



Skills for CHC Chairs

Resource pack

**South West Thames Regional Health Authority
South West Thames Association of Community Health Councils**

ROLE OF THE CHC CHAIR

LOCATION: Base - home address

REPORTING TO: The CHC

SALARY: Voluntary appointment expenses of office paid

ROLE OF THE CHC

The CHC is a statutory, independent, non political body composed of voluntary members. It keeps under constant review all aspects of health service provision to ensure that the health needs of the local population are met.

The CHC has a duty to ensure that:

- Purchasers involve local people in every stage of the purchasing cycle.
- Purchasers and providers actively involve the users of services and the wider community in the planning and standard setting of those services.
- Contracts represent the best possible allocation of resources to ensure the provision and development of high quality services to meet the needs of the local population.
- Purchasers and providers observe both the standard and spirit of the Patient's Charter in providing services and information that are user orientated.

The CHC has a responsibility to represent the views of the general public. It may, therefore, have to act as a pressure group at regional or national level if areas of unmet need are identified.

The CHC helps the general public to have access to full information on achievable health service provision. Advice and support is given to individuals or groups who encounter problems with an area of service.

PURPOSE OF THE JOB

To ensure the CHC:

- a) effectively fulfils its statutory role of representing the interests of the public in the NHS
- b) establishes and maintains a leading role in health issues.

KEY RESULT AREAS

1. Represent the CHC as its titular head.
2. Chair CHC meetings.
3. Ensure that the CHC works effectively in its role as defined in the "Role of CHC" e.g. has appropriate sub committees, standing orders, protocols and reporting mechanisms.
4. Ensure that the CHC fulfils its statutory obligations e.g. annual report, statutory meetings with HAs.
5. Provide support and motivation to members and encourage adequate training to enable them to develop and effectively fulfil their role.
6. With the CHC members and Chief Officer to draw up and agree annual objectives of the CHC and monitor their progress.
7. Ensure that the CHC is properly represented on local and statutory bodies and other organisations associated with health issues.
8. Provide active support to staff including facilitation for staff training and development.
9. Undertake the IPR process of Chief Officers in conjunction with Regional Officers.
10. Foster interaction between staff and members.
11. Ensure that all regionally agreed procedures concerning CHCs, especially regional guidelines on employment, law and practice and selection procedures are followed.
12. Represent the CHC on the Regional Association of CHCs working parties as the need arises.

COMMUNICATIONS AND WORKING RELATIONSHIPS

- CHC members
- CHC staff
- Members of health authorities
- Senior managers of organisations such as health care provider units, health care purchasing organisations, local authorities and voluntary organisations.
- The media where appropriate.

- The general public.
- Regional office officers.
- Chairs of other CHCs both regionally and nationally.

PERSON SPECIFICATION

Required experience, knowledge, skills and abilities:

- Demonstrable leadership qualities including the ability to communicate clearly and concisely including public speaking.
- Ability to take Chair's action on urgent matters of importance where no opportunity exists for a formal council decision.
- Interest in, commitment to and knowledge of the NHS.
- An appreciation of the fact that CHC staff are employed by the RHA not the Chair or members of the CHC.
- Knowledge of committee procedures, CHC's statutory instruments and the CHC's standing orders.
- Appreciation of the members' voluntary role and an ability to motivate them.
- Ability to liaise with members and staff.
- A willingness to give a considerable amount of time averaging about ten hours a week.
- An understanding of the principles of CHC finance and the CHC budget.
- An understanding of how complaints are handled by CHC staff.
- Possession of tact, diplomacy, objectivity and impartiality.

SOUTH WEST THAMES REGIONAL HEALTH AUTHORITY

Job title	CHC Chief Officer
Location	
Reporting to	CHC Chair
Grade	SMP20/SMP21/A&C7
Salary	See terms and conditions

ROLE OF THE CHC

The CHC is a statutory, independent, non-political body composed of voluntary members. It keeps under constant review all aspects of health service provision to ensure that the health needs of the local population are met.

