PROTOCOL BETWEEN THE BOARD OF COMMUNITY HEALTH COUNCILS IN WALES AND THE WELSH AMBULANCE SERVICES NHS TRUST

1. Introduction

The Welsh Ambulance Services NHS Trust (Trust) recognises that Community Health Councils are an invaluable link with local communities and that patient and public perspectives need to be considered and engaged with in relation to policies and plans put in place by the Trust.

A formal protocol has been established between the Trust and the Board of Community Health Councils in Wales (CHCs) to facilitate the exchange of information between both organisations, and provide a constructive mechanism for public and patient involvement.

2. Aim

To enable constructive public and patient involvement in the planning, delivery, monitoring and evaluation of the services provided by the Trust.

3. Principles

The Trust and the Board of Community Health Councils in Wales (CHCs) will work and cooperate together in an atmosphere of mutual respect, with an understanding of and commitment to shared aims.

It is agreed that an effective working relationship between CHCs in Wales and the Welsh Ambulance Services NHS Trust will be established and maintained based upon the following principles:

a. The Trust recognises that CHCs are a major source of advice, and a link with the local communities regarding NHS services.

b. CHCs will be positive, objective and constructive, will acknowledge good practice and recommend improvements where they could be of benefit.

c. That CHCs have a statutory and essential role to play in monitoring the standards and quality of service provided to patients and clients by the Trust.
d. That CHCs are recognised as having a valid contribution to make on behalf of the local population to the planning and delivery of patient and client services by the Trust.

e. That CHCs, in pursuance of their statutory functions, are able to comment on the Trust's services (or organisation).

4. Responsibilities

The CHCs acknowledge their responsibilities in making sure any working arrangements with the Trust operate in the best interests of patients and the public at large.

These responsibilities will include:

4.1 Access to Information

As a statutory lay organisation the CHC’s will be afforded:

a. Information that is provided in a timely and responsive manner and is in a usable form to enable the CHC to understand the services delivered including the full specification of service levels agreed between commissioners and the Trust in respect of patient services.

b. Information about planning for future services, at an early date, to ensure a constructive debate between the CHCs and the Trust. Wherever possible, the CHCs should be in a position to comment on those services before they are implemented. The CHC will have access to the information contained in the public agenda and minutes of the Trust Board to enable the CHCs to play a constructive part in Board meetings.

c. CHCs recognise that there will be instances of information that is confidential to the Trust including that of a commercially sensitive nature.

4.2 Communication/General Meetings

a. The All Wales Ambulance Sub Group of the Board. The group intend to meet 3 (possibly 4) times a year with sufficient flexibility to call additional meetings as and when considered necessary. These meetings will be held a week after each Trust Board meeting in order to discuss current Board issues. The frequency of meetings will be reviewed from time to time. Membership of the Group will be drawn from all CHC Federations across Wales.

b. The aim of this Group will be to form an all Wales view especially on strategic issues of the services provided by the Trust, to share information, and identify topics of concern, which might need to be raised with the Trust. It will also aim to identify good practice across Wales and other parts of the UK which might usefully be suggested to the Trust to improve services.
c. This Group will provide the Trust with a patient/user group which will facilitate public and patient involvement, representation, consultation and user feedback in order to improve quality, raise and maintain standards.

d. Senior representatives from the Trust will be invited to attend the second part of the meeting of the All Wales CHC Ambulance Group. These representatives will be the three Regional Directors with the inclusion of the Trust’s PPI Lead. This will ensure that the Trust is informed of any concerns or resolutions arising from the Trust Board meetings, and will be prepared and enabled to answer any queries.

e. The appointed Chair of the All Wales CHC Ambulance Group will be invited to attend Welsh Ambulance Trust Board meetings with ‘speaking observer status’ and will not be excluded from any aspect of the Trust Board meetings. The Chair of the All Wales CHC Ambulance Group will provide an All Wales view of the Ambulance Service from the patient perspective. Where necessary he/she will be accompanied at meetings by a representative best able to support the view being expressed on the day.

