



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



Quality Accounts

Financial year 2025/26

Doncaster and Bassetlaw Teaching Hospitals



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Hospitals NHS Foundation Trust
Quality Accounts 2025/26

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Chief Nurse's Statement

As Chief Nurse at Doncaster and Bassetlaw Teaching Hospitals (DBTH), I am proud to introduce our Quality Account for 2025/26, reflecting another year of determined progress, honest reflection and continued commitment to delivering safe, exceptional and person-centred care for the communities we serve.

This year has once again brought significant challenges across the NHS, with rising demand, increasing clinical complexity, workforce pressures and continued operational strain across urgent, planned and community services. Despite this, colleagues across DBTH have continued to respond with professionalism, resilience and compassion, delivering high-quality care under sustained pressure.

During 2025/26, we cared for more than 235,000 emergency patients, delivered over 634,000 outpatient appointments, cared for almost 140,000 inpatients and welcomed 4,549 babies into our services. Demand across urgent and emergency care remained particularly high throughout the year, with Emergency Department attendances increasing by more than 25,000 compared with the previous year.

Against this backdrop, there are many areas of meaningful progress reflected throughout this report.

We continued embedding the Patient Safety Incident Response Framework (PSIRF) across the organisation, further strengthening our culture of openness, learning and continuous improvement. This included more mature approaches to patient safety investigations, greater focus on system learning, and strengthened governance around safety alerts, mortality review and clinical audit activity.

I am particularly pleased with the progress made in reducing avoidable harm. During 2025/26, the Trust achieved the lowest recorded rate of hospital-acquired pressure ulcers in its history, alongside sustained reductions in hospital-acquired pneumonia and strengthened antimicrobial stewardship arrangements. We also continued to improve the quality of care planning and assessment for vulnerable patients through enhanced Mental Capacity Act training, safeguarding oversight and improvements within Nervecentre documentation and audit processes.

This year also marked an important period of transition for our Nursing, Midwifery and Allied Health Professionals (NMAHP) Strategy, with key priorities now embedded into business-as-usual delivery and governance arrangements. Workstreams focused on mouth care, antimicrobial prescribing, mental capacity and patient safety have all demonstrated measurable improvement and strengthened assurance around quality and clinical effectiveness.

Alongside our safety and quality work, we have continued to strengthen how we listen and respond to the voices of patients, carers and communities. This includes targeted engagement work with underserved groups, improvements to interpretation and accessibility services, continued investment in patient feedback mechanisms and the expansion of volunteer and patient involvement initiatives across our sites.

A major focus throughout the year has also been tackling health inequalities. In 2025/26, this became formally embedded as one of the Trust's core strategic ambitions within our refreshed strategy, *Healthier Together*. Through dedicated training programmes, new governance structures and innovative data tools such as the Equity Index, we are increasingly ensuring that quality improvement and service redesign are informed by the needs of the populations we serve.

This report also reflects an organisation continuing to evolve and modernise. Whether through Virtual Wards, Community Diagnostic Centres, digital transformation programmes, research and innovation partnerships, or the expansion of community-based care, we are increasingly redesigning services around patient need whilst supporting long-term sustainability.

At the same time, we remain honest about the challenges that continue to face us. Pressures across urgent and emergency care, elective recovery, workforce wellbeing and operational performance remain significant. Some areas require further improvement and this report outlines clearly where our focus must continue over the coming year.

Looking ahead to 2026/27, our priorities are clear. We will continue strengthening the fundamentals of safe and compassionate care, improving access and patient flow, reducing inequalities, supporting colleagues through change and embedding the cultural expectations set out through the DBTH Way. We will also continue progressing our ambition to become a leading University Teaching Hospital, where excellence in care, education, research and innovation are fully integrated.

On behalf of the Nursing, Midwifery and Allied Health Professional leadership teams, I would like to thank every colleague across DBTH for their continued commitment, professionalism and compassion. The progress reflected within this Quality Account belongs to all of Team DBTH.

I hope this report provides a meaningful and transparent reflection of our work throughout 2025/26, alongside a clear sense of the direction we are taking as an organisation in the years ahead.

Karen Jessop

Chief Nurse

Who we are and what we do

We are Doncaster and Bassetlaw Teaching Hospitals (DBTH), an acute NHS Foundation Trust serving over 440,000 people across South Yorkshire and North Nottinghamshire.

We are one of the region's busiest emergency care providers, delivering a wide range of hospital and community services. As a teaching hospital, we work with the University of Sheffield and Sheffield Hallam University to support education and research. We also work closely with our Integrated Care Boards and system partners.

We became a Foundation Trust in 2004, giving us greater financial and operational autonomy while maintaining national standards and regulation.

We are licensed by NHS England and registered with the Care Quality Commission to provide a full range of regulated 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 deliver district general hospital services, community services such as audiology and family planning and specialist services including vascular surgery.

Our main sites are:

- **Doncaster Royal Infirmary (DRI):** A large acute hospital with over 450 beds, a 24-hour Emergency Department and trauma unit, providing inpatient, outpatient and day case care.
- **Bassetlaw Hospital (BH), Worksop:** A medium-sized hospital with over 170 beds, a 24-hour Emergency Department and obstetrics unit, offering a full range of general services.
- **Montagu Hospital (MH), Mexborough:** A smaller site focused on rehabilitation, with inpatient beds, an Urgent Treatment Centre, day surgery, dialysis, pain services and outpatient clinics. It is also home to the Rehabilitation Centre, Clinical Simulation Centre, MEOC and Community Diagnostic Centre.

We also provide services at Retford Hospital and other community locations in Doncaster. Our headquarters are based 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

In early 2025/26 we refreshed our organisational strategy with input from colleagues, patients, communities and partners. The result is Healthier Together – Delivering exceptional care for all - a clear, shared direction for Doncaster and Bassetlaw Teaching Hospitals that aligns with national NHS priorities while responding to local needs.

The strategy sets out how we will deliver safe, high-quality and innovative care through a structured framework built on four Strategic Priorities:

- **Patients:** Delivering safe, exceptional, person-centred care, improving access, outcomes and experience.
- **People:** Creating a supportive, inclusive and positive workplace where colleagues can thrive.
- **Partnerships:** Working collaboratively across health, care and community systems to improve population health.
- **Pounds:** Using resources efficiently and responsibly to ensure long-term sustainability.

These priorities are constant and shape how we work every day.

Supporting them are our Strategic Ambitions, which describe the long-term changes needed to achieve our vision:

- Providing the best care environments through modern, sustainable facilities.
- Tackling health inequalities by improving access, prevention and outcomes.
- Becoming a leading centre for research and education.
- Becoming a digitally enabled and mature organisation.

Together, the priorities and ambitions are delivered through a set of enabling plans covering areas such as people, estates, quality, digital, research and procurement. These ensure a coordinated approach to service improvement, workforce development and infrastructure investment.

Overall, the strategy provides a cohesive roadmap for the organisation, linking day-to-day delivery with long-term transformation, so that patients receive outstanding care, colleagues feel supported and communities are healthier, together.

Our values and the DBTH Way

‘We Care’ sets out the way we work together at DBTH. It defines how we treat our patients, visitors and one another, and shapes the culture we continue to build.

This stands for:

- We always put the patient first.
- Everyone counts – we treat each other with courtesy, honesty, respect and dignity.
- Committed to quality and continuously improving patient experience.
- Always caring and compassionate.
- Responsible and accountable for our actions - taking pride in our work.
- Encouraging and valuing our diverse colleagues and rewarding ability and innovation.

The DBTH Way builds on the We Care values, bringing them to life in how we work together across wards, departments and services.

