CODE OF CONDUCT
FOR
COMMUNITY HEALTH COUNCIL
MEMBERS

HEALTH AND SOCIAL SERVICES DIRECTORATE GENERAL
WELSH GOVERNMENT

CODE OF CONDUCT FOR COMMUNITY HEALTH COUNCIL MEMBERS

Community Health Council members are committed to local NHS services and give significant personal time to this. Individual members play an important role in securing the effectiveness of their CHC. The guidance that follows aims to ensure that CHC members are aware of the expectations and responsibilities placed on them and the standards to which they should adhere as they take part in this important and valued aspect of public life.

The Code applies to all CHC members whether they are appointed by the Minister for Health and Social Services, by local authorities, or by the voluntary sector. It also applies to co-opted members of CHCs.

INTRODUCTION:

1. Community Health Councils (CHCs) are statutory bodies independent of local health services, which have a duty to represent the interests of the public in the health service. They are made up of members who give their time without pay. They monitor the functions of the health service in their districts with the aim of ensuring that steps are taken to identify the health needs of the community they serve.

2. The CHC's effectiveness depends in part on the public's perception of their reputation and standing. In particular CHCs are likely to be more effective if they have a reputation for speaking with authority on the basis of their direct experience and knowledge of the views and opinions of patients and the local community.

3. It is important that, before their appointment, potential CHC members understand what will be expected of them when they undertake this important public role. Therefore, prior to proposing, nominating or supporting any potential CHC member, the appointing body (Local Authority, Voluntary Organisation or the Minister for Health & Social Services) should make this Code of Conduct available to them, together with broader information about the expectations and responsibilities of CHC membership. Once elected or appointed CHC members should act in accordance with this Code and the expectations, responsibilities and standards described in related information provided by the establishing body, the appointing body or the CHC itself.

4. Before appointment, all new CHC members should sign a declaration stating that they will act in accordance with this Code. Existing members are also expected to adhere to the Code. Failure to abide by the Code will be treated seriously by the establishing body acting on behalf of the Minister for Health & Social Services and could, in certain circumstances, result in termination of membership.

VALUES THAT UNDERPIN THE WORK OF CHCs

5. Values that underpin the work of CHCs include:

   i. *Accountability*. Everything done by the CHC should be able to stand the test of scrutiny by the public, the Assembly and the courts.

   ii. *Integrity*. This should be the hallmark of all personal contact between CHC members and individual members of the public in order to provide confidentiality and anonymity where appropriate and in the use of all information acquired in the course of CHC duties and discussions.

   iii. *Openness*. There should always be sufficient openness of CHC activities to promote the confidence of the public, patients, health organisations and the Assembly.

LIABILITY OF CHC MEMBERS

6. The following indemnity is given to CHC members:

   "An individual CHC member who has acted honestly and in good faith will not have to meet out of his or her own personal resources any personal civil liability which is incurred in execution of purported execution of his or her CHC functions, save where the person has acted recklessly"

7. CHCs need to be able to demonstrate that they are operating effectively and in a professional manner in discharging their statutory responsibilities. They should have:

   i. Clear rules of procedure (e.g. standing orders);

   ii. Clear arrangements for handling financial matters;

   iii. Clear statements about equal opportunities policy;

   iv. Clear arrangements for disclosing potential conflicts of interest and recording them; and

   v. Clear procedures for the handling of complaints about the CHC, its staff, or individual members.

8. It is the particular responsibility of the Chief Officer and the Chairman of the CHC to ensure that such systems are put in place and business conducted accordingly. However, all members have a responsibility to contribute to the development of such procedures and to respect them when they are in place. Once nominated or elected to the CHC they should abide by those procedures, actions or decisions that are agreed by the CHC corporately even if this conflicts with their personal view.

