2
Crystal Lucas	Public - Bassetlaw (from 10/1/2025)	1 of 1
Phil Mettam	Public - Bassetlaw (from 21/9/2024)	1 of 2
Mick Muddiman	Public - Doncaster (end of term 20/9/2024)	0 of 2
Peter Hewkin	Public - Bassetlaw (until 13/7/2024)	2 of 2
Rob Allen	Public - Doncaster (until 31/1/2025)	1 of 4
Sheila Walsh	Public - Bassetlaw	5 of 5
Dr Vivek Panikkar	Staff - Medical and Dental	3 of 5
Gavin Portier	Staff - Nursing & Midwifery	4 of 5
Kay Brown	Staff - Non-clinical	5 of 5

Joseph Money	Staff - Non-Clinical	4 of 5
Mandy Tyrrell	Staff - Nursing & Midwifery	4 of 5
Andria Birch	Partner Governor - Bassetlaw Community and Voluntary Service (BCVS)	0 of 5
Anita Plant	Partner Governor - Partially Sighted Society	0 of 5
Ainsley MacDonnell	Partner - Nottinghamshire County Council (end of term 15/11/2024)	0 of 5
Alexis Johnson	Partner - Doncaster Deaf Trust	1 of 5
Harriett Digby	Partner - Bassetlaw District Council	0 of 5
Jo Posnett	Partner - Sheffield Hallam University	2 of 5
Phil Holmes	Partner - City of Doncaster Council	2 of 5

These meetings have been held virtually with the focus and format of meeting reflecting the Council responsibilities. During 2025/26 the Council of Governors will be holding some meetings, including the 2024/25 Annual Members meeting in Public. Presentations are received from all NEDs, the Lead Governor, Chair and Chief Executive with an interactive question and answer session in addition to statutory COG business. The executive directors have not been required to attend all meetings but do attend where the nature of the business conducted requires their attendance. This allows Directors to prioritise service delivery.

Governor elections and terms of office

Governors serve three-year terms of office and are eligible to stand for re-election or re-appointment at the end of that period. There is a maximum of three terms.

Director	Role	Council of Governors meeting attendance
Suzy Brain England OBE	Chair of the Board	5 of 5
Kath Smart	Non-Executive Director	5 of 5
Mark Bailey	Non-Executive Director	4 of 5
Mark Day	Senior Independent Director	2 of 5
Hazel Brand	Non-Executive Director	5 of 5
Joanne Gander	Non-Executive Director	3 of 5
Lucy Nickson	Non-Executive Director	5 of 5
Dr Emyr Jones	Non-Executive Director	4 of 5
Richard Parker OBE	Chief Executive	5 of 5
Zara Jones	Deputy Chief Executive	4 of 5

Membership

The Trust has two categories of members:

- Public members - people who live within the areas covered by either of the three public constituencies:
    - Bassetlaw District
    - Doncaster Metropolitan Borough
    - Rest of England and Wales.
- Staff members - Trust staff automatically become members unless they decide to 'opt-out'.

    There are four staff classes:

    - Medical and Dental
    - Nurses and Midwives
    - Other healthcare professionals
    - Non-clinical.

As of 31 March 2025, there were 13,295 members overall.

An analysis of our current membership body is provided below:

	Number of members at 31st March 2025
Public Constituency	5,707
Doncaster	3,187
Bassetlaw	1,798
Rest of England and Wales	722
Staff Constituency	7,497
Nurses and Midwives	2,155
Non-clinical	2,460
Other healthcare professionals	2,271
Medical and Dental	611
Total	13,295

The Trust held its virtual Annual Members' Meeting in September.

Throughout the year, we have continued to engage with our members and support Governors in seeking their views through a variety of methods, including:

- Regular communication with members via our virtual magazine, *Foundations for Health*, keeping them updated on Trust activities and Governor involvement.
- Providing opportunities for members to share feedback directly with the Trust via the Board Office.
- Hosting events focused on topics of interest to members, encouraging discussion and feedback on services.
- Supporting Governor attendance at local community events, including targeted outreach to schools and colleges to engage with younger audiences and encourage new membership.
- Promoting active participation in Governor Elections, aiming for contested elections and increased member involvement in the democratic process.

Members wishing to contact Directors or Governors can do so via the Foundation Trust Office by emailing dbth.TrustBoardOffice@nhs.net, calling 01302 644158, or writing to:

Trust Company Secretary
Doncaster Royal Infirmary
Armthorpe Road
Doncaster
DN2 5LT

Steps that Board members have taken to understand the views of governors and members

Both Executive and Non-Executive Directors regularly attend Council of Governors meetings to share updates from their areas of responsibility and to listen to the views of Governors. A number of additional steps have been taken to ensure the views of both Governors and members are understood and considered:

- Participation in regular Governor briefing sessions.
- Opportunities for Governors to raise queries and concerns through the Trust Board Office.
- Routine meetings and briefings between the Council of Governors, the Chief Executive and the Chair of the Board.

- Ongoing accessibility of the Chair of the Board, Trust Company Secretary, Senior Independent Director and Trust Board Office.
- Offer of 'buddying' arrangements between Non-Executive Directors and Governors to support closer engagement.
- Consultation with Governors on the development of forward plans and key issues affecting the Trust.
- Involvement of Governors in the appraisal process for the Chair and Non-Executive Directors, ensuring their views contribute to performance assessments.
- Sharing of key information including Board meeting minutes, reports, briefing papers and *Foundations for Health*, the members' magazine.
- Provision of regular updates to Governors via email to ensure they remain informed and engaged

NHS Foundation Trust Code of Governance

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain basis'.

The Code of governance for NHS provider trusts (the Code of governance) was published in October 2022 and has been applicable since 1 April 2023.

It replaces the previous NHS foundation trust code of governance issued by Monitor.

For the year ending 31 March 20205, the Board considered that it was fully compliant with the provisions of the NHS Foundation Trust Code of Governance.

The Board of Directors is committed to high standards of corporate governance, understanding the importance of transparency and accountability and the impact of Board effectiveness on organisational performance.

The Trust carries out an on-going programme of work to ensure that its governance procedures are in line with the principles of the Code, including:

- Supporting governors to appoint Non-Executive Directors and external auditors with appropriate skills and experience.
- Ensuring a tailored and in-depth induction programme for any new Chair, Non-Executive Directors and Governors.
- Facilitating periodic external reviews of the Trust's governance arrangements.
- Working with governors in briefings and enabling governors to attend meetings, to improve the ways in which governors engage with and hold Non-Executive Directors to account for the performance of the Board.
- Ongoing review of compliance with the Code of Governance by the Council of Governors and Board of Directors when making decisions which impact on governance arrangements.

For details on the disclosures required by the Code of Governance, see below.

Ref.	Requirement	Disclosure
A.2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICS, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	See page 59 and page 81
A.2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	See page 81 and 83 onwards.
A.2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	See page 81.

B.2.6	The board of directors should identify in the annual report each Non-Executive Director it considers to be independent. Circumstances which are likely to impair,or could appear to impair, a Non-Executive Director's independence include, but are not limited to, whether a director: ● has been an employee of the trust within the last two years ● has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the trust ● has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme ● has close family ties with any of the trust's advisers, directors or senior employees ● holds cross-directorships or has significant links with other directors through involvement with other companies or bodies ● has served on the trust board for more than six years from the date of their first appointment. ● is an appointed representative of the trust's university medical or dental school Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the Non-Executive Director is independent, it needs to be clearly explained why.	See page 59.
B.2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	See page 81, 122, 123, 126, 128 and 130.
B.2.17	For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors.	See Council of Governors section, page 130.

C 2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	See page 119.
C2.8	The annual report should describe the process followed by the council of governors to appoint the chair and Non-Executive Directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	See Council of Governors section, page 130.
C 4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience.	See page 61.
C 4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors.	See page 157.
C.4.13	The annual report should describe the work of the nominations committee(s), including: ● the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline ● how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition ● the policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives ● the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served ● the gender balance of senior management and their direct reports.	See page 61 and 157.
C5.15	Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS	See page 130.

	foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	
D2.4	The annual report should include: ● the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed ● an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit ● process and its approach to the appointment or reappointment of the external ● auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans ● where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit ● an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services.	See page 149.
D2.6	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	See page 3.
D.2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	See page 56.
D2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	See page 56.

D2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over going concern are expected to be rare.	See page 56.
E.2.3	Where a trust releases an executive director, e.g. to serve as a Non-Executive Director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	See page 61.
Appendix B, para 2.3 (not in Schedule A)	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Page 130.
Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report.	Page 130.
Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has taken to ensure that the members of the board, and in particular the Non-Executive Directors, develop an understanding of the views of governors and members about the NHS foundation trust, eg through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Page 130.

Additional requirement of FT ARM resulting from legislation	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. * Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). ** As inserted by section 151 (6) of the Health and Social Care Act 2012)	N/A

NHS Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities).

b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach, or suspected breach of its licence conditions.

Segmentation

The Trust ended the year in segment 3.

This segmentation information is the trust's position as at 31 March 2025. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website:

https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/.

Statement of Accounting Officer's responsibilities

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust.

The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS England.

Under the NHS Act 2006, NHS England has directed Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction.

The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and

to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act.

The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Richard Parker OBE
Chief Executive (acting in his capacity as Accounting Officer)
30 June 2025

Annual governance statement

Scope of responsibility

As Accounting Officer, I am responsible for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims, and objectives while safeguarding public funds and departmental assets for which I am personally accountable. This is in accordance with the responsibilities assigned to me. I ensure that the NHS Foundation Trust is administered prudently and economically, with resources applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level, rather than eliminate all risk of failure to achieve policies, aims, and objectives. It can therefore only provide reasonable, and not absolute, assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Trust's policies, aims, and objectives. It evaluates the likelihood of those risks being realised and seeks to mitigate the impact should they be realised, managing them efficiently, effectively, and economically. The system of internal control has been in place in Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

The Audit and Risk Committee and the Board annually reviews the effectiveness of the Trust's governance arrangements (system of internal control). This review covers all material controls, including financial, clinical, operational, organisational development and compliance controls and risk management systems. The review is confirmed in the Board papers and minutes which are published on the Trust's website.

Capacity to Handle Risk

The Chief Executive holds overall accountability and responsibility for risk management, while the Executive Directors are responsible for the risks relevant to their specific areas in line with the management and accountability arrangements in the Trust.

The role of each Executive Director is to ensure that appropriate arrangements are in place for the:

- Identification and assessment of risks and hazards.
- Elimination or reduction of risk to an acceptable level and within the Trusts risk appetite.

- Compliance with internal policies and procedures, and statutory and external requirements.
- Integration of functional risk management systems and development of the assurance framework.

The Trust Company Secretary, on behalf of the Chief Executive, is responsible for the Board Assurance Framework and The Executive Medical Director for the Trust Risk Register.

Risk policies are regularly reviewed in light of current best practice advice to assess whether changes are required with the Trust Risk Management Policy being refreshed during 2024/25. Divisional Directors and Directorate Managers are responsible for maintaining the risk registers for their departments. Furthermore, managing risk is a fundamental duty of all employees, regardless of grade, role, or status.

