



Healthwatch Oxfordshire
Annual Report **2014/15**

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Note from the Chair



Healthwatch Oxfordshire is the independent consumer champion for people using health and social care services in Oxfordshire.

During 2014/15 the board of directors has overseen a wide range of projects, surveys and reports that have informed and shaped local provision of health and social care in order to make a real difference to people's lives.

This was the first year that our community interest company, established in November 2013, actually took responsibility for running Healthwatch Oxfordshire with a contract starting on 1st April 2014 and expected to continue for at least a further two years. During 2014 I became chair when our first chair stood down. We were pleased to recruit Rachel Coney in July as our new Chief Executive Officer.

I have been greatly impressed by the success of our Project Fund, led by Vivienne Laurie as the panel chair and supported by Annie Davy as Project Officer. I want to thank them for helping the fund make such a good start. Applications to the fund in 2014/15 came from such diverse bodies as mental health service user groups, a learning disability advocacy organisation and a local Asian women's group. Projects were proposed and carried out by grass-roots organisations that know their client group really well and help Healthwatch Oxfordshire extend its reach into 'seldom-heard' communities.

I have been privileged to speak up for local people at the Oxfordshire Health and Wellbeing Board - a seat on its board is reserved for the Chair of Healthwatch Oxfordshire. I am grateful to my vice-chair Dermot Roaf who has made regular presentations on behalf of Healthwatch Oxfordshire to the Health Overview and Scrutiny Committee of the county council. Thanks to all the 2014/15 directors for their support.

Board development continued to take place in 2014/15 including ensuring directors are fully aware of relevant new legislation such as the Care Act 2014 which came into force on 1 April 2015. Directors also joined Healthwatch volunteers for training in relation to collecting views of health service users.

In March 2015 I was delighted to welcome Eddie Duller OBE to the board to take up the role of chair going forward. Eddie comes with a wealth of experience in the world of journalism and management and I am confident he will lead Healthwatch Oxfordshire to even greater success in 2015 and beyond.

Jean Nunn-Price MBE
Chair of Healthwatch Oxfordshire 2014/15



Note from the Chief Executive



This year our work has led to more than 40 changes in the way health and social care services are commissioned and provided in Oxfordshire.

Achievements to highlight include:

- Provision of city centre paramedic services on weekend evenings.
- Adapting the rules around how local people can use direct payments for social care so they better meet the needs of ethnic minority communities.
- Improving support for Asian women's mental health care.
- Improving access to British Sign Language interpreters for deaf people using local services.
- Improving mental health services in schools.
- Influencing how local GP services develop.

We have recruited 25 volunteer researchers who have conducted more than 60 interviews with people who have experienced discharge from hospital in Oxfordshire. A further 350 patients, GPs, pharmacists and care providers have also shared their experience of hospital discharge with us. We will be publishing their recommendations for change this summer.

Over 1,500 people told us about their experience of accessing primary care and their evidence helped the new groups of local GP practices raise £5 million for pilot projects.

We have given grants to 15 local voluntary sector organisations to enable them to share the views of the most seldom heard groups in our community, and so far this has led to publication of 10 reports from diverse communities - all of which have led directly to improvements being made in local services.

Our outreach programme has taken us to events all over Oxfordshire, enabling us to hear the views of over 520 individuals who told us that their main concerns were access to GP services, communication between GPs and hospitals, and waiting times for social care assessments and services. These matters are being addressed by commissioners and providers in their plans for 2015/16.

Our work with the people responsible for improving patient experience in the organisations that buy and provide local care has led to a system wide commitment to focus on seven key improvement areas, and these will be included as new priorities in the 2015/16 Oxfordshire Health and Wellbeing Strategy.



This has been a year of transformation for Healthwatch Oxfordshire and a year of widespread improvement to local services for local people.

About Healthwatch



At Healthwatch Oxfordshire we focus on finding out what local people think is good and bad about health and social care in the county, and then we lobby for change on their behalf where necessary. We make sure that the people who buy and provide local health and social care services put the experiences of local people at the heart of their decisions.

Our vision and mission

Healthwatch Oxfordshire's vision is that the people of Oxfordshire are shaping their own health and social care services.

Our mission is to be the independent champion for health and social care users in Oxfordshire.

