Healthwatch Oxfordshire Board of Directors

Date of Meeting: 24th May 2016	Paper No: 2

Title of Presentation:
Executive Director's report, 4th March-10th May

This paper is for	Discussion		Decision		Information	x

Purpose and Executive Summary (if paper longer than 3 pages):
This paper summarises activity undertaken by the Healthwatch Oxfordshire (HWO) Staff team in the period since the last Board meeting up to 10th May.

Financial Implications of Paper: None

Action Required:
The Board is asked to: • **Note** the contents of the paper.

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Introduction

The key areas of work for the team since the last Board meeting have been:
- Preparing the annual accounts
- Preparing our annual report
- Finalising the seAp Gypsy Traveller report for publication in June
- First "Hot Topics" page on the website (what we heard this month)
- Contributing to the Transformation Board's Stakeholder event preparations
- Finalising the lease terms, etc on the new premises – organising logistics for the office move
- Minor Injuries Unit project design and fieldwork
- Fieldwork for the Care homes research

1. **External meetings attended by Executive Director in this period[1].**

Organisation	Meeting	Purpose/outcome
OCC (Oxfordshire County Council)	• Regular monthly liaison meetings with Director of Adult Social Care, John Jackson • Oxfordshire Safeguarding Adult's Board (multi-agency)	• Maintain 2-way flow of intelligence and discuss impact of cuts proposal. • We are attending meetings to feedback where possible and advise, however to keep our independence we do not join in the decision-making of the board.
OCCG (Oxfordshire Clinical Commissioning Group)	• Regular liaison meeting with David Smith and Joe McManners • Meeting of the Locality Forum Chairs and CCG • Locality forum chairs meeting • Damon Palmer and Corrinne Yates (CSCSU) x 2	• Regular meeting to discuss ongoing issues – discussed transformation priorities in Oxfordshire. • To close the feedback loop and support chairs. • To update them on our funding and organisational development and to signal what support we can offer based on the funding cut. • To discuss engagement with patients and the public with the Transformation Board, also stakeholder event.

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[1] Note some of these were conducted by telephone

Organisation	Meeting	Purpose/outcome
	• Diabetes Pathway redesign committee	• Gave advice on a plan to align all services to a common standard of diabetes care.
Oxford University Hospitals	• Head of Patient Experience and Head of Involvement • Participated in Research Open day	• Met to discuss outreach report, eye hospital feedback and improving our communication channels. • Speaking about patient data and research – feeding back care.data event findings to a new audience
Oxford Health	• John Daniels	• Met about the MIU project to discuss scope and logistics
Southern Health	• Donna Schell	• Manager for the services in Oxfordshire, met to understand how they can feedback on the transition planning
Voluntary Sector	• Get the Picture Project • seAp	• Video project (under AgeUK looking for topics or venues to share personal stories) • Their project fund report and some specific feedback from their prisoners' advocacy programme.

2. **Media activity**

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

   o Preview of Cruse Project Fund related event in Banbury
   o Quoted as part of story on CCG finance
   o Preview of Public and Patient Participation West Oxfordshire event in Witney
   o Eddie Duller columns x 2
   o Interview re feedback to outreach report on mental health
   o News story based on HWO report
   o Quoted in story on hospital parking
   o Interview on staff shortages at Chipping Norton Hospital
   o BBC Television and Radio interview with Carol Moore re poor communication and appointment system at OUH
   o Quoted in story on A&E pressures

As a result of our interview and BBC TV coverage on the appointment stories, we have received a significant increase in calls over the past few days.

3. **Public Service Reorganisation in Oxfordshire Proposals Update**
   Approximately £200,000 of public money has been committed for two separate studies into the options for a more efficient local government. Oxfordshire County Council have appointed Grant Thornton UK LLP to look at options and the 5 District Councils (Oxford City, West Oxfordshire, Cherwell, Vale of White Horse, South Oxfordshire have appointed PwC.

