engagement
community
involvement
gathering views
participation
reporting
monitoring

Data Capture
Legacy Document

March 2013

Methodology and Rationale

Legacy Document Methodology and Rationale

Information for this legacy document was gathered from staff at a participative workshop using an ORID process, i.e. Objective, Reflective, Interpretive and Decisional stages. It was designed to capture the views and experience of those staff (listed in the footer) who had been directly involved in shaping and delivering this particular aspect of the work of LINk Devon.

The workshop included:

- A force field analysis to identify what helped and hindered LINk activities

- Charting the work of LINk Devon and identifying: what worked well; what didn't work so well; changes which were made; changes which should have been made; recommendations to Healthwatch

- A SLOT analysis – outlining the strengths and limitations of LINk Devon, and the opportunities and threats to Healthwatch.

- Identification of key people, information, systems, tools and processes which would be useful to Healthwatch

Relevant Healthwatch Devon functions (specification)

B3.8.1 <u>Function One</u>**: Gathering views and understanding the experiences of people who use services, carers and the wider community**

B3.8.2 <u>Function Two</u>**: Making people's views known**

B3.8.4 <u>Function Four</u>**: Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC)**

B3.8.6 <u>Function Six</u>**: Making the views and experiences of people known to Healthwatch England and providing a steer to help it carry out its role as national champion**

Overview and Outcomes

Overview

Overall aim of Data Capture

To ensure that all information which LINk receives, is captured as set out in the Local Government and Public Involvement in Health Act 2007. Requirements include:

- Participants registered with LINk individuals, groups, organisations and statutory representatives

- Activities undertaken/carried out by LINk staff and participants

- Ways in which LINk reaches out to all communities of place and interest

- What LINk hears about local health and care services in Devon, i.e. responses, views, experiences and comments

- How LINk uses the statutory LINk "functions", such as requests for information, Enter and View, reports and recommendations

Need

- It is a statutory requirement

- Organised to be useful and easily referred to

- For reporting purposes both locally and national

Outcomes

- It demonstrated that LINk Devon was performing its role and duties well in reaching out widely to communities of place and interest

- Well-organised systems and databases were set up, which enabled extraction of meaningful data for reporting purposes on a regular basis

- Body of evidence of views, opinions and experiences, case studies and reports

- Production of a functional database of all participants to enable regular communication and feedback

Recommendations

Recommendations for Healthwatch Data Capture

Participant Database

Undertake a full review of the LINk Devon data capture systems

Comments Log

Review and simplify the comments logging system in conjunction with LINk, to ensure that all statutory data requirements are met and information can be passed to the Healthwatch Hub

Activity Database

- Work with LINk Devon to build a new system to reflect Healthwatch activity functions, using LINk Devon's activity database as a basis
- Allocate staff time to chase up missing activity feedback

Data Capture Subgroup

- Set up a data capture/intelligence team devoted to gathering the views and experiences of participant groups and individuals
- Team should establish routes in and regular communication with all communities of place and interest across Devon, i.e. they need to be visible and accessible to all those communities

Information Request and Reporting Activity Log

- Set up an automatic flagging system re. 20 days response time
- Agree a process and point of contact for all such information requests and reports to be made. Set up a log to enable staff to trace through the system

- Set up working protocols with all statutory organisations around their responsibilities and duties as laid out in the Healthwatch regulations

Data Capture

- Ensure there is sufficient capacity across Devon to provide a local presence, to spread the Healthwatch message across the County
- Ensure there is sufficient capacity to provide overall system management and review and maintenance
- Market local Healthwatch as the health and social care consumer champion for the people of Devon. Ensure buy-in and support from local statutory organisations and local populations, to increase data capture
- Develop learning from LINk Devon to shape the capture of data by Devon Healthwatch hub. **Vital** for Healthwatch to set up a system to link its internal system to the national hub. Be ready for government demands for additional data which systems may not be set up to capture
- Build on LINk Devon's work with those who are less heard, to establish strong networks and systematic approach to enable their views to be captured

Work undertaken by LINk Devon

LINk set up a participant database. This worked well because it captured all the required details about participants, i.e. special interests, diversity and equality, locality etc. It enabled LINk to keep in regular contact with participants and target specific pieces of work to those who have stated special interests.