It sets out what good looks like at DBTH, from supporting one another, to leading by example, to continually improving what we do. It defines what colleagues can expect of one another and what patients should experience from Team DBTH:

We are:

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

We show:

- Attentive listening
- Integrity and honesty
- Courage and positivity

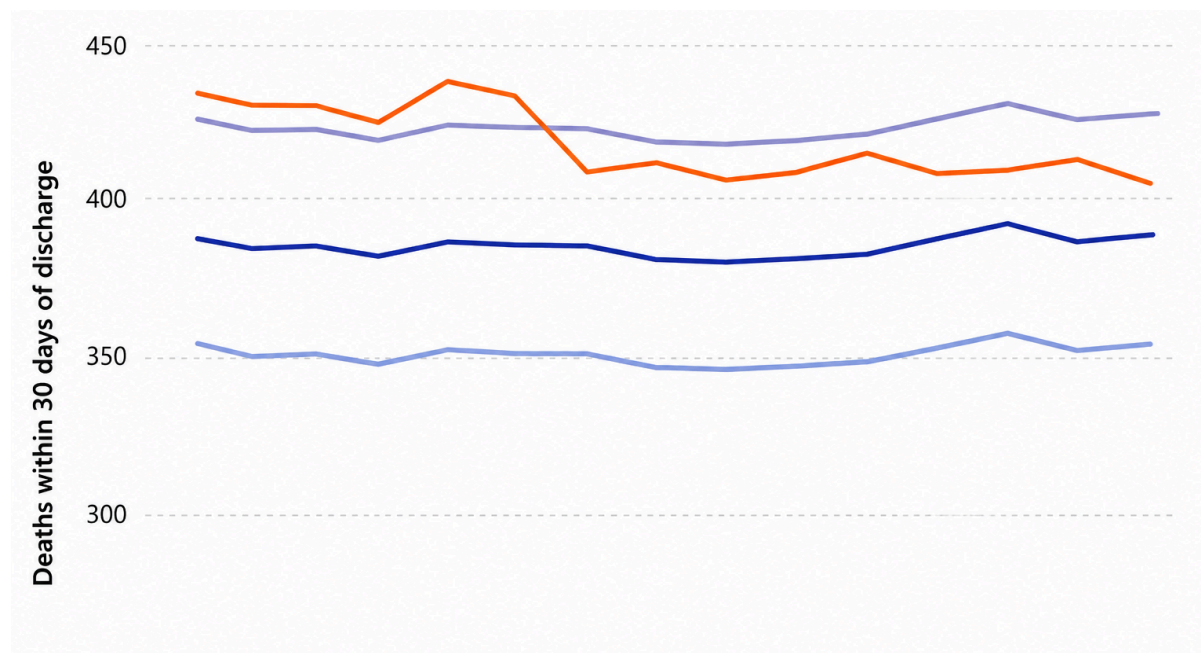
Together, our vision, values and behaviours create a shared culture that supports our colleagues and helps ensure patients receive safe, high-quality and compassionate care.

Quality Priorities

Following the transition of our Nursing, Midwifery and Allied Health Professionals (NMAHP) Strategy to a business-as-usual workplan model, four key quality priorities were identified for 2025/26.

Reduction of Hospital Acquired Pneumonia (HAP)

Pneumonia is now below the upper limit for predicted deaths associated with the condition and continues to show a downward trend.



Pneumonia has not appeared in the top five causes of death in the past 12 months, indicating a sustained improvement compared with previous years and providing clear assurance that clinical outcomes and preventative measures are being maintained and embedded.

Deliver effective mouth care training to colleagues involved in assessing and providing mouth care.

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Deliver effective mouth care training to colleagues involved in assessing and providing mouth care.

Consistent utilisation of the mouth-care assessment tool within Nervecentre reached 80.09% in February 2026, providing assurance of sustained adoption and enabling timely identification of need and targeted clinical intervention.

Ongoing mouth-care training continues to be delivered to all relevant colleagues, ensuring practice remains aligned with evidence-based standards and that colleagues maintain the competence required to provide safe, high-quality care.

Specialist programmes covering oral health assessment and mouth-care delivery have trained 99 colleagues over the past 12 months, strengthening capability and sustaining key competencies.

Between January 2024 and March 2026, 214 new HCAs completed the Foundations of Care training programme, demonstrating effective induction processes and robust preparation of the support workforce.

A new audit process assessing the availability and correct use of oral-care equipment - triangulated with mouth-care assessment compliance - has been established, with early pilot findings showing good compliance and a Trust-wide rollout planned.

Taken together, these measures provide strong assurance that the Trust has effective training, monitoring and governance arrangements in place to maintain high standards of oral care and ensure sustained compliance with evidence-based practice.

Pilot Ward

Date	Month	% patients with mouthcare documentation	% patients with the correct RAG rating	% actual mouthcare products present
17/07/2025	Jul 25	100%	0%	88%
31/07/2025	Jul 25	38%	0%	69%
15/08/2025	Aug 25	100%	0%	94%
19/08/2025	Aug 25	100%	0%	76%
27/08/2025	Aug 25	100%	0%	100%
01/09/2025	Sep 25	100%	0%	100%
10/09/2025	Sep 25	100%	0%	65%
19/09/2025	Sep 25	100%	0%	88%
23/09/2025	Sep 25	100%	0%	88%
02/10/2025	Oct 25	89%	0%	88%
07/10/2025	Oct 25	100%	0%	86%
15/10/2025	Oct 25	100%	94%	100%
07/11/2025	Nov 25	100%	88%	82%
21/11/2025	Nov 25	100%	100%	88%
25/11/2025	Nov 25	100%	94%	88%
05/12/2025	Dec 25	100%	88%	88%
Average		95%	93%	87%

Antimicrobial Prescribing

The IPC and Antimicrobial Stewardship (AMS) team undertook quarterly audits at random intervals to evaluate antibiotic prescribing against key AMS indicators. In some instances, the frequency of these audits was increased in areas where compliance did not meet local policy requirements. The composite audit score assessed a range of key AMS indicators across 41 wards, with a total of 905 patients included in the audit programme.

