

Bundle Public Board 26 November 2020

- 7.1 Community Health Council (CHC) Annual Report 2019/20 / Adroddiad Blynyddol Cyngor Iechyd Cymruned (CIC) 2019/20
Cyngor Iechyd Cymuned Hywel Dda Adroddiad Blynyddol 2019/20
Hywel Dda Community Health Council Annual Report 2019/20

Adroddiad Blynyddol 2019-2020



Cynghorau Iechyd Cymuned (CICau) yw llais annibynnol pobl yng Nghymru sy'n defnyddio gwasanaethau'r GIG. Rydym yn cynnwys gwirfoddolwyr lleol, sy'n ymddwyn fel llygaid a chlustiau'r claf a'r cyhoedd. Ceir 7 CIC sy'n cwmpasu gwahanol ardaloedd o Gymru.

Gellir dod o hyd i gopi electronig o'r ddogfen hon ar ein gwefan:
www.communityhealthcouncils.org.uk/hyweldda

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Neges gan ein Cadeirydd

Ar adeg ysgrifennu ein hadroddiad blynyddol, mae'r byd rydym yn ei adnabod wedi newid yn sylweddol mewn ychydig wythnosau. Yr amser yma y llynedd roedd ein haelodau CIC wrthi'n brysur yn ymweld â meddygfeydd ac eiddo GIG. Roedden nhw'n cynllunio i fynychu digwyddiadau cenedlaethol mawr fel y Sioe Amaethyddol Frenhinol a digwyddiadau ar draws y 3 sir i siarad gyda phobl am eu GIG. Eleni, yn sydyn iawn mae pethau yn wahanol iawn i bob un ohonom.

Er gwaethaf yr ansicrwydd cyfredol yn y byd o'n cwmpas mae'n parhau i fod yn bwysig

i fyfyrion ar yr hyn rydym wedi ei wneud. Dim ond wrth edrych yn ôl y gallwn nodi sut orau i symud ymlaen. Gellir gwneud hyn drwy adeiladu ar y gwaith rydym wedi ei wneud yn y gorffennol, adolygu'r gwahanol sefyllfaoedd rydym wedi delio â nhw, addasu ein dulliau o weithredu ac archwilio dulliau newydd o weithio, hyd yn oed os weithiau maen nhw'n cael eu taflu arnom. Mae ein hadroddiad blynyddol yn rhoi cyfle inni wneud yr holl fyfyrion yma a'i rannu gyda chi.

Rwyf yn hynod o falch o waith CIC Hywel Dda yn ystod y flwyddyn ddiwethaf. Mae wedi bod yn gyfnod cyffrous ac yn gyfnod o newid sylweddol i'r CIC.



Dyma fy mlwyddyn gyntaf fel Cadeirydd ac er fy mod wedi bod yn ymwneud â'r CIC am sawl blwyddyn, mae arwain ein gwirfoddolwyr anhunanol o fewn amgylchedd iechyd deinamig wedi bod yn gyfle newydd imi.

Daeth Prif Swyddog newydd i'w swydd hefyd, Donna Coleman, sydd yn golygu newidiadau i'r staff yn ein corff, yn gweithio o dan arweinyddiaeth newydd. Y tu hwnt i hynny, mae CICau ar draws Cymru wedi bod yn wynebu newidiadau sylweddol i'r dyfodol yn deillio o'r Mesur Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru). Mae hwn bellach yn Ddeddf ac fe fydd yn golygu dyfodol newydd i bobl Cymru o ran cael llais.

Ymysg y cefndir yma mae Cyngor Iechyd Cymuned Hywel Dda wedi parhau i ganolbwyntio ar yr hyn sydd yn bwysig i bobl. Ein swyddogaeth ni ydy sicrhau bod y rhai sydd yn cynllunio ac yn trefnu ein gwasanaethau gofal iechyd yn clywed lleisiau

a barn pobl a hefyd yn cymryd sylw o'r hyn sydd yn cael ei ddweud. Dim ond os ydym allan yn weithredol yn ein cymunedau, yn siarad gyda phobl am eu profiadau GIG y gallwn wneud hyn.

O safbwynt y claf, rydym yn parhau i fonitro a chraffu ar waith cyrff GIG yn nhair sir Hywel Dda ac ar draws Cymru. Rydym yn gofyn cwestiynau y mae pobl eisiau ateb iddyn nhw ac yn sicrhau bod y bobl sydd yn gyfrifol am ein gwasanaethau iechyd yn deall beth sydd yn bwysig i'n trigolion.

Mae ardal Hywel Dda yn cynnwys rhan fawr o Gymru. Mae gennym dros 384,000 o bobl i'w cynrychioli mewn cymunedau amrywiol ar draws y tair sir. Mae'r trefi mwyaf poblog yn y dwyrain ac ardaloedd mwy gwledig yn y gogledd a'r gorllewin. Mae gennym 3 prifysgol, rydym yn hafan i dwristiaid, diolch i'n cefn gwlad hardd a'n traethau gwych. Mae ein rhwydwaith ffyrdd yn gyfyngedig, does gennym ni ddim traffyrdd na

rhwydwaith trennau a gall hyn wneud teithio o le i le yn fwy anodd. Mae'n golygu bod gennym bethau i'w trysori am y lle rydym yn byw yn ogystal â heriau i'w wynebu.

Mae ffynonellau eraill o wybodaeth yn dweud ychydig rhagor am y bobl yn ein hardal. Mae'r Arsyllfa Iechyd Cyhoeddus yn dweud wrthym bob pobl yn hŷn yn ardal Hywel Dda o'i gymharu ag mewn rhannau eraill o Gymru gyda dros 10% o'n poblogaeth yn 75 oed a hŷn. Efallai bod ein dynion a menywod yn byw yn hirach nag mewn sawl rhan o Gymru ond dydy hynny ddim bob amser yn golygu byw mewn iechyd da. Wrth i bobl heneiddio mae eu iechyd yn aml yn mynd yn fwy cymhleth ac yn anodd i'w reoli a gall hyn olygu bod angen rhagor o fewnbwn gofal iechyd.

Mae gennym ragor o bobl ordew yn ein tair sir nag yn y rhan fwyaf o rannau eraill yng Nghymru. Er ein bod yn yfed ac yn ysmegu ychydig yn llai

efallai nag mewn ardaloedd eraill, mae bod dros bwysau hefyd yn creu problemau iechyd sylweddol.

Ar draws Cymru mae tua chwarter y bobl yn ceisio dilyn ffordd o fyw iach drwy ymarfer, peidio ysmegu, bwyta 5 dogn o ffrwythau a llysiau'r dydd. Ond, mae hyn yn golygu nad ydy'r rhan fwyaf ohonom yn dilyn yr argymhellion yma eto. Dyma rywbeth y mae'n rhaid i'n gwasanaethau iechyd ddelio gyda nawr ac yn y dyfodol.

Mae'r holl bethau yma yn golygu bod y gwasanaeth iechyd yn ymlafnio ac mae'n rhaid iddo wneud newidiadau. Mae CIC Hywel Dda eisiau sicrhau bod y newidiadau yma yn cael eu gyrru gan y bobl sydd yn defnyddio'r gwasanaethau.



Mansell Bennett
Cadeirydd

Amdanom ni

Cyngor Iechyd Cymuned (CIC)
Hywel Dda yw corff gwarchod
annibynnol gwasanaethau'r GIG yn
Sir Gaerfyrddin, Sir Benfro ac yng
Ngheredigion.

**Rydym yn
defnyddio
arolygon,
apiau a'r
cyfryngau
cymdeithasol i
ymgysylltu â'n
cymuned.**

Beth rydyn ni'n ei wneud

Mae CIC Hywel Dda yn ceisio gweithio
gyda'r GIG a'r cyrff arolygu a rheoleiddio.
Rydym yn darparu cyswllt pwysig rhwng y
rheiny sy'n cynllunio a darparu gwasanaethau'r
GIG, y rheiny sy'n eu harolygu a'u rheoleiddio,
a'r rheiny sy'n eu defnyddio

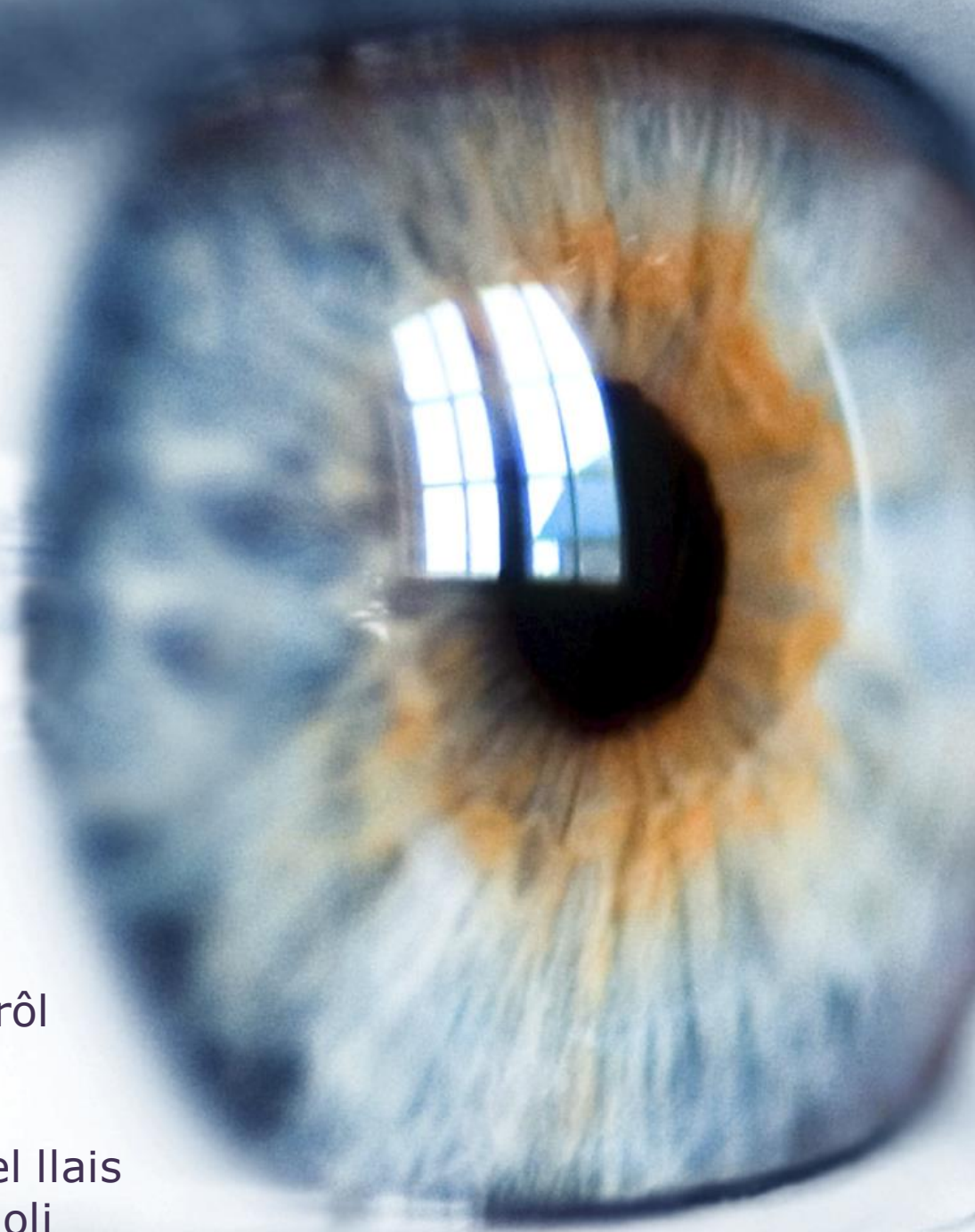
**Mae ein
Gwasanaeth
Eirioli yn helpu
pobl sydd
eisiau codi
pryder am ofal
neu driniaeth y
GIG.**

Mae CIC Hywel Dda yn clywed gan y
cyhoedd mewn sawl gwahanol ffordd.
Rydym yn ymweld â gwasanaethau'r GIG,
er mwyn siarad â chleifion a gofalwyr.
Rydym yn siarad â phobl mewn
digwyddiadau cyhoeddus, a thrwy
grwpiau cymunedol.

Ein gweledigaeth

Mae pobl yn Sir Gaerfyrddin, Sir Benfro a Cheredigion yn gwybod y gallant rannu eu barn am y GIG yn hawdd, ac maen nhw'n cydnabod bod gwneud hynny'n gallu cael dylanwad go iawn ar siap gwasanaethau gofal iechyd.

Mae pobl yn deall ac yn gwerthfawrogi'r rôl mae CICau'n ei chwarae wrth eu cynorthwyo i gael llais ac wrth gynrychioli buddiannau cyfunol y claf a'r cyhoedd.



Ein fframwaith strategol

Er mwyn helpu i wireddu ein gweledigaeth, mae sefydliad CIC yng Nghymru wedi cytuno ar fframwaith strategol, sy'n ymgorffori 5 blaenoriaeth allweddol. Mae'r blaenoriaethau hyn yn sail i'n cynlluniau a'n gweithgareddau.

Gwneud i bob llais gyfrif

Gwella ein dylanwad a'n henw da

Meithrin a datblygu diwylliant dysgu effeithiol, sy'n seiliedig ar werthoedd

Gwerthfawrogi ein haelodau a'n staff

Cryfhau ein llais cenedlaethol

Ein hamcanion cydraddoldeb

Er mwyn ein helpu i gyflawni ein blaenoriaethau allweddol, rydym wedi nodi'r amcanion cydraddoldeb hyn hefyd:

- Byddwn yn gweithio gydag eraill i ddod o hyd i ffyrdd gwell o glywed gan bawb, gan gynnwys y rheiny yn y sefyllfaoedd mwyaf agored i niwed a'r rheiny efallai na fyddai eu lleisiau'n cael eu clywed fel arall.
- Byddwn yn addasu ein dulliau i gyrraedd y rheiny sy'n derbyn gofal y tu allan i'r ysbyty, a byddwn yn datblygu ein hadnoddau a'n gwasanaethau eirioli, i sicrhau eu bod ar gael ac yn hygyrch yn eang, a'u bod yn berthnasol.
- Byddwn yn datblygu ein cynlluniau gyda'r cyhoedd a'n partneriaid, fel eu bod yn canolbwyntio ar y pethau pwysicaf, a bod ganddynt y siawns orau o wneud gwahaniaeth.
- Byddwn yn adeiladu ar ein partneriaethau presennol ac yn ffurfio rhai newydd, lle mae cydweithio'n cynyddu ein siawns o wneud gwahaniaeth.
- Rhaid i'n haelodaeth adlewyrchu amrywiaeth y cymunedau maen nhw'n eu cynrychioli a'u cefnogi. Byddwn yn monitro ein haelodaeth, ac yn datblygu ffyrdd targedig a mwy cynhwysol o recriwtio aelodau newydd, er mwyn bod yn fwy cynrychioliadol.

Ein swyddogaethau

Mae gan CICau bedwar prif swyddogaeth a gellir ei disgrifio fel:

1

Ymweld, a chraffu ar Wasanaethau Iechyd lleol yn systematig

2

Cynrychioli buddiannau'r claf a'r cyhoedd wrth gynllunio a chytuno ar **newidiadau i wasanaethau'r GIG**

3

Galluogi defnyddwyr y GIG i godi pryderon am y gwasanaethau maen nhw'n eu derbyn, trwy **Wasanaeth Eiriolaeth Cwynion Annibynnol**

4

Ymgysylltu'n barhaus â'r cymunedau a gynrychiolwn, a'r darparwyr Gwasanaeth Iechyd sy'n gwasanaethu'r cymunedau hynny

Cipolwg ar ein blwyddyn



Cynhalion ni ein **2^{il}**
adolygiad cymheiriaid,
i fesur ein perfformiad yn
erbyn Safonau Cenedlaethol
CIC

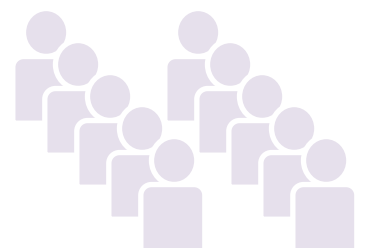
Gwnaed **30** newid i
wasanaethau ledled Sir
Gaerfyrddin, Sir Benfro a
Cheredigion yn ystod 2019-
2020.

Agorodd ein
gwasanaeth eiriolaeth
136 achos newydd,
i helpu pobl godi
pryderon ffurfiol trwy
broses pryderon y
CIC

Rhoddodd ein
gwasanaeth eiriolaeth
gymorth i **100** o
bobl, a gododd eu
pryderon y flwyddyn
flaenorol, trwy broses
pryderon y GIG.

Caewyd **124**
achos ar ôl i'r
pryder gael ei
ddatrys, neu i'r
broses ddod i ben.

Fe wnaeth **36** o aelodau gynorthwyo
CIC Hywel Dda i gyflawni ei
swyddogaethau yn ystod 2019-2020.



Aelodaeth

Ein haelodaeth gwirfoddol

Mae aelodaeth CIC Hywel Dda yn cynnwys **36** o aelodau llawn.

Mae ein haelodau i gyd yn bobl leol, sy'n rhoi o'u hamser am ddim. Mae gennym **6** o aelodau cyfetholedig hefyd, yr ydym yn eu recriwtio'n uniongyrchol o gymunedau lleol.

Os oes gennych ddiddordeb mewn dod yn aelod, cysylltwch â ni trwy ddefnyddio'r manylion yng nghefn ein hadroddiad, os gwelwch yn dda.



Ein ffordd o weithio

Mae'r ffordd yr ydym yn trefnu ein hunain, i gyflawni ein gweithgareddau, wedi'i nodi yn y rheoliadau a basiwyd gan Gynulliad Cenedlaethol Cymru.

