Published: 7 November 2022

NHS
Cheshire and Merseyside

27 October 2022 ICB Board Meeting - Questions received in advance of the meeting

All questions raised to the Board will be answered in writing to the individual who raised them and published on the ICB website.

Question Received	Raised by
I am concerned that the Board are wasting time and money considering a plan for a Review of the North Mersey Hyper Acute Stroke Services with a proposal to make Aintree a Stroke Centre of Excellence. These plans seem to be running parallel to an existing reconfiguration plan (I believe currently paused) which is considering Aintree becoming the centralised hub for emergency general surgery. Since Aintree already has serious issues with A&E admissions, to the extent that clashes have occurred between Paramedics and A&E staff over delayed admissions, I think it highly premature to suggest plans to further increase the flow of patients. There is not much room for manoeuvre when the main corridor must be converted into a temporary ward. The problem of Ambulance response times and A&E blockage is common to all the emergency hospitals now and comprehensive plans to deal with this issue across the whole ICS should be top of the agenda, not vanity projects that are unlikely to come to fruition in the foreseeable future with shortage of capital on top of the current operational problems. **I would like to know how the Board is proposing to redress their priorities and begin serious actions to overcome these urgent issues**	Christopher Heywood

Answer	Response by
The proposal for reconfiguration of North Mersey Stroke Services was approved by the ICB in August and the hyperacute stroke service at Aintree went live as planned on the 19th September 2022. This proposal was based on strong clinical evidence of benefit to patients from the centralisation of services in the first 72 hours for stroke patients. The clinical and operational teams continue to monitor the service to ensure that the anticipated benefits are realised and any unintended consequences are picked up and managed. Early feedback indicates the service is working as anticipated and patients are receiving high quality care with more stroke patients receiving a CT scan within one hour and increased rates of thrombolysis and thrombectomy. The ICB recognises the Emergency Department pressures that Aintree hospital, along with all the acute trusts in the region are experiencing and are treating this as a priority. We are taking a whole system, collaborative approach, working closely with the operational teams across Cheshire and Merseyside in acute and community trusts and NWAS, as well as with colleagues in social care to ensure that plans for dealing with high demand, winter pressures and ambulance handover delays are being implemented and monitored.	Fiona Lemmens / Anthony Middleton

Question Received	By
The situation regarding delayed handover from Ambulances and the lack of beds available to take patients in from A&E has become critical and, in some ways more urgent than the Covid pandemic became in 2020/2021. A neighbour of mine required an ambulance last week for a severe chest infection and with her being in her 80's with underlying health conditions was treated as an urgent attendance. She was picked up and during the short (less than a mile) journey to Whiston Hospital suffered a heart attack. She was in the ambulance for 2.5hours during which time she had a second heart attack. After being handed over she was in a corridor for six hours before being transferred to a ward. This at a hospital that has always been considered excellent. We have a situation where Aintree hospital have closed the main corridor to provide more bed space and the A&E admission corridor is full of patients on trolleys. This seems to be a general picture throughout Emergency hospitals, and we are not yet into the peak Winter admissions season. People are dying and others are at risk of hospital acquired infections, a risk for staff also. The situation cannot be allowed to continue, and the ICS should be taking steps to correct it. Remedies cannot be via fanciful targets and flow systems, and I think this is a situation which requires the ICS to prove that they have a justifiable roll to play going forwards. I think all available resources should be dedicated to this and any other projects etc should be put on the back burner until this is resolved. Surely the very principal of Integrated care requires the Board, the Hospitals, the Local Authorities, and the Community Care Providers to join together in a concerted effort to find immediate solutions.	Christopher Heywood

During the peak of the pandemic, the Nightingale facilities were quickly set up and, although not ultimately fully needed they are an example of what could be done to release hospital bed space. **Are the Board prepared to concentrate all existing resources and get everyone thinking outside the box, in order to solve this quickly?** **What measures are already proposed or under consideration?**	
Answer	**By**
We are very concerned by your neighbours experience and whilst we recognise that the NHS is extremely busy, we want to assure you that patient safety and quality of care remains to be paramount. The ICB recognises the Emergency Department pressures that Aintree hospital, along with all the acute trusts in the region are experiencing and are treating this as a priority. We are taking a whole system, collaborative approach, working closely with the operational teams across Cheshire and Merseyside in acute and community trusts and NWAS, as well as with colleagues in social care to ensure that plans for dealing with high demand, winter pressures and ambulance handover delays are being implemented and monitored. Across Cheshire and Merseyside we have implemented and are supporting a number of initiatives to help the system pressures, including additional ambulances and extra beds. In terms of the Nightingale facilities that were set up during the COVID-19 pandemic, this was a nationally funded initiative to support the challenges of the pandemic and we do not have the funding to recreate across Cheshire and Merseyside.	Fiona Lemmens / Anthony Middleton