The Trust uses the DatixWeb© integrated risk management system. Local risk management training needs are identified and in addition to one-to-one coaching by a trained risk practitioner, a suite of educational material has been developed, accessible via the Trust's intranet. A national risk management e-learning module is available to colleagues via the Electronic Staff Record (ESR) and is also mandated as part of role specific training for staff This was implemented in Q4 and will be monitored throughout 2025/26 through the Audit and Risk Committee and the Risk Management Group. Staff can also contact the Trust Board Office and Trust Risk Manager for guidance on applying relevant risk management policies.

The risk and control framework

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

The Board assures itself of the validity of its corporate governance statement through regular reviews of its governance processes, which are routinely reviewed by internal audit. During 2024/ 2025 the Board has reviewed the use and application of the Board Assurance Framework (BAF). The Risk Management Group has continued to function during the financial year to ensure appropriate oversight and scrutiny of the Trust Risk Register. Work has continued to ensure compliance with the Trust's risk management strategy. Since receiving a limited assurance internal audit rating for a follow up review of Risk Management, the Board has strengthened and improved its risk management processes. The improvements made have been recognised by Internal Auditors in the Head of Internal Audit Opinion.

Other sources of assurance include regulatory reviews, committee effectiveness reviews, Board and committee inspection of key performance metrics, consideration of the Board

Assurance Framework and Trust Risk Register, and reviews of key governance documents such as the constitution, standing financial instructions, Scheme of Reservation and Delegation and standing orders. Additionally, processes geared towards maintaining quality, such as ward walkabouts and quality impact assessments, contribute to assurance.

Governors receive assurances via the Council of Governors meetings and attendance at Board of Director meetings, They have open access to the Chair and are able to ask questions within the Council of Governors meetings and on-line via a governor questions Log. The Board is responsible for determining the organisation's risk appetite , which was reviewed in 2024/25 and ensuring that robust systems of internal control and management are in place, with risks to the achievement of organisational objectives appropriately managed. During 2024/25, this responsibility was supported through the assurance committees of the Board:

- **Audit and Risk Committee:** Reviews the effectiveness of the system of integrated governance, risk management and internal controls, to satisfy the Board that its approach to integrated governance remains effective and compliant.
- **Quality Committee:** Responsible for clinical risk, including clinical and quality governance, patient safety, and experience.
- **People Committee:** Reviews systems of control and governance specifically in relation to people matters.
- **Finance and Performance Committee:** Undertakes monthly scrutiny of financial reporting and progress against effectiveness and efficiency plans.
- **Charitable Funds Committee:** Oversees the Trust's charitable fundraising efforts.

The Board Assurance Framework was refreshed in mid year 2024 and formed a major part of the Board Development Sessions in Quarters 3 and 4. The ongoing BAF development was done in partnership with Internal Audit, who made recommendations to enhance clarity and consistency and the new template was agreed at the Board in March 2025. Each Board committee reviews the framework at least quarterly, ensuring that appropriate arrangements are in place for monitoring internal controls and risk management systems across their respective areas. The risk appetite was agreed in May 2024 and incorporated into the BAF to support the assurance and decision making effectiveness.

The Audit and Risk Committee has provided oversight of the Board Assurance Framework during 2024/25, reviewing its structure, alignment with the Trust's risk profile and compliance to the Trusts Risk Management Policy. This is reported to each quarterly Audit and Risk Committee meeting, together with the Trusts Risk Register.

The Board received the Risk report summarising key control areas and assurances, including proposed risk score changes and emerging risks.

Additionally, the committees receive assurance regarding compliance with Care Quality Commission (CQC) registration and information governance requirements. Data quality is part of the internal audit annual work plan, and risks to data security are managed through the Information Governance Policy and compliance with the Data Security and Protection Toolkit. The DSPT was reviewed during 2024/25 and found to have substantial assurance by audit colleagues.

Each Division and Department is responsible for maintaining its own risk register, a standing agenda item in Divisional governance team meetings. Any risk identified as 'extreme' is escalated via the Risk Management Group to the Trust Leadership Team for consideration regarding required actions.

To mitigate the risk of efficiency and effectiveness savings programmes adversely impacting the quality of care, all plans are reviewed and require approval and sign-off by the Acting Executive Medical Director and Chief Nurse.

Principal Risks to Compliance with Licence Condition FT4

The principal risks to compliance with licence condition FT4 are:

- Risks to the provision of accurate, comprehensive, timely, and up-to-date financial information to support board decision-making and oversight.
- Risk of failure to maintain sound financial governance and control processes.
- Failure to maintain fit-for-purpose board assurance and governance processes.

The Trust undertakes various activities to mitigate corporate governance risks, including regular audits and reviews of governance processes, reviews of its constitution and standing orders, and examination of reporting lines between the Board, committees, and other decision-making bodies. Significant risks to the achievement of governance standards are included within the assurance framework and Trust Risk Register and are reviewed in line with the outlined processes.

The Trust concluded 2024/25 in full compliance with the code of governance.

Significant Risks and Challenges

The Trust's key strategic risks and challenges are recorded within the Board Assurance Framework (BAF), which provides oversight of the highest-priority risks that could impact our ability to deliver safe, effective and sustainable care. In year these were fully reviewed by the Board, aligning to the strategy and priorities for the coming years.

This resulted in changes to existing key risks, where risks had been mitigated by completed actions, and new risks being identified (digital and cyber). These include:

- **Quality of Care:** If there is a failure to embed the learning from incidents or listening to patients, Patients could experience avoidable harm, resulting in poor patient outcomes and possible regulatory action for DBTH.
- **Workforce**: If DBTH does not listen, engage with and support colleagues, we will not create an open and inclusive culture, and risk being unable to recruit and retain a skilled workforce aligned to our DBTH way.
- **Access to Care**: If we do not address the post-pandemic elective care backlog, improve efficiency and manage demand, we are unable to deliver timely access to care resulting in long waiting times and potential patient harm.
- **The Care Environment**: If DBTH cannot maintain and improve the care environment in a timely way, this will lead to a poor-quality or unsafe environment, impacting the quality of care experienced by patients, colleagues and / or regulatory actions.
- **Financial sustainability**: If DBTH does not deliver its annual financial plans and address its underlying deficit over time, then the Trust may face reputational damage, regulatory action and loss of financial autonomy, impacting adversely on our ability to deliver sustainable services for the population we serve.
- **Partnership and collaboration**: Due to insufficient resource, engagement, and governance arrangements, our partnerships do not deliver on the expected benefits, resulting in poor use of resources and inability to transform and enhance services.
- **Digital and Cyber**: If we fail to develop essential digital, data and technology that prioritises cyber resilience, we will prevent our people from delivering efficient, safe patient care and increase the risk of key system failure and disruption to services.

Further details, including mitigating actions and progress, can be found in the Board Assurance Framework which is a working document and key pillar in the governance arrangements .

In addition to strategic risks, the Trust Risk Register captures operational risks to service delivery. These risks are actively monitored and managed through the Trust's governance and assurance processes, with progress and outcomes reviewed regularly through our management reporting systems, with Executive Team and Board oversight.

Assurance that staffing processes are safe, sustainable and effective

Our staffing governance processes align with National Quality Board guidance and NHSI's Developing Workforce Safeguards (2018). This ensures the Trust consistently employs qualified, competent, and experienced staff, with a systematic approach to determining staffing levels that complies with current legislation and guidance.

Optimal staffing is crucial for safe, high-quality patient care. We continuously review staffing levels and skill mix to meet real-time needs, supported by relevant policies and regular staffing meetings. These processes help address any shortfalls promptly.

We use tools such as the nursing and midwifery quality dashboard and ward monitoring systems to inform staffing levels, continuously monitoring patient outcomes and quality indicators. Twice a year, each inpatient area assesses patient care needs using evidence-based tools—Safer Nursing Care Tool (SNCT) for nursing and Birthrate+ for midwifery. These reviews, informed by professional judgement and outcome evaluations, are reported to the Board of Directors through the People Committee.

As part of the Trust's annual business planning cycle, workforce planning identifies staffing pressures, proposed service changes, and other factors affecting workforce provision. This work is closely aligned with the development of the Trust's annual operational plan for 2024/25, as well as the refreshed organisational strategy developed during the year. The Trust's enabling plans – spanning areas such as People, Quality, Maternity, Research, Health Inequalities and more – continue to play a central role in informing priorities, guiding decision-making, and supporting the effective delivery of services across the organisation.

Recruiting sufficient numbers of appropriately qualified clinical staff continues to be identified as a potential strategic risk to the Trust's strategic aims. The Trust Risk Register provides a mechanism for operational staffing risks to be escalated to the Board of Directors.

Recognising the value of all clinical staff, the Trust regularly undertakes capacity and demand reviews to ensure the sufficiency of staff and has methods of escalation in place should any concerns regarding staffing levels be raised. All identified risks are assessed and logged onto the Trust's Risk Register with mitigations put in place and closely monitored.

To address future leadership needs, the Trust has implemented recent guidance and policies on succession planning and Scope for Growth. These initiatives ensure that we are identifying future leaders and highlighting paths for succession. Our Leadership Prospectus for 2024/25, which will be updated for 2025/26, provides a range of options for aspiring managers.

Additionally, the Board Delegate Programme supports aspirant colleagues, further strengthening our leadership pipeline.

This runs alongside our usual education programmes, development posts, and apprenticeships, ensuring comprehensive support for all staff development needs.

Stakeholder Involvement

The Trust maintains an effective structure for public and stakeholder involvement, primarily through the Council of Governors. Our assurance framework is shaped by strong partnership working and regular engagement with external stakeholders, including the following:

- **Collaboration between Governors and Directors**: The Council of Governors regularly reviews performance, quality, finance, and associated risks through quarterly meetings. Additionally Governors have dedicated briefing sessions, informed by non-executive and executive directors.
- **Commissioner engagement**: We maintain consistent dialogue with commissioners through contract review meetings and other forums, with a shared focus on managing key system-wide risks.
- **Public participation in safety and experience**: Members of the public and patient representatives contribute to the management of risk through their involvement in groups such as the Patient Safety Review Group and the Patient Experience Committee, as well as participation in safety campaigns including *Sharing How We Care* and our patient experience film series.

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). In line with NHS guidance on managing conflicts of interest, we also publish an up-to-date register of interests—including declarations of gifts and hospitality made by decision-making staff—which is available on our website: https://dbth.mydeclarations.co.uk/home

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure compliance with Scheme regulations, including accurate salary deductions, employer contributions, and timely updates to member Pension Scheme records.

Control measures are also in place to ensure compliance with obligations under equality, diversity, and human rights legislation.

The Foundation Trust has undertaken risk assessments on the effects of climate change and severe weather and developed a Green Plan following the Greener NHS programme guidance. In response to the NHS's ambitious objective to become the world's first 'net zero' national health service by 2040, with an 80% reduction by 2028 to 2032, the Trust has developed its Green Plan, detailing revised carbon emissions calculations and reporting. The Board-approved Green Plan ensures compliance with the Climate Change Act and Adaptation Reporting requirements.

