

BOARD MEETING IN PUBLIC
 Wednesday 14th March 2018 - 11.15-12.15:
 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		
11:25	Minutes of previous meeting - 21.11.17	Page 3	Chair
	ACTION/DISCUSSION		
11:30	1. Performance and Intelligence Report - Quarter 3	Page 6	MKS
11:40	2. Workplan and Project Proposals	Page 29	PB & CW
12:05	Questions from the Public		
12:15	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: Tuesday 21st November 2017

Present:

Board: David Shepherd (DS) - Chairman, Francis Brown (FB), Monica Collings (MC), Tony Hall (TH), Douglas Findlay (DF), James Penn (JP), Sue Pigott (SP), Helena Turner (HT).

Staff: Carl Borges (CB), Pat Bunch (PB), Phil Healy (PH) and Mandeep Kaur Sira (MKS).

No.	Item	Action
	Welcome & Apologies The Board welcomed Douglas Dean, a member of the public. Apologies received from Sheila Booth and Catherine Williams.	
	Declarations of Interest No declarations of interest.	
	Pre-submitted questions from the Public None submitted.	
1	Minutes 20.3.2017 The minutes of the previous meeting were approved as an accurate record of the meeting. All Actions completed.	
	Report from the Annual General Meeting 21.7.2017 Accepted as an accurate record of the meeting	
1	Performance and Intelligence Report- Quarter 1+2 The Board accepted the report and supported the good progress being made.	
2	Workplan and Project Updates Suggested projects were presented and considered by the Board for the workplan for quarter 4, January 2018-March 2018. Project 1: Care Homes - This will be an Enter and View project looking at the integration of services. DS suggested we should include the impact of delayed transfers of care and their relation to Care Homes. TH emphasised the importance of looking at range of care homes and their quality and to research these before choosing homes to visit. TH also enquired about the inclusion of people's experiences of domiciliary care?	

ACTION 1: PB to re-engage with the SLASSL to find out how we can feedback people’s experiences of domiciliary care.

Project 2: ACS - This project will now be overtaken by the new post but will be used to get a baseline. FB suggested because the CCG is an exemplar we need to do this as it is important.

Project 3: Voices Forum - Low level interventions working with key voluntary sector groups working with vulnerable people to gather their experiences of services.

Project 4: Drug and Alcohol Users - Will use this quarter to start scope out the project and develop it fully in the next quarter.

TH what are the numbers on this? We don’t know but news articles seem to suggest it is a big killer in Reading.

ACTION 2: PB and CW to gather data on numbers affected in Reading.

All project approved by the Board.

DS asked the Board what other project areas could be considered for future project work?

FB suggested encouraging people to use services other than doctors and use other staff in the surgeries.

TH enquired because Physician Associates are just coming in to surgeries, is it to early? Can the CCG tell us what general reaction their getting to people going to nurse practitioner ahead of the GP? - what is the feedback on this?

ACTION 3: PB and CW to research any data available on this.

MC suggested that this is a good project to work on with PPGs at this is part of their role.

ACTION 4: CW to propose to the PPGs as a project at next NWRPV and Healthwatch Reading to support with communication.

DF suggested a good report to read titled, ‘Multifunctional framework for Advanced Clinical Practise’

ACTION 5: DF to send to MKS to send out with minutes.

JP enquired whether it would be possible to provide pictorial representation of surgeries across Reading as new models are being developed and alliance structures being formed.

FB concurred a map showing where all the surgeries are in Reading would be in the public interest.

ACTION 6: PH to produce draft for website.

	<p>Other matters: DF suggested that on every questionnaire we should be asking whether people have heard about Healthwatch Reading? To keep a good measure of our reach. ACTION 7: Team to action.</p> <p>TH suggested that we should be presenting our reports to the Older Peoples Working Party to keep them up-to-date with our work. ACTION 8: Team to explore actioning this.</p> <p>JP suggested that we should consider approaching the local press again to enquire about having a regular column. ACTION 9: MKS to contact the editor.</p>	
3	<p>Questions from the Public No further questions from the public and meeting closed.</p>	

Performance Monitoring Report: Q3 October - December 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.

