

## Healthwatch Oxfordshire Board of Directors

Date of Meeting: November 11 <sup>th</sup> 2014	Paper No: 2
---	-------------

<p><b>Title of Presentation:</b></p> <p>Chief Executive's Report, October 3<sup>rd</sup>- 30<sup>th</sup> 2014</p>
--

This paper is for	Discussion		Decision	x	Information	X
-------------------	------------	--	----------	---	-------------	---

<p><b>Purpose and Executive Summary (if paper longer than 3 pages):</b></p> <p>This paper summarises activity undertaken by the HWO Staff team in the period since the last Board meeting.</p>
--

<p><b>Financial Implications of Paper:</b></p> <p>None</p>
--

<p><b>Action Required:</b></p> <p>The Board is asked to note the contents of the paper and to advise on a preferred option for the content of the first in depth workshop to be held in December in follow up to the Voluntary Sector conference. Options are:</p> <ol style="list-style-type: none"> <li>1. Mental health services - one of the options proposed by the conference</li> <li>2. Unmet health and care needs of working age adults - the focus of this year's in depth analysis for the JSNA, and requested by our funding partners.</li> </ol> <p>Option 2 is recommended.</p>
--

<p><b>Author:</b></p> <p>Rachel Coney</p>
---

## 1. Introduction

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

- i. Recruitment of volunteers
- ii. Support to the Restore and OXNA grant funded projects
- iii. Publication of the GP access report and associated primary care report
- iv. Publication of the second student report
- v. Starting delivery of the care homes project
- vi. Starting delivery of the Discharge enter and view project
- vii. Undertaking the first 2 small grant aided events
- viii. Early work on organising a HWO Listening events roadshow around the county
- ix. Agreeing detail of the Dignity in Care project with Age UK
- x. Concluding renegotiation of the funding agreement with OCC
- xi. Starting the premises search
- xii. Launching the Board recruitment campaign
- xiii. Starting recruitment of a freelance project manager
- xiv. Progressing restructuring proposals
- xv. Producing HOSC and Health and Wellbeing Board reports

## 2. External meetings attended by the CEO in this period.

OCC	<ul style="list-style-type: none"> <li>• Sarah Fisher re JSNA and JSNA steering group</li> <li>• John Jackson and Ben Threadgold (liaison meeting)</li> <li>• Health and Wellbeing Board steering group x 2</li> <li>• Adult Social Care Improvement Board Advisory Group</li> <li>• Cllr Yvonne Constance re HOSC</li> </ul>
OCCG	<ul style="list-style-type: none"> <li>• Primary Care Programme Board (LMC, NHS England, OCCG)</li> </ul>
Other	<ul style="list-style-type: none"> <li>• Volunteer interviews</li> </ul>
SCAS	<ul style="list-style-type: none"> <li>• Equality and Diversity meeting re student report</li> </ul>
OUHT	<ul style="list-style-type: none"> <li>• Sara Randall re Discharge project</li> </ul>
Voluntary sector	<ul style="list-style-type: none"> <li>• Patients Association re GP report</li> <li>• SEAP and OA re premises</li> <li>• Gill Tishler, CAB</li> </ul>
Media	<ul style="list-style-type: none"> <li>• Update meeting with Firebird</li> <li>• Radio Oxford extended interview</li> <li>• Radio Oxford and Jack FM re GP Report</li> <li>• Jack FM re volunteering</li> <li>• Radio Oxford &amp; BBC South Today re student report</li> <li>• BBC Oxford re planning NHS week</li> </ul>
Individuals	<ul style="list-style-type: none"> <li>• 5 individuals re volunteer/Board/freelance opportunities</li> <li>• SPX re finance admin services</li> <li>• Paul Roblin re Primary Care report</li> <li>• Eddy McDowall re joint working with OACP</li> </ul>
NHS England	<ul style="list-style-type: none"> <li>• Quality Surveillance Group teleconference on interpreting services</li> </ul>

### **3. Organisational development issues**

3.1 The Board met in workshop format on October 28th 2014 to review the CIC articles and a separate paper is being brought to the Board with recommendations for updating the articles.

3.2 Board recruitment is now underway. Mike Hobbs and Councillor Constance have confirmed their willingness to sit on the panel. HW England have refused the invitation and consideration is being given to inviting the chair of another Healthwatch constituted as a CIC to assist instead. 3 applications have been received and 1 more has already been promised. The closing date is the end of November.

