

North Wales Community Health Council

Operational Plan 2020-2021

April 2020



Community Health Councils (CHCs) are the independent voice of people in Wales who use NHS services. We are made up of local volunteers who act as the eyes and ears of patients and the public. There are 7 CHCs covering different parts of Wales.

An electronic copy of this document can be found on our website:
www.communityhealthcouncils.org.uk/northwales

If you would like this publication in an alternative format and/or language, please contact us:

Tel: 01978 356178 or 01248 679284

Email: admin@waleschc.org.uk

Twitter: @NWCHC

Instagram: @nwchc

Contents

Chairs Introduction	4
About your Community Health Council	5
Making a difference through our activities	6
Our governance	7
Our vision	8
Our strategic framework	9
Our equality objectives	10
Deciding what we do and how we do it	11
Key themes and priorities across North Wales CHC	12
All Wales key priorities	17
Responding to matters as they arise	
How can you get your voice heard or become involved	
How to contact us	
Appendix 1 NWCHC Full Council Membership	
Appendix 2 NWCHC Staff	
Appendix 3 Finance	
Appendix 4 Equality and Human Rights Action Plan	

Chair's introduction

The North Wales Community Health Council (NWCHC) is the independent health services watchdog for North Wales. It represents the interests of patients and the public who use the health services in our area. This role is of great importance given that every person is likely to experience the health service at some time in their lives, to varying degrees and in different ways.

NWCHC also plays a crucial role in influencing the way that health services are planned and delivered in our area, in order to ensure the best possible health and wellbeing outcomes for the people of North Wales.

NWCHC's strength lies both in its statutory status and in its ability to represent the interest of patients and the public, free from any vested interests. It is the link between those who plan and deliver health services and the end users.

This plan constitutes NWCHC'S activities for the period 2020-2021. It describes our mission, our vision for the future and our commitment to improving the patient's experience of health services in North Wales. A separate equality, diversity and human rights plan has been developed (Appendix 4). Our Equality Plan recognises the role played by carers in health care and are mindful of the many who fall into 'vulnerable groups'. The intention is to integrate both plans when delivering the actions listed in both.

NWCHC is one of seven Community Health Councils in Wales (CHCs). We will continue to work together with other CHC's to drive improvement and influence health service policy on a national basis

The plan is intended to be a living document and is subject to continual monitoring and change. It will succeed if it has the support and commitment of everyone involved. It sets out our approach to delivering an efficient and effective organisation through the introduction of objectives, core strategies and actions that will allow the achievement of goals.



Peter Rendle Chair, North Wales Community Health Council

About your Community Health Council

NWCHC is the independent voice of people in North Wales who use NHS services. We are made up of local people who act as the eyes and ears of patients and the public. We encourage and support people to have a voice in the design and delivery of NHS services.

We provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

Our CHC is made up of 72 volunteer members, local people who volunteer their time to lead our work and undertake activity on your behalf.

Our members are appointed in accordance with our statutory regulations. We also have the ability to co-opt members from our communities to support our work; we currently have a number of co-opted members.

Our CHC also has a small team of paid staff. A full list of our members and staff is provided in Appendices 1 and 2.



Making a difference through our activities

CHCs have four main functions these can be described as:

systematically **visiting and scrutinising** local health services

enabling users of the NHS to raise concerns about the services they receive through an **Independent Complaints Advocacy Service**

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

continuously engaging with the communities we represent and the health service providers serving those communities

Our governance

The way we organise ourselves to carry out our activities is set out in regulations passed by the National Assembly for Wales.

The activities we carry out on your behalf are co-ordinated and overseen by 6 local committees, Conwy, Denbighshire, Flintshire, Gwynedd, Wrexham and Ynys Môn. These 6 local committees make up our Full Council..

We are led by an Executive Committee which is ultimately responsible for what we do and how we do it.

You can find out more about how we organise ourselves on our website, including details of our meetings.

Day to day and operational management is the responsibility of our Chief Officer.

We are one of 7 CHCs in Wales. All CHCs are overseen by the Board of Community Health Councils in Wales.

The Board of Community Health Councils sets national standards for all CHC activities and monitors and manages our performance against these standards.

The standards set out what level of service you can expect from our CHC as we carry out our activities on your behalf.



Our vision

People in North Wales know that they can share their views and experiences of the NHS easily and recognise that doing so can have a real influence on the shape of healthcare services.

