

Public Questions pre-submitted to Health Board 31 July 2023

Question	Raised by	Answer
<p>In view of the admission of the First Minister and Vaughan Gethin MS (ex Health Minister) at the Covid Inquiry that Wales was not prepared for a pandemic or no assurance given that any learning from Exercise Cygnus carried out in Wales in 2014 or the National Exercise Cygnus in 2016 has been implemented in Wales.</p> <ul style="list-style-type: none"> • Can the Board make a statement about whether there is a current Pandemic Plan and if so, what date was it produced? • Can the Board confirm if there is a Plan in place when has it been tested across the whole of BCUHB? • Can the Board confirm whether they have confidence in the preparedness in BCUHB and Wales are in place now to deal with any pandemic? 	<p>JJ</p>	<p>Exercise Cygnus was a series of two major pandemic preparedness exercises conducted in the United Kingdom. The first exercise, Cygnus 2014, took place in Wales, while the second exercise, Cygnus 2016, was conducted at a national level across the UK. Here is a summary of the key learnings from each exercise:</p> <p>Exercise Cygnus 2014 (Wales):</p> <p>Aim: The primary objective of this exercise was to evaluate the UK's ability to respond effectively to a severe influenza pandemic.</p> <p>Focus: The exercise focused on testing the resilience of healthcare services, public health response, and coordination between various government agencies and stakeholders in Wales.</p> <p>Findings: The specifics of the findings and recommendations from Cygnus 2014 were disclosed within the Debrief Report in October 2016 and summarised as follows:</p> <ul style="list-style-type: none"> • All organisations were asked to review their pandemic plans regarding health countermeasures to ensure they remained robust. • Awareness of the Welsh National Stockpile and how these would be distributed. • Review delivery points and antiviral collection points, to ensure they remain current and to share the information with Welsh Government. • Pan Wales Response Plan to establish the required Battle Rhythm for situation reporting.

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		<ul style="list-style-type: none"> • Welsh Government should consider a specific Wales Pandemic Flu Communications Plan to deliver consistent press and public messages to coordinate UK pandemic information and messages. • All Local Resilience Forums (LRFs) to conduct an exercise to assess the throughput of crematoria. • All LRFs to include capacity for body storage in their area. • Welsh Government Pandemic Flu Plan to identify appropriate staff as ‘talking heads’. • All LRFs to assess the potential pressures on Coroners and Registrars and consider what support is required. • Identify which legislation could be relaxed to assist the process of managing excess deaths. • The LRFs should review their plans to ensure robust arrangements to coordinate voluntary sector support. • Welsh Government and the LRFs to consider options for identifying people at risk and how they can be provided with targeted support. <p>Exercise Cygnus 2016 (National UK):</p> <p>Aim: The second exercise, conducted at a national level, aimed to assess the UK's overall pandemic preparedness and response capabilities.</p> <p>Focus: This was similar to the previous exercise. The exercise assessed the readiness and coordination of healthcare services, public health response, and various governmental agencies to handle a severe influenza pandemic on a nationwide scale.</p>

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		<p>Key Learning Points: In November 2020, the UK government published a summary of the findings. Some of the key learning points included:</p> <ul style="list-style-type: none"> • Shortage of critical medical equipment and supplies: The exercise highlighted the vulnerability of healthcare systems to shortages of essential medical equipment and personal protective equipment (PPE) during a pandemic. • Communication and coordination challenges: The need for improved communication and coordination between different levels of government and various agencies to ensure a coherent and effective response. • Social care system stress: The exercise revealed the strain on the social care system, emphasizing the importance of preparedness in this sector. • Impact on vulnerable populations: Vulnerable populations, such as the elderly and those with underlying health conditions, were identified as requiring special attention during a pandemic response. • Importance of advance planning and stockpiling: Cygnus underscored the significance of proactive planning, including the stockpiling of essential medical supplies, to enhance the country's resilience during a pandemic. <p>There is a current Pandemic Plan, dated 2020. This is due to be reviewed in 2023. We await the updated Welsh Government guidance.</p> <p>No formal testing exercises have been undertaken. The Covid pandemic has been a live pandemic activity period.</p> <p>As an NHS Health Board in Wales, we place a high priority on pandemic preparedness and public health readiness. Our organisation has continuously worked towards strengthening our capabilities to respond effectively to any potential pandemic situation. We acknowledge that pandemics are complex and</p>

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		<p>unpredictable events, and as such, we strive to remain adaptable and proactive in our approach.</p> <p>Over the years, we have faced various challenges posed by emerging infectious diseases, such as MPox, suspected Lassa fever cases, and we are now preparing for a potential measles outbreak. Each of these instances has provided valuable opportunities for our service, departments and directorates to collaborate and test our response mechanisms. We have used these experiences as learning opportunities to improve our preparedness and enhance our ability to coordinate a robust response in the face of any future health crisis.</p> <p>Our commitment to collaboration extends beyond internal services and includes working closely with national and regional health authorities, as well as engaging with relevant stakeholders and partners.</p> <p>While we are confident in the measures and plans, we have in place, we also acknowledge the importance of continuous improvement. Pandemic preparedness requires ongoing evaluation and adaptation to meet the evolving challenges posed by infectious diseases. We regularly review and update our strategies based on the latest scientific evidence, best practices, and lessons learned from previous responses.</p> <p>It is important to note that pandemic preparedness is a shared responsibility involving all levels of government, healthcare providers, and the public. We therefore encourage individuals and communities to remain vigilant, follow public health guidelines, and participate in vaccination campaigns, as these collective efforts significantly contribute to our ability to mitigate the impact of infectious diseases.</p>

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<p>Can the Board confirm how many responses requesting information for the Coroner are outstanding and whether the families of those cases are being updated by BCUHB as part of a Duty of Candour?</p>	<p>JJ</p>	<p>The Coroner and their Officers will request information from the Health Board, and where they feel information is outstanding, they can issue Directions or issue a Schedule 5 Notice requiring documents to be submitted in a specific timeframe. The Health Board strives to ensure all information requested by the Coroner is provided on time but we do accept that on some occasions this is not possible. There are currently two outstanding Directions and no outstanding Schedule 5 Notices. Families will be kept informed of the Coroner's investigation by their Officers. The Health Board will have ongoing contact with a family where there is an incident investigation, complaint investigation or liability claim underway in accordance with the Duty of Candour and Putting Things Right Regulations however on matters relating to a coronial investigation or inquest itself then communication would be through the Coroner, who are independent judicial officials, and their Officers.</p> <p>Supporting Notes: I have only included Directions and Schedule 5 Notice requirements. We do of course routinely provide statements and investigations/action plans but there is no legal "deadline" for these.</p>
<p>The Board Quality report is showing zero Never events up to end of May - how many have occurred since this reporting period and what were the outcomes?</p>	<p>JJ</p>	<p>There have been zero Never Events in June 2023 and July 2023 (to date at the time of writing), therefore zero Never Events in the current financial year.</p>
<p>In the Board papers there is no reference to hospital acquired Covid in the Infection Control section of the Quality Report. What is the reason why hospital acquired Covid infections are not being reported?</p>	<p>JJ</p>	<p>The Quality Report includes key issues and issues of significance. At present the issue of nosocomial COVID does not require Board escalation and is being overseen by the Health Board's Strategic Infection Prevention and Control Group and Infection Prevention and Control Team. Cases have reduced significantly in recent months. In July (to date at the time of writing) there has been 1 definitive COVID case and 4 probable cases. The section of the Quality Report relating to healthcare acquired COVID relates to the local work of the National Nosocomial</p>

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		<p>COVID Programme, details of which is available here: National Nosocomial COVID-19 Programme: patient and family frequently asked questions [HTML] GOV.WALES</p>
<p>Does The Board agree that BCUHB accounting for 51.5% of Death and Severe harms in Wales 5 years to Mar 2023 both pre and post DATIX Cymru Requires investigation?</p> <p>Does the Board agree that 16% of Employer Referrals is irreconcilable with 51.5% of all Death and Severe Harms and Requires investigation?</p> <p>Does the Board agree that BCUHB's 16% of Employer Referrals is irreconcilable with BCUHB's 53% of all Patient Referrals (which in Turn mirror's 51.5% D&SH incidents precisely)?</p> <p>Given two sets of figures for the same Severe harm/NRI (one four times the other) for the 12-month period since DATIX Wales was introduced Does the Board agree Death and severe harm reporting requires further investigation?</p> <p>Does the Board accept it accepted two very different figures (one four times the other) for the same NRI at May Board?</p> <p>Does the board agree an external Audit of the above would help all concerned?</p>	<p>DG</p>	<p>In relation to incident data -</p> <p>The Board notes there has been direct communication regarding the data from the Deputy Director of Quality, who has confirmed that the data released under FOI regarding incidents was unvalidated data. Data validation has been completed following the FOI and updated data has been provided to the member of the public. This data shows a very different position than that which informed the question and we are thankful for this being highlighted.</p> <p>The reason for the lack of validation is due to changes within team structures and deployment of a new database/system, and during these changes the validation process that was in place inadvertently stopped. In response to this issue, the newly formed Quality Governance Department, which has been created to strengthen our quality governance and assurance, will now be undertaking a regular validation process to ensure future data quality.</p> <p>As part of improvements underway in the Health Board, the national Once for Wales Concerns Management System Team are working with our new Quality Governance Department to improve how we utilise the new Once for Wales Concerns Management System. The national team are in fact acting as our "local system lead" to review our systems, processes, training and use of data – ensuring alignment with national standards and best practice. As such, external and national support is already in place to support improvement in the Health Board.</p> <p>In relation to differences between the Quality Report and Safe Staffing Report, the Board notes that the reports provide slightly different information which is</p>

