

## Decision making policy and procedures for staff, board and volunteers

### Policy Statement

Healthwatch Bristol, North Somerset and South Gloucestershire (Healthwatch BNSSG) makes its decisions in an open and transparent way and ensures the interests of the people of Bristol, North Somerset and South Gloucestershire are always put first. This policy and associated procedures and terms of reference outline the steps taken to ensure decisions are evidence-based and lead to outcomes and 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 BNSSG

### Relevant decisions

Regulation 40 requires Healthwatch BNSSG to have in place and publish our procedures for making relevant decisions. Relevant decisions include:

- How to undertake our activities such as engagement, communications, volunteers, and data.
- Which health and care services we are covering with our annual workplan and other monitoring activities (Prioritisation Panel decision making matrix appendix 1).
- The governance of our financial, HR and policy decisions.
- Whether and how we request information or comment from providers, commissioners, or system partners (20-day letters).
- How equalities and equity considerations direct our work and how we report on our qualitative research and make recommendations.
- Which premises to Enter and View and when those premises are to be visited (Prioritisation Panel decisions).

- Whether to escalate or refer matters to Overview and Scrutiny Committees, CQC, NHSE or Healthwatch England.
- Whether to report a matter concerning our activities to another person for safeguarding or other purposes.
- Any decisions outside the Core Healthwatch work such as commissioned projects and sub-contracting.

Relevant decisions do not include day-to-day activity that enable us to carry out our eight Local Healthwatch functions and may include exploratory work prior to making a relevant decision.

## Who may make such decisions?

The Healthwatch BNSSG Board of Trustees (The Board) will be responsible for making or ratifying relevant decisions. The Board have the power to delegate some decision making to the Chief Officer of Healthwatch BNSSG for example, and to facilitated Panels that provide a forum for public involvement.

All relevant decisions, including those delegated to the Chief Officer, will be recorded in the minutes of the Board meeting at which the decision was made. The minutes of all Board meetings are published on Healthwatch BNSSG's three websites once they have been approved by the Board.

Once a decision has been made, the Board of Trustees, staff team or volunteers carry out implementation and delivery, with an agreed reporting process to Board.

The Board 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.

As a private company limited by guarantee and a charitable organisation some decision making is also required in our Articles of Association.

## Involving lay persons or volunteers in such decisions

Healthwatch BNSSG's Board is composed 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 BNSSG) to secure broad based views on its activities wherever possible, and involves others, particularly lay people, and volunteers in its decision-making Prioritisation Panel.

## How are decisions made?

The potential scope of the work of Healthwatch BNSSG is vast – it has a responsibility for health and social care services for all adults, children and young people in Bristol, North Somerset, and South Gloucestershire,

including those who are most vulnerable or may be excluded. This means

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we must prioritise the issues to focus on. The main sources to inform our workplan come from:

- People's experiences, access and the quality of health and social care services that they share with us.
- Evidence which we proactively collect about specific areas of concern through the stories and enquiries we hear directly, including focus groups, public surveys, and polls.
- National and local data sets that evidence issues affecting large numbers of the local population and the smaller numbers where most exclusion, discrimination or other barriers are evidenced.

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

To prioritise, Healthwatch BNSSG Prioritisation Panel carefully considers all sources of information, systemic or geographic 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 BNSSG 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 BNSSG can bring about. This enables us to make sure we are choosing areas where we can have impact. This is important to deliver return for our budget, maintain our independence and ensure we bring evidence of relevant public issues to the attention of the health and care system that influence and improve outcomes.
- By collaborating at an early stage to avoid duplication and understand if the work could be carried out by others more easily and effectively.
- Finally, the Board will consider and ratify our work priorities to have the greatest impact for people using health and social care services.

Board meetings are held in public at least once each year, and minutes will be made available via Healthwatch BNSSG's three websites each month.

