1. Executive Team

Particular attention is drawn to:

i) Visit by NHS Improvement (NHSI) Executive Medical Director, Dr Kathy MacLean.

ii) Scoping of potential colocation of Paediatric Cardiac Surgery with Children’s Services at the Great North Childrens Hospital (GNCH) with associated strategic considerations.

iii) Strategic consideration of the Intensive Care Unit (ICU)/Burns Unit realignment at the Royal Victoria Infirmary (RVI).

iv) Engagement and collaboration with neighbouring Trusts to facilitate improvement and rationalisation of appropriate patient pathways.

v) Continuing to prioritise safety and quality issues in determining strategic and more immediate clinical requirements – to include upgrade and modification of the Spinal Surgery Unit on Ward 42, RVI.

vi) ‘Sign up to Safety’ work stream progress.

vii) Seven day services assessment.

viii) Discussions around the future strategic direction and management of the Institute of Transplantation.

ix) Involvement with Northumberland Tyne & Wear (including North Durham) Sustainability and Transformation Plan (STP).

x) Continuing to address ‘Winter Pressures’ and subsequent implications for waiting times, patient flow and elective work throughput.

xi) Prioritising continuing attention to quality and patient safety matters in order to maintain and enhance the Care Quality Commission (CQC) ‘outstanding’ status of the Trust.

xii) Control Total update and implications thereof.

xiii) Progress in contract negotiations 2017/18 and 2018/19 (local and national).

xiv) Further realignment of the Capital Investment Programme 2017/18 to reflect the strategic requirements of the Trust.

xv) NHSI Quarterly Review Meetings.
xvi) Global digital technology fund bid.

xvii) Utilisation of the Education and Culture Centres at the RVI.

xviii) Review of parent accommodation.

xix) Academic Health Science Network involvement.

x) President of Royal College of Surgeons – Prof Derek Alderson.

xxi) Getting it right first time programme (GIRFT), designed to reduce unwarranted variation in the NHS.

xxii) Development of Accountable Care Organisations (ACOs).

xxiii) Sign up to Statement of Intent around partnership working between NuTH, Northumberland Tyne and Wear NHS FT, Newcastle City Council, Gateshead Council and Gateshead Healthcare NHS FT.

2. Key Impact Documents/Statements from Government/Regulators/Advisory Bodies/ Others

(i) Tackling Bullying in the NHS – A collective call to action - Social Partnership Forum

Calling for a collective ‘call to action’ to create and manage a positive culture in all organisations and ensure that organisations are healthy, supportive, inclusive and non-discriminatory.

The ‘call to action’ encourages working together in partnership to look at organisational culture and to focus on areas where things are working well and areas where action may be required to address poor behaviour.

The ‘call to action’ recommends organisations initially assess their culture and links to a report from Newcastle University on how workplace bullying can be tracked over time and what measures and metrics can be used to identify change.

(ii) NHSI Broadening Oversight of A&E

a) Greater focus on sickest patients
   - Greater focus on time to see a relevant clinician for key pathways (e.g. stroke, sepsis).
   - Effort to eradicate ambulance handover delays and reduce overcrowding by concentrating on system flow.

b) Streaming for patients with minor conditions – triage

c) Approach to oversight
   The 95% standard is the current headline indicator of system health.
NHSI wants to increase the focus on patient safety and experience and therefore a broadening of the oversight approach to include a combined metric is being advocated. The new combined metric will include waiting times, clinical standards, staff and patient experience.

d) **Consistency of reporting against 95% standard**

Recognition of inconsistencies with current data definitions and codes which will require updating – a technical note will be distributed in the coming weeks in respect of this.

NHSI have shared the results from a 90 day A&E improvement and innovation cycle. The focus of the 90 day improvement and innovation cycle was to:

- map patient flow metrics currently in use and work alongside Trusts to improve the data collection and analysis of patient flow metrics in real-time.
- identify the ‘best in class’ examples of performance at each stage of the patient pathway for urgent and emergency care across the region.
- connect teams to each other to rapidly share best practice.

NHS Improvement worked with providers across the north region to consider and develop an alternative approach and, rather than focussing on performance management, an improvement methodology and mind-set was established.

The results of the work to date identified that phase one allowed networks and relationships to be strengthened across the region and for knowledge and experience to be shared amongst providers. The next phase will be critical in ensuring examples of good practice are implemented across all providers over all elements of patient flow.