The CHC has the duty to make every effort to ensure that:

- purchasers involve local people in every stage of the purchasing cycle
- purchasers and providers actively involve the users of services and the wider community in the planning and standard setting of those services
- contracts represent the best possible allocation of resources to ensure the provision and development of high quality services to meet the needs of the local population
- purchasers and providers meet both the standard and spirit of the Patient's Charter in providing services and information that is user-orientated.

The CHC has a responsibility to represent the views of the general public. It may, therefor, have to act as a pressure group at regional or national level if areas of unmet need are identified.

The CHC helps the general public to have access to full information on available health service provision. Advice and support is given to individuals or groups who encounter problems with an area of service.

DIMENSIONS

1 Chief Officer
 2 or more other CHC staff
 Budget in excess of £60,000
 Population - as appropriate

PURPOSE OF JOB

Working under the direction and guidance of the CHC Chair:

- 1 To ensure the CHC
 - a) effectively fulfils its statutory role of representing the interests of the public in the NHS
 - b) establishes and maintains a leading role in local health issues.
- 2 To provide professional and responsive assistance to the public.

KEY RESULTS

- Stimulate and facilitate developmental activities within the CHC to ensure members and staff play an appropriate role in devising, and gain a good understanding of, the CHC's central purpose and strategic direction.

This - and other areas - will require the Chief Officer to be aware of work in other CHCs. Networking with other Chief Officers is an important part of the job.

- Develop and co-ordinate the use of planning and review mechanisms to ensure the CHC agree annual objectives and appraise their activities throughout the year.
- Implement induction, training and development programmes for members so they can participate effectively in the full range of CHC activities.
- Provide effective means of collecting a wide spectrum of local views on health related issues so that the CHC can accurately represent the local community in setting health care standards and influencing health care decisions.

For example, undertaking surveys into public opinion by means of postal questionnaires, face to face interviews and telephone interviews. Public meetings will also provide a source of information. The views of local authorities and voluntary organisations can also be included here.

- Empower individuals and groups to ensure that they can effectively participate in setting health care standards and influencing health care decisions.

For example, establish user groups for specific health services; support community representatives on health related planning groups; identify external funds to support the work of user groups.

- Establish and develop links with the local community and media in order to promote the CHC's objectives and specific policies.

For example, producing publicity material for local consumption; acting as a spokesperson for the CHC in local media; preparing the CHC's annual report; talking to voluntary organisations, schools and health care staff about the CHC role.

- Establish methods of monitoring the operation of local health care services to ensure the CHC can identify and comment upon the effectiveness of those services in meeting health needs.

For example, designing and managing research projects to determine levels of user satisfaction. Co-ordinate visits of members to health care units. Prepare reports for members on the operation of current services and any consultative document.

- Develop and maintain positive relationships with purchasers and providers of health care so that the CHC is actively involved in the planning and contracting cycle.

Provide a high quality service to members of the public seeking assistance with enquiries and complaints relating to the NHS to ensure individuals and groups are satisfied that their concerns are being considered and dealt with fairly.

For example, providing information on NHS complaints procedures; draft letters on behalf of complainant; act as an advocate at complaint hearing.

- Devise and implement effective administrative, office and budget control procedures and provide training and support staff to ensure high quality, cost effective support for all aspects of the CHC's work.

COMMUNICATIONS AND WORKING RELATIONSHIPS

- The Chair and Council Members
- Health Authority and FHSA members
- Senior managers of organisations such as health care provider units, health care purchasing organisations, local authorities and voluntary organisations
- GPs
- The media
- The general public
- Regional Health Authority officers
- Chief officers in other CHCs (regionally and nationally)

PERSON SPECIFICATION

Knowledge, skills and experience required

- Degree or equivalent professional qualification.
- Three to five years experience at middle/senior management level in the NHS, other public or voluntary sector.
- Knowledge of NHS structures, policy trends and issues.
- Understanding of social services and voluntary sector involvement in care provision.

