

Agenda – Petitions Committee

Meeting Venue:

Committee Room 5 – Tŷ Hywel

Meeting date: 2 March 2026

Meeting time: 14.00

For further information contact:

Gareth Price – Committee Clerk

0300 200 6565

Petitions@senedd.wales

1 Introductions, apologies, substitutions and declarations of interest

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2 New Petitions

2.1 P-06-1558 Simplify and standardise the process for booking an appointment with a GP in Wales

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2.2 P-06-1559 Uphold ALN Children’s Right to Needs-Based Support and Full-Time Education in Wales

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2.3 P-06-1572 Lead and fund a long-term flood mitigation solution for the B4318 and Tenby catchment

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2.4 P-06-1571 The Welsh Government and Betsi Cadwaladr University Health Board should put in a fully funded minor injury unit at Llangollen Health Centre

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2.5 P-06-1575 Protect GP services at Meddygfa’r Sarn, Pontyates

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3 Updates to previous petitions

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3.3 P-06-1521 Give park home residents in Wales the right to a water meter

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

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4.3 P-06-1531 Mandate Comprehensive and Specific Food Labelling to Support Dietary Needs and Allergies

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

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P-06-1558 Simplify and standardise the process for booking an appointment with a GP in Wales

Y Pwyllgor Deisebau | 2 Mawrth 2026
Petitions Committee | 2 March 2026

Reference: RS26/13164-1

Introduction

Petition Number: [P-06-1558](#)

Petition title: Simplify and standardise the process for booking an appointment with a GP in Wales

Text of petition:

It's currently very difficult to book appointments to see a GP in local surgeries. This is causing unnecessary stress for patients and it is also causing unnecessary strain on emergency departments in our hospitals.

People should be able to phone their surgery at any time (within opening hours) to arrange an appointment with a GP. People are not always available at the times specified by surgeries and this prevents working people from securing appointments.



One example is surgeries that require people to phone the surgery at 10:00am in order to arrange an appointment for the same day on the following week. This lack of flexibility does not work for people in certain job roles who are unable to hang on the phone for 30 minutes in the hope of securing an appointment. These restrictions don't work for people who would like to arrange a routine appointment further into the future as they are restricted to only being able to make appointments for the following week. These processes are clearly flawed, inflexible and work against certain members of the public.

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

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

Background

Most GPs in Wales operate as independent contractors under the General Medical Services (GMS) contract.

In December 2021, the then Minister for Health and Social Services announced changes to the GP contract aimed at improving access to appointments, including ending the “8am bottleneck”. The changes, supported by £12m of additional investment, were intended to remove the practice of releasing all appointments at 8am and to ensure patients are triaged appropriately and receive an appointment suitable for their clinical needs.

The new GP access commitment came into force on 1 April 2022. Welsh Government guidance stated that practices should offer a mix of remote, face-to-face, urgent, same-day and pre-bookable appointments, and should adopt a more planned approach to scheduling. It emphasised that releasing all appointments at 8am was no longer acceptable.

In March 2023, the Minister acknowledged that the changes represented a significant shift for many practices, noting that they would take time to fully embed, and that many patients still struggled to secure timely GP appointments.

Most recently, following the successful conclusion of negotiations for the 2025–26 GMS contract, the Cabinet Secretary for Health and Social Care, Jeremy Miles MS,

said further steps would be taken to strengthen the access standards. A dedicated working group will review and enhance these standards, with improvements expected from April 2026.

In its response to the Petitions Committee (5 January 2026), the Welsh Government said it had strengthened compliance around the 8am bottleneck and pre-bookable appointments, with updated guidance issued to practices. Health boards are expected to check that these standards are being maintained as part of routine GP contract management.

It also highlighted that the NHS Wales App now provides a digital way for people to view and manage certain GP appointments, with further updates planned.

Health and Social Care Committee inquiry

The Health and Social Care Committee has completed evidence gathering for its inquiry into the future of general practice in Wales. The Committee also held an evidence session with the patient voice organisation Llais to better understand people's experiences of accessing GP services. The Committee's report is expected to be published before the end of the current Senedd term.

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



Eich cyf/Your ref P-06-1558
Ein cyf/Our ref JMHSC/03183/25

Carolyn Thomas MS
Chair
Petitions committee
petitions@senedd.wales

05 January 2026

Dear Carolyn,

Thank you for your letter of 5 December about Petition P-06-1558: Simplify and standardise the process for booking an appointment with a GP in Wales.

We know that there is very high demand for GP services in Wales, with around 1.6m appointments attended in Wales each month, which is equivalent to around half of the Welsh population being seen every month.

In April 2022, the Welsh Government launched the Access Commitment, setting out steps to address the 8am bottleneck. This is a pledge that people would have their needs responded to the first time they contacted their practice, without being told to call back another time.

To achieve this, practices are required to:

- Offer a mix of remote, face-to-face, urgent, on-the-day and pre-bookable appointments.
- Maintain a planned and forward-looking approach to scheduling appointments throughout the day, or for future dates, meaning it is no longer acceptable for all appointments for that day to be released at 8am.
- Collect patient feedback and use this to develop an access improvement plan, taking account of how they have engaged with patients.

These access standards were launched alongside £12m investment between 2022 and 2025 to help GP practices build capacity through additional staff to support these improvements to access.

This month, I announced the conclusion of [GMS contract negotiations 2025-26](#). This sees a total investment of £41.9m in general practice, comprising £37.9m of new investment and the continuation of £4m additional capacity funding.

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

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

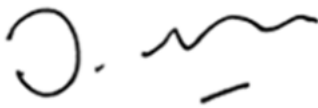
Steps are being taken to strengthen the access standards to help people secure appointments when they need them. A dedicated working group will review and enhance these standards, with improvements to take effect from April 2026.

We have strengthened compliance around the 8am bottleneck and pre-bookable appointments and updated guidance has been issued to practices. As part of their management of GP contracts, we expect health boards to check these standards are being maintained.

The NHS Wales App provides a digital option for people to view and manage certain GP appointments. Further updates will be coming. More information is available on the NHS Wales App website: [Home - NHS Wales App](#)

As independent contractors, GP practices are responsible for ensuring their appointment booking processes meet the needs of their patients. Anyone who feels their practice is not meeting the access standards should provide this feedback to the practice manager in the first instance, and with the health board primary care team. Further information on how people can raise a concern can be found [HERE](#)

Yours sincerely,

A handwritten signature in black ink, consisting of a large 'J' followed by a wavy line and a short horizontal stroke.

Jeremy Miles AS/MS

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

ALN Children's Right to Needs-Based Support

Y Pwyllgor Deisebau | 2 Mawrth 2026
Petitions Committee | 2 March 2026

Reference: SR2026/13164-2

Introduction

Petition Number: [P-06-1559](#)

Petition title: Uphold ALN Children's Right to Needs-Based Support and Full-Time Education in Wales

Text of petition: Children with ALN are being denied full-time education and support in Wales – unless they have a formal diagnosis. This goes against Welsh law, which says support must be based on need, not diagnosis.

Despite clear provisions in the ALN and Education Tribunal (Wales) Act 2018 and the ALN Code, many local authorities are refusing to provide support unless a child has a formal diagnosis. This is not only unlawful – as the law states support must be based on need – but also leads to children being denied full-time education, left on reduced timetables, or out of school entirely.

As a parent of a child with additional learning needs, I have witnessed firsthand how difficult it is to access support in Wales unless a formal diagnosis is in place. This goes directly against Welsh law, which clearly states that provision must be needs-based. My child, like many others, has been denied the support and full-time education they deserve – not because their needs are unclear, but because the system wrongly prioritises diagnosis over support.



1. Overview

The petitioner argues that children with additional learning needs (ALN) are being denied appropriate support and full-time education unless they have a **formal diagnosis**, which they say contradicts the [Additional Learning Needs and Education Tribunal \(Wales\) Act 2018](#) and the [ALN Code](#), both of which require **needs-based**, not *diagnosis-based*, provision. They claim that lack of diagnosis-based access results in reduced timetables, part-time provision, or children being out of school entirely.

The petition sits within **wider debate about the implementation of ALN reforms**, in which concerns have been raised about inconsistencies in local authority decision making, schools' sometimes overreliance on 'universal provision', and reduced numbers of learners receiving ALN (previously SEN) support since the new system's rollout.

In response, the Welsh Government has reviewed implementation and is acting to clarify who gets support and how, seeking to resolve inconsistencies in how the law is interpreted and applied across Wales. The Children, Young People and Education Committee's scrutiny and [Estyn's December 2024 report](#) also found inconsistent interpretation of the ALN Code, particularly regarding the preparation of individual development plans (IDPs).

2. ALN: Legislation, definitions, and learner support

2.1. The Additional Learning Needs and Education Tribunal (Wales) Act 2018

The [Additional Learning Needs and Education Tribunal \(Wales\) Act 2018](#) replaced the former special educational needs (SEN) system with a unified additional learning needs (ALN) framework for learners aged 0-25. It sets out the statutory framework for identifying, planning, and delivering support for learners with ALN, and introduces a single statutory status, the individual development plan (IDP), for all children and young people with ALN, removing the previous split between school-led support and local authority statements. The Act aims to strengthen collaboration between schools, local authorities, and health boards, and enhance dispute-resolution processes through the newly named Education Tribunal for Wales.

Section 2 of the Act defines ALN in terms of whether a learner has a **learning difficulty or disability that calls for Additional Learning Provision (ALP)**, rather than referencing any requirement for a medical diagnosis. It emphasises that ALN arise where the learner has a “significantly greater difficulty in learning than the majority of others of the same age” or a disability that hinders their access to education. That **learning difficulty or disability must require ALP**, which **section 3** of the Act defines as provision that is additional to or different from what is generally available, for it **to constitute ALN**. The imperative to needs-based provision is written into sections on additional learning provision and individual development plans.

2.2. The ALN Code

The **Additional Learning Needs Code (2021)** is statutory guidance that sits alongside the Act and sets out how public bodies must identify, assess, and support learners with ALN. It places learners’ **views, wishes and feelings** at the centre of planning, emphasising early identification and timely intervention. The Code outlines duties for local authorities, schools, FE institutions, health boards and others, aiming to ensure that the ALN system is implemented consistently and that IDPs are used as the core planning tool for all learners with ALN. The Code reinforces that the purpose of the ALN system is to ensure **early identification of needs so that they can be addressed quickly**. Again, the emphasis is on *observed needs*, not diagnostic labels.

2.3. The Welsh Government’s ALN Toolkit

In November 2025, the Welsh Government published a ‘**Toolkit for parents and carers of children with additional learning needs**’. The toolkit is a practical guide designed to help parents and carers understand how the ALN system works and what support is available. Developed with input from families, educators, health professionals and local authorities, it explains key concepts and aims to make information clearer and more consistent for families navigating the ALN system.

The Toolkit is clear in its position on needs-based support:

- “You do not need a medical diagnosis for your children to be identified as having ALN. Decisions about the support they may need are based on significance of need, not a medical assessment.” (Page 6, Chapter 1: ‘Supporting difficulties in learning’. Original emphasis)
- “You don’t need a referral from a professional, and your child doesn’t need a formal diagnosis. What matters most is understanding and

identifying the right support your child may need to reach their full potential.” (Page 9, Chapter 2: ‘Where to go for help’. Original emphasis)

- (under Chapter 16: ‘Common misconceptions’): “**A medical diagnosis is needed for your child to receive an IDP. Not true.** You do not need a medical diagnosis for your child to be identified as having ALN or to receive an IDP. A child or young person can have ALN without diagnosis and decisions on ALP do not depend on a medical assessment. IDPs can be issued to a child or young person without waiting for a diagnosis and support should not be delayed because of NHS waiting times.” (Page 50. Original emphasis)

3. Evidence summary

3.1. Estyn’s thematic review

In December 2024, Estyn published a thematic review titled ‘The additional learning needs system: Progress of schools, settings and local authorities in supporting pupils with additional learning needs’. The review highlighted widespread confusion among schools and local authorities over the distinction between universal provision and ALP – as well as inconsistent local interpretations of thresholds for ALN – creating challenges in identifying learners who should be recorded as ALN.

3.2. Falling numbers

Although the definition of ALN is the same as that of SEN, statistics show that the number of pupils recorded as ALN/SEN has fallen substantially since the reform’s rollout. This raises questions about whether learners are being correctly identified, as highlighted in a Senedd Research article in October 2025.

There has been a 53% decrease in the number of pupils identified / recognised as having ALN over the four years since the new system was first introduced. From 92,668 (19.5% of all pupils) in 2020/21 to 43,885 (9.5% of all pupils) in 2024/25.

This comes at the same time as the Welsh Government acknowledges more children are presenting with more complex needs. The Welsh Government has previously attributed the fall in ALN numbers to an over-reporting of SEN in the past and more effective ‘universal provision’ through the Curriculum for Wales, which it says can better meet many pupils’ needs (rather than requiring additional learning provision).

3.3. Use of reduced timetables

The petitioner reports that learners are placed on reduced timetables without ALN support, that support is withheld pending diagnostic assessments, and families experience inconsistent local authority responses.

The Children's Commissioner for Wales' ALN Policy Position states that around one third of the casework they received through their Children's Rights Advice and Assistance service team concerned "issues faced by children with additional learning needs". They note that they have heard cases of children "being placed on reduced timetables where a school cannot meet need", and state, under their 'What do we know?' section, an awareness of "increased use of severely restricted timetables, resulting in lack of access to sufficient and suitable education".

4. Welsh Government action

In response to concerns (including a number of petitions on the issue and the CYPE Committee's scrutiny), the Cabinet Secretary for Education, Lynne Neagle MS, initiated a review focused on:

- the clarity and accessibility of the Act and statutory guidance;
- ensuring the legislative framework reflects the policy intent;
- identification of any inconsistencies and areas where greater clarity may be required;
- understanding how the legislative framework translates into practice; and
- identifying policy and legislative solutions.

In October 2025, the Welsh Government published a summary of the evidence it had received during its review and the Cabinet Secretary made a statement in Plenary setting out five key areas of action. Also published were the submission of the President of the Education Tribunal and a report of a survey of parents and carers.

There will need to be revisions to the ALN Code, which will require consultation and therefore will not be undertaken until after the Senedd election. In the meantime, the Welsh Government plans to issue interim guidance aimed at improving consistency of the system, which the Cabinet Secretary told the CYPE Committee on 4 February would be issued by the end of March this year. A

second suite of guidance, published at the same time as the above, will explicitly set out the expectations of how children and young people in specific circumstances should be supported, such as learners with ALN who are looked after, electively home-educated learners, and those receiving education other than at school. A third, further piece of guidance clarifying what is meant by 'generally available provision' is under development and will not be issued until the next Senedd term.

