

Agenda – Petitions Committee

Meeting Venue:	For further information contact:
Committee Room 3	Gareth Price
Meeting date: 10 November 2025	Committee Clerk
Meeting time: 14.00	0300 200 6565
	Petitions@senedd.wales

- 1 Introductions, apologies, substitutions and declarations of interest**

- 2 Evidence session: P-06-1510 Direct NRW to revoke the environmental permit and ensure the closure of Enover's, Hafod Landfill Site in Wrexham**
(14.00 – 14.40) (Pages 1 – 60)
Steve Gittins, Lead petitioner

- 3 New Petitions**
 - 3.1 P-06-1534 End corridor care in Wales**
(Pages 61 – 73)

- 4 Updates to previous petitions**
(14.40 – 15.15)
 - 4.1 P-06-1538 Protect full stroke services at Bronglais Hospital; prevent downgrade to Treat and Transfer**
(Pages 74 – 81)
 - 4.2 P-06-1307 The Welsh Government should commit to the adoption of the maintenance of new housing estates by local authorities**
(Page 82)
 - 4.3 P-06-1494 Welsh Government to protect funding in education from WG and Local Authority cuts**
(Pages 83 – 84)

- 4.4 P-06-1423 Reinstate the 552 Cardi Bach coastal bus service in South Ceredigion!
(Pages 85 – 87)
- 4.5 P-06-1444 Women of North Wales have the right to have a Menopause Services/Clinic in Ysbyty Gwynedd
(Pages 88 – 103)
- 4.6 P-06-1426 Install traffic lights at the McDonald's Pontypool roundabout
(Pages 104 – 106)
- 4.7 P-06-1440 Establish a Welsh under 18 gender service in Wales for Welsh children and young people asap
(Pages 107 – 108)
- 4.8 P-06-1445 Change Land Transaction Tax for First Time Buyers in Wales to be in line with the UK Government
(Pages 109 – 110)
- 4.9 P-06-1487 Provide a pedestrian crossing on A4042 Llanover; make safe for bus users and reduce the speed limit
(Pages 111 – 113)
- 4.10 P-06-1464 Allow Welsh families who have experienced Baby loss before 24 weeks to obtain baby loss certificate
(Pages 114 – 115)
- 4.11 P-06-1489 Legislate to ensure swift bricks are installed in all new buildings in Wales
(Pages 116 – 118)

5 Papers to note

(15.15)

- 5.1 P-06-1427 Create a sustainable traffic plan for the Rhiangoll Valley
(Page 119)

6 Motion under Standing Order 17.42(ix) to resolve to exclude the public from the meeting for the remainder of today's business

(15.15)

7 Discussion of evidence: P-06-1510 Direct NRW to revoke the environmental permit and ensure the closure of Enovert's, Hafod Landfill Site in Wrexham

(15.15 – 15.25)

8 Review of Standing Order 23 and Petitions Process: Proposals

(15.25 – 15.55)

(Pages 120 – 146)

Agenda Item 1

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P-06-1510 Direct NRW to revoke the environmental permit and ensure the closure of Enover't's, Hafod Landfill Site in Wrexham.

Y Pwyllgor Deisebau | 22 Medi 2025
Petitions Committee | 22 September 2025

Reference: SR25/11931-1

Petition Number: P-06-1510

Petition title: Direct NRW to revoke the environmental permit and ensure the closure of Enover't's, Hafod Landfill Site in Wrexham.

Text of petition:

The Hafod Landfill Site has caused community distress for 18 years, making it Wales' longest running environmental campaign. Despite efforts by residents and elected representatives, the site continues to emit noxious odours, creating an unacceptable statutory nuisance. NRW are responsible for environmental protection and has failed to take meaningful enforcement action, relying instead on technical justifications and vague assurances. This is not just regulatory inertia, but governance failure.

In 2024, the odour and air pollution reached distressing and crisis levels. Families were unable to open their windows, children are forced to play indoors. If NRW regulatory framework allows a site to emit persistent and overpowering odours whilst remaining compliant, then the regulations are clearly not fit for purpose. Their own last Inspection reported key failings such as a non-operational gas engine, increasing the release of landfill gases. Temporary capping of landfill cells that fail to contain odours. Persistent leaks from multiple area of the site. Delays in infrastructure upgrades, leaving the site vulnerable to excessive emissions. In May 2020, a substantial fire broke out, burning for several days and producing thick black smoke. NRW recorded air pollution levels 14 times above the permitted level. If NRW



cannot hold Enovert accountable, and they have failed to do so in 18 years, then an independent inquiry into their effectiveness as a regulatory body is urgently needed.

The text provided above is submitted by the petitioner. The petitions team make every effort to ensure it preserves their authentic voice. This text has not been verified for accuracy, or errors, and may contain unverified opinions or assertions.

1. Background

This briefing supports the Petitions Committee's short inquiry into the Hafod Landfill site. It updates the earlier briefing published for the Committee's first consideration of this petition on 28 April 2025.

Mersey Waste Holdings was granted permission to run the former Hafod quarry site as a landfill in 2004, following a public inquiry. Wrexham County Borough Council (CBC) had previously rejected the company's application. Since November 2008, it has been operated by Enovert North Ltd. (formerly Cory Environmental Limited). The landfill operates under an environmental permit (EPR-PP3139GB) issued by Natural Resources Wales (NRW). NRW regulates waste sites in line with its regulatory principles.

Hydrogen Sulphide (H₂S) is a gas that is released during the decomposition of organic matter and is associated with landfill odour. As set out in this April 2025 local authority scrutiny report, there were a significant number of complaints relating to odour from the site during 2024. The petitioner has called for NRW to revoke the site's environmental permit.

Direct NRW to revoke the environmental permit and ensure the closure of Enovert's, Hafod Landfill Site in Wrexham.

In a [February 2025 newsletter update](#), NRW explained the circumstances under which it is able to revoke an environmental permit:

Hafod Landfill operates under an Environmental Permit, which sets out the types and amounts of waste that can be accepted at the site. The permitting regulations do not allow us to include restrictions on where waste comes from.

We only revoke permits if we believe the operation poses a serious risk to the environment or human health, and if all other measures to reduce the odour have been exhausted. At present, the operators are still working through a number of actions to address the issues, and we are regulating them closely.

Closing the site would not immediately get rid of the odours, as leachate and landfill gas would still need to be managed to reduce the potential for offsite odours.

Our regulatory actions are guided by our published regulatory principles, ensuring a balanced and proactive approach.

NRW summarises the findings of its site inspections, audits, and monitoring activities in Compliance Assessment Reports. A [February 2025 compliance report](#) for the Hafod Landfill details 5 'non-compliances' of environmental permit conditions, relating to:

- leachate management;
- landfill gas;
- chloride monitoring; and
- surface water monitoring.

There were 26 instances of landfill methane emissions exceeding the permitted amount during the final quarter of 2024.

An [NRW webpage](#) outlines its ongoing regulatory actions for the site, including:

- regular site inspections;
- reviewing Enovert's management procedures and action plans; and
- working with Wrexham CBC to ensure air quality and monitoring meets [Welsh Government standards](#).

NRW says it told Enovert to take action to reduce long-term fugitive (unintentional) emissions in late 2024. It also [issued Enovert with an Enforcement Notice](#) on 21 December 2023, which included "several actions that needed to be taken to address the odour complaints reported between October and December 2023". NRW says Enovert complied with the notice, completed related works, and updated its action plan related to its management procedures.

Its March 2025 update says Enovert has installed new infrastructure to increase the volume of gas being collected from the site, and that further air quality monitoring equipment will be installed in the near future. On odour emissions to residential areas, NRW says:

“Under the conditions of the Environmental Permit, if the operator is taking appropriate measures to control odour, a breach of the permit does not occur, even if some odour is still detectable. The site operator has identified appropriate measures within their odour management plan to manage odour emissions; however, we understand that there continue to be impacts on the community. We are closely reviewing their plan to determine if any additional measures are needed to further mitigate odours.”

The Hafod Landfill Stakeholder Group was established in early 2025, following a rise in odour complaints. The Stakeholder Group includes Enovert, NRW, Wrexham CBC councillors and officials, and community council representatives. It had its first meeting on 21 March 2025. Additionally, the Hafod Liaison Group was established over 20 years ago as a forum for dialogue between the operator and the local community. It is chaired by a local councillor and includes Enovert, NRW, local Wrexham CBC councillors and officials, community councillors, and four local residents.

In its most recent (May 2025) update, NRW says the number of odour incidents has “shown a steadily decreasing trend as improvement works are completed”.

2. Written evidence submitted to inquiry

The Petitions Committee carried out a consultation with key Hafod Landfill stakeholders in July and August 2025. This section summarises the written responses the Committee received.

2.1. Enovert

Enovert's submission details its waste management role and how it is regulated. It says the degradation of waste in landfill produces landfill gas and leachate. The landfill gas is collected for use as fuel, whilst the leachate is stored in tankers for later processing at wastewater treatment facilities. Enovert provides detailed information on the types of waste it accepts and the source of that waste.

In relation to odour, Enovert says it takes complaints seriously and investigates and reacts to each one. It says it took remedial action both before and after it was issued a Statutory Notice by NRW in December 2023, and that it complied with all actions on agreed timescales. Its response includes a list of works it undertook between October 2023 and July 2025. Enovert says it installed four monitoring stations around the site, and it has appointed “leading independent environmental consultants” to assess the data. It says it

followed the consultancy's recommendation to install "additional diffusion tube monitoring devices to provide accurate detail in respect of actual exposure risk".

Enovert says that, following a meeting with the Wrexham CBC Homes & Environment Scrutiny Committee, it agreed to part-fund an air quality monitoring scheme. The scheme includes monitoring hydrogen sulphide gas on site and in the community. In relation to publishing that data, Enovert says:

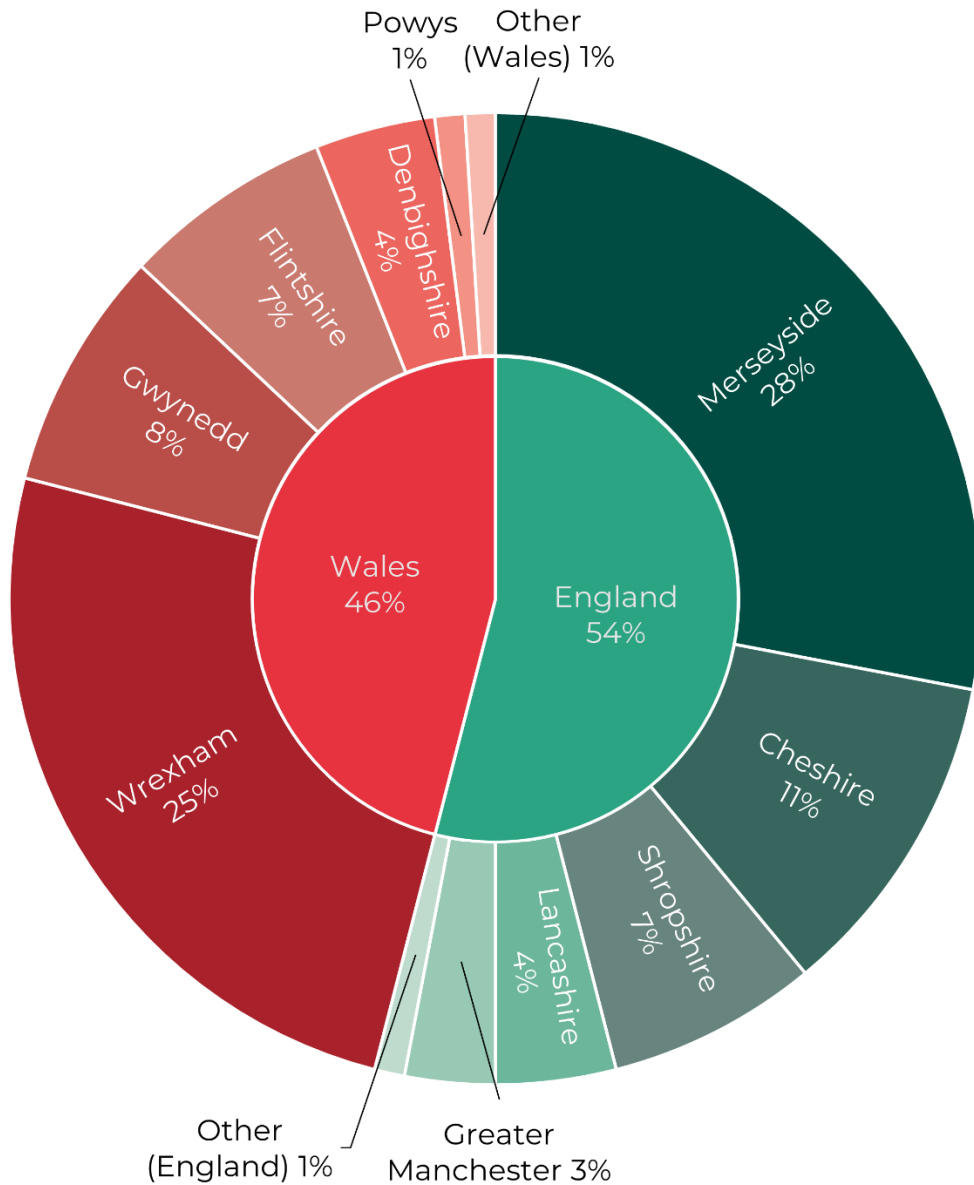
"The monitoring exercise needs to gather a sufficient body of data to allow proper assessment of the air quality environment. We are awaiting the data from the instruments for the third monitoring period at the time of writing. We have agreed to provide the latest monitoring data summary, with the benefit of the third round of monitoring detail, to the Senedd Petitions Committee by 15th September for inclusion in our evidence."

The latest data is not available at the time of preparing this briefing. However data for March 2025 can be found in a [report produced for the scrutiny Committee](#).

The response goes on to rebuke specific claims made in the petition. It also details the volume of landfill gas extracted from the site since November 2023, which has stabilised and (on average) fallen slightly.

Enovert provides information on the source of waste inputs to Hafod during 2024. It says around 10% of all waste is residual 'black bag' waste diverted from Energy from Waste plants. Just over half of the 2024 input (54%) came from England, with most of the remainder coming from north Wales. This is summarised below.

Hafod landfill 2024 inputs by nation and local authority area.



Source: Enovert

2.2. Public Health Wales

Public Health Wales (PHW) submitted evidence detailing its involvement with Wrexham CBC in relation to odour at Hafod.

PHW provides advice on guideline values for assessing public exposure to hydrogen sulphide over different time periods. It says it does not need to be informed of routine findings “unless the data shows significant concerns e.g.

Direct NRW to revoke the environmental permit and ensure the closure of Enovert's, Hafod Landfill Site in Wrexham.

concentrations are routinely above the exposure standards". It also advises that occupational exposure standards are inappropriate for assessing public exposure.

PHW also provides information on assessing the concentration of Volatile Organic Compounds (VOC) in air, which does not include hydrogen sulphide. It suggests benzene could be used as a conservative proxy for assessing the health risks of VOC unless Wrexham CBC can establish "an informed estimation of what VOCs are likely to be present".

2.3. Natural Resources Wales

NRW says Enovert's Environmental Permit "requires the operator to prevent odour off site or, where that is not possible, to keep it to a minimum". It says Enovert's Odour Management Plan describes how it will achieve this condition. And that any updates to its Plan must be assessed by NRW officers.

The response details NRW's approach to odour investigation, which includes site investigations and a odour intensity scale. It says a breach will only be recorded when on-site activities are likely to cause off-site pollution, and the operator is not taking all appropriate measures to control odour.

NRW says it can only initiate the closure of a landfill "when the management of an operational site is poor and further operation of the site may result in significant, long-term pollution". It says a closure notice is only used "when other enforcement options have been exhausted".

NRW provides a timeline of significant events in the regulatory history of Hafod, which are summarised in the table below:

Recent history of NRW's regulatory activity at Hafod

Date	Event
October 2023	Large increase in odour incident reports.
21 December 2023	NRW issued a Compliance Notice to Enovert to address odour.
31 January 2024	NRW satisfied that Enovert had complied with Notice.
8 March 2024	More gas emissions identified, Enovert proposes more remediation measure.
13 May 2024	NRW follow-up visit finds overall improvement, but some transient odours still detected.

Direct NRW to revoke the environmental permit and ensure the closure of Enovert's, Hafod Landfill Site in Wrexham.

November 2024	NRW's Landfill Emissions Reduction Project (LERP) team audits Hafod, gives recommendations and actions to Enovert in a Compliance Assessment Report.
December – January 2025	Escalation in odour incident reports. NRW officers confirm offsite odour is present.
After January 2025	Odour incidents reports decrease. NRW makes unannounced inspections and site audits. NRW considering additional enforcement on leachate.

NRW also provided a more [detailed history of recent enforcement action](#) to Wrexham CBC's Home and Environment Scrutiny Committee meeting on 29 April 2025.

2.4. Wrexham CBC

Wrexham CBC's submission to the inquiry describes the history of the site and the council's work in addressing community concerns about the landfill.

Its Homes and Environment Scrutiny Committee considered complaints about the site during meetings in June 2024 and April 2025. It also produced a report in October 2024. Key recommendations arising from the most recent meeting include:

- consideration of another update report in 6 months – the report should detail any site-related toxicity and associated health impacts;
- the council should explore expanding air quality monitoring in the community; and
- if monitoring shows odours “above accepted limits”, Wrexham CBC should explore its powers under the *Environment Protection Act 1990* (the 1990 Act) to tackle these.

Wrexham CBC says its officers have enforcement powers to tackle ‘statutory nuisance’ under the 1990 Act, but its policy is for the organisation with primacy (in this case NRW) to implement formal actions. It says any local authority-led prosecution would require the consent of the Welsh Ministers.

The Council says its officials determined the best options for air quality monitoring for hydrogen sulphide and volatile organic compounds. Four AQMesh Pod monitors were installed by Enovert around the Hafod Landfill in February and March 2025, and are operated by the company. An additional monitor was installed and is operated by Wrexham CBC at the Johnstown Community Centre, and a second monitor is due to be installed at the Johnstown and Nant Parc Bowling Pavilion. Data from monitors “can be checked in real-time by [Wrexham CBC] Public Protection, NRW and Enovert personnel”. However, Wrexham CBC qualifies the interpretation of this data:

"It is important to stress that the data from AQMesh Pods is qualitative. Quantitative data can only be provided when a stringent QC plan is in place with access to reference instruments. The options to implement this process is being pursued with Enovert and Geotechnology."

In addition to the AQMesh Pods, Wrexham CBC says hydrogen sulphide diffusion tubes have been co-located with the monitors and also deployed in other nearby locations. It says this is "to determine the accuracy of the real time monitors and check for other sources of H₂S".

Data interpretation is to be done through a company called Geotechnology, which is being employed by Enovert. It says reports are being provided to the Council, NRW, and Enovert, and "will be accessible to the public via NRW's citizen web pages". It is unclear whether the raw data itself will be published. Wrexham CBC says it has altered its interpretation of hydrogen sulphide thresholds following correspondence with Public Health Wales, and it will now compare readings to [World Health Organisation \(WHO\) air quality guidelines](#) and [Acute Exposure Guideline Levels \(AEGs\)](#).

Wrexham CBC officers conducted daily assessments of odour levels around Hafod Landfill from mid-July to mid-August 2025. In 85% of assessments, no odour was detected. When odour was detected, this was most commonly at one of 3 sites immediately adjacent to the landfill on its eastern boundary. Wrexham CBC says its results "indicate that no statutory odour nuisance currently exists, relating to the Hafod landfill site at the current time".

2.5. Wrexham councillors

Three Wrexham CBC councillors representing wards around Hafod Landfill submitted a joint response to the Committee's inquiry, they were:

- Cllr David A Bithell (Deputy Leader of the Independent Group);
- Cllr Steve Joe Jones (Independent Councillor); and
- Cllr Dana Davies (Leader of the Labour Group).

The response says there have been fewer complaints during 2025 compared to previous years and that Enovert has recently been more proactive in working with other stakeholders. However, it caveats this by saying public communication needs to improve "to rebuild trust and demonstrate that action is being taken when problems arise". The Councillors say they support "measures which will reduce odour, provide public health assurance, minimise complaints, and ensure accountability", emphasising the need for ongoing support and oversight.

2.6. Residents

The Petitioner wrote to the Committee asking for clarity from NRW and Wrexham CBC in five areas:

- the assessment of off-site health and nuisance impacts by NRW;
- the exercise of statutory powers by Wrexham CBC;
- the transparency of monitoring datasets;
- enforcement in relation to hydrogen sulphide levels; and
- perceptions of whether regulators are acting to protect the public.

Another resident responding to the Committee says that Enovert and NRW have sometimes attributed odours to agricultural activity, rather than the landfill.

Both the petitioner and other resident suggest that a recent decrease in complaint reporting to NRW may be attributable to “complain fatigue”, where residents no longer report odours “because they now feel that it is a waste of time”.

Residents expressed concern about their lack of representation in the Hafod Stakeholder Group, which was established earlier this year.

3. Welsh Government action

In his response to the petition, the Cabinet Secretary for Climate Change and Rural Affairs, Huw Irranca-Davies MS, says he met with NRW officials and Enovert senior management to discuss the Hafod landfill site on 19 March 2025. He says the site's issues are regulatory and operational, so NRW is “best placed to determine the appropriate regulatory action and I therefore do not feel it is necessary to direct NRW to revoke the permit.” Enovert's submission says the Cabinet Secretary wrote to the company after the visit:

“...to encourage Enovert to ensure compliance with the site's Environmental Permit through engagement with NRW, and the importance of engaging with the public regarding any necessary maintenance and infrastructure works at the site”

4. Welsh Parliament action

The Petitions Committee initially discussed this petition on 28 April 2025. On 16 June 2025, it agreed to hold a short inquiry into outstanding issues related to the

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site. This involved inviting Enovert, NRW, and Wrexham CBC officials to give oral evidence to the Committee.

On 14 January 2025, Gareth Davies MS asked the Trefnydd for a statement related to the site, specifically raising constituent concerns about a large amount of waste being brought from England. He asked:

...could the Cabinet Secretary for climate change outline how the Welsh Government is working with the UK Government and local authorities in England to ensure that residents in north Wales do not have to pay for the failures of local authorities in the north-west of England?

The Cabinet Secretary for Social Justice, Trefnydd and Chief Whip, Jane Hutt MS, responded:

You've raised a very specific question and issue for the Cabinet Secretary and Deputy First Minister, and he will find an appropriate way to respond to that. Thank you for raising it.

On 28 January 2025, Mark Isherwood MS asked the Trefnydd for a statement on the Hafod landfill, citing Johnstown constituent complaints about smells and NRW's "apparent lack of action in stopping it". The Trefnydd said the point "will be recorded with the Cabinet Secretary for Climate Change and Rural Affairs".

On 10 June 2020, following a fire at the landfill site, Llyr Gryffydd MS asked the then-First Minister, Mark Drakeford MS, for an independent inquiry into the cause of the fire and for the landfill's closure in the meantime. The First Minister said multiple authorities have responsibilities to provide reports about the fire, and "the Welsh Government will consider those reports and then decide what further action may be needed."

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

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Submission of Evidence to the Senedd Petitions Committee Inquiry: Hafod Landfill Site (Petition P-06-1510)

Opening Statement

To the Chair and Members of the Senedd Petitions Committee,

Firstly, I wish to express my sincere gratitude for the opportunity to provide a comprehensive response to the evidence presented during the initial inquiry session on **22nd September 2025**.

My submission is constructed as a direct, evidence-based rebuttal and augmentation to the transcripts and documents submitted by Natural Resources Wales (NRW), Public Health Wales (PHW), Enover, and Wrexham County Borough Council (WCBC). This evidence is structured to explicitly address the inconsistencies, technical deficiencies, and management failures that have allowed the persistent public health and odour nuisance from Hafod Landfill to continue.

