

BOARD MEETING IN PUBLIC
 Tuesday 21st November 2017 - 11.15-12.30:
 Conference room, 3rd floor, Reading Central Library,
 Abbey Square, Reading, RG1 3BQ

AGENDA

Time	Agenda Item	Page	Lead
11:15	Welcome and Introductions	-	Chair
	Declaration of Interest	-	Chair
	Pre-submitted questions from the Public		
	ACTIVITIES		
11:20	Minutes of previous meeting - 20.03.2017	Page 3	Chair
11:25	Report from Annual General Meeting - 18.7.2017	Page 5	Chair
	ACTION/DISCUSSION		
11:30	1. Performance and Intelligence Report - Quarter 1 + 2	Page 10	MKS
11:40	2. Workplan and Project Proposals	Page 28	PB & CW
12:10	Questions from the Public		
12:30	Meeting close	-	-

Glossary of Terms

ACS	-	Accountable Care System	NWRPV	-	North and West Reading Patient Voice
BHFT	-	Berkshire Healthcare Foundation Trust	PALS	-	Patient Advice and Liaison Services
BME	-	Black and Ethnic Minorities	PCCC	-	Primary Care Commissioning Committee
BOBW	-	Buckinghamshire, Oxfordshire and Berkshire West	PDSN	-	Physical Disability and Sensory Needs
BSL	-	British Sign Language	PESG	-	Patient Engagement Steering Group
CAMHS	-	Child and Adolescent Mental Health Services	PPG	-	Patient Participation Group
CCG	-	Clinical Commissioning Group	RBC	-	Reading Borough Council
CIC	-	Community Interest Company	RBH/RBFT	-	Royal Berkshire Hospital/Royal Berkshire Foundation Trust
CQC	-	Care Quality Commission	SCAS	-	South Central Ambulance Service
CSU	-	Commissioning Support Unit	SEAP	-	Support Empower Advocate Promote
CVS	-	Council for Voluntary Services	SRPV	-	South Reading Patient Voice
DoH/DH	-	Department of Health	STP	-	Sustainability and Transformation Plan
DTOC	-	Delayed Transfers of Care	ToR	-	Terms of Reference
EPS	-	Electronic Prescribing Service	UCPB	-	Urgent Care Programme Board
F&F	-	Friends and Family	ACE	-	Adults, Children's and Education
HWBB	-	Health and Wellbeing Board			
HWR	-	Healthwatch Reading			
LA	-	Local Authority			
LES	-	Locally Enhanced Service			
MotP	-	Member of the Public			
NAG	-	Neighborhood Action group			
NICE	-	National Institute for Health and Clinical Excellence			
NHSE	-	National Health Service England			

Healthwatch Reading Board Meeting in Public Minutes: Monday 20th March 2017

Present:

Board: John Rogers (JR) - Chairman, David Shepherd (DS), Francis Brown (FB), Helena Turner (HT), Douglas Findlay (DF).

Staff: Mandeep Kaur Sira (MKS), Rebecca Norris (RN), Pat Bunch (PB) and Phil Healy (PH) and Catherine Williams (CW)

Item		Action
	Welcome & Apologies Apologies: Sue Pigott, Tony Hall, James Penn.	
	Declarations of Interest No declarations of interest.	
	Pre-submitted questions from the Public No pre-submitted questions.	
1	Minutes Minutes approved as an accurate record of the meeting. All actions complete.	
2	Performance and Intelligence Report Noted.	
3	Workplan and Project Updates Primary Care in Reading: Regarding Circuit Lane and Priory Avenue, RN met with the CCG yesterday to discuss. All feedback from patients has been shared with the CCG and sent on to the CQC. The Board agreed following the recent CQC visit that the proposed Enter and View Visit be put on hold until the new CQC inspection report is received. JR reported that there are still problems getting appointments and problems with keeping GPs at Circuit Lane. JR concerned why One Medical Group, or the CCG did is not attend the public meeting of Circuit Lane patients. FB reported that the phonelines at Priory Avenue had improved but that the Practice Manager had left. They have a Newsletter on their website but not available to patients in any other way.	

Healthwatch Reading Annual General Meeting Minutes: Tuesday 18th July 2017

Part one: Presentation and Q&A by Steve MacManus - CEO Royal Berkshire Hospital

How is the Royal Berkshire Hospital planning to boost staffing levels, re-organise outpatients, and deal with our digital age? These questions and more were put to Steve McManus, chief executive of the Royal Berkshire NHS Foundation Trust (RBFT) during a good-natured exchange at Healthwatch Reading's annual general meeting (AGM) on 18 July 2017.