Our strategic priorities

In 2014/15 our priorities have been:

- Giving a voice to seldom heard communities through our small grants fund.
- Understanding local people's views on GP services and influencing and informing primary care development.
- Having more conversations about care with more members of the public and more local voluntary organisations.
- Using what you have told us to make a difference.

In 2015/16 Healthwatch Oxfordshire's priorities will be to:

- Raise our profile with the public so that we hear from more people about their experiences of care.
- Gain clear commitments to improve hospital discharge processes, based on the recommendations we put forward.
- Examine all areas of dignity in care, gain clear commitments to improve where necessary and celebrate examples of good practice.
- Continue to give a voice to seldom heard communities through our grants fund, awarding at least five grants and publishing at least five more reports.
- Strengthen our partnerships with local voluntary organisations.
- Use our membership of the Health and Wellbeing Board to make sure the decisions being made about local services truly reflect and respond to what local people tell us needs to change.



Our organisational development.

Healthwatch Oxfordshire has matured significantly as an organisation in 2014/15.

- We recruited a new Chief Executive who took up post in July 2014.
- We restructured our staff team to make us better able to deliver our work programme.
- We moved into new offices which are much more accessible to the public and our key partners.
- We developed strong and productive relationships with those responsible for commissioning and providing health and social care services in Oxfordshire.
- We greatly increased our media profile with an average of four mentions a week in the local broadcast and print media.
- We established robust ways of holding local providers and commissioners to account for delivering our recommendations.
- We recruited eight additional board members including a new Chair, to take the organisation forward into 2015/16 and beyond.

The Healthwatch staff: 1. Rachel Coney 2. Kanika Lang 3. Mark Stone 4. Fenella Trevillion 5. Carol Moore 6. Emma Nawrocki 7. Aimee Evans 8. Annie Davy 9. Ben Mabbett 10. Carol Ball.



Engaging with people who use health and social care services

Understanding people's experiences

Healthwatch Oxfordshire finds out about local people's need for, and experience of, health and social care services in many ways. We have heard directly about the experiences of approximately 4,500 people through our outreach, projects, events and information work. We now have over 1,000 people on our mailing list receive regular information from us. 3,614 individual visitors have made 5,500 hits on our website.

We support local organisations that already have strong relationships with seldom heard groups

This is done by publishing reports that enable those communities to share their experiences of local services. We set aside £25,000 a year to give in grants to other organisations for this purpose.

In 2014/15 we published reports that gave us the views of young people (under 21), older people (over 65), disadvantaged people, people we believed to be vulnerable and people who are seldom heard. These included:

The Asian Women's Group Report. This led to improvements in the way mental health support services are offered to this community, such as free mental health first aid courses for Asian women, bite size confidence to care courses for black and minority ethnic communities and an information campaign for GPs on prescribing halal medicines.



Sign Lingual UK - Access to Healthcare Services for Deaf People. This is being used to inform the new contract for British Sign Language interpreting services in Oxfordshire.

My Life My Choice - research into GP provision for people with Learning Disabilities. This has led the Clinical Commissioning Group to work actively with this group of service users to help improve take up of GP health checks.

Local Experience of National Concern. This report has been used by the Department of Health to inform development of an effective peer support service for families of young people with severe mental health needs, challenging behaviours, autism and learning disabilities.

Community Glue - Personal Budgets: Where next in Oxfordshire. Oxfordshire County Council has committed to making it possible for informal groups to make care plans and to access information and advice together.

A report by university students. This led directly to the provision of paramedic care in the city centre on weekend evenings.

"The police, local bars/nightclubs and charitable organisations have all highly praised the placement of an SOS bus in Oxford city centre, which could save in excess of 47 A and E attendances over Friday/Saturday evenings."

(Health Overview and Scrutiny Committee report, 23/4/15)



The Oxford Mental Health Forum report on young people's mental health. This has led to new mental health support services being made available in all Oxfordshire secondary schools.

We talk to individual members of the public

This is achieved through an extensive programme of events in supermarkets and markets, and by attending community events and meetings of local groups.

This year we talked to over 520 people and they told us their main concerns were access to GP services, communication between GPs and hospitals and waits for social care assessments and services. Action is now being taken on all these issues under the leadership of the Clinical Commissioning Group and the county council.

