

Board of Directors (In Public)
Item 1.9

Subject: Chief Executive's Report
Date of Meeting: 25th March 2025
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 (please tick) To be used to provide the Board / Committee with a guide on the extent of assurance and evidence of assurance provided within the report		<input checked="" type="checkbox"/>
Level of Assurance	Description	
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.	<input type="checkbox"/>
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.	<input checked="" type="checkbox"/>
Moderate	There is an adequate system of internal control, however, in some areas weakness in design and/or inconsistent application of controls puts the achievement and some aspects of the system objectives at risk.	<input type="checkbox"/>
Limited	There is a compromised system of internal control as weaknesses in the design and / or inconsistent application of controls puts the achievement of the system objectives at risk.	<input type="checkbox"/>
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.	<input type="checkbox"/>

1. Liverpool Adult Acute and Specialist Providers (LAASP)

See item 6.1.2.

2. NHS Operating Model - North West Regional Engagement Workshop

Val and myself attended a NW engagement workshop alongside our peers which began to describe the emerging NHSE and ICB landscape. It felt pertinent to share some headlines with the Board:

NHSE's focus is on setting a path towards self-managing and improving organisations and a stronger and more consistent approach to performance management that will drive improvement and support the delivery of the three shifts of the government's health mission:

- moving from hospital to community
- from analogue to digital
- from sickness to prevention

To enable this NHSE seeks to focus energy on four 'moves':

- Simplifying the delivery system and reducing duplication – clarifying roles and responsibilities and being clear on the role and effectiveness of performance management.
- Pivoting resources, time and effort to neighbourhood health – creating significant momentum that makes clear the role of the provider sector in neighbourhood and health and how to work with local partners and the role of the ICB to co-ordinate this.
- Devolving decision making to those best placed to deliver and transform – working with providers to ensure they reform by working more closely together, and to ensure we can support better integration with local government.
- Enabling leaders to manage complexity at a local level – supporting the capability of leaders and developing tools such as a new strategic commissioning framework to include national best practice.

To do this:

- Community, mental health and primary care providers will work together in more consolidated ways
- ICBs will focus on their strategic commissioning responsibilities, setting out new pathways of care.
- NHS England will focus on the oversight of ICBs and providers, supporting performance and recovery

NHSE are therefore now focussed on:

- Clarifying the roles and responsibilities of NHS England, ICBs and NHS providers in assurance and oversight of delivery.
- Supporting ICBs to become expert strategic commissioners of integrated care and define how they are working with local authorities.
- Developing the provider landscape to enable shift in resources to a non-hospital setting, enabling delivery of neighbourhood health models

A new oversight and assessment framework is being developed. This includes a so called 'double lock' which links provider segmentation to that of its ICB for specific areas of delivery

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

Since the Board last met the CMAST Leadership Board has met twice on 7th of February and March. Summaries of the content discussed are outlined elsewhere within this agenda.

The headlines to share with the Board are that a lot of time and discussion has been given over to understanding the planning context and impact within C&M. On 7th of March, I am also pleased to report that Dr John Morris provided an update on the work he has been leading on behalf of and at the request of the system on the ACS pathway. This work has previously been discussed and shared with the Board and was well received by CMAST. It was agreed the focus had to be on patient outcomes, reducing unnecessary procedure and the potential wider benefits associated with these changes.

4. NHS Confed Visit

The Chair and I were asked to host a visit by NHS Confederation on 7th March. We were able to showcase our services as well as give feedback about our organisation and how it will from part of the UHLG. They were particularly impressed with the positive culture of our teams and their ability to be entrepreneurial e.g. cardiology laboratory, recognising that these are proxy measures for a well led organisation.

5. Consultant Appointments

Grade	Name	Recruitment Stage
Consultant - (Electrophysiology and Devices)	Nathan Denham	Pre-employment checks – starting 07/04/2025
Consultant Radiologist	Aisha Jang	Pre-employment checks
Consultant Radiologist	Mohamed Ahmed Ahmed Basiony	Pre-employment checks

6. Other key appointments

Nil to report.

7. Recommendations

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