

Board of Directors (In Public)

Item 1.9

Subject: Chief Executive's Report
Date of Meeting: Monday 28th November 2022
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. CMAST Update

The provider collaborative has now secured agreement to a committee in common and joint working agreement across all thirteen providers. Progress across the six key workstreams is monitored via the SRO leadership and the October briefing is appended to this report. A finance and productivity workshop for all C&M CEOs was held on 18th December, ensuring a full understanding of organisational and system wide pressures along with early thinking on potential solutions (Appendix A).

2. Liverpool Clinical Services Review

Following initial workshops two areas of improvement have been identified that have a) greatest impact and b) greatest chance for delivery. These two areas are:

- Improving emergency care pathway
- Improving pathways for Women's services

In respect of emergency care the principal pathway cited is that of Acute Coronary Syndrome which is being taken forward by the Liverpool Cardiology Partnership. In respect of services for Women a task and finish group are being established to develop an options appraisal.

In both instances the project team (Carnal Farrar) have highlighted three opportunities that have demonstrated proven improvement in other parts of the country. These include:

- Fast tracking – Fast tacking allows for people to be directly conveyed or rapidly directed to the best place of care for their primary condition.
- Passporting – Passporting allows for the streamlined navigation of people with a known health condition to be directly admitted to the service that meets their primary need
- In Reach - In reach allows for rapid speciality support to be available to clinicians at sites across Liverpool.

Each of the above will be considered of as part of the single Liverpool Cardiology Partnership.

3. IPC report item NCC Submission

The Trust successfully submitted its 21/22 return in line with the National Cost Collection (NCC) on 8th August 2022. The submission was submitted on time, contained no mandatory errors and was deemed accurate.

In addition, NCC 20/21 results were published. The National Cost Index (NCI) lists each organisation that produced a valid NCC submission and shows all scores against the national average of 100. For 20/21 (full year of Covid impact), LHCH achieved a NCI (Org-Wide Index) score of 100, showing a year on year improvement and a favourable position against peers. The full table for LHCH peer organisations, and Cheshire and Merseyside providers is included in Appendix B.

4. Patients declining dates guidance

There has been an update to the guidance on the management of patients on the waiting list choosing to decline offered treatment at a current provider or an alternative provider. To help hospitals to manage patient choice fairly and effectively, the Department of Health and Social Care has confirmed an interim operational guidance which sets out:

- The circumstances when it is appropriate to offer patients the choice to travel elsewhere and how it should be recorded and managed on Referral to Treatment (RTT) waiting list.
- That when patients decide to delay their treatment there should be clinical oversight, and the patient fully understands the clinical implications of the delay.
- For patients who wish to continue to delay their treatment it may be appropriate for them to not remain on the waiting list until such time as they are available to have their treatment.

The Trust RTT access policy has been updated to reflect this guidance, and this will be kept under constant review.

5. Cheshire and Merseyside forecast protocol

NHSE have introduced a protocol for in-year changes to the reported revenue forecast. The protocol has two tiers, one that applies to providers where the ICB can absorb and mitigate any adverse variance and one where the ICB is not able to absorb and mitigate an adverse variance and as a result the ICB will report a adverse revenue forecast.

Where a provider anticipates a change, this must be communicated to the regional team and a timescale agreed. This must then be supported by a Board Assurance Statement

confirming adherence to the protocol and a recovery plan. Where the ICB is then subject to the protocol, it must also submit a report and compliance assurance to NHSE.

The protocol introduces significant financial scrutiny and oversight as a consequence of deterioration in financial forecasts and deficit positions, leading to additional approval mechanisms and potential limitations on investment and capital resources for providers in the system who are off plan.

Given the current performance of a number for Cheshire & Mersey providers, it is anticipated that the protocol will be invoked, this will not affect LHCH if we continue to remain on plan. The Board will be kept abreast of this alongside the regular reporting of out financial position.

6. Provider Licence Consultation

Following the consultations and publication of the revised Code of Governance, Addendum for Governors and collaboration guidance documents, NHSE have now issued a revised Provider Licence for consultation. This sets out the proposed changes to licence requirements for NHS Foundation Trusts (and Trusts) following the Health and Social Care Act 2022, with the establishment of Integrated Care Boards from 1st July 2022. As expected, there is significant focus on collaboration within the draft documents.

The revised provider licence and enforcement guidance are expected to come into force from April 2023, alongside the revised code of governance.

The Executive Team are reviewing the documents and provide feedback to support the consultation response for the 9th December 2022.

7. PACS Business Case

Cheshire and Merseyside have had a collaborative agreement for their Picture Archiving Communication Software (PACS) since 2012. Cheshire and Merseyside Radiology Imaging Network (CAMRIN) want to continue this collaboration; with the current PACS contract due to expire on 30th June 2023. With the support of QE Facilities, CAMRIN have undertaken a market engagement which commenced during 2020 to review solutions currently available. A direct award proposal was recommended for a fully hosted and networked PACS solution for 12 NHS Trusts in the Cheshire and Merseyside Imaging Network. The Business Case for the procurement of the Philips Health Systems UKI system with a contract start date of 1st July 2023 for a ten year period to 30th June 2033 with the option to extend for a further 5 years will be reviewed and approved through Operational Board.