This report outlines each Quality Statement including the statutory duties that relate to that statement, the Key Performance indicators that measure performance against that statement and the performance in this quarter against those measures.

Summary of performance for quarter 3

We continue to experience high numbers of individuals contacting us for information and advice and we are maintaining high numbers of contacts overall. We completed our work with South-Central Ambulance Service, supporting them to increase the diversity of their volunteers and our survey on behalf of Public Health Berkshire looking at public awareness of Tuberculosis, received a very high response. The findings from the survey were presented at a special workshop looking at tackling TB locally. We also completed our partnership Enter and View project with the other 5 Healthwatch across Berkshire, looking at patient experience of mental health in-patient wards at Prospect Park Hospital.

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.

Key Performance Indicators for Quality Statement 1:

1.1 Number of Board members and a breakdown of their skills and knowledge

1.2 Updates on Board developments

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

1.1 Number of Board members and a breakdown of their skills and knowledge

The current Board consists of 8 members as broken down below:

Name	Representation
David Shepherd	Commissioning of services and emergency care
Douglas Findlay	Pharmacy and drugs and integration
Helena Turner	Community engagement, young people and mental health
Sheila Booth	Physical disabilities and GP services
John Rogers	Engagement with the faith community, social care and integration
Tony Hall	Care for the elderly and GP services
Sue Pigott	Learning disabilities
Francis Brown	Patient Voice representative from North and West Reading
James Penn	Patient Voice representative from South Reading

1.2 Updates on Board developments

We have recruited a new Board member this quarter, David Cooper who was former lead Governor for the Royal Berkshire Hospital. We held our annual strategy day and reviewed our governance and branding moving forward. The Board also approved projects for the first quarter of 2018.

1.3 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	x x x		6
Adult social care managers meeting: oversee social care delivery	Quarterly		x	x		2
BHFT SMT meeting: To discuss patient experience with senior management team for Reading	Quarterly	x		x		2
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	x		3
BOB STP Communications and Engagement Group	Bi-monthly		x	x		2
CCG Care Homes Project: Delivery of CCG Care Homes work	Monthly	x	x	x x		4
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	x x x		5
CQC & HW teleconference: To update on local issues and collect feedback on service issues	Weekly	x	x	xx		4
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	x		2
High Impact Group: Overseeing High Impact Integration projects	Monthly		x	x		2
Improving patient engagement in South Reading: Meeting South Reading CCG lead to look at patient engagement	Bi-monthly	x	x x	x		4
Integrated NHS 111/Urgent Care Delivery Board: To oversee delivery of the 111 service at a Thames Valley level	Monthly	x	x x			3
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	x		5
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	x		3
Reading Integration Programme Board: Oversight of integration projects	Monthly	x x	x x x	x x x		8
Reading Voice Steering Group: To oversee the delivery of Care Act Advocacy	Quarterly	x	x	x		3
Reading Voice Advocates Meeting: Peer meeting focused on reflective learning of Care Act Advocacy and mentoring and training.	Quarterly	x	x	x		3
RBC Policy Committee	Quarterly		x			1
Safeguarding Adults Partnership Board: Oversee safeguarding across Berkshire West	Quarterly	x		x		2
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	x		3
South Reading Patient Voice: Meeting of patient representatives from the South Reading area	Monthly	x x	x	x		4
Thames Valley Patient Experience and Oversight group: Meeting overseeing the involvement and engagement of patients	Quarterly	x		x		2
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	28		83
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	Conference	x				1

DTOC Action plan: 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			2
Focus House - Consultation Meeting			x	x		1
A&E -Workshop *	Workshop			x		1
Carers Right Day	Meeting			x		1
Cancer Care Experience	Workshop			x		1
RBH & A&E Monday Surge Workshop	Workshop			x		1
Reduce TB	Workshop			x		1
LGBT	Meeting			x		1
Oxford Academic Health Science Network	Meeting			x		1
Mental Health Deep Dive	Meeting			x		1
Total		11	4	9		24

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.

