

## Healthwatch Oxfordshire Board of Directors

<b>Date of Meeting:</b> 22 <sup>nd</sup> September 2015	<b>Paper No:</b> 2
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<b>Title of Presentation:</b> Chief Executive's Report, July 14 <sup>th</sup> - September 10 <sup>th</sup> 2015
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<b>This paper is for</b>	<b>Discussion</b>		<b>Decision</b>	x	<b>Information</b>	x
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<b>Purpose and Executive Summary (if paper longer than 3 pages):</b> This paper summarises activity undertaken by the Healthwatch Oxfordshire (HWO) Staff team in the period since the last Board meeting.
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<b>Financial Implications of Paper:</b> None
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<b>Action Required:</b> The Board is asked to: <ul style="list-style-type: none"> <li>• Note the contents of the paper.</li> <li>• Approve the recommendation that from October 1<sup>st</sup>, all formal correspondence entered into should be published on the website, so long as that action does not compromise patient confidentiality.</li> </ul>
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## Introduction

The key areas of work for the team since the last Board meeting have been:

- i. Publication of the report into Improving Discharge from Hospital.
- ii. Drafting of the report on Dignity in Care and preparation for the launch event.
- iii. Early work on a new project to test whether services available to those affected by child sexual exploitation (CSE) are meeting needs.
- iv. Drafting of a written strategy for Healthwatch Oxfordshire.
- v. Recruitment of a new Marketing and Communications Manager.
- vi. Supporting campaigns on Chipping Norton Hospital, the Big Plan and Campsfield House.
- vii. Raising one-off concerns.
- viii. Submitting information to the Care Quality Commission (CQC) to inform upcoming inspection of Oxford Health NHS Foundation Trust (OHFT).
- ix. Scoping our contribution to the Oxfordshire Health Inequalities Commission.

### 1. External meetings attended by the CEO or Deputy in this period<sup>1</sup>.

It should be noted that there have been far fewer meetings than normal over the summer holiday period.

Organisation	Meeting	Purpose/outcome
OCC (Oxfordshire County Council)	<ul style="list-style-type: none"> <li>• Regular monthly liaison meetings with Director of Adult Social Care, John Jackson.</li> <li>• Jonathan McWilliam re public health long term planning</li> <li>• Health and Wellbeing Board</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain 2 way flow of intelligence and discuss approach to HOSC.</li> <li>• To inform Healthwatch Oxfordshire (HWO) about early thinking for future of public health services.</li> <li>• To act as watchdog to the committee on behalf of the public and to use presence there to update committee on the issues of public concern.</li> </ul>
Multi-partner meetings	<ul style="list-style-type: none"> <li>• Regular quarterly meetings with OCC, Oxfordshire Clinical Commissioning Group (OCCG), Oxford University Hospitals Trust (OUHT), South Central Ambulance Service (SCAS), OHFT and NHS England (NHSE) Directors of Quality &amp; Patient Experience leads to share information arising from patient engagement and to co-ordinate activity.</li> </ul>	<ul style="list-style-type: none"> <li>• HWO shared concerns with providers. Agreed regular additional meetings with OHFT and OUHT staff for HWO to update them on organisationally specific issues. Next meeting will share best practice on engagement and planned engagement activity to try and reduce duplication/overlap.</li> </ul>

