Annual General Meeting – 29 July 2026

Questions for the Board

Question Raised	Response
1. Tywyn Health Centre (GP Practice) Tywyn health centre is run by BCUHB. Several times I have phoned to get an appointment to hear the message "there are currently no clinicians. Phone 111 if you have an emergency " What is the Health Board doing to address the lack of GP'S and Admin staff? As the current levels are unsafe.	Tywyn Health Centre is managed by Betsi Cadwaladr University Health Board and, like other primary care services across Wales, operates within a challenging national workforce environment. The Health Board continues to work proactively to recruit and retain clinical and administrative staff and to maintain safe and effective services for local residents. We are aware that some patients have experienced difficulties accessing appointments and we recognise the impact and frustration this can cause. We take these concerns seriously and continue to monitor access closely. In relation to concerns raised about the practice telephone message, the current recording does not advise patients that no clinicians are available. Rather, it provides information for patients experiencing life-threatening emergencies, signposts appropriate conditions to community pharmacy services, and explains the practice's care navigation process to help ensure patients are directed to the most appropriate service. The practice has experienced periods of significant operational pressure arising from a combination of long-term staff absence, recruitment difficulties and wider workforce challenges affecting primary care. During these periods, the Health Board and practice staff have worked to maintain safe services through workforce planning, additional support arrangements and ongoing recruitment activity. As part of the Health Board's ongoing management and oversight of the practice, we have identified a number of actions to improve access and make the most effective use of available clinical capacity. An improvement plan is being implemented to strengthen appointment management

	processes, optimise the deployment of clinical resources and improve patients' experience of accessing care. While some of these challenges will take time to address fully, we are committed to delivering sustainable improvements, supporting our workforce and ensuring patients continue to receive safe, timely and high-quality care.
Question Raised	**Response**
2. Tywyn Community Hospital As a new patient to Tywyn, having moved from Powys, I would like to understand why the amazing health centre facility is not filled with services. They don't not offer routine appointments or even the basics such as ear syringing. A simple process like this takes an emergency appointment. Then a referral. Then a triage at Bangor. Then over a 2 hour one way journey for a 5 min procedure. It's not cost ef1fective for the tax payer or the patient. Worse, they tell you to go private. The website is not fit for purpose and although they say they offer a 'triage' service it's really only first come first serve. Someone needs to look at Welshpool health centre to see how that runs. The potential for the health centre is huge. How can you justify not fulfilling its potential to improve the dreadful and dangerous care you 'provide' to the whole area. What a complete waste of taxpayers money as well as Incompetence service.	The following services are available locally: **Onsite:** • GP/ Health Centre • Venepuncture clinic • MIU Mon-Fri 8-8 • Treatment Room • X-Ray • Practice Nurse/ Prescribers • Outpatient Clinic • Wellbeing Hub **Community:** • Community Resource Team • Ambulance Service • District Nursing 24/7 • Community Pharmacy • Optometrist • Social Services • Social Workers • School Nursing • Community Midwifery • Heart failure nurse • Midwife • Ophthalmology

	• Audiology • Spirometry • Residential and Domiciliary Care • Tuag Adref **Visiting services to Tywyn Community Hospital:** • Drug and Alcohol Services • Diabetic retinopathy • Macular degeneration group • Tuag Adref • Mental Health in reach • Occupational Therapy • Physiotherapy • Outpatient department • Podiatry • Specialist Diabetes Nurse • Palliative Team • Continence Service • Dietician Treatment Room • Speech and Language Therapy • Parkinson's Practitioner **Mental health services:** • Counselling services • Well-being hub • OPMH/CPN's • Acute Mental Health services There are also a number of third sector services available in the local areas to support people's health and wellbeing. We will ensure websites are updated and information is available locally**.**