4.1. Welsh Government response to petition

The Cabinet Secretary's response to the petition restates the Government's core position, saying that:

*"Support for children with ALN should always be based on need, and a diagnosis of a condition is **not required** for a decision on a learner's ALN and for additional learning provision (ALP). Equally, the presence of a formal medical diagnosis does not necessarily mean that a child or young person has ALN."*

The Cabinet Secretary describes the ALN system as **person-centred** and **needs-led**, grounded in the Act and the ALN Code. However, she does acknowledge issues with **consistency and implementation**, including families' difficulties in accessing support without diagnosis and attributes these issues to **local variation** and **misunderstandings** of legal requirements. Her letter states that the Welsh Government continues to engage with local authorities, schools and parents to improve awareness and support consistent implementation of needs-based provision, using monitoring and family feedback to address barriers.

On **reduced/part-time timetables**, the letter states:

"The Welsh Government guidance is clear that part-time timetables should be used only in exceptional circumstances and as a short-term measure with the aim of return to full-time education. We recognise concerns about increased use and intends to publish further guidance on part-time timetables and other forms of hidden exclusion."

The Cabinet Secretary highlights the ALN parent and carer toolkit's role in addressing misconceptions (including around diagnosis) and signposting practical help. The letter provides the link and positions the toolkit as part of improving system understanding among families.

5. Welsh Parliament action

Both the Welsh Government's review of the delivery of the ALN system and the CYPE Committee's scrutiny have highlighted ongoing confusion and inconsistency in how the statutory definition of ALN is being interpreted and applied. This includes uncertainty at both stages of assessment: first, determining whether a learner has a "significantly greater difficulty in learning" than others of the same age, and second, deciding whether that difficulty requires Additional Learning Provision (ALP) rather than support that is generally available.

The CYPE Committee has scrutinised the implementation of the ALN reforms through a series of check-ins during this Senedd term. It published a [report in July 2024](#), which highlighted many of the issues that the Welsh Government's review would further substantiate. The Committee has completed its fourth and final "check-in" and set out its conclusions in a [letter to the Cabinet Secretary on 10 February](#).

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

Lynne Neagle AS/MS
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref LN/01428/25

Carolyn Thomas MS
Chair - Petitions committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

14 January 2026

Dear Carolyn,

Thank you for your letter regarding the petition submitted by Danielle Jones about access to support for children with additional learning needs (ALN) in Wales.

I share the concern highlighted in the petition that some families experience difficulties in accessing support without a formal diagnosis of neurodivergent conditions. On this point the law is clear: support for children with ALN should always be based on need, and a diagnosis of a condition is not required for a decision on a learner's ALN and for additional learning provision (ALP). Equally, the presence of a formal medical diagnosis does not necessarily mean that a child or young person has ALN. Decisions about ALN must be based on whether a learner's needs call for ALP. This principle is central to the Additional Learning Needs and Education Tribunal (Wales) Act 2018 and the ALN Code, which set out the legal framework for ensuring children and young people receive the right support to access education effectively.

The ALN system is founded on a person-centred and needs-led approach that puts the focus on meeting the learner's needs rather than on the type of disability or learning difficulty they have. Achieving excellence, equity and wellbeing for all children and young people is at the heart of our education system. We want to create an inclusive education system where learners' need are listened to and responded to, and where all learners are supported to participate fully in education.

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

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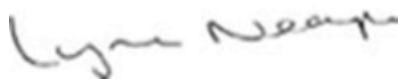
We are aware that some families experience difficulties in accessing support without a formal diagnosis. These issues can arise from local variations in practice or misunderstandings of the legal requirements. The Welsh Government continues to engage with local authorities, schools, and parents to improve awareness of the legal framework and support consistent implementation of the ALN system needs-based provision. Monitoring and feedback from families helps us identify and address barriers to access.

The petition also raises concerns about children being denied full-time education or placed on reduced or part-time timetables. The Welsh Government guidance is clear that part-time timetables should be used only in exceptional circumstances and as a short-term measure, with the aim of returning learners to full-time education where possible. We recognise concerns about their increased use and intend to publish further guidance on part-time timetables and other forms of hidden exclusion.

This, and other misconceptions are tackled head on in the new ALN parent and carer [toolkit](#), which is designed to help families understand how the ALN system works and what support is available if a child or young person is considered to have ALN. Alongside explaining the ALN system, it also provides clear, practical guidance on where families can go for help and support.

I take concerns raised by parents seriously, including the experiences highlighted in this petition. I remain committed to ensuring that all children with ALN receive the support they require to participate fully in education and have the opportunity to thrive.

Yours sincerely,



Lynne Neagle AS/MS

Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

P-06-1559 Uphold ALN Children’s Right to Needs-Based Support and Full-Time Education in Wales - Correspondence from the Petitioner to the Committee, 11 February 2026

Thank you for continuing to consider the concerns raised in this petition. I feel it is important to clearly set out the lived reality behind the policy language and assurances provided.

Invisible Disabilities and Unequal Treatment

There is a growing perception among families that if a child has a visible physical disability, support is more readily acknowledged. However, children with invisible disabilities — including neurodivergent conditions — are too often overlooked, minimised, or treated as behavioural issues rather than recognised as children with additional needs.

Many children cannot access community activities, clubs, or informal social spaces because environments are not accepting or inclusive of neurodivergent children who do not “fit in.” Families report exclusion, judgement, or being asked to leave. Inclusion exists in principle, but not consistently in practice.

There are extremely limited genuinely inclusive spaces. There are few breaks for families. Siblings receive little recognition or respite, despite being significantly affected by the pressures within the household.

Denial of Specialist Children’s Services – With and Without Diagnosis

The Cabinet Secretary’s letter reiterates that support should be needs-led and not dependent on diagnosis. However, this is not what families are experiencing.

My own son was refused support from Specialist Children’s Services on the basis that he did not have a formal diagnosis, despite clear and documented needs.

At the same time, within the parent group I run, I know families whose children have formal diagnoses and have still been denied appropriate support from Specialist Children’s Services.

This reveals two serious and contradictory failures:

Children without diagnoses are refused support because they lack a label.

Children with diagnoses are refused support despite having one.

In both situations, children’s needs remain unmet. Diagnosis is being used inconsistently as a gatekeeping mechanism, contrary to the needs-led framework set out in law.

Placement Decisions and Inconsistent Criteria

My son was assessed by Educational Psychologists, who advised that a split placement would benefit him. Despite this professional recommendation, the local authority denied this on the basis that he is “social.”

Many children who are social attend specialist settings successfully. Sociability does not negate additional learning needs, nor does it remove the requirement for an appropriate placement. To refuse provision on that basis raises serious questions about how professional advice is weighted in decision-making processes.

When educational psychology recommendations can be disregarded for subjective reasoning, families are left with little confidence that decisions are being made purely on assessed need.

Children Who "Don't Quite Tick the Boxes"

There is a significant gap for children who do not neatly meet thresholds. Those considered "not severe enough" for specialist placement but unable to cope in unsupported mainstream settings are left struggling.

There appears to be no meaningful SEN bridge between schools for these children.

My son was placed on a long-term reduced timetable at six years old because appropriate provision was not in place. He remained on that reduced timetable until Year 2. He is now almost seven and only recently has full-time education with full-time 1:1 support.

That prolonged period of reduced education during formative years had a detrimental impact on him educationally, socially, and emotionally. Reduced timetables caused by lack of provision are not neutral interventions — they are a consequence of systemic failure.

Mental Health Impact on Families

The cumulative impact on families is severe. Parents are forced to become advocates, coordinators, and often legal representatives for their children simply to secure statutory support.

The sustained pressure of caring full-time for a child with additional needs, while fighting for assessments and provision, has led to widespread mental health deterioration among families I speak to. Parents report anxiety, depression, burnout, and breakdowns.

I personally experienced a breakdown as a direct result of the prolonged stress and lack of support. This was not caused by my child's needs — it was caused by the continuous battle to access help.

Families should not have to reach crisis point before support is recognised.

Carer Assessments and Thresholds for Help

Following my first carer's assessment, I was told I did not require support because I was managing to care for my son, maintain my home, shop, and fulfil daily responsibilities.

But what choice does a parent have?

If I did not do those things, I would be neglecting my child. The ability to function at a basic survival level should not be interpreted as absence of need. It reflects resilience under pressure, not wellbeing.

The current approach appears reactive rather than preventative, with support only triggered when collapse occurs.

Conclusion

Across the parent community I support, the same themes repeatedly arise:

Invisible disabilities minimised.

Diagnosis used inconsistently to gatekeep services.

Specialist Children's Services denying support both with and without diagnosis.

Educational psychology recommendations being overridden without transparent justification.

Children left on reduced timetables due to lack of provision.

Carers deemed "coping" until they break.

Significant and escalating mental health harm to families.

The law is clear. The lived experience suggests implementation is not.

I respectfully ask the Committee to consider whether a broader review into cross-service implementation, accountability, and placement decision-making is required to ensure that children receive support based on assessed need — consistently, lawfully, and without avoidable harm to families.

Thank you for your continued consideration.

Kind regards

Danielle Jones

Dear Petitions Committee,

I wish to make one further clarification regarding my petition.

Everything described in the Cabinet Secretary's response — needs-led provision, person-centred practice, inclusion, and support not being dependent on diagnosis — is already clearly enshrined in legislation and statutory guidance under the Additional Learning Needs and Education Tribunal (Wales) Act 2018 and the ALN Code.

The issue raised in this petition is not the absence of law.

It is the failure of consistent implementation, oversight, and enforcement.

Families are not asking for new rights. We are asking for the rights that already exist to be applied lawfully and consistently in practice.

When legislation is strong but lived experience repeatedly contradicts it, this indicates a significant gap between policy intention and operational reality. That gap is where children and families are being harmed.

I respectfully ask the Committee to consider whether scrutiny should focus not on whether the framework is sufficient, but on whether it is being properly delivered.

Kind regards

Danielle Jones

Dear Petitions Committee,

I would also like to draw attention to the growing mental health crisis among parents and caregivers of children with Additional Learning Needs.

Within the parent networks I am part of, exhaustion, burnout, anxiety and depression are widespread. Families are operating in a constant state of advocacy — fighting for assessments, challenging refusals, managing reduced timetables, coordinating between services, and providing full-time care without adequate respite.

There have been reported cases nationally of parents taking their own lives following prolonged battles to secure support for their children. While every situation is complex, systemic stress, isolation, and lack of timely support are recurring themes raised in public reporting and parent communities.

When a system intended to protect vulnerable children results in severe mental health deterioration for caregivers, this should be treated as a safeguarding concern.

Caregivers need preventative support, access to respite, and recognition within the wider ALN framework. A system that only intervenes when families reach crisis point is neither sustainable nor humane.

The wellbeing of children cannot be separated from the wellbeing of those caring for them.

I respectfully ask the Committee to consider whether sufficient attention is being given to the mental health impact of systemic barriers on families, and whether caregiver support mechanisms require urgent review.

I would also like to highlight the mental and emotional impact on children themselves when support is delayed, denied, or inconsistently applied.

Children with Additional Learning Needs are already more vulnerable to anxiety, low self-esteem, and emotional dysregulation. When they experience repeated refusal of support, prolonged reduced timetables, exclusion from activities, or environments that are not inclusive of neurodivergence, this compounds their distress.

Children are acutely aware when they are treated as “the problem.” Being removed from class, placed on reduced hours, denied placements recommended by professionals, or excluded from community spaces can significantly affect a child’s confidence, sense of belonging, and long-term relationship with education.

Early experiences of exclusion or unmet need during formative years can have lasting consequences on mental health, attendance, and attainment.

When children are left without appropriate provision because they “do not quite meet thresholds,” or because services are delayed pending diagnosis, the message they internalise is often that their needs are not valid.

This is not a neutral outcome. It is a developmental risk.

If the ALN framework is to be genuinely needs-led, the psychological wellbeing of children must be considered as central — not secondary — to educational provision decisions.

I respectfully ask also that the Committee can consider the cumulative mental health impact on children, when statutory support is not delivered in a timely and consistent manner

Kind regards,

Danielle Jones

P-06-1572 Lead and fund a long-term flood mitigation solution for the B4318 and Tenby catchment

Y Pwyllgor Deisebau | 2 Mawrth 2026
Petitions Committee | 2 March 2026

Reference: RS26/13165/4

Introduction

Petition Number:

P-05-1572

Petition title:

Lead and fund a long-term flood mitigation solution for the B4318 and Tenby catchment

Text of petition:

The B4318 floods repeatedly, cutting off a key access route to Tenby. Although the road is maintained by Pembrokeshire County Council, flooding is caused by surface water runoff, high River Ritec levels, and tidal locking at the South Beach outfall during high tides. These combined factors mean local highway measures alone cannot resolve the problem.

Flooding on the B4318 is frequent and disruptive, affecting residents, businesses, emergency access, schools and the local economy. Local options have been



pursued but are limited by factors beyond the council's control, including river capacity, catchment drainage, and coastal discharge constraints. Climate change is increasing the frequency and severity of rainfall and tide-related flooding, making the situation unsustainable.

We are asking the Welsh Government to provide national leadership by coordinating relevant bodies such as Natural Resources Wales and Pembrokeshire County Council to assess the full catchment, including surface water, river, and tidal influences. A long-term, climate-resilient solution is required, supported by appropriate capital funding, to protect access to Tenby and reduce ongoing flood risk for the community.

1. Background

This [Senedd Research briefing](#) provides an overview of flooding and coastal erosion in Wales. It sets out the legislative and policy context, and outlines the funding arrangements to address flooding.

[The Flood and Water Management Act 2010](#) legislates flooding and coastal erosion in England and Wales. [Section 6 of the Act](#) defines the roles and responsibilities of Risk Management Authorities (RMAs). In Wales these are Natural Resources Wales (NRW), all local authorities (who act as lead local flood authorities (LLFAs)), highway authorities and water and sewerage companies. There are other bodies that have a non-statutory role in flood and coastal erosion risk management (FCERM), including private landowners and owners of infrastructure assets.

The Act also places a duty on local authorities to develop and implement local flood risk management strategies. The local strategies set objectives for managing local flood risk from surface water, groundwater and ordinary watercourses, and must align with the [Welsh Government's National Strategy for Flood and Coastal Erosion Risk Management in Wales \(the 'National Strategy'\)](#).

[Pembrokeshire County Council](#) consulted on a draft local flood risk management strategy (the 'draft strategy') in March 2025, however a final local strategy does not appear to have been published to date. [The draft strategy](#) says:

...370 residential properties within Pembrokeshire are at high risk of flooding from small watercourses and surface water, 114 properties at high risk from river flooding, and 60 residential properties at high risk from coastal.

1.1 Responsibility for flooding

The Welsh Government's [National Strategy](#) gives an overview of the various roles and responsibilities of the RMAs in Wales. in short these are:

ORGANISATION	RESPONSIBILITIES
NRW	Coastal and main river
Local Authority	Surface water and small watercourses
Dŵr Cymru	Public sewers
Highway Authority	Highway drainage and roadside ditches

[Section 13 of the Flood and Water Management Act 2010](#) says that the relevant authorities must cooperate and share information with other relevant authorities, i.e. RMAs and the Welsh Ministers, for the purpose of FCERM.

