



healthwatch Rochdale

Decision Making Policy

Decision Making Policy and Procedures

Policy Statement

Healthwatch Rochdale makes its decisions in an open and transparent way and ensures the interests of the people of Rochdale 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 Rochdale.

Relevant decisions

Regulation 40 requires Healthwatch Rochdale 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 the Health and Social Care 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 operational activity that may be required to carry out exploratory work prior to making a relevant decision.

Governance and decision making

The Governance policy document sets out how Healthwatch Rochdale conducts its governance and strategic decision making in order to ensure it is a credible body and is run in an open and transparent manner, legally compliant and financially sustainable. A full copy of the Healthwatch Governance Policy is available on the website: <https://healthwatchrochdale.org.uk/news/2022-11-21/our-policies> The key information in the Governance Policy confirm:

- That Healthwatch Rochdale is a private company limited by guarantee and is regulated by its **Memorandum of Association**
- Healthwatch Rochdale is governed by a Board of Directors (who are also referred to as board members) and it holds the ultimate decision-making power and responsibility for the strategic direction of the organisation.
- The focus of the board members is on 'governance,' whereas the day-to-day management is delegated to the Chief Executive Officer.
- The legal framework which details the activities that Healthwatch must carry out to fulfil its statutory duties and responsibilities
- The **Standing Orders** that Healthwatch Rochdale use to conduct its business openly and transparently
- That Healthwatch Rochdale will implement the highest standards of Propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business

Board members are responsible collectively for the governance and strategy of Healthwatch Rochdale. The Board's duty is to act in the interest of the local population of the Borough of Rochdale. The Board's duty is to set the strategic direction Healthwatch Rochdale, ensuring that the organisation lives up to its shared vision, aims, and values. The Board are required to ensure that Healthwatch Rochdale has a clear direction and purpose and a sense of urgency to get on with the work it was established to do.

Governance is concentrating on setting policy and longer-term strategy, and monitoring and evaluation performance and progress. The Governance policy details in more detail the Board's role and contains an agreed scheme of delegation. Attached in Appendix 1 is a summary of the Board of role and activities and specific decisions reserved for the Board under the Scheme of Delegation.

In accordance with good governance, HWR will provide the public with opportunities to participate in processes for involving them in making relevant decisions.

Board meetings are open to the public and live streamed via our YouTube Channel. Questions can be sent, in advance, to the Healthwatch Rochdale board specifically relating to the Healthwatch work programme. The minutes and decisions of all Board meetings are published on Healthwatch Rochdale's website once they have been agreed as being a correct record of the meeting concerned.

Healthwatch Rochdale Advisory Group role

The Healthwatch Rochdale Advisory Group is responsible for ensuring the local people's experiences are used to inform and shape the work of the Healthwatch Rochdale. Although the Advisory Group does not have a formal decision-making function, it offers a key role in the decision-making process within Healthwatch Rochdale. It is responsible for making relevant recommendations for decisions on the focus of the work of the organisation. To that end, they are responsible for:

- Ensuring that feedback about experiences of Rochdale residents are communicated to the Healthwatch Rochdale Board to inform and support its decision-making processes.
- Reviewing the data and information received by Healthwatch Rochdale from local people to determine priorities, future work focus and contributing to the Healthwatch operational work plan.
- Scrutinising both strategic and operational workings related to health and social care issues within the Rochdale borough
- Maintaining a specific Advisory Group action plan which will be linked to Healthwatch Rochdale business and operational work plan.

This work, priorities and issues identified will be reported to Healthwatch Rochdale's full board on a quarterly basis. The CEO will have operational lead decision-making powers on the capacity of the team to prioritise and action the work recommended for prioritisation and focus on the work plan. Advisory Group will also have the power to delegate some of the relevant decision making to the Lead Officer of Healthwatch Rochdale, for example, pieces of work which do not have a substantive impact on staff. All elements of work which have a financial impact on the organisation will be taken to the Healthwatch Rochdale board of directors before it can proceed.

All relevant recommendations for decisions and action, including those delegated to the Lead Officer, will be recorded in the minutes of the Advisory Group meetings and Board meetings including at which meeting the decision was made. The minutes of all Advisory group meetings are published on Healthwatch Rochdale's website once they have been agreed as being a correct record of the meeting concerned.

Once a decision has been made, the staff team is responsible for implementation and delivery, (sometimes with full engagement and support of the Advisory Group and Board) with an agreed reporting process to the Advisory Group and Board.

The Advisory Group of Healthwatch Rochdale 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 effectively.

Involving lay persons or volunteers in such decisions

Healthwatch Rochdale's Advisory group and 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 Rochdale). Healthwatch Rochdale intends to secure broad based views on its activities wherever possible, and involves others, particularly lay people, and volunteers in its decision-making processes.

What factors influence the decisions made?

The potential scope of the work of Healthwatch Rochdale is very large – it has a responsibility for health and social care services for all adults, children and young people in Rochdale, including those who are most vulnerable or who may be most likely to be excluded. This means we must prioritise the issues we focus on.

The main sources to inform our work programme are most likely to come from:

- People's experiences of health and social care services that they share with us.
- Care opinion secondary data
- Evidence we proactively collect about specific areas of concern through the stories and enquiries we hear directly, including deliberative research, public surveys and polls.
- Annual public consultation on our work plan
- 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, the Healthwatch Rochdale Advisory Group 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 Rochdale delivers to its statutory remit
- That the issues fit with our organisational strategic plan
- 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 Rochdale 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 Rochdale? - so we aren't focusing on things that others can do more easily and effectively
- Finally, the Advisory Group and Board of Healthwatch Rochdale 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.

Equality, Diversity, and Inclusion statement

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

When to Act

Based on the evidence and Healthwatch Rochdale's prioritisation process, the Advisory group consider and make recommendations on the proposals and the Board will approve Healthwatch Rochdale's work plan, which the team will then implement with any necessary support from the Advisory group and the Board.

Healthwatch Rochdale will work to Healthwatch England's Quality Framework (Appendix 2) to ensure we:

- Take stock of which aspects of the service are working well and where we can make improvements.
- Help local councils develop a more consistent approach to commissioning and monitoring local Healthwatch services.
- Help Healthwatch England identify where we need to provide more support and training, as well as the individual services which might need more help.

Healthwatch Rochdale will also use:

- Healthwatch Rochdale's Impact Tracker (Appendix 3) this will help us to prioritise our work and provides a useful source of information upon which decisions can be made.
- Healthwatch Rochdale will work to a Making a Difference Toolkit (appendix 4) to demonstrate that we are making a difference, this is key because:
 - It shows local people that sharing their experiences with us is worthwhile.
 - It increases the trust of local partners and makes it more likely they will act on what we recommend and what the public has told us
 - It demonstrates to taxpayers and our funders (Local Authority) that we provide value for money and our work is worthy of investment.
- Healthwatch Rochdale will review any new piece of work and complete a research project planner (Appendix 5) which has a checklist of questions for Healthwatch Rochdale to consider before starting a new piece of work.

When to escalate

- Healthwatch Rochdale aims to work in partnership with health and social care services and whenever possible to facilitate a culture of collaborative working in the best interests of the local community. During the course of its work, however, there may be times when Healthwatch Rochdale wishes to voice concerns about a service provider, commissioning decision or unmet need that has previously been raised through various communication channels.
- Healthwatch Rochdale can raise escalations with local commissioners; Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR CCG), and statutory partners; Rochdale Borough Council (RBC) and external providers.
- The Healthwatch Rochdale escalation process is also a formal process that has been established to allow Healthwatch Rochdale to share local concerns and raise further questions on the back of the Healthwatch Rochdale Advisory group monthly recommendations, in line with the following legislation
<https://www.legislation.gov.uk/uksi/2012/3094/regulation/44/made>

How to escalate

To raise a formal escalation, the information below is required in the correspondence to the provider/commissioner and if appropriate, Healthwatch England.

- Date of escalation.
- Description of the issue being escalated and the reasons why.
- Details of the recommendations made to the HWR Advisory Group.
- Details of how the issue came to the attention of Healthwatch Rochdale.
- Other organisations involved in the issue.
- Related reports or recommendations.
- Evidence to show what Healthwatch Rochdale has done to resolve the issue locally before reaching escalation point.
- Expectations of Healthwatch England in appropriate situations.

The Process

After a formal escalation letter has been written to a local provider/commissioner, with set timeframes for a required response, Healthwatch Rochdale will wait for a response and in the meantime monitor any additional feedback in this particular area.

Once Healthwatch Rochdale receive a response, this will be shared and discussed at the next available Healthwatch Rochdale Advisory Group meeting to ensure the issue is being addressed within the response time identified.

There will be times when the Advisory group are not due to meet and therefore there will be delegated responsibility to the CEO and Chair of the Advisory group to act if required. Upon occasions, extraordinary meetings may be called with the Advisory Group members to discuss a key issue.

Please see appendix 6 for escalation timeframes

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 Rochdale 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 Rochdale and Rochdale Local Authority, it will be reported to the Local Authority and further action agreed between the Local Authority and Healthwatch Rochdale

In each eventuality, actions will be recorded and published on Healthwatch Rochdale's website.

Review of policy document

The Board of Healthwatch Rochdale 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 Rochdale as soon as is practicable.

Procedures

Healthwatch Rochdale undertakes to carry out the following procedures:

- Publish Healthwatch Rochdale's most up to date policy document on the website.
- Review and obtain Board approval to Healthwatch Rochdale's decision-making policy every two years.

- Ensure all Healthwatch Rochdale 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 Advisory group and Board.
- Publish minutes from Advisory group and Board meetings where decisions are made in a timely manner on Healthwatch Rochdale's website. Where decisions are made outside of the Advisory group and board meetings, they will be ratified at the subsequent Board meeting.

Appendix 1 – Healthwatch Board role and reserved decisions

The Board's role is to:

- Ensure that all Healthwatch Rochdale's activities are within the law
- Develop and agree organisational policies and review regularly.
- Develop and agree the organisational strategic plan
- Monitor financial performance
- Ensure the organisation has adequate resources
- Ensure the organisation's assets and other resources are protected and managed
- Ensure accountability as required by law
- Review annually the performance of the Board of Board members
- Act within the powers as set out in the HWR Memorandum of Association and HWR Standing Orders
- Appoint staff
- Function as a court of appeal on personnel matters

Decisions reserved for the board

1. Alterations to constitution and rules, membership and governance structures
2. Appointment of board members; appointment of honorary officers; setting remanding for board committees and working groups
3. Setting the scheme of delegation and standing orders (including finance and contracts)
4. Approving and signing the annual report and accounts
5. Agreeing the scope, timetable and process for internal policy review
6. Agreeing the organisation's values, vision and mission
7. Approving the overall strategy and strategic direction
8. Approving the high-level budget and any significant in-year changes to projected outturn
9. Agreeing the organisation's performance framework and the scope, timetable and process for performance monitoring
10. Approving and when appropriate (depending on level of risk) developing and negotiating formal partnerships and collaborations
11. Setting the principles for taking organisational 'policy positions' and where significant (depending on level of risk) agreeing and approving them
12. Approving the employment contract and agreeing any alterations to salary scales, terms and conditions
13. Approving significant changes to the management structure and senior management roles
14. Any other decision when: -
 - it sets a precedent
 - it could be considered a significant reputational issue

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- it could damage relationships with our members or stakeholders
- it could be viewed as not 'party politically' neutral

Appendix 2 Quality Framework information

The Quality Framework aims to provide a shared understanding of the key ingredients for running an effective Healthwatch.

How can it help?

- Understand where our work is currently effective and where we can make improvements
- Informs local authorities on how to commission and monitor an effective Healthwatch
- Enables Healthwatch England to identify where further help is needed by individual Healthwatch and how we can improve the support and training we provide.

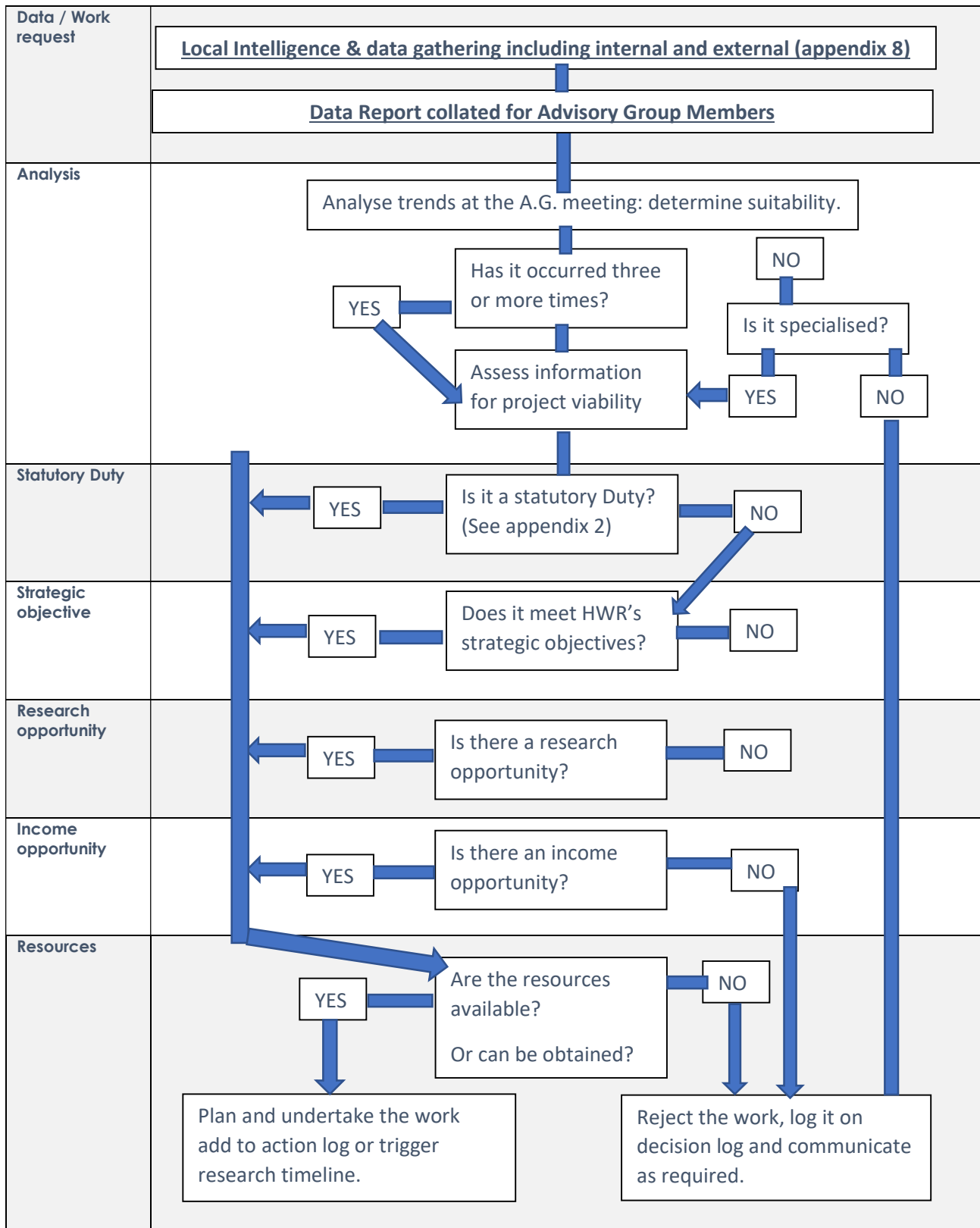
How does it work?

The tool has been designed to be used on a self-assessment basis. The Quality Framework is made up of six domains. Each domain is accompanied by a series of questions and prompts we can use to understand and evidence your effectiveness.

The six domains

- **Leadership and Decision Making:** This looks at the importance of having clear goals and a rationale for the work you prioritise. It also looks at the strength of your leadership and governance, both of which are key to successfully navigating a complex environment whilst maintaining independence and accountability.
- **People:** This recognises the importance of staff and volunteers. It can help you understand whether your board, staff and volunteers have the right knowledge, skills and support to deliver an effective, consistent service.
- **Sustainability and Resilience:** This focuses on a business model that enables you to plan and operate effectively, as well as adapting to the changing needs of communities.
- **Collaboration:** This recognises the value of working in partnership, and of learning from other Healthwatch.
- **Engagement, Involvement and Reach:** This focuses on our main statutory activities. It looks at how you go about reaching out to all sections of your community, gathering people's views, providing advice and information, and involving people in your work.
- **Influence and Impact:** This focuses on our purpose by looking at the difference you make by ensuring those in charge of health and care services hear and act on people's views.

Appendix 3: Healthwatch Rochdale Work Plan Priority Decision making flow chart



Healthwatch Impact Tracker

This Tracker has been designed to help local Healthwatch summarise the outcomes and impact we have achieved in a single document.

This Tracker will help us to:

- i) plan follow-up work to check what success there has been
- ii) reduce the possibility of things being overlooked. This approach should also help us to review which areas of our work lead to the greatest success and more easily access details about our achievements for reporting and publicity purposes.

Individual enquiry

Help track our long-term outcomes from advice and information that you provide. We all know that impact doesn't always happen overnight, so it's important we return and track outcomes that are implemented over a period of time. We don't need to log every query; just those that you might want to highlight or follow up in the future.

Frequent enquiry response count

Help track frequent advice and information to inform stakeholder of issues that are common in our local area. This can help with our reporting at a later date by being able to see which areas of care people are finding it most difficult to navigate.

Report recommendations

Here we will log each report we 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

This record will be used when our 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 we will still note these achievements and the role Healthwatch Rochdale 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

Pull together our outcomes under different areas of care e.g. primary care, dentistry, or by the nature of the change e.g. service design. This can help us focus on areas of care that are having the most impact and help us showcase this to our commissioners/interested stakeholders.

Appendix 4- Making a Difference Toolkit

This "Making a Difference toolkit" enables us to make the value of our work recognised and enable us to show the impact that Healthwatch Rochdale are making to people's experiences of health and social care.

Our work is driven by the belief that understanding local people's experiences of health and care is key to providing effective support. A belief that is backed up by a considerable body of evidence.

We have been set up to find out the public's views on health and care.

How we achieve this goal may vary from area to area but, whatever our approach, every Healthwatch is committed to making a difference.

Why showing impact matters

Demonstrating that we are making a difference is key because:

- It shows local people that sharing their experiences with us is worthwhile.
- It increases the trust of local partners and makes it more likely they will act on what we recommend and what the public has told us
- It demonstrates to taxpayers and our funders that we provide value for money and our work is worthy of investment.

How this toolkit aims to help

Demonstrating the difference we make can be difficult. There is currently no set of standard outcomes that we can use to show the result of our statutory activities and some of the work of Healthwatch can take time to translate into impact. This means that the full value of our work can go unrecognised.

Who is this toolkit for?

Healthwatch staff or volunteers who:

- Want to improve their knowledge and understanding of Theory of Change
- Are involved in helping their Healthwatch establish an approach to evidencing and communicating your impact

What this toolkit contains

This toolkit includes:

- A step-by-step guide to understanding and measuring the differences we make
- A range of resources to help us put this learning into practice

What will you learn?

This toolkit aims to deliver the following learning:

- Why demonstrating impact is important
- An introduction to outcomes and the Theory of Change
- Setting priorities and how they link to outcomes
- Steps we need to take to develop our Theory of Change
- How we might use a Theory of Change to communicate effectively
- How to involve our board, volunteers and other colleagues

Appendix 5: Research project planner

This guidance outlines how we can effectively plan our research and the areas that we will need to consider throughout our research project.

Planning our research is the most important part of the research process. It will help us to map out what needs to be done, who needs to do it, and when.

To create our research plan, you can use this template research project planner and template research timeline and adapt it to suit our project needs.

This resource is based on project planners used by local Healthwatch.

Research planner

A research plan is a detailed description of the project purpose, aims and tasks involved in the project you are going to undertake.

Research timeline

It is useful to outline our project tasks and align them to a project timeline. This will help us and our project team to prioritise tasks, stick to deadlines and deliver work on time.

The template timeline below outlines a number of stages that need to be considered in the research process. We can change the timings of your project to fit your own deadlines and how long we would like to spend on each task.

Research Phase	Timeline Suggestion (differs for each project)	Activities				
1) Background and contextual research	Weeks 1 - 2	Review our own existing evidence	Undertake external literature review	Scan new data sources	Identify stakeholders (to influence, partners and data collection)	
2) Developing overarching research aims and objectives	Weeks 1 - 3	Identify key trends and themes in data	Identify gaps in data	Develop research aims	Identify stakeholders (to influence, partners and to aid data collection)	
3) Research planning	Weeks 1 - 5	Finalise research objectives	Scope methods and draw up plan	Identify stakeholders (to influence, partners and to aid data collection)	Quality assurance - get comments from key stakeholders	Undertake risk assessment if appropriate to the subject
4) Stakeholder engagement - collaboration and buy in	Weeks 2 - 6	Financial management and incentives	Engage key partners using plan	Agree objectives and way of working	Quality assurance - get comments from key stakeholders	
4a) Commission research if required	Weeks 1 - 25	Draw up specification	Procurement	Contract in place	Manage contractors	Ensure research is accessible and inclusive
5) Refining research design	Weeks 2 - 7	Identify contributors and test groups	Refine research questions according to objective	Design engagement approach	Ensure research is accessible and inclusive	
5a) Piloting	Weeks 5 - 10	Undertake pilot or feasibility study	Collect feedback	Develop and finalise approach	Ensuring we understand the policy context of the findings	Ensure research is accessible and inclusive
6) Final research product development and release	Weeks 10 - 12	Admin e.g. instructions, formatting, materials, printing, publicity	Ensure research is accessible and inclusive			
7) Data collection	Weeks 13 - 17	Engagement commences				
7a) Data management	Weeks 16 - 20	Chasing data return	Data cleaning	Data coding (if relevant)		
8) Primary data analysis	Weeks 19 - 22	Number crunching (calculations)	Identifying common themes in qualitative data	Ensuring we understand the policy context of the findings		
9) Secondary data analysis	Weeks 22 - 25	Detailed analysis, cross tabs (analysis of one question in a survey against another) based on findings from primary analysis	Identify gaps in evidence and what we don't know - check other data sources	Drawing conclusions from the data	Ensuring we understand the policy context of the findings	Ensuring that the analysis is correct
10) Develop recommendations and/or options for action	Weeks 23 - 27	Identify further key stakeholders	Develop recommendations in consultation with stakeholders	Identify opportunities for use of research findings and evidence collected	Quality assurance of written report	
11) Reporting and dissemination	Weeks 26 - 30	Agree dissemination method based on audience	Draft products	Release		
12) Evaluation and monitoring impact	Weeks 30 - 35	Review learning	Obtain feedback	Develop plan to monitor impact	Monitor impact	

Important things to consider:

- Background of your project
- Who we are talking to and how to collect information
- How we will analyse the information
- Resources we may need
- Any risks and how to mitigate them
- Partnership working (if relevant to your project)
- Quality assurance
- Dissemination of the work
- Evaluation of our project
- Downloads
- Research planner

Appendix 6 – escalation response timeframes

Escalation levels flow guidance

Low Issue

Contact the provider with evidence of concern; give them 20

If no response
escalate to
commissioner

After 20 working days contact provider to identify what actions they are taking

If no response
escalates to
commissioner

After 30 working days check the actions identified by provider are taking place

If no action
has taken
place

Contact Commissioner and reassess the issue, consider stepping up to moderate issue

Moderate Issue

Contact Provider giving 10 working days for initial response

Reassess the
Issue

Issue remains: Contact the provider and commissioner giving 10 working days to respond to concern and give action plan

Reassess the
Issue

Issue remains: contact provider, commissioner, regulator and Healthwatch England; consider stepping up to a high-level issue

High Issue

Contact Provider giving 2 working days for initial response

Reassess the
Issue

Issue remains: Contact provider and commissioner giving 5 working days to respond to concern and give action plan

Reassess the
Issue

If the Issue remains contact provider, commissioner, Quality surveillance Group, Regulator and Healthwatch England

Urgent

Contact the police. Safeguarding unit, provider, commissioner, regulator and Healthwatch England with evidence on the same day

Next day contact the provider and safeguarding unit to ensure that action has been appropriately taken

Appendix 6: Healthwatch Statutory Duties

Local Healthwatch are funded by and accountable to local authorities.

Their main statutory functions are to:

Obtain the views of people about their needs and experience of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services.

Make reports and make recommendations about how those services could or should be improved.

Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.

Provide information and advice to the public about accessing health and social care services and the options available to them.

Make the views and experiences of people known to Healthwatch England, helping us to carry out our role as national champion.

Make recommendations to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern.

Appendix 7: Decision making record - to be used before taking on a new project

Reviewed at:		
Please ensure this information is recorded on the relevant meetings decision log		
Criteria	Action	Date
Project objectives – What is the project seeking to achieve?		
Does this fit with our strategic objectives and statutory remit?		
What is the evidence base for this work?		
What is the proposed impact on individuals and the community?		
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?		
Is an Enter and View required? What premises will be included? What is the timescale?		
Resource requirements (people and financial)		
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?		
Project deliverables – What difference or impact will the project have?		
What will be the outcome of our work? How will we demonstrate impact? A report? Recommendations?		
Communication – Who will be interested in our outcomes and impact?		
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 8 Advisory Group members escalation process

