



North Wales Community Health Council
The Health Watchdog for North Wales

Annual Report 2014-2015

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Chair's Report 2014-15

In last year's report, I urged all members to remember the commitment given by all those appointed by the government, voluntary sector and co-option processes to be available for a minimum of "3 to 5 days a month, minimum" and to ensure that after the reduction in Council and Local Committee meetings to eight a year, that extra days are put into the monitoring and visiting activities so vital to the success of the CHC. Indeed, more effort is being put into these activities, with more recorded visits than ever before, mainly due to the efforts of a gallant minority of enthusiastic members, but not yet the majority. However, there has been a good response to the appeal to travel together, to make our travel budget fund even more visits. Members are finding the social side of visiting is better too, when arranging to travel together. So, everyone, please volunteer to visit when invited, also contact the office to ask for more opportunities and who you want to be with so that you can travel together.

I reported having 102 meetings in 2013-14, my second year numbered 78, due to fewer formal meetings and less activity monitoring public consultations. Jackie, as Vice-Chair, also Chair of the Monitoring and Scrutiny Group, must have attended many more activities, as she has led from the front in hospital visiting, while being unstinting with her time in covering my meetings when I have been double booked or attending my weekly CAB sessions.

The Executive Committee has continued the review of representation on outside organisations, assisted by a major piece by our staff of work evaluating the value of each group to the work of the CHC. Letters were sent to all CHC representatives and their deputies regarding their attendance on these groups seeking confirmation that they wish to continue, on the basis that they will submit agendas and reports on all meetings. The response has been excellent, with much more information being received regularly, and a clear procedure being followed for attendance by deputies when necessary.

The July meeting of Council welcomed Peter Meredith-Smith, newly appointed Interim Director of the Board of CHCs and Professor Trevor Purt, the newly appointed Chief Executive of the health board. In October, Council welcomed Ann Clwyd MP, who discussed her views on patient complaints with us. Ann was brought up in Halkyn, Flintshire, and was completely at ease with Council, as if she had been a member all her life. This session was for me, and undoubtedly all members, the outstanding highlight of the year.

The Executive Committee did a major piece of work on "Preparing to Engage" resulting in the formation of a Service Change Task and Finish Group and an Engagement and Involvement Group, in place of the former Communications Group. Our strategy was to prepare for the further proposals the health board had to make on sustainable services, particularly surgery, in its three year plan, delayed from March 2014. While we prepared, the health board had ongoing problems and by the end of the year being reviewed, the plan had not been finalised.

The CHC has purchased some “tablets” as part of a cost-saving exercise. Initially issued to Executive Committee members, the object has been to cut the budget for photocopying, paper, toner and postage. Although very small, I have found mine valuable for meetings such as the health board, whose agenda runs to hundreds of pages, having the ability to locate each document and each page in the document very quickly. The impact on my consumption of copier paper and toner has been impressive. I have not tried to combine use of a tablet with chairing a meeting, however, a bridge too far – but is good to see that many members are volunteering to use their own or their CHC tablet in order to economise. Another innovation being trialled, purely voluntarily, has been to use tablets to input visiting results online either from the hospital or from home afterwards, where the “saving” is in staff time as the results go straight into the data base.

Looking forward at new challenges and opportunities, the Executive Committee has discussed Wylfa Newydd and Wrexham Prison (new name unknown) as major developments at opposite ends of our area, with big impacts on healthcare provision. We hope to be involved in the public consultations and to be a conduit for both public anxieties and reassurances.

Members had opportunities to deliberate in Council and Local Committees on a number of national documents, including handling of complaints, care of patients and the review of CHC Regulations. Thanks to the drive and diplomacy of the Interim Director, Peter Meredith-Smith, the process having stagnated in the previous two years, the regulations were finally tabled in the Assembly in March 2015, to become law in April. In future, members may have up to eight years on the CHC with up to two years co-option no longer counted as part of the eight. The term in office for Council Chair/Vice-Chair will be up to three years instead of two and the Board of CHCs will have a chair and two added members appointed by the Government, not elected. I see all these changes as improvements, with a new emphasis on the Board’s responsibility for driving up standards throughout Wales.

In February, the health board agreed proposals for a temporary reorganisation of Women’s Services including transfer of consultant-led obstetrics and gynaecology from Glan Clwyd to Bangor and Wrexham. The presentation to the health board was in response to Royal College of Obstetrics and Gynaecology reports in 2013 and two in 2014 and the failure of a staff recruitment campaign which began in August 2014. Yet when the plan was put to our joint Services Planning Committee it was described an “Urgent Change”, without opportunity for public consultation! Our Executive Committee considered the Minister’s Guidelines and Urgent Service Change Protocol and unanimously agreed that the proposal did not conform to the protocol and that we would refer our conclusion to our members, the health board and the Minister.

Our disagreement with the Health Board was basically procedural, and, with Judicial Reviews rumoured, it was not for a CHC to agree a Health Board’s controversial interpretation of the Minister’s guidance. We have certainly not criticised the integrity of the Medical Director and Director of Nursing on their response to the situation and their

part in drafting the health board's plans. Nor have we expressed any doubt that, by February, the health board had to make urgent decisions. We promptly accepted an invitation to have an observer with speaking rights on the Implementation Group, with an extra representative to cover absence or sub-groups meeting simultaneously. The occasional chair-to-chair meetings, accompanied by our senior officers, where Peter Higson and I can talk through issues have become more regular and purposeful, so this important conduit for information and opinions has not been damaged by the health board's problems.

The CHC welcomed the prompt decision of the Minister to investigate the situation. He wrote to us on March 27th with his decision and I replied immediately, welcoming the significant statements he made in his letter. He made it very clear that he expected health boards to always abide fully by the spirit of the engagement arrangements set out in his guidance on service change. While he accepted the health board's case for treating the proposals as urgent service change, he insisted that, in moving forward, a comprehensive engagement and consultation process must take place. I have brought the Minister's views to the attention of other CHCs in Wales as they represent new additional guidance to health boards especially in respect of urgent changes to service.