The following index outlines the critical areas where the operator's and regulators' claims are challenged by the objective monitoring data and established scientific principles.

Steve Gittins

Submission to the Senedd Petitions Committee Inquiry: Hafod Landfill Site (Petition P-06-1510)



Index of Evidence : Submission to the Senedd Petitions Committee Inquiry

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SC#03	Sniff Testing – Discrepancy of Monitoring
SG#04	Transparency and Engagement Failures
SG#05	Interrogation of Transcripts – 22nd September 20025
SG#06	Health Risks
SG#07	Challenging Claims of Regularatory Compliance
SG#08	Challenging PHW ‘low risk’ statement - using Dffusion Tubes
SG#09	Complaint Fatigue
SG#010	Summary

Steve Gittins

Submission to the Senedd Petitions Committee Inquiry: Hafod Landfill Site (Petition P-06-1510)

Inquiry Report: Assessment of Data Presentation in Table 4-2

Subject: Misleading Presentation of Compliance Data by Omission of Exceedance Rates

Submitted by Steve Gittins **Date:** 21st October, 2025

1. Summary

The analysis of "Table 4-2 Summary statistics for whole dataset at each pod" reveals that the data presentation is fundamentally misleading and potentially manipulative. By focusing exclusively on the percentage of measurements **below** 1ppb and 5ppb thresholds (i.e., 'compliance'), the table successfully obscures the actual rate of **exceedance** (measurements greater than the threshold).

Specifically, for the highly scrutinized Community Pod, the original presentation highlights 37% of compliance for the 1ppb threshold. However, the true failure rate—the **exceedance rate** is 63%. The purpose of this report is to discredit the original table's framing and provide a transparent, corrective presentation detailing the actual exceedances.

2. Critique of Original Table 4-2 Data Presentation

The original Table 4-2 includes the following key columns for assessing threshold performance:

Enovert's own monitoring Data for March to August – without non-compliance percentages

Table 4-2 Summary statistics for whole dataset at each pod									
Pod	Min	Max	95%ile	Average	Count	<1ppb	%<1ppb	<5ppb	%<5ppb
Community	0.00	29.16	10.77	3.69	13508	4943	37%	8902	66%
Entrance	0.00	258.85	12.59	4.37	18262	6263	34%	11113	61%
Cell 1 capping	0.00	42.05	4.64	0.77	13189	10607	80%	12608	96%
NW Lagoon	0.00	37.47	12.46	4.03	13556	5237	39%	8668	64%
Western bund	0.00	20.83	5.97	1.20	12850	8975	70%	11903	93%

Enoverts Monitoring Data – with non-compliant data added											
Pod	Min	Max	95%ile	Average	Count	<1ppb	%<1ppb	>1ppb	<5ppb	%<5ppb	>5ppb
Community	0.00	29.16	10.77	3.69	13508	4943	37%	63%	8902	66%	34%
Entrance	0.00	258.85	12.59	4.37	18262	6263	34%	66%	11113	61%	39%
Cell1 Capping	0.00	42.05	4.64	0.77	13189	10607	80%	20%	12608	96%	4%
NW Lagoon	0.00	37.47	12.46	4.03	13556	5237	39%	61%	8668	64%	36%
Western bund	0.00	20.83	5.97	1.2	12850	8975	70%	30%	11903	93%	7%

Compliant					
Non-Compliant					

- Omission of Key Metric:** It deliberately omits the %>1pp and %>5ppb columns, which are the figures regulators and the public are most concerned with (i.e., the failure rate).

2. **Psychological Framing:** By labeling the visible percentages as "compliance" (<1 ppb and <5ppb), the presentation suggests the overall situation is one of compliance, but it is not. In **Table A** above, a 37% compliance rate claimed by Enovert, but in **Table B** it is correctly and accurately described as a 63% failure rate.

3. Calculation of Actual Exceedances

The actual exceedance count and percentage must be calculated by subtracting the "below threshold" figures from the total count and 100%, respectively.

Incorrect Detailed Exceedance Calculations

Pod	Total Count	Threshold	Counts < Threshold (A)	Counts Exceeding (Total - A)	Exceedance % (100% - % < ppb)
Community	13,508	>1ppb	4,943	8,565	63%
		> 5ppb	8,902	4,606	34%
Entrance	18,262	> 1ppb	6,263	11,999	66%
		> 5ppb	11,113	7,149	39%
Cell 1 capping	13,189	> 1ppb	10,607	2,582	20%
		> 5ppb	12,608	581	4%
NW Lagoon	13,556	> 1ppb	5,237	8,319	61%
		> 5pp	8,668	4,888	36%
Western bund	12,850	> 1ppb	8,975	3,875	30%
		> 5ppb	11,903	947	7%

4. Revised, Transparent Presentation (Table 4-2 - Corrected)

The following table provides the transparent metrics necessary for a fair assessment of environmental performance, making the actual exceedances the primary point of data visualization.

Pod	Total Count	Exceedances >1ppb(Count)	Exceedances >1ppb(%)	Exceedances > 5\ppb (Count)	Exceedances >5ppb(%)
Community	13,508	8,565	63%	4,606	34%
Entrance	18,262	11,999	66%	7,149	39%
Cell 1 capping	13,189	2,582	20%	581	4%
NW Lagoon	13,556	8,319	61%	4,888	36%
Western bund	12,850	3,875	30%	947	7%

5. Conversion to Time-Based Exceedance (Hours per Day)

To contextualize the scale of non-compliance, the calculated exceedance percentages are translated into the equivalent number of hours per day that the thresholds were exceeded, assuming the measured failure rate applies proportionally to a standard 24-hour cycle. This conversion is necessary to demonstrate the persistent nature of the exceedance, which is often masked by the large total count figure.

Pod	Exceedance % 1 ppb	Exceedance Hours >1ppb	Exceedance % Hours > 5ppb	Exceedance Hours >5ppb
Community	63%	15.12 hours	34%	8.16 hours
Entrance	66%	15.84 hours	39%	9.36 hours
NW Lagoon	61%	14.64 hours	36%	8.64 hours

Calculation Example (Community Pod, 1ppb: 24 hours times 0.63 = 15.12 hours

The results demonstrate that, on an average day reflecting this dataset:

- **Community Pod:** The lower threshold > 1ppb was exceeded for over **15 hours** per day. The higher, more concerning threshold >5ppb was exceeded for over **8 hours** per day.
- **Entrance Pod:** The lower threshold was exceeded for nearly **16 hours** per day, and the higher threshold was exceeded for over **9 hours** per day.

This time-based conversion highlights the severe and near-constant nature of the non-compliance at these critical locations.

Disappointing and Misleading Data Presentation

Furthermore, the Graph presentation of H₂S data in the Landfill Monitoring Report (e.g., the "small representation" of graphs on page 12 of the Air Quality Monitoring Report presented by Enovert) is highly **misleading**. By compressing the time-series, the visual impact of the frequent, repetitive, and sustained exceedances above the WHO Nuisance Threshold (4.7 ppb) appears is obscured. See example below :-



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The Enovert graph (above left) does not accurately portray the exceedances of ppb based solely on the size of the image of the graph. The thresholds of ppb 'appear' very low on the graph's vertical scale, and therefore the scale is too dense. This is because the scale goes up to 100ppb in 20ppb intervals, giving the illusion that the recorded data is very low on the graph.

Summary: Disappointing and Misleading Data Presentation

The presentation of data in the Landfill Monitoring Report (e.g., the graphs on page 12 of the Air Quality Monitoring Report presented by Enovert) is **highly misleading**. This is achieved by **compressing the time-series**, which visually **obscures** the frequent, repetitive, and sustained **exceedances** above the **WHO Nuisance Threshold (4.7 ppb)**.

Further contributing to what appears to be a '**smoke & mirrors**' approach, the accompanying graph uses a dense vertical scale that goes up to 100 ppb in 20 ppb intervals. This scale distortion minimizes the visual impact of the recorded data, creating the **illusion** that the thresholds of ppb are very low and that the overall data is compliant.

Also Table 4-2 on page 13 of the same monitoring report demonstrates that the original assertion of "**low and acceptable compliance**" is **severely misleading** for the most critical monitoring locations.

The **Community Pod** shows only **37% compliance**, which translates to a stark **63% failure rate** at the **1 ppb threshold**. This means nearly two-thirds of all measurements recorded were above the lower regulatory concern limit. The **Entrance Pod** has an even higher failure rate of **66% at 1 ppb**. Moreover, **34% of readings at the Community Pod** and **39% at the Entrance Pod** exceed the more concerning **5 ppb threshold**.

The Inquiry is strongly advised to **reject any conclusions drawn from the original Table 4-2**. Future data reporting must prioritize the explicit reporting of **Exceedance Counts and Percentages** to ensure public and regulatory scrutiny is focused on the **actual environmental performance failure rate**.

'The true identity of non-compliance is being hidden in plain sight'

Wrexham's Full Council passed a motion on 19th February 2025, which set out tighter management arrangements for the Hafod Landfill and mandated that if emissions / odour were not eradicated, the Council will expect the necessary plans to made for closure, and the mandatory and effective land restoration of Hafod Landfill site.

THAT TIME IS NOW !

Submission to the Senedd Petitions Committee

Inquiry: Hafod Landfill Site (Petition P-06-1510)

Subject: The Scientific and Regulatory Case for Permit Revocation based on the Correlation between Rainfall, Leachate Levels, and Public Health Risk from Hydrogen Sulfide (H₂S) Emissions.

Submitted by Steve Gittins **Date:** 21st October, 2025

Introduction

1. This submission provides scientific and regulatory context to support the immediate **revocation of the Environmental Permit** for the Hafod Landfill Site. It focuses specifically on the established, acute, and growing correlation between meteorological conditions (**rainfall**), internal site management failures (**leachate accumulation**), and the resultant fugitive emissions of noxious gases, particularly **Hydrogen Sulfide (H₂S)**. This nexus of risk is fundamentally incompatible with safeguarding public health and environmental quality under Welsh legislation.

Section 1: The Established Scientific Correlation

2. The operational integrity of any landfill is critically dependent on effective **leachate management**. The scientific evidence clearly demonstrates a direct causal chain linking rainfall to the generation of noxious gases:

1.1. Rainfall and Leachate Levels

3. Heavy rainfall significantly accelerates **leachate production** by increasing the percolation of water through the waste mass. This process can rapidly elevate leachate levels, which may overwhelm collection and storage systems, leading to breaches in environmental permits and increasing the risk of groundwater and surface water contamination (Act Environmental). Studies confirm that extreme rainfall events can significantly increase the concentrations of various pollutants in landfill leachates (Yu, X., et al., 2021, PubMed).

1.2. Leachate and H₂S Emissions

4. The accumulation of leachate creates a highly saturated, **anaerobic environment**. This condition is conducive to the proliferation of sulfate-reducing bacteria (**SRB**). These bacteria utilize sulphate often found in common materials and sewage sludge, generating highly odorous H₂S as a byproduct (US EPA). Thus, **elevated leachate levels function as a direct mechanism for increased H₂S generation** and subsequent fugitive emissions.

Section 2: Exacerbating Factors and Climate Vulnerability

5. The established correlation is significantly compounded by seasonal weather patterns and the **long-term effects of climate change**, making the Hafod site's current **regulatory status unsustainable**.

2.1. Seasonal Variations and Winter Months

6. While microbial activity and gas production are generally higher in warmer months, the risk of high-level fugitive emissions remains acute during winter. Lower temperatures can reduce the thermal efficiency of landfill gas collection and utilisation systems, leading to a rise in uncontrolled fugitive emissions. Concurrently, increased winter precipitation exacerbates leachate accumulation, creating peak-risk conditions where reduced gas capture overlaps with maximum H₂S production potential (Dajić, A., 2023, E3S Conferences).

2.2. Climate Change Implications

7. Climate change projections for Wales indicate an **increase in the frequency and intensity of extreme rainfall events**. This trend is expected to lead to prolonged periods of excessively high leachate levels, directly and significantly amplifying the future volume and persistence of H₂S emissions from landfills (Bouzonville, A., 2013, atmoterra.com). This requires regulatory oversight to shift from managing status quo risk to mandating climate-resilient and preventative site closure.

Critical Assertion

8. The evidence detailing the impact of rainfall and leachate on H₂S generation is internationally accepted, scientifically robust, and directly relevant to the unacceptable odour nuisance and health concerns at the Hafod site.
9. **Any attempt to dismiss or downplay this important correlation would be extremely misleading and could risk public health and environmental safety.**

Section 3: Policy Recommendations for Senedd Consideration

10. Based on the demonstrated scientific risks and the persistent regulatory failures documented at the Hafod site, this submission puts forward the following policy recommendations for Natural Resources Wales (NRW) and the Welsh Government:
11. **Mandate Climate-Resilient Infrastructure:** All remaining permitted landfills must immediately undergo a **climate vulnerability assessment**, specifically focusing on the integrity of leachate collection systems against projected extreme rainfall and flooding events. Permits that fail this assessment should be subject to immediate closure protocols.
12. **Stricter Enforcement on Leachate Levels:** Leachate levels that exceed regulatory limits must immediately trigger a severe enforcement response, including escalating daily fines and mandatory cessation of waste acceptance until remediation is complete. Leachate breaches must be viewed as an imminent public health risk, not merely a technical non-compliance.
13. **Review the Waste Acceptance Criteria (WAC):** Given that H₂S generation is linked to sulfate-rich materials (e.g., gypsum), the Senedd should commission a review of WAC in Wales to **restrict or ban the landfilling of such materials**, especially in sites exhibiting chronic H₂S problems like Hafod.
14. **Revocation Criteria:** NRW's permitting framework must be revised to include the persistent and unmanageable breach of air quality and odour nuisance standards—compounded by confirmed leachate system failures—as an **automatic trigger for permit revocation**, independent of the operator's proposed action plan. The burden of proof for environmental safety must rest solely with the operator.

Evidence from NRW Officials

15. James McClymont on Rainfall and Odour Correlation:

- “We have got complaints data running **back to 2007, and there isn’t evidence in that data to suggest that odours are particularly worse in the winter months**”

16. James McClymont on Leachate Levels and Odour:

- “**So, it doesn’t appear that that has an impact**, although there is a link potentially between leachate levels and fugitive emissions of odour. And that’s why we are progressing those leachate action plans and we’re asking the operator to focus on leachate management, so that we can eliminate that as a source of those odours.”

17. Mark Sylvester on Rainfall and Odour (Paragraph 199):

- Mr. Sylvester then clarified that he saw **no direct link regarding landfill gas extraction** (the principal source of H₂S), though he conceded a possible influence of rainfall on general waste odour, and committed to analysing the collected data to check for any such pattern.

Astonishment at the Stated Uncertainty

18. It is highly concerning that senior NRW officials appear reluctant to fully acknowledge the scientific connection between rainfall and leachate-driven H₂S fugitive emissions.
19. **Mr. McClymont's statement appears to effectively dismiss the direct rainfall-to-leachate correlation**, relying solely on complaint datasets to negate an established scientific mechanism.
20. **Mr. Sylvester** conceded that within the trade such a correlation is recognised, but then narrowed his view to exclude landfill gas, the principal odorous emission of concern.
21. This inconsistency highlights a troubling **disconnect between regulatory statements and established landfill science**:
 - Rainfall ingress is universally recognised as the main source of new leachate generation [1].
 - Leachate head pressure is the driver that forces odorous gases through cover material [2].
 - **To deny or minimise the link between rainfall and hydraulically driven fugitive emissions suggests a position that does not align with established principles of landfill physics, or an overly narrow focus on thermally-dependent gas generation.**
 - Such **equivocation from senior regulatory officials** risks undermining public trust, scientific credibility, and effective environmental enforcement.

Conclusion

22. The body of scientific evidence overwhelmingly confirms that the complex interaction of high rainfall, elevated leachate levels, and poor site management is the root cause of persistent H₂S emissions at Hafod. The failure to effectively manage these factors over many years, combined with the increasing threat of climate change, demonstrates that the site is intrinsically unsuitable for continued operation under its current permit. Decisive action is required by the Senedd to protect the rights, dignity, and health of the local community. The only commensurate regulatory response is the **revocation of the environmental permit**.

23. Supporting References :-

24. Dajić, A. (2023). The Effect of Climate Change on the Potential for Landfill Gas Emissions. *E3S Web of Conferences*.
25. Bouzonville, A. (2013). Review of Long-Term Landfill Gas Monitoring Data and Implications of Climate Change on Future Emissions. *Atmospheric Environment*. (cited as atmoterra.com in original list)

26. Nunes, M. I., et al. (2021). Hydrogen Sulfide Levels in the Ambient Air of Municipal Solid Waste Landfills: A Seasonal Study. *Science of the Total Environment*.
27. Yu, X., et al. (2021). Evidence from Seasonal Variations and Extreme Rainfall Events on the Occurrence of PPCPs in Landfill Leachates. *Environmental Pollution*.
28. US EPA. (Source cited for H₂S production via SRB and regulatory monitoring requirements).
29. Act Environmental. (Source cited for general mechanism of heavy rainfall and leachate percolation).
30. Waste360. (Source cited for moisture content increasing H₂S production).
31. E3S Conferences. (General citation for climate change/seasonal impact).

Submission to the Senedd Petitions Committee Inquiry: Hafod Landfill Site (Petition P-06-1510)

Sniff Testing – Discrepancy in Olfactory Monitoring

Submitted by: Steve Gittins Date: 21st October 2025

1. Statement of Concern

The Hafod Landfill site continues to be a source of persistent and unacceptable statutory nuisance to the local community, primarily due to fugitive odours of hydrogen sulphide (H₂S). Despite numerous complaints and stakeholder meetings, the subjective regulatory “sniff tests” have historically failed to substantiate the community’s lived experience of severe and frequent odour impact.

This report formally expresses concern regarding the integrity of nearly two decades of regulatory oversight, which is now **definitively discredited** by the **real-time air quality monitoring data collected between March and August 2025**.

The Committee is urged to acknowledge the clear conflict between these subjective odour checks and the objective gas readings.

2. Clarification of Odour Protocol (in Layman’s Terms)

Odour monitoring at a landfill site involves two main categories of measurement:

Method	What it Measures	Standard	Purpose
Olfactometry (Laboratory)	Concentration of the odour (how much).	EN 13725 (2003)	Determines odour concentration in odour units per cubic metre — the concentration at which 50 % of a panel can just detect the smell. This standard formalised sampling and laboratory testing after 2003.
Field Sniff Test (Community)	Intensity and frequency of the odour (how strong and how often).	EN 16841 (2016)	Determines the actual exposure and nuisance experienced by the community. This standard formalised field inspection methods (e.g. “grid” or “plume” method) to focus on the FIDOL factors: Frequency, Intensity, Duration, Offensiveness, and Location. Includes the use of field olfactometers such as the Nasal Ranger or Scentroid SM100.

3. The Protocol Evolution: From Paper to Digital (Post-2017)

Prior to 2003, odour regulation relied heavily on subjective intensity scales. The introduction of **EN 13725 (2003)** introduced a **mandatory scientific and quantitative** measure to define source strength.

The field assessment process underwent a further transformation with **EN 16841 (2016)**, which modernised community odour assessment to ensure repeatability, traceability, and legal defensibility.

A. Commencement of the Updated Process

Regulators' field assessments were expected to comply with the full Quality Assurance (QA) and Quality Control (QC) requirements of EN 16841 from:

- **Standard Ratification: 2016**
- **Implementation Deadline : 31 May 2017**

B. Mandatory Shift to Electronic Data Recorders (EDRs) and Screening Tools

From 2017 onward, EN 16841 required systematic field assessments using **Electronic Data Recorders (EDRs)** to ensure robust data integrity. Alongside digitalisation, the standard embedded the requirement for **screened and calibrated assessors** whose sensory performance meets EN 13725 criteria.

Rationale for Digital and Calibrated Tooling (Post-2017)

Why Legacy Methods Are Discredited

Automatic GPS Capture	EDRs automatically record precise GPS coordinates, proving assessor location. Paper logs are easily fabricated or prone to error.
Accurate Time-Stamping	EDRs provide non-modifiable timestamps, essential for correlating odour observations with meteorological data. Manual logs cannot achieve this.
Data Integrity and Audit Trail	Digital entry ensures a verifiable audit trail from field to final report, eliminating transcription errors.
Calibrated Human Assessors	EN 13725 screening tools (n-butanol tests, olfactometers, sensitivity kits) verify each assessor's olfactory capability. Without this calibration, "sniff test" findings are not scientifically defensible.

Therefore, any weekly sniff test logs conducted after 31 May 2017 that were recorded solely on paper and/or performed by un-screened assessors cannot be regarded as compliant with EN 16841 or the Lanfill Permit

4. Training, Qualification, and Screening of the "Sniffer"

The competence and calibration of individuals conducting weekly odour assessments are crucial elements of evidential integrity.

A. Training Requirements

- **Olfactometry Panelists (Laboratory):** Must be periodically tested to ensure their olfactory sensitivity falls within the normal range for the reference odour (n-butanol), as defined by EN 13725.
- **Field Assessors (Sniff Tests):** Must have documented training in the application of the intensity scale and methodology principles of EN 16841 – including the proper use of Electronic Data Recorders (EDRs) and screening tools.

Without verifiable, up-to-date training records and proof of competency in EN 16841 procedures, any regulatory finding of “No Odour Detected” or “Very Faint Odour” cannot be considered robust or defensible.

B. Purpose and Function of Screening Tools

Screening tools are essential for ensuring that the human assessors (“sniffers”) used in EN 16841 field odour surveys are **qualified, consistent, and compliant** with EN 13725.

They provide a quantitative means of verifying that each assessor’s sense of smell is within the required sensitivity and repeatability range.

Purpose of Screening Tools

Screening tools are used to:

- Verify each panelist’s **olfactory sensitivity** (how easily they detect odours),
- Check **repeatability and consistency** over time, and
- Maintain **objectivity** in field odour inspections (EN 16841 allows only assessors who meet EN 13725 criteria).

Main Types of Screening Tools

Category	Tool / Example	Purpose	Typical Use
Standard Odorant	n-Butanol (1-butanol)	The reference odorant specified in EN 13725; determines each person’s odour detection threshold.	Used in both laboratory and portable screening setups.
Dynamic Olfactometer	e.g. Olfasense TO8/TO9, Scentroid SC300	Delivers air-diluted odour samples at controlled concentrations.	Used in labs to determine individual detection thresholds precisely.
Field Olfactometer	e.g. Nasal Ranger, Scentroid SM100	Portable version allowing sensitivity screening or quick field checks.	Used on-site to verify that assessors’ performance remains within limits.
Odour Test Kits	e.g. Olfasense n-Butanol Screening Kit, Scentroid n-Butanol Sensitivity Test Kit	Ready-made kits with known concentrations of n-butanol.	Used for quick screening before or during field campaigns.
Software / Data Sheets	Electronic threshold calculators, result templates	Logs responses, calculates detection thresholds, and confirms EN 13725 compliance.	Used for traceability and audit documentation.

These tools ensure that both the **human and technological components** of the odour monitoring process are standardised, calibrated, and verifiable — critical for defending regulatory conclusions in any formal investigation or hearing.

5. Failure to Update the Protocol – A Breach of Best Available Techniques (BAT)

The failure to modernise odour monitoring practices in line with EN 16841 and EN 13725 represents not only a data integrity issue but also an **abdication of the regulator’s duty to apply Best Available Techniques (BAT)** as required under the Environmental Permitting Regulations and the Industrial Emissions Directive.

Since May 2017, the use of **paper-based odour logs, unverified assessor locations, and non-calibrated sniffers** falls demonstrably below the benchmark of technical and procedural competence expected of a competent authority, and cannot be scrutinised objectively.

The European and UK guidance on landfill odour management clearly embeds the expectation that **BAT encompasses both technological tools (EDRs, olfactometers, screening kits)** and procedural controls (training, QA/QC systems, traceable audit data). Failure to implement these constitutes a **regression from the minimum standards of evidence** required for credible environmental enforcement and undermines the legitimacy of the monitoring process itself.

