

Board of Directors (In Public)
Item 1.9

Subject: Chief Executive's Report
Date of Meeting: 30th July 2024
Presented by: Liz Bishop, Chief Executive
Purpose of Report: To Note

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

Level of assurance (<i>please tick one</i>) <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 Acute and Specialist Trust provider collaborative (CMAST)

CMAST Leadership Board met on 5th July and considered ICB activities and NHSE processes related to ICS financial deficits within England. The response to this within C&M is likely to require focus and some intense work from a number of system leaders. The Board also discussed a draft case for change for Women's Services in Liverpool which is subject to ICB discussion and engagement in July and the CMAST Efficiency at Scale Programme, specifically highlighting wider system contribution, connections and detailed deliverables, to date, which include significant cost savings over and above existing Trust's cost improvement plans.

Attached to this briefing is the CMAST Briefing bulletin for May. The Board is asked to be aware that from June it is understood this system briefing will look different and be more headline orientated.

2. Cardiovascular Disease and Respiratory (CVD-R) network updates

The system-wide cardiac governance has now been clarified. The key elements for LHCH are:

- LHCH has recently supported the integration of cardiac governance arrangements across the system. An LHCH clinician, Dr Joe Mills, chairs the new Joint ICB and Cardiac Clinical Network Board, which replaces the former Cardiac Board. Programme management for the Board comes from the NHSE clinical network team but LHCH will support the Board through Director of Strategy attendance and administrative support. The Board met for the first time in this new form on 27th June 2024.
- The Cardiology Provider Alliance, chaired by LHCH clinician Dr John Morris, continues to meet to progress joint working between cardiology providers. This work now sits within the clinical pathways programme of CMAST with a reporting line also up to the joint Cardiac Board.

- LHCH has recently also supported the review of the CVD Prevention Group. Leadership of the group has appropriately passed to the ICB Public Health team. LHCH is hosting a new ICB CVD Prevention Programme Manager post to support the programme. The postholder will be seconded from within the LHCH strategic partnerships team. The CVD Prevention Group will be reformed in Q2. The LHCH Director of Strategy will be a member and admin support for the group will come from LHCH.

Now that system-wide cardiac governance has been clarified this will allow a focus on the development and delivery of a work plan for the remainder of 2024/25.

With regard to respiratory, the North West Coast Respiratory Clinical Network Board continues with its work programme. The Board is chaired by LHCH clinician, Dr Sarah Sibley and supported by the NHS England North West Coast Clinical Networks team. Items on the work plan include:

- Improving the diagnosis and management of COPD and asthma through increasing access to spirometry, and asthma diagnostics.
- Supporting the *All Together Smokefree* vision that aims to end smoking, everywhere, for everyone across Cheshire and Merseyside.

3. Industrial Action

Junior Doctor strike action was undertaken for 5 continuous days from the 27th June to the 1st July. Risks and impact were planned and signed off through our internal governance structures. Safety and delivery of core services were maintained. With the changes in government, we will await updates on future contract discussions and hopeful resolution.

4. Liverpool Aortic Symposium

LHCH Hosted the tenth edition of the Liverpool Aortic Symposium at the ACC Liverpool. The Symposium was first hosted in 2005 and it is a biennial event. It has grown in stature and attendance since then and the recent edition was very well received by the invited guests and delegates. The invited faculty came from all over the globe including USA, Europe and China. The Trust has extended continued support for the symposium over the years, and as every year, this year's Faculty Dinner was hosted by the Chair and the CEO. The Chair, CEO and COO attended parts of the symposium as well. The quality of the presentations and the peer-to-peer discussion was excellent. The eleventh edition will be due in 2026.

5. Broadgreen Joint Site Committee and Liverpool Clinical Services Review (LCSR)

The Liverpool Trusts Joint Committee has not met in the current reporting cycle. The scope and structure of the work is being revisited and the outcomes, to date, reviewed. This work is expected to be progressed through the summer. Any revised scope or structure will be reported to the Board when available.

Linked to the above a view has been reached that the Broad Green Site Committee is likely to be stood down. However there is value to continuing and ongoing operational site discussions. These discussions will be led by our Chief Operating Officer who will draw in colleagues as and when necessary. The structure, issues and frequency of these discussion will be regularly reported to the Board.

The LHCH Executive Team continues to engage in the developing programme to further develop NHS provider collaboration in Liverpool in light of the Liverpool clinical services review.

6. NHSE Letter - Maintaining focus & oversight on quality of care and experience in pressurised services

The above letter was received by all acute Trusts on the 26th June, 3 key reports are highlighted in the letter in support of delivering UEC and flow improvements; UEC Recovery Plan Year 2, CQC

fundamental standards and the Seven Day Hospital Services Audit. Although LHCH is not applicable to all the recommendations within these reports, they will be utilised to review our preparedness for winter and will be incorporated in the September update to Board.

7. Consultant Appointments

Grade	Name	Recruitment Stage
Locum Consultant Anaesthetist	Cheng Whye Yeo	Started 1 st July 2024
Locum Consultant Radiologist	Abdulrahman Emameldeen Sayed Hamdan	Starting 15 th July 2024
Locum Consultant Radiologist	Pankaj Kafle	Awaiting Visa
Locum Consultant Cardiologist	Wern Yew Ding	Started 13 th May 2024
Locum Respiratory Consultant	Suman Paul	Started 3 rd June 2024
Locum Consultant Interventional Cardiologist with special interest in Structural Intervention	Shreenidhi Venuraju	Pre-employment checks
Locum Consultant Interventional Cardiologist with special interest in Structural Intervention	Marwa Shaban Ashur Daghem	Starting January 25
Consultant Cardiologist	Jennifer Llewellyn	Starting 2 nd September 2024

8. CEO Clinical Observations

I am undertaking a series of clinically based observations so I can develop a deeper understanding of heart and lung clinical pathways and the patient and staff experience. This is with the aim of being better able to lead the LHCH.

- On 19 June, myself and Dr Justin Ratnasingham, Divisional Medical Director for Clinical Services, observed Dr Manuel Gimeno and the radiology team undertake a CT guided biopsy of a small lung nodule. We now have a greater understanding of the huge complexity of the procedure, and a deeper understanding of the challenges for the patient in remaining still. I also observed the administrative challenges, but was very impressed by the whole team effort and the expertise of the radiologists and radiographers. We also witnessed really effective communication between all of the team.
- On 12 July I shadowed Dr Nick Palmer in cardiology, undertaking two Patent Foramen Ovale (PFO; hole in heart) closure procedures. Both patients were young and had a stroke as a consequence of their PFO. I now have a greater understanding of the patient experience (patients were awake during these procedures), the phenomenal eye-hand coordination required to undertake such complex procedures and the huge team effort by a range of clinical and non-clinical staff, including not only by Dr Palmer, but by the radiographers, ultra sonographers, and nurses. I met a student nurse who was thoroughly enjoying her placement and I also observed a new nurse being trained in the procedures. I also met a very experienced overseas nurse from India who was enjoying his role; he had worked in cardiology in India. Overall it was a very positive learning environment.

Other clinical observations planned over the summer include observing a lung resection by Mr Julius Assante-Siaw and an Endobronchial Ultrasound examination with Dr Emily Hoodless.

9. Collaborative ICB and Integrated Stroke Delivery Network Stroke Programme Board in Cheshire and Merseyside

Dr Amy Hill, will be the LHCH representative on this new strategic board for improving stroke pathways across the region. We nominated Dr Hill because she has completed a great piece of work on streamlining stroke pathways within the hospital, which she shared with the Operational Board on 28 June. It is important that our expert clinicians can influence whole lung/cardiac pathways across the region going forward.

10. Other key appointments

Title	Name	Recruitment Stage
Divisional Director of Operations, Medicine	Glenna Smith	Started
Associate Director of Transformation & Planning	Ben Davies	Started
Director of Transformation – Health Innovation	Amanda Risino	Started

11. Recommendations

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