In the course of my final Council meeting in the chair, came news of a big programme of engagement and consultation this year on the three year plan and future alignment of sustainable services and also that the Women's Services changes would be delayed by at least a month due to an impending Judicial Review. The health board may well reflect that, thanks to the CHC upholding existing Guidance and Agreements, the outcome was a go-ahead by the Minister which may well be of great assistance to the health board in the Judicial review if it takes place.

The coming engagement and consultation process will again call for extra activity by CHC members, all responded well last time and I am confident that members will play their part in full again. I thank all members for the privilege of chairing the CHC for a second and final year. The duties have again been made easier for me by Jackie being a most able and efficient Vice-Chair. I wish her and Mark, her Vice-Chair, every success. My thanks to Geoff and his great team, without any doubt the best in Wales, and, above all, to you, the unpaid volunteers who make possible everything the CHC achieves for the public and for the patients of the Health Service in North Wales. Thank you all very much.

Chief Officer's Annual Report 2014/15

In my last annual report I set out the challenging year I had experienced as a result of the poor performance of Betsi Cadwaladr University Health Board, culminating in the appointment of a new Chair and Chief Executive. Following these events I looked forward to a period of steady improvement and progress by the Betsi Cadwaladr UHB over the next twelve months. It was not to be. Rather than making progress, over the Autumn/Winter of 2014 and the Spring of 2015 there was an avalanche of adverse reports which, in almost 30 years of experience, I found to be unprecedented. This situation culminated in the Health Board being placed in Special Measures in June 2015.

In 2014 North Wales CHC changed the balance of its visiting activity and focussed on hospital settings which provide care for frail older people and other vulnerable people. We undertook more 'unannounced' visits and CHC members have undertaken visits to local hospitals throughout the 24 hour period and also during weekends and bank holidays. The commitment of CHC members to delivering this enhanced visiting programme has been impressive. CHC members are unpaid volunteers but they have made well over 500 inspections in the last 12 months and our night time visiting programme has meant that it is not unusual for them to be "on duty" in the small hours of the morning.

In addition to the regular presence of CHC members on the wards, we have used a wide range of "intelligence" to shape our visiting programme to hospital settings;

- complaints received through the advocacy service
- patient stories
- informal concerns
- feedback from surveys
- comments from members during meetings
- discussion with Health Inspectorate Wales, Public Health Wales, the Older Persons' Commissioner, Wales Audit Office and other monitoring bodies
- discussion with NHS staff, patients, carers, relatives and health related charities & support groups

This information has been used to create a "dashboard" that identifies where the CHC will concentrate its efforts.

In response to the Tawel Fan Report we have increased our visiting to Mental Health wards and have included the opportunity for carers and patients to speak confidentially to the CHC about their concerns.

Elsewhere in this report there are details of our monitoring activity and we have reported on the outcomes this has produced for the benefit of patients and the "themes" we have identified. Across the many visits undertaken, a number of observations and issues recur:

- CHC assessment visits produce largely positive findings. Members have observed a lot of good quality care being delivered in excellent, clean facilities.
- Ward staff often report that they are operating under significant pressure due to sickness absences or unfilled vacancies. Members regularly record their observation that wards are very busy. There is an obvious danger that overstretched teams are unable to provide the level of care they strive to deliver.
- There is a lack of storage space on the wards. This leads to clutter on the wards which can be an infection control risk and an impediment to the creation of dementia-friendly environments. The use of bathrooms to store equipment is also a concern as it may affect the ability of staff to appropriately meet patients' hygiene requirements.
- Parts of the estate are showing signs of age and the fabric is in poor condition. Unsuitable facilities can also hinder accessibility and some sites can be difficult to navigate.
- Poor signage is a common problem – signage is often unclear, out-of-date, non-existent (in some cases), in English only and non-laminated (*which presents an infection risk*).
- There continues to be a disappointing level of non-compliance of BCUHB staff with policies such as the “bare below the elbow” policy regarding the wearing of watches and stoned rings. Non-compliance with infection prevention measures has been observed among doctors in particular.
- There are shortages of linen (*i.e. clean sheets, gowns or pyjamas*). These issues appear to be localised and sporadic but continue to feature.
- Standards, though often very high, are inconsistent. Many areas are performing very well but standards vary significantly across hospitals but also within hospitals.

A major issue in recent months has been the proposed temporary closure temporary closure of Women's Clinical Services at Ysbyty Glan Clwyd. The CHC strongly supported the calls for a full public consultation on this proposal and this has now been agreed by Betsi Cadwaladr UHB. The CHC has closely monitored the plans for the consultation in order to ensure that they will meet all Ministerial Guidelines and best practice principles.

Finally, I would like to thank our outgoing Chair, Gordon Donaldson, for his support and wise counsel over the past two years. I would also like to thank all of the CHC staff and the volunteer members for their work over a very challenging 12 months.

Patient and Public Engagement Activity

I. Prepared to Engage

The theme for most of the year from a Patient and Public Engagement perspective has been 'Prepared to Engage'. As an organisation we recognise the importance of engaging with patients and the public in order that we can fulfil 2 key aspects of our role being:

- Actively seeking out people's views and experiences of healthcare; and
- Representing these views and experiences to people who make decisions about health care for North Wales.

Early on in the year, we were particularly conscious that we needed to review the work this CHC had undertaken as part of the Health Board's 2012 consultation 'Healthcare in North Wales is Changing', in order that we were prepared for any future consultations in relation to changes to health services. We were mindful that the Health Board was working on its 'Sustainable Services Review' throughout the period, with CHC representatives attending a number of 'stakeholder' workshops as 'observers with speaking rights'.