Fig. 1 - Documentation of a clear indication for antibiotic therapy results

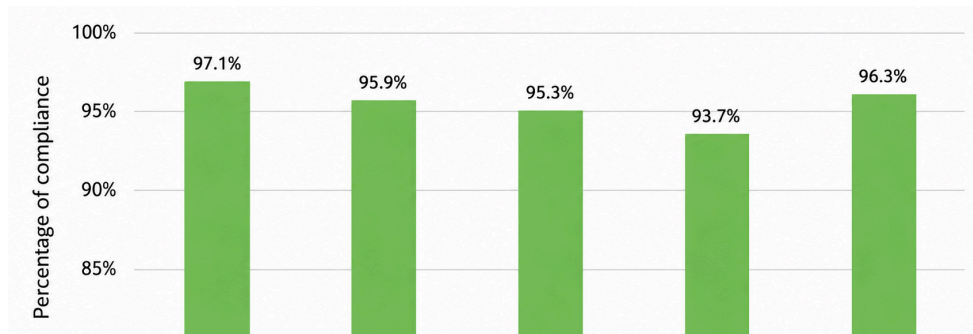


Fig. 2 - Documentation of a review

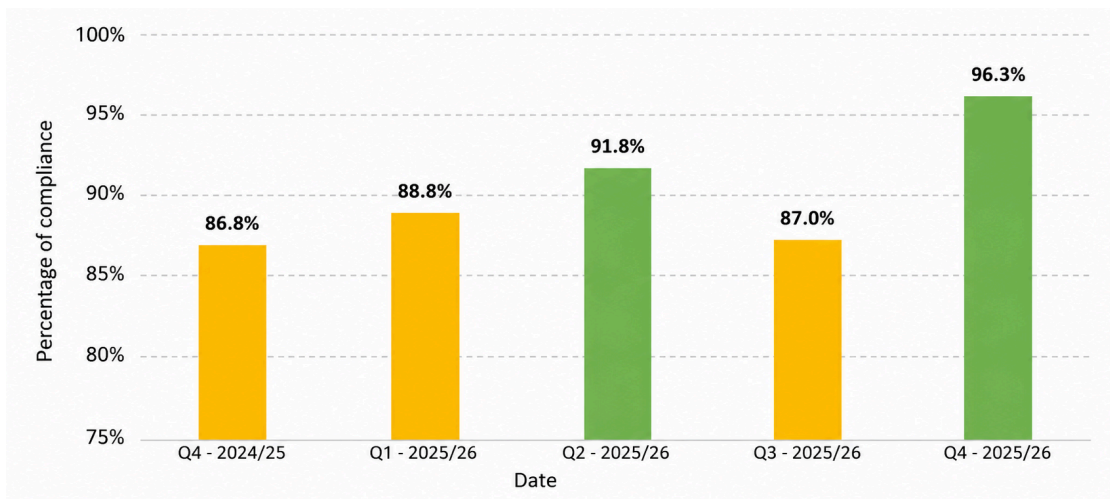


Fig. 3 - Evidence of a 48 to 72-hour antibiotic review

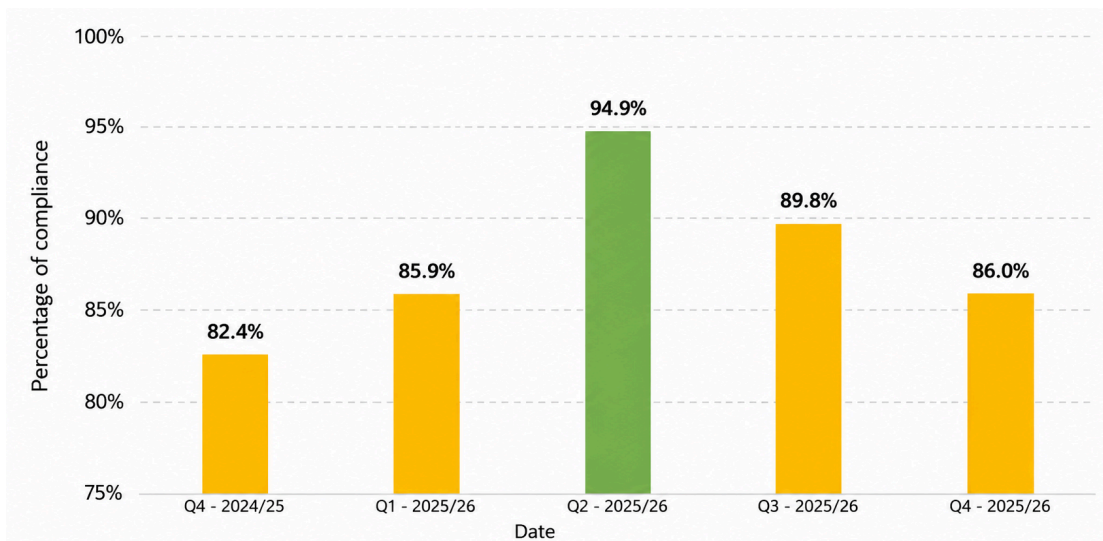
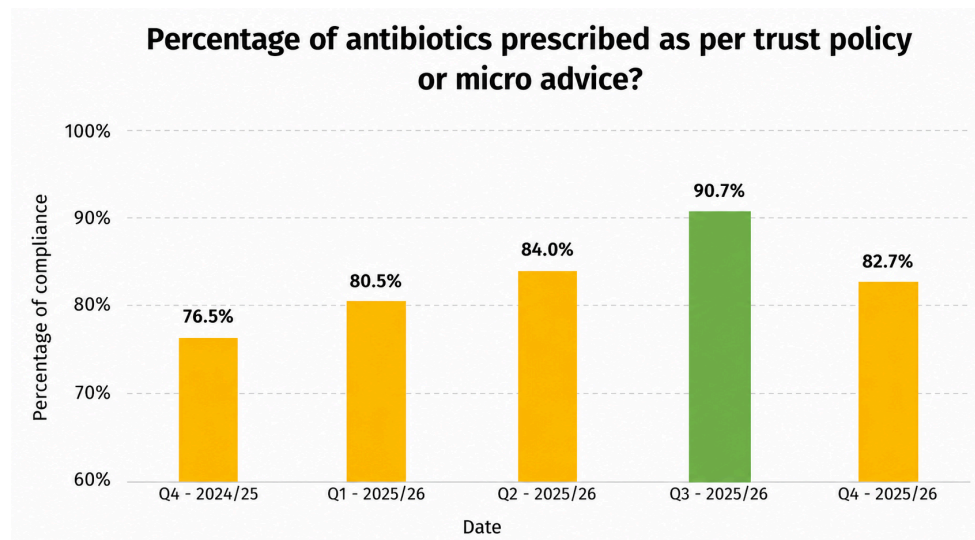


Fig. 4 - Antibiotic choice in accordance with local guidelines or microbiology advice



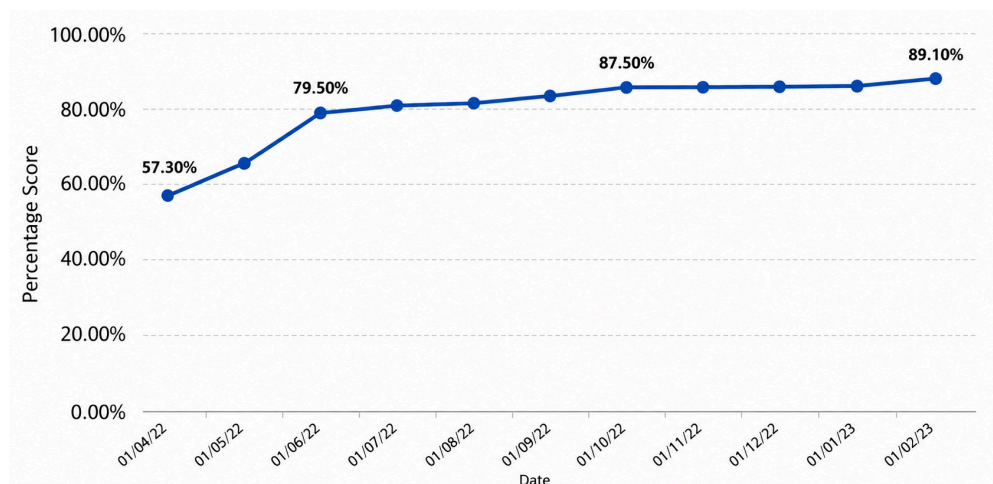
A pilot multidisciplinary team (MDT) meeting was established every Tuesday lunchtime in the Acute Medical Unit (AMU) to review all patients receiving antibiotics.

The MDT included Consultants in Infectious Diseases and Microbiology, AMU doctors, the AMU nursing team, the Antimicrobial Stewardship Nurse, Sepsis Nurse and Pharmacists. Recommendations were made regarding indication for use, dosage, course length, antibiotic choice, IV-to-oral switch and antibiotic cessation.

Quarterly audits were undertaken on four random dates to evaluate the impact of the regular MDT meetings on antibiotic prescribing practices.

Results

A total of 79 patients were included in the audits.



Overall compliance with Trust antimicrobial prescribing standards improved significantly from 57.3% to 89.1%, providing assurance that the strengthened MDT approach and targeted feedback are driving measurable and sustained improvement across key stewardship indicators.

Plans for sustainability

Maintain quarterly antibiotic audits by the IPC and AMS team across all ward areas, with performance reviewed through governance forums and actions tracked through to completion.