Key Performance Indicators for Quality Statement 2:

- 2.1 A breakdown of how people become aware of Healthwatch Reading
- 2.2 A breakdown of the method of contact used to get in touch with Healthwatch Reading
- 2.3 Number of visits to the website
- 2.4 Number of people receiving our monthly newsletter
- 2.5 Number of followers on facebook and twitter
- 2.6 Number of engagement activities undertaken with local people
- 2.7 A thematic breakdown of the views that local people are contacting us about
- 2.8 A list and breakdown of the services that relate to peoples reason for contacting us

2.1 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	13		47	11	11	17	24	63
Drop in	0	0	1		1	4	0	2	1	7
Friend or Relative	3	3	1		7	2	1	2	0	5
GP surgery	1	1	0		2	0	0	0	2	2
Healthwatch England	1	0	0		1	0	2	0	0	2
HWR Flyer/Poster	0	0	0		0	2	1	0	0	3
HWR newsletter	0	0	0		0	1	1	1	9	12
HWR Outreach	3	3	3		9	3	1	2	51	57
HWR project	1	0	0		1	1	1	3	0	5
HWR website	7	2	5		14	7	3	5	6	21
Internet search engine	28	33	26		87	6	12	28	23	69
Local councillor/politician	0	0	0		0	0	0	0	11	11
NHS service provider	0	2	2		4	0	1	0	3	4
Not supplied	2	0	2		4	0	4	0	0	4
Other local Healthwatch	0	0	0		0	1	1	2	0	4
PALS/Complaints office at BHFT	1	0	0		1	2	0	1	2	5
PALS/Complaints office at CCG	1	0	1		2	0	1	0	0	1
PALS/Complaints office at RBH	2	1	6		9	2	0	3	5	10
Press	0	0	0		0	0	0	0	1	1
Previous contact or complainant	14	12	12		38	4	7	9	13	33
Reference Group Member	0	1	0		1	3	0	2	1	5
Referred from a Board member	0	0	0		0	1	0	1	0	2
Referred from CCG	2	0	0		2	0	1	0	2	3
Referred from NHS England	0	0	0		0	1	0	0	0	1

Referred from other advice agency	3	7	1		11	1	2	3	4	10
Referred from RBC	0	2	0		2	3	2	1	1	7
Referred from SEAP	1	5	4		10	1	0	0	1	2
Referred from voluntary sector	1	8	2		11	2	4	7	9	22
Social Care provider	1	0	0		1	0	0	0	1	1
Via a staff member	1	0	0		1	1	2	0	1	4
Word of Mouth	4	0	0		4	0	1	1	6	8
You are a Staff or Board member	1	1	0		2	2	1	2	1	6
Total	95	98	79		272	61	60	92	178	391

2.2 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	50		176	39	37	51	80	207
Drop-in	4	3	4		11	11	2	4	3	20
Email	24	22	19		62	8	14	33	34	89
Website form	2	3	2		7	2	0	0	1	3
Outreach	5	0	1		6	1	3	4	56	64
Not supplied	2	0	2		4	0	4	0	0	4
Letter	2	0	1		3	0	0	0	0	0
Total	95	98	79		272	61	60	92	178	391

2.3 Number of visits to the website

2.4 Number of people receiving our monthly newsletter

2.5 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	3879		9260	3380	3222	3056	4792	14,450
Number of people receiving newsletter	623	628	618		-	755	697	597*	611	-
Followers on twitter	1789	1820	1878		-	2596	2706	1664*	1726	-
Likes on Facebook page	87	91	93		-	68	73	78	80	-

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

2.6 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	8		33	9	7	10	15	41
Number of participants	204	360	160		719	236	189	491	688	1604

The engagement activities undertaken in this quarter were:

1. TB Survey - Pakistani Community Centre
2. Mental Health Deep Dive
3. TB Survey - Salvation Army
4. CMMV Meeting - Report Presentation
5. TB Survey - OPWG
6. TB Survey - Utiluvu
7. South Reading Patient Voice
8. Public Health TB Workshop

