



North Wales Community Health Council
The Health Watchdog for North Wales

Annual Report 2013-14

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Chair's Report

When members elected me to the chair at the 2013 AGM, I moved to sit next to the Chief Officer and Pat whispered to me that she had something important to tell me. I thought perhaps it was the combination of the office safe, but it was to say she would retire before the next meeting.

Not an auspicious start for me, but a well-earned retirement from distinguished service for Pat. A few weeks later, Geoff was appointed, bringing with him long experience of CHC organisations, but with a few things to learn about the current scene in Wales. He took over a team with all the expertise he needed to come up to speed. Geoff, his Business Manager, his Deputy Chief Officers, the support staff and the advocacy team are, I believe, second to none in Wales and it has been a real pleasure to work with them and be guided by them.

On the first two or three occasions I chaired full council, I mentioned how many meetings I had attended so far. Then I stopped doing this because I thought I would kill off interest in becoming Chair or Vice-Chair. According to my diary, the 2014 AGM was meeting number 102, so 2013-14 was a fairly busy year. Those of us appointed through the government process, voluntary sector or by co-option give an undertaking with our applications to be available for a minimum of three to five days a month. That's 36 to 60 days a year, minimum. After four full councils and four local committees, that leaves between 28 and 52 days for the other activities, visiting and monitoring local and general hospitals, surgeries and pharmacies, HPE visits to six locations, special visits such as Bugwatch, plus meetings you are elected to or volunteer to attend.

The first Bugwatch covered a lot of wards and departments, yet only 19 of us took part, less than a quarter of our full membership. Now, allowing for the difficulty facing councillor members finding sufficient time and my warm thanks to those who do manage it, and the fact that at any one time, some members are unwell, on holiday, or committed to other worthwhile causes, there must have been some members who were simply uninterested. I expect they are not reading this, but, other members, please look around your local committees. Who is missing, who rarely supports our activities? Please encourage them, offer to share transport or meet at the hospital, visit with them, work together. In meetings of the Board of CHCs, I never feel that North Wales compares badly in terms of member involvement, but we all know if we work together, we can work better, to defend and improve the care of the patients we represent.

The start of 2013-14 marked the closing stages of the "Healthcare in North Wales is Changing" consultation exercise. We learned a lot from that exercise, so did the health board. We lost a number of members, particularly councillors, who did not accept that our response to the Minister was governed by his rules on how we could respond. A few Councils passed votes of no confidence in the CHC and the press, constantly claimed that the CHC had the power of veto and that referral to the Minister could halt any proposal.

The Minister's rules were designed to prevent CHC support for groups opposing change, and if we did oppose, we had to propose costed alternatives, giving an equivalent outcome within the same budget. As the health board had consulted on their programme, not on options, that made our job still more difficult.

Our final submission to the Minister contained more concerns and reservations than alternative proposals, yet it caused him to send two of his advisers to talk both to our executive and to the health board, to negotiate a local agreement on safeguarding rural services, particularly in the west. We preferred a local agreement, rather than ask the Minister to call in a panel of outside experts, and the outcome was that the board has to report regularly to our joint Services Planning Committee on how the modified programme is working out.

Having failed to show the CHC any supportable alternative plan for neonatal babies needing long-term intensive care costing the same or less than the health board's plan to use Arrowse Park Hospital, the AMs and trade unions persuaded the Minister to set up an enquiry. The outcome of this came at the end of the year in review and, no surprise at all to us, came up with a single specialist centre at Glan Clwyd (which the Deanery had demanded twelve months earlier), no indication where the cost of facilities and staff would come from, and the same number of babies to go to Arrowse Park that the health board had proposed originally. Everyone said they had won, ourselves included, as we had played our part to the letter of the law and not had our response rejected by the Minister, as happened with another CHC which tried to oppose everything.

The exercise demonstrated that the CHC could call on members to do extra work, monitoring consultation meetings, reading masses of background paperwork, distributing questionnaires, producing high quality analyses of the masses of responses we received and achieving improvements in the programme and the right to monitor the implementation. Our change of working name to "North Wales CHC" was one direct outcome of the exercise as it became very clear that the public just could not believe that anything called "Betsi Cadwaladr" could not be in the pocket of the health board of the same name.

In 2013-14 the health board was the subject of three very critical reports from the Health Inspectorate Wales, the Audit Office and the Duerden Report on the C.difficile outbreak. These arrived very soon after the appointment of our new Chief Officer, and he was able to demonstrate a totally fresh attitude towards the board, institute an action plan for the CHC regarding the problems identified in the reports, and ensure that our relationship with the board as "critical friend" was reviewed and the critical aspect strengthened. The CHC has established good working relationships with the new leaders of the board and look forward to meeting a new Chief Executive soon. Particularly welcome has been the commitment to improve the handling of complaints and the positive attitude to new forms of monitoring health board performance, such as Bugwatch and A&E Watch.

As well as the regular Services Planning Committee meetings, which I chair, which are the main means of discussing change with the health board, “Board to Board” meetings, six monthly, have enabled CHC members to meet the health board members and staff, occasional “Chair to Chair” meetings take place for a small group to discuss problems less formally. The Chief Officer and I attend the health board public meetings and we are allowed to speak if the discussion is about matters of significant concern to the CHC. The board gets through a mass of paperwork and I have been trying to develop a style of report which enables your local committee representatives to locate documents of particular local interest.

Having struggled to balance its budget in 2013-14, the health board learned that in 2014-15 they must reduce expenditure by £76 million to be able to continue present commitments. More reorganisation is surely on its way and the board cannot deny that cutting expenditure will be a major driver in the changes to come.

Another board, the Board of CHCs in Wales, had a difficult year. Both Chair and Director left the organisation. Board meetings in 2013-14 were chaired by five different members. An Acting Director was drafted in but a permanent appointment was never made, and the latest temporary fix by the Welsh Government was for another Interim Director for twelve months starting in July 2014. I wish him well. Welsh Government indecision over filling the Directorship, implementing the Longley reforms, appointing new members, achieving co-operation between CHC and the Inspectorate, reforming the CHC budget, have forced board members (the acting Director, the eight CHC Chairs and elected officers) to spend too much time discussing these problems, rather than helping CHCs with reorganisation proposals and raising standards in monitoring and visiting to equal those we have been achieving in north Wales.

