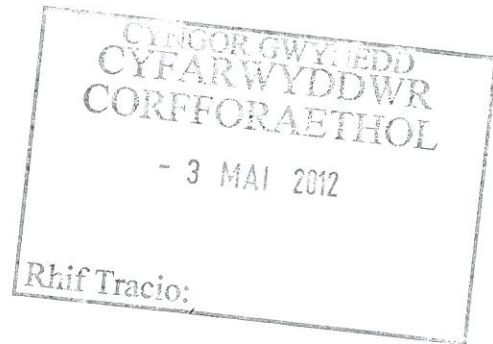


Ref:

Eich Cyf: DPL/NP

2 Mai 2012

Mr D P Lewis
Cyfarwyddwr Corfforaethol
Cyngor Gwynedd
Swyddfeydd y Cyngor
Caernarfon
Gwynedd
LL55 1SH



Annwyl Mr Lewis

Systemau Ymgynghori a Chyfathrebu, Bwrdd Iechyd Prifysgol Betsi Cadwaladr

Diolch yn fawr i chi am eich llythyr o'r 17 Ebrill. Ystyriodd Pwyllgor Gwaith y Cyngor Iechyd Cymuned (CIC) gynnwys eich llythyr yn ei gyfarfod ar y 1^{af} Mai.

Cytunwyd ei bod yn briodol i ni anfon copi o'r llythyr gan Gadeirydd CIC i Gadeirydd y Bwrdd Iechyd dyddiedig 13 Chwefror, i ymateb i weithrediad y bwrdd Iechyd o'r newidiadau brys dros dro yn ystod y gaeaf. Roedd y llythyr yn hysbysu nad oedd CIC yn ystyried fod y bwrdd Iechyd wedi cynllunio, cyhoeddi a gweithredu ei raglen dros dro i wasanaethau mor effeithiol ac y gallai. Mae'r ateb gan Gadeirydd y bwrdd Iechyd, dyddiedig 16 Chwefror, hefyd yn atodol. Wedi hyn cyfarfu Prif Swyddog ac Is-gadeirydd CIC gyda Chadeirydd a Phrif Weithredwr Dros Dro y bwrdd Iechyd ar 21 Chwefror 2012 i drafod materion cyfathrebu ymhellach.

I fod yn eglur ac i roi'r cyd-destun, mae'r *Guidance for Engagement and Consultation on Changes to Health Services* (gyhoeddwyd dan lythyr y Gweinidog ML/016/11) yn gosod allan y gofynion i'r Gwasanaeth Iechyd Gwladol (GIG) a'r CICau i weithio gyda'i gilydd pan fo'r GIG yn credu bod angen newidiadau i wasanaethau. Mae'r canllaw yn cyfeirio at ddau fath gwahanol o newidiadau i wasanaethau - brys a sylweddol. Rhaid i'r GIG ymgynghori yn ffurfiol gyda'r cyhoedd am newidiadau sylweddol, ond nid oes raid iddynt wneud hyn gyda newidiadau brys.

Ym mis Tachwedd 2011, cytunodd CIC a'r bwrdd iechyd ar brotocol gwaith i helpu penderfynu os oedd y newid arfaethedig yn sylweddol ac os dylid cynnal ymgynghoriad ffurfiol.

Yn dilyn trafodaethau a gynhaliwyd ynglŷn â'r newidiadau dros dro i wasanaethau yn ystod gaeaf 2011/12, daeth yn amlwg fod angen ail brotocol i wneud y disgwyliadau yn glir o ran newidiadau brys i wasanaethau a sut y dylid rheoli'r rhain gan y bwrdd iechyd a'r CIC.

O ganlyniad i drafodaeth ar y cyd rhwng CIC a'r bwrdd iechyd mae ein sefydliadau ar hyn o bryd yn cwblhau protocol gwaith drafft i reoli newidiadau brys i wasanaethau iechyd. Rhagwelir y bydd y protocol yn cael ei gadarnhau gan Fyrddau Gwaith CIC a'r bwrdd iechyd maes o law.

Yn gywir



Pat Billingham (Mrs)
Prif Swyddog



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

COP1

Mr David Cooper
Chair
Betsi Cadwaladr Community Health Council
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Gwynedd LL57 4FH

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Mandy.williams7@wales.nhs.uk

Dyddiad / Date: 16 February 2012

David,

Dear Mr Cooper

Thank you for your letter of 13 February 2012 summarising the CHCs view on the way the Betsi Cadwaladr University Health Board managed the 'Urgent Temporary Service Changes' announced on 21 December 2011. I note the contents of the letter and am grateful to you and your colleagues for the comments you made.

I look forward to discussing these matters with you on the 21 February 2012.

Yours sincerely

**PROFESSOR MERFYN JONES CBE
CHAIR**

cc Mrs Pat Billingham, Chief Officer BCCHC
Mr Geoff Lang, Acting CEO



CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

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13 February 2012

Professor Merfyn Jones CBE
Chair
Betsi Cadwaladr University Health Board
Ysbyty Gwynedd
Bangor LL57 2PW

COP1

Dear Professor Jones

At the CHC Executive Committee meeting held on 7 February 2012, the committee agreed that I write as Chair of the CHC to members of the health board to formally summarise the CHC view on the way it considered the health board managed the 'Urgent Temporary Service Changes' announced on 21 December 2011 and the subsequent events arising therefrom.

The CHC understands that health board managers believed that its 'winter pressures' plan would not have the intended effect and had to consider further service changes which would allow more beds to be opened at Ysbyty Glan Clwyd and Ysbyty Gwynedd to ensure sufficient inpatient capacity for acutely ill patients presenting as emergencies. It understands that work began on plans for these changes in early December 2011.

The CHC does not believe, however, that the health board went about planning, announcing and implementing its temporary service changes programme as effectively as it could have done. It is concerned about three particular aspects of the health board's actions:

1. The health board did not seemingly involve some of the other service providers who might be affected by its plans, ie the general practitioners and social services departments who share the care of local people with the health board, prior to publicly announcing the temporary changes. This was particularly significant in the case of its decision to close half the beds at Bryn Beryl hospital and at very short notice. It is our belief that this left general practitioners with very few options for caring for local patients.
2. The board instigated the temporary changes under the 'urgent changes' section of the Welsh Government guidance on engagement and consultation. The CHC agrees that it was not reasonable to expect that the changes decided upon by the health board should be subject to formal consultation – they had to be implemented quickly. But these were not operational changes of the type made several times in the past – for example the closure of beds due to infection, or limits to a service because of unplanned staff absence. The CHC does not

believe that the board could not have forecast the need for the service changes which were, it appears, evident by the first week in December and then discussed the detail of its plans with its service partners and the CHC earlier.

3. On 20 December the CHC asked managers to say what measures the health board would use to judge what effect the changes were having, with a view to reversing them if the forecast pressures did not happen. It renewed the request on 10 January, this time in connection with judging whether the changes were having the intended effect. The CHC further understood that a report to the health board meeting on 26 January would refer to the way the effect of the changes was being monitored. However it referred only to a rather nebulous 'monitoring systems to track performance in dealing with emergency pressures' being in place.

The CHC once more renewed the request on 27 January at the Services Planning Committee meeting and subsequently data was provided on 7 February. The CHC has subsequently been advised that analysis of the data available to provide meaningful reports, on the weekly basis requested by the CHC, is currently being worked through.

The legislation provides for CHCs to alert the Minister when it believes that the reasons a health board gives for not consulting on urgent changes are inadequate (s27(7)d). We do not think this would have been a helpful avenue for the CHC to follow because the only action available to the Minister is to direct the board to consult – clearly inappropriate in these circumstances.

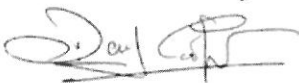
Further, there is an emphasis in the Welsh Government's Guidance on Engagement and Consultation, for CHCs and health boards to address issues the CHC may have regarding service changes through local discussion. It is within this context that the CHC has already made its views known to health board managers in discussions during Services Planning Committee meetings since 21 December.

Health board managers have accepted that some of the criticisms the CHC makes are valid and have agreed that:

- There should have been earlier communications and accepted that early discussions and briefings should have been broader and wider.
- While the health board complied with the letter of the statutory guidance, it must work in a different way if the same situation arises in the future. A locally agreed working protocol is currently being drafted between the health board and CHC in respect of urgent service changes which are not suitable for extended consultation and changes that have to be made for operational purposes. This protocol will sit alongside the working document agreed between the CHC and health board for determining substantial change.
- That the CHC should be involved immediately in the work of the Unscheduled Care Committee responsible for planning the Health Board's response to expected pressure on services.

I look forward to your comments on the above with the hope that both our organisations may move on.

Yours sincerely



David Cooper
Chair

cc Mr Geoff Lang – Acting Chief Executive, BCUHB
Mrs Pat Billingham – Chief Officer, BCCHC