1.2 Flooding on the B4318

Flooding on the B4318 in the local Tenby area is [mainly affected by](#) the flooding from the River Ritec, coastal flooding and surface water.

[The draft strategy](#) says the River Ritec has a wider floodplain as it flows through Tenby, and that “flooding is exacerbated by constrictions caused by culverts beneath the A4139 and the railway line which narrows the route available to river flow”.

The B4318 has flooded a number of times in recent years which has been well documented by local news outlets, including [in December 2025](#). It most recently flooded in [January 2026](#).

2 Welsh Government action

The Welsh Government awards funding annually to RMAs through the [FCERM Programme](#). RMAs may bid for funds “to deliver a programme of capital works to reduce the risk of flooding and coastal erosion to communities across Wales”. Senedd Research calculates that Pembrokeshire County Council has been awarded over £6m since 2022.

[Small scale work grants](#) are also available to local authorities for minor works to improve or help alleviate the flood risk. There have been a number of small scale works grants awarded to Pembrokeshire County Council which Senedd Research calculates as totalling £148,750 since 2021.

In his response to the petition, the Cabinet Secretary for Climate Change and Rural Affairs, Huw Irranca-Davies MS, said that

NRW is currently undertaking a detailed appraisal of future flood risk management options for the River Ritec catchment. A shortlist of options is in development, with an Outline Business Case expected in summer 2026.

The Welsh Government acknowledges that “RMAs will need to collaborate to develop a long-term solution”. The Cabinet Secretary says that whilst “NRW is hopeful that any works they deliver will help reduce the flood risk”, surface water and highways flooding is the responsibility of other RMAs (as detailed above). Regarding highways flooding, the Cabinet Secretary highlights “specific transport grants” provided to local authorities, and says:

If action on the highway network would alleviate or resolve the problem, then this could be considered by Pembrokeshire County Council as the relevant Highway Authority

The Cabinet Secretary also said the Welsh Government will monitor the location “as part of broader climate adaptation planning. Should the risk to homes and businesses increase, its eligibility for FCERM funding will be reconsidered”.

3 Welsh Parliament action

There has been no specific action taken by the Senedd regarding flooding in Tenby and along the B4318 from the River Ritec. [Samuel Kurtz MS](#), has brought up the flooding of the River Ritec twice in relation to the Tenby area following severe weather warnings and flooding.

[The Climate Change, Environment and Infrastructure Committee](#) conducted an inquiry last year on storm responses focusing on flooding.

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

Huw Irranca-Davies AS/MS
Y Dirprwy Brif Weinidog ac Ysgrifennydd y Cabinet
dros Newid Hinsawdd a Materion Gwledig
Deputy First Minister and Cabinet Secretary for
Climate Change and Rural Affairs



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-06-1572
Ein cyf/Our ref HIDCC/00019/26

Carolyn Thomas MS
Chair - Petitions committee

26 January 2026

Dear Carolyn,

Thank you for seeking our views on Petition P-06-1572 regarding flooding on the B4318 and across the wider Tenby catchment.

We recognise the disruption that flooding causes in this area, and the concerns raised about surface water runoff, high river levels and tidal locking at the South Beach outfall. Flood risk here is influenced by several factors, including river capacity, local drainage and coastal discharge. Responsibilities are shared between the relevant Risk Management Authorities (RMAs) as follows:

- Pembrokeshire County Council: the highway and upstream watercourses
- Natural Resources Wales (NRW): the watercourse downstream of the highway bridge

The Welsh Government's Flood and Coastal Erosion Risk Management (FCERM) Programme prioritises investment that delivers the greatest reduction in risk to homes and businesses. As flooding at this location primarily affects transport rather than residential or commercial properties, it does not currently meet the criteria for FCERM capital funding.

RMAs, local authorities and NRW, are responsible for developing flood risk management schemes in line with the National FCERM Strategy, which places reducing risk to life as the highest priority.

NRW is currently undertaking a detailed appraisal of future flood risk management options for the River Ritec catchment. This includes assessing both fluvial flood risk and the impact of the tidal outfall. A shortlist of options is being developed, with an Outline Business Case expected in summer 2026.

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

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

NRW acknowledges the interaction between surface water, highway drainage and the River Ritec, and all RMAs will need to collaborate to develop a long-term solution. Whilst NRW is hopeful that any works they deliver will help reduce the flood risk to the community, flooding of the highway and wider surface water flood risk is for other Risk Management Authorities to consider.

If action on the highway network would alleviate or resolve the problem, then this could be considered by Pembrokeshire County Council as the relevant Highway Authority. The Welsh Government provides specific transport grants to Local Authorities, many of which are being collated into a single Regional Transport Fund for Financial Year 2026/27 to align with delivery of the Regional Transport Plan produced by the Southwest Wales Corporate Joint Committee.

Welsh Government officials will continue to keep this location under review as part of broader climate adaptation planning. Should the risk to homes and businesses increase, its eligibility for FCERM funding will be reconsidered.

Thank you for writing to me on behalf of the Petitions Committee. I hope this response is helpful.

Yours sincerely,



Huw Irranca-Davies AS/MS

Y Dirprwy Brif Weinidog ac Ysgrifennydd y Cabinet dros Newid Hinsawdd
a Materion Gwledig

Deputy First Minister and Cabinet Secretary for Climate Change and Rural Affairs

Response to the Petitions Committee

Petition P-06-1572 – Flooding on the B4318 and the Tenby Catchment

Thank you for providing the Cabinet Secretary's response dated 26 January 2026 for consideration.

I welcome the acknowledgement that flooding at this location is driven by compound factors including surface water run-off, elevated River Ritec levels and tidal locking at the South Beach outfall. I also welcome confirmation that Natural Resources Wales (NRW) is progressing a catchment-level appraisal, with an Outline Business Case anticipated in summer 2026.

1. A Structural Gap in the FCERM Funding Framework

The response confirms that the site does not currently meet Flood and Coastal Erosion Risk Management (FCERM) capital funding criteria because flooding primarily affects transport infrastructure rather than residential or commercial property.

This highlights a material policy gap. The B4318 is a key access route to Tenby, a major coastal settlement and nationally significant tourism destination. Repeated flooding results in isolation of the town, disruption to emergency access, economic impacts on local businesses and wider network resilience implications.

In the context of increasing extreme rainfall and rising sea levels, the exclusion of strategic transport isolation from funding eligibility appears increasingly difficult to justify.

2. Compound Flooding Requires Integrated Governance

The hydrological mechanism at this location is systemically interconnected. Surface water run-off, highway drainage, river capacity and tidal discharge constraints operate as a single hydraulic system.

I would welcome clarity on whether NRW's Outline Business Case will explicitly model compound flooding, quantify highway closure frequency and incorporate long-term climate projections, and whether the Welsh Government intends to require a formally integrated cross-authority delivery framework.

3. Climate Adaptation: Reactive or Preventative?

The response indicates eligibility for FCERM funding may be reconsidered should risk to homes and businesses increase. If funding is triggered only once damage escalates, the framework becomes reactive rather than preventative.

Flooding at this site is already recurrent and measurable. I respectfully ask what threshold must be reached before transport isolation risk is considered strategically significant, whether the current position is intended to be temporary or acceptable in the long term, and how long affected communities should reasonably be expected to endure repeat closures before coordinated intervention is triggered.

4. Transport Funding as an Alternative Pathway

If transport resilience is excluded from FCERM, yet flood mitigation exceeds transport funding scope, the site risks falling between funding regimes. I would welcome clarification on whether transport funding can be blended with FCERM capital funding and whether joint funding models could be supported.

Conclusion

Communities affected by repeated flooding deserve clarity on whether this is a transitional issue pending structured intervention or an ongoing condition they must accept indefinitely.

Residents and businesses are not asking for exceptional treatment. They are asking for clarity, accountability and a realistic pathway to resolution.

I remain grateful to the Committee for its scrutiny of this matter and am happy to provide further evidence if required.

Cllr Rhys Jordan

St Florence & St Mary Out Liberty

Pembrokeshire County Council

Minor injury unit at Llangollen Health Centre

Y Pwyllgor Deisebau | 2 Mawrth 2026
Petitions Committee | 2 March 2026

Reference: RS26/13165-3

Introduction

Petition Number: P-06-1571

Petition title: The Welsh Government and Betsi Cadwaladr University Health Board should put in a fully funded minor injury unit at Llangollen Health Centre.

Text of petition: The Wrexham Maelor A&E is overwhelmed, with wait times of over 12 hours. Outlying Minor Injuries Units would help to alleviate pressures and wait times for treatment for minor injuries.

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



1. Background

Minor Injury Units (MIUs) are staffed by experienced emergency practitioners who are supported by health care assistants. There are no doctors in MIU. If a person's condition cannot be dealt with at the MIU, they will be referred to their GP or nearest emergency department or to another appropriate service.

There are 9 MIUs spread across the Betsi Cadwaladr University Health Board (UHB) area.

A news article on 10 December 2025 refers to this petition for an MIU to be established at Llangollen Health Centre. In the article, a chief operating officer at Betsi Cadwaladr UHB states that they recognise the significant pressure being seen across emergency and urgent care services in north Wales and that "teams are working extremely hard to ensure people receive safe and timely care." The chief operating officer also states that "MIUs are planned and spaced across north Wales to ensure fair and balanced access for all communities. The nearest MIU to Llangollen is in Mold, approximately a 30-minute journey."

2. Welsh Government action

The Cabinet Secretary for Health and Social Care's letter to the Petitions Committee (28 January 2026) highlights that the decision about where to locate MIUs and other health services is for individual health boards, who are responsible for planning and delivering healthcare services in line with the needs of their populations.

The Cabinet Secretary states in the letter that he has set "clear expectations" for improvement in emergency care in north Wales and he acknowledges that people are spending too long waiting in emergency departments across the region, which impacts on their experience and outcomes.

The letter also states that Betsi Cadwaladr UHB is receiving support from the Welsh Government, the Six Goals for Urgent and Emergency Care programme, and NHS Performance and Improvement to make the necessary improvements to the quality and timeliness of its urgent and emergency care services. In November 2025, the Cabinet Secretary announced additional support for the health board which aims to improve patient care and experiences as part of the ongoing special measures intervention.

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



Eich cyf/Your ref P-06-1571
Ein cyf/Our ref JMHSC/00030/26

Carolyn Thomas MS
Chair
Petitions Committee

petitions@senedd.wales

28 January 2026

Dear Carolyn,

Thank you for your letter of 6 January about Petition P-06-1571: The Welsh Government and Betsi Cadwaladr University Health Board should put in a fully funded minor injury unit at Llangollen Health Centre.

The decision about where to locate minor injury units and other health services is for individual health boards. This is because health boards have the responsibility for planning and delivering healthcare services in line with the needs of their populations.

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

I have also set clear expectations for improvement in emergency care in North Wales – standards are not where I, the public nor NHS staff expect or want it to be. People are spending too long waiting in emergency departments across the region, and this is impacting on their experience and outcomes.

The health board is receiving support from the Welsh Government, the Six Goals for Urgent and Emergency Care programme and NHS Performance and Improvement to make the necessary improvements to the quality and timeliness of its urgent and emergency care services and the experience of people accessing its services.

In November, I [announced an external team of experts](#) would be working alongside Betsi Cadwaladr University Health Board to provide support and to:

- Reduce ambulance handover delays and improving flow
- Reduce waiting times for planned treatment and diagnostic tests
- Improve waiting times for cancer diagnosis and treatment
- Further strengthening governance, assurance, and leadership capability.

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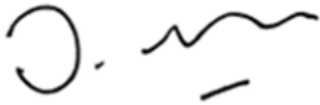
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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

Yours sincerely,

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

Jeremy Miles AS/MS

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

Agenda Item 2.5

P-06-1575 Protect GP services at Meddygfa'r Sarn, Pontyates

Text of petition:

Meddygfa'r Sarn GP Surgery provides essential General Medical Services to patients in Pontyates and the surrounding rural area. Hywel Dda University Health Board will consider proposals on 29 January to review current arrangements and potentially disperse patients to neighbouring GP practices from 30 June 2026. No final decision has been made. Residents are concerned about increased travel distances and reduced continuity of care. Petitioners seek Senedd scrutiny before any decision is taken.

Additional information:

Meddygfa'r Sarn GP Surgery provides General Medical Services to patients in Pontyates and surrounding rural communities, supporting families, elderly residents, and those with limited access to transport. Hywel Dda University Health Board has confirmed it will consider the future delivery of services at a Board meeting on 29 January. A paper recommends reviewing current arrangements and proposes a managed dispersal of patients to neighbouring GP practices from 30 June 2026. No final decision has yet been made. Residents are concerned that dispersal would increase travel distances, reduce continuity of care, and place further pressure on nearby practices, particularly affecting older and vulnerable patients. Petitioners are seeking Senedd scrutiny to ensure community views are heard and impacts fully considered before any decision is taken.

Senedd Constituency and Region

- Carmarthen East and Dinefwr
- Mid and West Wales

Evidence Submission to the Senedd Petitions Committee

Re: Proposed Closure of Meddygfa'r Sarn Surgery

Consultation by Hywel Dda University Health Board (Closing 6 April 2026)

1. Introduction

We submit this evidence as a newly formed community working group. We have had only a few weeks to gather documentation and analyse the available material. This submission therefore represents early-stage evidence and we anticipate providing a full report at the end of the Hywel Dda public engagement period.

This submission concerns the proposal by Hywel Dda University Health Board (HDUHB) to close Meddygfa'r Sarn Surgery, which currently serves approximately 4,300 patients (4,347 registered patients as confirmed in the January 2026 Board Paper, Figure 3).

We respectfully request that the Petitions Committee examine:

- The impact of the proposed closure on a rural and vulnerable population;
 - The adequacy, fairness and openness of the consultation process;
 - Whether closure is genuinely a last resort after alternatives have been explored;
 - The implications for democratic accountability and public confidence.
-

2. Background and Community Context

Meddygfa'r Sarn serves a rural population characterised by:

- Limited and infrequent public transport;
- High reliance on private vehicles for essential services;
- Pockets of deprivation;
- An ageing patient demographic.

The Welsh Index of Multiple Deprivation (WIMD 2019 & 2025) shows that access to services is consistently the worst scoring domain across all local LSOAs within the area.

Access to primary care in rural Wales is not a matter of convenience — it is a determinant of health equality.

3. Demographic Profile and Age Characteristics

The Health Board's own report (January 2026 Board Paper, Figure 3) confirms that Meddygfa'r Sarn serves 4,347 registered patients.