We hold listening events

These are on particular topics and this year they have included:

- A workshop on the unmet health and social care needs of working age adults which has directly informed the Oxfordshire Joint Strategic Needs Assessment.
- A conference with the Care Quality Commission (CQC) and the Clinical Commissioning Group to hear the views of local voluntary organisations which directly informed CQC preparation for inspection of local GP practices, and contributed to a wider strategic report on primary care.

- A partnership event with the University of Oxford Patient Experience Institute to inform and hear the views of local people on the national care data programme.

We take up matters of concern

This year we have lobbied on behalf of local people over the impact of changes to the GP contract on the development of practice participation groups, the failure to meet 62 day treatment time targets for cancer, and the effectiveness of the healthcare being provided in our immigration detention centre.

A Hearsay! event for users of social care services

"As a direct result of last year's Hearsay! event, Oxfordshire County Council has committed to publishing performance data of individual care agencies showing the number of missed and late visits. It is developing customer standards for care homes, personal assistants, supported living, social workers and occupational therapists and is changing how it gives information and advice to make it easier to understand."

(John Jackson, Director of Adult Social Care)



We undertake large scale survey based projects

This year over 800 people completed a survey telling us about their experience of accessing GP services. We used the findings from this survey, alongside the issues raised in our grant funded project reports and the outcomes of our voluntary sector conference, to produce a comprehensive report on GP services. This has directly informed the local Prime Minister's Challenge Fund bid for extra money for developing GP services and the local Primary Care Development Strategy.

We use our powers to Enter and View

Oxfordshire continues to experience higher numbers of delayed discharges from hospital than any other area in England, and has not been able to identify either short or long term solutions to the problem. Local organisation Patient Voice also identified the need for a study on discharge procedures. We therefore decided to undertake a project to find out:

- What is and isn't working well about hospital discharge, from the patient and carers point of view.
- How the way a patient is discharged helps or hinders the organisations trying to support people after they leave hospital.

At the heart of the project has been a programme that has seen 25 volunteer researchers undertake 69 interviews across four secondary care hospital sites, two

community hospital sites, a small number of local care homes and with eight individuals in their own homes.

We also made the questionnaire available on line, and worked with the local media to encourage people who had been discharged from hospital in the last 12 months to self complete, giving us feedback from a further 215 local people - some of whom don't live in the county but get their health and social care from Oxfordshire providers.

As well as asking the public about their experience of being discharged from hospital we worked with GPs, pharmacists and care providers. This generated nearly 140 responses about how the process could be improved. We will be analysing all these responses and using them to make recommendations to health and social care providers and commissioners about how discharge could be improved locally.



Providing information and signposting for people who use health and social care services

One of our core functions is to provide information to the public about the services available to them

The Healthwatch Oxfordshire team answers questions from the public every week about local services. This year we have received information requests from over 500 people. Requests for information cover a huge range of topics from how to make a complaint, how to access patient records, the contact number needed to get through to a particular service, where to get support for a particular issue or sometimes just explaining how the health and social care system works.

The organisations we most commonly signpost people too are Support Empower Advocate Promote (SEAP) - who help individuals make complaints to the NHS, the PALS (Patient Advice and Liaison) teams in each hospital and the Oxfordshire County Council comments and complaints team.

We had a call from an 80 year old patient who was going into hospital in two weeks' time to have a hip operation. She was concerned that even though her surgery was only two weeks away no one had talked to her about reablement care and she was unsure about how she would cope after discharge.

We contacted Oxfordshire County Council social services team to find out how they ensure people had the care they needed after discharge. They explained that the patient would be assessed prior to leaving hospital and if the assessment evidenced that she needed reablement care it would be arranged for her at that time.

We called the patient back and explained what the process would be. As a result she felt reassured that she now understood what would happen after her surgery. Although a simple information request, it helped the patient reduce the stress she was feeling about her planned admission to hospital.

Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

All Healthwatch Oxfordshire activity results in reports and recommendations about how local care services ought to be improved, based on what local people tell us.

Each report is promoted extensively in the local media and sent to the leaders of the organisations who can do something about the matters raised, with a request that they tell us what action they are going to take.

Every six months we write back to each organisation asking them to update us on their progress with making the changes they promised. We then compile a detailed report that is presented to our local Health Overview and Scrutiny Committee, to our local Health and Wellbeing Board and to the media.