8. Prevention Pledge

The Cardiac Board, through the CVD Prevention Group are developing a new strategy that aims to recover and accelerate CVD Prevention across Cheshire and Merseyside. The draft report will be submitted to the ICB in December.

In respect of Healthy Hearts, the success of the LHCH school project is being built upon with a further pilot with the Department for Work and Pensions in Liverpool. This has seen our community team delivering CVD Prevention health checks in the Huyton Job Centre.

9. Board and Committee Governance review

A review of the Board and Committee structures has been undertaken. This has included the mapping of the LHCH Patients, Partnerships and Populations Strategy.

Whilst there are no significant changes proposed to the Committee structures, the workplans for the assurance committees are being updated to reflect the findings from the review and any changes to committee terms of reference will be brought back to the Board for approval.

The introduction of a new strategic committee for research and innovation is planned to ensure the elevation of research activity aligned to our ambitions, both within the Trust and with partner organisations.

10. Addendum for Governors

A revised Addendum on system working and collaboration: The role of foundation trust councils of governors was published by NHS England (NHSE) in October 2022 following consultation in June 2022.

There is no change to the statutory duties for council of governors, but NHSE expects councils of governors to act in line with the principles in the addendum.

An assessment of our arrangements against the requirements has been undertaken, with actions identified as applicable. This will be discussed at the Council of Governors meeting on the 6th December 2022.

11. Joint Board and COG strategy day

A joint Board of Directors and Council of Governors strategy day was held on the 8th November 2022. The focus of the day was to discuss the Trust's strategic priorities with a strong emphasis on collaboration and system working. The COG also spent time reflecting on its effectiveness and objectives for the year ahead.

12. Innovation Agency Hosting Arrangements

The initial hosting SLA between the Innovation Agency and LHCH commenced on 1st April 2020 and as set out in the SLA this was

“...for an initial term of three years with an option to extend for a further 2 years. The agreement will be subject to formal review upon renewal, subject to continued satisfactory performance”

Both organisations are keen to extend the hosting arrangements for the additional period. To support this a discussion with key senior stakeholders was held on the 4th November 2022 to review the SLA, current performance and future requirements. A paper will be brought back to the Board of Directors for approval in January 2023.

13. Liverpool Health Partners

The central functions of LHP ceased from 30th September 2022, since then the focus has been on a review of the SPARK function and how LHP should function going forward in support of partner ambitions. The financial impact of the process is being closely monitored to ensure that LHCH as host is not subject to further risk.

14. Recommendations

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

Appendix A – 20/21 NCI for peers and local organisations

Org Code	Org Name	Market Forces Factor	Org-Wide Index	Elective Inpatient And Day Case	Non Elective Inpatient	Critical Care	Outpatient Services	Other Acute Services	Community Services	Mental Health	A+E	Unbundled	Grouping
RBQ	LIVERPOOL HEART AND CHEST HOSPITAL NHSFT	0.96	100	90	104	104	104		181			89	Local / Heart
RGM	ROYAL PAPWORTH HOSPITAL NHSFT	0.99	109	111	120	134	118					82	Heart
RJ1	GUY'S AND ST THOMAS' NHSFT	1.15	118	123	143	108	97	121	105		139	130	Heart
RVY	SOUTHPORT AND ORMSKIRK HOSPITAL NHST	0.96	92	120	73		103	135	134		81	247	Local
RBN	ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHST	0.96	94	97	93	116	90	58	114		78	113	Local
RJR	COUNTESS OF CHESTER HOSPITAL NHSFT	0.96	95	100	97	77	98	49	140		99	78	Local
RXA	CHESHIRE AND WIRRAL PARTNERSHIP NHSFT	0.96	99						91	101			Local
RBT	MID CHESHIRE HOSPITALS NHSFT	0.96	100	97	115	142	87	58	95		80	91	Local
REP	LIVERPOOL WOMEN'S NHSFT	0.96	103	85	100	118	98		129		232	60	Local
RWW	WARRINGTON AND HALTON TEACHING HOSPITALS NHSFT	0.97	104	99	120	111	90	45	123		88	128	Local
RY7	WIRRAL COMMUNITY NHSFT	0.96	104	100			87	30	110		114		Local
REN	THE CLATTERBRIDGE CANCER CENTRE NHSFT	0.96	106	219	183		102	153				94	Local
RJN	EAST CHESHIRE NHST	0.97	107	103	130	94	119	138	58		124	103	Local
RBS	ALDER HEY CHILDREN'S NHSFT	0.96	111	95	135	103	117	117	97		104	121	Local
RW4	MERSEY CARE NHSFT	0.96	111				142	43	127	108	97		Local
REM	LIVERPOOL UNIVERSITY HOSPITALS NHSFT	0.96	114	115	114	91	125	113	103		106	106	Local
RET	THE WALTON CENTRE NHSFT	0.96	117	110	150	120	95	153				121	Local