

## ICB Board Public Questions

Month: November 2024

Question Received	By	Date received
<p><b>Mare Curie Liverpool.</b> Given that the ICB provide 40% of the funding for Liverpool Marie Curie, <b>what steps are being taken to ensure continuity of care for patients who rely on inpatient services, and how is the ICB addressing the loss of this critical resource in our community?</b> The IPU has been closed since July and recruitment has been stopped. Community services aren't a replacement for an in-patient facility. Not everyone wants to die at home, this can't be forced on people. Patients are having choice taken away from them. Soon they won't be able to choose where they want to be born or die. This will be dictated to them by austerity and cost-cutting.</p>	<p>Felicity Dowling</p>	<p>26.11.24</p>
<p><b>Answer</b></p>		
<p><b>In June 2024 Marie Curie paused admissions to their inpatient beds due to challenges in recruiting to safe staffing levels. Other services running from the hospice are not affected. This includes outpatient and community services. NHS Cheshire and Merseyside (Liverpool Place) commissions the inpatient services provided by Marie Curie hospice in Liverpool. In response, the ICB has worked closely with Marie Curie to establish a 'Virtual Ward'. Patients who would normally be admitted are receiving high quality end of life care in their normal place of residence.</b></p> <p><b>Liverpool Place team commissioners are meeting with Marie Curie weekly to keep track of progress and oversight of care on a patient by patient basis. The majority of patients who would have been admitted to Marie Curie are being cared for in their usual place of residence and a very small number of patients have received inpatient care at other local hospices or in hospital.</b></p> <p><b>The recruitment challenge has not been resolved despite best efforts by Marie Curie to fill vacant nursing posts. Maire Curie have now made a decision to halt recruitment in the short term and discuss the future model of care with the ICB.</b></p> <p><b>The ICB highly values the role hospices play in delivering high quality services and patient experience for people requiring palliative and end of life care, and we understand the sustainability challenges faced by Marie Curie and the wider sector.</b></p> <p><b>The ICB is working with the Cheshire and Merseyside Hospice Collaborative to review the costs of providing specialist palliative and end of life care beds, which may inform future investment decisions. Any decisions made about the future model of care will be focused on ensuring that palliative and end of life services meet the needs of patients and families in Liverpool.</b></p>		

Question Received	By	Date received
<p>Maternity reps on Hospital boards            Does every hospital now have a maternity rep on their board as Ockendon required?            If so, is this list of people publicly available?            What training has been provided?</p>	<p>Felicity Dowling</p>	<p>26.11.24</p>
<p><b>Answer</b></p>		
<p>Yes, each Trust that has a maternity department now has a named Maternity Safety Champion on their Board.</p> <p>Each Trust has responsibility to publish the names of their Board members on their website, however it is unknown whether each of these Trusts have specifically highlighted which Board Member is their named Maternity Safety Champion on their website.</p> <p>The ICB is unaware of what training will have been provided to these individuals. This request will need to be made to each Trust.</p>		

Question Received	By	Date received
<p><b>Re LWH &amp; Women's services, re the reporting process from the 'engagements' about the future of maternity and Gynaecology services in Liverpool Hospitals.</b></p> <ul style="list-style-type: none"> <li>• Why was the 'independent firm' not at any of the events? If they are writing the report including those meetings they will only have the ICB reporting on themselves.</li> <li>• How much is the firm getting paid &amp; how much has it cost ICB staff time etc. for these events?</li> <li>• What is the timetable for receiving the results of the report &amp; next steps?</li> <li>• How will our petition be recognised by the engagement</li> </ul>	<p>Felicity Dowling</p>	<p>25.11.24</p>
<p><b>Answer</b></p>		
<p><b>Why was the 'independent firm' not at any of the events? If they are writing the report including those meetings they will only have the ICB reporting on themselves.</b></p> <p>As per best practice with an engagement exercise of this sort, NHS Cheshire and Merseyside commissioned an independent organisation – Hood &amp; Woolf – to design and host the engagement questionnaire, collate and analyse responses to it, and to undertake an analysis and report on the feedback across all the different strands of our engagement activity. The report will include a description of the engagement activity undertaken, a summary of the findings, and the key themes, ideas, issues and concerns that have been heard over the six-week period.</p> <p>Analysing data – especially when there are large quantities of qualitative feedback – is a specialist skill, and it is standard practice for us to bring in external specialist support to carry this out. Hood &amp; Woolf’s role did not include collecting feedback at engagement events. This is a task routinely carried out by our in-house team when we are undertaking public engagement, even when the analysis is being supported externally. There was a dedicated note-taker (a member of NHS Cheshire and Merseyside staff) for each of the tables at all events (for the two online events, which had fewer participants, there was a single note-taker who took all the feedback). Their role was to literally take notes of the conversation, not to interpret it in any way. Each original, full set of notes will be provided to Hood &amp; Woolf for them to analyse key themes and areas of discussion, so that this can be summarised in the report.</p> <p>It’s important to be clear that the events were only one way in which we were collecting feedback during the engagement. Participants at the events were reminded that even though they had attended an event, it was still important that they completed the main engagement questionnaire. A QR code taking people straight to the questionnaire, and printed versions for those who weren’t able to complete the questionnaire online, were made available at the events to support this.</p> <p><b>How much is the firm getting paid &amp; how much has it cost ICB staff time etc. for these events?</b></p> <p>The core costs for Hood &amp; Woolf’s work are in the region of £24,000.</p>		