3.3 Staff have been told that the Board is considering a restructure, and have been consulted on the problems this needs to resolve.

3.4 Recruitment of a freelance project manager to assist with delivery of major projects while this restructure is concluded, is underway.

### **4. Premises**

4.1 NHS property services have not been able to identify NHS or commercial premises that we can afford, and neither have OHFT or OCC. The next step is to see if OA premises at Barton Community centre can be expanded to accommodate us all.

### **5. Firebird PR monthly update**

5.1 HWO has achieved good coverage for both the GP Access and Student Consultancy Reports in October. A summary of press coverage can be found at Appendix 2.

5.2 Focus for next period will be on:

- Securing publication of Oxford Times First Person opinion piece by Chief Executive
- Hospital Radio interview, November 3rd
- Dignity in Care project launch, November 14<sup>th</sup>
- OXNA report launch - date tbc
- Assisting the BBC with planning a week long focus on the local NHS

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

Appendix One sets out detailed progress reports on all major pieces of work being led by the team. Key issues for the Board to note/consider are:

- i. The success of the team in progressing all major objectives agreed for the last month.
- ii. Risks to capacity to deliver ambitions if recruitment of freelancer to support delivery fails.
- iii. On-going delay to circulation of Hearsay report resulting from OCC being unable to authorise distribution of progress report due to bereavement of a key officer.
- iv. Need to make a decision about the workshop content for the first in depth event to be held in response to the proposals made at the voluntary sector conference.

## APPENDIX ONE- PROGRESS REPORTS ON KEY PIECES OF WORK

Voluntary Sector Forums	
Lead	Aimee
Status	Green
Progress	<ul style="list-style-type: none"> <li>• Original large event successfully delivered with over 60 participants attending</li> <li>• Summary of event has been completed, with next steps. This will be published and circulated</li> <li>• Plans will be made to deliver 2 large events and 4 smaller workshops, the first one to be held in December</li> </ul>
Risks and mitigating actions	<p>Risks:</p> <ul style="list-style-type: none"> <li>• We may not attract enough attendees to inform Healthwatch Oxfordshire's work</li> <li>• There will be financial implications to hosting a number of workshops</li> <li>• Staff capacity to deliver alongside other events and work</li> </ul> <p>Mitigating actions:</p> <ul style="list-style-type: none"> <li>• Publicise widely</li> <li>• Clear budget needs to be set</li> <li>• Clear action plan to be developed</li> </ul>
Issues requiring Board input	<p>Consideration of proposed workshop topics. Options for December are:</p> <ul style="list-style-type: none"> <li>• Mental health services - as proposed by the conference</li> <li>• Needs of working age adults - the focus of this year's in depth analysis for the JSNA, and requested by our funding partners.</li> </ul>
Care Homes Project	
Lead	Aimee
Status	Amber
Progress	<ul style="list-style-type: none"> <li>• Freeland Care Home manager interested in learning more about the Relatives and Residents Good Practice Guide. More copies ordered</li> <li>• Met with Stowford House in Abingdon to explore relationship with residents group</li> <li>• Attended Care Homes Charter Coproduction workshop run by the County Council</li> <li>• Report template being pulled together based on findings to date</li> <li>• Met with Annie to discuss potential links with Dignity in Care</li> </ul>
Risks and mitigating actions	<p>Risks:</p> <ul style="list-style-type: none"> <li>• This project lacked clear focus and project plan so may not deliver original objectives</li> <li>• HWO will not have capacity to sustain support for multiple care home relatives groups in the long run</li> </ul> <p>Mitigating Actions:</p> <ul style="list-style-type: none"> <li>• Revised action plan to be more realistic and take into account resources already available. Now only aiming to test existing best practice guidance with two or three homes, and to revise as necessary before passing onto OACP to distribute to its members.</li> </ul>

Issues requiring Board input	None at this stage
<b>Hearsay!</b>	
Lead	Aimee
Status	Amber
Progress	<ul style="list-style-type: none"> <li>• Final action plan has been held up at Oxfordshire County Council due to personal circumstances</li> <li>• Plan for 2015 - delivering smaller events in 3 areas - North, South and City. These events will attract a younger audience and will be for service users of CQC registered providers, and individuals in receipt of personal budgets. Rachel and Aimee are meeting Ben Threadgold on the 10<sup>th</sup> November to discuss further.</li> <li>• 2015 events will focus on gathering feedback to inform CQC inspections of care homes and care providers.</li> </ul>
Risks and mitigating actions	<p>Risks:</p> <ul style="list-style-type: none"> <li>• The County Council do not deliver the progress report on last year to circulate</li> <li>• Failure to agree plans for 2015 event(s) that work for OCC and for HWO</li> <li>• Could require a large amount of staff time alongside other projects due to take place in March</li> </ul> <p>Mitigating Actions:</p> <ul style="list-style-type: none"> <li>• Rachel will raise with senior County Council staff</li> <li>• Hearsay! could take place in April if there are too many other commitments in March</li> </ul>
Issues requiring board input	None at this stage