The age distribution demonstrates a significant proportion of patients within older age bands, particularly:

- 60–64
- 65–69
- 70–74
- 75–79
- 80+

The demographic profile is not weighted toward younger working-age adults but reflects a substantial older population cohort.

Older patients are statistically more likely to:

- Live with chronic conditions;
- Require more frequent GP contact;
- Experience mobility limitations;
- Be reliant on public transport or family support.

In this context, the removal of a locally accessible GP practice would disproportionately affect those with the greatest clinical need and the least travel flexibility.

Any decision to disperse the patient list should therefore include a clear, published assessment of the impact on older residents and those with age-related mobility or health challenges.

4. Strategic Planning and Population Growth

The Carmarthenshire Local Development Plan (2018–2033) provides for approximately 9,704 new homes, 550 within our area, over a 15-year period. Development is concentrated in key growth areas, with Service Centres identified to ensure sustainable communities.

Within the catchment of Meddygfa'r Sarn, designated Service Centres include:

- Pontyates/Meincau
- Trimsaran
- Pontyberem

The period 2018–2033 broadly overlaps with the period during which Meddygfa'r Sarn experienced instability under Health Board management.

While housing delivery has progressed — including development at Ffos Las and other sites — there has not been corresponding visible investment in primary care infrastructure. Over the Plan period some 550 new houses could be built without any increase in GP provision, with up to 93 new homes in Pontyates alone.

The issue extends beyond a single village and must be assessed across the wider catchment area.

The County Council has fulfilled its statutory duty to allocate sufficient land for housing. However, healthcare infrastructure planning must align with that growth. Withdrawing a GP surgery from a designated Service Centre during a period of population increase appears inconsistent with sustainable development principles.

Public bodies in Wales are subject to the Well-being of Future Generations (Wales) Act 2015. Decisions should support cohesive communities, prevention and long-term resilience. Closure risks undermining those objectives.

5. Impact on Vulnerable Patients and Transport Barriers

Redistribution of 4,300 patients to neighbouring practices would result in:

- Longer journey times;

- Increased missed appointments;
- Reduced preventative engagement;
- Deterioration in chronic condition management.

Bus services can be up to two hours apart, with last return journeys typically around 5:00–5:30pm.

Example journeys (from the existing surgery):

- Ashgrove – uphill walk, 30-minute bus, further 11-minute walk;
- Pontyberem (Coalbrook Road) – 38-minute bus, two buses for patients on the 197 route, plus walking;
- Minafon (Kidwelly) – multi-stage journey, approximately 3-hour round trip minimum.

The 08:00 call-back system is incompatible with these transport constraints.

For elderly, disabled, low-income patients or carers with children, these journeys are not merely inconvenient — they are often impracticable.

6. Pressure on Neighbouring Practices

The proposed redistribution of approximately 4,300 patients raises significant capacity and quality considerations.

The Health Board report acknowledges that Meddygfa'r Sarn is the smallest practice in the Cluster. However, it does not provide detailed comparative analysis demonstrating that neighbouring practices have confirmed workforce capacity, estate space, and governance resilience to absorb substantial additional demand without impacting access standards.

Recent inspection findings at neighbouring practices have identified governance, safeguarding, storage and workforce challenges. Four-week waits for face-to-face GP appointments have also been reported in the Cluster.

In this context, transferring a large patient cohort into already stretched environments risks compounding existing operational pressures.

It is notable that the merger option with Meddygfa Minafon was considered potentially viable by the Vacant Practice Panel but discounted due to concerns about configuration across multiple sites and required investment.

This suggests that continuation of services at Pontyates as part of a reconfigured cluster model was not inherently unworkable, but would require appropriate planning and resource alignment.

Closure and dispersal should not be regarded as the only sustainable outcome where alternative stabilisation or satellite arrangements could preserve local access while addressing workforce and estate challenges in a phased manner.

7. Workforce Recruitment and Locum Dependency

The Board report states that Meddygfa'r Sarn is "entirely locum-dependent" and that this presents a sustainability concern. It further notes that 49% of projected pay expenditure relates to locum GP sessions.

While reliance on locum GPs is clearly not ideal as a long-term model, it is important to consider this in the wider workforce context. Locum use is widespread across Wales due to national GP recruitment pressures.

The report does not provide:

- Comparative data on locum usage across other practices in the Amman Gwendraeth Cluster;
- Evidence that Meddygfa'r Sarn's locum reliance is materially higher than neighbouring practices;
- Analysis of whether temporary locum reliance could be stabilised through active recruitment or partnership models.

Following publicity about closure, four GPs contacted the community expressing interest. One has formally written to the Health Board considering to take on the practice as a partnership.

It is unclear why substantive GP roles have not been visibly advertised over the past year.

During engagement regarding the proposed closure of Meddygfa'r Sarn, one GP advised that they had expressed a willingness to support the practice. They stated "I volunteered to go there as part of my current role but the health board seem set in closing in". The GP further commented on the current staffing position, noting, "They are actually well staffed on 'permanent' locums, I am lead to believe and haven't advertised for permanent staff".

In the absence of comparative workforce data and transparent recruitment evidence, it is difficult to conclude that locum dependency alone justifies permanent dispersal of 4,300 patients.

8. Estates, Maintenance and Building Viability

Inspection reports in 2017 and 2018 identified maintenance and governance issues while the practice was under Health Board management. The 2018 follow-up noted repeated contact with the Health Board estates department, with many matters outstanding.

Landlord Position and Lease

We have engaged directly with the landlords.

They have informed us that:

- Certain issues cited in inspection reports were not formally raised with them;
- They would have been willing to rectify such matters if notified;
- Rent has not been increased for ten years;
- Lease expiry is not a barrier — they are willing to extend or renew without rent increase;
- They own adjacent land and would consider expansion proposals.

Under the lease, some maintenance responsibilities fall to the Health Board. Issues within its control appear not to have been resolved.

Flood Risk Clarification

While mapping by Natural Resources Wales identifies medium river flood risk in the wider area, the surgery itself has never flooded. It was purpose-built on a raised plinth specifically to mitigate flood risk.

Historic Functionality

The building operated effectively for many years prior to Health Board management. Having reviewed building plans and historical operation, it is difficult to conclude that the premises are inherently unsuitable.

The more plausible explanation is either under-utilisation of space or deficiencies in estate and operational management.

Closure appears disproportionate to remediable estate issues.

9. Managed List Dispersal and Pre-Consultation Recommendation

The Vacant Practice Panel report (October 2025) indicates that the preferred option was “managed list dispersal” of the Meddygfa’r Sarn patient list, with a proposed implementation date of 30 June 2026.

The report states:

“There have been strong indications given to the Health Board by Coalbrook Surgery in Pontyberem that they are proactively interested in growing their list sizes to future-proof their own sustainability...”

This wording suggests that Coalbrook Surgery approached the Health Board expressing interest in increasing its patient list to secure its own sustainability. We have been unofficially told that this formed a significant part of the rationale for recommending dispersal.

It is unclear whether all neighbouring practices potentially affected by redistribution were formally consulted prior to the recommendation.

The report refers specifically to “strong indications” from Coalbrook Surgery but does not provide equivalent documentation evidencing feedback or structured consultation with other practices.

A managed dispersal of 4,300 patients would have material operational, workforce, governance and estate implications for multiple practices. It is difficult to understand how a recommendation could properly be formed without documented consultation with all affected providers.

We have also been informed that Coalbrook Surgery is not yet operationally ready to absorb additional patients, with building works still required before expansion can take place.

Patients of Meddygfa'r Sarn were not consulted prior to this recommendation being advanced.

A specific implementation date appears to have been identified prior to completion of public consultation.

Once patients are transferred to an independent contractor practice, they are no longer part of a Health Board-managed service. While oversight mechanisms exist, operational responsibility shifts to the contractor. This alters the governance relationship between patient and Health Board.

10. Internal Audit Findings and Strategic Context

An Internal Audit report (Managed Practices Final Report 2025/26) provided only “Reasonable” overall assurance, with “Limited” assurance regarding strategic planning for transitioning managed practices back to commissioned services.

The audit noted:

- The strategic vision for managed practices requires updating;
- It is unclear what the current strategic plans are;
- Risk management and financial oversight arrangements require improvement;
- Budgets are based on historic allocations not aligned to current requirements;
- Incomplete complaints oversight arrangements;
- Inconsistent risk management processes.

The audit also confirmed:

“A recommendation following a Vacant Practice Panel for Meddygfa'r Sarn will be considered by Board in January 2026.”

This indicates that a formal recommendation had progressed through internal governance mechanisms before public engagement commenced.

A major service change affecting over 4,000 patients should sit within a clearly articulated and updated managed practice strategy supported by robust alternatives appraisal.

11. Consultation, Engagement and Process Integrity

Concerns include:

- Internal recommendation progressing prior to public engagement;
- Consultation focusing on redistribution and mitigation rather than alternatives;
- Hywell Dda Survey design; requesting extensive equality data without clear explanation of safeguards; deterring participation. Community feedback indicates that; the approach was perceived as overly intrusive and appeared to focus more on data collection than on understanding the patient's perspective.
- Proposal becoming widely known via social media;
- Landlords reportedly not directly notified prior to publication;
- Possible cessation of blood collection services prior to consultation conclusion (unverified but concerning if accurate).

Correspondence from Llais West Wales (28 January 2026) stated:

- No prior conversations with the community regarding challenges at Meddygfa'r Sarn;
- The public had not been given opportunity to hear directly from the Health Board regarding findings;
- A Board decision at that stage would be premature and inconsistent with engagement duties.

These concerns align with those expressed locally.

12. Statutory Duties under the Well-being of Future Generations (Wales) Act 2015

The Act places statutory duties on public bodies including local health boards to apply five "ways of working":

1. Long-term
2. Prevention
3. Integration

4. Collaboration
5. Involvement

Application to this proposal raises questions regarding:

- Adequate long-term impact assessment;
- Prevention of worsening health inequalities;
- Integration with housing, transport and social care planning;
- Meaningful collaboration with stakeholders;
- Inclusive involvement of affected communities.

Failure to meaningfully demonstrate compliance risks undermining legal robustness.

13. Wider Welsh GP Context

The Wales Save Our Surgeries campaign reports:

- 100 practices closed since 2012;
- GP funding reduced by approximately 2.6% since 2005;
- 48% of GPs report compromised care due to workload;
- 95% feel negatively about the future of Welsh general practice.

This proposal must be viewed within that systemic context.

14. Community Engagement and Public Concern

The proposal has generated:

- Petition signatures submitted to this Committee;
- Public meetings;
- A dedicated Community Working Group and Volunteers group;
- Representations from local councillors who state they have “lost all confidence” in the process and warn that an independently overseen consultation may be required. <https://www.pressreader.com/uk/south-wales-evening-post/20260217/281629606728704>

There is strong local perception that the surgery is essential and viable.

15. Request to the Committee

We respectfully request that the Petitions Committee:

- Seek clarification regarding timing of the internal recommendation;
- Examine whether consultation meets required standards of fairness and openness;
- Assess whether estate and workforce alternatives have been properly explored;
- Consider whether independent review is warranted;
- Ensure rural access, housing growth and inequality impacts are fully assessed before any final decision.

This submission is provided in good faith and reflects the best evidence available at this early stage. We remain willing to provide further documentation as it becomes available.

P-06-1560 Reinstate single sex toilet provision in educational settings

Y Pwyllgor Deisebau | 2 Mawrth 2026
Petitions Committee | 2 March 2026

Reference: RS26/13165

Introduction

Petition Number: [P-06-1560](#)

Petition title: Reinstate single sex toilet provision in educational settings

Text of petition: By law all schools are legally required to provide separate toilet facilities for boys and girls. However this hasn't been followed with many schools changing facilities to communal mixed sex spaces. After the recent Supreme Court clarification that sex is biological these single sex spaces need to be reinstated & the law upheld.

The Welsh government School toilets: Good practice guidance for schools in Wales in 2012 stated that regulations require separate toilet areas for male & female learners.

<https://www.gov.wales/sites/default/files/publications/2018-03/school-toilets-good-practice-guidance-for-schools-in-wales.pdf>

However schools have been allowed to ignore the law and replace them with mixed sex communal toilets. Children have been "holding" & avoiding using the mixed sex toilets. Avoiding school altogether especially girls who are



menstruating. And not drinking to avoid going to the toilet, leading to health issues like bladder infections.

<https://www.walesonline.co.uk/news/education/pupils-missing-school-because-dont-15839558.amp>

Research: "Mixed sex toilets in Wales' schools – breaking the law" - 2024.

<https://merchedcymru.wales/2024/01/24/mixed-sex-toilets-in-wales-schools-breaking-the-law/>

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

1. Toilet facilities schools must provide

Part 2 of the [Education \(School Premises\) Regulations 1999](#) relates to 'school facilities. Regulation 3 sets out requirements relating to 'washrooms for pupils', saying that 'in every school there shall be facilities [...] which are adequate having regard to the ages, sex and numbers of the pupils and any relevant special requirements they may have'.

Referring to washroom facilities these regulations say that, except as provided in [regulation 4\(3\)](#) (for the needs of persons using the premises who are disabled), "washrooms for male and female pupils who have attained the age of 8 years shall be separate."

The current position can be summarised that:

- Unisex toilets can be provided in schools as the only washroom facility for children under eight years of age.
- Whilst unisex toilets can be provided, separate toilets must be available for male and female pupils aged eight and above.

This is confirmed by the Cabinet Secretary for Education in her response to this Petition, where she says:

I would like to clarify that in Wales, schools are legally required to provide separate single-sex washrooms for boys and girls aged eight and over, as stated in The Education (School Premises) Regulations 1999. Local authorities, diocesan authorities, schools and governing bodies must ensure compliance with the legislation governing the provision and design of toilets. [Bold my emphasis]

1.1. Existing School Toilets guidance

In 2012 Welsh Government issued [School toilets good practice guidance for schools in Wales](#). It says:

The regulations also require toilet areas for male and female learners over the age of eight to be separate. Girls' toilets should not have urinals. Staff toilets, other than those designed for disabled access, must be separate from learners' toilets.

It goes on to say:

The regulations and the non-statutory guidance offered by the Welsh Office Circular 15/99 are aimed at local authorities (LAs) and set out matters such as the number of toilets required in a school dependent on the age and number of learners; the separation and location of facilities depending on age and gender of learners; and the dimensions of facilities within school toilets.

In answer to a [written question in 2023](#), the Welsh Government said:

The Education (School Premises) Regulations 1999 specify separate washrooms for male and female pupils over the age of 8. Gender-neutral toilets can be provided alongside single-sex toilets.

The provision and design of toilets, changing rooms and washing facilities for pupils is a matter for the school and local authority. The Welsh Government provides advice for governing bodies and head teachers on the facilities required: [school toilets good practice guidance](#).

Schools conducting a school-based consultation with learners will help ensure the needs of all pupils are met within new buildings and in making any changes to provision.

