Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Ein cyf/Our ref: CEO/18867/2026
Gofynnwch am/Please ask for: Anna Alderson
Rhif Ffôn /Telephone: 01267 239730
Dyddiad/Date: 04 February 2026

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Petitions Committee
Carolyn Thomas MS
Chair

Email: petitions@senedd.wales

Dear Carolyn

Re: Petition P-06-1538 Protect full stroke services at Bronglais Hospital; prevent downgrade to Treat and Transfer

Thank you for your correspondence of 18 November 2025 in respect of the above-named petition.

We have asked our Clinical Services Plan programme team to review the details of the debate and transcriptions so that they can be considered within both the decision making part of our programme and also to understand the implications of the content.

We would like to take this opportunity to provide clarity on some of the comments made, to give you and Senedd Members assurance on key aspects of the Clinical Service Plan programme within Hywel Dda.

We received over 4,000 responses to our questionnaire and 190 unique alternative ideas during the Clinical Services Plan consultation. More than 30 of the suggestions focused on Stroke services. Two of these, which propose services for Stroke patients in Bronglais (one proposing a satellite stroke unit in Bronglais and the other proposing a stroke rehabilitation unit in Bronglais), are currently under review through our Alternative Options process and will be considered by our Board alongside other consultation options on 19 February 2026.

Assurance Response: Hywel Dda Stroke Services

We value all feedback and are committed to providing transparent, evidence-based responses to the issues raised. Regarding the Stroke petition about the proposed changes to stroke services, we address these discussions below, grouped by theme, and provide references for further information where relevant.

Additional supporting information is available on the Clinical Services Plan supporting information section of our website.

This includes technical information about our services that will be considered during our decision-making process.

1. **Downgrading of Bronglais Stroke Unit**

Concern: The consultation proposes downgrading Bronglais's stroke unit to a 'Treat and Transfer' model, raising fears of unsafe patient journeys and the start of a broader downgrade.

Response: The proposed options aim to deliver improved standards in stroke care, ensuring the best possible service for our patients. We have actively consulted with communities to gather views on all options, including engaging on concerns and alternative ideas. Bronglais plays an important part in our delivery of healthcare services to our mid Wales population. No decisions have been made at this stage and the Board has no preference in relation to the options consulted on or alternative ideas emerging from the consultation. Outside of the services included within the Clinical Services Plan, where future models have not yet been decided, Bronglais will continue to offer a range of urgent, emergency, planned, and outpatient services.

2. **Assurance on Transfer Risks**

Concern: There is no evidence addressing the risks of patient transfers, especially given rural geography and poor transport.

Response: Evidence from other clinical models using 'Treat and Transfer' approaches demonstrates that safe transfers are achievable. Bronglais already supports safe transfers in trauma, cardiology, and stroke thrombectomy pathways. For further information, see our appendices.

3. **Clinical Standards and Audit Scores**

Concern: Bronglais scores higher in stroke audits than other sites; why not support further improvement?

Response: All Hywel Dda units fall short of meeting the required Stroke standards in areas such as timely admission, consultant review, and therapy targets. The proposed changes aim to co-locate skilled staff and improve access to specialist services, which is expected to raise audit scores and patient outcomes across the region. See the Stroke Dashboard for detailed performance data. With the release of the new Stroke standards in 2024, all four sites have a marked deterioration against the new SSNAP standards (October 2024), reflecting the distance from the highest quality care. The performance against these is illustrated below.

Link to Stroke standards: Stroke Dashboard https://www.strokeaudit.org/ (Patient Key Indicators: Apr-Jun25)[1]

[1]From Dashboard, select 'results'>'Dashboard'>'ISDN Regional'> 'Performance Tables'>'Routinely Admitting Teams'>Patient Centred>Select ISDN as 'WALES'> Select date as 'Apr-Jun 2025