- Ability to relate effectively to the public, professionals, managers, care staff and media both verbally and in writing.
- Analytical skills in order to review reports and proposals, provide a clear synopsis and informed critical commentary.
- Empathy and sensitivity when dealing with bereaved/aggrieved individuals.
- Experience of managing an office, staff and budget.
- Ability to work with and motivate voluntary members.
- Experience of committee procedures and administration.
- Ability to use information technology for efficient office management.
- Ability to work without close supervision.
- Ability to cover CHC area within realistic time scales.

November 1993

**South West Thames Regional Health Authority
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CHAIRING A MEETING

The rules of committee are not arbitrary. They are evolved from parliamentary usage over many years as a means of ensuring the will of the majority is attained.

Duties of a Chair

The task is to guide a meeting whether it is a committee or full council meeting and to maintain order.

This requires:

Tact

Firmness

Quick judgement

A full knowledge of procedures

Impartiality

Preparation for a meeting

The speed and smooth running of a meeting depends largely on the extent to which the Chair has familiarised the details of the items of the agenda including:

Correspondence

Detailed knowledge of the business to be enacted

Actions in a meeting

1. Direct course of debate
2. Keep speakers to the point
3. Stop irrelevant discussion
4. Decide points of order - ensure to have your CHC's Standing Orders at full council meeting
5. Deal with interruptions
6. Decide who shall speak at a meeting
7. Intervene as little as possible

Responsibilities at a meeting

The Chair is responsible for seeing that:

1. The meeting is properly convened
2. A quorum is present (throughout the meeting)
3. Previous minutes are or have been read and are confirmed
4. Business as specified on the agenda is carried out in an orderly manner
5. Motions are clearly put and amendments are dealt with correctly
6. The minutes of the meeting are correct

For the purpose of (6) it is advisable to keep brief notes to supplement or corroborate minutes taken by the secretary.

The Chief Officer is the proper officer and in case of doubt the Chief Officer's advice should always be sought and heeded.

Motions and resolutions

It is a Chair's duty to see that when motions are moved they are clearly worded and fully understood by members. A seconder will be requested, where there is no seconder the motion falls. When seconded it is open for debate.

- If an amendment is moved and seconded it becomes a *substantive motion*.
- When passed a motion becomes a *resolution*.
- A resolution can not be negated by a subsequent motion.

Emergency motions may be presented in AOB with the Chair's agreement.

Chair's vote

As an elected member there is a right to vote but as his/her vote has great weight and it is advisable to wait for other hands to be raised before casting a vote. The Chair has a casting vote over and above his/her ordinary vote and in order to avoid deadlock it is his/her duty to cast that vote.

Points of order

The Chair will be called on to rule on points of order which may be raised and the decision will be binding. A brief debate may be allowed on the point in question.

Closing the meeting

No meeting should be allowed to peter out. Keep strictly to the agenda up to the last item of "Any other Business" and "Date of Next Meeting" then close by saying "that concludes the business",

Summation of issues

1. Essential duty is that of the maintenance of order. To ensure this, be courteous, firm and strictly adhere to the agenda.
2. Impartiality is essential. The Chair is to see that there is fairness.
3. The speed of the business and the vitality of the meeting depends on the way it is conducted.

For further reading:

Citrine's ABC of Chairmanship, edited by Michael Cannell and Norman Citrine, 1982
- £5. Published by NCLC Publishing Society Ltd.

DRAFT CANDIDATE SPECIFICATION CHC CHAIR

Skills

- * Excellent negotiating skills
- * Ability to facilitate and encourage others to work to their full potential
- * Ability to work constructively in close co-operation with others
- * Ability to deal with complex written information

Knowledge

- * Good general knowledge of NHS structures and operations
- * Thorough understanding of the role and operation of CHCs
- * Awareness of the social composition of the CHC area

Qualifications

- * No formal qualifications needed

Experience

- * At least one year's experience as CHC member
- * Experience of negotiating with officials at a senior level
- * Experience of taking an active part in collective decision-making

Personal qualities

- * Resourcefulness
- * A flexible approach to problem-solving
- * Commitment to user participation in health services
- * Commitment to equal opportunities
- * Commitment to working collaboratively with the whole community

Special requirements

- * Frequent evening or weekend working

MEDIA FILE

ARE YOU WILLING TO SPEAK TO THE MEDIA?