<sup>1</sup> Note some of these were conducted by telephone

Organisation	Meeting	Purpose/outcome
	<ul style="list-style-type: none"> <li>Meeting hosted by David Cameron MP with West Oxfordshire District Council (WODC), OCCG, OCC, OHFT and Orders of St John Care Trust (OOSJ) to discuss Chipping Norton Hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Agreement to postpone move of contract from OHFT to OOSJ whilst alternative to proposed consultation options reconsidered in context of county wide situation on community hospitals.</li> </ul>
OCCG (Oxfordshire Clinical Commissioning Group)	<ul style="list-style-type: none"> <li>Primary Care Co-Commissioning Board.</li> <li>OCCG/LFCs (Locality Forum Chairs) meeting.</li> <li>Health Inequalities Commission steering group.</li> <li>Regular liaison meeting with CCG Chair and Chief Executive</li> </ul>	<ul style="list-style-type: none"> <li>To provide scrutiny and challenge on behalf of public.</li> <li>Joint information exchange between OCCG patient engagement leads, HWO and LFCs.</li> <li>Agree role HWO can play in supporting this commission.</li> </ul>
District and City Councils	<ul style="list-style-type: none"> <li>Hannah Cervenka, WODC</li> </ul>	<ul style="list-style-type: none"> <li>Discuss links between Lights Up Memory Clinics and dementia friendly communities report.</li> </ul>
IRC Campsfield	<ul style="list-style-type: none"> <li>Site visit and tour with OCC adult safeguarding lead</li> </ul>	<ul style="list-style-type: none"> <li>Safeguarding alerts investigated by NHSE (no action found to be required).</li> <li>HWO provided with information about contract monitoring process.</li> </ul>
CQC (Care Quality Commission)	<ul style="list-style-type: none"> <li>Samuel Wallace, engagement lead</li> </ul>	<ul style="list-style-type: none"> <li>To update CQC on issues we have been hearing and to discuss how we might work together next time they inspect OUHT.</li> </ul>
OUHT(Oxford University Hospitals Trust)	<ul style="list-style-type: none"> <li>Teresa Allen, Governor</li> </ul>	<ul style="list-style-type: none"> <li>To discuss what HWO do and how we and OUHT Governors can support each other.</li> </ul>

Organisation	Meeting	Purpose/outcome
Voluntary sector (some by phone)	<ul style="list-style-type: none"> <li>Jamie Miller, CEO Headway</li> <li>AGE UK Oxfordshire and Oxfordshire Association of Care Providers</li> <li>Margaret Madden, Barnardos and National Working Group on CSE</li> <li>Alice Hicks, Restore</li> <li>Jan Sunman, Oxfordshire Family Support Network.</li> <li>James Plunkett, Oxfordshire Council for Voluntary Action (OCVA).</li> </ul>	<ul style="list-style-type: none"> <li>Agreed that Headway would write to the OCCG asking for progress on service redesign, and the establishment of a programme board that would involve them.</li> <li>Progress planning for November 4<sup>th</sup> Dignity in Care launch event.</li> <li>To progress planning on the CSE project.</li> <li>To agree letter to go from HWO to OCCG chasing progress on promise to set up a special meeting of the Better Mental Health Programme Board to discuss her report.</li> <li>To discuss OCC response to Big Plan letters and proposed next steps for HWO.</li> <li>To discuss how OCVA can support HWO and vice versa.</li> </ul>

## 2. Organisational development issues

2.1 A new Marketing and Communications Manager, Richard Maynard, joined the team in August, when we also said goodbye to the former Communications Officer, Ben Mabbett.

2.2 The Chair and HR Group have been progressing actions arising from agreement made at the June Board workshop on renewing Directors terms of office.

2.3 The HR group has been revising the Grievance and Disciplinary policies and procedures and has agreed a new staff appraisal process. These will be brought to the November meeting for approval.

2.4 Terms of Reference have been drafted for all Board sub groups and these will be brought to the November meeting for approval.

### 3. Campaigns

3.1 The CEO is supporting 4 campaigns at present:

a) *Campsfield House*

We have been asking NHS England to demonstrate how it is assuring itself that medical services for detainees at Campsfield House are fit for purpose. As a result, a series of safeguarding alerts have been investigated but no action was found to be necessary, and NHS England have provided information on how they monitor the contract for health services in the centre. We are now just awaiting confirmation of how contract monitoring is informed by the patient voice.

b) *Community Hospitals*

We have been supporting the Chipping Norton Hospital campaign group, and lobbying in relation to other proposed changes to community hospitals. As a result we have achieved a delay in the change of service provider in Chipping Norton, a commitment by OCC and its partners to revisit the proposed consultation options and written confirmation from OCC that even if the provider changes, the service specification will not. At the time of writing OCC have not announced their intended next steps, but if the process continues to fail to meet standards of openness and transparency we will continue to advocate most strongly for fair play.

We have offered to meet with the action group in Henley and have been in correspondence with local politicians in Witney.

However we remain very concerned about the way in which the debate with local communities has been handled. As a result we have raised 3 issues formally with Health Overview and Scrutiny Committee (HOSC):

- What analysis of need for sub-acute and intermediate care beds has informed decisions about Witney, Henley and Chipping Norton hospitals?
- Is there a formal strategy for community based beds, and if not what plans are there to develop one?
- How can we improve the tone and manner of the conversation that commissioners and providers have with local communities about service change?