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		<p>why the data does not immediately correlate. However, we will reflect on how this can be clearer in future. As mentioned above, we are strengthening our use of data with external and national support and we will take this helpful point into account for future reports.</p> <p>In relation to NMC data – The Board notes that a procedure is in place for NMC referrals from the organisation – NU18 Referral of Registrants to the Nursing and Midwifery Council Standard Operating Procedure. This procedure is overseen by the Director of Nursing for Professional Regulation and Education. We note that the procedure has clear referral criteria and a process through the Office of the Executive Director of Nursing and Midwifery. This procedure aligns with our workforce policies and procedures. The Health Board referral procedure includes proactively contacting the NMC Employer Link Service to discuss all potential allegations that may require employer NMC referral. The NMC Employer Link Service provide regulatory advice on the appropriateness of referrals, the advice of which is subsequently acted upon by the Health Board.</p> <p>We note and respect the right of any member of the public to make a referral to the NMC.</p>
<p>The inpatient ward has been closed for 16 weeks to date, and in answering a question we submitted on 25/05/23, the board’s reply stated that ‘staffing the wards always takes priority over other services such as MIU’ and ‘staff have been redeployed’.</p>	<p>Tywyn Hospital Action Group</p>	<p>A ward facility is operational 24 hours a day and therefore requires more nurse staffing to ensure each shift has sufficient levels of nursing cover. Services such as MIU are open for a limited number of hours and treats patients who require a brief treatment intervention as opposed to being admitted.</p> <p>When numbers of available staff on the ward reduce, due to sickness or vacancies, then other staff can be called upon to cover the shift, either swapping days off or working additional hours as overtime to cover. When the</p>

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		<p>numbers of available staff drop significantly, and for a prolonged length of time, this cross-cover arrangement becomes difficult to manage as staff work excessive hours over and above their contracted hours to backfill, and often staff have cancelled their annual leave to cover. In these circumstances to ensure the wellbeing of staff and to maintain safe staffing levels for the inpatient awards, decisions to temporarily close other services such as MIU are taken in order to redeploy the staff to the ward area. These decisions are always risk assessed and not taken lightly. It is unfortunate that the level of vacancies in Tywyn has meant a prolonged closure of the MIU and consequent requirement for patients needing to travel to access MIU services elsewhere.</p>
<p>Please explain why the reopening of the MIU on 19/07/23 at Tywyn Hospital has been prioritised over the reopening of the inpatient ward?</p>	<p>Tywyn Hospital Action Group</p>	<p>The decision to temporarily relocate the Tywyn beds to Dolgellau has meant that some staff have been redeployed to Dolgellau to support the increase in bed numbers, but others have remained and have been able to support other service areas in Tywyn in the interim, such as the Treatment room, Tuag Adref and MIU. In addition we have also been able to recruit two additional MIU practitioners, and as you are aware, we have been able to reopen the MIU service, initially for a few hours each day, with a view to increasing the provision when all staff are fully in post.</p>
<p>Also, does the redeployment of staff, e.g. to Dolgellau Hospital, the MIU and Tuag Adref make the reopening of the Dyfi Ward more difficult?</p>	<p>Tywyn Hospital Action Group</p>	<p>We are currently still recruiting for additional nurses to allow us to re-open the inpatient ward, we remain 3 WTE Band 5 nurses short of the required number. Once we recruit the required number of nurses for the ward, we will be able to maintain both an inpatient and MIU service. The number of beds at Dolgellau will then reduce and the redeployed staff will return to Tywyn.</p>
<p>In reply to our question on 25/05/23 regarding the number of beds being made available in Dyfi ward, the answer states that 'the number of beds funded for Dyfi ward is 10'. Why aren't the number of beds funded by</p>	<p>Tywyn Hospital Action Group</p>	<p>Although there is a footprint to accommodate up to 16 beds on the Tywyn site, the commissioned (funded) number of beds and consequently the budget for the number of staff has always been based on 10 beds. Staffing currently being</p>

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<p>the health board equal to the number of beds which were contained and available in Dyfi ward, and before it was closed?</p>		<p>recruited to is to meet the staffing levels required for 10 beds. Additional beds would require additional staffing and additional budget.</p> <p>During the covid outbreak, the 16 beds were used, but additional staffing was provided to support the additional bed numbers as during this time many services were ceased which released staff from other service areas to work on inpatient wards to support additional bed capacity as part of the Health Board's covid response.</p>
<p>In answering our question on 25/05/23 on steps being taken to restore public confidence in the health board following the mishandling of the closure of Dyfi ward, the board replied:</p> <p>'we work with the local population to understand the health service needs for Tywyn and the surrounding area'.....'regular communication and mutual support from partners including the public will be required moving forwards to ensure the right service and service models are provided'.....'we will be looking to extend the scope of and membership of (these) meetings as we progress to include the patient voice through patient representative options to the future'.....and the health board 'are keen to see ...trust restored through continued communication'.</p> <p>We agree that effective communication between the health board and the Tywyn area population is of paramount importance. However, communication by</p>	<p>Tywyn Hospital Action Group</p>	<p>As a Health Board, we provide regular updates via the BCUHB website and also press releases to the Cambrian News. We are also assured that councillors who attend the regular meetings also share what has been discussed through their respective locality forums and networks.</p> <p>Links attached to our updates:</p> <p>https://bcuhb.nhs.wales/news/health-board-news/new-treatment-room-now-available-at-tywyn-hospital/</p> <p>https://bcuhb.nhs.wales/news/health-board-news/tywyn-minor-injury-unit-reopens/</p>

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the health board with the public about improvements and progress regarding health services in Tywyn has remained poor. For example, to our knowledge no feedback is being circulated publicly from the fortnightly meetings between the health board, councillors and MEP/MP about staffing;		
No prior notice appears to have been provided publicly of the opening of the MIU on 19/07/23 attended by councillors, MP/MEP and Chair of the health board;	Tywyn Hospital Action Group	The MIU service has re-opened in advance of having a full team in place, for this reason the re-opening was low key with the intention of building up extended hours once the full team were in place. At that point the intention is to formally announce the service reopening and confirm opening hours and availability.
No plan of opening the inpatient ward or plans and adjustments that are being currently made to the inpatients ward itself, or the rationale for any developments that may be taking place; have been shared publicly.	Tywyn Hospital Action Group	Recruitment for the remaining vacant ward posts is ongoing. We have had some success and have already appointed a ward manager and a deputy ward manager as well as 1 other registered nurse (Band 5). We require an additional 3 nurses to be able to reopen the inpatient ward.
By what specific means are the health board hoping to achieve the objective of effective communication with the Tywyn and area population and when will these means be put in place?	Tywyn Hospital Action Group	As previously stated, the Health Board remains committed to improve communication and engage with the local population around service developments to the future. Some work has already taken place through the engagement team and some of that learning has been acted upon through the development of the Wellbeing Hub. We are currently working through options of how best to gather further feedback and also how we share and jointly understand the local population needs.
Can the board also explain, extend and provide specific details and timescales to the answer to the question on 25/05/23, where the board states 'we are exploring alternative models of care already on offer in Powys'.....'new service developments'...'such as palliative care beds'....'new service initiatives will need	Tywyn Hospital Action Group	Any future service model will need to meet the population need, consequently we are looking at the service demand and options of how this demand could be met. Our service models and workforce need to be configured in a way which provides a flexibility to meet the demand, in a hospital setting or within the patient's own home. We also need to ensure a resilient and robust workforce model, with staff able to work across a range of health care settings to support

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to be considered alongside the planning of the number and use of inpatient beds'; what will the implications be for the inpatient provision at Tywyn Hospital?		patients, with a reduced risk of having to prioritise one service at the expense of another.