Steve McManus, took up his post as chief executive of RBFT around six months ago. He told the Healthwatch Reading AGM that he 'felt honoured to be the current public steward of the organisation', funded by around £400m of taxpayers' money. He appreciated the historical significance of the hospital as a 'community asset' in Reading, which opened its doors to its first patient on 30 May 1839.

One of Mr McManus' main priorities since taking over the helm has been to launch a 'What Matters' programme that engages with at least 3,000 trust staff. He said this would help him understand what matters to patients and staff, in order to deliver outstanding care and the right staff training and education. Already he understood that patients wanted good availability and administration, of appointments, and easier car parking.

Mr McManus felt the trust was in a much different place since its 2014 'requires improvement' CQC quality rating. In 2016-17 it had met all its cancer targets, it delivered top-class stroke and heart attack care, and 99% of patients would recommend the hospital to family or friends. It also had an excellent research record in supporting patients into clinical trials and it had recently had financial restrictions removed after clearing major debts. He also highlighted the trust's Patient Leaders programme, which has led to patients being involved in consultant recruitment panels

There were still challenges in meeting the four-hour A&E waiting target but this was improving and it was among the top 20 performing hospitals in England on this measure. He also admitted that trust management 'didn't listen to our governors and the public' when proposing to shut the hydrotherapy pool and had agreed to keep it open for the meantime while a permanent site was explored, perhaps in Reading centre.

Question (Q) to Mr McManus: Where do you have the biggest staffing shortages and what causes these - high housing costs, Brexit, car parking?

Steve McManus (SM):

- Current staffing gaps are in elderly care and paediatrics; maternity has improved due to international recruitment.
- The trust 'is in a bit of a vice', caught between cheaper living costs in west of Berkshire, and 'golden hellos' and outer London weighting supplements paid to hospital staff in Frimley, and the 'golden hello' paid by the John Radcliffe in Oxford. He said 'this race to the bottom line' was not a good use of public resources
- Brexit was creating uncertainty.
- Staffing solutions included:
 - recruiting around half of 'physician associates' recently graduated from a University of Reading course
 - extra training for healthcare assistants to take on more nursing tasks
 - using pharmacists in different ways
 - 'putting the plug in the bath' to retain staff, by making the hospital an attractive place to work
 - exploring options to provide low-cost staff housing, perhaps in partnership with the University of Reading

Q: How does the hospital ensure staff recruited from other countries have good spoken communication skills?

SM:

- 'We really value the diversity of our staff', he said, who came from 39 different countries. 'If the NHS did not have this diversity, there would be a significant challenge to running the health service,' he added.
- To be accepted to work in the NHS from elsewhere, staff had to meet minimum requirements for spoken and written English, and the Royal Berks also provided extra support, particularly with spoken English, where needed.

Q: Will patients get an opportunity to ‘opt out’ of their hospital records going digital (where records can be electronically shared between departments or to other parts of the NHS outside of the hospital?)

SM:

- The trust is committed to moving from paper to electronic records because it is more efficient.
- He needs to go away and check the details about any opt-out and will come respond at a later date via Healthwatch Reading.
- The recent cyberattack on the NHS got nowhere near patient records held by the trust, and online security is really important.
- More people in society interact online, such as with shopping and banking, and the trust has to move with the times.

Q: The plans for a Berkshire West Accountable Care System propose that the number of people attending hospital outpatients will have to be cut by 10 per cent? Are you losing work or will you deliver more care in community settings? What does it mean for patients?

SM:

- The ACS is about the hospital trust working with the community and mental health trust, and the commissioners which fund local health services, to jointly managed the ‘Berkshire health pound’. Ultimately local councils will become involved too.
- The reduction in outpatients is not being ‘done to us’ but ‘in partnership’ - so yes we are looking at ways to reducing outpatients who come particularly to Craven Road. So instead of calling patients back to outpatient appointments to, collect test results for example - the hospital is looking at doing this differently, such as electronically or by phone. Telemedicine might also be used more, for example with rheumatology patients - to check blood test results and manage any medication changes, without patients needing to come to hospital.
- In the last year the Royal Berks has been seeing more outpatients in Henley, Thatcham and Bracknell and a chemotherapy unit is being considered for West Berkshire. An ‘RG1’ hub based outside of the hospital’s main site is also being discussed that might bring various health and social care services together.

Q: What are you doing within the wheelchair clinic to improve it? Many changes to provision are due to happen soon?

SM:

• He knows there are changes ahead with personal wheelchair budgets [due to replace the current wheelchair voucher scheme for estimated 1.2m wheelchair users nationally, to give them more control and choice]. • Before any changes to the service, it will be important to listen to the views of users of the service to make sure that the clinic would be suitable to meet their needs. This will take learning from the hydrotherapy service decision, to ensure that the hospital works with service users, carers and members of the community, to find a solution.