All requests for information have been responded to by the relevant organisations and this approach has led to over 40 changes to local services, policy or staff training - all of which were based on feedback from local people.

Changes were made by all major health and social care organisations

- **Oxfordshire County Council** has committed to publishing performance data of individual care agencies showing the number of missed visits and late visits; is developing customer standards for care homes, personal

assistants, supported living, social workers and occupational therapists; has committed to incorporating dementia awareness into their training and is changing the way it gives information and advice to make it easier to understand.

- **Oxfordshire Clinical Commissioning Group** has raised £5m from the Prime Minister's Challenge Fund for a range of projects to improve access to GP services. The projects will address the concerns patients told us matter to them, such as longer appointments for complex problems and making it easier to get an urgent appointment for a minor ailment.
- **Oxford Health Foundation Trust** is putting mental health services in all secondary schools.
- **Southern Health Foundation Trust** offered much better intensive support to people in the community, reducing the need for people to be admitted to hospital.
- **Oxford University Hospitals Trust** is revising its staff training on using translators and interpreters.
- **South Central Ambulance Service** has put new paramedic services into the city centre on weekend evenings.
- **NHS England Thames Valley** has committed to revising and re-issuing its guidance on using interpreters and translators to all primary care providers in Thames Valley.



Putting local people at the heart of improving services

Healthwatch Oxfordshire has promoted or supported the involvement of local people in the commissioning, provision and management of local health and social care services by:

- Helping to recruit local people to sit on groups like the Clinical Commissioning Group Quality and Performance Committee.
- Widely publicising all local consultations on service change.
- Recruiting and training volunteers to undertake Enter and View activity.

Working with others to improve local services

This year we worked on our project to improve hospital discharge with the county council, Oxfordshire Clinical Commissioning Group, GPs, pharmacists and care providers, as well as the organisations which provide hospital and social care service services.

This approach has made it possible to hear the views of over 400 people.

At Healthwatch Oxfordshire we don't just collaborate at project level. We have also set up a regular meeting between the directors responsible for Quality Improvement from Oxford University Hospitals Trust, Oxford Health FT, South Central Ambulance Service, the Oxfordshire Clinical Commissioning Group, Oxfordshire County Council social care and public health teams and NHS England Thames Valley.

In 2014/15 the work of this group has resulted in agreement that the Health and Wellbeing Strategy for Oxfordshire will reflect service user and patient feedback about what really needs to change, and all organisations will work together and on their own account to deliver the changes patients say matter. This means the whole system will have renewed focus in 2015/16 on improving:

- How well care is joined up when it is being delivered by a range of health and social care providers.
- Communication between different organisations within the system about individual patients.
- Communication by all parts of the system with patients and carers, both in terms of staff attitudes, involvement of people in decision making about their care and delivery of dignity standards.
- Carer involvement in care planning and care delivery.
- Treatment of patients with physical and mental health needs.
- How well the psychological component of all healthcare is recognised and met.
- Staff, carers and patients ability to raise concerns or complaints without fear of retribution.
- Public education about how to use the NHS wisely and how to look after oneself when that is the most appropriate thing to do.



Healthwatch Oxfordshire and the Care Quality Commission (CQC)

Healthwatch Oxfordshire has worked with the CQC in several ways this year.

- We have raised a safeguarding alert about care in a local extra care housing provider with the CQC. They investigated the incident and were satisfied that the provider had addressed the concerns.
- We supported a group of local organisations who are interested in healthcare provision in our local immigration detention centre. The group raised concerns with the CQC about the quality of a CQC inspection, which they believed had overlooked significant areas of concern. The result of this intervention will inform work the CQC are doing to improve how they undertake inspections in immigration detention centres across England.
- We set up a conference at which local voluntary organisations could tell the CQC what their members thought about local GP services. This gave the CQC some initial ideas about the themes they should focus on in the local GP inspection programme. We have not recommended that CQC undertake any themed investigations.

Working with Healthwatch England

Healthwatch Oxfordshire publishes all its reports on its website, and meets regularly with the local Healthwatch England development manager and other Healthwatch staff in Thames Valley to share intelligence.

