Paper 4

Decision Making Policy

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Please note that it is the individual Healthwatch Rutland staff, Board Member or volunteer responsibility to ensure that they are reading the most current version of this policy.	

1 Introduction

Every Local Healthwatch must have a published Decision-Making Policy. This policy helps Healthwatch Rutland make its decisions, prioritise and choose what will go in their workplan as well as approving and accepting any other relevant work during the year. This guidance is for Lead Officers, Chairs, Advisory Board Members and all HWR volunteers.

2 Policy Statement

Healthwatch Rutland makes its decisions in an open and transparent way and ensures the interests of the people of Rutland are always paramount. This policy and associated procedures outline the steps taken to ensure decisions are evidence based and lead to substantive impact in the community.

The governing regulations and standards are:

- *The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012* – referred to as Regulation 40 throughout this document.
- *Freedom of Information Act 2000.*
- *Seven Principles of Public Life (Nolan Principles).*

This policy applies to all relevant decisions made by Healthwatch Rutland.

3 Purpose

The Decision-Making Policy is an essential part of running Healthwatch Rutland, it ensures:

- Healthwatch Rutland's **legal requirement** to demonstrate independence in the way we operate and make decisions. Without a published policy, the trademark license to operate as a local Healthwatch may be at risk.

- That we have a **clear process** that will support our Advisory Board and working groups e.g., Operations and Planning Group, in building a robust evidence base and prioritising the calls for our time and attention.

- That we demonstrate **transparency** and openness to all who have an interest in the work we do, enhancing our reputation as a trusted and credible partner.

4 Purpose and scope

The Decision-Making Policy helps Healthwatch Rutland make a difference in our community. In addition to providing clarity to the public, this policy will also support with the following:

- **Commissioned work** - where work requests from health and care organisations fall outside chosen work priorities, Healthwatch Rutland must use their Decision-Making Policy to support the case for additional funding. This will help to decide where to accept projects and will clearly show how and where funding will be allocated to deliver impactful outcomes.

- **Accountability to commissioners** - with such a wide remit, deciding on priorities is an important task. It requires Healthwatch Rutland to demonstrate independence while ensuring we make a difference and provide value to the health and care system. Healthwatch Rutland Decision-Making Policy sets out the rationale and process for reaching decisions about our priorities, providing transparency, helping reduce bias and creating a framework for the Advisory Board and working groups to discuss together and propose an agreement.

- **External priorities** - as Healthwatch Rutland is well placed to carry out engagement, it can therefore be easy to be persuaded into accepting all requests from health and care providers to support engagement. Thus, this Decision-Making Policy will provide a clear rationale for considering such requests.

If members of Healthwatch Rutland do not follow the Decision-Making Policy, and a decision is questioned, then we may find ourselves having to consider complaints processes, rather than delivery of the Healthwatch Rutland work plan. Healthwatch Rutland must use this policy to guide decisions, as justifying decisions in retrospect without the support of a policy can be time consuming and unnecessary.

5 Legal requirements

The regulation upon which decision making within local Healthwatch is based is Regulation 40 of '*The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012*'.

Being transparent is also a legal requirement under the '*Freedom of Information Act 2000*', which provides public access to information held by public authorities, including local Healthwatch.

In addition, the '*Seven Principles of Public Life*', also known as the *'Nolan Principles'*, outline the ethical standards those working in the public sector are expected to adhere to. For further information see here: https://www.gov.uk/government/publications/the-7-principles-of-public-life

6 Relevant decisions

Regulation 40 requires Healthwatch Rutland to have in place and publish, procedures for making relevant decisions. Relevant decisions include:

- How to undertake our activities.
- Which health and care services we are looking at covering with our activities.
- The amounts we will spend on our activities.
- Whether to request information.
- Whether to make a report or a recommendation.
- Which premises to Enter and View and when those premises are to be visited.
- Whether to refer a matter to Overview and Scrutiny Committee.
- Whether to report a matter concerning our activities to another person.
- Any decisions about sub-contracting.

