

## HEALTH POLICY AND PERFORMANCE BOARD

*At a meeting of the Health Policy and Performance Board held on Tuesday, 7 June 2011 at Council Chamber, Runcorn Town Hall*

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Austin, S. Baker, Dennett, Horabin, M Lloyd Jones, C. Loftus, Macmanus, C. Plumpton Walsh and P. Cooke

Apologies for Absence: Councillor G.Zygodllo

Absence declared on Council business: None

Officers present: L. Derbyshire, J. Hunt, A. Lewis, H. Moir, E Sutton-Thompson and S. Wallace-Bonner

Also in attendance: Mr S Banks and Ms Chris Turner – Halton & St Helens PCT, Elaine McDowell – Bridgewater – Halton & St Helens Division and Mr D Melia– Warrington & Halton NHS Foundation Trust.

### ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

		<i>Action</i>
HEA1	MINUTES  The Minutes of the meetings held 8 <sup>th</sup> and 28 <sup>th</sup> March 2011 having been printed and circulated were signed as a correct record.	
HEA2	PUBLIC QUESTION TIME  The Board was advised that no public questions had been received.	
HEA3	EXECUTIVE BOARD MINUTES  The Board considered the Minutes of the meetings of the Executive Board Sub Committee relevant to the Health Policy and Performance Board.  RESOLVED: That the minutes be noted.	

#### HEA4 SSP MINUTES

The Minutes of the Health Strategic Partnership Board of its meeting held on 10 March 2011 were submitted to the Board for consideration

RESOLVED: That the minutes be noted.

#### HEA5 PERFORMANCE MONITORING REPORTS - QUARTER 4

The Board considered a report of the Strategic Director, Policy and Resources regarding the 4<sup>th</sup> Quarter Monitoring Report for:

- Prevention and Commissioning Services;
- Complex Needs; and
- Enablement Services.

The following comments arose from the discussion:-

- PCSI 1 – Repossession – Due to budgetary cuts to the Citizen Advice Bureau and in the current economic climate it was suggested that the Board would need to monitor this situation as more houses could be re-possessed in the Borough. However, Members noted that the Authority had a mortgage advisor who would be able to provide assistance in this matter;
- PCS10 – It was noted that the Authority undertook the training of staff employed by the independent sector registered care services on the protection of adults;
- Page 60 -% of items of equipment and adaptations delivered within 7 working days - the Board took the opportunity to place on record their congratulations to Officers on their excellent performance;
- NI236 – Early access for women to maternity services - It was agreed the Recovery Plan be monitored by the Board; and
- It was noted that questions had been submitted prior to the meeting and responses provided which had been circulated at the meeting and would be attached as Appendix 1 to the minutes.

RESOLVED: That the report and comments made be noted.

HEA6 ANNUAL REPORT FOR THE HEALTH POLICY AND PERFORMANCE BOARD

The Board considered a report of the Strategic Director, Communities which presented the Annual Report for the Health Policy and Performance Board for April 2010-March 2011 attached as Appendix 1 to the report.

It was reported that during 2010 -11 the Board had looked in detail at many of Halton's Health and Social Care priorities. Further details of these were outlined within the Annual Report set out in Appendix 1 to the report.

RESOLVED: That the report be noted.

*Note: (Councillor M Lloyd Jones declared a Personal Interest in the following item of business due to her husband being a Non Executive Director of Halton & St Helens Primary Care Trust.)*

HEA7 WINDMILL HILL ACCESS CENTRE

The Board considered a report of the Strategic Director, Communities which gave Members an update on the recent Patient and Public consultation regarding the potential closure of the nurse led Windmill Hill Access Centre.

The Board was advised that a report had previously been submitted to Halton & St Helens PCT Clinical Commissioning Committee in October 2010 and to the Finance Performance Approvals Committee on 27<sup>th</sup> April 2011.

The Board was further advised that prior to 1997 the residents of Windmill Hill had access to a single handed GP practice for their health needs. However, when the GP had left, the existing patient list had been distributed between Castlefields and Murdishaw practices.