We have:

- Provided Healthwatch England with information from a range of sources about local experience of accessing GP services, to inform the Healthwatch England national report on this subject.
- Actively supported the national special enquiry into discharge of homeless people from hospital.
- Shared our report on deaf people's access to services with the national team to inform work being undertaken at a national level for this patient group.
- Responded to requests to provide our local MPs with reports relevant to parliamentary debates on issues such as child and adolescent mental health services.



Impact Stories

A local Issue of National Concern

The Oxfordshire Family Support Network (OxFSN) produced a report, funded by Healthwatch Oxfordshire, which shed light on the difficulties faced by families seeking appropriate care and support for loved ones with learning disabilities, autistic spectrum disorder, mental health needs or challenging behaviours.

The report highlighted failures in respect of the current system in Oxfordshire and called on local commissioners to work with families and service users as 'experts by experience', in order to create services that meet their needs.

The tragic death in July 2013 of a resident in the Short-Term Treatment and Assessment Unit raised awareness of the importance of families getting the right information, advice and support, in order to understand how to safeguard and protect their loved ones.

Jan Sunman, Project Worker from Oxfordshire Family Support Network, explained: "Our purpose in writing this report was to give a voice to a very hidden group of families. We are calling for significant improvements in the way that young people are supported."

Impact so far

As a direct result of the publication by Healthwatch Oxfordshire of this report in June 2014 OxFSN:

- Were invited to take part in an NHS England South Pilot, working in partnership with other organisations run by experts by experience, to run training sessions in Gatwick, Reading and Taunton, on "Making Families Count- Families Experience of NHS Investigations."
- Were invited by the Department of Health to submit a proposal to develop training in how to provide peer to peer support for family carers who have relatives with learning difficulties and mental health needs.
- Were able to ensure four local parents were trained to act as experts by experience in Care and Treatment reviews of people in secure units similar to Winterbourne View.



Healthwatch Volunteers

Improving Access to GPs

What we did

In 2014/15 we have focused on access to local GP services. We gathered the views of over 1,500 people by:

- Working with the Patients Association to survey over 800 local patients.
- Funding organisations like the Asian Women's Group, My Life My Choice and Sign Lingual to explore the barriers facing Asian women, people with learning difficulties and local deaf people when they try to see a GP.
- Holding a conference that was attended by over 60 people from local voluntary organisations, and asking them to answer the questions Care Quality Commission inspectors were going to be asking about local GP practices.
- Talking to hundreds of local people in their communities and asking them to share their views on local GP provision.

We found that:

- One-third of those surveyed were unhappy with their wait for an appointment "a three-four week wait to see the GP you are registered with is completely unacceptable."
- Two-thirds of people surveyed were happy with their GP service "there is an entire culture of helpfulness at my practice...staff are excellent...my own GP is superb."
- Information sharing between GPs and hospitals needs to be improved.
- Dignity in care standards sometimes slip in reception and in consultations "it seems I am putting someone out by asking to see a doctor."
- The public understand they have a responsibility to make sensible use of their GP and think there is a need for a public education campaign on how to make more responsible use of NHS services.

How we used the information

We shared the findings with the Care Quality Commission and they are using the information and the direct experiences of seldom heard groups to train their inspectors.

We presented our findings to the local Primary Care Board which brings together GPs, the Clinical Commissioning Group and NHS England. They are developing a local "use your NHS wisely" campaign with our support and they used the data to help raise £5m from the Prime Minister's Challenge Fund for pilot projects to test ways to improve things, such as:

- Setting up hubs where patients from groups of practices who need same day appointments can be seen, freeing up GPs in each practice to have longer appointments with other patients.
- Offering email consultations to free up appointment slots.
- Setting up a home visiting service that can respond early in the day to requests for home visits, making more appointments available for those who can get to the surgery.
- Employing extra staff who can spend more time with patients who need help accessing care.

Healthwatch Volunteers are vital to our work. Healthwatch Oxfordshire has a comprehensive strategy for recruiting, training, using and supporting volunteers, which is overseen by our business manager.

This year we have recruited 25 local people, who have been trained to help us promote our work and to undertake structured interviews with over 60 patients and carers.

Volunteers have also helped us design questionnaires and to think about how we capture and analyse the data coming into the organisation from every source.