The Health Minister commissioned a Lessons Learned Review to include looking at the experiences of stakeholders following regional plans for changes to health services across Wales. This was timely in that it was looking at similar issues to us. We were invited to take part in that Review and this helped us to focus our minds on a work programme for the coming months.

A Task and Finish Group relating to NHS Service Changes was created in July 2014, with its main purpose being to:

- ensure that the CHC could review and evaluate its contribution and role in the public consultation 'Healthcare in North Wales is Changing'; and to share any necessary information requested as part of the Ministers 'Lessons Learned Review'; and
- ensure that the CHC can make the most effective contribution to any public consultation resulting from the health board's Sustainable Services Review.

Our contribution to the Ministerial Review dominated the first half of the year and we provided detailed responses with extensive evidence in support.

Another key Group was formed to enable us to be in a position to be 'Prepared to Engage' –the Engagement and Involvement Group was created to continue and develop the CHCs work in relation to communications, but to also explore and develop the ways in which the CHC engages and involves the patients of North Wales in its work.

These groups have worked side by side throughout the year to advise the CHC Executive on the best ways to comply with national guidance for CHCs on rights and responsibilities concerning engagement and consultation on changes to health services

and to oversee, in terms of quality and quantity, all CHC activity in relation to communications, patient engagement and involvement

In particular, the groups looked at two specific health services considered as part of the Health Board's Sustainable Review - Stroke Care and Breast Cancer Services.

Following engagement by means of surveys, meetings with Service Users, carers, patient groups, staff and health board personnel- as well as extensive research into supporting national guidance and initiatives regarding these Services, the Groups presented two briefing papers to the Executive Committee in October which demonstrated how a new approach to our work could ensure that the CHC would be in a position to be 'Prepared to Engage' effectively on a continuous basis.

2. Other Activity

We have throughout the year, gained the views of many people from different communities across the region. Some of the surveys we have conducted have focussed on 'Your Local Experiences of the NHS'; 'Enhanced Care Services'; 'District Nursing Services' and 'GP Out of Hours Service'. Our new 'Patient Stories' initiative has enabled patients and carers to speak openly about health experiences – whether good or bad and to share their stories with health care providers. During the year we have responded to national 'health-related' consultation, enabling us to communicate directly on a formal basis with statutory organisations.

CHC members and staff have been proactive in giving presentations, attending health related 'events' and meetings ensuring that health services take account of local people's views and experiences. This has also meant that we have been able to maintain and create partnerships with many organisations which have similar objectives to ours.

We have raised our profile through our use of social media, contributing articles about our work in various newsletters and other publications and a regular presence in the press and media

Breakdown of activity

Presentations/meetings	43
Events	7
Information packs	1442
New Contacts	19
Website hits	17025
Social media followers	600 +
Circulation of CHC information	27872
Formal Press Releases	10
Patient/ Carer Stories	18
Responses to national consultations	8
Surveys (inc. distribution and responses)	3918

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 allowed 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.

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 the evidence submitted as a part of the Welsh Language Commissioner’s Standards Investigation.

Monitoring Visiting Activity

I. Monitoring Visiting Programme 2014-15

I.1 In the full year, 1 April 2014 to 31 March 2015, the following CHC monitoring inspections were undertaken:

	2014-15	2013-14	2012-13
Hospital Monitoring Inspections:			
Thematic Hospital inspections	94	104	108
Targeted Unannounced inspections	10	17	2
“BugWatch” inspections	139	98	0
“CareWatch” inspections	135	0	0
Mental Health / Learning Disabilities specific inspections	37	2	19
Primary Care Inspections:			
GPs*	4	30	23
Pharmacies	10	23	21
Other Monitoring Visits	6	14	5
Total	435	288	178

*Revised GP monitoring arrangements to be rolled out in 2015-16

2. Thematic Hospital Inspections

2.1 The Breakdown of thematic hospital inspections undertaken between 1 April 2014 and 31 March 2015 was:

	Total	DGH	Other Hospital
External	15	2	13
Equality of Access	16	5	11
Patient and People Care	33	25	8
Upkeep of Internal Fabric	30	16	14

- 2.2 In addition to what could be considered the standard, thematic hospital visits, 10 visits were undertaken in response to specific issues that were raised with the CHC. These are characterised in this report as “Targeted Unannounced” inspections.
- 2.3 From January 2015, combined sites visits have been undertaken. These incorporate External; Internal Fabric (of Shared Areas); and Equality of Access assessments. These will be undertaken annually per hospital site.

3. BugWatch

3.1 The “BugWatch” Infection Control Practice assessment was conducted at the district general hospitals during the summer of 2014 and again in January 2015. The assessment was conducted at community and minor acute sites during the summer of 2014 and again in February 2015.

4. CareWatch

4.1 The first “CareWatch” assessment was conducted at the district general hospitals in September 2014. A second assessment was conducted in March 2015. The first “CareWatch” at the community and minor acute hospitals took place between November 2014 and January 2015.

5. Hospital Patient Environment (HPE) Assessment

- 5.1 In addition to the CHC inspections listed at paragraph 1.1, full HPE assessments were undertaken at the following sites during September and October 2014:
- Ysbyty Bryn Beryl;
 - Abergele Hospital;
 - Holywell Community Hospital;
 - Ysbyty Gwynedd;
 - Ysbyty Glan Clwyd; and
 - Ysbyty Wrexham Maelor.
- 5.2 Follow-up assessments took place at Ysbyty Glan Clwyd and Ruthin Community Hospitals during April 2014.
- 5.3 During the year, 59 inspections associated with the 2014 HPE assessment were undertaken. In addition, 18 follow-up inspections associated with the 2013 HPE

assessment were undertaken. A total of 77 HPE inspections were undertaken during 2014-15.

6. Other Monitoring Visits Undertaken

6.1 Other visiting activity undertaken during the year included “ED Watch” assessments during May 2014 and several visits to outpatient clinics.