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 BNSSG 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 BNSSG and Bristol, North Somerset, and South Gloucestershire Local Authorities, it will be reported to the relevant Local Authority and further action agreed between the Local Authority and Healthwatch BNSSG.

In each eventuality, actions will be minuted and published on Healthwatch BNSSG websites.

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

Healthwatch BNSSG 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. We also commit to collecting public data to ensure the visibility and consideration of the experiences of people who are excluded based on poverty, geographic isolation, or class.

Healthwatch BNSSG will monitor this policy to identify whether it is having the required impact of amplifying voices from all sections of our communities, especially those who are least heard.

## **Review of policy document**

The 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 websites of all three Healthwatch managed by Healthwatch BNSSG as soon as is practicable.

## **Procedures**

Healthwatch BNSSG undertakes to carry out the following procedures:

- Publish Healthwatch BNSSGs most up to date policy documents on the three websites.
- Review and obtain Board approval to Healthwatch BNSSG decision making policy every 2 years.
- Ensure all Healthwatch BNSSG 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 BNSSGs three websites. Where decisions are made outside of board meetings, they will be ratified at the subsequent Board meeting.

| <b>Decision making policy and procedures</b> |                            |
|--|----------------------------|
| Version                                      | 0.3                        |
| Author                                       | Vicky Marriott             |
| Approved by                                  | Board of Healthwatch BNSSG |
| Date approved                                | 11 <sup>th</sup> May 2021  |
| Effective date                               | 11 <sup>th</sup> May 2021  |
| Reviewed again                               | 9 <sup>th</sup> Jan 2024   |
| Reviewed again                               |                            |

## Appendix 1

Healthwatch Bristol, North Somerset and South Gloucestershire has a decision-making Prioritisation Panel who meet to agree the annual workplan and who also monitor themes, and create actions on a quarterly basis, arising from our collated public data, known as 'Local Voices' patient feedback reports. The panels are chaired and facilitated by Healthwatch staff and are comprised of volunteers, staff members from each of the local Healthwatch areas and Board member representatives. **The scoring matrix below is the longer of 2 versions, both used to score priority actions for the area based on patient feedback from the previous year which has been thematically reviewed.**

| Give a score to each question between 0 - 3  | Issue description | Issue description | Issue description | Weight x  |
|--|-------------------|-------------------|-------------------|-----------|
| <b>Are there reports on this issue already/or evidence others think it is important?</b>   |                   |                   |                   | X1        |
| Can Healthwatch add value even if the issue is currently being dealt with by another organisation?                                     |                   |                   |                   | X1        |
| Is this issue significant because it impacts on many people?<br><b>or</b> because it impacts on a small number of marginalised people? |                   |                   |                   | X1        |
| Can Healthwatch make a significant difference to the issue?  |                   |                   |                   | X1        |
| <b>Has a strategic partner requested Healthwatch consider the issue?</b>   |                   |                   |                   | X1        |
| <b>Does this issue fit into Healthwatch strategic? planning timescales?</b>  |                   |                   |                   | X1        |
| Does this issue help Healthwatch to make an investment in future BNSSG health & care?  |                   |                   |                   | X1        |
| <b>Is this issue unresolved and should be left until it aligns with opportunities for change?</b>                                      |                   |                   |                   | X1        |
| Is there sufficient time to make an impact? (lower score - less sure)  |                   |                   |                   | X1        |
| <b>Are there sufficient resources to take the appropriate action?</b>  |                   |                   |                   | X1        |
| Is there sufficient local evidence about this issue to take it forward as a project?   |                   |                   |                   | X1        |
| <b>Does this issue align with JSNA/Health &amp; Wellbeing Strategy of Health and Wellbeing Board?</b>                                  |                   |                   |                   | Score X 2 |
| Total Score  |                   |                   |                   |           |

Scores of 30+ = high priority. Scores 20-30 = medium priority. Scores 10-19 = low priority. We will average the scores across the panel, to eliminate bias.

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