Question Raised		Response
3.	**Tywyn Community Hospital**	We recognise the depth of concern in the community and have listened carefully to the views expressed about Dyfi Ward and the wider need for accessible local healthcare. We take very seriously the suggestion that people are dying because of a lack of healthcare. If this relates to a particular person or experience, we would ask for the details so that the circumstances can be properly investigated. No final decision has been made about the future of services at Tywyn Community Hospital. The purpose of the proposed consultation is to hear fully from the community before the Board makes any decision. Whatever the outcome, it is the Health Board's responsibility to provide services that are safe, accessible and sustainable for the people of Tywyn and the surrounding area.
I would like to ask why are you dismissing the people of Tywyn and in doing so do you feel any remorse that people are dying through lack of health care.		
Question Raised		**Response**
4.	**Tywyn Community Hospital**	Reopening Dyfi Ward as an inpatient ward remains one of the options being considered and is included within the proposals that will be presented to the Health Board. No final decision has been made and no preferred option is being recommended at this stage. The full, latest position can be found here: Shaping the Future of Tywyn Community Hospital - Betsi Cadwaladr University Health Board
Why is the reopening of Tywyn Community hospital not on the list of options for future plans? All questionnaires and meetings indicate that the people of Tywyn want and need inpatient beds reinstated and were told the closure was temporary.		
Question Raised		**Response**
5.	**Dyfi Ward, Tywyn Hospital**	The temporary closure of Dyfi Ward was introduced because safe and sustainable staffing could not be maintained. Since then, the Health Board has continued to explore sustainable options for the future of healthcare provision in the area. Reopening Dyfi Ward as an inpatient ward remains one of the options being considered and is included within the proposals
When in June 2023, the Board told Eluned Morgan that "The Health Board is working with its partners with the shared aim to restore the service that has been temporarily withdrawn", how do you explain Board's failure to honour that promise?		

	that will be presented to the Health Board. No final decision has been made and no preferred option is being recommended at this stage. The full, latest position can be found here: Shaping the Future of Tywyn Community Hospital - Betsi Cadwaladr University Health Board
Question Raised	**Response**
6. Hospital Ward Why will you not answer questions honestly about whether our hospital ward will re open or not?	Reopening Dyfi Ward as an inpatient ward remains one of the options being considered and is included within the proposals that will be presented to the Health Board on Thursday 30 July to approve for public consultation. A 12-week consultation will follow in the autumn and we would encourage people to have their say. The full, latest position can be found here: Shaping the Future of Tywyn Community Hospital - Betsi Cadwaladr University Health Board
Question Raised	**Response**
7. Healthcare in the Dysynni Valley Why has the Board not commissioned a report from Dr Clara Day, Executive Medical Director on the impact of the low level quality of healthcare that we have been experiencing in the Dysynni Valley?	The Health Board is currently undertaking a review on the future of Tywyn Community Hospital and the community services provided to the surrounding area. The consultation will enable us to gather the views of residents, patients, staff, partners and stakeholders alongside clinical and service evidence. The feedback received, together with quality and performance information, will help inform future decisions and ensure that future services are best able to meet the needs of the local population. The Executive Medical Director, will continue to oversee the quality and safety of services through the Health Board's established governance arrangements. Should evidence emerge that indicates a specific review is required, the Board would consider that through its normal processes.
Question Raised	**Response**
8. Hippocratic Oath Do the members adhere to the Hippocratic Oath?	The Hippocratic Oath remains an important symbol of medical ethics, but it is not something that NHS staff are required to take. Instead, healthcare

	professionals are bound by modern professional codes, regulatory standards and NHS values. These place the welfare, safety, dignity and confidentiality of patients at the heart of everything we do. In practice, therefore, the principles associated with the Hippocratic Oath continue to guide healthcare professionals across the NHS, even though they are expressed through modern standards rather than the original oath itself.
Question Raised	**Response**
9. Contact with the Chair and CEO At the AGM last year, the Chairman said: "Can I also say, as I say in Board meetings, if you wish to connect with us anytime please don't wait for an annual general meeting, you can send correspondence to myself, Carol at anytime and we will do our best to respond. Similarly if you want us to come along to your community may be and talk about health and well-being services we're very happy to do that we do go across the whole of our region holding conversations. We've done that in the past. We'll be happy to do it again. So, please connect with us any time." So I followed the Chairman's advice and wrote to him on 30 July 2025, asking for the conversation he told the AGM he'd be happy to have. I also asked the Chairman to encourage the Chief Executive to do the same, as she had not responded to my request for a meeting about the same issues. I didn't receive any acknowledgement or reply. I'm not sure what went wrong but could I please ask that the Chairman is reminded of what he said last year and that a meeting is arranged as soon as convenient?	To ensure that your concerns are properly understood and considered, the Chief of Staff will contact you and arrange a discussion on behalf of the Chief Executive in the first instance. Following that discussion, we can consider whether any further engagement would be helpful. The Health Board greatly values the contribution that patients, service users and members of the public make in helping us improve our services. There are a number of opportunities for individuals to engage with the Health Board, including attending Board meetings held in public, participating in consultation and engagement activities, and contributing their views through established involvement forums. Any direct engagement with the Chair or Chief Executive would ordinarily be focused on specific issues or matters where such discussion would assist mutual understanding. We would also encourage individuals to make use of the wider opportunities available to engage with the Health Board and contribute to the ongoing development and improvement of our services.
Question Raised	**Response**
10. Mental Health Recommendations Reverting to the 85 Recommendations of which the RCP were unable to provide greenlight assurance. Can the Health Board confirm as of August 2026 8 months after the EAG ceased, how many of those 53 (following amendment) Red and Amber Flags can now safely be redefined Green. The	The Health Board continues to oversee progress against the Royal College of Psychiatrists' recommendations through its Mental Health Oversight and Development Group. Progress has been made across all ten themes, including workforce stability, governance, staff engagement, dementia services and the development of a Mental Health Outcomes Framework.

