

Cyngor Gwledig LLANELLI Rural Council

Clerc i'r Cyngor
Mark Galbraith A.C.I.S.
Clerk to the Council

Adeiladau Vauxhall, Vauxhall, Llanelli, Sir Gaerfyrddin, SA15 3BD
Vauxhall Buildings, Vauxhall, Llanelli, Carmarthenshire SA15 3BD
Ffon / Tel.: 01554 774103
E.bost / E.mail: enquiries@llanelli-rural.gov.uk

Fy nghyf:
My ref:

Eich cyf:
Your ref:

Gofynnwch am:
Please ask for:

18 Mehefin, 2025

Annwyl Gynghorydd

Gelwir arnoch i gymryd rhan mewn Cyfarfod o'r **ARBENNIG Y CYNGOR** a gynhelir yn Siambr y Cyngor, Adeiladau Vauxhall, Llanelli, a thrwy bresenoldeb o bell ar **Ddydd Mawrth, 24 Mehefin, 2025, 6.00 pm.**

Yr eiddoch yn gywir

CLERC y CYNGOR

AGENDA

1. Derbyn ymddiheuriadau am absenoldeb.
2. Derbyn Datganiadau o Fudd Personol gan Aelodau o ran y materion sydd i'w trafod.
3. Cyfranogiad y Cyhoedd – cyfle i aelodau'r cyhoedd ofyn cwestiynau a chyflwyno sylwadau am unrhyw eitem o fusnes sydd i'w thrafod yn ystod cyfarfod heddiw ac sy'n agored i drafodaeth gyhoeddus. Mae eitemau busnes cyfrinachol wedi'u heithrio.
4. Cyfriflenni Blynnyddol - I dderbyn y canlynol ar gyfer y flwyddyn sy'n gorffen 31ain o Fawrth, 2025:
 - (1) Adolygiad Blynnyddol ar Weithgareddau'r Cyngor.
 - (2) Cyfriflenni Blynnyddol (Gweinydd a Gwasanaethau Chladdu);
 - (3) Cyfriflenni Blynnyddol (Hyfforddiant);
 - (4) Cyfriflenni Blynnyddol (Cyfun);



Mae Cyngor Gwledig Llanelli yn croesawu gohebiaeth yn Gymraeg neu yn Saesneg
Llanelli Rural Council welcomes correspondence in Welsh or English



**INVESTORS
IN PEOPLE**

5. Cynllun Gwasanaethau Clinigol – Dogfen Ymgynghoriad – i ystyried dogfen ymgynghoriad gan Fwrdd Iechyd Prifysgol Hywel Dda am ei gynigion ailgynllunio ar gyfer y naw gwasanaeth iechyd clinigol a gynhelir yn ei ysbytai ac i gyntuno ar ymateb y cyngor.



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Please ask for:

18 June, 2025

Dear Councillor

You are summoned to participate in a **SPECIAL COUNCIL** Meeting to be hosted at the Council Chamber, Vauxhall Buildings, Vauxhall, Llanelli, and via remote attendance on **Tuesday, 24 June, 2025, at 6.00 pm.**

Yours sincerely

CLERK to the COUNCIL

AGENDA

1. To receive apologies for absence.
2. To receive Members' Declarations of Interest in respect of the business to be transacted.
3. Public Participation – an opportunity for members of the public to ask questions and make representations about any item of business to be transacted during today's meeting and which is open for public discussion. Confidential items of business are excluded.
4. Statement of Accounts - to receive the following for the year ended 31 March, 2025:
 - (1) Annual Review on Council activities.
 - (2) Statement of Accounts (Administration and Burial Services);
 - (3) Statement of Accounts (Training);
 - (4) Statement of Accounts (Consolidated).



Mae Cyngor Gwledig Llanelli yn croesawu gohebiaeth yn Gymraeg neu yn Saesneg
Llanelli Rural Council welcomes correspondence in Welsh or English



**INVESTORS
IN PEOPLE**

5. Clinical Services Plan – Consultation Document— to consider a consultation document from Hywel Dda University Health Board about its reconfiguration proposals for the nine clinical health services delivered in its hospitals and to agree the council's response.

LLANELLI RURAL COUNCIL

ANNUAL REVIEW FOR THE YEAR ENDING 31 MARCH, 2025

1. COUNCIL MEMBERS

- 1.1 The councillors serving on Llanelli Rural Council during the financial year ending 31 March, 2025, were as follows:-

Bynea Ward
D. M. Cundy
T. M. Donoghue
S. M. T. Ford

Dafen Ward
R. E. Evans
S.N. Lewis
A. J. Rogers
N. A. Stephens (deceased)
K. Morgan (elected 28/03/25)

Felinfoel Ward
E. M. Evans
N. Evans

Glyn Ward
A. Evans
O. Williams

Hengoed Ward
M. V. Davies
J. S. Phillips
W. E. Skinner
B. M. Williams (resigned)
J. Lovell (elected 20/02/25)

Pemberton Ward
S. L. Davies
J. P. Hart
S. K. Nurse
A. G. Stephens

Swiss Valley Ward
S. R. Bowen
A. G. Morgan

2. PRINCIPAL ACTIVITIES OF THE COUNCIL

- 2.1 The Strategic Plan provides an overall framework to focus the council's activities and spending priorities. These are set out in more detail in the annual Service Plans which incorporate objectives, key tasks, performance measures and related targets. The service plans form an integral part of the annual budget process.
- 2.2 The principal activities undertaken by the council in 2024/25 were:-
- To mark 50 years, the council engaged with twelve local primary schools to inter eleven time capsules across the Llanelli Rural area.
 - Continuation of maintenance to community halls, changing rooms, recreation grounds, play areas, footpaths and public buildings including the recreational areas transferred from Carmarthenshire County Council under the Community Asset Transfer Programme.
 - Delivery of the Welsh Government's Work Based Learning programmes.
 - Managing the Llanelli District Cemetery.
 - Providing a grounds maintenance service for Llanelli Town Council's recreational areas under a Service Level Agreement.
 - Rolling out the interventions identified in the Whole Place Plan.
 - Delivery of four new play areas at Clos Cilsaig, Gwili Fields, Penygraig and Ponthenri
 - Building work commenced on the former library building in Llwynhendy, renamed Canolfan Llwynhendy – asset transfer from Carmarthenshire County Council.

3. FINANCIAL INFORMATION

- 3.1 The council's accounts for the year ended 31 March, 2025, are set out in the following financial statements:-
- Governance Framework – looks at the controls in place to ensure the council meets, monitors and complies with its obligations.
 - Statement of Responsibilities – details the responsibilities of the council and the Responsible Financial Officer in relation to the accounts.
 - Statement of Accounting Policies – details the accounting policies that the council has adopted in the preparation of the accounts.

- Income and Expenditure Account and Notes – summarises the revenue income and expenditure of the council.
- Balance Sheet and Notes – sets out the financial position of the council as at 31 March, 2025, showing details of the council's assets and liabilities.

- 3.2 Financial information is attached. Table 1 refers to the Budget and Actual Comparison whilst table 2 details the Service Income and Expenditure.
- 3.3 A comprehensive budgeting process is in place which allows committees to agree draft budgets prior to presentation to a special council meeting to agree on the precept for the forthcoming financial year.
- 3.4 The Investment Strategy is reviewed annually at the special council meeting referred to in 3.3 above. All surplus monies, revenue and capital, are invested to gain maximum interest.
- 3.5 The budget process for 2025/26 was completed at the special council meeting held on 26 February, 2025.
- 3.6 The balance of the General Reserve consolidated account as at 31 March, 2025, stands at £651,875; this sum is adequate as a working balance.

4. CAPITAL EXPENDITURE

- 4.1 New terrace balustrade and decking at Furnace Hall.
- 4.2 Purchase of new machinery and IT equipment.
- 4.3 A new play area at Ponthenri Recreation Ground.
- 4.4 Play equipment and a ball court installed at a new play area at Penygraig
- 4.5 A new play area at Clos Cilsaig, Dafen.
- 4.6 A new play area and landscaping at Gwili Fields
- 4.7 Phase 1 building works of the new community facility – Canolfan Llwynhendy
- 4.8 Capital schemes are funded through the precept, grants, loan sanction or a combination of these sources. Unspent capital monies are earmarked and carried forward to subsequent financial years.

5. BORROWING

- 5.1 The council has three loans with the Public Works Loan Board.
- 5.2 The following is the loan schedule as at 31 March, 2025:

	<i>Loan Advance</i>	<i>Amount</i>	<i>Repayment Method</i>	<i>Balance</i>
PW493144: interest rate of 5.00%	26.3.09	£610,000	Annuity	£ 91,416.42
PW498880: interest rate of 4.31%	17.8.11	£495,000	Annuity	£271,522.77
PW636536: interest rate of 6.17%	30.6.23	£410,000	Annuity	£267,797.20

- 5.3 The loans are for periods of 18, 23½ and 4 years respectively.

Signed:

(Chairman of Council)

Finance Manager

Date:

ITEM 4(2)

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Unaudited Financial Statements

For the year ended 31 March 2025

Llanelli Rural Council (incl Llanelli Joint Burial Service)

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31 March 2025

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Llanelli Rural Council (incl Llanelli Joint Burial Service)

Council Information

31 March 2025

(Information current at 24th June 2025)

Chairman

Cllr S. N. Lewis

Councillors

Cllr T. M. Donoghue (Vice Chairman)

Cllr S. R. Bowen

Cllr D. M. Cundy

Cllr M. V. Davies

Cllr S. L. Davies

Cllr A. Evans

Cllr E. M. Evans

Cllr N. Evans

Cllr R. E. Evans

Cllr S. M. T. Ford

Cllr J. P. Hart

Cllr J. Lovell

Cllr A. G. Morgan

Cllr K. Morgan

Cllr S. K. Nurse

Cllr J. S. Phillips

Cllr A. J. Rogers

Cllr W. E. Skinner

Cllr A. G. Stephens

Cllr O. Williams

Clerk to the Council

Mr Mark Galbraith ACIS

Responsible Financial Officer (R.F.O.)

Ms Alison Williams BA (Hons) (Bus. Studies)

Auditors

Wales Audit Office

1 Capital Quarter, Tyndall Street

Cardiff CF10 4BZ

Internal Auditors

Auditing Solutions Limited

Clackerbrook Farm, 46 The Common

Bromham, Chippenham

Wiltshire SN15 2JJ

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Annual Governance Statement

31 March 2025

Scope of Responsibility

Llanelli Rural Council (incl Llanelli Joint Burial Service) is responsible for ensuring that its business is conducted in accordance with the law and proper standards, that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

In discharging this overall responsibility, the Council is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, and which includes arrangements for the management of risk.

The Council has approved and adopted a code of corporate governance which is consistent with the principles of the CIPFA/SOLACE Framework Delivering Good Governance in Local Government. This statement explains how the Council has complied with the code and also meets the requirements of regulation 5 (4) of the Accounts and Audit (Wales) Regulations 2014 in relation to the publication of a statement on internal control.

The purpose of the governance framework

The governance framework comprises the systems and processes, and culture and values, by which the Council is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the Council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost effective services.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to achievement of the Council's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The governance framework has been in place at Llanelli Rural Council (incl Llanelli Joint Burial Service) for the year ended 31 March 2025 and up to the date of approval of the accounts.

The governance framework

The key elements of Llanelli Rural Council (incl Llanelli Joint Burial Service)'s systems and processes that comprise the governance arrangements are:-

- The Council identifies its visions as part of its programme setting process and communicates its intentions and intended outcomes to its citizens and service users via its website, local news leaflet and press releases.
- The definition and documenting of the roles within the authority are as contained within the Council's constitution document.. The Council's disciplinary and grievance procedures cover the staff element and the Council Members are covered by the national code of conduct adopted by the Council.
- The Council procedures are updated when required to take account of changes in legislation and the changing needs of the authority. The Finance & General Purposes Committee acts as the Committee for assuring adherence with financial matters and is the Committee responsible also in regard to matters of complying with all laws and regulations.
- The Council has a complaints procedure for the public and whilst no formal whistle blowing procedure is in place the Council's grievance procedure would permit such matters to be dealt with properly.
- The Council has clear channels of communication with all sectors and welcomes the public to attend its meetings.
- The Council has agreed as a fundamental policy partnership working with other local authorities and organisations where benefit can be shown by such partnership working.

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Annual Governance Statement

31 March 2025

Review of effectiveness

Llanelli Rural Council (incl Llanelli Joint Burial Service) has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the control exercised by members and the work of the internal auditor and the executive managers within the Council, who have responsibility for the development and maintenance of the governance framework. It is further enhanced by reports and comments made by the external auditors and other review agencies and inspectors.

We continue to be advised on the implications of the result of the review of the governance framework by the Council, relevant committees, officers and the internal auditor, and plan to address weaknesses as they arise and thus ensure continuous improvement of the system is in place.

Significant governance issues

To date no significant governance issues have been identified, should such issues arise, effective steps will be taken to ensure that matters are addressed, weaknesses eradicated and revised arrangements implemented at the earliest possible opportunity.

Approval of Statement

This statement was approved at a meeting of the council held on 24th June 2025 when authority was given for the Chairman and the Clerk to the Council to sign.

Signed:

Cllr S. N. Lewis
Chairman

.....

Mr Mark Galbraith ACIS
Clerk to the Council

Date:

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Statement of Accounting Policies

31 March 2025

Auditors

The name and address of the External Auditors is provided for information only.

These Statements are not subject to audit and the External Auditors have no responsibility for them.

Accounting Convention

The accounts have been prepared in accordance with FRS102 The Financial Reporting Standard applicable in the UK and Republic of Ireland, as interpreted and adapted by Section 1A of FRS102 and by Part 4 of Governance and Accountability for Local Councils – A Practitioners Guide (Wales) (The Practitioners' Guide).

These accounts have been prepared having regard to the fundamental accounting concepts of: Going Concern, Prudence, Accruals, Relevance, Consistency, Reliability, Comparability, Understandability and Materiality.

The accounts have been prepared under the historical cost convention.

Fixed Assets

All expenditure on the acquisition, creation or enhancement of fixed assets above the council de-minimis (currently £1000) is capitalised on an accruals basis in the accounts. Expenditure on fixed assets is capitalised, provided that the fixed asset yields benefits to the authority, and the services it provides, for a period of more than one year.

In accordance with FRS102 depreciation is provided on all operational buildings (but not land), as well as other assets.

Following the adoption of the FRS102, as interpreted by the guide, the council has elected to retain the book value of fixed assets at the balance sheet valuations current on 31st March 2009 together with subsequent acquisitions and enhancements at cost, in accordance with the transitional provisions of paragraph 4.40 of the guide.

Disposals of fixed assets are reported in the Income and Expenditure Account and, in accordance with the guide, the net book value of asset disposals is reversed out to the Capital Financing Account in order not to constitute a charge to the council's revenue reserves.

Depreciation Policy

Buildings and leasehold land are depreciated over the shorter of 50 years or the anticipated remaining useful lives on a straight line basis.

Llanelli Cemetery Land and Buildings are not depreciated.

Freehold land is not depreciated.

Non Operational Assets (including Investment Properties) are not depreciated.

Vehicle, plant, equipment and furniture are depreciated over 4 to 10 years on a straight line basis.

Play equipment is depreciated over 5 years at 20% per annum straight line.

Infrastructure assets are depreciated over 10 to 25 years at 4% to 10% per annum straight line.

Community assets are not depreciated, because they are either intrinsic or purely nominal value.

Other Llanelli Cemetery assets are depreciated by 100% in the year of purchase.

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Statement of Accounting Policies

31 March 2025

Grants or Contributions from Government or Related Bodies

Capital Grants

The council has elected, as permitted under the guide, to continue with the previous policy with regard to capital grants. Where a fixed asset has been acquired or improved with the financing either wholly or in part by a grant or contribution from government or a related body, the amount of the grant has been credited to Deferred Grants Account and carried forward. Grants so credited are released back to revenue over the life of the asset to match, and thereby offset wholly or in part, depreciation charged.

Revenue Grants

Revenue grants are credited to income when conditions attached thereto have been fulfilled and/or equivalent expenditure has been incurred. Grants received in respect of which the conditions have not been fulfilled, or expenditure incurred, are carried forward as deferred revenue grants.

Debtors and Creditors

The revenue accounts of the council are maintained on an accruals basis in accordance with the regulations. That is sums due to or from the council during the year are included whether or not the cash has actually been received or paid in the year. This policy is applied consistently each year. Therefore, it will not have a material effect on the year's accounts or on the council's annual budget.

The council reviews the level of its commercial debtors on a regular basis and provisions are made, as required, where the likelihood of amounts proving ultimately collectable is in doubt.

Value Added Tax

Income and Expenditure excludes any amounts related to VAT, as all VAT suffered/collected is recoverable from or payable to HM Revenue and Customs. Any amounts not so recoverable are treated as a separate expense.

External Loan Repayments

The council accounts for loans on an accruals basis. Details of the council's external borrowings are shown at note 14.

Leases

Rentals payable under operating leases are charged to revenue on an accruals basis. Details of the council's obligations under operating leases are shown at note 15.

Reserves

The council maintains certain reserves to meet general and specific future expenditure. The purpose of the council's reserves is explained in notes 17 to 18.

Certain reserves are maintained to manage the accounting processes for tangible fixed assets, available for sale investments and retirement benefits. They do not represent usable resources for the council:

Capital Financing Account – represent the council's investment of resources in such assets already made.

Interest Income

All interest receipts are credited initially to general funds.

Interest is reallocated to certain reserves based on the level of their fund balance.

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Statement of Accounting Policies

31 March 2025

Cost of Support Services

The costs of management and administration have been apportioned to services on an appropriate and consistent basis.

This apportionment is not reflected in the Income and Expenditure account, but is used for Management Accounting and Annual Report purposes only.

Post Balance Sheet Events

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Statement of Accounts is authorised for issue. Such events are included in these accounts only to the extent that their omission would have a material affect on and understanding of these accounts.

Pensions

The pension costs that are charged against precept in the council's accounts, in respect of its employees, are equal to the contributions paid to the funded pension scheme for those employees.

These contributions are determined by the fund's actuary on a triennial basis and are set to meet 100% of the liabilities of the pension fund, in accordance with relevant government regulations.

The next actuarial valuation was due on 31st March 2025 and any change in contribution rates as a result of that valuation will take effect from 1st April 2026.

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Income and Expenditure Account

31 March 2025

	Notes	2025 £	2024 £
Income			
Precept on County Council		1,174,180	1,122,755
Grants Receivable		3,678	71,144
Rents Receivable, Interest & Investment Income	3	28,861	20,735
Charges made for Services		300,777	209,857
Other Income		35,254	28,810
Total Income		1,542,750	1,453,301
Expenditure			
Direct Service Costs:			
Salaries & Wages		(228,698)	(226,466)
Grant-aid Expenditure		(5,609)	(4,238)
Other Costs	1	(395,201)	(350,055)
Democratic, Management & Civic Costs:			
Salaries & Wages		(725,931)	(627,059)
Other Costs	1	(343,376)	(303,466)
Total Expenditure		(1,698,815)	(1,511,284)
Excess of (Expenditure over Income) for the year.		(156,065)	(57,983)
Exceptional Items			
Profit/(Loss) on the disposal of fixed assets		1,350	-
Net Operating (Deficit) for Year		(154,715)	(57,983)
STATUTORY CHARGES & REVERSALS			
Statutory Charge for Capital (i.e. Loan Capital Repaid)		(159,983)	(106,781)
Capital Expenditure charged to revenue	11	(174,418)	(47,429)
Reversal of annual depreciation and impairment		212,043	152,965
Reverse profit on asset disposals		(1,350)	-
Reversal of grant amortisation		(26,345)	(30,755)
Transfer from Earmarked Reserves	18	207,728	124,190
(Deficit)/Surplus for the Year (from)/to General Fund		(95,690)	34,207
Net (Deficit)/Surplus for the Year		(303,418)	(89,983)
The above (Deficit)/Surplus for the Year has been (funded)/applied for the Year (from)/to as follows:			
Transfer from Earmarked Reserves	18	(207,728)	(124,190)
(Deficit)/Surplus for the Year (from)/to General Fund		(95,690)	34,207
		(303,418)	(89,983)

The council had no other recognisable gains and/or losses during the year.

The notes on pages 13 to 21 form part of these unaudited statements.

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Statement of Movement in Reserves

31 March 2025

Reserve	Purpose of Reserve	Notes	2025 £	Net Movement in Year £	2024 £
Capital Financing Account	Store of capital resources set aside to purchase fixed assets	17	2,465,243	148,702	2,316,541
Usable Capital Receipts	Proceeds of fixed assets sales available to meet future capital investment		417	-	417
Earmarked Reserves	Amounts set aside from revenue to meet general and specific future expenditure	18	285,124	(207,728)	492,852
General Fund	Resources available to meet future running costs		423,520	(95,690)	519,210
Total			3,174,304	(154,716)	3,329,020

The notes on pages 13 to 21 form part of these unaudited statements.

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Balance Sheet

31 March 2025

	Notes	2025 £	2025 £	2024 £
Fixed Assets				
Tangible Fixed Assets	10		3,818,683	3,047,075
Current Assets				
Debtors and prepayments	12	532,621		133,750
Cash at bank and in hand		<u>727,847</u>		<u>1,642,565</u>
		1,260,468		1,776,315
Current Liabilities				
Current Portion of Long Term Borrowings	14	(169,088)		(159,982)
Creditors and income in advance	13	<u>(309,467)</u>		<u>(344,927)</u>
Net Current Assets			781,913	1,271,406
Total Assets Less Current Liabilities			4,600,596	4,318,481
Long Term Liabilities				
Long-term borrowing	14		(461,648)	(630,736)
Deferred Grants	16		<u>(964,644)</u>	<u>(358,725)</u>
Total Assets Less Liabilities			<u>3,174,304</u>	<u>3,329,020</u>
Capital and Reserves				
Capital Financing Reserve	17		2,465,243	2,316,541
Usable Capital Receipts Reserve			417	417
Earmarked Reserves	18		285,124	492,852
General Reserve			<u>423,520</u>	<u>519,210</u>
			<u>3,174,304</u>	<u>3,329,020</u>

The Unaudited Financial Statements represent a true and fair view of the financial position of the Council as at 31 March 2025, and of its Income and Expenditure for the year.

These accounts were approved by the Council on 24th June 2025 .

Signed:

Cllr S. N. Lewis

Chairman

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Ms Alison Williams BA (Hons) (Bus. Studies)

Responsible Financial Officer

Date:

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The notes on pages 13 to 21 form part of these unaudited statements.

