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Llais,
33-35 Cathedral Road,
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16 June 2023

Professor Chris Jones
Deputy Chief Medical Officer for Wales

Sent by email only to: Chris.Jones@gov.wales

Dear Chris

CODE OF PRACTICE ON ACCESS TO PREMISES AND ENGAGEMENT WITH INDIVIDUALS

I write in response to your letter of 19 May 2023, in which you formally start the consultation process with Llais on the revised draft Code of Practice on Access to Premises and Engagement with Individuals (“the Code”).

Firstly, we would like to thank you and your colleagues for the helpful discussions we have had throughout the development of the Code. We also broadly welcome the amendments made to the Code following the formal public consultation process. It’s clear that the public and wider stakeholders in Wales have taken a keen interest in making sure the Code places people at the centre of all our actions.

In general, we think that the revised Code will be helpful in supporting Llais to hear from people about their health and social services. We have some comments on a few areas of the Code. These are set out below.

Cadeirydd / Chair: **Athro / Professor Medwin Hughes DL**
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Para 18 “and the need to respect the privacy/rights of individuals and service providers”.

We would like some further information about the rights of service providers that would be relevant to the activities covered within the framework of the Code.

Para 23 “Some types of setting are more sensitive than others and would require a different approach to requests for access. These would be settings such as those in which people live”. **Footnote 20** “for example care homes, long term mental health wards, in-patient wards, etc”

We are concerned at the broad identification of ‘in-patient wards’ within this description, and do not think it should be included. To do so would include almost any hospital setting in which patients may have an overnight stay. We think this places a disproportionate requirement on Llais. It sets a higher standard for entry than that of other groups of people who may enter in-patient wards to offer services to patients, for example volunteers offering small goods, haircare, etc.

We are aware that the former Community Health Councils visited hospital in-patient wards for many years on an ‘on the day’ basis without providing prior notice of a visit, and without concerns being raised about this approach by patients, families, or service providers.

Although there have been different arrangements in place for visiting during the Covid-19 pandemic, outside of this period many service providers routinely provide easy ‘without notice’ access to in-patient wards for a wide group of people, including family and friends.

We think the wider provisions within the code adequately describe the circumstances in which a request for entry to an in-patient setting may be reasonably refused. We think this provides sufficient assurance that an on the day visit from Llais in circumstances that would be inappropriate would not take place.

Para 23 “Some types of setting are more sensitive than others and would require a different approach to requests for access. These would be settings such as those in which people live, or to which access is controlled,” **Footnote 21** “for example 999 clinical contact centres and Hazardous Areas Response Team (HART) facilities”

We do not think there is a need for this footnote. This is because it identifies settings in which service users would not be present, and so Llais would not request access for the purposes of hearing from people on a face-to-face basis.

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Para 25 “It is good practice for outline plans of visits to be shared on a regular (quarterly) basis with local health boards, local authorities, Healthcare Inspectorate Wales and Care Inspectorate Wales to inform their planning and facilitate the sharing of information (for example contract monitoring activity planned to be undertaken by NHS bodies or local authorities which would entail premises visiting). Similarly, it would be good practice for the CVB to be advised, where visiting plans are known, of any change or disruption in settings which would affect those plans.”

We know that it is not the intention of the Code to place specific responsibilities on bodies that are not involved in commissioning or providing health services and social services. However, in the circumstances described in this paragraph, we think it would be helpful to identify that it would be good practice for Healthcare Inspectorate Wales and Care Inspectorate Wales to share their outline plans of visits on a confidential basis with Llais for the same purpose, i.e., to inform our planning and facilitate the sharing of information.

Para 27 “This should be done in a trauma informed manner, with the rights of the individuals as the central consideration”

We welcome this approach. We would value some assistance and support in developing a trauma informed approach through our learning programmes for Llais staff and volunteers.

Para 32 “As noted at para. 19 above, bodies which receive a request for access should consider the wishes, interests and well-being of users or residents of the service or premises when considering the request. The human rights of the individual(s) concerned (for example, their Article 8 rights to respect for private and family life), whether their consent has been provided”

Para 34 “Questions of privacy, for example, would not be a reason for refusing a visit if all those concerned had given their consent”.

Similar to in-patient settings, we think these paragraphs create a higher standard for entry than that of other groups of people who may enter premises to offer services to residents, for example hair and nail care, etc.

We think the way these paragraphs have been worded may result in service providers asking individual service users to consent to sharing their views and experiences before allowing Llais representatives entry to premises. We do

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not think this would be helpful. We think this could lead to inappropriate refusals of entry to Llais representatives.

We think this could deny service users a reasonable opportunity to provide informed consent to share their views and experiences with Llais, having heard directly from Llais representatives about who we are, what we do (including our complaints advocacy service), and how we act upon the views and experiences shared with us.

Para 53 v “In addition, the Citizen Voice Body has the facility to raise repeated refusals of access with the relevant inspectorates and should do so”.

We think this section could helpfully be extended to suggest, as good practice, that the relevant inspectorates should in turn share with Llais the actions taken in response to the referral.

Page 17 “What is the status or nature of the premises the CVB wishes to access?.....e.g., the services cater exclusively for private clients and there is no provision of services on behalf of the NHS or local authorities. **The Code does not apply**”.

We think it may be helpful to recognise the possibility that Llais representatives may wish to gain access in these circumstances for the purpose of providing a complaints advocacy service to a private client receiving a regulated service. In these circumstances, it would be helpful to recognise that a Llais representative should be treated as their guest, i.e., a visitor.

Finally, we think it would be helpful to identify that the Code should be subject to review after being in place for a year.

We hope these comments are helpful and look forward to hearing from you.

Yours sincerely



Alyson Thomas
Chief Executive

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Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

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