7. Distribution of Inspection Activity across the Year

7.1 Figure 1 displays cumulative inspection activity during the year (both including and excluding HPE).

7.2 Figure 2 displays the inspections undertaken during the last three years.

Figure 1:

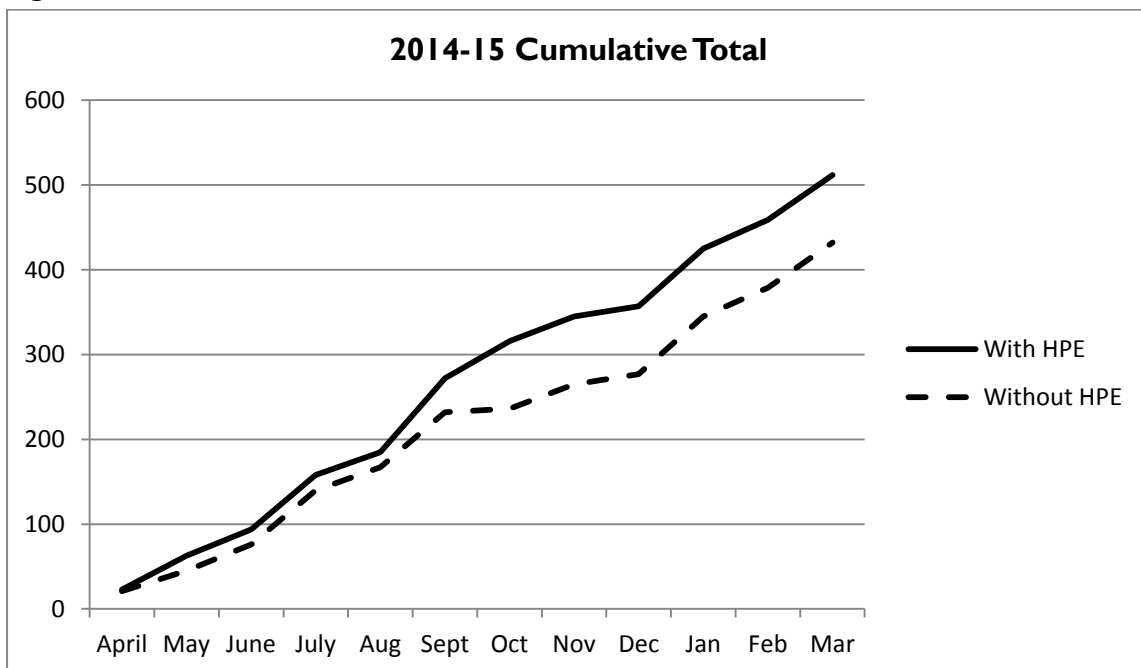
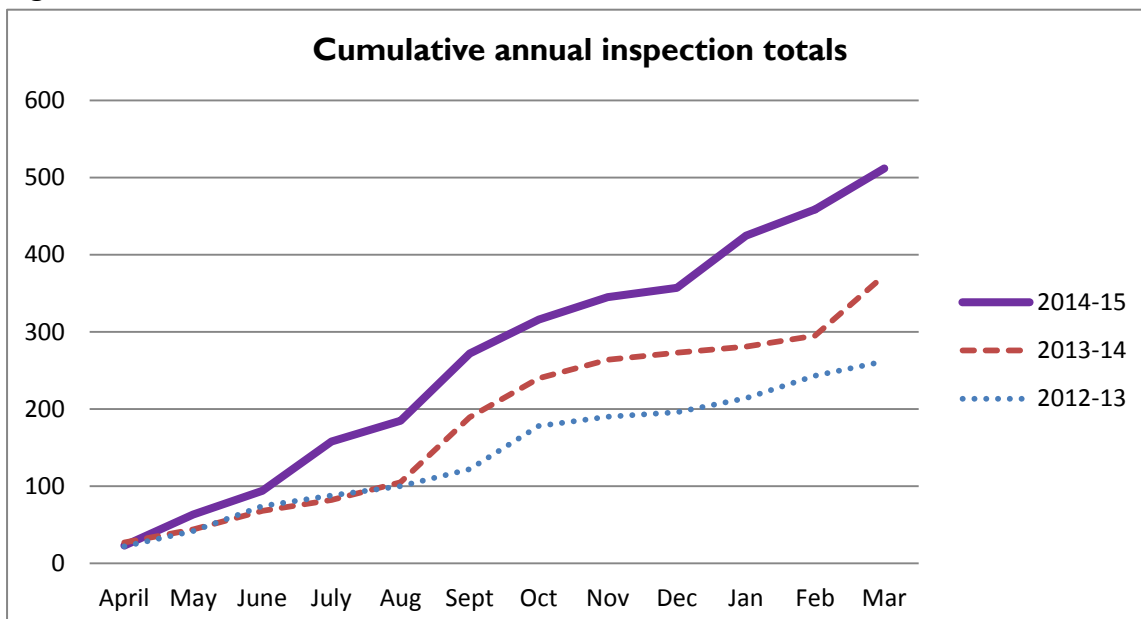


Figure 2:



Complaints Advocacy Service

We provide a free and independent advocacy service that offers confidential support, advice and guidance for those wishing to make a complaint against the NHS.

The concerns/complaints that are supported by the Advocacy Service are recorded in the Datix complaints database. The following figures were extracted from the database.

