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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Ein cyf/ Our ref: CEO.18668

Gofynnwch am/Please ask for: Sonja Wright

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Dyddiad/ Date: 16 December 2025

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Carolyn Thomas MS
Chair of the Petitions Committee
By email: petitions@senedd.wales

Dear Carolyn,

Re: Petition P-06-1544 Take urgent action to improve the NHS in West Wales, and address the crisis at Glangwili Hospital

Thank you for your correspondence dated 23 October 2025 highlighting the above petition and details of the consideration given to its contents by the Petitions Committee at its meeting on 6 October 2025.

The Health Board accepts and acknowledges that the Health Board has a number of fragile services and that the experience for some of our patients is not always as it would want it to be. Over recent years there have been a range of factors, including Covid, economic challenges and a deterioration in the health of the population, that have added to existing pressures on NHS services, alongside demographic impacts linked to an ageing population. These challenges are not unique to Hywel Dda or to one specific hospital and, as the petition correspondence notes, similarly affect Health Boards in NHS Wales and across the UK.

Alongside these general factors, the Health Board faces a number of specific challenges. These include workforce deficits, an ageing estate, rurality and the duplication of hospital services on multiple sites:

Workforce Deficits: Over recent years the Health Board has been successful in recruiting to nursing vacancies, supported by the recruitment of around 300 internationally educated nurses and a successful apprenticeship programme, enabling Band 5 vacancies to reduce to 0.8% (down from 9% in 2021). In turn this has allowed a significant reduction in the use of agency nurses (64% lower than last year).

Having a fully established, substantive workforce is vital to providing high quality services and an improved patient experience. We are now seeking to take a similar approach to medical staffing, another area where there has traditionally been

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significant deficits. While this is a more complex area to address, a programme of work has been established to ensure further progress is made with this.

Estate: It is well documented that the Health Board faces considerable challenges from its ageing estate. Glangwili General Hospital (GGH) is the oldest acute hospital in Wales and nearly 90% of the Withybush General Hospital (WGH) site is affected by Reinforced Autoclaved Aerated Concrete (RAAC). The Health Board, supported by Welsh Government, has spent over £50m on these two sites alone over the past few years. Unfortunately, most of this expenditure is in response to critical service continuity risks, such as RAAC, remedial fire works and other aspects, including electrical infrastructure.

We accept that patients may not have seen improvement in the care environment through these investments, nor have they served to increase capacity or efficiency. We continue to work closely with Welsh Government to determine the strategic plan for these sites and to secure the investment required to deliver fit-for-purpose hospital facilities for the long-term.

The Health Board has recently received confirmation of Welsh Government funding for over £2m investment to deliver improvements at GGH. This will enable increased capacity and a better patient environment at Priory Day Hospital in GGH for patients who currently access the Emergency Department (ED). Work on this will commence immediately and is expected to be completed by March 2026.

With regard to the specific concerns raised in the petition:

- The reduction/ closure of services at other Hywel Dda hospitals has caused a crisis at Glangwili.
- Patients are having to travel huge distances to reach emergency care, increasing reliance on ambulances.
- The CDU is no longer functional as a true Clinical Decisions Unit and is operating as a ward, with unwell patients being forced to sleep in chairs in the CDU or remain in A&E as there is no ward space to admit them.

Service configuration: We understand there are strong feelings about local hospitals and access to services. Given our rurality, West Wales typically has services spread across multiple sites. This often means services are fragile, reliant on a small number of individuals and unable to meet modern standards of care. We were explicit in our strategy, *A Healthier Mid and West Wales* (2018) that this is unsustainable. At the same time, the distances in West Wales are well known and the transport infrastructure is poor.

A refresh of the *A Healthier Mid and West Wales* strategy is currently underway, supported by a public engagement exercise concluding on 28 November 2025. As part of the refresh, work on the Health Board's existing transport strategic plan will be refined, to consider how best to adapt to meet local transport needs, with room to allow for the outcomes of the Clinical Services Plan consultation and longer-term strategic thinking. The strategy refresh will also reflect that the Health Board has had further constructive discussions with Welsh Government on the infrastructure challenges facing the organisation, in particular at the WGH and GGH sites. A draft refreshed strategy will be reviewed by the Board at its public meeting in January 2026.