Caiff y gweithgareddau a gyflawnwn eu cydlynu a'u goruchwyllo gan ein tri phwyllgor lleol yn Sir Gaerfyrddin, Sir Benfro a Cheredigion. Y pwyllgorau hyn sy'n creu ein cyngor llawn. Mae gennym bwyllgor gwaith hefyd sy'n gyfrifol, yn y pen draw, am yr hyn yr ydym yn ei wneud a sut yr ydym yn ei wneud.

Ein safonau cenedlaethol

1. Mae'r CICau'n gweithredu er lles y cyhoedd a chleifion yng Nghymru
2. Mae'r CICau'n gweithio'n effeithiol gydag eraill, i ddiogelu a hybu lles pobl sy'n defnyddio gwasanaethau'r GIG
3. Mae gweithgareddau a gwasanaethau'r CIC yn diwallu anghenion, ac yn hygyrch i bawb
4. Mae gweithgareddau'r CIC yn agored, tryloyw a chynhwysol
5. Caiff gweithgareddau'r CIC eu harwain, eu hadnoddu a'u cefnogi'n briodol
6. Mae'r CICau'n cynllunio a chynnal eu gweithgareddau mewn ffordd sy'n cadw eu hannibyniaeth, ac sy'n arddangos eu hatebolrwydd i'r cymunedau maen nhw'n eu gwasanaethu
7. Mae'r CICau'n cryfhau llais y claf a'r cyhoedd, trwy weithio gyda'i gilydd a gydag eraill
8. Mae'r CICau'n adlewyrchu barnau a phrofiadau'r claf a'r cyhoedd am wasanaethau'r GIG
9. Mae'r CICau'n rhannu canlyniadau eu gweithgareddau mewn modd cytbwys ac amserol
10. Mae'r CICau'n gwerthuso effaith eu gweithredoedd, ac yn cymhwyso'r hyn a ddysgwyd at weithgareddau yn y dyfodol.

Sut yr ydym wedi gwneud gwahaniaeth: Gweithio'n lleol

Gosodon ni flaenoriaethau lleol yn ystod 2019-2020. Edrychon ni ar y materion y dywedodd pobl wrthym eu bod bwysicaf iddynt, ac ymatebon ni i'r pryderon a godwyd trwy ein gweithgareddau ni a rhai pobl eraill. Fel sy'n wir bob blwyddyn, ein blaenoriaeth pennaf yw rhoi llais i'r claf a'r cyhoedd.

Rydym wedi cynyddu ein gweithgarwch, i sicrhau bod cleifion yn cael eu cynrychioli mewn gofal sylfaenol a gofal eilaidd. Rydym wedi cynnal amrywiol grwpiau ffocws, ac wedi treulio amser yn dychwelyd i wardiau, i sicrhau bod cynlluniau gweithredu wedi cael eu rhoi ar waith.

Ymgysylltu â phobl yn ein cymunedau lleol

Mae 2019-2020 wedi bod yn flwyddyn weithgar o ran ymgysylltu. Aethom ati i ymgysylltu â'r cyhoedd a'r cleifion yn ystod pob ymweliad a drefnwyd, er mwyn ennyn dealltwriaeth o'r profiad presennol. Cynyddon ni nifer y digwyddiadau ymgysylltu â'r cyhoedd hefyd, gan fynd â'n stonin CIC i lawer o ddigwyddiadau yn ystod y flwyddyn. Mae'r digwyddiadau hyn wedi cynnwys:

- Sioe Sir Benfro
- Ffeiriau'r Glas Fyfyrrwyr
- Boreau coffi
- Cyfarfodydd gyda ACau
- Digwyddiadau ymgysylltu Trawma Mawr
- Digwyddiadau gofalwyr

Mae cyfrifoldeb gan y CICau i gynrychioli buddiannau'r claf a'r cyhoedd yn yr ardaloedd daearyddol maen nhw'n eu gwasanaethu.

Yn aml, bydd y blaenoriaethau a nodwyd gan y claf a'r cyhoedd yn lleol i ardal CIC arbennig, neu i

ysbyty neu wasanaeth penodol hyd yn oed. Fodd bynnag, fe fydd themâu a blaenoriaethau bob amser sy'n gyffredin i'r CICau ledled Cymru.

Pan fydd hyn yn digwydd, mae'r CICau'n gweithio gyda'i gilydd i sicrhau bod barn a phrofiadau'r claf a'r cyhoedd yn cael eu hadlewyrchu'n lleol ac yn genedlaethol; gan roi llais cryf i'r claf i ddylanwadu ar ddatblygiad polisïau cenedlaethol a'r hyn a ddarperir yn lleol.

Mae ein hadroddiadau cenedlaethol ar gael ar ein gwefan.

Craffu

Rydym wedi parhau i fonitro a chraffu ar y gwasanaethau iechyd sydd ar gael i gleifion. Lle rydym wedi gweld gostyngiad yn lefel y perfformiad, neu ein bod wedi derbyn cwestiynau am yr effaith ar gleifion, rydym wedi gofyn am esboniad.

Rydym yn cadw golwg ar beth sydd yn digwydd yn y

gwasanaethau iechyd yn ein hardal. Mae aelodau a staff CIC yn mynychu amrediad o bwyllgorau a chyfarfodydd gyda'r Bwrdd Iechyd a chyrff eraill i glywed beth sydd yn digwydd. Mae hyn yn rhoi cyfle inni ofyn cwestiynau, herio a siarad dros bobl Hywel Dda.

Dydy ein haelodau ddim yn arbenigwyr clinigol nac yn arolygwyr. Does dim angen gwybodaeth dechnegol neu glinigol i wneud y gwaith yma Maen nhw'n mynd i gyfarfodydd pwyllgorau, yn holi cwestiynau ac yn gwneud gwahaniaeth. Mae ganddyn nhw ddealltwriaeth gyffredin o'r materion a drafodir. Mae'r ymagwedd yma yn sicrhau bod pryderon pobl gyffredin yn cael eu dwyn i flaen sylw.

Mae aelodau'n mynychu'r cyfarfodydd yma i ddeall sut mae cyrff iechyd yn gweithio, beth maen nhw'n ei wneud a'i gynllunio. Maen nhw'n ceisio sicrhau bod yr effaith ar gleifion yn cael ei ystyried

bob amser. Maen nhw'n gwneud hyn drwy ystyried sut y byddai cynlluniau, penderfyniadau a newidiadau yn effeithio arnyn nhw, aelodau eu teulu neu eu cymdogion.

Rydym yn rheolaidd yn gwahodd rheolwyr bwrdd iechyd allweddol i'n cyfarfodydd pwyllgorau lleol fel bod ein haelodau yn gallu siarad yn uniongyrchol gyda nhw. Mae ein haelodau yn gwrando ar beth sydd ganddyn nhw i'w ddweud ac yn gofyn cwestiynau. Rydym yn dweud wrthyn nhw am yr hyn rydym yn ei glywed gan ein cymunedau lleol. Pan fo cwestiynau na ellir eu hateb ar unwaith, rydym yn gofyn iddyn nhw ddod yn ôl atom gydag atebion clir.

Nod yr aelodau ydy sicrhau bod lleisiau pobl yn ein cymunedau yn cael eu clywed Mae hyn yn anodd weithiau oherwydd dydy cymunedau a phobl ddim bob amser yn cytuno ar yr hyn sydd ei

angen neu yr hyn sydd orau. Mae hyn yn golygu ein bod yn gorfod cynrychioli gwahanol farn ar adegau.

Weithiau mae'r CIC yn gofyn cwestiynau am faterion sydd yn effeithio ar y DU gyfan neu ar Gymru gyfan neu ar ran helaeth o Gymru (fel rhanbarth). Er enghraifft, gwyddom o'r newyddion y gall fod yn anodd recriwtio staff GIG. Mae angen inni ddeall sut mae hyn yn effeithio ar ein gwasanaethau yn Hywel Dda. Weithiau rydym yn clywed am atebion lleol i'r problemau yma. Eleni fe wnaethom glywed bod y Bwrdd Iechyd wedi datblygu cynllun prentisiaeth i recriwtio a datblygu pobl leol oddi mewn i ofal iechyd.

Rydym hefyd yn gofyn yn ffurfiol i'r Bwrdd Iechyd am rai materion drwy ysgrifennu at uwch staff. Er enghraifft, yn 2019 fe wnaethom ofyn i'r Bwrdd Iechyd ddweud wrthym beth oedd wedi newid i gleifion yn ei

gwasanaethau gofal llygaid (Offthalmoleg). Roeddem wedi edrych ar hyn eisoes yn 2016 ac wedi nodi newidiadau angenrheidiol. Fe wnaethom ddilyn hyn i fyny yn 2019 i weld beth oedd y newidiadau hynny wedi ei olygu i gleifion. Fe wnaethom ysgrifennu llythyrau eraill yn ystod y flwyddyn pan roedden ni angen atebion i faterion eraill. Yn ystod eleni, roedd rhai o'r pethau a drafodwyd gyda amrywiol gyrff iechyd yn cynnwys:

- Recriwtio nyrsys cymunedol
- Heriau mewn unedau endoscopi
- Chemotherapi
- Amseroedd amser i orthodonteg
- Amseroedd agor a lle y galli pobl gael profion gwaed
- Canolfannau galw heibio ar gyfer gofal iechyd meddwl
- Newidiadau ffiniau i feddygfeydd
- Darganfod deintydd newydd mewn ardaloedd gwledig
- Rheoli wlserau coes yn y gymuned
- Darparu gofal i oedolion ifanc gydag awtistiaeth a phroblemau iechyd meddwl
- Anawsterau mewn cael apwyntiadau mewn meddygfeydd
- Parcio ceir mewn ysbytai
- Newidiadau gwelyau/wardiau mewn amrywiol ysbytai
- Datblygiadau mewn canolfannau gofal integredig newydd
- Argaeledd cludiant i apwyntiadau cleifion allanol
- Gofal a rheolaeth dementia mewn ysbytai
- Systemau testun i atgoffa cleifion am apwyntiadau
- Gofal cardioleg i gleifion sydd angen cael eu gweld mewn ardaloedd eraill
- Cyflenwi a rheoli cynorthwyon clywed

- Gwasanaeth ffôn 111
- Terfynau amser ar gyfer sgrinio'r coluddyn
- Gwiriadau mamolaeth tu allan i ysbytai
- Mynediad i dimau argyfwng yn y gymuned

Newidiadau i wasanaethau'r GIG yn lleol

Trwy gydol 2019-2020, mae'r Bwrdd Iechyd naill ai wedi gwneud, neu wedi cynllunio i wneud, rhai newidiadau sylweddol i wasanaethau. Cafodd CIC Hywel Dda ei werthuso a'i ymgynghori ar amrywiol newidiadau i wasanaethau'r GIG, o gynigion lleol i rai rhanbarthol. Ein rhan ni yn y cynigion hyn oedd sicrhau bod barn y claf a'r cyhoedd wrth wraidd y newidiadau, a bod yr effaith ar y defnyddiwr gwasanaethau mor gadarnhaol â phosib.

Gwyddom bod rhaid i bethau newid mewn gofal iechyd weithiau er budd pobl drwy ddulliau newydd o weithio neu dechnoleg newydd. Ar

adegau eraill, efallai bod angen i newidiadau ddigwydd yn sydyn oherwydd nad ydy pethau'n gweithio'n dda neu oherwydd sefyllfaoedd annisgwyl. Drwy gydol 2019-20 siaradodd Bwrdd Iechyd Prifysgol Hywel Dda gyda'r CIC am ei gynlluniau a'i gynigion i newid gwasanaethau.

Roeddem yn rhan o'r trafodaethau yma oherwydd bod barn aelodau'r cyhoedd a chleifion yn cyfrif. I sicrhau bod unrhyw newidiadau yn gweithio'n dda, mae angen cynnwys y bobl sydd yn defnyddio'r gwasanaethau hynny. Dydyn ni ddim eisiau i'r bobl sydd yn cynllunio a darparu gwasanaethau i wneud penderfyniadau dros ein cymunedau lleol. Rydyn ni eisiau iddyn nhw wneud penderfyniadau gyda'n cymunedau.

Mewn un achos roedd dau fwrdd iechyd yn rhan o drafodaethau am gau meddygfa gangen ar y ffin

rhwyng Sir Gaerfyrddin a Chastell Nedd. Cytunwyd nad oedd eiddo'r feddygfa gangen yn adeilad delfrydol ar gyfer gweld cleifion. Ond roeddem eisiau sicrhau na fyddai unrhyw gau posibl yn effeithio'n niweidiol ar y bobl oedd yn defnyddio'r safle neu'r meddygfeydd cangen cysylltiedig yn rheolaidd. Rydym yn parhau'n rhan o'r drafodaeth a does dim casgliad wedi'i gyrraedd eto.

Yn ystod y flwyddyn dywedodd pobl wrthym eu bod yn cael anawsterau gyda chael glanhau eu clustiau yn eu meddygfa. Yn aml roedd angen iddyn nhw gael gwneud hyn cyn cael gosod cynorthwyon clyw. Dydy pob meddygfa bellach ddim yn glanhau clustiau yn arferol. Fe wnaethom ddweud wrth y Bwrdd Iechyd a dweud na ellid stopio'r gwasanaeth yma heb fod dewis amgen ar gael. Dydy hyn ddim yn syml – mae tystiolaeth bellach i ddangos y gall fod dulliau gwell o reoli cwyr

clustiau. Unwaith eto mae hyn yn rhywbeth rydym yn ei fonitro.

Fe wnaethom hefyd ofyn cwestiynau pan oedd eiddo deintyddol yn cau yn ardaloedd Sir Gaerfyrddin/Ceredigion neu yn penderfynu peidio gweld rhagor o gleifion GIG. Mae'n bwysig bod pobl yn gweld y deintydd yn rheolaidd a dydy hi ddim bob amser yn hawdd darganfod deintydd newydd. Gall cludiant fod yn anodd a dydy pawb ddim eisiau gofal deintyddol preifat, neu dydyn nhw ddim yn gallu ei fforddio. Fe wnaethom ofyn sut roedd y sefyllfa yma yn cael ei rheoli. Fe wnaethom ofyn i'r Bwrdd Iechyd sicrhau bod hyn yn cael ei esbonio'n glir i bobl fel eu bod yn gwybod beth oedd eu dewisiadau.

Rydyn ni hefyd yn gallu cymryd rhan mewn cynllunio yn y camau cynnar iawn. Yn ardal Cross Hands yn Sir Gaerfyrddin mae

cynlluniau i adeiladu canolfan ofal integredig fel bod pobl yn derbyn gofal yn nes at adref. Mae hyn yn rhywbeth newydd y mae'r Bwrdd Iechyd yn ei gynllunio, gan weithio ochr yn ochr gyda chyrff eraill. Dydy'r adeiladu ddim wedi dechrau ar y datblygiad yma eto ond rydym yn sicrhau bod y Bwrdd Iechyd yn siarad gyda'r bobl leol i gael gweld pa ffurf hoffen nhw ei weld ar yr adeilad. Mewn digwyddiadau ymgysylltu yn haf 2019 fe aethom i gyfarfod pobl leol a staff y Bwrdd Iechyd i glywed beth oedd yn cael ei ddweud.

Fe wnaethom hefyd fynychu nifer o gyfarfodydd a gweithdai 'Trawma' am y newid sydd yn effeithio de Cymru gyfan. Roedd hyn ynghylch dull newydd o ofalu am bobl mewn sefyllfaoedd trawma mawr fel damweiniau car difrifol. Roedd yn golygu y byddai'r rhai gyda'r niwed

mwyaf yn mynd i Gaerdydd am ran cyntaf eu gofal a'u triniaeth. Roeddem eisiau sicrhau y byddai gan bobl ofal trawma lleol diogel mewn damweiniau llai difrifol. Roeddem hefyd eisiau sicrhau y byddai pobl oedd yn mynd i Gaerdydd yn dychwelyd adref i barhau gyda'u hadferiad yn ddiogel a chyn gynted â phosibl.

Pan oedd meddygfa gangen Glan y Fferi, Sir Gaerfyrddin yn wynebu cau, buom yn siarad gyda phobl leol i glywed am y problemau y byddai hyn yn eu creu iddyn nhw. Mynychodd CIC gyfarfodydd lleol i glywed yn uniongyrchol beth oedd yn poeni pobl. Disgrifiodd y Bwrdd Iechyd y problemau roedden nhw'n eu wynebu gydag adeilad y feddygfa. Fe wnaethom ofyn i'r Bwrdd Iechyd gymryd camau i ddelio gyda rhai o'r pryderon oedd gan bobl am y trefniadau newydd – roedd hyn yn golygu edrych ar anghenion apwyntiadau, ffôn

a theithio pobl.

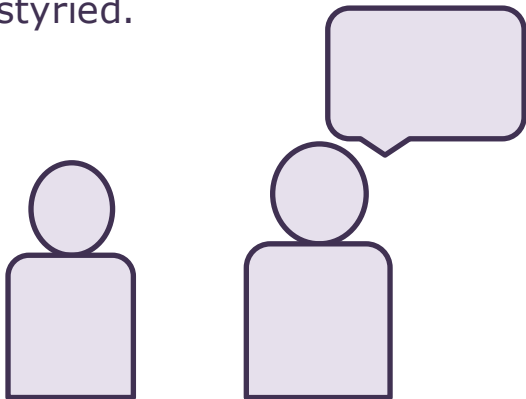
Yn y gaeaf yn 2019 dywedodd y Bwrdd Iechyd wrthym ei fod wedi lleihau rhai gwelyau ar frys mewn ysbyty cymuned yn Llanymddyfri. Gofynwyd pam bod hyn yn digwydd. Rydym yn gwybod bod rhaid gwneud rhai penderfyniadau yn gyflym ac nid ein swyddogaeth ni ydy bod yn rhwystrol. Ond mae angen inni ddeall pam bod y sefyllfaoedd brys yma wedi digwydd a pha mor hir fydd hi cyn i bethau ddychwelyd i normal. Fe wnaethom gyfarfod gyda'r bobl leol mewn grwpiau bach ac mewn digwyddiad gyda dros 500 o bobl yn bresennol i sicrhau bod hyn yn cael ei drafod yn llawn a chynlluniau ar y gweill i adolygu'r sefyllfa.

