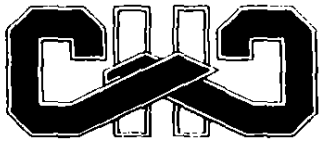
Association of Community Health Councils for England and Wales
&
The Health Quality Service

Performance Evaluation Standards Framework for Community Health Councils



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Preface

In the 25 years since CHCs were established, there has been little central guidance on how best they can carry out their functions.

A significant amount of work has been done, however, by individual CHCs and Regional Associations on developing performance evaluation frameworks. This document draws on that excellent work.

This performance evaluation framework is intended to be a working document. Each CHC should adapt it to suit their particular circumstances. Different parts of the document will be relevant to different CHCs.

What it is intended to do is provide a tool to assist CHCs in evaluating their own work, and developing action plans to take their work forward.

This is the first comprehensive national framework to be developed. We hope that as many CHCs as possible will use it in reviewing their own work. Once the document has been in circulation and use for a year, we will ask for feedback from CHCs. We will then make changes to the document to reflect both practical experience and further changes to the NHS.

The current document has built upon publications produced by individual CHCs, a regional association and ACHCEW. The most significant source documents have been :

South & West Association of Community Health Councils:
A Performance Evaluation Framework for Community Health Councils: 1997
ACHCEW: **Performance standards for CHCs: January 1994**
ACHCEW: **Annual Report 1996/97**
Herefordshire CHC: **Core *Functions* and Performance Standards/Targets 1997/98**
HQS: **Accreditation UK standards for Corporate Management and Management of Resources: June 1997**

Our thanks go to the authors and organisations for making their work so readily available to the working group, and to the Health Quality Service, in drawing up this report.

Donna Covey
Director
Association of Community Health Councils for England and Wales
March 1999

Acknowledgements

The performance evaluation standards framework was developed through a series of meetings of a working party set up by ACHCEW. The contribution of the group members was vital to the development of this document and associated process.

Working Group members:

Cath Arnold	Chief Officer, Manchester North CHC
Eleanor Beardsley	Training and Development Officer, Association of West Midlands CHCs
Susan Bright	Chief Officer, Bromsgrove & Redditch CHC
Sue Clarke	Chief Officer, Herefordshire CHC
Ann Covell	Chief Officer, Torbay & District CHC
Julie Cox	Former Training and Development Officer, North Thames Regional Group of CHCs
Toby Harris	Fomer Director, ACHCEW
Christopher Hayes	Former CHC Co-ordinating Officer, Anglia & Oxford Regional Association of CHCs
Denise Holden	Chief Officer, East Dorset CHC
Ann Raschke	Former CHC Member, Association of West Midlands CHCs
Anthony Richards	Chief Officer, St Helens & Knowlsey CHC
Pat Thomas	Chief Officer, Milton Keynes CHC
Christine Wheeler	Chief Officer, Great Yarmouth & Waveney CHC
Andrea Groom	Training and Development Manager, HQS

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The report was written by Helen Crisp, the Standards Development Co-ordinator at the Health Quality Service, to whom special thanks must go for an excellent piece of work.

Introduction

Background
Along with other publicly funded organisations, CHCs need to demonstrate to the public, to local NHS organisations and, nationally, to the NHS Executive that they are fulfilling their function effectively and offering a value for money service to their community. A performance evaluation framework is one tool which can be used to objectively demonstrate this.

Equally, the increasing importance placed by the NHS on gaining the views of service users, their carers and the general public in order to plan and develop health services, is both an opportunity and a potential threat to Community Health Councils. Bringing the central role of the CHC up the agenda is an opportunity for the CHC to play a key part in facilitating this process and providing the necessary public forum. On the other hand, the potential threat is that if CHCs are not perceived to be effective in this role, NHS organisations will circumvent them and use other organisations and mechanisms to gain views from the public, thus sidelining the CHC. Participation in a performance evaluation scheme is one way in which the CHC can critically assess its performance and mechanisms, demonstrate its successes and highlight areas for improvement, so that the organisation is ready to take on the new opportunities.

This document attempts to provide an assessment tool in such a way that the standard statements do not prescribe what the work programme of the CHC should be or how it should carry it out,. Instead, it seeks to provide a flexible and applicable framework which can respond to local differences yet still be measurable and provide an evaluation assessment.