Change will be necessary and we will continue to work with our population to identify the most appropriate solutions and mitigate the impacts as much as possible. We have recently undertaken engagement and consultation activities, for example on the Minor Injury Unit at Prince Philip Hospital (PPH) and on our Clinical Services Plan, where all responses are analysed and reported to the Board, playing an important part in decision-making. The Clinical Services Plan will be presented to the Board at an Extraordinary Public Board meeting in February 2026, where the Board will be asked to make decisions on the next steps.

The Health Board also acknowledges the challenges it faces in regard to Pathway of Care Delays (delayed discharge) and long lengths of stay:

- Pathway of Care Delays are increasing; 258 delays were reported for October 2025 (against a target of 174). This reflects the system's challenge in moving patients through to appropriate care settings. October 2025 data also shows that clinically optimised patient discharge before midday remains low across all Hywel Dda hospital sites, limiting ward bed availability for new admissions.
- Long lengths of stay: performance data for October 2025 shows GGH and PPH having the highest numbers of patients staying over 50 days (40–45 patients) and over 100 days (10–15 patients).

A range of actions and plans to address delayed discharge and length of stay are being progressed to address these challenges, including:

- Front and Back Door Reset Weeks which are driving some improvements in handover times.
- 'Call before Convey' and direct lines to Clinical Streaming Hubs for Care Homes.
- Recruitment of Optimal Flow Practitioners from Welsh Government pilot monies and implementation of new policies.
- Development of staff training and awareness videos to support patient flow and discharge planning, including the roll out of an online discharge toolkit for staff, with discharge resources and training material.
- Roll-out of Care Home Falls Training and falls equipment across the Health Board in December 2025, with the aim of improving falls responses in care homes, reducing harm, and reducing conveyance rates from care homes to EDs.
- Launch of an integrated Strengths Based Collaborative Communication training programme to support discharge planning.
- Launch of a transport service to support Clinical Streaming services across the Health Board in December 2025, to support effective Hospital at Home services and reduce ED attendances.

Patient Experience in A&E: In order to improve patient experience in A&E, the Health Board is progressing the following initiatives under its Urgent and Emergency Care (UEC) Environment Programme:

- **Cleanliness and Facilities:** A comprehensive scoping exercise has been completed for domestic and portering staff coverage in EDs with a gap analysis on service provision and standards underway. Environmental audits, including domestics, estates, and nursing, are regularly conducted, with results reviewed to drive improvements. Early involvement of Infection Prevention & Control (IP&C) is being embedded in all room reconfigurations and upgrades

- **Patient Experience and Communication:** Patient information screens are being installed and maintained across all sites, with a focus on delivering consistent, clear messaging about ED processes, nutrition, hydration, and wayfinding. Content is being developed with our Communications and Engagement colleagues to ensure all patients and relatives are kept informed during their visit.

Refurbishments have been made to key areas, such as relatives' viewing rooms and paediatric waiting rooms (including sensory rooms) to improve comfort, privacy, and dignity for patients and their families. These changes are designed to reduce anxiety and create a more compassionate environment.

- **Digital and Service Innovations:** Digital solutions to improve patient flow and experience are being explored, such as self-registration and e-triage systems. A pilot for a wayfinding robot and the procurement of sensory equipment for patients with learning disabilities or dementia are underway, supported by charitable funds.
- **Staff Support and Training.** A baseline audit of patient experience has been completed, providing a benchmark for future improvements. The presence of PALS (Patient Advice and Liaison Service) team members in reception areas are also being organised to further enhance the patient and staff environment.

Comprehensive details of immediate actions and the progression of systemic solutions to address the challenges facing UEC and to build resilience into the UEC system are included in the following paper (slides 9-11), which was reviewed by the Board at its public meeting held on 27 November 2025:

[Urgent Emergency Care, Six Goals Programme Update](#)

I hope that this information provides you with some assurance regarding the Health Board's plans to address the concerns raised in the petition.

Yours sincerely



Professor Phil Kloer
Chief Executive