

26 February, 2026

LLANELLI RURAL COUNCIL

Minute Nos: 380 – 383

At a **SPECIAL COUNCIL** Meeting of the Llanelli Rural Council held at the Council Chamber, Vauxhall Buildings, Vauxhall, Llanelli, and via remote attendance on Thursday, 26 February, 2026, at 6.00 p.m.

Present: Cllr. S. N. Lewis (Chairman)

Cllrs.

S. R. Bowen	J. Lovell
S. L. Davies	K. Morgan
T. M. Donoghue	J. S. Phillips
A. Evans	A. J. Rogers
E. M. Evans	W. E. Skinner
N. Evans	A. G. Stephens

Absent: S. M. T. Ford, J. P. Hart, S. K. Nurse

380. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllrs. D. M. Cundy, M. V. Davies, R. E. Evans, A. G. Morgan and O. Williams.

381. MEMBERS' DECLARATIONS OF INTEREST

The following members declared an interest in the following matter:

<i>Minute No.</i>	<i>Councillor</i>	<i>Interest</i>
383	S. L. Davies	Personal interest – employed as a Community Transport Officer, working in the third sector with Hywel Dda University Health Board.
383	A. J. Rogers	Personal interest – his partner worked at Prince Philip Hospital.

382. PUBLIC PARTICIPATION

There was no public participation in the proceedings.

26 February, 2026

**383. HYWEL DDA UNIVERSITY HEALTH BOARD
CLINICAL SERVICES PLAN (CSP)**

Cllr. S. L. Davies declared a personal interest in the following item as she was employed as a Community Transport Officer working in the third sector with Hywel Dda University Health Board. Cllr. A. J. Rogers declared a personal interest in the following item as his partner worked at Prince Philip Hospital.

Further to minute No 261, members considered and discussed Hywel Dda University Health Board's range of determinations in respect of the reconfiguration of the nine clinical services delivered at its hospitals.

Members noted the Board had met on the 19 February, 2026, to set out its determinations and next steps, to be implemented in phases over several years with some elements subject to further engagement and business cases.

The following was a summary of the determinations:

- Critical Care: Adopt Option 246 — create an Enhanced Care Unit (ECU) at Prince Philip Hospital (PPH) and transfer patients needing specialist ICU to Glangwili, making permanent the current temporary transfer arrangements.
- Emergency General Surgery (EGS): Adopt Option A — emergency operations to be delivered from Bronglais and Glangwili; PPH would not provide emergency general surgical operations; Llanelli residents requiring emergency operations to be transferred accordingly.
- Endoscopy: Adopt Option A — bring respiratory, urology and endoscopy together at PPH (with an additional procedure room); retain gastrointestinal and bowel screening at all hospital sites; explore a community endoscopy offer.
- Ophthalmology: Adopt Option 99 (with Aberaeron ICC from Option 173) — main hospital services (including emergency eye care) to Glangwili; PPH and Bronglais would no longer provide ophthalmology; community diagnostics/outpatients at Cardigan ICC, North Road Eye Clinic and Aberaeron ICC; Withybush to retain diagnostics/outpatients.
- Orthopaedics (planned): Adopt Option D — Withybush to expand day-case activity; PPH to continue more complex planned care for local and regional patients; Bronglais to expand surgical capacity; consider extended hours (Option 178) during implementation.
- Radiology: Adopt Alternative Option 103 — retain 24/7 emergency diagnostics at all four hospitals; move towards seven-day planned diagnostics at PPH and Withybush; Glangwili to focus on inpatient interventional radiology; propose a new planned diagnostic hub (subject to full business case); remove X-ray at Llandovery and South Pembrokeshire as part of implementation.
- Stroke: Proceed with a combined idea (merge Options 106 and 210) for further assessment and engagement — initial treatment at all hospitals, with onward transfer to Glangwili or the thrombectomy centre, and a rehabilitation unit at Bronglais.
- Urology: Adopt Option A — consolidate all non-emergency inpatient urology at PPH and establish a urology diagnostic hub at PPH (with urgent suspected cancer diagnostics for the whole HB area); outpatients/day-case to continue at Bronglais and Withybush; Glangwili to focus on emergency urology.
- Future roles of hospital sites: PPH to increase its role in planned care; Glangwili to focus more on acute and emergency care; Bronglais to improve on its current range; Withybush to expand planned care while maintaining initial acute access with complex cases transferring to Glangwili. No change to how people access emergency care or minor injury care at any site.

26 February, 2026

Members generally welcomed the intention to invest in PPH for some of the planned care services and acknowledged the Health Board’s strategically coherent and clinically defensible case for change. However, members expressed concern over the loss of specialist ICU at PPH and increased reliance on time-critical inter-hospital transfers for Llanelli residents.

Members opined that having EGS centralised at Bronglais/Glangwili, transfer volumes and complexity for emergencies would rise and so robust safeguards were required. Members asserted there were transport & travel risks and advocated that robust transport and travel arrangements must be in place and tested before any reconfiguration was contemplated.

Moreover, the inter-dependencies across the nine services created a sequencing risk because slippage in one strand could have knock-on effects on others. Members felt the Health Board should develop clear go/no-go criteria and contingencies for each phase.

Members also expressed concern over funding uncertainty and while workforce shortages might justify change, they might also constrain safe delivery without time-limited underwriting for double-running services at existing and preferred new hospital locations sites, and for bridging workforce and surge capacity arrangements if things go wrong. Furthermore, the Health Board’s rural geography and increased travel times could also adversely affect timeliness and patient experience in accessing planned services unless mitigated.

Members opined that given the multitude of changes made to PPH over the years and the ongoing position of the Health Board’s endless consultation exercises arguing the case for change, that public trust had been eroded. The extent of local opposition to reduced local emergency capacity at PPH underscored the need for transparent safeguards and engagement.

Members concluded that to contemplate making changes to all nine clinical service areas presented a high degree of risk and no reconfiguration should proceed until a comprehensive Transport Impact Assessment was produced and agreed, co-developed with Transport for Wales, community transport providers, and the Welsh Ambulance Services NHS Trust, mapping end-to-end pathways, confirming tested transfer time standards, and identifying/filling gaps in capacity and coverage, and following lengthy discussion, it was

RESOLVED that:

1. A letter be sent to Welsh Government to lobby the Cabinet Secretary for Health and Social Care stating the council’s views and concerns about the Health Board’s determinations stressing the importance of national oversight and direction in the interests of Llanelli residents, while raising the issue of guaranteeing government funding to underwrite the determinations if deemed acceptable following government review.
2. A formal letter of invitation be extended to the Chief Executive of Hywel Dda University Health Board and senior officers to attend a future council meeting to discuss local impacts and safeguards, with a focus on transport readiness and patient safety for Llanelli given the loss of specialist ICU at PPH and the centralisation of EGS.

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 The Meeting concluded at 6.57 p.m.

The afore-mentioned Minutes were declared to be a true record of the proceedings and signed by the Chairman presiding thereat and were, on 10 March, 2026 adopted by the Council.