Trust	Team Name	Overall Performance				Domain Performance							
		SSNAP Level	CA	AC	Combined KI Level	D1 Hyperacute	D2 Specialist	D3 Reperfusion	D4 MDT	D5 Therapy Int	D6 Therapy Freq	D7 Discharge	PC KI Level
Wales	Bronglais Hospital	D	A	C	D	D	B	E	E	E	D	D	D
	Glan Clwyd District General Hospital	E	A	B	E	E	E	E	D	D	D	B	E
	Grange University Hospital	E	A	B	E	D	E	E	E	E	E	E	E
	Maelor Hospital	E	A	B	E	E	E	E	D	E	E	E	E
	Morriston Hospital	D	A	A	D	D	E	C	C	D	D	D	D
	Prince Philip Hospital	D	A	B	D	B	E	B	C	D	E	C	D
	Royal Glamorgan	E	A	B	E	E	E	E	E	E	E	D	E
	University Hospital of Wales	D	A	A	D	E	D	D	C	C	D	E	D
	West Wales General	E	A	C	E	C	E	E	C	E	E	C	E
	Withybush General Hospital	D	A	C	C	A	B	C	C	D	D	D	C
	Ysbyty Gwynedd	E	A	B	E	E	E	D	E	E	D	E	E

4. Workforce Sustainability

Concern: Significant staffing shortfalls and uncertain funding make changes unsafe and unrealistic.

Response: The Issues Paper and workforce reviews highlight the challenge: Hywel Dda's stroke clinical teams are spread across multiple sites, resulting in inadequate staffing for specialist consultants, nursing, and therapies. The Board's decision in July 2023 was to review stroke services to ensure sustainability, aligning with the National Stroke Programme. This approach is designed to address workforce fragility and improve service resilience. See Page 4, Clinical Services Plan Update Paper, Board meeting held 27 July 2023.

5. Impact Assessments and Equity

Concern: The plans compromise equitable access, especially for Mid Wales residents.

Response: Impact assessments, including equality and quality impact assessments, were completed for the options we consulted upon. These were shared during the consultation and remain available on our website. We have developed impact assessments for the alternative options that were proposed by members of the public during the consultation, that passed hurdle criteria assessment, so that these can be considered by the Health Board in February 2026. All options aim to improve care quality by bringing together services and enhancing therapy access. We recognise the impact of travel and are committed to supporting patients and families through virtual platforms and community services.

You can read more in our Quality Impact Assessments available here

6. Transport and Transfers

Concern: Concerns about patient transfers, ambulance resources, and return journeys.

Response: Adequate inter-hospital transfer arrangements are a key dependency, with input from the Welsh Ambulance Services University NHS Trust and Adult Critical Care Transfer Service engaging with the Clinical Services Plan programme. The Health Board has experience of managing transfers for time-dependent emergencies. Further details are in the supporting documents and can be seen through the Patient and Travel Insights document.

7. Family Involvement and Rehabilitation

Concern: Distance and digital barriers may hinder family involvement in rehabilitation.

Response: We acknowledge these challenges and have considered them in our impact assessments. While some inpatient care may be further from home, we aim to facilitate family connections through virtual means and prioritise early discharge with community support. General rehabilitation services remain unaffected, and patients can be repatriated to local hospitals for non-acute rehabilitation, but preferably directly to their home or place of safety with support from our Community Integrated Stroke Teams.

8. Consultation Process and Alternative Options

Concern: The consultation lacked detail and did not consider all options.

Response: The Clinical Services Plan programme was intended to respond to fragilities within nine services and develop a series of clinically-led ideas that could be implemented within two to four years, to address these fragilities. This meant that we did not have a full range of options available, so the consultation was designed to capture alternative views, and over 30 alternative ideas for stroke services were received.

Two additional proposals regarding stroke services at Bronglais have completed the appraisal process and will be reviewed by the Board.

One option suggests establishing a main stroke unit at Glangwili, with a satellite unit at Bronglais. Another alternative proposes designating Bronglais as a stroke rehabilitation centre, while Prince Philip and Withybush would continue to operate as acute stroke units.