Recent Initiatives and Improvements

- **Corporate Governance Refresh:** Following on from the internal Audit review of governance arrangements in 2023/24, the Board Committees, Terms of Reference, and supporting work plans were refreshed. This supported the alignment with the Trust Strategy and a focus on the risks and reporting structures that support the information flows for board assurance.
- **Embedding of CIVICA Declare:** Further integration of CIVICA Declare system, streamlining the management of declarations of interest. This digital system continues to strengthen accountability, and compliance with national requirements across all decision-making roles. As an on-line public resource, it further supports the transparency of the Trust.
- **Committee Effectiveness Reviews:** The end of year process for reviewing the effectiveness of all Board committees, provided useful insights for improvements. These were shared with the Audit and Risk Committee that oversees the process on behalf of the Board of Directors. implementing the recommendations will support continuous improvement and ensure our committees operate efficiently and in line with their Terms of Reference.
- **Improved Board Oversight through Assurance Logs:** The use of Committee Chair Assurance Logs has been further embedded and refined over the year, providing clarity on key issues, decisions and risks, for the Board and also providing assurance for the Council of Governors.

Continuous Improvement

The Trust remains committed to continuously improving its use of resources through the implementation of best practices, informed by Quality Improvement methodology and solid delivery, as well as robust financial controls. By maintaining stringent oversight and regular reviews, the Trust ensures that resources are utilised in the most economical, efficient, and effective manner possible.

Review of the Economy, Efficiency, and Effectiveness of the Use of Resources

The following policies and processes ensure that resources are used economically, efficiently, and effectively:

- **Scheme of Delegation and Reservation of Powers to the Board:** This ensures that decision-making authority is clearly defined and appropriately assigned.
- **Standing Financial Instructions and Standing Orders:** These provide a framework for financial governance and operational procedures.
- **Competitive Procurement Processes:** These are used for procuring non-staff expenditure items to ensure value for money.

- **Materials Management and Best Practices:** These approaches maintain appropriate stock levels and minimise wastage.
- **Cost Improvement Plans and Efficiency Workstreams:** Managed by the Finance Directorate, these plans are designed to enhance efficiency without compromising the quality of patient care.
- **Grip and Control Measures:** These include tight controls on vacancy management, non-permanent staffing, and recruitment to ensure financial discipline.

Assurance and Monitoring

The Board gains assurance regarding financial and budgetary management from a bi-monthly finance report, and two key financial systems (cashflow and treasury management, and accounts payable) have been audited during 2024/25, both with an outcome of significant assurance. The Audit and Risk Committee receives reports on losses, compensations, and waivers of standing orders, among other financial matters.

The Finance and Performance Committee receives detailed monthly reports on the progress of effectiveness and efficiency plans. Risks to the Trust's financial objectives are reviewed and monitored regularly, similar to other risks.

Audits and Internal Controls

A range of internal and external audits provide further assurance on economy, efficiency, and effectiveness. These audits are reported to the Audit and Risk Committee.

The Head of Internal Audit provides an annual opinion on the overall adequacy and effectiveness of the Trust's risk management, control, and governance processes (for example the system of internal control). This opinion is based on a risk-based programme of work, agreed upon with management and approved by the Audit and Risk Committee. The opinion covers the period from 1 April 2024 to 31 March 2025 and is based on the audits completed within this timeframe.

For the period 1 April 2024 to 31 March 2025 Internal Audit provided the following:

I am providing an opinion of moderate assurance that there are areas for improvement in the framework of governance, risk management and control, and some inconsistent application of controls puts the achievement of the organisation's objectives at risk.

My position reflects the range of audit opinions provided in-year. We have completed four audits where improved performance (ie versus previous audits, or internal improvement work) was expected but not attained: Board Assurance Framework, Risk management follow-up, Bank and agency follow-up, Mortality data quality assurance. I acknowledge that

the Trust has progressed agreed actions in relation to these audits since the reports were issued. We raised two high-risk findings in respect of business continuity; this was an area of known risk but represents a fundamental system of control in NHS organisations. I have also reflected on the Trust's action implementation rate; overall this continues to strengthen versus previous years with a good focus on timely action implementation, however two out of seven high-risk actions have not been implemented on time. One of these remains open with a revised due date in the future.

Information governance

There have been no serious incidents relating to information governance in 2024/25, this includes data loss or confidentiality breach.

Additionally, information governance requirements are reviewed by various committees with data quality forming part of the internal audit annual work plan.

CQC Review

The Board had taken assurance from the CQC inspection outcome. Unannounced and announced inspections by the CQC took place across Trust sites in August 2023 and the Well Led inspection took place in October 2023 and the Trust received an overall rating of 'Requires improvement'.

Overall, the CQC rated effective, safe, responsive and well-led as 'requires improvement', and caring as 'good'. In rating the Trust, the CQC took into account the current ratings of the services not inspected.

The inspection report was published in April 2024. Many of the issues raised have been addressed or incorporated into wider improvement programmes across the Trust. Progress against the Care Quality Commission (CQC) action plan has been reported to the Board of Directors throughout the year in line with the governance and control processes outlined above.

Review of effectiveness

As Accounting Officer, I am responsible for reviewing the effectiveness of the system of internal control.

My review is informed by the work of internal auditors, clinical audit, executive managers, and clinical leads within the NHS Foundation Trust who oversee the development and maintenance of the internal control framework.

Additionally, I draw on performance information available to me and comments made by external auditors in their management letters and other reports.

I have been advised on the implications of my review by the Board, as well as the Audit and Risk, Finance and Performance, People, and Quality Committees. These groups ensure that any identified weaknesses are addressed and that continuous improvements to the system are implemented.

This year, the leadership team has continued its efforts to reduce our retained financial deficit, recover from the effects of the pandemic, and improve standards of care. We are actively reviewing our strategy, clinical strategy, and strategic objectives.

We remain engaged in developing accountable care partnerships at Place in Doncaster and Bassetlaw, as well as within the integrated care systems for South Yorkshire and Nottinghamshire.

Our commitment to effective governance is demonstrated through regular monitoring and updates to our Board governance structures, financial governance arrangements, and effectiveness and efficiency plans, alongside quality and effectiveness initiatives. Recognising that our organisation thrives due to the dedication of our fantastic staff, we have made concerted efforts throughout the year to engage with them on strategic direction and local health system changes.

Conclusion

Following my review, it is my opinion that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has a sound system of internal control that supports the achievement of its policies, aims, and objectives.

No significant internal control issues have been identified.

Richard Parker OBE
Chief Executive
30 June 2025

Independent auditor's report to the Council of Governors

Opinion

We have audited the financial statements of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2025 which comprise the Foundation Trust and Group Statement of Comprehensive Income, the Foundation Trust and Group Statement of Financial Position, the Foundation Trust and Group Statement of Changes in Equity, the Foundation Trust and Group Statement of Cash Flows and the related notes 1 to 46, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards as interpreted and adapted by the HM Treasury's Financial Reporting Manual: 2024-25 as contained in the Department of Health and Social Care Group Accounting Manual 2024 to 2025 and the Accounts Direction issued by NHS England with the approval of the Secretary of State as relevant to the National Health Service in England.

In our opinion the financial statements:

- give a true and fair view of the financial position of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and of the Group as at 31 March 2025 and of Foundation Trust's and Group's income and expenditure for the year then ended;

- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2024 to 2025; and

- have been properly prepared in accordance with the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Foundation Trust and the Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Group or Foundation Trust's ability to continue as a going concern for a period to 30 June 2026.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or

conditions can be predicted, this statement is not a guarantee as to the Foundation Trust's and the Group's ability to continue as a going concern.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and

- the parts of the Remuneration Report and Staff Report identified as subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2024/25.

Matters on which we are required to report by exception

The Code of Audit Practice requires us to report to you if:

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;

- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Foundation Trust, or a director or officer of the Foundation Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;

- We are not satisfied that the Foundation Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources;

- We have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2024/25 and is not misleading or inconsistent with other information forthcoming from the audit; or

- We have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

Responsibilities of the Accounting Officer

As explained more fully in the 'Statement of Accounting Officer's responsibilities as set out on pages 138 and 139 the chief executive is the accounting officer of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. The accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the group and the Foundation Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council of Governors intend to cease operations of the group or the Foundation Trust, or have no realistic alternative but to do so.

As explained in the Governance Statement, the accounting officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the group and Foundation Trust's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue

an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006, the Health and Social Care Act 2012 and the Health and Care Act 2022, as well as relevant employment laws of the United Kingdom. In addition, the Foundation Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.

- We understood how Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, head of internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Foundation Trust's board minutes and other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.

- We assessed the susceptibility of the Foundation Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance (through improper recognition of revenue and improper recognition of expenditure) and management override of

controls to be our fraud risks.

- To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we reviewed the Foundation Trust's manual year end income accruals and contract income, challenging assumptions and corroborating the income to appropriate evidence. We also performed risk-based journal testing and tested variances in the agreement of balances exercise above an assigned testing threshold.

- To address our fraud risk around the manipulation of reported financial performance through improper recognition of expenditure we reviewed the Foundation Trust's manual year end expenditure accruals, challenging assumptions and corroborating the expenditure accruals to appropriate evidence. We also performed risk-based journal testing, tested variances in the agreement of balances exercise above an assigned testing threshold and performed completeness tests to ensure expenditure was recorded in the correct financial year.

- To address the presumed fraud risk of management override of controls, we implemented a journal entry testing strategy, assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions. This included testing specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately. We also tested and challenged the assumptions used in calculating accounting estimates and considered any significant and unusual transactions outside the normal course of business.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2024, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in November 2022, as to whether the Foundation Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on

whether, in all significant respects, the Foundation Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under schedule 10(1)(d) of the National Health Service Act 2006 to be satisfied that the Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Under the Code of Audit Practice, we are required to report to you if the Foundation Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

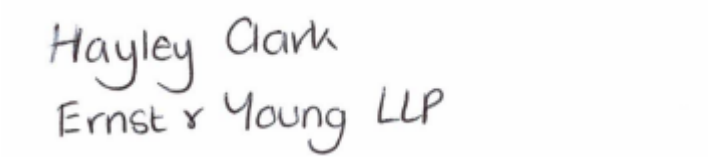
We are not required to consider, nor have we considered, whether all aspects of the Foundation Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until the NAO, as group auditor, has confirmed that no further assurances will be required from us as component auditors of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

Use of our report

This report is made solely to the Council of Governors of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with Schedule 10 of the National Health Service Act 2006 and for no other purpose. Our audit work has been undertaken so that we might state to the Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.



