

# Cyngor Gwledig LLANELLI Rural Council

*Clerc i'r Cyngor*  
**Matthew Thomas**  
*Clerk to the Council*

Adeiladau Vauxhall, Vauxhall, Llanelli, Sir Gaerfyrddin, SA15 3BD  
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8 Gorffennaf, 2026

Annwyl Gyngorydd

Gelwir arnoch i gymryd rhan mewn Cyfarfod o'r **CYNGOR** a gynhelir yn Siambr y Cyngor, Adeiladau Vauxhall, Llanelli, a thrwy bresenoldeb o bell ar Ddydd Mawrth, 14 Gorffennaf, 2026, 6.00 y.p.

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. C frano iad C hoedd – 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 (1) Cadarnhau ac arwyddo'r Cofnodion canlynol fel cofnod cywir o'r cyfarfod:-

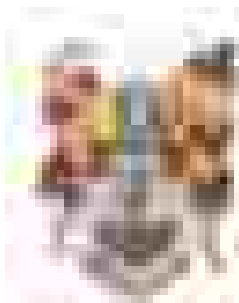
Y C n or	9 Mehefin, 2026	Tud. Rhif: 25 - 28
Y P ll or Lles a Hamdden	16 Mehefin, 2026	Tud. Rhif: 29 - 32
Y P ll or Polisi ac Adnoddau	17 Mehefin, 2026	Tud. Rhif: 33 - 35
Y Pwyllgor Cyllid a Dibenion	24 Mehefin, 2026	Tud. Rhif: 36 - 38
C ffredinol		
Y P ll or C nllunio a Ch swllt	29 Mehefin, 2026	Tud. Rhif: 39 - 43
C n or Arbenni	29 Mehefin, 2026	Tud. Rhif: 44 - 45



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



- (2) Ystyried unrhyw faterion sy'n codi o'r Cofnodion er gwybodaeth yn unig.
5. Cynrychiolwyr ar Gyrrff Allanol – ymhellach i Gofnod Rhif 10, i ystyried cynrychiolydd enwebedig y cyngor i wasanaethu ar y cyrrff allanol:  
(1) Llanelli and District Civic Society.  
(2) Llanelli Town Centre Task Force.  
(3) Ty Bryngywn Hospice Fund Raising Committee.
6. Asesiad Ris Corfforaethol 2026/2027 – derbyn a chymeradwyo'r asesiad risg blynyddol a'r adroddiad eglurhaol a gynhyrchwyd gan y Dirprwy Glerc.
7. Bwrdd Iechyd Priwsol Hywel Dda:  
(1) Ymroddiad ar Gynllun Gwasanaethau Clinïol CSP – ymhellach i Gofnod Rhif 55, i ystyried llythyr gan Weinidog y Cabinet dros Iechyd a Gofal, Llywodraeth Cymru ac i gytuno ar ymateb y cyngor.  
(2) Ymroddiad ar Gynllun Gwasanaethau Clinïol CSP – Gwasanaethau Strôc – Ymroddiad Cam 2 – ymhellach i Gofnod Rhif 57, i dderbyn gohebiaeth gan y Cyfarwyddwr Meddygol Gweithredol, Bwrdd Iechyd Prifysgol Hywel Dda yn hysbysu am lansio ymarfer ymgynghori cam 2 ar wasanaethau strôc yn y dyfodol ac i gytuno ar ymateb y cyngor.
8. Selio Do-fennau - Canolfan Llŷnhend – Tuedded Caffi Ddrafft - ymhellach i Gofnod Rhif 35(1), i awdurdodi selio'r drwydded a dderbyniwyd gan Evans Powell & Co Solicitors.
9. I dderbyn a chadarnhau'r, Cofnodion cyfarfod y Cyd Bwyllgor Claddu Ymgynghorol Llanelli a gynhaliwyd ar 11 Mawrth, 2026.
10. Nodi er gwybodaeth amserlen o'r materion a nodwyd.
11. Deddf Cwff C hoeddus Menediad i Gwalfoddd 1960 – ystyried eithrio aelodau'r cyhoedd pan ystyrir y materion canlynol oherwydd natur gyfrinachol y busnes a drafodir.
12. Adran Hfforddi - Amcan Ffrifon Incwm a Gwariant Ddrafft arfer 2026/27 – ystyried adroddiad y Dirprwy Glerc.



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*Fy nghyf:*  
*My ref:*  
8 July, 2026

*Eich cyf:*  
*Your ref:*

*Gofynnwch am:*  
*Please ask for:*

Dear Councillor

You are summoned to participate in a **COUNCIL** Meeting to be hosted at the Council Chamber, Vauxhall Buildings, Vauxhall, Llanelli, and via remote attendance on Tuesday, 14 July, 2026 at 6.00 p.m.

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. (1) To confirm and sign the following Minutes as a true record of proceedings:-

Council	9 June, 2026	Page Nos: 25 - 28
Recreation and Welfare Committee	16 June, 2026	Page Nos: 29 - 32
Police and Resources Committee	17 June, 2026	Page Nos: 33 - 35
Finance and General Purposes Committee	24 June, 2026	Page Nos: 36 - 38
Planning and Liaison Committee	29 June, 2026	Page Nos: 39 - 43
Special Council	29 June, 2026	Page Nos: 44 - 45



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- (2) To consider any matters arising from the Minutes for information purposes only.
5. **Representatives on Outside Bodies** – further to Minute No. 10, to consider the council's nominated representative to serve on the outside bodies:
  - (1) Llanelli and District Civic Society.
  - (2) Llanelli Town Centre Task Force.
  - (3) Ty Bryngywn Hospice Fund Raising Committee.
6. **Corporate Risk Assessment 2026/2027** – to receive and approve the annual risk assessment and covering report produced by the Deputy Clerk.
7. **Hywel Dda University Health Board:**
  - (1) **Clinical Services Plan CSP consultation** – further to Minute No. 55, to consider a letter from the Cabinet Minister for Health and Care, Welsh Government and to agree the council's response.
  - (2) **Clinical Services Plan CSP consultation – Stroke Services – Phase 2 Consultation** – further to Minute No. 57, to receive correspondence from the Executive Medical Director, Hywel Dda University Health Board informing of the launch of phase 2 consultation exercise on the future stroke services and to agree the council's response.
8. **Sealing of Documents – Canolfan Llŷnhend – Draft Café Licence** – further to Minute No. 35(1), to authorise the sealing of the licence received from Evans Powell & Co Solicitors.
9. To receive and accept, Minutes of a meeting of the Llanelli Joint Burial Advisory Committee held on 11 March, 2026.
10. To note for information the schedule of matters reported.
11. **Public Bodies Admission to Meetings Act 1960** – to consider excluding members of the public during consideration of the following matter owing to the confidential nature of the business to be transacted.
12. **Training Department - Estimates of Income and Expenditure for 2026/27** – to consider the report of the Deputy Clerk.

## **To the Chairman and Members of Council:**

Date of meeting - 14 July, 2026.

Dear Councillor,

### **CORPORATE RISK MANAGEMENT**

#### **1. PURPOSE OF REPORT**

- 1.1 To present the Risk Management Policy and Corporate Risk Assessment.
- 1.2 To request Members to continue with the policy and adopt the corporate risk assessment.

#### **2. RISK MANAGEMENT**

- 2.1 The policy includes arrangements for formulating and maintaining an organisational risk register for its operations and in line with the Council's strategic objectives.
- 2.2 The Council's Risk Management Policy is attached which sets out the Council's policy in managing risk.
- 2.3 The Action Plan agreed for 2025/26 has been updated with the status at 31 March, 2026.
- 2.4 The Corporate Risk Assessment for 2026/27 is also attached which has been compiled in line with the Council's strategic objectives. The assessment identifies activities carried out to date and going forward.

#### **3. LONG TERM IMPLICATIONS**

- 3.1 The Risk Management Policy and Corporate Risk Assessment enables the Council to assess the risks that it faces and to satisfy itself that adequate steps to minimise the risks are being taken.

#### **4. SUSTAINABILITY AND WELL-BEING CONSIDERATIONS**

- 4.1 The Council's risk management process meets the following aims, core values and well-being goals:

Strategic Aim	Core Value	National Well-Being Goal						
		1	2	3	4	5	6	7
Community Development								
Serving the Public	STP3 STP6 STP7	✓		✓	✓		✓	
Acting as a Local Voice								
Quality of Life								
(1) Environment	QL1	✓	✓	✓		✓	✓	
(2) Social Inclusion	QL2 QL3 QL4	✓		✓	✓	✓		✓
(3) Safe and Healthy Places								
Sports, Leisure and Cultural Activities	SCL1 SCL2			✓	✓		✓	
The Local Economy	LE1 LE2 LE4	✓			✓			✓
Local Democracy	LD1 LD3				✓	✓		
Partnership Working	PW1 PW2 PW6	✓			✓	✓		✓
Communication	C1 C2 C3 C6	✓		✓	✓	✓	✓	✓
Health and Safety	HS1 HS2 HS3 HS4 HS5	✓		✓	✓	✓		✓
Resources	R1 R2	✓	✓					✓
Management and Control	MC2 MC3 MC4 MC5		✓				✓	✓

## 5. PUBLIC INVOLVEMENT

- 5.1 There is public involvement with the formation and continuation of the Risk Management Policy and Corporate Risk Assessment.

## 6. COLLABORATION OPPORTUNITIES

- 6.1 There is no collaboration opportunities associated with the generation of this report.

## 7. PREVENTATIVE MEASURES/CONSIDERATIONS

- 7.1 Re-presenting the Risk Management Policy encourages good risk management practice.
- 7.2 Producing an annual Corporate Risk Assessment and action plan ensures that the Council reviews areas of risk and identifies additional actions to be undertaken if necessary.

## 8. RECOMMENDATION

- 8.1 Members are requested to adhere to the Risk Management Policy and adopt the Corporate Risk Assessment.

I look forward to Members deliberations at the meeting.

Yours sincerely,

**DEPUTY CLERK**

7 July, 2026.

# **LLANELLI RURAL COUNCIL**

## **RISK MANAGEMENT POLICY**

### **1. INTRODUCTION**

The council is responsible for overseeing risk management and internal control whilst senior staff is responsible for implementing the policy and encouraging good risk management practice within their area of responsibility.

The definition of risk for the purpose of this policy is A risk is anything that can impede or enhance the council's ability to meet its current or future objectives .

In developing this policy, the council has agreed that:

- The main risks which present opportunities or hazards to meeting the council's objectives will be identified and assessed.
- The risks will be scored.
- A control system to cover the risks will be put in place.

### **2. ROLES AND RESPONSIBILITIES**

The council will, through the Clerk to the Council:

- Monitor the management of significant risks to ensure that appropriate controls are in place.
- Approve major decisions taking into account the council's risk profile or exposure.
- Satisfy itself that less significant risks are being actively managed and that appropriate controls are in place and working effectively to ensure the implementation of policies approved by the council.
- Review annually the approach to risk management and approve changes where necessary to key elements of its processes and procedures.
- Ensure the implementation of the risk management policy.
- Identify and evaluate the significant risks faced by the council.
- Provide adequate information for the council and its committees as appropriate on the status of risks and controls.
- Report annually to council on the effectiveness of the system of internal controls.

### **3. RISK MANAGEMENT AS PART OF THE INTERNAL CONTROL SYSTEM**

Internal controls encompass a review of the risks inherent in each activity. The following controls are in place:

- Significant risks are identified and evaluated.
- Key risks are monitored by the Finance and General Purposes Committee.

- The budgetary process is used to set objectives within the service plans and allocate resources. Progress towards meeting objectives is monitored by the Policy and Resources Committee.
- A framework of significant strategic risks and how they are to be managed is agreed and monitored on an annual basis.
- Senior officers are required to identify, monitor and review on a regular basis significant risks in their own areas.
- The reports of the internal and external auditors on the adequacy and effectiveness of the system of internal controls are presented to the council.
- The Statement of Accounts are presented to council for approval in accordance with The Accounts and Audit (Local Authorities) Regulations.
- As part of the annual audit, the external auditors advise the council on the operation of the internal financial controls.

#### 4. ANNUAL REVIEW

The council will review the effectiveness of the internal control system and, in doing so, will:

- Review the previous year and examine the council's record on risk management.
- Consider the internal and external risk profiles of the coming year.
- Consider whether the current internal control arrangements are likely to be effective.

As part of the review, the Policy and Resources Committee and/or Finance and General Purposes Committee will consider:

- The council's objectives and its financial and non-financial targets.
- The management approach to risk.
- The appropriateness of the level of delegation of authority.
- Coring of risks.
- Timely identification and assessment of risks.

**CORPORATE RISK ASSESSMENT**

**ACTION PLAN RESULTS 2 25/26**

<b>Section</b>	<b>Item</b>	<b>No.</b>	<b>Action identified</b>	<b>Target date</b>	<b>Responsible officer</b>	<b>Action Required</b>	<b>Completion Status</b>
1.	Corporate	1.3	Inadequate attention given to health and safety matters.	March 2026	C/ PM	Resource required Designated staff defined responsibilities matrix required. Risk, manual handling and C assessments/reviews required. Rightsafe Risk managements portal in place to aid resource Part time staff assigned to roll out systems and process training to all employees.	Resource provided, systems being set up and rolled out incrementally. Risk assessment reviews underway and progress being made. Employee training being rolled out using rightsafe e-learning modules.
		1.4	Updated employee handbook required	September 2025	PM	Under review Part time resource provided.	Significant work completed on draft handbook, new employee legislation changes in April 2026 to be incorporated before new handbook can be approved.
2.	Administration/legal	2.26	Existing procedures inadequate in respect of proactive inspection of buildings and grounds.	December 2025	C/DC/ PM	New procedure under development. Part time staff assigned to roll out systems and process training to all employees.	Resource provided. Still under review and implementation ongoing to roll out inspections and housekeeping checks.

		2.27	Failure to document assets	September 2025	DC/ PM	Review of asset registration process implemented Jan 2025. Part time staff assigned to roll out systems.	Asset management control established to record additions and disposals for fixed assets. Asset Management Policy has been developed.
		2.30	Insufficient staff capacity and business continuity risk.	March 2026	PM/DC	Existing controls, staff capacity and risk to business continuity management systems under review. Part time staff assigned to roll out systems.	Reporting or monitoring purposes asset identification shall form part of the organisation's routine housekeeping and monitoring processes.
		2.32	Reduce risk to data back up and storage.	March 2026	DC	Existing procedure inadequate Development of a business continuity plan underway. Budget in place. Evaluate Cloud based storage systems to further reduce risk.	Resource provided. New procedures under development. Business Continuity Plan approved by council 17 September 2025. Some progress made on evaluating and building new cloud-based document management system utilising existing Microsoft cloud-based applications.
3.	Council	3.8	Appropriate resources are not in place to accomplish and review risk assessments to minimise the risk of injury.	March 2026	C/ PM	Resource for risk assessment process and policy review required.	Resource provided, work ongoing on implementing risk assessments using right safe application.

4.	Physical	4.3	Loss of assets.	December 2025	DC/ PM	Review of asset registration process implemented Jan 2025. Part time staff assigned to roll out systems.	Processes under review and being rolled out. Asset management and identification that shall form part of the organisation's routine housekeeping and monitoring processes.
5.	Data Protection	5.2	Loss of Data	March 2026	C/DC/ PM	Consider cloud based back up to reduce risk.	Server data is backed up to a Datto CDR box. Cloud based data
		5.3	Loss of physical documents.	April 2025	C/DC	Dokoni inid Document retrieval system now in place. Staff training to be rolled out during April 2025	Office 365 is backed up to the DATT via infinite cloud retention. Delay and issues with installation and implementation with the Dokoni inid product supplier. Current delays with the Insight module that provides the reporting facility.
6.	Employment of staff	6.4	Lack of employee motivation/efficiency/capacity.	March 2026	C/DC/ PM	Existing capacity and business continuity risks to be reviewed.	Review ongoing.
		6.5	Risk of attacks on personnel.	September 2025	DC/ PM	Carry out risk assessments on personal safety. Right safe portal use rolling out. Lone working policy under review. Part time resource provided.	Draft lone working policy developed.

		6.6	Failure to implement people management practice.	September 2025	C/DC	Improve leadership at all levels. Training resource required. Resource required to evaluate training needs. Employee representative group in place. Dialogue taking place. Maintain Investors In People I.I.P. Accreditation due in September 2025.	Investors In People reaccreditation achieved February 2026. Action plan implementation ongoing.
7.	Provision of office Accommodation/work environs.	7.2	Maintain adequate working conditions.	December 2025	C/DC/ PM	Staff training on undertaking housekeeping checks to be completed.	Housekeeping checks implemented and assessments of working conditions/environs recorded and action taken where necessary.
		7.3	Poor/faulty equipment.	December 2025	C/DC/ PM	Asset register process under review. Refresher training rolling out April 2025.	
		7.4	Fire	December 2025	C/DC/ PM	Review of evacuation Chair system required. Fire marshal refresher training required.	Significant progress on rolling out housekeeping checks and monitoring of assets remain present, good working order/condition, appropriately maintained, damaged, obsolete or surplus.
		7.5	Personal Injury	December 2025	C/DC/ PM	Reporting procedure inadequate. Review of risk assessment and accident reporting process/policy required.	Review of fire marshalls and training to be provided. Fire extinguisher training to be rolled out.
8.	Land and buildings	8.1	Maintenance and security of Deeds of ownership etc.	December 2025	DC/ PM	Review document storage arrangements.	Review ongoing. Review document retention schedule.

	Community halls and Changing Rooms	.1	ailing volunteer committees.	April 2025	PM	Review of management policy in work. Report to Recreation Welfare Committee April 2025.	urnace all transferred to council management in January 2026. ongoing monitoring of all volunteer managed facilities.
		.2	ailure to retain asset register.	December 2025	PM/DC	ew system under evaluation. Resource required.	Policy written and process of monitoring assets underway incorporated into housekeeping checks.
		.6 - . , .11/ .12	ire afety, failure to maintain assets and security.	December 2025	PM	Revised policies and procedures required. Management committees require training and RC resource required.	Training roll out to carry out safety checks.
14.	Cemetery and buildings	14.4	taff to receive refresher training on carrying out housekeeping checks and fire marshal duties.	December 2025	PM	ew system introduced Jan 25. nder review. Training underway.	ousekeeping to be rolled out at cemetery buildings, systems reviewed and updated as necessary.
		14.7	Regular recorded site inspections required.	December 2025	PM	ire Marshall training sourced - not completed. Resource required.	ire marshall training allocated on e-learning right afe platform, ire tinguisher training to be arranged.

C Clerk to the Council

DC Deputy Clerk

PM Governance Projects Manager

1 July 2026

# LLANELLI RURAL COUNCIL

## CORPORATE RISK ASSESSMENT 2 26/27

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elihood of occurrence	Action re uired
<b>1. CORPORATE</b>						
Administration/legal	1.1	ailure to implement strategic and operational objectives		<p>trategic Plan reviewed after election process, e.g. every five years, by the Policy and Resources Committee.</p> <p>ervice Plans compiled annually in accordance with the budget set for the financial year and adopted by the Policy and Resources Committee. Target dates set against each objective and reviewed after a si month period by Committee. Regular departmental and team briefings to review objectives and achievement of targets.</p>		isting procedure adequate.
	1.2	ailure to identify and eliminate operational and financial risks		<p>Risk management policy in place.</p> <p>Risk assessment produced identifying corporate and operational risks which is reviewed annually by the Council signed by Chairman and the Technical and eneral perations Manager upon adoption.</p>		isting procedure adequate.
	1.3	Inadequate attention given to health and safety matters		<p>ealth and afety Consultants engaged to advise Council.</p> <p>ealth and afety Policy in place with designated staffing having defined responsibilities.</p> <p>ealth and afety Committee meetings in place to review arrangements and procedures.</p> <p>mployee afety andbook issued to all staff.</p> <p>Risk, manual handling and C assessments being compiled.</p> <p>taff undertake training courses as and when necessary.</p>	M	<p>isting procedure inadequate.</p> <p>Designated staff defined responsibilities matri required.</p> <p>ealth and afety representatives' meetings required.</p> <p>Risk, manual handling and C assessments/reviews resource provided and progress ongoing with risk assessments and training</p>

Item		Ris identified	Im act on Council	Management/control of ris	Li elhood of occurrence	Action re uired
	1.4	ailure to comply with employment aw		Adequate budget in place to fulfil responsibilities. uman resource consultants engaged to advise Council. taff are issued with contracts of employment and mployee andbook.		isting procedure adequate
	1.5	Inadequate management system.	M	Proper management structure in place. rganisational chart depicts staffing structure.		mployee handbook update with changes to legislation in April 2026 required before reissue.
	1.6	egal processes		olicitors engaged to advise and act on behalf of the Council in matters such as leases, tenancy agreements, licences etc.		isting procedure adequate.
	1.7	ailure to advise elected Members on local government law and procedures.	M	Induction process available to Members following election. Members sign and comply with the Code of Conduct. ualified staff advise on law and procedures including the scope of local council powers.		isting procedure adequate.
	1.8	raud and corruption		raud and Corruption Policy adopted. Responsibility for financial transactions designated to defined staff.		isting procedure adequate
Communication	1.	lectorate not being consulted on local developments.	M	Public meetings convened to inform of capital proposals. ocal committees/residents invited to participate in formation of capital schemes.		isting procedure adequate.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elthood of occurrence	Action re uired
				Council Ta otice circulated with Council Ta demand annually to inform of Council's e penditure for the forthcoming year. ebsite updated on a regular basis. Public notices included in local press. Meeting agendas posted on website. Regular postings on social media sites. Complaints procedure in place.		Complaints procedure under review.
Contracting arrangements	1.10	ailure to engage suitable/qualified contractors		Appropriately qualified electrical and heating engineer contractors engaged. Public liability Certificates of contractors reviewed periodically. Contracts in place with sub-contractors to deliver specialist training courses for learners. Discussions take place if contractors under-perform to resolve any issues. JCT documentation completed and signed for construction works.		isting procedure inadequate.  Improved process to review retained contractors P I certificates regularly.
alue for money	1.11	ailure to achieve value for money	M	fficers follow the procedures set out in the financial regulations when obtaining quotations/tenders. ell to ales procurement process utilised as appropriate.		isting procedure adequate.
Capital schemes	1.12	ailure to produce a capital programme		Rolling programme of capital schemes agreed by Council following elections, e.g. on a five-yearly basis or at the pecial Council meeting where budgets are confirmed. unding for schemes identified. rants or borrowing approval pursued as agreed by Council.		isting procedure adequate.

