NHS
Cheshire and Merseyside

ICB Board Public Questions

Month: May 2025

Question Received	By	Date received
Dear sir / madam, I hereby formally request the opportunity to address the board regarding the continued closure of the inpatient beds at Marie Curie Hospice Woolton. The hospice beds have been closed for nearly a whole year and there is a severe lack of inpatient provision for terminally ill patients in Liverpool. I am a member of the Liverpool Hospice Support Group, a group of lay people who have come together with the aim of getting the hospice beds reopened. **I would welcome the opportunity to address the board on why there has been no progress since the health and social care committee meeting in March 2025 and to understand how the ICB is meetings its statutory duty to provide palliative care for the people of Liverpool**.	Chris Lynas-Gaze	22.05.25
Answer		
In June 2024 Marie Curie Liverpool paused admissions to their inpatient beds due to the challenges they face in recruiting to safe staffing levels. NHS Cheshire and Merseyside (Liverpool Place) continues to commission inpatient services provided by Marie Curie in Liverpool and is in discussion with the service and local partners to find a sustainable resolution. In response to the Marie Curie decision to pause admissions to their inpatient beds, a 'Virtual Ward' service was established. The majority of people who would normally be admitted are currently receiving high-quality end of life care in their normal place of residence, with a very small number of patients requiring inpatient care. NHS Cheshire and Merseyside continues to fulfil its statutory obligation by funding inpatient provision in other local hospices such as Woodlands and Willowbrook for patients who either cannot or choose not to die at home.		

NHS Cheshire and Merseyside also commissions a consultant-led Integrated Mersey Palliative Care team (IMPaCT) - a multi-professional service which works to provide the right care by the right professional at the right time and includes a 24/7 single point of access, patient tracking and a single care record in line with the Ambitions for Palliative and End of Life Care national framework.

Commissioning the right service for residents' health needs and ensuring high-quality, safe services is our priority and will be at the forefront of our minds as we work with partners to identify and implement solutions to this challenge. We continue to work with all relevant stakeholders and partners to ensure that we commission the most appropriate care for people in Liverpool.

We want to assure you that if a patient requires an inpatient bed, we will continue to access beds in neighbouring hospices and providers to ensure they get the care they need.

While discussions with Marie Curie and local partners remain ongoing, we will endeavour to keep members of the public and key stakeholders informed.

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The NHS 2025/2026 Priorities & Operational Planning Guidance asks Integrated Care Systems to Optimise medicines value and improve the adoption of, and compliance with, best value NHS Supply Chain Frameworks in medicine and procurement. The question relates to the NHS Cheshire & Merseyside Finance Report / Month 12 (Page 47) Board Papers Question: **Which NHS Supply Chain Frameworks will the ICB be prioritising to show projected savings in to implement the planning guidance?**	Alasdair Bailey	27.05.25

Answer

We have signed up to a Value Partnership with NHS Supply Chain. Priorities frameworks in scope during 25/26 include:

- Orthopaedic Products
- Laparoscopy Stapling and Energy Systems
- Interventional Cardiology and Radiology
- Cardiac Rhythm Management and Accessories
- Wound Closure
- Airways Management Products and Associated Equipment
- Advanced Wound Care
- Endoscopy Consumables and Associated Products
- Non Invasive Ventilation and Sleep Therapy
- General Woundcare
- Blood Draw Tools and Accessories

In addition to this we also benefit from dedicated support from the Care Pathway Team to implement Value Based Healthcare schemes i.e.

- APOS Footwear
- Cardiac Remote Monitoring
- Urolift System

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In light of the HSJ article and the RCM statement on the government announcement to allow ICBs to use maternity along with children's health and mental health funding to balance ICB books, **what are the implications for maternity safety and for safe staffing across Cheshire & Merseyside?** Maternity already suffers from the inadequate maternity tariff. Insufficient maternity funding and staffing is driving the closure of maternity units in England and the reorganisation of LWH. The RCM have described the budget cuts to ring fenced maternity funding from £95m to £2m as shocking and will compromise moves to improve maternity safety following Donna Ockenden's reports.	Lesley Mahmood	27.05.25

Answer

'There has been no reduction in funding allocations for maternity services to the seven Trusts delivering maternity and neonatal services across eight sites in Cheshire and Merseyside. Any savings for 2025/26 have been minimal and through natural attrition of the LMNS team and pausing any new projects while the ICB redesigns its model in response to the national request to reduce running costs.

