

Decision Making Policy & Procedure

April 2024

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Decision Making Policy & Procedure

1. Why have a Decision-Making Policy & Procedure

- 1.1. As part of Healthwatch Stoke-on-Trent's (HWSOT) 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 Healthwatch Stoke-on-Trent Independent Strategic Advisory Board members and staff will be required to undergo regular training on how to discharge their decision-making functions.

2. What is the Legal Framework?

- 2.1. The Health and Social Care Act 2012 introduced Healthwatch from 1st April 2013. Each of the 153 upper tier local authority areas in England has its own local Healthwatch organisation. Funding for local Healthwatch was devolved from the Department of Health to each local authority who were then responsible for commissioning a provider to develop an independent Healthwatch organisation in their area. Following a competitive tendering process, the local authority appointed Engaging Communities Solutions CIC (Community Interest Company) as the provider of Healthwatch Stoke-on-Trent.
- 2.2. As holder of the contract from the Local Authority for the development and delivery of Healthwatch Stoke-on-Trent, and in accordance with the Companies Act 2006, the Engaging Communities Solutions CIC (ECS) Board of Non-Executive Directors remain accountable for ensuring that Healthwatch is meeting its statutory and contractual requirements during the contract period. This will be governed by the Engaging Communities Solutions CIC Board who provide strategic leadership and promote good governance and accountability on all contractual, legal, and financial duties of Healthwatch.
- 2.3. Overseeing the day-to-day operations of Healthwatch will be the responsibility of the Healthwatch CEO in conjunction with the Managing Director of Engaging Communities Solutions CIC.

3. Local Healthwatch Governance

- 3.1. ECS has developed a framework from over ten years successful implementation and delivery of multiple local Healthwatch organisations within the Midlands, Northwest, and East of England. This experience has identified that the more complex the governance structure, often the more the nature, role and responsibilities of the Board lack clarity.

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- 3.2. Our experience has also proven that, due to the contracting and accountability arrangements between Local Authority commissioners and the contracting body, a traditional Fiduciary Board structure only adds to a lack of clarity.
- 3.3. ECS have adopted a model of an Independent Strategic Advisory Board (ISAB). Such a model removes any complexities whilst at the same time provides an effective mechanism to access both external lay and professional wisdom and generate insights and ideas which can only come with distance from the day-to-day operations.
- 3.4. Delivery of the contract against the specified outcomes (KPIs) will be closely monitored by the Managing Director of Engaging Communities Solutions CIC and the Local Authority Commissioner as part of the contract management process.
- 3.5. The ISABs core work includes setting strategic priorities for HWSOT as aligned to the statutory and contractual requirements; reviewing and modifying strategic plans; and observing the execution of work programmes providing added independent lay insight and overview.
- 3.6. Delegated authority is given by the ECS Board to the HWSOT ISAB to take a series of decisions, called Relevant Decisions, regarding the work programme.
- 3.7. To guide the ISAB there are regulations provided by the government as set out in this policy and procedure.

4. Relevant Decisions

- 4.1. 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:
 - 4.1.1. Provision as to who may make relevant decisions
 - 4.1.2. Provision for involving lay persons or volunteers in such decisions
 - 4.1.3. 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
- 4.2. Relevant decisions to be taken by the HWSOT ISAB include:
 - 4.2.1. When to escalate issues to Healthwatch England and/ or the Care Quality Commission and other regulators
 - 4.2.2. Which health and social care services HWSOT is looking at covering with its priority projects, special projects, and activities
 - 4.2.3. Whether to request information from commissioners and providers
 - 4.2.4. Whether to make a report or recommendation to a service provider

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- 4.2.5. Which premises to Enter and View and when those premises are to be visited
- 4.2.6. Whether to refer a matter to an overview and scrutiny committee
- 4.2.7. Whether to report a matter concerning HWSOT's activities to another person
- 4.2.8. Any decisions about sub-contracting/ commissioned work

4.3. Relevant decisions do not include

- 4.3.1. Operational delivery.
- 4.3.2. Operational decisions.
- 4.3.3. A platform for personal agendas.
- 4.3.4. Managing or directing staff.
- 4.3.5. Performance management of staff or Engaging Communities Solutions CIC.

