

**NATIONAL
STANDARDS FOR
COMMUNITY HEALTH
COUNCILS IN WALES**

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**CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL**

BWRDD CYMRU | WALES BOARD

Contents

Contents

Introduction	4
The purpose of national standards	5
Meeting the national standards	6
The national standards	8
Our independent complaints advocacy service	9
How the standards apply to our independent complaints advocacy service.....	10
Scrutiny	13
How the standards apply to our scrutiny activities ..	14
Continuous engagement	17
How the standards apply to our continuous engagement activities	18
Service change	21
How the standards apply to our role in NHS service changes.....	22
Contact us	25

Introduction

Community Health Councils (CHCs) have an important job to do in representing independently and without bias the interests of patients and the public in the way National Health Services are planned and provided in Wales.

There are 7 CHCs in Wales, each one covering a distinct geographical area of Wales, aligned with the 7 Local Health Boards which are responsible for the design and delivery of NHS services for that area.

CHCs are made up of volunteer members who live in the communities they serve, supported locally by small teams of staff.

Wherever you live in Wales, you can expect your CHC to work tirelessly on your behalf so that the views and experiences of people who live in your local community are represented locally and nationally to influence and improve NHS services for everyone.

So that you know what you can expect from your CHC, and can be sure that the activities carried out in your interests are of a high quality, the Board of Community Health Councils in Wales “the CHC Board” provides advice, guidance and support to CHCs across the range of their activities.

The CHC Board is responsible for monitoring and managing the performance of CHCs in carrying out their activities.

The purpose of national standards

The CHC Board has established a set of national standards for the work of CHCs in Wales. These national standards are designed to establish a clear picture of how the activities of a good CHC should look and feel in practice, from the perspective of patients and the public.

The national standards provide the foundation upon which CHCs should plan, deliver, monitor and report upon their activities. Doing so in this way means that CHCs can more clearly demonstrate how well they meet the needs and interests of their local communities in the conduct of their activities.

The CHC Board actively monitors and manages the performance of CHCs, using the national standards as its benchmark. To do this, the CHC Board has established a Standards and Performance Committee. You can find out more about the work of this committee on our website.

The national standards do not define what priorities and activities your CHC should carry out on your behalf – that is a matter for your CHC to decide – by listening to you (and those who represent you) about the things that matter

most to you about the NHS in your local communities. They do help to make sure that the basis upon which CHCs take their decisions is a good one.

The national standards themselves do not provide detailed guidance, standardised procedures, instructions or documentation that set out exactly how CHCs should carry out their activities.

However, they provide a clear basis from which CHCs can work together with the CHC Board to review, strengthen and further develop guidance, procedures, instructions and documentation that help CHCs work in a consistent way.

Meeting the national standards

The national standards apply equally to the 4 main functions of CHCs. These can be described as:

- enabling users of the NHS to raise concerns about the services they receive through an **Independent Complaints Advocacy Service**
- systematically **visiting, monitoring and scrutinising** local health services
- **continuously engaging** with the communities they represent and the health service providers serving those communities

- representing the interests of patients and the public in the planning and agreement of NHS **service changes**.

For each of the 4 main functions of CHCs, the national standards are underpinned by a set of indicators. These are not meant to be exhaustive. CHCs can use the indicators to help them demonstrate that they are meeting the national standards.

Where a CHC is not yet able to demonstrate achievement of a standard, the indicators can also help identify what further action may be needed.

The national standards

STANDARD 1

CHCs act in the interests of the public and patients in Wales

STANDARD 2

CHCs work effectively with others to safeguard and promote the welfare of people who use NHS services

STANDARD 3

CHC activities and services meet the needs of and are accessible to all

STANDARD 4

CHC activities are open, transparent and inclusive

STANDARD 5

CHC activities are properly led, resourced and supported

STANDARD 6

CHCs plan and carry out their activities in a way that maintains their independence and demonstrates their accountability to the communities they serve

STANDARD 7

CHCs strengthen the voice of patients and the public by working together and with others

STANDARD 8

CHCs reflect the views and experiences of patients and the public about NHS services

STANDARD 9

CHCs share and report upon the results of their activities in a balanced and timely way

STANDARD 10

CHCs evaluate the impact of their actions and apply the learning to future activities

Our independent complaints advocacy service

Advocacy is about helping people to be heard. The independent complaints advocacy service provided by CHCs is there to help and support people to ensure that their experiences and concerns are not only listened to but are acted upon.

The independent complaints advocacy service offers confidential support, advice and guidance for people who want to raise a concern about any NHS provider. CHC complaints advocates aim to:

- enable patients, carers and relatives to access information about their concerns and to offer advice on the options available.
- support patients to put forward their concerns and complaints to the NHS for investigation.

The independent complaints advocacy service is provided in a friendly, confidential and supportive manner, encouraging the NHS to learn from individual patient experience to improve the service overall.

How the standards apply to our independent complaints advocacy service

STANDARD 1 - CHCs act in the interests of the public and patients in Wales

What this means in practice:

- Our complaints advocacy service is designed to make a difference for individual complainants as well as drive improvement in NHS services overall
- Patients and the public understand and value the role of our complaints advocacy service

STANDARD 2 - CHCs work effectively with others to safeguard and promote the welfare of people who use NHS services

What this means in practice:

- Our complaints advocacy staff identify clients in vulnerable situations and respond appropriately
- Our complaints advocacy staff recognises early warning signs of service failure and respond appropriately
- Our complaints advocacy staff maintain the confidentiality of clients and only discloses information with express consent unless there is immediate risk of harm
- The service provided by our advocacy service is dignified, respectful and sensitive.

STANDARD 3 – CHC activities and services meet the needs of and are accessible to all.

What this means in practice:

- Our advocacy service is free and easy to use by everyone who wants support in making a complaint.
- Our advocacy service delivers an equitable service that actively identifies and meets individual needs

- Our advocates respect the diversity of those who use our service
- Complainants are aware of and know how to access the advocacy service
- Our advocates stay alongside complainants until the complaint is resolved
- We engage with patients and the public using their chosen method of communication

STANDARD 4 - CHC activities are open, transparent and inclusive

What this means in practice:

- Clients are clear about what they can expect from our complaints advocacy service and what it can and cannot do.
- Our complaints advocacy service promotes individual empowerment
- We use plain language so that our communications are clear, understandable and free from jargon

STANDARD 5 - CHC activities are properly led, resourced and supported

What this means in practice:

- Our complaints advocacy staff are confident and competent through effective training and supervision
- Our complaints advocacy staff have access to suitable materials and resources to support effective advocacy practice

STANDARD 6 - CHCs plan and carry out their activities in a way that maintains their independence and demonstrates their accountability to the communities they serve

What this means in practice:

- Our complaints advocacy service provides a service that is on the side of the client
- Our complaints advocacy service works solely on behalf of clients
- Our complaints advocacy service delivers on its commitments
- Our complaints advocacy staff are not compromised by conflicts of interest that may prevent them from acting on behalf of clients

- Our complaints advocacy service publishes regular reports on its performance

STANDARD 7 - CHCs strengthen the voice of patients and the public by working together and with others.

What this means in practice:

- Partner organisations and the NHS are aware of and actively promote our complaints advocacy service

STANDARD 8 - CHCs reflect the views and experiences of patients and the public about NHS services

What this means in practice:

- Our complaints advocates are led by the views and wishes of clients and only act on their instruction.

STANDARD 9 - CHCs share and report upon the results of their activities in a balanced and timely way.

What this means in practice:

- Our complaints advocacy service keeps in touch with clients and report progress in the agreed manner
- Our complaints advocacy service identifies monitors and reports on issues and trends arising from its work

STANDARD 10 - CHCs evaluate the impact of their actions and apply the learning to future activities

What this means in practice:

- We evaluate the overall effectiveness of our complaints advocacy service
- We use the results of our evaluation to develop our complaints advocacy service
- We share lessons with others

Scrutiny

CHCs have a responsibility to systematically scrutinise the NHS. They do this in a variety of ways including examining information about NHS services and asking questions of NHS leaders.

CHC scrutiny activity includes undertaking a programme of visits to NHS services to ask patients, family and carers about their experience and to see how health care is being delivered.

It is important that scrutiny activity is designed to make a difference on the things that matter most. It is important that CHCs let you know what they are doing in your interests and how their activities have made a difference.

How the standards apply to our scrutiny activities

STANDARD 1 - CHCs act in the interests of the public and patients in Wales

What this means in practice:

- Our scrutiny activities are designed to make a difference and drive improvement in NHS services
- Our scrutiny activities are balanced, proportionate and focus on the things that matter most to patients and the public
- Patients and the public understand and value our scrutiny activities
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STANDARD 2 - CHCs work effectively with others to safeguard and promote the welfare of people who use NHS services

What this means in practice:

- We respond appropriately to early signs of service failure.
- We act quickly when we identify those in vulnerable situations.
- We maintain the confidentiality of patients and the public unless there is immediate risk of harm.
- We undertake our visiting activities with sensitivity; respecting the dignity and wishes of patients and carers.

STANDARD 3 - CHC activities and services meet the needs of and are accessible to all.

What this means in practice:

- Our visiting activity captures the views and experiences of the wide range of patients and carers who use NHS services
- Our scrutiny activities extend beyond geographical boundaries to meet the needs of those receiving services out of area
- We engage with patients and the public using their chosen method of communication.

STANDARD 4 - CHC activities are open, transparent and inclusive

What this means in practice:

- We proactively seek the views and experiences of less frequently heard groups
- We use plain language so that our communications are clear, understandable and free from jargon
- Our communications are accessible and available in a variety of formats.

STANDARD 5 - CHC activities are properly led, resourced and supported

What this means in practice:

- Our members and staff are confident and competent through effective training
- Our members and staff have access to suitable materials and resources to support effective scrutiny activity

STANDARD 6 - CHCs plan and carry out their activities in a way that maintains their independence and demonstrates their accountability to the communities they serve

What this means in practice:

- Our challenge of the NHS is constructive, robust and purposeful
- We seek the views of the public and patients in deciding our priorities and planning our activities
- We publish our plans
- We hold our committee meetings in public
- We publish details of our activities, findings and the outcomes we achieve

STANDARD 7 - CHCs strengthen the voice of patients and the public by working together and with others.

What this means in practice:

- We collaborate on issues and services that span NHS boundaries

- We plan our activities with others
- We, routinely, seek and respond to information from others about NHS services in the communities we serve
- We recognise where others are better placed to act on information about NHS services and refer appropriately
- We work with other organisations whenever it is in the best interest of patients and the public

STANDARD 8 - CHCs reflect the views and experiences of patients and the public about NHS services

What this means in practice:

- We reflect without bias the range of views and experiences shared by patients and the public.
- We agree a position or make recommendations based on sound evidence from a range of sources

STANDARD 9 - CHCs share and report upon the results of their activities in a balanced and timely way.

What this means in practice:

- We provide timely feedback to NHS service providers and other organisations about our findings and recommendations.
- Our reports are clear, unambiguous and informative; highlighting what works well and identifying where improvements are needed.
- We publicise the outcomes and impact of our scrutiny activities
- Our reports are accurate and supported by evidence

STANDARD 10 - CHCs evaluate the impact of their actions and apply the learning to future activities

What this means in practice:

- We evaluate the overall effectiveness of our approach to our scrutiny activities
- We use the results of our evaluation to develop our approach to scrutiny
- We share lessons with others

Continuous engagement

In order to properly represent your views, CHCs in Wales need to routinely and regularly engage with you directly, through community groups and third sector organisations and jointly with the NHS to find out what you think about NHS services.

CHCs also have a responsibility to monitor and scrutinise how well the NHS engages with you directly in the design and development of NHS services. CHCs therefore need to strike the right balance between their own engagement activities and their influence on the engagement approach and activities of the NHS.

It is also important that CHCs let you know what they are doing in your interests and how the activities they carry out on your behalf influence the decisions and actions of the NHS locally and nationally.

How the standards apply to our continuous engagement activities

STANDARD 1 – CHCs act in the interests of the public and patients in Wales

What this means in practice:

- Our engagement activities provide a real chance for the public to influence healthcare policy, design and delivery
- Our engagement activities are designed to make a difference and drive improvement in NHS services
- Our engagement activities are balanced, proportionate and designed to identify the things that matter most to patients and the public
- Patients and the public understand and value the part we play in continuous engagement about NHS services

STANDARD 2 - CHCs work effectively with others to safeguard and promote the welfare of people who use NHS services

What this means in practice:

- Our engagement activities provide an opportunity for the public to voice concerns regarding the planning and delivery of NHS services
- Through our engagement activities we identify potential issues and trends at an early stage and take appropriate action

STANDARD 3 - CHC activities and services meet the needs of and are accessible to all.

What this means in practice:

- We offer a range and variety of opportunities and methods to encourage participation
- We identify and overcome barriers to participation
- Our engagement activities are well promoted and visible
- We make it easy for people to participate using a variety of methods to suit individual needs and preferences
- We promote participation in peoples chosen language

- Our communications are accessible and available in a variety of formats.

STANDARD 4 - CHC activities are open, transparent and inclusive

What this means in practice:

- We proactively seek the views of less frequently heard groups
- We use plain language so that our communications are clear, understandable and free from jargon

STANDARD 5 - CHC activities are properly led, resourced and supported

What this means in practice:

- Our members and staff are confident and competent through effective training
- Our members and staff have access to suitable materials and resources to support effective engagement

STANDARD 6 - CHCs plan and carry out their activities in a way that maintains their independence and demonstrates their accountability to the communities they serve

What this means in practice:

- We seek the views of the public and patients in deciding our priorities and planning our activities.
- We publish our plans
- We hold our committee meetings in public.
- We publish details of our activities, findings and the outcomes we achieve

STANDARD 7 - CHCs strengthen the voice of patients and the public by working together and with others.

What this means in practice:

- We communicate and work with other organisations whenever it is in the best interest of patients and the public
- We work with partners to increase our scope, reach and impact

- We work within a framework of continuous public engagement that allows for plans and reports to be shared with others

STANDARD 8 - CHCs reflect the views and experiences of patients and the public about NHS services

What this means in practice:

- We reflect without bias the range of views and experiences shared by patients and the public.

STANDARD 9 - CHCs share and report upon the results of their activities in a balanced and timely way.

What this means in practice:

- We provide timely feedback to participants about views expressed and the decisions or actions taken as a result
- We publicise the outcomes and impact of our continuous public engagement activities
- Reports of our engagement activities are accurate and supported by evidence

STANDARD 10 - CHCs evaluate the impact of their actions and apply the learning to future activities

What this means in practice:

- We regularly monitor and evaluate the overall effectiveness of our continuous engagement activity
- We use the results of our evaluation to develop our approach to engagement
- We share lessons with others

Service change

In order that local health services meet the existing and future needs of their population and communities, it is essential that they are planned, designed and developed together with local people, from the start.

CHC's have a specific responsibility to engage with the NHS whenever proposals are made to develop, vary and change NHS services; representing the interests of public and patients and ensuring that NHS organisations engage or consult as appropriate with those affected.

How the standards apply to our role in NHS service changes

STANDARD 1 - CHCs act in the interests of the public and patients in Wales

What this means in practice:

- Patients and the public understand and value our role in NHS service changes
- Our approach to the consideration of service changes is balanced, proportionate and focuses on the things that matter most to patients and the public
- Our decisions take account of the need to ensure safe, sustainable services within the context of the priorities of and resources available to the NHS

STANDARD 2 - CHCs work effectively with others to safeguard and promote the welfare of people who use NHS services

What this means in practice:

- We assess the benefits and risks to the community as a whole as well as particular groups

STANDARD 3 - CHC activities and services meet the needs of and are accessible to all.

What this means in practice:

- We take a strategic, NHS wide view of change proposals
- We consider all service changes that potentially impact on our communities including those delivered out of area

STANDARD 4 - CHC activities are open, transparent and inclusive

What this means in practice:

- We take full account of the likely impact of service changes on individuals, particular groups and whole communities
- We seek the widest catchment of views and foster constructive debate
- We give full consideration to the breadth of views expressed by individuals, particular groups and whole communities

STANDARD 5 - CHC activities are properly led, resourced and supported

What this means in practice:

- Our members and staff are confident and competent through effective training
- Our members and staff have access to suitable information and resources to support effective decision making

STANDARD 6 - CHCs plan and carry out their activities in a way that maintains their independence and demonstrates their accountability to the communities they serve

What this means in practice:

- Our members are not compromised by conflict of interest that may prevent them from acting on behalf of affected communities
- Our members consider the evidence relating to service change in public
- Our members are free to act according to the evidence

STANDARD 7 - CHCs strengthen the voice of patients and the public by working together and with others.

What this means in practice:

- We work with NHS services so that people are fully informed about proposed changes at the earliest opportunity
- We work constructively to inform the design and development of NHS services

STANDARD 8 - CHCs reflect the views and experiences of patients and the public about NHS services

What this means in practice:

- We advocate for service change and improvement in response to the views and experiences of patients and the public

STANDARD 9 - CHCs share and report upon the results of their activities in a balanced and timely way.

What this means in practice:

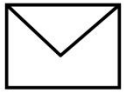
- We take our decisions in public
- We communicate our decisions widely
- We set out clearly and objectively the basis for our decisions

STANDARD 10 - CHCs evaluate the impact of their actions and apply the learning to future activities

What this means in practice:

- We evaluate the overall effectiveness of our involvement in service changes
- We use the results of our evaluation to develop our involvement in service changes
- We share lessons with others

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