'People understand and value the role played by North Wales Community Health Council in supporting them to be heard and in representing the collective interests of patients and the public.'



Our strategic framework

To help make our vision a reality the CHC movement in Wales has agreed a strategic framework incorporating 5 key priorities. These priorities underpin our plans and activities.

Making every voice count

Improving our influence and reputation

Building and developing an effective learning and values based culture

Valuing our members and staff

Strengthening our national voice

Our equality objectives

To help us deliver our key priorities, as we have indicated NWCHC has developed a separate equality, diversity and human rights plan (Appendix 4). The intention is to integrate both plans when delivering the actions listed in both; we have also identified these equality objectives:

- We will work with others to find better ways to hear from everyone, including those who are in the most vulnerable situations and those whose voice might not otherwise be heard.
- We will adapt our approaches to reach those whose care is delivered out of hospital and develop our resources and advocacy services to ensure that they are widely accessible, available and relevant.
- We will develop our plans with the public and with our partners so that they focus on the things that matter most and have the best chance of making a difference.
- We will build on our existing partnerships and forge new ones where working together increases our chances of making a difference.
- Our membership must reflect the diversity of the communities they represent and support. We will monitor our membership and develop targeted and more inclusive ways of recruiting new members so that we become more representative.

Deciding what we do and how we do it

In deciding our activities for 2020-2021 we asked people to tell us what mattered most to them about NHS services in Conwy, Denbighshire, Flintshire, Gwynedd, Wrexham and Ynys Mon. We did this by speaking to people directly at a range of local events; via social media and through our website and newsletter. Alongside this, we also considered evidence from a range of sources:

- Published information including: BCUHB and WAST (Welsh Ambulance Service NHS Tr Performance Reports, Referral to Treatment Times, Patient Experience Reports & planning documents.
- Our Safe Space Engagement Events relating to Vascular Services.
- Issues raised and considered by NWCHC committees.
- Issues identified by NWCHC visits.
- Issues raised by cases supported through our complaints advocacy service.
- Wider patient feedback and concerns information from the BCUHB.
- Information we receive from partner organisations or the outcomes from other review work.

Key themes and priorities across North Wales CHC

At the time of writing (March 2020) we are facing a challenge to fulfilling our Operational Plan for 2020-2021 due to COVID-19 (Coronavirus). This will prevent most of our conventional work and it may be impossible for BCUHB to address issues other than Coronavirus over the next six months.

In setting down our plans for the year, it is important to note that due to the Betsi Cadwaladr University Health Board remaining in Special Measures, it is essential that our Operational Plan allows us the flexibility to meet the range of possible challenges that the NHS in North Wales faces. Our plans should not be on a set of fixed objectives that would make us unable to respond to a brittle and rapidly changing NHS environment.

This plan is a working document. Our statutory functions require us to respond during the year to issues and service change proposals as they arise. This may require us to revise our priorities or amend our planned activities.

Since 2018, our Operational Plans have specifically mentioned the following themes as requiring a particular focus as part of all of our activities. Our work in this respect continues and again it is essential that our plans for 2020-21 make specific reference to the following:

- **Towel Fan Reports** (*HASCAS report May 2018, Ockenden report June 2018*) – because of our commitment to supporting the Towel Fan Families Group, and our concerns about the state of Mental Health Services across North Wales, we believe it will be essential to prioritise mental health as a key area of work for CHC members, our Engagement Team and our Advocates.

- **Fragility in Primary Care** Many of the GP practices are struggling to recruit GPs and skilled nurses. The implications of failure to recruit will be very considerable. Our discussions with BCUHB and GP practices during the past year have revealed that there are large numbers of practices reporting major sustainability issues.
- **Service Change** North Wales faces continues to face several major service changes which include but are not exclusive to the following;
 - ✓ Urology Services
 - ✓ Vascular Services
 - ✓ Orthopaedics
 - ✓ Delivery of a new Public Health Strategy,
 - ✓ Delivery of a new Mental Health Strategy.
 - ✓ Stroke Services
 - ✓ Capital programmes e.g. ED at Ysbyty Gwynedd, Ysbyty Glan Clwyd Redevelopment, Ysbyty Wrexham Maelor, Royal Alexandra Hospital, Waunfawr GP practice
 - ✓ On-going configuration of services following Healthcare in North Wales is Changing 2012 (e.g. transition to new sites e.g. Blaenau Ffestiniog Health Centre; Flint Primary Care Centre, Enhanced Care at Home Services)

Any one, or all, of these services changes could result in a major consultation exercise. This would require a similar commitment in NW CHC time/effort that the Major Trauma service change has been for the South Wales CHCs. The difference is that NW CHC would tackle it alone.

