

Annual Report

**Abertawe Bro Morgannwg CHC
Community Health Council**

2018/2019



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Message from our Chair

This past year has been an incredibly busy one for Swansea Bay CHC. We saw the merger of Bridgend Locality with Cwm Taf Health Board to become Cwm Taf Morgannwg University Health Board.

In turn, the previous Abertawe Bro Morgannwg University Health Board was renamed Swansea Bay University Health.

The Community Health Councils (CHCs) of both areas correspondingly changed names to reflect the changes at Health Board level. I am particularly proud of the work undertaken by both our volunteer members and staff to ensure a seamless transition to the new Swansea Bay CHC.

Having only taken up the post of Chair on 1st April 2019, it would be remiss of me not to thank Mr Brian Moon who was our Chair for the period covered by this report, 2018 to 2019. Brian Moon worked hard to marshal members and staff to put ever increasing effort into ensuring that the voice of patients and members of the public within our communities was heard by those responsible for planning and delivering national health services.

From 1st April 2019, our previous Chief Officer, Mrs Cathy Moss took up the Chief Officer post at Cwm Taf Morgannwg Community Health Council. Both CHC members and staff express their gratitude for her leadership this past year and we wish her the very best in the future. We also welcome our new Chief Officer, Mrs Mwoyo Makuto who joined us from Cwm Taf Morgannwg CHC, where she was Deputy Chief Officer for a number of years.

We know that the year ahead will be an important one for our NHS services. Last year we worked across CHCs and with members of the public to influence the vision of a new people's voice body proposed within the White Paper, Services Fit for the Future. On 17th June 2019, a Bill which contains proposals for the functions and responsibilities of such a body was published by the Welsh Government (the Health and Social Care (Quality and



Engagement) (Wales) Bill). We will continue to work hard to ensure that a body with the primary responsibility of speaking on behalf of lay people is fully equipped with the powers that would make it truly effective.

Notwithstanding the changes described above, we have continued to work hard at local level gathering the views of patients whilst they are receiving care and treatment in hospital, talking to members of the public at various events, scrutinising services being planned or being delivered by our health board and supporting people to complain when things go wrong with the services they receive.

A particular focus for us this year has been upon listening better and without bias to those who are seldom heard. Our work programme over the year was chosen with this goal in mind. We describe in this report our work with culturally diverse groups, people living with dementia

and people of various sexual orientations. We have equally maintained our voice on behalf of the majority of the people living within our communities.

As we approach the year ahead we will continue to work hard on your behalf to ensure that your voices are heard by those who plan and deliver services. We will also work to ensure that any new body given the very important responsibility of speaking on behalf of people is fully equipped with all the powers it needs to do so effectively.



Hugh Pattrick
Chair Swansea Bay Community Health Council

Our year at a glance



Engagement

We gathered peoples' views and experiences on the things that local people told us mattered most.

We used what people told us to inform improvements for Phlebotomy (Blood tests), Maternity Services, Dementia and people's experience when "Leaving Hospital".

We worked with the Bridgend Association of Voluntary Organisations (BAVO), Swansea Council for Voluntary Services (SCVS), Neath Port Talbot Council for Voluntary Services (NPTCVS) and used social media sites and our website to distribute newsletters and surveys.



National themes

We heard from local people about issues that are common across Wales and used these to drive national policy on the impact of NHS waiting times on patients' quality of life, the adequacy of communications within the NHS in Wales, the fragility of GP Out of Hours services in Wales and patient experience at Accident & Emergency departments.



Advocacy

Our advocacy service:

- Gave **advice and information to 187** people signposting to others or supporting people to resolve issues informally
- Opened **195 new cases** to support people raise concerns through the NHS concerns process
- Closed **216 cases** once the concern had been resolved or the process completed
- Supported **20 people** to take their concern to the Ombudsman



Patient experience

We heard from over 1000 people about their NHS care:

- Visiting hospital wards across Morriston, Singleton, Neath Port Talbot, Princess of Wales, Maesteg, Gorseinon and GP surgeries to hear from people whilst they were receiving care
- Attending public engagement events
- Working with Musical Memories Choirs, Residential and Nursing Care homes to hear from people and their carers about the NHS dementia services they receive
- Working with Black Minority Ethnic (BME) groups to hear whether cultural needs were met when using NHS services
- Using online surveys, face to face meetings and stands in community settings to hear from the broadest range of people

About us

Our vision

People in Bridgend, Neath Port Talbot and Swansea know that they can share their views of the NHS easily and recognise that doing so can have a real influence on the shape of healthcare services.

People understand and value the role played by CHCs in supporting them to be heard and in representing the collective interests of patients and the public.

What we do



Independent watchdog of NHS services

ABM CHC is the independent watchdog of NHS services in Bridgend, Neath Port Talbot and Swansea.

We encourage and support people to have a voice in the design and delivery of NHS services.



Provide an important link

ABM CHC seeks to work with the NHS and inspection and regulatory bodies. We provide an important link between those who plan and deliver NHS service, those who inspect and regulate it, and those who use it.



Engage with the public

ABM CHC hears from the public in many different ways. We visit NHS services to talk to patients and carers. We talk to people at events, and through community groups.



Our advocacy service helps people

We use surveys, apps and social media. Our advocacy service helps people who want to raise a concern about NHS care or treatment.

Our four main functions can be described as:

1. Systematically visiting and scrutinising local health services.

2. Continuously engaging with the communities we represent and the health service providers serving those communities.

3. Representing the interests of patients and the public in the planning and agreement of NHS service developments and changes.