Item		Ris identified	Im act on Council	Management/control of ris	Li elthood of occurrence	Action re uired
<b>2. FINANCIAL</b>						
Administration/legal	2.1	ailure to set a precept within sound budgeting arrangements.		<p>Present draft budgets to Committee following an agreed timetable.  Review all charges.  Precept set as a result of a full report detailing requirements for forthcoming year for all heads of income and e penditure.  Review adequacy of all balances and reserves.  nsure that an effective budget monitoring is in place throughout the year.  Precept demand signed by the Chairman and Clerk and served on illing Authority Carmarthenshire County Council</p>		isting procedure adequate
	2.2	ailure to keep proper financial records.		<p>Responsible inancial ffer defined.  tanding rders and inancial Regulations are in place and are subject to periodic review.  Monthly reports to inance and eneral Purposes Committee.  ffective internal audit in place.  ternal audit in accordance with Accounts and Audit ales Regulations.</p>		isting procedure adequate
	2.3	Poor financial management		<p>Responsibility for the management of the Council's financial affairs in place with the appointment of Responsible inancial ffer R who has defined duties.  tanding rders and inancial Regulations maintained and reviewed.  ffective budgetary control/financial reporting system in place.  Investments made in accordance with Investment strategy.  chedule of Payments presented monthly to inance and eneral Purposes Committee.</p>		isting procedure adequate

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elihood of occurrence	Action re uired
				Monthly reconciliation of accounts. Internal audit in place. Internal audit in accordance with Accounts and Audit ales Regulations.		isting procedure adequate
	2.4	Inadequacy of insurance		Annual review of all insurance arrangements. Cover for employers iability, Public iability, idelity uarantee and fleet in place		isting procedure adequate
	2.5	ncompetitive insurance premium		Three year long-term insurance agreement in place. Agreement ends 31 March 2027.		isting procedure adequate
	2.6	ailure to collect income.	M	Responsibility for collection of income is defined. Debtor invoices issued for cash receipts. Irrecoverable sums are written off. Internal audit testing carried out.		isting procedure adequate
	2.7	oss of revenue through unavailability of training venues		Regular maintenance programme in place. Gas and electrical supplies/appliances certified as appropriate. ub-contractors available to deliver training routes in an emergency situation. oss of revenue insurance in place.		isting procedure adequate
	2.8	o authority to incur e penditure.		evels of responsibility documented. taff are fully conversant with local council legal duties and powers.		isting procedure adequate
	2.	o official order issued for goods/services.	M	fficial orders issued for all goods/services.		isting procedure adequate

		<b>Ris identified</b>	<b>Im act on Council</b>	<b>Mana ement/control of ris</b>	<b>Li elthood of occurrence</b>	<b>Action re uired</b>
	2.10	o control on e penditure		udgets set gives authority to spend in accordance with inancial Regulations and is reviewed monthly.		isting procedure adequate
	2.11	Creditor invoice incorrectly calculated or recorded.		Randomly check invoices arithmetically, match orders with invoices. Report discrepancies to creditor.		isting procedure adequate
	2.12	nauthorised payment	M	Invoices authorised for payment documented. All methods of payment signed by two Members and an authorised officer. Cheque book counterfoils initialled by defined officers.		isting procedure adequate
	2.13	Capacity of payment facility in internet banking	M	Payments imported directly from accounts software directly to bank secure internet banking site.		isting procedure adequate
	2.14	ailure to attain performance and quality targets for learner provision		Job outcomes and framework completion rates in accordance with targets set by elsh Assembly overnment uality Development Plan compiled and implemented and reported to the earning and Development Consultative Committee. taff and sub-contractors in place to deliver and assess training.		isting procedure adequate
	2.15	ailure to submit tenders for e ternal funding.		Tender documents submitted to elsh overnment via Primary Contractors within stipulated timescale.		isting procedure adequate
	2.16	Inability to repay loans		Report presented by the Clerk/R on capital projects requiring loan sanction and the affordability of repayment to enable progression. Council decides upon amount required. Application is made to the elsh overnment for borrowing approval. Revenue budget is provided for repayment of loan.		isting procedure adequate

Item		Risk identified	Impact on Council	Management/control of risk	Likelihood of occurrence	Action required
	2.17	Inadequate checks on banking processes		Bank accounts monitored regularly. Adequate funds made available for credit balance.		Existing procedure adequate
	2.18	Bank charges uncompetitive.		Low-cost payment plan negotiated.		Existing procedure adequate
	2.1	Loss of investment interest		Review investment policy annually. Surplus funds invested, when possible, to gain maximum interest. Return of principal and interest verified against bank statements. Investments are managed in accordance with the Council's approved Annual Investment Strategy. Deposits are placed with an approved financial institution that meets the Council's security and liquidity requirements.		Existing controls are considered adequate however, opportunities exist to further diversify investments and optimise returns. Review alternative investment opportunities to enhance yield, where this is consistent with the council's annual investment strategy and maintains the security of capital and appropriate liquidity of investment.
	2.20	Loss of cash through theft or dishonesty	M	Responsibility for cash at all sources identified. Cash held in safe pending banking. Arrangements in place for issuing invoices, recording and banking of all cash received. Monthly bank reconciliation. Monthly reports to Finance and General Purposes Committee. Adequate fidelity guarantee held.		Existing procedure adequate
	2.21	Failure to pay correct salaries including wages and allowances	M	Pay grades checked to contracts of service and JC grades/points annually or upon review. Allowances agreed by Policy and Resources Committee when pay increases are confirmed. All calculations verified by R .		Existing procedure adequate

Item		Ris identified	Im act on Council	Management/control of ris	Li elihood of occurrence	Action re uired
	2.22	ailure to comply with MRC instructions for statutory deductions	M	Payroll software updated with deduction rates notified by MRC. Comprehensive records of all calculations maintained in accordance with MRC regulations. Monthly payments and submissions to MRC in accordance with Real Time Reporting.		isting procedure adequate
	2.23	ailure to comply with ocal overnment Pension scheme P Regulations	M	mployee contributions based on bands issued by Dyfed Pension und reviewed at least annually. Regulatory and discretionary policies updated as required by legislation. Monthly payments and submissions to Dyfed Pension und via i-connect.		isting procedure adequate
	2.24	ailure to account for AT	M	All items entered onto financial software which is updated with changes in rates as required. Claims reconciled with nominal ledger and submitted online to MRC within prescribed timescale.		isting procedure adequate
	2.25	Inadequate budget for election costs	M	Annual budget allocation is accumulated over Council term, with funds transferred to an earmarked reserve to off-set cost of future elections.		isting procedure adequate
	2.26	ailure to maintain assets.		Regular inspection and maintenance of buildings and grounds, maintenance to vehicles and machinery documented.		isting procedure inadequate. Proactive building inspection resource required.
	2.27	ailure to document assets	M	Asset register reviewed and updated annually.	M	isting procedure adequate.
	2.28	Inadequate general reserves	M	Considered at budget setting orking balance equivalent to three months' e penditure maintained.		isting procedure adequate

Item	Ris identified	Im act on Council	Mana ement/control of ris	Li elihood of occurrence	Action re uired
2.2	Inadequate earmarked reserves		Considered at budget setting and year-end. Records maintained.		isting procedure adequate
2.30	Absence/loss of personnel. Insufficient resource/capacity.		Documentation of financial procedures on-going. Monitoring of staffing capacity. Training provided. econdment of staff.	M	isting controls, staff capacity and business continuity risks to be reviewed, procedures under development.
2.31	raud		Different levels of responsibility for financial transactions documented. idelity uarantee in place raud and Corruption policy in place.		isting procedure inadequate raud and Corruption policy under review.
2.32	oss of financial data		Data backed up on server and DATT iris usiness Continuity Disaster Recovery CDR bo . ffice 365 cloud-based data held in ffice 365 is backed up to DATT aa infinite cloud retention. Remote check of back up success by Pisis.		isting procedure adequate.
2.33	o power to incur e penditure		Clerk and R aware of various legislation and advise Council.		isting procedure adequate
2.34	Accounts not prepared within legislative timetable		tatement of Accounts presented to Council by 30 June each year. otice of Audit published followed by otice of Completion of Audit in accordance with legislation.		isting procedure adequate
2.35	Conflict of Interest Members	M	Councillors have a duty to declare any interest at the start of the meeting and before item is discussed.		isting procedure adequate
2.36	Register of Members' Interests	M	Register of Members' Interests form to be reviewed at least on an annual basis. Register published on Council website.		isting procedure adequate

Item		Risk identified	Impact on Council	Management/control of risk	Likelihood of occurrence	Action required
	2.37	Hospitality Register- Members	M	Hospitality Register to be completed when a gift of 25 or over in value is offered and/or is accepted. Members to be reminded annually to take responsibility to update the register.		Existing procedure adequate
	2.38	Register of staff interests	M	Register of staff Interests form to be reviewed at least on an annual basis. Staff to be reminded annually to take responsibility to update the register.		Existing procedure adequate
	2.3	Hospitality Register - staff	M	Hospitality Register to be completed when a gift is offered and/or accepted. Staff to be reminded annually to take responsibility to update the register.		Existing procedure adequate

Item		Risk identified	Impact on Council	Management/control of risk	Likelihood of occurrence	Action required
<b>3. COUNCIL AND COMMITTEE MEETINGS</b>						
Administration/legal	3.1	Failure to meet statutory duty.	M	<p>All Councillors are notified of meetings by way of summons and agenda.</p> <p>All notices are posted on the Council's website and notice board three clear days prior to any meeting.</p> <p>Minutes and meeting notes are produced of all meetings.</p> <p>Meetings must be quorate.</p> <p>Attendance records maintained.</p> <p>Minutes signed by Chairman of Council and retained as the master copy.</p>		Existing procedure adequate
	3.2	Failure to respond to the electors' wish to exercise its rights/ freedom of Information Act		<p>Members and staff aware of electors' rights.</p> <p>Model Publication scheme in place which was publicised in local press on adoption and is included on the website.</p>		Existing procedure adequate
	3.3	Failure to comply with new regulations/legislation.		<p>Correspondence/notices reported to appropriate committee and enacted upon by officers.</p> <p>Membership of appropriate local/national associations maintained.</p> <p>Responsibility to ensure standards and on-going requirements are met allocated.</p> <p>Subscription to appropriate publications.</p> <p>Networking by staff.</p>		Existing procedure adequate
	3.4	Equality Act 2010 formerly Disability and Discrimination Act	M	<p>Meet all conditions of the Act as they affect service provision and the local council sector.</p> <p>Disability Policy in place.</p> <p>Allocation of responsibility for ensuring that standards/on-going requirements are met.</p>		Existing procedure inadequate, quality, Diversity and Inclusion Policy under review.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elthood of occurrence	Action re uired
	3.5	ailure to report Council business in minutes.	M	Council business annotated on agendas to inform Members of what is e pected of them in meetings. Proper, timely and accurate recording of Council business in the minutes. Minutes are numbered individually, paginated and signed. Master copy of minutes maintained.		isting procedure adequate
	3.6	Access	M	Access is available to all. ybrid meeting arrangements in place. Area set aside for press and public.		isting procedure adequate.
	3.7	Delegated powers	M	cheme of delegation to the council's committees and the Clerk in place and set out in the council's constitution. Retrospectively reported in Minutes.		isting procedure adequate.
Physical	3.8	Personal injury		Appropriate regulations and controls are in place to minimise the risk of injury to staff, Members, learners and the public. Defined standards are maintained. one orking Policy in place. Appropriate insurance cover in place.	M	isting procedure inadequate. Resources for risk assessment process required. Draft one orking Policy developed.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elthood of occurrence	Action re uired
<b>4. PROPERTY AND DOCUMENTS</b>						
inancial	4.1	egal liability as a result of asset ownership		Adequate public liability insurance in place.		isting procedure adequate.
Physical	4.2	oss/damage to civic regalia	M	Asset Register maintained. Adequate insurance in place. ers are aware of their responsibility to ensure adequate security/storage when regalia is in their care. Civic regalia maintained and cleaned.		isting procedure adequate.
	4.3	oss of assets	M	Responsibility for and effective security in place for all assets. Asset Register maintained.  Appropriate insurance cover is held.	M	isting procedure inadequate. Roll out of housekeeping checks to Improvements in asset register procedures required. Asset register in place and monitoring of assets undertaken through housekeeping checks.  isting procedure adequate.
Professional	4.4	ailure to effectively process documents.	M	Responsibility for the maintenance of effective control of documentation allocated. Defined procedure for recording receipt of documents, circulation, response, handling, retention and disposal filing.		isting procedure adequate.
	4.5	ecurity - au hall uildings	M	Members and staff aware of internal door security numbers and measures to be followed. taff issued with programmed fobs for internal access where the facility e ists.		isting procedure adequate.

Item		Risk identified	Impact on Council	Management/control of risk	Likelihood of occurrence	Action required
<b>5. DATA PROTECTION</b>						
Administration/legal	5.1	Data breach		Compliance with the general Data Protection Regulation (DPR) 2018 and Data Protection Act 2018. Policies and privacy notices adopted. Procedures for control, retention and disposal of documentation in place. Members, employees and sub-contractors trained to comply with DPR.		Existing procedure adequate.  Procedures for retention and disposal of documentation under review.
	5.2	Loss of data		Data backed up on DATT iris and aa CDR infinite cloud retention. Computer network cyber essentials plus accreditation.		
	5.3	Loss of documents	M	Documents should be stored in secure and fireproof storage unit.  Document retrieval systems required.	M	Existing procedure adequate.  Storage of physical documents to be reviewed. Space has become an issue. Explore fireproof storage options. Dokoni and Document retrieval system still not implemented fully and rolled out to staff.

Item		Risk identified	Impact on Council	Management/control of risk	Likelihood of occurrence	Action required
<b>6. EMPLOYMENT OF STAFF</b>						
Administration/legal	6.1	Failure to comply with employment law		Contracts of employment issued to all staff. Human resource consultancy service engaged. Ongoing training to fulfil requirements.		Recruitment procedure inadequate. Review of employment legislation and terms and conditions updated in compliance where applicable.
Professional	6.2	Inability to retain staff.		Regular staff appraisals. Ongoing documentation of key functions. Recognised as an Investor In People I.I.P. organisation.		Recruitment procedure adequate.
	6.3	Lack of training	M	Staff appraisals highlight any training needs. Staff attend training courses as required to undertake their duties. Training records maintained. Council training plan published on council website.		Recruitment procedure inadequate. Appraisal process and documentation under review in accordance with the I.I.P. action plan
	6.4	Lack of employee motivation/efficiency/capacity.	M	Each employee has a job description. Regular staff appraisals held. Staff records maintained. Staff meetings to encourage continuous development and improvement. Monitoring of staffing capacity. Investors In People processes in place.	M	Recruitment capacity and business continuity risks to be reviewed in accordance with the I.I.P. action plan.
	6.5	Attacks on personnel		Security system in place. Insurance cover held. Staff issued with one working Policy. Staff have telephone access at all times and are issued with mobile phones and panic alarms if required.	M	Risk assessments to be undertaken. Review draft lone working policy with managers of service areas and implement training and resource required.
	6.6	Failure to implement people management practices.	M	Managers have people management responsibilities.	M	Improve leadership skills at all levels in accordance with the I.I.P. action plan.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elthood of occurrence	Action re uired
<b>7. PROVISION OF OFFICE ACCOMMODATION/WORKING ENVIRONS</b>						
inancial	7.1	Inadequate budget provision	M	Detailed requirements and reports provided in annual budget setting process.		isting procedure adequate.
Physical	7.2	Poor working conditions		ousekeeping checklists completed quarterly. Repairs and maintenance undertaken in accordance with tenancy agreements. Adverse conditions reported to inance and eneral Purposes Committee and/or landlord as appropriate.		taff to be trained on undertaking housekeeping checks. taff training is being rolled out over recent months.
	7.3	Poor/faulty equipment	M	urniture removed and replaced as necessary. urniture checks performed quarterly. Checklists in place to identify faults. aulty equipment taken out of use.		Asset register process under review. ousekeeping checks identified broken equipment and furniture to be removed and disposed.
	7.4	ire		Testing and maintenance of fire alarm system in accordance with statutory legislation. Appropriate e tinguishers in place and regular testing of equipment. ignage in place. ire risk assessment in place. Recommended actions acted upon. mergency evacuation procedure in place. taff received fire marshal training.	M	Review of vacuation Chair system required.  ire marshal refresher training required.
	7.5	Personal injury	M	Controls in place to minimise the risk of injury. Defined standards maintained. ear Miss procedure, Accident Reporting and Investigation procedure in place.	M	isting procedure inadequate. Review of risk assessment and accident reporting process/policy required, incorporate policy on staff wellbeing and implement training required.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elihood of occurrence	Action re uired
Technical	7.6	Defective electrical equipment/machinery and heating system		Repairs/maintenance/certification carried out by qualified contractors. Regular inspections carried out to ensure that statutory obligations are met. Appropriate records maintained.		isting procedure adequate.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elihood of occurrence	Action re uired
<b>8. LAND AND BUILDINGS</b>						
Administration/legal	8.1	Maintenance and security of Deeds of wnership etc.	M	Responsibility for security determined. chedule listing all deeds in place and copied for administrative purposes. All deeds and relevant documentation held in fireproof cabinet or otherwise deposited with appropriate third party for safekeeping. Property registered with and Registry		Review of document storage arrangements required. Review document retention schedule.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elihood of occurrence	Action re uired
<b>. COMMUNITY HALLS AND C OCKING ROOMS</b>						
Administration/legal	.1	ailing volunteer hall committee		ocal Members appointed onto management committee in accordance with eads of Agreement.		Review of council facilities management policies underway. Consider CI to incorporate halls under one charitable organisation. isting procedure adequate ncourage engagement. isting procedure adequate. isting procedure adequate.
	.2	Inadequate representation on management committees	M	ocal members appointed onto management committee in accordance with eads of Agreement		
	.3	ailure to retain asset register.	M	All premises included on asset register.		
	.4	ailure to secure a lease/licence		igned leases for land in place with landowners.		
inancial	.5	Inadequate budget provision		Adequate provision made in budgets for maintenance and capital works. inancial support to hall committees sustainability of operational e penses.		isting procedure adequate.
	.6	ailure to optimise the AT treatment of Council-managed community halls may result in irrecoverable AT, increased costs, and non-compliance with MRC AT requirements.		y opting to ta community halls under the Councils control, where appropriate, AT is charged on ta able hall hire income. Assess the financial implications of opting to ta each property and seek specialist AT advice to ensure compliance with MRC requirements, ma imise the recovery of input AT, and reduce the risk of e ceeding the AT de minimis limit.		Current arrangements are adequate but may not ma imise AT recovery and require ongoing monitoring. pt to ta wiss alley hall and the service block at wiss alley reservoir.
	.7	acility hire agreements	M	ire agreements are signed by the hirers of facilities managed in house.	M	isting procedure inadequate. ire agreements in place for Canolfan lwynhendy, to be implemented for wiss alley and urnace alls.

Item		Ris identified	Im act on Council	Management/control of ris	Li elhood of occurrence	Action re uired
Physical	.8  .  .10	Misuse of changing facilities  ire  ailure to maintain assets	M	Terms and Conditions of se of Changing Rooms in place.  Management committees instructed to limit storage of combustible materials. ire risk assessments undertaken annually. Appropriate fire e tinguishers in place and serviced annually. afety signage in place.  Repair and maintenance system in place. taff trained to undertake repairs.	M	isting procedure inadequate. Review Terms Conditions.  isting procedure inadequate Recorded housekeeping checks required.  isting procedure inadequate.
	.11  .12  .13	Inadequate security  Poor/faulty equipment  oss/damage through vandalism		Management committees responsible for the security of the buildings. ecurity company engaged to provide a key holding service for out-of-hours attendance for alarmed properties.  urniture removed and replaced as necessary. urniture checks performed quarterly. fficient and effective security of buildings. iaison maintained with local enforcement agencies. Appropriate action taken against offenders. ecurity company provides out-of-hours emergency repairs. CCT at some assets. Contact details of overnance and Projects Manager and acilities Manager held by management committees for emergency situations and the security company for alarmed premises. ut of hours emergency 24-hour contact reviewed and implemented. A with security company reviewed and updated.		Regular buildings inspections require resource. isting procedure adequate.  isting procedure inadequate. Regular furniture checks requires resource.  isting procedure adequate.

Item		Ris identified	Im act on Council	Management/control of ris	Li elhood of occurrence	Action re uired
	.14	Personal injury		Regular maintenance in place to minimise the risk of injury to all users. Appropriate signage in place where necessary. Appropriate insurance cover in place. irers and hall management undertake appropriate risk assessments.	M	isting procedure inadequate. Resource required to undertake training and regular health and safety inspections. Risk assessment protocols required.
Technical	.15	Defective electrical equipment/machinery and heating system		Repairs/maintenance/certification carried out by qualified contractors. Portable appliance testing in accordance with statutory regulations for high-risk areas. Recorded visual checks also undertaken in low-risk areas during housekeeping checks. Appropriate records maintained.	M	isting procedure inadequate. Regular buildings inspections require resource. ousekeeping check procedures require review.

Item		Ris identified	Im act on Council	Management/control of ris	Li elhood of occurrence	Action re uired
Transfer of Assets	.16	ailure to secure a lease/licence	M	egal services engaged to advise on and e pedite lease/licence.		isting procedure adequate.
	.17	Poor condition of asset		Council considers financial consequence of adopting the asset. Professional reports obtained when necessary.		isting procedure adequate.

Item		Ris identified	Im act on Council	Management/control of ris	Li elthood of occurrence	Action re uired
Administration/legal	10.1	ailure to secure a lease/licence	M	igned leases/licences in place with landowners.		isting procedure adequate.
nvironmental	10.2	Impact of fly tipping and associated health and safety risk	M	Regular site inspections carried out. itter bins provided and emptied. a ardous substances/equipment are properly dealt with. iaison with local enforcement agencies maintained.		isting procedure adequate.
	10.3	andalism		iaison with local enforcement agencies maintained. Appropriate action taken against offenders.		isting procedure adequate.
inancial	10.4	Inadequate budget provision	M	penditure detailed in budgetary process		isting procedure adequate.
Physical	10.5	Personal injury		Regular maintenance in place to minimise the risk of injury to all users. Regular health and safety site inspections carried out to ensure that defined standards are maintained. Appropriate signage is in place where necessary. Appropriate insurance cover in place.		isting procedure adequate.
	10.6	ack of maintenance	M	Regular maintenance programme in place.		isting procedure adequate.
Transfer of Assets to the Council	10.7	ailure to secure a lease/licence	M	egal services engaged to advise on and e peditate lease/licence.		isting procedure adequate.
	10.8	Poor condition of asset		unding to upgrade asset secured prior to its transfer if available. evel of resources required to maintain facilities quantified prior to any transfers taking place.		isting procedure adequate.

Item		Ris identified	Im act on Council	Management/control of ris	Li elihood of occurrence	Action re uired
<b>11. PLAY AREAS</b>						
Administration/legal	11.1	ailure to secure a lease	M	igned leases for and in place with landlords.		isting procedure adequate.
inancial	11.2	Inadequate budget provision	M	penditure detailed in budgetary process.		isting procedure adequate.
	11.3	Inadequate insurance cover		Council has appropriate insurance cover.		isting procedure adequate.
nvironmental	11.4	andalism		iaison with enforcement agencies maintained. Appropriate action taken against offenders.		isting procedure adequate.
Physical	11.5	Personal injury		Regular maintenance in place to minimise the risk of injury to all users. Responsibility for inspecting play areas defined. Inspections undertaken on a regular basis and documented. Annual inspection by independent play area inspector.		isting procedure adequate.
	11.6	ack of maintenance		wnership signs in place. Maintenance budgets in place. Regular maintenance regime and recording system in place. taff trained to undertake duties.		isting procedure adequate.
Transfer of Assets to the Council	11.7	ailure to secure a lease/licence	M	egal services engaged to advise on and e pedite lease/licence.		isting procedure adequate.
	11.8	Poor condition of asset		unding secured to upgrade or replace equipment and surfacing prior to its transfer.		isting procedure adequate.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elhood of occurrence	Action re uired
<b>12. PUBLIC RIGHTS OF WAY/FOOTPATHS</b>						
Administration/legal	12.1	Inability to identify public rights of way/footpaths		Official routes of public rights of way documented.		Existing procedure adequate.
Environmental	12.2	Failure to undertake maintenance works		Regular maintenance programme in place. Staff trained to undertake duties.		Existing procedure adequate.
Financial	12.3	Inadequate budget provision		Expenditure detailed in budgetary process.		Existing procedure adequate.
Physical	12.4	Personal injury	M	Safe working practices in place for RC areas of activity. Carmarthenshire County Council responsible for the upkeep and condition of footpath surfaces and assets.		Existing procedure adequate.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elhood of occurrence	Action re uired
<b>13. FOOTWAY LIGHTING</b>						
Administration/legal	13.1	Inability to maintain footway lighting	M	Carmarthenshire County Council contracted to inspect, maintain and provide energy supply to the lighting columns.		Existing procedure adequate.
Environmental	13.2	Failure to provide lighting		Faulty lights reported to contractor.		Existing procedure adequate.
Financial	13.3	Inadequate budget provision	M	Requirements provided for in annual budget process.		Existing procedure adequate.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elthood of occurrence	Action re uired
<b>14. CEMETERY AND BUILDINGS</b>						
inancial	14.1	Inadequate budget provision	M	Detailed requirements and report provided in annual budget setting process.		isting procedure adequate.
nvironmental	14.2	Impact of fly tipping and associated health and safety risk	M	Regular site inspections carried out. litter bins provided and emptied. a arduous substances/equipment are properly dealt with. liaison with local enforcement agencies maintained.		isting procedure adequate.
	14.3	andalism		liaison with local enforcement agencies maintained. Appropriate action taken against offenders.		isting procedure adequate.
	14.4	Public ealth		Policies, procedures and control measures in place. fficers and staff trained in appropriate practices and control measures. Refresher training provided.		isting procedure adequate.
egal	14.5	Control of burial space		Policies, procedures and control measures in place. fficers and staff trained in appropriate practices and control measures. Refresher training provided		isting procedure adequate.



Item		Risk identified	Impact on Council	Management/control of risk	Likelihood of occurrence	Action required
<b>15. SERVICE LEVEL AGREEMENT PROVISION</b>						
Administration	15.1	Poor management		Service level Agreement in place. Charges reviewed annually or when pay awards are implemented. Working hours recorded and analysed.		Existing procedure adequate.
	15.2	Poor financial management		Effective budgetary control/financial management in place. Official orders received for delivery of the service. Reconciliation of accounts and sales invoices issued regularly. Payment terms of service invoices adhered to.		Existing procedure adequate.

Item		Risk identified	Implemented on Council	Management/control of risk	Likelihood of occurrence	Action required
<b>16. OUTBREAK OF CONTAGIOUS VIRUSES DISEASES ETC.</b>						
Pandemic	16.1	Adherence to external government and health regulations and guidelines at all times		Clerk's scheme of Delegated Powers in place. Closing down of workplaces and premises as required. Assess all aspects of activities to reduce risk wherever possible in response to external government guidance and regulations.	M	Review of actions in all areas undertaken post pandemic Covid-19.  Document process to follow in the event of any future emergency situation.

Signed

Chairman of Council

Deputy Clerk

Date

# LLANELLI RURAL COUNCIL

## CORPORATE RISK ASSESSMENT 2 26/27

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elihood of occurrence	Action re uired
<b>1. CORPORATE</b>						
Administration/legal	1.1	ailure to implement strategic and operational objectives		<p>trategic Plan reviewed after election process, e.g. every five years, by the Policy and Resources Committee.</p> <p>ervice Plans compiled annually in accordance with the budget set for the financial year and adopted by the Policy and Resources Committee. Target dates set against each objective and reviewed after a si month period by Committee. Regular departmental and team briefings to review objectives and achievement of targets.</p>		isting procedure adequate.
	1.2	ailure to identify and eliminate operational and financial risks		<p>Risk management policy in place.</p> <p>Risk assessment produced identifying corporate and operational risks which is reviewed annually by the Council signed by Chairman and the Technical and eneral perations Manager upon adoption.</p>		isting procedure adequate.
	1.3	Inadequate attention given to health and safety matters		<p>ealth and afety Consultants engaged to advise Council.</p> <p>ealth and afety Policy in place with designated staffing having defined responsibilities.</p> <p>ealth and afety Committee meetings in place to review arrangements and procedures.</p> <p>mployee afety andbook issued to all staff.</p> <p>Risk, manual handling and C assessments being compiled.</p> <p>taff undertake training courses as and when necessary.</p>	M	<p>isting procedure inadequate.</p> <p>Designated staff defined responsibilities matri required.</p> <p>ealth and afety representatives' meetings required.</p> <p>Risk, manual handling and C assessments/reviews resource provided and progress ongoing with risk assessments and training</p>

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elthood of occurrence	Action re uired
	1.4	ailure to comply with employment aw		Adequate budget in place to fulfil responsibilities. uman resource consultants engaged to advise Council. taff are issued with contracts of employment and mployee andbook.		isting procedure adequate  mployee handbook update with changes to legislation in April 2026 required before reissue.
	1.5	Inadequate management system.	M	Proper management structure in place. rganisational chart depicts staffing structure.		isting procedure adequate.
	1.6	egal processes		olicitors engaged to advise and act on behalf of the Council in matters such as leases, tenancy agreements, licences etc.		isting procedure adequate.
	1.7	ailure to advise elected Members on local government law and procedures.	M	Induction process available to Members following election. Members sign and comply with the Code of Conduct. ualified staff advise on law and procedures including the scope of local council powers.		isting procedure adequate.
	1.8	raud and corruption		raud and Corruption Policy adopted. Responsibility for financial transactions designated to defined staff.		isting procedure adequate
Communication	1.	lectorate not being consulted on local developments.	M	Public meetings convened to inform of capital proposals. ocal committees/residents invited to participate in formation of capital schemes.		isting procedure adequate.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elthood of occurrence	Action re uired
				Council Ta otice circulated with Council Ta demand annually to inform of Council's e penditure for the forthcoming year. ebsite updated on a regular basis. Public notices included in local press. Meeting agendas posted on website. Regular postings on social media sites. Complaints procedure in place.		Complaints procedure under review.
Contracting arrangements	1.10	ailure to engage suitable/qualified contractors		Appropriately qualified electrical and heating engineer contractors engaged. Public liability Certificates of contractors reviewed periodically. Contracts in place with sub-contractors to deliver specialist training courses for learners. Discussions take place if contractors under-perform to resolve any issues. JCT documentation completed and signed for construction works.		isting procedure inadequate.  Improved process to review retained contractors P I certificates regularly.
alue for money	1.11	ailure to achieve value for money	M	fficers follow the procedures set out in the financial regulations when obtaining quotations/tenders. ell to ales procurement process utilised as appropriate.		isting procedure adequate.
Capital schemes	1.12	ailure to produce a capital programme		Rolling programme of capital schemes agreed by Council following elections, e.g. on a five-yearly basis or at the pecial Council meeting where budgets are confirmed. unding for schemes identified. rants or borrowing approval pursued as agreed by Council.		isting procedure adequate.