Community Health Councils are often contacted by journalists from local or national newspapers, radio or television who are investigating aspects of the National Health Service - including NHS complaints systems. We do not reveal any personal information to journalists - we restrict comments to general issues such as 'trends' in complaints. Sometimes, however, people making complaints express a desire to speak with the media. If so, we are happy to hold their written permission on file so that we can contact them again if an opportunity arises. If they still want to give an interview, we then provide them with the details of the journalist concerned and allow them to choose for themselves whether or not to make contact.

The CHC does not pass on personal information to a third party without the express permission of the person concerned.

YOU ARE INVITED TO COMPLETE THE FORM IF YOU WANT TO BE INCLUDED IN OUR 'MEDIA CONTACT FILE' (please use block capitals)

MR/MRS/MS/MISS/OTHER SURNAME.....

FIRST NAME(S).....

ADDRESS.....

☎ DAYTIME TEL. NO..... ☎ EVENING.....

ABOUT YOUR COMPLAINT: (Please tick the boxes which apply to you)

a. I am pursuing a complaint or have already pursued a complaint through one of the NHS complaints procedures ☐ Yes ☐ No

b. If 'yes' which one? ☐ Family Health Services ☐ Hospital
☐ Community Services ☐ Ombudsman
☐ General Medical Council ☐ Other (please specify)

c. Was the outcome satisfactory ☐ Yes ☐ No

d. Are you taking or have you taken legal action? ☐ Yes ☐ No

e. If 'yes' is your case ☐ Continuing ☐ Discontinued ☐ Settled

f. Do you want to speak to ☐ Local press ☐ National press ☐ Radio ☐ TV

Subject to confirming this with the CHC and/or my solicitor first

g. Do you want to remain anonymous? ☐ Yes ☐ No

THANK YOU. PLEASE RETURN TO

Chief Officer, Southend District CHC, Union Lane, Rochford SS4 1BP ☎Tel: 01702 547896

I understand that I may ask at any time for this form to be removed from my file.

Signed.....Date.....

PERSONAL PREPARATION FORM

This form is optional but is intended to help you:

- ☐ **identify your current job and its strengths and needs** – part A
- ☐ **consider your career interests** – part B
- ☐ **express your development needs** – part C

This is a guide to help you prepare for a useful discussion during this major review. You do not need to complete it unless you want to or adhere to it during the discussion, or show it to your manager. After the discussion you may keep this form or ask for it to be kept by the Personnel Department with your Personal Development Plan.

PART A: Your current job and its strengths and weaknesses

(1) Which aspects of your present job give you greatest satisfaction?
(2) Are there additional skills developed elsewhere which give you satisfaction, but which are not used in your job?
(3) In which job objectives have you done well? Why?
(4) Which job objectives have you found the most difficult? Why?
(5) Under what conditions do you work most effectively (deadlines, type of manager, working alone or with others, etc.)?
(6) What are your key job skills and areas of strength?
(7) What skills or knowledge do you feel you lack?
(8) Has your job changed significantly in the last 12 months? If so, how?

PERSONAL PREPARATION FORM/Continued

PART B: Your career Interests

(1) What is your main career interest?
(2) What are some alternative career interests?
(3) What work areas or activities do you think would lead to these?
(4) In what work areas do you believe your next job could possibly be in the next two to five years?

PART C: Your Development Needs

Look over what you have said about yourself. Now, consider what actions and commitments may be necessary on your part to pursue your work interest in the NHS. Consider primarily the next two to five years ahead.

(1) What are your main development needs?
(2) Has the lack of any skill or knowledge limited your progress in your job or career? If so, how can you overcome this limitation?
(3) What actions could be planned to meet these development needs?
(4) What additional education, training or experience do you need?
(5) Are there any other considerations you need to take into account to achieve these plans? (Mobility, personal aspects, etc.)
(6) Is there any more information you need to make a realistic plan – from your manager or anyone else?
Any other comments

If you would like this to be kept with your Personal Development Plan, please add your name and date below.