The advocacy service received 438 concerns/complaints during the financial year 2014/15. These cases are logged in the Datix database at various stages of the concerns/complaints process:

OPEN CASES FROM 1 April 2014 - 31 March 2015	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Total
Further Local Resolution	7	3	12	10	6	5	6	5	0	0	3	1	58
Local Resolution	10	6	13	16	10	20	18	20	9	17	15	6	160
Ombudsman	2	0	1	2	0	2	0	0	2	0	0	0	9
Pre-Local Resolution	9	16	18	16	14	12	18	17	10	20	16	30	196
Redress	0	2	3	2	1	0	0	0	0	0	0	0	8
Referred to POVA	0	0	1	0	1	0	0	0	0	0	0	0	2
Serious Incident Review	0	0	0	1	1	0	1	1	0	1	0	0	5
Total	28	27	48	47	33	39	43	43	21	38	34	37	438

Concerns are logged by the particular service area, or “Specialty”, that the concern relates to. The breakdown of the 438 cases by “Specialty” was:

SPECIALITY SERVICE AREA OF COMPLAINT	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Total
Ambulance Services	1	1	1	2	1	3	3	1	0	0	1	2	16
Clinical & Support	0	1	2	2	0	2	2	2	1	1	2	2	17
Commissioning	0	0	0	1	2	0	0	2	1	1	0	0	7
Dental	0	0	0	1	1	0	1	3	0	0	0	0	6
External Agencies	1	0	1	0	0	0	0	0	0	0	0	0	2
Information Not Provided	1	2	5	4	2	3	1	3	0	3	4	5	33
Managerial & Support	0	0	1	0	1	0	0	0	0	0	0	0	2
Medicine	4	9	19	16	13	14	15	11	3	13	12	8	137
Mental Health	4	0	4	7	2	2	6	1	6	2	5	3	42
Primary Care	8	5	8	5	5	5	4	8	6	10	1	5	70
Screening Services	1	0	0	0	0	0	0	0	0	0	0	0	1
Surgery	5	9	5	8	4	8	8	7	4	7	6	9	80
Women, Children & Community	3	0	2	1	2	2	3	5	0	1	3	3	25
Total	28	27	48	47	33	39	43	43	21	38	34	37	438

These service areas are broken down into “Subspecialties”. The breakdown of the 438 cases by “Subspecialty” was:

SUB - SPECIALITY SERVICE AREA OF COMPLAINT	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Total
Accident and Emergency	1	2	9	7	3	6	7	3	1	5	3	3	50
Adult	4	0	2	5	2	2	6	1	3	2	5	2	34
Anaesthetics	0	1	0	0	0	0	0	1	0	0	0	0	2
Cancer	0	0	2	4	3	3	2	1	1	2	1	1	20
Cardiology	1	0	0	0	0	0	2	1	0	1	1	1	7
Care of the Elderly	0	3	2	2	3	3	0	3	0	1	2	2	21
CHC Funding	0	0	0	0	0	0	0	2	0	0	0	0	2
Child Health	0	0	0	0	0	0	1	1	0	0	0	1	3
Children and Adolescent	0	0	1	1	0	0	0	0	0	0	0	1	3
Colorectal	0	0	0	0	0	1	1	0	0	0	0	0	2
Community Nursing	1	0	0	0	1	1	0	0	0	0	0	1	4
Complaints Handling	0	0	1	0	1	0	0	0	0	0	0	0	2
Continuing Care	1	0	1	0	0	0	0	0	0	0	0	0	2
Day Case	0	0	0	0	0	1	0	0	0	0	0	0	1
Dementia	0	0	0	0	0	1	0	0	0	0	0	0	1
Dermatology	0	0	1	0	0	0	0	1	0	0	0	0	2
Diabetes	0	0	0	0	0	0	0	0	0	1	0	0	1
Diabetic Retinopathy Screening Services for Wales	1	0	0	0	0	0	0	0	0	0	0	0	1
Emergency	1	0	1	2	0	2	3	0	0	0	1	2	12
Emergency Medicine	0	0	0	1	0	0	0	0	0	0	0	0	1
Endocrinology	0	0	0	0	0	1	0	0	1	1	0	0	3
Endoscopy	1	0	0	0	0	0	0	0	0	0	0	0	1
ENT	0	3	1	1	0	0	1	1	0	1	0	0	8
Fertility	0	0	0	0	0	1	0	0	0	0	0	0	1
Gastroenterology	1	0	2	1	1	1	4	1	0	1	0	0	12
Gender Reassignment	0	0	0	0	1	0	0	0	0	0	0	0	1
General Practice	7	5	8	5	5	4	4	7	5	6	0	5	61
General Treatment	0	0	0	0	0	1	0	1	0	0	0	0	2
Genetics	0	0	0	0	0	0	0	0	0	0	1	0	1
Haematology	0	1	0	0	0	0	0	0	0	0	0	0	1
Hospital	0	0	0	0	0	0	0	2	0	0	0	0	2
Individual Patient Funding Requests	0	0	0	0	1	0	0	0	0	1	0	0	2
Information Not Provided	1	2	5	4	2	3	1	3	0	3	4	5	33
Intensive Care/High Dependency/Critical	1	0	0	0	0	0	0	0	0	0	0	0	1
LHB	0	0	0	1	1	0	0	0	1	0	0	0	3
Minor Injuries	0	0	0	1	0	0	0	0	0	0	0	0	1
Nephrology	0	0	0	0	0	0	0	0	0	1	0	0	1
Neurosciences	1	0	0	0	1	0	0	0	0	1	1	0	4
Non Emergency	0	1	0	0	1	0	0	0	0	0	0	0	2
Nutrition and dietetics	0	0	0	0	0	0	0	0	0	0	1	0	1
Obstetrics and gynaecology	2	0	2	1	1	0	2	4	0	1	3	1	17
Occupational Health	0	0	0	0	0	0	0	0	0	0	0	1	1
Older Persons	0	0	1	1	0	0	0	0	3	0	0	0	5
Ophthalmology	0	1	1	1	0	1	2	0	1	1	0	2	10
Other	1	0	1	1	0	0	0	2	0	0	0	1	6
Other	0	0	0	1	1	0	0	0	0	0	1	1	4
Out-of-Hours	1	0	0	0	0	1	0	1	1	3	0	0	7
Pain Clinic	0	0	0	1	0	1	0	0	1	0	0	0	3
Pathology	0	0	1	0	0	0	0	1	0	0	0	0	2
Pharmacy	0	0	0	0	0	0	0	0	0	1	1	0	2
Physiotherapy	0	1	0	0	0	0	0	1	0	1	0	1	4
Podiatry	0	0	1	0	0	0	0	0	0	0	0	0	1
Primary Care	0	0	0	1	1	0	1	1	0	0	0	0	4
Radiology	0	0	0	0	0	1	2	0	0	0	0	0	3
Rehabilitation	0	1	0	0	0	0	0	0	0	0	0	0	1
Respiratory	0	1	0	0	0	0	0	0	0	0	1	0	2
Rheumatology	0	0	1	0	0	0	0	1	0	0	0	0	2
Speech and language therapy	0	0	0	1	0	0	0	0	0	0	0	0	1
Stroke	0	1	2	0	1	0	0	0	0	0	2	0	6
Trauma and Orthopaedics	2	2	1	2	2	3	2	1	1	2	4	4	26
Urology	0	2	1	2	1	1	2	2	2	2	2	2	19
Total	28	27	48	47	33	39	43	43	21	38	34	37	438