f. Individual CHCs will continue to meet and liaise with Regional Directors and other appropriate senior local and area representatives of the Welsh Ambulance Trust as and when necessary. Issues unresolved at local level and general issues of interest will be taken to the Trust Board by the All Wales CHC Ambulance Group.

g. The All Wales CHC Ambulance Group may be requested to put forward representatives from CHCs to contribute to regular and ad hoc meetings as appropriate.

h. Engagement with the CHCs will ensure the inclusion of CHC representatives on relevant/appropriate service planning teams and patient/public needs acknowledged in the development of Trust service/s. In applying Equality Impact Assessments across the Trust, CHCs will have the opportunity to play a major role by ensuring that all new projects, polices, services and proposed strategies are risk assessed in relation to diversity issues.

4.3 Trust Board Meetings

a. The All Wales CHC Ambulance Group will have an opportunity to be represented at the Trust Board meeting by up to two CHC members who will act in a non-voting but contributory capacity. This right will be demonstrated at all public meetings of the Trust Board. Full Trust Board papers associated with the public meetings will be forwarded to the Chairman of the All Wales CHC Ambulance Group and any other nominated representative.

b. The above will not affect the right of representatives of individual CHCs to attend the Trust Board meetings should they wish to. The rights of individual CHCs are maintained.
c. It is agreed that both the Trust and the CHCs will have the right to place items on the agendas of the other’s meetings, and on the agendas of individual CHC meetings. A three-week period of notice will apply.

d. A full meeting between the All Wales CHC Ambulance Group and the Trust Board will be held when required.

4.4 Access to Premises

a. The CHCs are entitled to visit Trust premises from which services are provided. These will include control centres and ambulance stations, and also include the right to inspect vehicles.

b. Schedules of routine visits will be organised in advance. CHCs will contact the Trust to arrange a mutually convenient time for the CHC to visit. The CHC will specify the focus of their visit, and the Trust will arrange for the appropriate representatives to attend.

4.5 Public and Patient Involvement

The NHS Plan for Wales clearly outlines the importance of the public/patients’ voice and the right for patients to participate in decisions that affect them, not only that of their individual health but also that of the wider society in which they live.

The Trust and the CHCs are committed to working together to develop mechanisms that will develop the main aims of the NHS plan relating to Public/Patient involvement.

The Trust will respect the role of the CHCs in terms of advocacy on behalf of both individual patients regarding specific matters relating to the Trust, and also on behalf of the public regarding advocacy in service provision and planning.

The Trust will invite CHC advice or support when planning how to establish patient and carers’ views, and the CHCs will exercise their statutory right to meet the requirements of public and patient involvement as laid down in the NHS plan.

The Trust will co-operate and support the CHC in accessing relevant information to assist the CHCs to produce constructive feedback on the patients’ perception of services provided by the Trust.

4.6 Complaints

The Trust will share information from complaints monitoring/reporting with CHCs. CHC representatives and those attending the Clinical Governance Sub Committee will contribute to improvements that can be made to the quality of the Trust’s service provision. The Trust will include individual CHCs and the All Wales CHC Ambulance Group in communications about any changes made as a result of complaints.
4.7 Media Protocols

This protocol applies to any media of information including electronic, radio broadcasts, videos, written material and such other media channels.

Relevant information prepared by either the CHC or the Trust for the media will be shared whenever possible in advance of its release.

5. Conclusion

The Welsh Ambulance Services NHS Trust and the CHCs are fully committed to working closely.

It is essential that full public engagement is undertaken in planning, monitoring and delivering Trust services and the relationship between the Trust and CHCs is necessary in order to achieve this.

6. Review Arrangements

This Protocol will be reviewed at the start of each financial year.

Any amendments will be introduced following agreement between the All Wales CHC Ambulance Group and the Trust.

7. Signed

Jack Evershed, Chairman
The Board of CHCs in Wales
and Chair of the All Wales CHC Ambulance Group.

Peter Johns, Director
The Board of CHCs in Wales

Stuart Fletcher, Chairman
Welsh Ambulance Services NHS Trust

Alan Murray, Chief Executive
Welsh Ambulance Services NHS Trust

8. Date

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