   District proposals can be seen here:
   https://gallery.mailchimp.com/13d77bd51fa65f9f7de4ba149/files/ProposalSummaryBriefing20160411.pdf?mc_cid=af4e157584&mc_eid=[UNIQID]

   Details of OCC proposal: Public service reorganisation for C

4. **Sustainability and Transformation Plans (STP) Update**
   In order to achieve the ambition of the national Five Year Forward View to create a sustainable NHS service, NHS England has asked what they describe as local 'footprints' (areas) to submit "Sustainability and Transformation Plans" by the end of June. Our area is Buckinghamshire, Oxfordshire and West Berkshire. Not all of the transformation work will occur across the footprint (as local developments such as devolution may be underway). The work across the area will include things like urgent and emergency care, work to solve workforce issues, amongst others. There is a stakeholder meeting about the STP, and transformation in general on 6th June at which more detail will be shared.

5. **Horton Hospital Development Update**
   I attended a meeting at the Horton about the site development. As part of the STP work locally the services provided at the Horton will need to be considered. Because of the age of the estate at the Horton this will require a change to the current buildings at least.

   The process is set out to look at the population of the Banbury area, their needs and the projected potential growth. At this stage OUH are developing what options would be clinically viable (including the current configuration). A number of options for the number and types of services have been put forward. The next phases of work are to look at whether those options are feasible / sustainable given the volume of people, how many people would need to be transferred to Oxford, the workforce available and capable, financially. Once the leading options are outlined, work to understand how to develop the physical site will be considered.

   It is worth noting that we were invited to this meeting alongside the Cherwell community Partnership network and that the meeting was refreshingly open with the community and likewise community representatives were providing helpful and interesting questions and challenges to the process.

6. **Report of the joint targeted area inspection of the multi-agency response to abuse and neglect in Oxfordshire**

   Between 7 March 2016 and 12 March 2016, Ofsted, the Care Quality Commission (CQC), HMI Constabulary (HMIC) and HMI Probation (HMIP) conducted a joint inspection of the multi-agency response to abuse and neglect in Oxfordshire – including a deep-dive into child sexual exploitation and children missing from home, care or education. The report praised Oxfordshire's partner agencies for responding to the various work on child sexual exploitation, including praise for the kingfisher team. They also found that the Oxfordshire Safeguarding Adults Board oversees that work effectively. Areas for improvement include spreading good practice to all children's services. Risk was not always well understood by the Multi-Agency Safeguarding Hub (MASH) and responses from MASH to referrals seemed inconsistent. The full report can be found here:
   https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/521906/Joint_inspections_of_child_sexual_exploitation_and_missing_children_Oxfordshire.pdf

7. **Response to our Discharge Report:**
   We have received a response to our discharge report since our last board meeting. The response is provided in the table below.

NHS Response Improving Discharges from hospital in Oxfordshire Healthwatch Oxfordshire Report recommendations	NHS response:
1. Hospital trusts should take immediate action to increase the percentage of patients whose estimated date of discharge (EDD) is set within 36 hours of admission, which is step 1 of the local pathway. `	• It is important to understand that not all patients require an estimated date of discharge (EDD) to be set within 36 hours of admission. Many patients are admitted for less than 36 hours and for some complex patients it takes more than 36 hours to complete all the diagnostic tests required to allow the clinician to decide on how best to manage the patient. • However, it is the aim of all hospitals in Oxfordshire to ensure that a planned discharge date be set within 36 hours for all relevant patients • Patients are reviewed twice daily in what is known as 'board rounds' during which their EDD is reviewed. Regular audits take place to check the setting and accuracy of EDD.
2. Patients should be assigned a named discharge co-ordinator and be given the details of how to contact that person at	• We do not agree that every patient requires an allocated discharge coordinator. The Discharge liaison nurses add value in supporting those very complex discharges through a case