Relevant decisions do not include day-to-day activity that may be required to carry out exploratory work prior to making a relevant decision.

7 Who may make decisions?

The Healthwatch Rutland Advisory Board or working groups, will be responsible for making relevant operational decisions related to their priorities and work plan. The HWR Advisory Board will have the power to delegate some of the relevant decision making to the relevant staff of Healthwatch Rutland, for example, small pieces of work which do not have a substantive impact on staff or resources. Decisions that have a substantive impact on staff and resources must be authorised by the CTCIC CEO.

All relevant decisions, including those delegated to the staff, will be recorded in the minutes of the Advisory Board meetings at which the decision was made. The minutes of all Board meetings

are published on Healthwatch Rutland's website once they have been agreed by the Advisory Board as being a correct record of the meeting concerned.

Once a decision has been made, the staff team is responsible for implementation and delivery of the workplan, with an agreed reporting process to the Advisory Board and working groups.

The Advisory Board and working groups of Healthwatch Rutland will reconsider a decision where new data has become available, or if circumstances change, which might prompt it to reach a different decision, or where there is evidence that this decision-making process was not followed.

The Healthwatch Rutland contract is delivered by Connected Together CIC (CTCIC), who ultimately hold accountability for the delivery of the contract and its finances. Delegated authority for operational work, i.e. work to implement the local Healthwatch role is given to the Healthwatch Rutland Advisory Board and their working groups, whose membership comprises of volunteers who live in or have a vested interest in Rutland. CTCIC remains the budget holder and substantive decisions, which may impact finances, staff and other resources must be authorised and signed off by the CTCIC CEO.

7.1 Involving lay persons or volunteers in decisions

Healthwatch Rutland's Advisory Board are composed of lay persons (a person who is not a health or social care professional) and volunteers (a person who is not a paid employee of Healthwatch Rutland). Healthwatch Rutland intends to secure broad based views on its activities wherever possible, and involve others, particularly lay people and volunteers in its decision making.

8 How are decisions made?

The potential scope of the work of Healthwatch Rutland is vast – it has a responsibility for monitoring health and social care services for all adults, children, and young people in Rutland, including those who are more vulnerable or may be excluded. This means we must prioritise the issues we focus on. The main sources to inform our work programme are likely to come from:

- People's shared experiences of health and social care services.
- Evidence we proactively collect about specific areas of concern through the stories and enquiries we hear directly, including deliberative research, public surveys, and polls.
- National and local data sets that evidence issues affecting large numbers of the local population and those excluded.

This list is not exhaustive and other relevant sources of data will be considered.

To prioritise, the Healthwatch Rutland Advisory Board and volunteers will carefully consider all sources of information and decide where it can add most value. Areas to be considered include but are not limited to:

- Issues that fit with our organisational role and responsibilities, ensuring Healthwatch Rutland delivers to its statutory remit.
- The magnanimity of the issue to local people; it must be something they care about as we are here to be the voice of people using health and social care services.
- How much change Healthwatch Rutland can instigate. This enables us to make sure we are choosing areas where we can have the greatest impact. This is important to deliver the greatest return for our limited budget, maintain our independence and ensure we highlight issues for the attention of the health and care system.
- Does the change need to come from Healthwatch Rutland – we need to consider if there are others who are better placed to resolve issues effectively, allowing us to focus more specifically

- Finally, the Healthwatch Rutland Advisory Board and volunteers will consider our work as a full set of priorities, as together they need to have the greatest impact for people using health and social care services.

Healthwatch Rutland Advisory Board and working group meetings are open to the public, and minutes recording decisions will be available via Healthwatch Rutland's website.