6. Evidential Discrepancy and Critical Request

The **new air quality monitoring data** now provides objective evidence that directly contradicts historic subjective sniff test records.

Discredited Sniff Tests

Real-time monitoring from the Community Pod in **March 2025** revealed repeated, sustained hydrogen sulphide peaks well above the odour threshold (~1 ppb). These objective readings directly discredit any weekly field reports that recorded “No Odour (Level 0)” or “Very Faint (Level 1)” during the same periods.

The most compelling evidence lies within the aggregated monitoring dataset. The **zoomed-out graph (Figure 4-3, Page 12 of 27) of Report 2551r3v1d0925** clearly demonstrates the frequency of threshold exceedances across multiple locations. This long-term view objectively captures FIDOL’s **Frequency** and **Duration** elements, confirming a **persistent and widespread odour nuisance** irrespective of whether a trained assessor was present.

Critical Evidential Request

In evidence to the Senedd Petitions Committee (14:39:25), **James McClymont** confirmed that NRW has undertaken almost weekly odour assessments in Johnstown and Ruabon since October 2023, alongside ad-hoc responses to incident reports.

Given the contradiction between the subjective sniff test data and the objective community air-quality monitoring, the Committee is requested to issue a **Critical Evidential Request** for the following:

1. **Training and Qualification Records**

Full, unredacted copies of the training certification and competency records for all authorised officers who have conducted weekly sniff tests at Hafod Landfill over the past 12 months. These must demonstrate compliance with EN 16841 standards, including proficiency in using electronic data loggers and validated screening tools.

2. **Weekly Sniff Test Documentation (2003 – Present)**

Full, unredacted copies of all weekly sniff test logs and field reports conducted by the regulator from 2003 to the present day, with explicit confirmation of GPS and time-stamped EDR data for all assessments conducted after 31 May 2017.

Recognising that official record retention periods may be limited (often six years), the **year 2003** remains the critical baseline for evaluation, marking the introduction of key EU Landfill Directives and EN 13725.

If the regulator asserts that older records are unavailable, a formal written statement should be provided specifying:

- The **exact date** on which those records were destroyed or archived, and
- The **legal or regulatory authority** under which the data was deemed disposable.

Conclusion

Comprehensive disclosure of this data – or a transparent account of its absence – is essential to restore public confidence and ensure the validity of future regulatory oversight.

Steve Gittins

Submission to the Senedd Petitions Committee Inquiry: Hafod Landfill Site (Petition P-06-1510)

Transparency and Engagement Failures.

Submitted By: Steve Gittins : 21st October 2025

Summary

This submission directly addresses the statement of "openness," "transparency," and "resident engagement" associated with the Hafod Landfill site. Specifically, it rebuts the description of the Hafod Liaison Committee as an **"open forum"** by the **Senior Minerals and Waste Planning Officer for WCBC**, during the 22 September 2025 Senedd session. The evidence demonstrates a systemic failure across Wrexham County Borough Council (WCBC), Natural Resources Wales (NRW), and the Liaison Committee itself, projects an image of **exclusion, non-response, inaccessible information, and a refusal to process formal complaints**. This failure compromises community trust and accountability

Rebuttal of Statements by Senior Minerals and Waste Planning Officer for WCBC and the Implied Openness

At the Petitions Committee session of 22 September 2025, the Senior Minerals and Waste Planning Officer for WCBC, stated that the Liaison Committee is an open and transparent mechanism for engagement. Based on my experience and the lived experience of residents, this description is fundamentally inaccurate. The reality of how the Committee and related processes operate is the very opposite of openness.

1. Lack of Openness and Exclusion of Residents

The Committee operates as a carefully curated group, closed mechanism, directly contradicting the term "open forum."

- **Refused Participation:** I formally requested access to the Hafod Liaison Committee in order to attend and participate. My request was declined, without explanation. This exclusion directly disproves any claim that the Committee is a transparent or accessible forum for residents.
- **Ineffective Vehicle:** Two members of the committee, on a confidential basis, described to me that the meetings as a **waste of time and achieve nothing**, characterised by inaction, achieving little of substance, and ultimately proving to be an ineffective vehicle for genuine engagement or accountability, and has become a 'tick box' exercise over many years.

2. Breakdown of Public Accountability and Communication (WCBC)

Senior officials at Wrexham County Borough Council have demonstrably failed in their duty to communicate and provide records, indicating a breakdown in accountability.

- **Cessation of Communication:** The **Head of Wrexham Council’s Public Protection Office** has informed me **in writing that he will no longer respond to my communications** and directed me to the Public Service Ombudsman.
- **Ignored Correspondence:** The **Deputy Leader of Wrexham Council is choosing to ignore emails** from myself and, according to my evidence, several ward councillors have also repeatedly failed to reply to resident emails.
- **Inaccessible Records:** The Deputy Leader of WCBC stated that he keeps only brief, un-chronological notes for the Liaison Committee. He advised my **only option for minutes** was to submit a **Freedom of Information (FOI) request to NRW**, imposing an unnecessary administrative hurdle.
- **Lack of Scrutiny Minutes:** WCBC does not provide minutes of the **Homes & Environmental Scrutiny Meeting**, where there appears to be little scrutiny, signalling a systemic lack of transparency in the council's oversight.

3. Failure of Regulatory Transparency and Recourse (NRW)

NRW's information systems and complaints handling procedures actively obstruct public scrutiny and formal recourse.

- **Dismissal of Formal Complaints:** When I submitted an official complaint to NRW, I was informed they would **not accept or process formal complaints** while Enovert carries out "ongoing updates and improvements," and that they would not respond further. This policy effectively places a **moratorium on regulatory accountability** during a period of acknowledged non-compliance. It is also evident that the said works of updates and improvements, appear to be a catch-up of general maintenance, including temporary capping that has remained permanent.
- **Ineffective Public Information:** The **NRW information portal remains out of date**. The four separate updates issued by NRW in the past ten months were essentially **re-hashed versions** of the last, recycling **rhetoric, platitudes, prevarication and always a promise 'jam tomorrow'**. This demonstrates avoidance, not transparency.
- **Inaccessible Monitoring Data:** The **Public Register is not user-friendly** and is very difficult for ordinary residents to navigate. Furthermore, resident complaints require a publicly accessible platform for **live monitoring data (monthly, not every six months)** to allow for timely verification of site performance

4. Escalation to Ombudsman

Due to the cumulative failures described above—barriers to participation, poor record-keeping, unresponsiveness from officials, inaccessible public information, and the dismissal of complaints—I have **submitted a complaint to the Public Services Ombudsman**, which has now been **escalated to a second-tier process**, it is a timely process, probably made worse by the recent and **shocking Audit Wales results at Wrexham Council**, which included findings, such as :

- **Refusal and very low uptake of mandatory training**
- **Poor clarity of roles**
- **Bullying and harassment allegations**
- **Strained and distrustful relationships.**
- **Ineffective governance and decision-making**
- **Weak understanding of statutory roles and responsibilities.**
- **Persistent lack of attendance at core training**

- Unhelpful blame culture
- Fractured internal relationships

A prevailing culture that fails to foster transparency, accountability, or constructive engagement with the public.”

Conclusion and Recommendations

The claims made in the Senedd that the Hafod Liaison Committee is an open and effective forum do not match the lived reality of residents. The current processes, spanning the Liaison Committee, WCBC's administrative function, and NRW's regulatory oversight, fall demonstrably short of genuine openness and engagement. If any resident were asked what their opinion of the NRW, Enover and the Council communication and transparency, I could not put the answer into print!

I ask the Petitions Committee to weigh this evidence against the statements made in the 22 September session and recognise that the current governance structures are fundamentally flawed and actively evasive to resident participation. I truly wanted to participate in the Liaison Committee and be a voice for the residents, and aim to make a difference and attempt to cut through the rhetoric, but like the process of complaining to all three bodies, it would be a waste of my time.

Recommendations for the Senedd Committee:

1. **Mandate Public Accessibility and Minutes:** Direct WCBC and Enover to ensure that they comprehensively and proactively published minutes of the Liaison and Scrutiny Committee meetings on the NRW and WCBC website within 14 days of each meeting.
2. **Require Live Data Platform:** Direct NRW and WCBC to establish a **publicly accessible platform** for **monthly (not six-monthly) monitoring data** on air quality and landfill performance, presented in a user-friendly format.
3. **Restore Complaints Procedure:** Direct NRW to **immediately cease the policy of refusing to process official complaints** during periods of remedial work, thereby restoring the public's right to formal regulatory recourse.
4. **Enforce Communication and Scrutiny:** Direct WCBC to ensure all senior officers respond substantively to resident correspondence and that **minutes for the Homes & Environmental Scrutiny Meeting are published** promptly.

Steve Gittins

Submission to the Senedd Petitions Committee Inquiry: Hafod Landfill Site (Petition P-06-1510)

Interrogation of September 22nd Inquiry Transcript

Submitted by Steve Gittins Date: 21st October 2025

1. Introduction and Core Justification

1.1. This document submits **evidence supporting the revocation** of the Environmental Permit (PP3139GB) for Enovert's Hafod Landfill Site.

1.2. The community has suffered from persistent and excessive **Hydrogen Sulphide (H₂S) (rotten egg) odour** for nearly two decades.

1.3. The key issue is the repeated, **fundamental failure of the operator, Enovert, to meet the permit's core condition to prevent odour offsite.**

1.4. This submission challenges the evidence presented by regulatory bodies (NRW and Wrexham Council) to demonstrate that the **current regulatory approach is inadequate** and that continued operation is indefensible given the documented health and nuisance impacts.

2. Failure to Uphold Permit Conditions

2.1. The Environmental Permit requires the operator to prevent odour offsite, or where not possible, to keep it to a minimum. The operator has **demonstrably failed to meet this standard**, as evidenced by:

2.1.1. **Systemic Odour Nuisance (1 ppb Threshold):** A joint report by Wrexham Council and Enovert itself confirmed that H₂S exposure levels **exceeded the 1 parts per billion (ppb) benchmark for 63% of the monitoring period** (March to August). The 1 ppb level is the recognised threshold for odour detection and nuisance. Exceeding this limit for over half the time constitutes a gross and systemic failure to "prevent odour offsite."

2.1.2. **High-Level Nuisance Threshold Breaches (4.7 ppb Threshold):** The same report showed that H₂S levels **exceeded 4.7 ppb for 34% of the monitoring period**. The 4.7 ppb level was Wrexham Council's initial working threshold for significant nuisance (14:48:49). Breaching these elevated level demonstrates not just continuous odour, but frequent and prolonged periods of severe, unacceptable air quality impact.

2.1.3. **Enforcement Action:** Natural Resources Wales (NRW) was forced to issue an **Enforcement Notice in October 2023** requiring the operator to increase capping and install new gas wells (14:34:16). Enforcement action confirms that the operator was in breach of permit conditions requiring appropriate gas control measures. The need for such drastic, reactive intervention confirms a failure of standard, proactive management.

2.1.4. **Persistent Complaints:** The high number of historical and recent complaints, peaking at **300 in January 2025**, confirms the odour is not a 'minimum' emission but a chronic and severe statutory nuisance. A supporting Senedd Petition received nearly 1,200 signatures in 3 days.

3. Interrogation of Regulatory Evidence (NRW & Wrexham Council)

3.1. Statements made by NRW and Wrexham Council witnesses reveal **critical regulatory weaknesses and poor technical understanding** that undermine the defence of the landfill operation:

A. Regulatory Standard Conflict and Acceptance of Offsite Odour (NRW)

3.2. **Witness Statement:** NRW witness James McClymont stated, "Most landfills will have an odour." (14:31:12).

3.3. **Contradiction / Weakness:** This statement contradicts the core **Permit Standard which explicitly requires the operator to prevent odour offsite**. By suggesting that offsite odour is practically inevitable, NRW is effectively lowering the regulatory bar. This creates an environment where it is easier for Enovert to claim compliance is impossible or that their failure is within an accepted industry norm. The regulatory objective must be zero offsite nuisance odour.

3.4. **Impact on Regulation:** This suggests a **lax or resigned regulatory interpretation** of the permit condition, weakening the legal basis for holding Enovert accountable for every instance of odour nuisance outside the site boundary.

B. Deficient Technical Understanding of Leachate and Rainfall (NRW)

3.5. **Witness Statement:** When asked about the community's belief in a link between rainfall and odour, NRW witness James McClymont stated, "There isn't evidence in that data to suggest that odours are particularly worse in the winter months. So, it doesn't appear that that has an impact." (14:38:29).

3.6. **Contradiction / Weakness:** This shows a **deficient technical assessment** and a reliance on superficial complaint data. It fails to acknowledge the established scientific principle that heavy rainfall raises leachate levels and hydrostatic pressure within the waste. This pressure physically forces landfill gas (including H₂S) through cracks in the capping, leading to fugitive emissions. This initial dismissal was immediately contradicted by the same witness who conceded, "...although there is a link potentially between leachate levels and fugitive emissions of odour." (14:38:53).

3.7. **Impact on Regulation:** The regulatory inconsistency and failure to proactively link rainfall to leachate control suggest a **reactive regulatory approach**. NRW is failing to anticipate and enforce robust, preventative measures for seasonal risks, which are crucial for maintaining gas control. *See Document SG#02 attached.*

C. Flaws in Air Quality Monitoring Data Reliability (Wrexham Council)

3.8. **Witness Statement:** Wrexham Council witness Toby Zorn admitted that their monitoring equipment is not reference-standard, and the data collected is "**qualitative rather than quantitative**," and "**it just gives a general idea**." (14:47:55-14:48:34).

3.9. **Contradiction / Weakness:** The admission that the monitoring equipment is merely "qualitative" and provides only a "general idea" constitutes a severe contradiction and **fundamental weakness** in the Council and Enovert's defence. This concession fundamentally undermines the claimed reliability and precision of their quantitative data.

3.10. If their own on-site monitoring is too imprecise to provide accurate figures, then the alarming breaches, especially the community-reported figures of **60% over 1 ppb and 39% over 4.7 ppb**, must be considered potential underestimates. This exposes a critical failure to accurately manage and report the severity of the pollution.

3.11. **Impact on Inquiry:** This flaw does not diminish the existence of a severe nuisance; rather, it suggests the problem is **likely understated**. If basic, non-reference-standard equipment registered such high breach rates, highly accurate equipment might reveal the problem to be even more severe and prolonged. This admitted vagueness should compel the Committee to favour permit revocation to protect public health against unquantifiable risks.

4. Conclusion and Call for Permit Revocation

4.1. The combination of the **operator's documented failures** and the regulatory bodies' **inconsistent and technically deficient oversight** proves that the Environmental Permit for Hafod Landfill is unfit for purpose and cannot be successfully regulated under the current regime.

4.2. The regulatory process has failed to protect the health and amenity of the local communities. The issuance of an Enforcement Notice and the concession of fundamental management failures are evidence that the operator has repeatedly breached the core conditions of the permit.

4.3. **Continued operation represents an unacceptable environmental and public health risk.**

4.4. We formally request and mandate the Senedd Inquiry to recommend that Natural Resources Wales **immediately proceeds to revoke the Environmental Permit** for the Hafod Landfill Site.

4.5. The suffering of the local community for nearly two decades warrants this decisive action.

Steve Gittins.

Submission to the Senedd Petitions Committee Inquiry: Hafod Landfill Site (Petition P-06-1510)

Health Risks

Submitted by Steve Gittins Date: 21st October 2025

1. Introduction

Hydrogen sulphide (H₂S) is a colourless gas with a distinctive “rotten egg” odour at low concentrations. Although detectable by smell before toxic effects occur, H₂S is hazardous to multiple organ systems, particularly the respiratory and nervous systems.

The World Health Organization (WHO) sets a strict 24-hour average guideline of 0.001 ppm (1 ppb) to protect public health. This level reflects evidence that even very low concentrations can cause **respiratory irritation, headaches, fatigue, stress, and neurological effects** when exposure is prolonged.

In addition, the WHO specifies:

- **30-minute guideline: 0.005 ppm (5 ppb)** – to prevent odour annoyance and acute irritation.

Public health priority: The most significant risk to residents comes from **chronic daily exceedance of the 1 ppb and 5 ppb WHO thresholds.** Repeated exposure to these levels is linked to **respiratory symptoms, asthma exacerbation, sleep disturbance, stress, and neurological impacts.** Children, the elderly, and those with pre-existing health conditions are most vulnerable.

This report evaluates measured community pod H₂S concentrations (March–September 2025) against WHO thresholds and discusses the potential health risks, with emphasis on the **cumulative impacts of chronic exceedance.**

2. Data Overview

Figure 1. Community pod hydrogen sulphide levels compared with WHO guidelines. Data: Enover & Wrexham Council, 2025 (as presented to the Senedd inquiry, 22 September 2025).

- **Exceedances of WHO 1 ppb 24-hour guideline:** Daily averages were above 1 ppb on **63% of monitored days.** This confirms that community residents are subject to sustained, unhealthy baseline exposure.
- **Exceedances of WHO 5 ppb 30-min guideline:** Peaks above 5 ppb occurred on **34% of monitored days,** showing that short-term spikes in odour and irritation are also a regular occurrence.

3. Health Risk Interpretation by Peak Levels

- **Peaks 1–5 ppb (daily baseline, 63% of days):** Exceeds WHO 1 ppb guideline; linked with odour nuisance, headaches, fatigue, stress, and chronic respiratory irritation.
- **Peaks 5–10 ppb (frequent, 39% of days):** Above WHO 30-min guideline; associated with irritation, headaches, fatigue.
- **Peaks 10–20 ppb (common):** 2–4× above WHO 30-min guideline; stronger irritation, coughing, asthma exacerbation, neurological effects.
- **Peaks >20 ppb (occasional spikes):** 4–6× above WHO 30-min guideline; dizziness, nausea, asthma attacks, stress, neurological symptoms.

4. Health Effects of Exceedances

Concentration Range (ppb)	Exceeds WHO Guideline	Frequency	Short-term Effects	Chronic / Repeated Exposure Effects
1–5 ppb	✓ (1–5× above 24-hr guideline)	63% of monitored days	Headaches, fatigue, odour annoyance, mild respiratory irritation	Persistent sleep disturbance, stress, reduced quality of life
5–10 ppb	✓ (above 30-min guideline)	39% of monitored days	Eye, nose, throat irritation; headaches; mild fatigue	Chronic odour nuisance; asthma exacerbation; stress-related health issues
10–20 ppb	✓ (2–4× above 30-min guideline)	Common	Coughing, throat discomfort; asthma exacerbation	Chronic cough, bronchitis-like symptoms; neurological issues (irritability, poor concentration, memory loss)
20–30 ppb	✓ (4–6× above 30-min guideline)	Occasional	Dizziness, nausea; asthma attacks; strong odour stress	Neurological symptoms (headaches, poor sleep, reduced concentration); potential reduced lung function

5. Broader Health Implications

- **Respiratory system:** Chronic irritation, asthma exacerbation, potential reduced lung function.
- **Nervous system:** Low-level neurotoxicity (headaches, fatigue, poor concentration, sleep disruption).
- **Cardiovascular system:** Possible blood pressure fluctuations (evidence still developing).
- **Reproductive health:** Limited evidence of developmental risks in chronically exposed communities.
- **Community well-being:** Persistent odour annoyance, stress, sleep disturbance, and reduced quality of life.

6. Key Findings

1. **Community exposure consistently exceeds WHO’s 24-hour guideline (1 ppb).**
 - Exceeded on **63% of monitored days**.

- Associated risks: headaches, fatigue, stress, respiratory irritation, neurological symptoms.
 - 2. **Frequent peaks exceed WHO's 30-min guideline (5 ppb).**
 - Recorded on **39% of monitored days**.
 - Causes odour stress, irritation, asthma exacerbation, and neurological impacts.
 - 3. **Chronic exceedances are the central concern.**
 - Sensitive groups (children, elderly, asthmatics) are most vulnerable.
 - The persistence of these exceedances suggests **long-term community health impacts**.
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7. Recommendations

- **Continuous monitoring:** Maintain and publish real-time data for transparency.
 - **Public health communication:** Inform residents of risks from chronic exceedances.
 - **Mitigation measures:** Urgently reduce H₂S emissions from landfill operations.
 - **Further research:** Longitudinal health studies in affected communities.
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8. Conclusion

The data supplied by Enover and Wrexham Council (2025), presented to the Senedd inquiry on 22 September 2025, show that **chronic exceedances of WHO's 1 ppb (24-hour) and 5 ppb (30-min) guidelines are real, frequent, and significant to community health.**

- **63% of days** exceeded the WHO 1 ppb health protection threshold.
- **34% of days** exceeded the WHO 5 ppb acute irritation threshold.

Respiratory irritation, asthma exacerbation, headaches, fatigue, odour-related stress, neurological effects, and reduced quality of life are **likely outcomes of continued exposure**. Immediate mitigation and protective actions are justified.

Submission to the Senedd Petitions Committee Inquiry: Hafod Landfill Site (Petition P-06-1510)

Challenging Claims of Regulatory Compliance in Reports by NRW, Enover, PHW, and WCBC.

Submitted by Steve Gittins : Date : 21st October 2025

The report synthesizes the four written submissions to the Senedd Petitions Committee, using key hydrogen sulphide (H₂S) monitoring data to argue that claims of **regulatory compliance and acceptable management** by Natural Resources Wales (NRW), Enover, Public Health Wales (PHW), and Wrexham County Borough Council (WCBC) are **called into question** by the evidence.

1. The Discrediting Monitoring Data: A Failure of Containment

1.1 Data presented for the March–August monitoring period provides **clear evidence** of sustained, unacceptable air quality impact on the local community.

Monitoring Threshold	Exceedance Rate (March–August)	Implication for Management
1 ppb (H ₂ S Detection Limit)	60% of monitoring intervals	Highly frequent exposure to detectable, foul odour.
4.7 ppb (H ₂ S Odour Annoyance Threshold)	39% of monitoring intervals	Chronic exposure to levels recognized by PHW as causing annoyance.

Export to Sheets

1.2 The fact that the regulatory system has allowed the odour annoyance threshold to be breached for nearly **63% of the monitoring period** is the core evidence used to **challenge** all claims of successful management or adequate compliance.

2. Contradictions and Questionable Statements by Responsible Entities

A. Natural Resources Wales (NRW): Regulatory Inaction

2.1 **Issue:** NRW's compliance test appears to rely on a technicality that creates a regulatory loophole, prioritizing procedure over outcome.

NRW Position (Vague Technicality)	Critique (Management Failure)
Compliance is met if the operator is "taking appropriate measures," even if odour is	This definition may be considered a form of "institutional evasion." The 63% exceedance rate of the annoyance threshold is empirical proof that the operator's measures are demonstrably not appropriate or effective. NRW's failure to issue breaches despite this

<p>NRW Position (Vague Technicality)</p> <p>present off-site (no breach recorded).</p> <p>Enforcement Notices were issued and audits conducted.</p> <p>Export to Sheets</p>	<p>Critique (Management Failure)</p> <p>sustained air quality failure constitutes an insufficient management of the environmental permit.</p> <p>The notices and audits failed to prevent the subsequent crisis peak of 240 complaints in January 2025 and the continued 63% H2S exceedance. The regulatory action was insufficient to achieve the primary goal of preventing off-site nuisance.</p>
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B. Enovert: Questionable Operational Claims

2.2 Issue: Enovert's claims of "operational excellence" and being a "responsible neighbour" are **contradicted by the site's measurable performance.**

<p>Enovert Position (Claim)</p> <p>Enovert has completed 32 works and is committed to "operational excellence."</p> <p>The site is appropriately regulated and complies with the permit.</p> <p>Export to Sheets</p>	<p>Critique (Management Performance)</p> <p>This claim is not compatible with the measured data. Operational excellence is not compatible with a site that exceeds the odour annoyance threshold 63% of the time over five months and generates hundreds of complaints. The works undertaken have demonstrably failed to adequately contain emissions.</p> <p>Compliance with a flawed permit definition does not equate to acceptable management. The 63% detection rate shows a profound, sustained failure of the gas management infrastructure, directly resulting in community distress.</p>
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C. Public Health Wales (PHW): Flawed Health Assessment

2.3 Issue: PHW's assessment **appears contradictory**, minimizing the chronic public health impact as mere "odour annoyance" and overlooking the frequency of exceedance.