	Bronglais	Glangwili	Prince Philip	Withybush
Option 106	*Treat and Transfer Stroke rehabilitation unit*	*Treat and Transfer*	*Stroke Unit (specialist cover 12-hours a day)*	*Stroke Unit (specialist cover 12-hours a day)*
Option 210	*Stroke Unit (specialist cover 12-hours a day)*	*Stroke Unit (specialist cover 24-hours a day)* ***Then*** *Create regional stroke centre in Morriston Hospital Treat and Transfer*	*Treat and Transfer*	*Treat and Transfer*

9. **Welsh Language and Cultural Needs**

Concern: The needs of Welsh speakers may not be met if services are moved.

Response: Equality impact assessments have considered the impact on Welsh language provision. We are committed to ensuring that language and cultural needs are addressed in all service changes.

Please refer to the EqIA details here.

We hope this letter provides clarity and reassurance regarding the proposed changes. We remain committed to transparent communication and ongoing engagement with all stakeholders. If you need any additional information, please refer to the linked documents or contact our team directly.

Yours sincerely,

Professor Phil Kloer
Chief Executive

Appendices

Stroke Questions and Answers (Q&A) – derived from continuous engagement and the Clinical Services Plan programme process comprising of:

CSP consultation - Stroke Q&A

Why are we doing this when Bronglais have the highest SSNAP scores for the HB?

Bronglais Hospital performs well in comparison to Welsh peers, as do our stroke services at other hospital sites within the Health Board

Link to Stroke standards: Stroke Dashboard https://www.strokeaudit.org/ (Patient Key Indicators: Apr-Jun25)

Trust	Team Name	Overall Performance				Domain Performance							
		SSNAP Level	CA	AC	Combined KI Level	D1 Hyperacute	D2 Specialist	D3 Reperfusion	D4 MDT	D5 Therapy Int	D6 Therapy Freq	D7 Discharge	PC KI Level
Wales	Bronglais Hospital	D	A	C	D	D	B	E	E	E	D	D	D
	Glan Clwyd District General Hospital	E	A	B	E	E	E	E	D	D	D	B	E
	Grange University Hospital	E	A	B	E	D	E	E	E	E	E	E	E
	Maelor Hospital	E	A	B	E	E	E	E	D	E	E	E	E
	Morriston Hospital	D	A	A	D	D	E	C	C	D	D	D	D
	Prince Philip Hospital	D	A	B	D	B	E	B	C	D	E	C	D
	Royal Glamorgan	E	A	B	E	E	E	E	E	E	E	D	E
	University Hospital of Wales	D	A	A	D	E	D	D	C	C	D	E	D
	West Wales General	E	A	C	E	C	E	E	C	E	E	C	E
	Withybush General Hospital	D	A	C	C	A	B	C	C	D	D	D	C
	Ysbyty Gwynedd	E	A	B	E	E	E	D	E	E	D	E	E

The issue is that different stroke units in Hywel Dda score poorly in different standard measures and clinical areas.

For example:

- getting patients to stroke unit on time
- consultant review within 24 hours
- therapy targets etc.

Additionally, there are other reasons why we need to change stroke services in the Hywel Dda area. These include:

- working towards a regional model to improve clinical standards
- working towards 7-day sustainable medical cover and three-hours per day therapy to meet new SSNAP standards and improve patient outcomes
- a fragile medical workforce (our stroke clinical teams are spread across multiple sites, which means we have inadequate staffing levels for specialist stroke consultants, nursing, and therapies
- alignment to national stroke programme and strategic direction for stroke
- changes in stroke services in Wales (i.e. thrombectomy in Cardiff)
- proximity to other specialist interventions like vascular surgery and cardiology

Bringing the staff required for stroke units together to fewer sites would improve skilled staff cover and allow access to specialist services across more hours of the day and days of the week. This would potentially improve stroke audit scores (SSNAP scores) which are not currently being met in any of our stroke units.

If there is no stroke unit at Bronglais, what will happen when people who have a stroke turn up to BGH, there will be no skilled staff to deal with patients?

In both options for stroke, all four main hospitals in Hywel Dda University Health Board area would maintain the ability to provide life-saving thrombolysis for stroke. Patients in the 'Treat and Transfer' hospitals, as suggested for Bronglais, would then be transferred onwards for further treatment as necessary.