Dydyn ni ddim yn cymryd rhan mewn trafodaethau cyn neu yn ystod cyfnod o newid yn unig. Rydyn ni hefyd eisiau gwybod sut mae gwasanaethau'n gweithio ar ôl i newidiadau ddigwydd. Yn

2019/20 fe wnaethom ymweld â nifer o feddygfeydd lle'r oedd cyfnodau heriol wedi bod yn y cwpl o flynyddoedd diwethaf. Roedden ni angen gwybod os oedd pethau wedi setlo a bod pethau wedi gwella i gleifion. Y ffordd orau o wneud hyn oedd siarad yn uniongyrchol gyda phobl. Am bob ymweliad a gynhaliwyd fe wnaethom gynhyrchu adroddiad o'n canfyddiadau a gwneud argymhellion lle'r oedd angen.

Weithiau rydym yn cymryd rhan mewn ymgynghoriadau cenedlaethol, rhanbarthol neu leol. Mae ymgynghoriadau'n digwydd pan mae byrddau iechyd, Llywodraeth Cymru neu gyrff tebyg eisiau derbyn amrediad eang o farn cyn gwneud penderfyniadau. Mae gan nifer o bobl rywbeth maen nhw eisiau ei ddweud am faterion allweddol ond dydyn nhw ddim yn ymateb i ymgynghoriadau fel unigolion. Rydym yn ceisio rhannu ymgynghoriadau gyda

phobl ac yn ymateb, yn seiliedig ar yr hyn sydd wedi'i ddweud wrthym. Mae hyn yn sicrhau bod barn pobl yn Hywel Dda yn cael ei ystyried.



Eiriolaeth cwynion ac ymholiadau

Yn ystod 2019-2020, cynorthwyon ni **476** o bobl i ddatrys pryderon, trwy gynnig cyngor cychwynnol, cyfeirio neu gynorthwyo pobl i ddatrys problemau'n anffurfiol.

Cynigon ni gymorth a chyngor hefyd trwy Weithdrefn Pryderon y GIG, a elwir yn Gweithio i Wella (PTR). Fe wnaethom agor a chario **136** o achosion drosodd gan gynnig y cymorth hwn.

Darparodd CIC Hywel Dda gyngor a chymorth eiriolaeth cwynion annibynnol i unrhyw un sy'n byw yn ei ardal, sydd am help i godi pryder am wasanaethau'r GIG, lle bynnag y cawsant eu darparu. Does dim gwahaniaeth os ydy'r gofal maen nhw'n ei dderbyn ymhellach i ffwrdd ohrwydd rydym yn gwybod bod rhaid i bobl deithio weithiau ar gyfer gofal arbenigol

Mae pob pryder yn wahanol, ac roedd pobl eisiau ac angen gwahanol lefelau o gymorth i ddwyn eu pryder yn ei flaen.

Gwnaethom helpu drwy esbonio'r broses pryderon, a helpu pobl i feddwl am yr hyn roeddent yn dymuno ac yn disgwyl i ddigwydd, o ganlyniad iddynt godi eu pryder. Rhoesom gymorth ymarferol i'r rhai a oedd ei eisiau, gan gynnwys helpu pobl i ysgrifennu llythyrau, mynd gyda nhw i gyfarfodydd, helpu pobl i ddeall yr wybodaeth a'r ateb a roddwyd gan sefydliadau'r GIG.

Mae eiriolaeth yn rhan

annatod o swyddogaethau craidd y CIC. Darparodd ein gwaith achos wybodaeth bwysig am wasanaethau a materion y GIG, a defnyddion ni hyn i oleuo ein gweithgareddau eraill.

O ganlyniad i bryderon a godir gan gleientiaid, gwneir newidiadau yn aml sydd â budd ehangach. Rydym yn dweud wrthyn nhw am amserlenni y gallai fod angen iddyn nhw eu hystyried oherwydd dydy gwneud cwyn ddim yn broses gyflym.

Mewn sawl achos, rydym yn helpu pobl i ysgrifennu eu llythyr cwyn cychwynnol. Rydym yn ei ddrafftio iddyn nhw ac yn ei wirio gyda nhw. Rydym yn mynd drwy'r llythyrau ymateb y mae pobl yn eu derbyn gan gyrff iechyd i weld os ydy eu pryderon yn cael eu trafod. Rydym yn helpu i drefnu cyfarfodydd ac yn mynychu cyfarfodydd lle bo angen.

Ar ddiwedd y broses gwyno, rydym yn gallu cynorthwyo i wneud cyfeiriadau at yr Ombwdsmon Gwasanaethau Cyhoeddus Cymru. Yn ystod

y flwyddyn ddiwethaf rydym wedi cyfeirio 34 achos at swyddfa'r Ombwdsmon ar gyfer adolygiad pellach.

Yn ystod y cyfnod amser 1 Ebrill 2019 i 31 Mawrth 2020 daeth 124 o achosion i gasgliad gan y tîm Eiriolaeth. Hyd yn oed pan mae cwyn yn gorffen, dydy hynny ddim yn golygu bod y materion yn y gwyn yn cael eu hanghofio. Gall fod cynlluniau gweithredu i'r CIC eu dilyn i sicrhau bod pethau wedi newid er gwell. Gall gwybodaeth cwynion ein helpu hefyd wrth gynllunio ein hymweliadau i eiddo GIG, er mwyn inni allu mynd yn ôl i ardaloedd o bryder i siarad gyda phobl i weld sut oedd eu gofal.

Mae ein gwaith Eiriolaeth yn helpu i roi darlun inni o'r hyn sydd yn digwydd yng ngofal iechyd pobl. Gall ein helpu i weithio allan pa rannau o'n system gofal iechyd sydd yn achosi pryderon i bobl sydd yn defnyddio'r gwasanaethau yma. Mae yn ein galluogi

hefyd i ddeall lle mae angen i bethau newid. Tra bod pobl weithiau yn poeni am gwyno, mae'r rhan fwyaf o bobl sydd yn defnyddio'r gwasanaeth eiriolaeth yn dweud wrthym 'Dydyn ni ddim eisiau i'r un peth ddigwydd i unrhyw un arall'. Rydym hefyd eisiau ceisio sicrhau nad ydy'r un pethau yn digwydd eto. Dyma rai enghreifftiau o newidiadau sydd wedi digwydd o gwynion yr ydym wedi bod yn rhan ohonyn nhw yn y flwyddyn ddiwethaf:

Cwyn am Feddyg Teulu

Mae pobl weithiau yn cael trafferth pan mae ganddyn nhw bryderon am eu meddyg teulu gan mai dyma'r lle cyntaf fel rheol mae pobl yn mynd pan mae ganddyn nhw broblem iechyd. Mewn un achos fe wnaethom helpu gyda chwyn ond wnaeth cyfarfod lleol i drafod materion ddim datrys pethau'n llawn. Drwy ein gweithrediadau daeth y Bwrdd Iechyd yn rhan o'r broses a nodi beth y gallai wneud. Roedd y cleient yn hapus iawn gyda'r canlyniad

ac yn teimlo bod rhywun wedi gwando arni ac yn helpu i wneud gwahaniaeth i gleifion yn y dyfodol.

Systemau radioleg

Mewn cwyn arall, cwynodd person ifanc oedd wedi cael diagnosis o fath o ganser am yr amser a gymrodd i wneud diagnosis. Trefnwyd cyfarfod gyda'r Bwrdd Iechyd, darganfuwyd gwendidau yn y system ac mae hyn wedi ei alluogi i wneud ei hawliad. Yn bwysicach, nododd y gwyn nad oedd gan y Bwrdd Iechyd system gadarn i reoli rhai o'u prosesau radioleg. Roedd hyn wedi creu oedi. Mae gan y Bwrdd Iechyd system 'rhybudd coch' nawr sydd yn sicrhau bod gwybodaeth yn cael ei rhannu'n brydlon.



Cwyn mamolaeth

Roedd un fam yn poeni nad oedd wedi cael ei monitro ddigon yn ystod ei beichiogrwydd. Roedd ganddi gymhlethdodau, roedd ei babi wedi ei eni'n gynnar a doedd y babi ddim yn dda. Darganfu'r ymchwiliad cychwynnol i'r gwyn bod y gofal wedi bod yn briodol ond bod pethau y gellid eu gwella i'r dyfodol.

Sylweddolodd y Bwrdd Iechyd nad oedd cyfathrebu wedi bod cystal ag y dylai fod ac y gellid fod wedi osgoi trallod. Darganfuwyd bod angen rhoi diweddariadau rheoli haint i feddygon a nyrsys. Nodwyd hefyd bod staff yn derbyn cyngor a chefnogaeth gan ysbytai eraill, roedd angen gosod terfynau amser i sicrhau nad oedd pobl yn aros yn rhy hir.

Gofal ysbyty ar ôl cwmp

Mae pobl hŷn weithiau yn mynd i'r ysbyty yn annisgwyl ar ôl cwmpo adref. Roedd teulu un claf yn teimlo nad oedd y gofal a gafodd yn yr ysbyty yn ddigon da. Fe wnaethom eu helpu i wneud cwyn a darganfu'r ymchwiliad bod diffygion. Nododd y Bwrdd Iechyd bethau y gallai ei wneud i sicrhau nad oedd eraill yn cael yr un profiad negyddol yn y dyfodol. Lluniodd y Bwrdd Iechyd gynllun gweithredu i sicrhau bod y newidiadau yma yn digwydd o fewn cyfnod o amser penodol. Mae cynlluniau gweithredu yn rhoi dull i'r CIC fonitro pa newidiadau sydd wedi digwydd.

Gofal Damweiniau a Brys

Mewn un cwyn doedd y cleient ddim yn teimlo yn hyderus bod yr ymchwiliad i'r gwyn yn ddigon cryf. Cynorthwyodd ein heiriolwyr i gyfeirio'r mater i'r Ombwdsmon. Nodwyd methiannau difrifol a chynhaliwyd y gwyn yn gyffredinol. Dywedodd yr Ombwdsmon bod y gwyn wedi cymryd gormod o amser i'w ymchwilio ac nad oedd y Bwrdd Iechyd wedi dilyn y

broses gywir. Roedd yr Ombwdsmon hefyd yn teimlo nad oedd y Bwrdd Iechyd wedi dysgu rhai gwersi pwysig o'r gwyn. Yn yr achos yma argymhellodd yr Ombwdsmon bod yr achwynydd yn derbyn taliad a gofynnodd i dystiolaeth gael ei ddarparu i'w swyddfa i ddangos bod ei argymhellion wedi cael eu dilyn. Gofynwyd i'r Bwrdd Iechyd hefyd gysylltu gyda chwmni allanol oedd wedi bod ynghlwm â'r mater i sicrhau eu bod yn ymwybodol o rai beirniadaethau a wnaethpwyd gan gynghorydd arbenigol.

Yn ystod y flwyddyn 2019-2020, esgorodd rhai o'r cwynion yr oeddem ynghlwm â nhw mewn argymhellion eraill gan yr Ombwdsmon i gyrff iechyd. Dyma nhw:


- Hyfforddiant i nyrsys ar ward benodol, ar y defnydd o fonitro cardiaidd
- Hyfforddiant ychwanegol i staff ar atal cwmpiadau
- Trafodaethau ffurfiol rhwng staff a'u goruchwylwyr er mwyn iddyn nhw ddysgu o

- broblemau yn y gorffennol
- Gweithio gyda staff i wella cadw cofnodion meddygol
 - Edrych ar ffyrdd o weithio'n well gyda chleifion lle nad Saesneg ydy eu hiaith gyntaf
 - Darparu tystiolaeth bod adroddiadau'r Ombwdson wedi cael eu trafod yn ffurfiol mewn cyfarfodydd staff ac adolygiadau achos
 - Dangos bod archwiliadau yn cael eu gwneud fel gwiriadau ar ansawdd
 - Sicrhau bod staff yn gwybod sut i lenwi siartiau bwyd yn gywir
 - Hyfforddiant i staff ar raglen "Meddwl am Glwcos" a gwneud hyn yn hyfforddiant gorfodol
 - Sicrhau bod staff wardiau yn derbyn hyfforddiant penodol ar ragnodi a rhoi insiwlin
 - Adrodd ar ddigwyddiad gyda meddyginiaeth chwistrelliad yn cael ei adrodd i'r Asiantaeth Rheoleiddiol Meddyginiaethau a Gofal Iechyd drwy'r Cynllun Cerdyn Melyn.

- Trefnu ymwybyddiaeth o iechyd meddwl a hyfforddiant addasiadau rhesymol i staff
- Adolygu'r ffordd y mae achosion lle'r amheuir 'Deep Vein Thrombosis' (DVTs) yn cael eu rheoli

Mae adegau lle nad ydy'r Ombwdsmon yn cynnal cwynion ac er y gall hyn fod yn siom i'r person dan sylw, mae pobl yn dweud wrthym eu bod yn gallu tynnu llinell o dan bethau pan maen nhw'n gwybod bod corff annibynnol wedi ymchwilio i'w cwyn.

Mae pobl sydd yn defnyddio'r gwasanaeth eiriolaeth fel rheol yn darparu rhai sylwadau cadarnhaol iawn:



"Diolch yn fawr am eich help, fe fyddem ar goll hebdo chi ..."

Mae pobl yn cydnabod pan maen nhw'n gwneud cwyn bod cael rhywun annibynnol i'w helpu yn gallu gwneud gwahaniaeth.

"Hoffwn ddiolch i chi am eich cefnogaeth yn ystod y weithdrefn gwynion, roedd yn gysur mawr yn ystod yr amser hwnnw"

"Fel arfer, rydych wedi bod yn llawn cymorth, ...ac rydym yn ddiolchgar iawn i'ch cael fel eiriolydd"

Ymweld

Dros y flwyddyn ddiwethaf mae ein haelodau wedi ymweld ag amrediad o wardiau ysbyty aciwt a chymunedol, adrannau brys, canolfannau iechyd a meddygfeydd. Roedd y rhain yn cynnwys:

- Canolfan Iechyd Crymych
- Ward Dyfi
- Ward Derwen
- Meddygfa Cei Newydd
- Meddygfa Cwmllynfell
- Awdioleg ar draws pob ysbyty
- Canolfan Iechyd Abergwaun
- Canolfan Iechyd Neyland
- Meddygfa Emlyn
- Ysbyty Llanymddyfri
- Meddygfa Ashgrove
- Meddygfa Llynyfran
- Adran Damweiniau a Brys Llwynhelyg

Fe wnaethom gynhyrchu adroddiad ar ôl pob ymweliad a gyhoeddwyd wedyn ar ein gwefan fel bod pobl yn gallu gweld ein canfyddiadau a'n hargymhellion.

Rydym yn gwybod bod gwasanaethau mamolaeth wedi bod yn broblem mewn rhannau eraill o'r DU felly fe wnaethom ymweld ag unedau mamolaeth yn 3 o'n hysbytai. Drwy wneud yr ymweliadau hyn roeddem yn gallu clywed ein hunain os oedd y gofal a dderbyniodd mamau yn Glangwili, Bronglais a Lwynhelyg wedi rhoi profiad genedigaeth cadarnhaol iddyn nhw.

Rydym yn cydnabod pan rydym yn ymweld ar ddiwrnod neilltuol mai darlun yn unig a gawn o'r hyn sydd yn digwydd ar yr adeg neilltuol hwnnw. Felly roeddem yn sicrhau ein bod hefyd yn cael barn pobl oedd wedi defnyddio'r cyfleusterau hyn ond nad oedd yno ar ddiwrnod ein hymweliad. Mae gwneud rhywfaint o waith allgyrraedd mewn grwpiau rhieni a babanod wedi ein helpu i glywed oddi wrth llawer rhagor o bobl.

Roedd defnyddio arolwg y gall pobl ei bostio'n ôl inni yn

golygu y gallai rhieni newydd prysur gael mynegi barn hyd yn oed os oedd hynny wythnosau neu fisoedd ar ôl yr enedigaeth. Weithiau roedd pobl angen mwy o amser cyn teimlo eu bod yn gallu rhoi eu sylwadau inni ac roeddem eisiau rhoi'r cyfle yma iddyn nhw ddweud eu straeon wrthym mewn ffordd oedd yn gweddu iddyn nhw.

Dywedodd y rhan fwyaf o bobl bod yr enedigaeth yn iawn, y gofal yn union wedi hynny oedd yn broblem, yn enwedig i'r mamau hynny oedd angen help gyda bwydo o'r fron. Fe wnaethom ddweud wrth y Bwrdd Iechd bod mamau newydd weithiau yn teimo'n unig iawn a heb gefnogaeth dda os oedd rhaid iddyn nhw aros yn yr ysbyty ar ôl cael babi. Fe wnaethom ofyn i'r Bwrdd Iechyd ddelio gyda hyn.

Yn ystod rhai o'n hymweliadau rydym yn darganfod nad ydy eiddo yn ddelfrydol. Dydyn ni ddim yn arolygwyr o unrhyw fath ond

rydym yn cydnabod nad ydy'r bobl sydd yn defnyddio'r cyfleusterau hyn efallai ddim eisiau creu ffwdan. Lle rydym wedi darganfod cyfleusterau newid annigonol neu goridorau llawn rydym yn rhannu'r pryderon yma gyda staff yr ysbyty ar ddiwrnod ein hymweliad fel bod rhywbeth yn gallu newid er gwell. Yna rydym yn dychwelyd i sicrhau bod y newidiadau yn cael eu cynnal.