the point of their estimated date of discharge.	management approach. We are reviewing the way the current discharge liaison team functions to provide greater support across the trust for very complex discharges. • The named nurse should be identified to the patient and their family as a main point of contact in the event of any queries regarding discharge.
3. The planning for discharge ward poster produced by the OUHT should be redesigned as the leaflet is given to all patients and their families. Their discharge co-ordinator should discuss it with them. This leaflet should include a space for the name and contact details of the Discharge Co-ordinator and information on who to contact if a patient is unhappy about their discharge plan.	• We are jointly reviewing discharge posters and leaflets for patients. The aim is to have a single comprehensive leaflet, which will include standard useful information, but will also include a section with personalised discharge information for that patient. Healthwatch approved the wording on the current poster and it is likely we will adopt the same language in the patient leaflet. • A discharge care plan will be developed for each patient, which will include the named nurse and provide contact numbers in the event of discharge queries.
4. For patients who are also carers admitted on a planned care pathway, a Discharge Co-ordinator should be assigned before their admission so that alternative care arrangements for those they are caring for can be put in place.	• We don't agree that every elective patient requires an allocated discharge coordinator. However, the named nurse will be identified to the patient as a point of contact in the event of discharge queries. • For elective patients – a pre-operative assessment processes will include a discussion on any caring responsibilities the patient may have and this will be incorporated into their admission and discharge plans. If necessary, a Section 2 referral can be made to social care for an assessment of need. • For patients admitted non-electively, then the admission assessment should include a question about any caring responsibilities and if necessary a S2 referral can be made to social care. New Contract (Carers' Support Services): • The contract will continue to be delivered through Carers Oxfordshire for the coming 3 years. It brings together a new alliance of the county's leading carer support providers Action for Carers Oxfordshire, Rethink and Guideposts into this new partnership. The support available to assist carers includes; Access to information, support and advice; Face to face support; Volunteer respite; Peer support and information and training. Carers' Assessments:

	• Carers are also invited to access Carers' assessments. These assessments are provided jointly by the Oxfordshire Clinical Commissioning Group (OCCG) and Oxfordshire County Council (OCC). Support plans, including relevant information, registration for the Emergency Care Support Service (ECSS) and potentially a 'one off Personal Budget to address health and wellbeing needs, will then be produced from these Carers' assessments. Respite: • Carers who care for someone who is eligible for social care may also benefit from respite care and support.
5. That Discharge Co-ordinators should have training in communicating with patients and families so that communication is two-way. It is about 'involving' others and not just about 'informing' them.	• Each patient will have a named nurse who will be the main person to communicate with families. In the event of a patients having more complex discharge needs then one of the discharge liaison nurses will support the communications with families. • A Trust-wide multidisciplinary discharge workshop was undertaken in October 2015 which was well attended by large groups of staff. This included training in the management of complex discharges and communications with families as well as information on services available to patients and their families. An ongoing program of discharge workshops is planned.
6. That the Discharge Co-coordinator should formally record the involvement of the patient and his/her carers in discharge planning and decision-making. A written copy of discharge planning decisions (in plain English) should be given to the patient and the carer every time this is updated and reviewed.	• The Trust agrees that for patients with complex or specific discharge needs a personalized discharge plan should be in place that the patient could take home. This will be included in the new patient discharge leaflet. For very simple discharges where the patient does not have any specific post discharge needs then standard discharge information will be provided.
7. These notes on discharge planning decisions should include clear information about what services and equipment the patient will be getting, who will be providing them, when they will start and how to use any specialist provision, and whether there might be any costs to patients for these services.	• The Trust agrees that this is appropriate for patients with specific or complex discharge needs and this personalized information will be included in the patient discharge leaflets which they will take home.

8. The pharmacy pathway should be reviewed, in order to address points in the pathway that are causing delays leading to patients waiting for medications upon discharge and to spread good practice. Specifically: • Patients should routinely receive 2 weeks' worth of the medications they need 24 hours before they are discharged. • Discharge summaries should state clearly what changes have been made to prescriptions (start/ stop/ change/ continue) and why. • Patients' nominated pharmacies should be emailed or notified electronically at admission so that dosette boxes can be suspended and emailed or notified electronically again on discharge with a copy of the discharge summary. • Trusts should urgently identify processes in the discharge pathway which are causing delays, such as the timing of when prescriptions are sent, or capacity issues within the dispensing itself.	• Electronic prescribing and administration of medicines has been implemented across the OUH since May 2015 apart from JR maternity. • It is currently in place as part of the commissioning contract to prescribe 2 weeks take home medication on discharge. • The OUH has an electronic pharmacy tracking system. Ward staff are able to track at patient level through the prescribing, dispensing and checking process each patient's TTO is up to. This enables them to provide update to date information to the patient and to escalate any delays. • The Trust has agreed pharmacy turnaround times which are monitored through the Trust discharge assurance group. • Regular reports on prescribing are published on the Trust business information system and are available to all divisions. TTO prescribing performance is monitored through the Trust discharge assurance group.
9. The electronic discharge summary report should be redesigned with input from hospital staff, GPs, care providers and pharmacists. Hospital staff should be trained in how to write any new summaries.	• The discharge summary is being redesigned with input from clinical staff including GPs and pharmacists.
10. The electronic discharge summary should be sent to the GP, the patient's nominated pharmacist, and any care provider on the day of discharge, and a hard copy should be given to the patient and his/her carers when s/he leaves hospital	• The discharge summary is sent electronically to GPs and is monitored
11. Wherever appropriate and possible, discharging clinicians should also phone and speak to the GP particularly when discharging patients with complex care needs.	• The Trust agrees this is good practice and consultants and senior nurses will regularly contact GPs to discuss individual patients on an individual basis where appropriate.