GP Survey - final update 11/11/14

Lead	Carol
Status	Green
Progress	<p>Following comments from stakeholders the inclusion of practice level data was removed from this report. The survey was publicised in the local media in partnership with the CEO of the Patients Association, Katherine Rake and featured prominently in the following:</p> <ul style="list-style-type: none"> <li>• Oxford Mail, Monday 20 October - print and online</li> <li>• Jack FM, Monday 20 October - Rachel interview</li> <li>• Malcolm Boyden Show 10:00 - 13:00, Rachel interview and discussion</li> <li>• Phil Gayle Show 06:00 - 10:00, Rachel and Katherine Rake interview and discussion</li> </ul> <p>The report was released to the public on 20<sup>th</sup> October and correlated with an increased number of calls to the office and the website achieved 61 visits against a usual daily activity of 24.</p> <p>The data from this report and other HWO funded work was included in a report presented to the Primary Care Programme Board and sent to the CQC by CEO.</p>
Risks and mitigating actions	None
Issues requiring board input	To decide whether Healthwatch Oxfordshire conduct further research into this area as per the key recommendations when next reviewing the organisation's work programme.

Volunteer Recruitment -11/11/14

Lead	Carol
Status	Green
Progress	<ul style="list-style-type: none"> <li>• We interviewed 5 applicants on 16<sup>th</sup> October and are pleased that all five accepted our invitation to volunteer with us. We have written to their referees and are awaiting their responses.</li> <li>• A further five applications have been received and three interviews have been arranged for the morning of the 11<sup>th</sup> November.</li> <li>• Generic Healthwatch Oxfordshire training has been developed and piloted. In light of the feedback offered the training was amended slightly and will now be delivered to all new volunteers on 18<sup>th</sup> November by Rachel, Carol and Aimee.</li> <li>• Safeguarding training will be delivered externally and Equality and Diversity will be delivered by the Healthwatch team using an online resource from ACAS.</li> <li>• We need to recruit a significant number of Healthwatch Champions and this is the subject of on-going discussion with Rachel as the OCC funding agreement defines Champions as organisational representatives and development of a Champions network needs to be closely aligned to the development of our relationship with the voluntary sector .</li> </ul>

Risks and mitigating actions	<p>Risks:</p> <ul style="list-style-type: none"> <li>• Insufficient resources available to manage volunteer recruitment and on-going support</li> <li>• No clear milestone plan for using volunteers, apart from Enter and View which will deliver on the Hospital Discharge Project and Dignity in Care</li> <li>• We press forward to recruit Champions from the voluntary and community sector who may see our increased demands on their time negatively.</li> </ul> <p>Mitigating actions:</p> <ul style="list-style-type: none"> <li>• Commit internal resources to develop volunteer programme</li> <li>• Develop a volunteer strategy for Healthwatch Champions and Ambassadors.</li> <li>• Seek to consider naming people attending the Voluntary and Community Sector conferences to be Champions and feedback to them bi-annually the issues and concerns affecting their community via a Champions newsletter. This would dovetail with the voluntary sector conference and provide good use of scant resources.</li> </ul>
Issues requiring board input	Interview potential volunteers - Dermot Roaf
Enter and View Volunteers 11/11/14	
Lead	Carol
Status	Amber
Progress	<p>Only two of the identified training providers sent in a tender. A request for information on trainers was sent out on Yammer and a number of local Healthwatch responded. These have been contacted and asked to submit a tender. A contractor will be appointed in November.</p> <p>The first Enter and View Training is on track to be conducted in early December and will be evaluated for any potential improvements. The first Enter and View is planned to be delivered in February 2015.</p> <p>We are on track to recruit 10 volunteers to date, this excludes those Directors wishing to conduct Enter and View and members of Patient Voice.</p>
Risks and mitigating actions	<p>Risks:</p> <ul style="list-style-type: none"> <li>• Not managing volunteer expectations</li> <li>• Poorly trained volunteers may cause damage to the Healthwatch Oxfordshire reputation</li> <li>• Volunteers not achieving the standard required of Healthwatch Oxfordshire</li> </ul> <p>Mitigating Actions:</p> <ul style="list-style-type: none"> <li>• Clearly define how volunteers and Healthwatch Oxfordshire will work together</li> <li>• Develop a thorough induction/training programme</li> <li>• Develop a framework for utilising Enter and View</li> </ul>

