



## Organisational update



### Finance update:

I am pleased to announce that the Trust has met its control total of £16.4 million, deficit. This is the result of a lot of hard work from every member of Team DBTH. Meeting our control total for this financial year means that we will start in a better position for 2018/19. In the new financial year, it's vital that we continue to think about every penny that we spend.

### CQC Inspection feedback imminent:

Following the completion of our CQC inspection in December and January, we have received preliminary feedback from the auditing body. This is still subject to change and we will be able to announce the results of the inspection in May.

### Update on Wholly Owned Subsidiaries (WOS):

A WOS is an organisation set-up externally to an NHS Foundation Trust, but still within the trust's ownership. In doing this, trusts have reported flexibility around terms and conditions, greater income generation, wider prospects in areas like apprenticeships, opportunities around procurement and tendering, as well as being able to reduce tax costs.

In March, a discussion was held by DBTH directors on the theory, opportunities and risks of setting up a WOS. Union representatives were invited to attend and engaged in this discussion, expressing their views on this matter. As an exploratory session, the organisation's position remains unchanged and no decisions have been made regarding taking a WOS forward and no preferences expressed.

### Trust accepted onto 'Lean Programme':

I am pleased to announce that we have been selected as one of seven trusts to work together as part of NHS Improvement's 'Lean Programme'. The focus of the programme is on delivering results patients will see and feel. This will be achieved using QI and 'lean' methods to empower staff and patients to improve processes and ways of working, and to improve the care we provide. Trusts involved in similar programmes have seen significant improvements in patient feedback and staff engagement.

### Change in Care Group structure:

In the coming weeks, we intend to reorganise our Care Group structure down from six to four. The proposed structure will be: Medical Services, Clinical Support Services, Surgical Services and Women's and Children's Health Services.

### Lunchtime meetings:

These are small meetings (of no more than six of us at one time) to provide the opportunity for you to raise suggestions, challenges and concerns. Below is a list of dates and times across Doncaster and Bassetlaw. Please can you confirm your attendance at your meeting of choice with Angela O'Mara by calling 644153 or emailing [a.o'mara@nhs.net](mailto:a.o'mara@nhs.net). If there is high demand I will endeavour to set up more at convenient times:

- **9 May**, BH, 1 to 2.30pm
- **25 May**, DRI, 12 to 1.30pm
- **11 June**, BH, 11.30 to 1pm
- **18 June**, DRI, 12.30 to 2pm



## ACS update



### Introducing the new Deputy Medical Director:

Before going on to update you about partnership work within the region, I would like to take this opportunity to announce the appointment of our new Deputy Medical Director for Professional Standards, Tim Noble.

I would like to extend my sincere thanks and gratitude to Richard Harris, who has lead us very capably through the first revalidation cycle and is now stepping down from this role.

I'm sure you will join me in wishing Tim the very best in his new role. In order to facilitate induction into post, there will be a short overlap period between Richard leaving post and Tim taking over.

### Update on the review of hospital services:

The Hospital Services Review (HSR) report is due for publication Tuesday 8 May. Once we have sight of this report, we will ensure that the findings are communicated to all staff.

We intend to visit all services under the remit of the HSR to explain what the findings mean for the Trust and what the next steps will be. The dates and times of these visits will be coordinated with Care Group Directors and General Managers and communicated ahead of time.

### Hyper Acute Stroke Unit (HASU) and potential for judicial review:

Since the decision to change the way HASU are provided across the region was made last year, a Barnsley resident has challenged the decision and is seeking a judicial review.

There are two areas where the individual believes the decision was flawed. First, a failure to carry out meaningful and lawful consideration with the Joint Health Overview and Scrutiny Committee and second, a failure to take into account that those people responding to the telephone survey did not have proper information on which to form a view.

There are two ways a commissioning decision can be overturned.

One is through the local health overview scrutiny arrangements when the committee refers to decision to the Secretary of State (usually one local authority where the decision affects a single town or city's population though in our case, we have a joint scrutiny committee representing all the local authorities in our region). The Joint Overview and Scrutiny Committee has not referred the decision to the Secretary of State.

The second is a judicial review, which is a challenge to the legality of the decision through the courts.

The ACS' solicitor advises that plans can continue for the proposed changes but as proceedings have started, any actions which can't be undone if we are unsuccessful cannot be undertaken. There are a number of routes that could be taken by the judicial review with varying timelines.

A best case scenario would mean the work to implement the decision could continue from late Autumn but it is more likely to be the end of the year.