<p>PHW Position (Contradiction)</p> <p>The long-term health risk is low, and the primary impact is "odour annoyance."</p> <p>Confirmed that the 4.7 ppb threshold is the relevant standard for annoyance (as opposed to high occupational limits).</p>	<p>Critique (Assessment Critique)</p> <p>This assessment minimizes the impact. An exceedance rate of 39% is not a short-term inconvenience; it is a chronic environmental stressor. The sustained loss of amenity, sleep disturbance, and psychological distress associated with persistent, noxious odour constitutes a significant public health burden that has been minimized as simple "annoyance."</p> <p>By confirming this low-level standard, PHW simultaneously confirms the unacceptable nature of the site's performance against its own standard. The monitored data demonstrates that the community is being subjected to conditions PHW acknowledges as unacceptable for 63% of the time.</p>
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D. Wrexham County Borough Council (WCBC): Conflicting Stance

2.4 Issue: WCBC's regulatory arm's finding of "no statutory odour nuisance" **conflicts sharply with the political ultimatum** delivered by the Full Council.

WCBC Position (Regulatory Conflict)

Public Protection officers concluded "no statutory odour nuisance currently exists."

Full Council Resolution: Failure to address the issue "should result in the necessary plans being drawn up for the closure... of the Hafod site."

PHW **shocking advice** for odour management by the public, by Kristian James (Principal Environmental Manager Public Health Specialist. residents

Critique (Failure of Local Leadership)

This finding is **contradictory to the empirical data** showing the 39% annoyance exceedance. WCBC's regulatory inaction, based on this finding, **suggests a management failure.**

The Council's highest governing body has passed an ultimatum that directly supports the campaign's objective and **calls into question the regulatory status quo** accepted by its own officers. The resolution is the clearest evidence that **WCBC recognizes the management is currently unacceptable.**

During the Homes and Environmental Scrutiny Committee Meeting on April 29th 2029 Mr K James suggested that residents should **simply vacate the area and subsequently see doctor.** Such comments demonstrate a total lack of understanding on how Much distress the 'stench - akin to rotten eggs, causes local residents.

3. Summary of Campaign Evidence

3.1 The four submissions, when reviewed against the H2S monitoring data, **do not demonstrate adequate compliance or effective management.** Instead, they provide evidence of:

- **Systemic Failure:** NRW's regulatory process **appears to prioritize operator effort over environmental outcome**, enabling a regulatory gap.
- **Unacceptable Nuisance:** The **39% exceedance rate** of the odour annoyance threshold is a quantifiable measure of persistent, chronic nuisance, **which challenges** all claims of successful mitigation by Enovert.
- **Conflict of Duty:** PHW and WCBC have either **minimized the health impact or failed to use their full powers**, creating a disconnect between official findings and the severe community impact.

Steve Gittins

Submission to the Senedd Petitions Committee Inquiry: Hafod Landfill Site (Petition P-06-1510)

Challenge PHW's "Low Level Risk" Statement

Immediate Reinforcement from Monitoring Data: The data within **Table B on Document SG#01, page 3**, for real-time monitoring data provides irrefutable visual evidence that the fugitive emissions **routinely and significantly exceed** the WHO guidelines for odour and health. The graph demonstrates that concentrations are consistently **well above the 1 ppb and 5 ppb thresholds** and frequently surpass the **WHO Nuisance/Health Threshold**, with peaks reaching up to. This real-time evidence is fundamental to discrediting the Public Health Wales (PHW) conclusion that the long-term (lifetime) health risk is low, a conclusion based only on data showing concentrations below the lowest health criteria.

This conclusion can be discredited as premature and potentially misleading because it seems to ignore or downplay the limitations of the data gathering methods, particularly the ambient real-time monitoring, and the critical difference between chronic (long-term) and acute (short-term) health effects.

1. Neglecting Acute Health Risk from Peak Exposures

The diffusion tube data is explicitly stated to provide averaged concentrations over a defined period (approx. 4 weeks), making it primarily suitable for assessing chronic (long-term/lifetime) risks.

- The lowest health criteria value is for **lifetime exposure**, which is what the diffusion tubes are compared against.
- PHW's conclusion focuses on the long-term (lifetime) health risk being low.

However, Hydrogen Sulphide is an irritant and a major cause of odour annoyance, sleep disruption, and stress at levels below chronic health guidelines. Short-term, high-concentration (**acute**) exposures, which are not adequately captured by the long-term averages of the diffusion tubes, can lead to:

- **Odour Nuisance & Statutory Exceedance (1 ppb & 5 ppb Correlation):** The human nose can detect at very low levels, often less than 1ppb. The monitoring data confirms routine exceedances of 1ppb and 5ppb levels, that can cause **statutory odour nuisance** or annoyance-related health effects (e.g., headaches, nausea, stress, sleep disturbance). This is the direct correlation between these exceedances and community impact.
- **Acute Health Risks (and Above Correlation):** The Table shows concentrations consistently exceeding the Nuisance/Health Threshold. These high-level, short-term exposures represent a significant **acute health risk**, as is an irritant, causing direct symptoms such as eye and respiratory irritation.

Diffusion Tubes as a Misdirection for Ambient Exposures

PHW have incorrectly used Diffusion Tube monitoring data to arrive at a Low Risk assessment. This is a misdirection in terms of ambient human exposure because they mask the **temporal variability and acute peaks** of concentration (clearly demonstrated in the community pod graph), which are the main drivers of community complaints and acute health effects (odour-related annoyance).

Why Diffusion Tubes are Limited:

- **Averaging:** Diffusion tubes only provide a long-term average (approximately 4 weeks). This averages out high peaks with periods of zero or low concentration. A single, very high spike of over an hour, as seen in the graph, might be undetectable in a 4-week average, yet that spike could cause severe odour nuisance, nausea, or headache for a resident.
- **Focus on Chronic Risk:** They are appropriate for assessing chronic (long-term) health risk, but **inappropriate** for assessing acute (short-term) health effects and odour nuisance, which are the dominant concerns around landfill gas.

The and Context:

- The health criterion is for lifetime exposure—what the diffusion tubes are compared against.
- The level is the approximate lower limit of detection/accuracy for the real-time pods. This means the most important range for community exposure—the levels that cause frequent odour complaints (often below but higher than the tube average of) and any transient peaks up to —is not reliably measured by either method currently presented as "quantitative."

Conclusion on Misdirection:

By presenting the diffusion tube data as the primary quantitative evidence for the "low risk" conclusion, the report draws focus away from the more relevant **acute exposures** captured by the real-time data (AQMesh pods) and the community's lived experience of odour. The graph confirms that emissions are not low-level transient events, but **frequent, high-intensity spikes** which drive statutory nuisance and acute health symptoms. The absence of reliable real-time data below is the biggest informational gap, which the positive reporting of the diffusion tube results risks obscuring.

In summary, while the diffusion tubes accurately suggest a low long-term risk, relying on this data to conclude an overall "low level risk" is a misdirection because it **fails to capture the acute, high-level exposures** that cause the majority of public health impact and annoyance in a landfill context.

Steve Gittins

Submission to the Senedd Petitions Committee Inquiry: Hafod Landfill Site (Petition P-06-1510)

Report on Complaint Fatigue and the Misinterpretation of Statutory Nuisance Data

1. Definition and Core Mechanism of Complaint Fatigue

Complaint Fatigue is a term describing the **emotional and psychological exhaustion** that individuals experience when they repeatedly engage in a process to report a problem or seek a resolution, but consistently fail to achieve a satisfactory outcome. It is a form of learned helplessness and burnout directly resulting from the chronic failure of a reporting and resolution system.

The fatigue acts as a **masking factor** that hides the true scale and persistence of a problem, such as a statutory nuisance.

2. Root Causes of Complaint Fatigue in Nuisance Cases

The analysis identifies three primary, multifaceted causes for the onset of complaint fatigue, particularly relevant in chronic issues like persistent odours:

2.1. Perceived Ineffectiveness and Lack of Response

- **Wasted Effort:** When individuals report a persistent nuisance (e.g., a stench) but see **no substantial change** in the conditions, the act of complaining becomes a **futile effort**. This repeatedly reinforces the belief that the system is broken and that their reports are not being taken seriously.
- **Apathetic Response:** Negative interactions with the reporting system, such as apathetic or dismissive staff, turn the act of reporting into a **source of additional stress** rather than a step toward relief. This actively drains a person's willingness to engage further.

2.2. High Transactional Cost (The Burden of Reporting)

- **Time and Mental Load:** When residents are instructed to report an issue repeatedly (e.g., "six times a day"), the **transactional cost** of complaining becomes excessively high. Reporting requires constant interruption, recalling details, and navigating the process, imposing a **significant time commitment and taxing mental burden**.
- **Cognitive Dissonance:** The need to repeatedly confront both the problem (the nuisance) and the failure of the system (the ineffective reporting line) leads to a desire to **simply disengage** to protect one's own mental well-being from this constant confrontation.

2.3. Loss of Confidence and Trust

- **Erosion of Trust:** Successful resolution is essential for maintaining **public trust** in regulatory bodies and local government. Consistent failure to resolve the issue causes residents to lose confidence not only in the effectiveness of the process but also in the **sincerity of the authorities' commitment** to solving the problem.

- **Feeling Unheard:** The perceived dismissal of their reports or the lack of demonstrable action leads citizens to feel **unheard** and marginalized.

3. The Central Danger: Misinterpretation of Complaint Data

The most significant danger of complaint fatigue is its effect on official metrics and decision-making.

Indicator	Official Interpretation (Dangerous)	Reality (Due to Complaint Fatigue)
Drop in Complaints	Sign of improvement ; problem is being reduced or eradicated.	Sign of citizen retreat ; people have simply given up on a broken, ineffective system.
Low Complaint Count	Problem is isolated, minor, or not persistent enough to be statutory.	Problem is chronic and severe , but the reporting burden is too high or the system is completely distrusted.

Citizen Retreat as a Masking Factor

When bodies focus on a reduced complaint count while residents acknowledge reporting fatigue, it highlights a profound **disconnect** between official data interpretation and community reality.

- The true measure of a **statutory nuisance** is the **persistence of the problem itself**, not the volume of *current* complaints.
- Complaint fatigue creates a feedback loop where an ineffective reporting system *rewards* itself with a low complaint count, which it then uses as evidence of its *success*. This completely **misrepresents the true scale and impact** of the ongoing nuisance on the affected community.

Examples of Case Studies of Complaint Fatigue

Core Principle (The Strap-line) of Complaint Fatigue

"A drop in complaints does not signify problem resolution; it often signals citizen retreat from a broken system."

Case Study 1: Housing Ombudsman – Noise Nuisance and Mental Health Crisis

- **The Problem:** A vulnerable resident suffered nine months of severe noise nuisance (a statutory nuisance category).
- **Complaint Fatigue Factors:** The resident filed **18 noise reports** and sent in numerous recordings, facing an excessively **High Transactional Cost**.
- **System Failure & Misinterpretation:** Despite a physical inspection confirming "**considerable transmission**" of noise, the landlord repeatedly responded with generic letters and **closed the case 10 days before the resident took their own life**. The system failed to recognise the crisis driven by the unrelieved nuisance and the exhausting reporting process.

- **Official Finding:** The Housing Ombudsman found **severe maladministration**, underscoring the failure to apply a "tailored approach" to the suffering masked by repetitive, draining reports.

Case Study 2: Housing Ombudsman – Spotlight on Noise Complaints (Systemic Fatigue)

This thematic report provides systemic evidence of the complaint process itself contributing to fatigue:

- **The Diary Sheet Burden:** The report criticizes the requirement for residents to complete "**countless diary sheets to no avail**," a clear example of the **High Transactional Cost** factor.
 - **Erosion of Trust:** Landlords' tendency to dismiss genuine suffering by labelling severe household noise as "low level" if it didn't meet the high statutory threshold invalidated the residents' experience, leading to **Loss of Confidence and Trust**.
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Case Study 3: Local Authority Environmental Health (Systemic Avoidance)

Analysis of the UK's statutory nuisance procedure identifies systemic issues that trigger **Citizen Retreat**:

- **Failure to Investigate:** Research cited the pressure on local resources, leading to the "**quick closure of some complaints**" and one case of an unlawful policy that resulted in **over 6,000 noise complaints not being investigated**.
 - **The Masking Effect:** This systemic avoidance demonstrates how **Perceived Ineffectiveness** leads to a low complaint count, which is then used to falsely justify reduced regulatory action, **misrepresenting the true scale** of the environmental problem.
-

In summary, a reduction in complaints due to fatigue is not an indicator of a successful reduction in statutory nuisance; it is a critical indicator of a failed or exhausted public engagement process.

Steve Gittins

Summary of Submission to the Petitions Committee Inquiry: Justice for Hafod Landfill Communities

This submission is a **heartfelt, final, fervent call for justice** for the families surrounding Hafod Landfill. The communities have been subjected to years of unacceptable, persistent, and harmful exposure to the stench of "rotten eggs" (H₂S). The attached evidence proves that **Enovert, Natural Resources Wales (NRW), and Wrexham Council** have failed in their duty, offering only "**bureaucratic shrugs of inaction**" while condemning current and future generations to decades more of this environmental blight.

SG#01: Misleading Presentation of Compliance Data

- **Data Manipulation:** The operator's (Enovert) presentation of air quality data was **misleading and potentially manipulative** by focusing on the percentage of readings *below* compliance thresholds, thereby **omitting the actual failure rate** (exceedance).
 - **High Failure Rates:** The Community Pod had a measured **63% failure rate** (exceedance) at the 1 ppb hydrogen sulfide (H₂S) threshold, and the Entrance Pod had a **66% failure rate**.
 - **Chronic Exposure:** This non-compliance is chronic, translating to the lower 1 ppb threshold being exceeded for **over 15 hours per day** at the Community Pod, and the more concerning 5 ppb threshold being exceeded for **over 8 hours per day**.
 - **Visual Obscurement:** Graphs visually obscured the severity of the problem by using a **compressed, dense vertical scale** (up to 100 ppb) that minimized the impact of frequent exceedances above the WHO Nuisance Threshold (4.7 ppb).
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SG#02: Correlation of Rainfall & H₂S Emissions

- **Scientific Correlation:** There is a scientifically established and robust link between **heavy rainfall, rising leachate levels, and fugitive H₂S emissions**. Rainfall raises leachate levels, which creates anaerobic conditions for **sulfate-reducing bacteria (SRB)** to produce H₂S, and the elevated leachate pressure forces these gases through the capping.
 - **Climate Risk: Climate change** projections, which forecast increased extreme rainfall in Wales, will **significantly amplify** the future volume and persistence of H₂S emissions, making the current site status unsustainable.
 - **Regulatory Disconnect:** Senior **Natural Resources Wales (NRW)** officials showed a **troubling disconnect** by appearing reluctant to acknowledge this core scientific principle, relying instead on superficial complaint data to dismiss the correlation.
 - **Revocation Call:** The submission argues that this failure to manage known scientific risks, compounded by the climate threat, is grounds for the **immediate revocation of the Environmental Permit**.
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SG#03: Sniff Testing - Discrepancy of Monitoring

- **Failure of Subjective Testing:** The regulatory "**sniff tests**" are **definitively discredited** by objective, real-time air quality monitoring data.
 - **Non-Compliance with Standards:** The continued use of **paper-based logs** and **un-screened, uncalibrated assessors** after May 2017 violates the standards of **EN 16841** and **EN 13725**, representing a failure to apply **Best Available Techniques (BAT)**.
 - **Evidential Conflict:** Objective monitoring showed H₂S peaks well above the odour threshold for 63% of the time, directly **contradicting historic weekly field reports** that frequently recorded "No Odour" or "Very Faint Odour" during the same periods.
 - **Critical Request:** The document requests that the Committee mandate the production of **training and qualification records** for all odour assessors and **full, unredacted copies of all weekly sniff test logs** (2003–present) to verify compliance with modern standards.
-

SG#04: Transparency and Engagement Failures

- **Systemic Failure:** Claims of "openness" and "resident engagement" are false, demonstrating a **systemic failure** of transparency and accountability across Wrexham County Borough Council (WCBC) and NRW.
 - **Exclusion from Liaison Committee:** The **Hafod Liaison Committee** operates as a "**closed mechanism**," evidenced by the author's formal request to attend and participate being **declined without explanation**.
 - **Regulatory Obstruction:** **NRW actively refuses to process official formal complaints** during a period when the operator is undertaking remedial work, which effectively places a **moratorium on regulatory accountability**.
 - **Communication Breakdown:** Senior WCBC officials have been **unresponsive** to resident correspondence and are not proactively publishing essential public records like Liaison Committee or Scrutiny Meeting minutes.
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SG#05: Interrogation of Transcripts - 22nd September Inquiry

- **Permit Breach:** The operator fundamentally failed to meet the permit's core condition to prevent odour offsite, with H₂S levels exceeding the **1 ppb odour threshold for 63% of the monitoring period** and the **4.7 ppb severe nuisance threshold for 34%** of the period.
- **Regulatory Standard Conflict:** NRW weakened the permit standard by stating that "Most landfills will have an odour," thereby creating an environment where it is easier for the operator to claim that their failure is within an accepted industry norm.
- **Deficient Technical Oversight:** NRW's initial dismissal of the scientific link between rainfall, leachate, and H₂S emissions was later contradicted, showing a **deficient technical assessment** and a reactive approach to enforcement.

- **Unreliable Data:** A Wrexham Council witness admitted that their air quality monitoring equipment is "**qualitative rather than quantitative**" and provides only a "**general idea,**" fundamentally undermining the reliability and precision of the data used in the defense of the landfill operation.
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SG#06: Health Risks

- **Chronic Health Exceedances:** Community exposure consistently exceeds World Health Organization (WHO) guidelines, justifying immediate protective action.
 - **WHO Threshold Breaches:**
 - The **WHO 1 ppb 24-hour average guideline** (to protect public health) was exceeded on **63% of monitored days**.
 - The **WHO 5 ppb 30-minute guideline** (to prevent acute irritation) was exceeded on **34% of monitored days**.
 - **Health Impact:** Repeated and chronic exposure is linked to **respiratory irritation, asthma exacerbation, headaches, fatigue, sleep disturbance, stress, and neurological symptoms**.
 - **Vulnerability:** **Children, the elderly, and those with pre-existing conditions** are the most vulnerable to these chronic exceedances.
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SG#07: Challenging Claims of Regulatory Compliance

- **Synthesis of Failure:** This document synthesizes previous arguments, stating that claims of compliance by all four bodies (NRW, Enover, PHW, and WCBC) are challenged by a **trio of defects**:
 1. **Operator Management Failure:** Persistent, unmanaged **H₂S emissions**.
 2. **Regulatory Technical Failure: Dismissal of the rainfall/leachate link** despite scientific evidence.
 3. **Regulatory Procedural Failure: Refusal to process formal complaints**.
 - **Core Data Summary:** Exceedances of the H₂S detection limit (1 ppb) occurred in **60%** of monitoring intervals, and the severe nuisance threshold (4.7 ppb / 5 ppb) was exceeded in **34%** of intervals.
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SG#08: Challenging PHW 'low risk' statement - using Diffusion Tubes

- **Unjustified Conclusion:** Public Health Wales's (PHW) initial statement of a '**low risk**' from H₂S exposure is **unjustified and incorrect** given the actual monitoring data.
- **Inadequate Monitoring:** PHW's low-risk conclusion was primarily based on **passive diffusion tubes**. Diffusion tubes only measure a **long-term average** and are inherently **incapable of capturing the peak concentrations** of H₂S that cause acute health and odour impact.

- **Peak Conflict:** The continuous monitors recorded extreme H₂S peaks (up to **29.16 ppb** in the community and **258.85 ppb** at the entrance) that diffusion tubes fail to register.
 - **Precautionary Principle:** By dismissing the risk based on inadequate monitoring methods, PHW **failed to apply the precautionary principle** to protect public health.
-

SG#09: Complaint Fatigue

- **False Negative:** The reduction in official odour complaints does **not** signify a reduction in the nuisance, but is a symptom of '**Complaint Fatigue**'.
- **Mechanism:** Complaint fatigue is the result of residents becoming **psychologically exhausted** from the **non-response, inaction, and perceived futility** of submitting complaints.
- **Objective Proof:** This fatigue is confirmed by the continued high rate of **objective H₂S exceedances (63% over 1 ppb)**, which demonstrates that the **underlying environmental and health nuisance persists unchanged** despite lower complaint volumes.
- **Recommendation:** To avoid misinterpreting lower complaint numbers as mitigation success, odor assessment must prioritize **objective, verifiable monitoring data** (sensor readings) over raw complaint figures

Conclusion and Demand for Decisive Action

The evidence is clear: the Hafod Landfill operation is in **frequent, sustained, and unacceptable breach of public health standards**. The attempts to obscure the severity of these breaches through misleading data presentation and bureaucratic delay must end.

We demand the Petitions Committee act decisively to secure justice, not only for what the communities have suffered but for our children and grandchildren who face another 35 years of this blight. The only commensurate regulatory response to this persistent and unmanageable failure to protect public health is to **mandate immediate corrective action** via an **Abatement Notice**, with the ultimate recourse being **revocation of the environmental permit**.

A permit that shields pollution, instead of providing regulatory and public protection, betrays it's very purpose, and therefore must be revoked.

Steve Gittins

21st October 2025.

Addendum to Doc#01

The document attempts to downplay the significance of higher Hydrogen Sulphide readings by focusing on the limitations of the monitoring equipment (pods) at low concentrations. However, your assertion that the presentation of data in **Table 4-2** is framed to **"Hide a plain sight"** the truth, specifically regarding values >1ppb and >5ppb, appears valid in the context of a compliance inquiry focused on exceeding World Health Organization (WHO) thresholds.

Here is an further analysis discrediting the statements and highlighting the potential for data framing:

1. Discrediting the Data Interpretation and Focus

The document heavily focuses on the **low-end inaccuracy** to deflect from the high-end readings and their implications.

Accuracy vs. High Readings

- **Focus on Low Accuracy is Misleading:** The document repeatedly stresses the 25% accuracy 1ppb **above 5ppb** and lower accuracy 1ppb below 5ppb. It uses this to justify treating the results as only a **"qualitative indication"** and that "caution should be taken when drawing conclusions about absolute and average values."
 - **The Rebuttal:** The 5ppb level is only relevant as the **practical limit of detection (LOD)**. The highest readings, the ones exceeding compliance thresholds, are **above** this LOD and are therefore in the region where the manufacturer's specified accuracy of pm 1ppb (at 25% accuracy) applies. If a reading is 29ppb or 58 ppb (the Max values), an error of 1ppb **doesn't change the fact that the reading is significantly high and non-compliant**. The focus on low-level inaccuracy is a distraction from the clear high-level problem.

Dismissal of High-End Data

- **Average and 95 Percentile:** While the Average values are low (ranging from 0.77ppb to 4.37ppb), the 95percentile readings are much higher (ranging from 4.64ppb to 12.59ppb), and the Max values are extremely high (up to 258.85ppb).
 - **The Rebuttal:** The high 95percentile and Max values are the very figures that demonstrate a compliance issue. A 95th percentile of 12.59ppb. This figure is significantly higher than typical WHO/public health odour nuisance thresholds, which are often >5ppb for one-hour averages, or lower for 24hour averages.
 - The document's conclusion that the data is "principally considered most suited to assessing comparative changes above about 5ppb, implicitly acknowledges that **high-end data is the only reliable part of the dataset**, yet it still attempts to minimise its importance.