The acute on-call medical team would provide that initial care and response as standard and as they already do currently out-of-hours and on weekends. The team have competencies efficient for this element of stroke care. Additionally, within the proposed options, the consultant and stroke clinical nurse specialist for Bronglais would be retained on the site Monday to Friday and could provide training and support to staff covering stroke calls in Bronglais.

In Option 1 (A) for stroke services, Withybush and Prince Philip hospitals would provide stroke units with stroke clinical nurse specialist support 12-hours a day. In Option 2 (B), Prince Philip Hospital would have stroke clinical nurse specialist support 24-hours a day, and 12-hours a day at Withybush Hospital.

Bronglais and Glangwili, and Withybush in Option 2 (B), would 'Treat and Transfer' stroke patients and a protocol would be agreed and put in place. A key dependency for both options, or consideration of any new options, is that there needs to be adequate inter-hospital transfer arrangements through either Welsh Ambulance Services NHS Trust (WAST) or the Adult Critical Care Transfer Service (ACCTs) to support timely patient transfers.

If there were a suspected stroke at a community hospital site, they would follow the 999 processes as they do now.

For any future change in stroke services that may be supported by the Health Board, there would need to be further work to refine and agree protocols and processes and this would involve work with Emergency Department teams, as well as stroke teams and stroke ward staff.

Does WAST have the capacity to transfer people between sites?

A key dependency for both options, or consideration of any new options, is that there needs to be adequate inter-hospital transfer arrangements through either Welsh Ambulance Services NHS Trust (WAST) or the Adult Critical Care Transfer Service (ACCTs) to support timely patient transfers.

WAST and ACCTs representatives have been involved in the option development process. This involved assessment of what is feasible and deliverable. How future services would be commissioned and delivered, is dependent on the decisions within stroke and other service options.

(The SWOT analysis within the supporting documents highlights this feedback (Evaluation Criteria, Safe, 2.3, Impact on external service SWOT))

What about our families/loved ones who provide the bedside support and may have difficulties travelling far to visit loved ones who are receiving care in a stroke unit?

All options for stroke services aim to improve the quality of care by bringing staff together to fewer sites, improving skilled-staff cover and providing better access to therapy and availability of specialist clinical nurses.

We have carried out assessments to consider the impacts options may have, and this has included a quality impact assessment, and you can read more about stroke from page 109 hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/

We acknowledge that options may mean that inpatient care is delivered further away from home for some patients, and this has an impact for families and carers. Virtual platforms would be provided to keep families connected and we would aim to get people home sooner with community service support.

Is this the start of the downgrade of BGH?

No, the option in relation to stroke considers how the Health Board can best meet the increasing standards in stroke care, so we are providing the best service and care we can for our stroke patients.

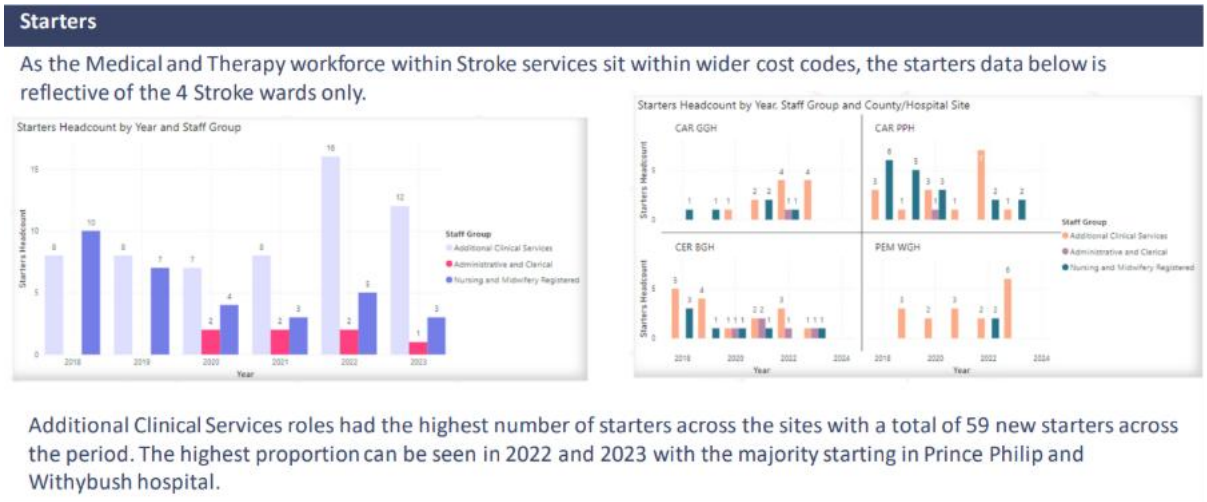
We are in consultation with our communities and want to hear people's views on which options you think are best able to meet our challenges, concerns you may have about any of the options or impacts you think they may have, thoughts you may have on the future role of our hospitals and anything else you think we need to consider, including alternative options or ideas you may have.

