1. Executive Team

Particular attention is drawn to:

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

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

iii) 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.

iv) Seven day services assessment.

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

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

vii) 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.

viii) Control Total update and implications thereof. Ensuring financial stability.

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

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

xi) NHSI Quarterly Review Meetings.

xii) Staff recruitment and retention.

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

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

xv) 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.
xvi) Justification of NHS bed closures.

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 focusing 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) Provider Bulletins

• ‘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.

• NHS now in permanent winter

The National Health Service is in a state of “permanent winter” as it deals all year round with capacity strains that used to be only seasonal, writes the Financial Times. Findings by the paper suggest that the NHS no longer goes through significantly slower months that once helped it to cope with demand, as deep cuts in social care spending force hospitals to step into the breach. Although seasonal spikes still occur, they now come on top of already very high levels of activity. In the quarter from July to September in 2016, on average just under nine out of 10 hospital beds were occupied at any one time, according to official data. As recently as five years ago, even winter occupancy levels were lower than this. Siva Anandaciva, head of analysis for NHS Providers said that until two or three years ago “there was a sense that winter was different, the demand profile was different”. More respiratory illness, influenza and outbreaks of the norovirus stomach bug created “a particular cocktail of pressures”. Now, hospitals “are telling us that they are working at that level of activity and pressure all year round".
• **Report by the National Audit Office (NAO)**

A report by the National Audit Office says the integration of health and social care has been slower and less successful than envisaged. The document says the better care fund has improved joint working but has not achieved its potential. Demand for services rose in its first year and the fund did not achieve planned savings. The NAO warns that expectations for the other initiatives, including sustainability and transformation plans and new models of care, are over-optimistic. Responding to the report, NHS Providers Chief Executive, Chris Hopson said: “NHS Trusts have been at the forefront of efforts to integrate health and social care for patients and the public. This report rightly concludes that although there has been real progress, there is still a long way to go. On the better care fund, the report echoes what NHS Providers has said since the fund’s inception – that while it would help local health and care systems work together, it was not, by itself, going to provide more integrated care for patients, widespread service improvement or significant savings”.

• **NHS Trusts asked to issue smoking bans on hospital grounds**

The Sunday Times and others reported on the launch of a ‘smoke free NHS’ campaign by Public Health England. Duncan Selbie, chief executive has written to all hospital and mental health Trusts asking them to introduce smoking bans in their grounds. The bans will mean that staff may not be able to smoke during their work day, and that long-stay patients who smoke will be offered nicotine replacement therapy. So far, about one in 10 Trusts are believed to have introduced the ban, including Medway NHS Foundation Trust in Kent where wardens patrol the grounds to enforce the new restrictions. Selbie writes: “I believe we can make the NHS a place which provides a supportive tobacco-free environment for patients, staff and visitors”. The Observer writes that Selbie has also suggested that hospitals give every pregnant woman a carbon monoxide test to see if they smoke, which has been backed by the Royal College of Midwives. Janet Fyle, the Royal College of Midwives’ professional policy advisor, said: “The RCM is supportive of pregnant women being offered carbon monoxide testing at a time when it is appropriate to do so. Women should have the ability to decline testing as with any other area of antenatal screening”. Mr Selbie writes: “One in four hospital inpatients smokes, but too many hospitals do too little to try to help them give up”. The story has also been covered by the BBC Health team.

(v) **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

3rd March 2017