Our Executive increasingly made use of e-mail to agree decisions, unless they needed further discussion, and no doubt will make more use of this means of deliberation in future. We turned down a programme of cuts in meetings proposed by our Chief Officer and unanimously agreed our own proposals, which cut deeper than the Chief Officer had intended. Instead of twelve meetings a year, the Executive plans to meet six times, four of them immediately following Full Council meetings, hence the need to try to get more business done by e-mail. Members will lose one Council and two Local Committees in 2014-15, but no cuts in visiting and monitoring. Indeed, if members will co-operate in more car sharing we would like to significantly increase the number and scope of our activities in hospitals and surgeries, meeting with patients and their carers and sharing our reports with board staff who are showing greater appreciation of our findings and perceptions.

The Executive have begun a study of representation on outside committees, starting with an appraisal of whether membership of these organisations or committees benefits the aims and objectives of the CHC. Once this is completed, we will take stock of who are our representatives and reserves, whether all meetings are attended and whether a written report on every meeting is received in the office for appropriate distribution. Some

changes of representatives may be necessary but I hope everyone will appreciate that the Executive is seeking to exploit the strengths, individual experience and skills of all members.

I thank all of you for the privilege of chairing the CHC in 2013-14 and the opportunity to serve a second, and final, term in 2014-15. The duties have been made easier by having a most able and loyal Vice-Chair, Pearl, who has also continued as Chair of the Monitoring and Scrutiny Group. Alas, the eight-year rule prevented Pearl serving a second term but she is continuing to lead the Monitoring and Scrutiny Group until time is up. For the year ahead, I welcome your election of Jackie as Vice-Chair. She too has a proven track record and will, I am certain, serve the CHC with distinction.

My thanks, again, to Geoff and his great team, not forgetting the advocacy staff, and above all, to the unpaid volunteers who make possible everything the CHC achieves. Thank you all very much.

Gordon Donaldson
Chair, North Wales Community Health Council

Chief Officer's Report

This is my first Annual Report as Chief Officer of North Wales CHC and, whilst it is by no means my first CHC annual report, it has come at the end of one of the most challenging years I have experienced in the role.

I was appointed in mid-June 2013 and was confronted by the aftermath of the controversial "Healthcare in North Wales is Changing Consultation", the publication of the damaging Health Inspectorate Wales / Welsh Audit Office Joint Report on the Governance Arrangements for Betsi Cadwaladr University Health Board and the report/review by Professor Brian Deurden on the C.difficile outbreak at Ysbyty Glan Clwyd. These three events damaged the reputation of the NHS in Wales and there was also a backlash by association for this Community Health Council. I have regarded strengthening our community links as a priority and have invested time and effort into meeting with and talking to key local groups, organisations and individuals.

From the outset, I took the view that it was vital to demonstrate to people in North Wales that the CHC, its officers and its members, have a strong commitment to patients, patient safety and patient's rights. I suggested several initiatives and, very early in the CHC year, CHC members and staff delivered the following;

- NW CHC published an Action Plan setting out what the CHC would do about issues raised in the HIW/WAO Joint Report
- A three way agreement between the CHC, the Minister for Health and Betsi Cadwaladr UHB to monitor progress towards delivery of the key milestones of Healthcare in North Wales is Changing
- NW CHC is undertaking a continuing "BugWatch" survey on Infection Prevention in all hospitals in North Wales
- Set up a new protocol for fast tracking CHC concerns with Betsi Cadwaladr UHB and for chasing up responses
- Our Visiting & Monitoring Group (*now called the Monitoring & Scrutiny Group*) established a Rapid Response Team to undertake unannounced inspection visits

The CHC has four main elements to its role;

- Monitoring, Visiting and Inspection
- Scrutiny / Oversight of its Local Health Board
- Provision of an independent Complaints Advocacy Service
- Continuous Patient and Public Engagement

I have been anxious to get the CHC working across these four sectors in a joined up way. We have begun by making strong links between the Monitoring & Scrutiny Group and the Complaints Advocacy Service that have strengthened our performance in the first three areas. The publication of the "Trusted to Care" report by Professor Andrews has

highlighted the need for scrutiny of the care provided to vulnerable people and we will be undertaking a CareWatch survey that focuses on this issue. CareWatch will combine all the elements of CHC work by bringing together anonymised information on trends and issues from our complaints and advocacy Service, visits by CHC members, scrutiny of Local Health Board policies, activities and performance and engagement with Patients and Carers to better understand their experiences and concerns.

Our BugWatch initiative has been successful in highlighting the need for effective infection prevention and has now been extended to all CHCs in Wales. We have been developing new initiatives in the area of public engagement and one of these, Patient Stories, will also become a national initiative.

An area that has been the focus of a great deal of effort has been the financial challenge we have faced this year – culminating in the announcement of a 5% budget reduction for 2014/15. We have already gone further and faster than any other CHC to implement the necessary changes. We are confident that the savings we have made will not affect the service we provide to the public, our clients and our members.

Finally, I must thank Gordon Donaldson, and Pearl Roberts for the practical and moral support they have given me over the past 10 months and thank my management team for their co-operation and hard work that eased my return to Community Health Councils.

Actively Seeking Out People's Views and Experiences of Health Care

This year we continued to work to fulfil our aim to make sure that the CHC develops and sustains a detailed understanding of the needs and views of all sections of the communities we serve in North Wales.

During the year we made contact with local people, both as individuals and members of community and other groups – enabling people to talk to the CHC about their experiences of North Wales' health services.

We went about our work in several ways, including:

Surveys and Questionnaires:

Some of the surveys and questionnaires we conducted during this year are described below.

Your Local Experiences of the NHS Questionnaire

The CHC developed a new style of questionnaire during this year. The 'Your Local Experiences of the NHS Services Questionnaire' was designed to allow people to give feedback about any aspect of the NHS and to give their views freely and in confidence to the CHC if they so wished. This questionnaire has been used by CHC members and staff when attending events and presentations and has enabled the CHC to identify areas of concern to the NHS service providers in North Wales.

In February 2014, members of the CHC undertook a 'pilot' survey of patient experiences, approaching people at Ysbyty Gwynedd and inviting them to complete the questionnaire. A total of 424 of questionnaires were completed and returned to the CHC.

Many people told us a number of things about their experience of the NHS in North Wales and many people referred to a number of NHS services when completing the questionnaire. Most people told us about their experiences of hospitals, including District General Hospitals and other smaller hospitals. Others told us about the services they receive from their General Practitioners and some about services such as their dentists and pharmacists. Work is ongoing in identifying particular themes and the outcome of this survey will be developed in the coming year.

Enhanced Care Service

The Betsi Cadwaladr University Health Board's (the health board) 'Enhanced Care Service' aims to provide an increased level of care to patients in their own homes, who otherwise would have to be admitted to a community hospital or to an acute hospital. For patients who are already in hospital, Enhanced Care can also support some of them to be discharged home sooner than they might have been.