Ms Chris Turner, Halton & St Helens PCT and Ms Elaine McDowell, Bridgewater, Halton and St Helens division were in attendance at the meeting to present the report. They reported that the Windmill Access Centre had been introduced and provided a limited service to the residents of Windmill Hill. This service, which was delivered by Bridgewater Community Health Services staff, was open from 9am until 5pm Monday to Friday (excluding Bank Holidays) and people accessed the service by telephoning for an appointment time. However, if they arrived without an

appointment they could wait to be seen by a nurse.

Since opening, the access centre had provided health care for people who had coughs, sore throats, rashes, and many other minor illnesses. However, people who had more complex or long term conditions required the continuity provided by their own GP.

On the 29th January 2010 the new Equitable Access GP practice had been opened to the residents of Windmill Hill, and now had a list size of 1173 patients. The new GP practice provided an enhanced service to that available at Windmill Hill Access Centre. There had also been an increase in the opening hours and the facility was available seven days a week.

In January 2011 the PCT had completed a three month consultation with the residents of Windmill Hill regarding the access centre. The results from the consultation highlighted the need for access to health care. It was proposed to close the nurse led access centre from 1 August 2011.

The following comments arose from the discussion:-

- The Board noted that the Member for the Windmill Hill ward was not in attendance at the meeting;
- It was noted that there would be no job losses as a result of the changes;
- Clarity was sought on how the changes would be communicated to the community. In response, it was reported that the Primary Care Trust would be developing a full communication plan to ensure the community were aware of the changes. In addition, patients had already been registered at Murdishaw and Castlefield surgeries; and
- It was noted that the new GP centre was fully accessible for people with disabilities.

RESOLVED: That

- (1) the report and comments raised be noted; and
- (2) Ms Turner and Ms McDowell be thanked for their verbal presentation.

The Board considered a report of the Strategic Director, Communities which gave Members a summary of the Quality Accounts 2010/11 for Warrington and Halton NHS Foundation Trust.

The Board was advised the Quality Accounts summary detailed a comparison between 2009/10 figures and 2010/11 figures for various subject areas, for example, infection control, pressure ulcers, Thromboprophylaxis, falls, Hospital Standardised Mortality Review (HSMR), along with a narrative for each area.

Mr David Melia, Director of Nursing, Warrington and St Helens NHS Foundation Trust attended the meeting to present the report, Mr Melia outlined the issues and priorities that had been identified last year for improvement and provided assurance on performance in respect of:-

- Infection Control;
- Hospital acquired pressure ulcers;
- Falls;
- The Hospital Standardised Mortality Review;
- The significant improvement in reducing the number of cardiac arrests in hospital;
- Complaints;
- The PALS Service; and
- The National In Patient Survey 2010.

The following comments arose from the discussion:-

- Clarity was sought on the procedures that were in place for when a patient used their call bell. In response, it was reported that one of the priorities for the organisation was to look at ways of freeing up nurse time to enable them to have more control of their wards, spend more time with patients and relatives and undertake regular ward rounds. This would result in nurses being more aware of any issues/concerns that a patient may have and reduce the need for patients to use a call bell. It was noted that this would present a challenge. However, it was also noted that work was being undertaken with staff to identify areas of duplication, work processes and what activities that take nurses away from providing clinical care;
- It was noted that a recent unannounced inspection had shown that staff were very responsive to the needs of the patient and the dignity in care for older

people had received an endorsement;

- It was noted that there had been some improvement in electronic systems such as the transfer of images between the sites, but as yet electronic records had not been developed;
- Clarity was sought on whether there were any action plans for the eight target areas. In response, it was reported that each area was project led, with clear aims and objectives and a monitoring process in place. It was suggested that this information could be presented to a future meeting of the Board;
- Clarity was sought on the information relating to falls – out of the 55 patients, how did they fall, where they alone when they fell and the age range. In response, it was reported that the detailed information was available on the website. Members requested the link to the website and it was agreed that this would be circulated to all Members of the Board;
- Clarity was sought on MRSA procedures in relation to informing family members or carers when the patient was discharged from hospital. In response, it was reported that this raised issues of confidentiality and the patient would indicate who they wished to be informed of their condition. However, universal precautions were undertaken to minimise the risk to patients and their families / carers etc; and
- It was noted that a question had been submitted prior to the meeting and a response provided which had been circulated at the meeting and attached as Appendix 1 to the minutes.