4. Enabling users of the NHS to raise concerns about the services they receive through an independent Complaints Advocacy Service.

Membership

Our volunteer membership

Abertawe Bro Morgannwg CHC is made up 36 members:

- **18 appointed through a public appointments process**
- **9 nominated by the 3rd sector**
- **9 nominated by local authorities.**

Our members are all local people who give their time for free. We also have co-opted members who we recruit directly from local communities.

If you are interested in becoming a member contact us by using the details at the back of our report.

Our governance

The way in which we organise ourselves to carry out our activities is set out in regulations passed by the National Assembly for Wales.

The activities we carry out are co-ordinated and overseen by 3 local committees; [Bridgend, Neath Port Talbot and Swansea]. These committees make up our Full Council. We also have an Executive Committee which is ultimately responsible for what we do and how we do it.

Our national standards

1. CHCs act in the interests of the public and patients in Wales

2. CHCs work effectively with others to safeguard and promote the welfare of people who use NHS services

3. CHC activities and services meet the needs of and are accessible to all

4. CHC activities are open, transparent and inclusive

5. CHC activities are properly led, resourced and supported

6. CHCs plan and carry out their activities in a way that maintains their independence and demonstrates their accountability to the communities they serve

7. CHCs strengthen the voice of patients and the public by working together and with others

8. CHCs reflect the views and experiences of patients and the public about NHS services

9. CHCs share the results of their activities in a balanced and timely way

10. CHCs evaluate the impact of their actions and apply the learning to future activities

About our communities

The area that we serve covers Bridgend, Neath Port Talbot and Swansea and is one of the most densely populated health board areas in Wales.

Around 529,278 people live in the area with many more visiting over the summer months.

The Public Health Wales Observatory predict that our local population will continue to increase and that the percentage of people aged 75 or over, will rise by 13% by the year 2020.

The growing number of people and the increase in the number of older people means that our NHS services need to respond to the needs of more people.

An older population means a rise in some chronic conditions such as circulatory and respiratory diseases and cancers.

The area has significant deprivation challenges that impact greatly on the health of the community.

There is a 17 year difference in life expectancy between our least and most deprived areas.

Whilst we have a significant urban population, there are also more rural areas where transport can be a challenge.

There are differences too in the ethnic diversity of our local populations, with 9% of people living in Swansea saying they are from a non-white background compared to 2.8% in Bridgend and 2.2% in Neath Port Talbot.

Continuous Engagement

Patient and public engagement: working with CHCs across Wales

CHCs have a responsibility to represent the interests of patients and the public within the geographical areas they serve.

Often, the priorities identified by patients and the public will be local to a particular CHC area or even to a specific hospital or service. There will, however, always be themes and priorities that are common to CHCs across Wales.

When this happens, CHCs work together to ensure that the views and experience of patients and the public are reflected both locally and nationally; providing a strong patient voice to influence the development of national policy and local delivery.

Our national reports are available on our website at:

www.communityhealthcouncils.org.uk



How we have made a difference: Working locally

Scrutiny and engagement: local priorities

During 2018/2019 we set local priorities based upon the issues that people told us were most important to them. We also responded in year to concerns raised through our activities and those of others.

Pre-Emptive Beds (escalation beds)

During February 2019 we re-visited each of our main hospitals to see whether improvements had been made where additional beds were being used. We visited many wards (see the full list at Appendix 6) and spoke to people who were being cared for in additional beds, to find out how long they had been using the bed and to hear about their experience.

- We were pleased to see dedicated winter pressure units or bays throughout the hospitals, where patients didn't feel they were in an additional bed but felt they had the necessary equipment to keep them safe.
- We saw that where pre-emptive/escalation beds were used, this had an impact on the environment. Where beds

were placed in bays we saw that this was usually in front of, or close to a fire escape. We echoed our previous concerns, that this might pose a risk in the case of fire and that it might make patients feel nervous or uncomfortable.

- We once more saw beds in day rooms and again were concerned about the impact this might have on the wider ward environment and the opportunities available for patients to interact with each other and with visitors. We know from previous engagement with patients that this is something which people value.
- In one case we were concerned to see a patient being barrier nursed in a day room without hand washing or toilet facilities.
- Once again we saw beds were placed in treatment rooms or rooms designed to provide a private space for consultations. We were again concerned that this might have a negative impact for those who would otherwise have used the facility.



- Overall, we again found that patients were very understanding of the pressures on hospital services and praised nursing staff even when they felt that the environment was less than ideal.
-

We have asked the Health Board to continue its efforts to reduce the use of pre-emptive beds, and to assure itself and patients that extra beds are positioned safely.

Cultural Diversity

Throughout the year we asked minority peoples how well local NHS services were meeting their cultural and language needs both in hospital and in their GP practice.

The most frequently raised themes were:

- Staff attitude – helpful staff was key for many people and many positive comments were received about staff attitude across GP and hospital services.
- Communication and language - we heard how good communication is vital if people in vulnerable situations are to feel involved, empowered and

in control of their own health care.

- We were concerned over possible breaches in confidentiality when children and family members provide translation rather than Language Line.
 - We heard that Medical letters are often provided in English only.
 - Some people shared encouraging stories about how their individual needs were understood and respected, whilst other people felt the opposite.
 - Nutrition is important for all patients and we heard that the choice of food for culturally diverse groups was limited and of a poor standard.
 - For those who require examination by a female GP one was not always available resulting in appointments having to be rearranged, wasting the time of both the patient and the doctor.
-

The CHC made recommendations to the Health Board based upon our findings. The Health Board accepted all of our

recommendations. In respect of translation services, the Health Board told us that the Primary Care Team, “will reinforce the availability of the service with contractors, including recirculating access details and awareness at forums and through practice visiting programmes”.