Hayley Clark (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Birmingham
Date: 30 June 2025

Foreword to the accounts Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2024, have been prepared by Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Richard Parker OBE
Chief Executive
30 June 2025

Statement of Comprehensive Income

		Group		Trust	
		2024/25	2023/24	2024/25	2023/24
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	571,728	506,909	571,728	506,909
Other operating income	4	60,398	54,376	69,581	61,289
Operating expenses	7	(658,809)	(627,311)	(667,892)	(629,564)
Operating deficit from continuing operations		**(26,683)**	**(66,026)**	**(26,583)**	**(61,366)**
Finance income	12	2,116	1,705	2,044	1,704
Finance expenses	13	(304)	(241)	(304)	(241)
PDC dividends payable		(7,591)	(7,637)	(7,591)	(7,637)
Net finance costs		**(5,779)**	**(6,173)**	**(5,851)**	**(6,174)**
Other gains / (losses)	14	(34)	168	(2)	(286)
Corporation tax expense		(73)	(52)	-	-
Deficit for the year		**(32,569)**	**(72,083)**	**(32,436)**	**(67,826)**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Revaluations	8	1,234	3,271	1,234	3,271
Total comprehensive expense for the period		**(31,335)**	**(68,812)**	**(31,202)**	**(64,555)**
Deficit for the period attributable to:					
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		(32,569)	(72,083)	(32,436)	(67,826)
TOTAL		**(32,569)**	**(72,083)**	**(32,436)**	**(67,826)**
Total comprehensive expense for the period attributable to:					
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		(31,335)	(68,812)	(31,202)	(64,555)
TOTAL		**(31,335)**	**(68,812)**	**(31,202)**	**(64,555)**

Adjusted Financial Performance

	2024/25	2023/24
	£000	£000
(Deficit) for the period for Trust	(32,436)	(67,826)
(Deficit) / surplus for the period for wholly owned subsidiary	215	(92)
(Deficit) for the period for non-charity aspects of the Group	(32,221)	(67,918)
Add back all I&E impairments	32,042	44,432
Remove capital donations/grants I&E impact	(2,244)	(192)
Adjusted financial performance (deficit)	**(2,423)**	**(23,678)**
Planned adjusted financial performance (deficit)	**(2,428)**	**(26,796)**

"Adjusted financial performance" is used for system reporting to NHS England.
It excludes technical non-recurrent adjustments to enable NHS England to monitor the underlying performance of the Trust.

Statement of Financial Position

	Note	Group 31 March 2025 £000	Group 31 March 2024 £000	Trust 31 March 2025 £000	Trust 31 March 2024 £000
Non-current assets					
Intangible assets	17	9,236	8,954	9,236	8,954
Property, plant and equipment	18	277,301	277,808	277,301	277,808
Right of use assets	19	4,537	5,117	4,537	5,117
Other investments / financial assets	23	8,095	8,218	550	550
Receivables	26	2,738	2,989	2,738	2,989
Total non-current assets		**301,907**	**303,086**	**294,362**	**295,418**
Current assets					
Inventories	25	9,398	9,767	8,787	9,227
Receivables	26	27,986	25,891	33,953	29,023
Cash and cash equivalents	29	42,248	37,278	40,851	36,311
Total current assets		**79,632**	**72,936**	**83,591**	**74,561**
Current liabilities					
Trade and other payables	30	(90,743)	(94,888)	(90,559)	(92,380)
Borrowings	32	(1,467)	(1,927)	(1,467)	(1,927)
Provisions	35	(596)	(558)	(596)	(558)
Other liabilities	31	(5,020)	(3,726)	(5,020)	(3,726)
Total current liabilities		**(97,826)**	**(101,099)**	**(97,642)**	**(98,591)**
Total assets less current liabilities		**283,713**	**274,923**	**280,311**	**271,388**
Non-Current liabilities					
Borrowings	32	(10,620)	(11,727)	(10,620)	(11,727)
Provisions	35	(2,388)	(2,420)	(2,388)	(2,420)
Total non-current liabilities		**(13,008)**	**(14,147)**	**(13,008)**	**(14,147)**
Total assets employed		**270,705**	**260,776**	**267,303**	**257,241**
Financed by					
Public dividend capital		388,522	347,258	388,522	347,258
Revaluation reserve		61,153	59,919	61,153	59,919
Income and expenditure reserve		(182,372)	(149,936)	(182,372)	(149,936)
Charitable fund reserves	45	2,987	3,335	-	-
Doncaster & Bassetlaw Healthcare Services Ltd	46	415	200	-	-
Total taxpayers' equity		**270,705**	**260,776**	**267,303**	**257,241**

The notes on pages 7 to 50 form part of these accounts.

Signed 

Date **30/06/2025**

Statement of Changes in Equity for the year ended 31 March 2025

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	DBHS Limited	Total
	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024	**347,258**	**59,919**	**(149,936)**	**3,335**	**200**	**260,776**
(Deficit) / surplus for the year	-	-	(32,436)	(348)	215	**(32,569)**
Net Impairments	-	1,234	-	-	-	**1,234**
Public dividend capital received	41,264	-	-	-	-	**41,264**
Taxpayers' and others' equity at 31 March 2025	**388,522**	**61,153**	**(182,372)**	**2,987**	**415**	**270,705**

Statement of Changes in Equity for the year ended 31 March 2024

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	DBHS Limited	Total
	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023	271,208	56,648	(82,110)	7,500	292	**253,538**
(Deficit) for the year	-	-	(67,826)	(4,165)	(92)	**(72,083)**
Net Impairments	-	3,271	-	-	-	**3,271**
Public dividend capital received	76,050	-	-	-	-	**76,050**
Taxpayers' and others' equity at 31 March 2024	**347,258**	**59,919**	**(149,936)**	**3,335**	**200**	**260,776**

Statement of Changes in Equity for the year ended 31 March 2025

Trust	Public dividend capital	Revaluation reserve	Income and expenditure	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024	**347,258**	**59,919**	**(149,936)**	**257,241**
(Deficit) for the year	-	-	(32,436)	**(32,436)**
Net Impairments	-	1,234	-	**1,234**
Public dividend capital received	41,264	-	-	**41,264**
Taxpayers' and others' equity at 31 March 2025	**388,522**	**61,153**	**(182,372)**	**267,303**

Statement of Changes in Equity for the year ended 31 March 2024

Trust	Public dividend capital	Revaluation reserve	Income and expenditure	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023	**271,208**	**56,648**	**(82,110)**	**245,746**
(Deficit) for the year	-	-	(67,826)	**(67,826)**
Net Impairments	-	3,271	-	**3,271**
Public dividend capital received	76,050	-	-	**76,050**
Taxpayers' and others' equity at 31 March 2024	**347,258**	**59,919**	**(149,936)**	**257,241**

Information on reserves

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential. If this is the case, a charge is made to the Statement of Comprehensive Income.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Charitable funds reserve
This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted.

DBHS Ltd reserve
This reserve comprises the ring-fenced funds held by Doncaster & Bassetlaw Healthcare Services Limited ("DBHS Ltd") which is a wholly owned subsidiary.

Statement of Cash Flows

		Group		Trust	
		2024/25	2023/24	2024/25	2023/24
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating deficit		(26,683)	(66,026)	(26,583)	(61,366)
Non-cash income and expense:					
Depreciation and amortisation	7.1	19,786	16,913	19,786	16,913
Net impairments	8	32,042	44,432	32,042	44,432
Income recognised in respect of capital donations	4	(3,042)	(675)	(3,042)	(675)
(Increase)/Decrease in receivables and other assets		(907)	11,376	(4,944)	9,632
(Increase) / decrease in inventories		369	(1,504)	440	(1,616)
(Decrease) in payables and other liabilities		(3,308)	(9,578)	(3,153)	(8,931)
(Decrease) in provisions		(42)	(293)	(42)	(293)
Movements in charitable fund working capital		(2,808)	3,557	-	-
Corporation tax paid		(52)	(21)	-	-
Other movements in operating cash flows		(23)	(31)	198	11
Net cash flows from / (used in) operating activities		**15,332**	**(1,850)**	**14,702**	**(1,893)**
Cash flows from investing activities					
Interest and dividends received		1,844	1,454	2,044	1,704
Purchase of intangible assets		(2,216)	(1,185)	(2,216)	(1,185)
Purchase of non-current assets and investment property		(43,193)	(59,070)	(43,193)	(59,070)
Sales of non-current assets and investment property		-	-	-	-
Receipt of cash donations to purchase capital assets		3,042	675	3,042	675
Net cash flows (used in) investing activities		**(40,523)**	**(58,126)**	**(40,323)**	**(57,876)**
Cash flows from financing activities					
Public dividend capital received		41,264	76,050	41,264	76,050
Movement on loans from DHSC		(543)	(1,833)	(543)	(1,833)
Capital element of lease liability repayments		(1,723)	(1,446)	(1,723)	(1,446)
Interest on loans		(209)	(231)	(209)	(231)
Interest element of lease liability repayments		(47)	(53)	(47)	(53)
PDC dividend paid		(8,581)	(8,897)	(8,581)	(8,897)
Net cash flows from financing activities		**30,161**	**63,590**	**30,161**	**63,590**
Increase in cash and cash equivalents		**4,970**	**3,614**	**4,540**	**3,821**
Cash and cash equivalents at 1 April		**37,278**	**33,664**	**36,311**	**32,490**
Cash and cash equivalents at 31 March	29	**42,248**	**37,278**	**40,851**	**36,311**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC Group Accounting Manual 2024/25, issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DHSC Group Accounting Manual permits a choice of accounting policy, the Group accounting manual 2024/25 accounting policy that is judged to be most appropriate to the particular circumstances of the NHS Foundation Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The Directors have a reasonable expectation that this will continue to be the case.

The Directors of the Trust have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust is a member of the South Yorkshire Integrated Care System (ICS). The ICS has stated its immediate strategic plans, focusing on delivering the objectives set out in NHS England's 2025/26 priorities and operational planning guidance, and its response to the NHS long-term plan. The ICS plans assume the continued provision of services by the Trust. No circumstances were identified causing the Directors to doubt the continued provision of NHS services. The ICS plans align activity, workforce, mental health and capital submissions and fully account contracting arrangements.

This year, with an adjusted performance deficit of £2.4m, the Trust performed in line with its plan. This position recognises a significant level of financial and operational efficiencies that have been achieved in the year.

The Group reported a cash position at 31 March 2025 of £42.2m, which includes a capital creditors balance of £27.7m. The underlying cash challenge is expected to continue into 2025/26 and for the remainder of the going concern period to 30 June 2026.

For 2025/26, the Trust submitted a break-even financial plan to NHS England. South Yorkshire and Bassetlaw Integrated Care Board submitted an integrated financial plan to NHS England, incorporating the Trust's financial plan. This is based on a significant level of expected financial efficiencies. These financial efficiencies are still being developed and represent an element of risk for the Trust. Should these efficiencies either not be achieved, or achieved in a non-cash releasing way, the Trust may have to utilise the financing facilities offered by the Department of Health and Social Care, as it has done in previous years.

NHS operating and financial guidance is not yet issued for 2026/27, and so the Trust has based its assessment for the first quarter of 2026/27 on the same assumptions used to build the 2025/26 financial plan. Key assumptions include:

- a continuation of income and expenditure flows and performance in line with 2025/26 plans
- a continued need to deliver financial efficiencies

In conclusion, these assumptions, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts.

Note 1.3 Consolidation

NHS Charitable Funds

The Trust is the Corporate Trustee to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust charitable fund. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

• recognise and measure them in accordance with the Trust's accounting policies and

• eliminate intra-group transactions, balances, gains and losses.

Other subsidiaries

Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation.

Subsidiaries which are classified as held for sale are measured at the lower of their carrying amount and fair value less costs to sell.