This [UK Government draft guidance on 'keeping children safe in schools'](#) in England was published for consultation on 12 February 2026. Paragraph 106 of the draft guidance says:

Schools must provide separate toilets for boys and girls aged 8 and over (apart from where individual toilets are in a room that can be locked from the inside, intended for use by one pupil at a time).

Paragraphs 108-111 provide additional information.

1.2. Expected revised anti-bullying guidance

In her paper in response to this Petition the Cabinet Secretary refers to:

The 2025 consultation on the Rights, respect, equality anti-bullying guidance asked "To what extent do you agree that the Education (School Premises) Regulations 1999 should be amended to make clear that schools may provide gender-neutral toilets in addition to sex-separated toilets?". Responses

to the consultation were analysed and published on the [Welsh Government website](#). The final version of the Rights, respect, equality anti-bullying guidance will be published before the end of this term of government.

The outcome for consultation on the revised [Rights, Respect, Equality Anti-bullying guidance](#), published in July 2025, included several references to school toilets.

In it, 64% of respondents strongly agreed when asked “To what extent do you agree that the Education (School Premises) Regulations 1999 should be amended to make clear that schools may provide gender-neutral toilets in addition to sex-separated toilets?”. The consultation outcomes document notes that ‘views tended to be polarised’ on this question. Only 9% of respondents thought all toilets should be gender neutral.

1.3. Other forthcoming guidance

In a January 2026 update to the [LGBTQ+ Action Plan for Wales: progress update 2024 to 2025](#), Welsh Government provided an update on the action to Provide national trans guidance for schools and local authorities. They say

“Work is underway to engage with a wider range of parents to ensure their priorities are fully considered in the draft guidance. Officials are working to ensure the guidance is ready for a new Government in May 2026 and will be in a position to confirm that it is the result of comprehensive engagement and fully up to date with the latest legal position and the finalised Equality and Human Rights Commission (EHRC) Code of Practice”.

2. Equality legislation

Part 6 of the [Equality Act 2010](#) (“the Act”) relates to education and applies to all local authority maintained schools and independent schools. Section 85 relates to the treatment of pupils. It says that “the responsible body of such a school must not discriminate against a pupil” including amongst other things:

- in the way it affords the pupil access to a benefit, facility or service;
- by not affording the pupil access to a benefit, facility or service.

Section 85 (6) refers to the fact that “a duty to make reasonable adjustments applies to the responsible body of such a school.”

Implications of a Supreme Court ruling for schools

In April 2025, the UK [Supreme Court judgment on the meaning of "sex" in the Equality Act 2010](#) ruled that references to “sex”, “man” and “woman” in the Act refer to biological sex (a person’s sex at birth).

This judgment has implications for schools, including how schools manage access to single-sex spaces. Access must now be based on **biological sex**, not gender identity.

The Equality and Human Rights Commission (EHRC) website states that it has consulted twice on [Code of practice for services, public functions and associations](#) during 2025. First prior to the Supreme Court judgement and a second consultation following the judgement. The second [Code of consultation 2025: changes to chapter 13](#) includes a section on separate and single-sex services, which includes examples relating to the provision of toilets. These do not include reference to provision in schools.

In the interim period between the two consultations, the EHRC website had a section [UK Supreme Court ruling on the meaning of sex in the Equality Act: our work.](#), which included an ‘interim update’ from April 2025 which said:

Schools in England and Wales must provide separate single-sex toilets for boys and girls over the age of 8. It is also compulsory for them to provide single-sex changing facilities for boys and girls over the age of 11. [...] Pupils who identify as trans girls (biological boys) should not be permitted to use the girls’ toilet or changing facilities, and pupils who identify as trans boys (biological girls) should not be permitted to use the boys’ toilet or changing facilities. Suitable alternative provisions may be required.

It went on to say:

The consultation on proposed changes to our code of practice for services, public functions and associations (Code of Practice), resulting from the UK Supreme Court judgment, closed on 30 June 2025. We are reviewing the consultation responses received and will produce a revised Code of Practice in due course.

This text has since been removed to refer to the closure of the second consultation on the code of practice and [currently states](#):

The draft code was submitted to the Minister for Women and Equalities for approval on 4 September 2025. The next stage is for a draft code, as approved by her, to be laid before Parliament.

On 15 October 2025, we wrote to the Minister to ask for:

- an update on that process*
- the revocation of the 2011 version of the code, as it is now out of date in various respects*

Welsh Government's position on the Supreme Court ruling

Following the ruling and in Plenary in May 2025, the Counsel General responded to a question which included reference to gender neutral toilets in school and whether Welsh Government would provide further guidance to schools “to ensure that these gender-neutral spaces are removed?”. The Counsel General referred to the Supreme Court Judgement and said:

All they're doing is pointing out that, for the purposes of single-sex spaces, the biological sex matters. But the removal of gender-neutral spaces is not specified, and we will not be looking at it.

In a response to a response to a Freedom of Information request, published in July 2025, Welsh Government responded to the question:

Please indicate whether, in practice, trans girls aged eight and over may use facilities designated “girls”

Welsh Government responded:

*The consultation on the updated guidance anti-bullying guidance, Rights, Respect, Equality, includes questions relating to amendments to the Education (School Premises) Regulations 1999 (“the 1999 Regulations”). **We propose to make very limited amendments to the 1999 Regulations so that schools are allowed (but not required) to provide gender neutral toilets.** This is alongside the existing requirement for schools to provide sex separate toilets for learners aged 8 and above. This maintains the requirement to provide single sex toilets and alongside this gives flexibility for schools to provide a range of toilet provision that will help ensure all learners are safe and comfortable using a toilet in school.*

- *The Education (School Premises) Regulations currently specify separate washrooms for male and female pupils over the age of 8.*
- *The provision and design of toilets, changing rooms and washing facilities for pupils is a matter for the school and local authority.*
- *All children and young people need access to a school toilet that they comfortable to use.*
- *Many schools in Wales make gender neutral toilets available to learners for a range of reasons.*

This can include to address behaviours that can impact health and wellbeing, for example, bullying or smoking. This flexibility of choice means that learners who do not feel comfortable in sex separate toilets are provided with a toilet that they able to use. This can be provided as a choice open to all learners. This provision can be particularly beneficial for learners who are trans, non-binary or gender questioning. [Bold our emphasis].

This briefing has already outlined that in the Cabinet Secretary's written response to this Petition, Lynne Neagle MS says that the updated anti-bullying guidance, Rights, Respect, Equality "will be published before the end of this term of government".

On 22 October 2025 Jane Hutt, Chief Whip had already referred to the consultation on the EHRC code of practice for public bodies in Plenary, saying:

The Minister for Women and Equalities and the Secretary of State for Education wrote to me on 12 October. Under section 14 of the Equality Act, the Secretary of State is required to consult Welsh Ministers before approving a draft code of practice. The code of practice will update requirements for compliance within public functions and services. So, that's an important update for the Member bringing this debate, and for the Chamber today. We received the draft code on 16 October and will provide the appropriate response to the UK Government's request.

On 2 Feb 2026, the UK Government said it was still reviewing the Code of Guidance.

Also, on the 2 February he UK Government was asked:

To ask His Majesty's Government whether they responded to the Equality and Human Rights Commission's Code of Practice

for Services, Public Functions and Associations after consultation with the Scottish and Welsh Governments; whether they responded on 30 June 2025; and if not, on which date they responded.

Baroness Smith of Malvern responded:

Consultation with Welsh and Scottish Ministers is required if, or in so far as, the Code relates to a duty imposed by or under the Public Sector Equality Duty. As part of the consultation, the draft Code has been shared with the Devolved Administrations.

Further updates on the discussion of the Supreme Court Judgement in the Senedd this are provided in Section 5 of this brief.

3. Other reports

- Merched Cymru (Women of Wales) describes itself as ‘a grassroots group of ordinary women from across Wales who are working to protect and strengthen the sex-based rights of women and girls’. Its report ‘Mixed sex toilets in Wales’ schools’ is referenced in this petition.
- Page 18 of this document: Sex and gender identity: keep your pupils safe and comply with the law – for schools in Wales refers to changing facilities. It has been produced by a campaigning organisation called Sex Matters and is not an official document.

4. School complaints

The Welsh Government’s School complaints procedures: guidance requires each school to establish and publish a procedure for dealing with complaints about the school, or about any facilities or services the governing body provides for the benefit of pupils, their families, or people who live or work in the school locality. Complaints can be made by parents/carers, pupils, members of staff, members of the local community, governors, or any other person with an interest in the school, in line with the guidance.

5. Senedd scrutiny

There has been no specific committee scrutiny on the issue of the provision or arrangements for school toilets rooms. A 2022 report by the Children, Young People and Education Committee (CYPE) may contain relevant themes: [Peer on peer sexual harassment among learners](#). It looked at a wide range of issues but did not refer specifically to facilities. It refers to the Estyn 2021 report of [We don't tell our teachers - Experiences of peer-on-peer sexual harassment among secondary school pupils in Wales](#). Again, this looks at wider issues and does not mention facilities.

In Plenary, the following questions have been asked recently:

- In October 2025, Altaf Hussain MS [asked the](#) Cabinet Secretary for Social Justice, Trefnydd and Chief Whip would the Welsh Government “now commit to issuing guidance to all public bodies in Wales, making it clear that single-sex spaces cannot be used by members of the opposite sex, regardless of whether they hold a GRC?”
- Also in October 2025, Laura Ann Jones MS [raised the issue of school toilets](#) saying “give schools proper guidance. Children should not be caught in an ideological crossfire. They should be taught facts. Schools must provide separate toilets and changing rooms for boys and girls, as the law requires, and loos for everyone.”
- On 11 February 2026, Natahsa Asghar MS [asked about](#) the latest position on Welsh Government’s response to the Supreme Court Judgement. The Cabinet Secretary for Social Justice, Trefnydd and Chief Whip said:

I did meet with the new UK chair of the Equality and Human Rights Commission, Dr Mary-Ann Stephenson, to discuss a number of issues, including the implications of the Supreme Court judgment and the forthcoming EHRC code of practice. So, I think that may reassure you, that I met with her. And I said again, as I've said before, that I am clear that the Welsh Government will comply fully with the code of practice once issued.

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

Lynne Neagle AS/MS
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref LN/00013/26

Carolyn Thomas MS
Chair - Petitions committee

09 February 2026

Dear Carolyn,

Thank you for your email of 6 January 2026 concerning Petition P-06-1560: Reinstate single sex toilet provision in educational settings.

I appreciate the concerns raised by the petition regarding the provision of single sex toilets in schools, and I am aware of the Merched Cymru report. I would like to clarify that in Wales, schools are legally required to provide separate single-sex washrooms for boys and girls aged eight and over, as stated in [The Education \(School Premises\) Regulations 1999](#). Local authorities, diocesan authorities, schools and governing bodies must ensure compliance with the legislation governing the provision and design of toilets.

The 2025 consultation on the *Rights, respect, equality anti-bullying* guidance asked “*To what extent do you agree that the Education (School Premises) Regulations 1999 should be amended to make clear that schools may provide gender-neutral toilets in addition to sex-separated toilets?*”. Responses to the consultation were analysed and published on the [Welsh Government website](#). The final version of the *Rights, respect, equality anti-bullying* guidance will be published before the end of this term of government.

I expect school governing bodies to develop sensible policies for the use of toilets during the school day which take into account pupils’ needs. It is equally important that all learners feel safe to use toilet facilities at any time.

Where there are concerns about toilet provision in schools there are local approaches that can be effective in resolving them, such as feedback to the headteacher or governing body, or through the school’s formal complaints procedure where necessary.

Yours sincerely,

Lynne Neagle AS/MS
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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

Dear Petition Committee,

Thank you for the opportunity to comment further on the Minister's response regarding Petition P-06-1560: Reinstate single sex toilet provision in educational settings.

Having carefully considered the letter from Lynne Neagle MS, I do not believe the response adequately addresses the substance or urgency of the concerns raised.

1. Existing Law Is Clear – Yet Not Being Enforced

The Minister correctly states that under The Education (School Premises) Regulations 1999, schools in Wales are legally required to provide separate single-sex toilet facilities for boys and girls aged eight and over.

The Equality and Human Rights Commission has also clearly stated that schools in England and Wales must provide separate single-sex toilets for boys and girls over eight, and separate single-sex changing facilities over eleven.

However, the core issue raised in this petition is that many schools are not complying with this law. A number of schools have removed single-sex facilities entirely and replaced them with mixed-sex provision. In such cases, schools are operating in breach of the 1999 Regulations.

The Minister's letter reiterates what the law says, but does not address enforcement, oversight, or what action will be taken where schools are not complying.

2. “Gender Neutral” Is Not Neutral – It Is Mixed Sex

The 2025 consultation question referred to whether schools “may provide gender-neutral toilets in addition to sex-separated toilets.”

In practice, so-called “gender neutral” toilets in many schools are mixed-sex communal facilities. They are not neutral in any meaningful sense; they remove sex-separated provision. The summary of responses to Rights, Respect, Equality Anti-bullying Guidance Consultation made it clear that this is an area where there was little shared understanding, with some respondents assuming that all such provision would be in the form of fully enclosed, single user, lockable rooms (a legally compliant solution) whereas in practice it has been implemented as cubicles in shared spaces.

The evidence gathered by Merched Cymru through its School Toilets Campaign documents cases where girls report feeling unsafe, embarrassed, or avoiding toilet use entirely in mixed-sex facilities. Avoidance has clear safeguarding and health implications.

This is not a theoretical concern. It is a practical and documented one.

3. Legal Developments Strengthen the Case for Compliance

Recent rulings by the Supreme Court of the United Kingdom, alongside relevant High Court judgments, have reaffirmed the importance of clarity around sex in law and policy. These rulings underscore that where legislation specifies sex-based provision, it must be interpreted and applied accordingly.

[For Women Scotland v The Scottish Ministers <https://supremecourt.uk/cases/uksc-2024-0042>

Good Law Project Ltd v Commission for Equality & Human Rights <https://www.judiciary.uk/wp-content/uploads/2026/02/good-law-project-EHRC-AC-2025-1953-judgment-13Feb26.pdf>]

There should therefore be no delay in ensuring compliance with the 1999 Regulations. Awaiting updated guidance is not a lawful basis for non-compliance with existing statutory duties.

4. “In Addition To” Is Not What Is Happening

Even in schools that retain some single-sex toilets alongside mixed-sex facilities, there are practical inequities.

Evidence from Merched Cymru indicates that single-sex toilets are often fewer in number and located further away from main teaching areas. This disproportionately affects girls, who are statistically more likely to need timely access to toilet facilities, particularly during menstruation.

Placing single-sex provision at a distance while situating mixed-sex facilities centrally effectively disadvantages girls in practice, even where technical compliance may be claimed.

5. Safeguarding and Staff Burden

In schools with open mixed-sex facilities, staff are frequently required to supervise entrances to prevent misconduct. The need for constant teacher presence at toilet entrances indicates that such arrangements are not functioning as safely or smoothly as suggested.

If facilities require ongoing adult monitoring to maintain order and safety, this raises serious questions about their suitability and sustainability.

6. Local Resolution Is Not Sufficient

The Minister suggests concerns may be resolved locally through headteachers, governing bodies, or complaints procedures.

However, where there is systemic non-compliance with statutory regulations, this is not a matter that should depend on individual parents or pupils pursuing complaints school by school.

The duty to comply with The Education (School Premises) Regulations 1999 rests with responsible authorities. Enforcement and clarity should come from government, not through piecemeal local disputes.

Conclusion

- The Minister's response restates existing law but does not address:
- The widespread evidence of non-compliance.
- The safeguarding and dignity concerns raised by girls.
- The implications of recent court rulings reinforcing sex-based legal protections.
- The need for proactive enforcement rather than reliance on local complaints.
- The responsibility of Welsh Government to direct and monitor that the bodies and organisations it creates, supervises and funds to provide public services operate within the law and to clearly set out procedures for monitoring and enforcement.

For these reasons, I do not consider the response adequate. I respectfully ask the Committee to continue scrutiny of this matter and to seek clarification from the Welsh Government on:

- How compliance with the 1999 Regulations is being monitored and enforced.
- What action will be taken where schools have removed single-sex provision.
- Whether clear direction will be issued confirming that mixed-sex facilities cannot replace required single-sex toilets.

This issue concerns dignity, privacy, safeguarding, and legal compliance. It warrants clear and decisive action rather than reliance on future guidance or localised approaches.

Thank you for your consideration.

Yours sincerely,
H Rowley

Agenda Item 2.7

P-06-1570 Introduce Martha's Law in Wales to guarantee patients' and families' right to a second opinion

Text of petition:

We call on the Welsh Government to introduce Martha's Law in Wales, giving patients and families a clear legal right to request a second medical opinion when concerns about safety are ignored. Preventable deaths, like that of Martha Mills, show the urgent need for consistent escalation processes. Families in Wales deserve the same protections as in England, so no parent or relative is dismissed when a life is at risk.

Additional information:

The death of Martha Mills in England exposed how families' concerns can be ignored until it is too late. Her parents' warnings were dismissed, and she died from a preventable illness. In response, the UK Government is introducing "Martha's Law" in England, giving patients and families a clear legal right to a second medical opinion if concerns are not being addressed. Families in Wales deserve the same protection. Failings in escalation, communication, and timely diagnosis are not confined to England. In Wales too, families report being dismissed, left in the dark, or forced to fight to be heard while lives hang in the balance. A consistent, legally backed right to escalation across all UK nations would restore public trust in the NHS, ensure transparency, and save lives. We urge the Senedd to act so that patients and families in Wales are not left behind. FOI data shows 1000+ sepsis related deaths at a single hospital since 2018, highlighting the urgent need for Martha's law in Wales.

Senedd Constituency and Region

- Cynon Valley
- South Wales Central



Eich cyf/Your ref P-06-1570
Ein cyf/Our ref JMHC/00029/26

Carolyn Thomas MS
Chair
Petitions Committee

petitions@senedd.wales

12 February 2026

Dear Carolyn,

Thank you for your letter of 6 January about Petition P-06-1570 Introduce Martha's Law in Wales to guarantee patients and families right to a second opinion.

On 3 October 2024, the Welsh Government published a Welsh Health Circular (WHC) [Adopting a patient and family-initiated escalation approach](#). This sets out our expectations for health boards to implement a consistent escalation approach – this is similar to Martha's Rule and enables individuals and their families to request immediate help and advice if they are worried about deteriorating health.

In Wales, this is known as "Call4Concern". It builds on learning from existing pilots in Wales, international models, such as Ryan's Rule in Australia, and aligns with the principles of Martha's Rule in NHS England.

The decision to adopt the name Call4Concern was taken to honour the legacy of not only the Mills family but other families who have championed the importance of listening to families and patients. This does not diminish the vital contribution of the Mills family, whose tireless advocacy has played a significant role in progressing this work.

Significant progress has already been made in 2025 through the implementation of standardised early warning scores, which support the early recognition and consistent management of acute deterioration and potential sepsis across healthcare settings in Wales.

Call4Concern is expected to be rolled out in all inpatient settings this year with full implementation expected between September 2026 and March 2027. Once fully implemented, it will be available in all inpatient settings providing adult, paediatric, neonatal and maternity services in Wales.

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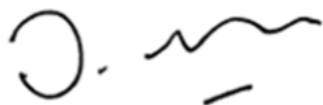
Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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

A further Welsh Health Circular, issued on 8 January 2026: [Call4Concern: timelines and responsibilities](#) sets out the clear expectations for health boards regarding leadership, delivery timescales and accountability for implementation.

The Welsh Government is firmly committed to strengthening patient safety and delivering better healthcare outcomes for the people of Wales, ensuring patients and families are listened to and can act promptly when they have concerns.

Yours sincerely,

A handwritten signature in black ink, consisting of a circular mark followed by a wavy line and a short horizontal stroke.

Jeremy Miles AS/MS

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

Agenda Item 2.8

P-06-1582 Restore a fair funding route so Welsh students aren't shut out from MT dance degrees in England

Text of petition:

Welsh students applying for specialist musical theatre and dance degrees in England now face new barriers because the way funding and course designation works in practice has changed. Many courses no longer meet Student Finance Wales conditions, disadvantaging Welsh applicants compared with students elsewhere in the UK. This shift has created uncertainty and made planning applications far more difficult.

Additional information:

Most specialist musical theatre and dance training is delivered by recognised colleges in England, so Welsh students rely on Student Finance Wales to access these pathways. Current rules mean many courses are not automatically designated unless both the university and partner college are OfS-registered, which many specialist colleges are not. This leaves Welsh applicants without clear funding routes or limited to a reduced tuition-fee loan that creates unaffordable gaps. Since Medr assumed responsibility for designation in July 2024, families have been told to contact colleges individually, but information is often unclear or unavailable. Welsh students now face a real risk of being unable to accept places they earn through competitive auditions. As students are already applying and auditioning in the current cycle, urgent clarity and a fair funding route are essential so Welsh learners are not shut out of professional training purely because of where they live.

Senedd Constituency and Region

- Preseli Pembrokeshire
- Mid and West Wales

Agenda Item 3.1

P-06-1232 Stop the proliferation of intensive poultry units (IPUs) by legislating and introduce a moratorium until this can be achieved

This petition was submitted by Gill Marshall, having collected 4,338 signatures online and 1,582 signatures on paper, a total of 5,920 signatures.

Text of Petition:

There are many intensive poultry units in Wales. Powys has the unfortunate reputation of being one of the IPU hot spots. There have been 147 IPU applications granted by PCC. IPUs bring with them many issues including pollution of rivers and land, smell, ammonia, traffic, 24x7 noise and light. To many, the practice of intensive poultry production is cruel and unnecessary. Despite many villages being blighted by these units there is still nothing being done to stop them. We need our politicians to act.

Additional Information:

Another small village in Powys is the latest in a long line to be threatened by the building of an intensive poultry unit. This is a rural area, the roads are walked regularly by the people of the village and visitors. The landscape is stunning, there is no light pollution and the silence is, wonderfully, deafening. The River Cain runs through the Village and close to the site feeds into the River Severn.

Despite many villages being blighted by these units there is still nothing being done to stop them. We need our politicians to act. So, this petition is about getting the politicians to legislate; they have promised this for years; they accept this is a serious issue but still the legislation is missing.

A TAN (Technical Advice Note) regarding IPUs was promised in 2019. Lesley Griffiths, the Agriculture Minister has stated that something must be done, particularly with regard to the smaller units. But still nothing.

Senedd Constituency and Region

- Montgomeryshire
- Mid and West Wales

P-06-1232 Stop the proliferation of intensive poultry units (IPUs) - Petitioner to Committee, 19 February 2026

Good morning

Thank you for the opportunity to respond.

The questions raised in December 2022 have not yet been answered by PCC and have been attached.

Questions raised in response to the letter from Julie James (2 June 2023) have not been responded to; attached to this email.

In response to County Councillor Berriman's statement I would also like to raise the following:

The Leader's statement focuses on providing "clarity" for applicants and mitigating "financial implications" for farm diversification. However, this perspective overlooks the core purpose of my petition and the concerns of its **5,920 signatories**. I request the Committee considers the following points:

- **Reactive vs. Proactive Regulation:** The "call-in" of these 11 applications is a reactive, case-by-case measure that does not address the systemic failure of current planning policy. My petition specifically calls for a **legislative moratorium** to halt *all* new IPU developments across Wales until a specific **Technical Advice Note (TAN)** for intensive agriculture is implemented.
- **The "Uncertainty" Argument:** The Council Leader laments the "uncertainty" faced by applicants. I would argue that this uncertainty is a direct result of the Welsh Government's failure to deliver the dedicated TAN promised since 2019. A moratorium would provide the ultimate clarity by pausing development while a robust, science-led policy framework is established to protect our environment.
- **Failure of Local Oversight:** The fact that the Welsh Government has stepped in to determine these cases—some of which have been delayed since May 2023—proves that the current local planning process is unable to adequately assess the **cumulative environmental impacts** of IPUs.
- **Ecological Crisis:** While the Council emphasises the need for farm diversification, this must not come at the cost of our rivers. The **River Wye** and other catchments are facing ecological collapse due to phosphate and ammonia levels largely attributed to the [proliferation of over 150 IPUs in Powys](#).

I urge the Committee to maintain pressure on the Welsh Government to move beyond individual "call-ins" and instead enact the requested moratorium. Only a national legislative

pause can ensure that Welsh agriculture develops in harmony with our environmental obligations under the **Environment (Wales) Act** and the **Well-being of Future Generations Act**.

The primary issue for smaller units (under 40,000 birds) remains the "**regulatory gap**." Because they do not require an [Environmental Permit from Natural Resources Wales \(NRW\)](#), they are solely dependent on the [planning system](#), which currently lacks specific, up-to-date national technical guidance.

Please note; at present the total number of poultry in approved sheds in Powys, assuming the numbers in the planning applications are respected, is 9.9 million and would be 10.8 million if the outstanding applications are approved. These numbers are based on the history of planning applications.

I would also like to bring to the Committee's attention the rules and guidance included in the Powys Local Development Plan where many of the identified elements and criteria are breached by these applications, to the detriment of local people.

I look forward to the hearing.

Regards

Gill Marshall

Agenda Item 3.2

P-06-1479 Stop the detention of learning disabled and autistic children, young people and adults in hospitals

This petition was submitted by Stolen Lives, having collected a total of 1,754 signatures.

Text of Petition:

There are people with learning disabilities and/or autism from Wales who are living in hospitals. This is a human rights scandal which has been ignored for too long.

Many people with learning disabilities and/or autism are trapped in hospitals due to a lack of appropriate housing and support in their community. Many are sectioned due to placement breakdown and they have been inappropriately placed.

Welsh Government must recognise that sectioning people under the MHA is not the solution.

Additional information:

Stolen Lives are a campaign group consisting of families who have loved ones with a learning disability and/or autism who are, or have been incarcerated, in hospitals.

They are supported by members of the Wales Learning Disability Consortium: Learning Disability Wales, All Wales Forum of Parents and Carers, Mencap Cymru, All Wales People First, Down's Syndrome Association and Cymorth Cymru.

Hospitals are not a home. Many hospitals are far from people's families, and cases of abuse and neglect are all too common.

Welsh Government must tell us how they plan to stop sectioning under the Mental Health Act and how they plan to bring children, young people and adults who have been sectioned closer to home and out of hospitals, and tell us exactly how many children, young people and adults with learning

disabilities and/or autism are currently away from home in mental health hospitals and so-called assessment and treatment units.

Senedd Constituency and Region

- Preseli Pembrokeshire
- Mid and West Wales

P-06-1479 Stop the detention of learning disabled and autistic children, young people and adults in hospitals - Correspondence from the Petitioner to the Committee, 20 February 2026

Stolen Lives are unsure what it all actually means in practice. There is no detail about the three year integrated learning disability service transformation plan. There is no action plan with timelines.

There is widespread lack of progress in improving the lives of people with learning disabilities in Wales. Hospitalisation is just one area. It constitutes social murder. We should be all disgusted. Where is the urgency?

Agenda Item 3.3

P-06-1521 Give park home residents in Wales the right to a water meter

This petition was submitted by Sam Swash, having collected 447 signatures online and 173 signatures on paper, making for a total of 620 signatures.

Text of petition:

Residents of some park home sites in Wales are paying in excess of £60 a month in water bills, despite living in small single and double units. Currently, many site owners divide their total bill by the number of homes on the park, before passing the bill on to residents. This means there is no incentive for site owners to fix leaks, as they know residents will foot the bill regardless.

The Welsh Government could stop this injustice by giving park home residents the right to a water meter.

Additional information:

Providing park home residents with the right to have a water meter fitted so that they are only charged for their individual usage would mirror the situation for the majority of homeowners across the country.

Doing so would ensure that park home residents only pay for what they use, ending the current injustice whereby many are being charged for leaks which are not their responsibility.

It would also genuinely make maintaining pipes and repairing leaks the responsibility of the site owner (as it should be), encouraging them to carry out repairs and upgrades.

In turn, this would reduce the environmental damage which is being caused by huge amounts of water being leaked under private park home sites in Wales.

Park home residents at one site in Flintshire, North Wales, have been getting charged more than £65 a month for water by their site owner, when evidence suggests they should be paying around £16 a month. This injustice must be stopped.

Senedd Constituency and Region

- Alyn and Deeside
- North Wales

Huw Irranca-Davies AS/MS
Y Dirprwy Brif Weinidog ac Ysgrifennydd y Cabinet
dros Newid Hinsawdd a Materion Gwledig
Deputy First Minister and Cabinet Secretary for
Climate Change and Rural Affairs



Llywodraeth Cymru
Welsh Government

Eich cyf P-06-1521
Ein cyf HIDCC/02232/25

Carolyn Thomas MS
Chair - Petitions committee

04 February 2026

Dear Carolyn,

Thank you for your letter regarding Petition P-06-1521, Give park home residents in Wales the right to a water meter, and for updating me on the Petitions Committee's consideration of this issue at its meeting on 24 November. I am sorry for the delay in responding.

I note the responses provided by Ofwat and Dŵr Cymru, including their acknowledgement of the concerns raised by the petitioner and the limitations within the current regulatory and legislative framework. I also welcome the Committee's decision to draw this matter to the attention of the Chair of the Climate Change, Environment and Infrastructure Committee, and to seek further clarity from Dŵr Cymru on the points raised.

The petitioner's additional concerns — particularly around transparency, fairness, and the ability of park home residents to access individual metering — are important and deserve careful consideration. I recognise that the current arrangements can leave some residents feeling disadvantaged, and I appreciate the Committee's efforts to ensure these issues are fully explored.

I also support the Committee's encouragement for the petitioner to engage directly with the ongoing consultation on the Welsh Government's Green Paper and UK Governments' White Paper on water reforms. These consultations provide a timely opportunity for individuals and communities to contribute to the development of future policy in this area, including potential changes that may affect metering rights and billing arrangements for park home residents.

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Huw.Irranca-Davies@llyw.cymru
Correspondence.Huw.Irranca-Davies@gov.wales

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

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

I will continue to follow the Committee's work on this petition with interest and remain committed to ensuring that the concerns of park home residents are properly understood and considered as part of wider water sector reforms.

Thank you once again for bringing this matter to my attention.

Yours sincerely,

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke at the bottom.

Huw Irranca-Davies AS/MS

Y Dirprwy Brif Weinidog ac Ysgrifennydd y Cabinet dros Newid Hinsawdd
a Materion Gwledig

Deputy First Minister and Cabinet Secretary for Climate Change and Rural Affairs

By email: petitions@senedd.wales

Dear Chair,

Petition P-06-1521: Give park home residents in Wales the right to a water meter

I write in response to your letter dated 10 December 2025, with further questions regarding Petition P-06-1521: Give park home residents in Wales the right to a water meter.

I can confirm that we have not served a formal notice under Section 75 of the Water Industry Act 1991 ("the Act"). As the petitioner notes, Section 75 of the Act enables us to take action to remedy leakage on a private supply, where those responsible do not, and recover the costs of doing so. It is not practicable or economical for us to step in and fix all private leakage using this power. In this case, we were clear that the leakage needed to be remedied and, whilst this was not resolved as quickly as requested, we recognised that the size of the site meant that locating and repairing the leak could be complex and expensive.

We have not prosecuted in relation to the water lost because of the leakage. We do have statutory powers to do so pursuant to Section 73 of the Act, in circumstances where water supplied is wasted, misused or unduly consumed. The offence is subject to the relevant tests set out in Section 73 of the Act, which also details the applicable defence. You will appreciate that the decision to prosecute is a serious matter and one which we consider carefully and independently of customer influence. We consider the circumstances of each matter, including the actions of a potential defendant in addressing the leakage.

All homeowners/occupiers connected to a shared supply are responsible for its maintenance and repair and may be required to resolve leakage as the consumer(s) and an owner or occupier of relevant premises may be prosecuted under Section 73 of the Act (where the relevant offence is made out). Our decision-making included consideration of this and that the site owner did engage and eventually remedied the leakage which does not happen in many cases.

Yours sincerely

Rebecca Price

Customer Services Director

**Response from petitioner, Cllr Sam Swash, to correspondence shared via the Senedd
Petition's Committee re: Petition P-06-1521**

Taken together, the responses to the Committee from Welsh Water and the Deputy First Minister and Cabinet Secretary for Climate Change and Rural Affairs reinforce the central concern raised by this petition: that park home residents remain uniquely exposed to unfair charging and environmental harm because the current legal and regulatory framework provides them with neither individual consumer rights, nor effective regulatory protection.

It is reassuring to see that the Deputy First Minister and Cabinet Secretary is now recognising that this is the case in his latest response. However, and despite increasingly widespread acknowledgement of the problem, park home residents continue to bear financial responsibility for water they have neither used, nor have the ability to control.

Welsh Water's response

Welsh Water confirms that it did not serve a formal notice under Section 75 of the Water Industry Act 1991, nor did it pursue prosecution under Section 73, despite acknowledging prolonged and significant leakage on the network.

I think it is important at this point to reiterate the scale of the injustice: millions of gallons of water was leaked over a five year period for which residents paid more than £350,000 – and Welsh Water did not use its discretion to statutorily intervene.

Despite Welsh Water's assertion that the issues on Willow Park have been 'resolved', this is not the case. Just this week, a significant leak has again been ongoing at Willow Park for more than 5 days. Under the current arrangements, the residents of the park, many elderly and on fixed incomes, will once again bear the financial cost of water they have not used.

Deputy First Minister's Response

The petitioners welcome the Deputy First Minister's acknowledgement of the problem. However, directing residents toward engagement with the Green and White Paper processes is not sufficient in light of the scale of the injustice exposed at this site.

These processes are necessarily lengthy and complex, and in the meantime, park home residents will continue to face serious financial harm.

It is important to also note that park home residents represent a small and often vulnerable demographic. Many are elderly and digitally excluded, making meaningful participation in inadequately promoted national consultation exercises inherently difficult. Suggesting this as the primary route to justice risks excluding precisely those who are most affected.

Further Concerns

Given the above, it is difficult to reconcile suggestions made previously by some members of the Petitions Committee to close this petition in the face of clear evidence that the underlying injustice persists.

As it stands, the situation at Willow Park is:

- Residents have already paid an estimated £350,000 for water lost through leaks beyond their control
- A further leak is currently ongoing (for which they will be charged)
- Residents remain legally treated as a single customer despite living in 159 separate homes
- Neither the water undertaker nor the regulator is required to intervene
- Regulators describe disputes as 'private matters'

If a petition demonstrating ongoing financial harm, environmental waste, and acknowledged regulatory gaps does not justify continued scrutiny, it is unclear what threshold would.

Whilst wider water reform is being considered at UK and Welsh Government level (and is cautiously welcomed by the petitioners), this should not be viewed as a reason for inaction.

Both primary and secondary legislative options are available to the Welsh Government now, including granting park home residents a statutory right to individual water meters, or by amending the model standards under the Mobile Homes (Wales) Act 2013 to impose duties on mobile home site owners to install individual water meters.

It does not require waiting for wholesale reform of the water sector to begin addressing this injustice.

Conclusion

Closing the petition at this stage would not provide a resolution to the issues raised; it would simply leave affected residents to continue navigating a system already acknowledged to produce unfair outcomes whilst hoping that government reform might at some point in the future address the problem.

The petitioners therefore respectfully urge the Committee to keep the petition open and to press the Welsh Government to pursue immediate legislative or regulatory remedies alongside longer-term reform work.

Park home residents are not asking for special treatment – they're asking for the same basic protections which every other household in Wales already takes for granted.

Agenda Item 3.4

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

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

Text of petition:

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

Additional information:

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

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

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

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

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

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

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

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

Senedd Constituency and Region:

- Ceredigion
- Mid and West Wales



Ein cyf/Our ref: CEO/18867/2026
Gofynnwch am/Please ask for: Anna Alderson
Rhif Ffôn /Telephone: 01267 239730
Dyddiad/Date: 04 February 2026

Ail Llawr, Bloc C,
Adeiladau'r Llywodraeth, Teras Picton,
Caerfyrddin, SA31 3BT

Second Floor, Block C
Government Buildings, Picton Terrace,
Carmarthen, SA31 3BT

Petitions Committee
Carolyn Thomas MS
Chair

Email: petitions@senedd.wales

Dear Carolyn

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

Thank you for your correspondence of 18 November 2025 in respect of the above-named petition.

We have asked our Clinical Services Plan programme team to review the details of the debate and transcriptions so that they can be considered within both the decision making part of our programme and also to understand the implications of the content.

We would like to take this opportunity to provide clarity on some of the comments made, to give you and Senedd Members assurance on key aspects of the Clinical Service Plan programme within Hywel Dda.

We received over 4,000 responses to our questionnaire and 190 unique alternative ideas during the Clinical Services Plan consultation. More than 30 of the suggestions focused on Stroke services. Two of these, which propose services for Stroke patients in Bronglais (one proposing a satellite stroke unit in Bronglais and the other proposing a stroke rehabilitation unit in Bronglais), are currently under review through our Alternative Options process and will be considered by our Board alongside other consultation options on 19 February 2026.

Assurance Response: Hywel Dda Stroke Services

We value all feedback and are committed to providing transparent, evidence-based responses to the issues raised. Regarding the Stroke petition about the proposed changes to stroke services, we address these discussions below, grouped by theme, and provide references for further information where relevant.

Additional supporting information is available on the Clinical Services Plan [supporting information section](#) of our website.

This includes technical information about our services that will be considered during our decision-making process.

1. Downgrading of Bronglais Stroke Unit

Concern: The consultation proposes downgrading Bronglais's stroke unit to a 'Treat and Transfer' model, raising fears of unsafe patient journeys and the start of a broader downgrade.

Response: The proposed options aim to deliver improved standards in stroke care, ensuring the best possible service for our patients. We have actively consulted with communities to gather views on all options, including engaging on concerns and alternative ideas. Bronglais plays an important part in our delivery of healthcare services to our mid Wales population. No decisions have been made at this stage and the Board has no preference in relation to the options consulted on or alternative ideas emerging from the consultation. Outside of the services included within the Clinical Services Plan, where future models have not yet been decided, Bronglais will continue to offer a range of urgent, emergency, planned, and outpatient services.

2. Assurance on Transfer Risks

Concern: There is no evidence addressing the risks of patient transfers, especially given rural geography and poor transport.

Response: Evidence from other clinical models using 'Treat and Transfer' approaches demonstrates that safe transfers are achievable. Bronglais already supports safe transfers in trauma, cardiology, and stroke thrombectomy pathways. For further information, see our appendices.

3. Clinical Standards and Audit Scores

Concern: Bronglais scores higher in stroke audits than other sites; why not support further improvement?

Response: All Hywel Dda units fall short of meeting the required Stroke standards in areas such as timely admission, consultant review, and therapy targets. The proposed changes aim to co-locate skilled staff and improve access to specialist services, which is expected to raise audit scores and patient outcomes across the region. See the [Stroke Dashboard](#) for detailed performance data. With the release of the new Stroke standards in 2024, all four sites have a marked deterioration against the new SSNAP standards (October 2024), reflecting the distance from the highest quality care. The performance against these is illustrated below.

Link to Stroke standards: [Stroke Dashboard](https://www.strokeaudit.org/) <https://www.strokeaudit.org/> (Patient Key Indicators: Apr-Jun25)¹

¹From Dashboard, select 'results'>'Data and Reports'>'Regional'>'Performance Tables'>'Routinely Admitting Teams'>'Patient Centred'>Select ISDN as 'WALES'> Select date as 'Apr-Jun 2025'

Trust	Team Name	Overall Performance				Domain Performance								
		SSMAP Level	CA	AC	Combined K3 Level	D1 Hypertensive	D2 Specialist	D3 Reperfusion	D4 MDT	D5 Therapy Int	D6 Therapy Freq	D7 Discharge	PC K3 Level	
Wales	Bronglais Hospital	D	A	C	D	D	B	E	E	E	D	D	D	
	Glan Clwyd District General Hospital	E	A	B	E	E	E	E	D	D	D	B	E	
	Grange University Hospital	E	A	B	E	D	E	E	E	E	E	E	E	
	Maelor Hospital	E	A	B	E	E	E	E	D	E	E	E	E	
	Morriston Hospital	D	A	A	D	D	E	C	C	D	D	D	D	
	Prince Philip Hospital	D	A	B	D	B	E	B	C	D	E	C	D	
	Royal Glamorgan	E	A	B	E	E	E	E	E	E	E	D	E	
	University Hospital of Wales	D	A	A	D	E	D	D	C	C	D	E	D	
	West Wales General	E	A	C	E	C	E	E	C	E	E	C	E	
	Withybush General Hospital	D	A	C	C	A	B	C	C	D	D	D	C	
	Ysbyty Gwynedd	E	A	B	E	E	E	D	E	E	D	E	E	

4. Workforce Sustainability

Concern: Significant staffing shortfalls and uncertain funding make changes unsafe and unrealistic.

Response: The Issues Paper and workforce reviews highlight the challenge: Hywel Dda’s stroke clinical teams are spread across multiple sites, resulting in inadequate staffing for specialist consultants, nursing, and therapies. The Board’s decision in July 2023 was to review stroke services to ensure sustainability, aligning with the National Stroke Programme. This approach is designed to address workforce fragility and improve service resilience. See Page 4, [Clinical Services Plan Update Paper](#), Board meeting held 27 July 2023.

5. Impact Assessments and Equity

Concern: The plans compromise equitable access, especially for Mid Wales residents.

Response: Impact assessments, including equality and quality impact assessments, were completed for the options we consulted upon. These were shared during the consultation and remain available on our website. We have developed impact assessments for the alternative options that were proposed by members of the public during the consultation, that passed hurdle criteria assessment, so that these can be considered by the Health Board in February 2026. All options aim to improve care quality by bringing together services and enhancing therapy access. We recognise the impact of travel and are committed to supporting patients and families through virtual platforms and community services.

You can read more in our Quality Impact Assessments available [here](#)

6. Transport and Transfers

Concern: Concerns about patient transfers, ambulance resources, and return journeys.

Response: Adequate inter-hospital transfer arrangements are a key dependency, with input from the Welsh Ambulance Services University NHS Trust and Adult Critical Care Transfer Service engaging with the Clinical Services Plan programme. The Health Board has experience of managing transfers for time-dependent emergencies. Further details are in the supporting documents and can be seen through the [Patient and Travel Insights document](#).

7. Family Involvement and Rehabilitation

Concern: Distance and digital barriers may hinder family involvement in rehabilitation.

Response: We acknowledge these challenges and have considered them in our impact assessments. While some inpatient care may be further from home, we aim to facilitate family connections through virtual means and prioritise early discharge with community support. General rehabilitation services remain unaffected, and patients can be repatriated to local hospitals for non-acute rehabilitation, but preferably directly to their home or place of safety with support from our Community Integrated Stroke Teams.

8. Consultation Process and Alternative Options

Concern: The consultation lacked detail and did not consider all options.

Response: The Clinical Services Plan programme was intended to respond to fragilities within nine services and develop a series of clinically-led ideas that could be implemented within two to four years, to address these fragilities. This meant that we did not have a full range of options available, so the consultation was designed to capture alternative views, and over 30 alternative ideas for stroke services were received.

Two additional proposals regarding stroke services at Bronglais have completed the appraisal process and will be reviewed by the Board.

One option suggests establishing a main stroke unit at Glangwili, with a satellite unit at Bronglais. Another alternative proposes designating Bronglais as a stroke rehabilitation centre, while Prince Philip and Withybush would continue to operate as acute stroke units.

	Bronglais	Glangwili	Prince Philip	Withybush
Option 106	<i>Treat and Transfer Stroke rehabilitation unit</i>	<i>Treat and Transfer</i>	<i>Stroke Unit (specialist cover 12-hours a day)</i>	<i>Stroke Unit (specialist cover 12-hours a day)</i>
		<i>Stroke Unit (specialist cover 24-hours a day)</i>		
Option 210	<i>Stroke Unit (specialist cover 12-hours a day)</i>	Then <i>Create regional stroke centre in Morriston Hospital Treat and Transfer</i>	<i>Treat and Transfer</i>	<i>Treat and Transfer</i>

9. Welsh Language and Cultural Needs

Concern: The needs of Welsh speakers may not be met if services are moved.