Name _____ Date _____



NHS

WHO IS INVOLVED IN IPR?

Individual Performance Review is primarily a two-way process between the individual and his or her manager, which is supported by a 'Grandparent' and the Personnel Department. Within each authority decisions will need to be made about who fills the 'Parent' and 'Grandparent' roles for each manager, and the extent of involvement of the Personnel Department.

IPR has been designed with the following roles in mind.

- (i) **The 'Grandparent':** normally the manager's manager. The function of the 'Grandparent' is to oversee the process (making sure it happens, is being taken seriously and that reasonable judgements are being formed). Additionally, to be available to the individual as an alternative source of counselling in extreme circumstances where there is substantial disagreement. To do this well, the 'Grandparent' will need to have some personal contact with the individual and be aware of their main objectives.

The success of the scheme depends on equity. Each Manager will be appraised by the person with whom their personal objectives were originally agreed. There will then be a 'second level' assessment by a 'Grandparent' figure who has a wider span of control and can provide equity within the system. For example, for General Managers, the most appropriate people for these tasks are:

	Reviewer (Parent)	Equity Assessor (Grandparent)
RGM	Regional Chairman	NHS Management Board Chairman
DGM	District Chairman	Regional Chairman
UGM	DGM	RGM

- (ii) **The Personnel Department:** In this model system the Personnel Department performs two important functions. Firstly, receiving a copy of all Personal Development Plans, they can draw together all training and development needs across the organisation and initiate any new activities called for. Secondly, they can provide a 'trigger' function, both to remind managers that a major review is expected, and to keep top management informed of the extent to which Performance Plans and Personal Development Plans are current.

The Personnel Department is therefore valuable in providing support in career development and succession planning.

What about my performance being rated?

The design of this model system includes provision in the 'Performance Review Working Document' for managers to judge performance – against individual objectives, and overall, on a rating from 1 down to 5. The use of rating is compulsory for those staff who are subject to the Performance Related Pay scheme. For all other staff, the use of rating is optional and should be decided as a matter of policy within each Authority. Managers, however, may find it helpful to refer to the 'Performance Rating Guidelines' (see page 6) when beginning to form judgements about performance, even when it has been agreed that rating will not apply. In doing so, it may be helpful to keep in mind your assessment of other managers' performance as a comparison with your assessment of the individual.

PERFORMANCE RATING GUIDELINES

BAND 1

Consistently exceeds short-term objectives and makes excellent progress towards long-term goals.

This rating applies to performance and achievements which are exceptionally effective. The job holder gets through a large quantity of work which is consistently of a very high standard and all objectives are accomplished with ease and excellence. He/she initiates change and development when needed; and always anticipates and adapts to external changes in the job environment.

BAND 2:

Exceeds some short-term objective and makes good progress towards long-term goals.

This rating applies to performance and achievements which are significantly above the normal requirements of the post. The main objectives of the job are accomplished with ease and excellence and the post holder anticipates and adapts to external change in the job environment and will initiate change when required.

BAND 3:

Meets all short-term objectives and makes fairly good progress towards long-term goals.

This rating applies when an individual exceeds the overall requirements of the job but not necessarily in every respect. The post holder performs at a more than satisfactory level, works at a quickened pace, producing high quality work and meets all short-term objectives. He/she anticipates and adapts to change in the job environment.

BAND 4:

Meets most short-term objectives and makes satisfactory progress towards long-term goals.

This rating applies when the job holder meets a satisfactory standard and is judged to be effective in the grade. He/she may be stronger in some aspects of the work than others, but on balance meets the objectives of the post; carries out specific tasks to the satisfaction of the line manager and does a competent job at a normal pace. He/she generally anticipates and copes with change.

BAND 5:

Meets few short-term objectives and makes little or no progress towards long-term goals.

Unsatisfactory. This rating applies when the officer is not up to the duties of the grade and performance consistently fails to meet the normal requirements of the post. The job holder fails to achieve the required pace of work and devote energies to the task in hand. He/she may be confused by or unreasonably resistant to new ideas and fails to anticipate or cope with change.