The Trust has an investment of £550k of share capital in a wholly owned subsidiary, Doncaster & Bassetlaw Healthcare Services Ltd ("DBHS Ltd"). DBHS Ltd currently provides out-patient pharmacy dispensary services at the Doncaster Royal Infirmary site. The summarised financial statements can be seen in Note 46. Its year end is the same as the Trust and Group.

Note 1.4.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to Trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. In both 2023/24 and 2024/25 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Note 1.4.1 Revenue from contracts with customers (cont.)

Revenue from NHS contracts (cont)

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such, CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Elective recovery funding provides additional funding to Integrated Care Boards to fund the commissioning of elective services within their systems. Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the Trust contributes to system performance and therefore the availability of funding to the Trust's commissioners.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants. This is explained further in Note 1.4.2.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4.2 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from Commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.4.3 Other income

Income from the sale of non-current assets is recognised when all conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Note 1.5 Expenditure on employee benefits (cont.)

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the Trust of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment. The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Note 1.7.1 Recognition

Property, plant and equipment is capitalised where:
• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Note 1.7.2 Measurement

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets are measured subsequently at valuation. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:
• Land and non-specialised buildings – market value for existing use
• Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset, and thereafter to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Note 1.7.3 Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.7.4 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their fair value less costs to sell. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.7.5 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.7.6 Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Land	Not depreciated	
Buildings, excluding dwellings	1	53
Dwellings	20	40
Plant & machinery	4	17
Transport equipment	9	9
Information technology	3	10
Furniture & fittings	8	10

Right of use assets (including land) are depreciated over the shorter of the useful life or the lease term.

Assets in the course of construction are not depreciated.

Note 1.8 Intangible assets

Note 1.8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Note 1.8.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation
Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.8.3 Useful economic life of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
All intangible assets	1	12

Note 1.9 Inventories

The Trust receives inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

The Trust has some inventories which are valued at the lower of cost and net realisable value, using the first-in first-out cost formula, with the rest being valued at weighted average cost.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Financial assets and financial liabilities

Note 1.11.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Note 1.11.2 Classification and measurement

Financial assets / liabilities measured at amortised cost are those held within a business model whose objective is to hold financial assets / liabilities in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable, and other simple debt instruments.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Financial assets and financial liabilities at amortised cost

Financial assets / liabilities measured at amortised cost are those held within a business model whose objective is to hold financial assets / liabilities in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable, and other simple debt instruments.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses. Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Note 1.11.2 Classification and measurement (cont.)

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Note 1.11.3 Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.11.4 Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

Note 1.12 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

Note 1.12.1 The Trust as lessee
Initial recognition and measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022/23 and 3.51% to new leases commencing in 2023/24.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, which requires that Trust employs a revaluation model for subsequent measurement of right of use assets, in this instance the Trust considered the cost model to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Note 1.12.2 The Trust as lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 2.40% in real terms (prior year: 2.45%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 35.2 but it is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme (PES) and the Liabilities to Third Parties Scheme (LTPS). Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable. There are no such contigent assets.

Contingent liabilities are not recognised, but are disclosed in note 36, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:
- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital (PDC) and PDC Dividend

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Foreign exchange

The Trust's functional currency and presentational currency is pounds sterling, and figures are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the spot exchange rate on the date of the transaction.

At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March.

Exchange gains and losses on monetary items (arising on settlement of the transaction or on retranslation at the Statement of Financial Position date) are recognised in the Statement of Comprehensive Income in the period in which they arise.

The Trust performs all its transactions in Sterling.

Note 1.18 Corporation tax

As the Trust operates a wholly owned subsidiary, this entity is liable to corporation tax regulations. At present, the subsidiary does not have significant assets, and as such, deferred tax is not applicable. The subsidiary is liable to corporation tax in line with existing rates.

Note 1.19 Third party assets

The Trust does not hold any third party cash or cash equivalents.

Note 1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks. The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value. Details can be found in Note 42.

Note 1.22 Critical judgements in applying accounting policies and key sources of estimation uncertainty

Estimates and the underlying assumptions are reviewed on a regular basis by the Trust's senior management. Areas of estimation uncertainty or significant judgement made by management in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements are:

Income estimates
In measuring income for the year, management have taken account of all available information. Income estimates that have been made have been based on actual information related to the financial year.

Injury compensation scheme income is also included to the extent that it is estimated it will be received in future years. It is recorded in the current year as this is the year in which it was earned. However as cash is not received until future periods, when the claims have been settled, an estimation must be made as to the collectability.

Expense accruals
In estimating expenses that have not yet been charged for, management have made a realistic assessment based on costs actually incurred in the year to date, with a view to ensuring that no material items have been omitted. This is done utilising data extracted from the Trust's accounts payable system, allied with professional judgement of the Trust's expenditure profile and information from the Trust's departmental budget managers. The Trust is also required to account for the cost of annual leave carried forward, which is based on a statistically sound sample of staff.

Impairment of trade receivables
In accordance with the stated policy on impairment of financial assets, management have assessed the impairment of receivables based on professional judgement and the type of debts typically held by the Trust.

Provisions
In accordance with the stated policy on provisions, management have used best estimates of the expenditure required to settle the obligations concerned, applying HM Treasury's discount rate as stated in the case of provisions for injury benefit claims and early retirements. The level of this provision is also based on information provided by the Government Actuaries Department. Other provisions that may arise are employee related claims and legal claims, which are based on information received from the Trust's insurers and internally generated information.

Valuation of property, plant and equipment

For Trust assets which are held for their service potential and are in use, they are valued at their current value in existing use.

For non-specialised assets, this is interpreted as market value in existing use, defined in the Royal Institution of Chartered Surveyors (RICS) Red Book as Existing Use Value (EUV).

For specialised assets, this is interpreted as depreciated replacement cost on a modern equivalent asset basis, defined in the Royal Institution of Chartered Surveyors (RICS) Red Book. This establishes the cost of a modern equivalent asset that has the same service potential as the existing asset and then adjusts this value to take account of age and obsolescence. This obsolescence includes physical obsolescence (the wearing out of the asset over time) and functional obsolescence (the design and layout make it less fit for purpose than a more modern asset).

When revaluing an asset adopting the DRC approach, all of the construction and building materials cost of providing a modern equivalent asset have to be assessed using the prices at the date of valuation (ie 31 March 2025), before allowing for the depreciation of the asset.

The Trust has an ageing property portfolio, in a poor state of repair due to ongoing capital spending restrictions, which therefore impacts on the assumptions made in the valuation.

For land, this valuation methodology is performed on an alternative site basis, whereby the value is determined based on the cost of purchasing notional replacement sites in the same locality as the existing sites, taking into account the Trust's requirements to serve the local population. The application of valuation methodologies are covered in the accounting policies at Note 1.7.

In order to significantly reduce the risk of material misstatement for the land and buildings portfolio, the Trust commissions annual valuations from a RICS registered valuer. Generally, the Trust has a desktop valuation each year, and a full valuation every five years. The Trust commissioned a desktop property revaluation exercise as at 31 March 2025, following a full revaluation exercise as at 31 March 2024.

The Trust estimates the useful lives of property, plant and equipment based on the period over which the assets are expected to be available for use. The estimated useful lives of property, plant and equipment per Note 1.7.6 are reviewed periodically and are updated if expectations differ from previous extimates due to physical wear and tear, technical, legal or other limits on the use of the relevant assets.

Asset lives applied to the land and property portfolio are provided by the Trust's externally appointed and professionally qualified valuers.

Note 1.22 Critical judgements in applying accounting policies and key sources of estimation uncertainty contd
Other areas

There are no other critical judgements, key assumptions concerning the future, or other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards to be applied in 2024/25:

IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Changes to non-investment asset valuation – Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:
• Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
• Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.
These changes are not expected to have a material impact on these financial statements.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:
• A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
• Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

Note 1.25 Climate Change Levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 2 Operating Segments

The Trust Board, as the chief operating decision maker as defined by IFRS 8, consider that all of the Trust's activities fall under the single segment of 'Provision of Healthcare'. They consider that this is consistent with the core principle of IFRS 8 which is to enable users of the financial statements to evaluate the nature and financial effects of business activities and economic environments. No further segmental analysis is therefore required.

Note 3 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.1

Note 3.1 Income from patient care activities (by nature) - Trust and Group

	2024/25	2023/24
	£000	£000
Acute services		
Aligned payment & incentive (API) income - Variable (based on activity)	133,601	124,812
Aligned payment & incentive (API) income - Fixed (not variable based on activity)	384,434	334,623
High cost drugs income from commissioners	26,633	27,531
Community services		
Income from other sources (e.g. local authorities)	678	1,057
All services		
Private patient income	3,016	3,216
Consultants / Agenda for Change pay offer central funding	1,483	231
Additional pension contribution central funding	21,883	13,428
Other clinical income	-	2,011
Total income from activities	**571,728**	**506,909**

Note 3.2 Income from patient care activities (by source) - Trust and Group

	2024/25	2023/24
Income from patient care activities received from:	**£000**	**£000**
NHS England	53,994	47,164
Integrated care boards	511,954	453,406
NHS Foundation Trusts	17	53
Local authorities	678	1,057
Non-NHS: private patients	3,016	3,216
Non-NHS: overseas patients (chargeable to patient)	701	547
Injury cost recovery scheme	1,338	1,145
Non NHS: other	30	321
Total income from activities	**571,728**	**506,909**
Of which:		
Related to continuing operations	571,728	506,909

Note 3.3 Overseas visitors (relating to patients charged directly by the provider) - Trust and Group

	2024/25	2023/24
	£000	£000
Income recognised this year	701	547
Cash payments received in-year	87	152
Amounts added to provision for impairment of receivables	290	588
Amounts written off in-year	468	632

Note 4 Other operating income

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Research and development (contract)	851	901	851	901
Education and training (excluding notional apprenticeship levy income)	24,777	21,181	24,777	21,181
Non-patient care services to other bodies	27,812	27,416	37,415	34,985
Other contract income	1,547	1,534	1,547	1,534
Education and training - notional income from apprenticeship fund	1,382	1,316	1,382	1,316
Rental revenue from operating leases	567	571	567	571
Donations/grants of physical assets (non-cash) - received from other bodies	3,042	675	3,042	675
Charitable and other contributions to expenditure	-	16	-	16
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	-	110	-	110
Charitable fund incoming resources	420	656	-	-
Total other operating income	**60,398**	**54,376**	**69,581**	**61,289**
Of which:				
Related to continuing operations	60,398	54,376	69,581	61,289

Note 5.1 Income from activities arising from commissioner requested services - Trust

Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2024/25	2023/24
	£000	£000
Income from services designated as commissioner requested services	571,728	506,909
Income from services not designated as commissioner requested services	69,581	61,289
Total	**641,309**	**568,198**

For the Trust, commissioner requested services are all patient care activities.

Note 5.2 Profits and losses on disposal of property, plant and equipment

The Trust has not disposed of any land or buildings relating to services designated as commissioner requested services. Equipment that has been disposed, has been disposed of during the normal course of business.

Note 6 Fees and charges (Group)

The Group does not have any material fees or charges in either 2024/25 or 2023/24.