Cases record the type of staff, or “Professional Group”, being complained about (or about whom a concern has been raised). The breakdown of the 438 cases by “Professional Group” was:

PROFESSIONAL GROUP	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Total
Administration Staff	1	1	3	1	1	1	3	4	1	0	0	0	16
Ambulance Crew	1	1	1	2	1	3	3	1	0	0	1	2	16
Dentists	0	0	0	0	0	0	1	2	0	0	0	0	3
Doctor Primary	6	4	6	6	4	4	3	7	5	8	0	4	57
Doctor Secondary	12	13	21	24	13	17	24	22	10	16	17	15	204
External Group	1	0	0	0	0	0	0	0	0	0	0	0	1
Health Visiting	0	0	0	0	0	0	1	0	0	0	0	0	1
Information Not Provided	3	2	4	3	2	3	2	2	2	7	4	6	40
Maintenance and Ancillary Staff	0	0	0	0	0	0	0	0	0	1	0	0	1
Managerial Staff	2	1	4	3	4	1	1	0	1	1	1	2	21
Midwifery	0	0	1	0	1	0	0	0	0	0	0	1	3
Nursing Primary	1	0	1	0	0	1	0	0	0	0	0	1	4
Nursing Secondary	1	5	6	7	7	8	4	4	2	4	9	5	62
Pharmacists	0	0	0	0	0	0	0	0	0	1	1	0	2
Professions Allied to Medicine	0	0	1	1	0	0	1	1	0	0	1	1	6
Scientific, Technical and Professional	0	0	0	0	0	1	0	0	0	0	0	0	1
Total	28	27	48	47	33	39	43	43	21	38	34	37	438

Cases record the nature of the location, or “Site”, at which the incident which led to the concern/complaint occurred. The breakdown of the cases by “Site Type” was:

SITE TYPE	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Total
Clinic	0	0	0	0	0	0	0	1	0	0	0	1	2
Community	0	0	0	2	0	0	0	0	0	0	0	0	2
Dental Practice	0	0	0	1	0	0	1	2	0	0	0	0	4
Enroute	1	0	0	1	1	0	2	1	0	0	0	0	6
GP Practice	7	5	8	4	4	4	4	7	4	6	0	6	59
Hospital	15	20	33	35	22	26	31	26	11	26	25	21	291
Information Not Provided	1	1	3	2	3	3	1	2	2	1	3	3	25
Mental Health Unit	1	0	2	1	1	2	3	1	2	1	2	1	17
Nursing Home	0	0	1	0	1	0	0	1	0	0	0	0	3
Out Of Hours	0	0	0	0	0	0	0	1	0	2	0	0	3
Patient's Home	3	1	1	1	1	4	1	1	2	1	3	5	24
Pharmacy	0	0	0	0	0	0	0	0	0	1	1	0	2
Total	28	27	48	47	33	39	43	43	21	38	34	37	438

Delivering an Efficient and Effective Organisation

North Wales Community Health Council staff team April 2014-March 2015

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 2014-March 2015 were:

Geoff Ryall Harvey, Chief Officer

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

COMPLAINTS ADVOCACY STAFF

Emily Bacon, Complaints Advocate

Ross Duffield, Complaints Advocate

Aimée Everett, Complaints Advocate

Audrey Hughes, Complaints Advocate

Debra Jones, Complaints Advocate

Rachel Valentine, Complaints Advocate (Part)

Allison Hughes, Advocacy Office Manager, Bangor

Debbie Postle, Advocacy Office Manager, Wrexham

Bev Davies, Advocacy Assistant

Lucy Barker, Advocacy Assistant

**Membership of North Wales Community Health Council
April 2014-March 2015**

LOCAL COMMITTEE / MEMBERS NAME	NOMINATED BY:	ATTENDANCE Council/Local Committee	
		Possible	Actual
Anglesey			
Mr Andy Burgen	Welsh Assembly Government	8	6
Mr William J Chorlton	Welsh Assembly Government	8	4
Cllr Jeffrey Evans	Anglesey County Council	8	6
Ms Nia Evans	Welsh Assembly Government	8	4
Dr Sadie Francis (From 1 December 2014)	Voluntary/Third Sector	2	1
Mr Brace Griffiths	Welsh Assembly Government	8	6
Mrs Denise Harris-Edwards (End of Term of Office)	Voluntary/Third Sector	4	0
Mrs Patricia Jones	Voluntary/Third Sector	8	7
Mrs Patricia Rannard	Welsh Assembly Government	8	7
Cllr Dylan Rees (From 7 November 2014)	Anglesey County Council	3	2
Cllr Dafydd Thomas (From 12 February 2015)	Anglesey County Council	1	1
Mr Mark Thornton	Welsh Assembly Government	8	8
Co-opted			
Mr Alan Dixon	Anglesey Local Committee	9	5
Dr Sadie Francis (Until 30 November 2014)	Anglesey Local Committee	7	5
Conwy			
Cllr Frank Bradfield	Conwy County Borough Council	8	7
Mrs Nerys Cossey	Voluntary/Third Sector	8	7
Mrs Denise Fisher	Welsh Assembly Government	8	4
Ms April Harper (End of Term of Office)	Voluntary/Third Sector	7	2
Dr Garth Higginbotham	Welsh Assembly Government	8	7
Mr Robin Holden	Welsh Assembly Government	8	4
Cllr Roger Parry	Conwy County Borough Council	8	8
Mrs Hilary Randall	Welsh Assembly Government	8	7
Mr Geoffrey Richardson	Welsh Assembly Government	8	5

