



**CYNGOR IECHYD CYMUNED  
COMMUNITY HEALTH COUNCIL**

**BETSI CADWALADR**

# **ANNUAL REPORT**

## **2011-2012**

***Your Voice in the NHS serving the People of North Wales***

## Introduction

Community Health Councils are the independent voice of the public and patients in the NHS. They are made up of local people who volunteer their time to monitor their local healthcare services and work to improve the quality of those services.

Community Health Councils (CHCs) are statutory bodies originally established by Parliament in 1974 “to represent the interest in the health service of the public in its district”. In other words, CHCs are the independent voice of the public and patients in the NHS and the services it provides.

CHCs are funded by the Welsh Government and are entirely independent of health service providers.

CHCs were re-organised in April 2010 to reflect the boundaries of the Health Boards. There are 8 CHCs in Wales.

The CHC for the North Wales region is the Betsi Cadwaladr Community Health Council and comprises 6 Local Committees – Conwy, Denbighshire, Flintshire, Gwynedd, Wrexham and Anglesey with each Local Committee having 12 members.

The NHS in Wales is in a constant state of change and, as the independent NHS watchdog, the CHC is today more reliant on the work and commitment of its members to help the NHS meet the needs of local people.

The CHC helps to improve health care by making sure that people who take decisions about health care at local and national level take into account the views and experiences of people who live in and visit North Wales.

The CHC plays an important part in holding Betsi Cadwaladr University Health Board, the Welsh Ambulance Service Trust and other NHS organisations to account for their decisions about health services.

The CHC influences the development and delivery of health services by:

- Actively seeking out people’s views and experiences of health services
- Representing those views to the health Board, Welsh Government, Healthcare Inspectorate Wales and others in an independent and authoritative way.
- Monitoring and scrutinising health services and following up any recommendations for improvement with the Health Board and any other relevant bodies.

The CHC provides an independent complaints advocacy service for people who need to complain about their experience of health services.

## **BETSI CADWALADR COMMUNITY HEALTH COUNCIL STAFF TEAM**

### **APRIL 2011-MARCH 2012**

The Welsh Ministers ensure that BCCHC has a number of Officers to enable the CHC to perform its functions. The Officers currently employed are:

**Pat Billingham**, Chief Officer

**Chris Jones**, Deputy Chief Officer- Patient and Public Engagement

**Carol Williams**, Deputy Chief Officer- Patient and Public Engagement

**Glanville Owen**, Deputy Chief Officer - Monitoring and Scrutiny (*Retired December 2011*)

**Dylan Murphy**, Deputy Chief Officer-Monitoring and Scrutiny

**Sue Irlam**, Office Manager, Bangor and Dolgellau

**Sandra Janusz**, Office Manager, Wrexham

**Sue Duxbury**, Patient and Public Engagement Management Officer

**Cerys Jones**, Patient and Public Engagement Management Officer

**Rebeca Williams**, Monitoring and Scrutiny Management Officer

**Bev Davies**, Administrative Assistant

**Charlotte Moran**, Administrative Support

**Jill Scupham**, Administrative Officer (part)

### **COMPLAINTS ADVOCACY STAFF**

**Ross Duffield**, Complaints Advocate

**Audrey Hughes**, Complaints Advocate

**Jeff Lansdell**, Complaints Advocate (*Retired December 2011*)

**Debra Upton**, Complaints Advocate

**Dawn Yorke**, Complaints Advocate

**Allison Hughes**, Advocacy Office Manager, Bangor

**Debbie Postle**, Advocacy Assistant, Wrexham

**Emily Bacon**, Advocacy Assistant

**Jill Scupham**, Advocacy Assistant (Part)

## ANNUAL REPORT 2011-2012 – PUBLIC AND PATIENT ENGAGEMENT.

### Communications Group

The Communications Group has undertaken much work to establish a sound and clear pathway for both internal and external communications –with a comprehensive Communications Work Plan to underpin all of its activity.

During the year we built on the work of our previous year's Communications Plan and met every month to keep progress on its implementation and to report on this to the CHC's Executive Committee. This has enabled the Communications Group to work towards its aims to help the CHC:

- Develop and sustain a detailed understanding of the needs and views of all sections of the community it serves
- Influence the actions of decision makers because it represents the needs and views of local people in an authoritative way
- Gather and acts on information about both the positive and negative experiences people have of health care.

The objectives within our Communications plan for the year were to:

- Establish regular communication with communities and decision makers so that the CHC can speak with an authoritative voice
- Develop the infrastructure to support and develop communications with communities and decision makers

The objectives were met through the following actions:

- Ten news releases were circulated
- Features were provided to all the North Wales Local Voluntary Service Council, some of whom published articles about membership of the CHC and further advertorials.
- Regular dialogue with BBC news, Daily Post, Wrexham Leader and Wales On-line. Improved contact has led to more requests for radio appearances and statements to the press, in response to news releases
- Electronic communication – website reviewed regularly
- Poster materials – targeting local authority offices and premises (including libraries) and GP surgeries. Materials are now routinely supplied to members undertaking monitoring visits at GP surgeries and hospitals. Approaches have also been made to all of the region's major supermarket chains asking them to display our materials