Overall, Bronglais would continue to offer a range of services, both urgent and emergency care as well as planned care and outpatient services.

What has been done to promote recruitment to stroke in BGH? When was it last advertised? Is it advertised now?

Due to the way in which stroke services are organised in the Health Board certain roles within wards, therapies and consultants are managed within their respective directorates. As such, consultant and ward recruitment may be more hospital site based than stroke service driven.

The Workforce data utilised to support the issues paper illustrates some of the workforce risks and workforce data that was considered in assessing the issues within Stroke Services. The image below shows the new starters in relation to cost codes at these sites during the period analysed:



hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/board-agenda-and-papers-28-march-2024/appendix-e-stroke-pdf/#page=52

Why don't you put in a formal rotation between sites?

Currently, there is not enough stroke consultants to maintain services on each site. For some hospitals, such as Withybush Hospital, some clinicians are competency trained and practicing stroke care but their job roles are much wider and as such they contribute to local-site medical rotas and this would be put at risk if a rotation was put in place.

The options consider a virtual Stroke Clinician of the Day (SCotD) to provide support during weekend and out of hours.

Why isn't Bronglais an option, only Prince Philip / Withybush

Within the options development process all four sites were considered.
The process involved an appraisal of the options against minimum requirements (called hurdle criteria). A three-site stroke model, or an option to consider a stroke unit at Bronglais was not taken forward.

Factors that were considered in this included:

- Unsustainable medical workforce and inability to recruit consultants in stroke.
- Prince Philip and Withybush hospitals have an established and sustainable Consultant workforce supporting stroke services.
- The current Consultant workforce in Prince Philip and Withybush hospitals would be unable to provide on-site support to Bronglais due to other clinical commitments in key services (e.g. osteoporosis and movement disorders) within their respective units and elsewhere in the Health Board.
- GGH faces the similar threat of unsustainable medical workforce.
- Low critical mass of patients for a Hyper Acute Stroke Unit (HASU) model, no less than 600 patients (option B)
- Proposed 7-day model will require the critical workforce as described above to be safe and sustainable.
- To preserve the existing medical workforce in BGH from burnout as they would be vital to continue stroke services- TIA clinics, inpatient support where necessary, medical lead for ESD team (early supported discharge team), effective follow up process etc.

- The volume of stroke admissions at different hospitals within Hywel Dda. Carmarthenshire and Pembrokeshire constitute more than 80% of stroke admissions in Hywel Dda
- Preparedness for the future proposed comprehensive regional stroke unit (CRSC)
- The national direction of strategic travel of Stroke services. Within this clinical evidence is demonstrating the consolidation of Stroke as a speciality in Health Boards and Trusts throughout the UK. Current more local examples include Aneurin Bevan, Swansea Bay and recent changes in Cwm Taf Morganwg University Health Board (CTMUHB). Wider examples include but are not limited to Northumberland and rural parts of the Scotland.

Can you run a full stroke unit at PPH if critical care option isn't selected for PPH - would this see patients being bounced back and forth between GGH/PPH?

Stroke patients can be managed by enhanced care units supported by a critical care middle grade, 24-hours of the day, seven days of the week, as would be available in options for critical care.