Leaving hospital

The CHC undertook a follow-up report on patient’s experience of hospital discharge, between June and December 2018. We spoke to people who had been in hospital in the previous 2 years (or who cared for someone who had) to tell us about their experience of discharge.

The feedback we received raised similar issues to those identified in an earlier CHC report, ‘Out of hospital services – Leaving hospital: A report on Patient Experience – February 2018.’

People felt that they had not been involved in discharge planning and had a lack of information about what to expect or who to contact for help once out of hospital.

People told us about the delays they experienced and the difficulties encountered in getting the support they needed outside of hospital.

The Health Board is currently considering how best to address

the issues raised in our report, and an action plan is expected shortly.

Maternity services

We attended various events, visited baby clinics, and other baby groups to ask people about their experiences of maternity services. 112 women shared their experience with us.

Women told us that they were happy about:

- being asked how they feel emotionally during antenatal care

- being spoken to in a way they understood during labour and birth

- having confidence and trust in the staff caring for them

Our report also showed that not all women are made aware of their options when deciding where to have their baby. We heard back from the Health Board that whilst women are provided with a booklet which describes the four choices of birth setting available community midwifery teams would be asked to document that a choice of birth discussion has taken place.

Women told us how frustrating they found it when they did not see the same midwife. The Health Board acknowledged that continuity of carer improves outcomes for women and



their families. We heard of the Health Board's plans to ensure women see no more than two community midwives throughout their antenatal and postnatal care. A community maternity service review is looking at working patterns for community midwives to ensure the Health Board can meet this target.

We were particularly concerned to hear that many women felt strongly about issues around feeding their babies, with more negative experiences than positive being reported. Some women told us they felt inadequately supported in the process of breastfeeding or felt information was poor. Others raised issues with postnatal care, in hospital or when they returned home.

Dementia services

We asked people across the ABMU area to tell us about their experience of local NHS services

for patients diagnosed with dementia.

We worked with local care homes and third sector organisations to reach a wide range of people. Some people suggested small but important practical changes, and others proposed larger, system wide improvements. We found a considerable variation in the satisfaction with the quality of dementia care. We heard of some excellent feedback and also of very poor feedback. People told us that they felt:

- a general hospital ward was not equipped to provide best dementia care
- basic standards of care were not always met
- frustrated by the lack of communication from medical professionals.

Importantly, almost all the responses we received recognised the vital role played by carers – and highlighted the need to plan and provide care and support not only for those people with dementia but also those who care for them.

We were concerned that some people were struggling to access day services as for many people with dementia; these services are an ideal source of support, friendship and stimulation, as well as providing a few hours of respite for the carer.

Our recommendations resulted in:

- Strengthening of signage for community hospital in-patient wards to support patients.
-

- Dementia services team attending cluster meetings to raise awareness within primary care settings.
-
- A directory of dementia services and a single point of contact when support is required for patients or carers. Teams have developed link nurse roles.
-
- A dementia lead within practices/clusters being considered.
-
- There has been an introduction of revised/new activities and stimulation for dementia patients in day centres.
-



How we have made a difference: Responding to local issues

As well as the visits we made to hear from people about our local priorities, we acted on things we heard about during the year.

We visited a range of wards, clinics and community services to hear people's experiences and see for ourselves how care was delivered. A list of the places we visited can be found at Appendix 6.

When we found things that could be improved the health board gave us an action plan so we could see what they were doing to make things better. We also told the health board when people said that things were good.

These visits led to improvements including:

- Bespoke tables being bought for A&E to fit around the beds
- Elderly patients moving from Ward 21 at Princess of Wales hospital to improved surroundings on a ward in the Angelton Clinic on the Glanrhyd hospital site
- Aseptic Non Touch Technique (ANTT) poster developed and made available throughout the health board following our suggestion
- The purchase of chairs for stroke patients on ward B12 Neath Port Talbot hospital

- The better use of tables on Ward B12 to help the older patient interact
- Findings in the ABM CHC 'Phlebotomy Services (Blood tests), November 2018' report influenced the direction in which a Primary Care Phlebotomy service project is to be undertaken in the Swansea locality.

Public Engagement events, talks and presentations

This year CHC members and staff went to more community groups and events. We listened to the public and told people about the role of the CHC and the services we provide.

As well as asking for feedback on our local priorities we asked people about their general experiences of NHS care. We also asked what people thought we should look at next.

ABM CHC knows that some people have additional barriers when accessing NHS services. Some people may have views on how services can meet their individual needs.



- we tried to use everyday language in everything we published
- we planned our activities to get the widest possible range of views

Events and groups we went to are listed in Appendix 7.

Representing the interests of patients and the public through our work on groups and committees

We invited key health board managers to our local committee meetings. We asked about health board performance, including the patient feedback that they had collected themselves.

We also asked about any issues or developments that could impact on patient care. This included things like staffing and waiting times.

We used our committees to check that the health board were acting on our recommendations.

The health board are in 'targeted intervention'. This means they have been asked by Welsh Government to improve the way they manage some parts of their activity including their finances.

We used our committee meetings to ask what plans the health board had in place. We wanted to be sure that plans were discussed with patients and the public and made things better for patients.