The CHC has throughout the year worked with the health board to ensure that the implementation of this service across North Wales is developed taking into account feedback from patients and their carers who have used the service. A total of 394 questionnaires were issued to patients and carers during this period. Analysis of feedback received is ongoing, however the majority of comments showed a high level of satisfaction amongst those who had used this service.

District Nursing Service

In partnership with the health board, the CHC also undertook a survey of the District Nursing Service in North Wales. Patients who had used the service were selected at random and were invited to comment on their experiences of the service. 1400 questionnaires were distributed to patients and carers, with Locality Matrons inviting comments from other patients and carers from across the region. All feedback received was analysed by the CHC and presented to the health board with suggested improvements in the form of an Action Plan. The CHC continues to work with the health board in monitoring the implementation of areas identified for improvement.

Planned and ongoing surveys

Questionnaires relating to the use of the Welsh Language in health services; review of the CHC's website and Your Local Experiences of the NHS all appear on our website on a continuous basis. CHC members and staff distribute the Your Local Experiences questionnaire as part of the CHCs publicity materials at all events and presentations attended.

During this year, plans were also put in place to conduct a pan North Wales GP Out of Hours Service survey during the Easter 2014 period.

Regular communication with communities and decision makers:

Written media

Over 10 news releases were circulated during the year. Contribution of features for publication in community and other publications about the work of the CHC were provided. Regular contact has been maintained with local, national and community media.

Speakers and Presentations

Members and officers of the CHC provided presentations to organisations with an interest in health issues, these included the following groups and organisations: Town and Community Councils; Breathe Easy Groups; Over 50s groups; Dementia Carers Support Groups; Secondary Schools; Alzheimer's Society (including various 'Memory Cafes'); Medical

Students; Rotary Clubs; Stroke Carers Cafes; Access to Advocacy; Bangor University; various 'Health Action Groups'.

We also invited people to come to talk to us about health services in North Wales, these included presentations to us from NEWCIS Carers; Diabetes Cymru; Betsi Cadwaladr University Health Board; Welsh Ambulance Service NHS Trust; Carers Outreach; Mantell Gwynedd; British Red Cross; Crossroads; Cruse and MIND.

Stands and Events

We provided stands, literature and a presence at several events with a health theme aimed at attracting large numbers of local people, these included: Carers' Week – NEWCIS (Rhyl); Good Health Event (Dolgellau); Access 2 Advocacy event (Llangollen); Big Health Day – AVOW (Wrexham)

Electronic Communication and Social Media

We developed the use of our website, providing regular updates and access to our work. Our website attracted 17,025 'hits' during this year. We established a presence on social media through 'Twitter' with a following of over 500 – many of whom have 're-tweeted' our key messages- others sharing their experiences of health services with us.

Welsh Language

Compliance with our Welsh Language Scheme has demonstrated that we have enabled everyone who received or used the CHC's services to do so through the medium of Welsh or English, according to personal choice. We continued to encourage others to use and promote the Welsh language in the health sector. Our commitment that everyone who comes into contact with us should be treated with dignity and respect and receives a responsive service that is accessible in their language of choice, is clearly demonstrated in our Annual Monitoring Report to the Welsh Language Commissioner submitted in January 2014.

Representing the Views and Experiences of Local People to Those Who Make Decisions About Health Care For North Wales

The CHC helps to improve health care by making sure that people who make 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.

Throughout the year we took every opportunity to represent people's views to those who make decisions about health care.

We went about our work in several ways, including:

Patient Stories

In October 2013, the CHC embarked on a new initiative – 'Patient Stories'. This allows patients to tell a 'story' in their own words about their experiences (both good and bad) of the health service in North Wales. The initiative developed with good progress during the year with a number of patients sharing their 'stories' with us. These in turn were relayed to the health board, in order that lessons could be learnt to improve the services provided in the future and to ensure that both good and bad experiences are shared with the appropriate staff.

Consultations

During the year the North Wales CHC responded to the following national consultations. This enabled the CHC to communicate directly on a formal basis with other statutory organisations.

<i>Consulting Body</i>	<i>Title</i>	<i>Consultation Period</i>
Welsh Government	Welsh Declaration of the Rights of Older People	13.12.13 – 15.03.14
Welsh Ambulance Services NHS Trust	Welsh Ambulance Services NHS Trust Working Together: Improving Services User Experience	12.03.14 – 11.04.14
Welsh Government	Amendment of the Welsh Health Specialised Services Committee (Wales) Directions 2009	19.02.13 – 13.02.14
Welsh Government	Neurological Conditions Delivery Plan	30.10.13 – 31.01.14
Welsh Government	Respiratory Health Delivery Plan	21.10.13 – 09.01.14
Welsh Government	Future Regulation and Inspection of Care and Support in Wales White Paper	30.09.13 – 06.01.14

Welsh Government	Integrated Assessment, Planning and Review Arrangements for Older People	21.10.13 – 31.10.13
Welsh Government	A Framework for Delivering Integrated Health & Social Care for Older People with Complex Needs	22.07.13 – 15.10.13

Nb copies of all the CHCs responses to the above consultations are available on request.

Engaging with Communities about Primary Care

Throughout the year we have liaised with GP practices across the region about the importance of public and patient engagement concerning any proposed changes to the services offered by a GP practice. We have continued to focus on encouraging patients to take part in in such matters. The CHC's involvement has ensured that patients are aware of what their GP practice is planning to do; patients are able to give their views on plans to change GP services and that patients can talk to the CHC as an independent organisation about their views and concerns.

The following table shows our involvement during the year concerning proposed changes to service provision at a number of GP practices.

Denbighshire	The Health Centre, Green Lane, Corwen – practice vacancy
Flintshire	Hawarden Health Centre, changes to practice boundary (Saltney)
Wrexham	<ul style="list-style-type: none"> • Beechley Medical Centre, changes to manage practice • Hightown Branch Surgery , changes to service provision • Strathmore Medical Practice, changes to practice boundary
Conwy	Dolwyddelan branch surgery, changes to service provision
Gwynedd	<ul style="list-style-type: none"> • Llan Ffestiniog branch surgery, changes to service provision • Corwen House surgery, Penygroes, changes to management of practice

Other

During the year we have continued to develop and maintain partnerships with many organisations which have similar objectives to ours. Representatives of the CHC attend an extensive number of meetings and events demonstrating a consistent involvement of the CHC in discussion with the health board and other bodies to ensure that health services take account of local people's views and experiences.

