

P-06-1350 reopen Dyfi Ward at Tywyn Hospital now

Correspondence from the Petitioner to the Committee, 09 February 2025

At the beginning of her latest reply, Carol Shillabeer, as Chief Executive of Betsi Cadwaladr University Health Board, begins with a paragraph 'how the service used to be provided'. Much of this section of her letter is devoted to how many outpatient 'services' are being provided. The facilities Tywyn Hospital contains, and the large-scale refurbishment and hospital building which were opened in 2017, are a most important part of understanding of what services were and should and could be provided for inpatients. Often the inpatients facility is referred to as a ward, or 'Dyfi Ward', but in fact the whole of the inpatient physical resource is based in a new wing, which has two wards and several single rooms in order to accommodate up to 19 patients. The inpatients wing was built to contain state of the art facilities including treatment rooms, staffing areas, a day room, specialist bathing facilities, a recently installed patients and relatives' kitchen, lift access and so on. The whole wing, which is a modern, purpose built and advanced facility, was closed in April 2023, only 6 years after it was first opened. It is precisely two years ago, in February 2023, that the health board began to plan to close it and were discussing repurposing it. Below the inpatient wing is the health centre, again containing state of the art specialist accommodation consulting rooms, pharmacy, treatment rooms etc.. The older part of the hospital, which is still used, has different offices and treatment and consulting rooms, and is joined on to these two new floors.

The health board often cite the number of beds available or 'funded' at around 4. The physical provision for inpatients in Tywyn can contain 19 beds with spacious and dedicated facilities, such as TV's and piped oxygen to each bed. The board have never fully staffed the inpatients facility from the outset and have not focused sufficient and serious effort on how to staff it properly, to capacity, in order to maximise the full potential of this publicly funded resource. It is quite absurd of Carol Shillabeer to say that 'an average of 3.5 patients per month' would have been placed at Tywyn since it was closed. This continuing narrative, of how few people would need to be placed in inpatient care, is wrong, and based on spurious and unsubstantiated information, and is in complete contradiction to all the evidence we not only see and hear on the news, but from firsthand accounts from paramedics queuing outside hospitals, to individuals and their relatives. The Royal College of Nursing mentions bed shortages 500 times in their latest report! 'Corridor Care' is a regular feature in local and national newspapers. For the health board to construct a rationale which shows very limited numbers of people requiring hospitalisation in Tywyn is beyond belief, because the hospital inpatient facility can accommodate any patient from the widest catchment required.

The letter refers to two staff vacancies the board says are necessary to reopen the inpatients facility. At a Tywyn Hospital Donations Committee meeting, held a fortnight ago, the Ward Manager stated unequivocally that there are sufficient staff to open the ward now, and that there are no live current vacancies for staff being advertised. A ward manager is being paid to manage a ward that the Chief Executive of the health board has no intention of opening. The latest veiled threat, stated in her letter, is that that reopening the inpatients facility would 'undoubtedly impact on the health board's ability to maintain other clinical services'. Staff were redeployed from inpatients to provide these services, many of which were already being delivered by health centre staff, district nurses and community carers. We now find that it is likely that those 'services' will no longer be provided if the inpatients wing is reopened.

Instead of focusing on how and when the inpatient facilities at Tywyn Hospital are going to be reopened and showing a concerted commitment to using our new hospital in full, the latest reply continues to reiterate how well the health board have been running peripheral services from Tywyn Hospital, how these services help the community and how many people have benefitted; all of which have been prioritised over inpatient care. The latest reply also shows that the health board have reached an all-time low in their management of Tywyn's health facilities, and threatening to remove other health services in order to reopen the inpatient wards shows an incapacity to respond with the required depth and level of integrity expected. To assert and insist that peripheral services, which are being staffed by nurses that could otherwise be staffing the inpatient wards, can replace inpatient care, providing real and essential hospital treatment, is wrong. This petition has always been about the closing of a new state of the art hospital inpatients facility, and it is shocking that the health board are not committed to ensuring that they provide the best possible health care service for each and every service they are required to deliver. To not open the inpatients facility, to let such an excellent public resource stay closed, when the health service in Wales is in crisis, is inexcusable.

The letter refers to 'discussions, meetings, workshops and consultations' with the local community and 'stakeholders'. 'Workstreams' is a term being introduced, to address 'key themes' such as 'Care Closer to Home', referred to as 'exploring' the use of care homes. Apparently 'further engagement' is yet again now planned with the community. Examples of these have already included two 'Llais' meetings, held recently in Tywyn in December 2024, in conjunction with the health board, which were very poorly attended, hardly advertised, and held mid-week during the daytime, when working people could not have attended. In April 2024 Ffion Johnstone, the health board's Integrated Health Community Director, led a 'workshop' with local community members and stated, 'the hospital (inpatients) ward will not close'. The public meeting with the Action Group held in November 2023 provided Carol Shillabeer and her managers, who were there, with a clear indication of the expectations of the people who signed the petition to reopen the ward and who attended the meeting. Time and again, continued procrastination has been the tactic the health board have used, in order to seek to wear down the public's resolve and to attempt to justify the closure of the inpatients service.

As ever, the Tywyn Hospital Action Group continues to endeavour to demonstrate in our replies to the Petitions Committee how BCUHB have mismanaged our facilities and health service. There is no reinforcement of the standards and attitudes required, and the continued obfuscation is a serious matter of concern. Almost two years later, it is clear that the health board has no sincere intention or will to reopen the inpatients facilities at Tywyn Hospital.

The 5,528 people who signed this petition have been ignored.

Yours sincerely

Jane Barraclough

Tywyn Hospital Action Group