2.7 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	7		20	6	7	5	31	49
Attitude of staff	6	3	4		13	3	4	6	1	14
Advice on service user involvement/engagement	1	0	1		1	2	1	2	2	7
Care Act Advocacy requests	14	11	0		25	12	11	14	16	53
Commissioning of services query	1	0	0		1	4	3	2	1	10
Data protection breach	1	1	0		2	1	0	0	1	2
Delay in referral to treatment	7	2	3		12	2	0	1	5	8
Delay in treatment	6	3	2		11	4	4	3	4	15
Failed discharge from hospital	0	1	0		1	2	1	1	0	4
Healthcare Costs	1	5	0		6	0	0	2	3	5
Involvement/Volunteering	4	1	0		5	0	0	1	0	1
Missed Diagnosis	2	2	0		4	0	0	1	2	3
Negative Feedback	0	3	3		6	0	0	0	0	0
Patient safety	1	1	0		2	0	0	0	12	12
Poor quality clinical care	13	18	13		44	14	6	19	20	59
Positive feedback	1	1	0		2	2	0	0	6	8
Poor integration of services	0	1	0		1	0	0	0	4	4
Problems with medication or prescriptions	4	3	1		8	3	0	2	17	22
Problems accessing services	7	14	12		33	2	6	5	12	25
Request for advocacy out of scope of CAA and NHS complaints	4	12	1		17	0	3	8	14	25

Safeguarding	3	1	3		7	0	0	0	2	2
Signposting to a service	7	2	7		16	1	8	12	6	27
Transport service delays/Parking	0	1	0		1	1	0	2	0	3
Not Supplied/Other	6	2	3		11	1	6	2	2	11
Unable to get a GP appointment	1	1	0		2	1	0	4	17	22
Total	95	98	60		253	61	60	92	178	391

2.8 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	8		20	5	9	1	5	20
CCG	3	4	1		8	2	3	2	1	8
Dentists	3	4	2		9	1	1	1	1	4
GP	22	18	18		58	15	7	24	96	142
Healthwatch services	3	3	1		7	1	0	5	3	9
Out of area provider	3	5	7		15	5	6	6	5	22
Pharmacy	0	1	1		2	1	0	0	0	1
Private provider	1	0	1		2	1	0	3	2	6
RBC	19	25	19		63	13	15	27	36	91
RBH	28	32	21		81	12	15	22	29	78
SCAS	0	0	2		2	2	1	0	0	3
Social Care Provider	4	1	0		5	2	3	0	1	6
Voluntary Sector	2	2	0		4	2	1	4	2	9
Not supplied	2	0	2		4	0	4	0	0	4
Total	95	102	83		280	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.

Key Performance Indicators for Quality Statement 3:

3.1 A workplan outlining projects and progress against these including recommendations made, responses received and outcomes as a result including work with seldom heard communities

3.2 Number of Enter and View activities undertaken

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

3.4 Demographic breakdown of participants involved in project and Enter and View activities

3.1 A workplan outlining projects and progress against these including recommendations made, responses received and outcomes thus including work with seldom heard communities

	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	1		7
Number of surveys underway	1	2	1		4
Total	2	7	2		11

Projects	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Primary Care in Reading	<p>We attended a public meeting for Circuit Lane patients supporting them to raise concerns.</p> <p>We conducted an enter and View at Priory Avenue and Circuit Lane to capture the impact of changes to patient</p>	<p>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.</p>	<p>We continue to participate in the Primary care Commissioning Committee and have recently been working with South Reading CCG to look at adequate PPG representation and development.</p>	

	experience since the extra resource from the CCGs was put it.			
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.	No new updates.	
Electronic prescribing	No new updates this quarter	We promoted the survey being conducted by MHS England on prescription changes and have encouraged feedback to the CCGs.	No new updates.	
Homeless peoples' health and social care needs	<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>	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.	We have been working with Healthwatch West Berkshire to share some our work, to shape the project they are running in their area.	

SCAS Q Volunteering		We have been working with SCAS to support with increasing the diversity of their volunteers, with outreach recruitment events.	We have completed this price of work and presented findings to SCAS.	
TB Survey		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 and findings will be presented at the beginning of next year.	We have completed this price of work and presented findings at a special TB workshop and are awaiting a response to the report.	
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.	Enter and View undertaken on inpatient wards at Prospect Park Hospital.	
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	We have been giving feedback on the BCF and have worked with the RIB to secure a stronger commitment to	We took part in the mental health deep dive and presented our report on supporting people with mental	

	effective through the Integration Programme Board.	gathering patient and public feedback.	health needs.	
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.	We sent a proposal to the CCG to fund a joint Healthwatch ACS post for Berkshire West. They have accepted the proposal and we will discuss moving forward with them next year.	
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.	We presented a paper on gathering patient experience of people using the emergency department and admitted into the hospital. They are now considering the proposals.	