Dydyn ni ddim yn mynd i brofi ysbytai prysur yn unig ar ein hymweliadau, rydym hefyd yn ymweld â lleoedd llai yn ein hardaloedd gwledig. Mae pobl yn gwerthfawrogi ysbytai cymunedol oherwydd mae'n golygu bod pobl yn aml yn gallu derbyn gofal yn lleol gan osgoi teithiau hir i ymweld ag anwyliaid mewn ysbytai mwy a phrysurach. Yn aml mae pobl yn aros mewn ysbytai cymunedol am gyfnodau hirach ac mae hyn yn golygu bod ganddyn nhw lawer o bethau i'w ddweud wrthym yn aml.

Wrth ymweld ag Ysbyty Llanymddyfri yn haf 2019, fe wnaethom ddysgu bod arhosiad pobl ar y cyfan yn yr ysbyty yn dda. Roedd rhai pobl yn teimlo eu bod yn aros yn rhy hir i gael eu rhyddhau. Roedd rhai pobl yn dychwelyd i'w cartref eu hunain gyda theulu, eraill yn mynd adref eu hunain lle byddai angen cymorth arnyn nhw. Fe wnaethom ofyn i'r Bwrdd Iechyd i ddarganfod ffyrdd o helpu pobl i fynd adref ynghynt. I'r rhai oedd yn yr ysbyty fe wnaethom ofyn a fyddai modd sefydlu siop deithiol fel bod pobl yn gallu prynu rhai eitemau. Fe wnaethom hefyd awgrymu y gallai cyfleusterau Wi-fi neu Skype helpu i gadw cleifion mewn cysylltiad gyda theuluoedd ymhellach i ffwrdd yn ystod eu harhosiad yn yr ysbyty.

Wrth ymweld ag Adran Damnweiniau a Brys yn Llwynhelyg yn yr haf, roedd yn brysur iawn yno. Fe wnaethom nodi nifer o bethau a gofyn i'r Bwrdd Iechyd

ddelio gyda nhw, fel cael ystafel dawel lle y gallai pobl mewn trallod aros. Fe wnaethom ofyn i staff y Bwrdd Iechyd edrych ar faint o amser roedd pobl yn aros a darganfod gwell ffyrdd o roi gwybod i bobl pa mor hir y gallent fod yn aros. Fe wnaethom ofyn sut roedd pobl yn cael help i gael bwyd, diod neu feddyginiaeth os oedden nhw yno am amser hir.

Cyflawniadau

Mae'r paragraffau blaenorol yn rhoi rhywfaint o fanylion am y pethau sydd wedi newid oherwydd cyfranogiad CIC mewn cyfarfodydd, ymweliadau a chwynion. Mae rhagor o enghreifftiau y gallwn eu rhoi:

- Fe wnaethom ofyn i'r Bwrdd Iechyd adolygu rhywfaint o'r gwaith papur y mae'n ei ddarparu i bobl pan mae angen iddyn nhw fynd i'r ysbyty, mae rhai ffurflenni yn rhy gymhleth ac yn creu rhagor o bryderon i bobl.
- Fe wnaethom nodi bod cleifion diabetes angen

systemau prydau bwyd mwy hyblyg yn yr ysbyty.

Roedden nhw angen gwybod pryd roedd prydau bwyd yn dod a lle i gael byrbrydau i reoli eu lefelau siwgr gwaed. Fe wnaethom ofyn i'r Bwrdd Iechyd wneud hyn yn haws.

- Gofynnwyd i rai meddygfeydd edrych ar y ffordd roedd eu 'Sgriniau Cofnodi' yn gweithio mewn derbynfeydd i'w wneud yn haws i gleifion eu defnyddio. Fe wnaethom hefyd ofyn iddyn nhw edrych ar sut y gallai cleifion gael sgysiau cyfrinchol pan oedd angen hynny.

Sut yr ydym wedi gwneud gwahaniaeth: Gweithio'n genedlaethol

Gan weithio gyda'n gilydd, mae'r Bwrdd a'r CICau'n amlygu materion sydd, neu a fydd, yn effeithio ar brofiadau pobl ledled Cymru. Rydym yn tynnu ar ein gwybodaeth leol, i lunio'r agenda genedlaethol ac i herio llunwyr polisi a'r rheiny sy'n darparu ein gwasanaethau i wneud yn well.

Rydym yn gwneud mwy na chynnig ymatebion ar faterion a godwyd gan eraill; rydym yn nodi'r achos dros newid ar y materion hynny sydd bwysicaf i'r claf a'r cyhoedd; gan ddisgrifio lle mae angen gwelliannau a dwyn y GIG yng Nghymru i gyfrif ar ei berfformiad.

Themâu cenedlaethol

Gan weithio trwy'r Bwrdd Cynghorau Iechyd Cymuned yng Nghymru, yn 2019-2020, bu'r 7 CIC yng Nghymru'n gweithio ar 4 o brosiectau cenedlaethol. Roeddem am glywed yr hyn oedd gan bobl i'w ddweud ledled Cymru am y GIG mewn rhai meysydd allweddol:

- Gwasanaeth tu allan o oriau meddyg teulu
- Gwasanaethau gofal llygaid yng Nghymru

- Orthodonteg
- Amser mynd adref?

Yn ogystal, cadwodd y CICau lygad barcud ar y cynnydd a oedd yn cael ei wneud mewn ymateb i'r prosiectau a gyflawnwyd yn y flwyddyn flaenorol.



Gweithio gydag eraill

Yn ystod y flwyddyn gwnaethom ymgymryd â rhai o'n gweithgareddau gydag eraill. Fe wnaethom weithio ochr yn ochr gyda CICau cyfagos ar brosiectau amrywiol. Er enghraifft, pan oedd newidiadau arfaethedig i wasanaethau gofal sylfaenol ar y ffiniau rhwng ardal CIC Bae Abertawe ac ardal CIC Hywel Dda, gweithiodd y ddau CIC gyda'i gilydd. Gall pobl o wahanol siroedd ddefnyddio'r un gwasanaethau ac mae angen dull o wethredu ar y cyd i sicrhau bod pawb yn cael eu clywed.

Fe wnaethom gyfarfod ag Arolygiaeth Gofal Iechyd Cymru yn rheolaidd i rannu gwybodaeth ac i lywio ein rhaglen waith. Roedd hyn yn cynnwys darparu gwybodaeth am ein hymweliadau i unedau mamolaeth a gynhaliwyd ym mis Mai 2019. Fe wnaethom ddweud wrthyn nhw am y ffyrdd roeddem wedi gofyn am wybodaeth gan famau newydd a rhai o'r pethau roedden nhw wedi eu nodi fel pryderon.

Fe wnaethom gyfeirio pryderon clinigol at Arolygiaeth Gofal Iechyd Cymru pan roeddem yn teimlo bod eu cyfranogiad yn bwysig. Mae ganddyn nhw rôl wahanol inni ac maen nhw'n

gallu arolygu gofal iechyd, trinaeth ac eiddo mewn dull gwahanol. Fe wnaethom siarad gyda nhw pan oedd gennym bryderon am wasanaethau gofal iechyd meddwl a gwasanaethau menywod a phlant.

Cawsom drafodaethau rheolaidd gyda staff swyddfa'r Ombwdsmon i drafod sut roedd cwynion yn cael eu trafod gan gyrff GIG. Fe wnaethom gynnig awgrymiadau ar sut y gellid gwneud gwelliannau ac edrych ar feysydd yr oeddem yn teimlo y gallai weithio'n well. Fe wnaethom nodi ffyrdd y gallai CIC wneud pethau'n wahanol i wneud ein perthynas waith gyda nhw

yn fwy effeithol ac effeithlon.

Fe wnaethom weithio gyda chydweithwyr y trydydd sector a grwpiau cymunedol yn cynnwys:-

- Gweithredu Gorllewin Cymru dros Iechyd Meddwl
- Ysgolion ar draws y tair sir fel rhan o'n gwaith orthodonteg
- Grwpiau gofalwyr
- Cyrff tai
- Grwpiau Cymunedol Amrywiol
- Amrywiol grwpiau cymunedol
- Grwpiau afiechydon/cyflyrau penodol fel grwpiau cefnogi awto imiwn a grwpiau niwrolegol

Mynd o amgylch ein siroedd

Mae'r CIC yn gweithio ar draws y 3 sir yn Hywel Dda ac mae gennym gyfarfodydd, pwyllgorau, digwyddiadau a swyddfeydd yn y dair ardal. Mae'n ddefnyddiol weithiau i'r

dair sir gydweithio a rhannu gwybodaeth ond rydym hefyd yn cydnabod bod pob sir yn wahanol ac mae adegau lle mae pob sir yn canolbwyntio ar wahanol agweddau. Dros y flwyddyn ddiwethaf mae ein tair sir wedi parhau i wneud hyn:

Sir Gaerfyrddin

Bu aelodau yn brysur yn eu cymunedau ac yn canolbwyntio ar gynllun ar gyfer 'Sir Gaerfyrddin Iachach'. Mae hyn yn cynnwys pethau fel atal iechyd gwael, gwella gofal a sicrhau mai dim ond pan mae gwir angen iddyn nhw wneud hynny y mae pobl yn mynd i'r ysbyty.

Croesawyd y cynlluniau ar gyfer canolfan gofal integredig yn Cross Hands gan aelodau Sir Gaerfyrddin. Fe wnaethon nhw gyfarfod gyda phobl leol mewn digwyddiadau ymgysylltu a darganfod fod pobl eisiau gofal yn nes at adref a bod yn

well ganddyn nhw osgoi ymweliadau ysbyty os oedd modd cael gofal mewn lleoliad arall.

Gyda 2 prif ysbyty a 2 ysbyty cymuned yn Sir Gaerfyrddin roedd yr aelodau yn gofyn yn rheolaidd i'r Bwrdd Iechyd am gael pobl adref o ysbytai. Mae cael digon o gefnogaeth i bobl aros adref yn ddiogel ac yn annibynnol yn her ac roedd aelodau eisiau sicrhau bod gwaith yn cael ei wneud i ddelio gyda hyn.

Clywodd aelodau Sir Gaerfyrddin am ddulliau newydd o weithio mewn gofal iechyd meddwl, gyda chanolfan 'galw heibio' yn Llanelli yn darparu cefnogaeth i bobl mewn argyfwng. Gan fod ar agor y tu hwnt i oriau arferol yn ystod y dydd, croesawyd y dull hyblyg yma o weithredu fel ffordd o roi help i bobl pan mae nhw ei angen.

Ceredigion

Mae aelodau wedi bod yn monitro agor dwy ganolfan

iechyd (un yn Aberteifi ac un yn Aberaeron) fel rhan o gynllun hir dymor i gryfhau cymunedau a dod â rhai gwasanaethau yn nes at adref.

Cadwyd golwg gofalus ar feddygfeydd gan bod y rhain wedi bod yn fregus yn y gorffennol. Darganfu ein hymweliadau bod llawer o adborth cadarnhaol gan gleifion.

Fel ysbytai eraill yng Nghymru, roedd Bronglais dan gryn bwysau ar adegau. Roedd hyn weithiau oherwydd ei bod yn anodd i bobl ddod adref o'r ysbyty gyda'r gofal angenrheidiol. Fe fydd CIC yn parhau i edrych ar hyn wrth i'r GIG a'r Cyngor Sir anelu at weithio'n agosach gyda'i gilydd.

Mae gwasanaethau yng Ngorwelion wedi parhau yn ganolbwynt pwysig i nifer o bobl, yn enwedig yng ngogledd Ceredigion. Tra bod rhai gwasanaethau yn Gorwelion wedi datblygu,

mae aelodau CIC yn awyddus i weld rhagor o welliannau.

Sir Benfro

Clywodd yr aelodau sut, mewn menter newydd, mae ymarferydd Iechyd Meddwl Gofal Sylfaenol nawr yn gweithio gyda dwy feddygfa yn Sir Benfro. Nod hyn ydy helpu pobl cyn iddyn nhw fod angen gofal iechyd meddwl aciwt mewn ysbyty.

Oherwydd newidiadau mewn meddygfeydd, unwyd meddygfeydd yn Abergwaun ac roedd aelodau CIC yn rhan o hyn o'r cychwyn gan

gyfrannu at sut y rheolwyd yr uno. Bu ymweliad dilyn i fyny ar ôl yr uniad yn help i roi sicrwydd bod popeth yn gweithio'n dda o bersbectf y cleifion.

Croesawyd datblygiadau yn yr ysbyty lleol yn Llwynhelyg. Roedd y gwaith adnewyddu yn Ward 10 yn gam cadarnhaol o ran darparu gwell amgylchedd ar gyfer gofal iechyd. Dangosodd ymweliad i'r uned bydwreigiaeth hefyd y math o gyfleusterau roedd mamau beichiog yn eu defnyddio wrth roi genedigaeth yn Llwynhelyg.



Ein cynlluniau ar gyfer y flwyddyn nesaf

Yn ystod 2020-2021, fe fyddwn yn gweithio gyda phobl ledled Cymru, i edrych ar y materion sy'n effeithio ar boblogaeth Sir Gaerfyrddin, Sir Benfro a Cheredigion.

Bob blwyddyn rydym yn gofyn i bobl, grwpiau a chyrff yn ein cymunedau ddweud wrthym beth ddylai ein blaenoriaethau fod yn eu barn nhw. Rydym hefyd yn edrych ar y sylwadau a'r ymholiadau a godwyd gan bobl yn ystod y flwyddyn, fel arwydd o'r materion sydd yn poeni pobl fwyaf. Rydym yn gwybod na allwn wneud popeth yr hoffem ei gyflawni ac felly rhaid inni benderfynu ar yr hyn sydd bwysicaf.

Roeddem wedi bwriadu parhau gydag amrediad o ymweliadau ac arolygon yn 2020-21 eleni. Roedd gennym ddiddordeb mewn gofal iechyd meddwl, gweithdrefnau achosion dydd, telefeddyginiaeth a systemau apwyntiadau i enwi dim ond ychydig o'r pethau ar ein rhestr 'i'w gwneud'. Fe fydd rhaid addasu'r rhain nawr oherwydd y pandemig coronafeirws.

Rydym bellach yn gweithio'n wahanol. Rhaid i'n blaenoriaethau adlewyrchu'r newidiadau sydd wedi digwydd i bawb ohonom dros y misoedd diwethaf. Fe fyddwn yn gofyn i bobl ddweud wrthym beth maen nhw'n feddwl y dylem edrych arno wrth inni fyw mewn byd 'normal newydd'. Hyd yn hyn, mae'r arwyddion yn dangos y bydd hyn o bosibl yn cynnwys:

- Coronafeirws a'i effaith ar y GIG
- Corff Llais Dinasyddion newydd
- Gofal Damweiniau ac Achosion Brys
- Gwasanaethau meddygon teulu – cael apwyntiad
- Mamolaeth
- Apwyntiadau a llawdriniaethau wedi'u hoedi
- Ymweld mewn ysbytai

Sut allwch chi leisio'ch barn neu gyfranogi

Rydym yn awyddus bob amser i glywed gan unrhyw un sy'n dymuno rhannu eu barnau a'u profiadau o wasanaethau'r GIG. Gallwch gysylltu â ni gan ddefnyddio unrhyw un o'r manylion sydd wedi'u cynnwys ar ddiwedd y cynllun hwn. Gallwch ddweud wrthym hefyd a hoffech i ni eich cynnwys ar ein rhestr ddsbarthu ar gyfer arolygon a diweddariadau.

Os ydych yn rhan o grŵp neu sefydliad, ac os hoffech weithio gyda ni ar unrhyw un o'n gweithgareddau, yna byddem wrth ein bodd yn clywed gennych. Rydym yn hapus hefyd i ddod i glywed gan unrhyw grwpiau sydd â stori i'w rhannu am unrhyw agwedd ar wasanaethau'r GIG. Rydym yn cyhoeddi calendr cyfarfodydd ar ein gwefan, fel y gallwch weld pryd a ble fyddwn ni'n trafod materion allweddol sy'n effeithio ar wasanaethau'r GIG.

Cynhelir ein cyfarfodydd pwyllgor yn gyhoeddus, felly mae croeso i chi fynychu er am y tro mae'r rhain yn cael eu cynnal drwy 'gyfarfodydd rhithiol' yn defnyddio dulliau fel sain gynadledda, Skype a

Microsoft Teams.

Mae'r dulliau yma yn newydd inni ond rydym yn dysgu'n gyflym ac fe fyddwn yn ceisio eich helpu i ymuno gyda ni. Rhowch wybod inni os hoffech arsylwi ar un o'n cyfarfodydd neu weld yr agenda neu'r papurau rydym yn gweithio arnyn nhw.

Ac...rydym yn chwilio bob amser am aelodau newydd!

Caiff mwyafrif helaeth ein gwaith ei wneud gan wirfoddolwyr lleol, sydd â diddordeb mewn helpu eu cymunedau i leisio'u barn ar sut mae eu GIG yn cael ei gynllunio a'i ddarparu.

Cysylltwch â ni os gallwch sbario peth amser, dros 3-5 diwrnod y mis.

Atodiad 1

Datganiad ariannol

Mae'r datganiad ariannol, sy'n cofnodi'r gyllideb a'r gwariant ar gyfer y cyfnod o 1 Ebrill 2019 i 31 Mawrth 2020, wedi'i nodi isod.

Mae'r wybodaeth isod yn ymwneud â'r cyllid craidd a ddarperir gan Lywodraeth Cymru, trwy Fwrdd y Cynghorau Iechyd Cymuned, ar gyfer cyflawni swyddogaethau'r Cyngor, gan gynnwys darparu'r Gwasanaeth Eiriolaeth Cwynion.

Gall CIC Hywel Dda adrodd am danwariant o £43.16 ar ddiwedd y flwyddyn ariannol 2019-2020.