Issues requiring board input	<ul style="list-style-type: none"> <li>• Approval of the Dignity in care proposal</li> <li>• Interview of Enter and View applicants - Dermot Roaf</li> </ul>
Enter and View Discharge Project	
Lead	Rachel
Status	Green
Progress	<ul style="list-style-type: none"> <li>• Project outline developed with Patient Voice</li> <li>• Project outline circulated to potential project partners requesting involvement in project steering group.</li> <li>• Nominations received from OCCG, OUHT, OHFT, OCC and Pharmaceutical network, and commitment to support received from LMC.</li> <li>• First steering group meeting held, and dates booked for subsequent meetings</li> <li>• Dates in diary to do next steps which include: defining exact locations for enter and view and planning logistics with providers; drafting questionnaire for patients and carers.</li> </ul>
Risks and mitigating actions	<p>Risks:</p> <ul style="list-style-type: none"> <li>• CEO lacks capacity to project manage</li> </ul> <p>Mitigating Actions:</p> <ul style="list-style-type: none"> <li>• Recruit freelance support</li> </ul>
Issues requiring board input	None
Enter and View Dignity in Care project	
lead	Rachel
Status	Amber
Progress	<ul style="list-style-type: none"> <li>• Project proposal drafted for consideration by AGEUK and Carers Oxfordshire after initial positive scoping meeting.</li> <li>• Proposal on agenda for approval</li> </ul>
Risks and mitigating actions	<p>Risk:</p> <ul style="list-style-type: none"> <li>• HWO does not currently have capacity to manage both projects</li> </ul> <p>Mitigating action:</p> <ul style="list-style-type: none"> <li>• Delay project timescale so that it follows discharge project rather than running concurrently</li> <li>• Seek freelance project management support to oversee delivery</li> </ul>
Issues requiring board input	Approve proposal

Developing tracking systems for issues raised by the public

Lead	Ben
Status	Amber
Progress	The Healthwatch England CRM Database is due for release soon. Staff are currently gathering information on cost, timescale and training. CB has done training. BM is pursuing information on progress from HW England
Risks and mitigating actions	Healthwatch England has recently delayed the deployment as the member of staff developing it went on compassionate leave. The risk is that it could be delayed further. BM has started to look at other systems, such as the Parkwood Healthcare Database, as an alternative if looks like it is delayed beyond Christmas. Carol is developing a workaround to ensure reports promised to HOSC can be delivered before Christmas.
Issues requiring board input	None at this time

Updating the website

Lead	Ben																																								
Status	Green																																								
Progress	<ul style="list-style-type: none"> <li>• BM continues to update the website on a regular basis.</li> <li>• We have experienced spikes on the website in the time around the publications of the project fund reports.</li> <li>• 677 hits on the website from Oct 1<sup>st</sup> - Oct 28<sup>th</sup></li> <li>• 61.4% were new visitors and 38.6% returning</li> <li>• Average duration of visit is 3 minutes 8 seconds.</li> </ul> <table border="1"> <thead> <tr> <th></th> <th>City</th> <th>Sessions</th> <th>% Sessions</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Oxford</td> <td>303</td> <td>44.76%</td> </tr> <tr> <td>2.</td> <td>London</td> <td>96</td> <td>14.18%</td> </tr> <tr> <td>3.</td> <td>Northampton</td> <td>14</td> <td>2.07%</td> </tr> <tr> <td>4.</td> <td>Banbury</td> <td>12</td> <td>1.77%</td> </tr> <tr> <td>5.</td> <td>(not set)</td> <td>11</td> <td>1.62%</td> </tr> <tr> <td>6.</td> <td>Bicester</td> <td>8</td> <td>1.18%</td> </tr> <tr> <td>7.</td> <td>Didcot</td> <td>8</td> <td>1.18%</td> </tr> <tr> <td>8.</td> <td>Reading</td> <td>8</td> <td>1.18%</td> </tr> <tr> <td>9.</td> <td>Preston</td> <td>7</td> <td>1.03%</td> </tr> </tbody> </table>		City	Sessions	% Sessions	1.	Oxford	303	44.76%	2.	London	96	14.18%	3.	Northampton	14	2.07%	4.	Banbury	12	1.77%	5.	(not set)	11	1.62%	6.	Bicester	8	1.18%	7.	Didcot	8	1.18%	8.	Reading	8	1.18%	9.	Preston	7	1.03%
	City	Sessions	% Sessions																																						
1.	Oxford	303	44.76%																																						
2.	London	96	14.18%																																						
3.	Northampton	14	2.07%																																						
4.	Banbury	12	1.77%																																						
5.	(not set)	11	1.62%																																						
6.	Bicester	8	1.18%																																						
7.	Didcot	8	1.18%																																						
8.	Reading	8	1.18%																																						
9.	Preston	7	1.03%																																						

	10. <a href="#">Witney</a>	7	1.03%
Risks and mitigating actions	Risk: Website becomes out-of-date Mitigating action: Review daily. Diarise website updates at least weekly and update as often as possible with new information.		
Issues requiring board input	none		
<b>Stimulating Social Media Activity</b>			
Lead	Ben		
Status	Green		
Progress	Twitter: For the month of October we had: <ul style="list-style-type: none"> <li>- 40 Tweets</li> <li>- 2 Retweets</li> <li>- 4,900 Retweet Reach</li> <li>- 7 Mentions</li> <li>- 3,400 Mention Reach</li> <li>- 1,053 Followers</li> </ul>		
Risks and mitigating actions	Risk: That the content does not remain current. Mitigating action: Social media will be updated regularly with news of Healthwatch activity.		
Issues requiring board input	None		
<b>Community events grants</b>			
Lead	Annie		
Status	Green		
Progress	3 new applications pending for Subgroup approval on 6 <sup>th</sup> November. If approved this will leave 4 more grants available in this financial year. Aimee and Carol are attending events as this report is written and will be able to give good feedback about the value of these grants and impact on HWO profile.		
Risks and mitigating actions	Risks: Failure to achieve Countywide coverage  Mitigating Actions: <ul style="list-style-type: none"> <li>• CB and BM planning a roadshow that will cover all areas, and at which these grants can be promoted</li> <li>• All Town and District Councillors emailed to tell them about availability of these funds</li> </ul>		
Issues requiring board input	None at present		

Project Fund - Project grants	
Lead	Annie
Status	Green
Progress	<ol style="list-style-type: none"> <li>1. Student Report (2) has already attracted significant attention from the media and also from the SCAS and OCCG and the Welfare departments within the University. Some recommendations already implemented.</li> <li>2. The Neurological Alliance draft report received for CEO input. Planned for publication before Christmas to align with national NA report .</li> <li>3. Satisfactory progress on Restore project although submission likely to be delayed in order to ensure quality. Rachel meeting with new CEO in November</li> <li>4. Quality of Life survey outcomes not yet been shared with HWO although Simon Gabriel due to attend project fund subgroup meeting on the 6<sup>th</sup> November.</li> <li>5. Oxfordshire Advocacy bid was withdrawn by the organization for internal reasons</li> <li>6. Four, possibly five new applications to be considered by the Subgroup meeting on the 6<sup>th</sup> November. Applications from wide range of organizations geographically and with good range of issues. Notes and decisions of the subgroup will be circulated to the Board in due course.</li> </ol>
Risks and mitigating actions	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• The work of monitoring the impact of reports and holding providers and commissioners to account will grow beyond our resources</li> <li>• Variable level of support and input needed at pre-application and post application stage from Project Fund consultant, due to skills and experience of organisation and complexity of subject matter/number of stakeholders involved, hard to manage</li> <li>• Failure to look ahead to priorities beyond April 2015 in order to make most of forthcoming legislative or policy changes which will impact on services.</li> </ul> <p><b>Mitigating Actions</b></p> <ul style="list-style-type: none"> <li>• Develop good systems without become entangled in time consuming processes and data entry.</li> <li>• Continuity of monitoring and handover as appropriate to be built into changing staffing/contractors arrangements going forward.</li> <li>• Some flexibility to be built into staffing capacity for this work</li> <li>• Additional freelance support being recruited and these issues factored into restructuring proposals</li> </ul>
Issues requiring board input	None at present

