

Nearly £14 million for improvements to Ysbyty Gwynedd A&E department

The significant funding will pay for infrastructure improvements at Ysbyty Gwynedd hospital, creating more capacity to deal with peaks in demand while improving the environment for patients, staff and visitors alike.

The funding is for the period 2017-18 and 2019-20 and it is envisaged that work will start in March 2017. The investment will fund:

- A single point of entry to the department
- Three triage rooms
- A four bay resuscitation area plus a separate isolation bay with external access
- Eight cubicles plus two treatment rooms
- Eight chairs in minor injuries
- An assessment unit including relatives' waiting room
- Paediatrics facilities including three assessment rooms and dedicated waiting rooms.

Health Secretary Vaughan Gething said:

"I'm delighted that we've been able to announce this capital money for Ysbyty Gwynedd, it'll make a real difference to patients accessing emergency and urgent care in North West Wales.

"What is particularly exciting about this new development is the "One Door" approach to medical care, where emergency and urgent care patients will enter through a single point to get the most appropriate care based on their clinical need. This allows them to be treated and discharged or referred on to other specialist services within the hospital or community setting as quickly as possible.

"Once again this is the Welsh Government investing the future of our NHS in Wales."

Gary Doherty, Chief Executive at Betsi Cadwaladr University Health Board said:

"We're absolutely delighted that Welsh Government has approved the £13.89m funding required to redevelop the Emergency Department at Ysbyty Gwynedd.

"The current department is too small and is not designed to meet the requirements of modern clinical practice. This major scheme will provide state of the art accommodation for the 52,000 patients who use the service each year and will help us transform medical and emergency care.

“The Welsh Government’s commitment to this area will also provide a much needed boost to our dedicated and hard working staff and will help improve our recruitment potential.”

The NHS and social care

Today Parliament will debate social care and the NHS. Although it will not come across like this, in practice all the main parties are in agreement. All want a high quality free at the point of use NHS. All want extended and caring support for frail and elderly people to live at home or in well run care homes. All agree the amount spent on these services needs to carry on increasing, as it has been doing under successive governments.

So what is the row about? The disagreements come about over the amount of the increase in money, and whether any kind of reform or better management is needed to ensure the spending is well made. Traditionally governments seek reform and try to impose some limit on the amount of the increase in cost, whilst Oppositions demand more money and criticise reforms. It is always easy to criticise past reforms, as it is very difficult for any group of Ministers and senior officials to achieve major change in the NHS, whilst social care is supervised by a wide range of Councils with varying degrees of competence, and widely differing views.

I Agree with those who say we do need to spend more on the NHS and social care. I also think the government and Councils responsible do need to work closely with the senior staff to try to get better value for money and to raise the quality of what is being achieved where it is not good enough. Quality and value for money need not be a variance with one another. Doing things right first time, and avoiding mistakes, saves a lot of money as well as providing a much better outcome for the patient. Jeremy Hunt’s mantra of putting patients first and having full transparency on what hospitals achieve is part of the solution.

There are many ways more efficiency can reduce the strain on resources. Collecting all the fees owing from overseas visitors and foreign governments would provide useful additional revenue. Controlling the release of supplies could cut down on waste. Requiring the return of robust longer term medical equipment for cleaning and reuse would reduce costs. Having more permanent staff and fewer temps and locums would also cut the bills. Putting together prompt and decent social care packages would allow freeing beds in hospitals for others and would cut the costs of caring for the patient discharged from hospital. .

All these things are easy to see from the outside and easy to write down. We also need to ask why have good people managing the NHS seen this and not done them? There needs to be leadership from the official heads of the NHS that all these things matter, with follow up where they do not occur. Managers

also need to work with doctors and nurses over their terms and conditions, to try to reduce the perceived advantage in working as a contractor, locum or temp rather than as a full time member of the team on the permanent staff.

[Kosovo: Talks between Belgrade and Pristina are 'essential' to peace, UN envoy tells Security Council](#)

27 February 2017 – There is no alternative to dialogue, the head of the United Nations peacekeeping mission in Kosovo today told the Security Council, citing the importance of high-level talks between Belgrade and Pristina, and calling for continued international engagement to maintain peace and stability in Kosovo and the wider Balkans region.

Addressing the Council, Zahir Tanin, the head of the UN Interim Administration Mission in Kosovo (UNMIK) said the resumption of high-level dialogue between Belgrade, and Pristina was an "essential step" to chart a path out of a deteriorating situation and to publicly reconfirm their commitment to work together.

"Stability in Kosovo, normalization of relations between Pristina and Belgrade, are part of the wider effort to improve stability in the Western Balkans," said Mr. Tanin, who is also the Special Representative of the Secretary-General in Kosovo.

He urged the 15 Council's members to "hold leaders to their words" to maintain "a sincere and consistent" commitment to dialogue, implement the agreements reached and avoid making statements which threaten the potential of progress to be made.

Mr. Tanin also highlighted also the international expectations of Pristina and Belgrade: non-confrontation, resolving issues through dialogue, and placing the objective improvement of the lives of people ahead of more limited and parochial calculations.

The statement comes as Belgrade is engaged in a political campaign for the presidential elections scheduled for April.