RESOLVED: That

- (1) the report and comments raised be noted; and
- (2) Mr Melia be thanked for his informative verbal presentation.

HEA9 DRAFT SCRUTINY REVIEW OF DIGNITY

The Board considered a report of the Strategic Director, Communities which introduced the draft report of

the Scrutiny Review of Dignity in Care.

It was reported that Appendix 1 set out in the report was commissioned by the Board. A scrutiny review working group had been established with five Members from the Board, a Principal Policy Officer from the policy team, the Dignity in Care Co-ordinator and the Divisional Manager from the Independent Living Service.

The Board was advised that the report had been commissioned as Halton Borough Council was the only local authority in the country with a Dignity in Care Co-ordinator, as well as the only one that covered both the council and the wider remit of Health.

The scrutiny review had been conducted through a number of means between October 2010 and April 2011, as follows:

- Monthly meetings of the scrutiny review topic group;
- Presentations by various key members of staff from the Council and Health (detail of the presentations were attached at Appendix 2 of the report);
- The provision of information;
- Service-user consultation; and
- A field visit to a Productive Ward at Whiston Hospital.

An additional paper was circulated at the meeting which requested that Members endorse the report and all the recommendations that were in the report. In addition it be agreed that they should be put together at the end of the report for clarity. The Board was advised that the report would be presented to the Executive Board for approval. In addition, it was agreed that the Board monitor progress on the recommendations on a six monthly basis.

RESOLVED: That

- (1) the comments raised be noted; and
- (2) the Dignity in Care Scrutiny Review endorse the following recommendations:-
  - to include the Multi Agency contact sheet in a future edition of Inside Halton;

Strategic Director  
- Communities

- endorse continued briefing and training of staff both within social care and health and continue with the public awareness raising;
  - continue to positively promote the work of personalisation within Halton;
  - the group suggest the continued roll out of the Productive Ward concept in both Warrington and Whiston hospitals;
  - the use of Health Passports throughout the care system and extended beyond adults with learning disabilities;
  - in single sex wards in Whiston Hospital the male/female sign on toilets should also be accessible to people with visual impairment; and
  - Whiston Hospital to implement training/guidance for staff to feel comfortable raising concerns / making complaints;
- (3) the recommendations be presented to the Executive Board for adoption; and
- (4) the Board receive six monthly update reports on the progress of the recommendations.

#### HEA10 HALTON'S HEALTH AND WELLBEING JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

The Board considered a report of the Strategic Director, Communities which presented the process undertaken for the production of the 2011 Joint Strategic Needs Assessment (JSNA).

The Board was advised that the draft executive summary was attached in Appendix 2 to the report which included a summary of key findings and priorities.

The following comments arose from the discussion:-

- It was noted that a question had been submitted prior to the meeting and a response provided which had been circulated at the meeting and



attached as Appendix 1 to the minutes;

- It was agreed that as there was an overlap with the Children and Young People's Policy and Performance Board, that the report sent to Members of that Board;
- It was agreed that contact details of the Mortgage Rescue Advisor would be circulated to all Members of the Board;
- Concern was raised that due to the budgetary cuts elderly people could be more vulnerable to falls in the evening. In response, it was reported that the Telecare System was available and there had been an increase in the health budget for night services on a temporary basis and this gave the Authority an opportunity to try out new approaches; and
- It was noted that it was a very comprehensive report. However, it was suggested that in light of the current economic downturn, future reports contained information on the work available in the Borough as this impacted on the health and well being of families.

RESOLVED: That the report and comments raised be noted.

#### HEA11 SUSTAINABLE COMMUNITY STRATEGY 2010 - 11 YEAR-END PROGRESS REPORT

The Board considered a report of the Strategic Director, Communities which provided information on the progress in achieving targets contained within the Sustainable Community Strategy for Halton.