CHC members and staff went to meetings where the health board discussed what they would do to make improvements.

CHC members also went to a number of other health board committees and groups listed in Appendix 3. We chose the groups where we thought we could make the biggest difference. We shared the views and experiences we had heard from patients and the public to help the health board get things right.

We invited Health Board staff to our Mental Health & Learning Disability Sub group, where they update members on:

- Eating disorders –The Tier 3 Eating Disorders Service
- CAMHS - Specialist CAMHS Assessments, Mental Health Measure and Neurodevelopmental Disorders
- Adult mental health – updates included services at Gelligron being transferred to a refurbished suite at Tonna hospital, older people bed closures and Psychological Therapies.

Our members considered all the information shared with us from a patient and public perspective and raised those issues which lay people would likely raise.

Service Change

In order that local health services meet the existing and future needs of their people and communities, it is essential that they are planned, designed and developed together with local people, from the start. CHCs have a specific responsibility to engage with the NHS whenever service change is proposed. We represent the interests of the public and patients and make sure that NHS organisations engage or consult with those affected.

During the year ABM CHC worked with the health board to make sure that local people could have their say on a number of proposed changes (large and small) including:

- Major trauma network
- Thoracic surgery
- Maesteg Day hospital
- GP services at Croeserw
- Cwmllynfell surgery
- Bridgend Boundary change
- A new surgery at Sunnyside in Bridgend
- A temporary closure of the Minor Injuries Unit(MIU) at Singleton hospital
- Relocation of services currently being delivered at Gelligron
- Sexual health services
- Paediatrics, Obstetrics and Neonates
- Spinal Intrathecal Pump service
- A Swansea Wellness Centre (see examples below)

GP services at Croeserw

Following the resignation of a single-handed GP based in Cwmavon Health Centre in late 2016, the health board merged two contracts on 1st April 2017 to create one team to provide directly managed GMS services to patients from the communities of Cwmavon and Cymmer within the Afan Cluster.

There remained a level of dissatisfaction within the population of Cymmer following the merger. ABM CHC attended a public meeting in July 2018 hosted by the local AM to listen to local people about their concerns.

The health board agreed to host Community Stakeholder meetings where patients could have their outstanding issues addressed. The CHC attended each of these meetings.

An action plan has been developed following these meetings, which includes the development of a Patient Participation Group facilitated by the health board, Council for Voluntary services (CVS) and the CHC.

Major Trauma Network

ABM CHC continued this work with the other CHCs representing communities affected by proposals, to develop a major trauma network for South Wales.

In March 2018 each of the six health boards in the region formally considered and agreed to recommendations for the development of a Major Trauma Network for South and West Wales and South Powys.

Since that time work has been progressed to prepare for the implementation of the Network

which is intended to “go live” by April 2020. We will continue to collaborate with others in developing a network for South Wales.

Maesteg Day Hospital

The health board proposed to close Maesteg Day Hospital permanently and re-locate the services provided there to the Medical Day Unit at the Princess of Wales Hospital, Bridgend.

We were concerned that the engagement for this closure would run into the New Year when Bridgend healthcare services would be looked after by the new Cwm Taf Morgannwg University Health Board.

We asked the health board to suspend further engagement until 1 April 2019, after which time the CTM UHB would take forward the future model of care for Maesteg Day Hospital.

How we have made a difference: Working nationally

Working together, the Board and CHCs highlight issues that do or will impact on people's experiences across Wales. We draw on our local knowledge to shape the national agenda and challenge policy makers and those who deliver our services to do better.

We do more than offer responses on issues raised by others; we set out the case for change on those issues that matter most for patients and the public; describing where improvements are needed and holding the NHS in Wales to account on its performance.

Working through the Board of Community Health Councils in Wales, in 2018-2019 the 7 CHCs in Wales worked on 4 national projects. We wanted to hear what people had to say across Wales about the NHS in some key areas:

- Communication in the NHS in Wales
- GP out of hours services
- The impact of delays in leaving hospital
- Autism services

CHCs also kept a close eye on the progress being made in response to the projects carried out in the previous year.

One simple thing: communication in the NHS in Wales

Throughout the summer CHCs asked people across Wales to tell us about their experience of NHS communication good and bad and to give us their suggestions for how it might improve.

We received over 1,300 responses. Whilst everyone's experience was different we found that there were a number of common themes.

People told us that good communication made difficult times bearable, helped to build trust in NHS care and made people feel safe.

On the other hand, we also heard about how poor or no communication left people feeling frustrated and scared. People didn't always feel that they had any say or control over their health and care and were not able to voice their concerns easily.



There were many examples where people tried and failed to find the information they needed to access NHS services or look after themselves.

We said that improving communication must be at the heart of the changes the NHS needs to make. We challenged the Welsh Government and the NHS in Wales to improve communication quicker and better than it has done up to now.

The Welsh Government told us about the developments underway and planned in the NHS to deliver better care. It set out its expectations that the people leading these developments take on board the feedback from our report in introducing new and improved approaches to communication across health and social care.

Autism

During 2018 we attended 2 Welsh Autism shows in North and South Wales. We also encouraged people to share their views and experiences through social media and via an 'app'.

We asked people if the NHS meets the needs of people with autism. We asked people to tell us what was good and what could be better.

We heard that when the NHS works well it provides much needed support for people and families living with autism.