3.2 Number of Enter and View activities undertaken

3.3 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	1		3	10	0	0	0	10
Number of participants	50	0	41		91	249	0	0	0	249

3.4 Demographic breakdown of participants involved in project and Enter and View activities

Demographics	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total		Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Gender						Disability					
Male	15	0	25		40	Yes		0			
Female	32	0	18		50	No		0			
Transgender		0	0			Not stated	50	0			50
Sexual Orientation						Religion					
Heterosexual		0				Christian		0			
Lesbian		0				Hindu		0			
Gay		0				Muslim		0			
Bi-sexual		0				No faith		0			
Not supplied	50	0			50	Not supplied	50	0			50
Ethnicity						Age					
White British	35	0	26		61	5-10 years	3	0	0		3
White other	2	0	2		4	11-17 years	1	0	0		1
Mixed	1	0	4		4	18-24 years	1	0	10		11
Indian	2	0	2		4	25-34 years	5	0	7		12
Pakistani	3	0	4		7	35-44 years	10	0	5		15
Bangladeshi	0	0	0		0	45-54 years	8	0	11		19
Black or Black British	2	0	1		3	55-64 years	7	0	6		13
Chinese	1	0	0		1	65-74 years	6	0	3		9
Any other	2	0	2		4	75-84 years	4	0	0		4
Prefer not to say	0	0	0		0	85+ years	2	0	0		2

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.

Key Performance Indicators for Quality Statement 4:

- 4.1 Number of people contacting Healthwatch Reading and their reason for contact
- 4.2 A breakdown of services related to contacts for information, advice and advocacy
- 4.3 A breakdown of the reason for contacts that is related to information and advice
- 4.4 Number if people being supported with an NHS complaint and the services they relate to
- 4.5 Number of hours spent on individual advocacy cases
- 4.6 Demographic breakdown of complaints clients

4.1 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	15		54	11	12	20	27	70
Information and advice	36	45	38		119	15	24	40	50	124
Informal advocacy	4	5	3		12	8	7	5	4	24
Negative feedback	7	6	3		16	6	4	13	77	100
NHS complaint advocacy	22	20	18		60	19	8	13	14	54
Positive feedback	1	1	0		2	2	1	0	6	9
Not supplied	2	0	2		4	0	4	0	0	4
Volunteering/Involvement	4	1	0		5			1	0	1
Total	95	98	79		272	61	60	92	178	391

4.2 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	4		12	1	10	1	3	15
CCG	2	1	1		4	0	3	2	0	5
Dentists	1	3	1		5				1	1
GP	8	2	5		15	2	6	13	10	31
Healthwatch services	1	2	1		4	1	0	3	1	5
Out of area provider	2	2	3		7	2	5	4	4	15
Pharmacy	0	1	1		2					
Private provider	1	0	1		2			3	2	5
RBH	14	22	16		52	4	15	12	19	50
RBC	3	7	6		16	3	3	5	9	20
Social Care Provider	2	0	0		2	0	2	0	0	2
Voluntary sector	2	1	0		3	2	1	4	2	9
Total	40	54	40		134	15	45	47	51	158

4.3 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	7		13	1	3	5	8	17
Advice on service user involvement/engagement	2	0	1		3	2		2	2	6

