



**CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL**

BETSI CADWALADR

ANNUAL REPORT

2012-2013

Your Voice in the NHS serving the People of North Wales

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BETSI CADWALADR COMMUNITY HEALTH COUNCIL STAFF TEAM

APRIL 2012-MARCH 2013

The Welsh Ministers ensure that BCCHC has a number of Officers to enable the CHC to perform its functions. The Officers employed during 2012-13 were:

Pat Billingham, Chief Officer

Chris Jones, Deputy Chief Officer- Patient and Public Engagement

Carol Williams, Deputy Chief Officer- Patient and Public Engagement

Dylan Murphy, Deputy Chief Officer-Monitoring and Scrutiny

Sue Irlam, Office Manager, (Part) & Business Manager (Part)

Sandra Janusz, Office Manager, Wrexham (*Retired December 2012*)

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 (Part)

Charlotte Moran, Administrative Support

Jill Scupham, Administrative Officer

COMPLAINTS ADVOCACY STAFF

Emily Bacon, Complaints Advocate (Part)

Ross Duffield, Complaints Advocate

Aimée Everett, Complaints Advocate

Audrey Hughes, Complaints Advocate

Debra Upton, Complaints Advocate

Katherine Williams, Complaints Advocate (Part)

Dawn Yorke, Complaints Advocate (Part)

Allison Hughes, Advocacy Office Manager, Bangor

Debbie Postle, Advocacy Office Manager, Wrexham

Emily Bacon, Advocacy Assistant (Part)

Bev Davies, Advocacy Assistant (Part)

CHAIR'S REPORT

I was elected chair of North Wales CHC on 16 April 2012. Attributes for this post were a good knowledge of the workings of the Health Service and an ability to Chair. Many skills were missing such as business, management skills and a knowledge of finance for which I have been reliant on the officers and other members of our CHC and I am thankful for your help.

In order to get to know the other members I went to each of the 6 CHCs in the first 3 months and I was impressed by the attendance levels and also the commitment of the members.

We all, in 2 days, met Professor Marcus Longley to discuss what we felt about the CHC for his review. He did listen to us and I suspect, as he listened to each county separately, must have had a lot of repetition. The first Board to Board was the day after on 17 May 2012 and I realised, this being my first joint meeting, that the BCUHB actually took us seriously.

I attended the Board meetings of the CHC either in Llandrindod Wells or Cardiff for the next year. The Annual CHC meeting in Cardiff in June was interesting but we were disappointed how little time the Minister Lesley Griffiths gave to us. The Services Planning and the Executive meetings were filled with detail and questions about the forthcoming changes. This was a busy schedule with a great deal of reading to do and also travelling as most of the meetings were in Bangor.

After the 19 July 2012 where the Reconfiguration of the Health Service Changes in North Wales was given by the BCUHB to the public in Optic Centre in St Asaph. The press, action groups, County Councils, CHC and hospital staff were all there. The hard work really started after that. Each county set up its own plan for consultation with the general public which went on throughout August 2012 to October 2012.

I spent a great deal of time handing out questionnaires and chatting to people in the Ruthin and Mold area and also to the Homeless in Rhyl and Colwyn Bay. I know many other members worked very hard as well. I feel we got through to the hard to reach groups.

The Hospital Patient Environment (HPE) assessment happened in October. Visits resumed including A& E watches. All the while the Task and Finish group of the Communications Group were beavering away at the minutiae of the changes, which by the beginning of March we had decided upon. I think our responses and the recommendations to the Minister were sensible and carefully thought out although some councillors felt we were toothless, we, the Executive, were seeing the bigger picture.

In addition to all this there were visits to Walton Centre, a Task and Finish Group in Sexual Health, a visit to the day theatre, ward 4 unannounced, Welsh Ambulance Service Trust /CHC liaison meetings and Blood Transfusion meeting.

So my daughter gave me an ultimatum that I must retire as I was exhausted. She was right, so my term of office ended in March 2013.

Thanks for all you help and hard work. I enjoyed it.

Christine Evans, Chair Betsi Cadwaladr Community Health Council

ANNUAL REPORT PUBLIC AND PATIENT ENGAGEMENT 2012-2013

The Betsi Cadwaladr Community Health Council (CHC) represents people who have an interest in North Wales' health services. We help 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 or visit North Wales.

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

Throughout the year, the CHC has built on the previous work of its Communications Group to develop continuous engagement by the CHC with patients and the public across North Wales. We have sought through a number of initiatives, to communicate regularly with communities and decision makers so that the CHC can speak with an authoritative voice. The aim of the CHC's Communications Group this year was to make sure that the CHC developed and sustained a detailed understanding of the needs, views and experiences of all sections of the community it serves as well as influencing the actions of decision makers.

In particular we focused on how the CHC could make an effective contribution to the Health Board's formal consultation 'Healthcare in North Wales is Changing' – which consulted with people during the months of August, September and October, about the future of health services for North Wales

The CHC must take part in consultations about major changes in local health services in three specific ways. These are set out in law and Welsh Government guidance. The CHC must:

- Help make sure that people know about proposed changes and that they can say what they think about them.
- Look closely at every aspect of the proposals.
- Tell the Minister for Health and Social Services if the CHC objects to any or all the proposals because the CHC believes that the

proposals are not in the interest of people who use services, or of the health service.

At the start of the formal consultation process in August 2012, CHC members put up posters and distributed flyers in as many places as possible which told people how to get more information about the changes proposed by the Health Board, and how they could make their views known. We published our own materials in a bilingual, easy to read format with a breakdown of information about the Health Board's proposals and we shared these materials widely. During the consultation, CHC members and staff asked more than 1800 people how the changes might affect them. The CHC analysed what they said and what 250 other people said when they wrote to, telephoned and emailed the CHC office. Information about the people to whom we spoke and had contact with is found within our 'Response to the Betsi Cadwaladr University Health Board's Consultation Document – NHS Service Changes' (a full copy can be viewed on our website at, www.bcchc.org.uk). CHC members and staff also attended 30 meetings and other events, large and small, so they could hear in person the questions people asked- and the answers given by the Health board.

At the same time, CHC members were reading documents produced by the Health board and others. We then asked the Health Board questions about the proposals themselves and about background information on, for example, finance, staffing and transport plans. Our response to the Health Board took into account all that the CHC had heard and read. A supplementary response in January 2013 and a letter to the Minister for Health and Social Services in March 2013, reiterated our key areas of concern about the Health Board's proposals and emphasised that we would closely monitor the impact on patients of any changes to health services. This will form a large area of our work over the coming year.