The senior UN official warned against allowing electoral politics to disrupt vital processes and progress: "Normalization of relations, reconciliation, and justice all belong to that broader horizon."

Among other issues in his presentation to the Council, Mr. Tanin noted the importance of improving the social and economic situation in Kosovo. He underlined that "addressing unemployment, making progress in the rule of

law and fighting corruption remain central for all people in Kosovo.”

At the very start of his speech, Mr. Tanin expressed his profound sadness at the passing of Ambassador Vitaly Churkin, the Representative of Russia to the United Nations, who died suddenly last week.

Families report skyrocketing food prices, dire conditions in western Mosul – UN agency

27 February 2017 – The United Nations food relief agency today said it is extremely concerned about the humanitarian situation facing more than 750,000 people living in dire conditions in the western sections of Iraq’s Mosul city, where fighting is taking place between the Government forces and Islamic State of Iraq and the Levant (ISIL/Da’esh) terrorists.

“We are hearing from some families that food has drastically risen in price and is unaffordable. In extreme cases, people cannot access food at all,” said the World Food Programme’s (WFP) Iraq Representative and Country Director, Sally Haydock, in a news release.

“We appeal to all parties to the conflict to facilitate immediate and unimpeded humanitarian access to all Iraqis in need of assistance,” Ms. Haydock added, noting that WFP is monitoring the frontlines and remains ready to provide immediate food assistance as soon as families can be reached safely.

Through telephone interviews, many distressed families said that food was unaffordable, while others said they could not access food at all.

“The situation is unbelievable,” reported a 46-year-old man from inside the city. “There is no food, no clean water, no gas for heating, no medicine and no services.”

So far, WFP has provided ready-to-eat food for over 6,000 people who have fled villages to the south of western Mosul. Most have made their way to Hamam Al Alil, Qayyarah Jeda’a and Haj Ali camps. WFP has enough food in stock to cover the immediate needs of 770,000 people who reside in western Mosul.

The military offensive to oust ISIL from Mosul began on 17 October 2016. The Government has since retaken eastern Mosul.

In related news, the Office of the UN High Commissioner for Refugees (UNHCR) has reported that alongside its partners, it has provided legal assistance to

help more than two and a half thousand Iraqis displaced as a result of the Mosul offensive receive new civil identity cards and other documents that were lost, damaged or destroyed as they fled their homes seeking safety.

As many as 49 per cent of displaced Iraqis interviewed by UNHCR protection partners were found to need help in getting new civil documentation, as many families lost documents or had their papers damaged as they fled conflict zones. Other families were told that birth and marriage documents, which had been issued when their areas were under the control of armed groups, were not legally recognized by the Iraqi Government and needed replacement.

It took considerable time and effort to help displaced families with new documentation, said Bruno Geddo, UNHCR's Representative in Iraq. Our teams and partners have had to adopt some innovative methods and advocate tirelessly in order to get around some of the difficulties and lengthy bureaucratic requirements, he said, citing the agency's ongoing efforts to assist thousands of people who have been in legal limbo.

[UN health agency announces list of bacteria for which new antibiotics are urgently needed](#)

27 February 2017 – The United Nations health agency today published its first-ever catalogue of antibiotic-resistant bacteria that pose the greatest threat to human health.

The list of priority pathogens consisting of 12 families of bacteria was drawn up to guide and promote research and development (R&D) of new antibiotics, as part of the World Health Organization (WHO)'s efforts to address growing global resistance to antimicrobial medicines.

This list is a new tool to ensure R&D responds to urgent public health needs, said Marie-Paule Kieny, WHO's Assistant Director-General for Health Systems and Innovation in a news release.

Antibiotic resistance is growing, and we are fast running out of treatment options. If we leave it to market forces alone, the new antibiotics we most urgently need are not going to be developed in time, she warned.

The list highlights in particular the threat of 'gram-negative' bacteria that are resistant to multiple antibiotics. These bacteria have built-in abilities to find new ways to resist treatment and can pass along genetic material that allows other bacteria to become drug-resistant as well.

The WHO list is divided into three categories according to the urgency of need for new antibiotics: critical, high and medium priority.

Priority 1: CRITICAL

- *Acinetobacter baumannii*, carbapenem-resistant
- *Pseudomonas aeruginosa*, carbapenem-resistant
- *Enterobacteriaceae*, carbapenem-resistant, ESBL-producing

The most critical group of all includes multidrug resistant bacteria that pose a particular threat in hospitals, nursing homes, and among patients whose care requires devices such as ventilators and blood catheters. They include *Acinetobacter*, *Pseudomonas* and various *Enterobacteriaceae*, including *Klebsiella*, *E. coli*, *Serratia*, and *Proteus*. They can cause severe and often deadly infections such as bloodstream infections and pneumonia.

These bacteria have become resistant to a large number of antibiotics, including carbapenems and third generation cephalosporins – the best available antibiotics for treating multi-drug resistant bacteria.

G20 health experts will meet this week in Berlin. The list is intended to spur governments to put in place policies that incentivize basic science and advanced R&D by both publicly funded agencies and the private sector investing in new antibiotic discovery.

While more R&D is vital, alone, it cannot solve the problem. To address resistance, there must also be better prevention of infections and appropriate use of existing antibiotics in humans and animals, as well as rational use of any new antibiotics that are developed in future.