Attitude of staff	1	1	4		6	0	3	2	0	5
Commissioning of services query	1	0	0		1	3	2	1	1	7
Data protection breach	0	1	0		1					
Delay in treatment	3	2	2		7	1	1	2	2	6
Delay in referral to treatment	6	2	3		11			1	2	3
Failed discharge from hospital	0	1	0		1	1	1	0	0	2
Healthcare costs	1	3	0		4				1	1
Involvement/Volunteering	1	0	0		1	0	0	0	0	0
Missed diagnosis	1	1	0		2			1	1	2
Negative Feedback	0	2	3		5					
Patient Safety	0	1	0		1				2	2
Problems accessing services	4	12	12		28	2	4	4	5	15
Poor quality clinical care	9	8	13		30	1	3	9	8	21
Poor integration of services	0	1	0		1				2	2
Problems with medication or prescriptions	2	1	1		4	2		0	1	3
Request for advocacy out of the scope of Care Act or NHS complaints	0	3	1		4			2	3	5
Safeguarding	1	0	3		4				1	1
Signposting to a service	6	1	7		14	1	7	12	5	25
Transport service delays or parking	0	1	0		1			2		2
Unable to get a GP Appointment	0	0	0		0			1	2	3
Unspecified	1	2	2		5		3	1	2	6
Total	40	54	76		170	15	27	45	50	137

4.4 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	3		5	3	1	0	1	5
CCG	1	0	0		1	1	0	0	1	2
Dentists	0	1	1		2	1	0	1	0	2
GP	7	5	11		23	6	1	2	7	16
Healthwatch services	0	0	0		0	0	0	1	0	1
Out of area provider	1	1	2		4	0	2	2	1	5
Pharmacy	0	0	0		0	1	0	0	0	1
RBH	12	7	4		23	1	1	0	0	2
RBC	0	0	1		1	5	5	7	4	21
SCAS	0	0	1		1	1	0	0	0	1
Total	22	17	23		62	19	10	13	14	56

4.5 Number of hours spent on individual advocacy cases

	Apr-Jun 17/18	Jul-Sep 17/18	Oct-Dec 17/18	Jan-Mar 17/18	Total 17/18
Current cases open	2	11	12		13
New cases	25	17	20		42
Closed cases	20	8	8		28

Hours spent on case	2017-2018					2016-2017				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Up to 1 hour	22	10	13		22	14	10	12	10	46
1-2 hours	2	2	2		2	3	4	2	2	11
2-3 hours	1	1	2		1	5		2	4	11
3-4 hours	2	2	1		2	1		1	1	3
4-5 hours		1	2			2	1			3
5-6 hours		1	1			2			1	3
6-7 hours										0
7-8 hours								1		1
8-10 hours						1				1
10-12 hours										0
Total	27	17	20		27	28	15	18	19	28

4.6 Demographic breakdown of Advocacy clients

Demographics	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total		Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Gender						Disability					
Male	11	5	7		11	Yes			2		
Female	16	12	12		16	No	3	1			
Transgender						Not stated	23	16	19		
Sexual Orientation						Religion					
Heterosexual	3	1	1		3	Christian	2				
Lesbian						Hindu					
Gay	1				1	Muslim			1		

Bi-sexual						No faith	1	1			
Not supplied	23	16	20		23	Not supplied	24	16	20		
Ethnicity						Age					
White British	4	1	2		4	5-10 years					
White other		1				11-17 years					
Mixed						18-24 years					
Indian						25-34 years		2	1		
Pakistani		2	1			35-44 years	2				2
Bangladeshi						45-54 years	3		4		3
Black or Black British		1				55-64 years	1		1		1
Chinese						65-74 years		3	1		
Any other						75-84 years		2			
Prefer not to say	23	12	18		23	85+ years					

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

Key Performance Indicators for Quality Statement 5:

5.1 Number of escalations made to Healthwatch England

5.2 Number of escalations to the CQC

5.3 Number of reports shared with Healthwatch England and the network

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

5.1 & 5.2 Number of escalations made to Healthwatch England and the CQC

Escalations to Healthwatch England			Reports to the CQC	
	Number	Subject matter	Number	Service
Apr-Jun 2017	0		0	
Jul-Sep 2017	0		0	
Oct-Dec 2017	0		1	Prospect Park Hospital Inpatient Wards
Jan-Mar 2018				
Total	0			