The safety and quality of maternity and neonatal services, experiences of women and families and outcomes for Mothers and Babies remains a priority of Cheshire and Merseyside ICB.'

Question Received	By	Date received
Question re the future of Liverpool Women's Hospital in the May 2025 Cheshire and Merseyside ICB board papers. 1. On pages 141-144 in the notes of the **Women's Hospital Services in Liverpool Committee,** why was there no mention of the substantial public opposition expressed during the engagement process, opposition given orally and in writing, backed by more than 80,000 signatures on our petition, and the document we submitted listing our critique of the papers presented? We remind the Board of the Doctor's duty of candour and the Nolan principles of public life. To leave a minute on the public record that ignores substantial and detailed opposition shows neither candour nor respect for these principles. 2. The papers mention a risk: failure to procure finances for the project regarding the future of Liverpool Women's Hospital. ***What would these finances be used for?*** 3. There is mention of a meeting with the LWH staff to reassure them about the process. ***Was there mention of the likelihood of funding for a new building on the Royal Site?*** We have been told that this happened, but this contradicts earlier statements from this board. 4. There is mention in the papers of "significant service sustainability challenges across the Cheshire and Merseyside system" and other references to funding problems. ***Has any additional money been provided nationally to the Maternity tariff Birthrate plus, or Gynaecology services since the last ICB, or do the substantial funding difficulties for Maternity remain in place***? 5. ***What are the problems at Ormskirk Maternity mentioned in the reports, and how do they relate to the Liverpool situation***	Felicity Dowling	27.05.25

Answer –

Q1. The Women's Service in Liverpool formal engagement report made reference to the opposition expressed during the engagement exercise. The ICB provided an extension to the deadline date for submissions to the formal engagement period however, the written document from the Save Liverpool Womens campaign group was submitted after this date hence it was not possible to include it in the formal engagement report. The Womens Services in Liverpool Committee is aware of the document and the programme board have considered the document in planning the next stages of the work.

Q2. The highlight report of the Chair of the Women's Hospital Services in Liverpool Committee references a risk of access to future finance to support delivery of the programme. Since the committee meeting on 19.3.25 this risk has been resolved and funding of the programme has been agreed for 25/26. This funding is to support the options appraisal process including modelling and analysis for the development of options and any future business case. It is also to cover the costs of any public engagement or consultation that is required as part of that process in 2025/26.

Q3. There was a staff engagement event in February 2025. This event was to update staff on the progress and next steps of the programme i.e. the development of an options appraisal process. Consideration of the funding requirements are a part of that process for developing potential options to address the risks identified; this will be both capital and revenue costs. This was discussed in general and hypothetical terms only as no funding decisions have been made at this point.

Q4. No additional money has been provided nationally to the Maternity tariff Birthrate plus, or Gynaecology services.

Q5. The Shaping Care Together programme engaged the North West Clinical Senate to review the proposals being considered for urgent and emergency care across the area. Although the Shaping Care Together proposals do not have a direct impact on the Maternity services at Ormskirk, the senate report raised concerns about known challenges for maternity services in Ormskirk as they are not co-located with intensive care services. The service at Ormskirk does not provide care for high risk women who are managed elsewhere. The Cheshire and Merseyside Local Maternity and Neonatal System (LMNS) are reviewing the services at Ormskirk to ensure that all current processes for maintaining safety are appropriate as is a routine part of the LMNS role.

This work is separate to the work on Women's Services in Liverpool.