Item		Ris identified	Im act on Council	Management/control of ris	Li elthood of occurrence	Action re uired
<b>2. FINANCIAL</b>						
Administration/legal	2.1	ailure to set a precept within sound budgeting arrangements.		<p>Present draft budgets to Committee following an agreed timetable.  Review all charges.  Precept set as a result of a full report detailing requirements for forthcoming year for all heads of income and e penditure.  Review adequacy of all balances and reserves.  nsure that an effective budget monitoring is in place throughout the year.  Precept demand signed by the Chairman and Clerk and served on illing Authority Carmarthenshire County Council</p>		isting procedure adequate
	2.2	ailure to keep proper financial records.		<p>Responsible inancial ffficer defined.  tanding rders and inancial Regulations are in place and are subject to periodic review.  Monthly reports to inance and eneral Purposes Committee.  ffective internal audit in place.  ternal audit in accordance with Accounts and Audit ales Regulations.</p>		isting procedure adequate
	2.3	Poor financial management		<p>Responsibility for the management of the Council's financial affairs in place with the appointment of Responsible inancial ffficer R who has defined duties.  tanding rders and inancial Regulations maintained and reviewed.  ffective budgetary control/financial reporting system in place.  Investments made in accordance with Investment strategy.  chedule of Payments presented monthly to inance and eneral Purposes Committee.</p>		isting procedure adequate

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elihood of occurrence	Action re uired
				Monthly reconciliation of accounts. Internal audit in place. Internal audit in accordance with Accounts and Audit ales Regulations.		isting procedure adequate
	2.4	Inadequacy of insurance		Annual review of all insurance arrangements. Cover for employers iability, Public iability, idelity uarantee and fleet in place		isting procedure adequate
	2.5	ncompetitive insurance premium		Three year long-term insurance agreement in place. Agreement ends 31 March 2027.		isting procedure adequate
	2.6	ailure to collect income.	M	Responsibility for collection of income is defined. Debtor invoices issued for cash receipts. Irrecoverable sums are written off. Internal audit testing carried out.		isting procedure adequate
	2.7	oss of revenue through unavailability of training venues		Regular maintenance programme in place. Gas and electrical supplies/appliances certified as appropriate. ub-contractors available to deliver training routes in an emergency situation. oss of revenue insurance in place.		isting procedure adequate
	2.8	o authority to incur e penditure.		evels of responsibility documented. taff are fully conversant with local council legal duties and powers.		isting procedure adequate
	2.	o official order issued for goods/services.	M	fficial orders issued for all goods/services.		isting procedure adequate

		<b>Ris identified</b>	<b>Im act on Council</b>	<b>Mana ement/control of ris</b>	<b>Li elthood of occurrence</b>	<b>Action re uired</b>
	2.10	o control on e penditure		udgets set gives authority to spend in accordance with inancial Regulations and is reviewed monthly.		isting procedure adequate
	2.11	Creditor invoice incorrectly calculated or recorded.		Randomly check invoices arithmetically, match orders with invoices. Report discrepancies to creditor.		isting procedure adequate
	2.12	nauthorised payment	M	Invoices authorised for payment documented. All methods of payment signed by two Members and an authorised officer. Cheque book counterfoils initialled by defined officers.		isting procedure adequate
	2.13	Capacity of payment facility in internet banking	M	Payments imported directly from accounts software directly to bank secure internet banking site.		isting procedure adequate
	2.14	ailure to attain performance and quality targets for learner provision		Job outcomes and framework completion rates in accordance with targets set by elsh Assembly overnment uality Development Plan compiled and implemented and reported to the earning and Development Consultative Committee. taff and sub-contractors in place to deliver and assess training.		isting procedure adequate
	2.15	ailure to submit tenders for e ternal funding.		Tender documents submitted to elsh overnment via Primary Contractors within stipulated timescale.		isting procedure adequate
	2.16	Inability to repay loans		Report presented by the Clerk/R on capital projects requiring loan sanction and the affordability of repayment to enable progression. Council decides upon amount required. Application is made to the elsh overnment for borrowing approval. Revenue budget is provided for repayment of loan.		isting procedure adequate

Item		Risk identified	Impact on Council	Management/control of risk	Likelihood of occurrence	Action required
	2.17	Inadequate checks on banking processes		Bank accounts monitored regularly. Adequate funds made available for credit balance.		Existing procedure adequate
	2.18	Bank charges uncompetitive.		Low-cost payment plan negotiated.		Existing procedure adequate
	2.1	Loss of investment interest		Review investment policy annually. Surplus funds invested, when possible, to gain maximum interest. Return of principal and interest verified against bank statements. Investments are managed in accordance with the Council's approved Annual Investment Strategy. Deposits are placed with an approved financial institution that meets the Council's security and liquidity requirements.		Existing controls are considered adequate however, opportunities exist to further diversify investments and optimise returns. Review alternative investment opportunities to enhance yield, where this is consistent with the council's annual investment strategy and maintains the security of capital and appropriate liquidity of investment.
	2.20	Loss of cash through theft or dishonesty	M	Responsibility for cash at all sources identified. Cash held in safe pending banking. Arrangements in place for issuing invoices, recording and banking of all cash received. Monthly bank reconciliation. Monthly reports to Finance and General Purposes Committee. Adequate fidelity guarantee held.		Existing procedure adequate
	2.21	Failure to pay correct salaries including wages and allowances	M	Pay grades checked to contracts of service and JC grades/points annually or upon review. Allowances agreed by Policy and Resources Committee when pay increases are confirmed. All calculations verified by R .		Existing procedure adequate

Item		Ris identified	Im act on Council	Management/control of ris	Li elihood of occurrence	Action re uired
	2.22	ailure to comply with MRC instructions for statutory deductions	M	Payroll software updated with deduction rates notified by MRC. Comprehensive records of all calculations maintained in accordance with MRC regulations. Monthly payments and submissions to MRC in accordance with Real Time Reporting.		isting procedure adequate
	2.23	ailure to comply with ocal overnment Pension scheme P Regulations	M	mployee contributions based on bands issued by Dyfed Pension und reviewed at least annually. Regulatory and discretionary policies updated as required by legislation. Monthly payments and submissions to Dyfed Pension und via i-connect.		isting procedure adequate
	2.24	ailure to account for AT	M	All items entered onto financial software which is updated with changes in rates as required. Claims reconciled with nominal ledger and submitted online to MRC within prescribed timescale.		isting procedure adequate
	2.25	Inadequate budget for election costs	M	Annual budget allocation is accumulated over Council term, with funds transferred to an earmarked reserve to off-set cost of future elections.		isting procedure adequate
	2.26	ailure to maintain assets.		Regular inspection and maintenance of buildings and grounds, maintenance to vehicles and machinery documented.		isting procedure inadequate. Proactive building inspection resource required.
	2.27	ailure to document assets	M	Asset register reviewed and updated annually.	M	isting procedure adequate.
	2.28	Inadequate general reserves	M	Considered at budget setting orking balance equivalent to three months' e penditure maintained.		isting procedure adequate

Item		Risk identified	Impact on Council	Management/control of risk	Likelihood of occurrence	Action required
	2.2	Inadequate earmarked reserves		Considered at budget setting and year-end. Records maintained.		Existing procedure adequate
	2.30	Absence/loss of personnel. Insufficient resource/capacity.		Documentation of financial procedures on-going. Monitoring of staffing capacity. Training provided. Secondment of staff.	M	Existing controls, staff capacity and business continuity risks to be reviewed, procedures under development.
	2.31	Fraud		Different levels of responsibility for financial transactions documented. Fidelity guarantee in place. Fraud and Corruption policy in place.		Existing procedure inadequate. Fraud and Corruption policy under review.
	2.32	Loss of financial data		Data backed up on server and DATT. Crisis Business Continuity Disaster Recovery (CBDR) Board. Office 365 cloud-based data held in Office 365 is backed up to DATT via infinite cloud retention. Remote check of back up success by Pisis.		Existing procedure adequate.
	2.33	No power to incur expenditure		Clerk and R are aware of various legislation and advise Council.		Existing procedure adequate
	2.34	Accounts not prepared within legislative timetable		Statement of Accounts presented to Council by 30 June each year. Notice of Audit published followed by Notice of Completion of Audit in accordance with legislation.		Existing procedure adequate
	2.35	Conflict of Interest - Members	M	Councillors have a duty to declare any interest at the start of the meeting and before item is discussed.		Existing procedure adequate
	2.36	Register of Members' Interests	M	Register of Members' Interests form to be reviewed at least on an annual basis. Register published on Council website.		Existing procedure adequate

Item		Risk identified	Impact on Council	Management/control of risk	Likelihood of occurrence	Action required
	2.37	Hospitality Register- Members	M	Hospitality Register to be completed when a gift of 25 or over in value is offered and/or is accepted. Members to be reminded annually to take responsibility to update the register.		Existing procedure adequate
	2.38	Register of staff interests	M	Register of staff Interests form to be reviewed at least on an annual basis. Staff to be reminded annually to take responsibility to update the register.		Existing procedure adequate
	2.3	Hospitality Register - staff	M	Hospitality Register to be completed when a gift is offered and/or accepted. Staff to be reminded annually to take responsibility to update the register.		Existing procedure adequate

Item		Risk identified	Impact on Council	Management/control of risk	Likelihood of occurrence	Action required
<b>3. COUNCIL AND COMMITTEE MEETINGS</b>						
Administration/legal	3.1	Failure to meet statutory duty.	M	<p>All Councillors are notified of meetings by way of summons and agenda.</p> <p>All notices are posted on the Council's website and notice board three clear days prior to any meeting.</p> <p>Minutes and meeting notes are produced of all meetings.</p> <p>Meetings must be quorate.</p> <p>Attendance records maintained.</p> <p>Minutes signed by Chairman of Council and retained as the master copy.</p>		Existing procedure adequate
	3.2	Failure to respond to the electors' wish to exercise its rights/ freedom of Information Act		<p>Members and staff aware of electors' rights.</p> <p>Model Publication scheme in place which was publicised in local press on adoption and is included on the website.</p>		Existing procedure adequate
	3.3	Failure to comply with new regulations/legislation.		<p>Correspondence/notices reported to appropriate committee and enacted upon by officers.</p> <p>Membership of appropriate local/national associations maintained.</p> <p>Responsibility to ensure standards and on-going requirements are met allocated.</p> <p>Subscription to appropriate publications.</p> <p>Networking by staff.</p>		Existing procedure adequate
	3.4	Equality Act 2010 formerly Disability and Discrimination Act	M	<p>Meet all conditions of the Act as they affect service provision and the local council sector.</p> <p>Disability Policy in place.</p> <p>Allocation of responsibility for ensuring that standards/on-going requirements are met.</p>		Existing procedure inadequate, quality, Diversity and Inclusion Policy under review.

Item		Risk identified	Impact on Council	Management/control of risk	Likelihood of occurrence	Action required
	3.5	Failure to report Council business in minutes.	M	Council business annotated on agendas to inform Members of what is expected of them in meetings. Proper, timely and accurate recording of Council business in the minutes. Minutes are numbered individually, paginated and signed. Master copy of minutes maintained.		Existing procedure adequate.
	3.6	Access	M	Access is available to all. Hybrid meeting arrangements in place. Area set aside for press and public.		Existing procedure adequate.
	3.7	Delegated powers	M	Scheme of delegation to the council's committees and the Clerk in place and set out in the council's constitution. Retrospectively reported in Minutes.		Existing procedure adequate.
Physical	3.8	Personal injury		Appropriate regulations and controls are in place to minimise the risk of injury to staff, Members, learners and the public. Defined standards are maintained. Working Policy in place. Appropriate insurance cover in place.	M	Existing procedure inadequate. Resources for risk assessment process required. Draft Working Policy developed.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elthood of occurrence	Action re uired
<b>4. PROPERTY AND DOCUMENTS</b>						
inancial	4.1	egal liability as a result of asset ownership		Adequate public liability insurance in place.		isting procedure adequate.
Physical	4.2	oss/damage to civic regalia	M	Asset Register maintained. Adequate insurance in place. ers are aware of their responsibility to ensure adequate security/storage when regalia is in their care. Civic regalia maintained and cleaned.		isting procedure adequate.
	4.3	oss of assets	M	Responsibility for and effective security in place for all assets. Asset Register maintained.  Appropriate insurance cover is held.	M	isting procedure inadequate. Roll out of housekeeping checks to Improvements in asset register procedures required. Asset register in place and monitoring of assets undertaken through housekeeping checks.  isting procedure adequate.
Professional	4.4	ailure to effectively process documents.	M	Responsibility for the maintenance of effective control of documentation allocated. Defined procedure for recording receipt of documents, circulation, response, handling, retention and disposal filing.		isting procedure adequate.
	4.5	ecurity - au hall uildings	M	Members and staff aware of internal door security numbers and measures to be followed. taff issued with programmed fobs for internal access where the facility e ists.		isting procedure adequate.

Item		Risk identified	Impact on Council	Management/control of risk	Likelihood of occurrence	Action required
<b>5. DATA PROTECTION</b>						
Administration/legal	5.1	Data breach		Compliance with the general Data Protection Regulation (DPR) 2018 and Data Protection Act 2018. Policies and privacy notices adopted. Procedures for control, retention and disposal of documentation in place. Members, employees and sub-contractors trained to comply with DPR.		Existing procedure adequate.  Procedures for retention and disposal of documentation under review.
	5.2	Loss of data		Data backed up on DATT iris and aa CDR infinite cloud retention. Computer network cyber essentials plus accreditation.		
	5.3	Loss of documents	M	Documents should be stored in secure and fireproof storage unit.  Document retrieval systems required.	M	Existing procedure adequate.  Storage of physical documents to be reviewed. Space has become an issue. Explore fireproof storage options. Dokoni and Document retrieval system still not implemented fully and rolled out to staff.

Item		Ris identified	Im act on Council	Management/control of ris	Li elihood of occurrence	Action re uired
<b>6. EMPLOYMENT OF STAFF</b>						
Administration/legal	6.1	ailure to comply with employment law		Contracts of employment issued to all staff. Human resource consultancy service engaged. On-going training to fulfil requirements.		isting procedure inadequate. Review of employment legislation and terms and conditions updated in compliance where applicable.
Professional	6.2	Inability to retain staff.		Regular staff appraisals. On-going documentation of key functions. Recognised as an Investor In People I.I.P. organisation.		isting procedure adequate.
	6.3	Lack of training	M	Staff appraisals highlight any training needs. Staff attend training courses as required to undertake their duties. Training records maintained. Council training plan published on council website.		isting procedure inadequate. Appraisal process and documentation under review in accordance with the I.I.P. action plan
	6.4	Lack of employee motivation/efficiency/capacity.	M	Each employee has a job description. Regular staff appraisals held. Staff records maintained. Staff meetings to encourage continuous development and improvement. Monitoring of staffing capacity. Investors In People processes in place.	M	isting capacity and business continuity risks to be reviewed in accordance with the I.I.P. action plan.
	6.5	Attacks on personnel		Security system in place. Insurance cover held. Staff issued with one working Policy. Staff have telephone access at all times and are issued with mobile phones and panic alarms if required.	M	Risk assessments to be undertaken. Review draft lone working policy with managers of service areas and implement training and resource required.
	6.6	ailure to implement people management practices.	M	Managers have people management responsibilities.	M	Improve leadership skills at all levels in accordance with the I.I.P. action plan.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elthood of occurrence	Action re uired
<b>7. PROVISION OF OFFICE ACCOMMODATION/WORKING ENVIRONS</b>						
inancial	7.1	Inadequate budget provision	M	Detailed requirements and reports provided in annual budget setting process.		isting procedure adequate.
Physical	7.2	Poor working conditions		ousekeeping checklists completed quarterly. Repairs and maintenance undertaken in accordance with tenancy agreements. Adverse conditions reported to inance and eneral Purposes Committee and/or landlord as appropriate.		taff to be trained on undertaking housekeeping checks. taff training is being rolled out over recent months.
	7.3	Poor/faulty equipment	M	urniture removed and replaced as necessary. urniture checks performed quarterly. Checklists in place to identify faults. aulty equipment taken out of use.		Asset register process under review. ousekeeping checks identified broken equipment and furniture to be removed and disposed.
	7.4	ire		Testing and maintenance of fire alarm system in accordance with statutory legislation. Appropriate e tinguishers in place and regular testing of equipment. ignage in place. ire risk assessment in place. Recommended actions acted upon. mergency evacuation procedure in place. taff received fire marshal training.	M	Review of vacuation Chair system required.  ire marshal refresher training required.
	7.5	Personal injury	M	Controls in place to minimise the risk of injury. Defined standards maintained. ear Miss procedure, Accident Reporting and Investigation procedure in place.	M	isting procedure inadequate. Review of risk assessment and accident reporting process/policy required, incorporate policy on staff wellbeing and implement training required.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elihood of occurrence	Action re uired
Technical	7.6	Defective electrical equipment/machinery and heating system		Repairs/maintenance/certification carried out by qualified contractors. Regular inspections carried out to ensure that statutory obligations are met. Appropriate records maintained.		isting procedure adequate.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elihood of occurrence	Action re uired
<b>8. LAND AND BUILDINGS</b>						
Administration/legal	8.1	Maintenance and security of Deeds of wnership etc.	M	Responsibility for security determined. chedule listing all deeds in place and copied for administrative purposes. All deeds and relevant documentation held in fireproof cabinet or otherwise deposited with appropriate third party for safekeeping. Property registered with and Registry		Review of document storage arrangements required. Review document retention schedule.

Item		Ris identified	Im act on Council	Management/control of ris	Li elihood of occurrence	Action re uired
<b>. COMMUNITY HALLS AND C OOKING ROOMS</b>						
Administration/legal	.1	ailing volunteer hall committee		ocal Members appointed onto management committee in accordance with eads of Agreement.		Review of council facilities management policies underway. Consider CI to incorporate halls under one charitable organisation.
	.2	Inadequate representation on management committees	M	ocal members appointed onto management committee in accordance with eads of Agreement		isting procedure adequate encourage engagement.
	.3	ailure to retain asset register.	M	All premises included on asset register.		isting procedure adequate.
	.4	ailure to secure a lease/licence		igned leases for land in place with landowners.		isting procedure adequate.
inancial	.5	Inadequate budget provision		Adequate provision made in budgets for maintenance and capital works. inancial support to hall committees sustainability of operational e penses.		isting procedure adequate.
	.6	ailure to optimise the AT treatment of Council-managed community halls may result in irrecoverable AT, increased costs, and non-compliance with MRC AT requirements.		y opting to ta community halls under the Councils control, where appropriate, AT is charged on ta able hall hire income. Assess the financial implications of opting to ta each property and seek specialist AT advice to ensure compliance with MRC requirements, ma imise the recovery of input AT, and reduce the risk of e ceeding the AT de minimis limit.		Current arrangements are adequate but may not ma imise AT recovery and require ongoing monitoring. pt to ta wiss alley hall and the service block at wiss alley reservoir.
	.7	acility hire agreements	M	ire agreements are signed by the hirers of facilities managed in house.	M	isting procedure inadequate. ire agreements in place for Canolfan lwynhendy, to be implemented for wiss alley and urnace alls.

Item		Ris identified	Im act on Council	Management/control of ris	Li elhood of occurrence	Action re uired
Physical	.8  .  .10	Misuse of changing facilities  ire  ailure to maintain assets	M	Terms and Conditions of se of Changing Rooms in place.  Management committees instructed to limit storage of combustible materials. ire risk assessments undertaken annually. Appropriate fire e tinguishers in place and serviced annually. afety signage in place.  Repair and maintenance system in place. taff trained to undertake repairs.	M	isting procedure inadequate. Review Terms Conditions.  isting procedure inadequate Recorded housekeeping checks required.  isting procedure inadequate.
	.11  .12  .13	Inadequate security  Poor/faulty equipment  oss/damage through vandalism		Management committees responsible for the security of the buildings. ecurity company engaged to provide a key holding service for out-of-hours attendance for alarmed properties.  urniture removed and replaced as necessary. urniture checks performed quarterly. fficient and effective security of buildings. iaison maintained with local enforcement agencies. Appropriate action taken against offenders. ecurity company provides out-of-hours emergency repairs. CCT at some assets. Contact details of overnance and Projects Manager and acilities Manager held by management committees for emergency situations and the security company for alarmed premises. ut of hours emergency 24-hour contact reviewed and implemented. A with security company reviewed and updated.		Regular buildings inspections require resource. isting procedure adequate.  isting procedure inadequate. Regular furniture checks requires resource.  isting procedure adequate.

Item		Ris identified	Im act on Council	Management/control of ris	Li elhood of occurrence	Action re uired
	.14	Personal injury		Regular maintenance in place to minimise the risk of injury to all users. Appropriate signage in place where necessary. Appropriate insurance cover in place. irers and hall management undertake appropriate risk assessments.	M	isting procedure inadequate. Resource required to undertake training and regular health and safety inspections. Risk assessment protocols required.
Technical	.15	Defective electrical equipment/machinery and heating system		Repairs/maintenance/certification carried out by qualified contractors. Portable appliance testing in accordance with statutory regulations for high-risk areas. Recorded visual checks also undertaken in low-risk areas during housekeeping checks. Appropriate records maintained.	M	isting procedure inadequate. Regular buildings inspections require resource. ousekeeping check procedures require review.

Item		Ris identified	Im act on Council	Management/control of ris	Li elhood of occurrence	Action re uired
Transfer of Assets	.16	ailure to secure a lease/licence	M	egal services engaged to advise on and e pedite lease/licence.		isting procedure adequate.
	.17	Poor condition of asset		Council considers financial consequence of adopting the asset. Professional reports obtained when necessary.		isting procedure adequate.

Item		Ris identified	Im act on Council	Management/control of ris	Li elthood of occurrence	Action re uired
Administration/legal	10.1	ailure to secure a lease/licence	M	igned leases/licences in place with landowners.		isting procedure adequate.
nvironmental	10.2	Impact of fly tipping and associated health and safety risk	M	Regular site inspections carried out. itter bins provided and emptied. a ardous substances/equipment are properly dealt with. iaison with local enforcement agencies maintained.		isting procedure adequate.
	10.3	andalism		iaison with local enforcement agencies maintained. Appropriate action taken against offenders.		isting procedure adequate.
inancial	10.4	Inadequate budget provision	M	penditure detailed in budgetary process		isting procedure adequate.
Physical	10.5	Personal injury		Regular maintenance in place to minimise the risk of injury to all users. Regular health and safety site inspections carried out to ensure that defined standards are maintained. Appropriate signage is in place where necessary. Appropriate insurance cover in place.		isting procedure adequate.
	10.6	ack of maintenance	M	Regular maintenance programme in place.		isting procedure adequate.
Transfer of Assets to the Council	10.7	ailure to secure a lease/licence	M	egal services engaged to advise on and e peditate lease/licence.		isting procedure adequate.
	10.8	Poor condition of asset		unding to upgrade asset secured prior to its transfer if available. evel of resources required to maintain facilities quantified prior to any transfers taking place.		isting procedure adequate.

Item		Ris identified	Im act on Council	Management/control of ris	Li elthood of occurrence	Action re uired
<b>11. PLAY AREAS</b>						
Administration/legal	11.1	ailure to secure a lease	M	igned leases for and in place with landlords.		isting procedure adequate.
inancial	11.2	Inadequate budget provision	M	penditure detailed in budgetary process.		isting procedure adequate.
	11.3	Inadequate insurance cover		Council has appropriate insurance cover.		isting procedure adequate.
nvironmental	11.4	andalism		iaison with enforcement agencies maintained. Appropriate action taken against offenders.		isting procedure adequate.
Physical	11.5	Personal injury		Regular maintenance in place to minimise the risk of injury to all users. Responsibility for inspecting play areas defined. Inspections undertaken on a regular basis and documented. Annual inspection by independent play area inspector.		isting procedure adequate.
	11.6	ack of maintenance		wnership signs in place. Maintenance budgets in place. Regular maintenance regime and recording system in place. taff trained to undertake duties.		isting procedure adequate.
Transfer of Assets to the Council	11.7	ailure to secure a lease/licence	M	egal services engaged to advise on and e pedite lease/licence.		isting procedure adequate.
	11.8	Poor condition of asset		unding secured to upgrade or replace equipment and surfacing prior to its transfer.		isting procedure adequate.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elhood of occurrence	Action re uired
<b>12. PUBLIC RIGHTS OF WAY/FOOTPATHS</b>						
Administration/legal	12.1	Inability to identify public rights of way/footpaths		Official routes of public rights of way documented.		Existing procedure adequate.
Environmental	12.2	Failure to undertake maintenance works		Regular maintenance programme in place. Staff trained to undertake duties.		Existing procedure adequate.
Financial	12.3	Inadequate budget provision		Expenditure detailed in budgetary process.		Existing procedure adequate.
Physical	12.4	Personal injury	M	Safe working practices in place for RC areas of activity. Carmarthenshire County Council responsible for the upkeep and condition of footpath surfaces and assets.		Existing procedure adequate.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elhood of occurrence	Action re uired
<b>13. FOOTWAY LIGHTING</b>						
Administration/legal	13.1	Inability to maintain footway lighting	M	Carmarthenshire County Council contracted to inspect, maintain and provide energy supply to the lighting columns.		Existing procedure adequate.
Environmental	13.2	Failure to provide lighting		Faulty lights reported to contractor.		Existing procedure adequate.
Financial	13.3	Inadequate budget provision	M	Requirements provided for in annual budget process.		Existing procedure adequate.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elthood of occurrence	Action re uired
<b>14. CEMETERY AND BUILDINGS</b>						
inancial	14.1	Inadequate budget provision	M	Detailed requirements and report provided in annual budget setting process.		isting procedure adequate.
nvironmental	14.2	Impact of fly tipping and associated health and safety risk	M	Regular site inspections carried out. litter bins provided and emptied. a arduous substances/equipment are properly dealt with. liaison with local enforcement agencies maintained.		isting procedure adequate.
	14.3	andalism		liaison with local enforcement agencies maintained. Appropriate action taken against offenders.		isting procedure adequate.
	14.4	Public ealth		Policies, procedures and control measures in place. fficers and staff trained in appropriate practices and control measures. Refresher training provided.		isting procedure adequate.
egal	14.5	Control of burial space		Policies, procedures and control measures in place. fficers and staff trained in appropriate practices and control measures. Refresher training provided		isting procedure adequate.