During the year we have been involved in a number of other initiatives where we have provided people with access to the CHC so they could make their views about health services in North Wales, known to an independent body. CHC members and staff have promoted the work of the CHC by giving presentations to a variety of groups and organisations and through attendance at public events - displaying CHC materials and talking about our work with the general public. We

have gathered people's feedback and views about the health services they receive, through face-to face interviews and questionnaires and have developed our use and understanding of social media, through Twitter and Facebook. In comparison to previous years, we have seen a notable increase of 'visitors' to our website with a total of 77,022 'hits' on our 'Contents View' page (69,294 English/ 7728 Welsh) and a total of 23,430 'hits' on our homepage (23,430 English/ 826 Welsh) .

Members have read and contributed views to a number of national consultations (including Future of CHCs – from 24 October 2012- 16 January 2013) and through their own networks are able to share much information about health services in general.

In accordance with our Welsh Language Scheme –our annual monitoring report for the period of 10 May 2011 to 9th May 2012 was presented to the Welsh Language Commissioners office in January 2013. We continue to develop and monitor the scheme with guidance from the Welsh Language Commissioner with a particular focus that the CHC maintains the principle that in the conduct of public and private business, the CHC will treat the English and Welsh languages equally. We also recognise that our members and members of the public express their views and needs in their preferred language and we continue to offer our members and the public the right to choose which language to use in dealings.

We continue to focus on encouraging patients to take part in matters relating to 'Primary Care' – in particular where GP services are concerned. Throughout the year we have liaised with and advised GP practices about the importance of public and patient engagement concerning any proposed changes to GP services. The CHC's involvement in these issues has ensured that patients are aware of what their GP practice is planning; patients are allowed to give their views on these plans and patients can talk to an independent organisation about their views and concerns.

Chris Jones and Carol Williams, Deputy Chief Officer

ANNUAL REPORT MONITORING AND SCRUTINY 2012-2013

Visiting Programme

During 2012-13 the CHC delivered a wide-ranging visiting programme across north Wales during which members inspected a variety of NHS services. In total, 173 inspections were undertaken as part of a rolling programme of quality monitoring visits. During the year, members undertook:

- 23 inspections of Primary Care providers (GP practices);
- 21 pharmacy inspections; and
- 129 inspections at hospitals (including mental health units).

Following these inspections, members produced reports which rated 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.

Hospital Visiting

During 2012-13, hospital inspections were undertaken at Ysbyty Gwynedd; Ysbyty Glan Clwyd; Ysbyty Wrexham Maelor; Abergele Hospital; Chirk Community Hospital; Deeside Community Hospital; Ffestiniog Memorial Hospital; Flint Community Hospital; Llandudno General Hospital; Ysbyty Alltwen; Ysbyty Eryri; and Ysbyty Penrhos Stanley.

2012-13 was the first year that hospital inspections were undertaken with specific focus on a particular aspect of patients' experience of hospital care. Inspections had a particular focus on one of four "themes":

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

The number of each inspection undertaken during the year was:

	Total	District General Hospital*	Other Hospital
External	15	3	12
Equality of Access	21	16	5
Patient and People Care	35	26	9
Upkeep of Internal Fabric	37	24	13
Unannounced	2	2	0

*Ysbyty Gwynedd, Ysbyty Glan Clwyd or Wrexham Maelor Hospital.

External Access inspections were only undertaken once at each site during the year. These inspections focussed on the outside of the hospital and considered aspects such as signage, car parking, the state of roads and paths, and the state of the grounds.

Equality of Access inspections focussed on access issues and considered aspects such as the provision of power-assisted doors, accessible toilets, communication and mobility support, appropriate lighting and colour contrast (to assist those with visual impairment).

The Patient and People Care inspections focussed on privacy and dignity issues and were undertaken during mealtimes so members could observe the operation of the "protected mealtime" policy and the assistance offered to patients during mealtimes.

The Upkeep of Internal Fabric inspections focussed on aspects such as cleanliness, tidiness, the state of the décor, equipment and facilities.

It was agreed that this "themed" approach to hospital inspections would continue in 2013-14.

Mental Health Visiting

During 2012-13, members paid particular attention to the quality of mental health services. 21 inspections were undertaken during visits to mental health units during the year. These included inspections at the Ablett Unit, Ysbyty Glan Clwyd; Ysbyty Cefni; Bryn-y-Neuadd, Llanfairfechan; Glan Traeth, Royal Alexandra Hospital; and Tan-y-Castell, Ruthin.

1 of these inspections was an Equality of Access inspection and 1 was an External inspection and these are included in the hospital visits table above. 19 inspections were dedicated acute mental health unit assessments and are in addition to the inspections listed in the hospital inspections table above.

Towards the end of 2012-13 a Mental Health and Learning Disabilities Monitoring Project was established to consider how the CHC could develop its monitoring programme to best capture the experience of service services. The work of this group will shape how the CHC monitors mental health and learning disability services from 2013 onwards.

Accident and Emergency Watch

During the year, members undertook an Emergency Department Watch on two occasions. This exercise involved both a report completed by members (based on their observations) and the distribution of a questionnaire to patients which they returned directly to the CHC. The focus of the exercise was the patient experience of the Emergency Department, with a particular focus on Privacy, Dignity and Safety. The results of both elements were provided to the Health Board.

The first Watch took place on Friday 17 August 2012 between 8pm and midnight. The second Watch took place on Saturday 24 November 2012 between 10pm and 2am. On both occasions, the same two questions received the greatest number of negative responses. These issues and the Health Board's response to them were:

Issue: Were you asked what name you prefer to be called by?

Health Board response: "This is not done at Triage as staff priority is to ensure correct triage classification is made, however this should be done when the patients are admitted either to cubicles (minors) or Trolleys (Majors). The ED Matron will ensure a communication is made with all staff to remind them about the importance of this."

Issue: Were you kept informed of timings / delays at each stage?

Health Board response: "We have asked that the reception clerks receive training to update the screens in the reception area with length of expected wait. Triage nurses are asked to inform the patients of the expected length of wait although often this changes so rapidly it is never accurate as the department can change on an hourly basis. The matrons will ensure this is discussed with all staff to ensure as timely as possible information is available."

Cross-border Visits

During 2012-13, members also undertook visits to potential sites for the delivery of major trauma services to North Wales' patients at the Walton Centre NHS Foundation Trust, Liverpool and University Hospital of North Staffordshire. During these visits, members considered these sites from the perspective of patients and their carers/visitors.

