04 August 2022 ICB Board Meeting - Questions received in advance

We welcomed questions from the public and asked that they were submitted prior to the Board meeting in writing to board@cheshireandmerseyside.nhs.uk by midday three days before the meeting. We kindly asked that questions were relevant to the meeting agenda.

We endeavoured to answer as many as possible in the meeting itself and committed to provide a response on our website for other questions where possible. All questions raised to the Board will be answered in writing to the individual who raised them.

Below are the answers to questions raised by members of the public in advance of the 4 August 2022 NHS Cheshire and Merseyside Integrated Care Board meeting.

Questions received
Q1. Would the Board consider taking positive and urgent action to inform people on NHS waiting lists that they have a choice of where they are treated and that by travelling what maybe a short distance their waiting time could be reduced?
A1. Patient choice is offered at the point of GP referral - however C&M ICB are committed to equity of access and the elective programme will consider how this can be best mobilised**.**
Q2. The Performance Report doesn't have 52- & 18-week figures – are they available?
A2. Yes, these figures are available, and if the Board wishes, can be incorporated going forward. To expand slightly on this question, the NHS Constitution still applies, but as part of a staged approach to reducing backlogs the current focus is on waits in excess of 78 weeks, where the national ambition is to eliminate waits over 78 weeks by the end of this financial year.
Q3. Does the Service Specification require Carnall Farrar to reach a conclusion compatible with the Introduction, or are they free to reject the assertions and perspective of the One Liverpool Strategy?
A3. he objective of the Independent Clinical Review is to make recommendations that will ensure acute hospital, and out of hospital services in Liverpool are fit for purpose for the future. The specification states that the review needs to address the longstanding issues regarding the clinical sustainability of acute and specialised women's services delivered from the city. The specification also states that it should be conducted in full recognition of the One Liverpool Strategy, which has been co-produced and endorsed by all Liverpool NHS and partner organisations. The review will also consider the wider geographical reach of Liverpool based providers and the population they serve.

Q4. The sole mention of the Ockenden Report in the Cheshire and Merseyside ICB Board papers is (p92) the planned allocation of £3.731mn Ockenden Funding" out of an ICB total of £5.697bn, which amounts to 0.065% of total allocation.
Question:

a) What will the Cheshire and Merseyside Ockenden funding be spent on?
b) How will the ICB ensure that maternity finances and staffing speedily reaches the levels envisaged in the Ockenden Report, thereby ensuring safer and happier birth experiences and much improved maternity staff retention?
c) How will the Cheshire and Merseyside ICB Board ensure maternity finance and staffing speedily reaches the levels envisaged in the Ockendon report, and in the report of the Parliamentary select committee's report "The safety of Maternity services in England" thereby ensuring safer and happier birth experiences. and much improved maternity staff retention?
d) What measures from the ICB report will help improve the life expectancy of babies under one year of age in this area?

A4. The Local Maternity Neonate System (LMNS) provide requisite assurance to the ICS/ICB in relation to the totality of the Ockenden agenda. The LMNS have identified and agreed with providers the formula for the allocation of funds to respective providers.

The LMNS will monitor and provide assurance to the ICS/ICB that funds are used to recruit and achieve the objectives and immediate essential actions detailed within the Ockenden Report and Birth Rate Plus.

The scheduled Quality & Performance Committee and the System Quality Group within the ICB have timetabled agenda items to receive assurance in respect of Ockenden.

Q5. The ICB Financial Plan / Budget 2022/23 (pages 87 - 102) makes no reference to pay or staff.

Question: a) What level of Agenda for Change pay bill increase is assumed in the Financial Plan? b) How will the Financial Plan be affected if the NHS Pay Review Body recommendation of 4.8% overall increase in the Agenda for Change pay bill is accepted? c) How would the Financial Plan be affected if further negotiations or industrial action results in Agenda for Change pay rising by 6%, 7%, 8%, 9%, or 10%?