PERSONAL CONDUCT

9. CHC members should conduct themselves in a manner, which maintains the integrity of the CHC and its standing in the community, the NHS and other

bodies with which they communicate. Members are expected to conduct themselves with courtesy and consideration for others, whilst retaining the ability to be constructively critical where this is appropriate. Members should normally only act as a representative of the CHC, whether in a public forum or in private or informal discussion, with the prior knowledge and approval of the CHC Chairman and/or Chief Officer. Members should not use their CHC status to gain media or other attention to further their personal, organisational, commercial or party political interests. The CHC (Access to Information) Act 1988 which has been amended by the NHS (Wales) Act 2006 should be observed. Members should also familiarise themselves with the provisions of the Data Protection Act 1998 and the Freedom of Information Act 2000.

RELATIONSHIPS IN PUBLIC LIFE

10. CHC members will come into contact with members of the public in their daily lives and should of course take the opportunity to publicise the work of the CHC. However, because of their position on the CHC, members may on occasion be asked for specific advice e.g. on medical matters or potential complaints about the health service. To protect the reputation of the CHC and to ensure that neither the CHC nor the individual member run the risk of legal liability for giving inaccurate information, CHC members should not personally take on patient's queries or complaints, but refer them to a CHC officer or complaints advocate.

CORPORATE RESPONSIBILITY

11. CHC members have a responsibility to respect and promote the corporate or collective decision of the CHC, even though this may conflict with their personal view. Training on Corporate Governance will be given as part of the induction process for CHC members.

12. CHC members are of course, ultimately free to comment as they wish as individuals. However, if they decide to do so they should make it clear that they are expressing their personal view and not the CHC's view. This applies particularly if the CHC has yet to decide on an issue or has decided in a way with which they personally disagree.

FINANCIAL ACCOUNTABILITY

13. The Chief Officer has responsibility for advising members on financial issues, ensuring compliance with relevant financial procedures and for the overall management of the CHC budget. However, members have a responsibility to consider the financial opportunities and constraints when they agree on the CHCs priorities and activities.

14. Members should obtain authorisation from the Chief Officer before incurring expenses on CHC business and be able to account for them. Unauthorised expenditure may be challenged by health service auditors and in extreme cases can damage public respect for the CHC and can leave the individual member open to legal proceedings.

IMPARTIALITY

15. Members are nominated or elected to the CHC to represent the interests of the whole of the population covered by the CHC. They should actively seek to make contact with minority and disadvantaged groups in order to be able to represent all sections of the community regardless of their own interests or preferences. However, they should always aim to act impartially and not be influenced by personal, social, political, and professional or business relationships, and should declare a potential conflict of interest where they may have one. They should not pursue causes or problems of particular individuals, groups or nominating bodies to the exclusion of their wider responsibilities. Neither should members seek preferential treatment for themselves, their families or friends, nor act in a way that could give the impression that they are doing so.

DECLARATION OF INTERESTS

16. It is important that potential members consider whether there is or will be the possibility of a relevant and material conflict of interest arising if they join the CHC, e.g. a position of authority in a voluntary or other body which may be providing services under contract to the health service, or other pecuniary interest. The criterion to be considered is: would others consider that a direct or indirect interest exists. If this is a possibility they should discuss the issue with the body through whom their membership will be arranged and if necessary seek advice from the Chief Officer of the relevant CHC prior to joining.

17. If a new member has a conflict of interest, or the possibility of one exists or becomes apparent during the term of office this should be declared and recorded immediately it is identified. The onus to declare an interest lies with the member. Members could be challenged for not disclosing an interest if one came to light. Each CHC should hold a register for this purpose, open to public inspection on request. If a conflict or interest arises during the course of CHC business, the member should declare the interest immediately. The CHC will then need to consider in each individual case, in light of the degree of conflict, if it is appropriate or not for the individual member to take part in the relevant parts of the discussion. Members having any concerns about actual or potential conflicts of interest should discuss them with the CHC Chairman, advised by the Chief Officer.

CONFIDENTIALITY

18. An essential part of the CHC's monitoring role involves determination of health service users' satisfaction with the quality of care and treatment received. However for the execution of this function members do not require information about individual patient's identity, illness, condition, or nature of treatment and should not seek it. If patients willingly disclose such information in the course of discussions, members should receive this in the strictest confidence.

19. Under the NHS (Wales) Act 2006, the CHC has certain responsibilities with which members should comply. The principles underlying the Act is that

meetings of CHCs, joint committees and committees should, in general, be open to the public including the press. Equally, CHCs should abide by the "Code of Practice on Openness in the NHS", which sets out the principles for responding to requests for information and those circumstances in which it may be withheld. CHCs should also abide by the provisions of the Data Protection Act.

20. CHCs may from time to time receive information that is not covered by the NHS Code of Openness (e.g. preliminary working documents from health service bodies produced at the stage of formulating policy, prior to formal consultation and decision making). CHCs should have an agreed procedure with any health bodies, which might make information available in confidence. If the CHC has agreed to receive such information in confidence members should respect this confidence and not disclose the information to unauthorised persons or bodies without consent of the body, which provides the information. In certain circumstances, however, the duty to maintain confidence could be overridden, for example by statutory requirement, common law or where the public interest favours disclosure. In cases of doubt CHCs should seek legal advice as to the confidentiality of the information. Members should not report information of a confidential nature to their appointing bodies.

21. Any member, who disagrees with a proposal being presented to the CHC in confidence by a health body, should raise this with the CHC including the Chairman and Chief Officer of the CHC, who may agree to take up the issue with the relevant health body. The CHC should have an agreed procedure with the health body for dealing with such situations and members should comply with it.

CASUAL GIFTS AND HOSPITALITY

22. Members should be very careful about accepting any offer of a gift or hospitality made to them because of their CHC membership. Articles of low intrinsic value, such as diaries or calendars, modest and reasonable hospitality, (e.g. a working lunch) or small tokens of gratitude may be accepted, but anything of greater value or significance should be politely but firmly declined. If in any doubt members should consult their Chief Officer prior to accepting any gift. The CHC should consider establishing a hospitality register.

EQUAL OPPORTUNITIES

23. Members' behaviour should accord with the spirit and the detail of the CHC's statement of equal opportunities policy. In particular, the Chairman and Chief Officer should make it clear that racist, sexist, homophobic and other discriminatory remarks and behaviour will not be tolerated. The CHCs agenda and work programme should reflect its equal opportunities policy.

DEALING WITH THE MEDIA

24. Every CHC should have written guidelines for dealing with the media, e.g. some CHCs prefer direct comments to the media to come from either the CHC Chairman or the Chief Officer. Members should be familiar with and abide by their CHCs policy and procedures for handling enquiries from the press.

25. When speaking as a CHC member, whether to the press, in a public forum or in a private or informal discussion, members should ensure that they reflect the current policies or view of the CHC. They should do so only with the prior knowledge and approval of the CHC Chairman and/or Chief Officer but when this is not practicable they should report their action to the Chairman or Chief Officer as soon as possible.

26. Members should make sure that the comments are well considered, sensible, well informed, in good faith, in the public interest and without malice, and that they enhance the reputation and status of the CHC.

STAFF AND MEMBER DISAGREEMENTS

27. Disputes between CHC staff and members, which cannot be resolved informally, should be dealt with under the CHC complaints procedure.

INVESTIGATION OF COMPLAINTS AGAINST CHC MEMBERS

28. Any complaint against a CHC member, including failure to abide by the code, should initially be investigated in accordance with the CHCs complaints procedures.

TERMINATION OF MEMBERSHIP

29. Termination of membership which can be brought about in the following ways;

    i) through resignation

    ii) failure to attend a meeting or committee of the Council for 3 months (unless the absence was due to reasonable cause)

    iii) if the Minister for Health & Social Services (having consulted the Council and, where appropriate, the relevant appointing body) is of the opinion that it is not in the interest of the health service for the person to continue as a member

    iv) if the member is no longer eligible to continue because they fall within one of the disqualification criteria set out in the Regulations.

30. Termination of membership under points ii and iii above are extreme measures which will be taken rarely. The Welsh Government will expect CHCs to resolve membership matters locally as far as possible before steps are taken to refer matters to the Welsh Government.