

Declarations of Interest

Any Member attending the meeting is reminded of the requirement to declare if he/she has a personal interest in any item of business, as defined in the Code of Conduct. If that interest is a prejudicial interest as defined in the Code the Member should also withdraw from the meeting.

S U P P L E M E N T A R Y A G E N D A

(Pages)

3. Reports from Members

To receive any reports from Members.

Cllr. Matthews - Bucks Health and Adult Care Select Committee, January 2017 **(5 - 6)**

Cllr. Pepler - Bucks Healthcare Trust, 25 January 2017 **(7 - 8)**

The next meeting is due to take place on Tuesday, 13 June 2017

BUCKS HEALTH AND ADULT CARE SELECT COMMITTEE,

Update January 2017

1. Strategic Needs Assessment

This is being refreshed. A joint activity between the LAs and CCGs through the Health and Wellbeing Board. Going forward this will be a continually updated document rather than a 5 year fixed plan. The current updates are being worked through by consultants and will be published soon.

The aim is to have a greater public voice to input to the process.

Data gathering exercises are currently being undertaken which is being hindered by the fact that up to date data post 2014 is not yet available. Data sets shown included the fact that there is a documented large patch of loneliness in the Iver area.

2. Health and Wellbeing Strategy refresh.

This is again a joint LA and CCG owned initiative, sitting under the Health and Wellbeing Board. The same key priority areas will remain for the next 5 years. Documentation on this is coming to the PAG.

Themed meetings will be held to look at ways of delivering the aims of the refreshed strategy.

Members expressed concern that no details on how the impact is going to be measured are available.

3. Active Bucks

This focuses on the LAFs although there are some county wide activities as well such as Community Champions. The new programme of activities is just starting and Bucks CC members have been charged with promoting the programmes in their areas.

Wendy Matthews
January 2017

Report of The Meeting on 25th January 2017 of the Bucks Healthcare Trust

The meeting started with the story of a patient who had been suffering from c difficile for 8 months. He was firstly in hospital in Oxford where the drugs he was given failed to cure the condition and instead upset his stomach and later he was admitted to High Wycombe hospital when after a while they managed to cure him with a new antibiotic. The problem that the staff at High Wycombe experienced was that there was a complete breakdown in their communications with Oxford over obtaining details of the patient's medical history and as the patient had to be put in a side ward he suffered from loneliness and did not have access to a television set.

The Chief Executive then presented his report in which he indicated that they had coped reasonably well in managing challenging circumstances during the previous few months attendances at A & E had sharply risen and with ambulance conveyances were up by 5% and 12% respectively compared with the same period last year He was however receiving complaints from people when patients had to wait for up to 12 hours in A & E for a bed. The stroke services at High Wycombe continue to go from strength to strength with the unit being expanded to support the arrival of 400 additional patients a year.

The meeting was advised of the three top risks which were:-

The risk to delivery of organisational objectives in the absence of sufficient staff.

The risk around the delivery of the financial plan.

The risk to patient experience due to pressures on the patient pathway.

The Operational report was received which showed that the waiting time for patients who needed to go into care homes was increasing which caused bed blocking but they hoped to get back to normal by April 2017. Improvements were seen in treatment for Cancer patients, the rate of staff sickness and in staff turnover There had been deterioration in A & E performance, The nursing vacancy rate. Statutory training and roster key performance indicators.

The board discussed a paper about shaping their external environment. The trust was going to need to consider the growth in population about the development of the Aylesbury Garden Town and the possible changes in Local Government in the next few years. These factors will increase the demand for services provided by the Trust.

The Patient and Carer Experience Strategy was presented by the Chief Nurse. This was a draft document on which the staff were to be consulted with the final strategy being launched at the end of March 2017.

On the Workforce Report the nurse vacancy rate at the end of December was 15.2% and it was hope to reduce it to 13.1% by the end of the year. There were 42 active open medical vacancies with a target to reduce the number to 20 by the end of the year. Sickness absence decreased slightly to 3.95

in November from 4% in October and 69% had been vaccinated against flu.

The Quality Report followed which indicated that there was a new national approach to Mortality reviews. The Trust was signed up to the programme and more details will be known in April. In order to improve on quality it is planned that there should be quality rounds with monthly reports being supplied.

The Infection Control Report showed that there had been no new cases of MRSA or C Difficile in December. They had secured over £75000.00 for infection prevention estates maintenance work and the infection prevention team will shortly start working in Ward 2A at High Wycombe Hospital.

With regard to the Financial Report there is a risk over the delivery of the year end forecast and maintaining cash balances sufficient to service requirements. With the help of loans they hope to be able to show a small surplus at the end of the year.

David Pepler

14th February 2017