Item		Ris identified	Im act on Council	Mana ement/control of ris	Li elihood of occurrence	Action re uired
Physical	14.6	ire		ecurity/control of combustible materials in place. Council budgets in place. ire risks assessments reviewed annually. Appropriate fire e tinguishers in place and regular testing of equipment. ignage in place. taff received fire marshal training.		taff to be given refresher training on carrying out housekeeping checks and fire marshal duties. ousekeeping checks policy to be reviewed.
Physical	14.7	Personal injury		Regular maintenance in place to minimise the risk of injury to all users. Appropriate signage is in place where necessary. Appropriate insurance cover in place. Procedure in place for testing of headstones/kerbstones. Risk assessments in place to control all cemetery functions and activities.		isting procedure inadequate. Regular recorded health and safety site inspections required to ensure that defined standards are maintained.
	14.8	ack of Maintenance		Regular Maintenance programme in place. taff trained to undertake duties.		isting procedure adequate.

Item		Risk identified	Impact on Council	Management/control of risk	Likelihood of occurrence	Action required
<b>15. SERVICE LEVEL AGREEMENT PROVISION</b>						
Administration	15.1	Poor management		Service level Agreement in place. Charges reviewed annually or when pay awards are implemented. Working hours recorded and analysed.		Existing procedure adequate.
	15.2	Poor financial management		Effective budgetary control/financial management in place. Official orders received for delivery of the service. Reconciliation of accounts and sales invoices issued regularly. Payment terms of service invoices adhered to.		Existing procedure adequate.

Item		Risk identified	Implemented on Council	Management/control of risk	Likelihood of occurrence	Action required
<b>16. OUTBREAK OF CONTAGIOUS VIRUSES DISEASES ETC.</b>						
Pandemic	16.1	Adherence to external government and health regulations and guidelines at all times		Clerk's scheme of Delegated Powers in place. Closing down of workplaces and premises as required. Assess all aspects of activities to reduce risk wherever possible in response to external government guidance and regulations.	M	Review of actions in all areas undertaken post pandemic Covid-19.  Document process to follow in the event of any future emergency situation.

Signed

Chairman of Council

Deputy Clerk

Date

Mabon ap Gwynfor AS/MS  
Gweinidog Cabinet dros Iechyd a Gofal  
Cabinet Minister for Health and Care



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref  
Ein cyf/Our ref - DC/MG/05139/26

June 2026

Dear Mark,

Thank you for your letter, and for your kind words following my recent appointment as Minister for Health and Social Services. I am grateful for your correspondence on behalf of Llanelli Rural Council and for setting out so clearly the concerns of your community.

I have carefully noted the points raised in your letter of 4 March 2026 regarding the Hywel Dda University Health Board's Clinical Services Plan, as well as your subsequent reflections on the response received from the Welsh Government. I fully understand the strength of feeling locally on these matters, particularly in relation to maintaining services that are safe, timely and accessible, and the wider concerns about the cumulative impact of service centralisation on communities.

I also appreciate the constructive manner in which the Council has sought to engage on these important issues, including the detailed recommendations you have put forward. However, it is important to clarify that responsibility for the planning, development, and delivery of local healthcare services rests with the health board. In this context, the matters you have raised sit firmly within the operational remit of Hywel Dda University Health Board, which is accountable for the design, consultation, and implementation of its Clinical Services Plan. Delivery of this plan will go through its own governance and assurance mechanisms.

For this reason, while I am grateful for your invitation to attend a future meeting of the Council, it would not be appropriate for me to participate at this stage. I would, however, strongly encourage you to continue to engage directly with the health board to ensure that your concerns and the views of your residents are fully considered as part of their decision-making processes. I am confident that such engagement will provide the most effective opportunity for detailed discussion of the issues you have outlined.

The expectation remains that the health board will clearly demonstrate that any proposed changes will maintain or improve patient safety and outcomes, and that appropriate safeguards are firmly in place before any significant service changes are implemented.

Welsh Government Offices, Cathays Park,  
Cardiff. CF10 3NQ  
Swyddfeydd Llywodraeth Cymru, Parc Cathays,  
Caerdydd. CF10 3NQ

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:  
0300 0604400  
[Gohebiaeth.Mabon.apGwynfor@llyw.cymru](mailto:Gohebiaeth.Mabon.apGwynfor@llyw.cymru)  
Correspondence.Mabon.a Gwynfor@gov.wales

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

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

This includes ensuring that the needs of communities such as Llanelli are fully understood and addressed.

In the meantime, I have ensured that officials have noted the concerns expressed in your correspondence, and I will continue to expect health boards to undertake robust engagement and to demonstrate clearly how they are taking account of the needs of the communities they serve.

Thank you again for writing and for your ongoing commitment to representing the interests of your local community

Yours sincerely,

**Mabon ap Gwynfor AS/MS**  
Gweinidog Cabinet dros Iechyd a Gofal  
Cabinet Minister for Health and Care

**Kathryn Howells**

**From:** DSCMHC@gov.wales  
**Sent:** 30 June 2026 13:47  
**To:** enquiries  
**Cc:** Mark Galbraith; DSCMHC@gov.wales  
**Subject:** FW: DC/MG/05139/26 - Ministerial Response  
**Attachments:** DCMG0513926 - Ministerial Response.docx



Dear Mr Galbraith,

Apologies for the delay, it appears the email generated incorrectly in the first reply. Please see the intended email below and the attached Ministerial response.

Kind regards,



**Haileigh White**

Ysgrifennydd Dyddiadur Cynorthwyol i Mabon ap Gwynfor | Assistant Diary Secretary  
Gweinidog Cabinet Dros Iechyd a Gofal | Cabinet Minister for Health and Care  
Llywodraeth Cymru | Welsh Government  
E-bost | Email: dscmhc@gov.wales

Llywodraeth Cymru  
Welsh Government

**From:** DS Cabinet Minister for Health and Care/YD Gweinidog Cabinet dros Iechyd a Gofal  
<DSCMHC@gov.wales>  
**Sent:** 29 June 2026 13:16  
**To:** enquiries@hanelli-rural.gov.uk  
**Cc:** DS Cabinet Minister for Health and Care/YD Gweinidog Cabinet dros Iechyd a Gofal  
<DSCMHC@gov.wales>  
**Subject:** FW: DC/MG/05139/26 - Ministerial Response

Dear Mr Galbraith,

Thank you for your letter to the Cabinet Minister for Health and Care.

Please see attached the Cabinet Minister's response.

Thank you / Diolch

**Thea Huckle**



Llywodraeth Cymru  
Welsh Government

Ysgrifennydd Dyddiadur | Diary Secretary i | to Mabon ap Gwynfor MS  
Gweinidog Cabinet dros Iechyd a Gofal | Cabinet Minister for Health and Care  
Llywodraeth Cymru | Welsh Government

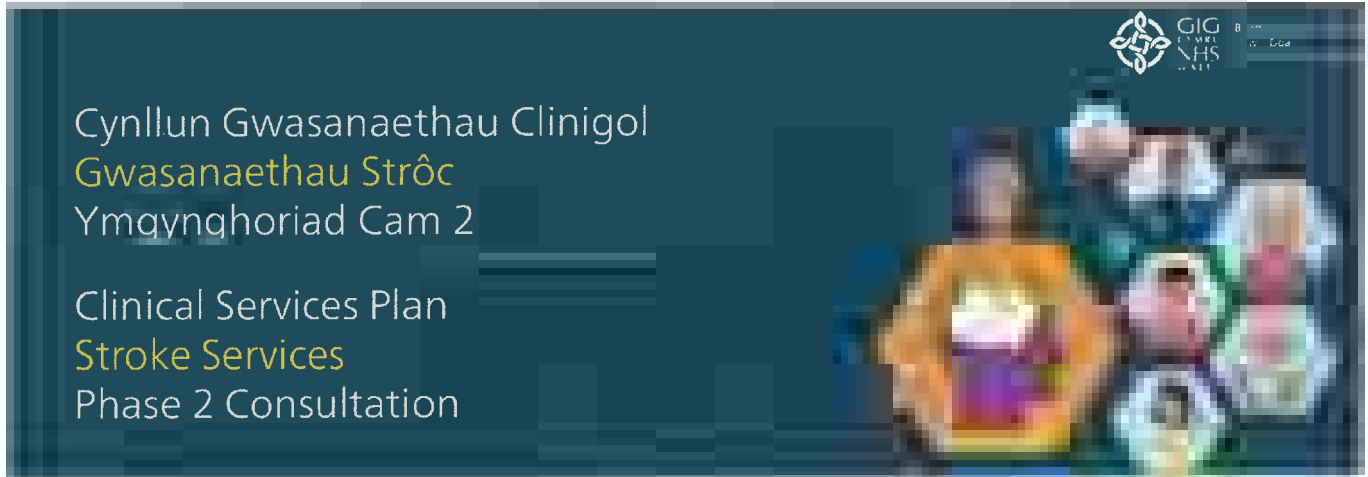
Ffon / Tel: 03000252880  
E-bost / E-mail: DSCMHC@gov.wales

Sganiwyd y neges hon am bob feirws hysbys wrth iddi adael Llywodraeth Cymru. Mae Llywodraeth Cymru yn cymryd o ddifrif yr angen i ddiogelu eich data. Os cysylltwch â Llywodraeth Cymru, mae ein [hysbysiad preifatrwydd](#) yn esbonio sut rydym yn defnyddio eich gwybodaeth a sut rydym yn diogelu eich preifatrwydd. Rydym yn croesawu gohebiaeth yn Gymraeg. Byddwn yn anfon ateb yn Gymraeg i ohebiaeth a dderbynnir yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi. -----  
On leaving the Welsh Government this email was scanned for all known viruses. The Welsh Government takes the protection of your data seriously. If you contact the Welsh Government then our [Privacy Notice](#) explains how we use your information and the ways in which we protect your privacy. We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Dawn Jones

**Subject:** FW: Dweud eich dweud ar wasanaethau strôc | Have your say on stroke services  
**Attachments:** NHS19\_STROKE document\_ENG\_DIGITAL.pdf

**From:** Hywel Dda University Health Board <[HywelDda.Engagement@communications.wales.nhs.uk](mailto:HywelDda.Engagement@communications.wales.nhs.uk)>  
**Sent:** 12 June 2026 20:23  
**To:** Mark Galbraith <[Mark.Galbraith@Llanelli-Rural.nhs.uk](mailto:Mark.Galbraith@Llanelli-Rural.nhs.uk)>  
**Subject:** Dweud eich dweud ar wasanaethau strôc | Have your say on stroke services



Mae strôc yn gyflwr difrifol sy'n peryglu bywyd ac sydd angen gofal arbenigol cyflym. Yn dilyn ystyriaeth ddiweddar o wasanaethau strôc, mae'r Bwrdd wedi nodi syniad newydd wedi'i gyfuno, gan ddod ag elfennau o opsiynau blaenorol 106 a 210 ynghyd, ar gyfer datblygiad pellach. Nid oedd y dull cyfun hwn yn rhan o'r ymgynghoriad cynharach ac mae bellach angen asesiad gofalus ac ymgysylltu ystyrion â'n staff, cleifion, gofawyr a chymunedau.

O 28 Mai 2026 i 26 Gorffennaf 2026, rydym yn gwahodd y cyhoedd, cleifion, gofawyr a grwpiau cymunedol i rannu eich barn ar yr opsiwn arfaethedig hyn. Mae eich mewnwleidiad a'ch profiadau yn bwysig i'n helpu i ddeall beth sydd bwysicaf i'r bobl sy'n defnyddio ac yn dibynnu ar y gwasanaethau hyn.

Mae'r cyfnod ymgysylltu hwn yn gyfle i chi ddsygu mwy am yr opsiynau, gofyn cwestiynau, a helpu i lunio dyfodol gofal strôc yn ein hardal.

Stroke is a serious, life-threatening condition that requires fast, specialist care. Following recent consideration of stroke services, the Board has identified a new preferred option, bringing together elements of previous options 106 and 210, for further development. This combined approach was not part of the earlier consultation and now requires careful assessment and meaningful engagement with our staff, patients, carers and communities.

From 28 May 2026 to 26 July 2026, we are inviting the public, patients, carers and community groups to share your views on the preferred option. Your insight and experiences are important in helping us understand what matters most to the people who use and rely on these services.

This consultation period is an opportunity for you to learn more about the option, ask questions, and help shape the future of stroke care in our area.

## Ymunwch â'r sgwrs!

Rydym eisiau clywed gennych chi.

Cyfrannwch at lunio dyfodol Gwasanaethau Strôc a darganfyddwch fwy isod.

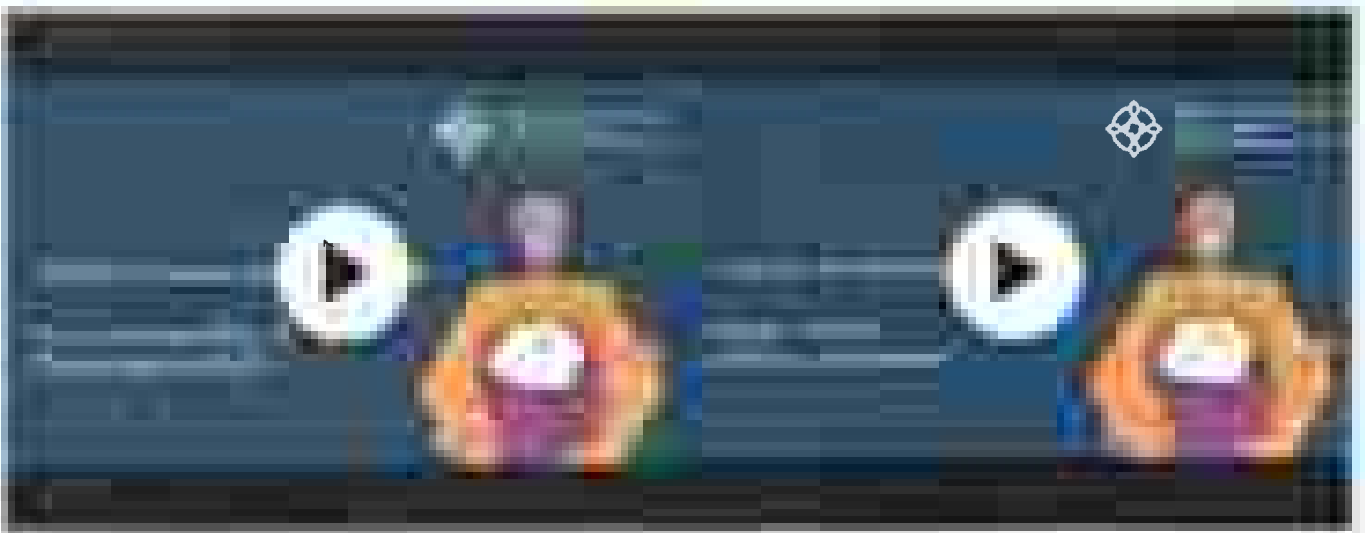
## Join the conversation!

We want to hear from you.

Contribute to shaping the future of Stroke Services and find out more below

## Gwylwch ein fideo

## Watch our video



## Mynychwch ddigwyddiad yn agos atoch chi

## Attend an event near you

Drwy fynychu un o'r digwyddiadau, gallwch ddysgu mwy am y newid arfaethedig a rhannu eich barn. Bydd digwyddiadau'n cael eu cynnal yn Sir Gaerfyrddin, Ceredigion a Sir Benfro. Bydd digwyddiad ym Mhowys hefyd.

Galwch heibio unrhyw bryd yn ystod yr amseroedd a ddangosir isod a rhannwch eich barn gyda ni.

- Dydd Llun 15 Mehefin 2026, 2.00pm - 7.00pm, Canolfan Selwyn Samuel, Llanelli, SA15 3AE

By attending one of the events, you can learn more about the proposed change and share your views. Events will be taking place in Carmarthenshire, Ceredigion and Pembrokeshire. There will also be an event in Powys.

Drop in anytime during the times shown below and share your views with us.

- Monday 15 June 2026, 2.00pm - 7.00pm, Selwyn Samuel Centre, Llanelli, SA15 3AE
- Tuesday 16 June 2026, 2.00pm - 7.00pm, Haverfordwest Rugby Club, Haverfordwest, SA61 1LY

- Dydd Mawrth 16 Mehefin 2026, 2.00pm - 7.00pm, Clwb Rygbi Hwlffordd, Hwlffordd, SA61 1LY
- Dydd Llun 22 Mehefin 2026, 2.00pm - 7.00pm, Neuadd y Ddinas Tyddewi, Tyddewi SA62 6SD
- Dydd Mercher 24 Mehefin 2026, 2.00pm - 7.00pm, Clwb Rygbi Aberystwyth, Aberystwyth, SY23 1HL
- Dydd Mawrth 30 Mehefin 2026, 2.00pm - 7.00pm, Y Plas, Machynlleth, SY20 8ER
- Dydd Llun 6 Gorffennaf 2026, 2.00pm - 7.00pm, Canolfan Creuddyn, Llanbedr Pont Steffan, SA48 7BN
- Dydd Mercher 8 Gorffennaf 2026, 2.00pm - 7.00pm, Neuadd Pater, Doc Penfro, SA72 6DD
- Dydd Mawrth 14 Gorffennaf 2026, 2.00pm - 7.00pm, Ivy Bush Royal Hotel, Caerfyrddin, SA31 1LG

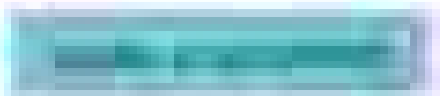
- Monday 22 June 2026, 2.00pm - 7.00pm, St Davids City Hall, St Davids, SA62 6SD
- Wednesday 24 June 2026, 2.00pm - 7.00pm, Aberystwyth Rugby Club, Aberystwyth, SY23 1HL
- Tuesday 30 June 2026, 2.00pm - 7.00pm, Y Plas, Machynlleth, SY20 8ER
- Monday 6 July 2026, 2.00pm - 7.00pm, Canolfan Creuddyn, Lampeter, SA48 7BN
- Wednesday 8 July 2026, 2.00pm - 7.00pm, Pater Hall, Pembroke Dock, SA72 6DD
- Tuesday 14 July 2026, 2.00pm - 7.00pm, Ivy Bush Royal Hotel, Carmarthen, SA31 1LG

## Cwblhewch yr holiadur

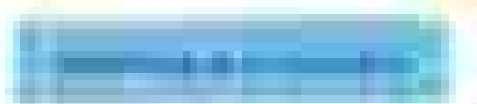
## Complete the questionnaire

Dywedwch wrthym beth yw eich barn trwy ddarllen y ddogfen ymgynghori a chwblhau'r holiadur.

Gallwch ddarllen y ddogfen ymgynghori ar-lein trwy'r botwm isod.



Gallwch gwblhau'r holiadur ar-lein trwy'r botwm isod.



Gallwch ofyn am gopi papur drwy:

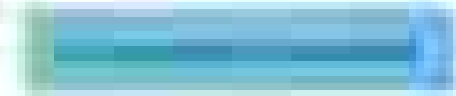
Anfon e-bost atom:

[h\\_weldda.en@nhs.uk](mailto:h_weldda.en@nhs.uk)

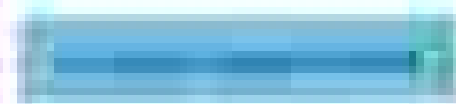
Siarad â ni yn un o'n digwyddiadau ar draws yr ardal, neu drwy ffonio 0300 303 8322 (opsiwn 5), cyfraddau galwadau lleol.

Tell us what you think by reading through the consultation document and completing the questionnaire.

You can read the consultation document online via the button below.



You can complete the questionnaire online via the button below.



You can request a paper copy by:

Emailing us:

[h\\_weldda.en@nhs.uk](mailto:h_weldda.en@nhs.uk)

Speaking to us at one of our events across the area, or by telephoning 0300 303 8322 (option 5), local call rates.

Angen fformat gwahanol?

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Hywel Dda  
University Health Board

# Clinical Services Plan

## Stroke Services

### Consultation Document

#### Phase 2 Consultation

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# Get in touch

This document is available in Welsh and on our website in alternative formats, such as audio and Easy Read.

This document is also available in additional languages including British Sign Language, Polish, Arabic, Bengali, Kurdish Sorani.

You can view these documents at:

**[hduhb.nhs.wales/stroke-consultation](https://hduhb.nhs.wales/stroke-consultation)**

or by scanning the QR code.



To request printed versions (we include several web links to documents in this publication), or if you need an alternative accessible format, please call us on **0300 303 8322 (option 5), charged at local call rates** or email: **[hyweldda.engagement@wales.nhs.uk](mailto:hyweldda.engagement@wales.nhs.uk)**

This second phase of our Clinical Services Plan consultation is about stroke services across Hywel Dda University Health Board (Hywel Dda) and how we deliver healthcare that is safe, sustainable, accessible, and kind.

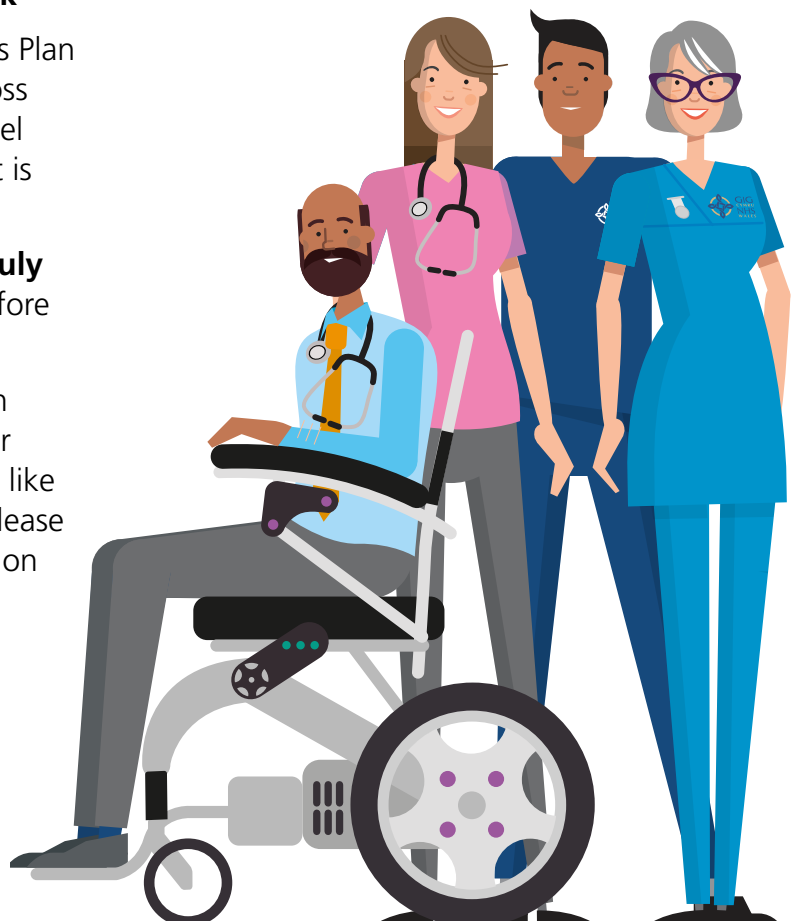
The consultation runs until **Sunday 26 July 2026**, so we need to hear your views before then.

Check our webpages or call us to find an event near you or an online event. If your organisation or community group would like to know more about our consultation, please get in touch on the contact points listed on this page.

More information, including detailed supporting documents, is available on our website at: **[hduhb.nhs.wales/stroke-consultation](https://hduhb.nhs.wales/stroke-consultation)**

You can share your views by:

- ▶ completing the questionnaire on our website (you can request a copy by sending an email to us or calling us on the number below)
- ▶ posting it to: **FREEPOST HYWEL DDA HEALTH BOARD** (no stamp needed)
- ▶ emailing us: **[hyweldda.engagement@wales.nhs.uk](mailto:hyweldda.engagement@wales.nhs.uk)**
- ▶ speaking to us at one of our events (visit our website above for an event near you or online) or by telephoning **0300 303 8322 (option 5), charged at local call rates**



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# Glossary

**24/7** – 24 hours a day, seven days a week.

**Acute care** – Hospital care for the first few hours/days of an illness for people who are seriously unwell. Focuses on urgent tests, treatment, and stabilisation.

**Acute Stroke Unit** – A place in a hospital where acute care is provided by a stroke specialist team.

**Allied Health Professionals (AHPs)** - work in a variety of health and social care environments, including hospitals, community clinics, GP practices, people's homes, and private enterprises. They deliver strong, practical, solution-focused, and life-affirming outcomes through a unique range of physical, psychological and social interventions. AHPs play a vital role in ensuring people receive comprehensive, personalised and effective care.

In Wales there are 13 professions included under the term 'Allied Health Professionals'. Examples include physiotherapists, occupational therapists, speech and language therapists and dietitians.