The Board was advised that the Sustainable Community Strategy for Halton, and the performance measures and targets contained within it would remain central to the delivery of community outcomes. It was therefore important that progress was monitored and that Members were satisfied that adequate plans were in place to ensure that the Council and its partners achieved the improvement targets that had been agreed.

The following comments arose from the discussion:-

- In respect of NI 142 – Improve the number of

vulnerable people supported to maintain independent living – Clarity was sought on how many services were commissioned. Members also requested more information on the service;

- It was agreed that information on the Floating Support Service would be circulated to all Members of the Board;
- It was noted that organisations were encouraged to submit their performance monitoring data. It was also noted that sometimes organisations had failed to submit their data due to the timescales; and
- It was suggested that a list be provided of performance indicators that had ceased to exist at a national level be produced with an indication of how they would be monitored in the future. In response, it was reported that the next steps would be to identify priorities in order to determine what the performance indicators would need to be. In addition, it was reported that this process had just commenced and Members views were welcomed.

RESOLVED: That the report and comments raised be noted.

#### HEA12 THE CHESHIRE AND MERSEYSIDE TREATMENT CENTRE

The Board considered a report of the Strategic Director, Communities which reported that NHS Halton and St Helens were undertaking a formal consultation on future plans for the building known as The Cheshire and Merseyside Treatment Centre. This report was being presented to gain views from the Health Policy & Performance Board as part of this consultation.

The Board was advised that the Cheshire and Merseyside NHS Treatment Centre (CMTC) was located adjacent to Halton Hospital in Runcorn. The CMTC had been operational since 2006 providing a range of Orthopaedic services, to residents of Halton in addition to residents from Cheshire and Merseyside. The CMTC had ceased the provision of the current Orthopaedic services on the 31<sup>st</sup> May 2011.

The Board was further advised that NHS Halton and St Helens had developed a business case which identified a range of options to be considered for the future provision of

services on this site. Four broad options had been identified by the PCT and Runcorn GP Commissioning Consortium as from 1<sup>st</sup> June 2011 as follows:-

- Do nothing- included only to provide a benchmark for cost comparison;
- Divest- sell the building on the open market guided by an assessment by the District Valuer;
- Lease- seek through a procurement process an organisation that was willing to take on a lease for the building; and
- Utilisation- use the asset for local health care provision, if costs including capital charges, depreciation and running costs could be recouped.

It was reported that NHS Halton and St Helens would be consulting with all key local stakeholders in relation to these proposed plans. The consultation period ran from 6<sup>th</sup> May 2011 to 29<sup>th</sup> July 2011.

The report, concluded that taking into account the overall mix of benefits, costs and risks and assuming that the covenant did not apply, it was recommended that further work be undertaken to develop the implementation option details for D2 and D3 set out in the report.

The Board also received a presentation from Mr Simon Bank, Halton and St Helens Primary Care Trust (PCT), outlining the key issues and benefits within each option. He also reported that various public events had been arranged in Widnes, Runcorn and St Helens to obtain views from the public. The PCT had also met with MP's across Cheshire and Merseyside and would be presenting the report to the Executive Board and Area Forums to enable an open consultation. The decision would be made in September 2011 and the preferred option progressed fairly quickly.

The following comments arose from the discussion:-

- Clarity was sought on whether the option put forward could be delivered, particularly in light of the Government proposed changes. In response, it was reported that the options had been through the process of a benefits evaluation and had been led by the GP Consortia. The proposed options would deliver the best patient experience and the long term needs of patients in Halton;

- Clarity was sought on whether this would have an impact on the services provided at Halton Hospital. In response, it was reported that a capital programme was being explored. Furthermore, any services in the treatment centre should not be at the detriment of the current provider;
- It was noted that at the end of the consultation period, the facility would be utilised in the short term in order to recover some of the costs;
- It was emphasised that it was an excellent facility and that it must be retained for health purposes;
- It was noted that two questions had been submitted prior to the meeting and responses provided which had been circulated at the meeting and attached as Appendix 1 to the minutes; and
- Members of the Board indicated that they would send in their comments on the various options.