Each volunteer is asked to apply in writing, is interviewed and then undergoes a full Disclosure and Barring Service check. Volunteers are then invited to participate in a one day Healthwatch Oxfordshire Induction training event, and a one day enter and view training event.

"I would like to place on record the fact that I have thoroughly enjoyed the training process and consider myself very fortunate in having been able to take part in the run up to such an exciting pilot. I am impressed with your attention to detail and your desire to work so collaboratively and positively with health and social care providers. Everyone has gone out of their way to make sure all of us volunteers have a positive, enjoyable and rewarding experience. I am confident that this and future projects will be successful!"

"It was a brilliant day I thoroughly enjoyed it... But don't just thank us since a great deal of thanks go to you.... for the superb organisation. It's good to be part of your team. Will email you shortly with my availability for the next visits but give other volunteers priority to experience what we all did yesterday."

For each project the volunteers are involved with, we provide additional project based training so they have a full understanding of why we are doing the project and what we want to find out.

Before every enter and view visit each volunteer is given a pack with the details of where they are going, who they will be working with, who they will be interviewing, which Healthwatch manager will be on site and who the contact manager is in the site hosting the visit, as well as a copy of the questionnaire they will be using in the structured interviews they will be undertaking.

Every visit is followed by a debrief and every project is followed by a full evaluation involving the volunteers.

Once the data captured for us by the volunteers has been entered and analysed by our staff team and they have drafted the project report, the volunteers will be asked to comment on how well it reflects what they heard and observed, and to suggest improvements.

Our governance and decision-making

Our board

The board's role is to direct the work of the organisation. In particular these lay volunteers:

- Set Healthwatch Oxfordshire strategy.
- Agree the work programme.
- Ensure that we achieve our aims and objectives.
- Make sure the Chief Executive and the staff team deliver the strategy and work programme effectively.

They are:

- 1. Chair, Eddie Duller OBE**, an independent marketing and PR consultant with many years experience as a campaigning journalist and award-winning regional newspaper editor.
- 2. Vice Chair, Dermot Roaf**, formerly a county councillor; Alderman and member of the Local Involvement Network, Patient Forum and Community Health Council.
- 3. Paul Ader**, an independent consultant with more than 25 years' experience, including five years in a national role in policy and legislative reform led by the Department of Health.
- 4. Caroline King**, a parish priest in South Oxfordshire with a particular interest in social care and advocacy for those with learning difficulties.
- 5. Johnny Latham**, Director of One-Eighty, a children's charity working to support those who have experienced childhood trauma to turn their lives around.
- 6. Richard Lohman**, a registered social worker and founding member of Unison's National LGBT Committee, with 15 years NHS experience serving those experiencing homelessness.

7. Mia Van Manen, a doctor with a research interest in developing models for patient input into medical education, and a trustee of the Oxford Sexual Abuse and Rape Crisis Centre.

8. Jane Manley, who has worked for 28 years as a nurse, health visitor, Deputy Director of Nursing and Quality and Deputy Director of Governance.

9. Jean Nunn Price MBE, former scientist and senior member of the Co-operative movement with many years experience working with the Local Involvement Network and Patient Forums. Previous Chair of Healthwatch Oxfordshire.

10. Jacqueline Pearce-Gervis has worked in the health service, further education, patient and public involvement and is currently Chair of Patient Voice.

11. Tracey Rees who after 22 years in the NHS now chairs an Oxford City Patient Participation Group and works with the city's patient forum.

12. Geraldine Shepherd who brings 24 years human resources experience gained in acute, community and mental health settings.

13. George Smith, a recently-retired science professor at Oxford University, and former district councillor with a personal and long-standing involvement in health matters in his capacity as family carer.

Financial information

INCOME	£
Funding received from local authority to deliver local Healthwatch statutory activities	345,585
Additional income	285
Total income	345,870

EXPENDITURE	£
Office costs	32,715
Staffing costs	124,798
Direct delivery costs	163,979
Total expenditure	321,492
Balance brought forward	24,378

www.healthwatchoxfordshire.co.uk

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We will be making this annual report publicly available by 15th June 2015 by publishing it on our website and circulating it to Healthwatch England, the Care Quality Commission, NHS England, Oxfordshire Clinical Commissioning Group, Oxfordshire Joint Health Overview and Scrutiny Committee, Oxfordshire Health and Wellbeing Board and our local authorities.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.