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Question Received	By	Date received
Question to the board re urgent and emergency care. The papers make plain the financial and organisational problems facing many aspects of the boards' work and of the work of its provider organisations. I would like to know what is being done to: 1. Avoid the use of “temporary escalation spaces”/corridors, ‘boarding in’ in wards, trolley care, and terrible waits for care in A and E and then waits after being admitted, to then find a bed. 2. Prepare for next winter, given that the above provisions appear still to be in use this early summer. 3. Prepare for a Covid surge, or other such outbreak, given the evidence recently presented to the Covid enquiry, which indicates that preparedness has not improved, and the publication of details of a new and more easily transmissible variant of the virus emerging in many countries. 4. The rise in hospital-acquired infections, as mentioned in your papers.	Felicity Dowling	27.05.25
Answer		
The Cheshire and Merseyside system has an improvement plan structured across 5 localities incorporating primary care, community services, acute and specialist hospitals, paediatrics, mental health and social care provision. To compliment this approach there are cross cutting workstreams focused on the consistent provision of services to achieve standardised levels of access across the geographic boundary. The purpose of the plans is to improve flow through the system reducing the need for escalation outside of core capacity as highlighted in the question, and to do this by 50% ahead of the winter period. It should be noted that the organisation responsible for pandemic planning in the UK is the United Kingdom Health Security Agency (UKHSA). The following link gives their 3 year strategy: UKHSA strategic plan 2023 to 2026 - GOV.UK		

UKHSA aims to ensure that the country is prepared for – and when feasible can prevent – future health security hazards, including pandemics. They act as the first line of national defence against health threats at home and abroad. They advise that they will prepare and plan for health security hazards, be agile in their response and relentless in preventing outbreaks and pandemics of various diseases wherever possible.

Further information can also be found in the following link which details how the NHS will respond in a pandemic produced by NHS England: https://www.england.nhs.uk/long-read/framework-for-managing-the-response-to-pandemic-diseases/ It advises that NHS England is, in line with the Civil Contingencies Act (2004), responsible for the command, control, communication, coordination, and leadership of the NHS in the event of a major incident or an emergency.

Both Cheshire and Merseyside Local Resilience Forums have Pandemic Frameworks (currently in draft), detailing what will happen should a surge escalate into an epidemic or pandemic. These draft documents are anticipated to be published shortly and are supported by the NHS Cheshire and Merseyside Pandemic Plan which details the response of the ICB as an organisation.

There is much we have learned from the pandemic about how to prepare and respond to infectious disease outbreaks much of which is generic for all types of infection but particularly for flu and Covid. For example the importance of mask wearing in clinical and where appropriate, non-clinical settings. Each of our providers has plans in place for managing a covid outbreak that will include escalation plans, cohorting of patients, isolation and mask wearing.

The ICB continues to have a Covid Vaccination programme team who are well practiced at responding rapidly to the JCVI guidance as it is sent out. We have well established vaccination service providers that have shown they are able to respond flexibly and at pace when needed to both the routine requirements of the vaccination programme and in the case of Covid surges.

Health Care Associated Infections continue to be a key safety challenge locally and nationally. Locally there has been a significant focus on anti-microbial stewardship which has seen a significant reduction in total antibiotic use across the system whilst still maintain the proportion of broad spectrum anti-biotics below the national tolerance of 10%.

With regards to specific infections a system working group have developed a CDI tool kit reinforcing the key actions all providers need to take to reduce CDI rates. These actions have focused around cleaning, diarrhoea management and Anti-microbial stewardship. All providers are utilising this toolkit to identify where there are challenges to delivery of these key actions.

Similarly, there has been a system focus on hydration with strong alignment to UTI and this being the leading source of Gram negative bloodstream infections. This pilot over the last two years has seen great success.

Targeted work with outlier providers has also supported greater understanding of challenges. Within WUTH there has been a strengthening of deep cleaning practices through a dedicated decant ward, as well as pilots trialling new cleaning products.

Work with LUFT and Mersey Care has supported a broader lens on HCAI challenges including IPC, Patient Safety, operational and clinical resources. This work confirmed the need for existing improvement work internally with organisations but also identified new areas for improvement around handoff of care that leads to a risk around HCAI and can drive further action within the Liverpool place and sharing wider across Cheshire and Merseyside.

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