RESOLVED: That

- (1) Mr Simon Banks be thanked for his informative presentation; and
- (2) the report, presentation and comments raised be noted.

#### HEA13 PROPOSAL FOR THE DEVELOPMENT OF A HEALTH AND WELL-BEING BOARD

The Board considered a report of the Strategic Director, Communities which gave Members an update on the development of a Shadow Health and Well-being Board for Halton, the application to become an Early Implementer of Health and Well-being Boards and detailed the draft terms of reference for comment and discussion.

The Board was advised that it was proposed that a Shadow Health and Well-being Board would be established by summer 2011. Recent consultation with GP colleagues highlighted a desire not to rush into any formal arrangements, but to take a more measured approach in order to allow the new Board to evolve as all parties became clearer about their respective roles and the emerging role for the new partnership Board. In order to progress development of a Shadow Board the following points were suggested for action:

- Distribute the Draft Terms of Reference more widely following comments from PPB members;
- If it is agreed, that the new Shadow Health and Well-being Board could also incorporate the role of the Health Partnership Board and arrangements would need to be made to dissolve the HHP Board;
- Arrange the first meeting / development session for the new Shadow Health and Well-being Board to take place in Summer 2011; and
- Make use of the Early Implementer Network to share experiences with other areas and benefit from the expertise offered from the DH.

The following comments arose from the discussion:-

- It was noted that two questions had been submitted prior to the meeting and responses provided which had been circulated at the meeting and attached as Appendix 1 to the minutes;
- In respect of Page 282, paragraph 3.15 of the report — it was noted that this would significantly increase the workload and the responsibilities of Elected Members with less resources from Officers of the Council. It was also noted that the Board would need further reports in order to monitor the situation; and
- It was agreed that the Board receive the minutes of the Health and Well Being Board as a standard item on the agenda.

RESOLVED: That

- (1) the content of the report and comments raised be noted;
- (2) the draft Terms of Reference set out in Appendix 1 to the report be supported;
- (3) the recommendations for the links to the Health and Well Being Boards for Children's Services as set out in paragraph 3.19 of the report be supported;

Strategic Director  
- Communities

- (4) the next steps as set out in paragraph 3.30 of the report be agreed; and
- (5) the Board receive the minutes of the Health & Well Being Board as a standing item on the agenda.

#### HEA14 STANDING ORDER 51

The Board was reminded that Standing Order 51 of the Council's constitution stated that meetings should not continue beyond 9 pm

RESOLVED: That Standing Order 51 be waived to allow the meeting continue beyond 9 pm.

#### HEA15 SAFEGUARDING ADULTS

The Board considered a report of the Strategic Director, Communities which gave Members an update on key issues and progression of the agenda for Safeguarding Vulnerable Adults.

The Board was advised that Halton LINK had held an informal 'drop-in' event/coffee morning in February 2011 to mark Dignity Action Day. The aims were to offer LINK's support to the local and national Dignity in Care campaign, to raise awareness of the importance of Dignity in Care and highlight what was taking place locally and to remind society that the dignity of those in their community was not the sole responsibility of health or social care staff. In addition, that everyone had a role to play and to remind the public that staff had a right to be treated with dignity and respect too, and to hear about people's experiences of local health and social care services over the past 12 months.

The Board was further advised that on the 15th February 2011, a shocking report from the Health Service Ombudsman, Ann Abraham, had been published called "Care and Compassion" [www.ombudsman.org.uk](http://www.ombudsman.org.uk).