2. Analysis of Data Framing in Table 4-2

Table 4-2 deliberately selects statistics that minimise the appearance of high concentrations, confirming your suspicion of framing.

Missing Data: 1ppb and 5ppb

The core issue is that **Table 4-2** only publishes columns for:

1. **Count <1ppb** and **%<1ppb**
2. **Count <5ppb** and **%<5ppb**

Statistic Published	Implication
< 1ppb	The lowest possible range, showing the percentage of time Hydrogen Sulphide was virtually non-existent .
<5 ppb	The range below the stated practical limit of detection (LOD) , suggesting these values are less accurate. This is the complement to the reliable data.
Statistics Missing (Crucial for Inquiry) & Implication	
>1ppb	This would show the percentage of time the concentration was above the 1ppb level , a level often associated with odour, and this is key for assessing odour nuisance .
>5ppb	This is the crucial figure for compliance. It would show the percentage of time the Hydrogen Sulphide was above the LOD and therefore in the reliable measurement range . Exceedance of this level for certain periods is a non-compliance event .

By only showing the percentage of time the levels were **BELOW** 1ppb and **BELOW** 5ppb this misleads the reader or forces the reader to calculate the concerning figures:

- **%>5ppb (The non-compliant figure):**
 - **Cell 1 Capping:** 100\% - 96\% = 4\%
 - **Community:** 100\% - 66\% = 34\%
 - **Entrance:** 100\% - 61\% = 39\%
 - **NW Lagoon:** 100\% - 93\% = 7\%
 - **Western Bund:** 100\% - 70\% = 30\%

For the Community and Entrance pods, the h2s concentration was **>5ppb** (i.e., above the reliable limit) for **34\%** and **39\%** of the monitoring period, **respectively**. This is a massive period of non-compliance, which is **hidden in plain sight** by publishing the complementary, less alarming figure <5ppb.

Addendum to Doc#01

The choice of published statistics is a classic example of **data framing**, presenting true data in a way that minimises its impact and shifts focus away from the critical non-compliant range.

3. High Concentrations and WHO Thresholds

The Max values clearly show non-compliance relative to common WHO and public health standards.

- **Maximum Values:** The Max values, up to 258.85ppb at the Entrance pod, are **orders of magnitude** above any reasonable public health or environmental threshold.
- **WHO Thresholds:**
 - **Odour Threshold:** The human nose can detect H₂S at concentrations as low as **0.0005ppb** to **0.01ppb**
 - **Odour Nuisance/Complaint Threshold:** Commonly cited guideline values to prevent substantial public annoyance due to odour are often set around **5ppb for a one-hour average** (or lower for 24 average or long-term exposure).
 - **Health Effect Thresholds:** Higher concentrations, even short-term, pose health risks. For example, the WHO sets a **24-hour average guideline of 7ppb** (based on 10 $\mu\text{g}/\text{m}^3$).
- **Conclusion:** Given that 63% to 66% of readings > 1ppb and 34% to 39% of readings at the community and entrance pods were >5ppb, and the Max values were extremely high, the data **unequivocally shows significant and prolonged periods of non-compliance** and subsequent public nuisance or health risks of considerable concern, independent of the low-end calibration issues. The statements in the document serve to **obfuscate** this primary finding.

Wrexham's Full Council passed a motion on 19th February 2025, which set out tighter management arrangements for the Hafod Landfill and mandated that if emissions / odour were not eradicated, the Council should expect the necessary plans to be made for closure of the Hafod site, and commence the mandatory land restoration

ENOUGH IS ENOUGH – THE TIME IS NOW !

Addendum to Doc#01

Evidence provided to the Petitions Committee from Ann Griffiths, a local resident

Senedd Petitions Committee Inquiry P-06-1510 Hafod Landfill Site 20 October 2025

Further to the Petitions Committee meeting on 22 September, I would like to highlight some of the concerns I have regarding the responses given to many of the questions.

It was surprising that Enovert was seemingly unaware that the level of odour can be affected by heavy rainfall when it is well documented (e.g Government/ Environment Agency) that it is. It was particularly concerning that the CEO of a waste management company with 20 years experience in that field should have no knowledge of this phenomenon, especially as it was confirmed by NRW that odours can increase during and after periods of heavy rain because of increased amounts of leachate.

Enovert also stated that they are a proactive rather than reactive company. However, in November 2023, NRW found a number of breaches of permit conditions and at one stage an Enforcement Notice was issued.

With regards to complaints received by WCBC, the information on Page 17 of the Council's written submission gives a very misleading picture of the level of reported odour incidents. The complaints in the table are the ones received solely by Public Protection, while NRW have a separate published Incident Hotline to which the majority of calls from local residents are directed.

It is also not helpful that a local media outlet recently took a quote from the Council's written evidence which stated conclusively that 'following a five-week assessment, no statutory odour nuisance currently exists'. This again seems partly to be based on the number of complaints received by PP and their random 'sniff tests', which by their own admission, recorded numerous incidents of highest level of odour (table - section 8, p13 - 14). This again gives a very misleading view of what is happening at the site

During the discussion regarding the Hafod Liason Group it was stated that this group is open to all and anyone can join it. Unfortunately, this is not the case; there have been occasions when other residents have asked to join the group and have been refused. Although an extensive list of members of the group was given, attendance at the meetings has been rather mixed.

Evidence provided to the Petitions Committee from a Dorothy Tunnah, a local resident

My name is Dorothy Tunnah and I am a member of the Hafod Liaison Group. This is my response to the Petitions Committee held on the 22nd September 2025.

Odour and Leachate

After a very dry year we have had several days with rain recently and we have had both odour present and leachate running off the site, as the following photo shows.



Evidence provided to the Petitions Committee from a Dorothy Tunnah, a local resident

Monitors

I was told on the 26th July that officers want to ensure the data was accessible to all to read and understand the monitors which were put in in March. This still hasn't been done.

Sniff Test

Were Enovert using an Electronic Data Recorder when doing the sniff test for the results given at the meeting on the 22nd September?

Permit

Why hasn't anyone decided to look at the Permit.? Everyone knows it is not fit for purpose but the answer from NRW has always been that they are working to the permit. Enovert admitted at one of the liaison meetings that they do take in material from a Sewage company and NRW said they were working to the permit. How can that be allowed with houses on their perimeter. I'm

Enovert

Enovert said they are proactive so why did they have an enforcement notice last winter identifying several actions needed to be addressed. In March 2024 NRW identified additional gas emissions. This is Reactive not Proactive and this is after 18 years of Landfill experience.

Steve Gittens has sent in excellent data proving what we are going through but as a lay person the thing I do know for certain is the odour we have put up with over 18 years is "noxious " and will also be issuing harmful chemicals. All the agencies saying that rain doesn't make a difference is absolutely untrue just ask anyone who lives in Johnstown.

ENOVERT HAVE HAD ENOUGH TIME TO GET IT RIGHT AND WE HOPE YOU AGREE THAT HAFOD LANDFILL SHOULD BE CLOSED DOWN.

PLEASE DON'T LET US DOWN AS FORMER MEMBERS OF THE SENEDD HAVE OVER THE PAST 18 YEARS

Agenda Item 3.1

P-06-1534 End corridor care in Wales

This petition was submitted by the Royal College of Nursing Wales, having collected 10,536 signatures.

Text of petition:

In Wales, patients are currently receiving care on trolleys or chairs for hours on end, often days, in pain and suffering. Doctors, nurses, and health care staff are forced to treat and care for patients in corridors, car parks, and other places where safe, dignified care isn't possible and where they lack access to life-saving equipment.

The Royal College of Nursing Wales and the BMA Cymru Wales are jointly raising the alarm on patient safety for Welsh Government to eradicate corridor care.

Additional information:

The RCN and the BMA call on the Welsh Government to immediately:

1. Begin recording and reporting on corridor care in Wales, starting by making it a 'never event' for patients to receive care in chairs for more than 24 hours.
2. Pause reductions in NHS Wales hospital beds. Nationally review capacity and deliver a clear, costed workforce plan to ensure hospitals and wider care settings can meet future demand.
3. Invest in community-based care by:
 - increasing the number of District Nurses (and nurses with a community nursing master's degree) back to, and above, 2010 levels to meet demand.
 - restoring the proportion of NHS Wales funding in general practice to historic levels, with aspirations to increase, so that we train, recruit and retain enough GPs to move toward the OECD average number of GPs per 1000 people.

4. Prioritise prevention and early intervention. Sustainable emergency care needs a strong focus on population health and early diagnosis to reduce avoidable crises.

Senedd Constituency and Region

- Cardiff North
- South Wales Central

End corridor care in Wales

Y Pwyllgor Deisebau | 10 Tachwedd 2025
Petitions Committee | 10 November 2025

Reference: RS25/12417-3

Introduction

Petition Number: P-06-1534

Petition title: End corridor care in Wales.

Text of petition: In Wales, patients are currently receiving care on trolleys or chairs for hours on end, often days, in pain and suffering. Doctors, nurses, and health care staff are forced to treat and care for patients in corridors, car parks, and other places where safe, dignified care isn't possible and where they lack access to life-saving equipment.

The Royal College of Nursing Wales and the BMA Cymru Wales are jointly raising the alarm on patient safety for Welsh Government to eradicate corridor care.

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4. Prioritise prevention and early intervention. Sustainable emergency care needs a strong focus on population health and early diagnosis to reduce avoidable crises.

The text provided above is submitted by the petitioner. The petitions team make every effort to ensure it preserves their authentic voice. This text has not been verified for accuracy, or errors, and may contain unverified opinions or assertions.

Mae'r testun uchod yn cael ei gyflwyno gan y deisebydd. Mae'r tîm deisebau yn gwneud pob ymdrech i sicrhau ei fod yn cadw ei lais dilys. Nid yw'r testun hwn wedi'i wirio am gywirdeb, neu wallau, a gall gynnwys barn neu honiadau heb eu gwirio.

1. Background

The [Royal College of Nursing \(RCN\) Wales](#) explains that '[corridor care](#)' refers to patients waiting for treatment, assessment or care – or being treated, assessed or cared for – in inappropriate areas such as corridors and car parks that are not designed for this purpose.

The RCN and [British Medical Association \(BMA\) in Wales](#) [launched this joint petition](#) in April 2025 urging the Welsh Government to take immediate action to end the practice of treating patients in corridors, chairs, waiting areas and all other inappropriate areas.

A [BBC News article](#) on 29 April 2025 set out some of the concerns relating to corridor care in Wales.

Reports on corridor care

RCN Wales published [Ending corridor care in Wales: A briefing for Members of the Senedd](#) in January 2025. The briefing explains what corridor care looks like, why it happens and what action needs to be taken to eradicate it.

[A report was also published by the RCN on 16 January 2025](#) outlining the impact of corridor care on patients and healthcare professionals in hospitals in Wales and across the UK.

Data on corridor care

The [Royal College of Emergency Medicine](#) carried out a '[snapshot](#)' survey that was conducted on three different dates and times in January and February 2025 with all 12 Emergency Departments in Wales submitting results. The findings, published on 24 March 2025, revealed that all 12 Emergency Departments in Wales had people being treated in corridors or waiting areas, and on at least one of the three sample days, all had patients being cared for in the back of ambulances. In total 44% of patients in departments at the time were waiting for an in-patient bed.

[The BMA's website states](#) that the petition calls on the Welsh Government to start recording and reporting on corridor care in Wales due to the lack of data on this issue.

2. Welsh Government action

The Cabinet Secretary for Health and Social Care wrote to the Committee on 20 October 2025 stating that “the Welsh Government does not endorse the routine delivery of care in non-clinical or unsuitable environments.”

The letter sets out action being taken by the Welsh Government in relation to corridor care. This includes:

- A [National Handover-45 Taskforce](#) established in June 2025 to support health boards and the Welsh Ambulance Service to deliver system-wide improvements;
- Further consideration is being given to the national escalation processes and strengthening accountability through the national daily system call;
- Work is underway for delivery of a broader public statement on the availability and transparency of NHS data;
- The [NHS Wales Planning Framework 2025-28](#) sets expectations for health boards to optimise bed capacity and improve patient flow across the system; and
- A set of 35 refreshed policy actions published in December 2024 for [A healthier Wales: long term plan for health and social care](#).

3. Welsh Parliament action

During [Plenary on 19 February 2025](#), a Welsh Conservatives debate was held on RCN Wales’ [Ending corridor care in Wales: A briefing for Members of the Senedd](#).

Questions concerning corridor care have also been raised on other occasions during Plenary, including on [21 January 2025](#); [7 May 2025](#); [9 July 2025](#); and [1 October 2025](#).

The Health and Social Care Committee is currently holding an [inquiry into the future of general practice in Wales](#). This includes consideration of funding for general practice and workforce challenges.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Eich cyf/Your ref P-06-1534
Ein cyf/Our ref JMHSC/02532/25

Carolyn Thomas MS
Chair
Petitions committee

petitions@senedd.wales

21 October 2025

Dear Carolyn,

Thank you for your letter of 29 September on behalf of the Senedd Petitions Committee about **Petition P-06-1534 End corridor care in Wales**. I will respond to the points raised in order:

1. *Begin recording and reporting on corridor care in Wales, starting by making it a 'never event' for patients to receive care in chairs for more than 24 hours.*

The Welsh Government does not endorse the routine delivery of care in non-clinical or unsuitable environments and agrees that improved reporting, investigation and action on such incidents are essential to support system-wide learning and improvement.

Never events in the NHS are defined as serious medical errors with the potential to cause serious harm or death, they are wholly preventable incidents that should not occur if the available safety measures have been implemented. While there have been calls to classify care delivered to a patient in a chair for more than 24 hours as a never event, this does not meet the established criteria due to the complexity of underlying causes.

Ambulance patient handover delays are a key marker of optimal hospital flow. In June 2025, I established a National Handover-45 Taskforce to support health boards and the Welsh Ambulance Service to deliver system-wide improvements by focusing on high-impact community pathways, emergency department processes and discharge productivity throughout acute hospital sites.

There has been sustained improvement over the last five months in the average patient handover time as well as the total lost hours lost by the Welsh Ambulance Service as a consequence of handover delays.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Jeremy.Miles@llyw.cymru
Correspondence.Jeremy.Miles@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

To support further improvements and delivery of maximum 45-minute ambulance patient handovers across Wales, further consideration is being given to our national escalation processes and strengthening accountability through the national daily system call. This includes consideration of the information reported by health boards on a daily basis which informs escalation decisions.

Work is underway for delivery of a broader public statement on the availability and transparency of NHS data and I will update the committee once timescales are confirmed. I will be holding a series of public accountability meetings with each NHS organisation between 23 October and March 2026, which will be streamed online, to provide a transparent platform for reviewing performance and engaging the public.

2. *Pause reductions in NHS Wales hospital beds. Nationally review capacity and deliver a clear, costed workforce plan to ensure hospitals and wider care settings can meet future demand.*

The responsibility for planning and delivering healthcare services in Wales lies with individual health boards. I have been clear in my expectation services must be safe, sustainable, and responsive to the needs of local populations, delivered in line with professional standards and clinical guidance. This includes robust planning around demand, capacity, workforce, and financial resources to ensure services are both effective and resilient.

Health boards are best placed to assess the specific needs of their communities, including determining the appropriate number and configuration of beds required to meet current and future demand. Strategic decisions on bed capacity must be evidence-based and aligned with broader system goals to improve patient outcomes and optimise resource use.

The NHS Wales Planning Framework 2025-28 sets clear expectations for health boards to optimise bed capacity and improve patient flow across the system. A key focus is on reducing delays in hospital discharge, with organisations expected to demonstrate a 12-month reduction trend in delayed transfers of care, as measured by the Delayed Pathways of Care dashboard. Health boards are also required to increase capacity in Enhanced Community Care and weekend community nursing, including specialist palliative care, to levels previously set for 2024-25 or higher.

These actions aim to relieve pressure on acute beds, support timely discharge, and ensure patients receive care in the most appropriate setting. The framework emphasises that building community capacity is essential to achieving sustainable bed utilisation and improving access to care across Wales.

In addition, several health boards across Wales are actively developing their clinical services plans to review and reshape services within scope. The aim is to ensure these services are delivered in the most efficient, effective, and sustainable way, with a clear focus on improving patient outcomes, addressing service fragility, and meeting quality and access standards.

3. *Invest in community-based care by:*
 - *increasing the number of District Nurses (and nurses with a community nursing master's degree) back to, and above, 2010 levels to meet demand.*

- *restoring the proportion of NHS Wales funding in general practice to historic levels, with aspirations to increase, so that we train, recruit and retain enough GPs to move toward the OECD average number of GPs per 1000 people.*

Management information received by NHS Performance and Improvement demonstrates there has been an 5% increase in registered nurses working within the district nursing service since 2018 and an increase in district nursing teams to 176 teams, each of these teams is led by a specialist practice qualified district nurse, supported by a deputy team leader.

GP numbers in Wales have remained steady, supported by ongoing recruitment and a comprehensive package of measures to retain GPs in practice. These include the centrally funded General Medical Practice Indemnity (GMPI) scheme, which covers all NHS clinical negligence liabilities for GPs and their staff under the National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019, and full reimbursement of non-domestic rates, which removes a significant business cost and risk from practices.

These actions are kept under regular review, and contracts continue to be agreed through annual tripartite negotiations with GPC Wales and NHS Wales, ensuring the profession is supported now and for the future.

The number of staff working in NHS Wales is at a record high, with over 110,000 dedicated individuals delivering care and support across the country. Both short-term and long-term workforce trends show consistent growth, reflecting our continued investment in strengthening the health service for the people of Wales.

4. Prioritise prevention and early intervention. Sustainable emergency care needs a strong focus on population health and early diagnosis to reduce avoidable crises

A Healthier Wales is our 10-year strategy and was launched in 2018. It sets the vision for everyone in Wales to have longer, healthier and happier lives, and to be able to remain active, independent and in their own homes for as long as possible.

In October 2023, following a report by the then Welsh Government's Chief Scientific Adviser for Wales - [NHS in 10+ years: An examination of the projected impact of Long-Term Conditions and Risk Factors in Wales](#) - it was announced that Welsh Government would undertake a refresh of the *A Healthier Wales* actions.

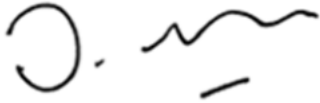
Through the delivery of *A Healthier Wales*, we are working towards our ambition of a whole-system approach to health and social care which focusses on keeping people well by anticipating health needs, preventing illness, and reducing the impacts of poor health. I want to ensure that services deliver the same high quality of care, and achieve more equal health outcomes, for everyone in Wales. Our actions under *A Healthier Wales*, will support people to be able to access a range of seamless services based on their individual needs and what matters to them.

In December 2024, I published a set of 35 refreshed policy actions aimed at supporting delivery on this ambition - [A healthier Wales: long term plan for health and social care | GOV.WALES](#). In developing our refreshed actions approach we took the opportunity to frame these actions within the context of five key themes and five key enablers.

The refreshed themes ensure prevention and early intervention are key components to health and well-being, supporting people to live longer and healthier lives whilst ensuring

people can receive the right care they need at the right time and in the right place. There will also be a focus on shifting resources to the community, with more care being delivered closer to home.

Yours sincerely,

A handwritten signature in black ink, consisting of a large 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

3 November 2025

Carolyn Thomas MS
Chair, Senedd Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Royal College of Nursing
Ty Maeth
King George V Drive East
Cardiff
CF14 4XZ

Helen Whyley, RN, MA
Executive Director, RCN Wales

Telephone [REDACTED]

Email [REDACTED]

Dear Chair,

We write to you on behalf of the Royal College of Nursing (RCN) Wales and of BMA Cymru Wales, as the joint petitioners seeking to end corridor care in Wales. Thank you for your email enclosing the response from the Cabinet Secretary for Health and Social Care Jeremy Miles MS.

The phrase “corridor care” refers to patients waiting for treatment, assessment or care – or being treated, assessed or cared for – in areas that are not designed for this purpose, such as corridors, car parks, break rooms, their homes and even toilets.

We recognise that the Welsh Government “does not endorse the routine delivery of care in non-clinical or unsuitable environments” and welcome the Cabinet Secretary’s agreement that “improved reporting, investigation and action on such incidents are essential”.

However, we believe the Cabinet Secretary’s letter fails to address the core concerns of the signatories. By treating corridor care as a series of isolated incidents to be investigated and resolved at the health board level, the Welsh Government’s approach fails to engage with the reality that corridor care is a serious and widespread threat to the safety and dignity of patients and staff alike.

Coleg Nyrso Brenhinol y Deyrnas
Gyfunol/Royal College of Nursing
of the United Kingdom
20 Cavendish Square
Lundain/London W1G 0RN
Ffôn/Telephone
[REDACTED]
RCN Direct [REDACTED]
rcn.org.uk

Coleg Nyrso Brenhinol Cymru
Swyddfa Gogledd Cymru/
Royal College of Nursing Wales
Ty Maeth, Rhodfa Ddwyreiniol/
Brenin George V/
King George V Drive East
Caerdydd/Cardiff
CF14 4XZ

Llywydd/President
Bejoy Sebastian
Ysgrifennydd Cyffredinol a Phrif
Weithredwr/
General Secretary & Chief
Executive
Yr Athro/Professor Nicola Ranger
Cyfarwyddwr Gweithredol Coleg
Nyrso Brenhinol Cymru/
Executive Director of RCN Wales
Helen Whyley

Noddwr/Patron
Ei Fawrhydi'r Brenin Siarl III/HM King Charles III

Mae'r RCN yn cynrychioli nrysys a nyrsio, gan hyrwyddo rhagoriaeth mewn arfer a llunio polisiau iechyd

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

INVESTORS IN PEOPLE®
Rydym yn buddsoddi mewn llesiant Arian

Mae'r Coleg Nyrso Brenhinol yn Goleg Brenhinol a sefydlwyd drwy Siarter Frenhinol ac Undeb Llafur Cofestr Arbennig a sefydlwyd a dan Ddeddf Undebau Llafur (Cydgrynhoi) 1992.

The RCN is a Royal College set up by Royal Charter and a Special Register Trade Union established under the Trade Union and Labour Relations (Consolidation) Act 1992.

It is the experience of members of both the Royal College of Nursing and the British Medical Association that corridor care is not a sporadic and localised concern, but an ongoing national crisis, that is being normalised.

In a survey¹ of over 1,000 RCN Wales members carried out during February and March this year, 62% of members working in hospitals (not only in emergency departments) reported that corridor care is a problem in their workplace, with 46% reporting that it happens frequently. Importantly, members identifying corridor care as an issue formed the majority in every electoral region of Wales. This experience is reflected in the testimonies from RCN members in reports published this year covering [Wales](#)² and [the UK](#)³.

The petition to end corridor care in Wales received the support of 10,533 people. We are now requesting that the Petitions Committee calls for a parliamentary debate in the Senedd Chamber. A debate would allow Members of the Senedd to explore the scale of the problem, make sure the public's concerns are heard, and hold the Welsh Government to account.

We believe a Senedd debate is necessary for the following reasons:

- **Corridor care is a critical patient safety issue**

Trolleys and waiting room chairs are not designed for prolonged, continuous use by patients, yet our members in Wales report having to care for people in these conditions – sometimes for days – in corridors, waiting rooms, and even toilets. They also report instances of “corridor care” extending beyond hospital walls. Delays can mean patients need to be treated in their homes, on pavements, or in car parks, when a hospital would be safer, cleaner, and more appropriate.

For patients, these often-permanent makeshift arrangements are uncomfortable, undignified, fatiguing, and unsafe.