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Cash Flow Statement

31 March 2025

	Notes	2025	2025	2024
		£	£	£
REVENUE ACTIVITIES				
<i>Cash outflows</i>				
Paid to and on behalf of employees		(888,052)		(779,583)
Other operating payments		(705,136)		(521,961)
Revenue Grants Returned		(8,910)		-
			(1,602,098)	(1,301,544)
<i>Cash inflows</i>				
Precept on County Council		1,174,180		1,122,755
Cash received for services		19,759		185,580
Revenue grants received		3,678		71,144
			1,197,617	1,379,479
Net cash (outflow)/inflow from Revenue Activities	21		(404,481)	77,935
SERVICING OF FINANCE				
<i>Cash outflows</i>				
Interest paid		(37,989)		(41,201)
<i>Cash inflows</i>				
Interest received		28,861		20,735
Net cash (outflow) from Servicing of Finance			(9,128)	(20,466)
CAPITAL ACTIVITIES				
<i>Cash outflows</i>				
Purchase of fixed assets		(983,651)		(99,568)
<i>Cash inflows</i>				
Sale of fixed assets		1,350		-
Capital grant received		641,174		39,360
Net cash (outflow) from Capital Activities			(341,127)	(60,208)
Net cash (outflow)/inflow before Financing			(754,736)	(2,739)
FINANCING AND LIQUID RESOURCES				
<i>Cash outflows</i>				
Loan repayments made			(159,982)	(106,781)
<i>Cash inflows</i>				
New loans raised			-	410,000
Net cash (outflow)/inflow from financing and liquid resources			(159,982)	303,219
(Decrease)/Increase in cash	22		(914,718)	300,480

The notes on pages 13 to 21 form part of these unaudited statements.

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Notes to the Accounts

31 March 2025

1 Other Costs Analysis

Other Costs reported in the council's Income and Expenditure Account comprise the following:

Direct Service Costs

	2025	2024
	£	£
Community Centres	133,226	88,260
Outdoor Sports & Recreation Facilities	277,422	215,165
Community Parks & Open Spaces	15,552	49,109
Llanelli Joint Burial Committee	(55,231)	(60,178)
Community Development	12,100	22,913
Street Lighting	17,741	38,697
Training Department Support Costs	-	327
Less: Grant-aid Expenditure	(5,609)	(4,238)
Total	395,201	350,055

Democratic, Management & Civic Costs

	2025	2024
	£	£
Corporate Management	257,321	226,781
Democratic Representation & Management	22,418	9,444
Civic Expenses	11,237	9,877
Civic Allowance	2,000	2,000
Members' Allowances	12,411	14,163
Interest Payable	37,989	41,201
Total	343,376	303,466

As reported in the Statement of Accounting Policies, apportionment of central costs is not reflected in the above analysis.

2 Interest Payable and Similar Charges

	2025	2024
	£	£
External Interest Charges - Loans	37,989	41,201
	37,989	41,201

3 Interest and Investment Income

	2025	2024
	£	£
Interest Income - General Funds	22,774	16,259
Interest Income - Earmarked Funds	6,087	4,476
	28,861	20,735

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Notes to the Accounts

31 March 2025

4 Agency Work

During the year the Council undertook no agency work on behalf of other authorities.

During the year the Council commissioned no agency work to be performed by other authorities.

5 Audit Fees

The council is required to report and disclose the cost of services provided by its external auditors.

These may be summarised as follows:

	2025 £	2024 £
Fees for statutory audit services	2,390	2,300
Total fees	2,390	2,300

6 Related Party Transactions

The council entered into no material transactions with related parties during the year.

7 Employees

The average weekly number of employees during the year was as follows:

	2025 Number	2024 Number
Full-time	20	21
Part-time	5	3
Temporary	-	-
	25	24

All staff are paid in accordance with nationally agreed pay scales.

No officer received a salary between £60,000 and £69,999

The number of officers whose remuneration, excluding pension contributions, was £70,000 or more were:

	2025 Number	2024 Number
Between £70,000 and £74,999	-	1
Between £80,000 and £84,999	1	-
	1	1

Senior officer emoluments where salary is between £60,000 and £150,000 per year were

	2025 Salary (incl allowances)	2025 Pension Contributions	2024 Salary (incl allowances)	2024 Pension Contributions
Clerk to the Council	83,200	9,015	74,417	10,578

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Notes to the Accounts

31 March 2025

The ratio of Clerk to the Council remuneration to the median remuneration was as follows:

	2025	2024
Clerk to the Council	83,200	74,417
Median remuneration of all employees	28,810	27,313
Ratio of the remuneration of the Clerk to the Council to the median remuneration of all employees	2.89 :1	2.72 :1

8 Members' Allowances

	2025 £	2024 £
Members of Council have been paid the following allowances for the year:		
Chairman's Allowance	1,000	1,000
Vice Chairman's Allowance	500	500
Council Leader's Allowance	500	500
Members Allowances	12,411	14,163
	14,411	16,163

9 Pension Costs

The council participates in the Dyfed Pension Fund. The Dyfed Pension Fund is a defined benefit scheme based on pensionable pay. In accordance with FRS102, the council accounts for its pension liabilities on an accruals basis. Changes in the pension liability are accounted for through the Income and Expenditure statement and Statement of Total Recognised Gains and Losses.

Regulation 24 Retirement Benefits of the Local Authorities (Capital Finance and Accounting) (Wales) Regulations 2003 requires that the council only charge to a revenue account, an amount equal to the retirement benefits contributions and payments which it makes for that financial year. The council has established a Pension Reserve to account for the differences between the pension liability accounted for on an accruals basis and the contribution made in the year.

The contribution rate is determined by actuarial valuation of liabilities. The most recent actuarial valuation relevant to the financial year was carried out at 31st March 2022 by Mercer Human Resource Consulting, independent actuaries to the Dyfed Pension Fund. Liabilities are valued on an actuarial basis using the projected unit method, which assesses the future liabilities discounted to their present value. The council's contribution rate is 13.70% of employees' pensionable pay (year ended 31 March 2024 – 14.40%). For the year ended 31 March 2025 the council paid £147,793 in contributions (year ended 31 March 2024 – £141,557).

The main assumptions used for the purposes of valuing net pension liabilities are:

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Notes to the Accounts

31 March 2025

10 Tangible Fixed Assets

	Operational Freehold Land and Buildings	Operational Leasehold Land and Buildings	Non Operational Land and Buildings	Vehicles and Equipment	Infra- structure Assets	Community Assets	Other	Total
Cost	£	£	£	£	£	£	£	£
At 31 March 2024	2,636,597	1,359,705	-	1,525,868	1,035,464	14,727	-	6,572,361
Additions	-	330,510	-	519,002	134,139	-	-	983,651
At 31 March 2025	2,636,597	1,690,215	-	2,044,870	1,169,603	14,727	-	7,556,012
Depreciation								
At 31 March 2024	(701,633)	(514,294)	-	(1,428,714)	(880,645)	-	-	(3,525,286)
Charged for the year	(46,300)	(23,938)	-	(107,573)	(34,232)	-	-	(212,043)
At 31 March 2025	(747,933)	(538,232)	-	(1,536,287)	(914,877)	-	-	(3,737,329)
Net Book Value								
At 31 March 2025	1,888,664	1,151,983	-	508,583	254,726	14,727	-	3,818,683
At 31 March 2024	1,934,964	845,411	-	97,154	154,819	14,727	-	3,047,075

Although classified as capital expenditure, certain minor equipment purchases are not included in the above as they are not material in overall value.

Fixed Asset Valuation

The freehold and leasehold properties that comprise the council's properties have been valued as at 31st March 2006 by external independent valuers, Messrs Lambert Smith Hampton, Chartered Surveyors. Valuations have been made on the basis set out in the Statement of Accounting Policies, except that not all properties were inspected. This was neither practical nor considered by the valuer to be necessary for the purpose of valuation. Plant and machinery that form fixtures to the building are included in the valuation of the building.

Assets Held under Finance Agreements

The council holds no such assets

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Notes to the Accounts

31 March 2025

11 Financing of Capital Expenditure

	2025	2024
	£	£
The following capital expenditure during the year:		
Fixed Assets Purchased	983,651	99,568
	<u>983,651</u>	<u>99,568</u>
was financed by:		
Capital Grants	641,174	52,139
Loan Proceeds	168,059	12,375
Revenue:		
Capital Projects Reserve	5,556	623
Precept and Revenue Income	168,862	34,431
	<u>983,651</u>	<u>99,568</u>

12 Debtors

	2025	2024
	£	£
Debtors Rural Council	394,959	73,762
Debtors Burial Services	2,867	30,966
Trade Debtors	397,826	104,728
VAT Recoverable	128,408	24,569
Other Debtors	44	-
Prepayments	5,127	4,453
Accrued Income	1,216	-
	<u>532,621</u>	<u>133,750</u>

13 Creditors and Accrued Expenses

	2025	2024
	£	£
Trade Creditors	16,295	46,750
Other Creditors	189,495	186,134
Superannuation Payable	11,966	13,219
Payroll Taxes and Social Security	17,156	16,151
Accruals	59,839	44,471
Accrued Interest Payable	5,483	7,055
Income in Advance	9,233	31,147
	<u>309,467</u>	<u>344,927</u>

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Notes to the Accounts

31 March 2025

14 Long Term Liabilities

	2025	2024
	£	£
Public Works Loan Board	362,939	426,686
Bank Loans	267,797	364,032
	<u>630,736</u>	<u>790,718</u>

	2025	2024
	£	£
The above loans are repayable as follows:		
Within one year	169,088	159,982
From one to two years	178,721	169,088
From two to five years	132,748	285,088
From five to ten years	150,179	143,910
Over ten years	-	32,650
	<u>630,736</u>	<u>790,718</u>
Total Loan Commitment	630,736	790,718
Less: Repayable within one year	(169,088)	(159,982)
	<u>461,648</u>	<u>630,736</u>
Repayable after one year		

15 Financial Commitments under Operating Leases

The council had annual commitments under non-cancellable operating leases of equipment as follows:

	2025	2024
	£	£
Obligations expiring within one year	-	-
Obligations expiring between two and five years	6,568	3,050
Obligations expiring after five years	-	-
	<u>6,568</u>	<u>3,050</u>

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Notes to the Accounts

31 March 2025

16 Deferred Grants

	2025	2024
	£	£
Capital Grants Unapplied		
At 01 April	8,910	21,689
Grants received in the year	641,174	39,360
Applied to finance capital investment	(641,174)	(52,139)
Returned in the year	(8,910)	-
At 31 March	-	8,910
Capital Grants Applied		
At 01 April	349,815	328,431
Grants Applied in the year	641,174	52,139
Released to offset depreciation	(26,345)	(30,755)
Extinguished and/or transferred	-	-
At 31 March	964,644	349,815
Total Deferred Grants		
At 31 March	964,644	358,725
At 01 April	358,725	350,120

Capital Grants are accounted for on an accruals basis and grants received have been credited to Deferred Grants Account. Amounts are released from the Deferred Grants Account to offset any provision for depreciation charged to revenue accounts in respect of assets that were originally acquired with the assistance of such grants.

17 Capital Financing Account

	2025	2024
	£	£
Balance at 01 April	2,316,541	2,284,541
Financing capital expenditure in the year		
Additions - using revenue balances	174,418	47,429
Loan repayments	159,982	106,781
Disposal of fixed assets	(6,700)	-
Depreciation eliminated on disposals	6,700	-
Reversal of depreciation	(212,043)	(152,965)
Deferred grants released	26,345	30,755
Balance at 31 March	2,465,243	2,316,541

The Capital Financing Account represents revenue and capital resources applied to finance capital expenditure or for the repayment of external loans. It also includes the reversal of depreciation to ensure it does not impact upon the amount to be met from precept. It does not represent a reserve that the council can use to support future expenditure.

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Notes to the Accounts

31 March 2025

18 Earmarked Reserves

	Balance at 01/04/2024 £	Contribution to reserve £	Contribution from reserve £	Balance at 31/03/2025 £
Share of LJBS Reserves	145,655	393,152	(397,214)	141,593
Asset Renewal Reserves	-	-	-	-
Other Earmarked Reserves	347,197	115,990	(319,656)	143,531
Total Earmarked Reserves	492,852	509,142	(716,870)	285,124

The Other Earmarked Reserves are credited with amounts set aside from revenue to fund specific known commitments of the council.

The Other Earmarked Reserves at 31 March 2025 are set out in detail at Appendix A.

19 Capital Commitments

The council had no capital commitments at 31 March 2025 not otherwise provided for in these accounts.

20 Contingent Liabilities

The council is not aware of any contingent liabilities at the date of these accounts.

21 Reconciliation of Revenue Cash Flow

	2025 £	2024 £
Net Operating (Deficit) for the year	(156,065)	(57,983)
Add/(Deduct)		
Reversal of Depreciation less Deferred Grants Released	185,698	122,210
Interest Payable	37,989	41,201
Interest and Investment Income	(28,861)	(20,735)
Deferred Revenue Grants Refunded	(8,910)	
(Increase) in debtors	(398,871)	(50,439)
(Decrease)/Increase in creditors	(35,460)	43,681
Revenue activities net cash (outflow)/inflow	(404,480)	77,935

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Notes to the Accounts

31 March 2025

22 Movement in Cash

	2025	2024
	£	£
Balances at 01 April		
Cash with accounting officers	100	100
Cash at bank	1,642,465	1,341,985
	<u>1,642,565</u>	<u>1,342,085</u>
Balances at 31 March		
Cash with accounting officers	68	100
Cash at bank	727,779	1,642,465
	<u>727,847</u>	<u>1,642,565</u>
Net cash (outflow)/inflow	<u>(914,718)</u>	<u>300,480</u>

23 Reconciliation of Net Funds/Debt

	2025	2024
	£	£
(Decrease)/Increase in cash in the year	(914,718)	300,480
Cash inflow from new borrowings	-	(410,000)
Cash outflow from repayment of debt	159,982	106,781
Net cash flow arising from changes in debt	<u>159,982</u>	<u>(303,219)</u>
Movement in net debt in the year	<u>(754,736)</u>	<u>(2,739)</u>
Cash at bank and in hand	1,642,565	1,342,085
Total borrowings	(790,718)	(487,499)
Net funds at 01 April	<u>851,847</u>	<u>854,586</u>
Cash at bank and in hand	727,847	1,642,565
Total borrowings	(630,736)	(790,718)
Net funds at 31 March	<u>97,111</u>	<u>851,847</u>

24 Post Balance Sheet Events

There are no significant Post Balance Sheet events since the preparation of these accounts, up to the date of their final adoption (on 24th June 2025), which would have a material impact on the amounts and results reported herein.

Llanelli Rural Council (incl Llanelli Joint Burial Service)

Appendices

31 March 2025

Appendix A

Schedule of Earmarked Reserves

	<u>Balance at</u> <u>01/04/2024</u>	<u>Contribution</u> <u>to reserve</u>	<u>Contribution</u> <u>from reserve</u>	<u>Balance at</u> <u>31/03/2025</u>
	£	£	£	£
<u>Llanelli Joint Burial Committee</u> <u>(Llanelli Rural Council share)</u>				
General Fund	136,339	254,562	(255,363)	135,538
Redevelopment	117,772	4,831	(2,965)	119,638
Infrastructure	15,130			15,130
Monument Repairs	1,854			1,854
Training/Consultancy	20,215		(9,190)	11,025
Share due to LTC	(145,655)	133,759	(129,696)	(141,592)
	<u>145,655</u>	<u>393,152</u>	<u>(397,214)</u>	<u>141,593</u>

Other Earmarked Reserves

Swiss Valley Hall Funds	0	57,083	(3,362)	53,721
Community Halls	0			0
Committed Grants	5,776		(3,976)	1,800
Capital Schemes	1,950		(1,950)	0
Dafen Pitch R & R	9,932	6,005		15,937
Parks & Play Areas	204,550	50,455	(202,830)	52,175
Vauxhall Buildings	15,680	800	(9,780)	6,700
Resources	0			0
Global	109,309	1,647	(97,758)	13,198
Council Earmarked Reserves	<u>347,197</u>	<u>115,990</u>	<u>(319,656)</u>	<u>143,531</u>
	<u>492,852</u>	<u>509,142</u>	<u>(716,870)</u>	<u>285,124</u>

Llanelli Rural Council (incl Llanelli Joint Burial Service)

31 March 2025

Annual Report Tables

Table. 1 – Budget & Actual Comparison

	Budget £	Actual £
Net Expenditure		
Recreation & Sport	1,068,295	917,136
Open Spaces	16,324	83,432
Cemetery, Cremation & Mortuary	71,500	56,485
Planning & Development Services (including Markets)	30,597	80,421
Highways Roads (Routine)	122,564	104,800
Street Lighting	4,180	17,741
Net Direct Services Costs	1,313,460	1,260,015
Corporate Management	2,533	(36,276)
Democratic & Civic	75,203	97,378
Net Democratic, Management and Civic Costs	77,736	61,102
Interest & Investment Income	(15,600)	(28,861)
Loan Charges	184,730	197,972
Capital Expenditure	621,305	174,418
Proceeds of Disposal of Capital Assets	-	(1,350)
Transfers to/(from) other reserves	(813,254)	(207,728)
Reversal of Statutory Adjustments	(185,698)	(185,698)
(Deficit from) General Reserve	(8,499)	(95,690)
Precept on County Council	1,174,180	1,174,180

Llanelli Rural Council (incl Llanelli Joint Burial Service)

31 March 2025

Annual Report Tables

Table. 2 – Service Income & Expenditure

Notes	2025 £	2025 £	2025 £	2024 £
	Gross Expenditure	Income	Net Expenditure	Net Expenditure
CULTURAL & RELATED SERVICES				
Recreation & Sport	1,125,797	(208,661)	917,136	790,823
Open Spaces	98,755	(15,323)	83,432	107,467
ENVIRONMENTAL SERVICES				
Cemetery, Cremation & Mortuary	130,469	(73,984)	56,485	46,491
PLANNING & DEVELOPMENT SERVICES				
Community Development	80,421	-	80,421	82,805
HIGHWAYS, ROADS & TRANSPORT SERVICES				
Highways Roads (Routine)	107,835	(3,035)	104,800	107,765
Street Lighting	17,741	-	17,741	38,697
OTHER SERVICES				
Other Services to the Public	-	-	-	327
CENTRAL SERVICES				
Corporate Management	(2,172)	(34,104)	(36,276)	(101,109)
Democratic & Civic	76,332	-	76,332	61,789
Civic Expenses	25,648	(4,602)	21,046	25,217
Net Cost of Services	1,660,826	(339,709)	1,321,117	1,160,272

Llanelli Rural Council (Training Department)

Unaudited Financial Statements

For the year ended 31 March 2025

Llanelli Rural Council (Training Department)

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31 March 2025

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Llanelli Rural Council (Training Department)

Council Information

31 March 2025

(Information current at 24th June 2025)

Chairman

Cllr S. N. Lewis

Councillors

Cllr T. M. Donoghue (Vice Chairman)

Cllr S. R. Bowen

Cllr D. M. Cundy

Cllr M. V. Davies

Cllr S. L. Davies

Cllr A. Evans

Cllr E. M. Evans

Cllr N. Evans

Cllr R. E. Evans

Cllr S. M.T. Ford

Cllr J. P. Hart

Cllr J. Lovell

Cllr A. G. Morgan

Cllr K. Morgan

Cllr S. K. Nurse

Cllr J. S. Phillips

Cllr A. J. Rogers

Cllr W. E. Skinner

Cllr A. G. Stephens

Cllr O. Williams

Clerk to the Council

Mr Mark Galbraith. A.C.I.S.

Responsible Financial Officer (R.F.O.)

Ms Alison Williams BA (Hons) (Bus. Studies)

Auditors

Wales Audit Office

1 Capital Quarter, Tyndall Street

Cardiff CF10 4BZ

Internal Auditors

Auditing Solutions Limited

Clackerbrook Farm, 46 The Common

Bromham, Chippenham

Wiltshire SN15 2JJ

Llanelli Rural Council (Training Department)

Statement of Accounting Policies

31 March 2025

Auditors

The name and address of the External Auditors is provided for information only.

These Statements are not subject to audit and the External Auditors have no responsibility for them. They are produced in support of, and for incorporation in, Llanelli Rural Council's Consolidated Accounts which are subject to External Audit.

Accounting Convention

The accounts have been prepared, in accordance with FRS102 The Financial Reporting Standard applicable in the UK and Republic of Ireland, as interpreted and adapted by Section 1A of FRS102 and by Part 4 of Governance and Accountability for Local Councils - A Practitioners Guide (Wales) (the Practitioners' Guide).

These accounts have been prepared having regard to the fundamental accounting concepts of: Going Concern, Prudence, Accruals, Relevance, Consistency, Reliability, Comparability, Understandability and Materiality.

The accounts have been prepared under the historical cost convention.

Fixed Assets

All expenditure on the acquisition, creation or enhancement of fixed assets above the council de-minimis (currently £1000) is capitalised on an accruals basis in the accounts. Expenditure on fixed assets is capitalised, provided that the fixed asset yields benefits to the authority, and the services it provides, for a period of more than one year.

Should the council decide to revalue its assets the surplus or deficit arising on such revaluations will be credited or debited to the Revaluation Reserve.

In accordance with Financial Reporting Standard (FRS102) depreciation is provided on all operational buildings (but not land), as well as other assets.

Fixed Assets are included in the balance sheet at valuations current on 31st March 2009 together with subsequent acquisitions and enhancements.

Depreciation Policy

Buildings and leasehold land are depreciated over the shorter of 50 years or the anticipated remaining useful lives on a straight line basis.

Freehold land is not depreciated.

Non Operational Assets (including Investment Properties) are not depreciated

Plant and equipment is depreciated over 7 years at 15% per annum straight Line

Vehicles and Computers are depreciated over 4 years at 25% per annum straight line.

Grants or Contributions from Government or Related Bodies

Where a fixed asset has been acquired or improved with the financing either wholly or in part by a grant or contribution from government or a related body, the amount of the grant has been credited to Deferred Grants Account and carried forward. Grants so credited are released back to revenue over the life of the asset to match, and thereby offset wholly or in part, depreciation charged.