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.

In the autumn of 2012, members undertook the following HPE assessments:

- 24 September, Ysbyty Penrhos Stanley;
- 28 September, Deeside Community Hospital;
- 3 October, Wrexham Maelor Hospital;
- 10 October, Ysbyty Glan Clwyd;
- 16 October, Ysbyty Gwynedd; and
- 22 October, Colwyn Bay Community Hospital.

A number of wards and departments were assessed on each site:

	Ysbyty Penrhos Stanley	Deeside Community Hospital	Wrexham Maelor	Ysbyty Glan Clwyd	Ysbyty Gwynedd	Colwyn Bay Community Hospital
Wards	2	3	6	6	6	2
Depts	5	5	6	3	3	7

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

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 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 identified during the assessments included a lack of linen available on wards; clutter (due to lack of storage); poor signage; and dirty windows.

GP Out of Hours (OOH)

Members visited the Out of Hours Centre at Deeside on two occasions during 2012-13. In June 2012, Members had a question and answer session with service managers on the operation of the service. In March 2013, members visited during the evening. During this visit, members again had a question and answer session with service managers and were escorted on a visit to the call centre and treatment area to witness the centre in action.

The Head of the Out of Hours Service has also attended meetings of the CHC's Full Council and Executive Committee to report on the performance of the service and the measures put in place to improve the service.

Complaints progress

The CHC has continued to engage the Health Board in an effort to improve the Board's performance in handling formal complaints. During 2012-13 a number of joint meetings were held between the CHC's Advocacy Service and the Health Board's Concerns Team (which manages the Health Board's response to concerns and complaints). During these sessions the CHC suggested a number of changes to the standard documentation used by the Health Board to make them more helpful to complainants. These changes were accepted by the Health Board. The CHC also raised a number of issues around the Health Board's management of local resolution meetings and made some recommendations which would improve the service provided to complainants. These recommendations were also accepted and were subsequently implemented by the Health Board.

Looking towards 2013-14

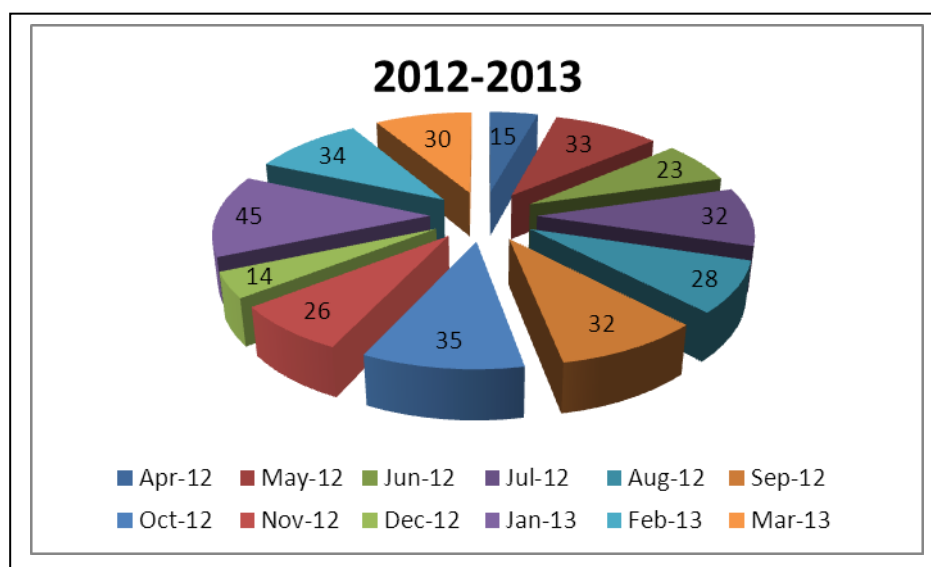
During 2013-14 the CHC will continue to develop its monitoring and scrutiny function so it can accurately monitor the impact of NHS service changes on service users' experiences of the NHS in north Wales.

Building on the work to develop hospital inspections during 2012-13, work will also be done to develop the CHC's monitoring of Mental Health and Learning Disability services, GP surgeries and Nursing Homes.

Dylan Murphy, Deputy Chief Officer

ANNUAL REPORT ADVOCACY SERVICE 2012-2013

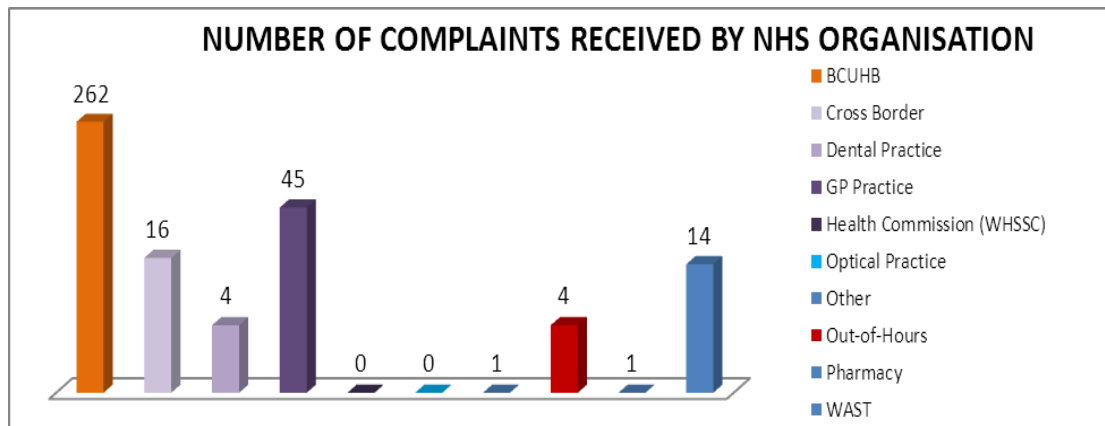
Apr-12	15
May-12	33
Jun-12	23
Jul-12	32
Aug-12	28
Sep-12	32
Oct-12	35
Nov-12	26
Dec-12	14
Jan-13	45
Feb-13	34
Mar-13	30



TOTAL 347

During the year the Advocacy Service received a total number of 347 complaints.