Q: The dementia-friendly wards at the hospital make a real difference - could these changes also be introduced for other elderly patients?

SM:

• Simple environmental changes are important
• Staff training matters too and the hospital has developed specific interventions such as ‘care crews’ to support patients
• One of the trust’s key values is being ‘compassionate’ and staff were constantly asked, ‘how do you display that in the work you do today?’

Q: Recently I had a problem with my hospital appointment, I chased it by phone and they said ‘it could not be found in the pile’ and I was sent back to my GP. I got advice from Healthwatch Reading and when I mentioned to the hospital I had spoken to Healthwatch, everything was then sorted in 20 minutes. I wasted a lot of time on this and so did your staff. How can this be sorted?

SM:

• 80% of our work can be the logistics organising care, and ‘don’t always do that well’ and ‘some elements are still not good enough’. Good administration is one the trust’s quality priorities for 2017-18. ‘It’s about the experience of our patients, and also our staff’ - smoother systems help retain people.

Q: Why is the Rushey Birth Centre at the main hospital periodically unavailable to women, given that a very significant number of women can give birth safely in midwife-led units such as these? Are there plans to provide a freestanding midwifery-led unit elsewhere in Berkshire, to provide more choice for women? (Question asked by Lisa Ramsey, chair of the local Maternity Voices Partnership, which listens to women and families and works to improve maternity services).

SM:

- Midwife recruitment is getting better, so you 'will see an improvement' in the opening hours of the birth centre.
- A decision has been taken by clinicians in the Thames Valley not to open any more freestanding units because they believe the evidence points to poor outcomes due to transfer time of women to hospital from such units.

Follow-up question: The results of the Birthplace study [of 64,000 women, led by the University of Oxford] show that for healthy women, birth in a freestanding midwifery unit is as safe for the baby, and safer for the woman, than giving birth on a hospital site. The Rushey unit needs to be open 24/7 and this needs to be addressed urgently.

SM:

- He agrees that the hospital needs to use the facilities it has to the fullest and the trust's maternity team are meeting soon to discuss this.

Part 2:

The meeting concluded by presenting the Healthwatch Annual Report and Accounts, which were accepted by the Board. The Board wished farewell to John Rogers who stepped down from the Board after 8 years.

Performance Monitoring Report: Q1 & Q2 April - September 2017

Introduction

This report presents the activities of Healthwatch Reading in this quarter. The indicators used to measure performance are driven from the Quality Statements produced by Healthwatch England for measuring impact and effectiveness of local Healthwatch. There are five Quality Statements:

1. **Strategic Context and Relationships** - Having a strong understanding of the strengths and weaknesses of the local health and social care system is critical to the success of local Healthwatch.
2. **Community Voice and Influence** - Local Healthwatch enable local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and social care services.
3. **Making a difference locally** - A local Healthwatch needs to formulate views on the standard of health and social care provision and identify where services need to be improved by formally or informally collecting the views and experiences of the members of the public who use them.
4. **Informing People** - A core part of the role of local Healthwatch is to provide advice about local health and social care services to the public.
5. **Relationship with Healthwatch England** - Local Healthwatch work with Healthwatch England to enable people's experiences to influence national commissioning, delivery, and the re-design of health and social care services.

Summary of performance for quarter 1: The new financial year has begun well with a high number of contacts and total engagement over the quarter totaling 7,192 which is almost on par with the last quarter. We recruited a new manager to oversee our Advocacy Services to maintain and develop the services. We also recruited 5 new Care Act Advocates, who will be trained this quarter and be ready to start delivering Care Act Advocacy in the summer. We continue to see a steady stream of people calling us for information and advice and we have also seen an increase in the number of complaints cases that we resolve by providing mentoring support to self-advocate and via telephone support. This quarter also saw us begin two new projects, one with Public Health Berkshire looking at public awareness of Tuberculosis and the second with South Central Ambulance Service, supporting the increasing of diversity of their volunteers. Finally, we ended the quarter with a high winning the 'Engagement in Service Change' award for our A&E project.

Summary of performance for quarter 2: We have had an exceptionally busy quarter with contacts being on par with the last quarter and up by 48% against the same time last year. In addition, the number of people contacting us for information and advice continues to rise. Our new Care Act Advocates have completed their training and are now working as advocates. We also have a few dual trained advocates now that can provide a seamless service for those that require it and where it is appropriate. We have begun our survey in conjunction with Public Health Berkshire looking at public awareness of Tuberculosis and concluded our work with the South-Central Ambulance Service, supporting them to increase the diversity of their volunteers. We published 5 new reports this quarter and have presented findings at the Health and Wellbeing Board, all have been well received.

Quality Statement 1: Strategic Context and Relationships

Having a strong understanding of the strengths and weaknesses of the local health and social care system is critical to the success of local Healthwatch.

