healthwatch Bucks

Proposed Title of Project:		Dignity in Care	
1	Outline Scope of the Project: to include outcomes/outputs and general description of the work to be carried out. Also outline link to key strategic or policy framework within which the project will take place.	Use Enter & View (E&V) powers to determine how successful care services are in meeting Dignity In Care (DIC) standards, and gather additional information on people's experience of care in their own homes, with their agreement, but outside the E&V methodology. Visit 20 care homes, users of four domiciliary care services, and produce a report on each in standard format. Share reports with providers among others, and communicate serious concerns to the appropriate authorities. Produce summary report: evaluating the project; highlighting good practice which can be applied elsewhere; and identifying areas for improvement. Exchange information on working methods and resources available with other Healthwatch England to enable sharing of best practice amongst other local Healthwatch organisations. Support work on DIC by contributing to programme of Dignity in Care Strategy Group.	
2	Commissioning Body: to include name of the organisation, contact details for lead person and other key contacts/partners involved in the project.	Buckinghamshire County Council (BCC) Lead officer commissioning the project is Chris Reid, senior joint commissioner, BCC: <u>cjreid@buckscc.gov.uk</u>	
3	Project Plan: to include indication of when project to take place, any deadlines for completion of the project or its various stages.	 Project to begin when plan is signed off by BCC, with a lead in time of 3 months to allow for recruitment, and will be completed within 18 months. It is desirable but not essential to complete the project before the end of the current contract for Healthwatch Bucks. Key Components: Recruit part time project manager. Produce working methods documentation and guidance for volunteers within one month of project beginning. Engage Stakeholders & agree broad principles of the project & their participation. Recruit & train a minimum of 8 volunteers (some will be existing Healthwatch Bucks volunteers). 	



		 Produce and implement a communications plan to ensure stakeholders are informed about activities, and to receive comments back about the project. Produce reports on individual services, feedback to providers, and also summary report at conclusion of project. The project plan will include a celebration event sharing good practice and recognising the contributions of the volunteers.
4	Reporting / Monitoring / Evaluation : to include a brief description of arrangements for reporting, monitoring and evaluating the project.	Quarterly reports on project progress to DIC Strategy Group / Lead Officer, or at other intervals by agreement with the BCC lead officer.Include detail on key deliverables such as recruitment of project officer, recruitment & training of volunteers, visits planned and completed, reports in preparation and already produced.Both the Healthwatch Panel and the lead commissioner will contribute to the evaluation of the success of the project in a joint report, to be prepared by the project manager. Feedback from volunteers, service users, carers, and providers will be included.Data in reports on individual care settings to be recorded in a way that allows comparison of both method and outcomes.
5	Information Sharing: to include expectations of who owns any information, publications or other outputs arising from the project and how they will be branded (specifically whether to be branded as CIB work or the work of the commissioner, or jointly). Also consider issues of confidentiality and whether the project is subject to the Freedom of Information Act.	Individual & summary E&V reports will be the property of Healthwatch Bucks, and available for their use and publication. They can also be used by BCC subject to the context and purpose being agreed by Healthwatch Bucks. No published information should identify service users or carers without their consent. Reports to Dignity in Care Strategy Group will be the property of BCC.
6	Decision Making and Sign Off : to include understanding of key decisions points within the project (eg agreeing project plan, approving publications or press releases, approving draft reports	Project plan to be agreed by the BCC lead officer (Chris Reid) and any parts of a draft plan requiring council member or senior manager approval to be identified and approval to be sought by the BCC lead. If the project is delayed by these requirements the scope may need

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	etc). For work with local authorities also include communication requirements with and involvement of key councillors.	to be changed. Draft reports to be agreed within Healthwatch Bucks by the Panel. Reports (may need to specify which ones) to be received & agreed by the Dignity in Care Strategy Group.	
7	Other Partners: to include other organisations, groups, or individuals involved in the project and their role and contribution to the project; also consider how they are to be acknowledged in outputs arising from the project.	Community Impact Bucks and other Healthwatch Bucks Partners Providers Healthwatch England Service users Carers and relatives	
8	Budget / Invoicing: to include indicative budget allocation and invoicing arrangements. Also outline the approval process and how funding will be confirmed.	BCC to commit £35,550 excluding VAT to be invoiced quarterly by Healthwatch Bucks subject to satisfactory progress towards project milestones. Funding will be approved by an officer with the necessary delegated powers within BCC and set out in a contract.	
9	Resources: to include non-financial resources required for the project eg equipment, venue hire, transport. How will these be provided and when are they needed?	Salary and on costs for a part time (three day a week) project manager at Healthwatch Bucks. Contribution to office infrastructure, including premises, IT, & support staff Venue hire and training for volunteer training and reasonable out of pocket expenses while doing the work. Communication materials.	
10	Initial Risk Assessment : to include key risks affecting the project (eg reliance on other parties, absence of key resources, political factors).	 Risk: Recruitment of good quality paid staff, & of volunteers, with the required skills has to be achieved before the project can move forward & it may prove difficult to do this quickly enough to deliver the project in time. Mitigation: We will not start delivering the project until the Project Manager is in place. We will work with our partner Community Impact Bucks, who run the accredited Volunteer Centre for Buckinghamshire and utilise their multiple routes to sourcing volunteers. Risk: Failure to communicate the benefits of the project to all stakeholders, and 	



	 confusion with inspection or contract monitoring work may mean that service providers do not cooperate. Mitigation: The Project Manager will design and deliver a communications plan to all Stakeholders to ensure clarity about the project's benefits. Risk: Uncontrollable events such as a serious flu epidemic, or sudden sector-wide rapid policy changes by the government, may delay progress, and could prevent completion if they occurred at critical times within the project. Mitigation: Regular reviews will allow for re-planning and making appropriate adjustments to the programme.
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Dignity in Care Proposal Budget

Dignity in Care - Healthwatch Bucks Ltd	2013/14	2014/15	Notes
Employment Costs			
			Assume fte of £28,000, 21 hours a week
- Project Manager (inclusive of oncosts)	4,750	19,000	Start date 1 Jan 2014
- Recruitment	1,800	0	
- Training	600	300	
- Travel	300	1,200	
	7,450	20,500	
Volunteer Expenses			
- Training	400	300	
- Travel	300	1,200	
- Recruitment	500	500	
	1,200	2,000	
Administration and Management			
- Laptop for Project Manager	900	0	based on current costs
- Management and supervision	300	1,200	
- Telephone, office costs etc	400	1,600	
	1,600	2,800	
Total Costs	10,250	25,300	VAT to be added to these costs
Total Project Cost		35,550	