NOTE – BEFORE COMPLETING THIS PROJECT PLAN READ THE HWW RESEARCH PROTOCOL . This can be found at: Company / Our Work / Engagement Team / Project Plan and Research Protocol

The Checklist at Appendix One should be complete at the end of this Project Plan

Note - *Delete prompts in italics.*

HWW PROJECT PLAN

NAME OF BUSINESS PRIORITY:

LEAD RESPONSIBILITY FOR BUSINESS PRIORITY:

Director:

EO / Team Member:

WHY THIS PRIORITY?

Rationale for doing the work – what is the key question/s we are trying to answer through this project?

SKILLS AND RESOURCES

Are there any specific resources needed to undertake the project, if so what are these and how will they be obtained?

Will this project involve HWW volunteers? Remember to check availability and ask about any potential conflicts of interest

Think about whether you and other participants have the relevant skills and expertise required to undertake the work, is any specific briefing/training required?

WHAT ARE WE AIMING TO ACHIEVE?

What are we trying to find out or test out?

What desktop research / reading might be required to inform the project?

What do we already know from other sources (e.g. data, published reports, policies etc.)

NOTE – HWW have decided that we will write to the Commissioner / Provider (whoever is the most appropriate) asking for data relating to service use broken down by equalities dimensions of: gender, age, sexuality, disability and ethnicity

Limitations:

If relevant include what we will not be doing – what is outside the Scope of this project – e.g. we will be focusing on domiciliary care but not talking to care workers or we will be focusing on the provision of domiciliary care but will not be asking people about their experience of the social work assessment process

Consider anything that could hinder the delivery or impact of the work being undertaken e.g. resource issues; getting access to stakeholders, poor data or too small a sample etc.

Risk:

Think about risk – including any risks to the physical, emotional and mental wellbeing of participants, staff and volunteers. Also, any potential reputational or legal risks. When risks are identified set out how they will be managed.

Risks need to be offset against benefit and should not be disproportionate – if levels of risk are very high consider whether it is appropriate to continue with the project.

COLLABORATIVE WORKING

Where work is being undertaken in collaboration with other organisations have any relevant protocols / policies been set out, understood and agreed?

Have any potential issues or risks that could arise been managed?

Is it clear who will be responsible for authorship and content of the Report?

Has Healthwatch independence been maintained?

WHEN WILL BE DOING THIS WORK?

(E.G. June – Sept 201X) – when setting your timeframe build in time for preparation, engagement, data analysis and reporting

WHO WILL BE INVOLVED?

Key stakeholders and groups we want to engage with.

Consideration should be given to involving people who have direct experience of the topic that is being investigated (e.g. Task & Finish Group made up of service users, carers or representatives of service users) to make sure the project will meet their needs

NOTE *in all our project plans we will give consideration to how the project relates to:*

- *Children and Young People*
- *Equalities characteristics (gender, age, sexuality, disability and ethnicity)*
- *Carers*

Please include how you will engage with the Groups specified above where this is relevant to the project.

Set out how you will get in touch with the people we want to speak with

Remember Ethical considerations, remember that the interests of the participants override those of HWW. Make sure that people have capacity to consent to take part.

Make sure you include in the tasks obtaining explicit consent from responsible adult for work with under 16's; obtaining informed consent from participants and obtaining any permissions needed from providers.

HOW WILL WE DO THIS?

Methods:

Ask yourself: what do we need to know to answer the key question and how will this information be used?

Remember to consider in advance – Administration (how will we do it: F2F/online?); consider best ways to reach your target audience.

If a questionnaire is appropriate; do you need to set a sample size [power calculator]; can you use questions from existing sources; how will you deal with potential bias in questions, think about structure of your questions and how many are needed to meet your aims, how will you pilot your questionnaire, what demographic / monitoring information do you need to collect?

Remember that for Surveys we have to collect Equal Opportunities monitoring data as part of our WCC contract monitoring. Include categories on: Gender, Age, Ethnicity, Disability and District. You may also want to include sexuality if this is appropriate, but it is not required for contract monitoring.

If qualitative methods consider sample size (including when you think saturation point[1] may be reached); recruitment; health and safety considerations; ground rules for Focus Groups; recording (taped or notes?); and data analysis.

Don't forget to include as a task preparing an explanation of what we are doing for participants.

Informed consent is needed for both quantitative and qualitative methods - include the HWW standard wording / form for obtaining informed consent for both surveys and qualitative methods as set out in the ***HWW Research Protocol.***

Remember that for Surveys we have to collect Equal Opportunities monitoring data as part of our WCC contract monitoring. Include categories on: Gender, Age, Ethnicity, Disability and District. You may also want to include sexuality if this is appropriate, but it is not required for contract monitoring.

for a age ranges the usual protocol is 10 year intervals, however this is lengthy for Face to Face so we agreed: U18, 18 – 24, 25 - 44, 45 – 64, 65 - 74 and 75 years & over, unless the topic requires that age ranges are more defined or we want to analyse by specific ages

Consideration should be given as to whether a ***Data Protection Impact Assessment*** *is required. This may be the Basic DPIA or a full DPIA. This should be done in collaboration with the Data Controller (Simon Adams) and Information Security Officer (Jo Ringshall). For an example of a completed Basic DPIA see the* ***HWW Research Protocol***

[1] When listening to people's views there will come a point when you stop hearing anything new, this is known as the level of saturation. When this happens, it becomes pointless carrying on gathering data as you will not add anything new to your findings

ANALYSIS

Think about and set out how any personal data that is necessary for the project will be collected and kept secure? How long will we retain the information for? (the HWW Retention Policy is currently 6 months from publication of the Report)

How will you analyse data collected? Where open questions are being asked can you devise some predictive coding in advance to make analysis easier?

