

<b>Report to:</b>	<b>HEALTHWATCH BLACKPOOL</b>
<b>Relevant Officer:</b>	Steven Garner, Healthwatch Blackpool Manager
<b>Date of Meeting</b>	15 September 2016

## PROCESS AND QUALITY ASSURANCE

### 1.0 Process of reporting

1.2 Healthwatch Blackpool can draw upon the resource of Empowerment Charity and with a new Chief Executive Officer in position who is also in post at Blackpool Carers this may also allow opportunity to draw upon additional resources.

1.3 The process of reporting is proposed as follows:

1. Evidence based work plan informs the review to be carried out.
2. Additional research and local/ national data is collected to provide background information.
3. Internal planning session and discussions with provider inform how the review will take place. This includes methodology, reach, timescale, format, access and resource.
4. The review takes place as agreed.
5. Immediate initial findings are discussed with service provider and expected timescale for report is given.
6. Raw data is uploaded to survey database by Business Apprentice.
7. Report is drafted by Engagement Officer.
8. Draft Report is checked over by Performance and Administration Officer for general critique, layout, spelling and fact checking etc.
9. Draft Report is checked over by Operational Lead, any revisions made are passed by Engagement Officer to ensure information is factual and evidence-based.
10. Draft Report is discussed with Services Manager and any potential issues arising (negative feedback, press attention, criticism, legal action etc.) are risk assessed
11. Report is shared with the Board for approval
12. After Board approval, a member of the Board personally signs off the document.
13. Once approved and signed off, the report is sent to the provider for a response.
14. If response is delayed or declined to be given, Operational Lead will discuss with Services Manager and the Board Chairman regarding potential escalation.
15. Once response is provided, the report is made public with the response.
16. The report is forwarded to all external partners and commissioners for potential use or scrutiny. The report is publicised in quarterly newsletter

and if relevant a press statement is also produced.

17. Potential follow up time is suggested to revisit findings and discover what changes have taken place.
18. The service will be asked how they felt the review was conducted and how it could be improved upon in future.

## **2.0 Sampling and data collection**

- 2.1 When undertaking specific reviews following the evidence based work plan, Healthwatch Blackpool traditionally only consults with those using that service. This provides an easy to reach audience and can be assisted by the service provider in accessing service users.
- 2.2 Healthwatch Blackpool proposes to extend this reach by primarily also consulting with the wider community on the findings and to gather further information about the issues Blackpool residents face in regards to the specific service. This may take the form of a wider public consultation, focus groups before, or after service reviews to assess whether the findings accurately reflect the wider community.
- 2.3 As a matter of course and wherever possible, Healthwatch Blackpool will try to extend its reach more into seldom heard communities such as learning disability, traveller, young people and BME groups.
- 2.4 Following the completion of a review, Healthwatch Blackpool will hold an internal focus session to reflect on the process, and identify groups or communities who could not be involved and how we can tackle this in future reviews.

## **3.0 Interpretation of data**

- 3.1 All data is uploaded onto a survey database, which enables the extraction of small or large volumes of information. For quantitative information, this easily allows us to break down information in sub-groups to get finer detailed statistical data. For qualitative information, it groups together the responses allowing us to view the detailed experiences. All qualitative information is read and weighted on a scale (usually positive/ negative). This balance, which is given to us will then be portrayed in the report.
- 3.2 The perspective of service users can largely be gained from the digitisation of the information, however focus groups can often provide thematic or generalised terms or allow us to address if our findings are consistent with a wider group. The perspective of Healthwatch Blackpool though may not be reflective of this (e.g. in care home reviews service users may not highlight issues, which are noticed by Healthwatch Blackpool staff and volunteers).
- 3.3 With staff and volunteer findings, we write to the service provider separately with our observations from a lay-person perspective. This allows the main report to stand alone as the voice of the service user and be less open to criticism by the service provider who may have differing opinions from staff and volunteer findings which were not also found from service users (such as odours, aesthetic issues etc.).

#### **4.0 Quality of reporting**

- 4.1 Alongside the organisational improvements to improve quality, Healthwatch Blackpool staff are actively encouraged to participate in developmental opportunities such as sessions provided by Healthwatch England aimed at improving influence through report writing.
- 4.2 Branding information, pictures, report templates and guidelines are offered by Healthwatch England to standardise and assist in report writing.
- 4.3 A social media/ online community hub is available for all Healthwatch staff and volunteers, allowing open discussion around how to improve quality and share ideas, contacts, and success stories around influencing change or positive joint working with services.