LOCAL COMMITTEE / MEMBERS NAME	NOMINATED BY:	ATTENDANCE Council/Local Committee	
		Possible	Actual
Mrs Pearl Roberts (End of Term of Office)	Voluntary/Third Sector	4	3
Dr Sibani Roy (Appointed 4 October 2014)	Voluntary/Third Sector	3	2
Mr Roger Williams	Welsh Assembly Government	8	6
Cllr Andrew Wood	Conwy County Borough Council	8	4
Co-opted:			
Dr Martin O'Donnell (Resigned in Year)	Conwy Local Committee	1	1
Mrs Pamela Rogers	Conwy Local Committee	6	6
Dr Sibani Roy (Until 3 October 2014)	Conwy Local Committee	5	5
Denbighshire			
Rev. Peter Allsworth	Welsh Assembly Government	8	6
Cllr Brian Blackley	Denbighshire County Council	8	2
Mrs Eva Edwards	Welsh Assembly Government	8	7
Miss Christine Evans	Welsh Assembly Government	8	7
Mrs Roma Goffett	Voluntary/Third Sector	8	6
Mrs Carole Lapham	Welsh Assembly Government	8	6
Mrs Angela Marshall	Welsh Assembly Government	5	1
Cllr Dewi Owens	Denbighshire County Council	8	3
Cllr Bill Tasker	Denbighshire County Council	8	0
Mr Neil Taylor	Voluntary/Third Sector	8	7
Mr Michael Theaker	Welsh Assembly Government	5	4
Co-opted:			
Dr Christopher Madoc Jones (End of Term of office)	Denbighshire Local Committee	6	6
Flintshire			
Mr Gordon Donaldson	Voluntary/Third Sector	8	7
Mrs Dianne Gill (From 1 September 2014)	Welsh Assembly Government	5	4
Mrs Jenny Harley	Welsh Assembly Government	8	7
Mr Colin Herbert	Voluntary/Third Sector	8	7

LOCAL COMMITTEE / MEMBERS NAME	NOMINATED BY:	ATTENDANCE Council/Local Committee	
		Possible	Actual
Mrs Stella Howard (From 1 December 2014)	Voluntary/Third Sector	4	3
Mrs Rita Jones	Welsh Assembly Government	8	8
Mr Russell Jones (End of Term of Office)	Welsh Assembly Government	5	5
Cllr Christine Jones	Flintshire County Council	8	0
Cllr David Mackie	Flintshire County Council	8	5
Mrs Angela Marshall	Welsh Assembly Government	3	1
Cllr Hilary McGuill	Flintshire County Council	8	6
Mrs Janet Randles (Resigned in year)	Welsh Assembly Government	2	1
Mrs Jennie Starling	Welsh Assembly Government	8	4
Mr Michael Theaker (Transferred to Denbighshire Local Committee)	Welsh Assembly Government	3	3
Co-opted:			
Mr Michael Boyle (From 28 January 2015)	Flintshire Local Committee	1	1
Ms Linda Harper (From 28 January 2015)	Flintshire Local Committee	1	1
Mrs Stella Howard (Until 30 November 2014)	Flintshire Local Committee	4	4
Mr Russell Jackson (From 15 July 2014))	Flintshire Local Committee	5	5
Gwynedd			
Mrs Myfanwy Baines (From 1 August 2014)	Welsh Assembly Government	5	3
Mr E Llewelyn Edwards	Voluntary/Third Sector	8	5
Cllr Aled Evans	Gwynedd County Council	8	4
Mrs Mair Jones	Welsh Assembly Government	8	3
Cllr Eryl Jones-Williams	Gwynedd County Council	8	5
Mr Bill Madine	Welsh Assembly Government	8	6
Miss Jean Preston	Welsh Assembly Government	8	5
Cllr Mair Rowlands (Resigned in year)	Gwynedd County Council	5	3
Mrs Elizabeth Smart	Welsh Assembly Government	8	5
Cllr Hefin Williams	Gwynedd County Council	1	1

LOCAL COMMITTEE / MEMBERS NAME	NOMINATED BY:	ATTENDANCE Council/Local Committee	
		Possible	Actual
<i>(From 5 January 2015)</i>			
Mr John Gwyn Williams	Voluntary / Third Sector	8	8
Mrs Menna Williams	Voluntary / Third Sector	8	4
Mrs Vera Wilson	Welsh Assembly Government	8	8
Co-opted			
Mr Rhys Taylor <i>(From 15 July 2014)</i>	Gwynedd Local Committee	5	2
Mrs Jillian Nye <i>(From 26 November 2014)</i>	Gwynedd Local Committee	3	2
Wrexham			
Mrs Jackie Allen	Welsh Assembly Government	8	8
Cllr Terry Boland <i>(From 17 October 2014)</i>	Wrexham County Council	3	2
Cllr Krista Childs <i>(Resigned in Year)</i>	Wrexham County Council	2	0
Mr Ron Davies <i>(Deceased)</i>	Welsh Assembly Government	3	2
Miss Jan Greasley	Welsh Assembly Government	8	3
Cllr O Arfon Jones	Wrexham County Council	8	6
Cllr Joan Lowe	Wrexham County Council	8	6
Mrs Angela Marshall <i>(Transferred to Denbighshire Local Committee)</i>	Welsh Assembly Government	3	2
Mrs Lyn Siebenmann <i>(From 1 December 2014)</i>	Voluntary/Third Sector	3	2
Mr Des Williams	Welsh Assembly Government	8	4
Miss Elizabeth Williams	Voluntary/Third Sector	8	6
Co-opted:			
Ms Judith Connolly	Wrexham Local Committee	8	4
Ms Hilary Pepler <i>(End of Term of Office)</i>	Wrexham Local Committee	5	0
Mrs Nicola Tabern-Price <i>(From 15 October 2014)</i>	Wrexham Local Committee	3	2