In exceptional circumstances, if a stroke patient at Prince Philip Hospital required a higher level of critical care support (i.e. level 3 care) they would either be directly taken to Glangwili Hospital, or would be transferred through the ACCTS service, or in some circumstances, would remain within the hospital on the stroke ward.

What's the regional/national set-up and direction for stroke services in Wales?

There is a national stroke programme, aimed at making improvements in stroke services across Wales. Currently this work suggests there should be four stroke centres (Comprehensive Regional Stroke Centres or referred to as Hyper Acute Stroke Units) working as a network in Wales. This would have an impact on all stroke services within Wales. It would likely mean that local delivery of stroke care would be initial treatment and then transfer onwards to stroke centres, before returning locally to a stroke unit to receive specialist stroke rehabilitation.

Where will the Hyper Acute Stroke Unit (HASU) be?

Although work has been ongoing, it has not yet been decided where these would be in Wales. A business case was written by the ARCH regional stroke programme. This was considered by Hywel Dda UHB's Strategic Development and Operational Delivery Committee (SDODC) where the Executive Team indicated support in principle for the development of a Comprehensive Regional Stroke Centre. The Executive Team recognised a significant amount of work will be required between now and the unit potentially being in a position to serve our communities. This is currently anticipated to be in year three of the implementation plan. The whole stroke pathway would need to be considered to ensure Hywel Dda units have the staffing levels to meet national standards and support timely repatriation (return home) for patients.

You can read more here: [hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-27-july-2023/board-agenda-and-papers-27-july-2023/item-3-5-clinical-services-plan-update-pdf/)](hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-27-july-2023/board-agenda-and-papers-27-july-2023/item-3-5-clinical-services-plan-update-pdf/)

Why are we building a service around the location of a consultant, can't the consultant move?

Medical consultant fragilities are only one of the issues affecting stroke services within the Hywel Dda area. Over a five-year period, there has been a worsening position in meeting the SSNAP audit scores, as well as nurse staffing level at certain sites, although nurse staffing level issues at some sites have now improved.

What about the impact of Hereford closing their stroke unit?

At the time we explored the issues and challenges facing our nine services in the Clinical Services Plan (which resulted in the drafting of the Issues Paper) and the options development process, we were not aware of the changes taking place in Hereford (more information, page 24 https://www.hwics.org.uk/application/files/7117/2319/7869/b._HW_JFP_-_Appendix_1._Core_areas_of_focus_2425.pdf)

Now we are aware of this, and we will be contributing and supporting a Mid Wales Stroke Task and Finish group, which has met since July 2025.

Will patients move back to BGH after initial treatment? Will we have trained staff there to deal with patients appropriately?

Under the current options, patients would have their treatment and acute stroke rehabilitation at the Stroke Unit. However, once they reach the stage of needing non-acute, more general rehabilitation they could be repatriated (return) to their local hospital to a general ward. In addition to this, we would aim to get patients home from hospital sooner with Integrated Community Stroke Services.

How were Bronglais staff included in the development of the options?

We have engaged with staff in the early stages of work on our nine clinical services and representative staff have been involved both in developing options and in the check and challenge process.
For example:

- We undertook a survey with staff from the nine service areas early in the process to understand the issues.
- Like the other individual services, stroke services were represented by the clinical lead, service delivery manager and senior stroke specialist nurse, who provide leadership for the service across all our hospitals.
- The options development group also included other Bronglais based staff, such as the hospitals clinical site lead and others including a union representative.
- Representatives from Bronglais stroke services were also on the ‘check and challenge’ group reviewing the work. Their feedback following shortlisting of options, led to greater involvement from stroke clinical nurse specialists from all hospital sites in the programme of work

We have updated health board staff on the programme of work throughout and regularly reported on the work through our Public Board, with papers available to the public on our website.

We are now engaging more widely, including with staff and Trade Union representatives, patients, our wider communities, and stakeholders, as part of our consultation. We encourage everyone to get involved, read our documentation or attend events, and complete the questionnaire.