9 The Process

The decision-making process can be broken down to three areas:

1. Gather a robust evidence base.
2. Prioritise and choose what will go on Healthwatch Rutland's workplan.
3. Act.

9.1 Gather a robust evidence base

Information can be gathered from several sources and that data can be used to support well informed decision making. The list below is not exhaustive, but is to demonstrate a wide range of sources:

- Engagement work within the community, including volunteer activity and intelligence gathering.
- Information from the Local Authority Joint Strategic Needs Assessment.
- Healthwatch led public meetings such as Annual Meetings.
- Surveys and questionnaires.
- Service user experience including that of staff and volunteers.
- Publicly available national and local data.
- Focus groups.
- Information from the Voluntary and Community Sector (VCS); including faith groups, community groups, charities, resident groups, patient groups etc.
- Views and experiences of local people.
- Providers of health and social care services.
- Commissioners of health and social care services.

Healthwatch Rutland Advisory Board, volunteers and Lead Officers can use the data to identify which health and social care issues are of interest to investigate. The Healthwatch Rutland Advisory Board and working groups will reflect on a range of subjects in their considerations including, but not limited to, the amount of evidence available, the impact on individuals and community groups and the impact Healthwatch Rutland may have in influencing change.

9.2 Prioritise and choose what will go on your workplan

The potential scope of the work of Healthwatch Rutland is vast – health and social care services for all adults, children, and young people, particularly those who are more vulnerable or may be excluded. This means that Healthwatch Rutland must prioritise the issues we focus on and can use the tools outlined below to support in decision making and to gather evidence.

The following resources are available for staff and volunteers to use to support with this process:

- The Healthwatch 'Impact Tracker' will help you prioritise your work and is a good source of information upon which decisions can be made (See Appendix 1).
- The 'Making a Difference Toolkit' provides a helpful example matrix: https://network.healthwatch.co.uk/sites/network.healthwatch.co.uk/files/20190927%20 Making%20A%20Difference%20Toolkit%20.pdf

- The Decision-Making Checklist has a list of questions for staff and volunteers to consider before starting a new piece of work (See Appendix 2).

Staff and volunteers may wish to use a template such as those detailed above to help guide their decisions. This will also help to record decisions as part of the Healthwatch Rutland meeting minutes. Please note, not every criterion will be used for every decision - each decision will be different.

9.3 Act

Based on the evidence and prioritisation process, the Healthwatch Rutland Advisory Board, working groups and volunteers will approve the work and the Healthwatch Rutland staff team will then implement it. The HWR Quality Assurance Framework aims to support Healthwatch Rutland assess and improve the effectiveness of our work by looking at six domains of activity. Decision-making is covered within the '*Leadership and Decision-Making*' domain.

10 Breaches of any procedure

Dealing with breaches of procedure referred to in this policy document, including circumstances in which a breach would be referred to the local authority:

If a decision is taken in the name of Healthwatch Rutland without authorisation in the manner set out in this policy document, the CTCIC Board will determine what action is needed. This may be to either approve the decision retrospectively, or to reverse the decision.

If the breach of the agreed procedure is considered to have also breached the contract between Healthwatch Rutland and the Local Authority (commissioner), it will be reported to Connected Together CIC, the contract holder, and further action agreed between the Local Authority and CTCIC.

In each eventuality, actions will be minuted and published on Healthwatch Rutland's website.

11 Equality, Diversity, and Inclusion statement

Healthwatch Rutland and CTCIC is committed to ensuring all decisions made are free from any form of discrimination on the grounds of age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, ethnicity, religion or belief, sex and sexual orientation, in accordance with the Equality Act 2010.

Healthwatch Rutland will monitor this policy to identify whether it is having an adverse impact on any group of individuals and act accordingly.

12 Review of policy document

The Healthwatch Rutland Advisory Board and working groups of Healthwatch Rutland will review the effectiveness of the Decision-Making policy and procedures set out in this document every three years. Any amendments to this policy and the procedures governing the making of relevant decisions will require a simple majority of Board members voting in favour.

The amended policy document will then be published on the website of Healthwatch Rutland as soon as is practicable.

13 Procedures

Reference to 'Board' throughout this document refers to Advisory Boards where the Local Healthwatch is hosted and Governing Boards where the Local Healthwatch is standalone. Healthwatch Rutland is a 'hosted' local Healthwatch.