Costau sefydlog

| | Cyllideb Flynyddol | Gwariant hyd at 31 Mawrth | Amrywiad |
|--------------------------------|-------------------------------|--|-----------------|
| Cyflogau staff | £287,450.00 | £282,824.26 | £4,625.74 |
| Treuliau swyddfa | £5,953.00 | £6,199.53 | -£246.53 |
| Costau llety | £34,652.00 | £34,842.58 | -£190.58 |
| Cyfanswm (Sefydlog) | £328,055.00 | £323,866.37 | £4,188.63 |

Costau amrywiol

| | Cyllideb Flynyddol | Gwariant hyd at 31 Mawrth | Amrywiad |
|--|-------------------------------|--|-----------------|
| Costau teithio a threuliau cysylltiedig | £17,200.00 | £15,096.93 | £2,103.07 |
| Treuliau swyddfa | £11,434.00 | £14,232.63 | -£2,798.63 |
| Costau llety | £4,892.00 | £6,680.09 | -£1,788.09 |
| Cyfanswm (amrywiol) | £33,526.00 | £36,009.65 | £4,188.63 |

Costau Eiriolaeth Cwynion

| | Cyllideb Flynyddol | Gwariant hyd at 31 Mawrth | Amrywiad |
|-------------------------|--------------------|---------------------------|-----------|
| Cyflogau staff | £108,960.00 | £101,055.82 | £7,904.18 |
| Treuliau swyddfa | £0.00 | £0.00 | £0.00 |
| Costau llety | £0.00 | £0.00 | £0.00 |
| Cyfanswm | £108,960.00 | £101,055.82 | £7,904.18 |

Trosolwg

| | Cyllideb Flynyddol | Gwariant hyd at 31 Mawrth | Amrywiad |
|--|--------------------|---------------------------|---------------|
| Cyfanswm (sefydlog, newidiol ac eiriolaeth) | £470,541.00 | £460,931.84 | £9,609.16 |
| Addasiad i'r gyllideb y cytunwyd arno gan Fwrdd CICau | -£9,566.00 | £0.00 | -£9,566.00 |
| Cyfanswm | £460,975.00 | £460,931.84 | £43.16 |



Atodiad 2

Datganiadau o fuddiant

Mae aelodau o'r Pwyllgor Gwaith, sy'n gyfarwyddwyr cwmnïau neu sy'n ymgymryd â swyddi gyda sefydliadau eraill y mae'n debygol, neu'n bosib, y byddant yn ceisio gwneud busnes gyda'r GIG, wedi'u cyhoeddi yn Adroddiad Blyneddol y Cyngor i Weinidogion Cymru, fel sy'n ofynnol yn unol â Rheoliad 25 o Reoliadau CIC 2015.

| Enw | Swydd ar y CIC | Cyfarwyddwr | Swyddi eraill o awdurdod |
|--------------------------|--|---------------------------|---|
| Dr Barbara Wilson | Is-Gadeirydd Hywel Dda Aelod Sector Gwrfoddol | Dim wedi'i ddatgan | Ymddiriedolwr – Cyngor ar Bopeth Sir Benfro Cefnogaeth Galar – CRUSE Aelod – Bwrdd Strategaeth Gofalwyr Sir Benfro Gofalwyr Cymru DU |
| Barry Williams | Aelod Sector Gwrfoddol | Dim wedi'i ddatgan | Cadeirydd – cangen leol o'r Royal British Legion |
| Edward Halling | Aelod wedi'i benodi gan Lywodraeth Cymru | Cyfarwyddwr Clwb Rover P5 | Dim wedi'i ddatgan |
| Ken Jones | Aelod Sector | Dim wedi'i ddatgan | Cadeirydd – Fforwm Gofalwyr Sir |

| | | | |
|---------------------------|--|--|--|
| | Gwirfoddol | | Gaerfyrddin |
| Ken Lloyd | Aelod Awdurdod Lleol | Dim wedi'i ddatgan | Aelod Oes o Unison |
| Mansell Bennett | Cadeirydd CIC Hywel Dda Aelod wedi'i benodi gan Lywodraeth Cymru | Dim wedi'i ddatgan | Dim wedi'i ddatgan |
| Patricia Neil | Aelod wedi'i benodi gan Lywodraeth Cymru | Dim wedi'i ddatgan | YmddiriedolwrH – Ymddiriedolaeth Mynydd Pembre |
| Paul Mason | Aelod wedi'i benodi gan Lywodraeth Cymru | Dim wedi'i ddatgan | Aelod gwirfoddol – Banc Bwyd Caerfyrddin |
| Diane Richards | Aelod wedi'i benodi gan Lywodraeth Cymru | Dim wedi'i ddatgan | Aelod Gwirfoddol - HAVA |
| Dylan Wilson-Lewis | Aelod cyfetholedig | Cyfarwyddwr/Ymddiriedolwr – MIND Aberystwyth | Dim wedi'i ddatgan |

| | | | |
|------------------------|--|--------------------|--|
| Gwenda Williams | Aelod wedi'i benodi gan Lywodraeth Cymru | Dim wedi'i ddatgan | Aelod Bwrdd – Cyhoeddwr Menywod Cymru Ysgrifennydd ac |
|------------------------|--|--------------------|--|

| | | | |
|---------------------------|---|---|--|
| | | | Ymddiriedolwr – Fforwm 50+ Aberystwyth |
| Pat Bates | Aelod Sector Gwirfoddol | Dim wedi'i ddatgan | Ysgrifennydd – Fforwm Gofal Henoed Gogledd Ceredigion |
| Ian Phillips | Is- Gadeirydd Sir Benfro Aelod Sector Gwirfoddol | Cyfarwyddwr a Gwirfoddolwr – Samariaid Abertawe | Dim wedi'i ddatgan |
| Pamela Parsons | Aelod wedi'i benodi gan Lywodraeth Cymru | Dim wedi'i ddatgan | Ysgrifennydd – Cangen gorllewin Cymru o Gymdeithas Gofal Iechyd Benenden |
| Margaret Povey | Aelod wedi'i benodi gan Lywodraeth Cymru | Dim wedi'i ddatgan | Aelod Gwirfoddol – Age Cymru Paul Sartori |

Atodiad 3

Aelodau CIC Hywel Dda 2019-2020

| Enw | Swydd ar y CIC | Ardal |
|----------------------------------|--|-----------------|
| Mansell Bennet | Cadeirydd CIC Hywel Dda Aelod Llywodraeth Cymru | Sir Gaerfyrddin |
| Dr Pauline Griffiths | Cadeirydd Sir Gaerfyrddin Aelod Llywodraeth Cymru | Sir Gaerfyrddin |
| Paul Mason | Is-Gadeirydd Sir Gaerfyrddin Aelod Llywodraeth Cymru | Sir Gaerfyrddin |
| Patricia Neil | Aelod Llywodraeth Cymru | Sir Gaerfyrddin |
| Christine Clarke | Aelod Llywodraeth Cymru | Sir Gaerfyrddin |
| Edward Halling | Aelod Llywodraeth Cymru | Sir Gaerfyrddin |
| Cyng Ieuan Wyn Davies | Aelod Awdurdod Lleol | Sir Gaerfyrddin |
| Cyng Ann Davies | Aelod Awdurdod Lleol | Sir Gaerfyrddin |
| Cyng Ken Lloyd | Aelod Awdurdod Lleol | Sir Gaerfyrddin |
| Ken Jones | Sector Gwirfoddol | Sir Gaerfyrddin |

| | | |
|-----------------------------|--|-----------------|
| Maureen Webley | Sector Gwirfoddol | Sir Gaerfyrddin |
| Barry Williams | Sector Gwirfoddol | Sir Gaerfyrddin |
| John Geary | Aelod Cyfetholedig | Sir Gaerfyrddin |
| Lynne Williams | Aelod Cyfetholedig | Sir Gaerfyrddin |
| Carol Bainbridge | Aelod Llywodraeth Cymru | Ceredigion |
| Diane Richards | Aelod Llywodraeth Cymru | Ceredigion |
| Jarrold Thomas | Aelod Llywodraeth Cymru | Ceredigion |
| Gwenda Williams | Aelod Llywodraeth Cymru | Ceredigion |
| Hugh Hughes | Aelod Llywodraeth Cymru | Ceredigion |
| Phillip Jones | Aelod Llywodraeth Cymru | Ceredigion |
| Cyng Elizabeth Evans | Cadeirydd Ceredigion Aelod Awdurdod Lleol | Ceredigion |
| Cyng Alun Williams | Is Gadeirydd Ceredigion Aelod wdurdod Lleol | Ceredigion |
| Cyng Lyndon Lloyd | Aelod Awdurdod Lleol | Ceredigion |
| Marj Fogg | Aelod Sector Gwirfoddol | Ceredigion |

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|----------------------------|---|------------|
| Pat Bates | Aelod Sector Gwirfoddol | Ceredigion |
| Gabrielle Heathcote | Aelod Cyfetholedig | Ceredigion |
| Dylan Wilson-Lewis | Aelod Cyfetholedig | Ceredigion |
| Ian Phillips | Is Gadeirydd Sir Benfro Aelod Llywodraeth Cymru | Sir Benfro |
| Lindsay Moran | Aelod Llywodraeth Cymru | Sir Benfro |
| Margaret Povey | Aelod Llywodraeth Cymru | Sir Benfro |
| John Harvey | Aelod Llywodraeth Cymru | Sir Benfro |
| Dr Sam Leslie Lewis | Aelod Llywodraeth Cymru | Sir Benfro |
| Pamela Parsons | Aelod Llywodraeth Cymru | Sir Benfro |
| Cyng David Bryan | Cadeirydd Sir Benfro Aelod Awdurdod Lleol | Sir Benfro |
| Cyng Steve Yelland | Aelod Awdurdod Lleol | Sir Benfro |
| Cyng Ken Rowlands | Aelod Awdurdod Lleol | Sir Benfro |
| Dr Barbara Wilson | Is Gadeirydd CIC Hywel Dda Aelod Sector Gwirfoddol | Sir Benfro |

| | | |
|-----------------------|-----------------------|------------|
| Ellinor Morgan | Aelod cyfetholedig | Sir Benfro |
| David Williams | Aelod cyfetholedig | Sir Benfro |

Atodiad 4

Cynrychiolaeth allanol 2019-2020

| Pwyllgor / grŵp | Cynrychiolydd CIC |
|--|-----------------------------------|
| Grŵp prosiect Dyffryn Aman | Edward Halling / John Geary |
| Bwrdd BIPHD | Cadeirydd a Phrif Swyddog |
| Bwrdd CICau | Cadeirydd |
| Grŵp Llywio Cyd-ddylunio Bronglais (Dementia /iechyd meddwl health | Alun Williams Carol Bainbridge |
| Pwyllgor Sicrwydd Perfformiad a Chynllunio Busnes (BPPAC) | Helen Williams |
| Bwrdd Prosiect CDU / Ward 10 | Helen Williams |
| Cyfarfod Pwyllgor Llywodraethiant Corfforaethol | Cadeirydd ac Is-Gadeirydd |
| Canolfan Iechyd Cross Hands | Pat Neil Helen Williams |
| Cylch Caron | Gwen Clements |
| Grŵp Cynllunio a Darparu Diabetes | LLE GWAG |
| Canolbarth a Gorllewin Cymru Iachach – Iechyd Meddwl ac Anableddau Dysgu | Ian Philips Alun Williams |
| Bwrdd Prosiect Gweithwyr Cefnogi Iechyd a Gofal Cymdeithasol | Ken Jones |
| Fforwm Lluoedd Arfog Hywel Dda (HDAFF) a Grŵp Partneriaeth Rhanbarthol Cyfamod y Lluoedd Arfog (AFC | Paul Mason |

| | |
|--|------------------------|
| RPG) | |
| Is-bwyllgor Gwella Profiad | DPS |
| Newid Gwasanaeth ar y Cyd | Cadeirydd/Prif Swyddog |
| PPG Cydweli | Pat Neil |
| Llesiant Llanelli | Ken Jones |
| Pwyllgor Cydlynu Gwasanaeth Mamolaeth (MSLC) | Pauline Griffiths |
| Grŵp Tasg a Chwblhau Trawma Mawr | Sam Dentten |
| Pwyllgor Sicrwydd | Ken Jones |
| Deddfwriaeth Iechyd Meddwl | |
| Grŵp Gweithredu Iechyd Meddwl | Carol Bainbridge |
| Grŵp Partneriaeth Iechyd Meddwl | Sam Dentten |
| Cydwerithrediad Gofal Iechyd Canolbarth Cymru | Gabrielle Heathcote |
| Pwyllgor Craffu Cenedlaethol | Cadeirydd |
| Grŵp Tasg a Chwblhau Paediatreg | Helen Williams |
| Cam 2 Mamolaeth | Mansell Bennett |
| Cyfarfod Grŵp Prosiect Pond Street / Penlan | Pauline Griffiths |
| Maes Parcio YTP | Pat Neil wedi oedi |
| Mynediad/Cynaliadwyedd Gofal Sylfaenol | Helen |
| Pwyllgor Ceisiadau Gofal Sylfaenol | DPS |
| Is-bwyllgor Gofal Sylfaenol | Sam Dentten |
| Pwyllgor Sicrwydd Profiad a Diogelwch Ansawdd (QSEAC) | Mansell Bennett a PS |
| Iechyd a Gofal Gwledig Cymru – Grŵp Llywio | Marj Fogg Pat Bates |
| Grŵp Gweithredu Colled Synhwyrdd | LLE GWAG |
| Grŵp Llywio Strôc | Pauline Griffiths |

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|--|--|
| YTP Uned Tasg a Chwblhau Endosgopi | Pat Neil wedi'i oedi |
| Canolfan Galw Heibio Dinbych y Pysgod | LLE GWAG |
| Grŵp Trawsnewid Iechyd Meddwl ac Anableddau Dysgu | Ian Phillips Alun Williams Wedi'i oedi |
| Ffrwd Gwaith Llwybrau TMH | Maureen Webley |
| Grŵp Cyfeirio Trafnidiaeth TMH | Christine Clarke |
| Gweithgor Adsefydlu Trawma | Pamela Parsons |
| Grŵp Rhanddeiliaid Ward 10 | LLE GWAG |
| Grŵp Llywio Dementia gorllewin Cymru | Maureen Webley |

Atodiad 5

Staff CIC

Caiff aelodau CIC eu cynorthwyo yn eu gwaith gan dîm o staff CIC lleol, sydd wedi'u lleoli yn swyddfeydd CIC yng Nghaerfyrddin, Aberystwyth ac Aberdaugleddau .

| Tîm | Swyddi Llawn Amser (SLA) |
|---------------------------------------|---------------------------------|
| Prif Swyddog | 1 SLA |
| Dirprwy Brif Swyddog | 1.6 SLA |
| Eiriolwyr Cwynion | 2 SLA |
| Rheolwr Busnes | 1 SLA |
| Swyddogion Cymorth Eiriolaeth | 1 SLA |
| Tîm Gweinyddol | 1.69 SLA |
| Swyddogion Cynnwys y Claf a'r Cyhoedd | 1.6 SLA |
| Cyfanswm | 9.89 SLA |

Atodiad 6

Digwyddiadau Ymgysylltu

| Digwyddiad Ymgysylltu | Lleoliad | Dyddiad y Digwyddiad |
|--|-----------------------------------|-----------------------------|
| Paul Davies AS | Hwlfordd | 13/03/2020 |
| Cinio cymunedol | Dale | 10/03/2020 |
| Digwyddiad gofal llesiant Solfach | Theatr Merlin, Hwlfordd | 11/03/2020 |
| Helen Mary Jones AS | Llanelli | 06/03/2020 |
| Cyflwyniad Sefydliad y Merched | Aberaeron / Felin Fach | 03/03/2020 |
| Ysgol Tregaron | Tregaron | 03/03/2020 |
| Gofal Iechyd Dinbych y Pysgod | Neuadd New Hedges | 02/03/2020 |
| Digwyddiad cysylltwyr cymunedol | Neuadd Pater Doc Penfro | 28/02/2020 |
| Angela Burns AS | Dinbych y Pysgod | 28/02/2020 |
| Digwyddiad galw heibio cyhoeddus Llanymddyfri | Gwesty'r Castell. Llanymddyfri | 14/02/2020 |
| Ymweliad ymgyfarwyddo | Aberaeron / Aberteifi ICC | 05/02/2020 |
| Cyflwyniad Sefydliad y Merched | Ystrad Meurig | 03/02/2020 |
| Digwyddiad Iechyd a Llesiant | Canolfan Gymunedol Cwmaman | 28/01/2020 |
| Eluned Morgan AS | Swyddfa Caerfyrddin | 24/01/2020 |
| Joyce Watson AS | Swyddfa Caerfyrddin | 24/01/2020 |

| | | |
|---|--|----------------------------|
| Digwyddiad Iechyd a Llesiant | Neuadd y Tymbl | 22/01/2020 |
| Digwyddiad gofalwyr 'Hapusrwydd' | Clwb Ieuenctid Aberaeron, Portland Place | 16/01/2020 |
| Diwrnod Hawliau Gofalwyr | Canolfan Hamdden Llambed | 21/11/2019 |
| Digwyddiad WAST Ymgysylltu Gyda gofalwyr | Canolfan Halliwell Caerfyrddin | 07/11/2019 |
| Cynhadledd Gofal Iechyd Gwledig | Sioe Amaethyddol Llanellwedd | 5-6 th Tachwedd |
| Ffair Gwirfoddoli | Prifysgol Llambed | 24/10/2019 |
| Diwrnod Harry Potter | Canolfan Siopa Tŷ Elli, Llanelli | 29/10/2019 |
| Seminar Gofal Solfa | Neuadd Solfa, Sir Benfro | 24/10/2019 |
| Digwyddiad Ymgysylltiad Cyhoeddus | Poachers Rest, Glan y fferi | 15/10/2019 |
| Bore coffi Macmillan | Neuadd Abercych, Sir Benfro | 12/10/2019 |
| Diwrnod Iechyd Meddwl y Byd | Canolfan Ddydd Gorwelion | 10/10/2019 |
| Hwyl a Hamdden / Grŵp dros 50 | Theatr Felinfach ger Aberaeron | 02/10/2019 |
| Ffair y Glas Myfyrwr | Caerfyrddin | 25/9/2019 |
| Ffair y Glas Myfyrwr | Prifysgol Llambed | 21/9/2019 |
| Digwyddiad Pride | Caerdydd | 24/25 Aug 19 |
| Sioe Llanarthne | Caerfyrddin | 24/08/2019 |
| Digwyddiad Lansio Hafal | British Legion Aberaeron | 15/08/2019 |
| Sioe Sir Benfro | Hwlfordd | 14/08/2019 |
| Argyle | Aberdaugleddau | 12/08/2019 |
| Adam Price AS | Caerfyrddin | 12/08/2020 |
| Gŵyl Fwyd Môr i'r Tir | Promenâd Aberystwyth | 11/08/2019 |
| Cyfarfod Cyngor Tref Penfro | Neuadd y Derf, Penfro | 08/08/2019 |