5.3 Number of reports shared with Healthwatch England and the network

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

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

ACS and STP reference group

2. Project update Q4 17/18 & proposed projects Q1 8/19

Sector	Community Project or Research	Project	Rationale	Quarter/Time estimate	Progress/completion estimate
Q4 2017/18 projects					
1. Care Homes	Older people People with disabilities Project	What is the experience of care like for people in Reading who live in a care home? Pilot: Enter & View visits 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.	Statutory duty 3 - making a difference locally (by forming a view on local services & making recommendations) Engagement & Insight Seldom-heard groups that will rarely be able to approach HWR. These are vulnerable communities. 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. Draft interview questions (5-6) will be brought to the HWR Board Meeting.	Q4 3-4 months (Advocates may be trained to conduct interviews).	Visits to 3 homes completed. Reports in draft. Visits to 2 homes in progress. Estimate complete (subject to provider responses) mid April
2. Accountable Care System/STP	People in Reading Working age people Project	Engaging & Involving Reading people in NHS and social care strategic plans to work together (a) Develop an opinion question - one question, two or three answers e.g.	Statutory Duty 4 Informing people (also, Statutory duty 1 strategic context and relationships, and duty 2 community voice and influence)	Q4	(a) Draft survey/information page prepared. (b) Draft guide prepared.

		<p>‘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>(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.</p>	The key local strategic issue the implications of the ACS and STP and their effect on pathways of care - the business of integration.		Timescale - Board’s advice requested after discussion of local developments
3. Third sector/Health & Social Care services	<p>Frontline staff in local charities - connecting HWR to vulnerable & seldom-heard people</p> <p>Project</p>	<p>‘Healthwatch Reading: Voice Forum’</p> <p>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.</p> <p>Advice on signposting clients with complaints about NHS services.</p> <p>Piloting this approach via Reading Advice Network has resulted in mini-projects listed here being requested</p>	<p>Statutory duty 3 - Making a Difference Locally</p> <p>Engagement and insight Identifying where there may be gaps in local services. Forging stronger links with other local organisations.</p> <ol style="list-style-type: none"> 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 	Q4 (Advocates may be trained to assist HWR staff team with interviewing; interpreting arrangements will need to be made for 1 & 3)	<p>All stakeholder meetings have been held and one focus group has taken place for clients with learning disabilities - draft report prepared.</p> <p>Remaining focus groups are scheduled according to stakeholder advice/group availability.</p> <p>Estimate complete end April</p>

		by partner organisations.	clients with learning disabilities = short report 5. Summary report & recommendations		
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 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?) Depending on resources availability, survey might be supplemented with 1-2 focus groups facilitated jointly with local LGBT support groups.	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 may be less-well served by health & social care services, including in relation to giving feedback and complaints. Developing and strengthening links with relevant local community groups.	Q4	Survey launched after partnership work with stakeholders to adapt and pilot questionnaire. Survey open until Friday 16 th March - estimate publish report end April/early May
5. Health services in Reading	Users of alcohol & illegal drugs	Experiences of substance abuse services in Reading - research to inform a possible Q1 project 2018-	Statutory duty 3 making a difference locally Research & Insight - a seldom		Contacts identified. Due to other projects, meetings not yet held.

	Project planning research for 2018	19	heard community Resource - Policy & Insight Manager to identify and meet local contacts and explore possible project ideas		Reading Borough Council has launched a consultation on its Drug & Alcohol Commissioning Strategy for Young People & Adults - closes 23 April https://consult.reading For discussion with Board whether appropriate to do work on this topic at this time. Option: liaise with RBC to find out what engagement & involvement work accompanies their consultation, with the further possibility of liaising with Iris & Launchpad to offer to run focus groups with their clients to inform a HWR response to the consultation.
Q1 2018/19 possible projects		Items 6 to X for discussion Proposed projects subject to Board approval			
6. Care Homes	Older people People with	Continuing from pilot project - see 1 above Continue to visit care	See 1 above The plan after the pilot is	Q1 visit 3 more homes.	

	disabilities Project	homes, focusing on care of the elderly. Plan to visit 3 more homes this Q1	complete a programme that will include at least one 'Enter & View' visit all care homes (residential & nursing) in Reading. Focusing initial on care for older people, and then on care for people with disabilities.		
7. Accountable Care System/STP	People in Reading Working age people Project	Continuing from 2 above (a) Liaise with other Berks West Healthwatch - run survey for Reading people (b) Share the 'guide to involvement' with local NHS organizations via key individuals	See 2 above	Q1 - develop project in liaison with local Healthwatch & NHS stakeholders	Discussions about a HW Berkshire West ICS role progressing well.