12. Hospital doctors should take responsibility for chasing results of tests they order before discharge and communicating the results to GPs and patients after discharge.	• Hospital doctors take responsibility for acting on tests they request as per GMC guidance. Some results may only be completed once the patient has been discharged and agreement will be made with the GP on how these results are followed up.
13. A protocol for hospitals sharing information with care providers should be agreed, for the situations when a patient from a care home or with an existing package of care is admitted to hospital - and its use should be enforced so that care providers have time to arrange changes to care.	• Sharing agreement already in place.
14. Trusts should undertake a root cause analysis of a random sample of patients re-admitted within 72 hours and review findings relevant to improving the discharge process.	• We review readmissions to hospital in a number of ways: 1. Readmission rates to hospital within 30 days are monitored every month. 2. We use software to alert the hospital and CCG if any specialty appears to have an increased rate of readmissions and we investigate these alerts to make sure there are no patient safety issues. 3. We undertake an annual readmission audit to ensure there are sufficient services in the community to support patients following discharge from the hospital 4. If a patient suffered harm as a result of being discharged too soon, the hospital would undertake an investigation to prevent similar incidents

8. **Progress reports on key pieces of project and outreach 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, reported below.

APPENDIX ONE- PROGRESS REPORTS ON KEY PIECES OF INTERNAL WORK

These reports are risk rated using a traffic light red, amber, green system. Green projects are progressing well; amber projects have some risks attached but we are confident these can be managed effectively. Red projects are a cause for concern.

Developing use of CRM	
Lead	Executive Director
Status	Green
Progress	Feedback Wizard due for upload w/c 16th May – we can demo its use in the website update section. CRM will be crucial to the success of the 'this month we heard' feature on the website as per the new work plan.
Risks and mitigating actions	Risks: • That HWE misses its CRM update timeline. Mitigating Actions ongoing: • Staff have been taking and keeping note of all enquiries.
Issues requiring board input	None

Care Home CQC inspections project	
Lead	CIO voluntary sector
Status	Green
Progress	• Interviews with care home mangers are ongoing, 4 completed thus far with 2 weeks of fieldwork left to be completed
Risks and mitigating actions	Risks: • Difficulty reaching busy care home managers • Concerns over sharing information with competitors Mitigating actions: • Gained support for the project from the county council and from the Oxfordshire Association of care providers • Pitching the project as a positive one for quality improvement and collaboration
Issues requiring Board input	None at this stage

Website Development	
Lead	Marketing and Communications Manager
Status	Green
Progress	The Marketing and Communications Manager has begun a systematic update of the website. In the period March 7th – 10th May we have had: • 1,133 hits by 880 users. • 29.9% returning users, 70.1% new users • 3,251 pages viewed. • Average length of visit 2 min 39s

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Risks and mitigating actions	None at this time
Issues requiring board input	None