Llanelli Rural Council (Training Department)

Statement of Accounting Policies

31 March 2025

Debtors and Creditors

The revenue accounts of the council are maintained on an accruals basis in accordance with the regulations. That is sums due to or from the council during the year are included whether or not the cash has actually been received or paid in the year. This policy is applied consistently each year. Therefore, it will not have a material effect on the year's accounts or on the council's annual budget.

The council reviews the level of its commercial debtors on a regular basis and provisions are made, as required, where the likelihood of amounts proving ultimately collectable is in doubt.

Value Added Tax

Income and Expenditure excludes any amounts related to VAT, as all VAT suffered/collected is recoverable from or payable to HM Revenue and Customs. Any amounts not so recoverable are treated as a separate expense.

External Loan Repayments

The council has no long term borrowing. Consequently, there were no external loan repayments made in the year.

Details of the council's obligations under operating leases are shown at note 9.

Reserves

Certain reserves are maintained to manage the accounting processes for tangible fixed assets, available for sale investments and retirement benefits. They do not represent usable resources for the council:

Asset Financing Accounts – represent the council's investment of resources in such assets already made.

Interest Income

All interest receipts are credited initially to general funds.

Pensions

The pension costs that are charged against precept in the council's accounts, in respect of its employees, are equal to the contributions paid to the funded pension scheme for those employees.

These contributions are determined by the fund's actuary on a triennial basis and are set to meet 100% of the liabilities of the pension fund, in accordance with relevant government regulations.

The next actuarial valuation is due at 31st March 2025 and any change in contribution rates as a result of that valuation will take effect from 1st April 2026.

The Local Government scheme is accounted for as a defined benefit scheme.

The liabilities of the Dyfed Pension Fund attributable to the council are included in the balance sheet on an actuarial basis using the Projected Unit Method.

Liabilities are discounted to their value at current prices, using a discount rate (based on the indicative rate of return on a high quality corporate bond).

The assets of the pension fund attributable to the council are included in the balance sheet at their fair value.

In relation to retirement benefits, for purposes of calculating the precept the Income and Expenditure is required to be charged with the actual amount payable by the council to the pension fund for the year, not the amount calculated according to the relevant accounting standard. This means there are entries to remove these notional transactions from the Income and Expenditure Account and transfer them to the Pension Reserve

Llanelli Rural Council (Training Department)

Income and Expenditure Account

31 March 2025

	Notes	2025 £	2024 £
Income			
Precept on Principal Authority		-	-
Grants Receivable		-	850
Rents Receivable, Interest & Investment Income	1	671	2,271
Charges made for Services		1,243,854	1,045,699
Other Income		-	63
Total Income		1,244,525	1,048,883
Expenditure			
Direct Service Costs:			
Salaries & Wages		(580,147)	(661,904)
Other Costs		(434,959)	(368,198)
Democratic, Management & Civic Costs:			
Salaries & Wages		(159,888)	(146,339)
Other Costs		(68,815)	(85,854)
Total Expenditure		(1,243,809)	(1,262,295)
Excess of Income over Expenditure/(Expenditure over Income) for the year.		716	(213,412)
Exceptional Items			
Profit on the disposal of fixed assets		2,541	13,067
Net Operating Surplus/(Deficit) for Year		3,257	(200,345)
STATUTORY CHARGES & REVERSALS			
Capital Expenditure charged to revenue	6	-	(20,362)
Reversal of annual depreciation and impairment		15,483	20,102
Reverse profit on asset disposals		(2,541)	(13,067)
Reversal of grant amortisation		(6,427)	(6,129)
Transfer from Earmarked Reserves		1,850	15,260
Surplus/(Deficit) for the Year to/(from) General Fund		14,163	(191,474)
Net Surplus/(Deficit) for the Year		12,313	(206,734)
The above Surplus/(Deficit) for the Year has been applied/(funded) for the Year to/(from) as follows:			
Transfer from Earmarked Reserves		(1,850)	(15,260)
Surplus/(Deficit) for the Year to/(from) General Fund		14,163	(191,474)
		12,313	(206,734)

The notes on pages 10 to 14 form part of these unaudited statements.

Llanelli Rural Council (Training Department)

Statement of Movement in Reserves

31 March 2025

Reserve	Purpose of Reserve	Notes	2025	Net Movement in Year	2024
			£	£	£
Capital Financing Account	Store of capital resources set aside to purchase fixed assets	10	21,840	(9,056)	30,896
Earmarked Reserves	Amounts set aside from revenue to meet general and specific future expenditure		16,200	(1,850)	18,050
General Fund	Resources available to meet future running costs		228,354	14,163	214,191
Total			266,394	3,257	263,137

The notes on pages 10 to 14 form part of these unaudited statements.

Llanelli Rural Council (Training Department)

Balance Sheet

31 March 2025

	Notes	2025 £	2025 £	2024 £
Fixed Assets				
Tangible Fixed Assets	5		24,543	38,041
Current Assets				
Debtors and prepayments	7	174,102		167,262
Cash at bank and in hand		119,182		141,038
		293,284		308,300
Current Liabilities				
Creditors and income in advance	8	(48,730)		(76,059)
Net Current Assets			244,554	232,241
Total Assets Less Current Liabilities			269,097	270,282
Deferred Grants			(2,703)	(7,145)
Total Assets Less Liabilities			266,394	263,137
Capital and Reserves				
Capital Financing Reserve	10		21,840	30,896
Earmarked Reserves			16,200	18,050
General Reserve			228,354	214,191
			266,394	263,137

The Unaudited Financial Statements represent a true and fair view of the financial position of the Council as at 31 March 2025, and of its Income and Expenditure for the year.

These accounts were approved by the Council on 24th June 2025 .

Signed:

Cllr S. N. Lewis
Chairman

.....

Ms Alison Williams BA (Hons) (Bus. Studies)
Responsible Financial Officer

Date:

.....

The notes on pages 10 to 14 form part of these unaudited statements.

Llanelli Rural Council (Training Department)

Cash Flow Statement

31 March 2025

	Notes	2025 £	2025 £	2024 £
REVENUE ACTIVITIES				
<i>Cash outflows</i>				
Paid to and on behalf of employees		(810,519)		(804,738)
Other operating payments		(460,443)		(421,191)
			(1,270,962)	(1,225,929)
<i>Cash inflows</i>				
Cash received for services		1,245,894		1,028,969
Revenue grants received		-		850
			1,245,894	1,029,819
Net cash (outflow) from Revenue Activities	13		(25,068)	(196,110)
SERVICING OF FINANCE				
<i>Cash inflows</i>				
Interest received		671		2,271
Net cash inflow from Servicing of Finance			671	2,271
CAPITAL ACTIVITIES				
<i>Cash outflows</i>				
Purchase of fixed assets		(1,985)		(27,397)
<i>Cash inflows</i>				
Sale of fixed assets		2,541		13,067
Capital grant received		1,985		7,035
Net cash inflow/(outflow) from Capital Activities			2,541	(7,295)
Net cash (outflow) before Financing			(21,856)	(201,134)
(Decrease) in cash	14		(21,856)	(201,134)

The notes on pages 10 to 14 form part of these unaudited statements.

Llanelli Rural Council (Training Department)

Notes to the Accounts

31 March 2025

1 Interest and Investment Income

	2025	2024
	£	£
Interest Income - General Funds	671	2,271
	<u>671</u>	<u>2,271</u>

2 Related Party Transactions

The council entered into no material transactions with related parties during the year.

3 Employees

The average weekly number of employees during the year was as follows:

	2025	2024
	Number	Number
Full-time	19	21
Part-time	1	3
Temporary	-	-
	<u>20</u>	<u>24</u>

4 Pension Costs

The council participates in the Dyfed Pension Fund. The Dyfed Pension Fund is a defined benefit scheme based on pensionable pay. In accordance with FRS102, the council accounts for its pension liabilities on an accruals basis. Changes in the pension liability are accounted for through the Income and Expenditure statement and Statement of Total Recognised Gains and Losses.

Regulation 24 Retirement Benefits of the Local Authorities (Capital Finance and Accounting) (Wales) Regulations 2003 requires that the council only charge to a revenue account, an amount equal to the retirement benefits contributions and payments which it makes for that financial year. The council has established a Pension Reserve to account for the differences between the pension liability accounted for on an accruals basis and the contribution made in the year.

The contribution rate is determined by actuarial valuation of liabilities. The most recent actuarial valuation relevant to the financial year was carried out at 31st March 2022 by Mercer Human Resource Consulting, independent actuaries to the Dyfed Pension Fund. Liabilities are valued on an actuarial basis using the projected unit method, which assesses the future liabilities discounted to their present value. The council's contribution rate is 13.70% of employees' pensionable pay (year ended 31 March 2024 – 14.40%). For the year ended 31 March 2025 the council paid £124,848 in contributions (year ended 31 March 2024 – £134,796).

Llanelli Rural Council (Training Department)

Notes to the Accounts

31 March 2025

5 Tangible Fixed Assets

	Vehicles and Equipment	Total
Cost	£	£
At 31 March 2024	181,958	181,958
Additions	1,985	1,985
	<u>183,943</u>	<u>183,943</u>
Depreciation		
At 31 March 2024	(143,917)	(143,917)
Charged for the year	(15,483)	(15,483)
	<u>(159,400)</u>	<u>(159,400)</u>
Net Book Value		
At 31 March 2025	<u>24,543</u>	<u>24,543</u>
At 31 March 2024	<u>38,041</u>	<u>38,041</u>

Although classified as capital expenditure, certain minor equipment purchases are not included in the above as they are not material in overall value.

Fixed Asset Valuation

The freehold and leasehold properties that comprise the council's properties have been valued as at 31st March 2006 by external independent valuers, Messrs Lambert Smith Hampton. Valuations have been made on the basis set out in the Statement of Accounting Policies, except that not all properties were inspected. This was neither practical nor considered by the valuer to be necessary for the purpose of valuation. Plant and machinery that form fixtures to the building are included in the valuation of the building.

6 Financing of Capital Expenditure

	2025	2024
	£	£
The following capital expenditure during the year:		
Fixed Assets Purchased	<u>1,985</u>	<u>27,397</u>
	<u>1,985</u>	<u>27,397</u>
was financed by:		
Capital Grants	1,985	7,035
Revenue:		
Equipment Replacement Reserve	-	7,005
Precept and Revenue Income	-	13,357
	<u>1,985</u>	<u>27,397</u>

Llanelli Rural Council (Training Department)

Notes to the Accounts

31 March 2025

7 Debtors

	2025	2024
	£	£
Trade Debtors	161,296	155,511
VAT Recoverable	8,154	3,479
Prepayments	4,205	-
Accrued Income	447	8,272
	<u>174,102</u>	<u>167,262</u>

8 Creditors and Accrued Expenses

	2025	2024
	£	£
Trade Creditors	18,687	36,338
Superannuation Payable	10,462	11,103
Payroll Taxes and Social Security	12,721	14,356
Accruals	6,860	14,262
	<u>48,730</u>	<u>76,059</u>

9 Financial Commitments under Operating Leases

The council had annual commitments under non-cancellable operating leases of property as follows:

	2025	2024
	£	£
Obligations expiring within one year	-	-
Obligations expiring between two and five years	12,500	-
Obligations expiring after five years	-	17,500
	<u>12,500</u>	<u>17,500</u>

The council had annual commitments under non-cancellable operating leases of equipment as follows:

	2025	2024
	£	£
Obligations expiring within one year	7,833	-
Obligations expiring between two and five years	-	7,833
Obligations expiring after five years	-	-
	<u>7,833</u>	<u>7,833</u>

Llanelli Rural Council (Training Department)

Notes to the Accounts

31 March 2025

10 Capital Financing Account

	2025	2024
	£	£
Balance at 01 April	30,896	24,507
Financing capital expenditure in the year		
Additions - using revenue balances	-	20,362
Disposal of fixed assets	-	(21,595)
Depreciation eliminated on disposals	-	21,595
Reversal of depreciation	(15,483)	(20,102)
Deferred grants released	6,427	6,129
Balance at 31 March	21,840	30,896

The Capital Financing Account represents revenue and capital resources applied to finance capital expenditure or for the repayment of external loans. It also includes the reversal of depreciation to ensure it does not impact upon the amount to be met from precept. It does not represent a reserve that the council can use to support future expenditure.

11 Capital Commitments

The council had no capital commitments at 31 March 2025 not otherwise provided for in these accounts.

12 Contingent Liabilities

The council is not aware of any contingent liabilities at the date of these accounts.

13 Reconciliation of Revenue Cash Flow

	2025	2024
	£	£
Net Operating Surplus/(Deficit) for the year	716	(213,412)
Add/(Deduct)		
Reversal of Depreciation less Deferred Grants Released	9,056	13,973
Interest and Investment Income	(671)	(2,271)
(Increase)/Decrease in debtors	(6,840)	55,159
(Decrease) in creditors	(27,329)	(49,559)
Revenue activities net cash (outflow)	(25,068)	(196,110)

Llanelli Rural Council (Training Department)

Notes to the Accounts

31 March 2025

14 Movement in Cash

	2025	2024
	£	£
Balances at 01 April		
Cash with accounting officers	250	250
Cash at bank	140,788	341,922
	<u>141,038</u>	<u>342,172</u>
Balances at 31 March		
Cash with accounting officers	179	250
Cash at bank	119,003	140,788
	<u>119,182</u>	<u>141,038</u>
Net cash (outflow)	<u>(21,856)</u>	<u>(201,134)</u>

15 Reconciliation of Net Funds/Debt

	2025	2024
	£	£
(Decrease) in cash in the year	<u>(21,856)</u>	<u>(201,134)</u>
Cash outflow from repayment of debt	-	-
Net cash flow arising from changes in debt	<u>-</u>	<u>-</u>
Movement in net debt in the year	<u>(21,856)</u>	<u>(201,134)</u>
Cash at bank and in hand	141,038	342,172
Total borrowings	-	-
Net funds at 01 April	<u>141,038</u>	<u>342,172</u>
Cash at bank and in hand	119,182	141,038
Total borrowings	-	-
Net funds at 31 March	<u>119,182</u>	<u>141,038</u>

16 Post Balance Sheet Events

There are no significant Post Balance Sheet events since the preparation of these accounts, up to the date of their final adoption (on 24th June 2025), which would have a material impact on the amounts and results reported herein.

Llanelli Rural Council (Training Department)

Appendices

31 March 2025

Appendix A

Schedule of Other Earmarked Reserves

	<u>Balance at</u> <u>01/04/2024</u> £	<u>Contribution</u> <u>to reserve</u> £	<u>Contribution</u> <u>from reserve</u> £	<u>Balance at</u> <u>31/03/2025</u> £
<u>Equipment Replacement Reserves</u>				
Vehicles	14,600			14,600
<u>Other Earmarked Reserves</u>				
Resources	650		(650)	0
Marketing	2,800		(1,200)	1,600
	3,450	0	(1,850)	1,600
Total Earmarked Reserves	18,050	0	(1,850)	16,200

Llanelli Rural Council (Training Department)

31 March 2025

Annual Report Tables

Table. 1 – Budget & Actual Comparison

	Budget £	Actual £
Net Expenditure		
Training Activities	(310,166)	(300,557)
Training Establishments	71,167	71,809
Net Direct Services Costs	(238,999)	(228,748)
Corporate Management	228,550	228,703
Net Democratic, Management and Civic Costs	228,550	228,703
Interest & Investment Income	(1,000)	(671)
Capital Expenditure	(2,541)	1,985
Proceeds of Disposal of Capital Assets		(2,541)
Transfers to/(from) other reserves	(3,450)	(3,835)
Reversal of Statutory Adjustments	(9,056)	(9,056)
Surplus to General Reserve	26,496	14,163
	-	-

Llanelli Rural Council (Training Department)

31 March 2025

Annual Report Tables

Table. 2 – Service Income & Expenditure

Notes	2025 £	2025 £	2025 £	2024 £
	Gross Expenditure	Income	Net Expenditure	Net Expenditure
PLANNING & DEVELOPMENT SERVICES				
Training Activities	943,297	(1,243,854)	(300,557)	(115,837)
OTHER SERVICES				
Training Establishments	71,809	-	71,809	100,240
CENTRAL SERVICES				
Corporate Management	228,703	-	228,703	231,280
Net Cost of Services	1,243,809	(1,243,854)	(45)	215,683

ITEM 4(4)

Llanelli Rural Council

Statements of Accounts

For the year ended 31 March 2025

Llanelli Rural Council

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31 March 2025

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Llanelli Rural Council

Council Information

31 March 2025

(Information current at 24th June 2025)

Chairman

Cllr S. N. Lewis

Councillors

Cllr T. M. Donoghue (Vice Chairman)

Cllr S. R. Bowen

Cllr D. M. Cundy

Cllr M. V. Davies

Cllr S. L. Davies

Cllr A. Evans

Cllr E. M. Evans

Cllr N. Evans

Cllr R. E. Evans

Cllr S. M. T. Ford

Cllr J. P. Hart

Cllr J. Lovell

Cllr A. G. Morgan

Cllr K. Morgan

Cllr S. K. Nurse

Cllr J. S. Phillips

Cllr A. J. Rogers

Cllr W. E. Skinner

Cllr A. G. Stephens

Cllr O. Williams

Clerk to the Council

Mr Mark Galbraith. A.C.I.S

Responsible Financial Officer (R.F.O.)

Ms Alison Williams BA (Hons) (Bus. Studies)

Auditors

Audit Wales Office

1 Capital Quarter, Tyndall Street

Cardiff CF10 4BZ

Internal Auditors

Auditing Solutions Limited

Clackerbrook Farm, 46 The Common

Bromham, Chippenham

Wiltshire SN15 2JJ

Llanelli Rural Council
Annual Governance Statement
31 March 2025

Scope of Responsibility

Llanelli Rural Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards, that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

In discharging this overall responsibility, the Council is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, and which includes arrangements for the management of risk.

The Council has approved and adopted a code of corporate governance which is consistent with the principles of the CIPFA/SOLACE Framework Delivering Good Governance in Local Government. This statement explains how the Council has complied with the code and also meets the requirements of regulation 5 (4) of the Accounts and Audit (Wales) Regulations 2014 in relation to the publication of a statement on internal control.

The purpose of the governance framework

The governance framework comprises the systems and processes, and culture and values, by which the Council is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the Council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost effective services.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to achievement of the Council's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The governance framework has been in place at Llanelli Rural Council for the year ended 31 March 2025 and up to the date of approval of the accounts.

The governance framework

The key elements of Llanelli Rural Council's systems and processes that comprise the governance arrangements are:-

- The Council identifies its visions as part of its programme setting process and communicates its intentions and intended outcomes to its citizens and service users via its website, local news leaflet and press releases.
- The definition and documenting of the roles within the authority are as contained within the Council's constitution document.. The Council's disciplinary and grievance procedures cover the staff element and the Council Members are covered by the national code of conduct adopted by the Council.
- The Council procedures are updated when required to take account of changes in legislation and the changing needs of the authority. The Finance & General Purposes Committee acts as the Committee for assuring adherence with financial matters and is the Committee responsible also in regard to matters of complying with all laws and regulations.
- The Council has a complaints procedure for the public and whilst no formal whistle blowing procedure is in place the Council's grievance procedure would permit such matters to be dealt with properly.
- The Council has clear channels of communication with all sectors and welcomes the public to attend its meetings.
- The Council has agreed as a fundamental policy partnership working with other local authorities and organisations where benefit can be shown by such partnership working.

Llanelli Rural Council
Annual Governance Statement
31 March 2025

Review of effectiveness

Llanelli Rural Council has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the control exercised by members and the work of the internal auditor and the executive managers within the Council, who have responsibility for the development and maintenance of the governance framework. It is further enhanced by reports and comments made by the external auditors and other review agencies and inspectors.

We continue to be advised on the implications of the result of the review of the governance framework by the Council, relevant committees, officers and the internal auditor, and plan to address weaknesses as they arise and thus ensure continuous improvement of the system is in place.

Significant governance issues

To date no significant governance issues have been identified, should such issues arise, effective steps will be taken to ensure that matters are addressed, weaknesses eradicated and revised arrangements implemented at the earliest possible opportunity.

Approval of Statement

This statement was approved at a meeting of the council held on 24th June 2025 when authority was given for the Chairman and the Clerk to the Council to sign.

Signed:
Cllr S. N. Lewis
Chairman

.....
Mr Mark Galbraith. A.C.I.S
Clerk to the Council

Date:

Llanelli Rural Council
Statement of Responsibilities
31 March 2025

The Council's Responsibilities

The council is required:

- to make arrangements for the proper administration of its financial affairs
- to secure that one of its officers (R.F.O.) has the responsibility for the administration of those affairs. At this council that officer is the Finance Manager, and
- to manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.

The Responsible Financial Officer's Responsibilities

The R.F.O. is responsible for the preparation of the council's Statements of Accounts in accordance with Part 4 of the Governance and Accountability for Local Councils – A Practitioners Guide (Wales) (the guide), so far as is applicable to this council, to present a true and fair view of the financial position of the council at 31 March 2025 and its income and expenditure for the year then ended.

In preparing the Statements of Accounts, the R.F.O. has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent, and
- complied with the guide.

The R.F.O. has also:

- kept proper accounting records, which were up to date, and
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

Responsible Financial Officer's Certificate

I hereby certify that the Statements of Accounts for the year ended 31 March 2025 required by the Accounts and Audit Regulations 2014 (as amended) are set out in the following pages.

I further certify that the Statements of Accounts present a true and fair view of the financial position of Llanelli Rural Council at 31 March 2025, and its income and expenditure for the year ended 31 March 2025.

Signed:

Ms Alison Williams BA (Hons) (Bus. Studies)- Finance Manager

Date:

Llanelli Rural Council
Statement of Accounting Policies
31 March 2025

Accounting Convention

The accounts have been prepared in accordance with FRS102 The Financial Reporting Standard applicable in the UK and Republic of Ireland, as interpreted and adapted by Section 1A of FRS102 and by Part 4 of Governance and Accountability for Local Councils – A Practitioners Guide (Wales) (The Practitioners' Guide).

These accounts have been prepared having regard to the fundamental accounting concepts of: Going Concern, Prudence, Accruals, Relevance, Consistency, Reliability, Comparability, Understandability and Materiality.

The accounts have been prepared under the historical cost convention.

Fixed Assets

All expenditure on the acquisition, creation or enhancement of fixed assets above the council de-minimis (currently £1000) is capitalised on an accruals basis in the accounts. Expenditure on fixed assets is capitalised, provided that the fixed asset yields benefits to the authority, and the services it provides, for a period of more than one year.

In accordance with FRS102 depreciation is provided on all operational buildings (but not land), as well as other assets.

