

## **Decision Making Policy**

### **1. Introduction**

The Regulations for local Healthwatch state that each local Healthwatch must have a procedure for making relevant decisions.

The complex and constantly evolving health and social care system makes our work particularly challenging to achieve with limited resources.

Therefore we have to prioritise what we do and make decisions strategically.

This policy and procedure relate to how our Healthwatch makes decisions about what action to take about issues that are reported directly to Healthwatch.

### **2. Legal Framework**

Regulation 40, The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 state that each Local Healthwatch [LHW] must have a procedure for making relevant decisions, specifically to include:

- Provision as to who may make decisions
- Provision for involving lay persons or volunteers in such decisions
- Provision for dealing with breaches of any procedure referred to in the previous two previous points which should include circumstances in which a breach would be referred to the Local Authority

Relevant decisions include:

- how we undertake our activities
- which health and care services we plan to look at
- the amount of budget for our activities
- whether to make a formal request for 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 an overview and scrutiny committee
- whether to report a matter concerning our activities to another person
- any decisions about subcontracting

Relevant decisions do not include day to day administrative activity or 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. The Healthwatch Executive team have general authority to make certain operational and administrative decisions in accordance with their terms of employment and job description.

### **3. Decision making structure**

The governance of our Healthwatch consists of a Provider Board of trustees, an Independent Advisory Group, and an Executive team; each of whom have different roles in the decisions making by Healthwatch:

#### **3.1 Hull CVS & Meeting New Horizons Board of Trustees & Directors**

The Board of Trustee & Directors have overall responsibility for safe and effective delivery of Healthwatch against the requirements of the Contract with the Local Authority. The Board holds final accountability for all aspects of Healthwatch. The Board provides strategic leadership, promotes good governance and accountability on all contractual, legal and financial duties of Healthwatch.

#### **3.2 Independent Advisory Group (IAG)**

The IAG are a strategic partner to the Executive team, bringing added independent lay insight and overview regarding delivery of the annual strategic workplan and contributing to safeguarding the probity and transparency of Local Healthwatch.

#### **3.3 Executive Team**

The Delivery Manager, supported by the Head of Health and Care Programmes and the Chief Officer, undertakes the day-to-day running of Healthwatch and implements the workplan and annual research projects. In the majority of cases, day-to-day decisions will be taken by the executive and updates provided to the IAG and Board. The executive will take most issues to the regular team meetings for discussion and agreement. The Chief Officer will refer issues to the IAG and Board when:

- It is new work outside the agreed annual workplan that is significant enough to impact the plan.
- It has significant risk to the reputation, staff wellbeing or financial health of Healthwatch.
- If it challenges the agreed governance or decision-making structure.
- If the Executive feel involving the IAG will add value.

#### **4. Involving members of the public in making relevant decisions**

A key feature of our decision making procedure is involving members of the public to identify which health and social care issues or areas of interest to investigate. Healthwatch has in place a range of mechanisms to support people in doing this, including:

- Speaking to our community outreach team at local community events, meetings and workshops.
- Contacting our Information and Signposting service.
- Sharing views via our website and social media.
- Attending our annual Healthwatch forum.
- Sharing views when our Enter and View team visits services.
- Participating in Project Group /Workstreams/Focus groups.
- Attending our public IAG meetings.

Healthwatch also invites local people to become subscribers to keep up-to-date with our work and to hear from us about opportunities to become involved in different workstreams as they arise.

A note about lay people and volunteers

“Lay person” and “volunteer” are defined by regulations to reflect those people who wish to give their time to something they feel passionately about in order to influence change and service improvements. In this context, the definition of “volunteer” could include someone with a health and social care background giving their time freely, whereas the definition of a “lay person” is aimed at those without a professional health or social care background contributing their time. Thus, between them, the definitions of “lay person” and “volunteer” can apply to anyone who wishes to give up their time for local Healthwatch.

## **5. How we prioritise our work**

The role of Healthwatch has a number of requirements and activities it is asked to fulfil that have to be planned and resourced over the course of the year. These include statutory requirements, for example, producing and publishing an annual report each year; localised contractual requirements, for example, having to achieve a set number of reports or engagements; or partnership activities, for example providing comments on NHS Trust Quality Accounts. In addition, in order to fulfil some of our statutory roles, for example being a member of the Health & Wellbeing Board, resource also needs to be deployed to effectively contribute to and execute this role.

At the beginning of each year, the Healthwatch Executive team will formulate a plan for the year that incorporates each of these known requirements for the forthcoming year. The remainder of the workplan is then formulated by broad based information that is gathered over the course of the year from widespread engagement with service user groups, members of the public, the voluntary and community sector, Healthwatch Champions (volunteers) and local and national statutory organisations, in addition to observing information gathered from relevant national and local reports and media.