- Providing stands, literature and personal presence at all three district general hospitals to raise awareness of the CHC's work and at other events selected because they attract large numbers of local people and/or local or national decision makers and /or have a health theme. This included the National Eisteddfod in Wrexham (August 2011) and other local events such as the Good Health this Winter road show and the Afasic Cymru event at the Glyndwr University Wrexham.
- Dialogue with community representatives - approximately 150 introductory letters were sent to community representatives and groups, including the region's AMs and MPs, town and community councils and other groups such as Communities First, Women's Aid, North Wales Association for Multicultural Integration, Merched y Wawr. This has developed strong links and has brought about regular dialogue with the CHC.
- We met with pupils in secondary and primary schools to discuss the role of the CHC and to discuss health issues. Working with schools
- During the year the CHC website had 9,446 hits to its homepage, with 46,363 hits on other content views. Our website is: <http://www.wales.nhs.uk/sitesplus/900/home>

A supporting framework for communications was put in place by:

- Drawing on the communications expertise of our members and partners.
- Encouraging members to use their networks of contacts to gather information about people's needs for, views about and experiences of health care; and to tell local people about the work of the CHC
- Establishing a news release template, calendar and forward plan, and stock of content
- Compiling a stock of feature articles drafted about members and a list of members willing to be interviewed by community and press contacts
- Developing and maintaining a log of contacts made with the CHC by local, national and community media
- Developing and maintaining a target list of groups for presentations by CHC speakers
- Developing materials to support members and officers speaking at meetings.

## **Other areas of work:**

### **Consultation documents – CHC Readers**

The CHC has a cohort of members who read and comment upon consultation documents appropriate to their particular area interest. During the last 12 months they have read and responded to the following consultation documents:

- Together against stroke
- CSSIW Engagement Strategy
- Mental Health (Regional Provision) (Wales) Regulations 2012
- Letters to Town and Community Councils re Organ Donation Consultation
- Publicising the Review of CHCS

### **Surveys and Questionnaires**

The CHC took receipt of a new software program in January 2012 - "SNAP". This is a system for questionnaire design, publishing, data collection and will enable officers to collect, process, analyse and publish the views of patients and the public in many formats.

### **Engaging with communities about primary care**

The CHC has continued to work with a number of GP practices across the region, providing support and guidance to ensure that appropriate public engagement has taken place in relation to proposed changes to GP practice services.

### **Home Enhanced Care (HECS) North Denbighshire**

We continue to receive feedback questionnaires completed by patients and carers who have experienced the Enhanced Care Service in North Denbighshire. They continue to be very positive about the service provided. Following the success of HECs in North Denbighshire, the Health Board plans to roll out enhanced care in other Localities. A pilot is to be carried out in Holyhead in May 2012, and if successful, the "Mon Enhanced Care Service" (MECS) will be rolled out.

### **Llandudno General Hospital**

We have continued to be involved in the redevelopment plans for Llandudno hospital to take forward phase one of the plan by having representation on the following work streams:

- Minor Injuries
- Women's Services

- Rheumatology

### **North Wales Eye Unit, Abergele Hospital**

The CHC was involved in the workstreams for the development of the new eye unit on the Abergele hospital site. The ophthalmic service currently provided at H M Stanley Hospital, St. Asaph will move to Abergele Hospital in April 2012. The eye unit will be located alongside the Orthopaedics in-patient service initially, but once the work to remove asbestos at Glan Clwyd has been completed, the Orthopaedics service will move across to Glan Clwyd Hospital allowing the eye services to expand.

In June 2011 the Health Board invited the CHC to join them at a conference in Cardiff on the subject of an All Wales Dementia Action Plan. Following this a Health Board Dementia Care Strategic Task & Finish Group was established with CHC representation.

As a CHC, we were invited to sit on a variety of the Health Board's service review project boards as "Observers with Speaking Rights". This status allows us to hear what was being discussed, to have a voice and an opportunity to provide advice in our role as representing the interests of service users while retaining our independence.

Some of the organisations the CHC gave presentations at include:

- CHC presentation at Neurological Group, Wrexham
- Hope Carers, Wrexham
- KIM Mental Health Drop in Centre, Saltney



## ANNUAL REPORT MONITORING AND SCRUTINY 2011-2012

### Visiting Programme

During 2011-12 the CHC delivered a wide-ranging visiting programme across north Wales during which members inspected a variety of NHS services. In total, 107 inspections were undertaken as part of a rolling programme of quality monitoring visits. During the year, members undertook:

- 51 inspections of Primary Care providers (GP practices);
- 10 pharmacy inspections (other than those undertaken during the pilot which is discussed elsewhere in this report); and
- 46 inspections at hospitals (including Ysbyty Gwynedd; Glan Clwyd Hospital; Wrexham Maelor Hospital; the Royal Alexandra Hospital, Rhyl; Abergele community hospital; and Colwyn Bay community hospital).

Following these inspections, members produced reports which assessed various aspects of the quality of service provided and made recommendations to service providers on issues which required attention. The reports were submitted to the Betsi Cadwaladr Health Board/Practice Manager/Pharmacy (as appropriate) with a request for a response to the issues raised. In a number of cases, members undertook follow-up visits to assess the progress of identified actions.