Patients in these places may develop pressure ulcers. They may lack access to critical facilities like oxygen, suction, or an alarm. Where patients are crowded too close together, not only are infections more likely to spread, but in an emergency, staff may struggle to get close enough to use lifesaving equipment. When patients are treated in corridors while connected to IV lines, the tubing can become a trip hazard to patients and staff. Physically inserted into the patient's vein via a needle or cannula, an accidental tug to this tubing risks dislodging the IV and causing serious bleeding.

¹ Royal College of Nursing. (Forthcoming). RCN Wales 2025 member survey report: What should the next Welsh Government do?

² Royal College of Nursing. (2025). Ending corridor care in Wales.

Welsh version: <https://www.rcn.org.uk/Professional-Development/publications/rcn-ending-corridor-care-in-wales-briefing-for-members-of-senedd-welsh-version-uk-pub-011-959>

English version: <https://www.rcn.org.uk/Professional-Development/publications/rcn-ending-corridor-care-in-wales-a-briefing-for-members-of-senedd-english-version-uk-pub-011-958>

³ Royal College of Nursing. (2025). On the frontline of the UK's corridor care crisis.

<https://www.rcn.org.uk/Professional-Development/publications/rcn-frontline-of-the-uk-corridor-care-crisis-uk-pub-011-944>

Patients in Wales have experienced distressing breaches of dignity, undergoing intimate examinations without privacy and even dying while waiting for treatment, whether in public waiting areas or at home. None of this is acceptable in any modern health system.

- **The Welsh Government's current approach is not sufficient**

The Cabinet Secretary's response focuses on investigating individual incidents of corridor care "to support system-wide learning and improvement", but corridor care is not confined to isolated incidents.

The focus on ambulance handover times as opposed to the crisis inside emergency departments and on wards is concerning to us because it indicates a failure to grasp the difference between patient flow and patient safety. Even a "sustained improvement" in ambulance handover times does not imply that the situation *inside* hospitals has improved. In fact, unless accompanied by a sustained improvement in patient discharge, faster ambulance handovers may only exacerbate the pressure and lead to more corridor care.

Indeed, RCN Wales is aware of a growing practice among health boards in which patients arriving in emergency departments are then transferred to medical assessment units in the same hospital. This practice superficially speeds up ambulance handovers and creates the appearance of a less busy emergency department while leaving the underlying problem unsolved. The intolerable risks to patient safety remain unaddressed, merely moved to a less visible part of the hospital.

Any improvement in the availability and transparency of NHS data is to be lauded, and so we welcome that work is under way for an upcoming statement by the Cabinet Secretary on that matter.

We were disappointed, then, by his refusal to classify care delivered in chairs for over 24 hours as a "never event," citing a definition that diverges from the Welsh Government's own published criteria. He defines never events as "serious medical errors with the potential to cause serious harm or death" that are "wholly preventable" and "should not occur if the available safety measures have been implemented". However, the Welsh Government's official list⁴ of never events defines them more broadly: as "**serious incidents** that are wholly preventable because guidance or safety recommendations are available at a national level and should have been implemented by all healthcare providers."

This distinction matters. The Cabinet Secretary's narrower definition would exclude even some established never events, which are not always the result of a single medical error but are nonetheless preventable through adherence to national guidance. Care in chairs for extended periods is wholly preventable, poses a serious risk to patient safety, and is a practice for which national guidance could – and should – be developed. It is precisely the kind of systemic failure that a never event designation is intended to address.

⁴ Welsh Government (2022) Never events: policy and incident list July 2022. <https://www.gov.wales/never-events-policy-and-incident-list-july-2022-whc2022020>

What is more, in concentrating on the technical definition of a “never event”, the Cabinet Secretary fails to engage directly with the broader point: our petition’s signatories call for the Welsh Government to “begin recording and reporting on corridor care in Wales”. The Welsh Government is lagging behind other UK nations in this respect, with public commitments from both the UK Government and the Northern Ireland Executive to publish this data, with the latter working to publish their first dataset around February 2026.

The Welsh Government’s current approach is not acceptable for patients, nor for the workforce who desperately need the Welsh Government to treat corridor care as a serious safety threat and as a failure of NHS Wales.

- **The public and frontline staff are demanding change**

Our members report moral injury, burnout, and fear of reprisal when raising concerns. Patients and families have shared harrowing experiences of receiving care in inappropriate settings. The petition’s 10,533 signatories reflect widespread public concern. A Senedd debate would demonstrate that the Senedd is listening and willing to act.

“In our hospital it’s called ‘onboarding’ and an extra patient is admitted to the ward in the hope a ‘potential’ discharge happens later and the extra patient can then move into that bed. The extra patient admitted to the ward should be clinically stable and not acutely unwell [...] The last 3 patients we have received as ‘onboarding’ have become very acutely unwell after being admitted to the ward, and two have deteriorated so much they required an ITU admission. The patient who is admitted under the ‘onboarding’ policy is put in a chair or bed in the middle of a bay of 4 patients so there is no curtains for privacy, no access to permanent oxygen or suction (an O2 canister is expected to be used when required – even though there is a shortage of full O2 canisters across the hospital).”

– RCN Wales member⁵

“Lengths of stay in the Emergency Department (ED) are increasing. We recently had patients in the department for five days, with patients in waiting room on chairs for over 24 hours. Ambulance waiting times are increasing. All spaces in ED are escalated with additional patients in majors, resus and the see and treat corridor full of patients on trolleys or chairs. For us doctors and staff on the ground, constant moral injury; approaching burn out & considering whether a long-term career in emergency medicine is sustainable. Medically fit for discharge patients remain on wards preventing patients from moving to a ward due to a lack of social care in community or rehab beds in peripheral hospitals.”

– BMA Cymru Wales member working in a Health Board Emergency Medicine department.

^{5 5} Royal College of Nursing. (2025). On the frontline of the UK’s corridor care crisis.

<https://www.rcn.org.uk/Professional-Development/publications/rcn-frontline-of-the-uk-corridor-care-crisis-uk-pub-011-944>

- **A debate would allow scrutiny of existing commitments and gaps**

The Cabinet Secretary contends that “strategic decisions on bed capacity must be evidence-based”, and we strongly agree. The need for such evidence is precisely why our petition calls for public data on rates of corridor care in NHS Wales, a pause in the reduction of hospital beds, a national review of capacity, and a national workforce plan. The daily average number of hospital beds in Wales available for acute surgical patients fell by 12.3% between 2014 and 2024.

His response says also that responsibility for planning and delivering healthcare services lies with health boards, yet refers to “clear expectations” set out in the *NHS Wales Planning Framework 2025–28* for health boards to “optimise bed capacity”.

A debate would allow a space for Members of the Senedd to scrutinise gaps between national expectations and local delivery – and to ask whether the Welsh Government is doing enough to ensure that health boards have the resources, evidence, and workforce needed to meet those expectations while protecting the safety and dignity of patients.

On investing in community-based care, he portrays a stable GP headcount as a success. The trend in recent years shows that Wales has generally exceeded its annual GP training targets since 2019 - although 2025/26 saw a significant reduction in the number of GP registrar training places funded by the Welsh Government compared to the number requested by HEIW. Whilst the original allocation of GP Specialty Training (or GP ST1) places had been between 200 and 220, the final plan committed to only 160. We need to train higher numbers of GPs to deliver upon the policy goals of A Healthier Wales, to deal with patient demands, and to accommodate the increased preference for less than full time working and portfolio careers. Patients in Wales could face a grand exodus of their GPs, according to a BMA survey last year that indicated only 53% of the GP workforce planned to remain in post within three years’ time⁶. The Cabinet Secretary’s comments also fall short of acknowledging the evidence of under-employment, burnout and unsustainable workloads, that the BMA has repeatedly drawn his attention to through the Save our Surgeries campaign.

He also presents a 5% increase in nurses working in community nursing teams since 2018 as a success. While any growth is welcome, this figure does not reflect the scale of investment needed to meet the Welsh Government’s stated priority of treating more people in the community. What is needed is not only more nurses in community nursing teams, but a meaningful increase in the number of *district nurses* – experienced professionals who hold master’s-level specialist qualifications and provide leadership and clinical supervision to a team of registered nurses and health care support workers. Community nursing capacity is directly tied to the numbers of district nurses. When there are too few district nurses, teams lack the expertise and oversight required to deliver safe, effective care in increasingly complex community environments. Until the Welsh Government decisively confronts this shortage, combined with the shortages of nurses in social care (to assess the needs of

⁶ BMA Cymru Wales survey results of GP workforce on Workforce, Wellbeing and Workloads – found in Save our Surgeries: If not now, when? campaign report: <https://www.bma.org.uk/media/2afkcffr/bma-save-our-surgeries-phase-two-bma-wales-report-if-not-now-when-combined-web.pdf>

patients otherwise ready for discharge) and in residential care (to avoid unnecessary hospital admissions), corridor care will remain a predictable outcome of a system stretched beyond safe limits.

The Cabinet Secretary does assert that the number of community nursing teams has increased but does not say by how much or since when. What *is* known is that, at the time of writing, NHS Wales has fewer district nurses than at any time since 2015.⁷

We are encouraged by the Cabinet Secretary's indication that national escalation processes are under active review. RCN Wales has called for robust escalation processes to effectively manage demand without the need for corridor care. A debate would be an opportunity for the Welsh Government to provide an update on progress in this area, as well as in implementing the *Six Goals for Urgent and Emergency Care*⁸ programme. These goals represent a national commitment to improving urgent care pathways and reducing avoidable hospital admissions – yet the pace and consistency of implementation remain unclear. A debate would allow Members of the Senedd to assess what progress has been made, identify barriers to delivery, and examine whether the programme is being fully realised across Wales.

We are calling for a Senedd debate to ensure the voices of 10,533 petitioners are heard. Corridor care is a critical issue of patient safety, workforce wellbeing, and public trust in the health system. A debate would enable the Senedd to explore the Welsh Government's progress, identify barriers, and consider solutions.

We look forward to hearing your decision.

Yours sincerely,



Jacquelin Davies
Chair,
RCN Wales Board



Dr Manish Adke
Chair,
BMA Welsh consultants committee

⁷ Welsh Government (2025) Nursing, midwifery and health visiting staff, by grade and area of work
<https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/nursingmidwiferyandhealthvisitingstaff-by-grade-areaofwork-year>

⁸ Welsh Government (2022) Six Goals for urgent and emergency care: policy handbook for 2021 to 2026.
<https://www.gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026>

Agenda Item 4.1

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

This petition was submitted by Bryony Davies, having collected 10,867 online and 7,016 on paper, making for a total of 17,883 signatures.

Text of petition:

Hywel Dda University Health Board's consultation proposes removing Bronglais Hospital's full stroke service, forcing patients from Ceredigion, Powys, and South Meirionnydd into risky, long-distance transfers to hospitals in Llanelli or Haverfordwest. We urge the Senedd and Welsh Government to intervene immediately, insisting HDdUHB fully assesses these impacts and commits to maintaining Bronglais as a stroke rehabilitation unit, protecting vital health services in Mid Wales.

Additional information:

The consultation proposes downgrading Bronglais' stroke unit to 'Treat & Transfer' model forcing patients on unsafe 90 min to 2hr journeys to Llanelli or Haverfordwest.

*There is no evidence to address risks of these transfers given rural geography, ageing populations & poor transport.

*Family support, crucial for recovery, will be impossible due to distances, harming outcomes.

*Bronglais consistently scores higher in stroke audits than it's HDdUHB counterparts.

*HDdUHB admits significant staffing shortfalls & uncertain funding, making these changes unsafe & unrealistic.

*Bronglais is the only District General Hospital in a 60-100 mile radius (on non-motorways) serving areas far beyond HDdUHB's formal boundaries & into South Meirionnydd & Powys.

The plans in the consultation compromise principles of equitable access to healthcare, disproportionately disadvantaging Mid Wales residents.

We want the Senedd to ensure fair, equitable & local stroke services in Mid Wales.

Senedd Constituency and Region:

- Ceredigion
- Mid and West Wales



Dear Members of the Petitions Committee,

P-06:1538: Protect full stroke services at Bronglais Hospital; prevent downgrade to 'Treat and Transfer'. (Lead Petitioner: Bryony Davies - Signatures collected: 17,881).

Thank you for your communication inviting Protect Bronglais Services (PBS) to offer reflections on the above debate.

Firstly, we should like to thank both the Petitions Committee and the Business Committee for their understanding in ensuring that this debate was heard quickly given that a final decision on implementation of plans is expected from Hywel Dda University Health Board (HDdUHB) early next year.

The Debate:

- We feel we should mention that so significant is the petition, that approximately fifty people from Mid Wales (a good number of them stroke survivors who had been treated at Bronglais Hospital), travelled by coach to the Senedd on the 22nd October, determined to listen to this debate. They were fortunate enough to do so, both in the public gallery in Ty Hywel and also by watching it live on the wide-screen TVs in the Neuadd.
- PBS should also like to thank Carolyn Thomas as Chair of the Committee for giving such a full and comprehensive introduction to this important debate.
- The debate was extraordinarily strong, with excellent and passionate contributions from across all parties. The cross-party unity shows a clear understanding that the proposed 'Treat and Transfer' model is unworkable and unsafe for a rural region like ours. You cannot apply an urban system to Mid and West Wales, where travel times can often be over two hours compared to just minutes in cities.

- The quality of the debate was excellent with very well researched and factually accurate contributions from Senedd Members and we are grateful that they recognised the importance of taking part in the debate and that there is so much at stake here for the people of Mid and West Wales in terms of equitable healthcare.
- It is also important to mention that there was cross-party consensus and unity in this debate which along with the 17,881 signatures (collected in very short space of time), reflects the real concerns of constituents about the Health Board's proposal to move stroke rehabilitation away from Bronglais Hospital.
- Similarly, PBS believes it is very significant that on the Monday before the debate took place, every Senedd Member received a **Stroke Association briefing** document entitled: 'A Summary of the Stroke Association response to Hywel Dda Clinical Services Plan'. Within this document, the Stroke Association made clear their position on the proposals stating:

'The Stroke Association does not support Hywel Dda University Health Board's proposed changes to move stroke rehabilitation to a treat and transfer model. We believe that the current public proposals risk undermining specialist-led treatment, fragmenting services, and increasing health inequalities across Wales'.

Given that the Welsh Government states that the Stroke Association plays a significant role in its determination of policy around stroke, this was key and indeed, during an intervention from Mabon ap Gwynfor MS during the debate, the Cabinet Secretary for Health and Social Care, Jeremy Miles, accepted this fact.

Meeting with the Cabinet Secretary for H&SC following the debate:

Following the debate, at my request as Chair of PBS, a meeting was convened with the Cabinet Secretary for H&SC through the Llywydd, Elin Jones. Myself, Lead Petitioner Bryony Davies and Dr. Phil Jones (retired Stroke Doctor from Bronglais and former Stroke Lead for Wales), attended the meeting along with Elin Jones. At this meeting, the points listed below were made to Mr. Miles:

- As the Committee will know, there are huge issues around the Health Board's proposal to transport stroke patients onward from Bronglais to Llanelli – the Welsh Ambulance Service has not given any details as to how, or if, they can support this proposal and this is perhaps the only response that HDdUHB need to have had. These plans should have stopped as soon as this was known.

- Given that geography, population densities and transport infrastructure are not within Hywel Dda's power to change, they need to consider bespoke solutions that offer the optimum service for the catchment population they serve - (and we are grateful that again, a number of contributors to the debate recognised this fact).
- This stroke plan offered for public consultation has omitted key areas such as subarachnoid hemorrhage, transport (patient and relatives/carers), palliative care and support for patients undergoing rehabilitation from families and friends – omissions which are staggering oversights which is why PBS deemed this consultation to be fundamentally flawed from the outset.
- Whilst the Stroke Association is calling on the Welsh Government to introduce Specialist Stroke Centres that can deal with emergencies 24/7, it is important to state that Llanelli Hospital would not be this. Described within the Consultation document as a comprehensive centre for stroke, it is not.

It was also pointed out to Mr. Miles that:

- The evidence base for centralised stroke services is almost wholly derived from very large urban settings; for example, the London model is based on a specialist stroke unit that serves a population of one million with travel times of eight minutes to that unit. These units are supported by stroke physicians, neuroradiologists, interventional neuroradiologists, neurosurgeons, neurologists and vascular surgeons. The only site in Wales that has all of these components is Cardiff. No single site in Wales caters for a catchment population of one million and to meet the travel time of eight minutes would require a very large number of specialist stroke units. The solution for Wales, especially rural Wales, must be a bespoke model that applies the evidence with clear consideration for the geography; Hywel Dda UHB have failed to do this.

We very much hope that the Cabinet Secretary will also consider this and inform the Health Board that they need to go back to the drawing board. Mr. Miles indicated that he was 'in listening mode' and we hope that this is the case and that he has understood the strength of feeling and lack of evidence-base and detail around these proposals.

Following the debate an important question remains:

If the population disagrees with a health board's plans — especially those drawn up far from the communities affected — who do people have recourse to?

As publicly funded bodies, health boards must ultimately answer to our elected representatives and to government.

Finally, the debate around this matter is not just about policy. **This is about values:** primarily about fairness and equity and Hywel Dda need to think very deeply about what sort of Health Board they want to be.

Thank you for taking the time to read this - another long submission from us!

PBS should also like to thank the Clerk and all of the members of staff of the Petitions Committee for their invaluable help and guidance around this petition and in making this petition go forward to debate. We, and all who signed the petition, are most grateful. Diolch o galon.

Yours faithfully,

FOR AND ON BEHALF OF PROTECT BRONGLAIS SERVICES

Lisa Francis (Chair of PBS)

Bryony Davies (Lead Petitioner and Member of PBS)

Agenda Item 4.2

P-06-1307 The Welsh Government should commit to the adoption of the maintenance of new housing estates by local authorities

This petition was submitted by Eleri Lewis, having collected a total of 267 signatures.

Text of Petition:

The residents of the Mill, a new estate in Canton, Cardiff are having to pay an annual fee of £102 for the maintenance of a park bordering the estate. This payment must be made alongside other maintenance payments covering the unadopted highways, green spaces etc. Residents also must pay the full council tax required. Residents are not provided with a detailed breakdown of the costs of the park, just a notice to say they must pay the fee.

Additional Information:

The Mill was regarded as a good example of Welsh Government policy due to its status as a mixed tenure estate including affordable housing alongside freehold purchasing – therefore with the current cost of living crisis we believe that the Welsh Government should support residents on estates like The Mill by encouraging and facilitating the adoption of maintenance by local authorities and to remove these punitive charges.

Senedd Constituency and Region

- Cardiff West
- South Wales Central

Agenda Item 4.3

P-06-1494 Welsh Government to protect funding in education from WG and Local Authority cuts

This petition was submitted by Catherine Drews, having collected 11,040 signatures online.

Text of petition:

ALN Reform Wales call on Welsh Government to protect funding in education from WG and LA cuts. There are numerous reports of LA's putting out consultations or actual published budgets with massive cuts to education budget. Jeremy Miles pledged to invest in education. This cannot be allowed to happen to the most vulnerable members of society. Recent reports show Wales education standards have fallen. Our children's education is the best investment in social justice and a healthy economy.

Senedd Constituency and Region:

- Llanelli
- Mid and West Wales

P-06-1494 Welsh Government to protect funding in education from WG and Local Authority cuts - Correspondence from the Petitioner to the Committee, 13 October 2025

I would like to thank Members of the Senedd and the Petitions Committee for debating our petition, which gathered over 11,000 signatures calling on the Welsh Government to protect education funding and ensure that children with Additional Learning Needs (ALN) are not left behind.

While I welcome the Cabinet Secretary's acknowledgement of the pressures schools are facing and her commitment to supporting ALN provision, the reality shared by families, teachers and professionals across Wales remains stark. Every week, parents contact us describing children who are without the right support, unable to access learning, or experiencing "school distress" because their needs are unmet. These are not isolated cases, they are systemic symptoms of a system under strain.

We recognise and appreciate that education funding has been prioritised at a national level. However, as many Members noted in the debate, money is not always reaching the children who need it most. There is little transparency in how local authorities allocate funding to schools, and significant variation in how the ALN Code is applied. Parents continue to face exhausting and expensive tribunal processes simply to secure basic support. That is not an equitable system.

We strongly urge the Welsh Government to go further by:

Ring-fencing ALN funding to ensure it reaches the learners it is intended for.

Publishing clear data showing how ALN funds are distributed and spent by each local authority.

Investing in professional training for teachers and support staff to better meet neurodiverse and complex needs.

Reducing waiting times for assessment and diagnosis, which directly affect school attendance and mental health.

Listening to families and learners as partners in reform not as adversaries in legal disputes.

Children with ALN are entitled to thrive, not merely survive, in our education system. Wales has an opportunity to lead the way in inclusive education but that can only happen when funding, accountability, and compassion align.

We remain ready to work with the Welsh Government, the Senedd, and local authorities to ensure that the promises made to Wales's most vulnerable learners are turned into real outcomes on the ground.

Catherine Drews

Petitioner – ALN Reform Wales

Agenda Item 4.4

P-06-1423 Reinstate the 552 Cardi Bach coastal bus service in South Ceredigion!

This petition was submitted by Wyck Gerson Lohman, having collected a total of 842 signatures.

Text of Petition:

Recently it was announced by Deputy Minister for Climate Change Lee Waters that the Cardi Bach service was to continue. Then, as a bolt from the blue, came the news that the service is to be scrapped. The reason, so we are told, is that 'European funding has not been replaced as promised.' This is very bad news indeed for local residents who don't have access to a car, as well as for the tourist industry.

Additional Information:

The Welsh Government is working to reestablish a service as part of the new contract for the T5 service. It is vital that this happens as soon as possible to ensure that communities along the route are not isolated for a moment longer than necessary.

Launching the Year of Trails 2023, Economy Minister, Vaughan Gething, stated: 'This year is all about finding forgotten treasures, embracing journeys of the senses and making memories along pathways around attractions, activities, landscapes and coastlines. We're starting 2023 with a new campaign to make sure Wales is visible and look forward to encouraging visitors to different corners of the country throughout the year ahead.'

The visitor economy is a key contributor and driver of the economy in Wales. It has been hard hit by Covid. Services such as the Cardi Bach are absolutely vital to help restore that damage!

Senedd Constituency and Region

- Ceredigion
- Mid and West Wales



Ein cyf/Our ref KSNWT/00996/25

Carolyn Thomas MS
Chair - Petitions committee

09 July 2025

Dear Carolyn,

Thank you for your letter of 16 June regarding Petition P06-1423 – the reinstatement of the 552 Cardi Bach coastal bus service.

Unfortunately, we have been unable to source an operator to provide the Cardi Bach bus service. Transport for Wales (TfW) have issued two invitations to tender's for the operation of this service, but these has attracted no operator interest. Officials have also spoken to key players within the community transport sector in the area, but again unfortunately this has not led to any firm interest in operating this service.

Looking forwards, Transport for Wales are working with Ceredigion County Council to prepare for a large-scale bus retendering exercise across the County next year, and we have asked that they include a replacement for Cardi Bach as part of this wider network retendering exercise.

I am sorry that we cannot give you more positive news at this time.

Yours sincerely,

Ken Skates AS/MS
Ysgrifennydd y Cabinet dros Drafnidiaeth a Gogledd Cymru
Cabinet Secretary for Transport and North Wales

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Ken.Skates@llyw.cymru
Correspondence.Ken.Skates@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

**P-06-1423 Reinstate the 552 Cardi Bach coastal bus service in South Ceredigion!
- Correspondence from the Petitioner to the Committee, 07 October 2025**

Dear Mr Skates AS/MS and Petitions Committee,

many thanks for your update on my petition to reinstate the 552 Cardi Bach Service. I appreciate your effort in trying to get the service going again and fully understand the problem. I am pleased with Mr Skates suggestion to include the service in the retendering exercise next year in the hope that a new operator might be by then found

Kind regards,

Wyck Gerson Lohman,



Cwmttydu

Agenda Item 4.5

P-06-1444 Women of North Wales have the right to have a Menopause Services/Clinic in Ysbyty Gwynedd

This petition was submitted by Delyth, having collected a total of 1,347 signatures.

Text of Petition:

Not everyone can afford to travel to Wrexham.

Not everyone can afford to pay privately to go to a Menopause clinic.

Not everyone has the time to go to Wrexham, maybe they care for children and family members etc.

Everyone should have the choice.

This should be on our doorstep in Ysbyty Gwynedd with more specialist services local to North Wales including regularly updates for GP's, Gynaecologists, practitioners and employers supporting them on Menopause and the benefits of HRT.

Additional Information:

The health board expect women to travel to the nearest NHS menopause clinic in Wrexham, as they are cutting back the little support we have in Ysbyty Gwynedd, this is not acceptable and especially in the current financial crisis.

We need resource on our doorstep local to us; the health board do not meet the demands of women suffering the ordeal, misery, pain, and discomfort along with all the other symptoms of the Menopause and the impact on their family.

Welsh Government must invest more in menopause resources and services in Wales.

Women are struggling to stay in their employment, along with sometimes having caring responsibilities. Women leave work as they cannot cope with the some of the symptoms.

Senedd Constituency and Region

- Ynys Môn
- North Wales



Eich cyf/Your ref P-06-1444
Ein cyf/Our ref SM/00316/25

Carolyn Thomas MS
Chair
Petitions Committee

Petitions@senedd.wales

07 July 2025

Dear Carolyn,

Thank you for your letter of 21 May regarding Petition P-06-1444 – Women of North Wales have the right to have a menopause service/clinic in Ysbyty Gwynedd and enclosing the further comments of the petitioner.

As previously outlined, menopause is a priority area in the Women's Health Plan, which includes seven specific actions – short, medium and long-term – which, once delivered, will improve the experience of women when accessing services.

The Women's Health Plan was published six months ago, in December. It was developed by the Women's Health Strategic Network, a clinically-led, strategic group to improve quality, sustainability and outcomes of NHS services for women in Wales. The plan was shared with stakeholders, and patient voice groups including Fair Treatment for the Women of Wales (FTWW) and the Women's Health Wales Coalition for feedback, before being finalised.

FTWW is a patient-led charity dedicated to achieving health equality for women, girls and people registered female at birth. It advocates for women's healthcare needs locally, nationally and at UK-level. The Women's Health Wales Coalition brings together more than 60 charities, UK-wide umbrella organisations, Royal Colleges and patient representatives in Wales.

The Women's Health Plan is a 'living' plan. We will be listening to feedback from women as the it is implemented. It provides an opportunity for us to make a real difference to how the women's health services are delivered. The Women's Health Strategic Network will continue to work with both FTWW and the Women's Health Wales Coalition during delivery. There will be mechanisms within the network where those with lived and learnt experiences and

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Sarah.Murphy@llyw.cymru
Correspondence.Sarah.Murphy@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

expertise will be invited to participate, including reference groups and task and finish Groups.

There is an expectation in the plan that health boards adopt a co-production approach as they implement the actions within the plan. To support this, the Women's Health Strategic Network will be working across NHS Wales Performance and Improvement (the new name for the NHS Executive), and with the public as partners, to create a framework of co-production.

The Women's Health Plan has been published in an Easy Read version and can be accessed at the following link: [The Women's Health Plan for Wales - NHS Wales Performance and Improvement](#)

Work is underway to identify available data, and data gaps, to inform the development of a women's health dashboard. We will take the petitioner's comments into consideration as part of this work.

Health boards are scoping out the delivery in their geographical area of pathfinder Women's Health Hubs that support the timely diagnosis and treatment of women's health conditions including menopause. These will be operational by March 2026.

In relation to research, Health and Care Research Wales, supported by the Welsh Government, have provided £3m for the first women's health research centre in Wales to enhance the quality and scope of women's health research. This is in addition to the previously announced £750,000 allocated to a focused call on women's health research, which was launched in April 2025.

Health and Care Research Wales has a thriving public involvement community. It routinely requires and supports public involvement in its research centres and within any funding schemes and does not fund anything unless there is good quality public involvement built into the development and delivery of research projects. Public partners are routinely part of assessment panels and funding boards, and people with lived experience are also peer reviewers.

The focused call launched in April followed a women's health prioritisation exercise, which involved women in setting the research agenda from the outset. This included two public surveys and a facilitated workshop with women and practitioners. They determined the top 10 research priorities, including a question about menopause. This was then included in a research funding call, which closed in May. The committees which will assess the applications will include people with lived experience.

Yours sincerely,

A handwritten signature in black ink that reads "S. Murphy". The signature is written in a cursive, flowing style.

Sarah Murphy AS/MS

Y Gweinidog Iechyd Meddwl a Llesiant
Minister for Mental Health and Wellbeing



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanellwy,
Llanellwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business
Park, St Asaph, LL17 0JG

Carolyn Thomas MS,
Chair,
Petitions Committee,
Welsh Parliament,
Cardiff Bay,
Cardiff,
CF99 1SN

Ein cyf / Our ref: CS/CT(CE25/0453)

☎: 01745 448788 ext 6382

Gofynnwch am / Ask for: Emma Hughes

E-bost / Email: emma.hughes19@wales.nhs.uk

Dyddiad / Date: 10th July 2025

By email – seneddCovid@Senedd.wales

Dear Chair,

RE: Petition P-06-1444: Women of North Wales have the right to have a Menopause Services/Clinic in Ysbyty Gwynedd.

Thank you for your further letter of 21st May 2025, requesting additional information about the Health Board's menopause services, following further consideration of the above petition on 12th May 2025.

I am grateful to you for sharing the latest comments from the petitioner, Ms Delyth Owen, and I am pleased to have a further opportunity to address her concerns.

I share Ms Owen's desire to see women have access to menopause care as close to their homes as possible. Since our first correspondence with the Petitions Committee about this issue, the Health Board's ability to provide such local support has improved considerably, with a number of Consultant Gynaecologists undertaking the British Menopause Society's (BMS) Menopause Certificate.

As I indicated in my previous response, Consultants who hold the BMS Certificate are able to manage 90% of referrals for menopause support, and appointments are now being delivered in each of our three acute hospitals (Ysbyty Gwynedd, Glan Clwyd Hospital, and Wrexham Maelor Hospital).

As more of these BMS qualified Consultants are based in Ysbyty Gwynedd than in Glan Clwyd Hospital or Wrexham Maelor Hospital, there is a greater opportunity for women from North West Wales to be invited to an appointment at their local hospital.

That said, as we operate a treat in turn policy, based on our Women's Services pan North Wales capacity, it is possible that some women from Gwynedd and Môn may be invited to appointments at Glan Clwyd or Wrexham Maelor, if this means that they can be seen more quickly.

Cyfeiriad Gohebiaeth ar gyfer y Cadeirydd a'r Prif Weithredwr / Correspondence address for Chairman and Chief Executive:
Swyddfa'r Gweithredwyr / Executives' Office
Ysbyty Gwynedd, Penrhosgarnedd
Bangor, Gwynedd LL57 2PW

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☎: www.pbc.cymru.nhs.uk / **Web:** www.bcu.wales.nhs.uk

Mae Swyddfa'r Prif Weithredwr yn croesawu gohebiaeth yn Gymraeg a bydd yn sicrhau y darperir ymateb yn Gymraeg heb oedi.
The Chief Executive's Office welcomes correspondence through the medium of Welsh and will ensure that a response is provided in Welsh without incurring a delay

I must stress that this pan-North Wales, treat-in-turn approach has a number of key benefits, which include:

- **Fairer access** for all patients, not limited by postcode.
- **Better use of capacity** across the region, reducing delays.
- **Resilience** against local staff shortages or recruitment gaps.
- **Shorter waiting times**, as patients can be treated where slots are available.

In contrast, dividing waiting lists by geography can lead to unequal access and underused capacity.

Ms Owen has also raised concerns that not all women will be able to travel to appointments offered at venues further away from their local acute hospital. Where this is the case, the Health Board will explore options available to the patient, including the Non-Emergency Patient Transport Service (NEPTS) or financial reimbursement for using public transport to travel to an appointment.

Should patients decline to travel, and they are part of a registered vulnerable group or have additional requirements, yet are unable to access NEPTS or reimbursement for transport costs, the service will review their circumstances on a case-by-case basis.

While our BMS qualified Consultants are able to support women with 90% of menopause related issues – often with appointments at their local hospital, our three Menopause Specialists are continuing to provide more specialist advice and support to the smaller number of women (c10%) with more complex presentations, through both face-to-face and virtual appointments.

In her letter to you, Ms Owen queried whether this more specialist support was being provided in face-to-face clinics at Ysbyty Gwynedd. Unfortunately, it is not always possible to arrange face-to-face clinics with our Menopause Specialists across all three of our acute hospital sites, however, additional activity has now been introduced during the weekends at Glan Clwyd Hospital.

This arrangement is similar to how NHS bodies across Wales and the wider UK provide access to more specialist care, with services provided at regional centres, or at a limited number of venues across a smaller geographical area, in order to make the best use of resources.

Ms Owen also queried the allocation of face-to-face and virtual appointments. I can confirm that our Menopause Specialists triage all referrals and decide on the most appropriate mode of appointment, based on a patient's clinical complexity and any pertinent additional information from their clinical notes or letter of referral. Women are always asked if they are agreeable to a virtual appointment and the vast majority of patients are happy to proceed on this basis. As a consequence, we are increasing the number of follow up appointments provided on a virtual basis.



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

I do hope that Ms Owen finds these additional comments helpful, and I thank her once again for highlighting this important issue. I can assure you and Ms Owen that the Health Board will continue to closely monitor its menopause service arrangements, including feedback provided by women who access care and treatment, in order to ensure that we provide the best possible experience and outcomes.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Carol Shillabeer'.

Carol Shillabeer
Prif Weithredwr/Chief Executive

P-06-1444 Women of North Wales have the right to have a Menopause Services Clinic in Ysbyty Gwynedd - Correspondence from the Petitioner to the Committee, 09 October 2025

I am grateful for the responses from Carol Shillabeer and Sarah Murphy AS/MS; however, despite their thoughtful and measured replies, they do not adequately address the core concerns of the petition. In fact, their responses are largely similar to previous ones and fail to confront the key issue.

The urgent need remains: women in North Wales require a clinic at Ysbyty Gwynedd. Deeside Hospital, Wrexham Maelor, and Flintshire are not central to North Wales and cannot serve the population effectively. The petition highlights a real and pressing gap in healthcare access for women in this region, which must be addressed immediately.

I again urge the committee to refer to the maps sent in my previous reply, which clearly demonstrate that Ysbyty Gwynedd is the central location for North Wales patients.

My reply to both letters below:

Frist one Carol Shillabeer

Below my reply to : Sarah Murphy AS/MS

I share Ms Owen's desire to see women have access to menopause care as close to their homes as possible. Since our first correspondence with the Petitions Committee about this issue, the Health Board's ability to provide such local support has improved considerably, with a number of Consultant Gynaecologists undertaking the British Menopause Society's (BMS) Menopause Certificate

Thank you for the update. While it is welcome news that several Consultant Gynaecologists have undertaken the British Menopause Society's (BMS) Menopause Certificate, this appears to be the same information previously provided. Could you please explain how these developments will translate into improved access to menopause care locally, particularly at Ysbyty Gwynedd? In addition, will the Health Board be able to provide statistics on the number of women who have received support at Ysbyty Gwynedd so that progress can be properly measured?

This information would help the Committee assess whether local services are meeting women's needs effectively.

As I indicated in my previous response, Consultants who hold the BMS Certificate are able to manage 90% of referrals for menopause support, and appointments are now being

delivered in each of our three acute hospitals (Ysbyty Gwynedd, Glan Clwyd Hospital, and Wrexham Maelor Hospital).

This is encouraging news, and I particularly welcome confirmation that clinics are being held at Ysbyty Gwynedd. Could you please provide further detail on how often clinics are being delivered at each of the three hospitals? In addition, it would be helpful to receive statistics on attendance, as well as feedback from patients both those who are able to attend and those who may be prevented from doing so due to travel, work, family, or other commitments.

This information would help the Committee assess whether local services are meeting women's needs effectively.

As more of these BMS qualified Consultants are based in Ysbyty Gwynedd than in Glan Clwyd Hospital or Wrexham Maelor Hospital, there is a greater opportunity for women from North West Wales to be invited to an appointment at their local hospital. That said, as we operate a treat in turn policy, based on our Women's Services pan North Wales capacity, it is possible that some women from Gwynedd and Môn may be invited to appointments at Glan Clwyd or Wrexham Maelor, if this means that they can be seen more quickly.

If there are more BMS qualified Consultants based at Ysbyty Gwynedd than at the other sites, it is unclear why women living in Ynys Môn, Gwynedd and the surrounding areas would be directed to clinics elsewhere. Could you please explain the rationale for this approach? It would also be helpful to see the statistics on how many women from the Ysbyty Gwynedd catchment area have been offered appointments at other hospitals, and the reasons behind these allocations.

This information would help the Committee assess whether local services are meeting women's needs effectively.

I must stress that this pan-North Wales, treat-in-turn approach has a number of key benefits, which include:

- **Fairer access** for all patients, not limited by postcode. Thank you for outlining the benefits you see in the pan North Wales, treat-in-turn approach. However, I have a number of concerns about the points raised:

- **Fairer access for all patients:** As the maps I submitted previously demonstrate, this approach does not appear to deliver fair access. I have suggested that Ysbyty Gwynedd be designated as the central hospital for North Wales menopause services, with the other hospitals acting as satellite hubs. This would provide a fairer model of access for women across the region.

- **Better use of capacity, reducing delays:** Could you please provide the statistics that evidence this claim, so that the Committee can better understand the impact on waiting times?
- **Resilience against staff shortages:** It is important to note that staff are able to travel more easily than the number of patients to one consultant who would see in a single clinic. Allowing staff to move between sites may be both more efficient and more environmentally sustainable, helping to reduce the carbon footprint.
- **Shorter waiting times through available slots:** It seems that a more effective booking system could achieve this outcome without requiring women to travel significant distances.

This information would help the Committee assess whether the current approach is the most effective and equitable way of delivering menopause services across North Wales.

In contrast, dividing waiting lists by geography can lead to unequal access and underused capacity.

While I understand the concern about dividing waiting lists by geography, it is not clear why this should lead to unequal access or underused capacity. If a more effective booking system were implemented, as is common practice elsewhere, this issue could be mitigated. As noted previously, if staff are able to travel more easily than the number of patients one consultant can see in a single clinic, this would allow for more flexible scheduling. Additionally, reducing unnecessary travel for patients and staff would have clear environmental benefits by lowering the overall carbon footprint.

This information would help the Committee assess whether the current approach is the most efficient, equitable, and sustainable way of delivering menopause services.

Ms Owen has also raised concerns that not all women will be able to travel to appointments offered at venues further away from their local acute hospital. Where this is the case, the Health Board will explore options available to the patient, including the Non-Emergency Patient Transport Service (NEPTS) or financial reimbursement for using public transport to travel to an appointment.

I am fully aware of the Non-Emergency Patient Transport Service (NEPTS), having used it myself and worked within the third sector supporting many others who rely on such services. However, the issue for women is not solely about financial support. I would suggest that Health Board representatives, including Ms Carol Shillabeer, consider personally experiencing the journey from locations such as Llandona Ynys Môn / Pwllheli, or any other parts of the island and Gwynedd to Ysbyty Gwynedd or Glan Clwyd to a menopause clinic appointment. This includes factoring in travel time, family or work commitments, and the challenge of returning home promptly. Words alone do not capture the practical difficulties faced by patients in accessing these services.

This information would help the Committee assess whether current arrangements are genuinely accessible to all women in the region.

Should patients decline to travel, and they are part of a registered vulnerable group or have additional requirements, yet are unable to access NEPTS or reimbursement for transport costs, the service will review their circumstances on a case-by-case basis.

Could you clarify whether access to NEPTS or transport reimbursement is means tested? If it is, there is a risk that some patients could be excluded and potentially signed off due to nonattendance, despite having legitimate health or accessibility needs.

This information would help the Committee assess whether vulnerable patients are able to access menopause services without being disadvantaged.

While our BMS qualified Consultants are able to support women with 90% of menopause related issues – often with appointments at their local hospital, our three Menopause Specialists are continuing to provide more specialist advice and support to the smaller number of women (c10%) with more complex presentations, through both face-to-face and virtual appointments.

In her letter to you, Ms Owen queried whether this more specialist support was being provided in face-to-face clinics at Ysbyty Gwynedd. Unfortunately, it is not always possible to arrange face-to-face clinics with our Menopause Specialists across all three of our acute hospital sites, however, additional activity has now been introduced during the weekends at Glan Clwyd Hospital.

Why are face-to-face clinics not being offered at Ysbyty Gwynedd, given that it would be more cost effective and efficient for a single consultant to travel to Ysbyty Gwynedd rather than for multiple patients to travel to Glan Clwyd Hospital? As previously suggested, Ysbyty Gwynedd could serve as the central hospital for North Wales menopause services, with the other sites operating as satellite hubs. This model would provide fairer and more accessible care for women across the region.

This information would help the Committee assess whether current arrangements are the most effective way of delivering specialist menopause support.

This arrangement is similar to how NHS bodies across Wales and the wider UK provide access to more specialist care, with services provided at regional centres, or at a limited number of venues across a smaller geographical area, in order to make the best use of resources.

While I understand that specialist services are often concentrated at regional centres to make the best use of resources, Ysbyty Gwynedd remains the better choice as the central hospital for North Wales. Staff are able to travel more easily than the number of patients

one consultant can see in a single clinic, making this approach more efficient. Additionally, reducing patient travel would have clear environmental benefits by lowering the overall carbon footprint.

This information would help the Committee assess whether the current service configuration is the most effective, equitable, and sustainable option for women across the region.

Ms Owen also queried the allocation of face-to-face and virtual appointments. I can confirm that our Menopause Specialists triage all referrals and decide on the most appropriate mode of appointment, based on a patient's clinical complexity and any pertinent additional information from their clinical notes or letter of referral. Women are always asked if they are agreeable to a virtual appointment and the vast majority of patients are happy to proceed on this basis. As a consequence, we are increasing the number of follow up appointments provided on a virtual basis.

Could you please provide the actual numbers underlying this statement? Specifically, I would like to know how many patients have agreed to virtual appointments, and how many follow up appointments are now being conducted virtually, rather than percentages.

This information would help the Committee assess the practical impact of virtual consultations on access to menopause services.

I do hope that Ms Owen finds these additional comments helpful, and I thank her once again for highlighting this important issue. I can assure you and Ms Owen that the Health Board will continue to closely monitor its menopause service arrangements, including feedback provided by women who access care and treatment, in order to ensure that we provide the best possible experience and outcomes.

I welcome the Health Board's commitment to monitoring its menopause service arrangements and gathering feedback from women who access care. I am available to offer my help and support regarding consultation, patient participation, and ensuring that the voice of patients is fully represented in the development and delivery of these services.

This information would help the Committee ensure that menopause services continue to meet the needs of women across North Wales effectively.

Yours sincerely, **Carol Shillabeer Prif Weithredwr/Chief Executive**

My reply to : Sarah Murphy AS/MS

As previously outlined, menopause is a priority area in the Women's Health Plan, which includes seven specific actions – short, medium and long-term – which, once delivered, will improve the experience of women when accessing services

Could you please clarify when the Women's Health Plan, including the seven specific actions relating to menopause, will be formally launched and when these actions are expected to be delivered?

This information would help the Committee assess the timeline for improvements in women's access to menopause services.

The Women's Health Plan was published six months ago, in December. It was developed by the Women's Health Strategic Network, a clinically-led, strategic group to improve quality, sustainability and outcomes of NHS services for women in Wales. The plan was shared with stakeholders, and patient voice groups including Fair Treatment for the Women of Wales (FTWW) and the Women's Health Wales Coalition for feedback, before being finalised.

FTWW is a patient-led charity dedicated to achieving health equality for women, girls and people registered female at birth. It advocates for women's healthcare needs locally, nationally and at UK-level. The Women's Health Wales Coalition brings together more than 60 charities, UK-wide umbrella organisations Royal Colleges and patient representatives in Wales

If the Women's Health Strategic Network is clinically-led, why was it not structured as a balanced partnership steering group including a strong patient voice? Could you clarify exactly which stakeholders and patient voice groups the plan was shared with prior to finalisation?

I have been in touch with Fair Treatment for the Women of Wales (FTWW) and understand that it is a newly formed organisation with a relatively small membership of around 67 members and 202 Facebook followers. How, therefore, can engagement with such small-scale groups be considered sufficient to reflect the needs and experiences of women across Wales in the development of the NHS Women's Health Plan? and what work have they done specifically with the women of North Wales ?

This information would help the Committee assess whether the plan genuinely incorporates a broad and representative patient perspective.

The Women's Health Plan is a 'living' plan. We will be listening to feedback from women as the it is implemented. It provides an opportunity for us to make a real difference to how the women's health services are delivered. The Women's Health Strategic Network will continue to work with both FTWW and the Women's Health Wales Coalition during delivery. There will be mechanisms within the network where those with lived and learnt experiences and expertise will be invited to participate, including reference groups and task and finish Groups.

As noted previously, the groups mentioned are still very small and in the early stages of development, with limited membership and support. It is unclear how they will be able to provide a representative and effective patient voice. There are many other organisations

and services that could contribute to this work. A strong, balanced network is needed, supported by an experienced coordinator who can actively engage with people with lived experience, understand what is truly needed, and ensure their input shapes service delivery. The network should not be solely clinically led, as these risks overlooking the practical and lived realities of women accessing menopause services.

This information would help the Committee assess whether the current arrangements are sufficient to capture a meaningful and representative patient perspective in the implementation of the Women's Health Plan.

There is an expectation in the plan that health boards adopt a co-production approach as they implement the actions within the plan. To support this, the Women's Health Strategic Network will be working across NHS Wales Performance and Improvement (the new name for the NHS Executive), and with the public as partners, to create a framework of co-production.

I welcome the expectation in the plan that health boards adopt a co-production approach. I am available to assist with this work, drawing on my previous experience as the Making the Connections Officer within the third sector. In that role, I supported the development of better people-focused public services by enabling Local Service Boards to deliver the Single Integrated Plan, and strengthened the capacity of third sector organisations to contribute effectively to public service design, development, and delivery.

My work ensured that third sector organisations were:

- Better prepared to deliver public services, including co-produced services
- Equipped to work through consortia or collaborations
- More informed and able to engage meaningfully with service users
- Better able to influence decisions affecting the design and delivery of public services

I worked collaboratively with many organisations, including the Local Authority and Betsi Cadwaladr University Health Board, which strengthened my knowledge and understanding of voluntary, health, and social care sectors, including legal frameworks, policy, funding, structures, and systems. I would welcome the opportunity to contribute this expertise to support co-production within the Women's Health Plan.

This information would help the Committee assess whether co-production is being implemented effectively and meaningfully across NHS Wales.

The Women's Health Plan has been published in an Easy Read version and can be accessed at the following link: [The Women's Health Plan for Wales - NHS Wales Performance and Improvement](#)

Work is underway to identify available data, and data gaps, to inform the development of a women's health dashboard. We will take the petitioner's comments into consideration as part of this work

This is encouraging news, and I welcome the development of a women's health dashboard. I am available and willing to offer my support in this work, drawing on my experience in co-production and engagement with patient and voluntary sector groups.

This information would help the Committee assess whether the dashboard effectively captures data that reflects the needs and experiences of women across Wales.

Health boards are scoping out the delivery in their geographical area of pathfinder Women's Health Hubs that support the timely diagnosis and treatment of women's health conditions including menopause. These will be operational by March 2026.

Could you please clarify where these Pathfinder Women's Health Hubs will be located?

This information would help the Committee assess how accessible these hubs will be for women across different regions of Wales.

