Appointment of Independent Members of Board of Community Health Councils in Wales through the Public Appointments Process

Information for Candidates

2015
Diversity Statement

The Welsh Government believes that public bodies should have board members who reflect Welsh society - people from all walks of life - to help them understand people's needs and make better decisions. This is why the Welsh Government is encouraging a wide and diverse range of individuals to apply for appointments to public bodies. Applications are particularly welcome from all under-represented groups including women, people under 30 years of age, members of ethnic minorities, disabled people, lesbian, gay, bisexual and trans people.

Positive about Disability

The Welsh Government operates a Positive about Disabled People scheme and welcome applications from people with disabilities. The scheme guarantees an interview to disabled people if they meet the minimum criteria for the post. The application form also enables you to detail any specific needs or equipment that you may need if invited to attend an interview.
Background

The Welsh Government is seeking to appoint an Independent Member to the Board of Community Health Councils (CHCs) in Wales.

What does the Board of Community Health Councils do?

1. The Board of Community Health Councils in Wales is responsible for:
   - advising and assisting individual CHCs on their performance
   - representing the collective views and interest of CHCs to the Welsh Ministers
   - setting standards for CHCs as deemed appropriate by the Board. For example in; complaints advocacy, scrutiny of the operation of the health service, the process of engagement.
   - monitoring the performance of CHCs to ensure consistent standards across all CHCs
   - monitoring the conduct of CHC members and officers
   - operating a complaints procedure
   - ensuring a cohesive and national approach to CHC delivery across Wales by enabling CHCs work in a planned and co-ordinated way.

2. Community Health Councils (CHCs), supported by the Board of Community Health Councils, represent the independent voice of patients and the public who use the health service in Wales. All people are likely to experience the health service in their lives, to varying degrees and in different ways.

3. CHCs play an important role in influencing the way that health services are planned and delivered, to ensure the best possible health and wellbeing outcomes for all people in Wales, now and in the future.

4. CHCs strive to represent all people in Wales; we welcome applications from people from a range of backgrounds, experiences and interests.

5. There are currently seven Community Health Councils. These are listed in Annex 1 together with a description of the areas that they cover. Each CHC is made up of a number of local committees which correspond to the number of local authorities in the CHC area. Each local committee can have up to 12 members.

6. The Board of CHCs works at a national strategic level, advising and assisting all Community Health Councils in Wales.
What do Community Health Councils do?

7. CHCs are the independent voice of the people who use health services. CHCs:

- are concerned with all aspects of the health service.
- help people get the services they need for themselves and those that they care for, by offering information and advice about health and related services in the local area.
- listen to what individuals and the community have to say about the health services with regard to quality, quantity, access to and appropriateness of the services provided for them.
- act as the public voice in letting managers of health services know what people want and how things can be improved.
- must have good communication links with providers of local health services about changes in health services within their area.
- consult the public directly on some issues to make sure that they are properly reflecting public views to the local health service providers or the Welsh Government.
- assist, advise and support people who wish to make complaints about NHS services. The help and advice is completely free, independent and confidential.
- try to make sure that people in their area get good services from the NHS and its contracts and they try to act as the “honest broker”.

Role description

8. The role of independent members as described in a factsheet from the Institute of Directors, is to provide “a creative contribution to the Board by providing objective criticism”. They should bring “independent judgement to bear on issues of strategy, performance and resources including … standards of conduct.” They will focus on Board matters and not stray into matters of day to day running.
Independent members will:

- Be required to play a full and active role in the governance of the Board and are expected to bring an independent judgement on issues of performance, forward planning and accountability;

- Contribute to the work of the Board based upon their independence, their past experience and knowledge, and their ability to stand back from the day to day operational management;

- Contribute and accept corporate decisions to ensure a joined up, robust and transparent decision making process by the Board;

- Be expected, in time, to understand the work of the CHCs to enable the effective performance of the Board;

- Work closely with other public and voluntary organisations and make sure that the views of patients, carers and families are fully involved in helping to shape, develop and improve services.

- Be available to prepare for and attend meetings.

- Be expected to abide by a Code of Conduct for CHC members. The Code covers issues such as the values of CHCs, personal conduct, confidentiality and equal opportunities. It applies to the Independent Members of the Board of CHCs. A copy is at Annex 2.

**Person specification**

9. Independent Members will demonstrate the following qualities:

**Knowledge & Experience**

- Ability to provide objective criticism to the Board whilst maintaining independent judgement on issues of performance, forward planning and accountability;

- Ability to assimilate, assess and analyse complex information and contribute to sound decision making;

- Ability to work with the CHC Chief Executive, Chair and other board members to ensure the Board leads the CHCs effectively. Where necessary you will demonstrate skills that will enable you to hold the Chief Executives to account for performance whilst maintaining a constructive relationship;

- Ability to contribute to the ‘Governance’ of the Board, ensuring it is open and honest in its work by contributing fully in the decision making process.
Personal Attributes & Skills

- Leadership and self-awareness, ability to gain respect and attention.
- Integrity, high ethical standards, sound judgement and a willingness to challenge.
- To demonstrate a citizen focus approach, to champion the Board, through working closely with other public and voluntary organisations.
- To make sure the views of the patients, carers and families are fully involved in helping to shape, develop and improve services.
- Good interpersonal, listening and communication skills and the ability to engage with members and employees within the Board;
- Skills and ability to work as part of a team and in partnership with other key organisations;
- An understanding of how conflict occurs and how to deal with it effectively and sensitively;
- Ability to identify potential problems and deal with risk;
- Willingness to embrace change and innovation and a keenness to gain new knowledge and skills.

10. Candidates must also demonstrate:

- A clear understanding and commitment to equality issues and challenging discriminatory practices.
- A clear understanding and commitment to Nolan’s ‘Seven Principles of Public Life’ at Annex 3.

11. Welsh language skills are desirable. However all candidates will be expected to display an empathy towards the language and demonstrate leadership to strengthen bilingual service provision within the NHS in Wales.

12. Candidates shortlisted for interview will be required to expand on how they meet the criteria above using examples and evidence.

Term of Appointment

13. Appointment will be made by the Minister for Health and Social Services on the recommendation of the panel.
Duration of Appointment

14. The appointment of the independent members will be for a maximum period of four (4) years.

Eligibility

15. Some people are not eligible to apply to be on the Board of CHCs. These include:

- People who have been convicted of an offence in the past 5 years and served a prison sentence (suspended or not) of 3 months or more.
- Un-discharged bankrupts.
- People who have been dismissed from paid employment with the health service (apart from being made redundant) or have been terminated from a public appointment within the health service.
- Chairs, members, directors or employees of the health service.
- General Medical Practitioners or General Dental Practitioners or their employees.
- People who are candidates for, or are serving Members of, the National Assembly for Wales, the UK House of Commons and/or the European Parliament.

16. Current CHC members would not be able to remain a CHC member if they are appointed as independent members of the Board of CHCs.

17. Applicants should be people who conduct themselves at all times in a manner which will maintain public confidence. In particular applicants are required to declare whether they are aware of anything in their private or professional life that would be an embarrassment to themselves or to the Welsh Government if it became known in the event of appointment.

18. Successful candidates will be subject to a Disclosure and Barring Service (DBS) check (formerly knows as CRB check) on appointment.

Time Commitment

19. The post of independent member is based on a notional commitment of up to 4 days per month but this may be subject to organisational demands.
Will I be paid?

20. The post of independent member is not remunerated but once appointed you can claim expenses for travel and other reasonable expenses. Members are entitled to claim:

- Care expenses, e.g. childcare or care for another relative.
- Actual loss of earnings up to £3,000 per annum.
- Out of pocket expenses, such as mileage and public transport costs, these are accordance with the Community Health Council’s policy and procedure on travel.

Assistance for Disabled Members

21. Where appropriate all reasonable adjustments will be made to enable members to effectively carry out their duties.

Selection Process

22. These appointments are regulated by the Commissioner for Public Appointments and made in accordance with the Commissioner’s Code of Practice for Ministerial Appointments to Public Bodies.

23. It is the policy of the Welsh Government to promote and integrate equality of opportunity into all aspects of its business including appointments to public bodies. Applications are welcomed and encouraged from all groups and we ensure that no eligible candidate for public office receives less favourable treatment on the grounds of age, disability, gender, marital status, sexual orientation, gender reassignment, race, colour, nationality, ethnic or national origins, religion or religious affiliation. The principles of fair and open competition will apply and appointments will be made on merit.

Further Information and Queries

24. For further information on the application process and to apply, please visit [www.gov.wales/publicappointments](http://www.gov.wales/publicappointments) or for queries contact the Shared Service Helpdesk on 029 2082 5454 / SharedServiceHelpdesk@wales.gsi.gov.uk.

25. If you would like more information about CHCs please contact the Board of CHCs on: ☎ 02920 235558 or ✉ [enquiries@waleschc.org.uk](mailto:enquiries@waleschc.org.uk) or visit their website on [http://www.wales.nhs.uk/sitesplus/899/home](http://www.wales.nhs.uk/sitesplus/899/home). The
closing date for receipt of applications is 13 January 2016. Any applications received after this date will not be considered.

Application process

26. Applications should be made via the Public Appointments website:
   Community Health Council appointments

Application

27. To apply for this role, click on the vacancy and click on ‘Apply’ at the bottom left hand corner. The first time you apply for a post, you will need to complete a registration form for the Welsh Government’s online application system. You will only need to register once, and you will be able to keep yourself updated on the progress of your application, and any other applications you make, via your registered account.

28. Once you’ve registered, you’ll be able to access the application form. To apply you will need to submit two supporting documents. The first, a document outlining how your knowledge, skills and experiences meet the criteria for the role as outlined in the information for candidates. This document should be no more than 2 sides of A4. Your application may be rejected if you exceed this limit. The second document is a full, up to date CV. The two documents should be uploaded to the ‘Reasons for applying’ section of the online application form.

29. In your application, you will also be asked to provide details of any activities which have helped you to develop skills that would be useful in a public appointment role, and list the organisations for which you undertook these activities. We also need to know about any political activity that you’ve undertaken over the last 5 years.

30. It is recommended that you register for an account and access the application form as soon as possible so that you see how the application form is structured, before starting to prepare your evidence. You don’t have to complete the application form all in one go. You can save your responses, and log in and out as required, until you’re ready to submit – just follow the guidance in the application form.

31. If you need any further assistance in applying for this role, please contact the Welsh Government’s Corporate Shared Service Centre Helpdesk on 029 2082 5454 or SharedServiceHelpdesk@wales.gsi.gov.uk

32. For further information about Public Appointments in Wales, please visit www.gov.wales/publicappointments
Interviews

33. Successful applicants are likely to be called to interview on 23 February 2016.

Please note: Applicants will not be entitled to claim ‘out of pocket’ costs to attend interviews.
### Annex 1: Community Health Councils and their local committees

<table>
<thead>
<tr>
<th>Name of Community Health Council</th>
<th>Local Committees within the CHC</th>
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| 1 Aneurin Bevan Community Health Council | i. Blaenau Gwent  
 ii. Caerphilly  
 iii. Newport  
 iv. Monmouth  
 v. Torfaen |
| 2 Abertawe Bro Morgannwg Community Health Council | i. Bridgend  
 ii. Neath Port Talbot  
 iii. Swansea |
| 3 Betsi Cadwaladr Community Health Council (known locally as North Wales Community Health Council) | i. Anglesey  
 ii. Denbighshire  
 iii. Conwy  
 iv. Flintshire  
 v. Gwynedd  
 vi. Wrexham |
| 4 Cardiff and Vale of Glamorgan Community Health Council | i. Cardiff  
 ii. Vale of Glamorgan |
| 5 Cwm Taf Community Health Council | i. Merthyr  
 ii. Rhondda Cynon Taf |
| 6 Hywel Dda Community Health Council | i. Carmarthenshire  
 ii. Ceredigion  
 iii. Pembrokeshire |
| 7 Powys Community Health Council | the district of Radnorshire, Brecknock and Montgomeryshire which forms part of the Principal Local Government Area of Powys, including the communities of Llanrhaeadr-y-mochnant, Llansilin and Llangedwyn. |
Annex 2: 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 as well as the Chair and Independent members of the Board 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 CHCs 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. Welsh Ministers may indemnify a Council or the CHC Board against any reasonable legal costs and expenses reasonably incurred in connection with the exercise of its functions. The Welsh Ministers will set out the terms of the indemnity from time to time.

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 Health (Wales) Act 2003 and the Health and Social Care (Community Health and Standards) Act 2003 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 CHCs 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 CHCs 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 and subsequent regulations, the CHC has certain responsibilities with which members should comply. The principles underlying the Act are 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 and 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.
Annex 3: Nolan’s seven principles of public life

Selflessness: Take decision solely in terms of the public interest. They should not do so in order to gain financial or other material benefit for themselves, their family, or their friends.

Integrity: Not place themselves under any financial or other obligation to outside individuals or organisation that might influence them in their performance of their official duties.

Objectivity: In carrying out public business, including making public appointments, awarding contracts or recommending individuals for rewards or benefits should make choices on merit.

Accountability: Are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness: Should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty: Have a duty to declare any private interest relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership: Should promote and support these principles by leadership and example.