Healthwatch Rutland undertakes to carry out the following procedures:

- Publish Healthwatch Rutland's most up to date policy document on Healthwatch Rutland's website.
- Review and obtain CTCIC Board and Healthwatch Rutland Advisory Board approval to Healthwatch Rutland's Decision-Making Policy every three years.
- Ensure all Healthwatch Rutland staff are familiar with the policy and refresh their understanding and awareness of the need for open and transparent decision making by reading the policy on a regular basis.
- Publish minutes from the Healthwatch Rutland Advisory Board and working group meetings where decisions are made, in a timely manner on Healthwatch Rutland's website. Where decisions are made outside of Advisory Board meetings, they will be ratified at the subsequent Advisory Board meeting.

APPENDIX 1

The Impact Tracker:

The Tracker has been designed by Healthwatch England. The document helps to summarise the outcomes and wider impact that have been achieved in a single document.

The 'Impact Tracker' records activities and recommendations as you go to help you by:

1. Planning follow-up work after reflecting on the results so far.

2. Reducing the possibility of impressive achievements being overlooked.

This approach can also help you to review which areas of your work lead to the greatest success, ensuring that details about your achievements can be accessed more easily for reporting and publicity purposes.

There are several sheets to record outcomes from different areas of your work. You should return to entries in the Tracker to update them as and when further outcomes are achieved.

Individual enquiry:

Helps track your long-term outcomes from advice and information that you provide. We all know that impact does not always happen overnight, so it is important we return and track outcomes that are implemented over a period of time. You do not need to log every query, just those that you might want to highlight or follow up in the future.

Please note that this in not in replacement or for duplication of your case recording system, it is to help you think about tracking impacts long-term.

Frequent enquiry response count:

Helps track frequent advice and information to inform stakeholder of issues that are common in your local area. This can help with your reporting later by being able to see which areas of care people are finding it most difficult to navigate.

Top tip: Click on the up arrow to quickly add 1 to the count.

Report recommendations:

Here you can log each report you publish and along with your recommendations. This will act as a prompt to check on progress at later intervals and record change as it happens.

Influencing:

Use this to record when your insight and influence has led to a stakeholder changing their perspective or doing something different for the benefit of service users. Often the full final outcomes will be the result of partnership work by a number of organisations, but you should still note these achievements and the role your Healthwatch has played.

Testimonial sheet

This sheet provides a space to keep a record of any service user or stakeholder feedback that relates to the outcomes logged on any of the other sheets.

Outcome categories (optional function):

Pulls together your outcomes under different areas of care e.g. primary care, dentistry, or by the nature of the change e.g. service design. Complete the columns that are relevant to you. This can help you focus on areas of care that are having the most impact, and help you showcase this to your commissioners/interested stakeholders.

If you wish to use the Outcome Category column when using the sheets for Individual Enquiry, Report Recommendation or Influencing then you should list your categories in the space provided on the final sheet of this Tracker document. If you do not use this function then you can leave the relevant columns blank.

Please find the full excel template at: https://network.healthwatch.co.uk/guidance/2020-09-25/demonstrating-impact#impact_tracker

APPENDIX 2

Decision making checklist:

Criteria	Action	Date
Project objectives – What is the project seeking to achieve?		
Does this fit with our strategic objectives and statutory remit?		
What is the evidence base for this work?		
What is the proposed impact on individuals and the community?		
Can we influence change, or is there an organisation better placed to do so who we can work with or approach?		
How will we undertake our activities?		
Which services will we cover?		
What additional information will we need to request and who from?		
Is an Enter and View required? What premises will be included? What is the timescale?		
Resource requirements (people and financial)		
Does this fit with our overall work plan? Do we have the staff and volunteers to deliver?		
How much will we spend? Are there additional funding requirements to deliver this project?		
Project deliverables – What difference or impact will the project have?		
What will be the outcome of our work? How will we demonstrate impact? A report? Recommendations?		
Communication – Who will be interested in our outcomes and impact?		

Does this need to be referred to the local Overview and Scrutiny Committee?		
Who will we share our planned work and our findings with?		
Do we need to subcontract?		