We also heard about many of the difficulties people face. People told us that although they valued highly the hard working staff involved in providing NHS care, all too often they felt the "system" let them down. This led to people feeling anxious, frustrated and vulnerable.

The NHS in Wales needs to make real and sustainable progress in tackling the key issues raised by people and families living with autism.

So we used the information people shared with us to respond to the Welsh Government's consultation on a code of practice on the delivery of autism services¹.

We will be attending the shows again in 2019 to find out if things have improved over the past year.

GP Out of Hours (OoH)

In 2017-2018, the Welsh Government told us about the work that was going on to improve the fragility of GP out of hours services in Wales. This was in response to our report that said the NHS needed to work together to make things better quickly.

So during 2019 we asked people to share their views and recent experiences of using GP out of hours services so we could see if things were getting better.

We will report on what people told us later this year.

Time to go home?

During 2017-2018 CHCs increasingly heard about the challenges in social care provision and its impact on people being able to leave hospital when they are well enough.

So in early 2019 CHCs asked people who had experience of being in hospital longer than needed to share with us how this had affected them or those they cared about. CHCs did this by asking people at events, on-line and social media, and by visiting hospital wards to hear directly from people.

We will report on what people told us later this year.

Responding to consultations

We work with the Board of CHCs in Wales and the six other CHCs to review and strengthen our collective approach in responding to requests to provide evidence and where possible contribute to one collective response as appropriate for the benefit of the public and patient.

¹ <https://gov.wales/code-practice-delivery-autism-services>



Advocacy and enquiries

Abertawe Bro Morgannwg CHC provided independent complaints advocacy support and advice for anyone living in their area who wanted help to raise a concern about NHS services wherever they were delivered.

We assisted 187 people to resolve concerns by offering initial advice, signposting or supporting people to resolve issues informally.

We also offered support and advice throughout the NHS Concerns Procedure known as Putting Things Right (PTR). We opened 215 new cases offering this support.

Every concern is different and people wanted and needed different levels of support to take their concern forward. We helped by explaining the concerns process and helping people to think about what they wanted and expected to happen as a result of raising their concern.

We provided practical support to those who wanted it, including helping people write letters, going with them to meetings,

helping people understand the information and response provided by NHS organisations.

Patient Story 1:

The complainant (also the patient) contacted the Advocacy Service because she lacked the confidence to complain by herself. This was of particular significance to the patient because the complaint related to the way that she had felt patronised and disempowered when clinical options had been



We opened 215 new cases offering this support

presented to her. She felt she had not been supported to participate.

The complainant had prepared her own complaint but was not confident that it clearly articulated her position. She anticipated that intimidation would result from complaining and that a positive resolution was unlikely.

She became distressed each time she thought about complaining. She therefore concluded that she could not face the prospect without support.

The complainant felt that support from the service would offset the prospect of her concerns being belittled, or her complaint being disregarded.

The advocate met with the client and collaborated to develop a final letter of complaint. This was submitted.

A response letter was received that did not satisfy the client. The response did not comply with the Putting Things Right (NHS Complaints Procedure) in that it did not say what options were available if the complainant was not happy with the response.

The advocate provided this information and supported the client to decide on the next

course of action. The advocate prepared a draft submission for the Ombudsman, who decided to investigate the complaint.

The advocate monitored progress and ensured that the client was informed and supported throughout the duration of the investigation – which took 8 months to complete.

The Ombudsman upheld the complaint and recommended a number of actions be taken, including

- an apology to the client, and
- the implementation of training to ensure improved service experience for others.

The client reflected that she felt vindicated by the outcome, and was satisfied that the process, although protracted, had been worthwhile.

The client was very generous in her comments about the level of support provided by the advocacy service and expressed her view that without the support of her advocate, she would not have been able to progress her concerns and to secure a positive outcome.

Patient Story 2:

The patient had contacted the local Assembly Member who contacted the Advocacy Service



to see if we could support the patient at a critical time.

The client was suffering from cancer and had been advised by his consultant that he urgently needed surgery and if this took place the chances were that he could be free of cancer going forward. During the same call the surgeon advised that he would not be able to perform the surgery and he would have to wait to see who the Health Board would appoint as his surgeon going forward. This call left the patient and his wife in a state of panic as they believed that delays in being re-appointed to another surgeon would be detrimental to him.

In normal circumstances the advocate would meet the client and draft a letter of complaint in accordance with the NHS

Complaints Process. However, in this particular case following discussion with the patient and his wife it was made very clear that the priority at this time was to focus on getting surgery arranged prior to thinking of making a Formal Complaint. It was crucial that he was re-appointed for surgery at the earliest point.

The Advocate contacted the PALS team in the hospital and highlighted this problem and the despair felt by the patient at being told he may be clear of cancer but may have to wait. It was unacceptable.

The Health Board immediately came on board and worked on getting the patient transferred another Health Board. Whilst this was being arranged the advocate liaised with the family to discover

that transport back and fore to the other hospital was going to prove very difficult as the spouse couldn't drive.

Again by liaising with the receiving hospital we were able to secure accommodation for the spouse and via the sending hospital we secured transport up for the patient and his wife and also transport back once he was discharged.

The surgery took place and was a success and the client recovery has been swift.

This was a prime example of how we have to sometimes adapt our service for the needs of the client.

Other outcomes achieved

Advocacy is an integral part of the CHC's core functions. Our case work provided important information about NHS services and issues and we used this to inform our other activities.

As a result of concerns raised by clients, changes are often made which have a wider benefit.

Some examples from the year include:

- Positioning Awareness Week has been launched whereby nursing staff work with therapy staff to address positioning needs of patients with new signage behind the beds to include individual requirements
- Work developed by visiting another hospital on how to

deliver education and training in managing stroke patients

- At mealtimes nursing staff are allocated to remain in specific bays to support and co-ordinate the meal service taking into account the pace of patients being able to eat
- Introduce use of Multidisciplinary Triple Diagnostic Method in patients with breast symptoms
- Practice GPs agreeing to request chest x-rays in two dimension to prevent any cancer being hidden by the shadow of the heart
- Threshold in Asthma and COPD clinics lowered for chest x-rays where patients have repeated exacerbation or chest problems

Our other advocacy work

Regular meetings between the advocates and the Health Board Patient Feedback Management Team have taken place throughout the year. These meetings enabled the advocates to progress individual concerns on behalf of their clients, identify trends as well as to highlight any issues arising in regards to the implementation of the complaints process - in order to promote improved patient experience.

The advocates have attended a number of community-based patient engagement events

at which general advice and support has been made available to members of the public, and which have provided wider opportunities to promote the advocacy service.

The advocacy team have also supported the wider remit of the CHC functions, by attendance at a number of patient consultation events, and by participating in a range of member led hospital inspections.

As part of their work practice the advocates have liaised with other advocacy services and have sought ways to work collaboratively, in order to ensure that clients are supported effectively.

The advocates have also been involved in a number of advocacy networking events, such as the Bridgend Voice and

Choice Hub event, and they have continued to take every available opportunity to promote the principles and benefits of advocacy – to service users and to service providers.

We have provided a point of contact to some local AMs following our attendance in Concerns Clinics. All health concerns being directed to us for guidance and support to progress through the NHS Complaints Process if required.

In 2018/2019 we have developed a closer working relationship with the Coroner's office and have seen a sharp rise in the number of cases being referred to us, thus allowing us to support clients during a very traumatic and upsetting time.



Working with Others

During the year we undertook some of our activities with others. We do this because we recognise that in some cases others are better placed to act on information, for example if it requires clinical expertise.

We also work with others to help us reach people in our communities who may otherwise not have the opportunity to share their views and experiences. i.e Musical Memories Choir for dementia patients.

CHCs across Wales

We worked alongside neighbouring CHCs on various projects.



Healthcare Inspectorate Wales

We met with HIW on a regular basis to share information and inform our work programme.

We referred clinical concerns to HIW and used the information they shared with us to inform our plans for 2019/20.



Public Services Ombudsman for Wales

We met regularly with Ombudsman staff to discuss how concerns were being handled by the NHS and offered suggestions on how improvements could be made.



Third Sector

We spent time building relationships with local BME groups to help us reach people across the area to find out whether NHS services were meeting the cultural and language needs of people from different ethnic backgrounds. We worked with Nursing homes and dementia



groups i.e Musical Memories Choir to collect feedback from patients, families and carers on NHS services for people with dementia.

We spoke to young mums at the SAIL project when collecting feedback for the CHC Maternity services report.

We worked very closely with SCVS, NPTCVS and BAVO, who continued to help distribute our newsletters and surveys to all their contacts.

We invited the Mental Health Development Officer for SCVS to present her paper on 'Children & Young People Health & Wellbeing Consultation' to the Mental Health & Learning Disabilities Sub group, when collecting feedback on CAHMS services in the area.



Our plans for next year

We will be responding to local priorities identified by patients and the public and drawn from our own activities.

This will include:

- Access to services for people with physical and sensory impairment
- Healthcare services in prison
- Availability of NHS dentists and experience of Out of hour dental provision
- Children and young people's experience of NHS services
- Transgender services/gender equality
- Mental Health Services:
 - PTSD
 - CAMHS
- Hospital discharge policies and arrangements
- Breastfeeding support for new mothers
- GP Triage systems and arrangements
- GP photo consultation and diagnosis
- GP referral to alternative services

- Secondary Care Ophthalmic services
- Telephone and entertainment services in hospitals

During 2019/2020 we will be working with CHCs across Wales to look at issues impacting on people wherever in Wales they live including:

- GP sustainability
- Cancer pathways
- Ophthalmology
- Mental Health
- Orthodontics

[Link to Operational Plan](#)

We are listening to you

You can help us by telling us about your experiences of the NHS, we want to hear your views on the services in your area.

You can share your views and experiences with us in any of the following ways:

- By telephoning our office
- By writing to us
- By e-mail
- By visiting our website
- Via twitter

We often seek views on particular aspects of health services through on-line surveys accessed through our website.

Keeping you informed

We hold our committee meetings in public, and you can find out when we are next meeting in your area on our website.

Our website also contains more information about our activities. If you would like to come and see us to discuss our activities or to share your views and experiences please let us know.

We publish a newsletter 3 times a year to let people know what we have been doing and the difference we have made. The newsletter also tells you what is coming up in your area.

We publish a monthly brief which enables you to see what our committees have been doing, where we have visited and the reports we have published.

Becoming a CHC Member

If you are interested in becoming a member of the CHC, please get in touch with us.

Our contact details can be found at the back of this report.