We have not broken down the cost of ICB staff time for this engagement exercise – the work was led by our in-house communications and engagement team, and no additional staffing costs were incurred. However, this has been a significant piece of work for the team, and for others in the organisation, both in terms of planning and delivery. ICBs have a legal duty to involve people, and we are committed to allocating the level of time and resource that this requires. In addition, the Women's Hospital Services in Liverpool programme is a key organisational priority, and it's critical that we carry out comprehensive engagement with our communities to inform the next stage of work.

**What is the timetable for receiving the results of the report & next steps?**

Work to begin analysing the feedback we've received is already underway and will continue over the coming weeks, however it's important to note that we are still in the process of compiling feedback (for example, questionnaires provided in languages other than English will need to be translated before they can be included). Publishing the report and sharing findings with those who took part in the engagement is an important part of the process, and we plan to do this once the report is finalised and taken through our governance meetings and process. We are likely to be ready to publish the report and details of next steps during March 2025, but we will provide further confirmation on this nearer the time.

**How will our petition be recognised by the engagement?**

The petition was raised and discussed on a number of occasions during the engagement events. We are aware of and have heard the strength of feeling and different views people have shared, and we are grateful for the contributions people have given to our discussions. As stated, the information recorded during table discussions will be analysed as part of the process of developing the engagement report. With regard to the petition itself, that too will be noted in the engagement report.

Question Received	By	Date received
<p><b>Re winter crisis in accident and emergency services</b></p> <ul style="list-style-type: none"> <li>• <b>What has been done to improve the situation from last year?</b></li> <li>• <b>Which hospitals face the greatest challenges this year?</b></li> </ul>	Felicity Dowling	25.11.24
<b>Answer</b>		
<p>Like many other parts of the country we have an urgent care system that is facing very real challenges on a daily basis and often falls short in terms of patient and staff experience, and winter only proves to exacerbate those challenges. In previous years additional monies have been provided nationally to provide further resilience but this year there is no expectation of that support. However, as you may have heard reported through previous board meetings and the annual general meeting tackling urgent care has been the highest priority for the ICB and across the whole of the Cheshire and Merseyside there are robust improvement programmes which are wrapped around our main acute hospital footprints including primary care, community and mental health providers, and local authorities to tackle issues which manifest themselves within hospitals, most visibly at the emergency department and the ability for ambulance to respond in a timely manner. But we cannot ignore that each of these partner organisations also bear huge operational and clinical pressures and by simply being in the room on a very frequent basis, sometimes daily, allows for transparency and the balance of risk to be addressed by the most senior leaders in the system.</p> <p>We have also learnt this year that the strength of such united working can provide a very real impact through events such as our SuperMadeEvents – This is a way in which a whole system comes together with the primary aim of decompressing the acute hospital ahead of a known pressure point such as an extended bank holiday weekend – these have proved effective reducing bed occupancy by up to 5%, and I something all systems are deploying ahead of the Christmas breaks as well as the first week back after the new year.</p> <p>There are tangible changes evident in many parts of the system such as the implementation of transfer of care hubs which have provided effective in facilitating patient discharge to the most appropriate setting to receive social care support, and one of the highest level of utilisation rates in the country for virtual wards, and during the year there has been significant investment in a new A&amp;E at Arrowse Park, with further investment underway at Macclesfield and the Countess of Chester.</p> <p>But our main strength is the consistent striving efforts by our staff, driven to provide the safest service and clinically determined priority in real time.</p> <p>It would be misleading to say that winter will pass without some real examples of where the service will fall short in terms of both public and service expectation, and it is difficult to point to one or two hospitals that face the greatest pressure – the reality is that all parts of the system whether it be an acute hospital or other provider face extreme pressure at some time but we do have confidence that after many winters our staff and partners can and will provide the best response possible during this period of intensity.</p>		