

## Decision making: policy and procedures for all staff, Board members and volunteers

### Policy Statement

Healthwatch West Sussex makes its decisions in an open and transparent way and ensures the interests of the people of West Sussex are always put first. 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 West Sussex

### Relevant decisions

Regulation 40 requires Healthwatch West Sussex 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.

### Who may make such decisions?

The Healthwatch West Sussex Board will be responsible for making strategic decisions and have the power to delegate some of the relevant decision making to the Lead Officer of Healthwatch West Sussex. For example, small pieces of work which do not have a substantive impact on staff or financial resources.

All relevant decisions, including those delegated to the Lead Officer, will be recorded in the minutes of The Board meeting at which the decision was made. The minutes of all meetings are published on Healthwatch West Sussex's website once they have been agreed by The 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, with an agreed reporting process to the Board.

The Board of Healthwatch West Sussex 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.

## **For hosted local Healthwatch**

Healthwatch West Sussex is delivered by Help and Care, who ultimately hold accountability for the delivery of the contract. Under the joint Healthwatch/Host Governance Framework, delegated authority for decision making is given to the Healthwatch West Sussex Board, whose membership comprises of volunteers who live in or have a vested interest in West Sussex.

## **Involving lay persons or volunteers in such decisions**

Healthwatch West Sussex's Board is composed partly 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 West Sussex). Healthwatch West Sussex intends to secure broad based views on its activities wherever possible, and involves others, particularly lay people and volunteers in its decision making.

## **How are decisions made?**

The potential scope of the work of Healthwatch West Sussex is vast – it has a responsibility for health and social care services for all adults, children and young people in West Sussex, including those who are most 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 experiences of health and social care services that they share with us.
- 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 the most excluded.

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

In order to prioritise, Healthwatch West Sussex Board 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:

- That the issues fit with our organisational role and responsibilities, ensuring Healthwatch West Sussex delivers to its statutory remit.
- How much the issue matters to local people, it must be something they care about as we are here to be the voice of people in health and social care.
- How much change Healthwatch West Sussex can bring about. 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 budget, maintain our independence and ensure we bring issues to the attention of the health and care system.

- Does the change need to come from Healthwatch West Sussex - so we aren't focusing on things that others can do more easily and effectively?

Finally, the Healthwatch West Sussex Board 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.

Board meetings are open to the public, and minutes recording decisions will be available via Healthwatch West Sussex's website.

Healthwatch West Sussex uses the following prioritisation matrix to support its decision-making process.

1. How much evidence is available about this issue? - 1. being limited evidence from limited sources and 4. being well researched with a range of evidence from a range of structured sources).
2. Is the issue going to impact on lots of people? (1. being relatively little and 4. being community-wide likely to affect large numbers)
3. What is the impact on people and communities who suffer high inequalities in health and who are seldom heard or easily ignored? (1. being relatively little and 4. likely to affect large numbers of those seldom heard)
4. Does the issue help us to make an investment in future health and care for the people of insert local area name? (1. being unlikely to and 4. being highly likely to)
5. Does the issue align to the joint health and wellbeing strategy? (1. being little alignment and 4. being significant alignment)
6. Is the issue already being dealt with effectively by someone else? (1. being dealt with satisfactorily by someone else and 4. not being dealt with elsewhere at all)
7. If not, can we make an impact in the light of other people's or organisations' timetables? (1. being no, not likely to and 4. being yes, most likely to)
8. Can we add value to the current situation? (1. being unlikely to and 4. being highly likely to)

### **Dealing with breaches of any 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 West Sussex without authorisation in the manner set out in this policy document, The 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 West Sussex and West Sussex Local Authority, it will be reported to the Local Authority and further action agreed between the Local Authority and Healthwatch West Sussex.

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

### **Equality, Diversity and Inclusion statement**

Healthwatch West Sussex 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, race, religion or belief, sex and sexual orientation, in accordance with the Equality Act 2010.

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

### **Review of policy document**

The Healthwatch West Sussex Board will review the effectiveness of the decision-making policy and procedures set out in this document every two 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 be published on the website of Healthwatch West Sussex as soon as is practicable.

## Procedures

Healthwatch West Sussex undertakes to carry out the following procedures:

- Publish Healthwatch West Sussex's most up to date policy document on Healthwatch West Sussex's website.
- Review and obtain Board approval to Healthwatch West Sussex's decision-making policy every two years.
- Ensure all Healthwatch West Sussex's 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, at a minimum after review by the Board.
- Publish minutes from Board meetings where decisions are made in a timely manner on Healthwatch West Sussex's website. Where decisions are made outside of Board meetings, they will be ratified at the subsequent Board meeting.