The Board noted the key issues and progressions of the safeguarding agenda set out in paragraphs 3.3 – 3.10 of the report

The following comments arose from the discussion:-

- It was noted that the definition of 'Serious Untoward Incident' would be circulated to Members of the

Board;

- Clarity was sought on the change in respect of CRB checks. In response, it was reported that the list of occupations within the CRB check system was comprehensive, with different levels of checks required depending on the occupation i.e. basic, standard and enhanced. However, it had been proposed that this list be extended to incorporate additional occupations at various levels and this had been put on hold; and
- Concern was raised that some agency staff could be operating in the community without a CRB check. In addition, clarity was sought on whether Members could undertake visits to residential/nursing homes in the Borough as part of their safeguarding duties. In response, it was reported that some Members do undertake visits to residential/nursing homes, but it would need to be via an appointment as they were now independent providers, and visits were not an automatic right. However, the Contract Team, who were responsible for the contracts with external providers of care services undertook regular visits and also had various methods of collecting data and focussing on any concerns that had been raised. In addition, it was agreed that a previous report which had been considered last year highlighting a sample of the quality of services that were provided for Halton be circulated to all Members of the Board for information.

RESOLVED: That report and comments raised be noted.

*Meeting ended at 9.15 p.m.*

## **Questions and Responses**

### **Item 6A – Performance Monitoring**

#### **General Question**

1A Any progress with the resolution below?

“11th Jan PPB Extract

A member of the Board highlighted the complexity of the data and how it was reported and felt it would be useful to understand the thinking behind the proposals, whether there was a hierarchy of indicators, whether there were any existing or new objectives and if they had been considered in the light of the spending review. He also suggested that the Board have a half day workshop to share ideas and consider these points. It was noted that some data within the plan also came within the remit of other Policy and Performance Boards. After discussion, it was agreed that officers look at arranging a half day workshop at the end of the financial year to consider the overall framework and key priorities for the coming year.

RESOLVED: That

.(3) A half day workshop be arranged for Members of the Board to review t the Business Plans.”

#### **Response**

A report has been presented to the Corporate PPB on 24<sup>th</sup> May 2011, to consider the future performance management arrangements for the Council in the light of changing regulatory requirements and reduced resources. Corporate Policy and Performance Board will:

1. Oversees the process of developing the new framework; and
2. Receives a further report at its meeting on 6 September 2011, with a view to making a recommendation to the Executive Board as to the future framework for the Authority.

Any comments from elected members are welcomed in all PPBs. Further training events/ workshops are planned as part of this process, which are to be confirmed with Ian Leivesley and Cllr Wharton. (Sue - Ian is back on Tuesday am – I am not sure what he has agreed with Cllr Wharton as Ian was to schedule a further meeting with Cllr Wharton)

**1. Is the Directorate Overview Available?**

#### **Response**



Yes, This is available to all elected members via the Members bulletin that is issued six weeks after the quarter end

## **2 Prevention and Care (Page 37)**

The Service Objectives are all achieved. Well Done.

However the Performance Indicator targets will not be achieved. While understanding that final figures will not be available till June, the overall results are known. Is it possible to comment on the implications and the learning points on these missed targets?

After all targets are set to stretch our performance, there would be a problem if all targets were met.

### **Response**

There are a number of issues with the missed targets- some are due to population changes, which will affect the percentages these, will be reviewed when setting targets next year to ensure correct. Also a reduction in overall staff numbers have made some training targets impossible to achieve, again these will be reviewed. At times they are due to administration/process issues which are addressed in performance meetings. On others we will address as part of our overall performance management and look to put action plans in place- to improve performance as required and identify any learning- this is an ongoing process.

## **3 Complex Services (Page 66)**

Ref NI 137- Healthy Life Expectancy at age 65

Is there a recovery plan to measure this indicator in another way ?

### **Response**

This will be further discussed with the PCT, Public Health to confirm if any of them collect any surveys to provide further information or if a local measure could be developed or collected in Halton proposed localised Places Survey in 2011/12

Since the abolition of the Places Survey in August 2010 by the Coalition it is no longer possible to collect this indicator nationally. To date no further national indicators are planned to capture this data by Local Government as announced in the Single Data set. Information is reported on all age mortality rates in the Sustainable Community Strategy report Ni 120, NI121, NI122, and actions taken to support people with a long term condition to be independent and in control of their condition NI124