The CHC maintained constructive working relationships with service providers and met with them on a regular basis to discuss issues arising from monitoring visits.

### Pharmacy Pilot

In addition to the general visiting programme, members visited all pharmacies in Flintshire as part of a pilot exercise. There were two elements to this exercise. The first element involved the distribution of a questionnaire to pharmacists regarding the operation of the pharmacy and the services it provided. This questionnaire was completed by pharmacists themselves and all 26 returned completed forms to the CHC. The second element of the exercise involved a visit from a team of CHC members who conducted an assessment of the pharmacies' accessibility. These visits took place during September 2011.

Following the pilot, members concluded that the questionnaire element had provided a useful record of the services provided in Flintshire but the revised assessment approach had provided mixed results. Lessons were learned during the assessment exercise however and the thematic approach used

was developed further when members designed the hospital monitoring pilot (which is described elsewhere in this report).

### **Mental Health Visiting**

During 2011-12, members paid particular attention to the quality of mental health services. In May 2011, twelve members attended training in mental health visiting. A dedicated team was then established to undertake inspections at mental health units. This team was comprised of members who had either attended the training or had appropriate professional experience in mental health.

The CHC's Visiting Monitoring Group (which oversees the CHC's quality monitoring visiting programme) subsequently established a Mental Health Monitoring sub-committee to discuss issues relating to the provision of mental health services and manage a programme of inspection visits to mental health units. The sub-group first met on 20 October 2011.

7 visits to mental health units were undertaken during 2011-12. Following a visit to the Ablett Unit, Ysbyty Glan Clwyd, in November 2011 members made a number of recommendations to the Health Board regarding facilities and patients' environment. This visit was followed by a very constructive meeting between the CHC and service managers and the key issues raised by the CHC following the November visit were subsequently addressed. These included some redecoration, maintenance and improvements to the environment to allow natural light into patients' accommodation.

### **Cross-border Visits**

Members also undertook a number of visits to hospitals in England during 2011. These were either visits to sites where services were provided to North Wales' patients outside North Wales, or general fact-finding visits to identify good practice which could be adopted in North Wales. These cross-border visits included: The Walton Centre, Liverpool; the Countess of Chester, Cheshire; Wythenshawe Hospital, Manchester; Whiston Hospital, Prescot, Merseyside; Gobowen Hospital, Oswestry; and Alder Hey, Liverpool

### **Hospital Patient Environment (HPE) Assessment Programme**

CHCs have delivered the annual Hospital Patient Environment (HPE) assessment programme on behalf of Welsh Government since 2003. The HPE exercise covers all of Wales's district general hospitals and (from 2005) a selection of community hospitals. CHCs deliver this inspection programme as well as their own visiting programmes.

Following each round of HPE inspections a national HPE Evaluation Day is held. At the 2011 HPE Evaluation (which assessed the 2010 exercise) it was agreed that the HPE inspection forms should be reviewed. Betsi Cadwaladr CHC was selected as the lead CHC and a Task and Finish (T&F) Group which included members of the CHC plus representatives of the Board of CHCs and NHS Wales was established to review the forms and recommend improvements.

The Group made a number of recommendations including:

- Replacing the rating scale with a three point scale - “unsatisfactory”, “satisfactory”, and “highly satisfactory”;
- Providing clearer guidance on the application of ratings to reduce the subjectivity of the ratings awarded;
- Changing definitions to ensure greater clarity for inspection teams (ensuring consistency); and
- Revising the format of the inspection documentation to make it easier for inspection teams to use.

The Group’s proposals were accepted and, following successful pilots within Betsi Cadwaladr and Hywel Dda CHCs, the revisions were implemented across Wales in time for the 2011 HPE exercise.

In the autumn of 2011 members undertook the 2011 HPE exercise using the revised forms. During this exercise, members conducted initial inspections on:

- 7 wards and 4 departments at Ysbyty Gwynedd;
- 6 wards and 6 departments at Glan Clwyd Hospital; and
- 7 wards and 7 departments at Wrexham Maelor Hospital.

Members also inspected the External Areas; Entrances and Main Reception Areas; and Corridor, Lift and Stair Areas at each of these hospitals.

Ysbyty Alltwen, Denbigh Community Hospital and Dolgellau & Barmouth District Hospitals were also inspected during the 2011 HPE exercise.

Following the initial inspections, members submitted their assessment ratings to the Health Board and to Welsh Government. In response, the Health Board developed action plans setting out how it intended to address the issues identified during the inspections. During the remainder of the year members conducted follow-up visits to assess the Health Board’s progress in delivering the action plans. CHC officers have also engaged Health Board managers in discussion on the issues raised during the inspections and subsequent follow-ups to ensure they are addressed. Issues addressed included repairs to flooring, repair/replacement of furniture, improved signage and alterations to hand hygiene arrangements at mealtimes on some wards.

## **GP Out of Hours (OOH) patient satisfaction survey**

In the summer of 2011, the CHC conducted a General Practitioner Out of Hours service patient satisfaction survey. Questionnaires were sent out (by post for return to the CHC) to all patients that had used the service between 22<sup>nd</sup> and 29<sup>th</sup> August 2011.