REPORT WRITING AND APPROVALS

Remember to include the standardised text regarding aims and objectives of HWW as set out in the ***HWW Research Protocol***

For a full research Report follow the structure set out in the ***HWW Research Protocol***

Think about whether a Summary, or more "user friendly" version may be required and build in time for this

Remember to build in time for Draft Reports to be agreed with Lead Director

Consider whether to share your Draft Report with another EO or the MD for Quality Assurance purposes – build this into the timetable

For an example letter requesting accuracy check from providers see the ***HWW Research Protocol***

DISTRIBUTION AND COMMUNICATION - HOW WILL WE LET PEOPLE KNOW WHAT WE HAVE FOUND OUT?

Distribution *– for an example letter of request to respond to recommendations see the* ***HWW Research Protocol***

Remember to send ALL Reports to:

- ✓ *HWE – research@healthwatch.co.uk;*
- ✓ *HOSC (Chair & copied to HOSC officers)*

Consider whether you need to send your reports to CQC

Communications / Publicity

Who will be your main audiences and what they will need or want to know?

How will information will be relayed?

Think about who else might benefit from knowing the outcome and how we will let them know.

How will we make the information accessible to the public?

FOLLOW UP

Do you intend to follow up the work or repeat it after a period of time? If so say how this will be done

PROJECT ACTIVITY

Use the table below to set out:

- Activity
- Main Tasks
- Responsibilities
- Timescales

A calendar view can also be provided in the GANT chart below.

CHECKLIST

Complete the Checklist at the end to ensure that you have covered everything you need to in the Project Plan

Project Plan

ACTIVITIES	WHOSE RESPONSIBLE	TIMESCALES -BY WHEN
TASK ONE: E.G FACT FINDING *(e.g. desktop review of NICE guidelines, CQC reports, existing research & information, reports from other HW)*		
1.		
2.		
3.		
4.		
TASK TWO:E.G. ENGAGEMENT *(e.g. DPIA, obtain permissions, recruit participants, develop structure for your method, organise meetings, arrange outreach, attend events etc.)*		
1.		
2.		
3.		
4.		
TASK THREE E.G. ANALYSIS *(e.g. analysis of information collected, possibly more desktop research)*		
1.		
2.		
3.		

ACTIVITIES	WHOSE RESPONSIBLE	TIMESCALES -BY WHEN
TASK FOUR E.G. REPORT WRITING & APPROVALS *(e.g. Drafting and writing up report (see Research protocol guidelines), Directors Meeting, Quarterly Meeting,)*		
1.		
2.		
3.		
4.		
TASK FIVE E.G. DISTRIBUTION AND COMMUNICATION *(Send to Providers, CCG, WCC, CQC, HWE etc. Include communication tasks e.g. to participants; press release etc.)*		
1.		
2.		
3.		
4.		
TASK SIX – FOLLOW UP OF RECOMMENDATIONS *(e.g. Review after 6 months; publish commissioner / provider response on website etc.)*		
1.		
2.		
3.		
4.		

SEE CALENDAR VIEW BELOW

GANT CHART / CALENDAR VIEW

ACTIVITY	Month	Month	Month	Month	Month	Month
TASK ONE: RESEARCH						
TASK TWO: ENGAGEMENT						
TASK THREE: ANALYSIS						
TASK FOUR: REPORT WRITING & APPROVALS						
TASK FIVE: DISTRIBUTION AND COMMUNICATIONS						
TASK SIX: FOLLOW UP OF RECOMMENDATIONS						

CHECKLIST – TO COMPLETE

Checklist	*Y/N or Not applicable/ Don't Know*
Developing the Questions	
✓ Overall does the project ask the right question – is it pertinent; will it increase knowledge about health and social care service delivery?	Yes/No/NA/DK
✓ Will a diverse range of people be engaged – have you considered C&YP, Equalities and Carers?	Yes/No/NA/DK
✓ Has consideration been given to how the findings will be used?	Yes/No/NA/DK
✓ Is the methodology appropriate for the question being asked?	Yes/No/NA/DK
✓ Has any potential bias been addressed?	Yes/No/NA/Dk
✓ Have any ethical considerations been assessed and addressed appropriately?	Yes/No/NA/DK
✓ Has risk been assessed where relevant and does it include: risk to well-being; reputational risk and legal risk	Yes/No/NA/DK
Data Management	
✓ Is the collection, analysis and management of data set out within the project plan?	Yes/No/NA/DK
✓ Has data retention and security been addressed appropriately?	Yes/No/NA/DK
✓ Have DPA/ GDPR and FOIA been considered and requirements met?	Yes/No/NA/DK
Thinking about Research Participants	
✓ Has the well-being of participants has been considered and accounted for?	Yes/No/NA/DK
✓ Will participants be clearly informed of how their information will be used and assurances made regarding confidentiality/anonymity?	Yes/No/NA/DK
Collaborative Working	
✓ Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed?	Yes/No/NA/DK
✓ Have any potential issues or risks that could arise been mitigated?	Yes/No/NA/DK
✓ Has Healthwatch independence been maintained?	Yes/No/NA/DK
Quality Assurance	
✓ Has a quality assurance process been incorporated into the design?	Yes/No/NA/DK
Conflicts of Interest	
✓ Have any conflicts of interest been accounted for?	Yes/No/NA/DK
Intellectual Property and Publication	
✓ Will the project be communicated in a way that is accessible to the public?	Yes/No/NA/DK