Ward areas will complete their own quarterly antibiotic audits across medical and nursing teams, with results submitted for review and supported improvement implemented where compliance falls below the required standard.

Continue ongoing education and feedback, including ward-level training days and formal governance reporting, to provide assurance that learning is embedded and sustained.

Explore updates to the e-learning package to strengthen standardisation and provide accessible refresher training for all prescribers.

Weekly AMU infection rounds are now embedded, providing routine specialist oversight and real-time challenge to prescribing decisions.

Quarterly AMS audits and feedback will continue to provide assurance of ongoing compliance and enable early identification and mitigation of any regression.

Ongoing education updates will maintain stewardship capability and ensure colleagues remain sighted on current risks, emerging resistance patterns and required controls.

The AMU model can be replicated across other departments, providing a scalable approach to strengthen hospital-wide antimicrobial stewardship and support sustained reduction in avoidable variation and resistance risk.

Compliance with Mental Capacity Act (MCA)

Ensure Trust colleagues across all disciplines have a clear understanding of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) responsibilities, achieve the required SET training competencies, and apply this knowledge to provide care for patients with mental capacity deficits within a lawful framework that meets their needs.

1. Colleagues will be clear on when to formally assess decision-specific mental capacity.
2. Colleagues will undertake mental capacity assessments that are robust and able to withstand scrutiny.
3. Colleagues will follow the MCA Code of Practice guidance when making decisions on behalf of patients who lack mental capacity.

SET training compliance for MCA training increased by 8.94%. The target of 90% is now within reach, with a current compliance rate of 86.45% achieved.

A total of 443 colleagues have received bespoke training on the MCA, Best Interests processes and Deprivation of Liberty Safeguards.

Daily Mental Capacity Assessments within Nervecentre are being completed consistently, with 100% of audited records containing a documented daily assessment. Quarterly audits of MCA documentation also demonstrate strong improvement.

	April 2025	July 2025	October 2025	Jan 2026
Use of MCA proforma	49%	33%	47%	55%
Evidence of Best interest process considered	68%	63%	82%	85%
Evidence of advocate consideration	51%	33%	85%	75%

The MCA questions included within the weekly audit continue to achieve scores above 90%, with the current average score standing at 96.98% across the two MCA audit questions.

A new standard narrative for the MCA element has been incorporated into relevant policies.

Regular Safeguarding Liaison meetings continue to take place across ward and departmental areas.

Trust approved proformas have been updated and made available within Nervecentre.

Updates have also been made to the daily Nervecentre assessment to support high-quality assessments relating to accommodation decisions and the fundamentals of care.

All workstreams for 2025/26 will continue as business-as-usual activity and will be monitored through the relevant governance forums on an exception basis, providing ongoing assurance that controls remain effective and improvements are sustained.

Overall Performance Overview and Analysis in 2025/26

As an organisation it is our goal 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 2025/26, average daily attendances to our Emergency Departments were 589, a 3.2% increase compared to the previous year.

In March 2026, 77.5% 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 2025/26 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.

Elective Care

Our focus in 2025/26 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 2026 we had virtually eliminated the longest waiting times in all but two specialties. In total we had 52 patients at the end of March 2026 waiting over 65 weeks.

By the end of 2025/26, 61.85% of our patients were treated within 18 weeks from referral, compared to 62.6% nationally:

- Diagnostics Waiting Times and Activity - 73.8% (March 2026 Performance)
- Cancer Faster Diagnosis Standard (FDS) - 83.3% (February 2026 Performance)

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 2025/26 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 2025/26, we achieved the faster diagnosis standard for 83.3% of our patients.

2025/26 Activity

During 2025/26 we continued to see high levels of demand across urgent, planned and maternity services:

- We cared for 235,192 emergency patients.
- We cared for 634,251 outpatients.
- We cared for 139,469 inpatients.
- We delivered 4,549 babies.

Compared to the previous year:

- Emergency attendances increased by 25,370, reflecting continued pressure on urgent and emergency care services.
- Outpatient activity increased by 83,210 appointments, demonstrating growing demand across a wide range of specialties and services.
- Inpatient activity reduced slightly by 1,157 patients compared to the previous year.
- The number of babies delivered reduced by 269 compared to 2024/25.

Quality Achievements in 2025/26

In 2025/26, Doncaster and Bassetlaw Teaching Hospitals (DBTH) made meaningful progress in delivering safe, exceptional and person-centred care. Against a backdrop of rising demand, workforce pressures and increasingly complex patient needs, we continued to strengthen the quality, safety and responsiveness of services across the organisation.

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

Urgent and Emergency Care

One of the most significant achievements was the improvement in Emergency Department (ED) performance, with 77% of patients admitted, transferred or discharged within four hours, despite a rise of more than 7,000 attendances. This reflects the continued efforts of frontline teams and investment in flow and urgent care redesign.

Cancer and diagnostics

Cancer care continued to evolve through redesigned pathways, faster diagnostics and wraparound support.

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

Elective recovery and orthopaedic excellence

The Mexborough Elective Orthopaedic Centre of Excellence (MEOC) achieved national accreditation for high-quality surgical care. Awarded by NHS England's GIRFT programme, the accreditation recognises the centre's exceptional clinical standards, patient safety and efficiency.

Winter resilience and Virtual Wards

Through an expanded Virtual Ward model and strengthened community partnerships, we supported more patients to receive high-quality care at home during the winter months. This helped alleviate pressure on inpatient services, reduce avoidable admissions and ensure a safe response to seasonal demand.

Embedding health equity

In 2025/26, tackling health inequalities became formally embedded as one of four strategic ambitions within our new Trust Strategy, Healthier Together, reflecting our commitment to ensuring that factors such as deprivation, ethnicity or place of birth do not determine a person's access to, or experience of, care. Our dedicated Health Inequalities team has continued to drive this agenda at pace.

A new governance structure was established this year, with a Health Inequalities Oversight Group providing a clear escalation route to the Executive Team and formal six-monthly reporting to the Board. All Board members have made personal Health Inequalities pledges, health inequalities impacts are now a required consideration within all Trust coversheets and business cases, and a Citizens' Panel has been established to bring lived experience voices into Trust decision-making.

Building colleague capability has been a major focus, with more than 7,200 colleagues completing Health Inequalities training through the Trust's Statutory and Essential Training programme, and more than 220 colleagues completing the more intensive Change Initiator Training. This training pyramid has been recognised as best practice by South Yorkshire Integrated Care Board, with plans to roll it out across all South Yorkshire acute trusts.

Alongside this, we developed an Equity Index, a data tool which scores equity across services by deprivation and ethnicity and a dedicated Did Not Attend (DNA) and Was Not Brought (WNB) dashboard, both designed to support targeted, evidence-based quality improvement interventions.

Key workstreams now underway include a fair waiting list pilot using the BEACON equity scoring tool, developed by Barnsley Hospital NHS Foundation Trust, targeted action to reduce DNA rates amongst underserved groups and an equity-focused programme to improve access to Women's and Children's services. Research and innovation also remain integral to our approach, with active NIHR-funded projects addressing perinatal mental health inequalities and maternity disparities.

Looking ahead to 2026/27, our focus will be on embedding these initiatives further, expanding the Change Initiator programme and implementing Equity Index tools across the Trust.

Enhancing patient experience

We continued to invest in the experience of those using our services, recognising that quality is about more than outcomes alone.

Seeking out patient voices

During 2025/26, we continued to focus on four specific community engagement campaigns relating to carer involvement, the Deaf community, partially sighted people and Special Educational Needs and Disabilities (SEND). This work was carried out alongside Healthwatch, local community partners and the South Yorkshire interpretation and translation services provider.