Number of Complaints Received by NHS organisation	QTR1	QTR 2	QTR 3	QTR 4	TOTAL
Betsi Cadwaladr University Health Board	53	67	59	83	262
Cross Border	2	7	2	5	16
Dental Practice	1	1	0	2	4
GP Practice	12	12	9	12	45
Health Commission (WHSSC)	0	0	0	0	0
Optical Practice	0	0	0	0	0
Other	0	1	0	0	1
Out-of-Hours	0	0	2	2	4
Pharmacy	0	1	0	0	1
Welsh Ambulance Services NHS Trust	3	3	3	5	14
	71**	92**	75**	109**	347**

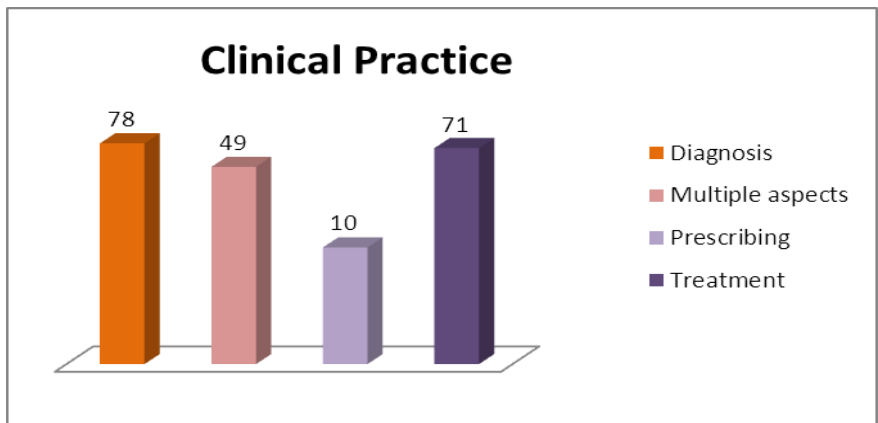


The results show that 72% of the concerns were against the Betsi Cadwaladr University Health Board, 16% about GP's, 3% Welsh Ambulance Services, 3% cross border hospitals, 2% dental services, 2% other and 2% against GP out of hours services.

SERVICE AREA OF COMPLAINT	QTR 1	QTR 2	QTR 3	QTR 4	TOTAL
Clinical Practice	44	47	52	65	208
Communication	16	28	15	29	88
Facilities	2	4	2	4	12
Other	3	2	2	8	15
Procedures	8	21	8	24	61
Services Provided	2	9	7	5	23
Standards of Care	16	6	10	14	46
Waiting Times	7	8	5	13	33
Totals	98**	125**	101**	162**	486**

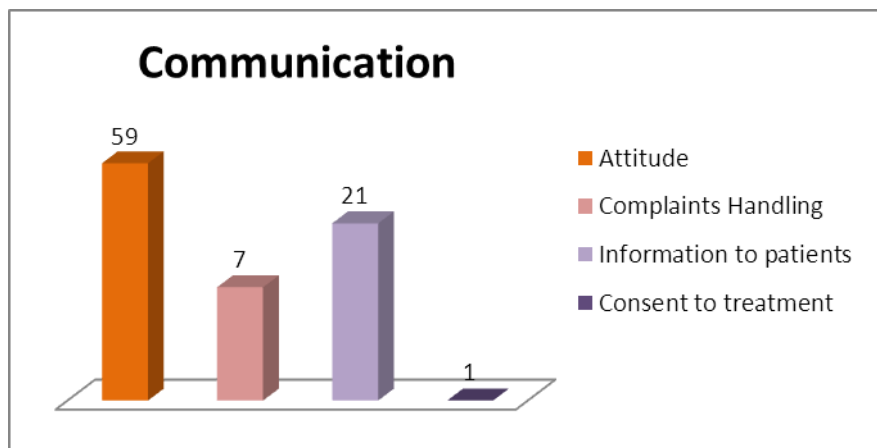
**** Some cases have more than one subject area of complaint**

Subject Area of Complaint	QTR 1	QTR 2	QTR 3	QTR 4	TOTAL
Clinical Practice - Diagnosis	12	22	16	28	78
Clinical Practice - Multiple aspects	11	8	12	18	49
Clinical Practice - Prescribing	3	1	3	3	10
Clinical Practice - Treatment	18	16	21	16	71



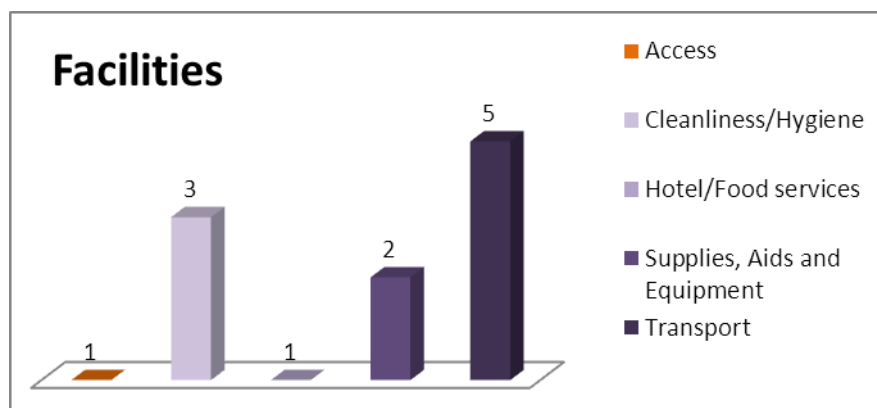
The results show that 38% of clinical practice concerns relate to diagnosis , 34% to treatment , 23% to multiple aspects and 5% to prescribing.

Subject Area of Complaint	QTR 1	QTR 2	QTR 3	QTR 4	TOTAL
Communication - Attitude	11	17	11	20	59
Communication - Complaints handling	1	1	0	5	7
Communication - Consent to treatment	0	0	1	0	1
Communication - Information to patients/next of kin (written and oral)	4	10	3	4	21



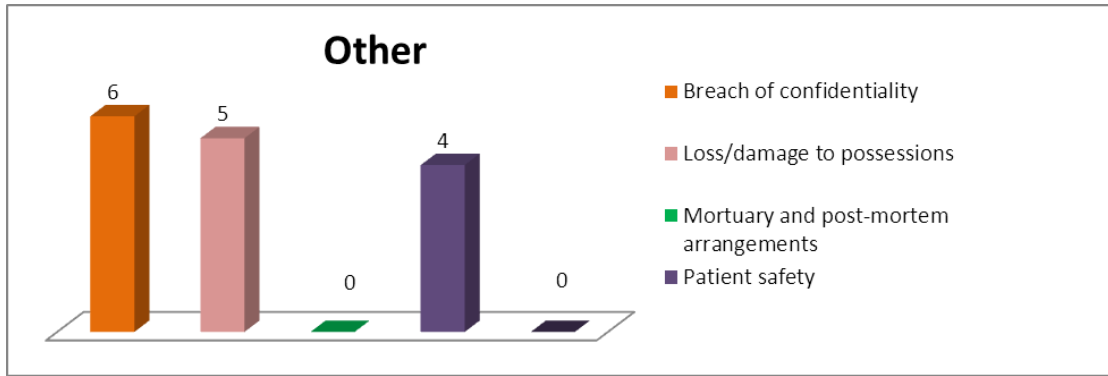
The results show that 67% of communication concerns relate to attitude, 24% to information to patient's/next of kin, 8% to complaints handling and 1% to consent to treatment.

