

Board of Directors (In Public)

Item 1.8

Subject: Chief Executive's Report
Date of Meeting: Wednesday 29th March 2023
Presented by: Jane Tomkinson, Chief Executive
Purpose of Report: To Note

BAF Reference	Impact on BAF
All	The report updates on a range of issues.

Level of assurance (please tick one) <i>To be used when the content of the report provides evidence of assurance</i>					
<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Cheshire and Merseyside ICS Update

The current focus for the Integrated Care Board is annual planning and progress is being made in respect of financial and contracting arrangements. This includes addressing the significant financial challenges and meeting the activity and constitutional targets at system level.

Whilst the focus of this work is through individual providers there it is an expectation that cost saving through collaboratives and joint working will also contribute to an improved planning position.

2. CMAST Update

The Cheshire and Merseyside Acute and Specialist Trust (CMAST) focus is also on the annual planning process in the short term and in developing a coordinated and effective provider response to service restoration and elective recovery; support and mutual aid; sharing best practice, increasing standardisation, and reducing variation.

CMAST is also focusing on system wide programmes and workforce development, including harnessing clinical and professional leadership resources.

The CMAST briefing (Item 1.8a) is appended to this report for information.

3. One Liverpool Update

The One Liverpool Partnership has met to discuss the outputs from the Carnal Farrar report and how these map into existing workstreams, including that of CMAST and several existing programs within the One Liverpool Plan.

Carnal Farrar recommendations require bespoke groups for estate utilisation which are now in place. These include:

1. Site occupied by Royal Liverpool Hospital and Clatterbridge Cancer Centre
2. Site occupied by Liverpool Heart and Chest, Royal Liverpool and Broadgreen hospitals
3. Site occupied by Aintree hospital and the Walton Centre

Governance arrangements are also being developed to take forward the program focussing on the sustainability of women's services across Liverpool.

Emergency pathways, including acute coronary syndrome and other cardiology pathways are being taken forward by the Liverpool Cardiology Partnership.

4. Liverpool Clinical Services Review

The Carnal Farrar report was presented to the public meeting of the Integrated Care Board (ICB) in 26th January 2023. Whilst the report was not fully endorsed, there was agreement to take forward the recommendations through existing governance arrangements, individual Trust Boards, and in conjunction with provider collaborative groups including CMAST and the Mental health and community collaborative.

Sir David Sloman, Chief Operating Officer for NHS England has visited Liverpool to understand progress in implementing the Carnal Farrar report. He emphasised the need for a population health approach, clinical strategy for the city, systems support for Liverpool University Hospital and more collaboration at scale to realise potential of systems working.

5. Broadgreen Site Committee /Joint Working

Addressing the recommendations of the Liverpool Carnal Farrar (LCF) review, the Trust had its first Joint Committee meeting with Liverpool University Hospital NHS Foundation Trust (LUFT) in February 2023. Val Davies, LHCH Chair was appointed as the Chair of the Committee with the Terms of Reference (TOR) reviewed and feedback to be shared across the joint committees. The Committee endorsed the positive work that was already underway between respective site teams and agreed that this should continue and be further supported by the new governance arrangements.

A further meeting is scheduled for 29th March 2023 to agree the priorities for the group aligned to the recommendations from the Liverpool Clinical Services review. The Terms of Reference will also be agreed in advance of them being presented to the Board of Directors for approval.

6. Liverpool Cardiology Partnership (LCP)

The LCP continues to develop plans for the formation of a single cardiology service for Liverpool. Meetings have taken place monthly with clinical, nursing and operational colleagues well represented. Four pathway were agreed as priorities for the LCP

1. Acute Coronary Syndrome (ACS),
2. Pacing & Arrhythmia,
3. Heart Failure & Complex devices and
4. Endocarditis and Imaging.

As part of the ACS pathway work some key opportunities were agreed to support the Liverpool system, with a pilot enacted from December 2022 that involved expanding LHCHs bed base by four ring fenced beds. The ACS demand during the pilot was lower than expected and has not allowed for us to demonstrate the overall improvements to the Liverpool system, however this will continue to be monitored towards the end of the financial year. The Chief Executives from both organisations plan to meet with Fiona Lemmens to agree the next steps of the LCP and agree the priorities for 2023/24.

7. Population Health and Health Inequalities

The Trust is developing a strategic approach to population health and health inequalities. In summary the strategy is fourfold:

1. To understand health inequalities of the patients on our waiting lists (patient access)
2. To understand and improve the experience of those with health inequalities when admitted to the Trust (patient experience)
3. To understand and meet the needs of staff who may be experienced health inequalities. This is being delivered through our Live Well Program (staff experience)
4. To understand health inequalities in our wide population for those with multiformities, long term conditions and cardiovascular conditions. This being a population not known to the Trust and this will be delivered through screening programs such as targeted lung and several of our schools and community programs.

Significant work has taken place to investigate health inequalities around access to care at Liverpool Heart and Chest Hospital. Physical and social characteristics were reviewed and analysed, and this identified areas of improvement for Ethnicity and Learning Disabilities data capture. This analysis on its own isn't enough to identify health inequalities and processes have been put in place to review this data with the clinical teams. The next step is to complete further reviews with the clinical teams and provide an updated action plan to the Board of Directors.

8. Strategic Research and Innovation Committee

The first meeting of the Research and Innovation committee was held on 14th March chaired by Bob Burgoyne, Non Executive Director. As an initial meeting, a number of standard reports were deferred including existing and new projects and research finances. The reporting from the operational research group to this committee was agreed. The committee agreed that the research strategy as presented by Professor Wright should be formally signed off recognising that a number of objectives have already been achieved. A future refresh will include the innovation strategy. The committee discussed the Liverpool Centre for Cardiovascular Science (LCCS) review and noted the progress and stakeholder events.

The terms of reference were agreed with a minor amendment to reference the innovation work and these are included in the Private Board papers for Board of Directors review and approval.

9. Pensions Update (LTA and annual allowance implications)

In moves informed by the need to retain senior doctors in particular, a number of changes have been announced nationally:

- Annual allowance (AA) to increase from £40,000 to £60,000, from 6 April 2023. Individuals will continue to be able to carry forward unused annual allowances from the three previous tax years.
- The adjusted income threshold for the tapered AA will also be increased from £240,000 to £260,000 from 6 April 2023.
- Lifetime allowance (LTA) charge to be removed from 6 April 2023 and will be abolished entirely from April 2024.

The implications of these will be reviewed locally.

10. Liverpool Health Partners

Liverpool Health Partners held an extraordinary Board meeting on the 21st March 2023. This included an update on the interim arrangements and the review of SPARK. At the meeting it was agreed that the hosting arrangement with LHCH would be extended for a further 3 months to the 30th June 2023 to support the transition to Liverpool University Hospitals NHS Foundation Trust.

11. Industrial Action Update

The NHS alongside other sectors continued to face planning for industrial action from a number of unions. LHCH has ensured a strong focus on preparedness for strike action, working with strike committees to maintain safe services. The divisions have continued to look at actions to support activity and performance whilst ensuring patient safety is at the heart of all decisions. The reduction of activity on strike days has meant delays in patient care, extension of performance trajectories and increased financial pressures. Within March 2023 we have seen the first BMA Junior Doctor Strike days, with impact on activity and finance currently being assessed.

The government have now entered into negotiations with all parties and as a result a number of confirmed strike days have been stood down.

12. Recommendations

The Board of Directors are asked to review the content of this report.