Patient experience and involvement project feedback

Accessible: Following funding support from DBTH Charity, we have continued our work with [AccessAble](#) to provide service users and visitors with improved accessibility information.

Fieldwork began in early 2026 across public and clinical areas, with resources due to become available via both the AccessAble and Trust websites. In addition to these resources, the Trust will receive an evaluation report setting out recommendations to further improve accessibility across our sites.

Interpretation and translation services: Following feedback from colleagues and patients, extensive work has been undertaken to improve interpretation and translation services across the Trust. The [CardMedic](#) translation solution has now been launched Trust-wide.

Alongside face-to-face, telephone and video interpretation services, CardMedic supports colleagues in overcoming communication barriers through access to a wide range of clinically interpreted interactions available in more than 200 languages, with the additional ability to switch content into easy-read formats.

The solution also enables easier access to on-demand telephone interpreters through direct links to the South Yorkshire interpretation provider. Twenty digital devices and portable stands, funded through DBTH Charity, will be distributed across all three sites to support colleagues in making effective use of current interpretation solutions and CardMedic.

Improved access to British Sign Language (BSL) interpretation services has also been enabled through the availability of these devices, alongside partnership working with the South Yorkshire language provider and Convo Now. This extended provision builds on the existing BSL translation support already used by DBTH.

The move to Convo provides patients, visitors and colleagues with instant access to BSL interpreters whilst accessing Trust services, simply by scanning a QR code. The service launched in February 2026, with interim web-link access already available for colleagues.

Friends and Family Test

The Friends and Family Test inpatient response rate did not consistently reach the key performance target of 20%, achieving an overall average of 17.1%. However, quarter four saw significant and sustained improvement across several areas over the three-month period, demonstrating an increased focus on obtaining patient feedback.

The A&E overall response rate also remained below the national best practice target of 10%. However, there was significant improvement at Bassetlaw Hospital, alongside month-on-month improvement throughout quarter four within Doncaster ED.

The number of outpatient responses continued to increase compared with previous years, supported by the ongoing use of text messaging, alongside paper and QR code-initiated surveys. Maternity response rates remained below both local and national averages, with development of a divisional improvement plan currently underway to strengthen engagement.

The contract with [I Want Great Care](#) was extended for a further 12-month period. There remains a continued focus and commitment to embedding a range of approaches to increase patient feedback response rates, enabling both service improvement and recognition of positive changes in care delivery.

Complaints

During the 2025/26 financial year, 639 complaints were reported to the Trust. This represented a 3% increase compared with 2024/25, when 620 complaints were reported. However, this still reflects a 14% reduction when compared with the year prior.

Volunteers

Volunteers remain integral to enhancing the quality of care provided to patients at DBTH and we continue to recognise and value the commitment and hard work of all volunteers across the organisation.

Recruitment of Patient Experience and Chaplaincy volunteers will continue throughout 2026/27, supporting improved accessibility for patients and visitors, alongside enhanced collection of valuable patient experience feedback.

Pressure ulcer prevention

Preventing avoidable harm remains a core focus of our quality improvement work and, during 2025/26, we saw the culmination of a multi-year programme to reduce hospital-acquired pressure ulcers (HAPUs) across DBTH.

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

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

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

Several targeted interventions supported this improvement, including:

- Implementing the national recommendations published from the National Wound Care Strategy Programme recommendations and categorisation tool for pressure ulcers.
 - Operational Policy for pressure ulcer prevention linked to Moisture Associated Skin Damage to meet the national requirements.
 - Implementing at risk care plans and intervention updated to meet the national requirements.
- Verification of suspected Category 2 and above hospital acquired pressure ulcer by the Skin Integrity Team, enabling timely and appropriate PSIRF process to be commenced.
- Focus on pressure redistributing equipment provisions being available in line with the average percentage of patients that are at risk of pressure ulcers, including mattress, heel offloading devices, and medical fixations devices.

Alongside these physical improvements, we also strengthened our learning and review processes. By applying the Patient Safety Incident Response Framework (PSIRF) to pressure ulcer investigations, we moved away from blame-focused analysis and adopted a more system-based and compassionate approach.

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

This work has been delivered through close collaboration between the Skin Integrity Service, nursing leadership teams, clinical educators and ward colleagues. While we are proud of the progress made, we remain committed to sustaining these improvements and ensuring the prevention of pressure ulcers continues to be recognised as a key marker of safe, compassionate and effective care across all services.

Patient Safety Alerts and Notices

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

During 2025/26, we maintained high levels of responsiveness and compliance across all categories of safety alert, ensuring timely action, audit and assurance processes were consistently delivered. This work is overseen by the Clinical Governance team in partnership with divisional safety leads and subject matter experts, forming a key part of the Trust-wide approach to risk management, patient safety and continuous improvement.

Safety Alert Performance Overview (2025/26)

- Nine National Patient Safety Alerts (NPSAs) issued by NHS England:
 - Seven fully actioned and closed with one exceeding expected timescales.
 - Two in progress and not due for reporting until 2026.
- 63 additional national alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA), UK Health Security Agency (UKHSA) and others:
 - 100% closed within required timeframes.
- 91 Field Safety Action Notices (FSANs) related to medical devices and equipment:
 - 100% completed.

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

During the year, teams across the Trust continued to demonstrate strong vigilance and coordination across specialties, ensuring alerts were not only actioned in a timely manner, but also used as opportunities to strengthen systems and reduce future risk. Examples included rapid responses to alerts relating to infusion devices, surgical safety and infection prevention measures, which led to policy updates, equipment checks and targeted communication campaigns.

Importantly, this work does not take place in isolation. The Trust's alert management process is now closely aligned with the wider Patient Safety Incident Response Framework (PSIRF) and complements the organisation's focus on proactive risk identification and system learning.

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

Clinical Audit and National Confidential Enquiries

Clinical audit remains fundamental to assuring the quality, safety and effectiveness of care for patients across Doncaster and Bassetlaw Teaching Hospitals (DBTH). By systematically reviewing clinical practice against nationally recognised standards, clinical audit enables the Trust to identify variation, highlight areas of good practice and drive targeted quality improvement initiatives. It is a core component of our commitment to continuous improvement, organisational learning and clinical accountability, and continues to underpin the delivery of our Trust-wide Quality Strategy.

During 2025/26, the Trust sustained strong engagement with national clinical audit programmes and the National Confidential Enquiries into Patient Outcome and Death (NCEPOD). Participation in these programmes ensures that our services are benchmarked against national standards and best practice, while also contributing to wider system learning and the ongoing improvement of patient care nationally.

Performance on National Audits and Enquiries

- 43 national clinical audits.
- Eight National Confidential Enquiry into Patient Outcome and Death (NCEPOD) enquiry reviews.
- 100% participation in all eligible national projects.

Participation in national clinical audits demonstrates the commitment of clinical teams across the Trust to improving quality and maintaining high standards of care. Where data submissions were incomplete, this was primarily due to project timing and changes to national reporting schedules. However, local measures were implemented to ensure improvement activity and oversight continued throughout the reporting period.

Key National Audits and Enquiries

The audits and reviews we engaged with during 2025/26 covered a wide range of specialties and high-impact areas of care, including:

- National Hip Fracture Database (NHFD) – assessing standards of care for older adults following hip fracture, including surgical timeliness, delirium screening and multidisciplinary rehabilitation.
- National Emergency Laparotomy Audit (NELA) – focusing on timeliness of intervention and perioperative care for patients undergoing high-risk emergency abdominal surgery.
- National Maternal, Newborn and Infant Clinical Outcome Review Programme – surveillance of maternal deaths.
- National Cardiac Arrest Audit (NCAA) – examining in-hospital cardiac arrest responses, escalation pathways and survival outcomes.
- National Heart Failure Audit.
- Learning from Lives and Deaths: People with a Learning Disability and Autistic People (LeDeR).