Note 7.1 Operating expenses (Group)

	2024/25	2023/24
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	15,182	4,733
Purchase of healthcare from non-NHS and non-DHSC bodies	12,227	17,484
Staff and executive directors costs	415,571	379,623
Remuneration of non-executive directors	170	169
Supplies and services - clinical (excluding drugs costs)	41,451	42,030
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	-	110
Supplies and services - general	8,076	6,608
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	53,906	48,501
Consultancy costs	174	370
Establishment	3,365	3,555
Premises	24,346	26,549
Transport (including patient travel)	2,118	2,280
Depreciation on property, plant and equipment	17,805	14,586
Amortisation on intangible assets	1,981	2,327
Net impairments	32,042	44,432
Movement in credit loss allowance: contract receivables / contract assets	(302)	427
Increase in other provisions	454	353
Change in provisions discount rate(s)	(58)	(63)
Audit fees payable to the external auditor		
audit services - statutory audit	294	243
audit services - audits of subsidiaries	90	43
Internal audit costs	70	64
Clinical negligence	17,794	16,782
Legal fees	1,038	608
Insurance	928	494
Research and development	880	590
Education and training	6,891	7,479
Car parking and security	1,373	1,426
Other	1	-
Other NHS charitable fund resources expended	942	5,508
Total	**658,809**	**627,311**
Of which:		
Related to continuing operations	658,809	627,311

Note 7.2 Other auditor remuneration (Group)

	2024/25	2023/24
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any subsidiary of the Trust	90	43
Total	**90**	**43**

The value above is an estimated value as the Group is currently going through a tender process for the audit of its subsidiary.

The statutory audit fees for the Trust's audit of £294k include additional fees of £5k in relation to the 2023/24 financial statements audit. The audit fees for the subsidiaries of £90k are comprised of £58k of additional fees relating to the 2023/24 financial statements audit and £32k of estimated fees for the 2024/25 financial statement audits.

Note 7.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £2,000k for 2023/24 and 2024/25.

Note 8 Impairment of assets (Group)

	2024/25	2023/24
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	32,042	44,432
Total net impairments charged to operating surplus / deficit	**32,042**	**44,432**
Revaluation / impairments (and reversals) of property, plant and equipment (credited) / charged to the revaluation reserve	(1,234)	(3,271)
Total net impairments	**30,808**	**41,161**

The impairments in 2023/24 and 2024/25 arose due to a revaluation exercise on all land and buildings under the modern equivalent asset basis, as a result of changes in market value.

Note 9 Employee benefits (Group)

	2024/25	2023/24
	Total	Total
	£000	£000
Salaries and wages	301,980	275,927
Social security costs	31,428	29,943
Apprenticeship levy	1,499	1,404
Employer's contributions to NHS pensions	33,532	30,826
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	21,883	13,428
Pension cost - other	138	111
Temporary staff (including agency and external bank)	31,118	34,866
Total gross staff costs	**421,578**	**386,505**
Total staff costs	**421,578**	**386,505**
Of which		
Costs capitalised as part of assets	1,128	1,375
Disclosed within:		
Staff and executive directors costs	415,571	379,623
Research and development	878	564
Education and training	4,001	4,943
	420,450	**385,130**

Note 9.1 Retirements due to ill-health (Group)

During 2024/25, there were 7 early retirements from the Trust agreed on the grounds of ill-health (6 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £314k (£263k in 2023/24). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

There are no Director long term incentive schemes, other pension benefits, guarantees or advances.

Note 10 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.
An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

c) Alternative pension schemes

As a result of "automatic enrolment", the Trust has taken steps to ensure those members of staff who are not eligible for the NHS Pension Scheme, are enrolled into a pension scheme. The Trust treats such pension arrangements as a defined contribution pension and as such, no actuarial assumptions are required to measure the obligation or the expense and there is not possibility of any actuarial gain or loss.

Note 11 Operating leases (Group)

Note 11.1 Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust is the lessor.

The Trust has a number of leasing arrangements for the use of land and buildings, mainly with other NHS organisations. The only significant leasing arrangement not with another NHS organisation is with Parkhill Hospital at Doncaster Royal Infirmary.

	2024/25	2023/24
	£000	£000
Operating lease revenue		
Minimum lease receipts	567	571
Total	**567**	**571**

	31 March 2025	31 March 2024
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	571	571
Total	**571**	**571**

Note 12 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

	2024/25	2023/24
	£000	£000
Interest on bank accounts	1,844	1,454
NHS charitable fund investment income	272	251
Total finance income	**2,116**	**1,705**

Note 13.1 Finance expenditure (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2024/25	2023/24
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	206	224
Interest on lease obligations	50	52
Total interest expense	**256**	**276**
Unwinding of discount on provisions	48	(35)
Total finance costs	**304**	**241**

Note 13.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Group)

In 2023/24 and 2024/25, the Trust and Group does not have any liability or expense in relation to this legislation.

Note 14 Other gains (Group)

	2024/25	2023/24
	£000	£000
(Losses) on disposal of property, plant and equipment	(2)	(286)
Gains / (losses) on charitable fund investment revaluations	(32)	454
Total gains on disposal of assets	**(34)**	**168**
Total other gains	**(34)**	**168**

Note 15 Trust income statement and statement of comprehensive income

The Trust's (deficit) for the period was (£32,436k) (2023/24: (£64,826k)). The Trust's total comprehensive income/(expense) for the period was (£31,202k) (2023/24: (£64,555k)).

Note 16 Discontinued operations (Group)

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.The Trust does not have any operations that are classified as discontinued in either 2023/24 or 2024/25.

Note 17.1 Intangible assets - 2024/25

Group and Trust	Software licences	Other (purchased)	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2024	**26,029**	**27**	**26,056**
Additions	2,216	-	**2,216**
Reclassifications	47	-	**47**
Disposals	-	-	**-**
Valuation / gross cost at 31 March 2025	**28,292**	**27**	**28,319**
Amortisation at 1 April 2024	**17,102**	**-**	**17,102**
Provided during the year	1,981	-	**1,981**
Disposals	-	-	**-**
Amortisation at 31 March 2025	**19,083**	**-**	**19,083**
Net book value at 31 March 2025	**9,209**	**27**	**9,236**
Net book value at 1 April 2024	**8,927**	**27**	**8,954**

Note 17.2 Intangible assets - 2023/24

Group and Trust	Software licences	Other (purchased)	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2023	**24,874**	**27**	**24,901**
Additions	1,185	-	**1,185**
Disposals	(30)	-	**(30)**
Valuation / gross cost at 31 March 2024	**26,029**	**27**	**26,056**
Amortisation at 1 April 2023	**14,805**	**-**	**14,805**
Provided during the year	2,327	-	**2,327**
Disposals	(30)	-	**(30)**
Amortisation at 31 March 2024	**17,102**	**-**	**17,102**
Net book value at 31 March 2024	**8,927**	**27**	**8,954**
Net book value at 1 April 2023	**10,069**	**27**	**10,096**

Note 18.1 Property, plant and equipment - 2024/25

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024	**8,299**	**201,693**	**3,000**	**29,376**	**68,841**	**250**	**17,801**	**5,654**	**334,914**
Additions	-	18,804	-	8,962	6,086	-	9,575	405	**43,832**
Additions - donated	-	-	-	-	3,042	-	-	-	**3,042**
Impairments charges to operating expenses	-	(40,222)	-	-	-	-	-	-	**(40,222)**
Impairments charged to the revaluation reserve	-	(2,982)	(97)	-	-	-	-	-	**(3,079)**
Revaluations / reversal of impairments credited to the revaluation reserve	-	4,269	44	-	-	-	-	-	**4,313**
Reclassifications	-	25,494	-	(25,494)	(10)	-	(47)	10	**(47)**
Disposals	-	-	-	-	(593)	-	-	(22)	**(615)**
Valuation/gross cost at 31 March 2025	**8,299**	**207,056**	**2,947**	**12,844**	**77,366**	**250**	**27,329**	**6,047**	**342,138**
Accumulated depreciation at 1 April 2024	**-**	**-**	**-**	**-**	**40,370**	**239**	**11,496**	**5,001**	**57,106**
Provided during the year	-	8,051	129	-	4,999	3	3,190	154	**16,526**
Impairments charges to operating expenses	-	(8,051)	(129)	-	-	-	-	-	**(8,180)**
Disposals	-	-	-	-	(593)	-	-	(22)	**(615)**
Accumulated depreciation at 31 March 2025	**-**	**-**	**-**	**-**	**44,776**	**242**	**14,686**	**5,133**	**64,837**
Net book value at 31 March 2025	**8,299**	**207,056**	**2,947**	**12,844**	**32,590**	**8**	**12,643**	**914**	**277,301**
Net book value at 1 April 2024	**8,299**	**201,693**	**3,000**	**29,376**	**28,471**	**11**	**6,305**	**653**	**277,808**

Note 18.2 Property, plant and equipment - 2023/24

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023	**8,299**	**218,142**	**2,518**	**17,401**	**64,720**	**250**	**15,174**	**5,530**	**332,034**
Additions	-	11,433	-	35,918	5,365	-	2,652	198	**55,566**
Additions - donations of physical assets (non-cash)	-	-	-	-	675	-	-	-	**675**
Impairments charges to operating expenses	-	(54,439)	(179)	-	-	-	-	-	**(54,618)**
Impairments charged to the revaluation reserve	-	(4,918)	(96)	-	-	-	-	-	**(5,014)**
Revaluations / reversal of impairments credited to the revaluation reserve	-	7,916	369	-	-	-	-	-	**8,285**
Reclassifications	-	23,559	388	(23,943)	-	-	-	(4)	**-**
Disposals	-	-	-	-	(1,919)	-	(25)	(70)	**(2,014)**
Valuation/gross cost at 31 March 2024	**8,299**	**201,693**	**3,000**	**29,376**	**68,841**	**250**	**17,801**	**5,654**	**334,914**
Accumulated depreciation at 1 April 2023	**-**	**2,289**	**32**	**-**	**37,738**	**234**	**10,570**	**4,929**	**55,792**
									-
Provided during the year	-	7,769	96	-	4,265	5	951	142	**13,228**
Impairments charges to operating expenses	-	(10,058)	(128)	-	-	-	-	-	**(10,186)**
Disposals	-	-	-	-	(1,633)	-	(25)	(70)	**(1,728)**
Accumulated depreciation at 31 March 2024	**-**	**-**	**-**	**-**	**40,370**	**239**	**11,496**	**5,001**	**57,106**
Net book value at 31 March 2024	**8,299**	**201,693**	**3,000**	**29,376**	**28,471**	**11**	**6,305**	**653**	**277,808**
Net book value at 1 April 2023	**8,299**	**215,853**	**2,486**	**17,401**	**26,982**	**16**	**4,604**	**601**	**276,242**

Note 18.3 Property, plant and equipment financing - 2024/25

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2025									
Owned - purchased	8,299	206,617	2,947	12,844	27,744	8	12,620	861	**271,940**
Owned - donated/granted	-	439	-	-	4,846	-	23	53	**5,361**
NBV total at 31 March 2025	**8,299**	**207,056**	**2,947**	**12,844**	**32,590**	**8**	**12,643**	**914**	**277,301**