5. Procedure for making relevant decisions.

- 5.1. Relevant decisions will be made by the HWSOT ISAB within meetings in public paying due regard to intelligence and the public voice gathered through or during:
 - 5.1.1. Board meetings in public
 - 5.1.2. Project priorities/ workstreams
 - 5.1.3. Stakeholder and community engagement activities
 - 5.1.4. Focus groups
 - 5.1.5. Surveys, questionnaires, and consultations.
- 5.2. A relevant decision will be recorded in the minutes or notes of the ISAB meeting at which the decision was made and published on the HWSOT website. The note will reflect the reasons for the decision.
- 5.3. Most relevant decisions will be made at HWSOT ISAB meetings in public. When it is necessary to make a decision at other times, they will be ratified at the subsequent ISAB meeting in public. If an urgent decision needs to be taken and the ISAB cannot be urgently contacted, then the ISAB Chair will make a decision on approving the decision or not. As soon as possible thereafter, the ISAB will be informed of the Chair's decision and it will be recorded in the minutes of the next public HWSOT ISAB meeting.
- 5.4. All decisions will be based on a thorough understanding of the following:
 - 5.4.1. Whether the decision is related to the role of HWSOT
 - 5.4.2. What problem or potential problem the decision will address
 - 5.4.3. What evidence there is to justify making the decision
 - 5.4.4. What the decision needs to accomplish (e.g. (e.g. outcomes and impact)
 - 5.4.5. What are the risks in making the decision?

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- 5.5. Most of the decisions approved by the HWSOT ISAB will be applicable to the work of HWSOT 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.
- 5.6. A key feature of this process is involving members of the public to identify which health and social care issues or areas of interest are important/ concerning to them to choose as priority projects. To determine priority projects for the annual work programme, the HWSOT ISAB will use a basic scoring tool, with guides for marks allocation, 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 ISAB wishes to proceed with a special project)
 - 5.6.1. 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)
 - 5.6.2. 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)
 - 5.6.3. 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)
 - 5.6.4. Does the issue help HWSOT to have a positive influence on health and social care services? (1 being unlikely to, 4 being highly likely to)
 - 5.6.5. Does the issue align with local strategies and needs assessments? (1 being little alignment, and 4 being significant alignment)
 - 5.6.6. 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)
- 5.7. Decisions on determining the HWSOT annual priority projects will be scored on the attached Healthwatch Priority Project Decision Checklist (Appendix 1) and the outcome of the decision will be recorded in the minutes of the meeting of the HWSOT ISAB meeting, which are published on the HWSOT website within five working days of approval by the ISAB.
- 5.8. 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 HWSOT ISAB minutes to reflect the reason for the decision and the date it is ratified.
- 5.9. In this context, the decisions to be taken only relate to “public facing” activities as it is the responsibility of the Healthwatch CEO to manage internal operational activity.

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5.10. Adherence to this procedure and in line with the ISAB Framework and Terms of Reference is essential to ensure that HWSOT are an open, trustworthy, and credible organisation able to fulfil its purpose.

6. Actions following a breach of the procedure for making relevant decisions.

6.1. There may be times when an extraordinary and/ or urgent event necessitates that this procedure 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:

- 6.1.1. As soon as anyone identifies a possible breach, they must report it to the HWSOT CEO, who will immediately notify the Chair of the HW ISAB and ECS Managing Director
- 6.1.2. The Healthwatch CEO will prepare a written report for the HWSOT ISAB and ECS Managing Director explaining:
 - If a breach of the decision-making process has occurred
 - If so, the nature of the breach/ breaches and what decision(s) were affected
 - Any remedial action to prevent a reoccurrence in the circumstances where a breach has occurred.
- 6.1.3. The HWSOT ISAB will approve a final report which will subsequently be published on HWSOT's website.
- 6.1.4. If appropriate to do so, they will notify the commissioning officers at local authority once the assessment is complete and the report published.

7. Review of the Decision Making Policy and Procedure

The ECS Board will review the effectiveness of this policy and procedure every year.

The amended policy document will be published on the website of ECS and the Healthwatch services it delivers as soon as is practicable.

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Appendix 1

Healthwatch Priority Project Decision Checklist

Name of Healthwatch			
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) <i>Insert detail...</i>			
/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) <i>Insert detail...</i>			
/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 number of those seldom heard) <i>Insert detail...</i>			
/4			
Reason for score:			
Does the issue help Healthwatch Stoke-on-Trent to have a positive influence on health and social care services? (1 being unlikely to, 4 being highly likely to) <i>Insert detail...</i>			
/4			

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Reason for score:
<p>Does the issue align with local strategies and needs assessments? (1 being little alignment, and 4 being significant alignment)</p> <p><i>Insert detail...</i></p>
/4
Reason for score:
<p>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)</p> <p><i>Insert detail...</i></p>
/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: