

## Healthwatch Oxfordshire Board of Directors

Date of Meeting: March 23 <sup>rd</sup> 2015	Paper No: 3
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Title of Presentation: Major Projects Update
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This paper is for	Discussion	x	Decision		Information	x
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<p><b>Purpose and Executive Summary (if paper longer than 3 pages):</b></p> <p>This paper is designed to brief Directors' on the two major projects currently underway:</p> <ul style="list-style-type: none"> <li>• Discharge from hospital project</li> <li>• Dignity in Care project</li> </ul>
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<p><b>Financial Implications of Paper:</b></p> <p>None</p>
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<p><b>Action Required:</b></p> <ul style="list-style-type: none"> <li>• To note progress on the 2 major projects which are the core focus of all activity at present.</li> <li>• To note refinements to the scope, purpose and methodology of the Dignity project agreed with partners.</li> <li>• To agree the extension of the Discharge Project Manager's contract to enable him to undertake the report writing.</li> </ul>
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## **A. Discharge from hospital project**

### **1. Project purpose**

1.1 The core aims of this project (as previously agreed by the Board) are:

- i. 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 them after they have been discharged.
- ii. To produce a report that makes recommendations for improving the Discharge process, and then to have those recommendations delivered.

### **2. Background**

2.1 The Board approved a proposal for this project at its meeting in October 2014 (attached as Appendix 1 for ease of reference). The project is being delivered in accordance with the proposal agreed at that time, with the exception of the following variations agreed by the Project Steering Group:

- i. Further to discussions with Patient Voice about their reservations about the scale of the project at a meeting attended by the Chair and CEO, we have agreed that they will be credited in the final report as having generated the initial idea for the project, but that all other references to them will be removed.
- ii. The report will no longer contain a summary of desktop research into national and international best practice on discharge, but will instead set out the local context for the project.
- iii. The methodology has been adapted to allow informal advocates to support respondents with questionnaire completion.
- iv. The timetable has been extended, and we are now expecting field work to be completed by the end of April, analysis and report writing to take place in May/June, for sharing privately in June/July in time for publication to take place before the end of the summer term.

### **3. Enter and View practice for HWO**

3.1 In the course of this project an enormous amount of work has been undertaken by the Project Manager and our Business Manager to lay the foundations for all future HWO Enter and View activity, and we now have templates and processes in place for:

- i. Volunteer briefing pack to include:
  - Consent forms
  - FAQ's (frequently asked questions)
  - Volunteer script
  - Volunteer letters
  - Project leaflet
- ii. Posters (ward and generic)
- iii. Leaflets
- iv. Debrief sessions
- v. Visit information form for stakeholders to complete

- vi. Checklist for on-site lead
- vii. Professional questionnaires (structure)
- viii. Staff briefing document
- ix. Enter and View webpage
- x. Project webpage
- xi. Consented patient register
- xii. Thank you slips.

#### **4. Project progress at the time of writing**

4.1 Five questionnaires have been finalised, informed by extensive consultation with a wide range of stakeholders. They are for:

- Patients still in hospital
- Patients whose discharge is complete
- GPs
- Pharmacists
- Care providers.

4.2 The first nine patients were interviewed at the Nuffield Orthopaedic Centre, as part of a pilot day to test all the procedures and the questionnaires. This day was incredibly successful, with only very minor areas for improvement to planning processes, logistics and the questionnaires identified by volunteers, patients, ward staff and hospital management.

4.3 Sixty one further enter and view interviews have been scheduled in wards at the JR, Churchill, Horton, Abingdon and Wallingford hospitals for the two weeks beginning March 9th and 16th , and all necessary volunteer briefing and training has been completed.

4.4 Work is now underway to schedule visits to care homes after Easter.

4.5 A widespread online viral marketing campaign has been run. As a result (at the time of writing) :

- 6 people have already contacted the office asking us to set up interviews for them with volunteers in their own homes, and these will be scheduled for after Easter.
- 115 people have completed online questionnaires and 2 people have commented via the generic feedback form.

4.6 Members of the Provider Support forum were asked if they would like to get involved in this project so that we could include the views of homeless people, but there has been no take up, we assume because of local involvement in the recent national special inquiry.

4.7 Questionnaires went out to GPs, Pharmacists and care providers to meet the agreed deadline of March 16<sup>th</sup>.

- 4.8 A successful media event was held at Wallingford Community Hospital on February 10th, resulting in excellent coverage on BBC Radio Oxford Breakfast show, Jack FM and in the Oxford Mail on February 25th.
- 4.9 Six people responded positively to a request sent out by the Communications Officer to tell their discharge stories to the media, and this enabled footage filmed by BBC South Today on February 10th to be aired on March 3rd, with additional stories being run on BBC Radio Oxford during the Breakfast and Drive Time shows.
- 4.10 We are in discussion with Firebird about the possibility of generating another wave of coverage to reboot interest in the self-completion aspect of the project.
- 4.11 The Provider organisations who have been very active members of the steering group have voluntarily withdrawn from the project now, in order that there can be no taint or accusation of bias in the analysis and reporting.

## **5. Issues to resolve at the time of writing**

5.1 Attention is now being turned to the analysis of data and the writing of the report.

5.2 Testing is underway with support from a volunteer to develop the mechanisms to import data from Survey Monkey into the CRM database to facilitate analysis and report writing for this project, but also to ensure all issues from each project are logged in the master system. This again is part of laying the foundations for all future HWO enter and view activity and impact reporting.

5.3 The Business Manager will be issuing a call to volunteers to see if anyone is able to help with the transcribing of surveys completed during enter and view activity into Survey Monkey. If this is unsuccessful we will recruit someone on an hourly rate at minimum wage rates to undertake this work.

5.4 The CEO is in early discussion with the Head of Projects about resourcing the report writing, but recommends that we extend the project manager's contract to complete this part of the project. This will allow the Head of Projects and her new team to focus on the Dignity Project, the outreach programme, Hearsay, the next voluntary sector event and the grant funded project programme.

## **B. Dignity in Care project**

### **6. Project purpose**

6.1 The Board agreed a project proposal at its meeting of November 11<sup>th</sup>. The key elements of this are attached at Appendix 2. This has been refined as the project has progressed and key issues to note are set out below.

6.2 The core aim of this project, that we are delivering in partnership with Age UK Oxfordshire, has now been defined as to determine:

- To what extent people in Oxfordshire receive care that matches up to the Dignity Care Standards.
- Where care is delivered that meets the Dignity Care Standards, and from which providers can learn.
- Where and how the behaviours and cultures of those who are delivering care need to improve in order that all care meets these standards.

## **7. Methodology and Governance**

7.1 The methodology for this project has been refined, and it will now include:

- i. Enter and view activity in a range of settings (acute hospital, community hospital, care homes, at home and in hospices).
- ii. Case study production (some in film format), focus groups and facilitated self-completion of questionnaires by a range of partner organisations, who can reach service users we cannot easily reach directly.
- iii. A widespread campaign to encourage self-completion of the questionnaire online.
- iv. Survey for staff working in NHS and care settings.
- v. A high profile report launch event/debate that also incorporates a Dignity Everyday Awards programme, to be run in partnership with the University Patient Experience Institute (HEXI).

7.2 The proposed governance structure has been revised in the light of learning from the Discharge project and it now comprises:

- A small Project management group
- A logistics group where we engage with provider and commissioner partners
- A reference group for wider third sector and service user input.

7.3 The Project Management Group has met several times, the logistics group's first meeting is scheduled and we have held one meeting of the reference group.

## **8. Progress to date**

8.1 The service user/patient questionnaire that sits at the heart of the project has been through several drafts and is now nearly finalised. This has been greatly helped by fantastic input from 22 people who attended the first meeting of the project reference group and then further comment by email by members of that group.

8.2 Case study and focus group templates have been developed and tested.

8.3 Formal agreements for delivery of case studies, focus groups and completed questionnaires have been entered into with My Life My Choice, the Asian Women's Group, Headway, Guideposts Trust, Carers Voice and Deaf Direct - all of whom are receiving financial support from Healthwatch Oxfordshire to cover the costs of enabling them to participate. Again we will also issue an invite through the Provider Support Forum to homelessness service providers to participate. A budget of £5000 has been set aside to meet these costs.

8.4 The Project Consultant delivering this element of the project has agreed to spread her contracted days through to the end of May to see through completion of this element of this project, and to ensure the relationships are handed over to the new Community Involvement Officer (Organisations) effectively.

8.5 In principle agreement has been reached with Age UK Oxfordshire that the project will end with a high profile event in early November, delivered in partnership with the University of Oxford Health Experiences Institute and the Oxfordshire Association of Care Providers. The details of this are yet to be finalised but all 4 organisations have agreed that it will incorporate:

- i. Publication of the key findings from the report
- ii. Academics and policy makers of national significance leading a workshop or debate with an audience of policy makers, change makers, users and carers that answers the following 3 questions:
  - What did we find?
  - What does it mean for local people, commissioners and providers?
  - What do we do about it?
- iii. A high profile awards ceremony, at which awards celebrating local best practice for meeting dignity in care standards in a range of care categories are distributed. Local partners who have agreed in principle to put their name to an award and to assist with other aspects of the event include the Picker Institute and Oxfordshire County Council. Delivery of this element of the event and associated work would be led by Age UK Oxfordshire, working in partnership with the Oxfordshire Association of Care Providers.
- iv. Age UK Oxfordshire's AGM.

8.6 In principle agreement has been reached with the relevant providers that enter and view activity for this project will take place in:

- i. The surgical and gerontology wards at OUHT, at the Horton and in A&E at the JR.
- ii. The relocated City Community Hospital (Fulbrook) and at one other community hospital site
- iii. Order of St John care homes, and others tbc
- iv. Katherine House Hospice in Adderbury and the Sue Ryder home in Nettlebed.

8.7 The OCC and CQC ratings of care homes are being scrutinised in order to identify other potential enter and view sites to add to those named above.

## 9. Next steps

A critical path has been agreed for the project and the major milestones are set out overleaf.

Date	March	April	May	June	July	August	Sept	Oct	Nov	
Work stream										
Focus Groups complete	→									
Case Studies complete	→									
Sites for E&V identified	Draft list agreed →	final list agreed →								
Arrangements for E&V		→		Discharge project debrief →						
Users Identified		→								
Volunteers prepared		→								
Questionnaire completed	Crib sheet completed →	Version adapted for professionals →								
Pilot for E&V				→						
Field work				→						
Data collect & analysis						→				
Report							Report completed and circulated to providers →		Published 30/11 →	
External Event		Detail agreed	Venue identified	Main speakers agreed	Draft list of attendees	→		Agenda clarified	Planning details agreed	Event →

## Appendix 1- Project Proposal

### Patient Voice and Healthwatch Oxfordshire Project Proposal - The Discharge Project

#### 1. Background

1.1 Patient Voice and Healthwatch Oxfordshire are concerned that the voices of patients and carers have not been sufficiently heard, or responded to, in the on-going debates between health and social care providers and commissioners about how to improve the discharge of patients from Oxfordshire's hospitals.

1.2 The two organisations will therefore be collaborating on a project which aims to bring the voices of those being discharged and those caring for them into this debate by exercising our powers to enter and view, in order to interview patients, relatives and carers about their experience of being discharged from Oxfordshire's acute and community hospitals.

1.3 Given the importance of this issue to the whole system, Patient Voice and Healthwatch Oxfordshire would like to undertake this project in collaboration with OUHT, OCC, OHFT and OCCG, and those professionals providing health and social care after discharge from hospital.

1.4 We would therefore like to create a project steering group to oversee this work which also includes representation from the following organisations:

- Oxfordshire Clinical Commissioning Group
- Oxford University Hospitals Trust
- Oxford Health Foundation Trust
- Oxfordshire County Council
- The Oxfordshire Association of Care Providers
- The Local Medical Committee
- The Local Pharmaceutical Committee
- Patients and carers drawn from OUHT and OHFT engagement groups or FT membership bodies.

1.5 We would like to hold a first meeting of this steering group in early October, and would be grateful if your organisations could each nominate a member of staff who can work with us to ensure that all organisations - and ultimately patients, service users and carers - gain from this important piece of work.

## **2. WHAT WE WANT TO KNOW**

2.1 This project seeks to discover, and share:

- i. People's experience of being discharged from Oxfordshire's acute and community hospitals.
- ii. The impact that their discharge experience has had on their health and wellbeing, and the health and wellbeing of their families and/or carers.
- iii. The impact of poor discharge processes on on-going care from the perspective of other care professionals.
- iv. How the quality of the discharge process impacts on people's ability to live independently at home after a stay in hospital.
- v. The extent to which the discharge process is meeting the quality standards and/or processes agreed in contracts between commissioners and providers.
- vi. Examples of well managed discharge that the whole health and care community can learn from.
- vii. Examples of poorly managed discharge, and the key things providers need to work to improve.

## **3. WHY DO WE WANT TO KNOW THIS**

- i. Patients have raised the issue as a concern with Healthwatch Oxfordshire both through Patient Voice and individually.
- ii. Oxfordshire remains one of the worst performers in the UK for delayed transfers of care.
- iii. Commissioners remain committed to working with providers to improve discharge processes in Oxfordshire.
- iv. Local GPs have raised the issue of the quality of the discharge process as an area of ongoing concern with OCCG.
- v. Healthwatch England has been sufficiently concerned about this issue to undertake a national special enquiry on the topic.

## **4. SCOPE OF THE PROJECT**

4.1 This project will explore the experience of patients being discharged (or who have been discharged in the calendar year of 2013) from all OUHT hospital sites and from OHFT community hospitals. It will not explore discharge from mental health wards run by OHFT, discharge from private hospitals or discharge of Oxfordshire patients from hospitals outside Oxfordshire.

4.2 This project will focus on the experiences of adults and older adults, and in particular those aged 70+, and will be designed and delivered in ways that enable dementia patients and their families to participate.