| | | |
|---|---|-----------------------|
| Gŵyl yr Haf Ceredigion | Cae Sgwâr Aberaeron | 07/08/2019 |
| Carnifal Borth | Borth | 02/08/2019 |
| Fforwm 50+ Aberystwyth | Canolfan y Morlan Aberystwyth | 31/07/2019 |
| Digwyddiad Ymgysylltu Trawma Mawr | Clwb Bro Myrddin, Caerfyrddin | 29/7/2019 |
| Sioe Frenhinol | Llanelwedd | 22-25 Gorffennaf 2019 |
| Digwyddiad Ymgysylltu Trawma Mawr | Canolfan Gynhadledd, Aberystwyth | 18/07/2019 |
| Digwyddiad Ymgysylltu Trawma Mawr | Archif Sir Benfro Prendergast, Hwlfordd | 11/07/2019 |
| Digwyddiadau Cyhoeddus Iechyd a Llesiant Cross Hands | Clwb Gweithwyr, SA14 6RD | 09/07/2019 |
| Digwyddiad sgwrs ar-Lein Facebook HDHB | BIPHDD Parc Dewi Sant, Caerfyrddin | 08/07/2019 |
| Digwyddiadau Cyhoeddus Iechyd a Llesiant Cross Hands | Neuadd y Tymbl SA14 7DJ | 08/07/2019 |
| Cyngor Cymuned Angle | Angle, Sir Benfro | 03/07/2019 |
| Digwyddiadau Cyhoeddus Iechyd a Llesiant Cross Hands | Neuadd Goffa Penygroes, SA14 7DJ | 02/07/2019 |
| Digwyddiad Ymgysylltu Trawma Mawr | Adran Ôl- Radd, Ysbyty Tywysog Philip, Llanelli | 24/06/2019 |
| Lee Waters AS Nia Griffith AS | Llanelli | 21/06/2020 |
| Digwyddiad gofalwyr | Neuadd Flaen, Ysbyty Tywysog Phillip | 13/06/2019 |
| Digwyddiad gofalwyr | Canolfan Siopa St Elli, Llanelli | 13/06/2019 |
| Digwyddiad | Neuadd Ddinesig Sant | 12/06/2019 |

| | | |
|--|--|------------|
| Cysylltu Gofalwyr | Pedr Caerfyrddin | |
| Diwrnod Cacennau Gofalwyr | Canolfan Gymunedol Gwaun Cae Gorwen | 11/06/2019 |
| Digwyddiad Gofalwyr | Cleifion Allanol Ysbyty Glangwili | 10/06/2019 |
| Cyfarfod y Cyngor Tref | Llanelli | 05/06/2019 |
| Digwyddiad Gwirfoddoli PAVS | Hwlfordd | 05/06/2019 |
| Digwyddiad Ymgysylltu MWJC | Tesco Aberystwyth | 16/05/2019 |
| Cyngor Cilgeti a Begeli | Neuadd Cilgeti | 09/05/2019 |
| Digwyddiad Datblygu Integredig Ardal Leol | Penbryn, Medrus 3-4, Prifysgol Aberystwyth | 10/04/2019 |

**Cyngor Iechyd Cymuned Hywel Dda
Ystafell 5
Llawr 1af
Tŷ Myrddin
Caerfyrddin
SA31 1BT**

Annual Report 2019-2020

August 2020



Community Health Councils (CHCs) are the independent voice of people in Wales who use NHS services. We are made up of local volunteers who act as the eyes and ears of patients and the public. There are 7 CHCs covering different parts of Wales.

An electronic copy of this document can be found on our website:
www.communityhealthcouncils.org.uk/hyweldda

This report is also available in Welsh. If you would like this publication in an alternative format and/or language, please contact us:

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Facebook: Hywel Dda Community Health Council

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Message from our Chair

At the time of writing our annual report, the world that we know has changed significantly in just a matter of weeks. This time last year, our CHC members were busy visiting GP Surgeries and NHS premises. They were planning to attend large-scale national events such as the Royal Welsh Agricultural Show and local events across the 3 counties to talk to people about their NHS. This year, things are suddenly very different for us all.

Despite the current uncertainty in the world around us, it is still important to reflect on what we have done. It is only by looking

back that we can identify how we best move forward. This can be building on work we have done in the past, reviewing the different situations we have dealt with, adapting our approaches and exploring new ways of working, even if sometimes they are thrust upon us. Our annual report gives us an opportunity to do all of this reflection and to share it with you.

I am extremely proud of Hywel Dda CHC's work during the past year. It has been an eventful time and a period of significant



change for the CHC. It has been my first year as Chair and although I have been involved with the CHC for a number of years, leading our selfless volunteers within a dynamic health related environment has been a new opportunity for me.

A new Chief Officer, Donna Coleman also came into post, which meant that there have been changes for the staff within our organisation, working under new leadership. Beyond that, CHCs across Wales have been collectively facing significant future changes arising from the Health and Social Care (Quality and Engagement)(Wales) Bill. This has now become an Act, which will see a new future for the people of Wales in having their voices heard.

Amongst this backdrop, Hywel Dda Community Health Council has continued to focus on what is important to people. It is our role to make sure that those who plan and organise health care services

not only hear the voices and views of people but also pay heed to what is said. We can only do this if we are out there, active in our communities, talking to people about their NHS experiences.

From a patient perspective, we continue to monitor and scrutinise the work of NHS bodies within the three counties of Hywel Dda and across Wales. We ask the questions that people want answered and make sure that the people responsible for our health services understand what matters to our residents.

The area that Hywel Dda CHC covers forms a large chunk of Wales. We have over 384,000 people to represent from diverse communities across three counties. We have the more populated towns in the east and more rural areas in the north and west. We have 3 universities, we are a haven for holiday makers thanks to our beautiful countryside and breath-taking beaches. Our road network is limited, we do not have major motorways or

train routes and this can make travelling from place to place more difficult. It means that we have things to cherish about where we live as well as challenges to deal with.

Other sources of information tell us a bit more about the people in our area. Public Health Observatory tells us that within the Hywel Dda area, people are older than in other parts of Wales with over 10% of our population aged 75 years and older. Our men and women may live longer than in many parts of Wales but this doesn't always mean living in good health. As people age, their health often becomes more complicated and difficult to manage, this can mean that more health care input is needed.

We have a greater number of obese people in our three counties than most other parts of Wales. Although we may marginally drink and smoke less than other areas, being overweight also causes

significant health issues.

Across Wales about a quarter of people try to follow healthy lifestyles by exercising, not smoking, eating 5 portions of fruits and vegetables a day. But, this means that most of us are not following these recommendations yet. This is something that our health services have to deal with now and in the future.

All of these things mean that the health service is struggling and has to make changes. Hywel Dda CHC wants to make sure that these changes are driven by the people using the services.



Mansell Bennett
Chair

About us

Hywel Dda Community Health Council (CHC) is the independent watchdog of NHS services in Carmarthenshire, Pembrokeshire and Ceredigion.

We use surveys, apps and social media to engage with our community.

What we do

Hywel Dda 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.

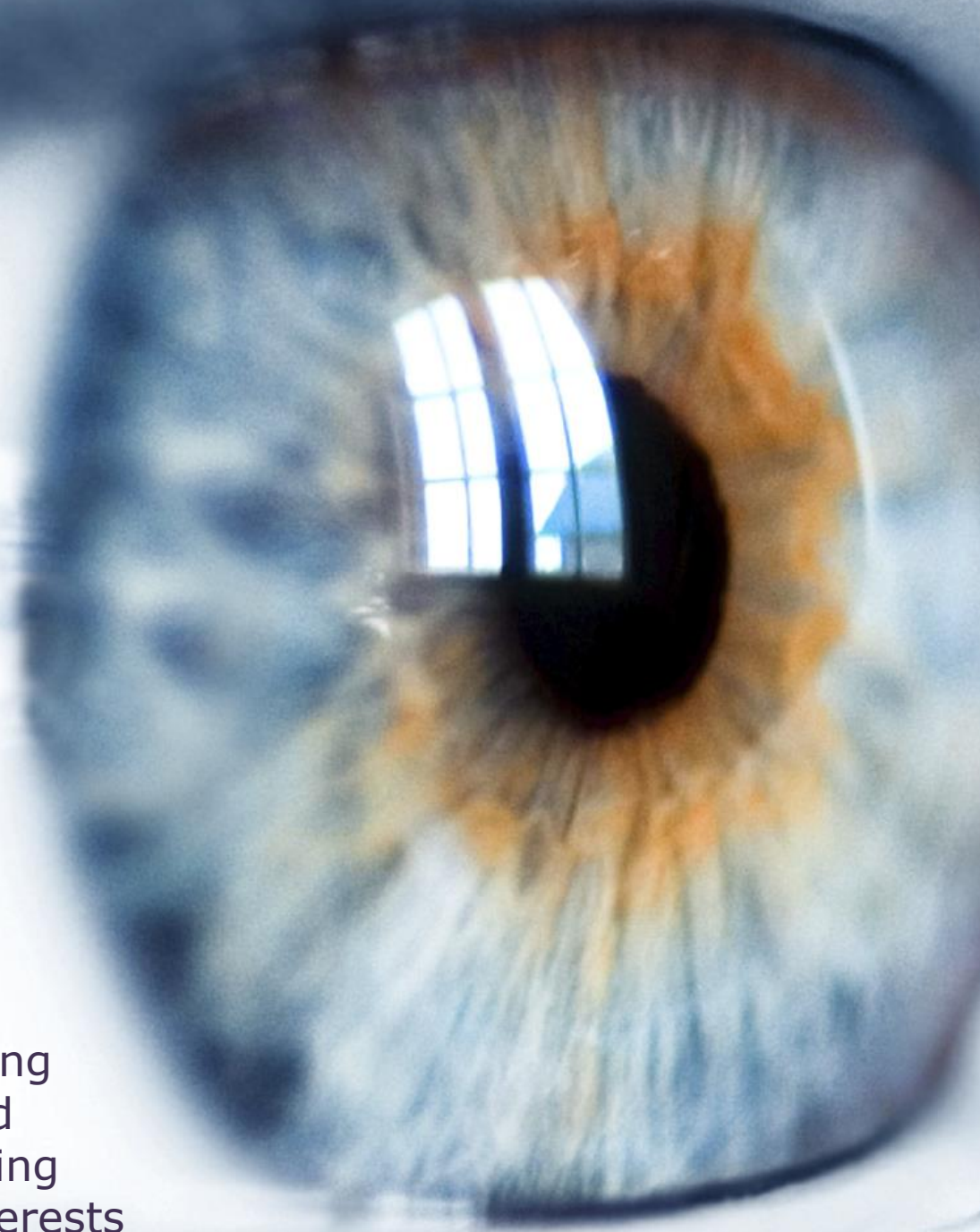
Our Advocacy Service helps people who want to raise a concern about NHS care or treatment.

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

Our vision

People in Carmarthenshire, Pembrokeshire and Ceredigion 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.



Our strategic framework

To help make our vision a reality the CHC movement in Wales has agreed a strategic framework incorporating 5 key priorities. These priorities underpin our plans and activities.

Making every voice count

Improving our influence and reputation

Building and developing an effective learning and values based culture

Valuing our members and staff

Strengthening our national voice

Our equality objectives

To help us deliver our key priorities, we have also identified these equality objectives:

- We will work with others to find better ways to hear from everyone, including those who are in the most vulnerable situations and those whose voice might not otherwise be heard.
- We will adapt our approaches to reach those whose care is delivered out of hospital and develop our resources and advocacy services to ensure that they are widely accessible, available and relevant.
- We will develop our plans with the public and with our partners so that they focus on the things that matter most and have the best chance of making a difference.
- We will build on our existing partnerships and forge new ones where working together increases our chances of making a difference.
- Our membership must reflect the diversity of the communities they represent and support. We will monitor our membership and develop targeted and more inclusive ways of recruiting new members so that we become more representative.

Our functions

CHCs have four main functions these can be described as:

1

Systematically
**visiting and
scrutinising**
local Health
Services

2

Representing the
interests of patients
and the public in the
planning and
agreement of **NHS
Service Change**

3

Enabling users of
the NHS to raise
concerns about the
services they receive
through an
**Independent
Complaints
Advocacy Service**

4

**Continuously
engaging** with the
communities we
represent and the
Health Service
providers serving
those communities

Our year at a glance

We visited **32** services to hear from people whilst they were receiving care



Our advocacy service gave advice and information to **476** people



Undertook our **2nd** peer review to measure our performance against the CHC National Standards

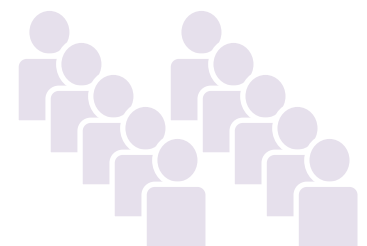
30 service changes took place across Carmarthenshire, Pembrokeshire and Ceredigion during 2019-2020.

Our advocacy service opened **136** new cases to support people raise formal concerns through the NHS concerns process

Our advocacy service supported **100** people who had raised their concerns the previous year through the NHS concerns process.

Closed **124** cases once the concern had been resolved or the process ended.

36 members supported Hywel Dda CHC to perform its functions during 2019-2020.



Membership

Our volunteer membership

Hywel Dda CHC membership is made up of **36** full members.

Our members are all local people who give their time for free. We also have **6** co-opted members who we recruit directly from local communities.

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



Our ways of working

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 our 3 local committees in Pembrokeshire, Ceredigion and Carmarthenshire. 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, resources 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
-

How we have made a difference: Working locally

During 2019-2020 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. As with every year, our main priority has been to give patients and the public a voice.

We have increased our activity to ensure that patients are represented both in primary and secondary care, we have held various focus groups and have spent time returning to wards to ensure that action plans have been implemented.

Engaging with people in our local communities

2019-2020 has been an active year in terms of engagement. Patients and the public have been actively engaged with during each of our scheduled visits so that we can gain an understanding of the current experience.

We also increased the number of engagement events that we carried out with the public, taking our CHC stand to many events throughout the year. These events included:

- Pembrokeshire show
- Student fresher fairs
- Coffee mornings
- Meetings with AMs
- Major Trauma engagement events
- Carer events

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.

Scrutiny

We have continued to monitor and scrutinise the health services that are available to patients. Where we have seen a drop in performance level or we have had queries about the impact on patients, we have requested an explanation.

We keep a check on what is happening in the health services within our area. CHC members and staff attend a range of committees and meetings with the Health

Board and other organisations to hear what is going on. This gives us an opportunity to ask questions, make challenges and to speak up for the people of Hywel Dda.

Our members aren't clinical experts or inspectors. They don't need technical or clinical know-how to do this work. They go to committee meetings to comment, ask questions and make a difference. They have an ordinary and everyday understanding of the matters being discussed. This everyday approach makes sure that the concerns that ordinary people have, are brought to the forefront.

Members attend these meetings to understand how health bodies are working, what they are doing and planning. They try to ensure that the impact on patients is always considered. They do this by considering how plans, decisions and changes would affect them, their family members or neighbours.

We regularly invite key health

board managers to our local committee meetings so that our members can speak to them directly. Our members listen to what they have to say and ask questions. We tell them what we are hearing from our local communities. When there are questions that cannot be answered immediately, we ask them to come back to us with clear answers.

Members aim to make sure that the voices of people within our communities are heard. This is sometimes difficult because communities and people don't always agree about what is needed or what is best. This means that at times we have to represent different views.

Sometimes the CHC asks questions about issues that affect the whole of the UK or Wales or a large part of Wales (such as a region). For example, we know from the news that it can be difficult to recruit NHS staff. We need to understand how this is affecting our health services in Hywel Dda. Sometimes we hear of local solutions to these problems. This year we

heard that the Health Board has developed an apprentice scheme to recruit and develop local people within health care.

We also ask the health board formally about some issues, by writing to senior staff. For example, in 2019 we asked the Health Board to tell us what had changed for patients in their eye care services (Ophthalmology). We had already looked at this in 2016 and identified changes that were needed. We followed this up in 2019 to see what these changes had meant for patients. We wrote other letters during the year when we needed answers about other matters. During this year, some of the things we discussed with various health bodies included:

- Recruitment of community nurses
- Challenges in endoscopy units
- Chemotherapy medications
- Waiting times for orthodontics
- Opening times and places where people could get blood tests

- Drop in centres for mental health care
- Boundary changes for GP surgeries
- Finding a new dentist in a rural area
- Managing leg ulcers in the community
- Providing care for young adults with autism and mental health issues
- Difficulties in getting appointments in GP Surgeries
- Car parking in hospitals
- Bed/ward changes in various hospitals
- Developments in new integrated care centres
- Availability of transport for outpatient appointments
- Care and management of dementia in hospitals
- Text systems to remind patients about appointments
- Cardiology care for patients needing to be seen in other areas
- Hearing aid supply and management
- The 111 telephone service
- Age limits for bowel screening
- Maternity check-ups outside of hospitals
- Access to crisis teams in the community

Changes in local NHS services

Throughout 2019-2020 the Health Board has made, or planned to make, some significant changes to services. Hywel Dda CHC was appraised of and consulted on various NHS service changes from local to regional proposals. Our involvement in these proposals was to ensure that the public and patients' views were at the heart of the changes and that the impact on the service user would be as positive as possible.