All local and national clinical audit results for 2025/26 were reviewed through the Trust's divisional governance processes, with DBTH committed to taking appropriate action to support continuous improvement in the quality of healthcare provided.

These audits supported local quality improvement activity, helping guide action plans, service discussions and targeted interventions. Some resulted in changes to documentation, training or service redesign, whilst others prompted further audit activity to assess compliance and address identified gaps.

Looking ahead, we will continue to strengthen internal audit governance arrangements, further integrate findings into quality improvement planning and ensure learning is shared openly across divisions. Clinical audit remains a vital tool in measuring performance and supporting our ambition to deliver outstanding care every time.

Learning from Deaths

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

During 2025/26, a total of 2,033 patients died across our hospital sites, including within the Emergency Department. All deaths were scrutinised by the Medical Examiner (ME) team.

Structured Judgement Reviews (SJRs) were requested for 225 cases, representing 11% of all deaths, a significant improvement from 6.8% in the previous year. Cases selected for SJR included:

- Referrals from the ME Team where concerns relating to care had been raised by colleagues or bereaved families.
- Cases where sepsis was identified as the cause of, or contributor to, death.
- SHMI outlier cases showing variation over time, including pneumonia, urinary tract infection, anaemia, and fluid and electrolyte disorders.

By the end of April 2026, 195 reviews had been completed. This improvement reflects an increase in the number of trained reviewers across the organisation. Going forward, it is expected that more reviews will be undertaken by divisions as part of wider mortality and morbidity activity. The introduction of an online SJR form in April 2026, linked directly to the Trust's clinical portal system, will further support this process.

However, it should also be recognised that SJRs are increasingly complex and time-consuming to complete, as they often require access to multiple electronic clinical systems and paper records.

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

Themes identified through SJRs this year highlighted a number of key learning opportunities, including:

- The need for more timely involvement of microbiology teams in cases of sepsis.

- Timely blood culture sampling, alongside prompt prescribing and administration of antibiotics in suspected sepsis.
- Ensuring timely referral to the Learning Disability Team for all patients with a learning disability.
- Ensuring escalation status is clearly documented for all patients.

Alongside areas for improvement, SJRs also identified examples of high-quality care, including:

- Excellent nursing documentation and effective use of assessment tools.
- Strong escalation of treatment and senior clinical involvement.
- Excellent communication with relatives, supported by clear documentation.
- Early recognition of ceilings of care, with timely initiation of end-of-life care measures.

Looking ahead: Priorities for 2025/26

As we move into 2026/27, our focus is firmly on building upon the progress made this year whilst continuing to respond to the evolving needs of our patients, colleagues and communities.

Informed by our refreshed Trust Strategy, *Healthier Together*, our new Three-Year Plan, and the learning identified throughout this Quality Account, we have identified a set of key priorities that will guide improvement and delivery over the year ahead.

These priorities are designed to strengthen quality, safety, equity and sustainability across all areas of our services, whilst supporting our long-term ambition to become a leading University Teaching Hospital recognised for delivering safe, exceptional and person-centred care every time.

Our key priorities for 2026/27 are:

Improving elective access and reducing long waits

We will continue to focus on recovering elective activity and reducing waiting times, particularly for patients who have waited the longest for treatment. This includes increasing theatre productivity and day-case activity, optimising outpatient pathways, reducing unnecessary follow-up appointments and expanding the use of Community Diagnostic Centres and community-based services to provide earlier, more convenient access to care. Over the next three years, we also aim to eliminate 52-week waits and restore Referral to Treatment performance in line with national standards.

Strengthening urgent and emergency care

Building on the improvements made during 2025/26, we will continue to improve Emergency Department flow, reduce ambulance handover delays and strengthen patient flow across all hospital sites. This will include further expansion of Same Day Emergency Care, Virtual Wards and discharge improvement initiatives to help patients receive the right care, in the right place, at the right time. We will also continue work to improve four-hour performance and reduce the longest waits within urgent and emergency care services.

Expanding cancer and diagnostic services

We remain committed to improving cancer performance standards, including the 62-day and Faster Diagnosis standards. This will be supported through continued investment in diagnostic capacity, pathway redesign and stronger partnership working to ensure patients are diagnosed and treated as quickly as possible. Expanded imaging, diagnostics and community-based testing services will continue to play a key role in supporting earlier diagnosis and reducing delays.

Delivering more care closer to home

Over the coming year, we will continue developing community and town-centre services to improve convenience and accessibility for patients. By providing more outpatient, diagnostic and pre-operative services closer to where people live, we aim to reduce unnecessary travel, improve patient experience and allow our acute hospital sites to focus on more specialist and urgent care activity.

Improving productivity and financial sustainability

Ensuring long-term financial sustainability remains essential to protecting patient care and investing in our future services. During 2026/27, we will continue delivering productivity and efficiency improvements across theatres, diagnostics, outpatient services, procurement and workforce management, ensuring all improvements are supported through robust quality impact assessment and governance processes.

Supporting colleagues and strengthening culture

We will continue to invest in leadership, colleague development and organisational culture through the DBTH Way and wider cultural improvement programmes. This includes strengthening visible leadership, supporting colleagues through change, promoting civility and continuous improvement and ensuring teams feel valued, supported and equipped to deliver high-quality care.

Reducing health inequalities

Addressing health inequalities will remain a core strategic priority throughout 2026/27. We will continue embedding equity into decision-making, service design and quality improvement activity through the expansion of our Equity Index tools, targeted interventions for underserved groups and continued development of our Health Inequalities training and Change Initiator programmes.

Strengthening digital transformation and innovation

We will continue to expand digitally enabled services and improve access to patient information across clinical pathways. This includes supporting digital-first models of care, improving data visibility and using innovation, research and technology to support safer, more efficient and more personalised care delivery.

Our 2026/2027 Quality Priorities

A Trust-wide survey was launched in early 2026 (open for two months) giving opportunities for our people to shape the quality priorities for 2026/2027.

Following a review of the feedback and triangulation of complaint and incident themes by the senior nursing team in conjunction with the Chief Nurse and Acting Executive Medical Director the following quality priorities have been agreed for 2026/2027.

1. Pain Assessment, Management and Monitoring (Ensure pain is assessed consistently and managed effectively for all patients).
2. Anti-Microbial Resistance/Stewardship priorities (Reduce Total Antibiotic Consumption, Diagnostic Quality & Blood Culture Compliance and Strengthen AMS Workforce & Clinical Capability).
3. Recognition of the Dying Patient (Improve early identification, clear communication and holistic support for patients approaching end of life).
4. Controlled Drugs Management (Strengthen the safe handling, administration, storage, documentation, and governance of controlled drugs to minimise risk and ensure full regulatory compliance).

Statements of Assurance

Participation in clinical audits

During 2025/26, 42 national clinical audits and eight national confidential enquiries covered services provided by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. During this period, the Trust participated in 100% of the national clinical audits and 100% of the national confidential enquiries for which it was eligible to participate.

The national clinical audits and national confidential enquiries in which Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust participated, and for which data collection was completed during 2025/26, are listed below, alongside the number of cases submitted to each audit or enquiry as a percentage of the total number of registered cases required.

