



Decision-making policy and procedure

Contents

1. Introduction
2. Scope
3. The information we use to make decisions
4. Decision-making procedures
5. Role of the Board, Committee and Chief Executive
6. Procedure for dealing with breaches
7. Appeals against decisions
8. Appendix

Document details and review

Organisation	Tell Us North CIC
Responsible person	Chief Executive
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This policy will be reviewed every 3 years

1. Introduction

- 1.1. Tell Us North makes its decisions on a process which is open and transparent. This ensures the views and priorities of the community are at the heart of what we do. We secure broad-based views on our work wherever possible.
- 1.2. This policy and procedures outline the steps taken to ensure decisions are based on sound evidence and that TUN make the best possible decisions to ensure we successfully fulfil our objectives.
- 1.3. This policy applies to all relevant decisions made by Tell Us North, Healthwatch Newcastle and Healthwatch Gateshead.

2. Scope

- 2.1. The following procedure covers all relevant decisions which Healthwatch Gateshead and Healthwatch Newcastle will take. These include:
 1. How we prioritise issues
 2. When and how to undertake research projects.
 3. How we deal with a request to undertake work from an external organisation.
 4. How we deal with a request to support a formal consultation from an external organisation
 5. How we decide whether to request information from an external organisation.
 6. How we decide whether to undertake an 'enter and view' visit
 7. How we decide whether to escalate an issue to an external organisation (for example, Healthwatch England or the Care Quality Commission)

3. The information we use for making decisions

- 3.1. We seek to gather broad-based information to ensure that decisions are based on sound and balanced evidence. This is done through widespread engagement with service user groups, members of the public, the voluntary and community sector, Healthwatch volunteers, local and national statutory organisations.

4. Decision-making procedures

- 4.1. We use the process described in the flowchart below (figure 1) to aid us in making decisions about our work/priorities.
- 4.2. **Information and work requests**

We receive information from external organisations to undertake work either in partnership or on our own. We may also receive requests to respond to or be involved in local and national formal consultation exercises.
- 4.3. **Analyse and evaluate**

We analyse and evaluate the information and work requests received.

 - A. Any request for work from an external organisation must fit with our current work programme, priorities, and be clear that it is of local/national importance.
 - B. The request for consultation must fit with the Healthwatch consultation decision tool (see figure 2 below).
 - C. The activities must fit with our strategic intentions detailed in our publicly available plans.

The Chief Executive will evaluate if any work can proceed and if work would require the approval of the Committee.

4.4. Deciding on our programme of work

To decide upon what we use our resource we will:

- a) Produce a longlist of themes based on the information collected (see section 3),
- b) Present the longlist to the Healthwatch Committee for review and shortlisting
- c) Share the shortlist of themes with the public via our events and online, and they are asked to prioritise the topics,
- d) The results of public prioritisation and information about each of the shortlisted topics are presented to delegates at our annual conference (free and open to all); delegates are asked to prioritise the topics. In the event that we are unable to facilitate an annual conference this stage can be skipped.
- e) Prioritisation by the public and conference delegates is used as a guide for the Healthwatch Gateshead and Healthwatch Newcastle teams to prepare final theme lists for each Committee to approve; we base our proposal on the criteria in 'Criteria to select themes' below,
- f) The Committees review and challenge the proposed lists of themes and select the final priority lists which will be used to guide the work plan over the next 6 months

Note: Some themes may involve joint work across Newcastle and Gateshead and be on both lists. Some projects resulting from set themes may last longer than 6 months and so may not fall into a theme for the period.

4.5. Criteria to selecting themes

This list of 12 relevant criteria is to supplement the above decision-making flow chart to help us decide which theme to select. The criteria are in no particular order and do not have any set weighting. However, different criteria will have different prominence depending on the issue and context:

1. Topics where Healthwatch has a statutory obligation to investigate.
2. Topics which local service users most want us to prioritise.
3. Topics which fulfil Healthwatch strategic objectives and goals (see appendix).
4. Topics which fulfil Healthwatch values and principles, (see appendix).
5. Topics that affect a large number of people or priority groups¹.
6. Topics that affect quality of life².
7. Topics that affect patient safety³.
8. Topics which particularly affect those who may generally be less heard.
9. Topics that have been identified nationally/regionally by other experts and may also be an issue in Newcastle and Gateshead.
10. Topics where we add value (a gap by others) and do not duplicate others.
11. Topics where we can influence policy or practice on behalf of service users.
12. Topics that demonstrate value for money.

¹Priority groups affected; some groups of individuals have 'protected characteristics' status under the Equalities Act 2010. This means that they are in a group perceived as vulnerable to unfair treatment. People in groups which have protected characteristics might also be more vulnerable to health and social care inequalities through discrimination, communication difficulties or a number of other factors. For this reason, issues relating specifically to the following groups are rated higher: age- children and

young people, or older people; disability- physical or mental impairment; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation. We also place priority status on some communities whose voice is seldom heard for other reasons, e.g. deprivation

²Lots of different experiences can contribute to a person's quality of life. Quality of life is a subjective concept which is dependent on the individual's expectations of what their life should or could be, as well as their current situation. The World Health Organisation defines five key features to consider when looking at quality of life: physical, psychological, levels of independence, social relationships and environment.

³Patient safety: the term 'patient safety' means anything health or social care professionals do which causes physical or psychological harm, which is preventable. Harm is commonly caused through a task being executed wrongly or missing out parts of a task which leads to harm for the patient or service user.

4.6. Deciding on our role in external consultations

Our response to an external consultation will depend on many factors, shown in the flow chart below (figure 2)

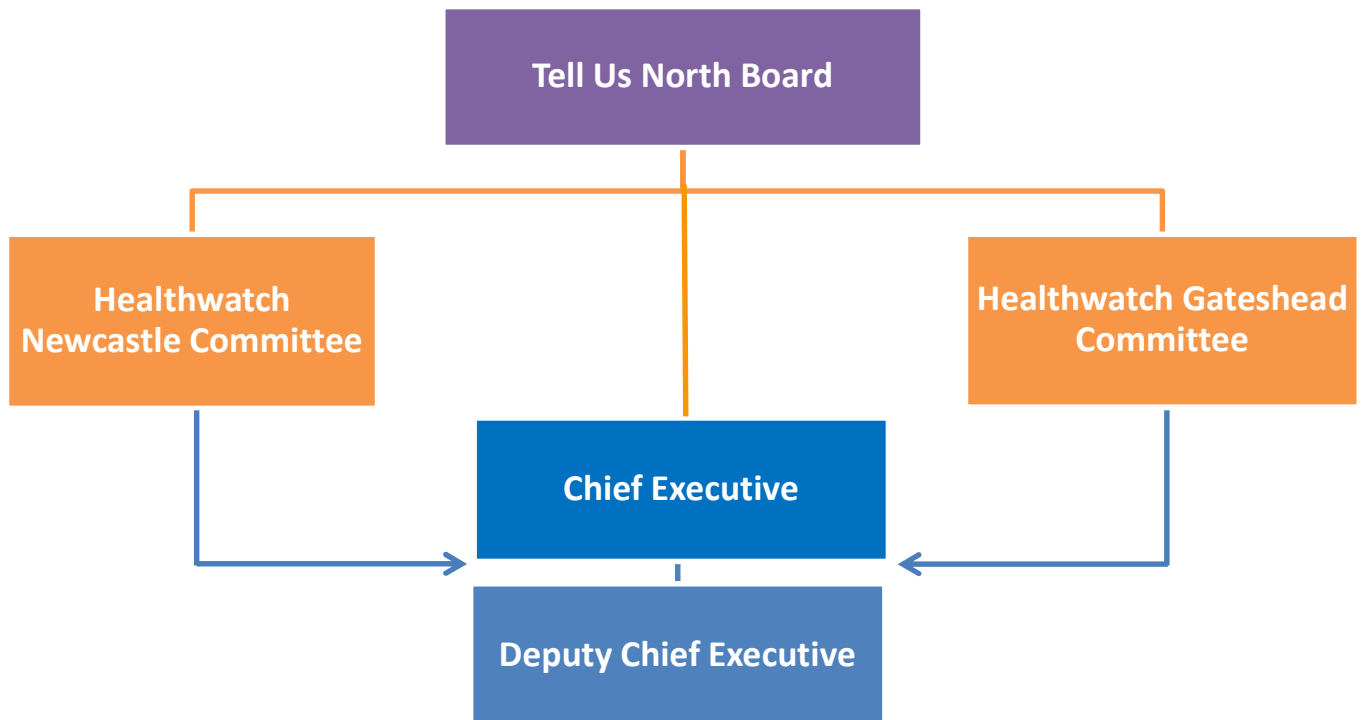
4.7. Deciding when to conduct an 'enter and view'

We consider the following criteria to decide whether or not to conduct an 'enter and view':

- Will it affect the provision of care or the privacy and dignity of the people using services?
- Does it relate to health and social care services, with the exception of local authority's social services for people under the age of 18?
- Does it have a clearly defined purpose?
- Does any potential benefit outweigh possible damage to reputation, relationships, and influence?
- Is the time needed proportionate to the benefits?
- Are there alternative ways to get the information or achieve the aims and have they been exhausted?
- Will it add value?
- Do we have the resources and capacity to undertake the work?
- Does the work pose a health risk to TUN members of staff, or patients, or residents, or staff of the premises?

5. Role of the Board, Committee and the executive in decision-making

Figure 3: Tell Us North governance structure



5.1. The Board, Committee and Executives all have different roles in decisions made in Healthwatch:

5.2. Tell Us North CIC Board

The Board holds final accountabilities for all aspects of Healthwatch Gateshead and Healthwatch Newcastle contracts. The Board provides strategic leadership, promotes good governance and accountability on all contractual, legal and financial duties of Healthwatch Gateshead and Healthwatch Newcastle. It approves the business plan, the selection of the annual specific research topics, recommended by the committees, and has an overview of the financial management of the organisation.

5.3. Committee

The Board delegates certain functions to a Committee for each Healthwatch, including finance and responsibility for setting Healthwatch strategy and prioritising work to achieve the objectives and goals. The Committees also make decisions referred on from the executive.

The Committee will refer issues to the Board if they are outside their delegated limits.

5.4. Executive

5.4.1 The Chief Executive undertakes the day-to-day running of Healthwatch and implements the operational strategy and programme of work as approved by the Committees and Board. In the majority of cases, day-to-day decisions will be taken by the Chief executive or deputy and updates provided to the Committee and Board.

5.4.2 The Chief Executive may take issues to the regular team meetings for discussion and agreement. The Chief Executive will refer issues to the HW Committee when:

1. It is new work outside the business plan agreed by the Committee, that is significant enough to impact the business plan.
2. If the proposal has a significant cost outside the agreed budget and is outside the authority for the executive financial procedures.
3. It has significant risk to the reputation, staff wellbeing or financial health of Healthwatch.
4. If it challenges the goals and principles of Healthwatch (see appendix).
5. If it challenges the agreed governance or decision-making structure.
6. If the Committee or Board has asked the matter to be referred to them.
7. If the executive feel involving the Committee will add value.

5.4.3 If it should be necessary to make decisions very quickly and it is not possible to convene the HW Committee sufficiently quickly, even by email, then decisions may be taken by the Chief Executive and the Committee Chair, or, if the Chair is unavailable, another Committee member, and then discussed as soon as possible by the rest of the Committee.

6 Procedure for dealing with breaches

6.1 We are statutorily required to set out a procedure that we will follow if we should breach our required procedures. The following procedure will be used if, either:

- We discover that we have inadvertently breached part of our agreed procedures.
- An extraordinary or urgent event necessitates the Committee making an immediate decision that should normally follow the required procedures, but there is either no time to seek wider involvement in the decision, or the matter is too sensitive to do so, so that a breach knowingly occurs.

6.2 The Chief Executive will review whether a breach has occurred and will notify the Chair verbally as soon as possible of their assessment, and in writing within five working days. A short report will be prepared for the Committee, explaining:

- a) What the breach to the agreed procedures was and what relevant decision/s was/were affected.
- b) Whether the general public and/or volunteers had nevertheless been involved in the relevant decision.
- c) What steps will be taken to prevent recurrence.
- d) By whom and how to communicate the breach.

6.3 The HW chair will present this final version of the report to the TUN Board for approval, either at a meeting or by email, and the report on the breach will be posted on the relevant Healthwatch website.

7 How to appeal against Healthwatch decisions

7.1 A member of the public or an external organisation can ask us to reconsider a decision taken. This can be done by submitting a request in writing to the Chief Executive explaining why the decision should be reviewed. The Chief Executive will discuss this with the team and provide a written response.

7.2 If this process has not satisfactorily resolved the appeal, then the person or organisation may request that the issue is raised to the Chair of the Committee, who will raise the issue in the next Committee meeting and provide a formal response to the person making the appeal. This response and any decision within it will be final.

8 Appendix

8.1 Values and principles

8.1.1 The way that we work is important if we want to make a big impact. Everything we do is driven by the following values and principles:

- **Leadership** –we will ensure that everything we do contributes to positive improvements in health and social care services.
- **Independence** – we will be an independent organisation, transparent, accountable and trusted to represent the communities of Newcastle and Gateshead.
- **Critical friend** –we will be constructive as well as challenging with service providers, ensuring that we provide evidence to support what we say and do.
- **Committed to excellence** – we will ensure that all of the work that we do meets national quality standards.
- **Inclusive** –we will support communities that are not normally heard, and the voluntary and community groups that support them, to have a voice and challenge inequality.
- **Accountable**– we will be driven by the commitment of local volunteers and the passion of our Board and we will share information about the organisation widely.
- **Integrity** – we will rise above individual and single organisational interests and ensure that all that we do is for the benefit of the public and health and social care service users.
- **Value for money**– we will make the best use of our resources, seeking to avoid duplication by working closely with those stakeholders who already carry out user engagement.

8.2 Organisational strategic objectives

1. To ensure that service users, patients, carers, and the public are involved and engaged in the design and delivery of social care and health services.
2. To provide accessible information that helps people to make choices about their own and their family's social care and health needs.
3. To support the improvement of the quality of social care and health services by identifying and prioritising key issues.
4. To be a valued, influential, and challenging critical friend to providers and commissioners of social care and health services and contribute to the representation of the views of local people.
5. To be a transparent, effective, and well governed organisation.

8.3 Equality, Diversity and Inclusion statement

8.3.1 Tell Us North 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.

8.3.2 Tell Us North will monitor this policy to identify whether it is having an adverse impact on any group of individuals and act accordingly.

Figure 1: Decision-making flowchart