The questionnaires were designed to enable patients to provide feedback on all aspects of the service from the initial contact by telephone to face to face assessments and home visits. Patients were also asked to provide any relevant information (good or bad) and to provide an overall assessment of the service they received.

A total of 579 questionnaires were returned by the due date. 335 (58%) confirmed that the service they received was Excellent; 171 (29%) confirmed that the service as Good; 49 (9%) that the service was Satisfactory; and 24 (4%) that the service was Poor.

The findings of the survey were shared with the Health Board which subsequently produced an action plan in response to the issues and concerns raised by service users as well as comments from service users on potential improvements to the service. The CHC has remained in contact with service managers to monitor the implementation of this action plan. Actions which have been implemented as a result of the survey include the provision of better information about the service at GP practices, pharmacies, post offices etc.; the provision of maps to all staff to ensure patients are given better directions to treatment centres; a direction to all staff to provide estimated arrival times for home visits; and the development of a “comfort calling” policy to keep patients informed of estimated arrival times for home visits.

## **Hospital visiting pilot**

In the summer of 2011, members began a review of the way in which the CHC undertook hospital monitoring inspections. A Task & Finish Group was established to consider how these inspections could be improved. The Group first met on 24 August 2011 and in November 2011, following 7 meetings, the Group concluded that hospital visits should be undertaken with specific focus on 4 themes:

- External Access;
- Patient and People Care;
- Upkeep of Internal Fabric; and
- Accessibility.

All hospital inspections undertaken during 2012-13 will be done on this thematic basis. It is hoped that a focus on specific themes will provide a better understanding of the patient experience. The delivery and evaluation of this pilot will represent a major piece of work for the CHC during 2012-13.

### **Complaints progress**

In late 2011 the CHC developed a new process for monitoring the Health Board's performance in progressing complaints supported by the CHC advocacy service. This approach provides a more comprehensive overview of the Board's performance in delivering timely responses to complainants and enables the CHC to routinely and consistently escalate delays to senior managers within the Health Board. The new system will also allow the CHC to track improvement or deterioration in the Health Board's performance.

The CHC's Deputy Chief Officer, Monitoring and Scrutiny met with Health Board managers responsible for managing concerns/complaints on a regular basis to discuss the operation of the concerns/complaints process and, on occasion, the progress of individual cases. These meetings were constructive and led to progress in resolving some long-standing issues. Further work is required in 2012-13 to ensure that this progress continues.

### **Engagement with Betsi Cadwaladr University Health Board**

As well as maintaining regular contact with service providers, the CHC had a presence at a number of formal Health Board meetings which scrutinise and monitor aspects of service delivery, including the Complaints Scrutiny Group and the Quality and Safety Committee.

### **Looking towards 2012-13**

During 2012-13 the CHC will continue to develop its monitoring and scrutiny function. The hospital monitoring pilot will be an important element of this development and it is hoped that the learning from this exercise can be applied to all aspects of the CHC's monitoring work. We will continue to develop monitoring and scrutiny mechanisms which accurately capture the experiences of those who use NHS services in North Wales. We will also strengthen working relationships with service providers to support improvements in service delivery.

**Dylan Murphy, Deputy Chief Officer Monitoring and Scrutiny**

## **REPORT OF THE NHS COMPLAINT ADVOCACY SERVICE FOR PERIOD 1<sup>ST</sup> APRIL 2011 – 31<sup>ST</sup> MARCH 2012**

The reporting period has seen many changes with the way that NHS complaints are handled due to the bedding in of the Putting Things Right Guidance from 01 April 2011 that is enshrined within the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. The Advocacy team has been working hard to establish effective and robust systems to deal with the challenges that working within this guidance has created, whilst also continuing with NHS Complaints under the 2003 Procedure, for cases that presented prior to the new arrangements.

The main changes facing the Advocacy team were not internal, but with the way that responsible bodies (NHS organisations) were far stretched with resources and capacity from the additional work that the guidance created. This had a knock on effect on the progress of complaint cases and CHC staff have been building on cohesive relationships with staff handling complaints in order to address some of the difficulties that had materialised and to re-establish closer links with the new concerns teams that have been appointed over the last 12 months.

The merging of the CHC locality offices into 1 main body, the Betsi Cadwaladr Community Health Council, has also seen the Advocacy team strive to provide a more uniform service across North Wales. A key focus has been to remove historic boundaries for individual advocates based on their previous location of office/county thus making the advocacy service more accessible for all complainants, regardless of where they reside in North Wales. A reduction in home visits, in line with the lone working policy, has also resulted in more effective time management by way of telephone appointments which has increased advocates` capacity to accept more cases. The team has also sought premises in central and remote locations for those occasions where a face to face meeting is required.

The team have worked hard to recognise and apply best practice from each other and have developed processes to stream line the way the service is delivered and in line with quality standards of the Advocacy Charter. A consistent approach has been further enhanced by the successful attainment of the Independent Advocacy Qualification by more than half of the advocates within the team. It is anticipated that as time and resources permit, newly appointed advocates will be afforded this excellent opportunity to develop practical skills and knowledge to support the specialism of the service we provide. The service is by no means static and

continues to adapt and develop in order to meet the demands of the ever evolving standards and procedures that encompass our roles.