The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust was eligible to participate in during 2025/26 are as follows:

Trust participation	Data collection completed during 2024/25	% of eligible cases submitted
BAUS Data and Audit Programme	Yes	100
Breast and Cosmetic Implant Registry	Yes	100
British Spine Registry	Yes	100
Case Mix Programme (CMP)	Yes	100
Child Health Clinical Outcome Review Programme	Yes	100
Emergency Medicine QIPs	Yes	100
Epilepsy12:National Clinical Audit of Seizures and Epilepsies for Children and Young people	Yes	100
National Falls & Fragility Fracture Audit Programme	Yes	100
Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	Yes	100

Trust participation	Data collection completed during 2024/25	% of eligible cases submitted
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	100
Medical and Surgical Clinical Outcome Review Programme	Yes	100
Myocardial ischaemia National Audit Programme (MINAP)	Yes	100
National Audit Diabetes	Yes	100
National Audit of Cardiac Rehabilitation (NACR)	Yes	100
National Audit of Cardiac Rhythm Management (NACRM)	Yes	100
National Audit of Care at the End of Life	Yes	100
National Audit of Dementia	Yes	100
National Bariatric Surgery Registry (NBSR)	Yes	100
National Cancer Audit Collaborating Centre (NATCAN):	Yes	100
National Cardiac Arrest Audit (NCAA)	Yes	100
National Hip Fracture Database	Yes	100
National Early Inflammatory Arthritis Audit	Yes	100
National Emergency Laparotomy Audit (NELA)	No	Not 100%. Exact figures available when report published
National Gestational Diabetes Audit 2025	Yes	100

Trust participation	Data collection completed during 2024/25	% of eligible cases submitted
National Heart Failure Audit (NHFA)	Yes	100
National Joint Registry	Yes	100
National Kidney Cancer Audit (NKCA) NATCAN	Yes	100
National Major Trauma Registry Network	Yes	100
National Lung Cancer Audit (NLCA)	Yes	100
National Maternal, Newborn and Infant Clinical Outcome Programme: Surveillance of maternal deaths	Yes	100
National Non Hodgkin Lymphoma Audit (NNHLA)	YES	100
National Obesity Audit	No	On
National Pregnancy in Diabetes Audit	Yes	100
National Respiratory Audit Programme ((NRAP)	Yes	Not 100%. Exact figures available when report published
National Vascular Registry	Yes	100
Perioperative Quality Improvement Programme (PQIP)	Yes	100
Sentinel Stroke National Audit Programme	Yes	100
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Yes	100

Trust participation	Data collection completed during 2024/25	% of eligible cases submitted
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	100
UK Parkinson's Audit	Yes	100
UK Renal Registry Chronic Kidney Disease Audit	Yes	100
UK Renal Registry National Acute Kidney Injury Audit	Yes	100

Participation in Clinical Research

We remain committed to becoming a leading centre of research excellence, enhancing both patient care and workforce development. In 2025/26, we successfully delivered against Year 2 of our strategic Research and Innovation delivery plan (2023-2028), which integrates seamlessly with our broader organisational goals, including the Clinical Quality, People and Health Inequalities strategic delivery plans. This alignment has reinforced our objectives, fostering the growth of research talent and innovation leadership across our organisation.

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 health and care professionals alongside medical colleagues. This framework, alongside the strategic R&I delivery plan, has led to considerable growth in research capabilities and expertise within our workforce.

Commercial research has grown by 10% in 2025/26 (eight new studies opened with three due to open) following strategic funding of almost £80K through the National Institute for Health and Care Research (NIHR) Regional Research Delivery Network (RRDN). The benefits of commercial research are significant; clinical trials of novel treatments allow patients access to treatment options not available on the NHS, bring income generation opportunities and support cost savings to NHS organisations and patients through the cost of expensive drugs and patient visits being covered by Pharma.

In the area of maternal and child health, we continue to make significant strides. The Born and Bred in Doncaster (BaBiD) research study has reached 5,249 recruits, with 1,871 new participants (mothers and babies) annually. Our ongoing collaboration with Sheffield Hallam University continues to strengthen in this area, identifying inequalities in maternity care with a view to developing potential interventions. We are also supporting two NIHR-funded projects tackling maternal health disparities, in collaboration with the University of Sheffield, City of Doncaster Council and Bournemouth University.

We again met our annual contract requirements with the NIHR RRDN, receiving commendations for patient recruitment across a wide range of studies, demonstrating our inclusive approach.

Among our notable achievements is the expansion of Rheumatology research, with clinical trials evaluating new treatments for patients with systemic lupus erythematosus (SLE). To support the growth of our clinical capabilities and improve access to research opportunities for our communities, the Clinical Research Hub opened in September 2025 and has offered dedicated clinical space for patients on Rheumatology, Gastroenterology, and Dermatology research studies. We are in the process of implementing Vascular research clinics and exploring opportunities for Paediatric research. Funding from the NIHR has been awarded to deliver Phase 2 of the Clinical Research Hub, which will further enhance our ability to deliver different types of clinical trials.

Our research portfolio continues to grow, with us expanding 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 a collaborator, alongside Manchester and Sheffield NHS Trusts, on the NIHR/EPSRC £6 million award to redesign healthcare for patients with multimorbidities. The programme aims to use innovative approaches such as systems engineering and digital twins to improve the health and wellbeing of people living with multiple long-term conditions.

We have also engaged in the development of South Yorkshire Health Partners (formerly the South Yorkshire Academic Health Partnership). An Academic Health Partnership is a collaboration between academic, health, and care organisations aimed at collaborating in research, attracting investment, and transforming the health and wellbeing of our population. Additionally, we remain a key partner within the South Yorkshire and North Nottinghamshire Integrated Care Boards, contributing to regional research and innovation strategies.

Our work with the Public Involvement and Community Engagement (PICE) group, hosted by the Doncaster Health Determinants Research Collaborative, is a key part of our public involvement approach and helps shape and prioritise our research and innovation activities. For example, as we develop and deliver programmes aligned to the three key shifts, the voice of our communities has shaped our approach to research and innovation involving AI, machine learning, and digital technologies.

Furthermore, we have engaged with The Carr Fenton Foundation (formerly the Doncaster Deaf Trust) to develop initiatives to increase access to research for the Deaf community. We continue to work closely with Ethnic Minority Research Inclusion (EMRI) to reduce inequalities relating to access to research.

We are 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.

Statements from the Care Quality Commission (CQC)

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

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has actively engaged with The Care Quality Commission during the reporting periods as part of routine engagement activity. The Care Quality Commission were invited into our Maternity, Emergency and Urgent Care Services and Children and Young People services to carry out a number of colleagues' listening events.

In December 2025, the Care Quality Commission undertook an inspection of our Urgent and Emergency Care services at Doncaster Royal Infirmary. The report was published in May 2026 The inspection report identifies some areas for improvement and a programme of work is in place to address these. Progress against this programme is reported to the Trust's board in-line with the governance and control processes.

The Care Quality Commission issued a section 29a warning notice following this inspection.

The Care Quality Commission action plan from the inspection in across Trust sites in August and September 2023 has been completed

The Trust overall is rated good in the 'caring' domain, whilst safe, effective, responsive and well-led remain as requires improvement.