Number and list of strategic meetings attended by local Healthwatch staff and Board members with health and social care providers and commissioners

Meeting/Board	Frequency	Q1	Q2	Q3	Q4	Total
Ongoing Regular Meetings						
A&E delivery Board: Review attendances at A&E and urgent care access across the system.	Monthly	x x	x			3
Adult social care managers meeting: oversee social care delivery	Quarterly		x			1
BHFT SMT meeting: To discuss patient experience with senior management team for Reading	Quarterly	x				1
Berkshire West HW engagement meeting: Meeting with CCGs to look at engagement of communities	Quarterly		x			1
BW Quality Committee: Review quality of health services commissioned by the CCG across Berkshire West.	Bi-monthly	x	x			2
BOB STP Communications and Engagement Group	Bi-monthly		x			1
CCG Care Homes Project: Delivery of CCG Care Homes work	Monthly	x	x			2
CCG Children’s, Maternity, Mental Health and Voluntary Sector Board (CMMV): Reviewing commissioning of Children’s, Maternity, Mental Health and Voluntary Sector services	Monthly	x	x			2
CQC & HW teleconference: To update on local issues and collect feedback on service issues	Weekly	x	x			2
Health and Wellbeing Board Agenda setting meeting: To set the agenda for the Health and Wellbeing Board meetings	Quarterly	x				1
Health and Wellbeing Board: Oversee the commissioning of health and social care services	Quarterly		x			1
High Impact Group: Overseeing High Impact Integration projects	Monthly		x			1
Improving patient engagement in South Reading: Meeting South Reading CCG lead to look at patient engagement	Bi-monthly	x	x x			2
Integrated NHS 111/Urgent Care Delivery Board: To oversee delivery of	Monthly	x	x x			3

the 111 service at a Thames Valley level						
Learning Disability Partnership Board: Reviewing the needs & issues affecting those with learning disabilities	Quarterly	x	x			2
Mental Health Strategy group: To develop joint ways of working on mental health	Quarterly	x				1
North and West Reading CCG Patient Voice: Meeting of all PPG chairs looking at local engagement	Bi-monthly	x x	x x			4
PALLCALL patient experience: Developing and measuring patient experience of PALLCALL	Quarterly	x				1
Primary Care Commissioning Committee: Manage commissioning of GP services	Quarterly	x	x			2
Reading Integration Programme Board: Oversight of integration projects	Monthly	x x	x x x			5
Reading Voice Steering Group: To oversee the delivery of Care Act Advocacy	Quarterly	x	x			2
Reading Voice Advocates Meeting: Peer meeting focused on reflective learning of Care Act Advocacy and mentoring and training.	Quarterly	x	x			2
RBC Policy Committee	Quarterly		x			1
Safeguarding Adults Partnership Board: Oversee safeguarding across Berkshire West	Quarterly	x				1
South Central Ambulance Service Equality and Diversity Committee: To monitor SCAS performance against meeting their duties under the Equality Act.	Quarterly		x			1
South Reading CCG governing body meeting: Board meeting in public	Quarterly	x	x			2
South Reading Patient Voice: Meeting of patient representatives from the South Reading area	Monthly	x x	x			3
Thames Valley Patient Experience and Oversight group: Meeting overseeing the involvement and engagement of patients	Quarterly	x				1
VCS Together: Meeting of local voluntary sector infrastructure organisations to look at current issues affecting the voluntary sector.	Bi-monthly	x				1
Whitley Villa patients group: Meeting Whitley Villa patients to discuss changes to services	TBD	x	x			2
Total		27	28			55
Workshops, Conferences and Events						

Advocacy Services Provider Event: Event to develop Advocacy Services contract with potential providers	Consultation	x				1
CCG Primary Care: Regarding the development of Primary Care dashboard	workshop	x				1
Circuit Lane: Public Meeting with patients	Meeting	x				1
Dementia Conference: To raise awareness of Dementia	Conf.	x				1
DTOC Actionplan: Develop action plan to tackle delayed transfers of care	Workshop	x				1
Homelessness Health need Audit group: How to better support the homeless	Bi-monthly	x				1
Pharmacy Needs Assessment: Initial meeting to discuss support for Public Health duty	TBD	x				1
RBH Maternity event: Looking at new developments to support women giving birth at RBH	Conference	x				1
RBH Patient Experience strategy and engagement: To develop patient experience strategy for RBH	workshop	x				1
Reading Your Way Open Day: Open day outlining service changes and developments	Open event	x				1
Reducing loneliness and social isolation: Workshop to look at how to tackle issue cross sectors	Workshop	x				1
Healthwatch England committee meeting			x			1
Healthwatch England National Conference	Annual		x			1
Narrowing the Gap consultation			x x			
Focus House - Consultation Meeting			x			
Total		11	4			15

Quality Statement 2: Community Voice and Influence

Local Healthwatch have statutory duties to:

- Promote and support the involvement of local people in the commissioning, the provision and scrutiny of local care services;
- Enable local people to monitor the standard provision of local care services and whether and how local care services could and ought to be improved;
- Getting the views of local people regarding their needs for, and experience of, local care services and importantly to make these views known.