MH Oversight and Development Group should have this fundamental information.	At the latest review, 30 recommendations remained rated amber and six red, with action plans in place. Evidence is now being validated to ensure that any recommendations reclassified as green are supported by sustained improvement. An updated position will be reported through the Health Board's established oversight arrangements.
Question Raised	**Response**
11. Whistleblowing and Grievances Since 2012 ie including Holden (and including the 1 December 2020, formal Stage 2 Collective Grievance from Psychologists**) how many whistleblowing, collective whistleblowing and collective grievances have been submitted by BCUHB staff in MHLD? How many bullying allegations have been made within MHLD?	During the period, seven whistleblowing cases were recorded, including one raised collectively. There were also 30 formally reported cases. Whistleblowing cases have not historically been recorded through ESR, so figures dating back to 2012 may not provide a complete picture.
Question Raised	**Response**
12. Renal Service Why is BCU reluctant to enter into a cost and volume arrangement with the Welsh Kidney Network / Joint Commissioning Committee? The other two health boards commissioned to deliver renal services (Cardiff and Swansea) are utilising this arrangement (Risk share)	The Health Board currently receives a fixed annual payment for Renal Services, regardless of the number of patients treated. A review is considering whether to move to a system based on an agreed cost. Before any change is made, the financial impact will be assessed to ensure it would not increase overall costs.
Question Raised	**Response**
13. Associate Committee Member for Wales Community Hospitals Association Improved Healthcare Services Through Utilising Community Hospitals Navigating healthcare transformation using today's rapidly changing technologies is difficult. The Annual Report and Accounts for 2025-26 reflect the depth of that challenge. As I visit community hospitals in many parts of Wales as a patient, carer, LLAIS volunteer and visitor, I observe much under-exploited potential.	The Board recognises the significant potential of community hospitals and local assets in supporting the ambition of delivering care closer to home. The Community by Design (CbD) national programme is founded on the principle that care should be delivered in community settings by default, with relevant acute care provided where clinically appropriate. The programme aims to shift activity, resource and investment towards community-based care through neighbourhood multidisciplinary teams, improved care coordination, population health management and stronger integration across services.

Despite the mantra “Care closer to home”, there has been a tendency in Wales to cluster many services onto the over-utilised acute sites. With today’s digital AI assisted technologies, leading healthcare providers in the USA and other countries advocate “that centralisation can deliver control but cannot deliver improvement. Effective care delivery is becoming increasingly decentralized and organized around patient contact with local assets”. In contributing to the recently announced “Well-Led Review of the organisation”, will the Board follow the direction of several ICBs in England in advocating distributing more “advanced” care services to local hospital assets, rapidly?	The Community by Design programme acknowledges that hospital-centric models continue to prevail and that a fundamental shift towards proactive, community-based models is required. The current focus is on developing the measures and metrics needed to track the movement of services into community settings and evaluate impact over time. The Board's direction is therefore aligned with strengthening community-based care and making greater use of local assets which the CbD programme of work will drive forward to deliver the expansion of advanced services into community hospitals will need to be planned, evidence-based and sustainable to ensure safe, high-quality care for the population of North Wales.
Question Raised	**Response**
14. Appointments I am a 68 year old female with type 2 diabetes. I’ve not had a face to face appointment with a GP just three monthly phone calls from a remote working GP. I take dapagliflozin a side affect is UTI’s and thrush. The flare ups happen unexpectedly, I recently had a severe reaction. No clinician at Tywyn health centre, can’t be seen under minor ailments at pharmacy due to being over 60 and type 2 diabetic. Phoned 111 recorded message stating 40 minute wait. Sent e mail to surgery requesting if a prescription could be issued for some ointment previously prescribed. Ended up going on an online consultation with a private GP cost me £50 plus £30 for issue of prescription. This is unacceptable it’s disability discrimination. In addition I could probably obtain cocaine and cannabis more easily than seeing a qualified medical practitioner! It’s utterly disgraceful I dare say I one of many this has happened to.	Thank you for sharing your experience. We are very sorry that you were unable to access timely NHS advice and treatment and felt you had no alternative but to pay privately. We recognise how distressing and unacceptable this must have felt. As the question was submitted anonymously, the Health Board is unable to investigate the circumstances or respond to the concern about discrimination. The individual is encouraged to contact the Health Board’s Concerns Team confidentially so that their experience can be reviewed, including the response from Tywyn Health Centre and the alternative support offered. Any wider learning identified will be used to improve access to local services. Please contact the Concerns Team by telephone on 03000 851234 or by email: BCU.PEARS@wales.nhs.uk