Through our Executive Committee we will work with our six Local Committees to develop plans to enable us to ensure that our activities reflect the themes.

- | |
|---|
| <ul style="list-style-type: none">• Mental Health services (with particular focus on Older Persons Mental Health services)• Vascular Services• Primary Care (with particular focus on GP services)• Care and Services delivered in Emergency Departments |
|---|

- Ophthalmology Services
- Pharmaceutical Services
- Equality, Diversity and Human Rights considerations
- Urology and Catheter Care
- Supply of Specialist Wheelchairs

We will continue to routinely scrutinise the performance of Betsi Cadwaladr University Health Board (HB) by attending and representing the interests of patients and the public at meetings

OTHER NWCHC OBJECTIVES FOR 2020-21

The key objectives identified in our plans for 2020-21 continue to underpin our mission statement and our local activities. We have a continued commitment to achieving them. Our four objectives are long term and during 2019-20 we have improved the way that we work to ensure that our core activities are embedded in all that we do.

Objective 1

To raise the profile of the NWCHC so that the organisation is easily recognized, understood and respected by patients and the public in North Wales

Objective 2

To continue to visit health service premises in North Wales in order to monitor and scrutinise the patients experience of health services in our region

Objective 3

To have an efficient and effective organisation by ensuring the NWCHC delivers its stated objectives and actions, evaluating the outcomes and evidencing the impact made by its work

Objective 4

To present our findings to health service providers so as to ensure that services take account of the citizens' voice and are planned and delivered with a person-centred approach

During 2020-21 Our Action Plans will include:

- Published information including: Health Board and WAST Performance Reports, Referral to Treatment Times, Patient Experience Reports & planning documents
- Issues raised and considered by CHC committees
- Issues identified by CHC visits
- Issues raised by cases supported through our complaints advocacy service
- Wider patient feedback and concerns information from the health board
- Information we receive from partner organisations or the outcomes from other review work
- Work with other agencies that represent vulnerable groups within our communities and developing regular and meaningful contact with them
- Seek the views and experiences of health service users
- Review and update all our information systems and distributing information to all health premises in North Wales
- Raise the profile of the Advocacy Service by promoting the skills and experience of the NWCHC Advocacy Team
- 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
- Increase our outreach activities
- Develop our approach to peer review, including building in routine opportunities for informal peer support
- Meet every two months with the Health Board through the Services Planning Committee to consider proposed changes and scrutinise plans for engagement
- Work with the Health Board where appropriate to engage with the public and patients in relation to proposed changes
- Respond as appropriate to consultations regarding proposed changes
- Scrutinise change proposals and processes generated by or on behalf of the NHS locally to ensure that patients and the public are engaged

and consulted as appropriate

- A programme of visiting NHS premises, which will include the Food Watch, Care Watch and Bug Watch methods
- A system for engaging with patients, families and carers as part of the visiting programme
- A programme for visiting GP Practices in North Wales
- Review our internal systems and procedures for reporting to health care providers
- Reviewing Memoranda of Understanding with health care providers
- Sharing the results of our visits with those responsible for providing health services and with the patients and public
- Review the content and format of induction for members, ensuring that members skills, experiences and areas of interest are utilised efficiently and effectively
- Continue to strengthen our information sharing and reporting to support wider CHC activities
- Routinely raise awareness of our complaints advocacy service through CHC members' local community networks
- Build our arrangements to inform regular updates with key partners, including the Public Services Ombudsman for Wales (PSIW) and Healthcare Inspectorate Wales (HIW)
- Continue to respond to enquiries and correspondence from individual members of the public or others about NHS matters
- Where appropriate, respond to requests to provide feedback and information about NHS services, e.g., through calls for evidence or consultations
- Continue to build links with 3rd and community sectors
- Develop a more robust approach to evaluating activities
- Increase member development opportunities
- Develop our ways of working in relation to duties under information governance and equality legislation

All Wales key priorities (undertaken by all CHCs in Wales)

CHCs work together to drive improvement and influence policy on a national basis. We do so wherever our planning processes identify shared priorities and issues that affect people across Wales, and where working together will maximise our impact.

CHCs across Wales exist to ensure that people's views and interests are represented at the heart of new developments and that patients and the public have the opportunity to have a direct influence on policy makers and those responsible for designing and delivering NHS services.

In the year ahead, we will use our local knowledge to help shape the national agenda. We will do this by:

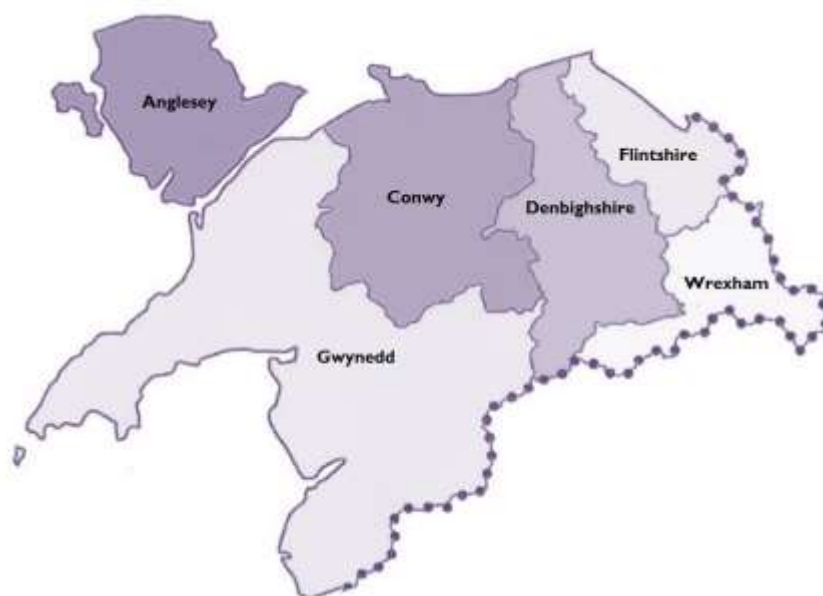
- Sharing regularly what people in our local communities are telling us. This will help our movement identify the issues that impact on people living in all parts of Wales, so collectively we challenge the policy makers and those who deliver our national services to do better where this is needed
- Working with the Board of CHCs to develop and publish regular reports on what people are saying about the NHS across Wales – and how policy makers and those responsible for delivering NHS services are nationally responding
- Working with the Board of CHCs to identify and carry out 'themed' activity in response to key national issues affecting the NHS.

Responding to matters as they arise

Because our volunteer members live within the communities they represent, we are often able to listen to local concerns and issues as they arise so that we can respond quickly and appropriately.

Some people who contact us need the on-going support of our complaints advocacy service. Others may have a specific matter that can be addressed immediately. We have developed good relationships with the NHS so that we can help resolve problems where possible at an early stage.

Sometimes a matter raised with us will need further action, perhaps by finding out more from our health board, through scrutiny at our CHC committee meetings, or by carrying out a visit to see if a concern raised with us is shared by others.



How can you get your voice heard or become involved

We are always keen to hear from anyone who wants to share their views and experiences of NHS services. You can contact us using any of the details included at the end of this plan. You can also tell us if you would like us to include you on our distribution list for surveys and updates.

If you are part of a group or organisation and would like to work with us on any of our activities we would love to hear from you. We are also happy to come and hear from any groups who have a story to share about any aspect of NHS services. We publish a calendar of meetings on our website so that you can see when and where we will be discussing key issues affecting NHS services.

Our committee meetings are held in public so you are welcome to attend. Please let us know if you would like to receive a set of committee papers in advance.

We publish our reports on our website. We produce a monthly brief that captures what we have been doing, what we have said in our

reports and at our committee meetings and how the health service has responded to us where appropriate.

We are active on Twitter and Facebook. We hope to continue developing our Instagram presence during the year.

We publish an annual report which gives a full account of the work we have done and how it made a difference.

And...we are always looking for new members!

The vast majority of our work is undertaken by local volunteers who have an interest in helping their communities to have a say in how their NHS is designed and delivered.

If you could spare some time over 3-5 days a month please get in touch.

How to contact us

North Wales Community Health Council
Units 1B & 1D Wilkinson Business Park,
Clywedog Road South,
Wrexham Industrial Estate,
Wrexham,
LL13 9AE

Or

Unit 11 Chestnut Court,
Ffordd y Parc,
Parc Menai,
Bangor,
Gwynedd,
LL57 4FH

admin@waleschc.org.uk

01978 356178 or 01248 679284

www.communityhealthcouncils.org.uk/northwales

Facebook	@NORTHWALESCHC
Twitter	@NWCHC
Instagram	@nwchc

Appendix 1

Full Council Membership

LOCAL AUTHORITY

Ms Karen Bellis
Cllr Frank Bradfield
Cllr Phil Capper
Cllr Glyn Haynes
Cllr Gladys Healey
Cllr Frank Hemmings
Cllr Gwenfair Jones
Cllr Trefor Lloyd Hughes
Cllr David Mackie
Cllr Dylan Rees
Cllr Dewi Wyn Roberts
Cllr John Roberts
Cllr Paul Rowlinson
Cllr David Wisinger
Cllr Emrys Wynne

VOLUNTARY ORGANISATIONS

Mrs Jackie Allen
Mrs Sandra Baughan
Mrs Kelly Benton
Mr Richard Bladon
Dr Adrian Drake-Lee
Dr Sadie Francis
Mrs Stella Howard
Mr Gordon Hughes
Mrs Rita Jones
Mr Adrian Leslie
Ms Liz Liddall
Mrs Sian Ramessur
Mrs Hilary Randall
Ms Anne West
Mrs Menna Williams

WELSH GOVERNMENT

Mrs Myfanwy Baines

Mr Michael Boyle
Mr Andy Burgen
Mr Jon Chorlton
Mr Rhys Davies
Mrs Eva Edwards
Mrs Dianne Gill
Ms Linda Harper
Mrs Vicki Harvey
Mrs Celia Hayward
Mr Damian Heron
Mr Russell Jackson
Mr Michael Lloyd Jones
Mrs Angela Marshall
Ms Val Monaghan
Mr Aaron Osborne-Taylor
Mrs Jo Reeve
Mr Peter Rendle
Mrs Niki Tabern-Price
Mrs Jayne Thomas
Ms Cheryl Williams
Ms Gill Williams
Mr Roger Williams

CO-OPTED MEMBERS

Ms Deborah Chafer
Mr Brace Griffiths
Mrs Dorothy Griffiths
Dr Garth Higginbotham
Mr John Jones
Mrs Mair Jones
Miss Morfudd Jones
Mr Chris Phillips
Mr Neil Taylor
Mr Mike Theaker
Mrs Vera Wilson

Appendix 2

CHC support staff

Team	
Chief Officer	Geoff Ryall-Harvey
Deputy Chief Officer	Carol Williams
Business Manager	Sue Irlam
Patient and Public Engagement Officers	Rebeca Hughes Cerys Jones
Administrative team	Eleri Ellis Jill Scupham
Complaints Advocates	Emily Bowen Ross Duffield Debra Jones Elliot Mayor Bethan Perkins Rachel Valentine
Advocacy Office Managers	Allison Hughes Debbie Postle
Advocacy Support Officers	Lucy Barker Bev Davies

Appendix 3

Finance

Budget heading	Budget
Fixed	£665,309.00
Variable	£72,237
Overall allocation	£737,546

These figures are based on the 2019/2020 budget and subject to change.



Appendix 4

North Wales Community Health Council Equality and Human Rights Action Plan April 2020 – March 2021

Most targets in last year's action plan were achieved and this year will build on the work. CHC priorities broadly remain the same as last year and include Communication (including sensory loss), GP Provision and Primary Care and Mental Health. NWCHC will continue the programme of monitoring visits, patient engagement, attendance at exhibition stands and delivering talks to a variety of groups.

The backdrop to implementation and development includes the uncertainty of the future of the CHC and legal requirements that are being introduced, such as the socio-economic duty as part of the Equality Act. This requires public sector organisations to give due regard to socio-economic disadvantage when making strategic decisions. The focus should be on equality of outcome and if disadvantage is identified mitigating action must be put in place.¹

Changes are also being brought in via case law. Recently, veganism was found to be a philosophical belief and is now covered by the "Religion or Belief" protected characteristic of the Equality Act².

It has been speculated that climate change may also be tested at tribunal as a "philosophical belief. This underlines the importance of keeping abreast of developments and ensuring that everything we do is compliant and promotes best practice.

The All Wales Gender Service is now established and taking referrals from GPs. BCUHB has established the North Wales Service in Panton Surgery, Holywell, Flintshire. Two GPs have been appointed to provide the service for 2.5 days per week.

¹ Consultation and the co-production of guidance is in place. The aim is for statutory guidance to be finalised by 2022.

²The case was brought against the League Against Cruel Sports by Jodi Casamitjana.

The first patients were seen in January 2020 and equality training has been provided for front-line staff.

Context

The latest report from the Equality and Human Rights Commission “Is Wales Fairer” was published at the end of 2018 and the next update will be in four years. Whilst it noted some positive developments such as an overall increase in employment, a narrowing of educational attainment gaps for some and an increase in political participation, specifically a spike in voter turnout for women, it identifies many challenges that are still current.

These include³:

- A continuing increase in rough sleeping and poverty rates due to the adverse effects of social security reform, that has contributed to an overall fall in living standards since the last review.
- Disabled people are falling further behind and more are being denied their right to independent living. Gaps in educational attainment and employment are widening rather than narrowing in many cases.
- Race inequality persists and whilst some ethnic minority people are experiencing improvements, hate crime motivated by race, is still too prevalent.
- Women’s safety and career progression is still being obstructed by the prevalence of societal gender norms in education and employment and the experiences of harassment and violence.

The responsibility to provide care disproportionately falls on women and this is usually unpaid. There are also concerns that

³ “Is Wales fairer? Summary report 2018” page 4

unpaid carers in Wales are not getting the support to which they are entitled.

All the above have links to health service delivery and outcomes. In specific reference to health the key findings are⁴:

- Gypsy, Roma and Traveller families, transgender people, refugees and asylum seekers continue to experience difficulties in accessing quality health services.
- Mental health provision in Wales is not meeting demand and the number of people waiting for mental health treatment has doubled in the last six years.
- In 2016, men in Wales were over four times more likely than women to die by suicide.
- Men living in the most deprived areas of Wales have a lower life expectancy of eight years than those living in the least deprived areas.
- Health outcomes in Wales for the most vulnerable groups are not good enough. For example, non-disabled people reported good health almost twice as frequently as disabled people.

It is also worth noting that, with regard to "Participation", one of the key findings states⁵:

- Loneliness, isolation and a reduced sense of belonging are some of the most significant issues facing groups including older people, disabled people, carers, new parents, lesbian, gay or bisexual people and people from some ethnic minorities.

The above findings will be no surprise to many people. When we consider the breadth of the work that NWCHC is involved with, we come across many illustrative examples. For example,

⁴ Ibid page 22

⁵ Ibid page 26

although carers are not explicitly covered by the Equality Act, they play a major role in health care. They are covered by different legislation⁶, but many people look after loved ones in very difficult circumstances with little or no support. In addition, many fail to identify themselves as carers and neither do the people they care for.

The actions contained in this plan will take note of these findings as well as being aware of the need to take other aspects into account. These include relevant legislation such as The Equality Act 2010 and the “Well-being of Future Generations (Wales) Act 2015” that requires us to work positively with individuals, communities and other organisations.

Last year NWCHC responded to two Welsh Government (WG) consultation exercises. The first asked us to comment on the draft objectives for the WG Equality Plan that it must produce to meet the requirements of the Equality Act.

The second consultation was regarding the new socio-economic duty (Wales, that is due to be implemented as part of the Equality Act later this year. The consultation period ended in mid-January and guidance is due to be issued by the Welsh Government sometime in April.

The “Framework of Action for Wales, 2017-2020”⁷ is still current and contains a list of actions for various bodies. Section 6 relates to the CHC:

“Action 30: Working with third sector actively seek public view in the performance and design of services through patient groups and feedback to the Project Board, health boards of multi-disciplinary groups and social services Regional Partnership Boards, linking closely with the primary care clusters and conditions specific groups i.e. dementia groups.”

⁶ Social Services and Well-being (Wales) Act 2014

⁷ This an “integrated framework of care and support for people who are D/deaf or living with hearing loss” produced by Welsh Government.

BCUHB have produced a new Strategic Equality Plan 2010-2024. The following equality objectives are of particular relevance to this plan:

BCUHB Equality Objective 2: We will prioritise action to reduce health inequalities and increase the accessibility of healthcare for people sharing different protected characteristics in North Wales.

BCUHB Equality Objective 3: We will prioritise action to respond to key policy and legal developments in healthcare for people sharing different protected characteristics in North Wales.

BCUHB Objective 6: We will increase engagement with individuals and groups sharing different protected characteristics in North Wales⁸.

Actions identified in the national CHC Equality Plan have been taken account of in the production of this plan where relevant.

Conclusion

It was pleasing to read the following statement when BCUHB was requested to evaluate the working relationship with NWCHC during the last financial year.

“We welcome as well the CHC scrutiny and support in specific areas such as Equality and Human Rights. We feel that input through groups such as our Strategic Equality and Human Rights Forum and the Equality Impact assessment Scrutiny Group is very valuable.”

The working relationship with BCUHB is also valued by NWCHC and the opportunity to discuss and share ideas and best practice is extremely helpful.

⁸ BCUHB Strategic Equality Plan 2020-2024 Appendix 3 page 16.

Each action in our plan is linked to relevant national priorities, and CHC National Standards⁹ that can be found in Appendix 1.

It is important that projects and actions being developed across NWCHC take account of E and HR issues and undergo an EqIA. If anyone needs advice, please don't hesitate to contact me.

Linda Harper

March 2020

⁹ "National Standards for Community Health Councils in Wales" April 2017

NWCHC EDHR Action Plan April 2020 – March 2021

Actions and Links to CHC Standards / National Priorities	Date and / or Focus	Names or Group	Progress Update
<p>1. Monitor and review progress of this EHR Action Plan via the Engagement & Consultation Group.</p> <p>Links to standards: 9 /10 National Priority:</p>		Engagement & Consultation Group	
<p>2. Continue to raise EHR awareness by:</p> <ul style="list-style-type: none"> - induction of new members - applying EHR principles to all CHC activities - Equality impact assessing (EqIA) our products and activities. <p>Links to standards: 1 / 2 / 3 National Priority: GP Access / Mental Health</p>			
<p>3. Continue to review monitoring and visiting practice</p>		LH / CW + BCUHB colleagues	

<p>and paperwork to identify opportunities for enhancement and improvement, including embedding EHR. Links to standards: 1 / 3 / 4 / 5 National Priorities: All</p>		Liaison with V&MG	
<p>4. Ensure locally organised engagement and consultation exercises demonstrate best EHR practice by including specific communities of interest and utilising a range of communication channels. Links to standards: 3 / 4 / 7 National Priority: Communications</p>	Continuation of work in progress	Ongoing – LH / CW and all members BCUHB Equality and Human Rights Stakeholder Group	
<p>5. Work in partnership with the EHR team at BCUHB on common areas of interest that help ensure better outcomes for patients by: -</p>	April 2019 Onwards	LH / CW / JD Other members as	

<ul style="list-style-type: none"> - attending relevant groups e.g. Equality and Human Rights Strategic Forum, EHR Scrutiny Group and the Equality Stakeholder Group. - responding to relevant consultations and EqIAs including implementation of the health board priorities for their plan 2020 - 2023 - contributing to subject specific meetings and forums when relevant - working collaboratively with BCUHB on mutually beneficial actions / projects -undertake patient feedback surveys when needed/requested <p>Links to standards: 6 / 7 / 8</p> <p>National Priorities: All</p>		required	
---	--	----------	--

<p>6. Continue to try and identify and publicise access routes for mental health services at primary and community level. Links to standards: 1 / 2 / 3 / 5 National Priority: Mental Health</p>	<p>Identify any barriers through GP surveys and patient concerns</p>	<p>LH / CW / All members</p>	
<p>7. Continue to ensure that there is a written update re EDHR at all Full Council Meetings. Links to standards: 4 / 9 / 10 National Priority: All</p>		<p>LH / CW</p>	
<p>8. Issue EDHR briefing notes and meeting reports when necessary. Links to standards: 9 / 10 National Priority: All</p>	<p>Ongoing</p>	<p>CW/LH</p>	

Additional Information

(To be added at each progress report)

L Harper

March 2020

Appendix 1

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



**North Wales Community Health
Council
Units 1B & 1D Wilkinson Business
Park
Clywedog Road South
Wrexham Industrial Estate
Wrexham
LL13 9AE**

**North Wales Community Health
Council
Unit 11 Chestnut Court Ffordd y
Parc
Parc Menai
Bangor
Gwynedd
LL57 4FH**