Monitoring and Scrutinising Local Health Services

During 2013-14 we delivered a wide-ranging visiting programme across north Wales during which members inspected a variety of NHS services. In total, 288 CHC inspections were undertaken.

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) requesting a response to the issues raised. In a number of cases, members undertook follow-up visits to assess the progress of identified actions.

As well as providing reports to the Health Board following every inspection undertaken, we have analysed inspection results over a period of time and have provided this analysis to senior corporate and local health service managers. Reports on the results of the Thematic Hospital Inspections; the two BugWatch surveys and the Emergency Department Watch are available.

Table 1: Breakdown of Hospital and Primary Care Inspections undertaken

	2013-14	2012-13
Hospital Monitoring Inspections:		
Thematic Hospital inspections	104	108
Targeted Unannounced inspections	17	2
Mental Health / Learning Disabilities specific inspections	2*	19
“Bugwatch” inspections	98	0
Primary Care Inspections:		
GPs	30	23
Pharmacies	23	21
Other Monitoring Visits	14	5
Total	288	178

* A project has been underway to develop a new set of MH&LD monitoring forms. A full programme of visits is to be rolled out in 2014-15.

Thematic Hospital Inspections

Our regular hospital monitoring visits are undertaken with focus on a particular aspect of the patient experience. These are referred to as “Thematic hospital inspections”. The breakdown of Thematic hospital inspections undertaken between 1 April 2013 and 31 March 2014 is:

Table 2: Thematic Hospital Inspections

	Total	DGH	Other Hospital
External	9	3	6
Equality of Access	21	12	9
Patient and People Care	41	25	16
Upkeep of Internal Fabric	33	21	12

Responding to Concerns – unannounced visits and urgent referrals

In response to information received directly from members of the public and information gathered by the complaints advocacy service, we undertook 17 “targeted unannounced” inspections. An urgent response team was established during the year to undertake these unannounced visits at short notice. Where necessary, the response teams’ reports were submitted to senior health board managers for urgent attention.

Some issues of concern raised with us would be difficult to observe during an inspection. 18 such issues were therefore raised with senior health board staff or other relevant bodies via the “urgent issues and referrals process” developed in August 2013. 16 of these issues were raised with senior health board managers.

Responding to Concerns – BugWatch

Following the C.difficile outbreak at Glan Clwyd Hospital in May 2013 the issue of healthcare acquire infection received unprecedented public attention. The subsequent report by Prof Brian Duerden, a world renowned infection prevention expert, highlighted the need to improve infection prevention practices. In response, we implemented the “BugWatch” survey which focussed on simple observations associated with good hygiene practice (which are considered to be a major factor in the control of Hospital Acquired Infection).

“BugWatch” was carried out unannounced on 24 September 2013 on 49 wards across North Wales’ three District General Hospitals. The exercise was repeated on 10 March 2014.

The full reports and Health Board responses to the findings and recommendations are available.

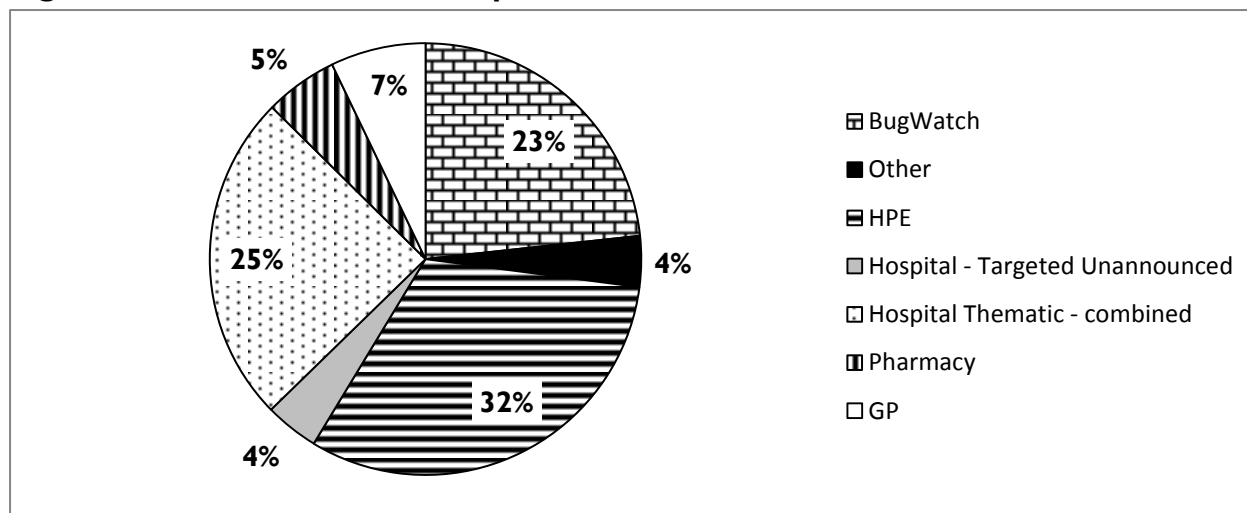
Responding to Concerns – Emergency Department (ED) Watch

Concern at the length of wait for patients at Emergency Departments was a recurring issue. 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 first took place on the bank holiday Monday, 27 May 2013 between 16:00 and 20:00. The second took place at the same time on bank holiday Monday, 26 August 2013. The results of both the members' reports and patient questionnaires elements were provided to the Health Board. Full reports of the results are available.

CHC Inspections Undertaken - Overview

Figure 1: Breakdown of CHC inspections undertaken 2013-14



Nb "Other" includes MH&LD visits in this chart

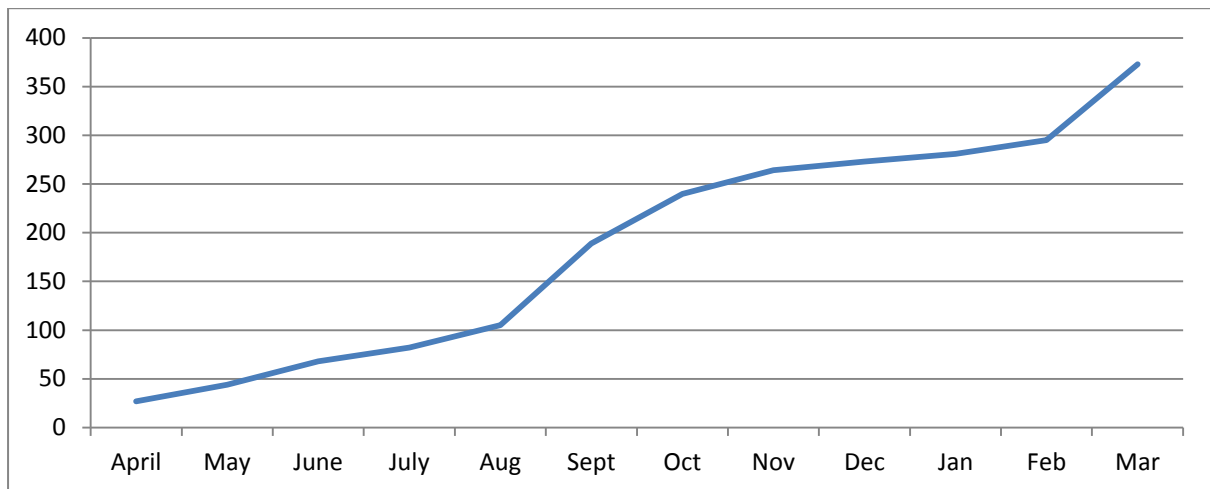
Hospital Patient Environment (HPE) Assessment 2013