<b>Number of Complaints Received per month</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>	<b>TOTAL</b>
April - 2011	16				16
May - 2011	29				29
June - 2011	39				39
July - 2011		31			31
August - 2011		28			28
September - 2011		30			30
October - 2011			41		41
November - 2011			33		33
December - 2011			24		24
January - 2012				34	34
February - 2012				28	28
March - 2012				29	29
<b>Totals</b>	<b>*84**</b>	<b>89**</b>	<b>98**</b>	<b>91**</b>	<b>*362**</b>

<b>Number of Complaints Received by NHS organisation</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>	<b>TOTAL</b>
Betsi Cadwaladr University Health Board	59	61	70	69	259
Cross Border	0	4	3	4	11
Dental Practice	2	3	1	1	7
GP Practice	17	12	17	11	57
Health Commission (WHSSC)	0	0	1	0	1
Optical Practice	0	0	0	0	0
Other	0	3	3	0	6
Out-of-Hours	3	2	2	1	8
Pharmacy	1	0	0	0	1
Welsh Ambulance Services NHS Trust	1	4	1	5	11
	<b>*83**</b>	<b>89**</b>	<b>98**</b>	<b>91**</b>	<b>*361**</b>

\* One complaint had no incident details as no further contact received – case closed.

\*\* Some cases have more than one subject area of complaint

<b>SUBJECT AREA OF COMPLAINT</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>	<b>TOTAL</b>
Clinical Practice	43	38	69	69	219
Communication	19	24	16	29	88
Facilities	3	2	3	6	14
Other	1	6	12	5	24
Procedures	17	19	15	13	64
Services Provided	7	5	3	4	19
Standards of Care	12	12	18	7	49



Waiting Times	13	8	14	10	45
<b>Totals</b>	<b>115**</b>	<b>114**</b>	<b>150**</b>	<b>143**</b>	<b>522**</b>

The table below shows the service area of complaints broken down in more detail.

<b>Subject Area of Complaint</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>	<b>TOTAL</b>
Clinical Practice - Diagnosis	16	13	24	20	73
Clinical Practice - Multiple aspects	3	4	11	9	27
Clinical Practice - Prescribing	10	6	7	3	26
Clinical Practice - Treatment	14	15	27	37	93
Communication - Attitude	6	12	9	14	41
Communication - Complaints handling	0	0	0	3	3
Communication - Consent to treatment	3	0	0	0	3
Communication - Information to patients/next of kin (written and oral)	10	12	7	12	41
Facilities - access	1	0	0	0	1
Facilities - Cleanliness/Hygiene	0	0	0	2	2
Facilities - Hotel/Food services	0	0	1	0	1
Facilities - Supplies, Aids and Equipment	1	0	1	1	3
Facilities - Transport	1	2	1	3	7
Other - Breach of confidentiality	0	2	1	0	3
Other - Loss/damage to possessions	0	2	1	3	6
Other - Mortuary and post-mortem arrangements	0	0	0	0	0
Other - Patient safety	1	2	9	2	14
Other - Patient status/discrimination	0	0	1	0	1
Procedures - Access to and remaining on list	2	1	1	1	5
Procedures - Administration	8	6	1	1	16
Procedures - Admissions/Discharge/Transfers	1	1	4	6	12
Procedures - Appeals against mental health services	0	0	0	0	0
Procedures - Cancellation of appointment	0	2	2	2	6
Procedures - Cancellation of operation	0	0	1	0	1
Procedures - Medical records	3	2	3	1	9
Procedures - Non-referral	0	2	1	1	4
Procedures - Other	3	5	2	1	11
Services Provided - Commissioning	3	3	2	1	9
Services Provided - Continuing Health Care	2	0	0	2	4
Services Provided - Cuts	0	0	0	0	0
Services Provided - Fees and overcharging	0	0	0	0	0



Services Provided - Inadequate	2	2	1	1	6
Standards of Care - Fundamentals of care	9	10	15	5	39
Standards of Care - Infection control	1	1	2	0	4
Standards of Care - Privacy and Dignity	2	1	1	2	6
Waiting Times - A&E	2	1	1	1	5
Waiting Times - Appointments	6	2	4	7	19
Waiting Times - GP	0	0	1	70	1
Waiting Times - Operation	5	5	8	2	20
<b>TOTALS</b>	<b>115**</b>	<b>114**</b>	<b>150**</b>	<b>143**</b>	<b>522**</b>