**Comprehensive Regional Stroke Centre (CRSC)** – An acute stroke unit that can provide thrombectomy treatments. These provide care for patients over a larger geographical region and are described in the quality statement for stroke.

**CT scan** – A CT (computerised topography) scan uses x-rays and a computer to create detailed images of the inside of the body. A CT angiogram (CTA) is a CT scan that looks at blood vessels in the brain.

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

**Early supported discharge (ESD)** – This service is for some stroke patients, usually for people who have a mild-to-moderate disability. It enables home-based stroke rehabilitation through a specialist multidisciplinary team.

It provides responsive (within 24 hours) and intensive stroke rehabilitation in the patient's place of residence over a fixed, time-limited period (e.g. six weeks).

**Integrated Community Stroke Service (ICSS)** – This service provides early effective community rehabilitation to all stroke patients leaving hospital. The team works with the patient and their family, the acute stroke unit staff, and other support services including the voluntary sector to ensure the earliest possible discharge of the patient.

**Patient outcomes** – The results of a patient's care and treatment. Patient outcomes can include things like whether someone survives, how quickly they recover, how independent they are afterwards, and their quality of life.

**Pre-hospital video triage** – An assessment made by an ambulance team, with the support of a video call with the specialist stroke team, to help take a patient to the correct care environment, as quickly as possible.

**Quality Statement for Stroke** – A Welsh Government document that describes what stroke services should look like and do. This was revised in February 2026.

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**Rehabilitation** – Providing ongoing therapy and support during and after the acute phase of a stroke to help patients recover and regain independence. This is usually in a dedicated stroke rehabilitation unit or as part of Integrated Community Stroke Services in the community.

**Sentinel Stroke National Audit Programme (SSNAP)** – A national clinical audit for stroke care in the UK. It collects detailed information on the care people receive following a stroke, from hospital admission through rehabilitation and discharge.

**Stroke** – A stroke is a serious life-threatening medical condition that happens when the blood supply to part of the brain is cut off. This causes parts of the brain to become damaged or die due to a lack of oxygen.

**Stroke specialist team or service** – A stroke specialist team or service is a group of specialists who work together regularly to manage patients who have had a stroke. Between them, they have the specific knowledge and skills to assess and manage stroke-related problems.

**Stroke Rehabilitation Unit** – A place in a hospital where rehabilitation care is provided by a multidisciplinary stroke rehabilitation team.

**Thrombectomy** – A thrombectomy is a medical procedure designed to remove a thrombus (blood clot) from a blood vessel, which can be either an artery or a vein. Only certain patients are suitable for a thrombectomy, this is dependent on the type of stroke and when it happened.

**Thrombolysis** – A medical procedure injecting medicine into the body that can break up a clot in an artery or vein and restore blood to the brain.

**Transient ischemic attack (TIA)** – A TIA is an illness that can produce stroke-like symptoms.

**Treat and transfer** – Patients receive their initial stroke assessment and treatment at the nearest appropriate hospital. They are then transferred to an acute stroke unit for further care or Thrombectomy Centre in Cardiff or Bristol if this is the most appropriate treatment.

**Welsh Ambulance Services University NHS Trust (WAST)** – The organisation responsible for responding to emergencies in the community and bringing patients to hospital.



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# Welcome

**Thank you for your continued interest in our Clinical Services Plan. This document is about the second phase of our consultation. It focuses on how stroke services could be provided across our four main hospital sites in Hywel Dda University Health Board (Hywel Dda).**

We are now asking for your views on the preferred option for stroke services. This preferred option was discussed at our Public Board meeting on 18 and 19 February 2026.

In that meeting, our Board agreed future service models for eight of the nine services included in our Clinical Services Plan. You can read more about the Clinical Services Plan on our website at: [hduhb.nhs.wales/clinical-services-plan](https://hduhb.nhs.wales/clinical-services-plan)

For stroke, the Board asked for further work and additional engagement on a preferred option with communities before a final decision can be taken.

The new preferred option has been developed by bringing together elements of two alternative ideas suggested during the first phase of consultation (Option 106 and Option 210). Together, these would create:

- ▶ a 24-hour acute stroke and rehabilitation unit at Glangwili Hospital
- ▶ a stroke rehabilitation unit at Bronglais Hospital, and
- ▶ treat and transfer for stroke provided from Bronglais, Prince Philip and Withybush hospitals. Following initial treatment patients would be transferred from here to Glangwili Hospital or directly to a thrombectomy centre (in Cardiff or Bristol) if this is the most appropriate treatment

The Board felt that by bringing these two alternative options together we could better address the challenges facing the service and strengthen the future delivery of high-quality stroke care. However, it is also recognised that we must work through the detail carefully to understand what this could mean for patients, carers, staff, partner organisations, and our wider communities.

The Board agreed that a final decision on stroke services could not be made until:

- ▶ work was undertaken to develop and assess the new option to the same level of detail as the other options considered at the Public Board meeting, and
- ▶ this second phase of consultation has taken place, so we can understand the views on this new preferred option

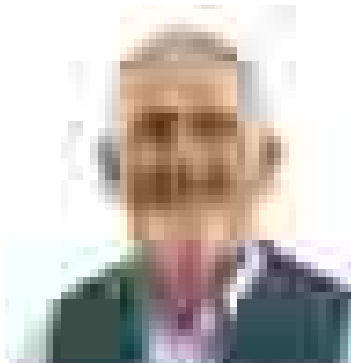
After this, our Board will consider all of the evidence and everything it has heard during both phases of the Clinical Services Plan consultation. It will then make a final decision on the future service model for stroke at Hywel Dda.

For all our communities, we must improve the standards of care we provide and the outcomes our patients experience. We do not believe that the current way we are delivering stroke care is giving the best outcomes for patients. We also need to address ongoing staffing challenges that make it difficult to deliver the high-quality service our population deserves.

Thank you to everyone who has contributed their time and feedback to help us get to this point. No decisions about the future model for stroke services have yet been made. We want to hear from you - our staff, patients, wider communities, organisations we work with, and people with an interest in health and wellbeing in our area.

Please tell us what you think about the preferred option and how it might affect you by completing our questionnaire by **26 July 2026**.

Thank you.



**Dr Neil Wooding**  
Chair



**Professor Philip Kloer**  
Chief Executive



**Mr Mark Henwood**  
Executive  
Medical Director



# A little about us

## Hywel Dda University Health Board (Hywel Dda) 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 in bordering areas of south Gwynedd, and parts of Powys and Swansea/Neath Port Talbot.

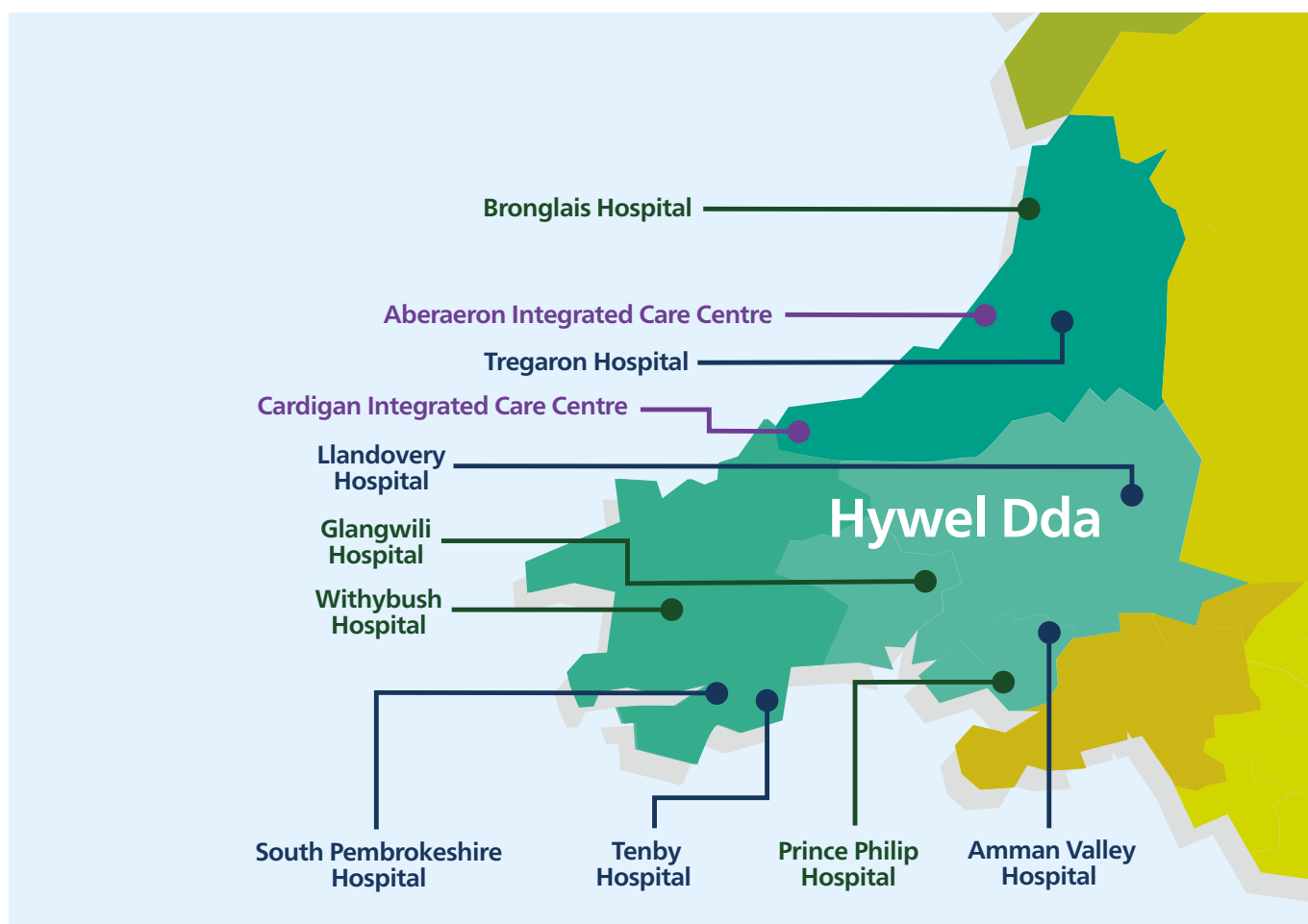
Our communities are quite spread out, often in rural areas.

### 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 Llandoverly 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.



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# What is this second phase of the consultation about?

## This second phase of the Clinical Services Plan consultation is specifically about how we could deliver stroke services in the future.

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

### Who we want to talk with

We really appreciate you taking the time to share your thoughts - thank you. This second phase of the consultation is for all members of the public who live, work, or have an interest in our area.

We recognise people have different interests and perspectives. You may receive our services, or care for someone who does.

You may work with us as staff, students, or volunteers. You may represent an organisation potentially affected by our proposals or you may have an interest in health and wellbeing.

As well as speaking to people in our area, we will continue to work with health boards in neighbouring counties and encourage residents or organisations in these areas to share their views.

### We want you to tell us

- ▶ whether you support the preferred option and why
- ▶ if you don't support the preferred option, whether a previously considered option by Board would work better and why
- ▶ anything else you think we need to consider to make stroke services work better in the future. This includes any mitigations or improvements, and potential

Welsh language impacts if the service operates differently in the future

## The following points are decided and not open to influence in this second phase of the consultation:

- ▶ The future roles of our four main hospital sites and the future service models for the other eight services included in the Clinical Services Plan consultation:
  - ▶ critical care, dermatology, emergency general surgery, endoscopy, ophthalmology, orthopaedics, radiology, and urology
- ▶ We are not accepting alternative new ideas for how stroke services could be delivered in Hywel Dda. These were received during the first phase of consultation
- ▶ The overall direction of our strategy **'A Healthier Mid and West Wales - Healthier lives, well lived'**
  - ▶ 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

## Clinical Services Plan

In March 2023, our Board approved a programme approach to develop a clinical services plan in response to service fragilities. This was based on the principles of care that are safe, sustainable, accessible, and kind.

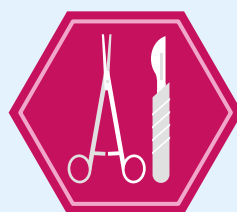
The development of a clinical services plan was to provide a set of plans for nine clinical services that were considered to be the most fragile. These included:



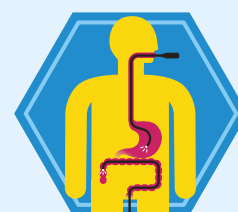
Critical care



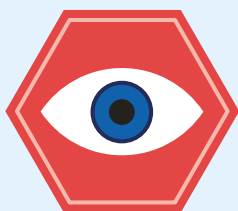
Dermatology



Emergency  
general surgery



Endoscopy



Ophthalmology



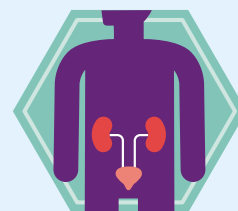
Orthopaedics



Radiology



Stroke



Urology

It was necessary to look at change in these nine services as there are risks to those services being able to continue to offer safe, quality services or timely care.

We have recognised for several years that some of our hospital services are fragile. This is mainly because our clinical teams are spread across multiple sites, with an over-reliance on a small number of staff.

For all services we looked at the factors affecting each service. This included considering any temporary changes, clinical guidelines and policies, staffing issues and cost challenges.

Given the challenges, we developed the Clinical Services Plan with options to change these nine clinical services. Any option developed needed to be delivered within four years from any decision. Our Board also considered what further changes could be made in more than four years.

We involved members of staff and public, identifying people and organisations (stakeholders) who should be part of the conversation. More information is available in our Clinical Services Plan Consultation Document, available on our website: [hduhb.nhs.wales/clinical-services-consultation](https://hduhb.nhs.wales/clinical-services-consultation)

As a result of our consultation, an independent report was prepared by Opinion Research Services (ORS), also available on our consultation web pages. The report summarises more than 4,000 questionnaire responses, in addition to feedback shared at public, staff and stakeholder events attended by over 4,000 people.

At its extraordinary meeting, held over two days in February 2026, our Board carefully considered the independent consultation report alongside a range of other information. This included the latest information on workforce and service resilience, estate condition, operational pressures, regional working, new clinical standards and how services link to each other.

The Board also considered the 22 alternative options for all nine services that were suggested as part of the consultation process and met the hurdle criteria.

**Hurdle criteria are the essential conditions an alternative idea needed to meet before it progressed for further consideration as an option presented to the Board.**

All draft options, and any new ideas that may be suggested in this consultation, should meet the following criteria:

- ▶ **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 within the timeframe of two to four years? Are there capital or building requirements that can be secured and delivered in that 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 our **‘A Healthier Mid and West Wales: Healthier lives, well lived’** strategy, or at least not contradict it? Does the option support joint prevention work to improve population health, or at least not contradict it?
- ▶ **Financially sustainable** – Does the option support effective use of our finances?

Our Board also identified services where further engagement or additional information is required to understand the impacts of options before final decisions can be made. Consideration was given to the practical steps needed for implementation, including how changes would need to be phased over time.

For the implementation phase, final decisions were reached for all services except stroke. More information about the decisions made for the other eight services included in our Clinical Services Plan is available on our website: [hduhb.nhs.wales/clinical-services-plan](https://hduhb.nhs.wales/clinical-services-plan)

For stroke, a new merged idea was explored. It combined elements from two alternative options to progress towards a 24-hour acute stroke unit in Glangwili Hospital and a stroke rehabilitation unit in Bronglais Hospital.

Due to the scale of change, our Board identified that further assessment and engagement was required with staff, communities, and stakeholders before any decisions could be made for the future model of stroke services across Hywel Dda.

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# Stroke

## Introduction

**A stroke is a serious life-threatening medical condition that happens when the blood supply to part of the brain is cut off by a blood clot or bleeding from a blood vessel. Strokes are a medical emergency and urgent treatment is essential. The sooner a person receives treatment for a stroke, the better their chance of recovery. Stroke strikes suddenly and can result in a devastating range of disabilities or death, having a profound impact on individuals and their families.**

## Current stroke services

Stroke units are where you should be sent to within four hours of hospital admission for your initial care.

Our stroke clinical teams are spread across our stroke units on our four main hospital sites.

This means our teams, which are small, are spread over a large geographical area.

Stroke services are currently provided at:

- ▶ Ystwyth Ward in Bronglais Hospital
- ▶ Gwenllian Ward in Glangwili Hospital
- ▶ Ward 9 in Prince Philip Hospital, and
- ▶ Ward 11 in Withybush Hospital

In **2023-2024** there were **792** stroke admissions across all our hospitals, this is approximately **16** per week. Approximately **30%** of strokes were treated at Glangwili and Withybush hospitals and approximately **20%** of strokes were treated at Bronglais and Prince Philip hospitals.

More serious strokes are transferred to thrombectomy centres, such as in Cardiff or Bristol.



Suspected stroke patients come into our care in several ways. This includes by:

- ▶ ambulance following a 999 call
- ▶ patients directly arriving via walk-in services
- ▶ suspected stroke being identified amongst current inpatients, or
- ▶ suspected stroke being identified in the community by a healthcare professional

Patients need a CT (computerised tomography) and/or CTA (computerised tomography angiography) scan in some cases. This is to identify if they have bleeding around the brain or if there is a blockage or closing of a blood vessel.

The initial assessment of suspected stroke patients is carried out by trained medical staff. An important part of the initial treatment for some stroke patients is thrombolysis. This is a treatment where a drug is given to a patient

to break down blood clots and try to re-establish the blood supply to the brain. It is important for the thrombolysis treatment to be given as early as possible. The best outcomes are achieved for those patients who receive thrombolysis within three hours, although it can be given effectively after this up to four and half hours.

After admission to a stroke unit, patients are reviewed by a consultant. Once well enough, patients then receive multidisciplinary assessments, as well as intensive rehabilitation, as appropriate. Patients are discharged home in accordance with the severity of their stroke. The pace of their recovery can also be helped by Integrated Community Stroke Services. Integrated Community Stroke Services are being gradually developed in Hywel Dda to support stroke patients in the community, allowing for earlier discharge from hospital.

### Did you know?



**Wales follows national best practice for stroke care, guided by the UK National Stroke Programme to improve prevention, treatment, and recovery.**

### Did you know?



**All health boards and trusts in Wales are expected to adopt the Quality Statement for Stroke as a framework for planning and delivering optimal stroke prevention and care in collaboration with their partners. This has been developed by the Welsh Government in alignment with the commitments outlined in 'A Healthier Wales'.**

### Did you know?



**NHS Wales has developed its own standards for stroke care, designed specifically for the needs of people in Wales. These standards are built on the National Clinical Framework, ensuring that care is consistent, high quality and evidence based. They are reinforced by the Quality Statement for Stroke, which sets out what excellent patient centred stroke care should look like across Wales. Together, these standards support a population health approach, helping to improve outcomes for people, families, and communities across the country.**

## A clear pathway is outlined for stroke.

### The seven elements of the stroke pathway



Stroke prevention



Transient Ischaemic Attack (TIA)



Pre-hospital stroke care



Acute phase 0-72 hours



## Why change is needed

Currently, our stroke services do not meet clinical standards, and we do not have seven-day specialist cover. This can lead to patient outcomes that are not as good as they could be. This is why we need to change the way stroke services are delivered so they are **safe, sustainable, accessible and kind** for patients and staff.

## Quality Statement for Stroke

The Quality Statement for Stroke sets out what high quality, person-centred stroke care should look like across Wales. It provides a framework for health boards to plan and deliver consistent, safe, and modern stroke services.

Currently, our stroke service resources are spread thinly across multiple sites.

This means:

- ▶ we have inadequate staffing levels in nursing, allied health professionals, and specialist stroke consultants
- ▶ we rely on single-handed locum consultants at Bronglais and Glangwili hospitals that makes our service fragile

- ▶ we do not have seven-day specialist cover
- ▶ our population do not have access to a specialised Comprehensive Regional Stroke Centre (CRSC) within our area
- ▶ we have not been able to meet the evidence-based standards recommended by the Royal College of Physicians and measured by the Sentinel Stroke National Audit Programme (SSNAP)
- ▶ we have an over-reliance on individuals and a risk of service collapse, this means our services are not resilient
- ▶ we do not have a community rehabilitation service that meets the stroke standards for Integrated Community Stroke Services
- ▶ we do not have a seven-day (or five-day) transient ischaemic attack (TIA) service as recommended by the stroke standards
- ▶ unequal participation in research studies due to staffing shortages

This suggests that our population is not getting the best possible outcomes following a stroke, which means avoidable deaths and disability. It also shows that, although our staff work incredibly hard to provide the best care they can, the nearest hospital for patients may not be able to support a patient throughout their whole care and treatment or offer the best outcomes.



Recovery and rehabilitation



Integrated Community Stroke Services



Life after stroke

stroke  
pathway

We recognise that the specialism of stroke services and the development of specialist Comprehensive Regional Stroke Centres (CRSCs) may mean some patients receive their ongoing care in a different hospital to the one they are currently familiar with. For families

and carers, this could mean travelling further to visit loved ones who are in hospital. We understand the impact this can have, and it is something we take seriously as part of our decision-making.

## Stroke options we consulted on

There were two options that we originally consulted on as part of our Clinical Services Plan. These were **Option A** and **Option B**.

### At a glance

	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 <b>12-hours</b> a day)	Stroke Unit (specialist cover <b>12-hours</b> a day)
Option B	Treat and Transfer	Treat and Transfer	Stroke Unit (specialist cover <b>24-hours</b> a day)	Treat and Transfer and Stroke Unit (specialist cover <b>12-hours</b> a day)

**Option A** included treat and transfer units in Bronglais and Glangwili, and stroke units (specialist cover 12-hours a day) in Prince Philip and Withybush.

**Option B** included treat and transfer units in Bronglais and Glangwili, a stroke unit (specialist cover 24-hours a day) in Prince

Philip and a treat and transfer and stroke unit (specialist cover 12-hours a day) in Withybush. In this option patients at Withybush would be transferred to Prince Philip for their initial care before returning to Withybush for further care and stroke rehabilitation.

In both options, Bronglais and Glangwili would become treat and transfer hospitals for stroke.

In Option B, Withybush would also become a 'treat and transfer' hospital for stroke. This would mean following initial assessment, stroke patients requiring acute care would be transferred elsewhere within Hywel Dda (differs between our options, as outlined above) or to a thrombectomy centre, such as in Cardiff or Bristol, according to their needs. Care for TIAs (mini stroke) would continue at Bronglais, Prince Philip and Withybush hospitals, but not Glangwili Hospital.

**Did you know?**



**National clinical guidelines for stroke have changed with a four and a half hour window for thrombolysis from the onset of stroke where suitable.**

## Key themes our communities shared with us during the previous consultation

During the 13 and a half week Clinical Services Plan consultation, held between May and August 2025, our communities shared the following views with us.

We heard that:

- ▶ **travel, transport and rural geography are major concerns for safety and fairness** – journeys are long and public transport is limited. Pressure on patient transfers make it harder for people, especially in rural areas, to access care when they need it, affecting outcomes and widening inequalities
- ▶ **workforce shortages are the biggest risk to whether services can work in practice** – we heard that changing services alone will not solve staffing problems, and that any proposals must be supported by realistic, funded and deliverable workforce plans
- ▶ **services are closely connected and need to be looked at as a whole** – some were concerned that changes in one service could unintentionally impact others, and decisions must consider the knock-on effects across hospital, diagnostic and community services
- ▶ **condition of buildings and available infrastructure are concerning** – people felt that some proposals rely on buildings, space or investment not currently in place or guaranteed, which could limit what can realistically be delivered
- ▶ **trust and confidence in the process are fragile** – some expressed concern that the process felt complex and, at times, pre decided, with not enough clarity about difficult choices or what trade-offs were being made
- ▶ **digital and virtual services should be built in as a core part of care, not added on** – some said that 'virtual first' approaches could reduce travel and improve access, but only if used consistently, safely, and in ways that are inclusive. While some raised concerns about more services moving online, especially for people who don't have access to digital technology or lack confidence in using it
- ▶ **protecting equality, the Welsh language and rural communities is important** – people told us that impacts often combine and build up, particularly for rural and disadvantaged groups.

Actions to reduce these impacts must be clear, achievable and properly monitored rather than assumed

When letting us know what they thought specifically on stroke services, we heard about:

- ▶ **retaining services locally** – there were very strong views about retaining local stroke services, particularly in mid and west Wales. A petition with over 17,000 signatures called for services to be kept at Bronglais Hospital, highlighting the depth and strength of feeling
- ▶ **views varied significantly by location** – people closest to Prince Philip Hospital were more supportive of the options. People closest to Bronglais and Glangwili hospitals were more likely to oppose them and felt services should remain locally. People closest to Withybush emphasised the need for 24-hour services
- ▶ **travel times and access under treat and transfer models** – were raised as a real concern, especially the distances to Prince Philip from areas such as north Ceredigion. Doubts about whether the Welsh Ambulance Services University NHS Trust (WAST) could meet increased demand safely. Concerns were also raised by the public about the safety of treat and transfer models
- ▶ **accessibility for families and visitors** – lots of concerns were raised about the impact on patients' families and visitors particularly where public transport is poor or non-existent. This would make regular visiting and support over long distances difficult
- ▶ **deliverability and resourcing** – questions raised included whether reducing administrative or management roles could help offset the clinical workforce needed to expand stroke services
- ▶ **public confusion** – there were many queries linked to how the treat and transfer would work in practice and what

a 12-hour specialist model means, alongside transport-related confusion

For the further information on what we heard during the Clinical Services Plan consultation, please read our Clinical Services Plan Consultation Report: [hduhb.nhs.wales/CSP-consultation-report](https://hduhb.nhs.wales/CSP-consultation-report)



**Did you know?**

**Where appropriate, thrombolysis drugs should be given within 45 minutes of arrival at the hospital, although they are licensed for use within four and a half hours of the onset of a stroke.**

## The alternative options for stroke services shared with us during the consultation

Following the consultation process, 28 unique alternative options were received for stroke services that did not meet hurdle criteria. In summary, these alternative ideas were:

- ▶ 12-hour specialist cover stroke units at Bronglais and Withybush hospitals, with treat and transfer services at Glangwili and Prince Philip hospitals
- ▶ 12-hour specialist cover stroke units at Bronglais and Prince Philip hospitals, with treat and transfer services at Glangwili and Withybush hospitals
- ▶ 12-hour specialist cover stroke units at Bronglais and Glangwili hospitals, with treat and transfer services at Prince Philip and Withybush hospitals

- 
- ▶ 12-hour specialist cover stroke units at Glangwili, Prince Philip and Withybush hospitals, with treat and transfer services at Bronglais Hospital
  - ▶ 12-hour specialist cover stroke units at Bronglais, Glangwili and Withybush hospitals, with treat and transfer services at Prince Philip Hospital
  - ▶ 12-hour specialist cover stroke units at Prince Philip and Withybush hospitals, with Bronglais Hospital supported as a third site with telemedicine
  - ▶ 12-hour specialist cover stroke units at Bronglais, Prince Philip and Withybush hospitals with treat and transfer services at Glangwili Hospital
  - ▶ 24-hour specialist cover stroke unit at Prince Philip Hospital and a 12-hour specialist cover stroke unit at Bronglais Hospital, with treat and transfer services at Bronglais, Glangwili and Withybush hospitals
  - ▶ 24-hour specialist cover stroke unit at Glangwili Hospital, a 12-hour specialist cover stroke unit at Withybush Hospital, with treat and transfer services at Bronglais, Prince Philip and Withybush hospitals
  - ▶ 24-hour specialist cover stroke unit at Glangwili Hospital and 12-hour specialist cover stroke units following treat and transfer at Bronglais, Prince Philip and Withybush hospitals
  - ▶ 24-hour specialist cover stroke units at Bronglais and Glangwili hospitals, with treat and transfer services at Prince Philip and Withybush hospitals
  - ▶ 24-hour specialist cover stroke units at Bronglais and Withybush hospitals, with treat and transfer services at Glangwili and Prince Philip hospitals
  - ▶ 24-hour specialist cover stroke units at Bronglais and Prince Philip hospitals, with treat and transfer services at Glangwili and Withybush hospitals
  - ▶ 24-hour specialist cover stroke unit at Withybush Hospital and 12-hour specialist cover stroke units after treat and transfer at Bronglais, Glangwili and Prince Philip hospitals
  - ▶ 24-hour specialist cover stroke unit at Bronglais Hospital and 12-hour specialist cover stroke units after treat and transfer at Glangwili, Prince Philip and Withybush hospitals
  - ▶ 24-hour specialist cover stroke unit at Glangwili Hospital and 12-hour specialist cover stroke units after treat and transfer at Bronglais and Withybush hospitals, with a stroke rehabilitation unit after treat and transfer at Prince Philip Hospital
  - ▶ 24-hour specialist cover stroke units at Bronglais, Glangwili and Withybush hospitals, with treat and transfer services at Prince Philip Hospital
  - ▶ 24-hour specialist cover stroke unit at Prince Philip Hospital and 12-hour specialist cover stroke units after treat and transfer at Bronglais, Glangwili and Withybush hospitals
  - ▶ 24-hour specialist cover stroke unit at Prince Philip Hospital, a 12-hour specialist cover stroke unit at Withybush Hospital, a 12-hour specialist cover stroke unit with telemedicine at Bronglais Hospital, with treat and transfer services at Bronglais, Glangwili and Withybush hospitals
  - ▶ 24-hour specialist cover stroke unit at Prince Philip Hospital, a 12-hour specialist cover stroke unit at Withybush Hospital and a stroke therapy rehabilitation unit at Bronglais Hospital, with treat and transfer services at Bronglais, Glangwili and Withybush hospitals
  - ▶ 24-hour specialist cover stroke unit in Glangwili Hospital, treat and transfer and consultant therapist rehabilitation units provided at Bronglais, Prince Philip and Withybush hospitals

- ▶ 24-hour specialist cover stroke units at Bronglais, Glangwili, Prince Philip and Wthybush hospitals
- ▶ A Comprehensive Regional Stroke Centre (CRSC) in Swansea Bay University Health Board and Bronglais, Glangwili, Prince Philip and Wthybush hospitals providing stroke units and rehabilitation after treat and transfer
- ▶ A Comprehensive Regional Stroke Centre (CRSC) in Swansea Bay University Health Board only
- ▶ A Comprehensive Regional Stroke Centre (CRSC) at Glangwili Hospital, a consultant therapy led unit in Prince Philip Hospital and treat and transfer services at Bronglais, Prince Philip and Wthybush hospitals
- ▶ A Comprehensive Regional Stroke Centre (CRSC) at Swansea Bay University Health Board with consultant therapy led unit in Prince Philip Hospital, with treat and transfer at Bronglais, Glangwili, Prince Philip and Wthybush hospitals

**There were two alternative options that did meet hurdle criteria and were considered by Board, these were:**

	Bronglais	Glangwili	Prince Philip	Wthybush
Current service	Stroke Unit	Stroke Unit	Stroke Unit	Stroke Unit
Option 106	Treat and Transfer Stroke rehabilitation unit	Treat and Transfer	Stroke Unit (specialist cover 12-hours a day)	Stroke Unit (specialist cover 12-hours a day)
Option 210	Treat and Transfer and Stroke Unit (specialist cover 12-hours a day)	Stroke Unit (specialist cover 24-hours a day) Then Create regional Stroke centre in Morryston Hospital Treat and Transfer	Treat and Transfer	Treat and Transfer

**Option 106** - was based on **Option A** and included treat and transfer units in Bronglais and Glangwili hospitals, and stroke units (specialist cover 12-hours a day) in Prince Philip and Wthybush hospitals.

In this option, patients at Bronglais Hospital would be transferred to Prince Philip Hospital for their initial care before returning to Bronglais Hospital for further stroke rehabilitation.

**Option 210** - was based on **Option B** but using different sites. It included treat and transfer units in Prince Philip and Wthybush

hospitals, a stroke unit (specialist cover 24-hours a day) in Glangwili Hospital and a treat and transfer and stroke unit (specialist cover 12-hours a day) in Bronglais Hospital.

Patients at Bronglais Hospital would be transferred to Glangwili Hospital for their initial care before returning to Bronglais Hospital for further care and stroke rehabilitation.

In all the options considered by our Board:

- ▶ the ambulance would take a suspected stroke patient to their nearest main hospital

- ▶ the initial assessment scan (typically a CT scan), as well as initial treatment (i.e. thrombolysis) would be delivered at the receiving hospital as is the case now
- ▶ more serious strokes would be transferred to thrombectomy centres, such as in Cardiff or Bristol, as they are now

## How the merged idea for stroke services was developed

After the consultation closed, and before any decisions were made, the Board carried out a conscientious consideration process. This means carefully looking at and thinking through all the feedback people shared, alongside the evidence, before moving towards any decision.

When reviewing consultation responses, as well as new data, guidance and information about stroke services, it became clear that no single option on its own fully addressed the challenges facing the service. However, some parts of different options that had already been assessed were seen as having strengths that could work better if they were brought together.

Because of this, the Board discussed a new merged idea, combining elements of options 106 and 210 that were suggested through the consultation. It was described as an idea, not a final option, because it had not yet been tested or considered in the same way as the consulted and alternative options shared with the Board.

The Board then agreed to take this merged idea forward as a preferred option for further testing and engagement.

While recognising that Option 106 could provide services across more locations, it was felt that maintaining services at three main hospitals would not address staffing sustainability challenges.

While Option 210 addressed challenges around accessing stroke care for people in Ceredigion, parts of Powys and south Gwynedd, it was felt that it wouldn't be sustainable to maintain an acute stroke unit in Bronglais Hospital.

The merged idea (options 106 and 210) proposes a more sustainable approach for Bronglais Hospital. This would provide a stroke rehabilitation unit, while still bringing together acute stroke care services at a single site. This would also help address some of the concerns raised, especially by those living in Ceredigion, Powys and south Gwynedd, about travel times for patients and visitors.

The Board identified that this approach could strengthen the stroke service. It would bring staff together onto fewer sites and extend specialist provision beyond the current weekday model to deliver better patient care and outcomes. Our Board recognised that progressing with a preferred option could bring opportunities to design innovative, creative rehabilitation models offering new staff roles.

This second phase of the consultation is an opportunity to understand the impacts of the idea, hear people's views, and test whether it could work in practice before any final decision is made.



### Did you know?

**With CT perfusion imaging, which is a medical scan that shows how blood flows through body tissues, the thrombolysis time can be extended up to nine hours from the onset of a stroke and can extend the thrombectomy treatment window.**

# The preferred option

## At a glance

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Stroke Unit	Stroke Unit	Stroke Unit	Stroke Unit
Preferred Option	Treat and Transfer  Stroke rehabilitation unit	Stroke Unit (specialist cover 24-hours a day)  Working regionally as part of the National Stroke Programme in the longer term	Treat and Transfer	Treat and Transfer

**Preferred option** – A stroke unit at Glangwili Hospital with 24-hour specialist cover, seven days a week. Bronglais, Prince Philip and Withybush hospitals would become treat and transfer hospitals. Stroke patients would be transferred to Glangwili Hospital from these hospitals for their acute stroke care. Bronglais Hospital would also have a stroke rehabilitation unit, meaning patients closest to this hospital would be transferred back to Bronglais Hospital from Glangwili Hospital for their stroke-specific rehabilitation.

As part of the preferred option, we talk about working regionally in the longer term. This would mean working more closely with other health boards in Wales. How this will look has not yet been decided. It could mean more patients from neighbouring health boards receive their stroke care in Hywel Dda or that more patients in Hywel Dda receive their stroke care in a neighbouring health board.

## How the preferred option would work

Under this option, patients with a suspected stroke would receive emergency stroke assessment and initial treatment as quickly as possible, usually at their nearest hospital. This may include a CT scan and or CT perfusion imaging leading to potential thrombolysis, where clinically suitable, following initial scans and assessment.

If, after the initial assessments, a patient needs further stroke specialist care, they would be transferred to the 24-hour Acute Stroke Unit at Glangwili Hospital or the thrombectomy centres in Cardiff or Bristol, according to their needs.

Glangwili Hospital would provide 24-hour specialist stroke cover and rehabilitation to treat patients during their hyper-acute phase (which typically covers the first 72 hours) and acute phase (typically between three and 10 days).

After this time, some patients would be well enough to return home, with the support of the Integrated Community Stroke Service (ICSS). Patients still needing further specialist stroke treatment and support in hospital, would receive this at Glangwili Hospital if they live in the south of the Hywel Dda area. Patients living closer to Bronglais Hospital would receive their rehabilitation treatment in Bronglais.

## Impacts of the preferred option

### Opportunity to improve standards of stroke care

This preferred option reduces the fragility of the stroke service and raises standards by bringing together the staff across fewer sites.

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It allows further consolidation of specialist staff than some of the other options previously considered by the Board. It brings together acute stroke specialist care (beyond initial treatment) for stroke patients within the Hywel Dda area at one hospital site.

This preferred option reduces the fragility of the stroke service further because it provides 24-hours of specialist cover, seven days a week. This would allow for a more intensive first 72 hours of care and improved patient outcomes. This option would focus specialist stroke therapy on two sites, Bronglais and Glangwili hospitals, rather than across four sites. This would help with staffing challenges and potentially be more attractive to future staff, as well as improve clinical standards and patient outcomes.

This would specifically help us to meet the standards by:

- ▶ ensuring we have the right staffing levels in our Acute Stroke Unit and Stroke Rehabilitation Unit
- ▶ ensuring that we have sustainable staff rotas so that we can offer services seven days a week
- ▶ enabling us to meet more SSNAP measures by having access to staff and services
- ▶ creating community rehabilitation capacity with Integrated Community Stroke Services which are aligned to standards
- ▶ increasing access to TIA clinics in line with stroke standards
- ▶ sustained support to education, training and research opportunities for all stroke trainees

The Quality Statement for Stroke Services sets out a vision for how stroke services should be provided in Wales. Part of this includes bringing together stroke specialists in fewer hospitals to create Comprehensive Regional Stroke Centres (CRSCs). These are 24-hour, seven day a week centres that support the highest level of care for the first 72 hours,

including thrombolysis, thrombectomy, diagnosis, monitoring and rehabilitation. Currently there are no CRSCs in Wales, and the national programme for stroke is looking at how we can plan and deliver these in the future.

In our preferred option we talk about regional working. This could be:

- ▶ one of our hospitals hosting elements of a CRSC, as it is unlikely we would be able to develop all of the services a CRSC can provide (such as thrombectomy), or
- ▶ working with another health board in the region who provide parts of these services for our patients

## Impact on transfers between hospitals

We understand that, with the preferred option, more patient transfers would be needed than there are currently. Under this option, stroke patients nearest to Bronglais, Prince Philip and Worthybush hospitals would all access their specialist stroke care in Glangwili Hospital.

Under the preferred option, of the 16 stroke patients admitted per week on average, 11 of these patients would be transferred to Glangwili Hospital from a treat and transfer hospital site. Two patients a week would be transferred back to Bronglais Hospital for rehabilitation in the Stroke Rehabilitation Unit or discharged to their community for onward care or their home.

During the consultation, we heard that people were concerned about being moved after initial assessment. We recognise this can be worrying. We already do this for some stroke patients who need to travel to Cardiff or Bristol for thrombectomy, and we have established processes in place to support safe transfers when they are needed.

We also heard that people were concerned that they would be too unwell to be transported and experience harm while moving

between hospitals. Patients who are too unwell to travel will stay where they are until it is safe to transfer them for their acute stroke care.

Getting patients to hospital and between hospital sites, is partly within our control. However, travel for staff commuting, patients accessing care, and visitors travelling to see patients is largely outside our control. To ensure that the benefits of the preferred option are fully realised, appropriate transport solutions will be essential.

Patients who need to be transferred between hospital sites would be supported through a

new transfer arrangement and not existing community ambulance provision provided by Welsh Ambulance Services University NHS Trust. Further work is needed to understand how this would be delivered.

During the first and second phases of the Clinical Services Plan consultation, we have considered travel times for urgent transfers between hospitals (see table below). In this preferred option for stroke, we considered average travel times in each county alongside feedback from staff and patient transport surveys.

Hospitals		Non-urgent		Lights and sirens	
From	To	Hours	Minutes	Hours	Minutes
Bronglais (Aberystwyth)	Glangwili (Carmarthen)	1	25	1	4
Bronglais (Aberystwyth)	Withybush (Haverfordwest)	1	51	1	25
Bronglais (Aberystwyth)	Prince Philip (Llanelli)	1	50	1	29
Bronglais (Aberystwyth)	Royal Shrewsbury (Shrewsbury)	1	55	1	32
Bronglais (Aberystwyth)	Princess Royal (Telford)	2	17	1	52
Bronglais (Aberystwyth)	Ysbyty Gwynedd (Bangor)	2	12	1	53
Bronglais (Aberystwyth)	Morrison (Swansea)	1	49	1	30
Withybush (Haverfordwest)	Glangwili (Carmarthen)	0	42	0	38
Withybush (Haverfordwest)	Prince Philip (Llanelli)	1	7	0	58
Withybush (Haverfordwest)	Morrison (Swansea)	1	6	0	59
Glangwili (Carmarthen)	Prince Philip (Llanelli)	0	34	0	27
Glangwili (Carmarthen)	Morrison (Swansea)	0	34	0	28
Prince Philip (Llanelli)	Morrison (Swansea)	0	18	0	14

You can read about how we used data from 2023-2025 to understand how many patients could be transferred between site in the 'Patient and travel insights' document available in the 'Supporting Documents' area of our webpages.

## Impact on travel for patients, staff, and visitors

Throughout the consultation, we've considered how changes to stroke services

could impact on travel and transport for you, your loved ones who may visit you in hospital, and our staff.

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Under the preferred option, acute stroke care is delivered further away from home for some patients, and this would have an impact for families and carers.

Delays in ambulance availability, bad weather, or long journey times can affect patient safety. People who live in rural or more remote parts of the Hywel Dda area and neighbouring communities may have longer travel and transfer times to access stroke services. We recognise this is a concern. In the preferred option, some patients and families would need to travel further, but patients would receive specialist care in a single 24-hour acute stroke unit, which we expect to provide safer, higher-quality care than we can currently deliver across four sites.

This preferred option would rely on strong co-ordination between emergency departments, stroke teams, ambulance services, imaging, rehabilitation teams and Integrated Community Stroke Services (ICSS) across several sites. Any breakdown in communication could affect patient outcomes. We will need to continue working with Welsh Ambulance Services University NHS Trust, local authorities and transport providers to reduce these barriers. We will also need to review our own policies on how we can reduce the impact of any change on people who may face socio-economic barriers to accessing care.

The option will not be delivered until agreed transfer plans are in place to meet the needs of the local population. When deciding to engage further on this preferred option, the Board noted that a robust emergency transfer process needs to be in place and that the option is dependent on this.

Online platforms would also need to be provided to keep families connected and we would aim to get people home sooner with community service support.

We provide examples of what travel impacts could be experienced by people in our Teulu Jones case studies document (available in the 'Supporting Documents' area on our website).

## Impact on staff and staffing challenges

Bringing together teams across a smaller number of sites, along with more investment in the service, would help us better meet national stroke standards. This includes improving access to the best rehabilitation spaces and helps us to increase the amount of time our patients receive specialist stroke therapy. Increased therapy leads to much better outcomes.

At present, achieving these standards is challenging due to staffing shortages. This relates particularly to specialist allied health professionals, including occupational therapists, physiotherapists, speech and language therapists, and dietitians across acute and community stroke services.

## Timescale to deliver

To deliver this option, the change will take place over a longer period of time than the other options previously considered by our Board. The development of a standalone unit will require space in Glangwili Hospital and capital investment. This will mean that services will move to Glangwili Hospital from other hospitals more gradually over time.

This will be achieved by bringing parts of stroke units from other sites to Glangwili Hospital over the first four years, while the development of community services will also take place in this time.

Prince Philip Hospital would become a treat and transfer and stroke rehabilitation unit within two years. Bronglais Hospital would become a treat and transfer and stroke rehabilitation unit in two to four years. The staffing would be increased over this time to deliver higher quality of care for patients. In the longer term (more than four years) a 24-hour specialist cover acute stroke unit in Glangwili Hospital with rehabilitation would be in place. Prince Philip and Withybush hospitals would become treat and transfer hospitals only, at this point.

We believe that this option could be fully delivered in up to eight years. The option could be delivered in less than eight years if space and workforce become available.

For further information on how the preferred option could be delivered, please visit the 'Supporting Documents' area of our website.

## Cost to deliver

The costs for delivering this option would be similar to those that were considered for Option 210. Staffing costs would increase by approximately £3.259m in this option. Building and equipment costs would be approximately £19.845m to develop a standalone unit.

## Strategic alignment

The preferred option aligns to the future roles of our hospitals and our strategy 'A Healthier Mid and West Wales: Healthier lives, well lived'.

In the longer term, the intention is that the acute stroke unit could move into the new urgent and planned care hospital, once it is built. This would maintain stroke care alongside other urgent services on one site and support a more sustainable 24/7 specialist service.

In addition, it aligns with the NHS Wales Stroke Programme's intention to have fewer, more specialised, stroke units in Wales.

## Other considerations

This option would enable the stroke service in Hywel Dda to participate in more stroke research and new projects. By having a greater number of stroke patients in the same unit, and staff who are focused solely on stroke work, there are more opportunities to carry out research projects. This is something that under the current service model isn't always possible. Research is important, as it helps further the understanding and treatment of stroke.

Having fewer acute stroke units in hospitals allows us to move and create more roles in the community to support rehabilitation.

# What stroke care could look like for patients under the preferred option

We have a family - Teulu Jones - and friends who help us test and show how different health services could affect someone like you or your loved ones. They aren't a real family, but they have been designed to be typical of the patients we care for in the Hywel Dda area and surrounding communities.

Here you can read how care for stroke patients could look under the preferred option, based on your nearest Hywel Dda main hospital site:

- ▶ Bronglais Hospital
- ▶ Glangwili Hospital
- ▶ Prince Philip Hospital
- ▶ Worthybush Hospital

Since the publication of the Clinical Services Plan Consultation document in May 2025, some clinical pathways have developed. The current pathway described below in our Teulu Jones case studies differs to what was in the previous consultation document.



## Stroke patient experience for someone living closest to Bronglais Hospital

**Aziz** is 68 years old and he works in the family restaurant and enjoys looking after his grandchildren. His wife notices he is not himself one afternoon, one side of his face has dropped, and his speech is slurred. She is worried he might have had a stroke and calls 999. To show the different options for stroke, we will imagine Aziz lives in Aberystwyth.

### Under the preferred option...

An ambulance takes Aziz to Bronglais Hospital, and he is taken directly to the CT scanner, rather than to the Emergency Department. If a stroke is confirmed, thrombolysis treatment would be started whilst in the scanning department. Aziz would then be moved to the Emergency Department before he is transferred.

If Aziz hasn't had a stroke, he will go to the Emergency Department at Bronglais Hospital for further tests.

If Aziz had a more serious stroke (with a large blood vessel occlusion, which is a type of stroke where blood flow to a main artery in the brain is interrupted), he would be taken by ambulance

from Bronglais Hospital directly to the thrombectomy centre in Bristol or Cardiff. Thrombectomy can be used to treat these types of stroke. This care is provided regionally for Wales and south and western regions of England in Bristol and Cardiff.

Once the Bristol or Cardiff thrombectomy team assess Aziz as fit to be discharged from their care, he will be transferred back to the stroke unit at Glangwili Hospital or directly home, dependent on recovery post-thrombectomy.

If thrombectomy is not the right treatment for Aziz, then he will be transferred to the Stroke Unit at Glangwili Hospital for his acute stroke treatment.

Following his acute stroke treatment at Glangwili Hospital, if Aziz is considered medically stable, he will transfer back to Bronglais Hospital rehabilitation unit to receive care closer to home or be discharged home with support from the Integrated Community Stroke Service.



## Stroke patient experience for someone living nearest Withybush Hospital

**Sonia**, 37, is married with two sons, and manages her own part-time business. She is always on the go and busy. Sonia has high blood pressure. We will imagine Sonia lives in Pembroke Dock.

Whilst visiting a friend, Sonia complains of a blinding headache, begins to have issues with her vision and speech problems. Her friend calls an ambulance as she is worried Sonia has suffered a stroke. What would the preferred option look like for her care?

### Under the preferred option...

An ambulance takes Sonia to Withybush Hospital, and she is taken directly to the Emergency Department for assessment, followed by transfer for a CT scan.

If a stroke was confirmed, treatment would be started whilst in the scanning department. Sonia would be returned to the Emergency Department before being transferred to the Stroke Unit in Glangwili Hospital.

If Sonia hasn't had a stroke, she will go back to Emergency Department at Withybush Hospital for further tests.

If Sonia had a more serious stroke (with a large blood vessel occlusion, which is a type of stroke where blood flow to a main artery in the brain is interrupted), she would be taken by ambulance from Withybush Hospital directly to the thrombectomy centre in Bristol or Cardiff. Thrombectomy can be used to treat these types of stroke. This care is provided regionally for Wales and south and western regions of England in Bristol and Cardiff.

Once the Bristol or Cardiff thrombectomy team assess Sonia is fit to be discharged from their care she will be transferred to Glangwili Hospital or directly home dependent on recovery post-thrombectomy.

If thrombectomy is not the right treatment for Sonia, then she will be transferred to the Stroke Unit at Glangwili Hospital for her acute stroke treatment and rehabilitation.

Sonia may be able to be discharged home with support from the Integrated Community Stroke Service (ICSS).



## Stroke patient experience for someone living nearest Glangwili Hospital

**Rhys** is 52 years old and a long-distance lorry driver. He is overweight and whilst his diet is improved at home, he often resorts to fast food when on the road. Rhys lives in Newcastle Emlyn, in Carmarthenshire, close to the Ceredigion border.

He becomes ill with a terrible headache and feels dizzy. His speech is slurred and his wife suspects a stroke and calls 999 immediately.

### Under the preferred option...

An ambulance takes Rhys to Glangwili Hospital, and he is taken directly to the CT scanner within the stroke unit. Following the scan, Rhys would remain in the stroke unit. If a stroke is confirmed and Rhys needs thrombolysis treatment, this will take place in the Stroke Unit at Glangwili Hospital.

If Rhys hasn't had a stroke, he will go to Emergency Department at Glangwili Hospital for further tests.

If Rhys had a more serious stroke (with a large blood vessel occlusion, which is a type of stroke where blood flow to a main artery in the brain is interrupted),

he would be taken by ambulance to the thrombectomy centre in Bristol or Cardiff. Thrombectomy can be used to treat these types of stroke. This care is provided regionally for Wales and south and western regions of England in Bristol and Cardiff.

Once the Bristol or Cardiff thrombectomy team assess Rhys is fit to be discharged from their care he will be transferred back to Glangwili Hospital or directly home dependent on recovery post-thrombectomy.

If thrombectomy is not the right treatment for Rhys, then he will stay at the Stroke Unit at Glangwili Hospital for his acute stroke treatment. Rhys may be able to be discharged home with support from the Integrated Community Stroke Service (ICSS).



## Stroke patient experience for someone living nearest Prince Philip Hospital

**Alun** is a retired electrician. His passion is rugby and at 80 years old he enjoys a daily walk and the crossword. He has a history of heart disease and had a heart attack when he was 70. Alun lives in Llanelli.

His daughter arrives for a visit and Alun has a numb arm, slurred speech and difficulty in understanding what she is saying to him. Alun's daughter calls 999.

### Under the preferred option...

An ambulance takes Alun to Prince Philip Hospital, and he is taken directly to the Acute Medical Assessment Unit for an assessment, followed by being transferred for a CT scan. Alun would then be returned to the Acute Medical Assessment Unit before transfer to the stroke unit in Glangwili Hospital. If a stroke is confirmed and Alun needs thrombolysis treatment, this will take place at the Acute Medical Assessment Unit. If Alun hasn't had a stroke, he will remain under the care of the medical team on Acute Medical Assessment Unit.

(\*If patients self-present in the Minor Injuries Unit (MIU) in Prince Philip Hospital, the staff activate the stroke call and will follow the same process as a patient arriving by ambulance.)

If Alun hasn't had a stroke, he will go back to Acute Medical Assessment Unit for further tests.

If Alun had a more serious stroke (with a large blood vessel occlusion, which is a type of stroke where blood flow to a main artery in the brain is interrupted) he would be taken by ambulance from Prince Philip Hospital, directly to the thrombectomy centre in Bristol or Cardiff. Thrombectomy can be used to treat these types of stroke. This care is provided regionally for Wales, and south and western regions of England, in Bristol and Cardiff.

Once the Bristol or Cardiff thrombectomy team assess Alun as fit to be discharged from their care, he will be transferred to Glangwili Hospital or directly home dependent on recovery post-thrombectomy.

If thrombectomy is not the right treatment for Alun, then he will be transferred to the stroke unit at Glangwili Hospital for his acute stroke treatment. Alun may be able to be discharged home with support from the Integrated Community Stroke Service.

For more Teulu Jones scenarios, including case studies for patients living in neighbouring health boards and previously considered **options A, B, 106** and **210**, please visit our Teulu Jones case studies document, within the 'Supporting Documents' area of our website.



### Did you know?

#### Of 100 suspected strokes:

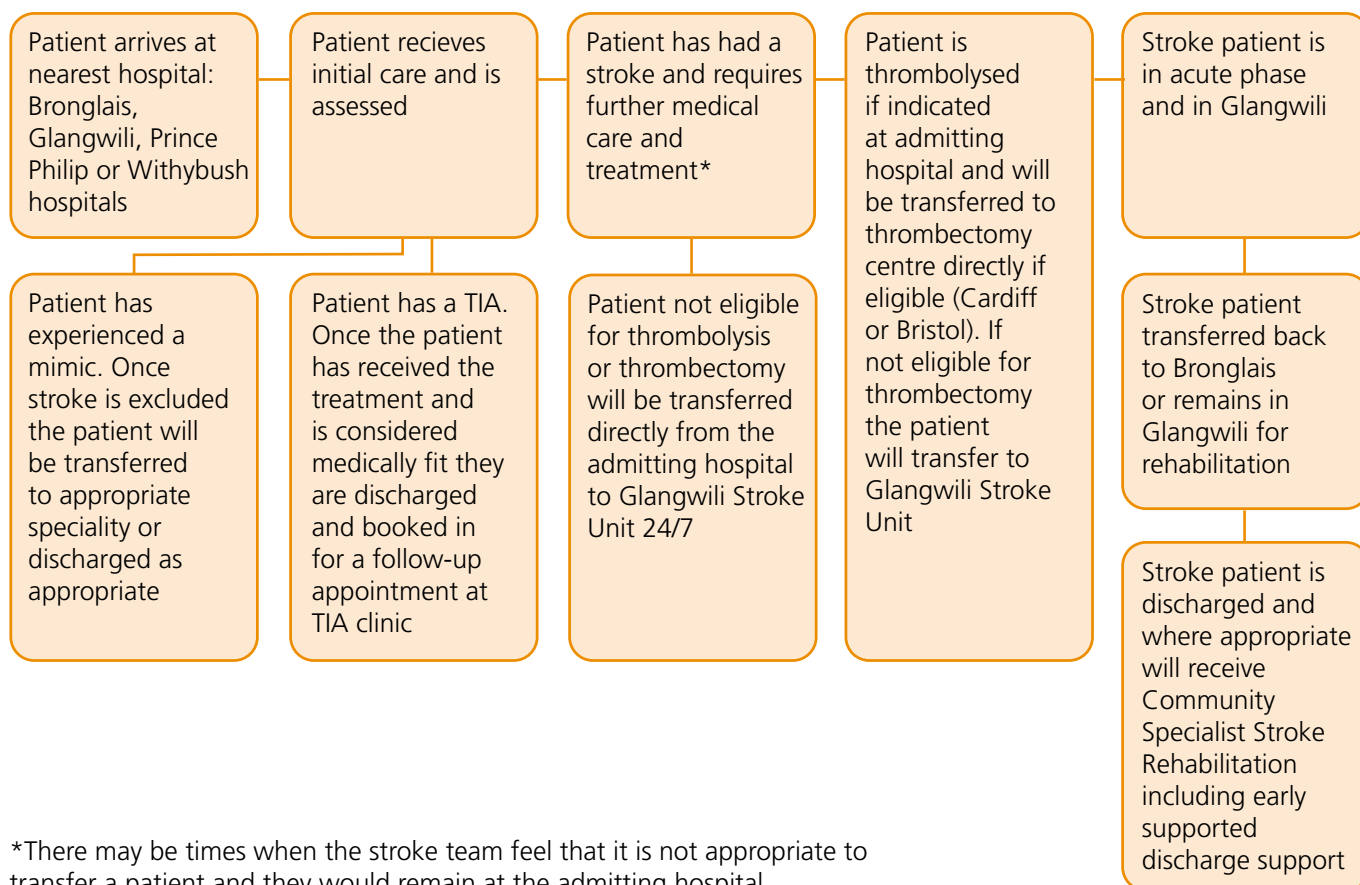
- ▶ Around 50 would not be strokes. These are often known as mimics and patients are either discharged or kept for other speciality-related treatment
- ▶ Around 25 patients would be transferred to the Acute Stroke Unit
- ▶ Around 10 patients would go to Cardiff or Bristol to receive thrombectomy

- ▶ Around 10 patients would potentially be discharged from the Emergency Department at the treat and transfer sites within 24 hours due to being minor strokes
- ▶ Around five patients will probably not be transferred due to palliative care needs

So, only one in four (25%) of suspected stroke patients should need to be transferred to the Acute Stroke Unit.

## What the pathway could look like under the preferred option

This flowchart shows what might happen if you or someone you care for has a stroke under the preferred option.



\*There may be times when the stroke team feel that it is not appropriate to transfer a patient and they would remain at the admitting hospital

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## What is treat and transfer?

Treat and transfer in stroke is when someone with suspected stroke is first taken (or comes) to their nearest emergency department or acute medical assessment unit. They receive urgent assessment and any time critical treatment (such as thrombolysis) there. If they then need specialist-led acute stroke care, they are transferred, in appropriate transport (usually an ambulance) to an acute stroke unit or thrombectomy centre at another hospital.

Some patients in Hywel Dda already travel for stroke care. Patients who suffer a certain kind of stroke need a procedure known as a thrombectomy. In this case, surgery is needed to remove the clot, and patients will either go to Cardiff or Bristol for that care.

We understand from the feedback we heard in the first stage of the consultation, that the

treat and transfer model is something our communities are worried about. We want to reassure patients and their loved ones that treat and transfer models are not new in stroke care. For many years, patients in Wales have been assessed and treated at their local hospital and then transferred to thrombectomy centres when more advanced stroke treatment is needed. A treat and transfer approach is also used in other time-critical emergencies where specialist care is needed, such as certain types of heart attack, trauma or vascular problems.

Under this preferred option, our focus is on making sure patients receive the right acute stroke care as early as possible, while keeping as much care as local as we can. By strengthening the quality of care in the early stages of a stroke, more people may be able to return home sooner, supported by Integrated Community Stroke Services where appropriate.



### Did you know?

**Although stroke is a time-dependent emergency, the 'golden hour' is linked to trauma care. Trauma is a specialist service, alongside orthopaedics, to support people with serious injuries. This was not part of the Clinical Services Plan or included as part of the engagement for this phase of the consultation. Patients with the most serious trauma are transferred to Cardiff.**

**So, while the first hour is important there are other more important timeframes. For example, the timeframe for thrombolysis is within four and a half hours to deliver the best care and outcomes for stroke patients.**

## What is an Acute Stroke Unit?

In this preferred option, we would develop a 24-hour specialist stroke unit at Glangwili Hospital.

A 24-hour acute stroke unit is a dedicated hospital unit where people who have had a stroke receive continuous, round-the-clock care from a specialist stroke team. This includes rapid access to assessment, treatment, monitoring and early rehabilitation, in line with national stroke standards.

Patients usually stay on an acute stroke unit for a short time, typically around 72 hours. This is called the hyper-acute stage. It is normally followed by a longer stay of around seven days (it can be between three and 10 days), called the acute stage, depending on their progress. During this time, they are cared for by a specialist stroke team, including specialist consultants, specialist nurses and specialist allied health professionals.

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This specialist team works closely together to provide intensive early care and reduce the risk of complications. If any complications do arise, they can be identified and managed as soon as possible. High-quality care in these early stages supports recovery and helps more people return home sooner, with the support from the Integrated Community Stroke Service where appropriate. Evidence shows this improves outcomes for people who have had a stroke.

## What is a Stroke Rehabilitation Unit?

A stroke rehabilitation unit supports patients as they continue their recovery after the early phase of hyper and acute stroke care. The focus of these units is on helping people regain independence through co-ordinated rehabilitation. For example, helping a patient to eat and drink safely or wash and dress independently. This is delivered by a specialist multidisciplinary team, working together with shared goals to help support the patient in their recovery. This team includes allied health professionals, nurses and medical staff with expertise in stroke recovery.

Throughout the stroke pathway, care is tailored to each person's individual needs. Rehabilitation may include support with everyday activities, physical recovery, communication, cognition (which is the brain's ability to process information, remember things and solve everyday problems), and emotional wellbeing, alongside early discharge planning and ongoing recovery at home or within the community.

Families and carers are involved wherever possible, recognising their important role in recovery. The overall aim is to support people to recover safely and to return to everyday life as independently and fully as possible.

## What is the Integrated Community Stroke Service (ICSS)?

An Integrated Community Stroke Service (ICSS) helps people move from hospital care

to community care after a stroke for patients meeting early supported discharge (ESD) and non-early supported discharge criteria. A specialist multidisciplinary team provides early rehabilitation and support for anyone who needs it after leaving hospital. The integrated service brings together existing services, including early supported discharge (ESD) and community stroke rehabilitation into one joined-up service.

It works as a single service, with a shared list of patients it supports. The Integrated Community Stroke Service provides three care pathways, depending on a person's needs:

1. Discharge home with ICSS support
2. Discharge home with ICSS support and social care
3. Discharge to a residential or nursing home

Support is provided for up to six months, with the option to refer back into the ICSS service if further rehabilitation goals are identified. An ICSS may be delivered by one team providing the full service, or by several services working together as one model.

## What is Early Supported Discharge (ESD)?

Early supported discharge services for stroke are most effective for patients with a mild to moderate disability (up to 40% of patients). ESD services help adults to leave hospital sooner after a stroke and continue their care in the community. It can support patients to have their rehabilitation at home, with the same intensity and expertise that they would receive in hospital.

This may not be suitable for all adults who have had a stroke, or in all circumstances. The decision to offer early supported discharge is made by the core multidisciplinary stroke team after discussion with the person who has had a stroke and their family, or carer, if applicable.

# How we assessed the preferred option - hurdle criteria

Hurdle criteria are what we use to assess the suitability of options when a service needs to change, as included in our Clinical Services Plan. Below is how the option was appraised by the service.

<b>Clinically sustainable</b>	<ul style="list-style-type: none"> <li>▶ Bringing specialist teams together supports workforce resilience, training, recruitment and the delivery of a full 24/7 service.</li> </ul>	Green
<b>Deliverable</b>	<ul style="list-style-type: none"> <li>▶ Bringing the services together to a single site will require more time to create the space needed at Glangwili Hospital. The option is believed to meet the hurdle criteria (deliverable within zero to four years) as many of the changes take place in this time to support the service to meet the issues being faced.</li> <li>▶ Integrated Community Stroke Services would be developed in the two to four years improvement phase.</li> <li>▶ Prince Philip Hospital would become a treat and transfer and stroke rehabilitation unit in years zero to two and Bronglais Hospital would become a treat and transfer and stroke rehabilitation unit in two to four years.</li> <li>▶ Once the Acute Stroke Unit is commissioned in Glangwili Hospital in the longer term (more than four years), Prince Philip and Withybush hospitals would become treat and transfer hospitals only.</li> <li>▶ This phased delivery is similar to other Clinical Services Plan options where steps were taken within the implementation and improvement phase to address key issues, while needing to address other areas in the longer term (more than four years) such as radiology and endoscopy.</li> </ul>	Green
<b>Accessible</b>	<ul style="list-style-type: none"> <li>▶ Patients will have improved access to specialist stroke expertise and advanced diagnostics, but geographical access is not equal across the area.</li> <li>▶ More people will need to travel further for acute and rehabilitation care, increasing reliance on transport services and creating pressures for families, carers and staff.</li> <li>▶ Accessibility can be improved through community stroke services, local transient ischemic attack (TIA) clinics, and funded transport solutions but without these, access becomes a key risk.</li> </ul>	Amber
<b>Strategically aligned</b>	<ul style="list-style-type: none"> <li>▶ The option is aligned with the National Stroke Programme, with fewer units providing specialist care, and local long term strategy and role of hospital sites.</li> </ul>	Green
<b>Financially sustainable</b>	<ul style="list-style-type: none"> <li>▶ Option is dependent on full funding for workforce, transport and estates and on successfully growing and retaining the specialist workforce needed.</li> </ul>	Amber

## Scoring the option

The option was scored in the same way as the options already considered by Board, using the same weighting for criteria and by the same Options Development Group. Due to differences in numbers of attendees, the scores below show the comparative score based on the maximum score that could have been awarded by both groups so that they can be easily compared.

Criteria	Preferred Option	Option A	Option B	Option 106	Option 210
Number of patients likely to need transport between sites when unwell	55%	52%	46%	54%	50%
Compliance/attainment of standards	80%	62%	60%	51%	46%
Impact on internal services (e.g. Emergency Departments)	61%	56%	45%	52%	51%
Impact on external services (e.g. Welsh Ambulance Services University NHS Trust)	65%	44%	39%	53%	52%
Clinically sustainable – patient demand to require service	72%	60%	53%	48%	49%
Workforce sustainability – workforce available in two to four years	61%	48%	37%	46%	39%
Financial sustainability – cost difference between now and option	49%	52%	44%	50%	49%
Reduction in waiting lists across diagnostics, treatments, and surgery	65%	56%	52%	55%	57%
Patient travel time to sites	59%	40%	38%	50%	51%
Transfer travel time impact on options	59%	50%	41%	50%	52%
Impact on local communities when developing community sites	65%	47%	40%	48%	48%
Impact on staff and patients needing to travel to access regional care	66%	42%	36%	49%	43%
Amount of activity taking place in a community setting	60%	49%	40%	46%	48%
Impact on population health outcomes	70%	61%	50%	48%	51%
Addressing barriers to care (transport, patient support)	61%	61%	52%	52%	59%
Addressing barriers to equality	62%	52%	45%	50%	50%

## Summary of impacts identified

The services have captured the following impacts in Equality Impact Assessments (EqIAs). As part of the second phase of the consultation, we would welcome any further comments linked to potential impacts of the preferred option:

### Negative impacts:

- ▶ 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 the correct site by the Health Board.

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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 that may result in additional travel costs, childcare and carer needs

### **Positive impacts:**

- ▶ Services provided across fewer sites bring different professionals together to work. This is a better use of resources and would improve service quality and continuity of care for patients
- ▶ Stroke is considered a specialism. The networked model being developed and proposed by the national programme means that the preferred option is aligned to what is going on nationally
- ▶ We should see reductions in a stroke patients' length of hospital stay due to the access to diagnostics, medical and allied health professionals for more hours of the week
- ▶ A standalone Acute Stroke Unit in Hywel Dda would improve staff recruitment and retention
- ▶ Ambulance teams will have access to pre-hospital video triage to support getting patients to right place, to receive the best care
- ▶ A stroke clinician will be available 24/7 to support teams at sites without a dedicated stroke unit for longer, helping them make the right treatment decisions for patients. This will attract greater opportunities for education and training
- ▶ Glangwili Hospital has the highest proportion and number of Welsh-speaking staff in the current stroke unit, who would be able to support Welsh-speaking patients and their families

We continue to consider ways to reduce risks or negative impacts on our communities. In this second phase of the consultation, we still want your views on how we can support

people to better access stroke services if the preferred option is chosen. Below are some of the ideas we've heard so far:

- ▶ Improving 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 reviewing travel/taxi costs
- ▶ Community and voluntary transport services available for patients that don't meet the eligibility criteria, so they can receive non-emergency patient transport
- ▶ Some patients could be entitled to help with transport costs depending on their circumstances. Patient transport advice and information is available on our webpages, please search 'patient transport', or ask at each main hospital's general office
- ▶ Assigning designated quiet rooms or zones, improving visitor spaces at hospitals, improving signage. Also ensuring public access areas are wheelchair friendly where possible to improve patient accessibility and comfort
- ▶ Directing staff to nearby childcare facilities, such as day care and creche services if affected by location changes
- ▶ Encouraging car sharing and sustainable transport where possible

## **Protected characteristics and equalities**

Some people with a protected characteristic may be more disadvantaged or face more difficulties when trying to access healthcare services. The Equality Act 2010 protects people from being treated worse than other people because of:

- ▶ age
- ▶ disability
- ▶ gender reassignment
- ▶ marriage and civil partnership
- ▶ pregnancy and maternity
- ▶ race

- 
- ▶ religion and belief (including no religious belief)
  - ▶ sex
  - ▶ sexual orientation

An equality impact assessment (EqIA) includes an overview of potential positive and negative impacts of change on people with protected characteristics. This also includes how we will mitigate them and address our equality duties.

In addition, the assessment considers the possible impacts people may experience due to being part of the Armed Forces community, their social and/or economic position and the Welsh language.

In our policies and how we work, we must:

- ▶ cut discrimination, harassment, victimisation, and other conduct that is prohibited by or under the Act
- ▶ advance equality of opportunity between people who share relevant protected characteristics and people who do not
- ▶ foster good relations between people who share relevant protected characteristics and those who do not

#### **We also aim to:**

- ▶ remove or minimise disadvantages suffered by people who share a relevant protected characteristic and are connected to that characteristic
- ▶ meet the needs of people who share a relevant protected characteristic that are different from the needs of those who do not share it
- ▶ encourage people who share a protected characteristic to take part in public life or in any other activity in which participation by such people is disproportionately low
- ▶ consider how we will tackle prejudice and understanding

We have produced impact assessments for the preferred option for stroke services across Hywel Dda.

These cover the proposed changes on:

- ▶ health

- ▶ equality
- ▶ environment and sustainability
- ▶ quality
- ▶ population health

You can read more in the full current version of the Equality Impact Assessment (EqIA) in the supporting documents area of our webpage:

**[hduhb.nhs.wales/stroke-consultation](https://hduhb.nhs.wales/stroke-consultation)**

The assessments will be used to help our Board when making a final decision on how stroke services will be delivered in the future in Hywel Dda.

## **Welsh language**

In our Hywel Dda area 45 per cent of people speak Welsh. This is higher than the average number across Wales.

We know this is an issue that affects many patients across all our services and sites. We have an ongoing programme to support staff in using Welsh. We also know how important it is for patients to be able to communicate and that language ability may be impacted by a stroke.

We continue to make progress in complying with the statutory Welsh Language Standards. This means ensuring that all our communication, including digital, print, and signage, is bilingual (Welsh and English), and not treating Welsh less favourably than English.

We strive to promote a bilingual environment for everyone. We support our staff to learn and use Welsh in our workplaces and our communities. We're also working to ensure people are offered services in Welsh without having to ask, as described in the Welsh Government's 'More Than Words' plan.

We have a target to ensure that 50% of our workforce has a foundation level of Welsh by 2032. We report our progress through our Welsh Language Annual Report that can be found on our website. The full Equality Impact Assessment provides further details of how service changes could impact on the Welsh language, but we welcome any other comments and feedback.

# How you can get involved

We really want to hear from you. Information on how to get involved and share your views is available across our hospitals, community premises and through voluntary sector organisations. We will hold drop-in events, in person and online sessions, where you can come along, find out more information and let us know what you think.

Details of where and when you will be able to come and meet us can be found on our website: **[hduhb.nhs.wales/stroke-consultation](http://hduhb.nhs.wales/stroke-consultation)** and on our social media channels.

We will also work closely with local media outlets, including radio and press organisations to raise awareness of this second phase of consultation.

Thank you for taking the time to share your views. Everyone's input matters and will help shape the future of stroke services in our area.

**Please take time to read this document and share your views by 26 July 2026.**

You can do this by:

- ▶ completing the questionnaire online: **[qrco.de/stroke-questionnaire](http://qrco.de/stroke-questionnaire)** (you can request a copy by sending an email to us or calling us on the number below)
- ▶ posting it to: **FREEPOST HYWEL DDA HEALTH BOARD** (no stamp needed)
- ▶ emailing us: **[hyweldda.engagement@wales.nhs.uk](mailto:hyweldda.engagement@wales.nhs.uk)**
- ▶ speaking to us at one of our events (visit our website for an event near you or online), or phone us on **0300 303 8322 (option 5), charged at local call rates**



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# Privacy statement - what happens with your feedback

## Anonymity and confidentiality of responses

Your responses to this survey are collected and analysed in a way that is intended to be anonymous. We do not ask for your name or contact details and survey findings will be reported in summary form only.

Please be aware that if you choose to include information about yourself in free text response fields, this information may make you identifiable, either directly or indirectly. We therefore encourage you not to include names, specific job titles, locations, or other details that could identify you or others, unless you are comfortable doing so.

Towards the end of the survey, we ask optional questions about characteristics such as age, sex, gender identity, disability, ethnicity, sexual orientation, religion or belief, marital or partnership status, armed forces status, caring responsibilities, language, household income, and part of your postcode. These questions are included to help us understand the diversity of experiences and ensure equality and fairness.

On their own, these questions do not identify you. However, in rare cases, a combination of answers may increase the risk that someone could be identified, particularly in smaller teams or population groups.

To protect your privacy, we apply appropriate safeguards, including aggregated reporting and suppression of small numbers, and your responses will not be used to make decisions about you as an individual.

Views provided by organisations or people acting in an official capacity may be published in full.

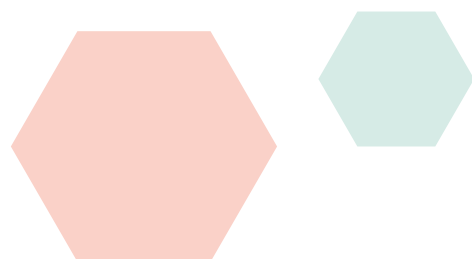
Our analysis and output report will be presented at a meeting of the Public Board and will be available on our website. This will be shared with Llais for their comments. Llais is the independent statutory body that gives the people of Wales more say in the planning and delivery of their health and social care services. The personal data you submit is processed by the Health Board as it is necessary for the performance of a task carried out in the public interest, namely consultation. This constitutes the lawful basis for processing under data protection legislation.

The Health Board will process any information you provide in response to this consultation in line with the current data protection regulations. The Health Board will hold any personal information provided for no more than one year after any decisions are finalised.

General themes raised by communities on the Health Board's social media channels, but not personal information, will be collected so these can be included in the output report.

## Privacy notice - Hywel Dda University Health Board

For our full privacy statement, please visit our website at: [hduhb.nhs.wales/privacy-notices](https://hduhb.nhs.wales/privacy-notices)



# We are listening

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

A report of what we heard during this second phase of the consultation will be published, fully considered, and discussed as part of a Health Board meeting later this year.

Health Board meetings are held in public. People are welcome to attend in person or to watch the meeting online. We will advertise this meeting on our website and social media pages. Details of our Board meetings can be found on our website at: **[hduhb.nhs.wales/about-us/your-health-board](https://www.hduhb.nhs.wales/about-us/your-health-board)**

Board members will consider all they have heard leading up to, and during, all phases of the consultation, including the equality impact assessments, supporting documents and data we have gathered and referred to in this document. They will also consider any new information that may come to light from the conversations with our communities.



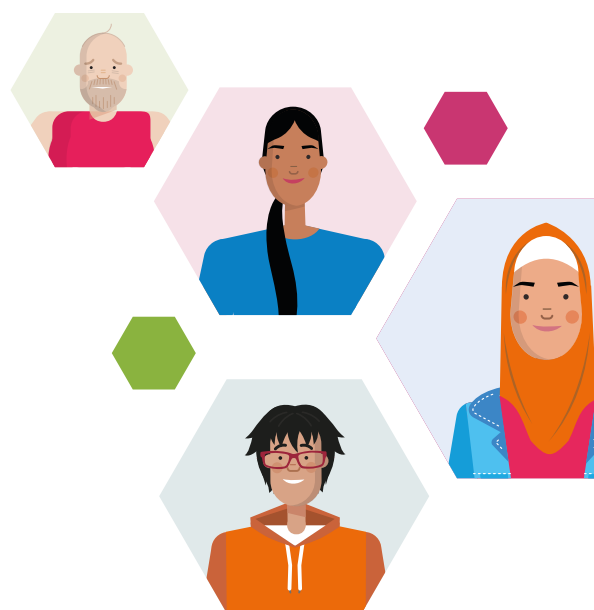
# How will we feed back to you

We will publish the findings from this engagement period and the final consultation report for this phase of the Clinical Services Plan on our website. We will officially announce when this is available.

We will share these reports as widely as possible with people living in our area who have asked to be kept up-to-date on developments. We'll also provide updates through key stakeholders, the local media, and social media.

**If you wish to receive these updates, please join our involvement and engagement scheme Siarad Iechyd / Talking Health by:**

- ▶ emailing: **[hyweldda.engagement@wales.nhs.uk](mailto:hyweldda.engagement@wales.nhs.uk)**
- ▶ phoning: **0300 303 8322 (option 5), charged at local call rates**
- ▶ writing to us at: **FREEPOST HYWEL DDA HEALTH BOARD**



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# Share your views by 26 July 2026

You can do this by:

- ▶ completing the questionnaire online: [qrco.de/stroke-questionnaire](https://qrco.de/stroke-questionnaire) (you can request a copy by sending an email to us or calling us on the number below)
- ▶ posting it to: **FREEPOST HYWEL DDA HEALTH BOARD** (no stamp needed)
- ▶ emailing us: [hyweldda.engagement@wales.nhs.uk](mailto:hyweldda.engagement@wales.nhs.uk)
- ▶ speaking to us at one of our events (visit our website for an event near you or online), or phone us on **0300 303 8322 (option 5)**, **charged at local call rates**

## Diolch yn fawr | Thank you



11 March 2026

**LLANELLI JOINT BURIAL ADVISORY COMMITTEE****Minute Nos. 32 - 38**

At the **Meeting** of the **Llanelli Joint Burial Advisory Committee** held at Vauxhall Buildings, Vauxhall, Llanelli, and via remote attendance on Wednesday, 11 March 2026 at 4:00 p.m.