The next HOSC meeting is on September 17<sup>th</sup> and we will bring a verbal update to the Board.

c) *The Big Plan*

We have now had two exchanges of correspondence with OCC seeking detailed answers to a range of questions relating to the consultation on learning disability services, the plan to change providers and the risks associated with a very rapid implementation of any changes. At the time of writing we have received replies, but these have not reassured the families, staff and service users who have raised concerns with us. We are meeting with commissioners on September 16<sup>th</sup> and will bring a verbal update to the Board.

- d) *The needs of young people with complex mental health and learning disability needs.*

We are monitoring developments in the case of a young man whose needs are not able to be met satisfactorily in Oxfordshire, and will, in due course, seek further re-assurance from NHS England, OCCG, OCC and OHFT that the generic issues revealed by his case are being addressed.

#### **4. Other correspondence**

Commissioners and providers have a responsibility to respond to advice, recommendations and requests for information from HWO within 30 days. In addition to the formal letter-writing campaigns reported on above, the CEO and her Deputy have entered into one-off correspondence on a number of issues. This section of the report updates the Board on this activity and its outcomes.

##### **4.1 Correspondence responded to satisfactorily**

- a) HWO wrote to OUHT to pass on concerns about the PALS and complaints service. OUHT responded with a detailed letter promising to look into, and address, the issues raised.

##### **4.2 Correspondence not yet responded to at the time of writing.**

- a) Following a spike in complaints at outreach events, we wrote to SCAS on July 21<sup>st</sup> asking them to let us know whether their internal performance monitoring suggests a deterioration in call pick up and ambulance dispatch times in Oxfordshire in the last 3 months, and if so what steps are being taken to address this.
- b) Following our attendance at the Oxfordshire Veteran's Forum we wrote to the CCG on August 19<sup>th</sup>, asking them to co-ordinate a response to concerns on a range of health and social care issues raised by veterans and their organisations at that event. We have received re-assurance that a response is being put together.
- c) OCCG committed in June to holding a one off meeting of the Better Mental Health Programme Board, specifically to discuss Alice's Report. We wrote to them on August 20<sup>th</sup> asking for confirmation of the date of this meeting.

#### **5. Maximising the impact of correspondence and campaigns.**

As this area of our work gathers momentum, it is becoming clear that we need to be more transparent and open about what we are saying to others in our correspondence, and to share with the public what they are saying back to us.

It is therefore proposed that we create an additional page on the website and that, with effect from October 1<sup>st</sup>, we publish all formal letters and the replies received. We would add a line to our formal letter template so that all recipients know that this is our intent. The only exception to this rule would be if patient confidentiality were to be put at risk by publication.

## **ACTION:**

The Board is asked to approve the recommendation that, from October 1<sup>st</sup>, all formal correspondence entered into should be published on the website, so long as that action does not compromise patient confidentiality.

### **6. CQC**

The CEO submitted a substantial portfolio of information to the CQC when it called for information to inform its inspection of OHFT. This included:

- Correspondence relating to the Big Plan and specialist services for young people described above.
- Copies of 5 project fund reports that made recommendations to the Trust.
- Relevant extracts from the Outcomes and Impact Report presented to HOSC and the Health and Wellbeing Board in the spring.
- Our response to the Trust's Quality Account.
- A summary of concerns raised with us through outreach work.
- A summary of concerns raised with us about community hospitals.

### **7. Oxfordshire Health Inequalities Commission**

The CEO has now attended 2 meetings of the steering group for the Health Inequalities Commission, and we have committed to supporting this important initiative by:

- CEO sitting on the steering committee.
- A Board member to join the Commission if invited.
- Holding one voluntary sector event to promote the commission and solicit input.
- Promote the commission through our networks and encourage others to input.
- Collate the information contained in our project fund reports and other existing data sources for use by the commission.

No detailed timetable or project plan has yet been produced by OCCG, who are leading this initiative on behalf of the Health and Wellbeing Board, and when more detailed information becomes available this will be shared.

### **8. Media activity**

Since the last Board meeting the team has undertaken press and broadcast interviews relating to:

- OHFT financial situation
- Bed blocking
- Community hospitals
- Ambulance complaints
- The Oxfordshire Rural Community Council dementia friendly communities report
- The Dignity in Care Awards scheme
- Our discharge from hospital report
- The national Healthwatch England hospital discharge report.