The Performance Evaluation Framework
The performance evaluation framework is intended to be a developmental tool, for local CHCs to use as best suits their organisation.

The aim of this framework document is to describe the functions of a CHC in the form of performance standards against which CHCs will be able to assess their compliance. The standards are built around the key activities of your CHC, (though there will be local variations, most CHCs will be undertaking the majority of these key activities). The process is designed to enable CHCs to assess their own organisation critically against a nationally recognised framework of organisational standards and so highlight good practice whilst setting an agenda for service development.

The standard statements within the framework have been developed by a working party of CHC chief officers, regional training officers and CHC members. It is intended that they should be used to generate discussion and debate. They should be used as a catalyst to start questioning what the service does, why it does it and whether it could be done better.

Implementing the Standards Framework

The benefits of the evaluation process are many and include recognition of existing good practice, facilitation of action towards service improvement and better communications.

It is recommended that the framework becomes the focus for a system of internal audit and review together with an element of external audit against the standards. The Health Quality Service, who have worked with ACHCEW and representatives from CHCs around the country to develop the standards framework, have based the model in part on the successful peer review system for the audit of accreditation standards for hospitals and community health service providers.

Once the CHC has decided to work with the performance evaluation framework, working through the following stages will help the organisation to gain maximum benefit from working with the programme:

First of all, establish an evaluation plan, involve staff and members in this and agree the timescale for undertaking performance evaluation. Decide whether the CHC is undertaking a totally self-assessed approach, or whether the performance evaluation will be carried out through a peer review process.

Carry out an internal baseline audit. This means working out where your CHC is relative to each of the standard statements and the start of the project.

Develop an action plan in response to the baseline assessment. Decide which of the standard statements are not applicable to your CHC. Agree which are in place and need monitoring and which standard statements appropriate to the organisation are not currently met and require action to be achieved

Performance evaluation assessment carried out. Whether internal or external review is carried out, a report should be produced from the assessment which highlights good practice and which will form the basis of further action plans for service development.

The focus of your discussions around the standards framework need not be on the detailed wording of the standard statements, it is more important to think about the spirit behind the statements and whether it is appropriate to implement each one for your particular CHC. The standards statements are not intended to point to prescriptive systems or processes but are open to local interpretation and many different ways of implementation.

Rating of the standards statements

Each standard statement has been allocated a priority rating, the purpose of which is to identify those statements relating to the way in which the CHC is organised and carries out its statutory duties. The statements are rated as either essential, practice or desirable practice . The definitions of these categories are as follows:

- **E Essential Practice**

Relates to:

(i) legal and/or professional requirements, particularly the Statutory Instrument governing CHCs

(ii) potential risks to users or staff or members

- **D Desirable Practice**

Relates to accepted good practice around the ways in which work is organised and carried out. Some of the standard statements rated as "Desirable" may not form part of your CHC's work if they relate to an activity in which the CHC is not involved.

Successful introduction of the performance evaluation framework

In order for the CHC's work with the performance evaluation framework to be most useful to the organisation, it is important that staff and members have a level of commitment to the process. There may be resistance if it is seen as an add-on to the existing work, rather than an integral part of the systems to successfully implement the CHC's work programme. There may be concern that time spent on the process is time away from CHC core work. However, nothing could be further from the truth. The benefits of implementing the framework include:

- Demonstrating to staff, members, the public and other organisations that the CHC takes the quality of its work seriously and is committed to monitoring it, improving it and maintaining standards.

- Taking an objective measure of the organisation's work to show where it is implementing good practice

- The process stimulates ideas for service developments by looking at all aspects of the CHCs work.

- Self-assessment against the standards by different staff and members of the organisation illustrate where communication and information flows are working, and where they can be improved.

- Application of the standards will ensure that organisational policies and procedures are regularly reviewed and up-to-date.

SELF ASSESSMENT

Using the standards statements for Self-Assessment
The framework is designed to make this easy. '*Yes*' or '*No*' should be ticked against each standard statement. It is worth bearing in mind that:

* The '*No*' box should be ticked if the standard is some way from being met. The comments column should be used to explain this further.
* '*No*' should also be ticked when some significant work is already in place but the standard is not fully in place. Again, the comments column should be used to explain this further.
* '*Yes*' should be ticked when a standard is fully met and the comments column used to explain what is in place.
* Some standards may not apply to the kind of service provided. Before marking a standard as not applicable, thought should be given as to whether it might have some relevance.
* Consideration should be given to the intention behind each standard. It is not the precise wording that is important. Rather, it is whether the aim of the criterion is being achieved.

