

## Decision Making Policy & Procedure

### 1. Why have a Decision-Making Policy & Procedure

- 1.1. As part of Healthwatch Stoke-on-Trent's (HWS) approach to good governance it is essential that there are in place clear, effective, transparent decision-making processes. This policy will provide clarity of where and what decisions are taken, by whom and whose responsibility it is to action. This will include ensuring key strategic decisions are evidenced based, transparent and lead to real outcomes. All HWS Advisory Board members and the staff that support them will be required to undergoing regular training on how to discharge their decision-making functions.

### 2. What is the Legal Framework?

- 2.1. HWS is delivered by Engaging Communities Solutions (ECS), a Community Interest Company (CIC) limited by guarantee without share capital. In accordance with the Companies Act 2006, the ECS Board of Non-Executive Directors are responsible for decision making and hold ultimate accountability for the delivery of the HWS contract and wider portfolio of service delivery.
- 2.2. Under the ECS Governance Framework, delegated authority is given to the HWS Advisory Board, with membership comprising of volunteers who live in or have a vested interest in the local service delivery area.
- 2.3. The remit of the HWS Advisory Board is to support the ECS Board to ensure good governance in the delivery of HWS. The HWS Board will be supported by ECS and the HWS staff team to ensure that the HWS Advisory Board and its members are a powerful voice for all the diverse communities across Sandwell.
- 2.4. The remit of the HWS Advisory Board will include monitoring delivery of the contract between ECS and Stoke-on-Trent Borough Council. This will include having an oversight of the finances and of the spend against contract.
- 2.5. Regulation 40 of the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 state that each local Healthwatch must have a procedure for making relevant decisions, specifically to include:
  - 2.5.1. **Provision as to who may make relevant decisions**
  - 2.5.2. Provision for involving lay persons or volunteers in such decisions
  - 2.5.3. Provisions for dealing with breaches of any procedure referred to in the two previous points, which should include circumstances in which a breach would be referred to the relevant Local Authority

### 3. What is the definition of a relevant decision?

- 3.1. Relevant decisions to be taken by the Board of HWS include:
  - 3.1.1. When to escalate issues to Healthwatch England and/ or the Care Quality Commission and other regulators

- 3.1.2. Which health and social care services HWS is looking at covering with its priority projects, special projects, and activities
- 3.1.3. Whether to request information from commissioners and providers
- 3.1.4. Whether to make a report or recommendation to a service provider
- 3.1.5. Which premises to Enter and View and when those premises are to be visited
- 3.1.6. Whether to refer a matter to an overview and scrutiny committee
- 3.1.7. Whether to report a matter concerning HWS's activities to another person
- 3.1.8. Any decisions about sub-contracting/ commissioned work

3.2. Relevant decisions do not include day to day administrative activity of other internal office functions that may be required to carry out exploratory work, priority assessments and/ or identifying resources prior to making any of the above decisions.

#### 4. What is the procedure for making relevant decisions?

4.1. Relevant decisions will be made by the Healthwatch Advisory Board for Healthwatch Stoke-on-Trent, under the delegated authority of the ECS Board of Non- Executive Directors, in accordance with the company's Articles of Association. The following decisions will be used by HWS for involving members of the public in making relevant decisions:

- 4.1.1. Board meetings in public
- 4.1.2. Project priorities/ workstreams
- 4.1.3. Stakeholder and community engagement activities
- 4.1.4. Focus groups
- 4.1.5. Surveys, questionnaires, and consultations

4.2. A relevant decision will be recorded in the minutes or notes of the meeting at which the decision was made and published on the HWS website. The note will reflect the reasons for the decision.

4.3. Most relevant decisions will be made at HWS Advisory Board meetings in public. When it is necessary to make a decision at other times, they will be ratified at the subsequent Board meeting in public. If an urgent decision needs to be taken and the Board cannot be urgently contacted, then the Chair will make a decision on approving the decision or not. As soon as possible thereafter, the Board will be informed of the Chair's decision and it will be recorded in the minutes of the next public HWS Board meeting.

4.4. All decisions will be based on a thorough understanding of the following:

- 4.4.1. Whether the decision is related to the role of HWS
- 4.4.2. What problem or potential problem the decision will address
- 4.4.3. What evidence there is to justify making the decision
- 4.4.4. What the decision needs to accomplish (e.g. outcomes and impact)
- 4.4.5. What are the risks in making the decision?

4.5. Most of the decisions approved by the Healthwatch Advisory Board will be applicable to the work of HWS and will be discussed as part of the annual planning cycle and, when agreed, included in the work plan. This will include gathering evidence, research, priority setting, monitoring processes and reporting outcomes.