On a practical level, this information may be sourced via the following (non-exhausted) means:

- Issues raised by the public through the means discussed above.
- Information provided via Healthwatch Champions

- Information gathered and shared by local voluntary and community sector (VCS) about local services and the experiences of their service users.
- Information gathered from health and social care providers and commissioners.
- Knowledge about strategies of local or national NHS and public health organisations.
- Knowledge about strategic partner workplans, such as the Health & Wellbeing Board, overview and Scrutiny Committee and Place Board.
- Local context and issues, such as large providers of services in special measures and the Joint Strategic Needs Assessment.
- National context and issues, such as the NHS Forward View or significant inquiries or findings.

Other aspects that may inform our workplan include:

- To assess improvements against recommendations following previous service reviews, either by Healthwatch or another body.
- To assess if there have been changes in patient experience following an implementation of a new service or a service change.
- To assess local service level in line with national standards/initiatives.
- To determine 'best practice' with a view to sharing this with all providers to encourage an overall raising of standards.

All information and knowledge is recorded, categorised and collated in to themes that are reported monthly. This information is then used by the Executive team and IAG to determine and prioritise involvement by Healthwatch. An internal decision making matrix is utilised to inform this decision making and considers the following considerations:

- Levels of structured evidence available.
- Levels of unstructured evidence available.
- Extent of impact or added value Healthwatch can make.
- Extent issue is being addressed by another party.

- The issue fits with Healthwatch priorities or the priorities and timescales of other strategic local commissioners, providers and organisations.
- Number of people affected/potentially affected (for example, the issue impacts on a large number of people or has a very significant impact on a smaller number of people).
- The issue highlights gaps, such as gaps in service delivery or the voice of local people is not being considered.
- Likely impact on quality of life.
- Impact on equalities (eg the issue affects people who are less likely to be heard).
- Balance with existing Healthwatch activity and available capacity.

When faced with a number of competing issues, this tool helps highlight which should be a priority over another, and also quickly helps determine if Healthwatch can make an impact or would be creating duplication.

For additional circumstances that arise over the course of the year, the Executive team will utilise the tool and plan capacity accordingly with reviews held at the quarterly IAG meetings. Such circumstances may include:

- Increased frequency or emergence of trends from the feedback Healthwatch receives.
- At the request from a Provider to observe and make suggestions regarding a particular matter giving concern internally.
- The issue has been raised and evidenced by a representative organisation with specialist knowledge of concerns or views of local people, such as the Care Quality Commission (CQC).
- To support other bodies to obtain patient experience information which they may not otherwise be able to obtain, or would benefit from an independent approach.
- At the request of Healthwatch England to support their campaigns.
- Following a sudden/unexpected emergence of a concern that potentially would benefit from independent scrutiny, eg media story,

escalation to system partners, disproportionate number of complaints.

## **6. How we communicate decisions**

A relevant decision will be recorded in the minutes or notes of the meeting at which the decision was made and published on the Healthwatch website. The note will reflect the reasons for the decision. Additionally, decisions will be included in the Executive update report to the IAG.

Healthwatch conducts IAG meetings in public at least twice a year, where anyone is welcome to attend as an observer. Additionally, Service users and members of the public are very welcome to write to the IAG or Executive team to raise an issue or question. Any relevant decision will be reported at IAG meetings and published in the minutes on Healthwatch website.

We also share key decisions using the following means:

- On social media platforms of Twitter and Facebook
- In our newsletters
- On our website
- Relevant meetings attended
- Direct email to relevant VCS or other stakeholders

## **7. How breaches are dealt with**

Healthwatch is a learning organisation operating in a complex environment with inherent variability. In the event of a relevant decision being made outside of its appropriate decision making procedure the first step is for the Chief Officer to understand the context and circumstances of the breach to limit any risk to Healthwatch or its partners in the health and care system and to establish true cause and initiate appropriate steps to improve the procedure for the future. All breaches are reported to the

Provider Board of trustees and for information purposes to the Independent Advisory Group. Likewise, if there has been a breach of procedure by the Independent Advisory Group, this will need to be considered by the Provider Trustee Board.

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:

- As soon as anyone identifies a possible breach, they must report it to the Manager of Healthwatch who will immediately notify the Chief Officer and in turn the Board of Trustees.
- The Chief Officer will review whether or not a breach has occurred and will report to the Chair of the Board of Trustees in writing within 5 working days.
- If appropriate to do so they will notify the commissioning officer at the local authority once the assessment is complete and the report has been submitted to the Chair.

The Chief Officer will prepare a written report for the Board of Trustees explaining:

- If a breach of the decision-making process has occurred.
- If so, the nature of the breach/breaches and what decision(s) was/were affected.
- What action is needed to either approve the decision retrospectively, or to reverse the decision.
- Any remedial action to prevent a reoccurrence in circumstances where a breach has occurred.

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