4.3 The project will seek the views of GPs, care workers (domiciliary and residential), social workers and pharmacists about the impact of the discharge process on on-going care.

4.4 This project will focus predominantly on the collection of qualitative data about the experience of being discharged, and the impact of the discharge process on ongoing wellbeing and care, and rates of re-admission. It will not review the wealth of quantitative data already examined regularly by OCCG and OCC.

## 5. PROJECT METHODOLOGY

5.1 The views of patients, carers and relatives will be sought via:

5.1.1 Structured interviews, based on a formal questionnaire, and conducted by HWO volunteers (including members of Patient Voice) who have been trained to undertake enter and view. These interviews will take place in hospitals, care homes and at home.

5.1.2 Self-completion of an online questionnaire, widely promoted to the public via HWO communications and media leads and available via HWO website.

5.2 The views of professionals responsible for patients' on-going care post discharge will be sought by emailed questionnaire sent from the HWO office to relevant professionals, where possible via their representative bodies such as the Association of Care providers, Local Medical Committee, Practice Managers Forum and Local Pharmaceutical Committee.

5.3 A desktop review of published information on what constitutes good discharge and why it is important will set the context for the findings.

5.4 Findings will be analysed by the HWO team, who will prepare a report that summarises the key themes to emerge from this analysis.

5.5 The project will be overseen by a project steering group. This will be led by members of Patient Voice and the HWO team, who will aim to bring representatives from patients and carers recruited from OUHT and OHFT FT membership bodies and nominated staff leads from OCCG, OCC, OUHT, OHFT and the Association of Care Providers into the group.

5.6 The project will be managed by Rachel Coney, with project support from Carol Ball.

## Appendix 2 - Key elements of Dignity in Care Project Proposal as agreed at November Board meeting

### 1. Project outline, scope and methodology

1.1 Through this project we will seek to discover, and share:

- What patients and carers say about dignity in care issues in Oxfordshire
- People's experience of receiving care from Oxfordshire's care providers in a range of care contexts.
- The impact of the care they receive on their health and wellbeing and quality of life.
- Examples of good practice
- Recommendations from local 'experts by experience' of where and how things might be improved as the basis of high level debate at County level with commissioners, providers and researchers

1.2 HWO and AGE UK Oxfordshire as joint leads will collaborate with other partners for this project which aims to bring the voices of those in receipt of care and those caring for them into the foreground of local debate through a qualitative study undertaken with a sample group whose membership spans a range of population groups and circumstances.

1.3 We wish to do this through

- Raising awareness of the project through the Dignity Every Day Awards Celebration in November 2014
- Developing volunteers from a diverse range of population groups to be able to undertake enter and view with and behalf of Healthwatch Oxfordshire (e.g. building on excellent work by MLMC and Asian Women's project) as well as key partners for whom this will inform their core work (Age UK Oxfordshire, Oxford Advocacy, Patient Voice)
- Exercising our powers to enter and view, in order to interview patients, relatives and carers about their experience of receiving care from a range of providers in Oxfordshire, in order to identify good and bad practice.
- Analysis of findings of questionnaires, case studies, digestion and reflection following the event, leading to the framing of questions and proposals for new or newly structured approaches to delivering dignity in care.
- Running an event (possible hosted by HEXI) for lead national (Picker Institute, OPAAL, RCN) and local professional and academics, and local experts by experience working in this particular field. This event would launch the findings of the qualitative research as a basis for exploring the question 'How do we know whether the horror stories shown on Panorama and reported elsewhere are happening in Oxfordshire, and if so, what do we do about it? What new approaches could be adopted for promoting and delivering best practice?'
- Production of a Project Report with a clear set of succinct recommendations for commissioners and providers, made by Healthwatch Oxfordshire and Age UK on the basis of evidence gathered from the qualitative research and the event held to discuss ways forward.

## **2. Detailed Tasks and milestones**

2.1 The views of patients, carers and relatives will be sought via:

- Structured interviews, based on a formal questionnaire, and conducted by volunteers (including volunteers with Age UK Oxfordshire, Oxford Advocacy MLMC, Asian Women's Group, Patient Voice and others ) who have been trained to undertake enter and view. These interviews will take place in hospitals, care homes and at home.
- Focus groups where this is more appropriate than individual questionnaires
- Case study based write ups of some of the best practice and worst practice examples arising from interviews.

2.2 These will be supplemented by:

- The views of experts, experts by experience and academics shared at the planned event
- A brief desktop review of published information and research of dignity in care which will set the context for the findings.
- Findings will be analysed by the HWO team (or externally commissioned support), who will prepare a report that summarises the key themes to emerge from this analysis.
- The project will be overseen by Rachel Coney, Chief Executive of Healthwatch and Paul Cann, Chief Executive of Age UK Oxfordshire, working with a steering group convened and serviced by HWO.