Subject Area of Complaint	QTR 1	QTR 2	QTR 3	QTR 4	TOTAL
Facilities - access	0	0	0	1	1
Facilities - Cleanliness/Hygiene	0	1	1	1	3
Facilities - Hotel/Food services	0	1	0	0	1
Facilities - Supplies, Aids and Equipment	1	0	1	0	2
Facilities - Transport	1	2	0	2	5



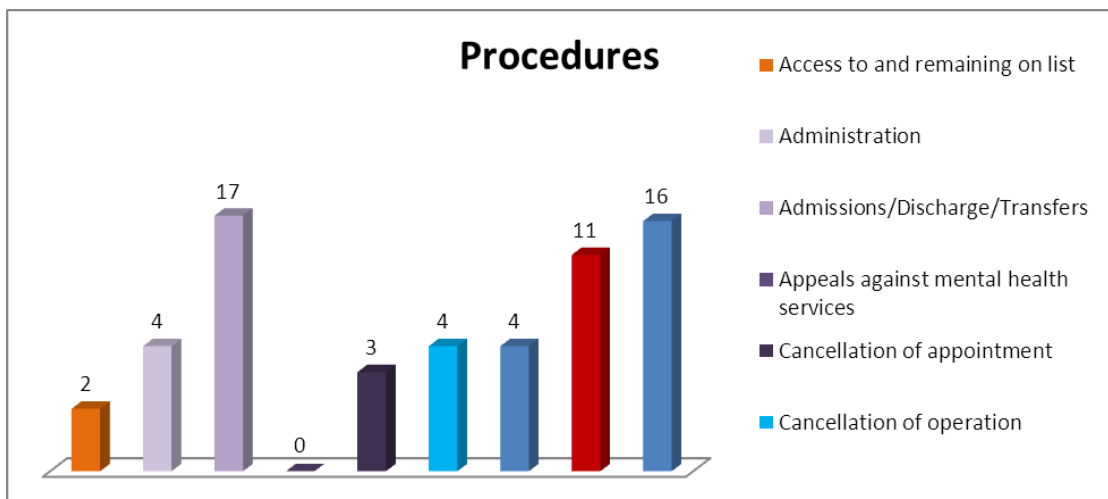
The results show that 42% of concerns relate to transport, 25% to cleanliness/hygiene, 17% to supplies, aids and equipment, 8% to hotel/food services and 8% to access.

Subject Area of Complaint	QTR 1	QTR 2	QTR 3	QTR 4	TOTAL
Other - Breach of confidentiality	0	1	1	4	6
Other - Loss/damage to possessions	2	0	0	3	5
Other - Mortuary and post-mortem arrangements	0	0	0	0	0
Other - Patient safety	1	1	1	1	4
Other - Patient status/discrimination	0	0	0	0	0



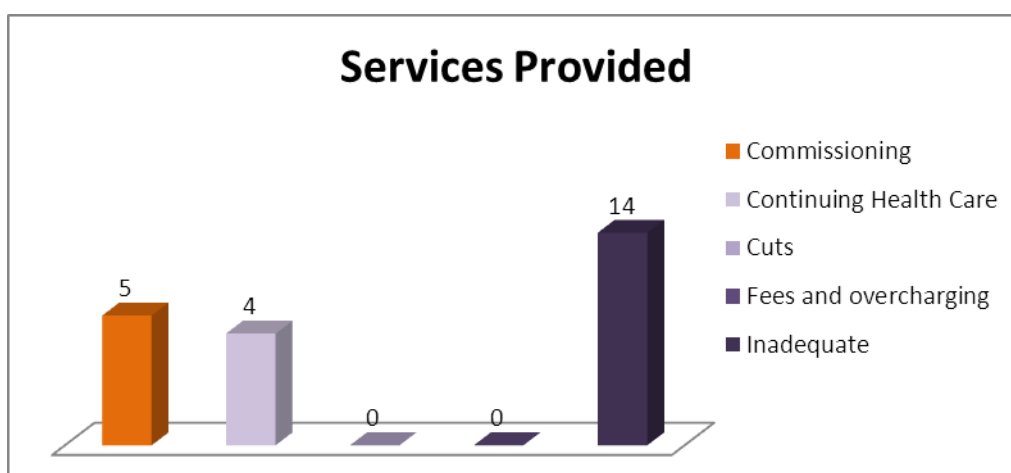
The results show that 40% of concerns relate to breach of confidentiality, 33% to loss/damage to possessions, and 27% to patient safety

Subject Area of Complaint	QTR 1	QTR 2	QTR 3	QTR 4	TOTAL
Procedures - Access to and remaining on list	0	0	1	1	2
Procedures - Administration	0	2	1	1	4
Procedures - Admissions/Discharge/Transfers	1	5	2	9	17
Procedures - Appeals against mental health services	0	0	0	0	0
Procedures - Cancellation of appointment	1	2	0	0	3
Procedures - Cancellation of operation	2	1	0	1	4
Procedures - Medical records	0	3	0	1	4
Procedures - Non-referral	1	3	2	5	11
Procedures - Other	3	5	2	6	16