Changes made by LINk consisted of ongoing tweaks as and when required, within the time available. Had resources allowed, LINk Devon would have undertaken a full review of what needed to be captured so that it could be managed all in one place and linked together.

Healthwatch should undertake a full review of LINk's data capture systems

LINk set up a comments database which worked well because it captured all feedback (good and bad) about local services to influence change. Unfortunately, the quality of data was variable; often there was a lack of relevance, or substantial information from participants/public, leading to insufficient data from time to time. As data capture tools were developed, LINk Devon made changes to reflect the information captured by them. If resources had allowed, a full review would have been undertaken, to enable simplification of the system. Changes made enabled much improved feedback to key organisations such as CQC, NHS Trusts and Local Authority.

Healthwatch should review and simplify the comments logging system in conjunction with LINk, to ensure that all statutory data requirements are met. This should happen alongside the Healthwatch Hub which will capture national views and comments.

LINk set up an activity database which was useful for quarterly and annual monitoring, and essential for reporting LINk host and volunteer activity. It was easy to see who had done what, where, with whom and its outcomes.

Some participants did not always feed back about activities they had carried out on behalf of LINk Devon and the host were not resourced enough to chase participants for their activity feedback, therefore LINk Devon were not always able to provide a full report of all the outcomes achieved through LINk involvement and representation.

Additional fields were added to capture outcomes and testimonials and for easy extraction of information, e.g. for newsletters and E-bulletins. LINk could also have made small tweaks to enable easier data input and navigation, however staff time was limited to enable this to happen.

Healthwatch should work with LINk Devon to build a new system to reflect Healthwatch activity and functions, using the activity database as a starting point. It should also allocate staff time to chase up missing activity feedback.

LINk Devon set up a Data Capture sub group. A small number of people were involved in the group, which worked very well. It enabled LINk to focus on the information it needed to capture, and develop tools and processes to do this. However LINk had limited capacity and other priorities, which prevented a formal engagement plan being developed and implemented. In hindsight, LINk should ideally have involved community representatives to help promote and embed Have Your Say within local communities and networks.

Healthwatch should set up a data capture/intelligence team devoted to

gathering the views and experiences of participant groups and individuals. It should set up a systematic approach to establishing routes for information feeding in and out and establish regular communication with all communities of place and interest across Devon, so that it is visible and accessible to all those communities

LINk set up a log of information requests and reporting activity. This provided a record of where and when LINk Devon had submitted information requests and reports, to comply with the statutory 20 day turnaround requirement as set out in the regulations. However, the feedback system was dependent on information being received from statutory organisations within 20 days. Generally, this required a lot of chasing by LINk Devon and therefore had resource implications. No changes were made to the log, but with hindsight, an automatic flagging system or trigger should have been built in to alert the admin team to when responses were overdue, i.e. later than 20 days.

Healthwatch should set up an automatic flagging system / trigger for the 20 days required statutory response time. They should agree a process and point of contact for all such information requests and reports to be made, and set up a log to capture that data, so staff can trace through the system. It should set up working protocols with all statutory organisations around their responsibilities and duties, as laid out in the Healthwatch regulations. The system could trigger the sending of standard chase letter.

LINk Devon worked with Healthwatch England to develop the Healthwatch Hub which is a national database where all feedback and reports about local health and care services will be held. LINk Devon was among several other LINks that formed the National Hub Reference Group, lead by

Healthwatch England Intelligence Team, to design, test and evaluate the Healthwatch Hub prior to its launch in April 2013.

Healthwatch should consider setting up its information management system so that it aligns itself with the Hub so that duplication, where possible can be avoided.