Action Planning
Once the CHC has completed its self-assessment, an action plan should be developed to ensure development of services in the areas where the standards are not currently achieved.

To draw up an action plan, each standard marked *'No'* should be highlighted and a decision taken about what needs to be done.

Statements marked *'No'* will tend to fall into one of several categories. Those where:

* The standard is not met at the moment but the resources exist to take action.
* The CHC needs to tackle the issue jointly with local NHS organisations. Such issues should be discussed with NHS services and a way forward should be agreed.
* There are resource implications that cannot be met by the CHC.
* It is not appropriate to meet them.

For those standards which the CHC decides service developments need to be put in place, you should work out:

- How compliance will be achieved.
- Who is responsible for taking which actions.
- The timescale for completing action.

PEER REVIEW

Performance Evaluation through Peer Review

It is suggested that the performance evaluation framework will be used most successfully when the assessment is undertaken through a process of peer review. A scheduled visit by an external team sets a real time deadline for the completion of actions and gives the project a sense of immediacy and priority. An external team brings a fresh viewpoint and it is essential that the peer review training process guides this to being an objective view.

Peer review means that the CHC's performance against the standards statements would be undertaken by a small team made up of those working within CHCs. It is suggested that this would typically be the chief officer and member, possibly the chair, of other CHCs. Peer review is not undertaken as a management exercise but by people working at the same level in similar organisations, who understand the field and the particular challenges of working in a CHC.

In order for a peer review system to be set up some central or regional administration would need to be in place to select and train staff and members from CHCs to act as assessors and to liase with organisations in the scheme and assist with the scheduling of peer review assessments.

Planning for the evaluation visit

Where the assessment is to be undertaken by an external team it is important to plan the visit so that all aspects of the CHC's work are explored and the appropriate people are available to supply information. It is recommended that at least a day should be set aside for the assessment. It is usually helpful for the peer review team to be sent some documentation from the CHC in advance, the annual report and current year's work plan are suggested as a minimum. All the organisation's other supporting documentation such as monitoring reports, project reports, minutes of meetings, responses to health service developments and CHC policies and procedures should be readily available. The peer reviewers should have an interview slot with each member of staff and with key CHC members. The focus of these interviews is to assess against the criteria in the context of the organisation's work and local circumstances.

Demonstrating evidence of attainments against the standards framework

In order to ensure that attainments are recognised through the assessment process, staff need to prepare evidence to demonstrate this, which can be in a number of ways:

Having key documents easily accessible and ensuring that they are up to date.

Using interviews to describe systems, service provision and talking through how these work.

Having supporting material readily to hand such as training records, database systems, and being able to 'audit trail' a particular process, such as the handling of complaints for example.

The existence of action plans, project briefs or summaries and draft service plans can be used to demonstrate progress made to date in achieving compliance, as can a verbal account of any proposed development initiatives.

Evaluation Reports

The results of the evaluation assessment, whether carried out internally or by an external peer review team need to be used to generate a report to stimulate further service development and action. Whoever carries out the assessment should keep detailed notes of their findings in relation to the standards statements and these notes need to be pulled together into a report, to include an executive summary, highlighting themes that emerged from the evaluation, commendations for good practice, findings relating to those standards where the CHC is not achieving compliance and recommendations and suggestions for further service developments.

The Standards Framework

The role of the Community Health Council is to represent the interests of the local community to NHS managers, policy makers and clinicians. CHCs do this by undertaking a range of activities, based on local circumstances:

Not all of these activities will be given equal weight by CHCs. Each CHC will give these activities a different priority according to local needs.

1 **Consultation**
To contribute to decision making about the planning, development and delivery of local, regional and national services through responses to proposals and by making recommendations for improvements.

2 **Representing the public interest in communications and relationships with NHS organisations locally**
To liase with NHS organisations on the development of services and to share information about issues of local concern and local needs.

3 **Reviewing NHS Services**
To monitor the provision and quality of local health services on behalf of local communities and make recommendations as a result of monitoring activities.

4 **Empowering the Community**
Actively involving communities in local NHS issues and concerns about NHS services nation-wide
Supporting and advising local communities, groups and individuals in expressing their views and acting as link between the public and the health service.
Informing the local community about the remit of the CHC and its activities.
Adopting a code of openness to comply with the Access to Information Act (CHCs) 1988.

5 **Feedback from Users of NHS Services**
To advise on the recognised NHS complaints procedures and to support, as appropriate, people seeking to complain about NHS services.

6 **Facilitating the provision of health service related information**
To work with other agencies to promote the provision of accessible sources of information on local health services and on health related matters to the public. This may be facilitated through direct provision of information or through liaison with other appropriate organisations.

7 **Management Arrangements**
Annual review and priority setting, taking account of issues raised by local people.
Publication of an annual report on activities undertaken by the CHC.

Enabling members to fulfil their role effectively.
Management of resources to ensure that services effectively run.
Accessibility of the CHC to the public.

In addition to these core activities CHCs relate to a number of external bodies for management, co-ordination and support purposes:

8. External Management Relationships

The CHC is supported in its role through external management relationships with the Health Authority and the NHSE Regional Office. There is also liaison with and support from the Regional

Associations of CHCs and from ACHCEW, for those CHCs which belong to the Association.

		YES	NO	Action Taken/Comments
1	***Consultation***			
	The CHC contributes to decision making about the planning, development and delivery of best practice in local, regional and national services through responses to proposals and by making recommendations for improvements.			
1.1 (D)	The CHC contributes to the preparation of health related formal consultation documents at the formative stages.	☐	☐	
	Guidance *The information and ides are based on research and local perceptions*			
1.2 (E)	The CHC formally responds to local NHS and health related consultative documents.	☐	☐	
	Guidance *CHCs should consider all health related plans and proposals in respect of:* • *Appropriateness of services for local communities* • *the possible effect on existing health services* • *access for people from minority ethnic communities* • *access for other disadvantaged or under represented groups* • *issues relating to clinical effectiveness and safety.*			

		YES	NO	Action Taken/Comments
	Evidence that the CHC has contributed to strategic planning includes, for example, documented responses to proposals and minutes of meetings which CHC representatives have attended.			
1.3 (D)	The CHC responds to national documents where appropriate, either directly, or through contribution to the regional or national response from CHCs.	☐	☐	
1.4 (E)	The CHC contributes to health planning and/or development groups by sending representatives to attend meetings in accordance with the local priorities determined by the CHC.	☐	☐	
	Guidance *These groups may be run by the health authority, trusts, primary care groups and other local initiatives for joint working.* *The CHC should target those committees where it can be most effective and which fit into CHC priorities.*			
1.5 (D)	The CHC involves itself in local and regional initiatives on national policy and developments.	☐	☐	
	Guidance *This may be, for example, through regional associations/councils, ACHCEW the regional office or the NHSE*			

	YES	NO	Action Taken/Comments
2. Representing the public interest in communications and relationships with NHS, and other health related organisations locally.			
The CHC has networks and constructive working relationships which enable it to inform NHS management of issues of local concern.			
2.1 (D) Local NHS organisations are informed of CHC meetings.	☐	☐	
2.2 (E) The CHC seeks to establish regular communication links between the CHC and local NHS organisations.	☐	☐	
Guidance *In addition to a statutory annual meeting with the health authority this may include , for example, meetings with trusts, LMC, primary care groups, joint social services/health service meetings.*			
2.3 (D) In addition to formal meetings, informal links are established with NHS organisations, which involve the Chief Officer, Chair staff and members.	☐	☐	
Guidance *Consideration is given to which are the most appropriate representatives for which meetings.*			
2.4 (D) The CHC requests representation on the working groups and committees			

		YES	NO	Action Taken/Comments
	of local NHS organisations. *Guidance* *This may include representation on boards, purchasing executives, joint commissioning teams, JCL and planning groups.* *The CHC should appoint representatives to committees who are able to transmit CHC, not personal, views.* *Where the CHC decides not to nominate a representative to a particular committee, it may, for example, request papers and may send comments or attend meetings for particular items.*	☐	☐	
2.5 (D)	The CHC liases and, as appropriate, works with other CHCs. *Guidance* *This may include* - *making arrangements with neighbouring CHCs for liaison with NHS bodies* - *collating input into stages in the commissioning process* - *monitoring provider units* - *jointly producing quality standards, protocols and procedures* - *sharing attendance at HA meetings.* *The CHC should identify other CHCs who may have undertaken similar work before embarking on new projects, using ACHCEW or other information services.*	☐	☐	
2.6 (E)	The CHC has communication and liaison links with appropriate			

	YES	NO	Action Taken/Comments
organisations, both statutory and voluntary, and individuals.	☐	☐	
Guidance *While these links will vary widely from CHC to CHC, they may include, for example:* *Patient/user groups such as NCT, Mind, Parkinson's Disease Society, etc* *Citizen's Advice Bureaux* *Other voluntary organisations* *MPs* *MEPs.*			

		YES	NO	Action Taken/Comments
3	***Reviewing NHS Services***			
	The CHC monitors the provision and quality of local health services on behalf of local communities and makes recommendations as a result of monitoring activities.			
3.1 (E)	The CHC annual plan includes the targeted monitoring to be conducted, based on local need. *Guidance* *The procedure may include liaison with the health service organisations on:* - *the planned programme of visits by the CHC* - *surveys or research planned* - *health service quality assurance and audit programmes* - *areas of particular concern* - *checklists for monitoring the quality specifications taking into account local and national charter standards.*	☐	☐	
3.2 (E)	The CHC monitors targeted aspects of local NHS services, in line with the clinical governance framework.	☐	☐	
3.3 (D)	The monitoring programme takes account of complaints received and concerns raised by the public and voluntary groups.	☐	☐	

		YES	NO	Action Taken/Comments
3.4 (D)	There is joint work on service specifications, quality issues and monitoring procedures, to the fullest extent possible within local circumstances.	☐	☐	
3.5 (E)	The CHC has a monitoring and evaluation protocol agreed with appropriate health service managers. *Guidance* *This may include:* - *guidelines on the conduct of visits* - *to whom the reports should be sent* - *what the CHC expects the provider to do with the report.*	☐	☐	
3.6 (E)	The CHC provides feedback and recommendations as a result of monitoring activities to health service organisations, local people and other appropriate groups.	☐	☐	
3.7 (E)	The CHC follows up recommendations to ascertain if action has resulted from the monitoring and evaluation feedback.	☐	☐	
3.8 (D)	The CHC can demonstrate where service improvements and changes have resulted from monitoring and evaluation results.	☐	☐	
3.9 (D)	The CHC identifies trends in local health services through its monitoring and review activities.	☐	☐	
3.10 (D)	The identified trends are used as the basis for projects to explore the underlying issues.	☐	☐	

		YES	NO	Action Taken/Comments
4.	***Empowering the Community***			
*	**The CHC actively involves local communities in local NHS issues and concerns about NHS services nation-wide.**			
*	**The CHC supports and advises local communities, groups and individuals in expressing their views and acts as link between the public and the health service.**			
*	**The CHC informs the local community about the remit of the CHC and its activities.**			
*	**The CHC adopts a code of openness to comply with the Access to Information Act (CHCs) 1988.**			
Statutory Requirements				
4.1 (E)	All CHC agenda papers and minutes are available to the general public on request.	☐	☐	
4.2 (E)	Notice of CHC meetings is published a minimum of seven working days before the meeting.	☐	☐	
4.3 (E)	All matters are discussed in public in the CHC meeting. Where the press and public are excluded, they are informed of the reason (such as items relating to named individuals)	☐	☐	
4.4 (E)	A register is available of members' names, addresses and appointing body for public inspection.	☐	☐	

		YES	NO	Action Taken/Comments
4.5 (E)	A written summary of the rights of the public and press to attend meetings of the CHC and their rights to inspect or be given copies of CHC papers is available.	☐	☐	
Publicity				
4.6 (E)	There is timely information for the public about CHC meetings. *Guidance* *This may be for example through advertisement in local press, posters, information leaflets.*	☐	☐	
4.7 (E)	Full council meetings are accessible to the public, including people with disabilities. *Guidance* *Consideration should be given to the size of the room, disabled access, timing of meetings and availability of public transport near the building.*	☐	☐	
4.8 (E)	Information on the activity, role and responsibility of the CHC is available and is distributed locally. *Guidance* *Before distribution/display, all written information for the public is considered with regard to:* - *content* - *clarity* - *suitability for target audience* - *cultural appropriateness*	☐	☐	

		YES	NO	Action Taken/Comments
4.9 (D)	There is information about the CHC for those with sensory disabilities. *Guidance this includes, for example:* - *large print* - *Braille* - *audio cassettes.*	☐	☐	
4.10 (E)	Where there are significant ethnic minority populations the CHC ensures that relevant information about rights and using health services is available to people who cannot read or whose first language is not English. *Guidance* *The CHC should explore with minority community groups how this information can best be made available to them (translations, videos, cassettes etc.).*	☐	☐	
4.11 (D)	The CHC has a planned approach to publicising its work. *Guidance* *This may include methods such as:* - *a newsletter* - *regular features in the local press* - *regular contributions to newsletters of local voluntary groups* - *regular contribution to HA and local authority newsletters.* - *exhibition stand at local events.*	☐	☐	

		YES	NO	Action Taken/Comments
	Good Practice Example ***Publication of a local health issues newsletter, which covers the activities of local voluntary groups as well as the CHC.***			
4.12 (D)	The CHC makes it views known to the local media concerning health issues.	☐	☐	
Views from local communities				
4.13 (E)	There are procedures to provide members of the public with the opportunity to speak at Council meetings.	☐	☐	
4.14 (D)	The CHC contributes to the development of local health service organisations' implementation of methods for seeking the views of local people.	☐	☐	
4.15 (D)	The CHC has its own mechanisms for seeking the views of local people on NHS Services	☐	☐	
	Guidance *In undertaking consultation, the CHC should consider how it can be proactive in contacting voluntary groups and existing community networks.*			
4.16 (D)	The CHC seeks links with a wide range of different organisations and minority groups in the community in order to gain a wide spectrum of views.	☐	☐	
4.17 (D)	The CHC has a procedure for the co-option of members onto specific project groups, to ensure appropriate representation from key user			

		YES	NO	Action Taken/Comments
	interests and a reflection of the make-up of the local population. *Guidance these include, for example:* - *minority communities* - *people with mental health problems* - *elderly people* - *people with learning difficulties* - *parents with young children* - *people with disabilities* - *young people*	☐	☐	
4.18 (D)	There is evidence that the views of the public, users and carers are fed back to appropriate organisations.	☐	☐	
4.19 (D)	The CHC can demonstrate that its decisions, views and recommendations have taken into account the opinions and concerns of service users and the general public.	☐	☐	

		YES	NO	Action Taken/Comments
5	***Feedback from users of NHS services***			
	Complaints about NHS services should be dealt with separately from complaints about the CHC and its service, see standard 7 for complaints about the CHC.			
5.1 (E)	Where the CHC plays a role in the complaints procedure, there is a local policy and procedures for dealing with complaints from the public about NHS services, which takes into account compliance with national NHS complaints guidance.	☐	☐	
	Guidance *The procedure includes recording complaints received, conducting, reviewing and concluding the complaints management process.*			
	All complaints about NHS services received by CHC members should be immediately referred to CHC staff.			
5.2 (E)	The procedure includes guidance on confidentiality.	☐	☐	
	Guidance *This includes the security of any computer systems on which information about complaints is kept*			
5.3 (D)	There is a procedure for monitoring the response times to complainants.	☐	☐	

		YES	NO	Action Taken/Comments
	Guidance *This includes both the response time from the CHC and also the response time from NHS organisations.*			
5.4 (D)	The CHC has a system for evaluating complainant's satisfaction.	☐	☐	
	Guidance *This may be, for example, through a random follow up of 10% of complainants who have contacted the CHC.*			
5.5 (D)	CHC members receive regular complaints reports.	☐	☐	
	Guidance *The complaints reports are anonymised and /or statistical in relation to services and organisations, with no details about individual complainants.*			
5.6 (D)	The CHC has a system for analysing and following up trends revealed through complaints, which are then used to inform the CHC monitoring activity and project work.	☐	☐	
5.7 (D)	The CHC seeks to jointly monitor and evaluate complaints activity with the health authority, trusts, primary care groups and other health service organisations.	☐	☐	
	Guidance *This may include regular meetings with the staff responsible for quality in health service organisations to discuss complaints and*			

		YES	NO	Action Taken/Comments
	trends that emerge.			
5.8 (E)	The CHC has access to external advice to support their advice giving to users of NHS services. *Guidance* *This includes access to advice on medical litigation and the NHS complaints process.*	☐	☐	
5.9 (E)	All staff dealing with complaints receive up-to-date and on-going training in NHS complaints procedures. *Guidance* *Training may also include, for example, communication skills, customer care, counselling skills, the Mental Health Act, advocacy skills.*	☐	☐	

		YES	NO	Action Taken/Comments
6	***The CHC facilitates the provision of health service related information***			
	The CHC works with other agencies to promote public access to a range of sources of information on local health services and on health related matters. This may be facilitated through direct provision of information or through liaison with other appropriate organisations.			
6.1 (D)	The CHC has contact details for services and/or maintains and develops information resources on local health services and healthcare issues. *Guidance* *This may be limited to informing the public of other sources of health related information*	☐	☐	
6.2 (E)	The CHC maintains and develops information on local health services and services which provide information on health and health care issues.	☐	☐	
6.3 (D)	The CHC avoids duplication with the information services provided by other agencies and maintains up-to-date awareness of the activities of other agencies. *Guidance*	☐	☐	

		YES	NO	Action Taken/Comments
	This is through discussion with: - *health authorities* - *trusts* - *primary care groups* - *local advice agencies such as CABx* - *National organisations such as NHS Direct and Health Wise*			
6.4 (D)	Where the CHC has a role in directly providing health related information, this may include: - waiting times for local outpatients appointments - waiting times for inpatient admissions - local and national self-help and support groups - health related services run by voluntary and independent sector providers - procedures rights and eligibility to services - sources of other relevant information.	☐	☐	
6.5 (D)	Information requests are recorded and monitored. *Guidance* *This may include for example logging all requests for information, including response times or collating numbers of contacts requiring information.*	☐	☐	
6.6 (D)	All staff dealing with requests for information have training in the information systems used by the CHC.	☐	☐	

7 *Management Arrangements*

The CHC carries out annual review and priority setting. The CHC has systems in place to enable members to fulfil their role effectively. The CHC's chief officer ensures that services are run effectively. The CHC is accessible to the public.

Annual Review of Activities and Priority Setting

7.1 (E)	The CHC holds an annual review of its activities in which all members and staff participate.	☐	☐
7.2 (D)	The annual review includes an assessment of the performance of the CHC against agreed standards.	☐	☐
7.3 (E)	The review process informs the development of the CHC annual plan.	☐	☐
	Guidance *The annual plan includes:* – *the allocation of resources* – *the responsibilities of staff and members* – *flexibility to enable the CHC to respond to issues arising during the work year.*		
7.4 (D)	The annual plan consists of specific, measurable, achievable, realistic, timed objectives.	☐	☐

7.5 (D)	The CHC's annual plan is informed by: – local concerns – Health Authority plans and activity – Primary care groups plans and activity – Trust plans and activity – local authority plans and activity – relevant regional and national issues.	☐	☐
7.6 (D)	The annual plan is circulated to local health related organisations and information services. *Guidance* *Organisations on the circulation list may include:* *local trusts* *primary care groups* *public libraries* *voluntary organisations* *local health authorities.*	☐	☐
7.7 (E)	A copy of the annual plan is made available to others on request.	☐	☐
7.8 (E)	Progress against the objectives in the annual plan is regularly reviewed through the year. *Guidance* *This includes adapting the plan in the light of changing circumstances.*	☐	☐

Members			
7.9 (E)	There is an induction programme for all new members which includes: - the terms of reference for CHC members - information about CHC policies and procedures - key dates for the year - introduction to CHC members and staff - the code of conduct for CHC members (1995) - corporate governance for CHCs	☐	☐
7.10 (D)	CHC members have access to training and development in their roles and in service issues.	☐	☐
7.11 (D)	There is a protocol for members to suggest items for the agenda of council meetings.	☐	☐
7.12 (E)	Members complete a declaration of interests proforma.	☐	☐
Staff			
7.13 (E)	All newly appointed staff complete a local induction programme which covers: – the CHC's values and objectives – the role and responsibilities of the employee – CHC policies and procedures – health and safety – confidentiality.	☐	☐
7.14 (D)	There is an internal appraisal system for staff below chief officer level.	☐	☐
	Guidance		

	The appraisal system helps to identify training and development requirements of staff.		
7.15 (D)	Staff are regularly briefed on the work of their colleagues and other relevant issues to the CHC.	☐	☐
7.16 (E)	Roles of CHC officers and members, responsibilities and lines of accountability are documented.	☐	☐
Annual Report			
7.17 (E)	The CHC publishes an annual report. *Guidance* *The annual report may also include the annual plan for the current year's work.* ***Good Practice Example*** ***Producing the annual report in an innovative style such as a calendar for the year or as a poster.***	☐	☐
7.18 (E)	The annual report is made available to the public on request.	☐	☐
Policies and Procedures			
7.19 (D)	The CHC policies and procedures are: – developed in accordance with statutory requirements – developed with staff and members – dated	☐	☐

	– published with the name of the post/person responsible for drafting and review – centrally indexed and compiled into a policy manual – subject to a systematic review process.		
7.20 (E)	There is a policy and procedure on confidentiality and all staff are aware of the contents.	☐	☐
7.21 (E)	Policies and procedures are developed for complaints from the public about the CHC's services.	☐	☐
7.22 (E)	There is information for the public and staff which details how to complain about the organisation's services.	☐	☐
7.23 (E)	The CHC keeps records of all complaints about its services and these records include action taken.		
7.24 (E)	There is an up-to-date, documented policy on equality of opportunity and antidiscriminatory practices.	☐	☐
7.25 (E)	The equality of opportunity policy is available to: - staff - members - the public.	☐	☐
Information Management and Technology			
7.26 (D)	There is an up-to-date, documented data security policy.	☐	☐
7.27 (E)	All staff working with data systems are aware of the requirements of the Data Protection Act 1984	☐	☐

Financial Resources			
7.28 (E)	There is a financial plan which is written annually, in line with the annual plan for the work of the CHC.	☐	☐
Premises and Access			
7.29 (D)	The CHC premises have facilities for confidential interviews.	☐	☐
7.30 (D)	Provision is made for: - wheelchair access inside and outside the CHC premises - users, visitors or staff with sensory or physical impairments.	☐	☐
7.31 (E)	Where there is no access for wheelchair users arrangements should be made to interview elsewhere.	☐	☐
7.32 (D)	The CHC should ensure that sign posting to the office is clear for the public: - from the street - within the building.	☐	☐
7.33 (E)	First aid arrangements are in place and are in accordance with current legislation.	☐	☐
7.34 (D)	There is a procedure to ensure that all staff are aware of the fire certificate. *Guidance:* *This may, for example, be through a procedure by which staff sign to say that they have seen the fire certificate.*	☐	☐

7.35 (E)	Fire-fighting equipment is: - provided - appropriate to the type of fire most likely to occur in the area in which it is located - clearly marked - inspected annually.	☐	☐
7.36 (E)	Fire exit signs are clearly marked.	☐	☐
7.37 (E)	The CHC demonstrates compliance with the health authority's, or service level agreement holder's health and safety policy.	☐	☐
7.38 (E)	Arrangements are in place to safeguard the personal security of staff as they carry out their duties. *Guidance* – *This may include:* – *an entryphone system for the CHC offices* – *panic buttons attached to an internal alarm system* – *coded locks on parts of the office not open to the public* – *procedures to be followed when visiting members of the public in their own home.*	☐	☐

		YES	NO	Action Taken/Comments
8	***External Management Relationships***			
	In addition to the core activities CHCs relate to a number of external bodies for management, co-ordination and support purposes:			
	The CHC is supported in its role through external management relationships with the Health Authority and the NHSE Regional Office and liaison with and support from the Regional Association of CHCs and liaison with ACHCEW for those CHCs which are members.			
Staff				
8.1 (D)	The employing authority's documented human resources policies and procedures are used for all CHC personnel practice.	☐	☐	
	Guidance *These include a documented procedure for the recruitment and selection of staff*			
8.2 (E)	Recruitment procedures adhere to the equality of opportunities policy	☐	☐	
8.3 (D)	Job descriptions are: - issued for all posts - reviewed when the job is readvertised.	☐	☐	
8.4 (E)	All personnel records are maintained in a confidential manner.	☐	☐	

8.5 (D)	Appropriate training to meet identified needs is available to staff.	☐	☐
8.6 (D)	There are clear channels of communication open to staff in the event of grievances, disputes or complaints.	☐	☐