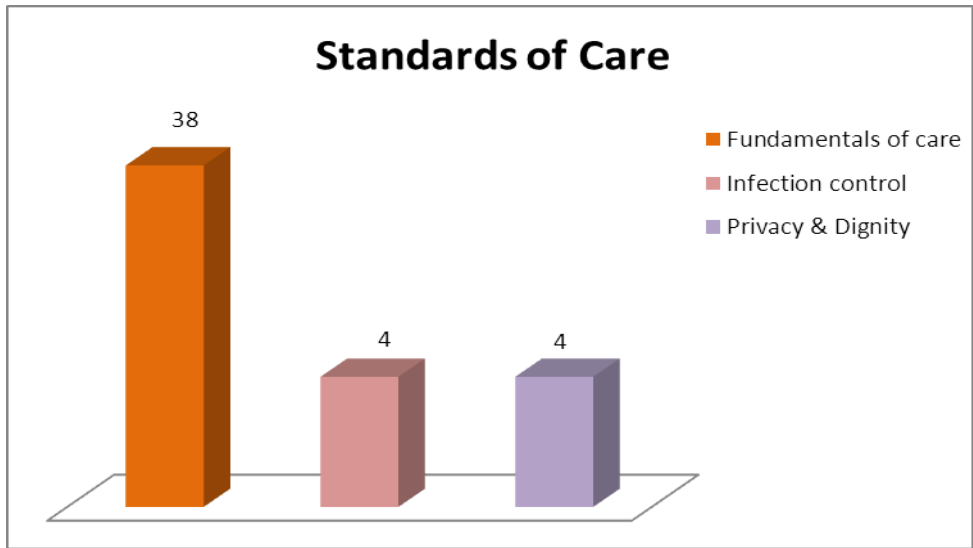
The results show 28% of concerns refer to admissions/discharge/transfer, 26% other, 18% non-referral, 7% administration, 7% cancellation of operation, 7% medical records, 4% cancellation of appointment and 3% access to and remaining on list.

Subject Area of Complaint	QTR 1	QTR 2	QTR 3	QTR 4	TOTAL
Services Provided - Commissioning	0	0	3	2	5
Services Provided - Continuing Health Care	0	3	1	0	4
Services Provided - Cuts	0	0	0	0	0
Services Provided - Fees and overcharging	0	0	0	0	0
Services Provided - Inadequate	2	6	3	3	14



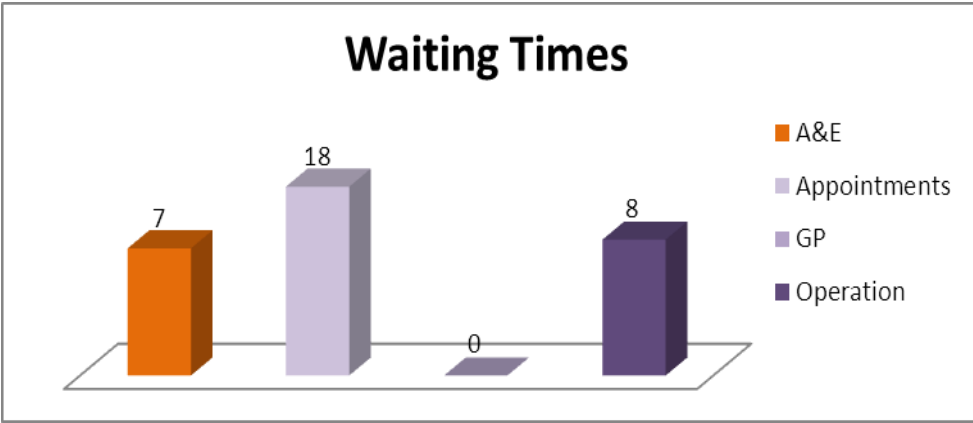
The results show 61% of concerns refer to services provided are inadequate, 22% commissioning, and 17% continuing health care.

Subject Area of Complaint	QTR 1	QTR 2	QTR 3	QTR 4	TOTAL
Standards of Care - Fundamentals of care	14	4	9	11	38
Standards of Care - Infection control	1	1	1	1	4
Standards of Care - Privacy and Dignity	1	1	0	2	4



The results show 82% of standards of care concerns refer to fundamentals of care, 9% infection control, and 9% privacy and dignity.

Subject Area of Complaint	QTR 1	QTR 2	QTR 3	QTR 4	TOTAL
Waiting Times - A&E	2	0	0	5	7
Waiting Times - Appointments	2	4	5	7	18
Waiting Times - GP	0	0	0	0	0
Waiting Times - Operation	3	4	0	1	8



The results show 55% of waiting times concerns refer to appointments, 24% are waiting for an operation and 21% waiting at A&E department.

CURRENT CASE STATUS AS AT 31 MARCH 2013

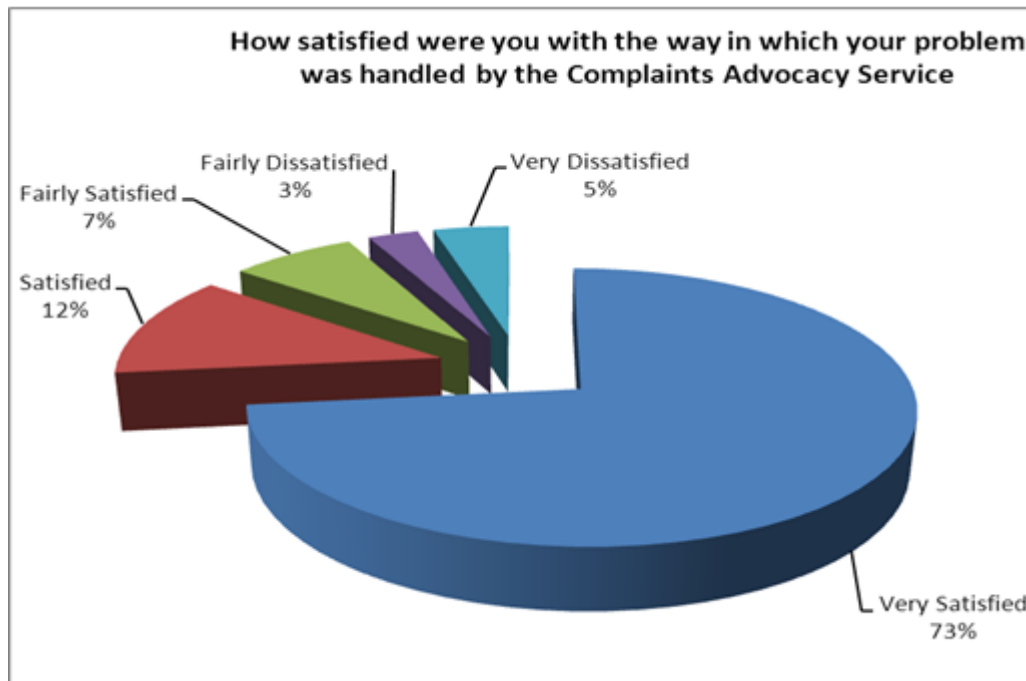
Number of cases at Local Resolution Stage	208
Number of cases at Independent Review Stage	3
Number of cases at Redress Stage	9
Number of cases at Ombudsman Stage	14

1 APRIL 2012 – 31 MARCH 2013

Number of complaints received	347
Number of complaints closed	322

ADVOCACY SERVICE USER SATISFACTION SURVEY

During the financial year a total of 322 satisfaction surveys were sent out to people who used the advocacy service. Of the 322 sent out only 43% of patients/complainants returned their satisfaction surveys.

