

Board of Directors (Public)
Item 1.9

Subject: Chief Executive's Report
Date of Meeting: Tuesday 31st May 2022
Prepared by: Executive Team
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. Next steps on transitioning from COVID-19 response to recovery

NHESI has written to organisations (19th May 2022) setting out the next steps for the NHS over the coming months.

“On 13 December 2021, a Level 4 (National) Incident was declared to help prepare the NHS for the predicted surge in Omicron cases and to deliver the COVID-19 vaccine booster national mission. Since that point, the NHS has surpassed 730,000 patients with COVID-19 treated in hospitals and 123 million vaccine doses delivered, as well as delivering over 140,000 treatments through our new COVID medicine delivery units.

With community cases and hospital inpatient numbers now seeing a sustained decline – thanks in part to the success of winter and now spring booster vaccines – and following advice from the National Incident Director, the NHSEI Board have reclassified the incident from a Level 4 (National) to a Level 3 (Regional) Incident.

The NHS needs to remain vigilant, and local systems need to ensure their resilience and capability to re-establish full incident responses in the event this is warranted. There will clearly also be a need to continue offering COVID-19 vaccines to those eligible, including running any further booster campaigns indicated by the JCVI and Government.

However, the current trajectory with regards to COVID-positive inpatients affords us the opportunity to now ‘step across’ our resources from COVID-19 response to recovery of

patient access, outcomes and experience, and to reform for the future, with integrated care systems (ICSs) taking a lead in building on the lessons of the pandemic to do things in a better way”.

2. Elective Workforce Recovery

NHSEI have written to all Trusts (3rd May 2022) to thank teams for collective efforts in increasing elective capacity and reduction in number of long waiting patients. The letter recognises that enhancing and expanding the capacity of the workforce is essential to achieve the ambitions set out in the delivery plan for tackling the COVID-19 backlog of elective care. Initially, NHSEI will be working with local providers to scope workforce opportunities and solutions in 4 areas:-

1. Theatre, anaesthetics and critical care
2. Diagnostics
3. Pathway Transformation
4. Community Care

The importance of staff taking annual leave, taking breaks and having access to H&W support was highlighted, but we should also give staff who want to (and are able to) the opportunity to work additional hours to restore and increase elective activity.

The letter included several national actions to support this:

- **Pensions** - the extension of the temporary pension rules to encourage those who are retired or partially retired to return and increase their working hours without impacting their pensions (NHS Employers have published further guidance).
- **Training** - Innovations in maximising education and teaching opportunities are key to enabling training. The Getting It Right First Time (GIRFT) programme will be taking this work forward.
- **Workforce Redesign** - describe the workforce models needed within elective hubs to optimise and maintain patient flow
- **Workforce Innovation** - partner with local systems to develop and scale workforce redesign interventions, to both increase and support our workforce. As a national team, they will be supportive of organisations who are innovative in this area and will work with us to provide support.
- **Collaboration** - support collaborative networks to enable the rapid sharing and implementation of best practice. We are encouraged to use the #SolvingTogether platform (launched on 4th April) to enable this collective learning

In addition, organisations were asked to revisit and consider a number of high impact areas and the LHCH response against these is provided in Appendix 1.

3. Targeted Lung Health Check Contract

In June 2021, Liverpool Heart and Chest Hospital (LHCH) were awarded the contract to be the primary provider to deliver the Targeted Lung Health Check (TLHC) programme for NHS Halton, NHS Knowsley and NHS Liverpool CCGs. The TLHC programme was successfully mobilised in June 2021 and to date, over 40,000 patients have been invited to participate in the programme. Nearly 16,000 patients have received a Lung Health

Check, over 9,000 patients have had a Low Dose CT scan, and over 150 patient have been referred for suspected lung cancer, the programme continues to perform well.

NHS South Sefton and NHS St Helens CCG have been awarded funding to the value of £9,582,000 from the national cancer team to deliver a TLHC programme over the next four years (1st April 2022 to 31st March 2026). Following an expression of interest exercise led by the Midlands and Lancashire Commissioning Support Unit, LHCH have been informed of the intention to direct award the service subject to completion of procurement processes. As long as there are no objections the contract will be awarded to LHCH. A full business case will be written before acceptance however, early indications, and in line with the current TLHC programme, is that the NHS South Sefton and NHS St Helens CCG programme will make a positive contribution for the Trust.

