18th February 2026

Dear Member of the Senedd Petitions Committee,

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

Thank you for this opportunity to respond to your Committee on behalf of Protect Bronglais Services (PBS) following your receipt of the letter from Professor Phil Kloer, Chief Executive of Hywel Dda University Health Board (HDdUHB) dated 4th February 2026. We are extremely disappointed by the considerable time lag between the Committee contacting HDdUHB in November 2025 and this response received in February. This has not only left PBS with just a few days to consider and respond to the letter, but also allowed your Committee no more than two weeks before the Health Board's meeting of the 18th and 19th of February during which they plan to decide on the future of Stroke Services and eight other service areas within Hywel Dda. We therefore anticipate that the Health Board's decision on Bronglais Stroke Unit will already have been taken by the time the Committee considers our petition on Monday 2nd March.

New alternative options under consideration

Professor Kloer's letter outlines two new options, labelled 106 and 210, which are now being considered by the Health Board alongside the existing options which have been the cause of so much concern in Mid and West Wales. It is surprising to see alternative proposals emerge so late in the day and with such limited detail and we have only recently received confirmation that the Health Board was considering them alongside the existing options for Stroke Services at such short notice prior to actual decisions being taken this week on which option to take forward. This makes it all the more frustrating that it has taken until early February for the Health Board to respond to your Committee.

We would anticipate the need for a further period of consultation to allow all stakeholders to adequately scrutinise each of these new options, but clearly there is no time for that to happen before the Health Board's decision-making process concludes this week.

Option 106 includes a 'Rehabilitation Unit' at Bronglais in addition to 'Treat and Transfer', but still only allows for full Stroke Units at Prince Philip and Withybush Hospitals, while Option 210 appears to be the only one to anticipate the establishment of a Regional Stroke Centre (although outside of Hywel Dda) and is effectively proposing the reverse of the other options, since it envisages retaining full Stroke Units at Bronglais and Glangwili and relegating Prince Philip and Withybush to 'Treat and Transfer'. Option 210

marks a significant change in direction from the other options and **we have cautiously welcomed it on condition that it may be amended to also include provision for a Rehabilitation Unit at Bronglais.**

Content of the letter

We consider this letter to be a very unsatisfactory response from HDdUHB to the Petitions Committee and to the concerns of our group, those raised by Senedd members in their debate on this petition and to the many patients and other service users who are extremely worried about whether existing Stroke Services at Bronglais General Hospital will be downgraded, as envisaged in two or more options currently under consideration by HDdUHB.

We have seen nothing in the letter to account for the time taken to respond to the Petitions Committee by an organisation which has a full contingent of well-paid executives. Far from providing the clarity and transparency which Professor Kloer commits to do, his letter is generally very woolly, repeatedly fails to

directly address the questions it purports to be answering, including by deflection, for instance by pointing out that no decision has yet been made in respect of the critical issue of concerns about the downgrading of Bronglais Stroke Unit to 'Treat and Transfer'.

Professor Kloer repeats information and refers to claims, statements and documents provided during the consultation process which we and those Senedd Members who spoke in the Petition Debate, have already identified as inadequate or insufficient to address our concerns. The sheer volume of documents in the Clinical Services Plan Supporting Information Section of the HDHB website is overwhelming and made participation in the consultation process extremely time-consuming and potentially inaccessible to members of the public, who could not reasonably have been expected to read hundreds of pages of material in order to participate.

The letter talks repeatedly in terms of Health Board 'aims', such as to facilitate, to improve, get people home etc., which are essentially meaningless in the absence of clear objectives with milestones against which to check progress.

Some sections of the letter and its appendices, such as the response to the concern 'The needs of Welsh speakers may not be fully met if services are moved', appear to have been cut and pasted from some other document as they completely fail to address the issue, in this case of transferring patients from mainly Welsh speaking areas in Mid Wales to a hospital in Llanelli where only 23% of people speak Welsh. Furthermore, the documents to which Professor Kloer refers do not necessarily support the points he seems to be trying to make. For instance, while Prof Kloer claims that "(e)quality impact assessments have considered the impact on Welsh language provision" the 'EqIA' referenced gives the impact as 'Unknown' and notes: "Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed."

What is missing from the letter:

1. Consideration of service users in Powys and Betsi Cadwaladr Health Boards

Prof Kloer has not attempted to address one of the major concerns for PBS, which is the impact on those requiring urgent interventions for potentially devastating conditions, including Stroke, who live outside HDdUHB boundaries, but for whom Bronglais is the nearest General Hospital. As we identified in our previous submission to your Committee, Bronglais serves Stroke sufferers and other patients who live a

considerable distance from it, including in Tywyn, Caersws, Llanidloes, Rhayadr and Llandrindod Wells, whose health care needs are not adequately served through their own Health Board, whether Betsi Cadwaladr or Powys.

It is very apparent that the architects of the two initial options put forward for Stroke Services have miscalculated how much local services are valued and relied upon by rural communities in Mid and West Wales and have underestimated the challenges and costs faced by these communities to access any alternative provision whether inside or outside their own Health Board region.

We reiterate the clear need for Bronglais to be treated as a special case, situated as it is in total isolation in every direction from all other General Hospitals in Wales. **The Longley Report's** recommendations from over ten years ago for closer, more collaborative and effective working arrangements between neighbouring Health Boards are either simply not working or else have yet to be properly implemented.

It is becoming increasingly clear to us in PBS that the administrative organisation of health care in Wales needs to be reconfigured to prevent significant numbers of service users in Mid and West Wales from falling through the cracks in provision between the three individual Health Boards covering this area. We are calling on the Senedd and Welsh Government to initiate much needed change to provide a service which is more equitable and better meets the needs of all communities in Wales.

2. Sufficient details to enable us to understand the individual categories for scoring of national stroke standards and the extent to which each of the proposed options might improve (or alternatively worsen) future SSNAP scores at individual sites.

Technical detail, where provided, is not necessarily straightforward to understand and interpret, such as graphics showing SSNAP scores which have been pasted into the letter and appendices without an accompanying key or satisfactory explanations.

3. Evidence that a 'Treat and Transfer' Unit will work for an ageing population in a rural area with poor transport infrastructure

The circumstances in Mid and West Wales are very different from an urban setting in which a number of large hospitals offering comprehensive services are situated within easy driving distance of each other. Professor Kloer returns to the issue of patient transport several times in his letter and appendices but gives no clarifying information about the frequency and timescales of transfers in existing service areas to which he refers or whether the Welsh Ambulance Service (WAST), Adult Critical Care Transfer Service (ACCTS) or another alternative is used in these cases. Neither are we are aware of any firm commitment yet as to which service would be used in the case of Stroke transfers under the proposals in the Clinical Services Plan, nor whether patients in transit would be accompanied by a member of staff with expertise in Stroke care.

Under Point 6. Transport and Transfers, the statement: "adequate inter-hospital transfer arrangements are a key dependency" is not confirmation or evidence that these are either scheduled or resourced. Equally, the fact that WAST and ACCTS are "engaging" with the Clinical Services Plan process is confirmation of precisely nothing in terms of delivery of services. Similar remarks are made in the Appendices in answer to the Question "Does WAST have the capacity to transfer people between sites?"

We would like to have heard from Professor Kloer about what plans HDdUHB have made so far to address 'weaknesses' and 'threats' identified in the 'SWOT' document to which he refers for Stroke Options A and/or B in respect of travel for service users and staff, including patient transfers. Under the 'Safe'

heading, category 1.1 ·Number of patients likely to need transport between sites when unwell' for instance, there are the following 'threats':

· 'Transfer requests would be categorised in accordance with their acuity and could experience delays'

· 'Resources will be lost due to secondary transfers for considerable periods of time', and

· 'Resources currently not available to deliver this option…'

Under Accessible '3.1 ·Patient travel time to sites' comments for Option B include:

· May be a massive impact for Mid Wales/gap and Withybush as we don't know what neighbouring HB are doing

· Threat of how this impacts the patient, and their families - will be more challenging for northerly patients

· Need to ensure we have infrastructure to transfer patients, need to have a dedicated transfer system to manage this and take pressure off/support WAST

Several potential problems are also identified under '3.4 ·Impact on staff and patients needing to travel to access regional care pathways'

4. Evidence of efforts made to address service 'frailties' through effective recruitment

There is no attempt made in this letter to answer the specific questions: 'What has been done to promote recruitment to stroke in BGH? When was it last advertised? Is it advertised now'. The letter simply provides some generic statements and irrelevant data. By way of contrast, we note the following summary of comments from staff in the recently released ORS report on the consultation process:

"There was strong frustration about recruitment challenges and missed opportunities within stroke services, including rigid qualification requirements, short-lived job adverts, and reliance on costly agency staff. Staff emphasised the importance of investing in permanent, well-graded posts to attract and retain people, particularly in rural areas such as Bronglais and Withybush; and called for better planning to avoid losing skilled clinicians."

The views described here appear to be backed up by numerous ad-hoc comments we have received in confidence from current staff who are reluctant to speak out publicly and lead us to question whether there has been a lack of genuine effort to recruit a full and sustainable staffing team for Bronglais.

5. Confirmed details, including locations and anticipated timescales for the development of the suggested four comprehensive Regional Stroke Units in Wales.

We understand that further details of progress on these plans are not necessarily in the gift of HDdUHB, but it makes no sense for the Health Board to take decisions to dismantle or downgrade Stroke services in any part of Hywel Dda before they and we, know the anticipated locations and reach of these proposed units.

We look forward to your committee's consideration of our petition in March. If there is anything further you need from us in the meantime, please don't hesitate to get in touch.

Yours faithfully,

FOR AND ON BEHALF OF PROTECT BRONGLAIS SERVICES

Lisa Francis (Chair of PBS)

Bryony Davies (Lead Petitioner PBS)