We know that in health care, things sometimes have to change to benefit people through new ways of working or modern technology. At other times, changes may need to happen quickly because things are not working well or because of unexpected situations. Throughout 2019-2020, Hywel Dda University Health Board regularly talked to the

CHC about its plans and proposals to change services.

We are involved in these discussions because the views of members of the public and patients count. To make sure any changes work well, the people who use those services need to be involved. We don't want the people who plan and deliver services to make decisions for our local communities. We want them to make decisions with our communities.

In one case, two health boards were involved in discussions about the closure of a branch surgery on the boundary between Carmarthenshire and Neath-Port Talbot. There was agreement that the branch surgery premises was not an ideal building for patients to be seen in. But we wanted to be sure that any possible closure would not adversely affect people regularly using that site or the other linked branch surgeries. We are still involved in this matter as it hasn't yet come to a conclusion.

During the year, people told us that they were having difficulties in having their ears syringed at their GP surgery. Often they needed to have this done before they could have hearing aids fitted. We found out that not all GP Surgeries were now routinely doing ear syringing. We told the Health Board and said that this service simply couldn't be stopped without an alternative being put in place. We found out that this is not straightforward - there is now evidence to show that there may be better ways of managing ear wax. Again, this is something we are still monitoring.

We also asked questions when dentist surgeries in the Carmarthenshire/Ceredigion areas were closing or deciding not to see any NHS patients any more. We know it is important for people to see a dentist regularly and it is not always easy to get a new dentist. Transport can be a problem and private dental care is not something that everyone wants or can afford. We asked how this situation was being managed. We asked the Health Board to

make sure that this was explained clearly to people so that they knew what choices they had.

We can also get involved in planning at the very early stages. In the Cross Hands area of Carmarthenshire there are plans to build an integrated care centre for people to have health care closer to home. This is something new that the Health Board is planning, working alongside other organisations. This particular development hasn't even started being built yet but despite this, we have been making sure that the Health Board is talking to local people to see what they think it should be like. In engagement events in the summer of 2019, we went along to meet with locals and Health Board staff to hear what was being said.

We also attended a number of 'Trauma' meetings and workshops about a change affecting the whole of South Wales. This was about a new way of caring for people

involved in major trauma incidents such as serious car accidents. It meant that the most severely injured would go to Cardiff for the first part of their care and treatment. We wanted to make sure that people would still have safe local trauma care if they had less serious accidents. We also wanted to make sure that people going to Cardiff, would come back home to continue their recovery safely and as soon as possible.

When the branch surgery in Ferryside, Carmarthenshire was facing closure, we spoke to local people to hear about the problems this would create for them. The CHC attended local meetings to hear first-hand, what people were worried about. The Health Board described the problems they were facing with the surgery building. We asked the Health Board to take actions to address some of the worries people had about the new arrangements - this meant looking at peoples' appointment, telephone and travel needs.

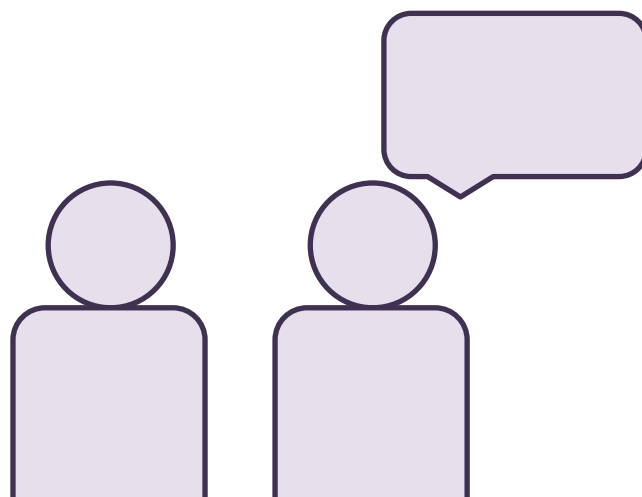
In the winter of 2019 when the Health Board told us it

had urgently reduced some beds in a community hospital in Llandoverly, we asked why this was being done. We know that some decisions have to be made quickly and it is not our role to be obstructive. Nevertheless, we need to understand why these urgent situations have happened and how long it is before things can go back to normal. We met with locals in small groups and in an event with over 500 people present to make sure that this was fully discussed and plans put in place to get the situation reviewed.

We don't just get involved in discussions before or during times of change. We also want to know how services are working after changes have taken place. In 2019/20, we visited a number of GP surgeries where there had been challenging times in the previous couple of years. We needed to find out if things had settled down and improved for patients. The best way of doing this was to speak to people directly. For each visit we undertook, we produced a report of our

findings and made recommendations, where needed.

Sometimes there are national, regional or local consultations that we get involved in. Consultations happen when health boards, the Welsh Government or similar organisations want to get a broad range of views and opinions before making decisions. Many people have something they want to say about key issues but don't respond to consultations as individuals. We try to share consultations with people and respond, based on what we have been told. This makes sure that the views of people in Hywel Dda are considered.



Complaints Advocacy and enquiries

Hywel Dda CHC provided independent complaints advocacy support and advice for anyone living in their area

During 2019-2020 we assisted **476** 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 and carried over **136** 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 want and expected to happen as a result of raising their concern.

We provided practical support

who wants help to raise a concern about NHS services wherever they were delivered. It doesn't matter if the care they receive is further away as we know that sometimes people have to travel for specialist care.

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.

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. We tell them about the timescales that they might need to consider because making a complaint is not a quick process.

In many cases, we help people write their initial complaint letter. We draft it for them and checking it with

them. We go through the response letters people have from health organisations to see if their concerns have been addressed. We help arrange meetings and attend meetings where these may be needed.

At the end of the complaints process, we can assist in making referrals to the Public Services Ombudsman for Wales. During the past year we helped refer 34 cases to the Ombudsman's office for further review.

During the time period 1st April 2019 and 31st March 2020, 124 cases were brought to a conclusion by the Advocacy team. Even when a complaint ends, this doesn't mean that the issues in the complaint are forgotten. There may be action plans for the CHC to follow through, to make sure things have changed for the better. Complaint information can also help us in planning our visits to NHS premises, so that we can go back to areas of concern to speak to people to see what their care has been like.

Our Advocacy work helps give us a snapshot of what is happening in people's health care. It can help us work out what parts of our health care system are causing concerns for people using these services. It also enables us to understand where things need to change. Whilst people sometimes feel worried about complaining, most people using the advocacy service tell us "I don't want the same thing to happen to anyone else". We also want to try to make sure that the same things don't happen again. Here are some examples of changes that have arisen from complaints that we have been involved in during the past year:

GP complaint

People sometimes struggle when they have concerns about their family doctor or GP as it is usually the first place people go to when they have a health problem. In one case, we helped with a complaint but a local meeting to discuss matters didn't fully resolve things. Through our actions, the Health Board became directly involved and identified what action that it

could take. The client was extremely happy with the outcome and felt that she was really being listened to and was helping to make a difference for future patients.

Radiology systems

In another complaint, a young person diagnosed with a type of cancer made a complaint about the time it took to make a diagnosis. We arranged a meeting with the Health Board, weaknesses in the system were found and this has enabled her to make a claim. More importantly, the complaint identified that the Health Board did not have a robust system to manage some of their radiology processes. This had caused a delay. The Health Board has now put in place a 'Red Alert' system which makes sure that information is shared promptly.

hospital was not good enough. We helped them make a complaint and the investigation found that there were faults. The Health Board identified things that it could do to make sure that others did not have the same negative experience in the future. The Health Board put in place an action plan to make sure these changes happened within a set time period. Action plans give the CHC a way of monitoring what changes have taken place.



Hospital care after a fall

Older people sometimes end up in hospital unexpectedly after they have fallen at home. One patient's family felt that the care he had in

Maternity complaint

One mum was worried that she hadn't been monitored enough in her pregnancy.

She had complications, her baby was born early and was unwell.

The initial complaint investigation found that the care had been appropriate but there were things that could be improved in future. The Health Board realised that communication hadn't been as good as it could have been and some upset could have been avoided. It was found that infection control updates needed to be given to doctors and nurses. It was also identified that when staff were getting advice and support from other hospitals, deadlines needed to be set to make sure that people were not waiting too long.



Accident and Emergency care

In one complaint, the client didn't feel confident that the complaint investigation was robust enough. Our advocates helped refer the matter to the Ombudsman.

Serious failings were identified and the complaint was largely upheld. The Ombudsman said that the complaint had taken too long to investigate and that the Health Board hadn't followed the right process. The Ombudsman also felt that the Health Board hadn't learned some really important lessons from the complaint.

In this case, the Ombudsman recommended a payment be made to the complainant and asked for evidence to be provided to his office to show that his recommendations had been followed. The Health Board was also asked to link in with an outside company who had been involved to make sure that they too were aware of some criticisms made by an expert adviser.

During the 2019-2020 year, some of the complaints we


were involved in resulted in other Ombudsman recommendations to health bodies. These were:

- That training be given to nurses on a specific ward, on the use of cardiac monitoring
- That staff should receive additional training in falls prevention
- That staff have formal discussions with their supervisors so that they can learn from past issues
- To work with staff to improve medical record keeping
- To look at ways of working better with patients whose first language is not English
- To provide evidence that Ombudsman reports had been formally discussed in staff meetings and case reviews
- To show that audits were being done as checks on quality
- To make sure staff knew how to accurately complete food charts
- To provide staff with training on a "Think Glucose" programme and to make this mandatory training

- To make sure that ward staff have specific training on the prescription and administration of insulin
- That an incident with a spray medicine be formally reported to the Medicines and Healthcare products Regulatory Agency via the Yellow Card Scheme.
- Arrange mental health awareness and reasonable adjustments training for staff
- To review the way that suspected DVTs are managed

There are times when the Ombudsman does not uphold complaints and although this can be a disappointment for the person concerned, people tell us that they can draw a line under things when they know that an independent body has investigated their complaint.

People using the advocacy service generally provide some very positive comments:




“Thank you so much for all your help, we would be lost without you...”

People recognise that when they make a complaint, having someone independent help them, can make a difference.



“I want to thank you for your support during the complaints procedure, it was of great comfort during that time”



“As usual, you have been extremely helpful...and we are very grateful to have you as our advocate”

Visiting

Over the past year our members have conducted many visits to a range of acute and community hospital wards, emergency departments, health centres and GP surgeries. These included:

- Crymych Health Centre
- Dyfi Ward
- Derwen Ward
- New Quay GP Surgery
- Cwmllynfell Surgery
- Audiology across all hospitals
- Fishguard Health Centre
- Neyland Health Centre
- Meddygfa Emlyn
- Llandovery Hospital

- Ashgrove Surgery
- Llynyfran Surgery
- A&E Withybush

For each visit that we undertook we produced a report that we then published on our website so that people could see our findings and recommendations.

We know that maternity services have been an issue in other parts of the UK, so we also visited the Maternity units in 3 of our hospitals. By undertaking these visits we heard for ourselves whether the care mums had in Glangwili, Bronglais and Withybush gave them a positive birthing experience.

We recognise that when we visit on a particular day, we just have a snapshot of what was happening at that particular time. So we made sure that we also got views from people who had used these facilities but who were not there on the day we happened to visit. Doing some outreach work in parent and baby groups helped us hear from a lot more people.

Using a survey that people could post back to us meant

that busy new parents could have their say even if it was weeks or months after their deliveries. Sometimes people needed a bit of time before they felt that they could give us their comments and we wanted to give them this opportunity to tell us their stories in a way that suited them.

Most people told us that their birth was fine, it was the immediate after care that was problematic, particularly for those mums needing help with breast feeding. We told the Health Board that sometimes, new mums felt very alone and not well supported if they had to stay in hospital after having a baby. We asked the Health Board to address this.

During some of the visits we undertake, we may find that the premises are not ideal. We are not inspectors of any kind but we recognise that people using these facilities maybe don't want to make a fuss. Where we have found inadequate changing facilities or cluttered corridors we share these concerns with hospital staff on the day we visit so that something can

change for the better. We can then go back to visit again to make sure changes are sustained.

We don't just go to busy main hospitals for our visits, we also visit smaller places in our rural areas. Community hospitals are valued by the people because it means that patients can often be cared for locally, avoiding long journeys to visit loved ones in bigger and busier hospitals. Often people stay in community hospitals for longer time periods and this means that they often have lots of things to tell us.

When we visited Llandovery Hospital in the summer of 2019, we found that generally people's hospital stay was a good one. Some people felt that they were waiting too long to be discharged. Some people were going back to their own home with family, others were going home alone and some needed new homes where they would be supported. We asked the Health Board to find ways of helping people to go home more quickly. For those in hospital we asked if a visiting shop

system could be put in place for people to buy some items for themselves. We also suggested that Wi-Fi or Skype facilities could help patients stay in touch with families from further afield during their hospital stay.

When we visited the A&E department in Withybush in the summer, we found it was very busy. We identified a number of things that we asked the Health Board to tackle, such as finding a quiet room where distressed people could wait. We asked Health Board staff to look at the amount of time people were waiting and to find better ways of letting people know how long this wait might be. We asked how people were being helped to have food, drink or medication if they were there for a long time.

Achievements

The previous paragraphs provide some details about the things that have changed because of the CHCs involvement in meetings, visits and complaints. There are more examples we can give:

- We have asked the Health Board to revise some of the paperwork it provides to people when they need to go into hospital, some forms are too complex and create additional worries for people.
- We noted that diabetic patients needed more flexible meal systems in hospital. They needed to know when meals were coming and where to get snacks from so that they could manage their blood sugar levels. We asked the Health Board to make this easier.
- Some GP surgeries were asked to look at the way that their 'Check in screens' were working in reception areas to make it easier for patients to use these. We also asked them to look at how patients could have confidential conversations when they needed to.

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.

National themes

Working through the Board of Community Health Councils in Wales, in 2019-2020 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:

- GP Out of Hours
- Eye care services in Wales

- Orthodontics
- Time to go home?

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



Working with others

During the year we undertook some of our activities with others. We worked alongside neighbouring CHCs on various projects. For example when there were planned changes to primary care services on the borders between Swansea Bay CHC area and Hywel Dda CHC area, both CHCs worked together. People from different counties can use the same services and a joint approach is needed to make sure that everyone is heard.

We met with Healthcare Inspectorate Wales on a regular basis to share information and inform our work programme. This included providing information about our own maternity visits that took place in May 2019. We told them about the ways in which we had sought information from new mums and some of the things that they had identified as concerns.

We referred clinical concerns to Healthcare Inspectorate Wales when we felt that their involvement was important. They have a different role to us and can inspect health care, treatment and premises

in a different way. We spoke to them when we had concerns about mental health care and women and children's services.

We had regular discussions with staff from the Ombudsman's office to discuss how concerns were being handled by NHS organisations. We offered suggestions on how improvements could be made and looked at areas that we felt could work better. We identified ways in which the CHC could do things differently to make our working relationships with them more efficient and effective.

We worked with third sector colleagues and community groups including:-

- West Wales action for Mental Health
- Schools across the three counties as part of our orthodontics work
- Carers groups
- Housing organisations
- Various community groups
- Disease/condition specific groups such as auto-immune support groups and neurological groups

Going around our counties

The CHC works across the 3 counties in Hywel Dda and we have meetings, committees, events and offices in each of these areas. Sometimes it is helpful for the three counties to work together and share information but we also recognise that each county is different and there are times when each county focuses on different aspects of health. Over the past year, our three counties have continued to do this:

Carmarthenshire

Members were active in their communities and focused on a plan for a "Healthier Carmarthenshire". This covers things such as preventing poor health, improving care and making sure that people only go into hospital when they really need to.

Plans for an integrated care centre in Cross Hands were welcomed by Carmarthenshire members. They met with locals at engagement events to discuss this and found that people wanted to have care nearer their homes and preferred to avoid hospital visits if they could have care in another setting.

With 2 main hospitals in Carmarthenshire and 2 community hospitals, members regularly asked the Health Board about getting people home from hospitals. Getting enough support for people to remain at home, safely and independently is a challenge and members wanted to be sure that there was work being done to tackle this.

Carmarthenshire members heard about new ways of working in mental health care, with a 'drop-in' centre in Llanelli providing support to people in crisis. Being open outside of the usual daytime hours, this flexible approach has been welcomed as a way of giving people help when they need it.

Ceredigion

Members have been monitoring the opening of two health centres, (one in Cardigan and one in Aberaeron) as part of a longer term plan to strengthen communities and bring some services closer to home.

A watchful eye was kept on GP surgeries as these had been fragile in the past. Our visits found that there was a lot of positive feedback from patients.

Like other hospitals in Wales, Bronglais was under a lot of pressure at times. Sometimes this was because it was hard for people to come home from hospital with the care they needed. The CHC will continue to look at this as NHS and the County Council aim to work more closely together.

Mental Health services have remained an important focus for many people, particularly in the north Ceredigion. Whilst some

services in Gorwelion have been developed, CHC members are keen to see more improvements.

Pembrokeshire

Members have heard how, in a new initiative, a Primary Care Mental Health practitioner is now working from two GP surgeries in Pembrokeshire. This aims to help people before they need acute mental health care in hospitals.

Changes in GP surgeries, saw a merger in Fishguard and the CHC members were involved in this from start to finish and had input into the way this merger was managed. A follow up visit after the merger helped provide assurance that most things were working well from a patient perspective.

Developments in the local hospital in Withybush were also welcomed. Refurbishment of ward 10 was seen as a positive step in giving people better environments for health care. A visit to the midwifery led unit also showed the kinds of facilities that expectant mums were using when having their babies in Withybush.



Our plans for next year

During 2020-2021 we will be working with people across Wales to look at the issues impacting on the population of Carmarthenshire, Pembrokeshire and Ceredigion.