Note 18.4 Property, plant and equipment financing - 2023/24

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2024									
Owned - purchased	8,299	201,693	3,000	29,376	25,801	11	6,305	653	**275,138**
Owned - donated/granted	-	-	-	-	2,670	-	-	-	**2,670**
NBV total at 31 March 2024	**8,299**	**201,693**	**3,000**	**29,376**	**28,471**	**11**	**6,305**	**653**	**277,808**

Note 19.1 Right of Use Assets - 2024/25

Group and Trust	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Total £000
Valuation/gross cost at 1 April 2024	**5,134**	**799**	**523**	**1,240**	**7,696**
Lease additions and restatements	446	135	118	-	**699**
Valuation/gross cost at 31 March 2025	**5,580**	**934**	**641**	**1,240**	**8,395**
Accumulated depreciation at 1 April 2024	**1,346**	**458**	**300**	**475**	**2,579**
Provided during the year - right of use asset	637	217	177	248	**1,279**
Accumulated depreciation at 31 March 2025	**1,983**	**675**	**477**	**723**	**3,858**
Net book value at 31 March 2025	**3,597**	**259**	**164**	**517**	**4,537**
Net book value at 1 April 2024	**3,788**	**341**	**223**	**765**	**5,117**

Note 19.2 Right of Use Assets - 2023/24

Group and Trust	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Total £000
Valuation/gross cost at 1 April 2023	**4,702**	**799**	**523**	**1,240**	**7,264**
Lease restatements	432	-	-	-	**432**
Valuation/gross cost at 31 March 2024	**5,134**	**799**	**523**	**1,240**	**7,696**
Accumulated depreciation at 1 April 2023	**667**	**201**	**126**	**227**	**1,221**
Provided during the year - right of use asset	679	257	174	248	**1,358**
Accumulated depreciation at 31 March 2024	**1,346**	**458**	**300**	**475**	**2,579**
Net book value at 31 March 2024	**3,788**	**341**	**223**	**765**	**5,117**
Net book value at 1 April 2023	**4,035**	**598**	**397**	**1,013**	**6,043**

Note 19.3 Right of Use Assets - Summary Information - 2024/25

The financial impact of the Right of Use Assets can be summarised by the following table, in line with paragraph 53 and 54 of IFRS 16:

	Note	2024/25	2023/24
Depreciation charge for RoU assets by class of underlying asset			
- Property (land and buildings)		637	679
- Plant & machinery	19	217	257
- Transport equipment		177	174
- Information technology		248	248
Total		**1,279**	**1,358**
Interest expense on lease liabilities	32	(47)	(53)
Expense relating to short term leases		-	-
Expense relating to leases of low value assets (excluding short term)		-	-
Expense relating to variable lease payments not in the liability		-	-
Income from subleasing		-	-
Total cash outflow for leases	32	(1,723)	(1,446)
Additions / Adjustments to right of use assets	19	699	432
Gains or losses arising from sale and leaseback transactions		-	-
Net Book Value of Right of Use assets by the following asset classification;			
- Property (land and buildings)		3,597	3,788
- Plant & machinery	19	259	341
- Transport equipment		164	223
- Information technology		517	765
Total		**4,537**	**5,117**

Note 20 Donations of property, plant and equipment

Doncaster & Bassetlaw Teaching Hospitals Foundation Trust has received donated assets totalling £3,042k in 2024/25. In 2023/24, donated assets totalling £675k were received.

Note 21 Revaluations of property, plant and equipment

All land and buildings are revalued using professional valuations in accordance with IAS 16 to ensure that property is stated at fair value. The default frequency of these valuations is currently every five years, in accordance with the FT ARM. However, interim valuations are also carried out as deemed appropriate by the Trust. Valuations are performed by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisals and Valuation Manual. The Trust commissioned an desktop valuation of its land and buildings as at 31st March 2025, which was undertaken by Cushman & Wakefield.

In 2023/24 and 2024/25, the Trust undertook a revaluation based on a Modern Equivalent Asset basis on its land and buildings.

♯ Note 22 Investment Property

The Trust does not hold any Land, Buildings or Dwellings on an Investment only basis.

♯ Note 23 Other investments / financial assets (non-current)

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	**8,218**	**7,908**	**550**	**550**
Acquisitions in year	3,275	2,435	-	-
Movement in fair value through income and expenditure	(32)	454	-	-
Disposals	(3,366)	(2,579)	-	-
Carrying value at 31 March	**8,095**	**8,218**	**550**	**550**

The Group investments relate to investments made by Doncaster & Bassetlaw Teaching Hospitals Charitable Funds as part of a diverse investment portfolio.

♯ Note 23.1 Other investments / financial assets (current)

The Trust does not hold either other investments or financial assets (current).

Note 24 Disclosure of interests in other entities

The Trust does not hold any interests in unconsolidated subsidiaries, joint ventures, associates or unconsolidated structured entities.

Note 25 Inventories

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Drugs	2,908	2,866	2,297	2,326
Consumables	6,490	6,901	6,490	6,901
Total inventories	**9,398**	**9,767**	**8,787**	**9,227**

Inventories recognised in expenses for the year were £75,556k (2023/24: £66,597k). Write-down of inventories recognised as expenses for the year were £17k (2023/24: £0k).

Note 26.1 Receivables

	Group		Trust	
	2025	2024	2025	2024
	£000	£000	£000	£000
Current				
Contract receivables	16,050	19,362	17,495	21,159
Allowance for impaired contract receivables / assets	(1,781)	(2,863)	(1,781)	(2,842)
Prepayments (non-PFI)	3,348	2,668	2,457	2,668
PDC dividend receivable	1,909	919	1,909	919
VAT receivable	5,827	5,211	5,276	4,760
Clinician pension tax provision reimbursement funding from NHSE	37	23	37	23
Other receivables	2,596	518	8,560	2,336
NHS charitable funds: receivables	-	53	-	-
Total current receivables	**27,986**	**25,891**	**33,953**	**29,023**
Non-current				
Contract receivables	2,734	2,947	2,734	2,947
Clinician pension tax provision reimbursement funding from NHSE	725	722	725	722
Allowance for impaired contract receivables / assets	(721)	(680)	(721)	(680)
Total non-current receivables	**2,738**	**2,989**	**2,738**	**2,989**
Of which receivable from NHS and DHSC group bodies:				
Current	12,431	10,888	12,431	10,888
Non-current	725	722	725	722

Note 26.2 Allowances for credit losses

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2024 - brought forward	**3,543**	**-**	**3,522**	**-**
New allowances arising	720	-	720	-
Changes in the calculation of existing allowances	178	-	178	
Reversals of allowances (where receivable is collected in-year)	(1,200)	-	(1,200)	-
Utilisation of allowances (write offs)	(739)	-	(739)	-
Allowances as at 31 Mar 2025	**2,502**	**-**	**2,481**	-

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2023 - brought forward	**3,613**	**-**	**3,613**	**-**
New allowances arising	707	-	686	-
Reversals of allowances (where receivable is collected in-year)	(280)	-	(280)	-
Utilisation of allowances (write offs)	(497)	-	(497)	-
Allowances as at 31 Mar 2024	**3,543**	**-**	**3,522**	**-**

Note 27 Other assets

The Trust does not have any receivables classified as other assets.

Note 28 Liabilities in disposal groups

The Trust does not have any liabilities in disposal groups.

Note 29 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
At 1 April	**37,278**	**33,664**	**36,311**	**32,490**
Net change in year	4,970	3,614	4,540	3,821
At 31 March	**42,248**	**37,278**	**40,851**	**36,311**
Broken down into:				
Cash at commercial banks and in hand	1,142	668	-	-
Cash with the Government Banking Service	41,106	36,610	40,851	36,311
Total cash and cash equivalents as in SoFP and SOCF	**42,248**	**37,278**	**40,851**	**36,311**

Note 30 Trade and other payables

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Current				
Trade payables	17,600	16,862	18,946	18,644
Capital payables	27,696	24,015	27,696	24,015
Accruals	30,849	37,102	30,129	36,826
Annual leave accrual	733	387	733	387
Social security costs	8,138	7,930	8,138	7,930
Other taxes payable	72	52	-	-
Pension contributions payable	4,620	4,278	4,620	4,278
Other payables	297	300	297	300
NHS charitable funds: trade and other payables	738	3,962	-	-
Total current trade and other payables	**90,743**	**94,888**	**90,559**	**92,380**
Of which payables from NHS and DHSC group bodies:				
Current	10,726	8,879	10,726	8,998

Note 31 Other liabilities

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	5,020	3,726	5,020	3,726
Total other current liabilities	**5,020**	**3,726**	**5,020**	**3,726**

Note 32 Borrowings

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Current				
Loans from DHSC	565	568	565	568
Lease liabilities	902	1,359	902	1,359
Total current borrowings	**1,467**	**1,927**	**1,467**	**1,927**
Non-current				
Loans from DHSC	7,874	8,417	7,874	8,417
Lease liabilities	2,746	3,310	2,746	3,310
Total non-current borrowings	**10,620**	**11,727**	**10,620**	**11,727**

Note 32.1 Reconciliation of liabilities arising from financing activities

Group and Trust	Loans from DHSC	Lease liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2024	**8,985**	**4,669**	**13,654**
Cash movements:			
Financing cash flows - payments and receipts of principal	(543)	(1,723)	**(2,266)**
Financing cash flows - payments of interest	(209)	(47)	**(256)**
Non-cash movements:			
Additions	-	564	**564**
Application of effective interest rate	206	50	**256**
Carrying value at 31 March 2025	**8,439**	**3,513**	**11,952**

Note 32.2 Lease liabilities - maturity analysis

	31 March 2025
	£000
Undiscounted future lease payments payable in:	
- not later than one year;	902
- later than one year and not later than five years;	2,118
- later than five years	777
Total gross future lease payments	3,797
Finance charges allocated to future periods	(149)
Total net lease liabilities	**3,648**
Of which:	
Current - due in not later than one year	902
Non current - due in over one year	2,746
	3,648

Note 33 Other financial liabilities

Neither the Group or Trust has any other financial liabilities.

Note 34 Finance leases

Note 34.1 Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust as a lessor

Neither the Group nor the Trust does not have any finance lease receivables as a lessor.

Note 34.2 Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust as a lessee

Neither the Group nor the Trust does not have any finance lease payables as a lessee.

Note 35.1 Provisions for liabilities and charges analysis - Group and Trust

Group and Trust	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Clinicians' pension reimbursement	Lease Dilapidations (previously charged to revenue)	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2024	**927**	**836**	**232**	**745**	**238**	**2,978**
Change in the discount rate	(41)	(17)	-	(7)	-	**(65)**
Arising during the year	134	177	190	6	-	**507**
Utilised during the year	(86)	(125)	(26)	(19)	-	**(256)**
Reversed unused	(68)	(63)	(134)	-	-	**(265)**
Unwinding of discount	22	26	-	37	-	**85**
At 31 March 2025	**888**	**834**	**262**	**762**	**238**	**2,984**
Expected timing of cash flows:						
- not later than one year;	104	193	262	37	-	**596**
- later than one year and not later than five years;	313	457	-	95	238	**1,103**
- later than five years.	471	184	-	630	-	**1,285**
Total	**888**	**834**	**262**	**762**	**238**	**2,984**

The provision for legal claims is in respect of employer's liability and public liability cases made against the Trust. This figure is based on information provided by NHS Resolution which at present represents the Trust's best assessment of the likely future costs associated with processing the claims. The eventual settlement costs and legal expenses may be higher or lower than that provided.