Decision making policy and procedures	
Version	2
Author	Neil Bolton-Heaton
Approved by	Help & Care Board
Date approved	Jan 24
Effective date	Immediate
Review date	Jan 26

## Appendix 1

### Decision Making Checklist

Criteria	Action	Date
<b>Project objectives – What is the project seeking to achieve?</b>		
Does this fit with our strategic objectives and statutory remit?		
What is the evidence base for this work?		
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?		
er and View required? What premises will be included? What is the timescale?		
<b>Resource requirements (people and financial)</b>		
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?		
<b>Project deliverables – What difference or impact will the project have?</b>		
What will be the outcome of our work? How will we demonstrate impact? A report? Recommendations?		
<b>Communication – Who will be interested in our outcomes and impact?</b>		
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?		

## Appendix 2

### Impact Tracker

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 is 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](https://network.healthwatch.co.uk/guidance/2020-09-25/demonstrating-impact#impact_tracker)

## Appendix 3

### Equality Impact Assessment

Healthwatch research and engagement projects seek to ensure that people who find it hardest to be heard have the opportunity to influence and design and delivery of health and care services.

When seeking particular outcomes from a piece of work, or when making recommendations to commissioners and providers, consideration for the effect it has on all people needs to be addressed.

Additionally, doing this will also help Healthwatch achieve public sector equality duties under the Equality Act. This requires public authorities and organisations carrying out public functions to consider steps to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between protected groups and others.<sup>1</sup>

This Equality Impact Assessment form is designed to help you show that when outcomes are achieved and recommendations implemented, they lead to increased equality and reduce barriers for protected groups and others who experience discrimination or disadvantage; whilst not inadvertently excluding others.

#### How to use the form

Fill out the tables below to document:

1. Reasons why the project was selected as a priority for action. This should focus on any evidence from people that find it hardest to be heard in relation to the particular topic area and the anticipated benefits it will bring.
2. For each proposed outcome you are seeking from the project, or for each recommendation made at the reporting stage of the project, your assessment of any positive or potentially negative impacts that could be experienced by people due to:
  - a) protected characteristics<sup>2</sup>: age, disability, gender identity, pregnancy or maternity, ethnicity, religion or belief, sex, sexual orientation
  - b) any other specific considerations that you may have identified as priorities for your work in your business plan. For example carers or people with lower income.
3. The background evidence, information or knowledge which has contributed to your assessment about any positive or potentially negative impact. This could include data on the profile of your community, published statistics or research about people who define themselves as having particular characteristics, experiences that you have learnt about from previous engagement work. This could also include advice you have received from partner agencies or people with lived experience who you have approached to ask for their views about your proposed outcomes or recommendations.

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<sup>1</sup>For more detail on the Public Sector Equality duty and how Equality Impact Assessments relate to this, see [House of Commons Research Briefing, 8 July 2020](#)

<sup>2</sup> civil partnership or marriage are also protected characteristics but only in relation to employment rights.



As you undertake this assessment, remember that whilst considering people as groups under these headings can help bring focus, in reality people don't experience the world separately under each heading. Our personal characteristics intersect with one another, and to varying degrees. Consequently, inequalities will overlap and are interrelated. For example, ethnicity will intersect with sex and both will cross over with sexual orientation. The form includes prompts to help you consider this in your assessment.

**Table 1 of 3**

Project Name	Lead Staff / Volunteer	Date of Assessment
Brief summary of project and reasons for it being a priority for the population covered by your Healthwatch. What are your overall goals?		

Table 2 of 3

Entry Number	Proposed Outcome / Recommendation	Known or likely positive equality impact/s	Known or potentially negative equality impact/s	Entry number for evidence table below	Action to remove known negative equality impacts or mitigate potential negative impacts
		Where the outcome / recommendation should achieve a positive impact. Based on background evidence, information, knowledge or advice.	Who could be negatively impacted and in what way? Based on background evidence, information, knowledge or advice.		
		<p>Think through each characteristic. Also consider each characteristic overlapping with others.</p> <p>Only write about those where you identify a likely positive or potentially negative impact.</p> <p>Age, disability, gender identity, pregnancy or maternity, ethnicity, religion or belief, sex, sexual orientation, other priority groups in your business plan.</p>		Use the next table below to summarise the background evidence, information, knowledge or advice on which you are basing your assessment.	<p>This may involve amending outcomes / recommendations sought <i>or</i> including new outcomes / recommendations <i>or</i> rethinking the scope of the project. Is further engagement or research required?</p> <p>If a decision is made to take no action then the reason for this should be documented here.</p>
1.					
2.					
3.					
4.					
5.					

**Table 3 of 3**

Evidence Table Entry Number	Protected characteristic, other priority group or overlapping characteristics to which your information / evidence / knowledge relates	Source of information / evidence / knowledge. and/or Partner agencies or people with lived experience who gave you their advice	What the information / evidence / prior knowledge / advice tells us
1.			
2.			
3.			
4.			
5.			