Following the adoption of the FRS102, as interpreted by the guide, the council has elected to retain the book value of fixed assets at the balance sheet valuations current on 31st March 2009 together with subsequent acquisitions and enhancements at cost, in accordance with the transitional provisions of paragraph 4.40 of the guide.

Disposals of fixed assets are reported in the Income and Expenditure Account and, in accordance with the guide, the net book value of asset disposals is reversed out to the Capital Financing Account in order not to constitute a charge to the council's revenue reserves.

Depreciation Policy

Buildings and leasehold land are depreciated over the shorter of 50 years or the anticipated remaining useful lives on a straight line basis.

Llanelli Cemetery Land and Buildings are not depreciated.

Freehold land is not depreciated.

Non Operational Assets (including Investment Properties) are not depreciated.

Vehicle, plant, equipment and furniture are depreciated over 4 to 10 years on a straight line basis.

Play equipment is depreciated over 5 years at 20% per annum straight line.

Infrastructure assets are depreciated over 10 to 25 years at 4% to 10% per annum straight line.

Community assets are not depreciated, because they are either intrinsic or purely nominal value.

Other Llanelli Cemetery assets are depreciated by 100% in the year of purchase.

Grants or Contributions from Government or Related Bodies

Capital Grants

The council has elected, as permitted under the guide, to continue with the previous policy with regard to capital grants. Where a fixed asset has been acquired or improved with the financing either wholly or in part by a grant or contribution from government or a related body, the amount of the grant has been credited to Deferred Grants Account and carried forward. Grants so credited are released back to revenue over the life of the asset to match, and thereby offset wholly or in part, depreciation charged.

Revenue Grants

Revenue grants are credited to income when conditions attached there to have been fulfilled and/or equivalent expenditure has been incurred. Grants received in respect of which the conditions have not been fulfilled, or expenditure incurred, are carried forward as deferred revenue grants.

Llanelli Rural Council
Statement of Accounting Policies
31 March 2025

Debtors and Creditors

The revenue accounts of the council are maintained on an accruals basis in accordance with the regulations. That is sums due to or from the council during the year are included whether or not the cash has actually been received or paid in the year. This policy is applied consistently each year. Therefore, it will not have a material effect on the year's accounts or on the council's annual budget.

The council reviews the level of its commercial debtors on a regular basis and provisions are made, as required, where the likelihood of amounts proving ultimately collectable is in doubt.

Value Added Tax

Income and Expenditure excludes any amounts related to VAT, as all VAT suffered/collected is recoverable from or payable to HM Revenue and Customs. Any amounts not so recoverable are treated as a separate expense.

External Loan Repayments

The council accounts for loans on an accruals basis. Details of the council's external borrowings are shown at note 15.

Leases

Rentals payable under operating leases are charged to revenue on an accruals basis. Details of the council's obligations under operating leases are shown at note 17.

Reserves

The council maintains certain reserves to meet general and specific future expenditure. The purpose of the council's reserves is explained in notes 18 to 20.

Certain reserves are maintained to manage the accounting processes for tangible fixed assets, available for sale investments and retirement benefits. They do not represent usable resources for the council:

Capital Financing Account – represent the council's investment of resources in such assets already made.

Pension Fund Reserve – represents the council's interest in the net assets/liabilities in the fund in which it participates.

Interest Income

All interest receipts are credited initially to general funds.

Interest is reallocated to certain reserves based on the level of their fund balance.

Cost of Support Services

The costs of management and administration have been apportioned to services on an appropriate and consistent basis.

This apportionment is not reflected in the Income and Expenditure account, but is used for Management Accounting and Annual Report purposes only.

Post Balance Sheet Events

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Statement of Accounts is authorised for issue. Such events are included in these accounts only to the extent that their omission would have a material affect on and understanding of these accounts.

Llanelli Rural Council
Statement of Accounting Policies
31 March 2025

Pensions

The pension costs that are charged against precept in the council's accounts, in respect of its employees, are equal to the contributions paid to the funded pension scheme for those employees.

These contributions are determined by the fund's actuary on a triennial basis and are set to meet 100% of the liabilities of the pension fund, in accordance with relevant government regulations.

The next actuarial valuation is due at 31st March 2025 and any change in contribution rates as a result of that valuation will take effect from 1st April 2026.

The Local Government scheme is accounted for as a defined benefit scheme.

The liabilities of the Dyfed Pension Fund attributable to the council are included in the balance sheet on an actuarial basis using the Projected Unit Method.

Liabilities are discounted to their value at current prices, using a discount rate (based on the indicative rate of return on a high quality corporate bond).

The assets of the pension fund attributable to the council are included in the balance sheet at their fair value.

In relation to retirement benefits, for purposes of calculating the precept the Income and Expenditure is required to be charged with the actual amount payable by the council to the pension fund for the year, not the amount calculated according to the relevant accounting standard. This means there are entries to remove these notional transactions from the Income and Expenditure Account and transfer them to the Pension Reserve.

Llanelli Rural Council
Income and Expenditure Account
31 March 2025

	Notes	2025 £	2024 £
Income			
Precept on County Council		1,174,180	1,122,755
Grants Receivable		3,678	71,144
Rents Receivable, Interest & Investment Income	3	29,532	23,006
Charges made for Services		1,547,173	1,272,232
Other Income		69	892
Total Income		2,754,632	2,490,029
Expenditure			
Direct Service Costs:			
Salaries & Wages		(968,733)	(1,033,052)
Grant-aid Expenditure		(33,425)	(4,238)
Other Costs	1	(835,975)	(780,213)
Democratic, Management & Civic Costs:			
Salaries & Wages		(787,931)	(686,059)
Other Costs	1	(343,375)	(303,794)
Total Expenditure		(2,969,439)	(2,807,356)
Excess of (Expenditure over Income) for the year.		(214,807)	(317,327)
Exceptional Items			
Profit/(Loss) on the disposal of fixed assets		1,350	-
Pension fund financing		71,000	35,000
Net Operating (Deficit) for Year		(142,457)	(282,327)
STATUTORY CHARGES & REVERSALS			
Statutory Charge for Capital (i.e. Loan Capital Repaid)	18	(159,983)	(106,781)
Capital Expenditure charged to revenue	11	(174,418)	(67,791)
Reversal of annual depreciation and impairment		227,526	173,067
Reverse profit on asset disposals		(1,350)	-
Reversal of grant amortisation		(32,772)	(36,884)
Transfer from Earmarked Reserves	20	209,578	139,450
Reversal of Defined Benefit costs		(9,000)	24,000
(Deficit) for the Year (from) General Fund		(81,526)	(157,266)
Net (Deficit) for the Year		(291,104)	(296,716)
The above (Deficit) for the Year has been (funded) for the Year (from) as follows:			
Transfer from Earmarked Reserves	20	(209,578)	(139,450)
(Deficit) for the Year (from) General Fund		(81,526)	(157,266)
		(291,104)	(296,716)

The notes on pages 14 to 23 form part of these statements.

Llanelli Rural Council
Statement of Movement in Reserves
31 March 2025

Reserve	Purpose of Reserve	Notes	2025 £	Net Movement in Year £	2024 £
Capital Financing Account	Store of capital resources set aside to purchase fixed assets	18	2,487,083	139,646	2,347,437
Usable Capital Receipts	Proceeds of fixed assets sales available to meet future capital investment	19	417	-	417
Earmarked Reserves	Amounts set aside from revenue to meet general and specific future expenditure	20	301,324	(209,578)	510,902
Pensions Reserve	Balancing account to allow inclusion of Pension Liability in the Balance Sheet	9	2,343,000	902,000	1,441,000
General Fund	Resources available to meet future running costs		651,875	(81,526)	733,401
Total			5,783,699	750,542	5,033,157

The notes on pages 14 to 23 form part of these statements.

Llanelli Rural Council
Statement of Total Recognised Gains and Losses
31 March 2025

	Notes	2025 £	2024 £
Net Operating (Deficit) for Year		(142,457)	(282,327)
Actuarial gains	9	893,000	731,000
Total recognised gains for the year		750,543	448,673

The notes on pages 14 to 23 form part of these statements.

Llanelli Rural Council

Balance Sheet

31 March 2025

	Notes	2025 £	2025 £	2024 £
Fixed Assets				
Tangible Fixed Assets	10		3,843,226	3,085,116
Current Assets				
Debtors and prepayments	13	707,487		300,654
Cash at bank and in hand		847,029		1,783,603
		<u>1,554,516</u>		<u>2,084,257</u>
Current Liabilities				
Current Portion of Long Term Borrowings	15	(169,088)		(159,982)
Creditors and income in advance	14	<u>(358,960)</u>		<u>(420,628)</u>
Net Current Assets			<u>1,026,468</u>	<u>1,503,647</u>
Total Assets Less Current Liabilities			<u>4,869,694</u>	<u>4,588,763</u>
Long Term Liabilities				
Long-term borrowing	15		(461,648)	(630,736)
Deferred Grants	16		(967,347)	(365,870)
Pension Fund Net Assets	9		2,343,000	1,441,000
Total Assets Less Liabilities			<u>5,783,699</u>	<u>5,033,157</u>
Capital and Reserves				
Capital Financing Reserve	18		2,487,083	2,347,437
Pensions Reserve	9		2,343,000	1,441,000
Usable Capital Receipts Reserve	19		417	417
Earmarked Reserves	20		301,324	510,902
General Reserve			<u>651,875</u>	<u>733,401</u>
			<u>5,783,699</u>	<u>5,033,157</u>

The Statements of Accounts represent a true and fair view of the financial position of the Council as at 31 March 2025, and of its Income and Expenditure for the year.

These accounts were approved by the Council on 24th June 2025 .

Signed:

Cllr S. N. Lewis

Chairman

.....

Ms Alison Williams BA (Hons) (Bus. Studies)

Responsible Financial Officer

Date:

.....

The notes on pages 14 to 23 form part of these statements.

Llanelli Rural Council

Notes to the Accounts

31 March 2025

1 Other Costs Analysis

Other Costs reported in the council's Income and Expenditure Account comprise the following:

Direct Service Costs

	2025	2024
	£	£
Community Centres	133,226	87,921
Outdoor Sports & Recreation Facilities	277,422	219,857
Community Parks & Open Spaces	15,552	49,109
Cemeteries	(55,231)	(60,178)
Community Development	12,100	22,913
Street Lighting	17,741	38,697
Training Department	468,590	426,132
Less: Grant-aid Expenditure	(33,425)	(4,238)
Total	835,975	780,213

Democratic, Management & Civic Costs

	2025	2024
	£	£
Corporate Management	257,320	227,109
Democratic Representation & Management	22,418	9,444
Civic Expenses	11,237	9,877
Civic Allowance	2,000	2,000
Members' Allowances	12,411	14,163
Interest Payable	37,989	41,201
Total	343,375	303,794

As reported in the Statement of Accounting Policies, apportionment of central costs is not reflected in the above analysis.

2 Interest Payable and Similar Charges

	2025	2024
	£	£
External Interest Charges - Loans	37,989	41,201
	37,989	41,201

3 Interest and Investment Income

	2025	2024
	£	£
Interest Income - General Funds	23,445	18,530
Interest Income - Earmarked Funds	6,087	4,476
	29,532	23,006

Llanelli Rural Council

Notes to the Accounts

31 March 2025

4 Agency Work

During the year the Council undertook no agency work on behalf of other authorities.

During the year the Council commissioned no agency work to be performed by other authorities.

5 Related Party Transactions

The council entered into no material transactions with related parties during the year.

6 Audit Fees

The council is required to report and disclose the cost of services provided by its external auditors.

These may be summarised as follows:

	2025 £	2024 £
Fees for statutory audit services	5,390	3,460
Total fees	5,390	3,460

7 Employees

The average weekly number of employees during the year was as follows:

	2025 Number	2024 Number
Full-time	39	42
Part-time	6	6
Temporary	-	-
	45	48

All staff are paid in accordance with nationally agreed pay scales.

No officer received a salary between £60,000 and £69,999

The number of officers whose remuneration, excluding pension contributions, was £70,000 or more were:

	2025 Number	2024 Number
Between £70,000 and £74,999	-	1
Between £80,000 and £84,999	1	-
	1	1

Senior officer emoluments where salary is between £60,000 and £150,000 per year were

	2025 Salary (incl allowances)	2025 Pension Contributions	2024 Salary (incl allowances)	2024 Pension Contributions
Clerk to the Council	83,200	9,015	74,417	10,578

Llanelli Rural Council

Notes to the Accounts

31 March 2025

The ratio of Clerk to the Council remuneration to the median remuneration was as follows:

	2025	2024
Clerk to the Council	83,200	74,417
Median remuneration of all employees	28,810	27,313
Ratio of the remuneration of the Clerk to the Council to the median remuneration of all employees	2.89 :1	2.72 :1

8 Members' Allowances

	2025	2024
	£	£
Members of Council have been paid the following allowances for the year:		
Chair's Allowance	1,000	1,000
Vice Chair's Allowance	500	500
Council Leader's Allowance	500	500
Members' Allowances	12,411	14,163
	<u>14,411</u>	<u>16,163</u>

9 Pension Benefits

The council participates in the Dyfed Pension Fund. The Dyfed Pension Fund is a defined benefit scheme based on pensionable pay. In accordance with FRS102, the council accounts for its pension liabilities on an accruals basis. Changes in the pension liability are accounted for through the Income and Expenditure statement and Statement of Total Recognised Gains and Losses.

Regulation 24 Retirement Benefits of the Local Authorities (Capital Finance and Accounting) (Wales) Regulations 2003 requires that the council only charge to a revenue account, an amount equal to the retirement benefits contributions and payments which it makes for that financial year. The council has established a Pension Reserve to account for the differences between the pension liability accounted for on an accruals basis and the contribution made in the year.

The contribution rate is determined by actuarial valuation of liabilities. The most recent actuarial valuation relevant to the financial year was carried out at 31st March 2022 by Mercer Ltd, independent actuaries to the Dyfed Pension Fund. Liabilities are valued on an actuarial basis using the projected unit method, which assesses the future liabilities discounted to their present value. The council's contribution rate is 13.70% of employees' pensionable pay (year ended 31 March 2024 – 14.40%). For the year ended 31 March 2025 the council paid £213,527 in contributions (year ended 31 March 2024 – £276,353).

The main assumptions used for the purposes of valuing net pension liabilities are:

Financial Assumptions

	31 March	31 March	31 March
	2025	2024	2023
	% p.a.	% p.a.	% p.a.
Discount Rate	5.80	4.90	4.80
Rate of increase in salaries	4.10	4.20	4.20
Rate of increase in pensions	2.70	2.80	2.80
Rate of inflation	2.60	2.70	2.70

Llanelli Rural Council

Notes to the Accounts

31 March 2025

The following amounts were measured in accordance with the requirements of FRS102:

AMOUNTS INCLUDED IN THE COUNCIL'S BALANCE SHEET

PENSION FUND NET ASSETS

Summary of Dyfed Pension Fund's Pension Fund Balance Sheet applicable to the council	31 March 2025 (£000s)	31 March 2024 (£000s)	31 March 2023 (£000s)
Share of assets	9,792	9,824	8,845
Estimated liabilities	(7,449)	(8,383)	(8,111)
Net pensions (deficit)	2,343	1,441	734

PENSION FUND RESERVE

Movement in Surplus during the year	2025 (£000s)	2024 (£000s)
Surplus at 01 April 2024	1,441	734
Current Service Cost	(250)	(251)
Past Service/Curtailment Cost	(5)	(5)
Net Interest/Return on Assets	76	40
Actuarial Gain	893	731
Surplus at 31 March 2025	2,343	1,441

AMOUNTS REPORTED IN THE COUNCIL'S

INCOME & EXPENDITURE ACCOUNT

Pension Revenue Items during the year

Operating Costs	2025 (£000s)	2024 (£000s)
Current Service Cost	(250)	(251)
Curtailment Service Cost	(5)	(5)
Total Cost	(255)	(256)
Financing Gain		
Expected Return on Assets	475	425
Interest on Pension Liabilities	(399)	(385)
	76	40

Llanelli Rural Council

Notes to the Accounts

31 March 2025

NON-REVENUE MOVEMENTS IN RESERVES

Statement of Actuarial Gains

	2025 (£000s)	2024 (£000s)
Asset (Loss)/Gain	(244)	537
Liability (Loss)	(1)	(41)
Change in Assumptions	1,138	235
Net Gain	893	731

10 Tangible Fixed Assets

	Operational Freehold Land and Buildings	Operational Leasehold Land and Buildings	Non Operational Land and Buildings	Vehicles and Equipment	Infra- structure Assets	Community Assets	Other	Total
Cost	£	£	£	£	£	£	£	£
At 31 March 2024	2,636,597	1,359,705	-	1,707,827	1,035,464	14,727	-	6,754,320
Additions	-	330,510	-	520,987	134,139	-	-	985,636
At 31 March 2025	2,636,597	1,690,215	-	2,228,814	1,169,603	14,727	-	7,739,956
Depreciation								
At 31 March 2024	(701,633)	(514,294)		(1,572,631)	(880,645)	-	-	(3,669,203)
Charged for the year	(46,300)	(23,938)		(123,056)	(34,232)	-	-	(227,526)
At 31 March 2025	(747,933)	(538,232)		(1,695,687)	(914,877)	-	-	(3,896,730)
Net Book Value								
At 31 March 2025	1,888,664	1,151,983	-	533,126	254,726	14,727	-	3,843,226
At 31 March 2024	1,934,964	845,411	-	135,195	154,819	14,727	-	3,085,116

Although classified as capital expenditure, certain minor equipment purchases are not included in the above as they are not material in overall value.

Fixed Asset Valuation

The freehold and leasehold properties that comprise the council's properties have been valued as at 31st March 2006 by external independent valuers, Messrs Lambert Smith Hampton, Chartered Surveyors. Valuations have been made on the basis set out in the Statement of Accounting Policies, except that not all properties were inspected. This was neither practical nor considered by the valuer to be necessary for the purpose of valuation. Plant and machinery that form fixtures to the building are included in the valuation of the building.

Assets Held under Finance Agreements

The council holds no such assets

Llanelli Rural Council

Notes to the Accounts

31 March 2025

11 Financing of Capital Expenditure

	2025	2024
	£	£
The following capital expenditure during the year:		
Fixed Assets Purchased	985,636	126,965
	<u>985,636</u>	<u>126,965</u>
was financed by:		
Capital Grants	643,159	59,174
Loan Proceeds	168,059	12,375
Revenue:		
Capital Projects Reserve	5,556	623
Equipment Replacement Reserve	-	7,005
Precept and Revenue Income	168,862	47,788
	<u>985,636</u>	<u>126,965</u>

12 Information on Assets Held

Fixed assets owned by the council include the following:

Operational Land and Buildings

Council Offices Vauxhall

Felinfoel Community Resource Centre

Works Depots – 1

Changing Rooms – 8

Community Centres – 8

Dwyfor Growing Space

Llanelli Cemetery (Jointly owned with Llanelli Town Council)

Llanelli Crematorium (Jointly owned with Llanelli Town Council)

Vehicles and Equipment

Cars – 4

Light Vans – 4

Commercial Vehicles -3

Public Service Vehicles

Tractors – 1

Sundry grounds maintenance equipment

Play Equipment

Llanelli Cemetery Equipment (Jointly owned with Llanelli Town Council)

Llanelli Rural Council

Notes to the Accounts

31 March 2025

12 Information on Assets Held (Cont'd)

Infrastructure Assets

Street lights – 348

Footpaths – 135

Llanelli Cemetery infrastructure (Jointly owned with Llanelli Town Council)

Community Assets

Recreation grounds and playing fields - 7

Children's play areas – 17

MUGA - 2

13 Debtors

	2025	2024
	£	£
General Debtors	394,959	73,762
Training Department Debtors	161,296	155,511
Cemetery Debtors	2,867	30,966
Trade Debtors	559,122	260,239
VAT Recoverable	136,562	28,048
Other Debtors	808	(358)
Prepayments	9,332	4,453
Accrued Income	1,663	8,272
	707,487	300,654

14 Creditors and Accrued Expenses

	2025	2024
	£	£
Trade Creditors	34,981	83,088
Other Creditors	183,855	184,297
Superannuation Payable	22,428	24,322
V A T Payable	8,154	3,479
Payroll Taxes and Social Security	29,877	30,507
Accruals	66,699	58,733
Accrued Interest Payable	5,483	7,055
Income in Advance	7,483	29,147
	358,960	420,628

Llanelli Rural Council

Notes to the Accounts

31 March 2025

15 Long Term Liabilities

	2025	2024
	£	£
Public Works Loan Board	630,736	790,718
	<u>630,736</u>	<u>790,718</u>

	2025	2024
	£	£
The above loans are repayable as follows:		
Within one year	169,088	159,982
From one to two years	178,721	169,088
From two to five years	132,748	285,088
From five to ten years	150,179	143,910
Over ten years	-	32,650
	<u>630,736</u>	<u>790,718</u>
Total Loan Commitment	630,736	790,718
Less: Repayable within one year	(169,088)	(159,982)
	<u>461,648</u>	<u>630,736</u>
Repayable after one year		

16 Deferred Grants

	2025	2024
	£	£
Capital Grants Unapplied		
At 01 April	8,910	21,689
Grants received in the year	643,159	46,395
Applied to finance capital investment	(643,159)	(59,174)
At 31 March	<u>8,910</u>	<u>8,910</u>

Capital Grants Applied		
At 01 April	356,960	334,670
Grants Applied in the year	643,159	59,174
Released to offset depreciation	(32,772)	(36,884)
Extinguished and/or transferred	(8,910)	-
At 31 March	<u>958,437</u>	<u>356,960</u>

Total Deferred Grants

At 31 March	<u>967,347</u>	<u>365,870</u>
At 01 April	<u>365,870</u>	<u>356,359</u>

Capital Grants are accounted for on an accruals basis and grants received have been credited to Deferred Grants Account. Amounts are released from the Deferred Grants Account to offset any provision for depreciation charged to revenue accounts in respect of assets that were originally acquired with the assistance of such grants.

Llanelli Rural Council

Notes to the Accounts

31 March 2025

17 Financial Commitments under Operating Leases

The council had annual commitments under non-cancellable operating leases of property as follows:

	2025 £	2024 £
Obligations expiring within one year	-	-
Obligations expiring between two and five years	12,500	-
Obligations expiring after five years	-	17,500
	12,500	17,500

The council had annual commitments under non-cancellable operating leases of equipment as follows:

	2025 £	2024 £
Obligations expiring within one year	-	-
Obligations expiring between two and five years	14,401	10,883
Obligations expiring after five years	-	-
	14,401	10,883

18 Capital Financing Account

	2025 £	2024 £
Balance at 01 April	2,347,437	2,309,048
Financing capital expenditure in the year		
Additions - using revenue balances	174,418	67,791
Loan repayments	159,982	106,781
Disposal of fixed assets	(6,700)	(21,595)
Depreciation eliminated on disposals	6,700	21,595
Reversal of depreciation	(227,526)	(173,067)
Deferred grants released	32,772	36,884
Balance at 31 March	2,487,083	2,347,437

The Capital Financing Account represents revenue and capital resources applied to finance capital expenditure or for the repayment of external loans. It also includes the reversal of depreciation to ensure it does not impact upon the amount to be met from precept. It does not represent a reserve that the council can use to support future expenditure.

19 Usable Capital Receipts Reserve

	2025 £	2024 £
Balance at 01 April	417	417
Balance at 31 March	417	417

The Usable Capital Receipts Reserve represents capital receipts available to finance capital expenditure in future years.

Llanelli Rural Council

Notes to the Accounts

31 March 2025

20 Earmarked Reserves

	Balance at 01/04/2024	Contribution to reserve	Contribution from reserve	Balance at 31/03/2025
	£	£	£	£
Share of LJBS Reserves	145,655	393,152	(397,214)	141,593
Asset Renewal Reserves	14,600	-	-	14,600
Other Earmarked Reserves	350,647	115,990	(321,506)	145,131
Total Earmarked Reserves	510,902	509,142	(718,720)	301,324

The Other Earmarked Reserves are credited with amounts set aside from revenue to fund specific known commitments of the council.

The Other Earmarked Reserves at 31 March 2025 are set out in detail at Appendix A.

21 Capital Commitments

The council had no capital commitments at 31 March 2025 not otherwise provided for in these accounts.

22 Contingent Liabilities

The council is not aware of any contingent liabilities at the date of these accounts.

23 Post Balance Sheet Events

There are no significant Post Balance Sheet events since the preparation of these accounts, up to the date of their final adoption (on 24th June 2025), which would have a material impact on the amounts and results reported herein.

Llanelli Rural Council

Appendices

31 March 2025

Appendix A

Schedule of Earmarked Reserves

	<u>Balance at</u> <u>01/04/2024</u>	<u>Contribution</u> <u>to reserve</u>	<u>Contribution</u> <u>from reserve</u>	<u>Balance at</u> <u>31/03/2025</u>
	£	£	£	£
<u>Llanelli Joint Burial Committee</u> <u>(Llanelli Rural Council share)</u>				
General Fund	136,339	254,562	(255,363)	135,538
Redevelopment	117,772	4,831	(2,965)	119,638
Infrastructure	15,130			15,130
Monument Repairs	1,854			1,854
Training/Consultancy	20,215		(9,190)	11,025
Share due to LTC	(145,655)	133,759	(129,696)	(141,592)
	<u>145,655</u>	<u>393,152</u>	<u>(397,214)</u>	<u>141,593</u>
 <u>Other Earmarked Reserves</u>				
Swiss Valley Hall Funds	0	57,083	(3,362)	53,721
Committed Grants	5,776		(3,976)	1,800
Capital Schemes	1,950		(1,950)	0
Dafen Pitch R & R	9,932	6,005		15,937
Parks & Play Areas	204,550	50,455	(202,830)	52,175
Vauxhall Buildings	15,680	800	(9,780)	6,700
Global	109,309	1,647	(97,758)	13,198
 Council Earmarked Reserves	<u>347,197</u>	<u>115,990</u>	<u>(319,656)</u>	<u>143,531</u>
 Training Department Earmarked Reserves	18,050		(1,850)	16,200
	<u>365,247</u>	<u>115,990</u>	<u>(321,506)</u>	<u>159,731</u>
 TOTAL EARMARKED RESERVES (Consolidated)	<u>510,902</u>	<u>509,142</u>	<u>(718,720)</u>	<u>301,324</u>

Llanelli Rural Council

31 March 2025

Annual Report Tables

Table. 1 – Budget & Actual Comparison

	Budget £	Actual £
Net Expenditure		
Recreation & Sport	1,068,295	917,136
Open Spaces	16,324	83,432
Cemetery, Cremation & Mortuary	71,500	56,485
Planning & Development Services (including Markets)	30,597	80,421
Highways Roads (Routine)	122,564	104,800
Street Lighting	4,180	17,741
Training Department	(11,349)	(37,771)
Net Direct Services Costs	1,302,111	1,222,244
Corporate Management	2,533	(1,092)
Democratic & Civic	75,203	97,378
Non Distributed Costs	-	62,000
Net Democratic, Management and Civic Costs	77,736	158,286
Interest & Investment Income	(15,700)	(29,532)
Loan Charges	184,730	197,972
Capital Expenditure	618,764	176,403
Proceeds of Disposal of Capital Assets	-	(1,350)
Transfers to/(from) other reserves	(816,704)	(211,563)
Reversal of Statutory Adjustments	(194,754)	(256,754)
Surplus to/(Deficit from) General Reserve	17,997	(81,526)
Precept on County Council	1,174,180	1,174,180

Llanelli Rural Council

31 March 2025

Annual Report Tables

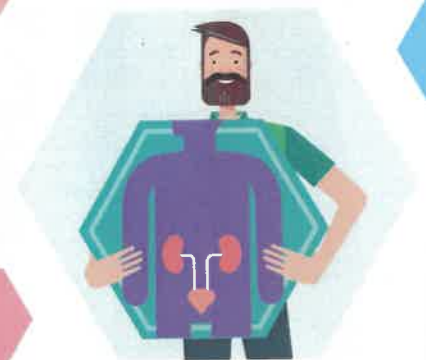
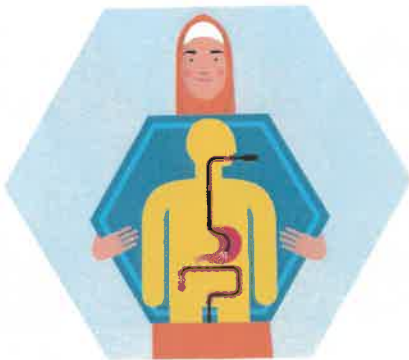
Table. 2 – Service Income & Expenditure

Notes	2025 £	2025 £	2025 £	2024 £
	Gross Expenditure	Income	Net Expenditure	Net Expenditure
CULTURAL & RELATED SERVICES				
Recreation & Sport	1,125,797	(208,661)	917,136	790,823
Open Spaces	98,755	(15,323)	83,432	107,467
ENVIRONMENTAL SERVICES				
Cemetery, Cremation & Mortuary	130,469	(73,984)	56,485	46,491
PLANNING & DEVELOPMENT SERVICES				
Community Development	80,421	-	80,421	82,805
HIGHWAYS, ROADS & TRANSPORT SERVICES				
Highways Roads (Routine)	107,835	(3,035)	104,800	107,765
Street Lighting	17,741	-	17,741	38,697
OTHER SERVICES				
Training Department	1,208,625	(1,246,396)	(37,771)	174,696
CENTRAL SERVICES				
Corporate Management	(2,173)	1,081	(1,092)	(72,863)
Democratic & Civic	76,332	-	76,332	61,789
Civic Expenses	25,648	(4,602)	21,046	25,217
Non Distributed Costs	62,000	-	62,000	59,000
Net Cost of Services	2,931,450	(1,550,920)	1,380,530	1,421,887



Clinical Services Plan

Summary Consultation Document



Glossary

Acute

Short-term care people need when they are very unwell and are admitted to hospitals for tests and treatments.

Day cases

When people come into hospital for planned surgery or a procedure that is more involved than an outpatient appointment. You may need some recovery time at the hospital, but you should be able to go home the same day.

Diagnostics

Tests or procedures used to identify a person's disease or condition.

Inpatient

When people stay in hospital overnight while receiving treatment.

Outpatient

When people have an appointment in a hospital or clinic but do not need to stay.

24/7

24-hours a day, seven days a week.



Get in touch

There is a more detailed version of this summary document called the Clinical Services Plan **Consultation Document** and we sometimes refer to it in this document. There are also alternative formats in audio, easy read, and youth friendly. Additional languages are available in Arabic, BSL, Polish, Russian and Ukrainian.



You can read or download documents by scanning the QR code or visiting hduhb.nhs.wales/clinical-services-consultation.

More detailed background information is also available from the supporting documents area of the website at hduhb.nhs.wales/csp-supporting-documents.

To request printed versions of any documents (we include several web links to documents in this publication), or if you have any problems in accessing information in an accessible format for your needs, please call us on 0300 303 8322 (option 5), charged at local call rates.

يتوفر ملخص لهذه الوثيقة باللغة العربية على موقعنا الإلكتروني -

hduhb.nhs.wales/clinical-services-consultation

- أو يمكنك طلب نسخة ورقية عن طريق الاتصال بنا على ٠٣٠٠ ٣٠٣ ٨٣٢٢. (رسوم المكالمات المحلية). إذا كنت تريد منا توضيح أي جزء من المستند، يرجى الاتصال بنا.

Streszczenie tego dokumentu jest dostępne w języku polskim na naszej stronie internetowej – hduhb.nhs.wales/clinical-services-consultation – możesz też poprosić o wersję drukowaną, dzwoniąc pod numer 0300 303 8322 (opłaty za połączenia lokalne). Skontaktuj się z nami, jeśli chcesz, abyśmy wyjaśnili jakkolwiek część dokumentu.

Короткий зміст цього документа доступний українською мовою на нашому сайті – hduhb.nhs.wales/clinical-services-consultation – або ви можете запросити друковану копію, зателефонувавши нам за номером 0300 303 8322 (місцеві тарифи дзвінків). Будь ласка, зв'яжіться з нами, якщо ви хочете, щоб ми пояснили будь-яку частину документа.

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A little bit about us

Hywel Dda University Health Board is your local NHS organisation.

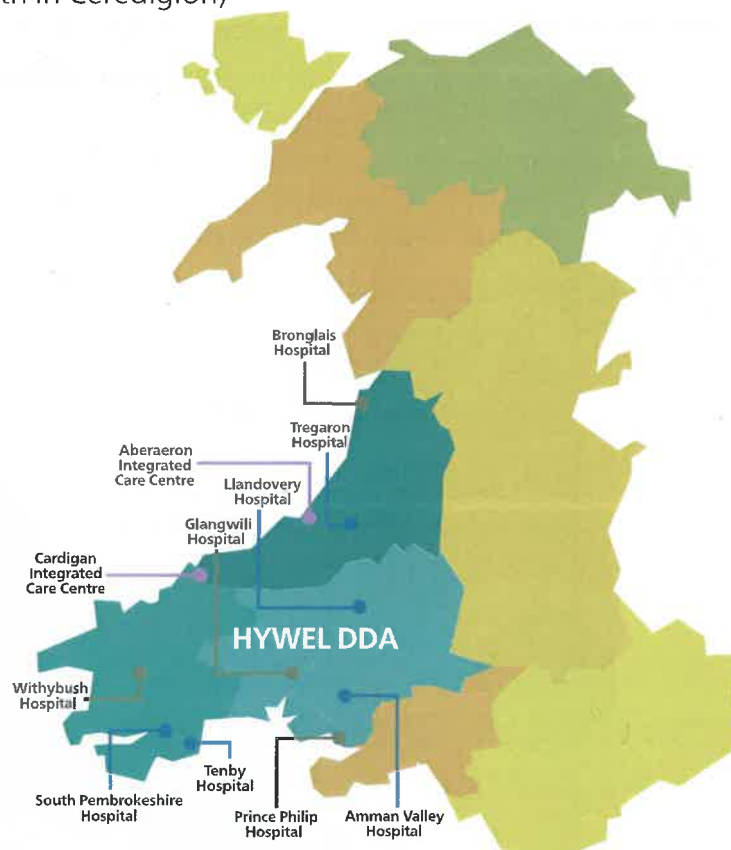
We plan, organise, and provide health services for almost 400,000 people in Carmarthenshire, Ceredigion and Pembrokeshire. Some of our services are also used by communities who border us in south Gwynedd, and parts of Powys and Swansea/Neath Port Talbot.

Our communities are quite spread out, often in rural areas.

We provide services through:

- ▶ four main hospitals (Bronglais Hospital in Aberystwyth, Glangwili Hospital in Carmarthen, Prince Philip Hospital in Llanelli, and Withybush Hospital in Haverfordwest)
- ▶ five community hospitals (Amman Valley Hospital and Llandovery Hospital in Carmarthenshire, Tregaron Hospital in Ceredigion, Tenby Hospital and South Pembrokeshire Hospital in Pembrokeshire)
- ▶ two integrated care centres (Aberaeron and Cardigan, both in Ceredigion)
- ▶ community facilities, including GP surgeries, dental practices, community pharmacies, ophthalmic (eye care) practices and sites providing mental health and learning disability services
- ▶ care within your own homes.

Highly specialised services can be provided outside our area, for example in Swansea, Cardiff, or even outside Wales such as in Bristol.



What is this consultation about?

This consultation is about nine health services delivered in our hospitals. They are:



Critical Care



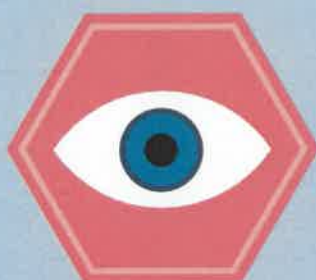
Dermatology



**Emergency
General Surgery**



Endoscopy



Ophthalmology



Orthopaedics



Stroke



Radiology



Urology

We have talked to you over the years about how some of our hospital services are fragile. This is mainly because our clinical staff and teams are spread across lots of sites, and sometimes we rely on individual staff.

Also, the impacts of the COVID-19 pandemic continue to affect us. It has left us with long waiting lists, gaps in staffing (made worse by shortages nationally for some healthcare staff), social care pressures, and more demand for health services.

Some of our services have not been able to return to pre-pandemic activity levels. This means patients are waiting longer than we would like for some treatment and care.

Given the challenges, we have developed a clinical services plan. This includes options to change nine services. We think these changes would happen in up to four years from decisions about them. We also consider what further change could be made in more than four years.

We aim to:

- respond to the fragility of critical care and emergency general surgery services
- improve standards and address staffing challenges in the stroke service
- improve access to and reduce waiting times for planned care patients (ophthalmology, dermatology, urology and planned orthopaedics) and diagnostics, which is tests or procedures to identify a disease or condition (endoscopy and radiology).

Any future changes in these services may impact on how they are organised at our four main hospitals and in some community facilities.

This consultation is for you and everyone who uses, or may use, our services and their loved ones and carers. This includes people who work with us, are students, or volunteers in our services. We also want to hear from organisations potentially affected by options, or people interested in health and well-being.

We want you to tell us:

- which proposed options you think are best able to address fragilities in our services, improve standards or reduce waiting times
- concerns you may have about any of the options, or impacts you think they may have
- thoughts you may have on the future role of our hospitals
- anything else you think we need to consider, including alternative options or ideas you may have.

The following points are decided and not open to influence in this consultation:

- which service areas are part of this consultation
- the overall direction of our 'A Healthier Mid and West Wales' strategy:
 - moving towards a wellness service rather than an illness service
 - developing a social model for health
 - supporting people through technology and other means to stay healthy, independent and in their own homes
 - significant capital investment to improve or replace old buildings
 - bringing together acute hospital services to make them stronger and improve standards of care.



What has happened so far

Phase One

During this phase, we assessed our nine healthcare services, led by clinical experts.

We looked at the factors affecting these services. This included considering any temporary changes, clinical guidelines and policies, staffing issues and cost challenges.

We involved staff and public, identifying people and organisations (stakeholders) who should be part of the conversation. Nearly 6,000 recent patients and carers who have used the nine services filled in survey responses. Also 350 healthcare staff working in these areas filled in surveys.

More information is available in the **Consultation Document**, available from our webpages hduhb.nhs.wales/clinical-services-consultation

Phase Two

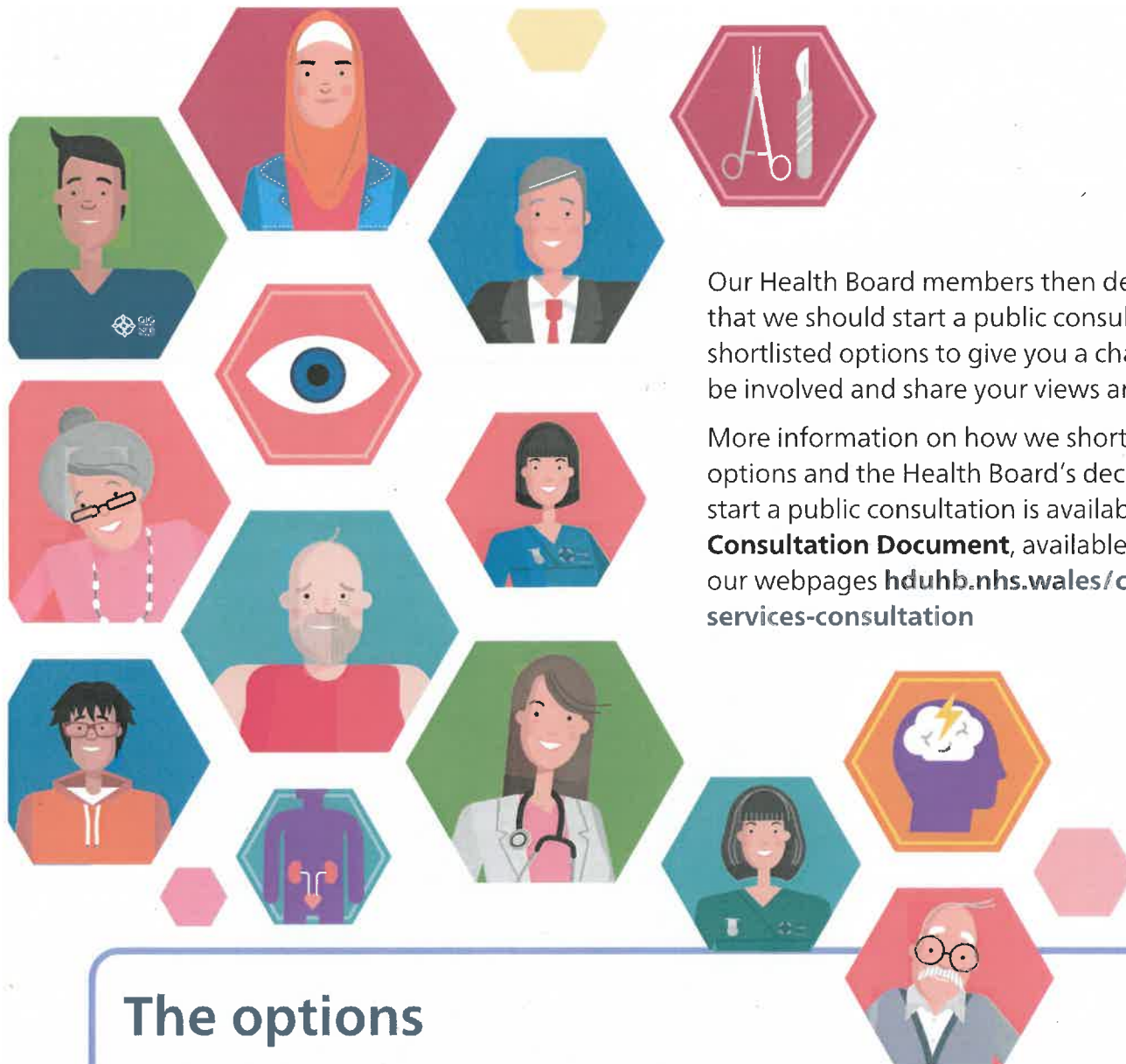
We developed potential options for the future of our nine service areas. This was done by a range of different workshops between February 2024 and September 2024.

Some workshops involved patient representatives and stakeholder representatives. They were able to 'check and challenge' our thinking and bring different viewpoints to score and shortlist potential options.

In workshops we:

- considered how change in one service area could affect another (interdependencies)
- set criteria for minimum requirements proposed options should meet (hurdle criteria)
- shared ideas that developed into proposed options
- shortlisted options by scoring them.





Our Health Board members then decided that we should start a public consultation on shortlisted options to give you a chance to be involved and share your views and ideas.

More information on how we shortlisted options and the Health Board's decision to start a public consultation is available in the **Consultation Document**, available from our webpages hduhb.nhs.wales/clinical-services-consultation

The options

In this section we describe the options by service area.

We use a table for each service to show you 'at a glance' how current services are provided and what the options for change could mean, by main hospitals and community facilities. We also describe this, by option, in text.

We have described possible impacts different options would have on you and your loved ones.

This includes information on how much more or less options would cost compared to now. Costs over a million are displayed as £x.xxx m. Costs under one million, are in the hundreds of thousands and are displayed as £xxx k. All costs are estimates and aim to show you approximate impacts on Health Board finances.

Some options would need more money for building and equipment costs. The Health Board has some money available for this type of work and can make decisions on how to use it.

Some options would also need more staff costs. These costs would apply every year and would need the Health Board to allocate more funding every year. These elements are not guaranteed and, if supported, would take longer to deliver.

We describe this under the heading 'Delivery of options'. This is so you can see how quickly parts of options can be delivered, and which parts of options are dependent on the Health Board agreeing extra money for staffing.

Options for critical care



Critical care provides care for critically ill adult patients with life-threatening conditions, within intensive care units.

Currently, critical care is available in Bronglais, Glangwili, Prince Philip and Withybush hospitals through intensive care units.

At Prince Philip, a temporary arrangement has been in place. This means some of the most seriously ill patients in intensive care are stabilised and transferred to Glangwili for further care.

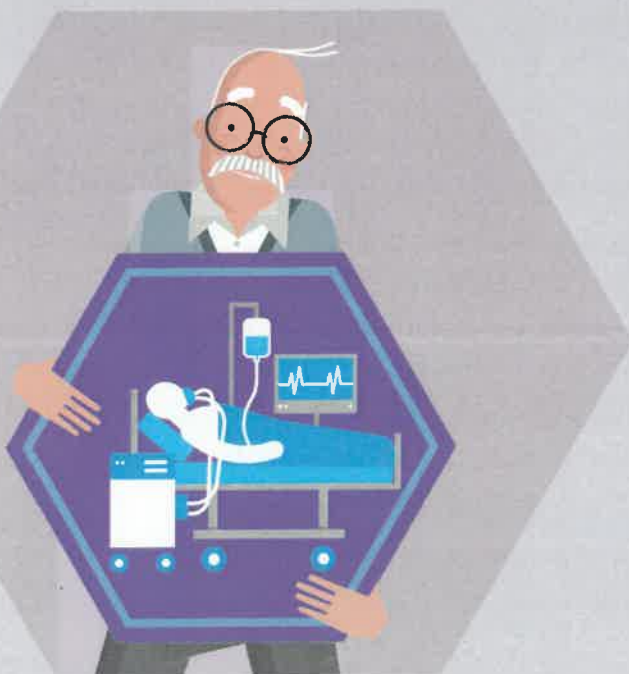
Staffing critical care services across all our main hospital sites is difficult. None of our hospitals meet required quality and safety standards.

Our options propose having fewer intensive care units. This would make the service more sustainable, improve safety, and help meet quality standards for our patients.

Hospitals that do not have an intensive care unit in our proposed options would instead have an enhanced care unit. An enhanced care unit would treat patients who need closer observations and care but not specialist critical care.

Patients who need critical care would be stabilised and transferred to Glangwili intensive care unit.

It is our intention to provide additional therapies support in all main hospitals and all proposed options.



	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Intensive care unit	Intensive care unit	Intensive care unit (with transfer of sickest patients)	Intensive care unit
Option A	Intensive care unit	Intensive care unit and enhanced care unit	Enhanced care unit	Enhanced care unit
Option B	Intensive care unit	Intensive care unit	Enhanced care unit	Intensive care unit
Option C	Intensive care unit	Intensive care unit	Intensive care unit (with transfer of sickest patients)	Intensive care unit

*Transfers between hospitals for critical care patients would use the Adult Critical Care Transfer Service (ACCTS). You can read more about this in the 'Patient and travel insights' document available in the Supporting Documents area of our webpages.

Option A

What is the option?

Intensive care units kept at Bronglais and Glangwili. An enhanced care unit would be provided at Withybush and Prince Philip. Another enhanced care unit would also be developed at Glangwili. This is so the intensive care unit at Glangwili can focus on the sickest patients.

Delivery of the option

Within two years, including the additional therapies at all hospitals.

Impacts of the option

This option has the fewest sites needing specialist critical care input and so the greatest opportunity to reduce the staffing

challenge and improve standards of care for patients.

Patients at Prince Philip or Withybush needing specialist critical care would be transferred to Glangwili intensive care unit. This option would mean the greatest volume of patient transfers between hospitals.

Patient visitors from Pembrokeshire and east Carmarthenshire would have further to travel to visit loved ones and friends in this option.

This option would reduce staffing costs by around £274k. Building and equipment costs would be around £1.345m.

Option B

What is the option?

Intensive care units would be kept at Bronglais, Glangwili and Withybush. Prince Philip would have an enhanced care unit. Patients needing specialist critical care would be stabilised at Prince Philip and transferred to Glangwili intensive care unit.

Delivery of the option

Within two years, including the additional therapies at all hospitals.

Impacts of the option

This option has fewer sites needing specialist critical care input than Option C. This means there is a greater opportunity to reduce the staffing challenge and improve standards of care for patients. However, this is to a lesser extent than Option A.

Patients at Prince Philip and with higher needs requiring specialist critical care would be transferred to Glangwili. This means less volume of patient transfers between hospitals than Option A but more than Option C.

Patient visitors from east Carmarthenshire would have further to travel to visit loved ones in this option.

This option would reduce staffing costs by around £255k. Building and equipment costs would be around £1.407m.

Option C

What is the option?

Intensive care units kept at all sites. The temporary arrangement at Prince Philip would be kept. This means the very sickest patients are transferred to Glangwili intensive care unit, whilst Prince Philip continues to care for some patients.

Delivery of the option

The temporary changes at Prince Philip (see page 9), would continue as now in this option. Additional therapies at all hospitals would be delivered in two to four years and would be subject to funding of staff.

Impacts of the option


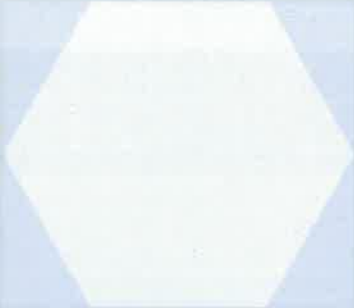
This option has no fewer sites needing specialist critical care input than currently. This means the least opportunity to improve the staffing challenge and improve standards of care for patients.

This option would make permanent the temporary arrangement at Prince Philip.

Therefore, there is no further volume of patients to transfer between hospitals than currently. There would also be no additional travel for patient visitors than there is now.

This option would increase staffing costs by around £553k. There would be no building and equipment costs.





Options for dermatology

Dermatology services diagnose and treat diseases of the skin, hair, and nails in children, young people, and adults.

Since the COVID-19 pandemic, dermatology services have mainly been provided at Prince Philip, with a weekly clinic at Glangwili.

In the community, nurse-led clinics are held at Cardigan Integrated Care Centre and South Pembrokeshire Hospital.



The service faces several challenges. This includes more patients waiting to be seen (than before the COVID-19 pandemic), a national shortage in consultant dermatologists, and doctors leaving the service. This means health appointments are sometimes cancelled and patients are waiting long times.

In all four proposed options below, main hospital services would be brought together at Prince Philip permanently. There would be no services provided from Bronglais, Glangwili or Withybush.

This change aims to improve the service efficiency and continuity of care for patients, keep and hire staff, and attract consultant dermatologists to Hywel Dda.

The four options are different based on the proposed locations of community provision.



	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	No service	Outpatient clinic once per week, medical photography, (photo-therapy not running currently)	Outpatient clinics and minor operations	No service currently due to RAAC* issues	Some nurse-led outpatient clinics at CICC (inc. minor operations) and SPH
Option A	No service	No service	Consolidated service	No service	Keep provision at CICC Some nurse-led outpatient clinics at AVH No community provision in Pembrokeshire
Option B	No service	No service	Consolidated service	No service	Keep provision at SPH Some minor operations in GP practices No community provision in Ceredigion
Option C	No service	No service	Consolidated service	No service	Keep provision at CICC and SPH. Some nurse-led paediatric clinics at CHHC. Some minor operations in GP practices
Option D	No service	No service	Consolidated service	No service	Keep provision at CICC and SPH Some nurse-led paediatric clinics at CHHC

Key:

CICC – Cardigan Integrated Care Centre

SPH – South Pembrokeshire Hospital

AVH – Amman Valley Hospital

CHHC – Cross Hands Health Centre

***RAAC** – Reinforced Autoclaved Aerated Concrete

Delivery would be the same for all proposed options in this service. Hospital clinics would be brought together at Prince Philip within two years. Community based care and clinics and enhancements to hospital services, such as the relocation of the phototherapy unit, additional treatment rooms, and staff, would be put in place in years two to four and would be subject to funding of staff.

Option A

What is the option?

Main hospital services at Prince Philip. Nurse-led clinics (including minor operations) kept at Cardigan Integrated Care Centre. Introduce some nurse-led clinics at Amman Valley Hospital.

Impacts of the option

There is no community provision in Pembrokeshire in this option so patients from this area would travel further. This option would increase staffing costs by around £226k. Building and equipment costs would be around £1.454m.

Option B

What is the option?

Main hospital services at Prince Philip. Nurse-led clinics kept at South Pembrokeshire Hospital. Some minor operations in participating GP practices.

Impacts of the option

There is no community provision in Ceredigion in this option so patients from this area would travel further. GP provision, which could potentially be from anywhere within the Hywel Dda area, may reduce travel for some patients.

This option would increase staffing costs by around £287k. Building and equipment costs would be around £1.454m.



Option C

What is the option?

Main hospital services at Prince Philip. Nurse-led clinics (inc. minor operations) kept at Cardigan Integrated Care Centre and nurse-led clinics at South Pembrokeshire Hospital.

Some nurse-led paediatric clinics introduced at Cross Hands Health Centre. Some minor operations in participating GP practices.

Impacts of the option

This option keeps some dermatology services in each of the counties of Carmarthenshire, Ceredigion and Pembrokeshire. GP provision, which could potentially be from anywhere within the Hywel Dda area, may reduce travel for some patients.

Clinics would be provided in a suitable area for children and young people in this option (which is not provided in Option A and B).

This option would increase staffing costs by around £287k. Building and equipment costs would be around £1.454m.

Option D

What is the option?

Main hospital services at Prince Philip. Nurse-led clinics (inc. minor operations) kept at Cardigan Integrated Care Centre and nurse-led clinics at South Pembrokeshire Hospital. Some nurse-led paediatric clinics introduced at Cross Hands Health Centre.

Impacts of the option

This option keeps some dermatology services in each of the counties of Carmarthenshire, Ceredigion and Pembrokeshire.

Clinics would be provided in a suitable area for children and young people in this option (which is not provided in Option A and B).

This option would increase staffing costs by around £175k. Building and equipment costs would be around £1.454m.



Options for emergency general surgery



Emergency general surgery is mostly for abdominal emergencies, sometimes requiring urgent action to save a patient's life. Whilst operations are sometimes needed, emergency general surgery services can also include observations, advice, and other treatments or medication.

The emergency general surgery service is for adults only, children and young people who need emergency general surgery are treated through children's hospital services (at Glangwili and Bronglais in the Hywel Dda area).

Currently, emergency general surgery services for adults are provided at Glangwili, Bronglais and Withybush hospitals.

Patients from Prince Philip are taken to Glangwili for their surgery and recovery.

It is difficult to provide emergency general surgery safely at these three hospitals. We rely on staff who are not permanent (locums), and can be less familiar with local ways of working. There are difficulties in hiring surgeons with the right skills.

A national clinical review recommends fewer general surgery units in Wales and Hywel Dda. This would bring more expertise together into fewer sites and be more sustainable and attractive to staff.

Due to a shortage of consultant surgeons to cover both Glangwili and Withybush in the south of our area, we propose to bring them together into one team. Both proposed options would achieve this to different extents.

Most patients who do not need surgery, would stay at their nearest hospital site in both options.



	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Full emergency general surgery, including surgical operations	Full emergency general surgery, including surgical operations	No emergency general surgery service	Full emergency general surgery, including surgical operations
Option A	Full emergency general surgery, including surgical operations	Full emergency general surgery, including surgical operations Strengthen SDEC*	No emergency general surgery service	No emergency general surgery operations taking place Strengthen SDEC*
Option B	Full emergency general surgery, including surgical operations	Emergency general surgery operations taking place on alternate weeks Strengthen SDEC*	No emergency general surgery service	Emergency general surgery operations taking place on alternate weeks Strengthen SDEC*

*SDEC – Same Day Emergency Care: where you can receive urgent treatment and go home the same day. Strengthening SDEC would be through providing emergency general surgery input.

Delivery would be the same for all proposed options in this service. Emergency general surgery operations would be brought together at Glangwili and Withybush within the first two years. The emergency general surgery service would provide more input to SDECs at both hospitals within two to four years, subject to funding of staff.

In both options, patients would need to be transferred to the correct place for surgery by healthcare transport services, such as the Welsh Ambulance Services NHS Trust or the Adult Critical Care Transport Service. This could increase the likelihood of delays in treatment. This risk would be reduced by joint working with healthcare transport services to ensure appropriate provision can be made for the safe and timely transport of patients.

Option A

What is the option?

Emergency general surgery consultant surgeons would be based at Bronglais and Glangwili. Patients at Withybush needing surgery would be transported to Glangwili for their operation, before returning to Withybush when fit to do so to recover.

Impacts of the option

This option is the most sustainable for consultant surgeon hiring. The public would also be clear about where surgeries would take place. This option would affect all patients nearer Withybush requiring surgery, who would be transported to Glangwili instead, as well as their visitors travelling further.

Staffing costs are around £267k and building and equipment costs are around £1.345m.

Option B

What is the option?

Emergency general surgery consultant surgeons would be based at Bronglais, and at either Glangwili or Withybush on alternate weeks. As a result, some weeks patients would have their operations at their nearest hospital, and on other weeks, they would be transferred to the hospital where surgery is being performed that week.

Impacts of the option

This option is the least sustainable and efficient to manage. Patients living closer to Glangwili requiring surgery on the week the service is operating from Withybush, would need to be transported and their visitors would travel further. Although, it would reduce travel impacts for some Pembrokeshire patients and their visitors compared to Option A.

There is an additional need with this option for surgical cover to remain at Glangwili for children and young people (paediatrics) on weeks when the service is operating in Withybush. There is a risk in our ability to staff enough surgeons in this option.

Staffing costs are around £267k and building and equipment costs are around £1.345m.



Options for endoscopy



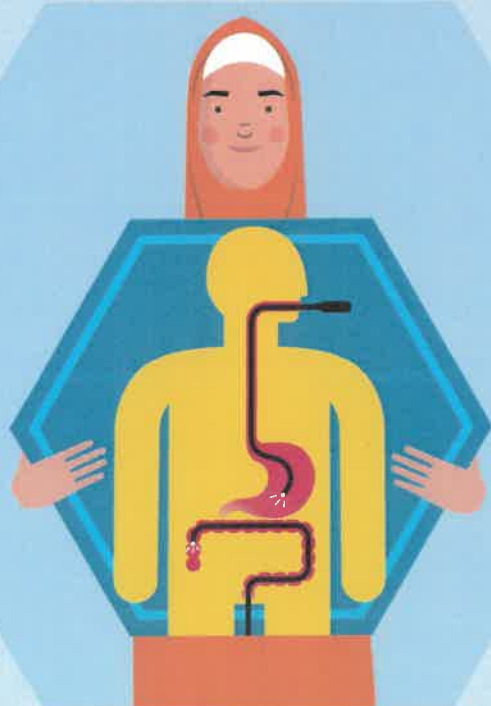
Endoscopy is a procedure used to look inside the body. For patients over 16 years old, an endoscopy procedure examines the inside of a hollow organ or cavity.

At Hywel Dda, endoscopy operates from Bronglais, Glangwili, Prince Philip and Withybush.

The main issues affecting our endoscopy service are increasing demand and difficulties in hiring enough endoscopy staff to deliver services across lots of sites. If we do not increase activity, waiting lists for patients will get longer.

In all options, some endoscopy procedures would continue to be delivered across the four main hospital sites.

Some of the areas of endoscopy we refer to involve procedures for bowel screening, those to look at the digestive system (gastrointestinal), airways and breathing system (respiratory), and the urinary system or reproductive system for men (urology).



The options consider increasing activity so we can see more patients and reduce waiting times for patients but through different ways, described below.

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Bowel screening / gastro-intestinal / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal	No service
Option A	Bowel screening / gastro-intestinal	Bowel screening / gastro-intestinal	Bowel screening / gastro-intestinal Bring together respiratory and urology procedures Additional procedure room	Bowel screening / gastro-intestinal	No service
Option B	Gastro-intestinal / urology	Gastro-intestinal / respiratory / urology	Gastro-intestinal / respiratory / urology	Gastro-intestinal	New site for bowel screening
Option C	Bowel screening / gastro-intestinal	Bowel screening Increased gastro-intestinal	Bowel screening / gastro-intestinal Bring together respiratory and urology procedures Extended hours	Bowel screening / gastro-intestinal	No service

Option A

What is the option?

Gastrointestinal services would continue at all four sites. At Prince Philip, the unit would expand from two to three procedure rooms. This would support bringing respiratory and urology endoscopy procedures together. There would be no changes to the current bowel screening service.

Delivery of the option

Clinical sessions would be increased in phases to match future demand in years two to four, subject to funding of staff.

Impacts of the option

People living in the south-east of our area would have less to travel due to respiratory and urology endoscopy procedures being provided from Prince Philip. People living in Ceredigion and Pembrokeshire, as well as people in Carmarthenshire who live closer to Glangwili, would have further to travel for these procedures.

This option would increase staffing costs by around £1.321m. Building and equipment costs would be around £3.603m.

Option B

What is the option?

All bowel screening would move to a new community site (location not yet identified) dedicated to the service. This would release some capacity at the hospital sites to care for other patients. Gastrointestinal, respiratory and urology endoscopy procedures would continue at the same hospital sites as currently.

Delivery of the option

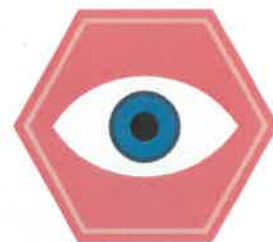
Additional sessions would be provided at main hospital sites following the move of bowel screening to a new community site, subject to funding of staff.

Impacts of the option

Moving bowel screening out of hospitals and into a new community site would allow for more appointments within hospital services to see more patients.

Some patients may need to travel further to access bowel screening, whilst others, dependent on the location of the new community site, may travel less distance.

This option would increase staffing costs by around £1.743m. Building and equipment costs would be around £4.882m.



Option C

What is the option?

In this option, capacity would be increased by extended working hours (later into the evenings Monday-Friday, and on weekends) at Prince Philip. This would allow all urology and respiratory endoscopy procedures to be provided at Prince Philip. Bowel screening and gastrointestinal procedures would continue at the four main hospitals as they do now. Glangwili would be able to see more gastrointestinal patients than currently.

Delivery of the option

Clinical sessions would be increased in phases to match future demand in years two to four, subject to funding of staff.

Impacts of the option

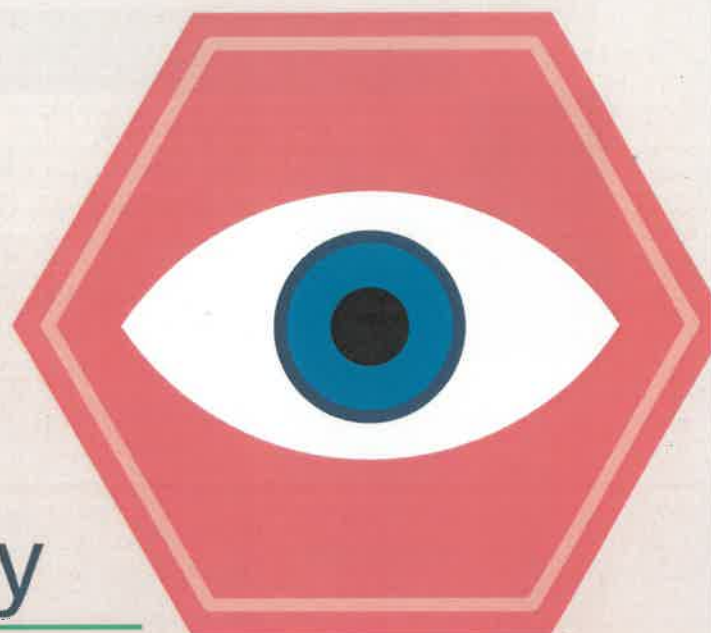
People living in the south-east of our area would have less to travel due to respiratory and urology endoscopy procedures being provided from Prince Philip. People living in Ceredigion and Pembrokeshire as well as people in Carmarthenshire who live closer to Glangwili, would have further to travel for these procedures.

This option offers more flexibility for patients to have a procedure outside of working hours in the evenings or on weekends at Prince Philip, and that available equipment is used across more hours.

This option would increase staffing costs by around £1.984m. Building and equipment costs would be around £3.603m.



Options for ophthalmology



Ophthalmology is the treatment of eye diseases and injuries, and surgical procedures, for children, young people and adults.

Ophthalmology hospital services are delivered from Bronglais, Glangwili, Prince Philip and Withybush. In the community, outpatient clinics are provided at a number of locations.

Bringing ophthalmology services together at fewer sites, in all options described, would have a number of benefits.

This includes reducing the time patients spend on waiting lists, easing staff shortages, providing more training opportunities, and making the service more efficient. It may impact on the sites staff work from.

All options would reduce the number of separate buildings services are delivered from. This would require more space at whichever main hospital would be delivering hospital ophthalmology services.

In all options, outpatient services in Ceredigion would remain in Cardigan Integrated Care Centre and North Road Eye Clinic, with no service at Aberaeron Integrated Care Centre (there are changes amongst options for community sites in Carmarthenshire and Pembrokeshire).

In all options Withybush Hospital would continue to offer some diagnostics and outpatient services in Pembrokeshire.

Regular eye injection services would be carried out at all sites providing outpatient services.



	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Day cases and inpatients	Diagnostics, day cases, inpatients, outpatients and emergency eye care	Diagnostics, outpatients and inpatients	Diagnostics, outpatients and inpatients	AVH day cases Diagnostics and outpatient service in CICC, NREC and AICC
Option A	No service	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	No service	Diagnostics and outpatients	AVH day cases (cataract) but not outpatients (eye injections) Diagnostics and outpatient service in CICC and NREC
Option B	Day cases and inpatients	No service	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	Diagnostics and outpatients	AVH diagnostics, outpatients (eye injections) but not day cases (cataracts) Diagnostics and outpatient service in CICC, NREC and Pembrokeshire (site to be confirmed)
Option C	Day cases and inpatients	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	No service	Diagnostics and outpatients	AVH diagnostics, outpatients (eye injections) but not day cases (cataracts) Diagnostics and outpatient service in CICC and NREC

Community Key:

AICC – Aberaeron Integrated Care Centre

AVH – Amman Valley Hospital

CICC – Cardigan Integrated Care Centre

NREC – North Road Eye Clinic, Aberystwyth

Option A

What is the option?

Main hospital services, including emergency eye care, would be brought together at Glangwili. Bronglais and Prince Philip would no longer provide services. Amman Valley Hospital would provide day cases (for cataracts) but not outpatients (for eye injections).

Delivery of the option

This option would be implemented in two to four years and would be subject to funding of staff.

Impacts of the option

Main hospital services provided from fewer sites so more sustainable and more opportunity to reduce patient waiting times than Option B.

There would be no inpatient or day case services at Bronglais in this option (in all options outpatients remain at Cardigan Integrated Care Centre and North Road Eye Clinic) and so patients from Ceredigion would travel further compared to Option B and C.

Main hospital services are brought together at Glangwili and so patients from Pembrokeshire and those in Carmarthenshire living closer to Prince Philip (than Glangwili) would have further to travel.

This option would increase staffing costs by around £156k. Building and equipment costs would be around £3.656m in all options.

Option B

What is the option?

Main hospital service, including emergency eye care, would be brought together at Prince Philip. Glangwili would no longer provide services. Current services would remain at Bronglais. Amman Valley Hospital would keep outpatient services (for eye injections) but not day cases (for cataracts).

In addition to Withybush Hospital which provides diagnostics and outpatients in all options, outpatients would also be carried out at a community setting (site not yet confirmed) in Pembrokeshire.

Delivery of the option

This option would be delivered within two years and within current staff funding for the service.

Impacts of the option

As current services remain at Bronglais by a visiting consultant, the service is not as sustainable. There would be less impact on patient waiting times than Option A. But this option would maintain some care closer to home for patients living nearer to Bronglais.

Main hospital services are brought together at Prince Philip and so patients from Pembrokeshire and those in Carmarthenshire living closer to Glangwili (than Prince Philip) would have further to travel.

This option is not expected to increase staffing costs. Building and equipment costs would be £3.656m in all options.

Option C

What is the option?

Main hospital services, including emergency eye care, would be brought together at Glangwili. Prince Philip would no longer provide services. Current services would remain at Bronglais. Amman Valley Hospital would have outpatient services (for eye injections) but not day cases (for cataracts).

Delivery of the option

This option would be delivered within two to four years and would be subject to funding of staff.

Impacts of the option

As current services remain at Bronglais by a visiting consultant, the service is not as sustainable. There would be less impact on patient waiting times than Option A. But this option would maintain some care closer to home for patients living nearer to Bronglais.

Main hospital services are brought together at Glangwili and so patients from Pembrokeshire and those in Carmarthenshire living closer to Prince Philip (than Glangwili) would have further to travel.

Staffing costs would increase by £156k. Building and equipment costs would be £3.656m in all options.



Options for orthopaedics

Orthopaedics, also known as orthopaedic surgery, focuses on the care of the musculoskeletal system and its parts, such as bones, joints and soft tissue. This consultation is about planned orthopaedics and not emergency (trauma) orthopaedics.

Our main hospitals provide planned orthopaedic services as described in the table below. We also provide orthopaedic outpatient clinics in Cardigan Integrated Care Centre, South Pembrokeshire Hospital and Tenby Hospital. Our staff provide outpatient clinics at Tywyn Hospital, run by Betsi Cadwaladr University Health Board, to reduce some travel for patients.

Temporary changes were made to planned orthopaedics in the Hywel Dda area due to the COVID-19 pandemic.



This included pausing this work for a period of time. In May 2021, inpatient care at Withybush was transferred to Prince Philip (day cases remained). This was due to new national standards, and without the available resource to address this at the hospital.

The main challenge in orthopaedic services is that we need to increase our activity to reduce long waiting times for patients.



	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases	Outpatients and day cases
Option A	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases including regional working	Outpatients and increased day cases
Option B	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases including regional working	Outpatients and increased day case and extended hours
Option C	Outpatients, inpatients and day cases	Outpatients	Local outpatients, inpatients, and day cases and additional beds	Outpatients and increased day case
Option D	Outpatients, increased inpatients and day cases	Outpatients	Outpatients, inpatients, and day cases including regional working	Outpatients and increased day cases

We also need to meet the new national standards, which include having dedicated orthopaedic ward areas to improve safety and 24/7 orthopaedic medical cover for planned care patients.

In all the proposed options patients who need to stay overnight (inpatients) would receive their care at Bronglais, Prince Philip, or Neath Port Talbot Hospital (run by Swansea Bay University Health Board), and not at Withybush. This would make the temporary change permanent.

Day case procedures would be provided at Bronglais, Prince Philip and Withybush in all options. More day cases would take place at Withybush as the hospital would focus on less-complex cases.

Outpatient services would continue at Bronglais, Glangwili, Prince Philip, Withybush, and at the community facilities they are provided from now, in all options.



Option A

What is the option?

Withybush would focus on a greater volume of less complex patients and day cases. Prince Philip would carry out more complex planned care for local and regional patients.

Delivery of the option

This option would deliver hospital changes within two years and current staffing funding for the service. Increased therapy support would be put in place in years two to four and would be subject to funding of staff.

Impacts of the option

Focusing the type of work carried out at Withybush to be less complex would support an increase in surgical operations overall.

This option involves regional working with Swansea Bay University Health Board. This supports their patients who may need care at Prince Philip, or for our patients who may need care in Neath Port Talbot Hospital for certain procedures. In this option, patients may be offered care outside our Hywel Dda area and would travel further for this.

As now, due to the temporary change, patients from Pembrokeshire would continue to travel to Prince Philip Hospital, for overnight (inpatient) operations. Staffing costs would increase by £174k in this option. Building and equipment costs would be £66k.

Option B

What is the option?

Withybush would focus on a greater volume of less complex patients and day cases and would see additional day cases through longer working hours. Prince Philip would carry out more complex planned care for local and regional patients.

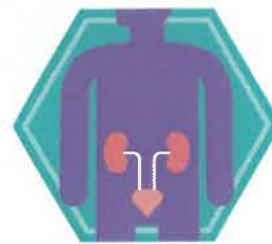
Delivery of the option

This option would deliver hospital changes within two years and current staffing funding for the service. Increased therapy support would be put in place in years two to four and would be subject to funding of staff.

Impacts of the option

Focusing the type of work carried out at Withybush to be less complex and extending working hours would support an increase in surgical operations overall. Working patterns for staff may vary due to longer working hours. This option involves regional working with Swansea Bay University Health Board as described in Option A. Patients may be offered care outside our Hywel Dda area and would travel further for this.

Patients from Pembrokeshire would continue to travel to Prince Philip Hospital, for overnight (inpatient) operations, as they do now due to the temporary change. Staffing costs would increase by £174k in this option. Building and equipment costs would be £66k.



Option C

What is the option?

Focusing the type of work carried out at Withybush to be less complex would support an increase in day cases overall.

Prince Philip would carry out more complex planned care, prioritising higher need Hywel Dda, rather than regional, patients. This option would increase orthopaedic activity further by providing additional beds at Prince Philip.

Delivery of the option

This option would deliver hospital changes within two years and current staffing funding for the service. Increased therapy support would be put in place in years two to four and additional beds at Prince Philip in four or more years, subject to funding of staff.

Impacts of the option

Focusing the type of work carried out at Withybush to be less complex would support an increase in day cases overall.

Patients from Pembrokeshire would continue to travel to Prince Philip Hospital, for overnight (inpatient) operations, as they do now as part of the temporary change.

This option does not fit as well with the regional working approach because it prioritises higher need Hywel Dda, rather than regional, patients at Prince Philip.

Staffing costs would increase by £1.122m in this option. Building and equipment costs would be £66k.

Option D

What is the option?

Withybush would focus on a greater volume of less complex day cases. Prince Philip would carry out more complex planned care for local and regional patients.

An increased service would be delivered at Bronglais, to provide surgery to more patients.

Delivery of the option

This option would deliver hospital changes within two years and current staffing funding for the service. Increased therapy support would be put in place in four or more years and would be subject to funding of staff.

Impacts of the option

Focusing the type of work carried out at Withybush to be less complex would support an increase in day cases overall.

This option involves regional working with Swansea Bay University Health Board as described in Option A. Patients may be offered care outside our Hywel Dda area and would need to travel further for this.

This option includes an increased service at Bronglais to provide surgery to more patients.

Patients from Pembrokeshire would continue to have their overnight inpatient operations at Prince Philip Hospital, which may be further from home, as per the temporary arrangement.

Staffing costs would increase by £712k in this option. Building and equipment costs would be £66k.

Options for radiology



Radiology uses imaging techniques (such as x-rays) to diagnose, treat and monitor diseases and injuries identified within the body.

Diagnostic radiology services use imaging to help make a diagnosis of a disease or condition. Emergency diagnostic services are provided at our main hospitals 24/7; and planned services are provided five days a week, during the daytime only.

Interventional radiology services use different types of imaging to treat conditions by guiding catheters or small needles through the body or taking biopsies. These services are provided for hospital inpatients or for planned day cases, currently provided five days a week during the daytime only in Hywel Dda's main hospitals.

Radiology has seen a large rise in activity across all hospitals. At the same time, staff shortages are stopping us from providing services for longer hours. There are also difficulties maintaining up-to-date equipment across all sites.

Bringing some radiology services together on fewer sites, which is proposed in all our options, would allow us to see more patients and would address some workforce challenges, but there is potential impact on where staff work from. None of the options would fully address hiring challenges for interventional radiology roles.

X-ray services would remain at Cardigan Integrated Care Centre and Tenby Hospital. They would not be provided from Llandoverly and South Pembrokeshire in all options, so people living closer to these hospitals would have further to travel for their x-rays than they do now.

Increased activity would also create additional work for non-emergency patient transfer provision in all options.

In all our options for radiology, we keep emergency diagnostic radiology 24/7 at all four hospitals. Therefore, this is not listed in the tables below as part of current services or options for change.



	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	X-ray services at CICC, LH, SPH, TH
Option A	Planned diagnostic / day case interventional services (Mon-Fri, daytime)	Inpatient interventional services (Mon-Fri, daytime)	Planned diagnostic / day case interventional (Mon-Fri, daytime)	Planned diagnostic / day case interventional (Mon-Fri, daytime)	X-ray services at CICC and TH
Option B	Planned diagnostic services (7 days, daytime) Inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic services (7 days, daytime) Inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic services (7 days, daytime) Inpatient and day case interventional services (Mon-Fri, daytime) Cancer focus	Planned diagnostic services (7 days, daytime) Inpatient and day case interventional services (Mon-Fri, daytime) Cancer focus	X-ray services at CICC and TH New regional hub for planned diagnostic radiology (site TBC)
Option C	Planned diagnostic services (Mon-Fri, daytime) Inpatient and day case interventional (Mon-Fri, daytime)	Planned diagnostic services (Mon-Fri, daytime) Inpatient and day case interventional (Mon-Fri, daytime)	Planned diagnostic services (Mon-Fri, daytime)	Planned diagnostic services (Mon-Fri, daytime)	X-ray services at CICC and TH
Option D	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime)	Planned diagnostic services (7 days, daytime) Inpatient interventional services (24/7)	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime)	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime)	X-ray services at CICC and TH

Community Key:

CICC – Cardigan Integrated Care Centre

LH – Llandovery Hospital

SPH – South Pembrokeshire Hospital

TH – Tenby Hospital

Option A

What is the option?

Planned diagnostic radiology and planned day case interventional radiology (both Monday-Friday, daytime) is provided from Bronglais, Prince Philip and Withybush.

Glangwili would not provide planned diagnostic radiology but would provide all inpatient (Monday-Friday, daytime) interventional radiology. Patients needing this at other hospital sites would be transferred by ambulance to Glangwili.

Delivery of the option

X-ray services from Llandovery and South Pembrokeshire hospitals would be removed within two years. The rest of the option would be delivered within four years, subject to funding of staff.

Impacts of the option

Glangwili would be able to focus on emergency diagnostic radiology, without the need to schedule planned diagnostic radiology (which otherwise may be at risk of cancellation).

Separating inpatient and day case interventional radiology between sites reduces the risk of cancellation of day case procedures due to inpatient activity, having a positive impact on waiting times.

This option would mean inpatients who require interventional radiology at Bronglais, Prince Philip and Withybush, would be transferred to Glangwili Hospital for this service.

There is also less capacity to see patients in this option compared to other options which provide extended hours for the service. This means less opportunity to reduce routine waiting times.

Because inpatient and day case interventional radiology are carried out at different sites, this option has less impact on addressing staff hiring challenges in interventional radiology. This could mean that we rely on staff to cover work at alternative sites to support extended hours.

Glangwili would be the only site providing inpatient interventional radiology, so patients needing this from other Hywel Dda hospitals would be transferred by ambulance to Glangwili.

Staffing costs would increase by £537k in this option. Building and equipment costs would be £2.345m.



Option B

What is the option?

Planned diagnostic radiology (extended from five days to seven days a week, daytime), interventional inpatient, and day case radiology (Monday-Friday, daytime), would be provided from Bronglais, Glangwili, Prince Philip and Withybush.

Planned diagnostic radiology would also be provided from a new and dedicated diagnostic hub (site to be confirmed), in a community setting, which is not part of the other options.

This new hub and the extended working hours for planned diagnostic radiology would mean Prince Philip and Withybush could provide a dedicated cancer focus.

Delivery of the option

X-ray services from Llandovery and South Pembrokeshire hospitals would be removed within two years. Phased implementation of hospital services and hiring additional roles would be delivered in years two to four, subject to funding of staff. A new diagnostic hub is a large-scale project and would need a business case to secure funding of around £48m from the Welsh Government. The process would take several years to deliver and is subject to securing that funding.

Impacts of the option

Extended hours in planned diagnostics would reduce reporting times so patients could receive their diagnosis more quickly.

The dedicated cancer focus at Prince Philip and Withybush would provide multiple tests on the same day in the same location instead of several days on different sites, with quicker diagnosis for patients.

This option is the only one with a regional radiology diagnostic hub. This would also provide quicker diagnosis for patients but would need more staff and a lot more money than other options.

Additional staffing would allow for extended days for some services, reducing reporting times and pressure on current staff. Having more staff would avoid the higher level of costs we currently have due to relying on overtime and temporary (locum) staff.

The shift changes to seven days a week, 12-hours a day, from Monday-Friday 9am-5pm, is more attractive to radiographers.

Staffing costs would increase by £1.720m in this option. Building and equipment costs would be £48.444m, which is a lot more than other options due to the proposal of a new diagnostic hub in the community.



Option C

What is the option?

Planned diagnostic radiology (Monday-Friday, daytime) would be provided at Bronglais, Glangwili, Prince Philip and Withybush.

Inpatient and day case interventional radiology (Monday-Friday, daytime) would be brought together at Bronglais and Glangwili and not provided at Prince Philip or Withybush.

Delivery of the option

X-ray services from Llandovery and South Pembrokeshire hospitals would be removed within two years. The rest of the option would be delivered within two to four years, subject to funding of staff.

Impacts of the option

Planned diagnostic services at Prince Philip and Withybush are protected from cancellations because inpatient interventional radiology would not be provided at those sites.

Focusing all interventional work at two sites (rather than four) would also reduce the extent of emergency diagnostic demands causing cancellations.

Planned diagnostic working hours are not extended in this option, so there is less opportunity to reduce waiting times than Option B and D.

There would be a positive impact on safety as it would improve staffing pressures through bringing together interventional staff.

Staffing costs would increase by £380k in this option. Building and equipment costs would be £2.345m.

Option D

What is the option?

Planned diagnostic radiology would be extended from five days to seven days a week, daytime, at Bronglais, Glangwili, Prince Philip, and Withybush.

Inpatient interventional radiology would be brought together at Glangwili and extended to 24/7. Day case interventional (Monday-Friday, daytime) would be provided at Bronglais, Prince Philip, and Withybush.

Delivery of the option

X-ray services from Llandovery and South Pembrokeshire hospitals would be removed within two years. Phased implementation of hospital services and hiring additional roles would be delivered in years two to four, subject to funding of staff.

Impacts of the option

Increased staffing would allow some services to be offered seven days, instead of five days a week. This would improve reporting times and waiting times for patients.

This option aims to provide additional staffing. This would allow for extended days for some services, reducing reporting times and pressure on current staff. Having more staff would avoid the higher level of costs we currently have due to relying on overtime and temporary (locum) staff.

The shift change to seven days a week, 12-hours a day, from Monday to Friday 9am-5pm, is more attractive to radiographers.

Staffing costs would increase by £1.040m in this option. Building and equipment costs would be £2.345m.

Options for stroke



A stroke is a serious life-threatening medical condition that happens when the blood supply to part of the brain is cut off.

Currently, there are stroke units at all four main hospitals: Bronglais, Glangwili, Prince Philip and Withybush. However, the service fails to meet clinical standards, we do not have seven-day specialist cover, and there are not enough staff to support it. This leads to outcomes that are not as good as they could be.

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Stroke Unit	Stroke Unit	Stroke Unit	Stroke Unit
Option A	Treat and Transfer	Treat and Transfer	Stroke Unit (specialist cover 12-hours a day)	Stroke Unit (specialist cover 12-hours a day)
Option B	Treat and Transfer	Treat and Transfer	Stroke Unit (specialist cover 24-hours a day)	Treat and Transfer and Stroke Unit (specialist cover 12-hours a day)

Evidence shows that outcomes and standards are better if services are brought together and delivered from fewer hospitals. Bringing services together would also help keep and hire staff, making the service more sustainable.

We are looking at two different options for how stroke services could be delivered.

In both options an ambulance would take a suspected stroke patient to their nearest hospital – either Bronglais, Glangwili, Prince Philip or Withybush. All these hospitals would be able to provide an initial assessment scan and initial treatment of thrombolysis if needed. Thrombolysis is a process where a drug is given to a patient to break down blood clots and return blood

supply to the brain.

In all our options, Bronglais and Glangwili would become treat and transfer hospitals for stroke. This would mean that following initial care, they would be transferred elsewhere within Hywel Dda (differs between our options, see below) or to another specialist centre elsewhere, according to their needs.

Inpatient care would be delivered further away from home for some patients in both options, and this has an impact for families and carers. Online platforms would be provided to keep families connected and we would aim to get people home sooner with community service support.

Option A

What is the option?

Prince Philip and Withybush would have stroke units, with specialist cover 12-hours a day. This means, stroke patients from the treat and transfer hospitals at Bronglais and Glangwili would be transferred to Prince Philip or Withybush for their inpatient stroke care (unless they need care from a specialist centre, such as Bristol, as now).

Delivery of the option

Prince Philip and Withybush would remain as stroke units during the first two

years. Prince Philip Hospital would be expanded in the first two years to provide care for patients from treat and transfer hospitals. Withybush stroke unit would be expanded to provide care for patients from treat and transfer hospitals within two to four years, subject to funding of staff.

Impacts of the option

This option reduces the fragility of the stroke service and raises standards by bringing together the workforce to fewer sites, and providing the service 12 hours a day, seven days a week, as opposed to seven-and-a-half hours a day, five

days a week, as we have now.

There would be a need for additional and timely transfers between hospitals, but to a lesser volume than in Option B.

There would be fewer patients and visitors travelling further for stroke care in this option than Option B because Withybush stroke unit would provide initial inpatient treatment for stroke patients, as well as Prince Philip.

Staffing costs would increase by £3.439m in this option. Building and equipment costs would be £930k.

Option B

What is the option?

Prince Philip Hospital would have a stroke unit, with specialist cover 24-hours a day. This means, stroke patients from the treat and transfer hospitals (Bronglais and Glangwili), and from Withybush treat and transfer and stroke unit, would be transferred to Prince Philip typically for 72-hours of overnight (inpatient) care. Following this, patients' ongoing overnight care would be provided either within the stroke unit at Prince Philip, or at the stroke unit at Withybush (unless they need care from a specialist centre, such as Bristol, as now).

Delivery of the option

This option would be fully implemented in the first two years, subject to funding of staff.

Impacts of the option

This option reduces the fragility of the stroke service and raises standards by bringing together the workforce to fewer sites.

It allows for further consolidation than Option A by bringing together the first 72-hours of care (beyond initial treatment) for stroke patients within the Hywel Dda area at one hospital site. This option reduces the fragility of the stroke service further because it provides 24-hours of specialist cover, seven days a week (as opposed to 12 hours in Option A). This would allow for a more intensive first 72-hours of care, improved patient outcomes, and would be more attractive to potential staff.

There would be more transfers than Option A due to patients from Withybush

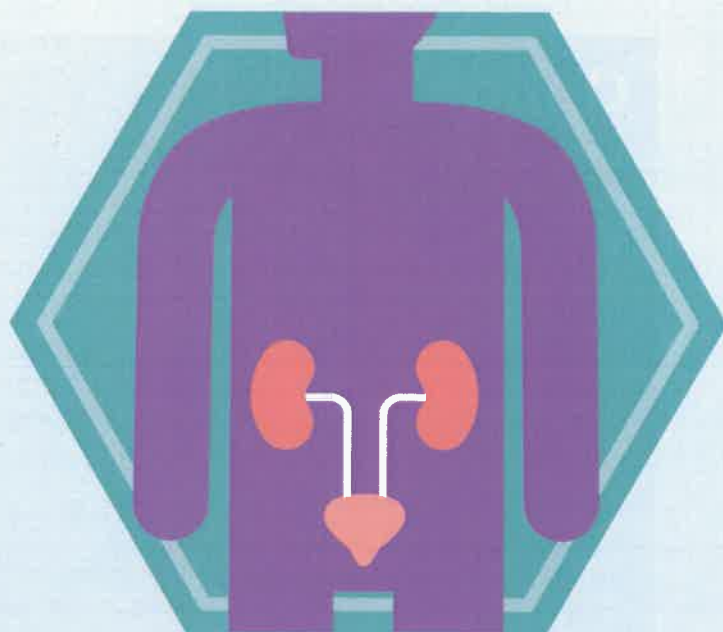
being transferred to the stroke unit at Prince Philip to access care, typically for the first 72-hours.

More patients and visitors would travel further for stroke care than Option A due to all patients (including those in Pembrokeshire) being transferred to the stroke unit at Prince Philip typically for 72-hours of care (beyond initial treatment).

This option would focus specialist therapy to fewer sites than Option A, which would achieve efficiency in the workforce, and potentially be more attractive to future staff, and improve standards and patient outcomes.

Staffing costs would increase by £4.978m in this option. Building and equipment costs would be £920k.

Options for urology



Urology cares for adult patients with conditions affecting the genitourinary tract system in both men and women (e.g., kidneys, bladder) and the reproductive tract in men (testicles, penis, and prostate).

Urology services are currently provided at all four main hospital sites. However, from a staffing perspective, this model is not sustainable and is leading to patients waiting a long time.

Whilst there is only a single option for urology presented, this is because all the ideas put forward at option development stage were able to be combined into one option. It is not a preferred option as we welcome new ideas from people.

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, day case surgery and diagnostic procedures (inc. limited urgent suspected cancer)	Emergency, outpatients, day cases, inpatients and diagnostic procedures (inc. urgent suspected cancer)	Outpatients, day cases, inpatients and diagnostic procedures (inc. urgent suspected cancer)	Outpatients, day cases and diagnostic procedures (inc. urgent suspected cancer)
Proposed Option	Outpatients, day cases and diagnostic procedures	Emergency only	Outpatients, day cases, inpatients and centralised diagnostic hub (inc. urgent suspected cancer)	Outpatients, day cases and diagnostic procedures

Proposed option

What is the option?

The option for urology is to bring all urology overnight patients (inpatients) together at Prince Philip Hospital (rather than at both Glangwili and Prince Philip as currently). Prince Philip has been identified as the most suitable site because it allows for close working with endoscopy services at this hospital.

The option also includes developing a urology diagnostic hub at Prince Philip to bring together all urology diagnostics for Carmarthenshire, and urology diagnostics for urgent suspected cancer services for the whole Health Board area.

Outpatients, day cases and other diagnostics would remain at Bronglais and Wilybush.

Glangwili Hospital would only look after emergency cases that come through the emergency department.

Delivery

Diagnostic services and outpatient services would be brought together for Carmarthenshire at Prince Philip in two years. The option would be fully implemented with development of a urology diagnostic unit in two to four years, subject to funding of staff.

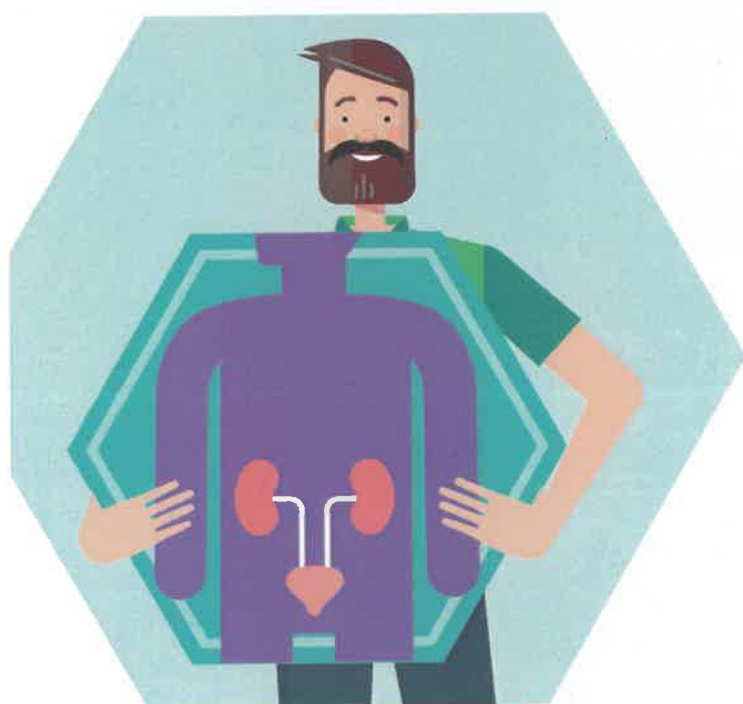
Impacts of the option

It would be a more efficient service, meaning most urology patients would have better outcomes in terms of rapid access to treatment, symptom relief and quality of treatment.

Bringing together the service would promote training opportunities that would help keep and hire staff. This may impact on where some staff in Carmarthenshire work from. Bringing services together should result in fewer separate hospital visits for patients. This is because it is more likely that multiple appointments can take place at one location on the same day.

Outpatients, day case surgery and diagnostic procedures that are not urgent suspected cancer would remain in main hospitals, except Glangwili, to reduce travel times for patients needing these appointments.

Patients in Ceredigion and Pembrokeshire would have further to travel for urology diagnostics for urgent suspected cancer. People living in Carmarthenshire and closer to Glangwili Hospital than Prince Philip Hospital would have further to travel for inpatient care and diagnostics, including diagnostics for urgent suspected cancer. Staffing costs would increase by £120k and building and equipment costs would be around £1.003m.

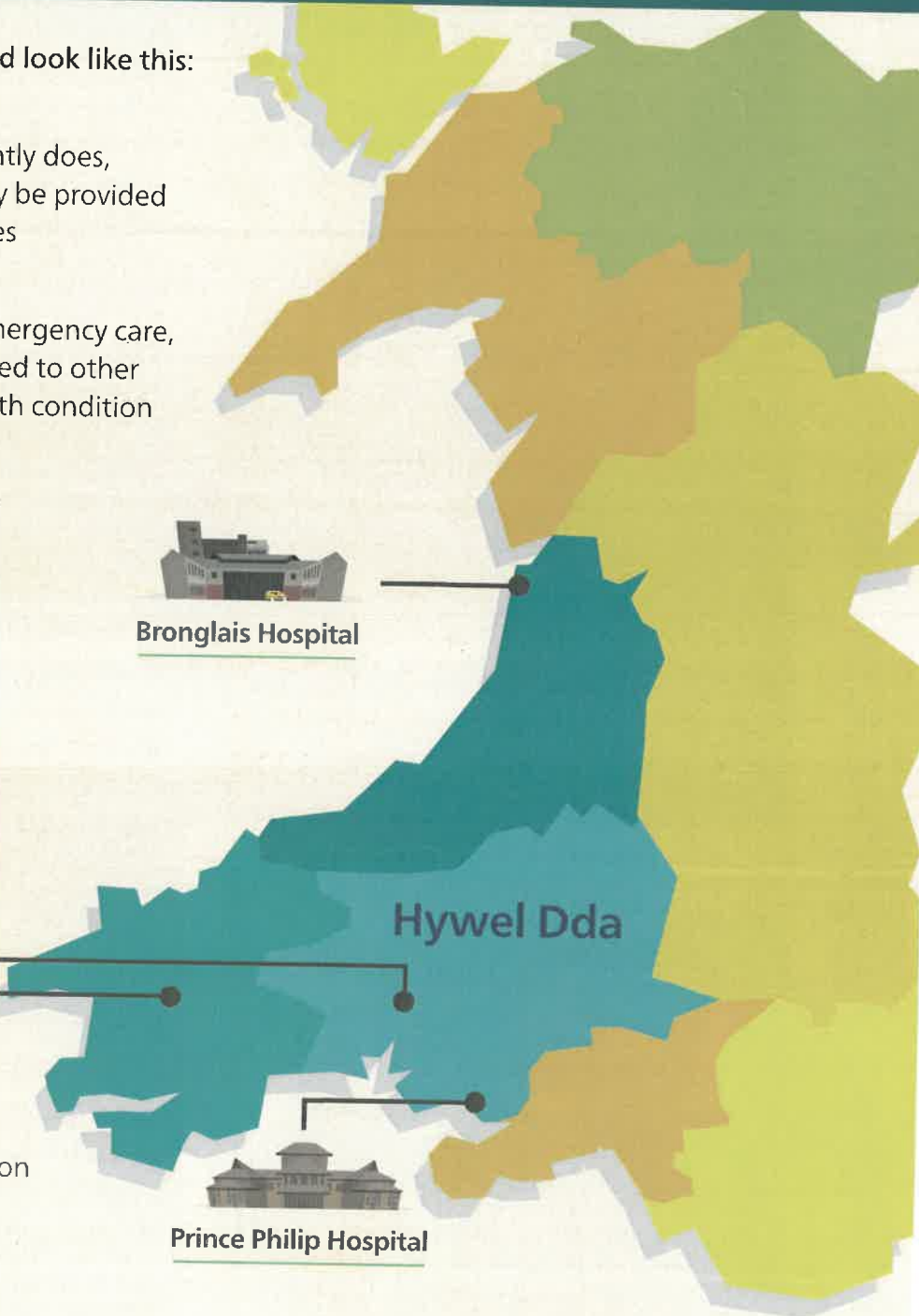


What does this mean for our hospitals?

Changes to our nine services as a result of the consultation, may impact on how they are organised at our four main hospitals.

The roles of our hospitals could look like this:

- ▶ **Bronglais Hospital**
providing services as it currently does, though some specialities may be provided from different Hywel Dda sites
- ▶ **Glangwili Hospital**
providing more acute and emergency care, with some planned care moved to other sites, either by service or health condition



- ▶ **Prince Philip Hospital**
providing more planned care, particularly across a wider region where services are delivered in partnership with Swansea Bay University Health Board
- ▶ **Withybush Hospital**
providing more planned care, particularly within the Hywel Dda area, with initial access to acute care remaining on site, but transfers to Glangwili Hospital for patients with the highest needs.

Please note, in all the options, there are no changes to how people access emergency care, or minor injury care, at any of the sites.

Potential impacts of change for people

We must ensure that our proposals for health services are fair to all and take particular care to consider people who are vulnerable or have protected characteristics.

We have already worked with groups representing vulnerable people and will continue to do so to ensure they are involved throughout our consultation.

We have produced Equality Impact Assessments (EqIA) for each of our nine services. These consider the potential positive and negative impacts of change on people, and how we reduce them.

This includes consideration of how we continue to protect and promote a bilingual environment for our patients and staff. This is important because our community has a higher than average number of Welsh speakers.

We have also considered travel and transport issues that options could impact on.

Some options in this consultation (including within critical care, emergency general surgery, and stroke) would result in more transfers of patients by NHS services between hospitals. Other options in this consultation could mean changes to where your planned care or procedures are provided from. This would affect your home to hospital journey.

You can read more on equality impacts in our **Consultation Document** on our webpages hduhb.nhs.wales/clinical-services-consultation

We also have a supporting document called **Patient and travel insights** and a case study document called **Teulu Jones Case Studies** that can give you more information on travel time impacts. You can find these available on our webpages in the Supporting Documents area www.hduhb.nhs.wales/csp-supporting-documents.



What happens with your feedback

We have contracted an independent research organisation, Opinion Research Services (ORS), to collect and analyse all the feedback received as part of this consultation. Feedback from individuals will be anonymous, views provided by organisations or people acting in an official capacity may be published in full.

For our Health Board's full privacy statement, please visit hduhb.nhs.wales/csp-supporting-documents

ORS privacy statement can be viewed at www.ors.org.uk/privacy

ORS will provide an independent analysis of the consultation responses. A project group for the consultation will also put a recommendation to the Health Board's Directors and Independent Members, in winter 2025/26, on the potential ways forward for narrowing down or choosing options.

Board members will consider all they have heard leading up to, and during, this consultation.

This will include the Equality Impact Assessments and other supporting information, available on our consultation webpages. They will also consider any new information that may come to light, such as new ideas, from the consultation.

We know it is important to keep you updated, especially when you have taken the time to share your thoughts and views with us.

Health Board meetings are held in public, with people either able to attend in person or to watch online.

We will advertise this meeting on our website hduhb.nhs.wales and our social media pages (Facebook, Instagram).



How you can get involved

Please take the time to read this document and then tell us what you think. You can do this by:

- ▶ Completing the questionnaire online:
hduhb.nhs.wales/clinical-services-consultation
or in hard copy (you can request a copy from the contact points below) posting it to:

Opinion Research Services
FREEPOST SS1018,
PO Box 530,
Swansea,
SA1 1ZL
You will not need a stamp
- ▶ Emailing us:
hyweldda.engagement@wales.nhs.uk
- ▶ Speaking to us at one of our events across the area
(visit the website above for an event near you or online),
or by telephoning 0300 303 8322 (option 5), local call rates.

The deadline to tell us what you think, so your opinions can be included in the consultation is

31 August 2025



If you want to be told the outcome of this consultation, please join our involvement and engagement scheme Siarad Iechyd / Talking Health by:

- ▶ Emailing Hyweldda.Engagement@wales.nhs.uk
- ▶ Calling 0300 303 8322 (local call rates)
- ▶ Writing to us at: **FREEPOST HYWEL DDA HEALTH BOARD**

Diolch yn fawr Thank you



Frequently asked questions



Find out more about the consultation here in our frequently asked questions, below.

What is this consultation about?

The Clinical Services Plan consultation is about nine clinical healthcare services and how they are delivered in hospitals and some community facilities, within the counties of Carmarthenshire, Ceredigion and Pembrokeshire, serving also communities on our borders in south Gwynedd, north Powys and Swansea/Neath Port Talbot.

The services are:

- critical care
- dermatology
- emergency general surgery
- endoscopy
- ophthalmology
- orthopaedics
- radiology
- stroke
- and urology.

The consultation will seek to gather your views on which of the options you think are best able to address fragilities in our services, improve standards or reduce waiting times. You can tell us concerns you may have about options, impacts you think they may have, as well as your thoughts on the future roles of our main hospitals. You can tell us anything you think we need to consider or suggest alternative options or ideas you may have.

The consultation will be launched on Thursday 29 May 2025 and will run until Sunday 31 August 2025.

Who should get involved in the consultation?

We want to hear from everyone – our staff, patients, wider communities, organisations we work with, and people who have an interest in health and well-being in our area. This includes

people in Carmarthenshire, Ceredigion and Pembrokeshire, but also the communities we serve on our borders in south Gwynedd, north Powys, and Swansea/ Neath Port Talbot.

Have you made your decisions? Will you listen to your communities?

No decisions will be made until we have given everyone – our staff, patients, wider communities, organisations we work with, and people who have an interest in health and well-being in our area, the opportunity to tell us what they think.

We need your views on which of the options you think are best able to address fragilities in our services, improve standards or reduce waiting times. You can tell us concerns you may have about options, impacts you think they may have, as well as your thoughts on the future roles of our main hospitals. You can tell us anything you think we need to consider or suggest alternative options or ideas you may have.

Your views and new ideas, along with the supporting evidence and data we have gathered and referred to in our consultation documents, can influence future decisions about how we deliver the nine services across our area.

The Health Board will meet later in winter 2025/26, to decide how we provide these services in the future. Board members will consider all they have heard leading up to, and during, this consultation. This includes the impact assessments, which will look at how people could be affected and what needs to be done to reduce negative impacts.

They will also consider any new information, including new ideas, which may come to light from the consultation.

Can I suggest new options or different ideas?

Yes, you can, and we encourage you to do so. New ideas should meet certain criteria, called hurdle criteria. For our Clinical Services Plan the hurdle criteria is that new options or ideas should be:

- Clinically sustainable – does the option allow for progress towards delivering quality standards, does it consider any co-dependencies, will the workforce be able to deliver it?
- Deliverable – is the option clinically and operationally deliverable with the timeframe of 2-4 years and are there capital or building requirements that can be secured and delivered in the timeframe?
- Accessible – does the option provide access for people within an appropriate timeframe, does the option support a reduction in waiting times for patients, is there equity in access?
- Strategically aligned – does the option support the direction set out in the 'A Healthier Mid and West Wales' strategy, or at least not contradict it, and does the option support joint work on prevention to improve population health, or at least not contradict it?

- Financially sustainable - does the option support effective use of our finances?

Alternative options could potentially be considered using evaluation criteria to assess the strengths, weaknesses, opportunities and threats of options.

Does this consultation impact on plans for a new hospital in the south of Hywel Dda University Health Board area?


Our 'A Healthier Mid and West Wales' strategy published in 2018, described some of the challenge we have in providing care across a large and mostly rural area, with some healthcare services provided across multiple hospitals and facilities.

The strategy sets out our ambition to shift from a health service that treats both illness and keeps people well, prevents ill-health or worsening of ill health, and provides any help you need early on. At the time, this included the plan for an urgent and planned care hospital to bring together acute hospital services in the south of our area to make them stronger and improve standards of care.



In February 2022 we submitted a Programme Business Case to Welsh Government (the first stage of the business case process), which estimated costs for a new urgent and planned care hospital and other essential building work in excess of £1billion. This represents a significant affordability challenge for Welsh Government and we are still working through how we might achieve this and in what timeframe. If supported, it is likely it would be at least 10 years to deliver.

In accepting that a new hospital will not be operational in the near future, we need to consider how we support fragile services ahead of a new facility and within existing hospital buildings.

The Clinical Services Plan consultation considers nine healthcare services that are at risk of being able to continue to offer safe, quality services or timely care in the coming years.

Additionally, over the coming months we will be reviewing our 2018 strategy and are asking our population to let us know what they think. Our communities are able to join the conversation by clicking [here](#) (opens in new tab) .

What are the options being considered in the consultation?

Information on options being considered can be found on our consultation web pages (including alternative versions and additional languages). We also have printed documents and options are described on pages 17-54 of the main consultation document [here](#) (opens in new tab) , or pages 8-39 of the summary document [here](#) (opens in new tab) .

What are the fragilities in the services and why do we need to make changes?

There are several reasons why these services need change and support:

- there are fragilities in delivering our critical care and emergency general surgery services
- we need to improve access and reduce patient waiting times in planned care (dermatology, ophthalmology, orthopaedics, and urology) and diagnostics (endoscopy and radiology)
- we need to improve standards and respond to service fragility in our stroke services.

Our goal is to offer safe and sustainable care to our communities, improve standards of care, and/or reduce waiting times for patients.

You can read specific issues faced by each service in the Clinical Services Plan on pages 17-54 of the main consultation document (opens in new tab). [↗](#)

Are these changes being suggested for financial reasons?

No, changes in these services are being considered because there are risks to them being able to continue to offer safe, quality services or timely care.

Any changes that are made need to be affordable, as this is part of our hurdle criteria that options should meet.

How have you involved staff in the process to date?

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

- We undertook a survey with staff from the nine service areas early in the process to understand the issues.
- Each of the nine services was represented on the options development group, as well as hospital site staff and trade union representatives.
- Staff representatives were also on the 'check and challenge' group reviewing the work

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

We will now engage more widely, including with staff and Trade Union representatives, patients, our wider communities, and stakeholders, as part of our consultation.

We will be holding staff and public drop-in events, online sessions and focus groups. We will encourage everyone to

share their views and ideas by completing the questionnaire, attending an event, emailing or phoning us.

● Will staff be directly affected by potential changes?

We recognise and value the skills and experiences we have within our workforce.

There may be changes for staff as a result of any decisions following this consultation. This could potentially include changes to working patterns or locations of services.

We need all our staff to contribute to our shared ambition for a healthier population and to provide safe, sustainable, accessible, and kind services. Part of the challenge we face is over reliance on higher cost temporary staffing and instead we want to recruit more permanent health board staff to some of our services.

We will work in partnership with any staff affected and adhere to the All-Wales Organisational Change policy in place for the NHS workforce across Wales.

We have engaged with staff in the early stages of work on our nine clinical services and representative staff have been involved in the development of options.

We will now engage more widely with staff across our Health Board, as well as with our Trade Union representatives, on the options and to understand the potential impacts, and to gather feedback and new ideas.

● Are staff jobs safe?

Yes, we recognise and value the skills and experiences we have within the workforce and do not want to lose these skills.

There may be potential changes for some staff in service areas depending on the outcomes of the consultation, but we will need all of our employees to contribute to our shared ambition for a healthier population and to provide safe, sustainable, accessible, and kind services.

We will work in partnership with any staff affected and adhere to the All-Wales Organisational Change policy in place for the NHS workforce across Wales.

● Are options in this consultation safe?

All options have been developed by our clinicians and have been through a process to ensure they are clinically safe. The aim is to reduce the fragility of services, provide safe and sustainable care to our communities, improve standards, and reduce waiting list and treatment times.

What do these changes mean for hospitals?

Changes to our nine clinical service areas as a result of the consultation, may impact on how they are organised at our four main hospitals.

The roles of our hospitals could look like this:

- Bronglais Hospital (BGH) – providing services as it currently does, though some specialities may be provided from different Hywel Dda sites
- Glangwili Hospital (GGH) – providing more acute and emergency care, with some planned care moved to other sites, either by service or health condition
- Prince Philip Hospital (PPH) – providing more planned care, particularly across a wider region where services are delivered in partnership with Swansea Bay University Health Board
- Withybush Hospital (WGH) – providing more planned care, particularly within the Hywel Dda area, with initial access to acute care remaining on site, but transfers to Glangwili Hospital for patients with the highest needs.

Please note, in all the options, there are no changes to how people access emergency care at any of the sites.

More detail on how options in this consultation could affect our hospitals overall, can be found in our main consultation document on pages 57-59.

What will be the effect of these proposed changes on our community sites?

Where there is change in the nine service areas that affect care provided from community sites (such as community hospitals or integrated care centres), this has been detailed in the service options. These can be found on pages 17-56 of the main consultation document ([opens in new tab](#)), or pages 8-39 of the summary document ([opens in new tab](#)).

How have you considered the travel and transport impacts of options?

We have considered how change to healthcare services could impact on travel and transport for you, your loved ones who may visit you in hospital, and our staff.

We did this by carrying out Equality Impact Assessment (EqIA) and Quality Impact Assessment (QIA) during options development, and these are available from the Supporting Documents area of our webpages.

You can also read more data about travel and transport in the 'Patient and travel insights' document available in the Supporting Documents area of our webpages ([opens in new tab](#)).

What are the travel impacts?

We acknowledge that some of the options in this consultation may have an impact on patient or visitor travel. This includes:

- some patients and their visitors may be negatively impacted by travel times and travel expenses as they may need to travel further to receive their care
- some patients would be transported to a different site by the Health Board, however for return journeys home, or for visitors, there may be longer journeys and additional cost either by car or public transport
- some staff may be required to travel further to work at alternative sites bringing with it potential additional travel costs and childcare needs
- because services may be focused on fewer sites, waiting areas at those sites may get busier, which some people may find unsettling.

We continue to consider the balance between the positive impact change could bring, as well as negative. For example:

- services provided across fewer sites brings different professionals together to work, which is a better use of resources and would improve service quality and continuity of care for patients
- bringing services together would also allow for multiple appointments to take place on the same day at the same location, which would reduce the number of visits for patients.

We also have and continue to consider ways to reduce risks or negative impacts on people. These are ideas currently and are not guaranteed. But we want to explore these further and seek your views, so we ask you about this in our questionnaire. For example, the Health Board could explore:

- improved transport links between hospital sites, exploring public/private partnerships, shuttle buses between sites etc.
- partnering with local transport companies to offer discount or travel vouchers for set journeys or time periods, as well as review supported travel / taxi costs
- Non-emergency Patient Transport services are already available for those that meet the eligibility criteria
- community and voluntary transport services are available for patients that do not meet the eligibility criteria to enable them to receive non-emergency patient transport

How do I get involved?

There will be a range of ways to get involved in the consultation with events for staff and the public across our three counties and surrounding communities.

We appreciate you taking the time to share your views – every person's input matters. Please read our documents at hduhb.nhs.wales/clinical-services-consultation

The deadline to tell us what you think, so your opinions can be included in the consultation, is 31 August 2025. You can do this by:

- completing the questionnaire online (opens in new tab) [↗](#)
- or in hard copy (you can request a copy from the contact points below) posting it to:
Opinion Research Services
FREEPOST SS1018
PO Box 530,
Swansea, SA1 1ZL (you will not need a stamp)
- emailing us: hyweldda.engagement@wales.nhs.uk
- speaking to us at one of our events (visit the website above for an event near you or online), or by telephoning 0300 303 8322 (option 5), charged at local call rates.

If you would like to kept up-to-date on developments generally within Hywel Dda University Health Board, you can join Siarad Iechyd/Talking Health by contacting the above or go to the Siarad Iechyd/Talking Health website (opens in new tab). [↗](#)