

Board of Directors (In Public)
Item 1.9

Subject: Chief Executive's Report
Date of Meeting: 24th September 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	<input type="checkbox"/>	Partial assurance	<input type="checkbox"/>	Low assurance
	Controls are suitably designed, with evidence of them being consistently applied and effective in practice		Controls are still maturing – evidence shows that further action is required to improve their effectiveness		Evidence indicates poor effectiveness of controls

1. Pay Award

The government has announced a 5.5% pay increase for all Agenda for Change staff (Band 2 – Band 9), this will be backdated to 1st April 2024 and paid in October salaries.

In addition, an interim pay point will be introduced for all Band 8 (abcd) & 9 posts. This means that staff will progress to this new pay point after two years in their current band rather than waiting 5 years for incremental progression.

It is proposed that staff paid on Very Senior Manager pay scales will receive a 5% pay award, again backdated to 1st April 2024. This is yet to be confirmed formally in writing to Trusts and will be subject to Remuneration and Nominations Committee ratification.

2. Specialised Commissioning Visit

The Trust received a visit from Mr Simon Kendall, Medical Director for Commissioning, NHSE NW on Tuesday 27th August. This was initiated by Mr Kendall, as part of his agenda to visit all the cardiac units in the NW of England. He had expressed an interest in doing a site tour, and receiving information on several clinical services including elective cardiac surgery waiting lists and management of the pathway, aorto-vascular services, ACS / PPCI pathway, TAVI and catheter based mitral valve procedures (mTEER), LAAO and PFO closure services. The MD, COO and Divisional teams from surgery and medicine contributed to the program. Mr Kendall has formally written back summarising his visit. Quoting from his summary – “It is clear looking at the national data and the information shared yesterday that LHCH is one of the two premier Heart and Chest units in the country. In that regard it needs to be an exemplar to other cardiology, cardiothoracic units as well needing the appropriate support from the NHS to maintain those standards, innovation, leadership. My overall impression from yesterday is of a hospital close to completing transition - moving away from the previous practices of individual clinicians to a team-based approach to assure consistent quality and experience for the patients.” There were some areas for improvement also identified which the Divisional Teams have taken away to work on.

3. BMA Vote Junior Doctors Pay Offer

A pay offer was made by the Government to junior doctors in England in July 2024. The BMA have put the offer to the junior doctors with a recommendation to accept this offer. The referendum opened on 19th August and due to close on 15th September. It is likely the outcome of the referendum will be available by the time the LHCH Board meets on 24th September, and a verbal update will be provided.

4. National CVD-R Board

The National CVD-R Board met for the last time in the current format on 2nd September 2024. LHCH has been representing provider Trusts in this Board and the meeting was attended by the Medical Director.

The Board has now been redesigned into several PLTC (Prevention and Long Term Conditions) Program Delivery Boards in line with the streams of the NHS Major Long Term Conditions Strategy with separate Boards for Cardiac, Respiratory and Stroke. Chairs have been appointed for these Boards, but the future membership of the Boards are still unclear, and also unclear whether LHCH will still have a place on either the Cardiac or Respiratory Board.

5. CQC IRMER Inspection

The announced inspection occurred on 24th July with specific focus of LHCH compliance with the IR(ME)R Regulations of our diagnostic imaging and cardiology services. The report has identified areas for improvement resulting in 6 actions to be taken forward by the Trust Lead for Radiation Protection. The report findings highlighted LHCH did provide evidence and assurance of compliance with IR(ME)R. The report has been received positively by both departments and the Trust and highlights the commitment of radiation safety for our patients and staff.

6. 'Inpatient Survey Results'

The Trust continues to receive excellent feedback from patients who participate each year in the inpatient survey. The overall experience feedback result remains consistent with a score of 9.1 much Better than Expected. There are a small number of actions for improvement relating to patients waiting for surgery, communication and understanding of information given to patients during their stay and discharge process. These actions will be monitored going forward by the senior nursing teams.

7. Cheshire and Merseyside Acute and Specialist Trust provider collaboration (CMAST)

CMAST Leadership Board last met on 6th September, including Trust Chairs, and discussed a number of items, two of which warrant discreet updates for the Board:

Ann Marr presented a summary of CMAST's Annual Plan, as she had presented to the ICB in July and which included highlights of a number of the main achievements for 23/24. Thereafter CMAST Programme Directors provided an outline of programme plans for 24/25, as well as updates on delivery progress year to date.

Claire Wilson, ICB Chief Finance Officer, provided an update on the system financial position, NHSE and partner scrutiny and the current areas of focus. Correspondence outlining initial recommendations from Simon Worthington, the NHSE partner placed with the ICB, had been circulated to CEOs recommending a number of measures to increase grip and control across organisations, highlighting the need for a rapid adjustment in trajectory and approach.

Attached to the CMAST Leadership Board CiC Key Issues Report later in the agenda is the CMAST Annual Report for 2023/4 which also provides an overview of the objectives for 2024/5. The Board has previously been advised that the nature and form of monthly CMAST Briefing are no longer appropriate to support word / PDF based distribution with Board papers.

8. Emergency Preparedness and Business Continuity Annual Assurance Report

We expected to ask the Board to support and endorse our annual assurance report for emergency planning and business continuity in September. This has been deferred to November on the advice of the ICB owing to their recommendation that following a C&M peer review that submissions could be made to the ICB for their review and triage before Board approval to the timescale specified. Early and draft indications show a positive direction of travel for Trust compliance following a new national approach across the NHS last year.

9. HSJ finalist category

Learning Disabilities Initiative of the Year

10. Consultant Appointments

Nil to report.

11. Other key appointments

Nil to report.

12. Recommendations

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