In addition to our own inspection programme, we undertake an annual Hospital Patient Environment (HPE) assessment on behalf of Welsh Government. Full HPE assessments were undertaken at the following sites during September and October 2013:

- Ysbyty Eryri
- Mold Community Hospital
- Ruthin Community Hospital
- Ysbyty Gwynedd
- Ysbyty Glan Clwyd
- Ysbyty Wrexham Maelor

All Inspections Undertaken 2013-14

Figure 2: Cumulative Total of CHC and HPE Inspections Undertaken*



*Including 2013 HPE inspections but excluding 2012 HPE assessment follow-up inspections undertaken in 2013-14.

Providing Advocacy Services for People Who Need to Complain About Their Experience of Health Services

The advocacy service received 550 concerns/complaints during the financial year of 1 April 2013 to 31 March 2014. Concerns are logged on the system under the heading *Concerns at Current Stage*.

North Wales Full Council Report - No of concern per month (1st April 2013 to 31st March 2014)													
STAGE OF CONCERNS	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Total
Continuing Health Care Retrospective Claim	1	0	0	0	1	1	0	1	0	0	0	0	4
Further Local Resolution	10	9	7	8	4	5	3	1	1	3	2	0	53
Independent Patient Funding Request	0	0	0	0	1	0	0	0	0	0	0	0	1
Local Resolution	14	16	7	21	33	17	17	13	6	15	8	3	170
Ombudsman	2	3	1	0	1	0	4	2	1	0	0	0	14
Pre-Local Resolution	19	31	13	23	25	26	26	22	7	23	37	47	299
Redress	1	1	0	0	0	1	0	2	0	0	0	0	5
Serious Incident Review	0	0	1	1	1	0	0	0	0	0	0	1	4
Total	47	60	29	53	65	51	52	41	15	41	47	49	550

When a person contacts the advocacy service the stage that all calls are first logged on the system are as 'Pre-Local Resolution' concerns/complaints. During the year a total of 299 Pre-Local Resolution concern/complaints were logged as new concerns and of these 223 were closed on the system during the period of 1 April 2013 to 31 March 2014.

North Wales Full Council Report - No of closed concerns within the current financial year													
CLOSED CONCERNS	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Total
Continuing Health Care Retrospective Claim	0	1	0	0	0	0	1	1	0	0	0	0	3
Further Local Resolution	0	0	0	1	2	0	2	2	0	1	3	2	13
Independent Patient Funding Request	0	0	0	0	0	0	0	0	0	0	1	0	1
Local Resolution	0	0	1	4	6	2	4	7	7	8	14	10	63
Ombudsman	0	0	0	0	0	0	0	1	0	2	0	1	4
Pre-Local Resolution	2	16	22	16	25	18	26	17	14	21	12	34	223
Redress	0	0	0	0	0	0	0	0	0	0	1	0	1
Total	2	17	23	21	33	20	33	28	21	32	31	47	308

As of 31 March 2014 the total number of live/open Concerns at Pre-Local Resolution is 76. A proportion of these will remain as concerns and go to formal complaints but the figures at this stage depends on whether the clients return their consent forms.

Of the 223 Pre-Local Resolution *closed* concerns the reasons for closure were as follows:

CLOSED CONCERNS	Total
Consent Form not returned	150
Other	23
Complaint Withdrawn	20
No further contact	19
Informal Resolution	10
Client to Pursue Legal Action	1
Total	223

The current data therefore shows that 75% of clients do not proceed through to the 'Formal' NHS complaints procedure. The reason for this is the way the advocacy service records concerns/complaints as Pre-Local Concerns.

The following reports have been printed from Datix:

North Wales Full Council Report - No of concerns by NHS Organisation 1st April 2013 - 31st March 2014													
NHS ORGANISATION	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Total
Abertawe Bro Morgannwg UHB	0	0	0	0	0	0	1	0	0	0	0	0	1
Aneurin Bevan HB	1	0	0	0	0	0	0	0	0	0	0	0	1
Betsi Cadwaladr UHB	31	38	22	39	46	38	47	35	14	38	43	44	435
Cross-Border	0	4	1	1	2	2	0	1	0	2	2	3	18
Information Not Provided	13	15	5	12	17	9	3	4	1	0	2	2	83
Public Health Wales NHS Trust	0	1	0	0	0	0	0	0	0	0	0	0	1
Welsh Ambulance Services NHS Trust	2	2	1	1	0	2	1	1	0	1	0	0	11
Total	47	60	29	53	65	51	52	41	15	41	47	49	550

(83 – information not provided refers to cases at Pre-Local Resolution and at the time of taking the call the information was not provided).

North Wales Full Council Report - No of concerns by Speciality Service Area 1 April 2013 - 31st March 2014													
SPECIALITY SERVICE AREA	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Total
Ambulance Services	2	2	1	1	0	1	1	1	0	1	0	0	10
Clinical & Support	1	1	1	0	0	1	2	1	0	0	1	2	10
Commissioning	0	0	0	1	3	1	0	1	0	0	0	1	7
Dental	2	0	0	0	2	0	2	1	2	0	3	0	12
External Agencies	0	0	0	0	0	1	0	0	0	0	0	0	1
Information Not Provided	13	16	6	14	18	14	5	9	1	4	8	7	115
Managerial & Support	0	0	0	0	0	1	0	0	0	0	0	0	1
Medicine	10	13	10	20	19	15	15	10	8	9	15	15	159
Mental Health	3	2	2	3	2	5	4	4	1	7	6	7	46
Primary Care	5	7	4	7	10	4	10	4	0	11	6	7	75
Screening Services	0	2	0	0	0	0	0	0	0	0	0	0	2
Surgery	11	15	4	6	9	5	10	5	2	7	6	6	86
Women, Children & Community	0	2	1	1	2	3	3	5	1	2	2	4	26
Total	47	60	29	53	65	51	52	41	15	41	47	49	550

(115 – information not provided refers to cases at Pre-Local Resolution and at the time of taking the call the information was not provided).

