



## Organisational update



### Finance update:

The Trust's year-to-date position is £7.4m deficit - around £64k behind target. Our overall goals for 2018/19 is a deficit of £6.6m therefore we must deliver a better than break-even position for the remaining months of the financial year. The message to the entire team remains the same- we must make the best use of every penny spent.

### CQC Inspection:

As you will be aware the Trust was rated 'Good' for 'Well-Led', 'Responsive' and 'Caring' by the CQC, with an overall 'Requires Improvement' score for the Trust. I am pleased that we have enhanced some aspects of our care and service since the previous inspection but still understand that we can be better in some areas. It is our ambition as a Trust to reach CQC 'Outstanding' by the next visit, and plans are currently being written up to outline how we intend to get there. I will keep you updated on what this means for you and your service in the coming weeks.

### Giving Quality Improvement (QI) a boost

The Trust was one of only seven in the country successful in applying to an NHS Improvement programme which will help us improve our approach to Quality Improvement (QI). In short, this will mean further support, development and standardisation in how we approach and deliver QI. To kick-start this programme, we will work with Trauma and Orthopaedics in September, looking at how we can improve the service for the better. Further updates will be available in the Buzz highlighting this exciting journey.

### PLACE and Seven-Day Assessment

I am pleased to share with you that the Trust has improved its average scores in all six categories reviewed under the Patient-Led Assessments of the Care Environment (PLACE). As the lowest scoring NHS provider in the region last year, we are now the best and are now performing even better than the national standard. I want to thank you for your involvement in this achievement.

On a related theme, I recently received a letter from NHS England and Improvement congratulating us on our excellent seven day service staff survey results. We met all four standards, which is a fantastic result. Once again, thank you.

### Change in Care Group structure:

We have been very busy with our impending structure change, moving from six Care Groups to four Divisions. The directors of the latter have now been appointed, and we are well on the way to finalising this process with only a few posts now going through a recruitment process. We will communicate the revised structure as soon as we can so please watch out for this.

### Clinical Admin Review comes to an end:

The review has now come to an end, and we're entering a period of consultation. Further information on the process can be found at [www.dbth.nhs.uk/clinicaladmin](http://www.dbth.nhs.uk/clinicaladmin). Personally, I want to thank everyone involved or influenced by its remit for their patience throughout.

### Flu season is coming:

It's that time of year again when we ask our clinicians and medics to roll-up their sleeves and get their flu jab. It's our goal to vaccinate 80% of front-line team members this year. Further details will be in the Buzz.



## ICS update



### Appointment to Deputy Medical Director position:

As mentioned by Richard within this newsletter regarding our organisational structure, we have taken the opportunity to bolster the medical team, adding a new Deputy Medical Director.

I am pleased to announce that Gillian Payne has been appointed Deputy Medical Director for Efficiency and Effectiveness.

In this new role, Gillian will work closely with Jon Sargeant, Director of Finance, and I, implementing schemes such as 'Getting it Right First Time (GIRFT)', 'The Model Hospital' as well as other patient-level costings.

Gillian has been a valued member of the team for a number of years and I hope you will join me in wishing her the best of luck in this new position.

### Integrated Care System (ICS) to launch in October:

The ICS will officially launch in October. Our Communications and Engagement team are working closely with their counterparts within the new organisation and any communications will be shared when they are available in the Buzz, our external website as well as within this newsletter.

### Richard is appointed as System Lead for ICS

I am pleased to share with you the news that Richard Parker has been appointed System Lead for Integrated Assurance and Improvement within the ICS.

This role is part-time and one-day-a-week, and will function as a secondment. Richard will continue to lead our organisation, with Deputy Chief Executive David Purdue stepping-up as necessary, with support from myself and the Executive Team.

In this position, Richard will focus upon developing an assurance and improvement process for the ICS, enhancing the relationships between the partnership and its various regulators. Having our Chief Executive lead this work is extremely advantageous for the Trust and will ensure we remain a key and crucial partner in the ICS.

Richard will commence in post from September 2018. Again, I hope you will join me in wishing him the best of luck.

### Hyper Acute Stroke Unit (HASU) judicial review outcome:

In June, the judicial review on the proposed changes to Hyper Acute Stroke Services in the region came to an end.

As you may remember, an individual challenged the ICS' original decision in 2017 due to a perceived failure to 'carry out a meaningful and lawful consideration with the joint Health Overview and Health Scrutiny Committee' and also 'a failure to take into account those people responding to the telephone survey did not have the proper information from which they could form a view'.

These two challenges have been rejected by Mrs Justice Whipple, the judge overseeing the case. As a result, the ICS will now commence with the implementation of the HASU service changes.

We will update you on their progress and share any communications as and when they are available.