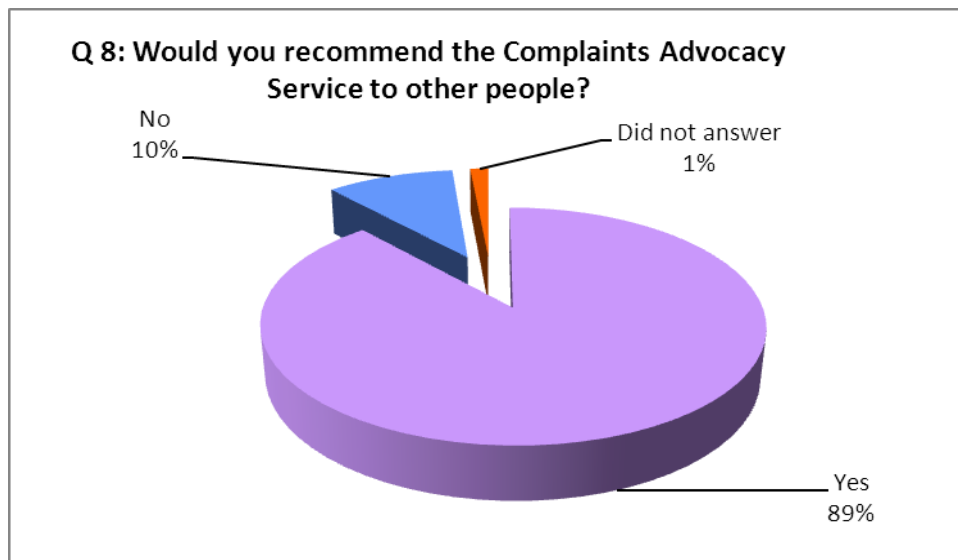


Overall, how satisfied were you with the way in which your problem was handled by the Complaints Advocacy Service?

101 answered Very Satisfied
 17 answered Satisfied

10	answered	Fairly Satisfied
4	answered	Fairly Dissatisfied
6	answered	Very Dissatisfied

The results show that 73% of our service users were Very Satisfied with the Advocacy Service, 12% Satisfied, 7% Fairly Satisfied, 3% Fairly Dissatisfied and 5% Very Dissatisfied.



Would you recommend the Complaints Advocacy Service to other people?

123 answered yes (1 answered yes and no to same question)
 14 answered no
 2 did not answer

The results show that 89% of patients/complaints would recommend the Complaints Advocacy Service to other people.

MEMBERSHIP OF BETSI CADWALADR COMMUNITY HEALTH COUNCIL

APRIL 2012-MARCH 2013

AREA COMMITTEE / MEMBERS NAME	NOMINATED BY:	ATTENDANCE Council/Local Committee	
		Possible	Actual
Anglesey			
Brace Griffiths	Welsh Assembly Government	10	8
Cllr Lewis Davies	Anglesey County Council	9	6
Mrs Denise Harris-Edwards	Voluntary/3 rd Sector	12	10
Miss Elizabeth Heyworth	Welsh Assembly Government	10	4
Cllr Eric Jones	Anglesey County Council	12	11
Mrs Patricia Jones	Voluntary/3 rd Sector	12	5
Cllr Raymond Jones	Anglesey County Council	12	7
Mrs Patricia Rannard	Welsh Assembly Government	12	7
Mr Mark Thornton	Welsh Assembly Government	10	8
Cllr John Penri Williams <i>(Resigned in year)</i>	Anglesey County Council	2	1
Mrs Delyth Wilson	Voluntary/3 rd Sector	12	12
Co-opted			
Mr Andy Burgen	Anglesey Local Committee	10	6
Conwy			
Cllr Frank Bradfield	Conwy County Borough Council	9	7
Mrs Nerys Cossey	Voluntary/3 rd Sector	12	10
Ms April Harper	Voluntary/3 rd Sector	12	9
Cllr Abdul Khan <i>(Not re-appointed)</i>	Conwy County Borough Council	2	1
Cllr Roger Parry	Conwy County Borough Council	7	5
Cllr Ronald Peacock <i>(Not re-appointed)</i>	Conwy County Borough Council	2	0
Cllr John Pitt <i>(Not re-appointed)</i>	Conwy County Borough Council	2	0

AREA COMMITTEE / MEMBERS NAME	NOMINATED BY:	ATTENDANCE Council/Local Committee	
		Possible	Actual
Mrs Hilary Randall	Welsh Assembly Government	10	8
Mr Geoffrey Richardson	Welsh Assembly Government	12	10
Mrs Pearl Roberts	Voluntary/3 rd Sector	12	10
Mr Kevin Sibbons	Welsh Assembly Government	12	7
Cllr Andrew Wood	Conwy County Borough Council	9	3
Co-opted:			
Mrs Caroline Griffiths	Conwy Local Committee	1	1
Mr Robin Holden	Conwy Local Committee	12	10
Mr Peter Jones	Conwy Local Committee	10	7
Mrs Barbara Middleton	Conwy Local Committee	8	4
Mr Ian Turner	Conwy Local Committee	4	2
Denbighshire			
Cllr Ray Bartley	Denbighshire County Council	12	10
Cllr Brian Blackley	Denbighshire County Council	7	2
Cllr Janet Ann Davies	Denbighshire County Council	12	4
Miss Christine Evans	Welsh Assembly Government	12	12
Mrs Roma Goffett	Voluntary/3 rd Sector	12	11
Mrs Margaret Hughes	Welsh Assembly Government	12	12
Miss Morfudd Jones	Voluntary/3 rd Sector	9	7
Mrs Carole Lapham	Welsh Assembly Government	12	12
Mrs Eirlys Pritchard	Welsh Assembly Government	12	11
Dr Sibani Roy	Welsh Assembly Government	12	12
Mr Neil Taylor	Voluntary/3 rd Sector	12	11
Dr Ahmed Valijan	Welsh Assembly Government	12	9
Co-opted:			
Mrs Eva Edwards	Denbighshire Local Committee	10	8
Dr Jeffrey Evans	Denbighshire Local Committee	12	8
Mrs Betty Downs	Denbighshire Local	2	2