North Wales Full Council Report - No of concerns by Subject Area of complaint 1st April 2013 - 31st March 2014													
SUBJECT OF COMPLAINT	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Total
Clinical Practice	17	13	11	18	20	11	22	15	6	11	14	20	178
Communication	3	5	2	1	2	6	5	2	2	4	7	5	44
Facilities	2	0	0	0	1	2	2	0	0	1	0	2	10
Information Not Provided	12	17	7	13	17	12	4	9	2	5	15	7	120
Other	0	1	0	2	2	3	0	1	0	2	0	3	14
Procedures	2	7	1	5	7	5	8	5	3	6	4	2	55
Queuing	0	0	1	0	0	0	0	0	0	0	0	0	1
Services Provided	3	2	0	2	5	4	6	2	0	3	0	5	32
Standards of Care	3	5	5	8	5	6	2	4	1	5	3	2	49
Waiting Times	5	10	2	4	6	2	3	3	1	4	4	3	47
Total	47	60	29	53	65	51	52	41	15	41	47	49	550

(120 – information not provided refers to cases at Pre-Local Resolution and at the time of taking the call the information was not provided).

North Wales Full Council Report - No of concerns by Professional Group 1st April 2013 - 31st March 2014

PROFESSIONAL GROUP	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Total
Administration Staff	1	7	0	2	3	2	4	0	2	2	2	0	25
Ambulance Crew	1	1	1	0	0	1	1	1	0	1	0	0	7
Dentists	3	0	0	0	1	0	2	1	1	0	2	0	10
Doctor Primary	3	5	4	5	8	1	6	4	0	6	3	5	50
Doctor Secondary	16	20	9	17	22	21	19	14	4	16	20	21	199
Information Not Provided	13	17	7	16	18	14	7	11	5	4	13	8	133
Managerial Staff	4	2	1	2	3	4	5	0	1	4	1	4	31
Midwifery	0	0	0	0	1	2	0	2	0	0	0	0	5
Nursing Primary	0	0	0	2	1	0	2	0	0	0	0	2	7
Nursing Secondary	4	7	6	8	7	5	6	6	2	8	5	8	72
Professions Allied to Medicine	2	1	1	1	1	0	0	1	0	0	1	0	8
Scientific, Technical and Professional	0	0	0	0	0	1	0	1	0	0	0	1	3
Total	47	60	29	53	65	51	52	41	15	41	47	49	550

(133 – information not provided refers to cases at Pre-Local Resolution and at the time of taking the call the information was not provided).

North Wales Full Council Report - No of concerns by Locality Region 1st April 2013 - 31st March 2014

LOCALITY REGION	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Total
Information Not Provided	13	15	5	12	17	9	3	4	1	0	2	2	83
Conwy	4	3	0	1	5	3	1	4	1	6	5	5	38
Denbighshire	12	13	12	16	13	12	17	14	6	8	10	9	142
Flintshire	1	3	1	2	6	1	1	3	0	2	3	2	25
Gwynedd	5	5	2	4	6	8	17	7	1	8	13	12	88
Newport	1	0	0	0	0	0	0	0	0	0	0	0	1
Swansea	0	0	0	0	0	0	1	0	0	0	0	0	1
Wrexham	8	14	7	15	16	13	8	7	5	13	11	12	129
Ynys Mon	0	0	0	1	0	1	3	0	1	1	1	4	12
Cross-border	0	4	1	1	2	2	0	1	0	2	2	3	18
Central & West Region	0	0	0	1	0	0	0	0	0	0	0	0	1
Northern Region	1	2	1	0	0	1	1	1	0	1	0	0	8
NOTKNO	2	1	0	0	0	1	0	0	0	0	0	0	4
Total	47	60	29	53	65	51	52	41	15	41	47	49	550

North Wales Full Council Report - No of concerns by Site Type 1st April 2013 - 31st March 2014

SITE TYPE	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Total
Community	0	1	0	3	1	0	0	1	0	1	1	0	8
Dental Practice	1	0	0	0	2	0	2	1	1	0	3	1	11
GP Practice	4	6	4	5	9	1	9	4	0	11	6	5	64
Hospital	25	35	18	30	34	33	33	24	13	25	28	32	330
Information Not Provided	13	18	7	12	17	11	4	7	1	1	3	3	97
Mental Health Unit	0	0	0	1	1	2	3	3	0	2	3	2	17
Nursing Home	0	0	0	0	1	2	0	1	0	0	2	0	6
Out Of Hours	2	0	0	1	0	1	1	0	0	0	0	1	6
Patient's Home	2	0	0	1	0	1	0	0	0	1	1	5	11
Total	47	60	29	53	65	51	52	41	15	41	47	49	550

(97 – information not provided refers to cases at Pre-Local Resolution and at the time of taking the call the information was not provided).

Current case status as at 31 March 2014

Current Case Status as at 31 March 2014	Total
Continuing Health Care Retrospective Claim	6
Further Local Resolution	81
Independent Patient Funding Request	127
Local Resolution	43
Ombudsman	67
Pre-Local Resolution	22
Redress	7
Total	353

Delivering an Efficient and Effective Organisation

North Wales Community Health Council staff team April 2013-March 2014

The Welsh Ministers ensure that NWCHC has a number of Officers to enable the CHC to perform its functions. The Officers employed during the period April 2013-March 2014 were:

Pat Billingham, Chief Officer (Part)
Dylan Murphy, Acting Chief Officer (Part)
Geoff Ryall Harvey, Chief Officer (Part)
Chris Jones, Deputy Chief Officer
Dylan Murphy, Deputy Chief Officer
Carol Williams, Deputy Chief Officer
Sue Irlam, Business Manager
Sue Duxbury, Patient and Public Engagement Management Officer
Cerys Jones, Patient and Public Engagement Management Officer
Rebeca Williams, Monitoring and Scrutiny Management Officer
Jill Scupham, Administrative Support Officer
Charlotte Moran, Administrative Assistant
Suzanne Williams, Administrative Support (Part)

COMPLAINTS ADVOCACY STAFF

Emily Bacon, Complaints Advocate
Ross Duffield, Complaints Advocate
Aimée Everett, Complaints Advocate
Audrey Hughes, Complaints Advocate
Debra Upton, Complaints Advocate
Allison Hughes, Advocacy Office Manager, Bangor
Debbie Postle, Advocacy Office Manager, Wrexham
Bev Davies, Advocacy Assistant
Lucy Owen, Advocacy Assistant

