

# Decision making: policy and procedures for all staff and volunteers

## Policy Statement

Healthwatch Sheffield makes its decisions in an **open and transparent** way and ensures the interests of the people of Sheffield are always put first. This policy outlines the steps taken to make sure decisions are **evidence based**, and our work has **impact** in improving services.

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 Sheffield.

## 1. Relevant decisions

**Regulation 40** requires Healthwatch Sheffield to have in place and publish procedures for making relevant decisions. The relevant decisions as set out in regulation 40 are shown in **bold** below – we have added additional information against each of these to show what it means for our individual Healthwatch.

- **How to undertake our activities** – this includes the approach that we take to what we do, our values and our style of working (much of this is set out in our [strategy](#)): decisions made should be consistent with our strategic priorities. This also includes decisions on our relationships with different local, regional and sub-regional structures (for example our place in governance structure, how we seek to influence them, and whether we pick up particular pieces of commissioned work), as well as partnership working with other local Healthwatch.
- **Which health and care services we are looking at covering with our activities** – these are the priorities that we identify to focus on each year, including decisions about whether to focus on services being developed at a regional or sub-regional level.
- **The amounts we will spend on our activities** – this does not include decisions on day to day expenditure, but would include larger decisions for example those related to team structure or new pieces of work that would require significant new expenditure or resource.

- **Whether to request information** – for example where we might consider a request for sensitive data and information from service providers and commissioners or make a freedom of Information Request.
- **Whether to make a report or a recommendation** – this links to the priorities that are set each year. As a result of focussing on certain areas of health and care services, we are likely to make a report and recommendations linked to our work.
- **Which premises to Enter and View and when those premises are to be visited** – this refers to decisions around our strategic approach to Enter and View, including whether it is the best method to use when requests are received in relation to a particular setting
- **Whether to refer a matter to Overview and Scrutiny Committee** – our Chief Officer has an observer role on the Health Overview and Scrutiny Committee; this role includes sharing intelligence from our work, and influencing the work plan for the committee by highlighting issues that are important to the people that we hear from.
- **Whether to report a matter concerning our activities to another person** – For example reporting a matter to MPs or Councillors.

This is not an exhaustive list of projects which may require decisions. In this context, “decisions” relates only to public-facing activity and does not include internal, ‘day to day’ activity.

## 2. Who may make relevant decisions?

The **Healthwatch Sheffield Strategic Advisory Group (SAG)** will be responsible for making relevant decisions.

Who are the Strategic Advisory Group (SAG)?

- Members of SAG are **volunteers**
- SAG members **live in or have a connection to Sheffield**.
- They are recruited for their **knowledge and skills** which relate to what we do – this may be through their professional work or personal circumstances, or a combination of both.
- They support the paid staff by leading on the **Strategic direction** of the organisation, but do not make day to day, operational decisions about Healthwatch Sheffield work.

The SAG will have the power to **delegate** some of the relevant decision making to the **Chief Officer** of Healthwatch Sheffield, for example, small pieces of work which do not have a substantive impact on staff or financial resources.

There may be times that **quick strategic decision making** is needed – this may be done between meetings, by the Chief Officer and the SAG Chair working together. When this happens, the rest of the SAG will be informed as soon as possible, and it will be minuted at the next meeting.

Once a decision has been made, the staff team is responsible for implementation and delivery, with an agreed reporting process to the SAG who will receive regular updates on progress against strategic aims and priorities.

Healthwatch Sheffield is delivered by **Voluntary Action Sheffield (VAS)**, who ultimately hold accountability for the delivery of the contract. Delegated authority for decision making about Healthwatch strategy and activity is given to the Healthwatch SAG; this arrangement is supported by a 'link' member of the SAG who also sits on the VAS board of trustees.

### 3. Transparency

Healthwatch Sheffield is committed to transparency– we want people living in Sheffield to be part of the way that we make decisions. We also want to keep people informed about decisions we make, and how we are working towards our identified priorities. As part of this:

- The Strategic Advisory Group will hold at least **2 public meetings per year** where people are able to actively contribute to the way that we are working.
- Minutes of SAG meetings will be available on our **website** once they have been agreed as a correct record of the meetings. There may be a section of our meetings where confidential or sensitive information is discussed, these minutes will not be in the public domain.
- All relevant decisions, including those delegated to the Chief Officer, **will be recorded in the minutes** of the SAG meeting at which the decision was made and be available in the public minutes.
- **Quarterly reports** of our work are published on our website – this will show how we have been working towards our priorities once decisions have been made, as will our **Annual report**.