A breakdown of how people become aware of Healthwatch Reading

Category	2017-2018					2016-2017				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Care Act Advocacy referral	17	17			34	11	11	17	24	63
Drop in	0	0			0	4	0	2	1	7
Friend or Relative	3	3			6	2	1	2	0	5
GP surgery	1	1			2	0	0	0	2	2
Healthwatch England	1	0			1	0	2	0	0	2
HWR Flyer/Poster	0	0			0	2	1	0	0	3
HWR newsletter	0	0			0	1	1	1	9	12
HWR Outreach	3	3			6	3	1	2	51	57
HWR project	1	0			1	1	1	3	0	5
HWR website	7	2			9	7	3	5	6	21
Internet search engine	28	33			61	6	12	28	23	69
Local councillor/politician	0	0			0	0	0	0	11	11
NHS service provider	0	2			2	0	1	0	3	4
Not supplied	2	0			2	0	4	0	0	4
Other local Healthwatch	0	0			0	1	1	2	0	4
PALS/Complaints office at BHFT	1	0			1	2	0	1	2	5

PALS/Complaints office at CCG	1	0			1	0	1	0	0	1
PALS/Complaints office at RBH	2	1			3	2	0	3	5	10
Press	0	0			0	0	0	0	1	1
Previous contact or complainant	14	12			26	4	7	9	13	33
Reference Group Member	0	1			1	3	0	2	1	5
Referred from a Board member	0	0			0	1	0	1	0	2
Referred from CCG	2	0			2	0	1	0	2	3
Referred from NHS England	0	0			0	1	0	0	0	1
Referred from other advice agency	3	7			10	1	2	3	4	10
Referred from RBC	0	2			2	3	2	1	1	7
Referred from SEAP	1	5			6	1	0	0	1	2
Referred from voluntary sector	1	8			9	2	4	7	9	22
Social Care provider	1	0			1	0	0	0	1	1
Via a staff member	1	0			1	1	2	0	1	4
Word of Mouth	4	0			4	0	1	1	6	8
You are a Staff or Board member	1	1			2	2	1	2	1	6
Total	95	98			193	61	60	92	178	391

A breakdown of the method of contact used to get in touch with Healthwatch Reading

Method	2017-2018					2016-2017				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Telephone	56	70			126	39	37	51	80	207
Drop-in	4	3			7	11	2	4	3	20
Email	24	22			46	8	14	33	34	89
Website form	2	3			5	2	0	0	1	3
Outreach	5	0			5	1	3	4	56	64
Not supplied	2	0			2	0	4	0	0	4
Letter	2	0			2	0	0	0	0	0
Total	95	98			193	61	60	92	178	391

Number of visits to the website, Number of people receiving our monthly newsletter and Number of followers on facebook and twitter

Communications and Engagement method	2017-2018					2016-2017				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Visits to website	4344	4916			9260	3380	3222	3056	4792	14,450
Number of people receiving newsletter	623	628			-	755	697	597*	611	-
Followers on twitter	1789	1820			-	2596	2706	1664*	1726	-
Likes on Facebook page	87	91			-	68	73	78	80	-

* We undertook a cleansing exercise of people receiving our newsletter and cancelled two twitter accounts which had become redundant.

Number of engagement activities undertaken with local people and commissioners and providers

Engagement activities	2017-2018					2016-2017				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Number of activities	15	12			27	9	7	10	15	41
Number of participants	204	360			564	236	189	491	688	1604

The engagement activities undertaken in this quarter were:

1. Focus House Consultation
2. South Reading Patient Voice Meeting
3. Maples Survey
4. Healthwatch England Committee Meeting
5. SCAS Q Volunteering project
6. Reading Learning Disability Partnership
7. TB Survey Milman Road
8. TB Survey Uni. Of Reading
9. RBH Open Day
10. TB Survey Reading College
11. North and West Reading patient voice meeting