A5. 2022/23 Financial allocations for ICBs were set using an assumption of a 2% inflationary pay award for staff. Systems were required to use this assumption in our expenditure plans for the year until pay discussions had concluded. NHS England have now accepted the recommendations made by NHS independent pay review bodies and the pay award will be backdated to 1 April 2022. Relevant allocations to ICBs will now be increased to support the additional cost in year.

Q6. The ICB Financial Plan / Budget 2022/23 assumes (p96) that COVID-19 activity will be stable throughout the year at approximately 2% bed occupancy. Further (p93) "Due to the current deficit position, the ICB does not include any ‘contingency’ or ‘un-allocated’ reserves within its 2022/23 plan assumptions." Figures from the UK Government Covid Dashboard show that in the period from 1 January 2022 - 26 July 2022, the average daily number of patients with Covid in Liverpool University Hospitals was 184.3. This is 11.7% of total bed capacity in the Royal Liverpool and Aintree Hospitals. Covid bed occupancy was at or below 2% on only 4 out of 207 days in that period. **Question**: a) Why are you planning for Covid bed occupancy to be nearly 6 times lower than over the period from Jan - July 2022, when your 2% assumption was almost never achieved? b) Given the absence of any contingency funding in the plan, how do you propose to deal with Covid bed occupancy over 2%, when it occurs?
A6. The assumption on 2% COVID-19 bed occupancy in our financial plan was set based upon national planning guidance issued in December 2021 by NHS England. Whilst the ICB does not hold any financial contingency in its plan, every Trust in the system has developed plans and contingencies which set out detailed and robust clinical and operational plans for any increases in COVID-19 during the year and these plans have been enacted throughout the pandemic This will include their escalation plans for managing increases in beds occupied by patients with COVID-19. NHS England has recently made additional allocations available to systems to support pressures which were not originally anticipated in the planning guidance issued in 2021 (e.g., energy inflation) and this additional budget has been distributed to providers in the system to support their financial plans in year.
Q7. The ICB Financial Plan / Budget 2022/23 proposes (p95) that NHS Providers will make 4.63% savings on total forecast expenditure, and Liverpool University Hospitals will make savings of 6.8% of total forecast expenditure. **Question**: a) How do you envisage NHS Providers reducing expenditure by 4.63%, and LUHFT reducing expenditure by 6.8%, without adversely affecting staffing levels and/or patient services? b) If you do anticipate reduction in staffing and/or services, which NHS Providers and which departments do you anticipate will be affected?
A7. Over the last 2 years, the NHS has received temporary (‘non-recurrent’) funding to support its response to the COVID-19 pandemic. This funding has now been reduced to enable investments in recovery and waiting list reduction. The efficiency requirement for C&M ICB for 2022/23 includes both the usual annual efficiency targets that the NHS must deliver, in addition to the measures we need to take to take out the temporary investments made during the pandemic. Some organisations, including LUHFT, also have technical financial adjustments that they can make to support ‘one off’ financial benefits in 2022/23 which are included in the CIP targets reported but do not amount to real expenditure reductions.

Trusts in C&M have well established Quality Impact Assurance processes in place to ensure that CIP plans do not adversely impact on quality of patient care.
Q8. According to the LUHFT Board papers for March 2022, "The system has engaged with a private sector partner - PA Consulting, to model through a five-year financial projection for Cheshire & Merseyside based on core assumptions. This will be used as a basis to formulate discussion on continued financial stability across the system." **Question**: What level of savings on total forecast expenditure by NHS Providers overall, and LUHFT specifically, did PA Consulting recommend for 2022/23 and for the five-year period?
A9. PA Consulting work did not result in a 'recommendation' of savings for 2022/23 for the 5-year period. Their work was designed to assess the baseline financial challenge over the medium term and what high level gap would need to be addressed to deliver a financial sustainable system. The gap identified in their model for 2022/23 was consistent with the system financial plan for this year as the assumptions used were broadly similar by design. Further work is now needed to develop a long-term financial plan over the autumn in line with national planning requirements.