

Annual Report

**Cwm Taf
Community Health Council**

2018/2019



Annual Report

**Cwm Taf
Community Health Council**

2018/2019

The new Cwm Taf Morgannwg CHC relocated on 14th May 2019.

NEW OFFICE CONTACT DETAILS

Post: Tŷ Antur, Parc Navigation, Abercynon,
CF45 4SN,

Telephone: 01443 405830

E-mail: enquiries.CwmTafCHC@waleschc.org.uk

Website: [www.communityhealthcouncils.org.uk/
cwmtafmorgannwg](http://www.communityhealthcouncils.org.uk/cwmtafmorgannwg)

Accessible formats

If you would like this publication in an alternative format and/or language, please contact us. You can download it from our website or order a copy by contacting our office (contact details above).

Page 3 **Message from our Chair**

Page 5 **Our year at a glance**

Page 7 **About us**

Page 9 **Membership**

Page 10 **Our national standards**

Page 11 **About our communities**

Page 12 **Continuous engagement**

Page 13 **Have we made a difference:
working locally**

Page 16 **Have we made a difference:
Responding to local issues**

Page 17 **Have we made a difference:
working nationally**

Page 20 **Advocacy and enquiries**

Page 23 **Working with others**

Page 24 **Our plans for next year**

Page 25 **We are listening to you**

Page 26 **Appendices**

Appendix 1 – Financial statement

Appendix 2 – Executive members' declarations of interest

Appendix 3 – Members of the Cwm Taf CHC 2018/19

Appendix 4 – External representation 2018/19

Appendix 5 – CHC staff and contact details

Message from our Chair

Our Community Health Council has operated consistently and remarkably throughout 2018/19 to ensure the patients' voice is at the heart of our work and at the heart of NHS services on local, regional and national level.

It has been my privilege to be the Chair of Cwm Taf Community Health Council (CHC) for the last three years. As I said in last year's Annual Report, the National Health Service (NHS) celebrated its 70th birthday in July 2018.

I hope this report shows how we in your local CHC have tried to represent you, your family and your community when you use local NHS services.

You will see in our report how we have tried to represent local people in different ways. We visit hospital wards, clinics and GP surgeries and speak to patients about their experience. We try to get as many of your views as possible on NHS services by attending local and national community events and speaking to local groups. We make sure

that you are listened to when there are changes in local and national health services. Also, we provide a free, independent, professional advocacy service to support you if you or your family are experiencing problems with your NHS services.

During this reporting period we represented the people of Merthyr Tydfil and Rhondda Cynon Taf. From 1st April 2019 our responsibilities increased to include the Bridgend area. We are also part of a network of CHCs who represent the views of all Welsh communities to the NHS.

We would not be able to do this without the support of our members, who are all volunteers, they live in our local communities and give of their time freely. They



are supported by a small, but dedicated group of staff, without whom, we could not carry out the work described in this report. Lastly our professional Complaint Advocates who have supported many individuals and families to express their concerns about their experience of health care.

I hope you find this report informative. Please get in touch if you would like to know more about us. If you are interested in being a volunteer member, we would love to hear from you!



Rowena Myles
Chair, Cwm Taf Community
Health Council (CTCHC)

Our year at a glance



Engagement

- We proactively gathered people's views and experiences on the things that local people told us mattered most.
- We used what people told us to inform our work for the year ahead.



Patient experience

We heard from over 1000 people about their NHS care:

- visiting 40 services to hear from people whilst they were receiving care
- using online surveys, face to face meetings and stands in community settings to hear from the broadest range of people



Advocacy

Our advocacy service:

- Gave advice and information to **262 people** signposting to others or supporting people to resolve issues informally
- Opened **84 new cases** to support people to raise concerns through the NHS concerns process
- Closed **95 cases** once the concern had been resolved or the process finished
- Supported **21 people** to take their concern to the Ombudsman



National themes

We heard from local people about issues that are common across Wales. We used this information to drive national policy on patient transport and waiting times.

About us

Our vision

People in Rhondda, Cynon and Taff Ely valleys and Merthyr Tydfil 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

Cwm Taf CHC is the independent watchdog of NHS services in the Rhondda, Cynon and Taff Ely valleys and Merthyr Tydfil. We encourage and support people to have a voice in the design and delivery of NHS services.



Provide an important link

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



Engage with the public

Cwm Taf 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

Cwm Taf CHC is made up of 24 full members:

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

Our members are local people who give their time for free. We also have 3 co-opted members recruited 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 two local committees, Rhondda, Cynon and Taff Ely valleys, and Merthyr Tydfil. 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 served during this reporting period covered four localities – three of which are within the Rhondda Cynon Taf Local Authority area.

These are Cynon Valley, Rhondda Valley and Taff Ely district. The fourth locality is Merthyr Tydfil.

Almost 81% of our community live in the Rhondda Cynon Taf Local Authority area. The remaining 19% live within the Merthyr Tydfil area.

The resident population of the Cwm Taf University Health Board area was estimated at 296,735 in 2016.

A Public Health Observatory document, published in 2018, indicated a population increase of 2.1% by 2026 (information provided by the Cwm Taf UHB's Integrated Medium Term Plan).

Our population is amongst the poorest in Wales, although there are variations throughout Rhondda Cynon Taf and Merthyr Tydfil.

The difference in life expectancy between the poorest and the richest is 7.4 years for men and 3.7 years for women.

Our CHC therefore, needs to identify effective ways of engaging with those poorer communities.

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

www.communityhealthcouncils.org.uk/cwmtaf



How we have made a difference: Working locally

Scrutiny and engagement: local priorities

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

We visited maternity units across the area and spoke to patients and staff. We heard about staffing difficulties. We were also told of apparently high still-birth rates.

We raised our concerns with the Health Board and received assurances. Following publication of the Royal College of Gynaecologists (RCOG) report in April 2019 it became apparent that the assurances offered had in fact been false assurances. The RCOG report highlighted a number of urgent recommendations, many of which had already been/in the process of being addressed by the Health Board.

The Health Board continues to address the outstanding recommendations and we have undertaken further visits to monitor the impact of these recommendations on patient experience.

Welsh Government has since commissioned an independent panel, Independent Maternity Services Oversight Panel (IMSOP) to oversee the outstanding recommendations. We are working closely with Healthcare Inspectorate Wales (HIW) and the IMSOP. Further details on our recent work can be provided from our office on request.

We also visited a number of other areas, an outline of these visits and the resulting impact is offered below.

- We visited a palliative care ward and spoke to patients and relatives, who all reported a positive experience. We also spoke to staff who told us that the bathroom layout was making it difficult for them to bathe patients - **as a result of these conversations, the Health Board improved the layout of the bathroom, by repositioning the bath.**
- When we visited a general practice we heard how the majority of patients were satisfied with a new electronic booking-in system and text reminder service. We noticed there were no disabled parking



facilities available for patients - **following our visit, two disabled parking spaces were created in the car park.**

- We spoke to patients in physiotherapy clinics and discovered that a hoist was only available in one of two hydrotherapy pools. This meant that patients were unable to use their local pool and often had to travel to use the hydrotherapy service - **as a result of our visit a hoist was purchased for the second pool, which improved access for all patients.**

- When we visited a ward to hear from patients about their experience in hospital, they told us they were bored as many of the televisions and handsets were broken - **following our visit, televisions, handsets and cables were repaired. Whilst the work was being carried out, the Health Board provided free newspapers to patients.**

- We visited another general practice where a tannoy system was used to call patients into

the doctor's room. The sound quality was poor which meant that many patients struggled to hear the message - **as a result of our visit the practice repaired/replaced the tannoy system.**

- When we visited another ward, we spoke to patients who waited a number of hours to be discharged. We asked the Health Board to look at their systems to see if the discharge process could be improved - **following our visit an improved process was put into place where an advanced nurse practitioner completed the discharge papers in place of a doctor. This meant that waiting times for discharge were reduced.**

- We spoke to young people aged 12-18 years in an in-patient mental health care facility. Extremely positive feedback was received about staff. A parent/guardian told us of limited access to a computer, affecting educational needs - **as a result of our visit, the unit sought funding for additional IT equipment.**

- When we visited a community-based mental health residential setting, a patient told us the pre-set temperature of the shower was too hot – **following our visit the pre-set shower temperature was then reduced.**
-

Engagement

During 2018/19 we used a variety of methods to engage and gather the views and experiences of patients using NHS services such as social media, website, press releases, linking in with community groups, attending community events such as the Welsh Heart Foundation in Abercynon, the Chilli Festival in Merthyr and the Big Bite in Pontypridd.

We asked patients to share their experiences of their local NHS services. We also sought their views in deciding our activities for 2018/2019 encouraging them to tell us what mattered most to them about NHS services in the Cwm Taf area.

Examples of our targeted engagement events are provided below.

Primary and Community Care Centre in Mountain Ash

A purpose built Primary Care Centre was proposed to house two local GP practices, together with a range of services delivered by District Nurses and

Health Visitors. We attended a drop in session to talk to patients. During the day 60 people inspected the plans. Health Board and CHC staff and the architects were on hand to discuss any public concerns/ observations. Work is due to begin in the spring of 2020. The CHC will continue to update the public on the progress.

Bridgend and Cwm Taf boundary change

In June 2018 Vaughan Gething, Cabinet Secretary for Health and Social Services, announced that from 1st April 2019, the responsibility for providing healthcare services for people in the Bridgend County Borough Council area would transfer from Abertawe Bro Morgannwg University Health Board to Cwm Taf University Health Board.

Both Abertawe Bro Morgannwg and Cwm Taf Health Boards, together with their relevant Community Health Councils and local authorities, worked together to ensure that patients would not be disadvantaged as a result of the changes.

A series of workshops and drop in events were held across the areas affected, which both CHCs attended to represent the interests of the public.

How we have made a difference: Responding to local issues

During 2018/2019 we responded to issues identified in the year.

Two initiatives were introduced during 2018/2019 which we monitored through our visiting programme.

The 'This is me' booklet was introduced for adults unable to express their preferences.

The booklet is completed with a patient's likes/dislikes to help staff treat them as an individual, and to reduce distress for the patient and any carers.

The 'Drink a Drop' initiative is a set of four simple interventions that need to be consistently applied to help improve patients' hydration while in hospital.

When we visit all hospital wards we routinely check that both initiatives are being implemented. On one occasion we found that this was not being taken forward by all staff.

Staff training needs were identified and actioned by the Health Board, resulting in a clear understanding of caring for patients with cognitive impairment to ensure their hydration needs are met.



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 services[1].

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.

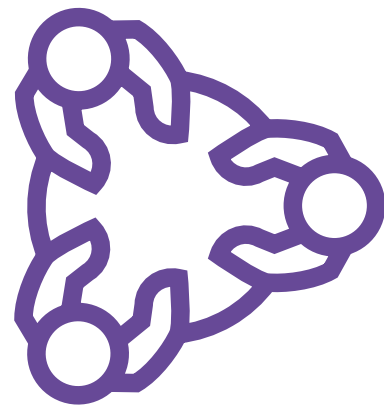
During 2019 we asked people to share their views and recent experiences of using GP out of hours services so we could see if things were getting better.

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.



Advocacy and enquiries

The Cwm Taf CHC provided independent complaints advocacy support for anyone living in their area who wanted help to raise a concern about NHS services wherever they were delivered.

We helped 262 people to resolve concerns by offering initial information, signposting or supporting them to resolve issues informally.

We also offered support throughout the NHS Concerns Procedure known as Putting Things Right (PTR). We opened 84 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 responses provided by NHS organisations. Two examples of our work are offered below.

Patient story 1

- The advocacy service supported a family who wished to formally complain about the care provided to their mother. The patient had been admitted into hospital (via A & E) where she had sadly passed away some weeks later. Some of the concerns raised by the



We opened and carried over 84 cases offering this support.

family included medication queries, a question of missed multiple fractures, nutrition and hydration concerns and anxieties that an assessment of the patient's pain levels and observations on the ward had not taken place regularly. The Health Board's formal response acknowledged and apologised for the agreed poor care.

The Advocate supported the family at a complaints meeting with Health Board staff to discuss their experiences. An action plan was produced to improve future patient outcomes. The family shared their experiences further by attending a Senior Nurses meeting to promote learning, outside of a complaints arena.

- The Advocate also shared an anonymised complaint report with the CHC Chief Officer which resulted in our voluntary members visiting the ward and department involved in the complaint. Details were also shared with Healthcare Inspectorate Wales (HIW) who regulate and inspect NHS services and independent healthcare providers against a range of standards, policies, guidance and regulations, to highlight areas requiring improvement.

Patient story 2

- Background – Patient had a 10-year history of osteoporosis

and was taking a weekly bisphosphonate drug. The patient went to the GP on numerous occasions with severe pain in the top of the legs. Pain relief was prescribed, and an x-ray was taken and reported as normal. The patient's pain intensified. Stronger pain relief was prescribed and a referral to the musculoskeletal team was made.

- Incident – Before the appointment arrived the patient felt the top of their leg snap. The patient collapsed and was taken to A&E. It was found that the femur had snapped in the one leg and there was an impeding fracture to the other leg. Surgery was undertaken. A rheumatologist later explained that patients taking medication for osteoporosis and certain types of antacid medication can increase the risk of the bones becoming more brittle. This was not something the patient was aware of.
- Advocacy support – An Advocate supported the patient to submit a complaint to the practice, as they wanted to raise awareness of the issues of the two medications.
- Complaint response - Following an investigation the practice responded to the patient stating: -

“Following the concern we met as a practice and discussed the medication that the patient was taking. We have now learnt that there is evidence that patients taking osteoporosis medication for long periods of time can be at risk of atypical fractures. There is also evidence that patients taking a proton pump inhibitor for excess stomach acid can indeed increase this risk further. We have also taken advice from our rheumatologists and we are looking at all those patients in the practice on this medication long term and advising patients to stop and have regular reviews”.

- Outcome - The patient was fully satisfied with the explanations provided and the complaint was closed with no further actions required.

Advocacy is an integral part of the CHC’s core functions. Our case work provided important information about NHS services and our case work directly influenced our Monitoring and Scrutiny Work programme, particularly in relation to the issues around agency nursing, highlighting clinical issues for members’ visits or clinical issues that triggered HIW visits

Our advocacy team also undertook the following proactive actions:

- The Advocates attended the Cwm Taf Advocacy Providers Network to make contact with other Advocacy Providers in order to raise the profile of our service
- The Advocacy Team continued to meet on a quarterly basis with the Cwm Taf University Health Board Concerns Team to discuss ongoing cases, maintain relationships with staff and improve processes
- The Advocates attended the Ombudsman Joint Workshop to improve knowledge of the process for referral and to improve the quality of the information we are able to provide to our clients
- The Advocates continue to attend the Complaints Scrutiny Panel hosted by Cwm Taf University Health Board on a quarterly basis
- The Advocacy Team attended the Service Change meeting regarding the Bridgend merger
- One of the Complaint Advocates attended the Merthyr Tydfil Chilli Fiesta to represent and promote the Advocacy Service, to members of the public

Working with others

Cwm Taf CHC works with inspection and regulatory bodies. We provide an important link between those who plan and deliver NHS services, those who inspect and regulate it, and those who use it.

During the year we undertook some of our activities with others;

Healthcare Inspectorate Wales

We met with HIW on a regular basis to share information to inform our individual work programmes. One example being, we identified some clinical issues on medical wards that HIW then took forward as part of their work programme.



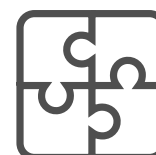
Public Services Ombudsman for Wales

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



Third Sector

We continued to talk to our third sector colleagues and community groups, about the work of the CHC.



Our plans for next year

During 2019/2020 we will be working with people across Wales to look at the issues impacting on the Cwm Taf Morgannwg population.

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

- Care of the Elderly
- Trauma and Orthopaedics
- Mental Health Services for those who self-harm
- Stroke Services
- Phlebotomy Services

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

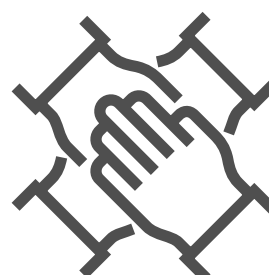
- GP Sustainability
- Cancer Pathways
- Ophthalmology

- Mental Health
- Orthodontics

During 2019/2020 we aim to develop our service further by:

- Building on our links with the third sector and other community sectors
- Increasing our member training and development opportunities
- Developing a more robust approach to evaluation across our four statutory functions
- Developing our approach to peer review

Our Operational Plan [here](#)



We are listening to you

Your experiences

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 also 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 and where we are next meeting in your area on our website. Our website also contains more information about our activities. We also publish a quarterly newsletter that is available on our website.

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 on page 2.



Appendices

Appendix 1 - Financial Statement

Fixed Costs

	Annual Budget	Expenditure to 31 st March	Variation
Staff salaries	287,682.00	284,302.29	3,379.71
Office expenses	5,660.00	5,755.03	-95.03
Accommodation costs	16,291.00	16,297.96	-6.96
Total (Fixed)	309,633.00	306,355.28	3,277.72

Variable Costs

	Annual Budget	Expenditure to 31 st March	Variation
Travel and associated expenses	4,920.00	4,839.19	80.81
Office expenses	9,235.00	12,645.48	-3,410.48
Accommodation costs	160.00	107.50	52.50
Total (Variable)	14,315.00	17,592.17	-3,277.17
Total (Fixed & Variable)	323,948.00	323,947.45	0.55
Budget adjustment agreed by the CHC Board	17,150.00	17,150.00	0
Total (fixed and variable)	341098.00	341,097.45	0.55

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
Rowena Myles	Chair	None Declared	Health Education and Improvement Wales
John Beecher	Vice Chair	None Declared	None Declared
Anne Roberts	Chair Merthyr Tydfil Area Committee	None Declared	Chair, Voluntary Action Merthyr, Barnardos Steering Committee, Associate Hospital Manager, Seasonal Work on Cwm Taf and Private Congress
Ryan James	Vice Chair Merthyr Tydfil Area Committee	None Declared	Clerk of Bedlinog Community Council (Paid Salary)
Lynne Southway	Chair Rhondda Cynon Taf Area Local Committee	Director, Rhondda Golf Club	None Declared



Jimmy Browne	Vice Chair, Rhondda Cynon Taf Area Local Committee	None Declared	Chair of Service users and carers group Advisory body of University of South Wales Social workers degree course
Des Kitto	Chief Officer	None Declared	Trustee - Welsh Air Ambulance Charity Trustee (Commercial Services) St Johns Cymru Wales

Appendix 3 - Members of Cwm Taf CHC 2018/2019

Name (*member left)	Position Held in CHC	Locality
Mrs Rowena Myles	Chair	Rhondda Cynon Taf
Mr John Beecher	Vice Chair	Cynon Valley
Mrs Lynne Southway	Public Appointment	Rhondda Cynon Taf
Mrs Carole Withey	Public Appointment	Rhondda Cynon Taf
Mrs Anne Roberts	Public Appointment	Merthyr Tydfil
Mr John Jenkins	Public Appointment	Rhondda Cynon Taf
Mrs Olive Francis	Public Appointment	Rhondda Cynon Taf
Mr Stephen Carter	Public Appointment	Rhondda Cynon Taf
Mrs Mary Morris	Voluntary Sector	Rhondda Cynon Taf
Mr Brian Lewis	Voluntary Sector	Merthyr Tydfil
Mr Jimmy Browne	Voluntary Sector	Rhondda Cynon Taf
Mrs Eirlys Emery	Voluntary Sector	Merthyr Tydfil
Mrs Suzanne Davies	Voluntary Sector	Merthyr Tydfil
Mr Ryan James	Local Authority	Merthyr Tydfil
Cllr Ernie Galsworthy	Local Authority	Merthyr Tydfil
Cllr David Hughes	Local Authority	Merthyr Tydfil
Cllr Gareth Caple	Local Authority	Rhondda Cynon Taf
Cllr Jill Bonetto	Local Authority	Rhondda Cynon Taf
Cllr Gareth Jones	Local Authority	Rhondda Cynon Taf
Mr Jeff Beard	Co-optee	Rhondda Cynon Taf
Cllr Jayne Brencher	Co-optee	Rhondda Cynon Taf
Helen Thomas	Public Appointment	Merthyr Tydfil
Stewart Williams	Public Appointment	Rhondda Cynon Taf
Rhian Lloyd-Protheroe	Public Appointment	Rhondda Cynon Taf
Gerald Davies	Public Appointment	Rhondda Cynon Taf
Cllr. Dan Owen-Jones	Local Authority	Rhondda Cynon Taf

Appendix 4 - External Representation 2018/2019

Committee/group	CHC representative
Concerns Scrutiny Panel	Helen Hardcastle / Joanne Harris
Cwm Taf Maternity Services Liaison Group	Lynne Southway (Lead) Olive Francis (Deputy)
Cwm Taf UHB - Mental Health Monitoring Group	Anne Roberts (Lead) Carole Withey (Deputy)
Cwm Taf UHB - Stakeholder Reference Group	Leanda Wynn (Lead) Emma Lewis (Deputy)
Cwm Taf UHB (Board meetings)	Rowena Myles, Chair Des Kitto, Chief Officer
Cwm Taf UHB Audiology Joint Working Group	Mary Morris (Lead) Carole Withey (deputy)
Cwm Taf UHB Dewi Sant Project Board	Cllr Jill Bonetto (Lead) Steve Carter (Deputy)
Cwm Taf UHB Eye Health	Mrs Lynne Southway (Lead) Diane Rogers (Deputy)
Cwm Taf UHB GP Access Improvement Group	Rowena Myles (Lead) Des Kitto (Deputy)
Cwm Taf UHB Oral Health (Community Dental Steering Group)	Mary Morris (Lead) Vacancy (Deputy)
Cwm Taf UHB Quality & Safety and Risk Committee	Rowena Myles (Lead) Ryan James (Deputy)
Cwm Taf UHB Quality Steering Group	John Jenkins (Lead) Olive Francis (Deputy)
Cwm Taf UHB Research and Development Committee	John Beecher (Lead) Jeff Beard (Deputy)
Cwm Taf UHB Security and Violence Strategic Steering Group and the Operational Working Group	John Jenkins (Lead) Vacancy (Deputy)

Cwm Taf UHB Urology Planned Care Group	Vacancy (Lead)
Cwm Taf Y Bwthyn working Group	Jimmy Browne (Lead) Rowena Myles (Deputy)
Enhanced Community Cluster Teams (ECCT) (Transformation Funding)	Leanda Wynn (Lead) Vacancy (Deputy)
GMS Variation Group	Mwoyo Makuto (Lead) John Beecher (Deputy)
Mountain Ash Project Board	Des Kitto (Lead) Mwoyo Makuto (Deputy)
Partnership Dignity Visits (involving HIW/UHB & CHC)	Rowena Myles Anne Roberts
Patient Experience Group	Jill Bonetto (Lead) Olive Francis (Deputy)

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 Pontypridd.

Job Title	Name	Hours worked per week
Chief Officer	Des Kitto	37.5
Deputy Chief Officer	Mwoyo Makuto	37.5
Business Manager	Helen Davies	25.0
Patient & Public Engagement/ Monitoring & Scrutiny Officer	Emma Lewis	25.0
Patient & Public Engagement Officer	Leanda Wynn	37.5
Complaints Advocate	Joanne Harris	30.0
Complaints Advocate	Helen Hardcastle	22.0
Complaints Advocacy Support Officer	Sian Thomas	24.0
Complaints Advocacy Support Officer	Amelia Mansfield	24.0
Administrative Assistant	Elizabeth Stevenson	35.0
Administrative Assistant	Sarah Paul	37.5

The new Cwm Taf Morgannwg CHC relocated on 14th May 2019.

NEW OFFICE CONTACT DETAILS

Post: Tŷ Antur, Parc Navigation, Abercynon,
CF45 4SN,

Telephone: 01443 405830

E-mail: enquiries.CwmTafCHC@waleschc.org.uk

Website: [www.communityhealthcouncils.org.uk/
cwmtafmorgannwg](http://www.communityhealthcouncils.org.uk/cwmtafmorgannwg)

Accessible formats

If you would like this publication in an alternative format and/or language, please contact us. You can download it from our website or order a copy by contacting our office (contact details above).