Pensions: early departure costs (2024/25: £888k, 2023/24: £927k) and Pensions: injury benefits (2024/25: £810k, 2023/24: £836k) are calculated based on information provided by the NHS Business Services Authority - Pensions Division. There are uncertainties surrounding these provisions as the amounts incorporate assumptions made concerning the life expectancy of the individuals.

Clinicians' pension reimbursement relates to where the Trust makes good any tax incurred relating to clinicians' pensions through their work in the NHS. This is funded via NHS England, which can be seen by an equal and opposite entry within Receivables.

Note 35.2 Clinical negligence liabilities

At 31 March 2025, £204,105k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust. (31 March 2024: £195,397k)

Note 36 Contingent assets and liabilities

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Value of contingent liabilities				
NHS Resolution legal claims	55	67	55	67
Gross value of contingent liabilities	**55**	**67**	**55**	**67**
Amounts recoverable against liabilities	-	-	-	-
Net value of contingent liabilities	**55**	**67**	**55**	**67**

The contingent liabilities relate to personal litigation claims above the amount included in provisions up to the maximum excess amount for which the Trust is liable.

Note 37 Contractual capital commitments

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Property, plant and equipment	-	1,892	-	1,892
Total	**-**	**1,892**	**-**	**1,892**

Note 38 Other financial commitments

The Group / Trust does not have any commitments to make payments under non-cancellable contracts.

Note 39 Defined benefit pension schemes

The Trust does not operate any material defined pension schemes other than the statutory NHS Pension Scheme.

Note 40 Financial instruments

Note 40.1 Financial risk management

International Financial Reporting Standard 7 ("IFRS 7") requires disclosure of the role that financial instruments have had during the period in creating and changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Integrated Care Boards (ICBs) and the way those ICBs are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating and changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Standing Financial Instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Credit risk

Credit risk is the risk of financial loss to the Trust if a customer or counterparty to a financial instrument fails to meet its contractual obligations, and arises principally from the Trust's trade receivables. As the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk.

The carrying amount of financial assets represents the maximum credit exposure. Therefore the maximum exposure to credit risk at the reporting date for the Group was £69,983k (2023/24: £65,525k), being the total of the carrying amount of financial assets.

With regard to the credit quality of financial assets and impairment losses, the movement in the allowance for impairment in respect of trade receivables during the year is disclosed in note 40.2.

Interest rate risk

All of the Trust's financial liabilities carry nil or fixed rates of interest. In addition, the only element of the Trust's financial assets that is currently subject to a variable rate is cash held in the Foundation Trust's main bank accounts and in a short term deposit account. The Trust is therefore not exposed to significant risk of fluctuations in interest rates.

The Trust's operating costs are incurred under contracts with Integrated Care Boards and other NHS or Government bodies, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from cash reserves, loans or through the issue of PDC. All major capital expenditure is supported by detailed financial assessment including the assessment of cash flow requirements and impact on liquidity and any funding is within the Trust's prudential borrowing limit, as set by NHS England. The Trust is not, therefore, exposed to significant liquidity risks.

Note 40.2 Carrying values of financial assets

Group	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
Carrying values of financial assets as at 31 March 2025 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	19,640	-	-	**19,640**
Cash and cash equivalents	41,106	-	-	**41,106**
Consolidated NHS Charitable fund financial assets	1,142	8,095	-	**9,237**
Total at 31 March 2025	**61,888**	**8,095**	**-**	**69,983**

Group	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
Carrying values of financial assets as at 31 March 2024 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	20,029	-	-	**20,029**
Cash and cash equivalents	36,610	-	-	**36,610**
Consolidated NHS Charitable fund financial assets	668	8,218	-	**8,886**
Total at 31 March 2024	**57,307**	**8,218**	**-**	**65,525**

The only Group financial assets held at fair value through the I&E are the Investments held within the NHS Charitable Fund. These have been valued in a consistent manner throughout.

Trust	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
Carrying values of financial assets as at 31 March 2025 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	27,049	-	-	**27,049**
Cash and cash equivalents	40,851	-	-	**40,851**
Total at 31 March 2025	**67,900**	**-**	**-**	**67,900**

Trust	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
Carrying values of financial assets as at 31 March 2024 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	23,709	-	-	**23,709**
Cash and cash equivalents	36,311	-	-	**36,311**
Total at 31 March 2024	**60,020**	**-**	**-**	**60,020**

Note 40.2 Carrying values of financial liabilities

Group	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2025 under IFRS 9			
Loans from the Department of Health and Social Care	8,439	-	**8,439**
Obligations under leases	3,648	-	**3,648**
Trade and other payables excluding non financial liabilities	76,442	-	**76,442**
IAS 37 provisions which are financial liabilities	2,984	-	**2,984**
Consolidated NHS charitable fund financial liabilities	738	-	**738**
Total at 31 March 2025	**92,251**	**-**	**92,251**

Group	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2024 under IFRS 9			
Loans from the Department of Health and Social Care	8,985	-	**8,985**
Obligations under leases	4,669	-	**4,669**
Trade and other payables excluding non financial liabilities	82,557	-	**82,557**
IAS 37 provisions which are financial liabilities	2,978	-	**2,978**
Consolidated NHS charitable fund financial liabilities	3,962	-	**3,962**
Total at 31 March 2024	**103,151**	**-**	**103,151**

Trust	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2025 under IFRS 9			
Loans from the Department of Health and Social Care	8,439	-	**8,439**
Obligations under leases	3,648	-	**3,648**
Trade and other payables excluding non financial liabilities	77,068	-	**77,068**
IAS 37 provisions which are financial liabilities	2,984	-	**2,984**
Total at 31 March 2025	**92,139**	**-**	**92,139**

Trust	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2024 under IFRS 9			
Loans from the Department of Health and Social Care	8,985	-	**8,985**
Obligations under leases	4,669	-	**4,669**
Trade and other payables excluding non financial liabilities	86,413	-	**86,413**
IAS 37 provisions which are financial liabilities	2,978	-	**2,978**
Total at 31 March 2024	**103,045**	**-**	**103,045**

Note 40.3 Fair values of financial assets and liabilities

The book value (carrying value) of receivables is a reasonable approximation of the fair value of the asset.

The book value (carrying value) of payables is a reasonable approximation of the fair value of the asset.

Note 40.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
In one year or less	79,243	89,026	80,586	88,920
In more than one year but not more than five years	5,391	6,281	5,391	6,281
In more than five years	7,766	7,983	7,766	7,983
Total	**92,400**	**103,290**	**93,743**	**103,184**

Note 41 Losses and special payments

	2024/25		2023/24	
Group and Trust	number of cases	value of cases	number of cases	value of cases
	Number	£000	Number	£000
Bad debts	230	478	558	692
Fruitless payments and constructive losses	-	-	1	-
Total losses - bad debts	**230**	**478**	**559**	**692**
Compensation under court order or legally binding arbitration award	21	60	13	71
Ex-gratia payments	11	5	25	14
Total special payments	**32**	**65**	**38**	**85**
Total losses and special payments	**262**	**543**	**597**	**777**

Note 42 Gifts

In 2023/24 and 2024/25, the Trust did not make any gifts.

Note 43 Related parties

The total value of receivables and payables balances held with related parties as at 31 March, together with the associated income and expenditure transactions during 2024/25 and 2023/24, is:

Group and Trust 2024/25	Receivables 31 March 2025 £000	Payables 31 March 2025 £000	Income 2024/25 £000	Expenditure 2024/25 £000
Other NHS bodies	12,431	12,337	591,602	50,018
Other bodies (including WGA bodies)	5,827	12,970	708	88,974
	18,258	**25,307**	**592,310**	**138,992**

Group and Trust 2023/24	Receivables 31 March 2024 £000	Payables 31 March 2024 £000	Income 2023/24 £000	Expenditure 2023/24 £000
Other NHS bodies	11,610	10,806	530,738	36,351
Other bodies (including WGA bodies)	5,229	12,516	1,072	94,519
	16,839	**23,322**	**531,810**	**130,870**

The Department of Health and Social Care ("the Department") is regarded as a related party. During the year, the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities include NHS England, Integrated Care Boards, NHS Foundation Trusts, NHS Trusts, NHS Resolution, the NHS Business Services Authority and the NHS Purchasing and Supply Agency.

"Other bodies (including WGA bodies)" includes local authories, HM Revenue & Customs and NHS Pension Scheme.

The Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with HM Revenue and Customs (including National Insurance Fund), NHS Pension Scheme and Doncaster Metropolitan Borough Council.

Note 44 Events after Balance Sheet Date

There are no such events to report

Note 45 NHS Charitable Fund

The Trust is the Corporate Trustee of the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Charitable Fund (registered charity number 1057917). The object is for funds to be used "for any purpose or purposes relating to the National Health Service wholly or mainly for the service provided by Doncaster and Bassetlaw Hospitals NHS Foundation Trust".

Summary statement of financial activities

	Total Funds	
	2024/25	**2023/24**
	£000	**£000**
Incoming resources	420	656
Resources expended	(1,008)	(5,526)
Net outgoing resources	**(588)**	**(4,870)**
Investment Income	272	251
Gains/(losses) on revaluation and disposal of investment	(32)	454
Net movement in funds	**(348)**	**(4,165)**
Fund balances at 1 April	3,335	7,500
Fund balances at 31 March	**2,987**	**3,335**

	Total Funds	
	2024/25	**2023/24**
Investment assets	8,095	8,218
Cash and receivables	1,142	721
Current liabilities	(6,250)	(5,604)
Total net assets	**2,987**	**3,335**

	2025	**2024**
	£000	**£000**
Unrestricted income funds	1,100	1,198
Other restricted income funds	1,887	2,137
	2,987	**3,335**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the Trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the Trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 46 Doncaster & Bassetlaw Healthcare Services Ltd

The Trust has a wholly owned subsidiary, Doncaster & Bassetlaw Healthcare Services Ltd ("DBHS Ltd"). DBHS Ltd currently provides Out-patient pharmacy dispensary services at the Doncaster Royal Infirmary site. The summarised financial statements can be seen below:

Summary statement of financial activities

	2024/25	2023/24
	£000	£000
Incoming resources	11,732	9,235
Resources expended	(11,317)	(9,077)
Net incoming resources	**415**	**158**
Dividends paid	(200)	(250)
Net movement in assets	**215**	**(92)**

	2024/25	2023/24
	£000	£000
Current assets	2,757	2,853
Cash	255	299
Current liabilities	(2,247)	(2,402)
Total net assets	**765**	**750**
Share Capital	550	550
Income & Expenditure reserve	415	200
Total net assets	**965**	**750**

Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust