

However for the normal execution of their functions members do not require information about individual patient's illness, condition, or nature of treatment and should not seek it. If patients willingly disclose such information in the course of discussions with members, members should receive this in the strictest confidence. They should not thereafter, in the absence of clear legal advice to the contrary, use this information without the express permission of the patient.

14. Under the CHC (Access to Information) Act 1988, the CHC has certain responsibilities with which members should comply. The principle underlying the Act is that meetings of CHCs, joint committees and committees should, in general, be open to the public including the press. Equally, all NHS bodies must 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.

15. However, CHCs may from time to time receive information that is not covered by the NHS Code of Openness (eg, preliminary working documents from health service bodies produced at the stage of formulating policy, prior to formal consultation and decision making). Normally if CHCs 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 provided 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 information.

DISAGREEMENTS:

16. Any member who disagrees with a proposal discussed with the CHC or any of its representatives in confidence by a health body should raise this with 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 must comply with it.

CASUAL GIFTS AND HOSPITALITY:

17. While casual gifts may not be connected in any way with the performance of duties, members should nevertheless 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 (eg 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.

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 voluntary members who give their time without pay. They monitor the functions of the health service in their areas with the aim of ensuring that the health needs of the whole community are identified and met.

2. The Councils' 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, research and knowledge of the views and opinions of patients and the local community.

3. It is important, therefore, that prior to proposing, nominating or supporting any potential CHC member, the appointing body (Local Authority, Voluntary Organisation, the RHA/Regional Office or Welsh Office) makes this document available to them, along with broader information about the expectations and responsibilities of CHC membership. Once elected or appointed CHC members should act in accordance with this code.

CONDUCT:

4. 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 critical where this is appropriate. When acting as a representative of the CHC, whether in a public forum or in private or informal discussion, they should do so with the prior knowledge and approval of the CHC chairman and/or chief officer. When this is not practicable they should report their action to the chairman or chief officer as soon as possible. Members should not use their CHC status to gain media or other attention to further their personal, organisational, commercial or party political interests.

5. Values that underpin the work of CHCs include:

- *Accountability.* Everything done by the CHC must be able to stand the test of scrutiny by the public, the establishing body, Parliament and the courts.
- *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.

EQUAL OPPORTUNITIES:

18. Members' behaviour must accord with of the spirit and the detail of either ACHCEW's model policy or the CHC's own statement of equal opportunities policy. In particular, the chair and chief officer should make it clear that racist, sexist, homophobic and other discriminatory remarks and behaviour will not be tolerated during any meeting or official activities of the CHC. The CHC's agenda and work programme should reflect its equal opportunities policy.

DEALING WITH THE MEDIA:

19. Every CHC should have its own set of written guidelines for dealing with the media, eg. some CHCs prefer direct comments to the media to come from either the CHC chairman or the chief officer. Members should ensure that they are familiar with their CHC's policy and guidelines on handling enquiries from the press.
20. 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.
21. Members should make sure that their 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 Community Health Council.
22. CHC members are, of course, free to comment as they wish as individuals. However, when doing so they must 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 disagree.
- INVESTIGATION OF COMPLAINTS:**
23. Any complaint alleging misconduct of a member should initially be investigated in accordance with the CHCs' internal complaints procedures. Regulations give the establishing body the power to terminate the member's term of office where he or she has been found guilty of serious misconduct.