A thematic breakdown of the views that local people are contacting us about

Method	2017-2018					2016-2017				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Administration/Communication issues	5	8			13	6	7	5	31	49
Attitude of staff	6	3			9	3	4	6	1	14
Advice on service user involvement/engagement	1	0			1	2	1	2	2	7
Care Act Advocacy requests	14	11			25	12	11	14	16	53
Commissioning of services query	1	0			1	4	3	2	1	10
Data protection breach	1	1			2	1	0	0	1	2
Delay in referral to treatment	7	2			9	2	0	1	5	8
Delay in treatment	6	3			9	4	4	3	4	15
Failed discharge from hospital	0	1			1	2	1	1	0	4
Healthcare Costs	1	5			6	0	0	2	3	5
Involvement/Volunteering	4	1			5	0	0	1	0	1
Missed Diagnosis	2	2			4	0	0	1	2	3
Negative Feedback	0	3			3	0	0	0	0	0
Patient safety	1	1			2	0	0	0	12	12
Poor quality clinical care	13	18			31	14	6	19	20	59
Positive feedback	1	1			2	2	0	0	6	8
Poor integration of services	0	1			1	0	0	0	4	4
Problems with medication or prescriptions	4	3			7	3	0	2	17	22
Problems accessing services	7	14			21	2	6	5	12	25
Request for advocacy out of scope of CAA and NHS complaints	4	12			16	0	3	8	14	25
Safeguarding	3	1			4	0	0	0	2	2

Signposting to a service	7	2			9	1	8	12	6	27
Transport service delays/Parking	0	1			1	1	0	2	0	3
Not Supplied/Other	6	2			8	1	6	2	2	11
Unable to get a GP appointment	1	1			2	1	0	4	17	22
Total	95	98			193	61	60	92	178	391

A list of services that relate to people's reason for contacting us

Method	2017-2018					2016-2017				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
BHFT	5	7			12	5	9	1	5	20
CCG	3	4			7	2	3	2	1	8
Dentists	3	4			7	1	1	1	1	4
GP	22	18			40	15	7	24	96	142
Healthwatch services	3	3			6	1	0	5	3	9
Out of area provider	3	5			8	5	6	6	5	22
Pharmacy	0	1			1	1	0	0	0	1
Private provider	1	0			1	1	0	3	2	6
RBC	19	25			44	13	15	27	36	91
RBH	28	32			60	12	15	22	29	78
SCAS	0	0			0	2	1	0	0	3
Social Care Provider	4	1			5	2	3	0	1	6
Voluntary Sector	2	2			4	2	1	4	2	9
Not supplied	2	0			2	0	4	0	0	4
Total	95	102			197	61	65	95	181	405

Quality Statement 3: Making a difference locally

Local Healthwatch has a statutory role:

- To make reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services and shared with Healthwatch England.
- To formulate views on the standard of provision and whether and how the local care services could and ought to be improved. Share these views with Healthwatch England.

	Apr-Jun 17/18	Jul-Sep 17/18	Oct-Dec 17/18	Jan-Mar 17/18	Total 17/18
Number of reports published	1	5			6
Number of surveys underway	1	2			3
Total	2	7			9

Projects	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Primary Care in Reading	We attended a public meeting for Circuit Lane patients supporting them to raise concerns. We conducted an enter and View at Priory Avenue and Circuit Lane to capture the impact of changes to patient experience since the extra resource from the CCGs was put in.	We continue to monitor patient feedback from Circuit Lane and Priory Avenue and published our reports of our recent Enter and View visits to both surgeries.		
End of life	Our report Dying Matters: A reading perspective is published, capturing our work undertaken with the end of Life steering group and various Reading based initiatives.	No new updates.		

<p>Homeless peoples' health and social care needs</p>	<p>We have continued to support RBC with the Health Needs Audit.</p> <p>We have also conducted a series of focus groups with the homeless community to look more in-depth at their experiences of health and social care needs. This report will be published in line with the health needs audit and will be presented at the next Health and Wellbeing Board.</p>	<p>We published our report of the focus groups we conducted. We also presented the findings to the Health and Wellbeing Board and agreed further discussions be taken up when RBC present findings of the audit.</p>		
<p>SCAS Q Volunteering</p>		<p>We have been working with SCAS to support with increasing the diversity of their volunteers, with outreach recruitment events.</p>		
<p>TB Survey</p>		<p>We have been commissioned by Public Health Berkshire to measure the impact of the TB campaign and increase the uptake of the TB vaccine. We are conducting a survey that will close at the end of October.</p>		

Enter and View	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Circuit Lane	Carried out in May report to be published next month and findings to be reported to CCGs	No Enter and Views undertaken.		
Priory Avenue	Carried out in May report to be published next month and findings to be reported to CCGs			
Programmes of work	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Health and Social Care integration	We continue to raise the importance of patient experience to understand how integration can be effective through the Integration Programme Board.	We have been giving feedback on the BCF and have worked with the RIB to secure a stronger commitment to gathering patient and public feedback.		
STP and ACS	We are now taking part in the BOB STP communications and engagement group. We will continue to monitor effective patient and public engagement in the STP.	We received a briefing from Cathy Winfield on the progress of the ACS and await further public communication. We have recently joined the Healthwatch Advisory Board for the ACS & STP.		
Urgent and Emergency care	We took part in a workshop to look at how to effectively monitor DTOC as part of the development of the A&E Delivery Board.	We presented the findings of our report on A&E to the Healthwatch Committee and have been working to support communications about the new 111 service.		