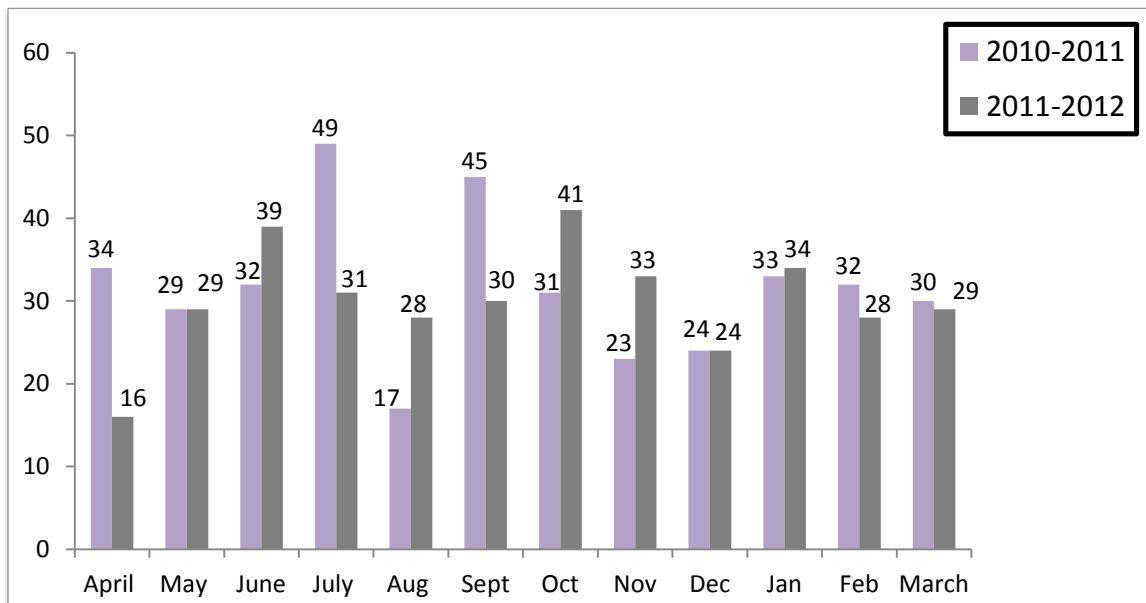
\* One complaint had no incident details as no further contact received – case closed.

\*\* Some cases have more than one subject area of complaint

## COMPARISON OF COMPLAINTS HANDLED BY THE ADVOCACY SERVICE

MONTH	2010/11	2011/12
April	34	16
May	29	29
June	32	39
July	49	31
August	17	28
September	45	30
October	31	41
November	23	33
December	24	24
January	33	34
February	32	28
March	30	29
<b>TOTAL</b>	<b>379</b>	<b>362</b>

The total number of complaints received for 2011/12 has dropped slightly against last year.



<b>Current Case status as at 31.3.2012</b>	<b>Total number of open cases for the Betsi Cadwaladr CHC Advocacy Service</b>
Local Resolution	234
Redress	1
Independent Review	12
Ombudsman	21
Closed – within the period of 1/4/2011 to 31/3/2012	140

## BETSI CADWALADR COMMUNITY HEALTH COUNCIL

### FINANCIAL STATEMENT 2011-2012

<b><u>General Fixed Costs</u></b>	<b>Budget</b>	<b>Expenditure</b>	<b>Over/(Under) Spend</b>
Staff Costs	393,721	388,969	(4,752)
Accommodation/Office Expenses	67,814	63,304	(4,510)
<b>TOTAL (A)</b>	<b><u>461,535</u></b>	<b><u>452,273</u></b>	<b><u>(9,262)</u></b>
<b><u>General Variable Costs</u></b>	<b>Budget</b>	<b>Expenditure</b>	<b>Over/(Under) Spend</b>
Allocation 2011/12	78,685		
Travel & Subsistence			
- Staff		23,111	
- Members		24,637	
Accommodation		4,821	
Electricity		5,046	
Health & Safety		667	
Printing & Stationery		7,546	
Subscriptions		175	
Postage		5,733	
Telephone rental, calls, internet		1,585	
Advertising		515	
Room Hire & Hospitality		7,063	
Photocopying rental & Charges		7,008	
Office equipment & materials		518	
Computer hardware		7,278	
Translation		6,085	
Conferences/Seminars		1,080	
Misc. Income	5,605		
<b>TOTAL (B)</b>	<b><u>84,290</u></b>	<b><u>102,868</u></b>	<b><u>18,578</u></b>
<b><u>Complaints Advocacy Fixed Costs</u></b>			
Staff Costs	248,399	230,829	
Accommodation/Office Expenses		8,254	
<b>TOTAL (C)</b>	<b><u>248,399</u></b>	<b><u>239,083</u></b>	<b><u>(9,316)</u></b>
<b>TOTALS (A) + (B) + (C)</b>	<b><u>794,224</u></b>	<b><u>794,224</u></b>	<b><u>0</u></b>