Membership of North Wales Community Health Council April 2013-March 2014

LOCAL COMMITTEE / MEMBERS NAME	NOMINATED BY:	ATTENDANCE Council/Local Committee *	
		Possible	Actual
Anglesey			
Mr Andy Burgen <i>(Appointed 1 December 2013)</i>	Welsh Assembly Government	4	1
Mr William J Chorlton <i>(Appointed 1 December 2013)</i>	Welsh Assembly Government	4	3
Cllr Lewis Davies <i>(Not reappointed)</i>	Anglesey County Council	2	1
Ms Nia Evans <i>(From 1 December 2013)</i>	Welsh Assembly Government	4	4
Cllr Jeffrey Evans	Anglesey County Council	9	8
Cllr Ann Griffith <i>(Resigned in year)</i>	Anglesey County Council	9	2
Mr Brace Griffiths	Welsh Assembly Government	11	5
Mrs Denise Harris-Edwards	Voluntary/Third Sector	11	3
Cllr Eric Jones <i>(Maximum 8 year term served)</i>	Anglesey County Council	2	2
Mrs Patricia Jones	Voluntary/Third Sector	11	8
Cllr Raymond Jones <i>(Resigned in year)</i>	Anglesey County Council	8	1
Mrs Patricia Rannard	Welsh Assembly Government	11	8
Mr Mark Thornton	Welsh Assembly Government	11	9
Mrs Delyth Wilson	Voluntary/Third Sector	11	10
Co-opted			
Mr Andy Burgen <i>(Until 30 November 2013)</i>	Anglesey Local Committee	7	5
Mr Alan Dixon	Anglesey Local Committee	2	1
Mr Stephen Edwards <i>(Resigned in year)</i>	Anglesey Local Committee	3	1
Dr Sadie Francis	Anglesey Local Committee	6	4

* Does not include attendance at sub-committees or working groups or involvement in monitoring and engagement activity

Conwy			
Cllr Frank Bradfield	Conwy County Borough Council	11	9
Mrs Nerys Cossey	Voluntary/Third Sector	11	10
Ms April Harper	Voluntary/Third Sector	11	3
Mr Robin Holden (From 1 December 2013)	Welsh Assembly Government	4	3
Cllr Roger Parry	Conwy County Borough Council	11	8
Mrs Hilary Randall	Welsh Assembly Government	11	8
Mr Geoffrey Richardson	Welsh Assembly Government	11	10
Mrs Pearl Roberts	Voluntary/Third Sector	11	11
Mr Kevin Sibbons	Welsh Assembly Government	11	6
Mr Roger Williams (From 1 December 2013)	Welsh Assembly Government	4	3
Cllr Andrew Wood	Conwy County Borough Council	11	5
Co-opted:			
Mrs Caroline Griffiths (Resigned in year)	Conwy Local Committee	9	7
Mr Robin Holden (Until 30 November 2013)	Conwy Local Committee	7	5
Mrs Pamela Rogers	Conwy Local Committee	9	8
Dr Sibani Roy	Conwy Local Committee	7	7
Denbighshire			
Rev. Peter Allsworth	Welsh Assembly Government	4	4
Cllr Ray Bartley	Denbighshire County Council	11	6
Cllr Brian Blackley	Denbighshire County Council	11	3
Cllr Janet Ann Davies (Maximum 8 year term served)	Denbighshire County Council	4	1
Mrs Eva Edwards (From 1 December 2013)	Welsh Assembly Government	4	4
Miss Christine Evans	Welsh Assembly Government	11	7
Mrs Roma Goffett	Voluntary/Third Sector	11	8
Mrs Margaret Hughes	Welsh Assembly Government	11	10
Mrs Carole Lapham	Welsh Assembly Government	11	8
Mrs Eirlys Pritchard (Resigned in year)	Welsh Assembly Government	5	5
Dr Sibani Roy (Transferred to Conwy local committee)	Welsh Assembly Government	4	4

Cllr Bill Tasker	Denbighshire County Council	2	2
Mr Neil Taylor	Voluntary/Third Sector	11	11
Dr Ahmed Valijan	Welsh Assembly Government	11	4
Co-opted:			
Mrs Betty Downs	Denbighshire Local Committee	8	3
Mrs Eva Edwards (Until 30 November 2013)	Denbighshire Local Committee	7	6
Dr Jeffrey Evans (Maximum 2 year term served)	Denbighshire Local Committee	10	7
Dr Christopher Madoc Jones	Denbighshire Local Committee	4	4
Flintshire			
Mr Gordon Donaldson	Voluntary/Third Sector	10	10
Mrs Jenny Harley (From 1 December 2013)	Welsh Assembly Government	4	3
Mr Colin Herbert	Voluntary/Third Sector	10	7
Mrs Rita Jones	Welsh Assembly Government	10	10
Mr Russell Jones	Welsh Assembly Government	10	9
Cllr Hilary McGuill	Flintshire County Council	10	7
Cllr Christine Jones	Flintshire County Council	10	0
Cllr David Mackie	Flintshire County Council	10	3
Mrs Fran Parry	Voluntary/Third Sector	10	7
Mrs Janet Randles (From 1 December 2013)	Welsh Assembly Government	4	2
Mrs Jennie Starling	Welsh Assembly Government	10	5
Mrs Jane Stewart (Deceased)	Welsh Assembly Government	4	3
Mr Michael Theaker	Welsh Assembly Government	10	5
Co-opted:			
Mrs Jennifer Harley (Until 5 July 2013)	Flintshire Local Committee	3	2
Mrs Cheryl Jones (Resigned in year)	Flintshire Local Committee	1	0
Mrs Jacqueline Jones (Until 5 July 2013)	Flintshire Local Committee	3	1
Mrs Karen Shepherd (Until 5 July 2013)	Flintshire Local Committee	3	1

Gwynedd			
Mr E Llewelyn Edwards	Voluntary/Third Sector	11	9
Cllr Aled Evans	Gwynedd County Council	10	3
Mrs Denise Fisher (From 1 December 2013)		4	3
Mrs Mair Jones	Welsh Assembly Government	11	8
Miss Melanie Jones (Resigned in year)	Voluntary/Third Sector	4	1
Cllr Eryl Jones-Williams	Gwynedd County Council	11	9
Mr Bill Madine (From 1 December 2013)		4	3
Miss Jean Preston	Welsh Assembly Government	11	9
Cllr Mair Rowlands	Gwynedd County Council	9	4
Ms Hilary Scott (Resigned in year)	Welsh Assembly Government	6	2
Mrs Elizabeth Smart (From 1 December 2013)		4	3
Mr John Gwyn Williams	Voluntary / Third Sector	11	8
Mrs Menna Williams	Voluntary / Third Sector	1	1
Mrs Vera Wilson	Welsh Assembly Government	11	9
Co-opted			
Mrs Margaret Baker (Resigned in year)	Gwynedd Local Committee	1	1
Mr Arwel Pierce (Resigned in year)	Gwynedd Local Committee	1	1
Wrexham			
Mrs Jackie Allen	Welsh Assembly Government	11	9
Cllr Krista Childs	Wrexham County Council	11	1
Mr David Cooper (Resigned in year)	Welsh Assembly Government	10	5
Mr Ron Davies	Welsh Assembly Government	1	1
Miss Jan Greasley	Welsh Assembly Government	11	8
Cllr O Arfon Jones	Wrexham County Council	11	5
Cllr Joan Lowe	Wrexham County Council	11	7
Mrs Angela Marshall	Welsh Assembly Government	4	2
Ms Val Morris	Voluntary/Third Sector	11	10
Mr Des Williams	Welsh Assembly Government	4	3
Miss Elizabeth Williams	Voluntary/Third Sector	11	5

Co-opted:			
Ms Judith Connolly	Wrexham Local Committee	11	5
Ms Hilary Pepler	Wrexham Local Committee	4	2
Mrs Jean Williams (Until 5 July 2013)	Wrexham Local Committee	2	2

Sub-Committees of the North Wales Community Health Council 2013 –2014

Executive Committee

Chair NWCHC	Mr Gordon Donaldson
Vice Chair NWCHC	Mrs Pearl Roberts
Chair Anglesey Local Committee	Mr Mark Thornton
Vice Chair Anglesey Local Committee	Mrs Denise Harris-Edwards
Chair Conwy Local Committee	Mrs Nerys Cossey
Vice Chair Conwy Local Committee	Dr Garth Higginbotham
Chair Denbighshire Local Committee	Mrs Roma Goffett
Vice Chair Denbighshire Local Committee	Miss Christine Evans
Chair Flintshire Local Committee	Mr Russell Jones
Vice Chair Flintshire Local Committee	Mrs Rita Jones
Chair Gwynedd Local Committee	Mrs Vera Wilson
Vice Chair Gwynedd Local Committee	Ms Hilary Scott (Part)
	Mrs Mair Jones (Part)
Chair Wrexham Local Committee	Mrs Jackie Allen
Vice Chair Wrexham Local Committee	Mr David Cooper
Chief Officer	Mrs Pat Billingham (Part)
	Mr Geoff Ryall-Harvey (Part)

Services Planning Committee

Chair NWCHC	Mr Gordon Donaldson
Vice Chair NWCHC	Mrs Pearl Roberts
Anglesey Local Committee	Mr Andy Burgen
	Mr Brace Griffiths - deputy
Conwy Local Committee	Mrs Nerys Cossey
	Mr Geoff Richardson – deputy
Denbighshire Local Committee	Mrs Roma Goffett
	Miss Christine Evans – deputy
Flintshire Local Committee	Mr Russell Jones
	Mrs Rita Jones – deputy
Gwynedd Local Committee	Ms Hilary Scott (Part)

Wrexham Local Committee

Chief Officer

Mr John Gwyn Williams (Part)
Mrs Vera Wilson - deputy
Mrs Jackie Allen
Mr David Cooper – deputy
Mrs Pat Billingham (Part)
Mr Geoff Ryall-Harvey (Part)

Communications Group

Chair

Anglesey Local Committee

Conwy Local Committee

Denbighshire Local Committee

Flintshire Local Committee

Gwynedd Local Committee

Wrexham Local Committee

Mr Colin Herbert
Mrs Patricia Rannard
Mr Kevin Sibbons
Dr Garth Higginbotham - deputy
Dr Jeffrey Evans
Mrs Margaret Hughes - deputy
Mr Colin Herbert
Ms Hilary Scott (Part)
Mrs Mair Jones (Part)
Mrs Jackie Allen
Cllr Arfon Jones - deputy

Visiting Monitoring Group

Chair

Anglesey Local Committee

Conwy Local Committee

Denbighshire Local Committee

Flintshire Local Committee

Gwynedd Local Committee

Wrexham Local Committee

Mrs Pearl Roberts
Mrs Denise Harris-Edwards
Mrs Delyth Wilson - deputy
Mrs Pearl Roberts
Mrs Caroline Griffiths - deputy
Miss Christine Evans
Mrs Margaret Hughes -deputy
Mrs Fran Parry
Mrs Vera Wilson
Mrs Mair Jones - deputy
Mrs Jackie Allen
Cllr Krista Childs - deputy

Finance Report | April 2013- 31 March 2014

Heading	Budget (£)	Actual Spend (£)	Over/(Under) (£)
Staff costs (Including travel costs for staff and members)	677,140	652,420.53	(24,719.47)
Accommodation costs	58,827	56,705.73	(2,121.27)
Office expenses	45,812	43,310.41	(2,501.59)
Total	781,779	762,2548	(29,342.33)
Budget Adjustment			-10,784
Total			(18,558.43)

The finance report for the period | April 2013 – 31 March 2014 reports an underspend of £18,558.43.

At the Board of CHCs Board Meeting on | July 2013 Board members agreed that the reallocation of budgets should take place, as a result the budget for the North Wales CHC for the financial year 2013 -2014 was reduced by 2.76% or £21,568. It was agreed that the reduction would be taken in two tranches £10,784 during the 2013-2014 financial year, with the balance to be taken from the 2014-2015 financial year.

The Chief Officer and the Business Manager met and continue to meet with the Liaison Accountant to consider the implications for the North Wales CHC and to monitor current and proposed expenditure to ensure that financial prudence was achieved, along with future proofing the budget.

The Executive Committee, mindful of the financial constraints being placed on the CHC, agreed at a special meeting in January 2014, the Chair proposed various motions, which were unanimously agreed, which would achieve considerable budget savings. The changes were effective | April 2014.

How to Contact North Wales Community Health Council

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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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Deputy Chief Officer: Carol Williams
Email: Carol.Williams@bcchc.org.uk

Complaints Advocates based in Wrexham: Aimée Everett
Ross Duffield

Complaints Advocates based in Bangor: Audrey Hughes
Debra Upton
Emily Bacon
Email: complaints@bcchc.org.uk