**Item 7(b)-Policy Issue –Quality Accounts 2010/11 – Warrington and Halton (Page 99)**

4 Thank you for summary. Can the Improvement indicators for next year be confirmed ?

**Responses regarding the Quality Account**

**Improvement Priorities 2011/12**

**Infection Control** - Our plan for 2011/12 is to have no more than 4 cases MRSA bloodstream infections and 54 cases of Clostridium difficile acquired within the hospital

**Pressure Ulcers** - Our plan for 2011/12 is to have no more than 29 grade 3 & 4 hospital acquired pressure ulcers

**Venous Thromboprophylaxis (VTE)** - Our aim for 2011/12 is to continue to maintain the compliance rate of over 90% for VTE risk assessments

**Falls** - Our aim for 2011/12 is that we will have no more than 50 incidents of fall that caused moderate to severe harm.

**Hospital Standardised Mortality Ratio** - Our aim is to maintain the reduction of the HSMR over the next year (with the understanding that the figure will change automatically when the data is rebased nationally)

**Reducing harm to patients who are critically ill** - Our aim for 2011/12 is to achieved a compliance of 95% for completion of care bundles to reduce ventilator acquired pneumonia and 100% for care bundles to reduce urinary catheter infection prevention

**Improving the care of the deteriorating patient** - Our aim for 2011/12 is to reduce cardiac arrests by 5%

**Ensuring Safer Surgery** - Our aim for 2011/12 is to achieve 90% compliance in completing the 'safer surgery checklist'

**Complaints/PALS**

Our aim is to comply fully with the agreed response time rate to complainants.

The Trust will continue to look at ways in which it enables and encourages patients/relatives to provide feedback on their experiences of their care and services.

**National Inpatient Survey 2010**

There are issues that we need to continue to improve upon, and these will be the focus of our work over the next 12 months. These include:

- Responding to patients when they have used their call bell
- Improved ways of communication with patients about their care

- Reducing the delay in the process of discharge from hospital

**Training & Appraisal** - The Trust aims to reach its target of 85% compliance within 2011/12

#### **Item 7 (d) JSNA Report**

- 5 Page 209 . Is the new Cancer Action Plan available?

##### **Response**

‘The strategy group are due to meet to complete and will have a finished document in the next 4 weeks and hope to present the H&WBBs. Happy to send to the health policy & performance board meeting at that stage. The Document is owned by the Cancer Strategy Group which has Daniel, Jenny and Anthony at the core.’

[Daniel.Seddon@hsthpcct.nhs.uk](mailto:Daniel.Seddon@hsthpcct.nhs.uk)  
[antony.currell@hsthpcct.nhs.uk](mailto:antony.currell@hsthpcct.nhs.uk)  
[Jennifer.Owen@hsthpcct.nhs.uk](mailto:Jennifer.Owen@hsthpcct.nhs.uk).

#### **Item 7 (f) The Cheshire and Merseyside Treatment Centre**

- 6 Page 262. What is the position with the covenant, can/will it be removed ? The overall conclusions rely on this point.

##### **Response**

Negotiation will need to take place in regard to the covenant. Any change in the covenant is reliant upon an agreement of all parties.

7. I understand that Warrington and Halton Hospital NHS Foundation Trust (WHHFT) proposes to spend £9M building a new Treatment Centre with similar facilities to the existing Treatment Centre. Should this not be factored into this Business Case?

##### **Response**

Warrington and Halton Hospitals NHS Foundation Trust are exploring a capital programme. We cannot account for this in the business case as the Law dictates that any option we pursue must be through an open and transparent process involving any potential provider.

#### **Item 7 (g) Proposal for the Development of a Health and Well-Being Board**

- 8 Page 282. The scrutiny aspect of the HWB is awaiting Government decisions, like a lot of the Health Bill, but if Overview and Scrutiny is included in the HWB’s remit, what is proposed for the future of the Health PPB ?

**Response**

From the initial guidance received overview and scrutiny will not be a function of the HWB remit

9 Page 290. Will the LINK /Health Watch Representative have a vote?

**Response**

In the draft report which we have shared with Lynn Williams - Links/HealthWatch have a place on the Board and as such would have a 'vote'