**MEMBERSHIP OF BETSI CADWALADR COMMUNITY HEALTH COUNCIL  
APRIL 2011-MARCH 2012**

AREA COMMITTEE / MEMBERS NAME	NOMINATED BY:	ATTENDANCE Council/Local Committee	
		Possible	Actual
<b>Anglesey</b>			
Mrs Denise Harris-Edwards	Voluntary/3 <sup>rd</sup> Sector	11	7
Cllr Eric Jones	Anglesey County Council	11	9
Mrs Jackie Jones	Welsh Assembly Government	4	0
Mrs Patricia Jones	Voluntary/3 <sup>rd</sup> Sector	11	10
Cllr Raymond Jones	Anglesey County Council	11	7
Mrs Patricia Rannard	Welsh Assembly Government	11	7
Mr David Winckle (Resigned in year)	Welsh Assembly Government	1	1
Cllr John Penri Williams	Anglesey County Council	11	7
Mrs Delian Williams (deceased)	Welsh Assembly Government	4	4
Mrs Delyth Wilson	Voluntary/3 <sup>rd</sup> Sector	11	9
<b>Co-opted</b>			
Mr Brace Griffiths	Anglesey Local Committee	9	5
<b>Conwy</b>			
Mr David Anderson	Welsh Assembly Government	11	9
Mrs Nerys Cossey	Voluntary/3 <sup>rd</sup> Sector	11	7
Ms April Harper	Voluntary/3 <sup>rd</sup> Sector	3	3
Mrs Yvonne Johns	Welsh Assembly Government	11	6
Cllr Abdul Khan	Conwy County Borough Council	11	9
Cllr Ronald Peacock	Conwy County Borough Council	11	7
Cllr John Pitt	Conwy County Borough Council	11	5
Mr Geoffrey Richardson	Welsh Assembly Government	11	10
Mrs Pearl Roberts	Voluntary/3 <sup>rd</sup> Sector	11	10
Mr Kevin Sibbons	Welsh Assembly Government	11	8

AREA COMMITTEE / MEMBERS NAME	NOMINATED BY:	ATTENDANCE Council/Local Committee	
		Possible	Actual
<b>Co-opted:</b>			
Mr Peter Jones	Conwy Local Committee	4	3
Mr Robin Holden	Conwy Local Committee	1	1
<b>Denbighshire</b>			
Cllr Ray Bartley	Denbighshire County Council	11	7
Cllr Janet Ann Davies	Denbighshire County Council	11	6
Cllr Christine Evans	Denbighshire County Council	11	8
Mrs Roma Goffett	Voluntary/3rd Sector	11	9
Mr Derek Holmes <i>(Resigned in year)</i>	Voluntary/3rd Sector	9	3
Mrs Carole Lapham	Welsh Assembly Government	11	11
Mrs Eirlys Pritchard	Welsh Assembly Government	1	10
Dr Sibani Roy	Welsh Assembly Government	11	9
Mr Neil Taylor	Voluntary/3rd Sector	11	10
Dr Ahmed Valijan	Welsh Assembly Government	11	9
<b>Co-opted:</b>			
Dr Jeffrey Evans	Denbighshire Local Committee	1	1
Mrs Margaret Hughes	Denbighshire Local Committee	11	10
Mrs Donna Kearsley <i>(Resigned in year)</i>	Denbighshire Local Committee	4	3
Mrs Jane Williams <i>(Resigned in year)</i>	Denbighshire Local Committee	3	2
<b>Flintshire</b>			
Mr Gordon Donaldson	Voluntary/3rd Sector	11	10
Ms April Harper <i>(relocate to Conwy)</i>	Welsh Assembly Government	8	5
Dr Chris Harris <i>(Resigned in year)</i>	Welsh Assembly Government	6	4
Mr Colin Herbert	Voluntary/3rd Sector	11	7
Cllr Cindy Hinds <i>(Resigned in year)</i>	Flintshire County Council	6	0
Mr Russell Jones	Welsh Assembly Government	11	8

AREA COMMITTEE / MEMBERS NAME	NOMINATED BY:	ATTENDANCE Council/Local Committee	
		Possible	Actual
Cllr David McFarlane <i>(Resigned in year)</i>	Flintshire County Council	3	1
Cllr Hilary McGill	Flintshire County Council	11	4
Mrs Fran Parry	Voluntary/3rd Sector	11	8
<b>Co-opted:</b>			
Mrs Jennifer Harley	Flintshire Local Committee	11	7
Mrs Jacqueline Jones	Flintshire Local Committee	8	4
Mrs Karen Shepherd	Flintshire Local Committee	8	8
<b>Gwynedd</b>			
Cllr Huw Edwards	Gwynedd County Council	11	7
Mr E Llewelyn Edwards	Voluntary/3rd Sector	11	9
Cllr Eryl Jones-Williams	Gwynedd County Council	11	8
Miss Melanie Jones	Voluntary/3rd Sector	11	4
Miss Jean Preston	Welsh Assembly Government	11	10
Cllr Peter Read	Gwynedd County Council	11	1
Mrs Eryl Roberts <i>(Resigned in year)</i>	Welsh Assembly Government	7	5
Ms Hilary Scott	Welsh Assembly Government	11	10
Mrs Vera Wilson	Welsh Assembly Government	11	10
<b>Co-opted</b>			
Mrs Margaret Baker	Gwynedd Local Committee	9	4
Mrs Carol Davies	Gwynedd Local Committee	9	6
Mrs Martha Hughes	Gwynedd Local Committee	9	7
<b>Wrexham</b>			
Cllr Judith Connolly	Wrexham County Council	11	4
Mr David Cooper	Welsh Assembly Government	11	7
Miss Jan Greasley	Welsh Assembly Government	11	7
Cllr Hugh Jones	Wrexham County Council	11	6
Cllr Joan Lowe	Wrexham County Council	11	6
Ms Val Morris	Voluntary/3rd Sector	11	5