#### **9. Feedback from the North Oxfordshire Locality Forum**

Now that we are holding Board meetings in public, we will routinely offer the relevant Chair(s) of the OCCG Locality Forums the opportunity to bring matters of concern in their area to our Board meeting. The Chair of the North Forum has asked us to report that the things the public are currently concerned about in the north of the county, as reported to them, are:

- Problems with the Choose and Book system
- That maternity services seem very variable at the Horton
- Concern that there is no MRI scanner at the Horton
- The on-going dispute about Chipping Norton Hospital
- Use of private ambulances in place of SCAS
- The quality of rehabilitation services at home for those discharged from the acute sector
- The quality of the OUHT stroke clinical provision.

#### **10. Progress reports on key pieces of work in last month**

Appendix One sets out detailed progress reports on all major pieces of internal work being led by the team. The work of the Head of Projects and her team is, this month, reported in Paper 5.

**APPENDIX ONE- PROGRESS REPORTS ON KEY PIECES OF INTERNAL WORK**

Volunteers	
Lead	Business Manager
Status	Amber
Progress	We are planning a thank-you party for our volunteers on September 30 <sup>th</sup> at the Ashmolean, and will combine this with an update on activity we would like help with over the autumn and winter. We are hoping to start involving volunteers in the outreach programme.
Risks and mitigating actions	<p>Risks:</p> <ul style="list-style-type: none"> <li>• That volunteers will disengage now that our large scale enter and view work is finished for this year.</li> </ul> <p>Mitigating actions by end December:</p> <ul style="list-style-type: none"> <li>• Provide additional training to volunteers to encourage them to become more involved in the outreach programme.</li> <li>• Continue to advertise that we are recruiting volunteers and that it is an open process.</li> <li>• We maintain an open dialogue with our volunteers through the survey and the thank you session.</li> </ul>
Issues requiring board input	None at this time
Developing use of CRM	
Lead	Head of Projects
Status	Amber
Progress	The team has so far made limited use of the CRM, and addressing this is a key objective for the Head of Projects in q2
Risks and mitigating actions	<p>Risks:</p> <ul style="list-style-type: none"> <li>• That HWE will not be able to deliver promised team training</li> <li>• That we will not be able to use the CRM to produce this year’s “we said, they did (or didn’t)” report.</li> </ul> <p>Mitigating Actions be end October:</p> <ul style="list-style-type: none"> <li>• Take up HW England offer of a full day of training for the team once the upgrade to v2 has been released</li> <li>• Attend a HWE course if they won’t come to us as promised.</li> <li>• Maintain excel spreadsheet to track advice/actions</li> </ul>
Issues requiring board input	None

Updating the website	
Lead	Marketing and Communications Manager
Status	Amber
Progress	<p><i>In the period July 15<sup>th</sup>- September 3<sup>rd</sup> we have had:</i></p> <ul style="list-style-type: none"> <li>• 805 hits by 604 users</li> <li>• 71.2% returning visitors 28.8 % new visitors</li> <li>• 2,124 pages viewed</li> <li>• Average length of visit 2m 38s</li> </ul>
Risks and mitigating actions	<p>Risks: Work to overhaul website on hold while Marketing and Communications manager gets up to speed.</p> <p>Mitigating Actions: Marketing and communications strategy coming to Board sub group in October</p>
Issues requiring board input	None
Stimulating Social Media Activity	
Lead	Marketing and Communications Manager
Status	Amber
Progress	<p><i>In the period July 15<sup>th</sup>- September 3<sup>rd</sup> , on twitter we have had:</i></p> <ul style="list-style-type: none"> <li>• 1,245 followers</li> <li>• 29 Tweets</li> <li>• 22 Retweets</li> <li>• Retweet reach of 816,270 people</li> <li>• 31 Mentions</li> <li>• Mention reach of 879,785 people</li> </ul> <p>On Facebook we have:</p> <ul style="list-style-type: none"> <li>- 182 page likes</li> <li>- 1,647 people reached</li> </ul>
Risks and mitigating actions	<p>Risks: Social media profile still perceived to be poor by key stakeholders including members of the Board.</p> <p>Mitigating actions being taken now:</p> <ul style="list-style-type: none"> <li>• Head of Projects, CEO and team tweeting on behalf of HWO.</li> <li>• Marketing and Comms Manager briefed to maximise potential of social media to support our work.</li> </ul>
Issues requiring board input	None