**Present:****Cllrs.**

N Evans	J. S. Phillips
J. Jones	J. R. Williams
S. Williams	

Together with Mr A. Davies (Town Clerk)

**32. APPOINTMENT OF CHAIRMAN PRO TEMPORE**

**RESOLVED** that Cllr. N. Evans be appointed Chairman pro-tempore.

**33. NEW COMMITTEE MEMBER**

The Chairman extended a warm welcome to Cllr. J. Jones, who had replaced Cllr. D. Darkin as one of the Llanelli Town Council representatives serving on the committee.

**34. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllrs. A. J. Rogers and T. M. Donoghue.

**35. MEMBERS' DECLARATIONS OF INTEREST**

Cllr. S. Williams declared a personal and prejudicial interest in Minutes No. 38 because he had been working with the applicant regarding the general development proposals at Parc Penprys.

**36. MINUTES**

**RESOLVED** that the following minutes (copies of which had been previously circulated) be confirmed and signed as a true record of proceedings.

Special Meeting - 14 January 2026

11 March 2026

37. INCOME AND EXPENDITURE REPORT

RECOMMENDED that the income and expenditure report up to 31 January 2026 be noted.

38. PARC PENPRYS LTD

*Cllr. S. Williams declared a personal and prejudicial interest in the following matter because he had been working with the applicant regarding the general development proposals at Parc Penprys. He withdrew from the meeting before discussion commenced.*

Members considered correspondence from the Director of Parc Penprys Ltd regarding an offer to construct and maintain an overspill car park to service the needs of Llanelli Crematorium. The offer formed part of a general development proposal to create a business park on land immediately south of the crematorium.

Following discussion, it was

RECOMMENDED that the offer be accepted in principle subject to legal agreement and that officers be authorised to progress matters by entering into further negotiations with the Director of Parc Penprys Ltd and representatives of the Westerleigh Group, Llanelli Crematorium.

.....  
The meeting concluded at 4.15pm  
.....

### Schedule of reported matters by Members

Item No.	Date	Raised by	Description	Action	Matters Resolved/Outcome
1.	17.06.26	Cllr. R. E. Evans	Fly tipping – New Road, Dafen to Halfway lights.	CCC	Emailed CCC – awaiting response.
2.	17.06.26	Cllr S. R. Bowen	1. A476 between the garden centre and reservoir exit – sign out of position. 2. A476, 20 mph sign obscured by vegetation.	CCC	Emailed CCC – awaiting response.
3.	19.06.26	Cllr. A. J. Rogers	Overgrown grass/weeds – cycle path Dafen near Dyfed Steel, underpass, Exchange Row, Cilsaig, Brynelli, Capel Road and Bryngwyn school.	DLO/CCC	Emailed DLO
4.	23.06.26	Cllr. A. J. Rogers	Path overgrown – Havard Road.	DLO	Emailed DLO
5.	24.06.26	Cllr. T. M. Donoghue	Footpath between Saron Community Hall and Penygraig requires trashing.	DLO	Completed.

30 June, 2026

**STRICTLY PRIVATE    CONFIDENTIAL****To the Chairman and Members of Council**

Date of meeting: 14 July, 2026.

Dear Councillor,

**TRAINING DEPARTMENT ESTIMATES OF INCOME AND EXPENDITURE 2026/27****1. PURPOSE OF REPORT**

- 1.1 To present an information update on training department work-based learning contracts.
- 1.2 To present the estimates of income and expenditure for the 2026/27 budget year.

**2. CONTRACTS UPDATE**

- 2.1 The 2026/27 financial year is pivotal for the training department, characterised by significant external change and opportunity. Both the Jobs Growth Hubs and Apprenticeship Programmes are entering the final year of their respective five-year contracts, with tendering processes taking place during the year. Delivering a successful budget is essential to provide financial stability, maintain tight cost control and support phased planning for the transition to new contracts and programme delivery arrangements in 2027/28.
- 2.2 The Jobs Growth Hubs programme will be replaced by the employability support Programme Plus from March 2027. RC Training has actively supported the procurement process with the current contractor, IT Skills Ltd. and has also contributed with PeoplePlus' tender submission, resulting in a Letter of Intent to offer a contract if their bid for Carmarthenshire is successful. In addition, discussions have taken place with Pembrokeshire College regarding potential contract opportunity. Further discussions will be held with the successful prime contractors once contract awards are announced, which are expected in late August or early September 2026.
- 2.3 The current Apprenticeship contract runs until July 2027. The new programme will commence in August 2027, with the tender application window running from 1 September to 31 December 2026. Contract awards are expected in April 2027. PTC Group of Colleges, operating as Skills Academy Wales A, will bid for the new Apprenticeship contract, with RC Training participating as a consortium member.
- 2.4 Members will be kept informed of further developments as additional information becomes available.

**3. APPRENTICESHIP COMMISSIONING PROGRAMME ACP AND PERSONAL LEARNING ACCOUNT PLA CONTRACTS**

- 3.1 The projected income is consistent with performance achieved during the previous year. However, due to the number of apprentices continuing into the new contract year from 1 August 2026, there is reduced funding available to accommodate new apprentice starts.

A request has therefore been submitted through A seeking elsh overnment approval to increase contract values to meet the demand for logistics apprenticeships. The projected income reflects current delivery capacity, assessor ratios and previous year performance level required to meet operational costs.

- 3.2 The Personal earning Accounts A with PTC roup of Colleges provides additional income through delivery of and PC licence training. Income projections are consistent with previous years. A request has also been submitted for increased learner numbers and approval to deliver D1 minibs licence courses from August 2026.

#### **4. OBS GROWT WALES GW CONTRACT**

- 4.1 The estimated income and e penditure reflects the resources required to deliver the programme while contributing towards departmental overheads. The programme continues to be delivered through contracts with IT C kills td. and Coleg ir ar for centre-based delivery.

- 4.2 Contract values are lower than anticipated pending the outcome of the tender process. ollowing contract awards, elsh overnment is e pected to allocate additional funding to support providers and learners transitioning to the mployability upport Programme from March 2027.

- 4.3 Contract performance, funding and profiles will continue to be closely monitored and further updates will be provided to members as further information becomes available. The projected income reflects anticipated delivery levels, available capacity and operational requirements.

- 4.4 The J programme continues to be delivered at the au hall premises and Ty Myrddin, Carmarthen. Discussions will be held with the landlord regarding the Carmarthen premises regarding potential lease terminations should tender outcomes and future contract values be insufficient to support delivery at the Carmarthen training centre.

#### **5. ESTIMATES OF INCOME AND E PENDITURE 2 26/27**

- 5.1 The principal objective of the 2026/27 budget is to maintain service delivery while ensuring the long term viability and sustainability of the department as it prepares for future contracts over the ne t five to eight years.

- 5.2 The general reserve balance at 31 March, 2026 is 267,4 6. The projected income and e penditure for 2026/27 is shown on page 8 of the budget report as 1,185,803 and 1,173,217 respectively, giving an anticipated surplus of 12,586 at 31 March, 2027. Therefore, the projected general reserve balance at 31 March, 2027 is 280,082.

- 5.3 It is important that the training department maintains an adequate level of general reserves to meet operational requirements and provide financial security over the longer term. The minimum general reserve balance to ensure the department remains financially viable is estimated at appro imately 130,000.

- 5.4 The budget e penditure has been carefully reviewed to identify savings wherever possible. Although there remains uncertainty surrounding future contract arrangements,

income and expenditure will be closely monitored throughout the year. Appropriate action will be taken where necessary, including restricting expenditure and adapting operational arrangements to maintain financial stability.

5.5 The earmarked reserves are stated as follows for the year ending 31 March 2026.

	<b>Balance at 1/ 4/2 25</b>	<b>Contribution to reserve</b>	<b>Contribution from reserve</b>	<b>Balance at 31/ 3/2 26</b>
<b>Vehicles</b>	14,600	0	0	14,600
<b>Marketing</b>	1,600	0	600	1,000
<b>Total Earmarked Reserves</b>	16,200	0	600	15,600

5.6 During 2025/26, 600 from the marketing earmarked reserve was utilised to support promotional activities. The vehicle earmarked reserve remains available and will be retained to support future capital expenditure on vehicles or equipment if required.

5.7 A budget of 3,000 has been included on page 11 for staff and learner computers code 25/4 13 .

5.8 The capital financing account, representing resources available to finance fixed assets, has a balance of 1,173 following the sale of the minibus.

## **6. LONG TERM IMPLICATIONS**

6.1 It is essential to set an appropriate and sustainable budget to ensure the continuation of services provided by the training department over the long term.

6.2 The training department is fully self-funded by external training contracts. Financial prudence and effective business planning are therefore vital to ensuring its long-term sustainability.

6.3 The council will continue to monitor budget performance against actual income and expenditure through the monthly committee reports presented to the Finance and General Purposes Committee.

6.4 Maintaining appropriate financial and operational resources enables services to be delivered.

6.5 All staffing matters are managed in accordance with the council's employment policies and employment legislation.

## **7. SUSTAINABILITY AND WELL-BEING CONSIDERATIONS**

7.1 The council's budget plan for the work-based learning contracts meets the following aims, core values, and well-being goals:

Strategic Aim	Core Value	National Well-Being Goal						
		1	2	3	4	5	6	7
Community Development	CD1 CD2 CD3 CD4 CD5 CD6 CD7 CD CD CD1	✓	✓	✓	✓	✓	✓	✓
Serving the Public	STP1 STP2 STP3 STP4 STP5 STP6 STP7 STP STP STP1 STP12 STP13	✓		✓	✓	✓	✓	✓
Acting as a Local Voice	LV1 LV2 LV3 LV4 LV5	✓	✓	✓	✓	✓	✓	✓
Quality of Life								
(1) Environment	QL1							
(2) Social Inclusion	QL2 QL3 QL4	✓		✓	✓	✓		✓
(3) Safe and Healthy Places	QL5							
Sports, Leisure and Cultural Activities								
The Local Economy	LE3 LE4	✓			✓			
Local Democracy	LD1 LD3							
Partnership Working	PW1 PW2 PW4 PW5 PW6	✓			✓	✓	✓	✓
Communication	C1 C3 C4 C5 C6 C C11	✓	✓	✓	✓	✓	✓	✓
Health and Safety	HS1 HS2 HS3 HS4 HS5	✓		✓	✓	✓		✓
Resources	R1 R2 R3	✓	✓					✓
Management and Control	MC1 MC2 MC3 MC5	✓			✓		✓	✓

**8. PUBLIC INVOLVEMENT**

8.1 The training department delivers a range of training opportunities for the direct benefit of the public, in turn helping to improve employability, skills development, and the overall general quality of life.

**. COLLABORATION OPPORTUNITIES**

.1 The provision of work-based learning supports the on-going collaboration between the council, elsh overnment, and other sector partners. The local business enterprise and wider economy is supported by upskilling local people through the provision of training opportunities.

**1 . PREVENTATIVE MEASURES/CONSIDERATIONS**

10.1 The activities identified in the budget reports are essential to support the sustainability of the training department and the services it provides. ffective financial planning and monitoring will help mitigate future risks and support continued service provision.

**11. RECOMMENDATIONS**

11.1 Members are requested to consider and agree the draft budgets presented.

Yours sincerely,

**DEPUTY CLERK**

6 July, 2026.

10:48

## Annual Budget - By Centre (Actual YTD Month 2)

Note: 2026/27 LRC Training - Draft Budget of Income and Expenditure

		<u>2025/26</u>		<u>2026/27</u>				<u>2027/28</u>		
		Budget	Actual	Total	Actual YTD	Projected	Committed	Agreed	EMR	Carried Forward
<b>602</b>	<b>APPRENTICESHIP</b>									
1000	PROGRAMME INCOME	397,448	387,495	395,589	85,233	0	0	0	0	0
1013	EMPLOYER CONTRIBUTION	15,900	8,305	10,000	0	0	0	0	0	0
1014	LEARNER CONTRIBUTION	10,400	16,400	15,000	0	0	0	0	0	0
1018	REGISTRATION FEES	90	90	0	0	0	0	0	0	0
1025	FE FUNDING	2,573	2,573	1,073	0	0	0	0	0	0
1028	PLA FUNDING	191,335	169,111	170,000	43,688	0	0	0	0	0
1098	MISCELLANEOUS INCOME	0	1,195	0	0	0	0	0	0	0
	<b>Total Income</b>	<b>617,746</b>	<b>585,169</b>	<b>591,662</b>	<b>128,920</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
4001	SALARIES	252,918	254,037	266,010	43,083	0	0	0	0	0
4003	SUBCONTRACTED SUPPORT	16,280	20,768	20,000	2,990	0	0	0	0	0
4008	TRAVEL/PARKING/ACCOMMODATION	2,000	3,177	3,000	246	0	0	0	0	0
4021	TELEPHONE	650	563	540	0	0	0	0	0	0
4027	BROADBAND	1,246	1,079	768	30	0	0	0	0	0
4102	TRAINING - TRANSPORT	30,000	45,294	50,000	10,024	0	0	0	0	0
4103	TRAINING - TRANSPORT (PLA)	140,000	106,910	115,000	26,726	0	0	0	0	0
4113	TRAINING - QUALIFICATIONS	9,000	6,746	7,000	632	0	0	0	0	0
4208	TRAINEES RESOURCES	1,185	1,256	1,730	108	0	0	0	0	0
	<b>Overhead Expenditure</b>	<b>453,279</b>	<b>439,829</b>	<b>464,048</b>	<b>83,839</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Movement to/(from) Gen Reserve</b>	<b>164,467</b>	<b>145,339</b>	<b>127,614</b>	<b>45,081</b>	<b>0</b>		<b>0</b>		

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10:48

## Annual Budget - By Centre (Actual YTD Month 2)

Note: 2026/27 LRC Training - Draft Budget of Income and Expenditure

		<u>2025/26</u>		<u>2026/27</u>				<u>2027/28</u>		
		Budget	Actual	Total	Actual YTD	Projected	Committed	Agreed	EMR	Carried Forward
<b>611</b>	<b>JOBS GROWTH WALES +</b>									
1005	ITEC - PROGRAMME INCOME	369,412	365,378	309,185	67,701	0	0	0	0	0
1007	CSG - PROGRAMME INCOME	118,469	90,363	140,000	11,794	0	0	0	0	0
1055	ITEC DIRECT REFERRAL MARKETING	0	315	0	0	0	0	0	0	0
1056	ITEC - RENEW AND REFORM	5,000	1,178	0	0	0	0	0	0	0
1098	MISCELLANEOUS INCOME	54	55	0	0	0	0	0	0	0
	<b>Total Income</b>	<b>492,935</b>	<b>457,289</b>	<b>449,185</b>	<b>79,495</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
4001	SALARIES	351,728	339,672	341,687	49,412	0	0	0	0	0
4003	SUBCONTRACTED SUPPORT	720	852	500	98	0	0	0	0	0
4008	TRAVEL/PARKING/ACCOMMODATION	700	830	800	67	0	0	0	0	0
4021	TELEPHONE	900	750	810	0	0	0	0	0	0
4109	TRAINING - ACTIVITIES	5,000	0	2,000	0	0	0	0	0	0
4113	TRAINING - QUALIFICATIONS	2,488	1,430	1,289	520	0	0	0	0	0
4204	TRAINEES - CLOTHING	300	186	300	0	0	0	0	0	0
4206	TRAINEES - INCENTIVE	600	750	800	0	0	0	0	0	0
4208	TRAINEES RESOURCES	200	0	200	0	0	0	0	0	0
4211	TRAINEES - OTHER	100	140	150	0	0	0	0	0	0
4212	TRAINEES - DBS CHECKS	200	117	200	63	0	0	0	0	0
	<b>Overhead Expenditure</b>	<b>362,936</b>	<b>344,726</b>	<b>348,736</b>	<b>50,159</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Movement to/(from) Gen Reserve</b>	<b>129,999</b>	<b>112,563</b>	<b>100,449</b>	<b>29,336</b>	<b>0</b>		<b>0</b>		

Continued on next page

Annual Budget - By Centre (Actual YTD Month 2)

Note: 2026/27 LRC Training - Draft Budget of Income and Expenditure

		<u>2025/26</u>		<u>2026/27</u>				<u>2027/28</u>		
		Budget	Actual	Total	Actual YTD	Projected	Committed	Agreed	EMR	Carried Forward
<b>699</b>	<b>SUPPORT COSTS</b>									
1061	ITEC - LEARNING ALLOWANCE	113,500	117,340	76,719	25,000	0	0	0	0	0
1062	ITEC - TRAVEL ALLOWANCE	7,897	8,813	6,580	1,772	0	0	0	0	0
1063	ITEC - ALS FUNDING	21,100	32,591	25,868	4,492	0	0	0	0	0
1064	ITEC - MEAL ALLOWANCE	17,200	21,310	15,392	4,099	0	0	0	0	0
1067	CSG - ALS FUNDING	9,000	20,973	19,897	1,968	0	0	0	0	0
	<b>Total Income</b>	<b>168,697</b>	<b>201,026</b>	<b>144,456</b>	<b>37,330</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
4210	TRAINEE ADDITIONAL SUPPORT	8,470	13,818	7,000	1,904	0	0	0	0	0
4250	MEAL ALLOWANCE PAYMENTS	17,200	21,789	15,392	3,823	0	0	0	0	0
4261	ITEC- ALLOWANCE PAYMENTS	113,500	119,725	76,719	22,137	0	0	0	0	0
4262	ITEC - TRAVEL PAYMENTS	7,897	8,986	6,580	1,653	0	0	0	0	0
	<b>Overhead Expenditure</b>	<b>147,067</b>	<b>164,319</b>	<b>105,691</b>	<b>29,517</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Movement to/(from) Gen Reserve</b>	<b>21,630</b>	<b>36,708</b>	<b>38,765</b>	<b>7,814</b>	<b>0</b>		<b>0</b>		

## Annual Budget - By Centre (Actual YTD Month 2)

Note: 2026/27 LRC Training - Draft Budget of Income and Expenditure

	<u>2025/26</u>		<u>2026/27</u>				<u>2027/28</u>		
	Budget	Actual	Total	Actual YTD	Projected	Committed	Agreed	EMR	Carried Forward
<b>912 CARMARTHEN TRAINING CENTRE</b>									
4012 NON DOMESTIC RATES	4,984	4,984	4,731	4,731	0	0	0	0	0
4013 RENT	12,250	12,250	12,250	2,827	0	0	0	0	0
4014 OFFICE SERVICE CHARGE/WATER	4,389	4,246	4,389	986	0	0	0	0	0
4015 HEAT & LIGHT	2,100	2,179	2,600	0	0	0	0	0	0
4016 JANITORIAL/WASTE DISPOSAL	1,200	1,016	1,000	180	0	0	0	0	0
4021 TELEPHONE	319	289	315	0	0	0	0	0	0
4025 INSURANCE	1,166	651	680	0	0	0	0	0	0
4027 BROADBAND	600	600	600	138	0	0	0	0	0
4033 PHOTOCOPIER COSTS	1,040	979	1,000	133	0	0	0	0	0
4061 LEGAL EXPENSES	250	250	0	0	0	0	0	0	0
<b>Overhead Expenditure</b>	<b>28,298</b>	<b>27,443</b>	<b>27,565</b>	<b>8,995</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Movement to/(from) Gen Reserve</b>	<b>(28,298)</b>	<b>(27,443)</b>	<b>(27,565)</b>	<b>(8,995)</b>	<b>0</b>		<b>0</b>		

Annual Budget - By Centre (Actual YTD Month 2)

Note: 2026/27 LRC Training - Draft Budget of Income and Expenditure

		<u>2025/26</u>		<u>2026/27</u>				<u>2027/28</u>		
		Budget	Actual	Total	Actual YTD	Projected	Committed	Agreed	EMR	Carried Forward
<b>913</b>	<b>VAUXHALL TRAINING CENTRE</b>									
4013	RENT	18,870	18,870	18,870	0	0	0	0	0	0
4014	OFFICE SERVICE CHARGE/WATER	14,480	9,120	14,480	0	0	0	0	0	0
4021	TELEPHONE	185	154	185	0	0	0	0	0	0
4033	PHOTOCOPIER COSTS	763	1,047	1,000	76	0	0	0	0	0
	<b>Overhead Expenditure</b>	<u>34,298</u>	<u>29,191</u>	<u>34,535</u>	<u>76</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Movement to/(from) Gen Reserve</b>	<u>(34,298)</u>	<u>(29,191)</u>	<u>(34,535)</u>	<u>(76)</u>	<u>0</u>		<u>0</u>		

Annual Budget - By Centre (Actual YTD Month 2)

Note: 2026/27 LRC Training - Draft Budget of Income and Expenditure

		<u>2025/26</u>		<u>2026/27</u>				<u>2027/28</u>		
		Budget	Actual	Total	Actual YTD	Projected	Committed	Agreed	EMR	Carried Forward
<b>921</b>	<b>ADMINISTRATION</b>									
1077	GRANTS	0	5,161	0	0	0	0	0	0	0
1096	INTEREST RECEIVED	500	495	500	0	0	0	0	0	0
	<b>Total Income</b>	<b>500</b>	<b>5,656</b>	<b>500</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
4001	SALARIES	157,679	152,211	127,558	19,982	0	0	0	0	0
4005	OCCUPATIONAL HEALTH	500	75	400	0	0	0	0	0	0
4007	WORKWEAR/PPE	200	12	200	0	0	0	0	0	0
4008	TRAVEL/PARKING/ACCOMMODATION	100	510	200	0	0	0	0	0	0
4009	STAFF TRAINING	0	840	900	280	0	0	0	0	0
4016	JANITORIAL/WASTE DISPOSAL	100	68	100	0	0	0	0	0	0
4018	EMPLOYMENT REGISTRATIONS	1,711	1,561	1,338	828	0	0	0	0	0
4021	TELEPHONE	1,253	1,044	1,253	0	0	0	0	0	0
4022	POSTAGE	450	418	450	0	0	0	0	0	0
4023	STATIONERY	1,200	793	1,200	0	0	0	0	0	0
4024	SUBSCRIPTIONS	631	537	631	230	0	0	0	0	0
4025	INSURANCE	1,550	1,583	1,627	0	0	0	0	0	0
4026	IT SOFTWARE/SUPPORT etc	24,515	25,310	24,500	3,908	0	0	0	0	0
4028	FRANKING MACHINE COSTS	150	150	150	0	0	0	0	0	0
4030	RECRUITMENT ADVT'G	0	0	150	97	0	0	0	0	0
4031	OTHER ADVERTISING	0	135	0	0	0	0	0	0	0
4033	PHOTOCOPIER COSTS	1,446	1,165	1,500	160	0	0	0	0	0
4035	MARKETING	400	537	2,000	925	0	0	0	0	0
4041	VEHICLE LEASE	9,034	8,330	9,098	1,306	0	0	0	0	0
4042	VEHICLE MAINTENANCE	2,500	1,828	2,500	464	0	0	0	0	0

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Annual Budget - By Centre (Actual YTD Month 2)

Note: 2026/27 LRC Training - Draft Budget of Income and Expenditure

		<u>2025/26</u>		<u>2026/27</u>				<u>2027/28</u>		
		Budget	Actual	Total	Actual YTD	Projected	Committed	Agreed	EMR	Carried Forward
4043	VEHICLE FUEL	3,000	3,191	3,300	1,071	0	0	0	0	0
4044	VEHICLE LICENSING/INSURANCE	4,841	3,488	2,917	360	0	0	0	0	0
4045	EQUIPMENT PURCHASES	150	234	500	210	0	0	0	0	0
4049	ACCESS TO WORK	0	4,004	0	0	0	0	0	0	0
4051	BANK CHARGES	150	104	150	17	0	0	0	0	0
4062	AUDIT FEES	1,000	-2,910	1,020	0	0	0	0	0	0
4064	OTHER PROF FEES	750	550	550	0	0	0	0	0	0
4066	ACCOUNTANCY FEES	1,250	-3,616	1,250	-1,250	0	0	0	0	0
4067	MANAGEMENT FEE	6,078	5,108	5,200	1,873	0	0	0	0	0
4900	DEPRECIATION CHARGED	0	10,840	0	0	0	0	0	0	0
4901	Deferred Grants Released	0	444	0	0	0	0	0	0	0
4998	TFR FR EARMARKED RSV	-1,600	-600	-1,000	0	0	0	0	0	0
	<b>Overhead Expenditure</b>	<u>219,038</u>	<u>217,943</u>	<u>189,642</u>	<u>30,459</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Movement to/(from) Gen Reserve</b>	<u>(218,538)</u>	<u>(212,287)</u>	<u>(189,142)</u>	<u>(30,459)</u>	<u>0</u>		<u>0</u>		

## Annual Budget - By Centre (Actual YTD Month 2)

Note: 2026/27 LRC Training - Draft Budget of Income and Expenditure

		<u>2025/26</u>		<u>2026/27</u>				<u>2027/28</u>		
		Budget	Actual	Total	Actual YTD	Projected	Committed	Agreed	EMR	Carried Forward
<b>925</b>	<b>CAPITAL</b>									
1075	SALE OF FIXED ASSETS	8,000	8,333	0	0	0	0	0	0	0
	<b>Total Income</b>	8,000	8,333	0	0	0	0	0	0	0
4913	CAP - COMPUTERS/IT	7,565	-350	3,000	599	0	0	0	0	0
4999	ASSETS CAPITALISED	0	6,514	0	0	0	0	0	0	0
	<b>Overhead Expenditure</b>	7,565	6,165	3,000	599	0	0	0	0	0
	<b>Movement to/(from) Gen Reserve</b>	435	2,169	(3,000)	(599)	0		0		
	<b>Total Budget Income</b>	1,287,878	1,257,473	1,185,803	245,746	0	0	0	0	0
	<b>Expenditure</b>	1,252,481	1,229,616	1,173,217	203,645	0	0	0	0	0
	<b>Movement to/(from) Gen Reserve</b>	35,397	27,858	12,586	42,101	0		0		