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

Sub-Committees of the North Wales Community Health Council 2014- 2015

Executive Committee

Chair NWCHC	Mr Gordon Donaldson
Vice Chair NWCHC	Mrs Jackie Allen
Chair Anglesey Local Committee	Mr Mark Thornton
Vice Chair Anglesey Local Committee	Ms Nia Evans
Chair Conwy Local Committee	Dr Garth Higginbotham
Vice Chair Conwy Local Committee	Mr Robin Holden
Chair Denbighshire Local Committee	Mrs Roma Goffett
Vice Chair Denbighshire Local Committee	Mrs Eva Edwards
Chair Flintshire Local Committee	Mrs Rita Jones
Vice Chair Flintshire Local Committee	Mrs Jenny Harley
Chair Gwynedd Local Committee	Mrs Mair Jones
Vice Chair Gwynedd Local Committee	Mr John Gwyn Williams
Chair Wrexham Local Committee	Mrs Jackie Allen (Part)
	Cllr Joan Lowe (Part)
Vice Chair Wrexham Local Committee	Mr Des Williams
Chief Officer	Mr Geoff Ryall-Harvey

Services Planning Committee

Chair NWCHC	Mr Gordon Donaldson
Vice Chair NWCHC	Mrs Jackie Allen
Anglesey Local Committee	Mr Andy Burgen
	Mr Brace Griffiths - deputy
Conwy Local Committee	Dr Garth Higginbotham
	Mr Geoff Richardson – deputy
Denbighshire Local Committee	Mrs Roma Goffett
	Miss Christine Evans – deputy
Flintshire Local Committee	Mrs Rita Jones
	Mrs Jenny Harley - deputy
Gwynedd Local Committee	Mr John Gwyn Williams
	Mrs Vera Wilson - deputy
Wrexham Local Committee	Ms Hilary Pepler (Part)
	Mr Ron Davies– deputy (Part)
Chief Officer	Mr Geoff Ryall-Harvey

Communications Group

Chair	Mr Colin Herbert
Anglesey Local Committee	Mrs Patricia Rannard Mr Jon Chorlton - deputy
Conwy Local Committee	Mrs Pamela Rogers Mr Roger Williams- deputy
Denbighshire Local Committee	Mr Neil Taylor Rev Peter Allsworth - deputy
Flintshire Local Committee	Mr Colin Herbert Mrs Stella Howard - deputy
Gwynedd Local Committee	Mrs Mair Jones Cllr Eryl Jones-Williams - deputy
Wrexham Local Committee	Mrs Jackie Allen Cllr Arfon Jones - deputy

Monitoring and Scrutiny Group

Chair	Mrs Pearl Roberts (Part) Mrs Jackie Allen (Part)
Anglesey Local Committee	Mrs Denise Harris-Edwards (Part) Mr Alan Dixon - deputy
Conwy Local Committee	Mrs Pearl Roberts (Part) Mrs Nerys Cossey (Part) Dr Martin O'Donnell – deputy (Part) Dr Garth Higginbotham (Part)
Denbighshire Local Committee	Mrs Eva Edwards Cllr Bill Tasker -deputy
Flintshire Local Committee	Mrs Jenny Harley Mrs Janet Randles (Part)
Gwynedd Local Committee	Mrs Mair Jones Mrs Menna Williams - deputy
Wrexham Local Committee	Mrs Jackie Allen Mrs Angela Marshall – deputy (Part) Mr Des Williams - deputy

Finance report | April 2014 - 31 March 2015

Heading	Budget (£)	Actual Spend (£)	Over/(Under) (£)
Staff costs (Including travel costs for staff and members)	662,170	653,390.84	(8,779.16)
Accommodation costs	65,059	59,408.33	(5,650.67)
Office expenses	36,746	34,395.95	(2,350.05)
Total	781,779	762,2548	(16,779.88)

Notwithstanding the annual increase in staff costs and the day to day running expenses of three sites, the finance report for the period | April 2014 – 31 March 2015 reports an underspend of £16,779.88, which is approximately £2,000 less than the previous financial year.

As reported in the 2013-2014 Annual Report, the Executive Committee agreed to review and reduce the number and frequency of Local Committee and Executive Committee meetings. These small changes have been effective and have achieved an annual saving of in excess of £5,000, as there has also been a reduction in costs such as postage, printing, venue hire and travel costs. The reduction in the frequency of meetings has not impacted on the effectiveness of the Local and/or Executive Committees in any shape or form. What has been done is free up valuable resources, both financial and personnel, to enable more inspection activity to be undertaken by the members of the CHC.

Additionally, following consultation with staff, the lease on the Dolgellau Office, was not renewed at the end of its term at the end of September 2014 with the effected member of staff being the first member of staff across the CHCs in Wales to be home based. This presented some challenges initially but these have been overcome and the homeworking solution is proving to be successful. It has also realised annual saving of circa £9,000 which will be fully appreciated during the 2015-2016 financial year.

The Chief Officer and the Business Manager are keen to identify further savings that can be made across the variable budget, however small. Regular contact and reports are made to the Liaison Accountant to ensure financial prudence and diligence as regards the budget for the CHC is undertaken at all times.

How to Contact North Wales Community Health Council

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Complaints Advocates based in Bangor Audrey Hughes
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