ADDITIONAL QUESTIONS
Additional questions raised in relation to Tywyn Community Hospital
Despite the involvement of the Board in the Tywyn Hospital scandal in correspondence with the Senedd committees, the controversial unbalanced rooms initiative, a visit by the Older People Commissioner, the withholding of public information about a secret steering group to keep the inpatient ward from opening, q the list is endless, the failure of the Board to reopen the Dyfi ward is not mentioned in the draft Annual Report. Is the Board embarrassed by its failing?
Why are the expensive consultations on bed closures at Tywyn and Penley hospitals continuing when public meetings and campaigns have clearly demonstrated the need for the beds to be reopened? Mabon ap Gwynfor has publicly committed to reopening the ward in Tywyn.
We've had a lot of discussions and questions around the nursing staff and medical cover for the ward reopening, and what's needed for it to reopen safely. What's going on about the physios and OTs and therapy assistants needed to help patients too? Do we have them in Tywyn? Is that also a part of the issue with staffing the ward?
I do not understand why the modern resource at Tywyn is not being used. Why continue to use Dolgellau which is almost 100 years old when it must be almost impossible to clean and maintain to modern standards of hygiene?
Why are you still prepared to waste a perfectly modern hospital ward in Tywyn? What is the real reason for closing all the beds that could be utilised to free up the General Hospitals? We need ongoing inpatient care in South Meirionnydd.
Why are there so few services on the Cambrian coastline. We need a hospital reachable by public transport.
Why, when Bronglais is full and people who could be discharged are stuck there because Tywyn hospital with a whole ward of beds just waiting for patients is closed and there is nowhere for them to go. Absolute madness.

Why is Tywyn community hospital not reopened? It was my understanding that it was Central Government policy to use community hospitals so that acute beds were not being blocked by people recovering from surgery, recuperating or awaiting care placement. An absolute waste of a modern community hospital to keep it closed.
What exactly is the problem about opening our hospital, is it finances, is it staff problems. Having been to Aberystwyth hospital the cardiologist there said he would love to come over to Tywyn and open up an A and E department. The opening of the beds is absolutely essential and must be given top priority.
Why are BCUHB actively seeking to reduce community beds depriving the elderly & their carers of vital support & rehabilitation services in times of need? Does the Board intend to pursue the recommendations made by Professor Sir Chris Whitty, Chief Medical Officer & Expert Advisor in the Community Hospital Association National Conference on 8/5/26 at Swindon? Will the Board reconsider re opening Dyfi Ward in Tywyn in light of this & public opinion?
Why won't you listen to the citizens of Tywyn and reopen Dyfi Ward? Why have you wasted untold money on research companies in an attempt to justify not opening the ward. Why don't you understand we have paid into this system for excellent health care and not senior administrators lining their pockets with large salaries who spout nonsense?
Why have we still not had a real answer to our questions on the Dyfi Ward, Tywyn Hospital so called "temporary closure". The ward is equipped, corridor care is rife at Bronglais where Tywyn District patients could have a bed and the care they desperately need and deserve close to home and family. The atrocious inadequate public transport in our area makes trips to other hospitals really difficult and time consuming. Not all have access to a car and driver. Look at the research done on corridor care and the effect it has on sick people. People are dying unnecessarily because of a failing and stubborn inadequate Health Board. We deserve better.
Ble maer gwlau wedi my i bobl Tywyn a'r ardal? Where have the beds gone for the people of Tywyn?
When are you going to reopen the hospital at Tywyn to its full potential as per your election promises?
How can BCUHB continue to justify their position on Tywyn either having a reopened hospital ward OR outpatients' department in Tywyn hospital but NOT BOTH when so many in the community have repeatedly stated the need for both.

When will the ward in Tywyn be reopened? It is urgently needed by local patients
What are you doing to reinstate services at Tywyn community hospital?
Mabon, you sat next to me on the stage at a 'save Tywyn hospital meeting' in January 2026 and you advocated for the importance of reopening our community beds, you even held up a sign saying 'gofal a gwely yn ein cynefin' You were asked out rightly by members of the public if the community voted for you would our community beds be saved? and you implied yes! I'd like to know why you are now so silent on a local issue that you seemed to fully support prior to the elections?
Why are ambulances not available when needed? Look at the Tywyn banter and discussion group FB page and you will see lots of instances (some very recent) of people dying through lack of access/provision of ambulances and also we need Tywyn hospital ward reopened. It is greatly needed and would reduce pressure on the main hospitals.
When will you see it's better all round to reopen Tywyn hospital? Then how long will it take?
Please will you ask the BCUHB AGM why, Tywyn, with a significantly higher population than Dolgellau, is at the back of the queue for NHS Wales resources? 1. The hospital here is very nearly 100 years younger than Dolgellau Hospital, with all the maintenance and cleaning savings. 2. Yes, it may be 19 miles further for relief staff to travel from Alltwen, but the train is safer and less stressful than travel by road and probably cheaper after discussing charges with TFW. 3. There is an X-Ray machine at Tywyn and who knows what other specialised resources. 4. There are more than 1000 older people in Tywyn with health requirements which are predictable with a high degree of statistical probability. 5. There is a much higher number of people in Tywyn with potential health needs during the holiday season - there are more than 1000 static caravans close to Tywyn. 6. The seasonal necessity for a 24/7 MIU must be plainly evident. 7. The cost of attending the population or transporting patients to facilities up to 100 miles away is astronomical as I have recently explained to BCUHB. 8. TAITH is currently being formed to arrange for patients to be transported by volunteers from Tywyn to appointments.

9. I do not believe it can be good practice, for instance, to arrange for appointments for patients with serious heart conditions so far away that it is necessary to leave at 03:00 in the morning.
10. I think that a better understanding of the geography of our country would save the Board millions.
11. Policies and expectations being articulated by The Senedd are contradictory to the experiences of many Tywyn people.

To the minister, aren't you ashamed that having made explicit promises on your election that you have allowed a silent void to exist around this? Would you agree that this only serves to suggest that you have no intention of reopening the ward and that would confirm that you are to be neither trusted nor elected. To the board more generally, is the intention to allow rural communities to suffer and die in order to follow an ideological centralisation of services in locations only accessible by the urban or non emergency consumers? Don't our contributions and requirements count at all?

Please tell me why the people of South Gwynedd are so unimportant to Betsi Cadwalader?

How many people transferred to the Tuag Adref services were readmitted to a hospital within three months?

Why do you provide urban solutions to rural health care?

Response to the above questions re Tywyn Community Hospital

A number of questions relate to the ongoing review of inpatient services in Tywyn. Tywyn Community Hospital remains an important part of the local community, and we recognise that the temporary closure of Dyfi Ward in April 2023 has generated significant interest and concern. Throughout this review, we have heard strong views about the future of local healthcare services and the importance of providing high-quality care as close to home as possible.

The review has so far carefully considered a wide range of evidence, including workforce sustainability, population health needs, quality and safety standards, service activity, financial considerations, feedback from local residents following a detailed period of engagement as well as national policy to support the development of potential, long-term sustainable options.

A paper will be presented to the Health Board's public meeting on 30 July 2026 seeking approval for two options to proceed to formal public consultation:

Option A: Reopening Dyfi Ward as an inpatient ward, subject to safe and sustainable staffing being achieved and maintained.
Option B: Retaining and expanding community-based services, with no inpatient beds at Tywyn Community Hospital and Dyfi Ward repurposed as a Day Treatment Centre.

No preferred option is being recommended, and no final decision has been made. Reopening Dyfi Ward therefore remains one of the options under active consideration.

The proposed consultation is an opportunity for local people, staff, stakeholders and partners to comment on the options, test the evidence and assumptions presented, and put forward any reasonable evidence-based alternatives. Following consultation, all responses will be independently analysed and considered by the Board before any final decision is made.

More information is available here: Shaping the Future of Tywyn Community Hospital - Betsi Cadwaladr University Health Board