Rating for acute services/acute trust

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

Clinical Coding Error Rate

In line with the DS&P requirements the Trust has undertaken clinical coding audits (diagnoses and procedure coding) during 2024/2025 which resulted in the Trust achieving the Expectations Exceeded level (the highest level attainable). The combined results of the audits were:

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

Criterion	DS&P Advisory Level	DS&P Mandatory Level	Doncaster and Bassetlaw Teaching Hospitals
Primary diagnosis correct	>=90.0%	>=90.0%	98.0%
Secondary diagnosis correct	>=90.0%	>=80.0%	98.83%
Primary procedure correct	>=95.0%	>=90.0%	100%
Secondary procedure correct	>=90.0%	>=80.0%	99.55%

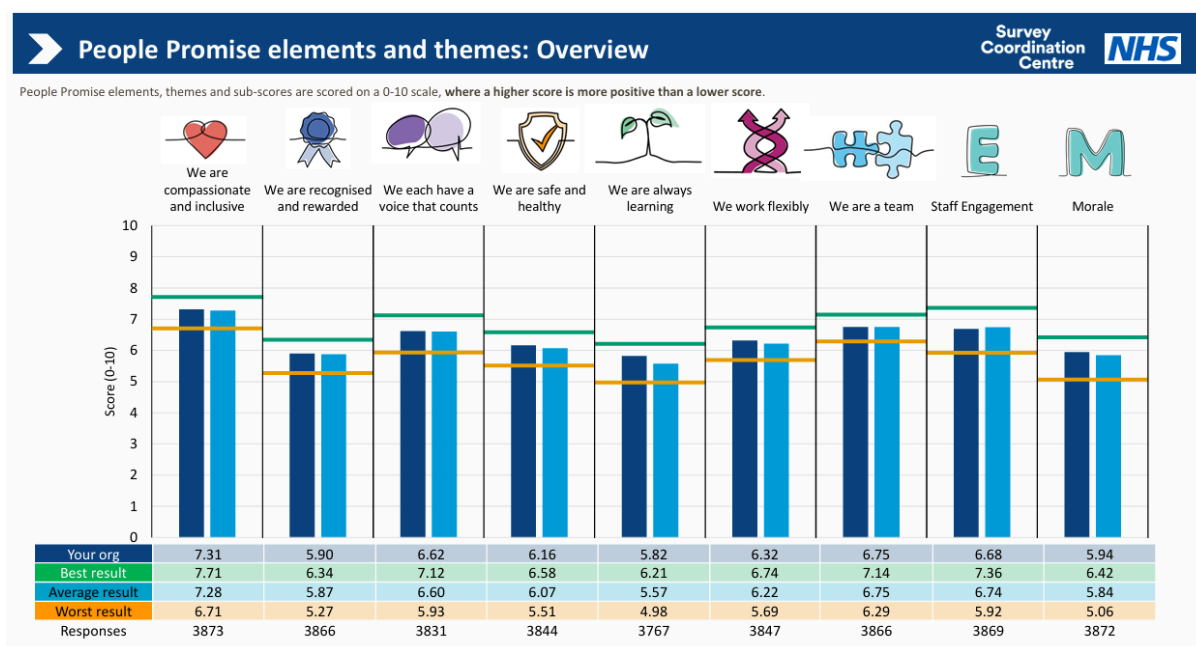
NHS Staff Survey

The NHS colleagues Survey is conducted annually and aligns with the NHS People Promise, focusing on the experiences of colleagues across seven themes, alongside the areas of colleagues Engagement and Morale. All indicators are scored out of 10, based on the average responses to a series of related questions.

The response rate to the 2025 survey among colleagues at DBTH was 54%, with 3,879 completed questionnaires. This remained above the national median response rate for comparable organisations, which was 47%.

On behalf of the Board of Directors, we would like to thank every colleague who took the time to complete this year's NHS colleagues Survey. Your feedback continues to play a vital role in helping us understand where we are performing well and where we need to improve.

The survey results continue to shape our People priority within the Trust Strategy and support the ongoing development of the DBTH Way. They help ensure we continue building a culture where colleagues feel valued, supported and empowered to deliver exceptional care.



What we're doing well

This year's results highlighted several areas of strength across the organisation:

Compassionate and inclusive culture: DBTH scored above the national average in the People Promise theme 'We are compassionate and inclusive', with particularly strong results around diversity, equality and compassionate leadership. Colleagues continued to report that they feel their role makes a difference to patients and service users.

Supportive leadership and line management: Results relating to immediate managers remained positive, particularly around listening, understanding challenges and supporting colleagues with problems at work. Line management scores improved again this year and remain above the national average.

Flexible working and work-life balance: The Trust continued to see improvements in flexible working and support for work-life balance, with scores improving year-on-year since 2021 and remaining above the sector average.

Learning and development: Opportunities for development and appraisal discussions continue to improve, with appraisal scores increasing for the fifth consecutive year. Colleagues increasingly feel supported to develop their skills and careers at DBTH.

Teamworking and engagement: Teamworking and colleagues engagement remained strong overall, with colleagues continuing to report positive working relationships within teams and a strong sense of motivation in their roles.

Where we need to improve

Alongside the positives, the survey also highlighted areas where further work is needed:

Recognition and reward: While scores improved slightly this year, recognition and reward remains one of the lower-scoring themes. We recognise the importance of ensuring colleagues feel appreciated and acknowledged for the work they do every day.

Speaking up and involvement: Although results around autonomy and involvement remain broadly positive, scores linked to raising concerns declined slightly this year. We want all colleagues to feel confident that their voice matters and that concerns will be listened to and acted upon.

Workload, burnout and wellbeing: Pressures across the NHS continue to impact colleague wellbeing. Burnout and work pressure scores remain areas of challenge both locally and nationally and we will continue strengthening our wellbeing support and promoting healthy working environments.

Advocacy and morale: While overall morale remained slightly above the national average, some indicators relating to advocacy and recommending the organisation as a place to work declined compared to previous years. This remains an important focus as we continue improving colleague experience.

Inclusion and respect

Although DBTH continues to perform well in diversity and equality measures overall, some indicators relating to feeling valued, respected and included within teams showed small declines this year. Strengthening inclusive cultures across all teams remains a key priority.

Conclusion

The 2025/26 year has been one of meaningful progress, continued challenge and enduring commitment across Doncaster and Bassetlaw Teaching Hospitals. In a healthcare landscape shaped by rising demand, workforce pressures, increasing clinical complexity and continued operational strain, colleagues across Team DBTH have continued to rise to the challenge, delivering safe, person-centred care whilst also driving forward long-term transformation and improvement.

This Quality Account reflects a year in which we not only sustained high standards of safety, effectiveness and compassionate care, but also strengthened the foundations needed to support the future sustainability and resilience of our services. From reducing hospital-acquired pressure ulcers and embedding the Patient Safety Incident Response Framework (PSIRF), to strengthening antimicrobial stewardship, improving mortality review processes and expanding Virtual Wards and Community Diagnostic Centres, we have continued to make measurable progress across a wide range of priorities.

We are proud of the advances made in clinical effectiveness, patient safety, audit participation, health inequalities, digital transformation and patient engagement, all of which reflect a maturing culture of continuous improvement, accountability and learning. During the year, we also continued embedding our Nursing, Midwifery and Allied Health Professionals (NMAHP) Strategy into business-as-usual practice, whilst strengthening how we listen and respond to the voices of patients, carers and communities.

This year also marked a significant step forward in our approach to tackling health inequalities. Through the introduction of new governance arrangements, colleague training programmes and innovative tools such as the Equity Index and BEACON waiting list work, we are increasingly ensuring that service improvement is informed by the needs of the diverse communities we serve.

At the same time, we recognise there remain areas where further improvement is needed. Pressures across urgent and emergency care, elective recovery, colleague wellbeing and operational performance continue to present significant challenges. However, these are not areas we shy away from. They are recognised priorities, supported by clear plans, strong governance and a continued commitment to openness, learning and improvement.

Looking ahead to 2026/27, our strategic direction remains clear. We will continue focusing on improving access to urgent and planned care, reducing inequalities, strengthening productivity and sustainability, supporting colleagues through change and further embedding the DBTH Way across our organisation. Alongside this, we remain committed to progressing our ambition to become a leading University Teaching Hospital, where excellence in care, education, research and innovation are fully integrated.

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

Together, we are continuing to build a stronger, more responsive and more inclusive healthcare service, one that reflects the very best of our people, partnerships and shared ambition to deliver safe, exceptional and person-centred care every time.