(iii) **European nursing staff numbers fall by over 90% - NHS Providers**

The number of European nurses arriving in the UK has decreased by more than 90% since the Brexit vote. Concerns around continuing uncertainty remain.

(iv) **Intensive care units at crisis point due to staff shortages - NHS Providers**

The Dean of the Faculty of Intensive Care Medicine has warned that ‘the NHS Network of intensive care units is at its limits due to too many patients needing life or death care and staff shortages.’

(v) **Potential compromise to access to care by proposed ID scheme - The Guardian**

The Public Accounts Committee urged caution before officials extend pilot scheme saying it could lead to entitled patients staying away from hospitals and other points of care. ‘Passports and utility bills do not demonstrate entitlement to free NHS care and there is no single easy way to prove entitlement’
(vi) Provider Bulletins

- **Financial Improvement Programme (FIP) – Wave 2**

The FIP is designed to support NHS Trusts across the system achieve a step change in the pace of their financial improvement. Trusts that would like to be involved are requested to express an interest by 12pm Friday 24th February.

Trust selection for FIP Wave2 will be on the basis of highest perceived financial opportunity for benefit from the programme combined with a genuine wish to take part and will be regardless of segmentation under the Single Oversight Framework. Selected Trusts will directly contract and pay for suppliers, but will benefit from central procurement, contract management and shared learning support provided by us. Trusts in Wave 1 achieved a return of many times the cost they incurred.

- **‘Allied Health Professions (AHPs) into Action’ - using AHPs to transform health, care and wellbeing**

NHS England has published a guidance document named ‘AHPs into Action’ which is intended to inform and inspire AHPs, leaders and decision makers across the health and care system, offering:

- a clear view of the transformative potential of AHPs
- 53 examples of innovative AHP practice; and
- a framework to help develop local delivery plans.

It also defines how AHPs can support local STPs and implement actions to respond to the three priorities set out in the Five Year Forward View: driving improvements in health and wellbeing, restoring and maintaining financial balance, and delivering core quality standards.

(vii) **Saving STPs - Achieving meaningful health and social care reform – Reform**

The think-tank publication refers to positive progress being achieved however states that ‘STPs will not deliver the degree of change needed to improve the NHS and to meet the financial targets on which the Five Year Forward View depends’.

The document sets out five recommendations, including ‘competition in order to hold providers accountable for performance.’

The publication can be found at: [http://www.reform.uk/wp-content/uploads/2017/02/Saving-STPs.pdf](http://www.reform.uk/wp-content/uploads/2017/02/Saving-STPs.pdf)

Separately, the British Medical Association (BMA) has stated that STPs require £9.5bn of capital to deliver plans.

(viii) **Briefing: Health and Care of Older People in England 2017 – Age UK**

Age UK has warned that social care in England is at risk of imminent collapse unless there is an emergency transfer of money into the system. The report aims
to explain how the system of health and care is working for older people in this
country at the moment.

The report can be found at: http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/The_Health_and_Care_of_Older_People_in_England_2016.pdf?dtrk=true

(ix) Health and social care integration - Department of Health, Department for Communities and Local Government and NHS England – NAO report

The publication looked at how integration is progressing within and between the separate adult social care and health systems and the extent to which it has benefitted patients. It examined:

- the case for integrating health and social care;
- the progress of national initiatives, including the first year of implementation of the Better Care Fund; and
- the plans for increased integration.

A number of recommendations were identified which included that the Departments and their national partners:

- Confirm whether integrated health and care services across England by 2020 remains achievable.
- Establish the evidence base for what works in integrating health and social care as a priority.
- Review whether the current approaches to integrated health and social care services being developed, trialled and implemented are the most appropriate and likely to achieve the desired outcomes.
- Bring greater structure and discipline to their coordination of work on the three main barriers to integration – misaligned financial incentives, workforce challenges and reticence over information-sharing.
- Set out how planning for integration will be on a whole-system basis, with the NHS and local government as equal partners.
- Put in place appropriate national structures to align and oversee all integration initiatives as a single, coordinated programme.
- Complete their development of measures that capture the progress of implementing more patient-centred integrated care.

Andy Welch
Medical Director

Louise Robson
Executive Director of Business and Development

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