Every year we ask people, groups and organisations in our communities to tell us what they think our priorities should be. We also look at the comments and queries people have raised with us throughout the year, as an indication of the issues people are most worried about. We know that we cannot do everything that we would like to accomplish and so we have to decide on what is most important.

We planned to continue with a range of visits and surveys in 2020-2021 this year. We were interested in mental health care, day case procedures, telemedicine and appointment systems, to name just a few of the things we had put on our 'to do' list. We will now have to modify this because of the corona virus pandemic.

We are now working differently. Our priorities have to reflect the changes that have happened to all of us over recent months . We will be asking people to tell us what they think we should look at as we live in a 'new normal' kind of world. So far, the indications are that this will potentially include:

- Coronavirus and its impact on the NHS
- A new Citizen's Voice Body
- A&E care
- GP services – getting an appointment
- Maternity
- Delayed appointments and operations
- Visiting in hospitals

How can you get your voice heard or become involved

We are always keen to hear from anyone who wants to share their views and experiences of NHS services. You can contact us using any of the details included at the end of this plan. You can also tell us if you would like us to include you on our distribution list for surveys and updates.

If you are part of a group or organisation and would like to work with us on any of our activities we would love to hear from you. We are also happy to come and hear from any groups who have a story to share about any aspect of NHS services. We publish a calendar of meetings on our website so that you can see when and where we will be discussing key issues affecting NHS services.

Our committee meetings are held in public so you are welcome to attend although for the time being this is being done through 'virtual meetings' using methods such as audio-conferencing, Skype and Microsoft Teams.

We are new to these approaches and learning fast and we will try to help you join us. Please let us know if you would like observe one of our meetings or see the agendas or papers we are working with.

And...we are always looking for new members!

The vast majority of our work is undertaken by local volunteers who have an interest in helping their communities to have a say in how their NHS is designed and delivered.

If you could spare some time over 3-5 days a month please get in touch.

Appendix 1

Financial statement

The financial statement recording the budget and expenditure for the period 1 April 2019 to 31 March 2020 is set out below.

The information below relates to the core funding provided by Welsh Government, through the Board of Community Health Councils for the performance of the Council's functions including the provision of the Complaints Advocacy Service.

Hywel Dda CHC are able to report an underspend of **£43.16** at the end of the financial year 2019-2020.

Fixed costs

| | Annual Budget | Expenditure to 31 March | Variation |
|----------------------------|--------------------|-------------------------|------------------|
| Staff salaries | £287,450.00 | £282,824.26 | £4,625.74 |
| Office expenses | £5,953.00 | £6,199.53 | -£246.53 |
| Accommodation costs | £34,652.00 | £34,842.58 | -£190.58 |
| Total (Fixed) | £328,055.00 | £323,866.37 | £4,188.63 |

Variable costs

| | Annual Budget | Expenditure to 31 March | Variation |
|---------------------------------------|-------------------|-------------------------|-------------------|
| Travel and associated expenses | £17,200.00 | £15,096.93 | £2,103.07 |
| Office expenses | £11,434.00 | £14,232.63 | -£2,798.63 |
| Accommodation costs | £4,892.00 | £6,680.09 | -£1,788.09 |
| Total (Variable) | £33,526.00 | £36,009.65 | £4,188.63 |

Complaints Advocacy costs

| | Annual Budget | Expenditure to 31 March | Variation |
|----------------------------|--------------------|-------------------------|------------------|
| Staff salaries | £108,960.00 | £101,055.82 | £7,904.18 |
| Office expenses | £0.00 | £0.00 | £0.00 |
| Accommodation costs | £0.00 | £0.00 | £0.00 |
| Total | £108,960.00 | £101,055.82 | £7,904.18 |

Overview

| | Annual Budget | Expenditure to 31 March | Variation |
|--|--------------------|-------------------------|-------------------|
| Total (fixed, variable and advocacy) | £470,541.00 | £460,931.84 | £9,609.16 |
| Budget adjustment agreed by the CHC Board | -£9,566.00 | £0.00 | -£9,566.00 |
| Total | £460,975.00 | £460,931.84 | £43.16 |



Appendix 2

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 | Directorship | Other positions of authority |
|--------------------------|---|--------------------------|---|
| Dr Barbara Wilson | Hywel Dda CHC Vice Chair Voluntary Sector Member | None declared | Trustee – Citizens Advice Pembrokeshire Bereavement Support – CRUSE Member – Pembrokeshire Carers Strategy Board Carers Wales Uk |
| Barry Williams | Voluntary Sector Member | None declared | Chair – local branch of Royal British Legion |
| Edward Halling | WG appointed Member | Director - Rover P5 Club | None declared |

| | | | |
|---------------------------|--|-------------------------------------|---|
| Ken Jones | Voluntary Sector Member | None declared | Chair – Carmarthenshire Carer Forum |
| Ken Lloyd | Local Authority Member | None declared | Lifetime Member of Unison |
| Mansell Bennett | Hywel Dda CHC Chair WG Appointed Member | None declared | None declared |
| Patricia Neil | WG Appointed Member | None declared | Trustee – Pembrey Mountain Trust |
| Paul Mason | WG Appointed Member | None declared | Volunteer Member - Food Bank Carmarthen |
| Diane Richards | WG Appointed Member | None declared | Volunteer Member - HAVA |
| Dylan Wilson-Lewis | Co-opted Member | Director/Trustee – MIND Aberystwyth | None declared |
| Gwenda Williams | WG Appointed Member | None declared | Board Member – Welsh Women’s Publisher Secretary & Trustee – Aberystwyth 50+ Forum |

| | | | |
|-----------------------|---|---|--|
| Pat Bates | Voluntary Sector Member | None declared | Secretary – North Ceredigion Forum for Elderly Care |
| Ian Phillips | Pembrokeshire Vice Chair Voluntary Sector Member | Director & Volunteer – Swansea Samaritans | None declared |
| Pamela Parsons | WG Appointed Member | None declared | Secretary – West Wales Branch of Benenden Healthcare Society |
| Margaret Povey | WG Appointed Member | None declared | Volunteer Member – Age Cymru Paul Sartori |

Appendix 3

Members of Hywel Dda CHC 2019-2020

| Name | Position held in CHC | Locality |
|------------------------------|---|-----------------|
| Mansell Bennet | Hywel Dda CHC Chair WG Member | Carmarthenshire |
| Dr Pauline Griffiths | Carmarthenshire Chair WG Member | Carmarthenshire |
| Paul Mason | Carmarthenshire Vice Chair WG Member | Carmarthenshire |
| Patricia Neil | WG Member | Carmarthenshire |
| Christine Clarke | WG Member | Carmarthenshire |
| Edward Halling | WG Member | Carmarthenshire |
| Cllr Ieuan Wyn Davies | Local Authority Member | Carmarthenshire |
| Cllr Ann Davies | Local Authority Member | Carmarthenshire |
| Cllr Ken Lloyd | Local Authority Member | Carmarthenshire |
| Ken Jones | Voluntary Sector | Carmarthenshire |
| Maureen Webley | Voluntary Sector | Carmarthenshire |
| Barry Williams | Voluntary Sector | Carmarthenshire |
| John Geary | Co-opted Member | Carmarthenshire |
| Lynne Williams | Co-opted Member | Carmarthenshire |
| Carol Bainbridge | WG Member | Ceredigion |
| Diane Richards | WG Member | Ceredigion |

| | | |
|-----------------------------|---|---------------|
| Jarrold Thomas | WG Member | Ceredigion |
| Gwenda Williams | WG Member | Ceredigion |
| Hugh Hughes | WG Member | Ceredigion |
| Phillip Jones | WG Member | Ceredigion |
| Cllr Elizabeth Evans | Ceredigion Chair Local Authority Member | Ceredigion |
| Cllr Alun Williams | Ceredigion Vice Chair Local Authority Member | Ceredigion |
| Cllr Lyndon Lloyd | Local Authority Member | Ceredigion |
| Marj Fogg | Voluntary Sector Member | Ceredigion |
| Pat Bates | Voluntary Sector Member | Ceredigion |
| Gabrielle Heathcote | Co-opted Member | Ceredigion |
| Dylan Wilson-Lewis | Co-opted Member | Ceredigion |
| Ian Phillips | Pembrokeshire Vice Chair WG Member | Pembrokeshire |
| Lindsay Moran | WG Member | Pembrokeshire |
| Margaret Povey | WG Member | Pembrokeshire |
| John Harvey | WG Member | Pembrokeshire |
| Dr Sam Leslie Lewis | WG Member | Pembrokeshire |
| Pamela Parsons | WG Member | Pembrokeshire |
| Cllr David Bryan | Pembrokeshire Chair Local Authority Member | Pembrokeshire |

| | | |
|---------------------------|---|---------------|
| Cllr Steve Yelland | Local Authority Member | Pembrokeshire |
| Cllr Ken Rowlands | Local Authority Member | Pembrokeshire |
| Dr Barbara Wilson | Hywel Dda CHC Vice Chair Voluntary Sector Member | Pembrokeshire |
| Ellinor Morgan | Co-opted Member | Pembrokeshire |
| David Williams | Co-opted Member | Pembrokeshire |

Appendix 4

External representation 2019-2020

| Committee/group | CHC representative |
|---|-----------------------------------|
| Amman Valley project group | Edward Halling / John Geary |
| Board of HDUHB | Chair and CO |
| Board of CHCs | Chair |
| Bronglais Co-design steering group (Dementia / Mental health) | Alun Williams Carol Bainbridge |
| Business Planning and Performance Assurance Committee (BPPAC) | Helen Williams |
| CDU / Ward 10 Project Board | Helen Williams |
| Corporate Governance Committee meeting | Chair or Vice Chair |
| Cross Hands Health Centre | Pat Neil Helen Williams |
| Cylch Caron | Gwen Clements |
| Diabetes Planning and Delivery Group | VACANCY |
| Healthier Mid and West Wales – Mental Health and Learning Disabilities | Ian Philips Alun Williams |
| Health and Social Care Support Worker Project Board | Ken Jones |
| Hywel Dda Armed Forces Forum | Paul Mason |

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| (HDAFF) and the Armed Forces Covenant Regional Partnership Group (AFC RPG) | |
| Improving Experience Sub Committee | DCO |
| Joint Service Change | Chair / CO |
| Kidwelly PPG | Pat Neil |
| Llanelli Well Being | Ken Jones |
| Maternity Service Liaison Committee (MSLC) | Pauline Griffiths |
| Major Trauma Task and Finish Group | Sam Dentten |
| Mental Health Legislation Assurance Committee | Ken Jones |
| Mental Health Implementation Group | Carol Bainbridge |
| Mental Health Partnership Group | Sam Dentten |
| Mid Wales Healthcare Collaborative | Gabrielle Heathcote |
| National Scrutiny Committee | Chair |
| Paediatrics Task and Finish Group | Helen Williams |
| Phase 2 Maternity | Mansell Bennett |
| Pond Street / Penlan Project Group Meeting | Pauline Griffiths |
| PPH Car Park | Pat Neil on hold |
| Primary Care Access/ Sustainability | Helen |
| Primary Care Applications Committee | DCO |
| Primary Care Sub Committee | Sam Dentten |
| Quality Safety and Experience Assurance Committee (QSEAC) | Mansell Bennett and CO |

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| Rural Health and Care Wales - Steering Group | Marj Fogg Pat Bates |
| Sensory Loss Implementation Group | VACANCY |
| Stroke Steering Group | Pauline Griffiths |
| Task and Finish Endoscopy Unit PPH | Pat Neil on hold |
| Tenby Walk In Centre | VACANCY |
| Transforming Mental Health and Learning Disabilities Group | Ian Phillips Alun Williams On Hold |
| TMH Pathways Work Stream | Maureen Webley |
| TMH Transport Reference Group | Christine Clarke |
| Trauma Rehabilitation Working Group | Pamela Parsons |
| Ward 10 Stakeholder Group | Vacancy |
| West Wales Dementia Steering Group | Maureen Webley |

Appendix 5

CHC staff

CHC members are supported in their work by a team of local CHC staff, who are based at the CHC offices in Carmarthen, Aberystwyth and Milford Haven.

| Team | Whole time posts (Whole Time Equivalent – WTE) |
|--|---|
| Chief Officer | 1 WTE |
| Deputy Chief Officer | 1.6 WTE |
| Complaints Advocates | 2 WTE |
| Business Manager | 1 WTE |
| Advocacy Support Officers | 1 WTE |
| Administrative team | 1.69 WTE |
| Patient and Public Engagement Officers | 1.6 WTE |
| Total | 9.89 WTE |

Appendix 6

Engagement events

| Engagement Event | Location | Date of Event |
|--|--------------------------------------|----------------------|
| Paul Davies AM | Haverfordwest | 13/03/2020 |
| Community Lunch | Dale | 10/03/2020 |
| Solva care Wellbeing event | Merlin Theatre, Haverfordwest | 11/03/2020 |
| Helen Mary Jones AM | Llanelli | 06/03/2020 |
| WI Presentation | Aberaeron / Felin Fach | 03/03/2020 |
| Tregaron School | Tregaron | 03/03/2020 |
| Tenby Health Care | New Hedges Hall | 02/03/2020 |
| Community Connectors event | Pater Hall, Pembroke Dock | 28/02/2020 |
| Angela Burns AM | Tenby | 28/02/2020 |
| Llandovery Public Drop in event | Castle Hotel, Llandovery | 14/02/2020 |
| Familiarisation visit | Aberaeron / Cardigan ICC | 05/02/2020 |
| WI Presentation | Ystrad Meurig | 03/02/2020 |
| Health & Wellbeing event | Cwmaman Community Centre | 28/01/2020 |
| Eluned Morgan AM | Carmarthen Office | 24/01/2020 |
| Joyce Watson AM | Carmarthen Office | 24/01/2020 |
| Health & Wellbeing event | Tumble Hall | 22/01/2020 |
| Carers event 'Happiness' | Aberaeron Youth Club, Portland Place | 16/01/2020 |

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|--|--|-----------------------|
| Carers Rights Day | Lampeter Leisure Centre | 21/11/2019 |
| Engagement with Carers WAST event | Halliwell Centre Carmarthen | 07/11/2019 |
| Rural Healthcare Conference | Royal Welsh Builth Wells | 5-6 th Nov |
| Volunteering Fair | Lampeter University | 24/10/2019 |
| Harry Potter Day | Ty Elli shopping centre, Llanelli | 29/10/2019 |
| Solva Care Seminar | Solva Hall, Pembs | 24/10/2019 |
| Public Engagement Event | Poachers Rest, The Mariners, Ferryside | 15/10/2019 |
| Macmillan Coffee morning | Abercych Hall, Pembs | 12/10/2019 |
| Mental Health World Day | Gorwelion Day Centre | 10/10/2019 |
| Hwyl a Hamdden / over 50's Group | Theatre, Felinfach Nr Aberaeron | 02/10/2019 |
| Students Fresher's Fair | Carmarthen | 25/9/2019 |
| Students Fresher's Fair | Lampeter University | 21/9/2019 |
| Pride Event | Cardiff | 24/25 Aug 19 |
| Llanarthne Show | Carmarthen | 24/08/2019 |
| Hafal Launch Event | British Legion Aberaeron | 15/08/2019 |
| Pembrokeshire Show | Haverfordwest | 14/08/2019 |
| Argyle PPG Group | Milford Haven | 12/08/2019 |
| Adam Price AM | Carmarthen | 12/08/2020 |
| Shore to Sea Food Festival | Aberystwyth Promenade | 11/08/2019 |
| Pembroke Town Council Meeting | Town Hall, Pembroke | 08/08/2019 |
| Summer Festival | Square Field | 07/08/2019 |

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|---|---|----------------------------------|
| Ray Ceredigion | Aberaeron | |
| Borth Carnival | Borth | 02/08/2019 |
| Aberystwyth 50+ Forum | Morlan Centre Aberystwyth | 31/07/2019 |
| Major Trauma Engagement Event | Bro Myrddin Club, Carmarthen | 29/7/2019 |
| Royal Welsh Show | Builth Wells | 22-25 th July 2019 |
| Major Trauma Engagement Event | Conference Centre, Aberystwyth | 18/07/2019 |
| Major Trauma Engagement Event | Pembs Archive Prendergast, Haverfordwest | 11/07/2019 |
| Cross Hands Health & Wellbeing Public Events | Crosshands Workingman's Club, SA14 6RD | 09/07/2019 |
| HDHB Event online facebook chat | HDHB St Davids Park, Carmarthen | 08/07/2019 |
| Cross Hands Health & Wellbeing Public Events | Tumble Hall, SA14 7DJ | 08/07/2019 |
| Angle Community Council | Angle, Pembrokeshire | 03/07/2019 |
| Cross Hands Health & Wellbeing Public Events | Penygroes memorial hall, SA14 7DJ | 02/07/2019 |
| Major Trauma Engagement Event | Postgrad, PPH, Llanelli | 24/06/2019 |
| Lee Waters AM Nia Griffith MP | Llanelli | 21/06/2020 |
| Carers event | Front Hall, Prince Philip hospital | 13/06/2019 |
| Carers event | St Elli Shopping Centre, Llanelli | 13/06/2019 |

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|--|--|------------|
| Connecting Carers event | St Peters Civic Hall, Carmarthen | 12/06/2019 |
| Carer Event Cake day | Gwaun Cae Gorwen Community Centre | 11/06/2019 |
| Carer's event | Outpatients Glangwili Hospital | 10/06/2019 |
| Town Council Meeting | Llanelli | 05/06/2019 |
| Volunteering Event PAVS | Haverfordwest | 05/06/2019 |
| MWJC Engagement Event | Aberystwyth Tesco store | 16/05/2019 |
| Kilgetty & Begelly Council | Kilgetty Hall | 09/05/2019 |
| Integrated Locality Development Event | Penbryn, Medrus 3-4, Aberystwyth, University | 10/04/2019 |

Hywel Dda Community Health Council

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Ty Myrddin

Carmarthen

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