4. Mortuary Update

In 2021, NHS England and NHS Improvement (NHSEI) requested that Boards of organisations with either a mortuary or body store ensure they are compliant with existing guidance and take any additional steps necessary. The Human Tissue Authority (HTA) is the regulator which oversees the licensing and inspection of post-mortem facilities, including security arrangements.

The Trust use the mortuary services managed by Liverpool University Hospitals NHS Foundation Trust (LUFT) and for assurance purposes were asked to confirm their compliance. The LUFT assessment included a number of areas of non-compliance, along with an action plan to address the gaps. This was reported to the Board of Directors in November 2021.

An update on the improvement work to the mortuary on the Broadgreen site was provided to the Board of Directors in March 2022, at which time there remained two actions in progress.

LUFT have now provided assurance for the remaining actions, with all now complete:

- Installation of CCTV - **Complete**
- Installation of Access Control - **Complete**
- Reinstate perimeter fence – **Complete**
- Reinstate double gates into rear courtyard – **Complete**
- Installation of an intruder alarm with the ability to report back to Security – **Complete**

5. Recommendations

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

Appendix 1 – Elective Workforce Recovery Actions

	High Impact Action	LHCH Current Position
1	Removing caps on consultant job plans. These job plans should be reviewed regularly and should also consider those who may wish to work more flexibly.	To be reviewed as part of annual job planning with the medical director and divisions
2	Support educational, training and leadership roles. Teaching and training was impacted by the pandemic. This needs protecting across all staff groups to retain and develop the future workforce.	Commitment from the organisation for staff to be released. Training needs should be identified as part of 22-23 appraisal process. OD Team has been established to bolster delivery of the leadership programme and career pathways. A clear programme of the training offer is in final stages of development
3	Encourage recently retired staff across the workforce to return with contracts that support elective and educational recovery. Encourage individuals considering retirement to return to support and educate the wider elective recovery workforce as the next chapter of their careers.	Flexible retirement policy in place and actively encourage staff thinking about retirement to return. Temporary measures are in place to allow staff to return full time without impacting pension provision
4	Create options for all staff to increase their contracted hours, including through bank shifts. Where staff would like to work additional hours, trusts should encourage and support staff to increase contracted hours within existing guidelines and to work additional bank shifts.	Current bank composition is predominately substantive staff who work additional shifts and we have previously relied on incentivised rates when required.
5	Maximise the use of collaborative staff banks across systems where possible to create greater staffing resilience across organisations	Utilisation of NHSP and NW Collaborative Bank hosted by SH&K for medical gaps
6	Attract paid staff and volunteers that have helped to deliver the vaccination programme in your area.	Some of the temporary workforce used to support the Trust during covid have secured substantive employment
7	Increase capacity during peak periods of leave by effective rostering and planning of leave within teams, and further support for staff, e.g. during bank holidays and summer breaks.	The roster effectiveness group is being re-established to provide support to Managers on effective rostering and robust management of leave. Regular training is currently in place.
8	Use NHS Reservists (medical and non-medical) to support with surges and peaks in activity and provide greater resilience to deliver elective recovery.	The Trust has been accredited as 'Veteran Aware' by the national steering group for the NHS Veteran Covenant Healthcare Alliance. Action plan already in place
9	Further innovate with alternative staffing models that support the increased delivery of care, including opportunities for students, trainees, and support workers	Career Pathways programme in developments. LHCH have supported the government's Kickstart programme to enable people back into work following the pandemic. We have reviewed the development of Healthcare Assistants (HCAs) and are into the second year of our apprenticeship programme. We are also working with local universities to look at other opportunities for OPD's via the apprenticeship route. There is a plan to recruit to Advanced Nurse Practitioners to support the workforce challenges.
10	Continued focus to accelerate recruitment of substantive nurses and midwives, administrative staff, healthcare support workers and medical support workers.	Recruitment and Selection Strategy will include specific actions and align to local workforce plans