Published: 7 November 2022

NHS
Cheshire and Merseyside

Question Received	By
It has been reported HSJ that NHSE is developing plans for a new "Community Recovery Service" with a 24-Hour target to provide "step down care" once a patient is deemed ready to leave hospital. Question: - Is this likely to affect the present liaison between hospitals, local authorities and care providers and have the Board any further details on how this would be implemented?	Michael Donovan
Answer	**By**
NHS England advised the HSJ the proposal for community recovery services is “in its initial stages” and is being developed with key partners. We are exploring how to enable more patients to leave hospital and receive the care and treatment they need closer to home, ideally in their own home, to boost recovery times and increase capacity in hospitals. NHSE will be further testing and evaluating this proposal over the next 12 months.	NHS England Regional Team

Published: 7 November 2022

NHS
Cheshire and Merseyside

Question Received	By
Liverpool University Hospitals Emergency Department and Ambulances **Background**: There is no mention in the ICB Board papers of the standoffs between ambulance crews and Aintree staff reported in the Health Service Journal (17 October), after hospital staff insisted patients who had been brought inside should be returned to ambulance vehicles, or the subsequent decision to convert the hospital's main corridor into a makeshift ward. a) What actions did the ICB take in regard to the standoffs at Aintree Hospital, and the decision to convert the main corridor into a makeshift ward? b) How many patients have received corridor care in the New Royal Liverpool Hospital since it opened? c) What action is the ICB taking now to ensure the Emergency Departments in Aintree and the New Royal will be able to function over the coming period including winter?	Greg Dropkin
Answer	**By**
a) In line with its local business continuity plan the Trust took the decision on the balance of patient safety both within the hospital and the demand upon ambulance services. The ICB ensured that robust oversight and assurance to ensure quality of care for patients. Our Place Board is working with providers to improve patient flow, providing additional funding to care providers to support discharges and supporting initiatives such as Virtual Wards. b) This information requested is not available as data held centrally by the ICB. c) Within the board papers is a paper reporting on the system wide plans for winter.	Anthony Middleton

Published: 7 November 2022

Question Received	By
System Oversight Framework **Background**: The NHS England oversight framework provider segmentation reports a System Oversight Framework (SOF) rating 4 for Liverpool University Hospitals, and SOF 3 for Countess of Chester Hospital, East Cheshire, Liverpool Women's Hospital, and Wirral University Teaching Hospital. According to the NHS Operating Framework "ICBs will lead on oversight of providers and work with NHS England regional teams if support is required at SOF 3. NHS England regional and national teams will lead on support and intervention at SOF 4." According to the non-binding Memorandum of Understanding between the ICB and NHS England (NW Region) "Intervention by NHSE with an NHS organisation will be in agreement with the ICB leadership team", whilst according to the Health Service Journal (13 October) *NHSE will "lead on support for organisations in segmentation three and four of our oversight framework". This is necessary because only NHSE has the legal power to intervene, NHSE said.* a) What specific issues caused Liverpool Women's Hospital to be rated SOF 3? b) What oversight of LWH is the ICB carrying out in regard to the SOF 3 rating, and how is the ICB working with the NHS regional team on this? c) Will the PricewaterhouseCoopers financial review of the LUHFT deficit, commissioned by the ICB, be published? d) How are NHS England regional and national teams giving support and intervention to Liverpool University Hospitals in regard to the SOF 4 rating, and how will PwC be involved with this process? e) How can the ICB be responsible for oversight and financial control of the NHS in Cheshire & Merseyside if NHS England leads on support and intervention for any Trust rated SOF 4?	Greg Dropkin

Answer	By
Reply: Liverpool Women's Hospital currently has a SOF 3 rating based on previous assessment of the Trust's position in relation to the oversight metrics under the themes of Finance and use of Resources and Leadership and Capability. The latter being based on the Trusts CQC well led rating. A Full list of metrics can be found here: Report template - NHSI website (england.nhs.uk) The ICB is in regular contact with the Trust through existing quality, performance, and finance monitoring mechanisms to address the elements of the SOF rating and provide support to the Trust to move into SOF 2. The review was commissioned by the ICB in order to support the Trust. The Trust is required to incorporate all recommendations into the Trusts Improvement Plan, which is reported as part of the System Improvement Board, which has oversight from NHS England. NHS England are represented at all oversight meetings and work closely together throughout. Where are an organisation is in SOF 4 then NHSE will chair the oversight meetings, with the ICB chairing for Level 3. The ICB has overall responsibility for balancing income and expenditure. In terms of NHS England a new Target Operating Model has recently been publishes which describes the responsibilities and accountabilities. The ICB is supporting the Trust in its work to develop a clinically and financially sustainable strategy which is looking at the options for future configuration of services to support the provision of high-quality care for the future.	Anthony Middleton / Claire Wilson / Dr Fiona Lemmens