- 4.6. A key feature of this process is involving members of the public to identify which health and social care issues or areas of interest to investigate as priority projects. To do so, the Board of HWS will use a basic scoring tool based on the following decision-making principles to help to set and prioritise its workload: (This process will also apply to help to determine if the Board wishes to proceed with a special project)
- 4.6.1. How much evidence is available about the issue? (1 being limited evidence from limited sources, 4 being well researched with a range of evidence from a range of robust sources)
  - 4.6.2. Is the issue going to impact on lots of people? (1 being relatively little, 4 being community wide and likely to affect large numbers of people)
  - 4.6.3. What is the impact on people on community groups who experience health inequalities and who feel their voice is seldom heard? (1 being relatively little, 4 likely to affect large numbers of those seldom heard)
  - 4.6.4. Does the issue help HWS to have a positive influence on health and social care services? (1 being unlikely to, 4 being highly likely to)
  - 4.6.5. Does the issue align with local strategies and needs assessments? (1 being little alignment, and 4 being significant alignment)
  - 4.6.6. Is the issue already being dealt with effectively by someone else? (1 being dealt with satisfactorily by someone else, 4 not being dealt with at all)
- 4.7. Decisions on determining the HWS annual priority projects will be scored on the attached Healthwatch Priority Project Decision Checklist and the outcome of the decision will be recorded in the minutes of the meeting of the Healthwatch Advisory Board, which are published on the HWS website within five working days of approval by the Advisory Board.
- 4.8. The checklist will only be used for annual priority project decisions and all other relevant decisions will be recorded in the narrative of the minutes of the public Healthwatch Advisory Board minutes to reflect the reason for the decision and the date it is ratified.
- 4.9. In this context, the decisions to be taken only relate to “public facing” activities as it is the responsibility of the Healthwatch Manager to manage internal operational activity.
- 4.10. Adherence to this protocol is essential to ensure that Healthwatch Stoke-on-Trent are an open, trustworthy, and credible organisation able to fulfil its purpose.
5. What will happen if there is a breach in the relevant decision-making process?
- 5.1. There may be times when an extraordinary and/ or urgent event necessitates that this policy is knowingly breached because there is neither time to seek wider involvement in the decision, or the matter is too sensitive to do so. In this case the following action will be taken:

- 5.1.1. As soon as anyone identifies a possible breach, they must report it to the Healthwatch Manager of HWS, who will immediately notify the Chair of the Healthwatch Advisory Board and ECS Executive Director
- 5.1.2. The Healthwatch Manager will prepare a written report for the Healthwatch Advisory Board and ECS Executive Director explaining:
  - 5.1.2.1. If a breach of the decision-making process has occurred
  - 5.1.2.2. If so, the nature of the breach/ breaches and what decision(s) were affected
- 5.1.3. Any remedial action to prevent a reoccurrence in the circumstances where a breach has occurred
- 5.1.4. The Healthwatch Advisory Board will approve a final report which will subsequently be published on HWS's website.
- 5.1.5. If appropriate to do so, they will notify the commissioning officers at Stoke-on-Trent Borough Council once the assessment is complete and the report published.

This policy will be reviewed annually by the ECS Board.

Version 6 (August 2021)

Proposer: (Project lead)		Date proposed:	
Decision to be made on which Health and Social Care services should HW agree as priority projects.			
Summary of decision to be made  <i>(complete one form for each priority project that is being considered, e.g. “A decision is required on whether maternity should be a priority project for HW this year because of the following evidence/ intelligence received...”):</i>			
How much evidence is available about the issue? (1 being limited evidence from limited sources, 4 being well researched with a range of evidence from a range of robust sources)?  /4  Reason for score:			
Is the issue going to impact on lots of people? (1 being relatively little, 4 being community wide and likely to affect large numbers of people)  /4  Reason for score:			
What is the impact on people on community groups who experience health inequalities and who feel their voice is seldom heard? (1 being relatively little, 4 likely to affect large numbers of those seldom heard)  /4  Reason for score:			
Does the issue help HWS to have a positive influence on health and social care services? (1 being unlikely to, 4 being highly likely to)  /4			

Reason for score:
Does the issue align with local strategies and needs assessments? (1 being little alignment, and 4 being significant alignment)  /4  Reason for score:
Is the issue already being dealt with effectively by someone else? (1 being dealt with satisfactorily by someone else, 4 not being dealt with at all)  /4  Reason for score:
Total score: /24
Vote of HAB members taken: Y/N                      Majority reached: Y/N
Decision of the HAB:
Reasons why the decision was made:
Date decision ratified: