Members of the Committee are asked to:
- Note the contents of the document
- Approve the decision-making procedure outlined below

Decision-making procedure

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Document details and review

Organisation   Tell Us North CIC
Responsible person   Chief Executive
Date approved
Reviewed   March 2017
Next review   March 2018

This policy will reviewed annually or when the need arises

1. Introduction
Healthwatch wishes to ensure that the decisions it takes are based on sound evidence and that the process is transparent and open. We aim to secure broad-based views on our work wherever possible.

The aim of this document is to help Healthwatch Gateshead and Healthwatch Newcastle to make the best possible decisions to ensure we successfully fulfil our objectives. It

explains who is involved in taking decisions, and the process behind how we make these decisions.

The document also describes how we communicate our decisions.

2. Scope
The following procedure covers all relevant decisions which Healthwatch Gateshead and Healthwatch Newcastle will take. These include:

1. How we prioritise issues
2. Whether to instigate research into a specific issue
3. How to most effectively undertake research. This could be in four main ways:
   - Independently as Healthwatch Gateshead or Healthwatch Newcastle
   - To work jointly across Healthwatch Gateshead and Healthwatch Newcastle
   - To work in partnership with another organisation
   - To lobby for another organisation to conduct the research
4. How we deal with a request to undertake work from an external organisation, either in partnership or on our own
5. How we deal with a request to support a formal consultation from an external organisation
6. How we decide whether to request information from an external organisation, either formally or informally
7. How we decide whether to undertake an 'enter and view' visit
8. 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
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 Champions (volunteers) and local and national statutory organisations.

We use the following information to decide which topics to prioritise:

- Issues raised by the public through Healthwatch and other public engagement events
- Issues raised through the Healthwatch online feedback centre (where all feedback we receive from service users of health and social care services is logged)
- Information provided via Healthwatch Champions
- Information gathered and shared by local voluntary and community sector (VCS) or other local Healthwatch about local services
- Information gathered from relevant national and local reports and media
- Information gathered from health and social care providers and commissioners

4. Decision-making procedures
We use the process described in the flow chart below (figure 1) to help us make decisions about our work/priorities.

Information and work requests
We receive information from the sources above as well as requests from external organisations (for example, the Wellbeing for Life Board, Health Scrutiny Committee,

Healthwatch England, Clinical Commissioning Groups, etc.) 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.

Analyse and evaluate
We analyse and evaluate the information and work requests received and decide on what actions to take based on the following criteria:

A. The Ofsted 1-2-3 method:
1. When something is brought to our attention for the first time it is logged
2. If we hear the same a second time, the issue is flagged as an item of interest
3. If heard a third time we investigate further and decide whether action needs to be taken.

This process is not followed if the issue relates to something that is a specialised condition/rare and therefore the likelihood of us hearing about it more than once is low. In this instance we will:

- Consult with other local Healthwatch to establish if it is an issue that has been raised elsewhere
- Liaise with the service commissioner and provider to try to fully understand the issues
- Decide on further action on a case by case basis

B. Any request for work from an external organisation must fit with our current work programme and priorities or be clear that it is of local/national importance

C. The request for consultation must fit with the Healthwatch consultation decision tool (see figure 1 below)

D. The activities must fit with our strategic intentions detailed in our publicly available plans

Is more information required?
If more information is required then the most appropriate method will be used to collect this, for example, asking partner organisations (VCS) for additional information, Healthwatch events, enter and view visits, informal information requests by staff team or community involvement.

Do the work?
The Chief Executive will decide if the work can proceed or if it requires the approval of the Committee dependent on resource requirements, delegated authority, etc.
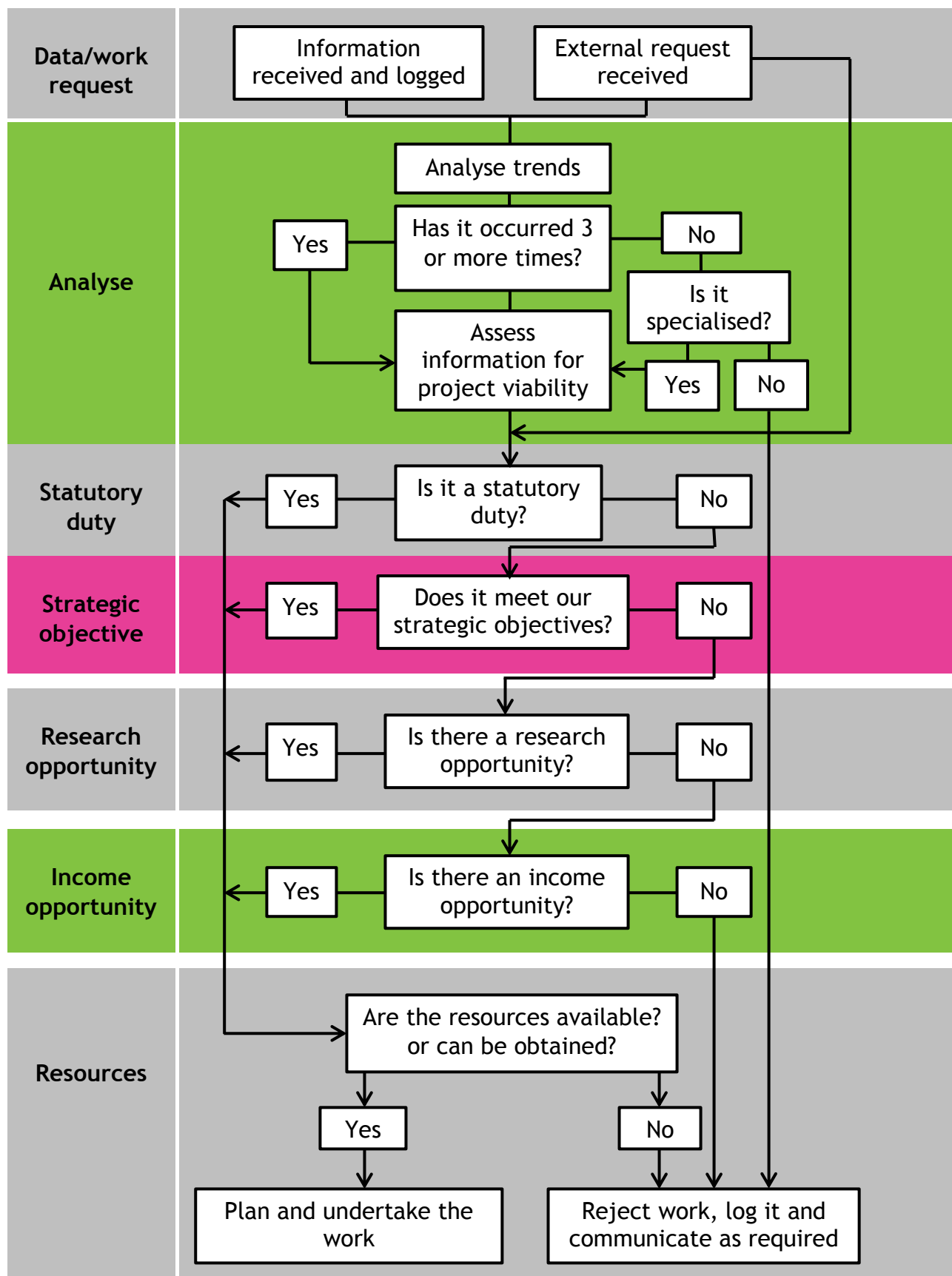
Deciding on annual research priorities
To decide upon the research priorities for the financial year we:

a) Produce a longlist based on the information collected (see section 3)
b) Present the longlist to the Healthwatch Committee for review and shortlisting
c) Share the shortlist 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
e) Prioritisation by the public and conference delegates is used as a guide for the Healthwatch Gateshead and Healthwatch Newcastle teams to prepare final priority lists of research topics for each Committee to approve; we base our proposal on the criteria in 'Criteria to select research topics' below
f) The Committees review and challenge the proposed lists of research topics and select the final priority lists of research topics (note that some research topics may involve joint work across Newcastle and Gateshead and be on both lists)

Figure 1: Decision-making flow chart

Data/work request	Information received and logged	External request received

Analyse	Analyse trends

Has it occurred 3 or more times? — Yes — No

Is it specialised?

Assess information for project viability — Yes / No

Statutory duty	Yes — Is it a statutory duty? — No

Strategic objective	Yes — Does it meet our strategic objectives? — No

Research opportunity	Yes — Is there a research opportunity? — No

Income opportunity	Yes — Is there an income opportunity? — No

Resources	Are the resources available? or can be obtained? — Yes — No

Plan and undertake the work

Reject work, log it and communicate as required

Criteria to select research topics

This list of 12 relevant criteria is to supplement the above decision-making flow chart to help us decide which research topics 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 numbers of people or priority groups[1]
6. Topics that affect quality of life[2]
7. Topics that affect patient safety[3]
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

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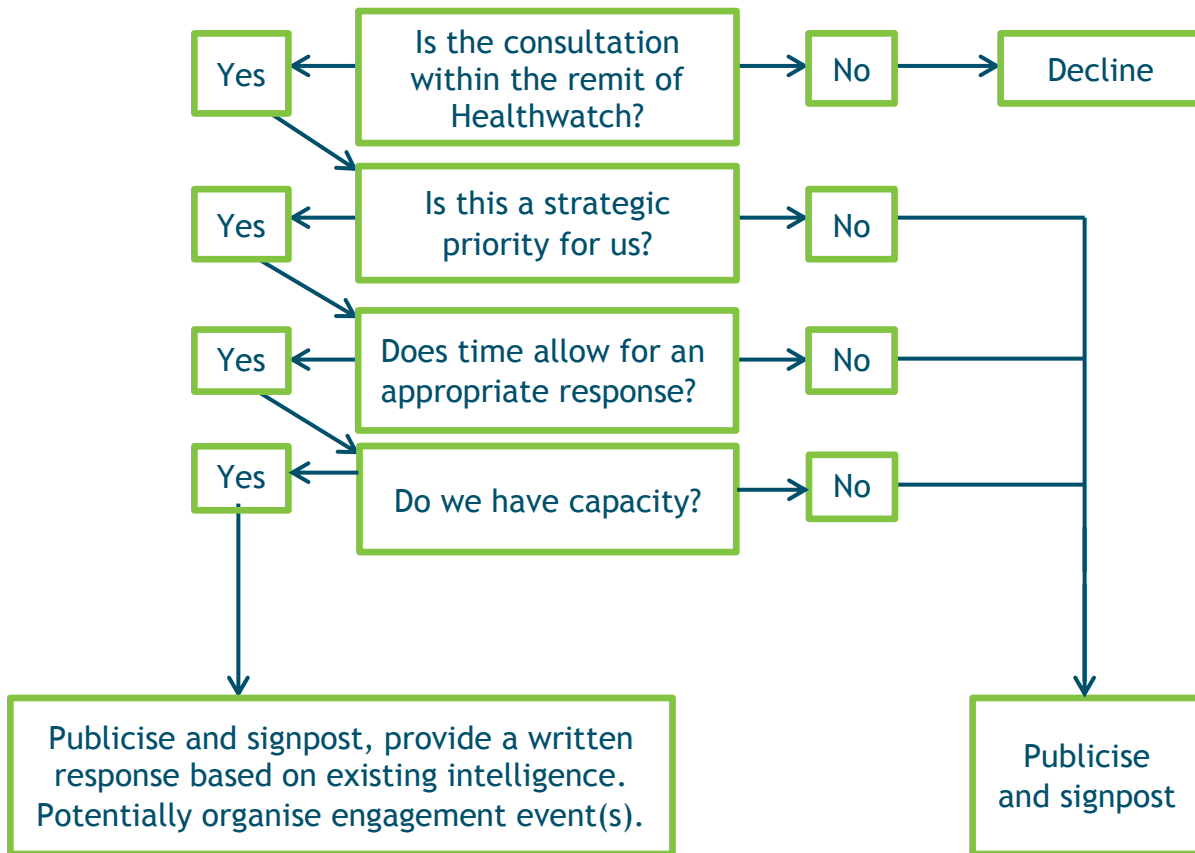
[2] Lots of different experiences can contribute to a person's quality of life. Quality of life is a subjective concept which is dependent on the individual's expectations of what their life should or could be, as well as their current situation. The World Health Organisation defines five key features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

[3] Patient 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.

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: External consultation decision-making flow chart

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        ┌─────┐   ┌──────────────────┐   ┌─────┐   ┌──────────┐
        │ Yes │◄──│ Is the consultation│──►│ No  │──►│ Decline  │
        └─────┘   │ within the remit of│   └─────┘   └──────────┘
            │     │   Healthwatch?     │
            ▼     └──────────────────┘
        ┌─────┐   ┌──────────────────┐   ┌─────┐
        │ Yes │◄──│ Is this a strategic│──►│ No  │───┐
        └─────┘   │   priority for us? │   └─────┘   │
            │     └──────────────────┘             │
            ▼                                        │
        ┌─────┐   ┌──────────────────┐   ┌─────┐   │
        │ Yes │◄──│ Does time allow for│──►│ No  │───┤
        └─────┘   │ an appropriate     │   └─────┘   │
            │     │     response?      │             │
            ▼     └──────────────────┘             │
        ┌─────┐   ┌──────────────────┐   ┌─────┐   │
        │ Yes │◄──│ Do we have capacity?│─►│ No  │───┤
        └─────┘   └──────────────────┘   └─────┘   │
            │                                        │
            ▼                                        ▼
┌─────────────────────────────────┐   ┌──────────────┐
│ Publicise and signpost, provide │   │  Publicise   │
│ a written response based on      │   │ and signpost │
│ existing intelligence.           │   └──────────────┘
│ Potentially organise engagement │
│ event(s).                        │
└─────────────────────────────────┘
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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?

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

Figure 3: Tell Us North governance structure
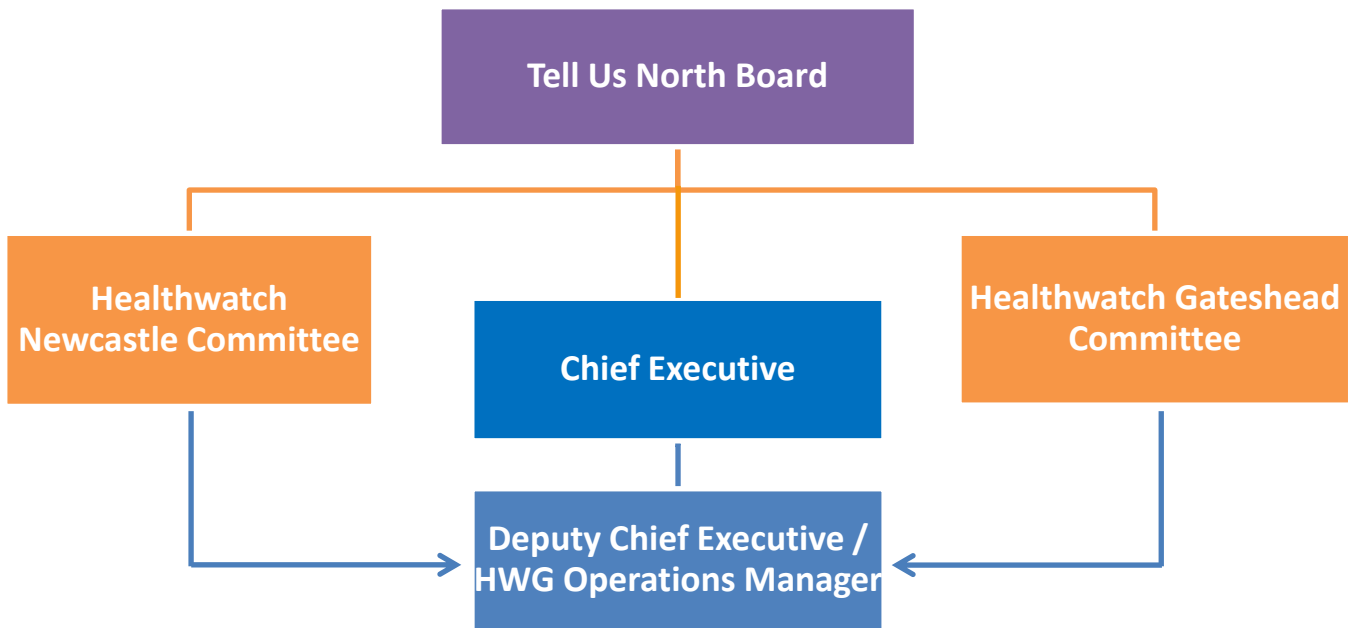
The Board, Committee and Executive all have different roles in decisions made in Healthwatch:

Tell Us North CIC Board
The Board holds final accountability for all aspects of Healthwatch Gateshead and Healthwatch Newcastle. 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, and has an overview of the financial management of the organisation.

Committee
The Board delegates certain functions to a Committee for each Healthwatch, including a budget and responsibility for setting Healthwatch strategy 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.

Executive
The Chief Executive, assisted by the Deputy Chief Executive, undertakes the day-to-day running of Healthwatch and implements the operational strategy and annual research projects as approved by the Committee and Board. In the majority of cases, day-to-day decisions will be taken by the executive and updates provided to the Committee and Board.

The executive will take most issues to the regular team meetings for discussion and agreement. The Chief Executive will refer issues to the 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

If it should be necessary to make decisions very quickly and it is not possible to convene the 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. How we communicate decisions
Decisions taken will be reported at Committee meetings and published in the minutes on Healthwatch Newcastle and Gateshead websites.

We also share key decisions using the following means:

- On social media platforms of Twitter and Facebook
- In our monthly newsletters
- Relevant meetings attended
- Direct email to relevant VCS or other stakeholders
- Other mail groups by VCS and service user groups as required
- Contact through our apps

Healthwatch conducts Committee meetings in public at least twice a year, where anyone is welcome to attend as an observer.

Service users and members of the public are very welcome to write to the Chair of the Board, Committee Chair or Chief Executive to raise an issue or question. Openness and transparency is a key principle for the organisation.

How will decisions be published?
To meet the statutory requirement that any 'relevant decisions' must be published, we will ensure that Committee minutes set out the decisions taken and reasons for any decisions and that these are published on the website.

When do these procedures NOT apply?
To decisions that will result in a relatively small amount of work being undertaken that does not impact the overall business plan.

7. Procedure for dealing with breaches

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.

The Chief Executive will review whether or not a breach has occurred and will notify the Chair orally 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 lay people and/or volunteers had nevertheless been involved in the relevant decision
c) What steps will be taken to prevent recurrence
d) Who and how to communicate the breach with

The Committee will approve a final version of the report, either at a meeting or by email, and the report on the breach will be posted on the relevant Healthwatch website.

8. How to appeal against Healthwatch decisions

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.

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.

9. Appendix

Values and principles
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

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

Goals for 2015—18
Our objectives are achieved through the delivery of goals that can change depending on internal and external factors. Our key goals are:

- Increase the volume of quality information and insights obtained to ensure a sound basis to identify issues, trends and best practice
- Increase our understanding of the social care and health issues important to our population
- Continue to encourage information sharing and promote critical thinking, planning and delivery across the social care and health sectors
- Ensure we have the capacity and capability to deliver strategic objectives
- Ensure that the purpose and work of Healthwatch Gateshead and Healthwatch Newcastle is sustainable in the longer term