Stimulating Social Media Activity	
Lead	Marketing and Communications Manager
Status	Greem
Progress	Though we are posting much more regularly on social media, we continue to work to develop our messages as well as our active followers. Over the past two months we've started to see a shift to more engagement with our posts and we're having more to share/say on social media In the period *March 8th – May 10th*, on twitter we have had: • 1325 followers • 20 Tweets • 18 retweets • 6.5k impressions (the number of times users saw a tweet) • 45 engagements (the number of times users interacted with a tweet) On Facebook we have: • 197 page likes – • 1,321 people reached
Risks and mitigating actions	Risks: Missing an audience and potential avenue for feedback without having a following on SM Mitigating actions being taken: • Marketing and Comms Manager briefed to maximise potential of social media to support our work. • Considering an ad on facebook to grow our network, more of our events and activities are being tweeted, etc.
Issues requiring board input	To join and share our networks with contacts

Enter and View (minor injuries / unscheduled care)	
Lead	Head of Projects/CIO public
Status	Green
Progress	• Fieldwork completed with 1x session at Henley, 2x sessions at Witney, 2x sessions at Abingdon • Initial feedback has been interesting and the OHFT staff who have worked with us have been very welcoming and committed. • Currently analysing and writing up the results – to be published before end of summer.

Risks and mitigating actions	Risks: • None at this time
Issues requiring board input	None

Public Outreach	
Lead	Community Involvement (Public)
Status	Green
Progress	Both CIOs have been developing their plans for the next year. The first of our Hot Topics page has been published for April's plans – feedback would be gratefully received. Since the last Board meeting Jen has spoken to 221 people at the following events: • Morrisons, Banbury • Faringdon market • Thame Market • Witney Event (with west locality) • Chipping Norton Play and Activity Day • Bretch Hill Play and Activity Day • Oxford United Match Day (Men's Health Day) • Boots, Oxford City Centre • Templar Square, Cowley Commitments in the Calendar to date • Kidlington Market - HAVE YOUR SAY • Play & Activity (P&A) Shrivenham Defence Academy – (Armed Forces Play Day) • P & A Bicester Garrison – (Armed Forces Play Day) • P & A Barton (recreation ground) • Vauxhall Barracks (Didcot) • RAF Brize Norton • RAF Benson • Cowley Road Carnival • P & A Abingdon • P & A Eynsham • Riverside Festival • P & A Dalton Barracks • P & A Grandpont, Oxford • P & A Bicester • Thame Community Day - HAVE YOUR SAY • Elder Stubbs festival • P & A Cutteslowe • Abingdon Dragon Boat Festival • Wantage PPG Event • Banbury Canal Festival • Boots/Templar Square/Libraries

	• Didcot Market - HAVE YOUR SAY
Risks and mitigating actions	Risks: • None at this time
Issues requiring board input	None

Voluntary Sector Outreach

Lead	Community Involvement (Organisations)
Status	Green
Progress	Since the last board meeting, Kanika has met with the following organisations: 1. Clean Slate- support to survivors of sexual abuse (particularly men) 2. Rethink Mental Illness- support to carers of people who have mental health issues 3. Alzheimer's society 4. Kingwood Trust- support to people on the autistic spectrum 5. Archway (offers social interaction for people who are lonely and isolated) Wednesday Welcome event. 6. Abingdon Citizen's Advice Bureau staff 7. Carers Reference Group- carers of people with mental health issues The following organisations have meetings booked in the diary: 1. Beeching Way supported housing for people on the autistic spectrum 2. Oxford Mela (Mela=festival in Hindi) in Rose Hill- organised by the Oxford Hindu temple 3. Bicester carers support group
Risks and mitigating actions	None at this time
Issues requiring board input	None

Project Fund

Lead	Community Involvement (Organisations)
Status	Green
Progress	• Status of Current projects: • Support, Empower, Advocate, Promote (SEAP)'s project to engage Gypsy and Travellers is out for 28 days' consultation this week. • Oxfordshire Parent and Infant Project (Oxpip)'s project on children and parents from conception to 2 years is currently in the reporting phase. • Refugee Resource project on refugee/asylum seeker experiences of primary care is in the reporting phase.

	• Oxford Against Cutting project on experiences of FGM and Cruse bereavement are in the fieldwork phase of the project.
Risks and mitigating actions	Risks: • Non-completion or late completion of current projects – we seem to have more movement on many of the projects. Mitigating actions: • Level of support to organisations has increased to encourage them to complete on time.
Issues requiring board input	None at this time