Projects in review	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Electronic prescribing	No new updates this quarter	We promoted the survey being conducted by NHS England on prescription changes and have encouraged feedback to the CCGs.		

Number of Enter and View activities undertaken and Number of participants involved in project and Enter and View activities

	2017-2018					2016-2017				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Enter & View activities										
Number of Enter and View activities	2	0			2	10	0	0	0	10
Number of participants	50	0			50	249	0	0	0	249

Quality Statement 4: Informing people

Local Healthwatch has a statutory role to provide advice and information about access to local care services so choices can be made about local care services.

Number of people contacting Healthwatch Reading and their reason for contact

Method	2017-2018					2016-2017				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Care Act advocacy	19	20			39	11	12	20	27	70
Information and advice	36	45			81	15	24	40	50	124
Informal advocacy	4	5			9	8	7	5	4	24
Negative feedback	7	6			13	6	4	13	77	100
NHS complaint advocacy	22	20			42	19	8	13	14	54
Positive feedback	1	1			2	2	1	0	6	9
Not supplied	2	0			2	0	4	0	0	4
Volunteering/Involvement	4	1			5			1	0	1
Total	95	98			193	61	60	92	178	391

A breakdown of services related to contacts for information, advice and informal advocacy

Service provider	2017-2018					2016-2017				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
BHFT	4	4			8	1	10	1	3	15
CCG	2	1			3	0	3	2	0	5
Dentists	1	3			4				1	1
GP	8	2			10	2	6	13	10	31
Healthwatch services	1	2			3	1	0	3	1	5

Out of area provider	2	2			4	2	5	4	4	15
Pharmacy	0	1			1					
Private provider	1	0			1			3	2	5
RBH	14	22			36	4	15	12	19	50
RBC	3	7			10	3	3	5	9	20
Social Care Provider	2	0			2	0	2	0	0	2
Voluntary sector	2	1			3	2	1	4	2	9
Total	40	54			94	15	45	47	51	158

A breakdown of the reporting theme that is related to information and advice and informal advocacy

Method	2017-2018					2016-2017				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Administration/ Communication issues	1	5			6	1	3	5	8	17
Advice on service user involvement/engagement	2	0			2	2		2	2	6
Attitude of staff	1	1			2	0	3	2	0	5
Commissioning of services query	1	0			1	3	2	1	1	7
Data protection breach	0	1			1					
Delay in treatment	3	2			5	1	1	2	2	6
Delay in referral to treatment	6	2			8			1	2	3
Failed discharge from hospital	0	1			1	1	1	0	0	2
Healthcare costs	1	3			4				1	1
Involvement/Volunteering	1	0			1	0	0	0	0	0
Missed diagnosis	1	1			2			1	1	2
Negative Feedback	0	2			2					

Patient Safety	0	1			1				2	2
Problems accessing services	4	12			16	2	4	4	5	15
Poor quality clinical care	9	8			17	1	3	9	8	21
Poor integration of services	0	1			1				2	2
Problems with medication or prescriptions	2	1			3	2		0	1	3
Request for advocacy out of the scope of Care Act or NHS complaints	0	3			3			2	3	5
Safeguarding	1	0			1				1	1
Signposting to a service	6	1			7	1	7	12	5	25
Transport service delays or parking	0	1			1			2		2
Unable to get a GP Appointment	0	0			0			1	2	3
Unspecified	1	2			3		3	1	2	6
Total	40	54			94	15	27	45	50	137

Number of people being supported with an NHS complaint and the services they relate to

Service provider	2017-2018					2016-2017				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
BHFT	1	3			4	3	1	0	1	5
CCG	1	0			1	1	0	0	1	2
Dentists	0	1			1	1	0	1	0	2
GP	7	5			12	6	1	2	7	16
Healthwatch services	0	0			0	0	0	1	0	1
Out of area provider	1	1			2	0	2	2	1	5
Pharmacy	0	0			0	1	0	0	0	1

RBH	12	7			19	1	1	0	0	2
RBC	0	0			0	5	5	7	4	21
SCAS	0	0			0	1	0	0	0	1
Total	22	17			39	19	10	13	14	56

Quality Statement 5: Relationship with Healthwatch England

Local Healthwatch has a statutory role:

- To make recommendations to Healthwatch England to advise the Care Quality Commission, (CQC), to conduct special reviews or investigations direct to the CQC; and to make recommendations to Healthwatch England to publish reports about particular issues
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively

Number of escalations made to Healthwatch England and the CQC

Escalations to Healthwatch England			Escalations to the CQC	
	Number	Subject matter	Number	Service
Apr-Jun 2017	0		0	
Jul-Sep 2017	0		0	
Oct-Dec 2017				
Jan-Mar 2018				
Total	0			

Number of reports shared with Healthwatch England and the network

	Number	Report
Apr-Jun 2017	0	
Jul-Sep 2017	0	
Oct-Dec 2017		
Jan-Mar 2018		
Total	0	

Number of project groups and/or committees participating in with Healthwatch England

ACS and STP reference group

2. Project Proposals

Sector	Community Project or Research	Project	Rationale	Quarter/Time estimate
1. Care Homes	<p>Older people</p> <p>People with disabilities</p> <p>Project</p>	<p>What is the experience of care like for people in Reading who live in a care home?</p> <p>Pilot: Enter & View visits</p> <p>Visit 5 care homes to ask views of residents - focus on integration issues by asking about Care Plans (and follow on questions about experiences if has been into NHS and back again). Noting in each case which GP surgery provides care to residents.</p>	<p>Statutory duty 3 - making a difference locally (by forming a view on local services & making recommendations)</p> <p>Engagement & Insight Seldom-heard groups that will rarely be able to approach HWR. These are vulnerable communities.</p> <p>Given the current focus on integrated care in the health & social care system - is it working? An opportunity to demonstrate usefulness of 'experience measures' we advocate.</p> <p>Draft interview questions (5-6) will be brought to the HWR Board Meeting.</p>	<p>Q4 3-4 months</p> <p>(Advocates may be trained to conduct interviews).</p>
2. Accountable Care System/STP	<p>People in Reading</p> <p>Working age people</p> <p>Project</p>	<p>Engaging & Involving Reading people in NHS and social care strategic plans to work together</p> <p>(a)Develop an opinion question - one question, two or three answers e.g. 'Have you heard about the plans for a local Accountable Care System Yes/No' to share by Twitter and Facebook with a link to an accessible HWR webpage of information</p>	<p>Statutory Duty 4 Informing people (also, Statutory duty 1 strategic context and relationships, and duty 2 community voice and influence)</p> <p>The key local strategic issue the implications of the ACS and STP and their effect on pathways of care - the business of integration.</p>	<p>Q4</p>

		(b) developing a one page 'guide to involvement' for local commissioners & services e.g. to inform & assist them in planning the transformation of outpatients care to become largely a community service.		
3. Third sector/Health & Social Care services	Frontline staff in local charities - connecting HWR to vulnerable & seldom-heard people Project	'Healthwatch Reading: Voice Forum' A one to one surgery to hear what local organisation believes are the top 3 issues in health and social care that they hear from their work with their clients. Advice on signposting clients with complaints about NHS services. Piloting this approach via Reading Advice Network has resulted in mini-projects listed here being requested by partner organisations.	Statutory duty 3 - Making a Difference Locally Engagement and insight Identifying where there may be gaps in local services. Forging stronger links with other local organisations. 1. Refugee families = short report 2. Drop-in feedback session (1 or 2) for clients on the homelessness pathway = short report 3. Feedback session(s) for disadvantaged BME women = short report 4. Feedback sessions with clients with learning disabilities = short report 5. Summary report & recommendations	Q4 (Advocates may be trained to assist HWR staff team with interviewing; interpreting arrangements will need to be made for 1 & 3)
4. Health & social care in Reading	LGBT communities Project	LGBT experience of health and social care services in Reading Co-producing a short survey with Third Sector organisations that work with LGBT communities. Promoting survey for a defined period, leading to a short report & possibly to recommendations (set in context of	Statutory duty 2 community voice and influence Statutory duty 3 making a difference locally A project to coincided with Reading LGBT History Month February 2018. An opportunity to make links with seldom heard communities, and communities who	Q4

		<p>our Primary Care project and other work - are the needs identified different from those of the general population - are the needs of these communities being met?)</p> <p>Depending on resources availability, survey might be supplemented with 1-2 focus groups facilitated jointly with local LGBT support groups.</p>	<p>may be less-well served by health & social care services, including in relation to giving feedback and complaints.</p> <p>Developing and strengthening links with relevant local community groups.</p>	
5. Health services in Reading	<p>Users of alcohol & illegal drugs</p> <p>Project planning research for 2018</p>	<p>Experiences of substance abuse services in Reading - research to inform a possible Q1 project 2018-19</p>	<p>Statutory duty 3 making a difference locally</p> <p>Research & Insight - a seldom heard community</p> <p>Resource - Policy & Insight Manager to identify and meet local contacts and explore possible project ideas</p>	