In relation to research, Health and Care Research Wales, supported by the Welsh Government, have provided £3m for the first women's health research centre in Wales to enhance the quality and scope of women's health research. This is in addition to the previously announced £750,000 allocated to a focused call on women's health research, which was launched in April 2025. Could you please clarify where the new Women's Health Research Centre is based?

Health and Care Research Wales has a thriving public involvement community. It routinely requires and supports public involvement in its research centres and within any funding schemes and does not fund anything unless there is good quality public involvement built into the development and delivery of research projects. Public partners are routinely part of assessment panels and funding boards, and people with lived experience are also peer reviewers.

I understand that Health and Care Research Wales has a strong commitment to public involvement in research. It routinely requires and supports public participation within its research centres and funding schemes, ensuring that no projects are funded without meaningful public involvement. I appreciate that public partners are represented on assessment panels and funding boards and that individuals with lived experience also act as peer reviewers.

However, while reviewing Health and Care Research Wales' work on public involvement, I found it difficult to locate detailed information on specific projects in North Wales, particularly those related to menopause and women's health.

I have been informed that there are plans to connect with local leads in November 2025, which is encouraging. I have requested further details about this, including whether there are any current or upcoming local initiatives focusing on menopause in North Wales.

I also sought clarification on how public partners especially those with lived experience of menopause are selected to participate in panels or act as peer reviewers. A clearer understanding of this process would help in assessing the depth and inclusivity of public involvement at this stage.

At present, I remain somewhat unclear about how individuals like myself can get involved. I have not seen any advertisements or calls for involvement, and I was previously unaware of Health and Care Research Wales. I have therefore asked whether an Expression of Interest (EOI) can be submitted proactively, or if it must only be in response to active adverts, which I have never come across.

It was also mentioned that Health and Care Research Wales plans to meet with a menopause support group and Fair Treatment for the Women of Wales (FTWW). This suggests that engagement with menopause support networks in North Wales has not yet taken place. I have asked for clarification on which menopause group they intend to meet and for more information about any past collaboration with FTWW, particularly around menopause and women's health in North Wales.

Finally, I was informed that meetings are planned with an organisation called "Menopause Connect." Unfortunately, I have been unable to locate much public information about this group and would appreciate a contact number or further details to enable me to follow up directly.

This information will be valuable in helping the Committee assess whether local services and research initiatives are effectively meeting the needs of women in Wales.

The focused call launched in April followed a women's health prioritisation exercise, which involved women in setting the research agenda from the outset. This included two public surveys and a facilitated workshop with women and practitioners. They determined the top 10 research priorities, including a question about menopause. This was then included in a research funding call, which closed in May. The committees which will assess the applications will include people with lived experience.

Could you please provide further details about the women's health prioritisation exercise? Specifically:

- Where did the facilitated workshop take place, how many people attended, and how were participants invited?

- Regarding the two public surveys, I am not aware of these; could you clarify how they were shared with the public?
- Could you provide figures on how many women participated in total and where they were from?

This information would help the Committee assess how representative the research prioritisation process was and whether it genuinely captured the views and experiences of women across Wales.

Sarah Murphy AS/MS

Minister for Mental Health and Wellbeing

North Wales maps below :

As members can see from the maps of North Wales, the hospitals mentioned are clustered far from the central area, making them less accessible to many North Wales patients. This highlights the importance of ensuring that Ysbyty Gwynedd is treated as an equal partner, not an afterthought.

I would therefore suggest that Ysbyty Gwynedd should serve as the Central Hospital for the North Wales Menopause Clinic, with the other hospitals operating as satellite hubs.



Agenda Item 4.6

P-06-1426 Install traffic lights at the McDonald's Pontypool roundabout.

This petition was submitted by Jenny Williams, having collected a total of 256 signatures.

Text of Petition:

There have already been a number of accidents at this roundabout (A472/A4042). With the increase of traffic using the new Aldi store it can only be a matter of time before there will be fatalities.

Additional details:

Senedd Constituency and Region

- Monmouth
- South Wales East

Install traffic lights at the McDonald's Pontypool roundabout - Correspondence from Gwent Police to the Committee, 08 July 2025

All,

Please see the data below. These RTC's and the narrative around them will inform you of the circumstances and suggest a possible cause. Whether or not any mitigation has been applied by careful engineering is relevant/impactive I am unsure? But this is the data that we hold with some detail added for your convenience.

If however you need or want more please let me know and I'll do what I can. These are ALL the recorded incident by police.

Hope this helps,

Jason.

Accident Ref No.00228/25

15:41hrs on Wednesday 30/04/2025 involving two vehicles with casualty.

V1 and V2 were on the inside lane on the roundabout from Pontypool travelling in the direction of New Inn, when negotiating the roundabout V1 has clipped the rear of V2. When exiting the roundabout. Causation factors recorded as V1. Possible following too close, failed to judge vehicles path/speed, poor turn/manoeuvre, careless/reckless/in a hurry and road layout. In relation to V2. Possible fail to signal/misleading signal.

Easting 329487. Northing 199864.

Accident Ref No.00244/23

10:15hrs on Thursday 15/06/23 involving two vehicles one casualty, V1 travelling east with V2 travelling behind V1. V1 pulling off, when a vehicle already on roundabout came around quickly and startled driver of V1, who performed an emergency stop causing V2 to collide with rear of V1.

Causation factors recorded as very likely V1 sudden braking, failed to look properly and V2 failed to look properly.

Easting 329410 Northing 199963.

Accident Ref No.00102/23

12:40hrs Sunday 025/0/2023 involving two vehicles two casualties on A472 on approach to roundabout due to build up of traffic 50 yards from roundabout V2 has slowed V1 has not allowed enough distance and driven into rear of V1. Causation factor recorded as possible driving too close.

Easting 329377 Northing 199978

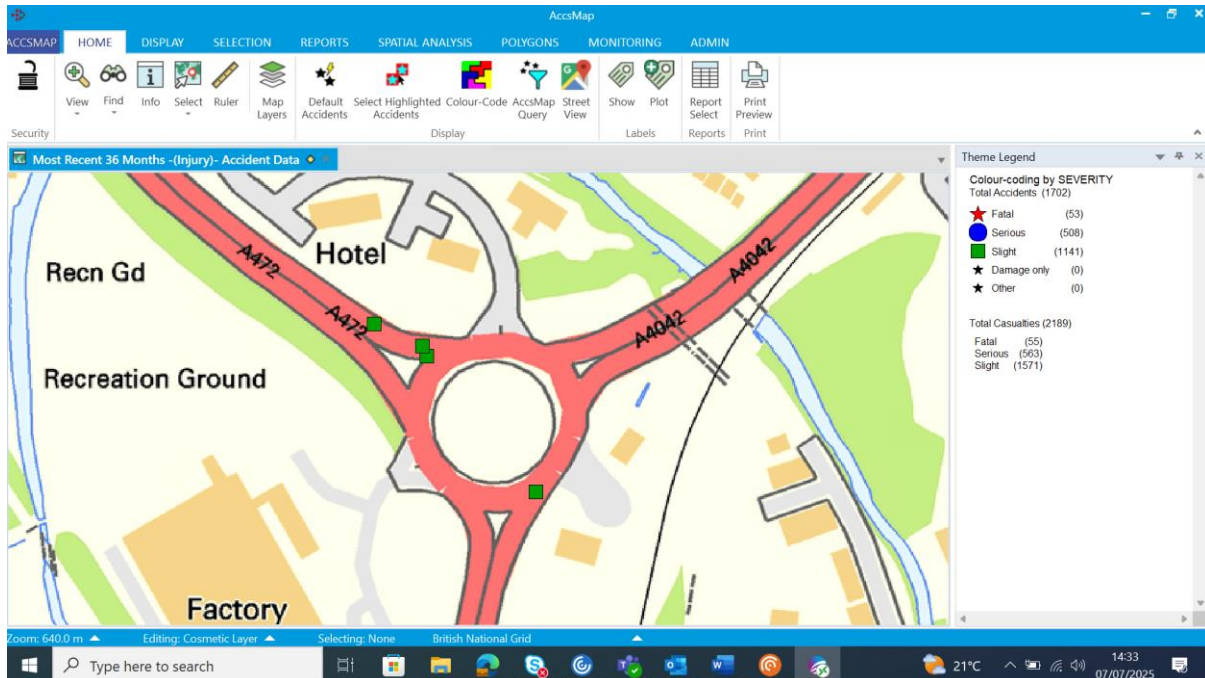
Accident Ref. No. 00514/22

12:30hrs Thursday 29/09/22 involving two vehicles one casualty on A472 on the approach to the roundabout with the A4042 . V2 motorbike approached roundabout and stopped due to traffic on the roundabout with V1 travelling behind V2 V1 didn't see that vehicle 2 had stopped and collided with V2 causing rider to fall off motorbike.

Causation factor not recorded.

Easting 329413 Northings 199956

Below is a screenshot showing the locations of the collisions at/on the roundabout.



Agenda Item 4.7

P-06-1440 Establish a Welsh under 18 gender service in Wales for Welsh children and young people asap

This petition was submitted by TransVision Cymru, having collected a total of 544 signatures.

Text of petition:

Following the long term and current poor performance of the English under 18 gender service and their extortionate waiting lists that Welsh children and young people have been subjected to, We (Transvisioncymru) have been discussing with the Welsh Government and Commissioner for Wales for over two years about having our own exemplary under 18 Welsh service. The commissioner wants change too but WG health have not moved forward at all yet.

Additional information:

We are a group established by parents of transgender children who have found the current system impossible to navigate and no support to our wonderful children. Over time we have grown into a group that consists of young people, parents/carers and allies. We also have combined in this campaign with lots of other groups to make a strong voice for trans young peoples rights.

There is an amazing, inclusive, all wales LGBTQ+ action plan published in January 2023 that excitingly states one of the main outcomes in to improve health provision and health and social care. They state they will review the Gender Identity Development pathway for young people in Wales and continue to develop the Gender Identity Service. In a recent meeting with WG health this is not the route they are taking and are going to continue making Welsh young people wait a further 4-5 years on the waiting list for an unsatisfactory service. We need a service now.

Senedd Constituency and Region

- Cardiff North
- South Wales Central

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-06-1440
Ein cyf/Our ref JMHSC/01629/25

Carolyn Thomas MS
Chair
Petitions Committee

petitions@senedd.wales

15 July 2025

Dear Carolyn,

Petition P-06-1440: Establish a Welsh under 18 gender service in Wales for Welsh children and young people asap - update

Thank you for your letter of 20 June for an update about progress towards establishing an under-18 gender service in Wales. We are continuing to develop the pathway for young people to access the gender identity service. Referrals from the waiting list are being seen by the three regional providers in England, which includes a service in Bristol.

As a result of joint working with the NHS Wales Joint Commissioning Committee (JCC), the service in Bristol has opened a satellite outpatient clinic in Cardiff and the JCC is exploring additional provision in North Wales.

This reflects our commitment to move services closer to home and our continued commitment to delivering against set ambitions in the *LGBTQ+ Action Plan*.

Yours sincerely,

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Jeremy.Miles@llyw.cymru
Correspondence.Jeremy.Miles@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Agenda Item 4.8

P-06-1445 Change Land Transaction Tax for First Time Buyers in Wales to be in line with the UK Government

This petition was submitted by Taylor Reynish, having collected a total of 268 signatures.

Text of Petition:

The UK Government have removed stamp duty for first time buyers who purchase properties under £425k in England and NI. The Welsh Government needs to follow suit by reducing LTT to the same rate for first time buyers in Wales. Currently there is no preferential rate for first time buyers in Wales, it is just a flat rate of under £225k for every house bought here. With rapid rising property prices it is becoming increasingly difficult to find decent properties under the WG threshold of £225k.

Additional Information:

Purchasing a first home has become increasingly more difficult for first time buyers, with the current cost of living crisis and rising mortgage rates, and it is made even more difficult in Wales by the Welsh Government by not adding an extra incentive, like the UK Government have. By not removing this tax it will add to people left stuck renting in Wales, unable to get onto the housing market or even buying outside of Wales. Why limit the help and choice for first time buyers in Wales? I believe as much help as possible should be offered to get people onto the property ladder.

Senedd Constituency and Region

- Newport East
- South Wales East

Mark Drakeford AS/MS
Ysgrifennydd y Cabinet dros Gyllid a'r Gymraeg
Cabinet Secretary for Finance and Welsh Language



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MDFWL/00341/25

Carolyn Thomas MS
Chair - Petitions committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN
Government.Committee.Business@gov.wales

10 July 2025

Dear Carolyn,

Thank you for your letter of 19 June 2025, and for forwarding the petitioner's response to the Committee of 24 September 2024.

I refer to my predecessor, Rebecca Evans MS's, responses of 27 June and 23 August 2024 to the Petitions committee Chair. The Welsh Government's position has not changed.

The Welsh Government's approach is to assist all of those buying their primary homes, regardless of whether this is their first home. Our approach has been consistently to provide the most help to those with the greatest need, rather than to target support at first-time buyers.

We continue to keep LTT rates and bands under review. In October 2022 we raised the LTT lower threshold by 25%, from £180,000 to £225,000. As a result of that change, the majority of homebuyers continue to pay no LTT.

Yours sincerely,

Mark Drakeford AS/MS
Ysgrifennydd y Cabinet dros Gyllid a'r Gymraeg
Cabinet Secretary for Finance and Welsh Language

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Correspondence.Mark.Drakeford@gov.wales
Gohebiaeth.Mark.Drakeford@llyw.cymru

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Agenda Item 4.9

P-06-1487 Provide a pedestrian crossing on A4042 Llanover; make safe for bus users and reduce the speed limit

This petition was submitted by Janet Elizabeth Butler, having collected 269 signatures.

Text of petition:

The busy A4042 runs directly through the heritage village of Llanover. Residents and visitors need to cross the road to use the bus service, access the amenity of the Mon and Brecon Canal and visit the renown Llanover Gardens which open to the public at intervals through the year. The speed limit is currently 40mph. Residents of all ages do not feel safe to use the bus service. The village attracts visitors at all times of the year. The bus stops are located near to the garden entrance.

Additional information:

Llanover is a Monmouthshire village steeped in Welsh history. The character of this village can be envisaged through its street scene. The road that goes through it is winding. The buildings themselves are characterised by the walls that bound them. Each building is unique. Llanover House and gardens is also bounded by stone walls.

SWTRA have recognised the danger in this twisty road that is bounded on both sides by stone walls and have double white lined the carriageways to discourage overtaking.

The speed limit remains at 40 mph. The bus stops are located near the gates to Llanover gardens. Traffic enters the village from the south where the National Speed limit applies - often without slowing sufficiently. The speed limit changes down to 40mph only c.100 metres from the bus stops. This is where a crossing is most needed and would be the logical location. Large lorries and tractors pass through the village. The walls have a funnelling effect and the backdraft is significant.

Senedd Constituency and Region

- Monmouth
- South Wales East

Ken Skates AS/MS
Ysgrifennydd y Cabinet dros Drafnidiaeth a Gogledd Cymru
Cabinet Secretary for Transport and North Wales



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-06-1487
Ein cyf/Our ref KSNWT/01024/25

Carolyn Thomas MS
Chair - Petitions committee

17 July 2025

Dear Carolyn,

Thank you for your further letter of 23 June regarding petition P-06-1487 Provide a pedestrian crossing on A4042 Llanover.

A meeting took place on 31st January 2025 between Welsh Government officials, local community councillors, Peter Fox MS and Catherine Fookes MP. During this meeting, representations were made advocating for a pedestrian crossing over the A4042 trunk road near the village.

Following this discussion, a Stage 1 Crossing Investigation has been commissioned and is currently underway, assessing two alternate locations within the village. Once this investigation is complete, it will determine whether pedestrian crossing movements in the village are sufficient to justify the provision of a crossing at the identified locations.

Yours sincerely,

Ken Skates AS/MS
Ysgrifennydd y Cabinet dros Drafnidiaeth a Gogledd Cymru
Cabinet Secretary for Transport and North Wales

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Ken.Skates@llyw.cymru
Correspondence.Ken.Skates@gov.wales

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P-06-1487 Provide a pedestrian crossing on A4042 Llanover; make safe for bus users and reduce the speed limit - Correspondence from the Petitioner, 11 October 2025

I note that two possible sites for a crossing are being considered but the number of pedestrian movements is still under review.

I don't believe I have received any feedback on the outcome of the initial assessment despite originally being promised the outcome in July.

Covert speed monitoring in August 2025 between 19th and 28th recorded a total of 112,495 vehicle movements through the village. A huge volume given the lack of any controlled crossing place.

Community Councillor Lewis Carter in his recent letter to Welsh Government set out arguments for both a reduced speed limit and crossing. This has universal political support locally from Peter Fox MS, Catherine Fookes MP, myself CCIr Jan Butler and Goytre Fawr Community Council. All supporting the need for a crossing and reduced speed limit.

My position on this is that it's not just about the number of pedestrian movements now but rather about those in the future. If we are serious about active travel, then we must do this.

The lack of a safe crossing is a barrier to use of public transport (particularly during peak times),

As County Councillor for Goytre Fawr I am in regular contact with residents, many of them elderly and we have an aging demographic. I know our elderly residents won't currently use the bus service because they consider the road too dangerous not because they don't want to.

Two miles down the road in Goytre people are already talking to me about using the bus service more once our crossing is in place (expected installation imminent) especially now that the last bus home from Abergavenny is at 10:30 pm.

It's been very noticeable there have been far more Llanover Garden Open events this year. The opening of the Retreat Café with its Arts events has also had impact. In fact social activities in both Goytre and Llanover have also increased this year and what better way to encourage community cohesion across the whole ward of Goytre Fawr than by jumping on the bus to get about confident that you will be able to safely cross the road in Llanover.

In short Llanover needs this crossing to make active travel possible.

Kind Regards,

Jan Butler

County Councillor

Agenda Item 4.10

P-06-1464 Allow Welsh families who have experienced Baby loss before 24 weeks to obtain baby loss certificate

This petition was submitted by Angharad Cousins, having collected a total of 749 signatures.

Text of Petition:

The UK government have introduced baby loss certificates for families in England who have lost babies prior to 24 weeks. This doesn't apply to Welsh families. Let's get this changed!!

Senedd Constituency and Region

- Caerphilly
- South Wales East

Sarah Murphy AS/MS
Y Gweinidog Iechyd Meddwl a Llesiant
Minister for Mental Health and Wellbeing



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-06-1464
Ein cyf/Our ref SM/00396/25

Carolyn Thomas MS
Chair - Petitions committee

Petitions@senedd.wales

24 July 2025

Dear Carolyn,

Thank you for your letter of 25 June on behalf of the Petitions Committee requesting an update on baby loss certificates scheme being extended into Wales.

My officials are working with NHS Business Services Authority (BSA), the supplier of the baby loss certificate for England to extend the scheme into Wales. An assessment of the technical options for delivery has been undertaken, and we will shortly be commencing a discovery phase of the chosen option. We remain committed to the delivery of a baby loss certificate scheme in Wales, unfortunately this has not been as straightforward technically as initially anticipated.

Yours sincerely,

Sarah Murphy AS/MS
Y Gweinidog Iechyd Meddwl a Llesiant
Minister for Mental Health and Wellbeing

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Sarah.Murphy@llyw.cymru
Correspondence.Sarah.Murphy@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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Agenda Item 4.11

P-06-1489 Legislate to ensure swift bricks are installed in all new buildings in Wales

This petition was submitted by Elizabeth Trombley, having collected 260 signatures.

Text of petition:

Swifts are the fastest birds in level flight and can sleep, eat, drink and mate on the wing. Their cries define Welsh summers. Sadly, they are rapidly declining – down 72% in the last 30 yrs. Swifts nest in holes in buildings. Renovation makes them homeless, and new-builds currently offer no cavities. Without more nesting options, swifts will disappear. Incorporating swift bricks into all new developments would help swifts (and other struggling birds like house martins and sparrows) to recover.

Additional information:

British Trust for Ornithology data show Welsh swifts declined by 72% from 1995 – 2018. They are Red Listed as Birds of Conservation Concern. Swifts face many challenges, but nest site loss is a major factor. Due to the scale of Welsh decline and ongoing destruction of their unprotected nest sites, only a mandatory approach will provide enough new nest spaces to allow swifts to recover to anything like former levels. Regulatory or legislative change is needed for this.

Swift bricks are nest-boxes that can be built into a wall. They are BSI standardised, affordable, sustainable, easy to install, don't need maintaining / replacing, and help other declining hole-nesting birds.

Swifts' lives have been linked to ours for centuries. Their connection with buildings is captured in an old Welsh name – gwrach yr eglwys ('church sprite'). Swifts are a charismatic species and enliven built up areas, inspiring people and communities. They depend on us – their disappearance would be a real loss.

Senedd Constituency and Region

- Cardiff West

- South Wales Central

P-06-1489 Legislate to ensure swift bricks are installed in all new buildings in Wales - Correspondence from the Petitioner to the Committee, 10 October 2025

Dear Petition Committee Members

SWIFT BRICK PETITION

Thank you for giving me a further opportunity to respond on this issue – this time to the Senedd debate.

Whilst it was heartening to see the support for swifts from a number of Members of Senedd (including representatives of all 3 main parties), I am concerned that there does not seem to be a Welsh Government strategy to halt the decline in swift nest sites.

The current approach to biodiversity within the planning system relies largely on 'avoid, minimise, mitigate, compensate' (Planning Policy Wales 12, but also a feature of earlier iterations of PPW). This has not resulted in the routine use of swift bricks within new builds.

This example might illustrate the problem -

A developer applies to build a housing estate on a greenfield site. There will not be any swifts nesting here because swifts in Wales nest almost exclusively in buildings - not in trees, hedges or on the ground. So, there will be nothing to mitigate or compensate for as far as swifts are concerned and swift bricks are unlikely to be routinely included. At the same time, existing buildings are being refurbished, re-roofed, etc, resulting in the loss of existing nest sites. The effect is a net loss of swift nest sites and hence a decline in the number of swifts.

Some developers do include a small number of swift bricks in new developments, but for swifts, finding these is like looking for a needle in a haystack. Were they to be included routinely in all new builds, the chances of swifts finding them would be higher.

Installing a swift brick (which benefits multiple species) in a building is exactly the same as installing a normal brick. There is no reason why something this simple, measurable and effective could not be mandated quite separately and in addition to the more holistic and qualitative Net Benefit for Biodiversity (NBB) requirements, which will vary from site to site. As a completely separate requirement, this would therefore not cut across NBB, which is an important part of addressing the nature emergency.

If Welsh Government acknowledges the need for urgent action on (red listed) swifts, but is not minded to mandate swift bricks, I feel they need to demonstrate how they otherwise plan to reverse the loss of swift nests and hence the decline in swifts, given the failure of existing processes to deliver swift provision routinely.

Without nest sites, swifts will become extinct as a breeding bird in Wales.

Yours faithfully,

Julia Barrell (Petitioner)

Agenda Item 5.1

Ken Skates AS/MS
Ysgrifennydd y Cabinet dros Drafnidiaeth a Gogledd Cymru
Cabinet Secretary for Transport and North Wales



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-06-1427
Ein cyf/Our ref KSNWT/01022/25

Carolyn Thomas MS
Chair - Petitions committee

15 July 2025

Dear Carolyn,

Thank you for your letter of 23 June regarding Petition P-06-1427 Create a sustainable traffic plan for the Rhiangoll Valley.

A speed survey for the A479 is due to be carried out this financial year. We will review the data to determine if any further measures are required and will share the survey data with GoSafe.

We will be happy share the information once finalised.

Yours sincerely,

Ken Skates AS/MS

Ysgrifennydd y Cabinet dros Drafnidiaeth a Gogledd Cymru
Cabinet Secretary for Transport and North Wales

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Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Ken.Skates@llyw.cymru
Correspondence.Ken.Skates@gov.wales

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Agenda Item 7

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