Strengths

Strengths of LINk Devon in working with Data Capture

- Systems in place to enable data capture and logging

- Workers based in localities to:
  - Capture feedback directly from local communities
  - Reach out through local events to all communities across Devon
  - Identify real experiences as basis for case studies

- Data enabled identification of key areas for action

- Data is robust, respected and valued, leading to external requests for information

- Having a designated data capture sub group

- Having time initially to set up systems

- Training admin staff to do inputting, so they knew and used the system effectively

- Setting up data capture tools in line with IT systems e.g. Have Your Say feedback form, Participant Registration Form and LINk Activity Feedback Form

What's helped LINk Devon's Data Capture

Limitations and Hindrances

Limitations and hindrances to LINk Devon in Data Capture

Internally:

- Resources for proactive engagement to gather views and experiences on an ongoing basis have been limited. Data gathering has been somewhat piecemeal because it has been linked to specific pieces of work, rather than continuous

- Some information has been lost because of incomplete data logging resulting from limited capacity of the Leadership Group, participants and Community Involvement Workers

- Time became more limited for ongoing maintenance of databases and therefore capacity to make key changes to data capture systems

- Time was required to review the data to ensure it was accurate, prior to pulling reports from it

Externally:

- Information provided by those feeding back is sometimes incomplete. All data is anonymous, and so cannot be checked or tracked to fill in any gaps, unless contact details are provided

- Continual data requests from external bodies for information the system was not set up to capture

- Ongoing changes from contract managers and other bodies to the information they required LINk Devon to capture

- Sometimes there was a lack of qualitative data captured, which reduced the strength, credibility and relevance of reports based upon it

Threats

Potential threats/limiting factors to future Data Capture work

- Limited capacity across Devon to provide a local presence, without which the message won't get out there

- Limited capacity to provide overall system management and review

- Lack of buy-in and support from local statutory organisations

- Government demands for additional data which systems are not set up to capture

- Lack of buy-in and support from local population, leading to reduced data capture

Key People to Involve

Key people to involve

Name	Organisation	Role
Lorna Davis	LINk Devon Host	Project Coordinator
Rebecca Keeling	LINk Devon Host	Host Manager
Debbie Humberstone	LINk Devon Host	Administrator
Sarah Archer	LINk Devon Host	Administrator
Hilary Ackland	LINk Devon Leadership Group	Strategic Overview / Data Capture Sub Group Chair

First points of contact for statutory agencies

Name	Organisation	Role
Paul Giblin	Devon County Council	Engagement Lead
Janine Gassmann	Devon County Council	Scrutiny Officer
Camilla De Bernhardt	Devon County Council	Scrutiny Officer
Jenny McNeill	NHS Devon, Plymouth and Torbay	Asst Director of Strategic Development
Alison Holder	NHS Devon, Plymouth and Torbay	PALS Manager
TBC	NEW Devon CCG	Patient Experience Lead
Gill Gant	South Devon and Torbay CCG	Head of Quality and Governance
TBC	National Commissioning Board	Local Area Team Rep
Natalie Stone	RD&E	Patient Experience Lead
Em Wilkinson – Brice	RD&E (To be copied in)	
Sandy Chivers	RD&E (To be copied in)	
Tracey Reeves	RD&E (To be copied in)	
Katherine Allen	Northern Devon Healthcare NHS Trust	Patient Experience and Communications Lead
Lindsay Stanbury	Northern Devon Healthcare NHS Trust (to be copied in)	Membership Manager
Linda Stapleton	Devon Partnership NHS Trust	Patient Experience Lead
Mandy Sharp	Care Quality Commission	Compliance Manager, Devon
Martin Callow	SWAST	
Graham Booth	Healthwatch England	Intelligence Manager

Neighbouring Healthwatch Organisations

- Plymouth
- Torbay
- Cornwall
- Dorset
- Somerset

Further Reading and Information

Further reading and information available and its location

Systems & processes in place

Have Your Say Database
Activity Database
Participant Database
Request for Information Access Database
Data Capture Presentation
Activity Log Presentation
Working agreements with NHS Devon, Devon County Council etc

Protocols, tools and forms

Have Your Say! Form
Have Your Say! Form Easy Read
LINk Devon Activity Feedback Form
LINk Devon Registration Form
Spreadsheet template reporting feedback

Reports & responses

Have Your Say! Report and Recommendations
Annual Reports
Quarterly Reports

Examples of good practice in other organisations

Lewisham LINk Database