Appendices

Appendix 1 - Financial Statement

Fixed Costs

	Annual Budget	Expenditure to 31 st March	Variation
Staff salaries	£374,837.00	£347,771.96	£27,065.04
Office expenses	£5,560.00	£5,580.29	£-20.29
Accommodation costs	£39,262.00	£39,261.72	£0.28
Total (Fixed)	£419,659	£392,613.72	£27,045.03

Variable Costs

	Annual Budget	Expenditure to 31 st March	Variation
Travel and associated expenses	£8,760.00	£8,907.80	£-147.80
Office expenses	£12,293.00	£27,621.61	£-15,328.61
Total (Variable)	£21,053.00	£36,529.41	£-15,476.41
Total (fixed and Variable)	£440,712.00	£429,143.13	11,568.62
Budget adjustment agreed by the CHC Board	-£11.567.00	-	-£11.567.00
Total (fixed and variable)	£429,145.00	£429.143.38	£1.62

Appendix 2 - Executive members' declarations of interest

Executive Committee members' directorships of companies or positions in other organisations likely, or possibly, seeking to do business with the NHS are published in the Council's Annual Report to Welsh Ministers required under Regulation 25 of the CHC Regulations 2015.

Name	Position Held in CHC	Directorships	Other Positions of Authority
Cathy Moss	Chief Officer	None	None Declared
Sue Evans	Deputy Chief Officer	Declared	None Declared
Brian Moon	ABM CHC Chair	None Declared	None Declared
Lindsay Morgan	ABM CHC Vice Chair	None Declared	None Declared
Beverley Keyse	Bridgend Local Committee Chair	None Declared	None Declared
Ramsey Jamil	Bridgend Local Committee Vice Chair	None Declared	None Declared
Margaret Price	Neath Port Talbot Local Committee Chair	None Declared	None Declared
Farida Patel	Neath Port Talbot Local Committee Vice Chair	None Declared	Chair BME Forum
Tyrone Lewis	Swansea Local Committee Chair	None Declared	None Declared
David Barton	Swansea Local Committee Vice Chair	None	None Declared

Appendix 3 - Members of Abertawe Bro Morgannwg CHC 2018/2019

Name	Position Held in CHC	Locality
Brian Moon	Chair	Bridgend
Lindsay Morgan	Vice-chair	Bridgend
Leanne Lewis	Welsh Government Appointee	Bridgend
Beverley Keyse	Welsh Government Appointee	Bridgend
Ramsey Jamil	Welsh Government Appointee	Bridgend
Kevin Dee	Welsh Government Appointee	Bridgend
Andrew Jenkins	Welsh Government Appointee	Neath Port Talbot
Bethan Bowyer	Welsh Government Appointee	Neath Port Talbot
Hugh Pattrick	Welsh Government Appointee	Neath Port Talbot
Margaret Price	Welsh Government Appointee	Neath Port Talbot
John Dyer	Welsh Government Appointee	Neath Port Talbot
Jarrold Thomas	Welsh Government Appointee	Neath Port Talbot
David Barton	Welsh Government Appointee	Swansea
Joan Ann Henry	Welsh Government Appointee	Swansea
Wendy Lloyd Davies	Welsh Government Appointee	Swansea
Lesley Griffiths	Welsh Government Appointee	Swansea
Paul Mason	Welsh Government Appointee	Swansea



Cllr Cheryl Green	Local Authority Member	Bridgend
Cllr David White	Local Authority Member	Bridgend
Cllr Altaf Hussain	Local Authority Member	Bridgend
Cllr Angharad Aubrey	Local Authority Member	Neath Port Talbot
Cllr Sharon Freeguard	Local Authority Member	Neath Port Talbot
Cllr Carolyn Edwards	Local Authority Member	Neath Port Talbot
Cllr Hazel Morris	Local Authority Member	Swansea
Cllr Elliott King	Local Authority Member	Swansea
Cllr Mo Sykes	Local Authority Member	Swansea
Diana Griffith	Voluntary Sector Member	Bridgend
Farida Patel	Voluntary Sector Member	Neath Port Talbot
Tyrone Lewis	Voluntary Sector Member	Swansea
Kerry Davies	Co-opted Member	Bridgend
Elisabeth Thomas	Co-opted Member	Neath Port Talbot
Dana Evans	Co-opted Member	Swansea
Ann Spinks	Co-opted Member	Swansea
Margaret Austin	Co-opted Member	Swansea
Jason Celia	Co-opted Member	Swansea
Barbara Trehar	Co-opted Member	Swansea

Appendix 4 - External Representation 2018/19

Committee	CHC Representative
ABMU Health Board (ABMUHB)	Brian Moon-Chair Cathy Moss- Chief Officer
ABMUHB wide Quality & Safety Committee	Brian Moon-Chair
ABMU Health Board Infection Prevention and Control Group	Joan Henry
ABMUHB Food Service and Nutrition Development Group	Margaret Price
ABMUHB Nutrition Steering Group	Margaret Price
POW Quality & Patient Safety Committee	Diana Griffith
Local Dental Committee (LDC)	Diana Griffith
ABMUHB Primary Care Access and Sustainability Forum	Lindsay Morgan
ABMUHB Sustainable Transport Group - Morriston Hospital	Paul Mason
ABMUHB Sustainable Transport Group – Singleton Hospital	Paul Mason
ABMUHB NPT Delivery Unit – Stakeholder Reference Group	Farida Patel Susan Evans- Deputy Chief Officer
ABMUHB NPT Delivery Unit - Management and Delivery Board	Hugh Pattrick
ABMUHB NPT Delivery Unit - Prudent Board	Margaret Price
Singleton Hospital Services Delivery Unit Board	Tyrone Lewis
SCVS Mental Health Forum	Lesley Griffiths
Bay Health Cluster - Patient Reference Group	Tyrone Lewis Dana Evans



Bridgend Town Centre Project (Sunnyside) Steering Group (ARCH – Bridgend)	Lindsay Morgan
Health and Wellbeing Centre Steering Group (ARCH – Swansea)	Lesley Griffiths
Health and Wellbeing Centre Steering Group (ARCH – Neath)	Neath - no volunteer
End of Life Strategic Group	Lesley Griffiths
PoWH Clinical Strategy Board	Kevin Dee Brian Moon
ABMUHB Recovery & Sustainability Group	Susan Evans-Deputy Chief Officer
Maternity Services Liaison Committee (MSLC)	Margaret Price
Arts in Health (NOT UP AND RUNNING YET)	Elisabeth Thomas
ABMUHB Surgical Directorate Management Board	Leanne Lewis
BCHCW	Brian Moon-Chair

Appendix 5 - CHC Staff and Contact Details

CHC members are supported in their work by a team of loyal CHC staff, who are based at the CHC Offices in Cimla

Job Title	Name	Hours worked per week
Chief Officer	Cathy Moss	37.5
Deputy Chief Officer	Sue Evans	37.5
Business Manager	Kathryn Cobley	37.5
Admin Assistant	Jessica Skinner-Quinn	30
Admin Assistant	Sarah Paul	37.5
PPE/Monitoring and Scrutiny Management Officer	Victoria Davies	30
Monitoring and Scrutiny Officer	Angharad Sargent	37.5
Complaints Advocate	Evelina Rowlands	37.5
Complaints Advocate	Ian Coleman	28
Complaints Advocate	Miranda Metha	28
Advocacy Support Officer	Deborah Lawson	10
Advocacy Support Officer	Samantha Paddock	10
Advocacy Support Officer	Tricia Cole	14

Appendix 6

A list of the wards, GP practices we attended during 2018/19:

- 10 Wards, Pre – Emptive bed report, Princess of Wales Hospital

- 29 Wards, Pre – Emptive bed report, Morriston Hospital

- 7 Wards, Pre – Emptive bed report, Neath Port Talbot Hospital

- 8 Wards, Pre – Emptive bed report, Singleton Hospital

- Alfred Street Surgery, Neath

- Cardiac Short Stay Unit, Morriston Hospital

- Cardigan Ward, Morriston Hospital

- Clydach Surgery, Swansea

- Cwmavon Surgery, Neath

- Cymmer Surgery, Neath

- Cyril Evans Ward, Morriston Hospital

- Dan Danino, Morriston Hospital

- Gorseinon Hospital, Swansea

- Jill Rowe Ambulatory Unit, Morriston Hospital

- Maesteg Hospital, Bridgend

- New Cross Surgery, Swansea

- Outpatient Department, Singleton Hospital

- Phlebotomy Department, Morriston Hospital

- Phlebotomy Department, Neath Port Talbot Hospital

- Phlebotomy Department, Singleton Hospital

- Sway Road Surgery, Swansea

- Ty Llidiard

- Ward 10, Princess of Wales Hospital

- Ward 11, Princess of Wales Hospital

- Ward 2, Singleton Hospital

- Ward 21, Princess of Wales Hospital

- Ward 3, Singleton Hospital

- Ward 4, Princess of Wales Hospital

- Ward 5, Princess of Wales Hospital

- Ward 7, Singleton Hospital

- Ward 8, Princess of Wales Hospital

- Ward 8, Singleton Hospital

- Ward 9, Princess of Wales Hospital

- Ward 9, Singleton Hospital

- Ward B2, Neath Port Talbot Hospital

- Ward C, Neath Port Talbot Hospital

- Ward D, Neath Port Talbot Hospital

- Ward E, Neath Port Talbot Hospital

- Ward H, Morriston Hospital

- Waterside Surgery

Appendix 7

A list of the venues, events and groups we attended during 2018/19:

- Aberafan Shopping Centre, Port Talbot

- Aberavon Beach Festival, Port Talbot

- Action for Children (SAIL), Swansea

- Asda, Gorseinon

- Atrium, Neath Port Talbot Hospital

- BME Sports Forum, Swansea

- Bounce & Rhyme, Bridgend

- Bridgend Bus Station

- Bridgend Life Centre, Bridgend

- Bridgend Minority Ethnic Forum

- Care Homes

- Croeserw Enterprise Centre, Neath

- Crossroads, Princess of Wales Hospital

- Cwmavon Community Centre

- Cwmllynfell Patient Engagement

- Cymmer Patient Engagement

- Eisteddfod, Cardiff Bay

- Gower Chilli Festival, Swansea

- Hafal's Physical Health Awareness Day

- Heart of the Valley Show, Pontardawe

- Leisure Centre, Swansea

- Maesteg Day Hospital Public event

- Main Entrance, Morriston Hospital

- Neath Port Talbot Hospital fete

- Pontardawe Library

- Pride Cymru, Cardiff

- Quadrant Shopping Centre, Swansea

- Spring Pride, Swansea

- Swansea Library
 - o Health & Wellbeing week

- Tesco, Neath Abbey

- Tŷ Hafan, Swansea

- World Mental Health Day, Grand Theatre, Swansea

Office Contact Details

**Post: Swansea Bay Community Health Council
1st Floor
Cimla Health and Social Care Centre
Cimla
Neath
SA11 3SU**

Telephone: 01639 683490

E-mail: Swanseabay@waleschc.org.uk

Website: www.communityhealthcouncils.org.uk