### 4. How are decisions made?

The potential scope of the work of Healthwatch Sheffield is vast – it has a responsibility for health and social care services for all adults, children and young people in Sheffield, including those who are most 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, for example through our Information and advice service
- **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 Sheffield SAG will carefully consider all sources of information and decide where it can add most value. Factors to be assessed include the following:

- Does the issue fit with our organisational role and responsibilities? Ensuring Healthwatch Sheffield delivers to its **statutory remit**.
- **Does this issue matter 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.
- Is there an opportunity to **impact decision making** at the relevant level? Eg locally within Sheffield, at a sub-regional (South Yorkshire) level, or nationally.
- **How much scope there is for change in a particular area** - 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 work need to be done by Healthwatch Sheffield** - so we aren't focusing on things that others can do more easily and effectively?
- Does the work fit with our strategic aims, in particular does it support our commitment to work towards **health equity** for people in Sheffield?
- Does the planned work properly consider the **balance between risk and benefit** for the people taking part? For example, meeting face to face or carrying out Enter and Views while Covid remains a risk.
- Finally, Healthwatch Sheffield SAG will consider a piece of work in the context of our **full set of priorities**, as together they need to have the **greatest impact** for people using health and social care services.

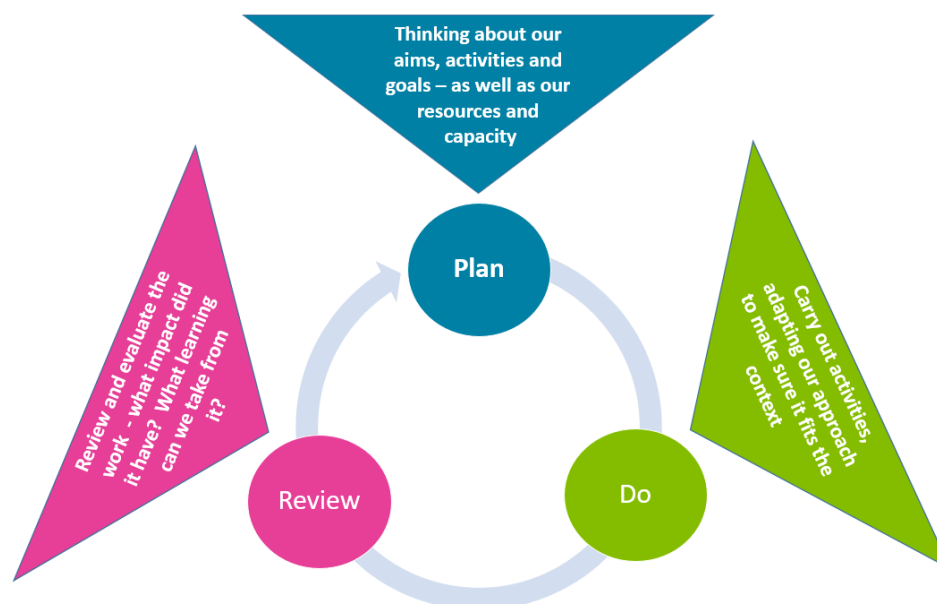
## 5. Decisions about how we do our work

When we plan **how** we do our work we will consider:

- What approach will help us involve the **people** we want to involve? For example, will people need a face to face conversation, or would they prefer doing a survey online?
- What method is most appropriate for the **setting?** For example, an approach that's right in a GP surgery, will be different to one needed in a care home.
- **Safety and wellbeing** of staff, volunteers and the public – does the work place people at risk? A robust risk assessment will be done before any face to face work takes place.

## 6. Making an impact - developing our work through a cycle of evaluation

In setting priorities for a new work plan, Healthwatch Sheffield will review and reflect on work which has already been undertaken, ensuring that future activity is shaped and informed by learning from that work. Using this cycle will help us identify impact from what we do.



**Fig.1 The planning cycle** – this diagram shows how we learn from our work and use that learning to help plan future activity. For most activity, the ‘**plan**’ part of the cycle will take place Jan-March to inform a work plan which runs April- March. A ‘**review**’ of these work priorities will take place around mid-year (September).

## 7. Equality, Diversity and Inclusion statement

Healthwatch Sheffield 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.

At the core of our strategy is a commitment to addressing issues of health inequity; to do this, we will use more of our resource to promote the involvement and inclusion of minoritised communities in shaping health and social care services. The decisions we make in planning our work should reflect that intent. We will use the planning cycle (see fig.1) to monitor and evaluate whether our decision making is effectively supporting this commitment.

## 8. Procedures

Healthwatch Sheffield will:

- Publish this policy on its website so the public can see how decisions are made
- Review this policy every 3 years

- Ensure all Healthwatch Sheffield staff are familiar with the policy and can show an understanding and awareness of the need for open and transparent decision making
- Publish minutes from SAG meetings where decisions are made in a timely manner on Healthwatch Sheffield's website. Where decisions are made outside of SAG meetings, they will be ratified at the subsequent SAG meeting.

Decision making policy and procedures	
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