AREA COMMITTEE / MEMBERS NAME	NOMINATED BY:	ATTENDANCE Council/Local Committee	
		Possible	Actual
Mrs Sylvia Prankard	Voluntary/3rd Sector	11	4
Mr Harold Toone <i>(Resigned in year)</i>	Welsh Assembly Government	8	2
Miss Elizabeth Williams	Voluntary/3rd Sector	11	2
<b>Co-opted:</b>			
Mr Emlyn Phennah	Wrexham Local Committee	11	7
Mrs Jean Williams	Wrexham Local Committee	11	7
Mrs Margaret Williams	Wrexham Local Committee	11	9

## SUB COMMITTEES OF THE BETSI CADWALADR COMMUNITY HEALTH COUNCIL APRIL 2011-MARCH 2012

Executive Committee	
Chair BCCHC	Mr David Cooper
Vice Chair BCCHC	Ms Hilary Scott
Chair Anglesey Local Committee	Mrs Denise Harris-Edwards
Vice Chair Anglesey Local Committee	Mrs Delyth Wilson
Chair Conwy Local Committee	Mrs Pearl Roberts
Vice Chair Conwy Local Committee	Mr Geoffrey Richardson
Chair Denbighshire Local Committee	Mrs Carole Lapham
Vice Chair Denbighshire Local Committee	Mrs Roma Goffett
Chair Flintshire Local Committee	Mr Gordon Donaldson
Vice Chair Flintshire Local Committee	Mr Colin Herbert
Chair Gwynedd Local Committee	Miss Jean Preston
Vice Chair Gwynedd Local Committee	Cllr Peter Read
Chair Wrexham Local Committee	Cllr Hugh Jones
Vice Chair Wrexham Local Committee	Mrs Sylvia Prankard
Chief Officer	Mrs Pat Billingham

<b>Services Planning Committee</b>	
Chair BCCHC	Mr David Cooper
Vice Chair BCCHC	Ms Hilary Scott
Anglesey Local Committee	Mrs Denise Harris-Edwards
Conwy Local Committee	Mr Geoffrey Richardson
Conwy Local Committee	Mrs Pearl Roberts
Denbighshire Local Committee	Mrs Carole Lapham
Flintshire Local Committee	Mr Gordon Donaldson
Gwynedd Local Committee	Miss Jean Preston
Wrexham Local Committee	CLlr Hugh Jones
Chief Officer	Mrs Pat Billingham

<b>Communications Group</b>	
Anglesey Local Committee	Mrs Patricia Rannard
Conwy Local Committee	Mr Kevin Sibbons
Denbighshire Local Committee	Mr Neil Taylor
Flintshire Local Committee	Mr Colin Herbert
Gwynedd Local Committee	Ms Hilary Scott
Wrexham Local Committee	Mrs Margaret Williams

<b>Visiting Monitoring Group</b>	
Anglesey Local Committee	Mrs Denise Harris-Edwards
Conwy Local Committee	Mrs Pearl Roberts
Denbighshire Local Committee	CLlr Christine Evans
Flintshire Local Committee	Mrs Jenny Harley
Gwynedd Local Committee	Mrs Vera Wilson
Wrexham Local Committee	Mr Emlyn Phennah Mrs Sylvia Prankard



## HOW TO CONTACT BETSI CADWALADR COMMUNITY HEALTH COUNCIL

Bangor Office:	11 Chestnut Court Ffordd y Parc Parc Menai Bangor LL57 4FH
Telephone:	01248 679284
Wrexham Office:	Cartrefle Cefn Road Wrexham LL13 9NH
Telephone:	01978 356178                      Fax: 01978 346870
Website:	<a href="http://www.communityhealthcouncils.org.uk/betsicadwaladr">www.communityhealthcouncils.org.uk/betsicadwaladr</a>
Email:	<a href="mailto:admin@bcchc.org.uk">admin@bcchc.org.uk</a> , <a href="mailto:yourvoice@bcchc.org.uk">yourvoice@bcchc.org.uk</a>
Twitter:	<a href="http://www.twitter.com/BetsiCadCHC">www.twitter.com/BetsiCadCHC</a>
Facebook:	<a href="http://www.facebook.com/NorthWalesCHC">www.facebook.com/NorthWalesCHC</a>
Chief Officer: Email:	Pat Billingham <a href="mailto:Pat.Billingham@bcchc.org.uk">Pat.Billingham@bcchc.org.uk</a>
Deputy Chief Officer Email:	Christine Jones (Public and Patient Engagement) <a href="mailto:Chris.Jones@bcchc.org.uk">Chris.Jones@bcchc.org.uk</a>
Deputy Chief Officer Email:	Carol Williams (Public & Patient Engagement) <a href="mailto:Carol.Williams@bcchc.org.uk">Carol.Williams@bcchc.org.uk</a>
Deputy Chief Officer Email:	Dylan Murphy (Monitoring & Scrutiny) <a href="mailto:Dylan.Murphy@bcchc.org.uk">Dylan.Murphy@bcchc.org.uk</a>
Complaints Advocates based in Wrexham	Aimée Everett Ross Duffield
Complaints Advocates based in Bangor	Emily Bacon Audrey Hughes Debra Upton
Email:	<a href="mailto:complaints@bcchc.org.uk">complaints@bcchc.org.uk</a>