AREA COMMITTEE / MEMBERS NAME	NOMINATED BY:	ATTENDANCE Council/Local Committee	
		Possible	Actual
	Committee		
Flintshire			
Mr Gordon Donaldson	Voluntary/3rd Sector	12	12
Cllr Carol Ellis (<i>Resigned in year</i>)	Flintshire County Council	4	1
Mr Colin Herbert	Voluntary/3rd Sector	12	11
Cllr Christine Ellis	Flintshire County Council	6	1
Mrs Rita Jones	Welsh Assembly Government	10	10
Mr Russell Jones	Welsh Assembly Government	12	10
Cllr Hilary McGuill	Flintshire County Council	12	6
Mrs Fran Parry	Voluntary/3rd Sector	12	8
Mrs Jennie Starling	Welsh Assembly Government	10	2
Mrs Jane Stewart	Welsh Assembly Government	10	8
Mr Michael Theaker	Welsh Assembly Government	10	8
Co-opted:			
Mrs Jennifer Harley	Flintshire Local Committee	12	9
Mrs Cheryl Jones	Flintshire Local Committee	12	7
Mrs Jacqueline Jones	Flintshire Local Committee	12	5
Mrs Margaret Kewley	Flintshire Local Committee	12	7
Mrs Karen Shepherd	Flintshire Local Committee	12	7
Gwynedd			
Cllr Huw Edwards (<i>Resigned in year</i>)	Gwynedd County Council	10	2
Mr E Llewelyn Edwards	Voluntary/3rd Sector	12	7
Mr Carl Hayward	Welsh Assembly Government	10	0
Mrs Mair Jones	Welsh Assembly Government	10	8
Miss Melanie Jones	Voluntary/3rd Sector	12	4
Cllr Eryl Jones-Williams	Gwynedd County Council	12	10
Miss Jean Preston	Welsh Assembly Government	12	8
Ms Hilary Scott	Welsh Assembly Government	12	10

AREA COMMITTEE / MEMBERS NAME	NOMINATED BY:	ATTENDANCE Council/Local Committee	
		Possible	Actual
Mrs Vera Wilson	Welsh Assembly Government	12	10
Co-opted			
Mrs Margaret Baker	Gwynedd Local Committee	12	4
Mrs Carol Davies (Resigned in year)	Gwynedd Local Committee	10	5
Mrs Martha Hughes (Resigned in year)	Gwynedd Local Committee	10	3
Mr Arwel Pierce	Gwynedd Local Committee	9	3
Wrexham			
Mrs Jackie Allen	Welsh Assembly Government	10	9
Cllr Krista Childs	Wrexham County Council	6	2
Mr David Cooper	Welsh Assembly Government	12	5
Miss Jan Greasley	Welsh Assembly Government	12	10
Cllr O Arfon Jones	Wrexham County Council	6	3
Cllr Hugh Jones (Resigned in year)	Wrexham County Council	3	1
Cllr Joan Lowe	Wrexham County Council	12	9
Ms Val Morris	Voluntary/3rd Sector	12	8
Mrs Sylvia Prankard (Resigned in year)	Voluntary/3rd Sector	11	3
Miss Elizabeth Williams	Voluntary/3rd Sector	12	9
Co-opted:			
Ms Judith Connolly	Wrexham Local Committee	8	5
Mr Emlyn Phennah (Resigned in year)	Wrexham Local Committee	10	4
Mrs Jean Williams	Wrexham Local Committee	12	8
Mrs Margaret Williams	Wrexham Local Committee	10	8

SUB COMMITTEES OF THE BETSI CADWALADR COMMUNITY HEALTH COUNCIL APRIL 2012-MARCH 2013

Executive Committee

Chair BCCHC	Miss Christine Evans
Vice Chair BCCHC	Ms April Harper
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	Mrs Nerys Cossey
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	Mrs Vera Wilson
Vice Chair Gwynedd Local Committee	Ms Hilary Scott
Chair Wrexham Local Committee	Miss Jan Greasley
Vice Chair Wrexham Local Committee	Cllr Joan Lowe
Chief Officer	Mrs Pat Billingham

Services Planning Committee

Chair BCCHC	Ms Christine Evans
Vice Chair BCCHC	Ms April Harper
Anglesey Local Committee	Mrs Denise Harris-Edwards
Conwy Local Committee	Mrs Pearl Roberts
Denbighshire Local Committee	Mrs Carole Lapham
Flintshire Local Committee	Mr Gordon Donaldson
Gwynedd Local Committee	Ms Hilary Scott
Wrexham Local Committee	Miss Jan Greasley
	Cllr Joan Lowe
Chief Officer	Mrs Pat Billingham

Communications Group

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

Visiting Monitoring Group

Chair	Mrs Pearl Roberts
Anglesey Local Committee	Mrs Denise Harris-Edwards
Conwy Local Committee	Mrs Pearl Roberts
Denbighshire Local Committee	Miss Christine Evans
Flintshire Local Committee	Mrs Jenny Harley
Gwynedd Local Committee	Mrs Vera Wilson
Wrexham Local Committee	Mr Emlyn Phennah

FINANCE REPORT 1 APRIL 2012- 31 MARCH 2013

Heading	Budget (£)	Actual Spend (£)	Over/(Under) (£)
Staff costs (Including travel costs for staff and members)	669,440	651,670	(17,770)
Accommodation costs	56,667	57,922	1,255
Office expenses	55,672	52,956	(2,716)
Total	781,779	762,258	(19,256)

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	www.communityhealthcouncils.org.uk/betsicadwaladr	
Email:	admin@bcchc.org.uk , yourvoice@bcchc.org.uk	
Twitter:	www.twitter.com/BetsiCadCHC	
Facebook:	www.facebook.com/NorthWalesCHC	
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Email:	Chris.Jones@bcchc.org.uk	
Deputy Chief Officer	Carol Williams (Public & Patient Engagement)	
Email:	Carol.Williams@bcchc.org.uk	
Deputy Chief Officer	Dylan Murphy (Monitoring & Scrutiny)	
Email:	Dylan.Murphy@bcchc.org.uk	
Complaints Advocates based in Wrexham	Ross Duffield Aimée Everett	
Complaints Advocates based in Bangor	Emily Bacon Audrey Hughes Debra Upton	
Email:	complaints@bcchc.org.uk	