Response: Equality impact assessments have considered the impact on Welsh language provision. We are committed to ensuring that language and cultural needs are addressed in all service changes.

Please refer to the EqIA details [here](#).

We hope this letter provides clarity and reassurance regarding the proposed changes. We remain committed to transparent communication and ongoing engagement with all stakeholders. If you need any additional information, please refer to the linked documents or contact our team directly.

Yours sincerely,



Professor Phil Kloer
Chief Executive

Appendices

Stroke Questions and Answers (Q&A) – derived from continuous engagement and the Clinical Services Plan programme process comprising of:

CSP consultation - Stroke Q&A

Why are we doing this when Bronglais have the highest SSNAP scores for the HB?

Bronglais Hospital performs well in comparison to Welsh peers, as do our stroke services at other hospital sites within the Health Board

Link to Stroke standards: [Stroke Dashboard](https://www.strokeaudit.org/) https://www.strokeaudit.org/ (Patient Key Indicators: Apr-Jun25)

Trust	Team Name	Overall Performance				Domain Performance							
		SSNAP Level	CA	AC	Combined KI Level	D1 Hyperacute	D2 Specialist	D3 Reperfusion	D4 IMT	D5 Therapy Int	D6 Therapy Freq	D7 Discharge	PC KI Level
Wales	Bronglais Hospital	D	A	C	D	D	B	E	E	E	D	D	D
	Glan Clwyd District General Hospital	E	A	B	E	E	E	E	D	D	D	B	E
	Grange University Hospital	E	A	B	E	D	E	E	E	E	E	E	E
	Maelor Hospital	E	A	B	E	E	E	E	D	E	E	E	E
	Morrison Hospital	D	A	A	D	D	E	C	C	D	D	D	D
	Prince Philip Hospital	D	A	B	D	B	E	B	C	D	E	C	D
	Royal Glamorgan	E	A	B	E	E	E	E	E	E	E	D	E
	University Hospital of Wales	D	A	A	D	E	D	D	C	C	D	E	D
	West Wales General	E	A	C	E	C	E	E	C	E	E	C	E
	Withybush General Hospital	D	A	C	C	A	B	C	C	D	D	D	C
	Ysbyty Gwynedd	E	A	B	E	E	E	D	E	E	D	E	E

The issue is that different stroke units in Hywel Dda score poorly in different standard measures and clinical areas.

For example:

- getting patients to stroke unit on time
- consultant review within 24 hours
- therapy targets etc.

Additionally, there are other reasons why we need to change stroke services in the Hywel Dda area. These include:

- working towards a regional model to improve clinical standards
- working towards 7-day sustainable medical cover and three-hours per day therapy to meet new SSNAP standards and improve patient outcomes
- a fragile medical workforce (our stroke clinical teams are spread across multiple sites, which means we have inadequate staffing levels for specialist stroke consultants, nursing, and therapies)
- alignment to national stroke programme and strategic direction for stroke
- changes in stroke services in Wales (i.e. thrombectomy in Cardiff)
- proximity to other specialist interventions like vascular surgery and cardiology

Bringing the staff required for stroke units together to fewer sites would improve skilled staff cover and allow access to specialist services across more hours of the day and days of the week. This would potentially improve stroke audit scores (SSNAP scores) which are not currently being met in any of our stroke units.

If there is no stroke unit at Bronglais, what will happen when people who have a stroke turn up to BGH, there will be no skilled staff to deal with patients?

In both options for stroke, all four main hospitals in Hywel Dda University Health Board area would maintain the ability to provide life-saving thrombolysis for stroke. Patients in the 'Treat and Transfer' hospitals, as suggested for Bronglais, would then be transferred onwards for further treatment as necessary.

The acute on-call medical team would provide that initial care and response as standard and as they already do currently out-of-hours and on weekends. The team have competencies efficient for this element of stroke care. Additionally, within the proposed options, the consultant and stroke clinical nurse specialist for Bronglais would be retained on the site Monday to Friday and could provide training and support to staff covering stroke calls in Bronglais.

In Option 1 (A) for stroke services, Withybush and Prince Philip hospitals would provide stroke units with stroke clinical nurse specialist support 12-hours a day. In Option 2 (B), Prince Philip Hospital would have stroke clinical nurse specialist support 24-hours a day, and 12-hours a day at Withybush Hospital.

Bronglais and Glangwili, and Withybush in Option 2 (B), would 'Treat and Transfer' stroke patients and a protocol would be agreed and put in place. A key dependency for both options, or consideration of any new options, is that there needs to be adequate inter-hospital transfer arrangements through either Welsh Ambulance Services NHS Trust (WAST) or the Adult Critical Care Transfer Service (ACCTs) to support timely patient transfers.

If there were a suspected stroke at a community hospital site, they would follow the 999 processes as they do now.

For any future change in stroke services that may be supported by the Health Board, there would need to be further work to refine and agree protocols and processes and this would involve work with Emergency Department teams, as well as stroke teams and stroke ward staff.

Does WAST have the capacity to transfer people between sites?

A key dependency for both options, or consideration of any new options, is that there needs to be adequate inter-hospital transfer arrangements through either Welsh Ambulance Services NHS Trust (WAST) or the Adult Critical Care Transfer Service (ACCTs) to support timely patient transfers.

WAST and ACCTs representatives have been involved in the option development process. This involved assessment of what is feasible and deliverable. How future services would be commissioned and delivered, is dependent on the decisions within stroke and other service options.

(The SWOT analysis within the supporting documents highlights this feedback (Evaluation Criteria, Safe, 2.3, Impact on external service SWOT))

What about our families/loved ones who provide the bedside support and may have difficulties travelling far to visit loved ones who are receiving care in a stroke unit?

All options for stroke services aim to improve the quality of care by bringing staff together to fewer sites, improving skilled-staff cover and providing better access to therapy and availability of specialist clinical nurses.

We have carried out assessments to consider the impacts options may have, and this has included a quality impact assessment, and you can read more about stroke from page 109 hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/

We acknowledge that options may mean that inpatient care is delivered further away from home for some patients, and this has an impact for families and carers. Virtual platforms would be provided to keep families connected and we would aim to get people home sooner with community service support.

Is this the start of the downgrade of BGH?

No, the option in relation to stroke considers how the Health Board can best meet the increasing standards in stroke care, so we are providing the best service and care we can for our stroke patients.

We are in consultation with our communities and want to hear people's views on which options you think are best able to meet our challenges, concerns you may have about any of the options or impacts you think they may have, thoughts you may have on the future role of our hospitals and anything else you think we need to consider, including alternative options or ideas you may have.

Overall, Bronglais would continue to offer a range of services, both urgent and emergency care as well as planned care and outpatient services.

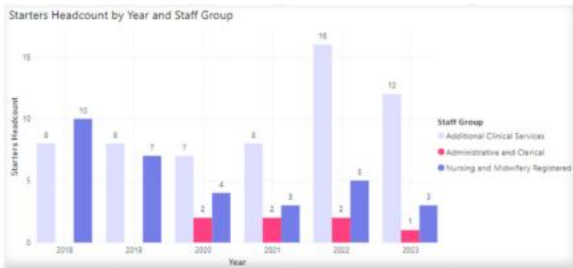
What has been done to promote recruitment to stroke in BGH? When was it last advertised? Is it advertised now?

Due to the way in which stroke services are organised in the Health Board certain roles within wards, therapies and consultants are managed within their respective directorates. As such, consultant and ward recruitment may be more hospital site based than stroke service driven.

The Workforce data utilised to support the issues paper illustrates some of the workforce risks and workforce data that was considered in assessing the issues within Stroke Services. The image below shows the new starters in relation to cost codes at these sites during the period analysed:

Starters

As the Medical and Therapy workforce within Stroke services sit within wider cost codes, the starters data below is reflective of the 4 Stroke wards only.



Additional Clinical Services roles had the highest number of starters across the sites with a total of 59 new starters across the period. The highest proportion can be seen in 2022 and 2023 with the majority starting in Prince Philip and Withybush hospital.

hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/board-agenda-and-papers-28-march-2024/appendix-e-stroke-pdf/#page=52

Why don't you put in a formal rotation between sites?

Currently, there is not enough stroke consultants to maintain services on each site. For some hospitals, such as Withybush Hospital, some clinicians are competency trained and practicing stroke care but their job roles are much wider and as such they contribute to local-site medical rotas and this would be put at risk if a rotation was put in place.

The options consider a virtual Stroke Clinician of the Day (SCotD) to provide support during weekend and out of hours.

Why isn't Bronglais an option, only Prince Philip / Withybush

Within the options development process all four sites were considered. The process involved an appraisal of the options against minimum requirements (called hurdle criteria). A three-site stroke model, or an option to consider a stroke unit at Bronglais was not taken forward.

Factors that were considered in this included:

- Unsustainable medical workforce and inability to recruit consultants in stroke.
- Prince Philip and Withybush hospitals have an established and sustainable Consultant workforce supporting stroke services.
- The current Consultant workforce in Prince Philip and Withybush hospitals would be unable to provide on-site support to Bronglais due to other clinical commitments in key services (e.g. osteoporosis and movement disorders) within their respective units and elsewhere in the Health Board.
- GGH faces the similar threat of unsustainable medical workforce.
- Low critical mass of patients for a Hyper Acute Stroke Unit (HASU) model, no less than 600 patients (option B)
- Proposed 7-day model will require the critical workforce as described above to be safe and sustainable.
- To preserve the existing medical workforce in BGH from burnout as they would be vital to continue stroke services- TIA clinics, inpatient support where necessary, medical lead for ESD team (early supported discharge team), effective follow up process etc.

- The volume of stroke admissions at different hospitals within Hywel Dda. Carmarthenshire and Pembrokeshire constitute more than 80% of stroke admissions in Hywel Dda
- Preparedness for the future proposed comprehensive regional stroke unit (CRSC)
- The national direction of strategic travel of Stroke services. Within this clinical evidence is demonstrating the consolidation of Stroke as a speciality in Health Boards and Trusts throughout the UK. Current more local examples include Aneurin Bevan, Swansea Bay and recent changes in Cwm Taf Morgantwg University Health Board (CTMUHB). Wider examples include but are not limited to Northumberland and rural parts of the Scotland.

Can you run a full stroke unit at PPH if critical care option isn't selected for PPH - would this see patients being bounced back and forth between GGH/PPH?

Stroke patients can be managed by enhanced care units supported by a critical care middle grade, 24-hours of the day, seven days of the week, as would be available in options for critical care.

In exceptional circumstances, if a stroke patient at Prince Philip Hospital required a higher level of critical care support (i.e. level 3 care) they would either be directly taken to Glangwili Hospital, or would be transferred through the ACCTS service, or in some circumstances, would remain within the hospital on the stroke ward.

What's the regional/national set-up and direction for stroke services in Wales?

There is a national stroke programme, aimed at making improvements in stroke services across Wales. Currently this work suggests there should be four stroke centres (Comprehensive Regional Stroke Centres or referred to as Hyper Acute Stroke Units) working as a network in Wales. This would have an impact on all stroke services within Wales. It would likely mean that local delivery of stroke care would be initial treatment and then transfer onwards to stroke centres, before returning locally to a stroke unit to receive specialist stroke rehabilitation.

Where will the Hyper Acute Stroke Unit (HASU) be?

Although work has been ongoing, it has not yet been decided where these would be in Wales. A business case was written by the ARCH regional stroke programme. This was considered by Hywel Dda UHB's Strategic Development and Operational Delivery Committee (SDODC) where the Executive Team indicated support in principle for the development of a Comprehensive Regional Stroke Centre. The Executive Team recognised a significant amount of work will be required between now and the unit potentially being in a position to serve our communities. This is currently anticipated to be in year three of the implementation plan. The whole stroke pathway would need to be considered to ensure Hywel Dda units have the staffing levels to meet national standards and support timely repatriation (return home) for patients.

You can read more here: [hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-27-july-2023/board-agenda-and-papers-27-july-2023/item-3-5-clinical-participations-update-pdf/](https://www.hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-27-july-2023/board-agenda-and-papers-27-july-2023/item-3-5-clinical-participations-update-pdf/)

Why are we building a service around the location of a consultant, can't the consultant move?

Medical consultant fragilities are only one of the issues affecting stroke services within the Hywel Dda area. Over a five-year period, there has been a worsening position in meeting the SSNAP audit scores, as well as nurse staffing level at certain sites, although nurse staffing level issues at some sites have now improved.

What about the impact of Hereford closing their stroke unit?

At the time we explored the issues and challenges facing our nine services in the Clinical Services Plan (which resulted in the drafting of the Issues Paper) and the options development process, we were not aware of the changes taking place in [Hereford](#) (more information, page 24 [https://www.hwics.org.uk/application/files/7117/2319/7869/b. HW_JFP - Appendix 1. Core areas of focus 2425.pdf](https://www.hwics.org.uk/application/files/7117/2319/7869/b. HW_JFP_-_Appendix_1. Core_areas_of_focus_2425.pdf))

Now we are aware of this, and we will be contributing and supporting a Mid Wales Stroke Task and Finish group, which has met since July 2025.

Will patients move back to BGH after initial treatment? Will we have trained staff there to deal with patients appropriately?

Under the current options, patients would have their treatment and acute stroke rehabilitation at the Stroke Unit. However, once they reach the stage of needing non-acute, more general rehabilitation they could be repatriated (return) to their local hospital to a general ward. In addition to this, we would aim to get patients home from hospital sooner with Integrated Community Stroke Services.

How were Bronglais staff included in the development of the options?

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

For example:

- We undertook a survey with staff from the nine service areas early in the process to understand the issues.
- Like the other individual services, stroke services were represented by the clinical lead, service delivery manager and senior stroke specialist nurse, who provide leadership for the service across all our hospitals.
- The options development group also included other Bronglais based staff, such as the hospitals clinical site lead and others including a union representative.
- Representatives from Bronglais stroke services were also on the 'check and challenge' group reviewing the work. Their feedback following shortlisting of options, led to greater involvement from stroke clinical nurse specialists from all hospital sites in the programme of work

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

We are now engaging more widely, including with staff and Trade Union representatives, patients, our wider communities, and stakeholders, as part of our consultation. We encourage everyone to get involved, read our documentation or attend events, and complete the questionnaire.



18th February 2026

Dear Member of the Senedd Petitions Committee,

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

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

New alternative options under consideration

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

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

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

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

Content of the letter

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

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

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

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

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

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

What is missing from the letter:

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

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

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

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

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

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

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

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

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

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

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

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

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

- 'Transfer requests would be categorised in accordance with their acuity and could experience delays'
- 'Resources will be lost due to secondary transfers for considerable periods of time', and
- 'Resources currently not available to deliver this option...'

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

- May be a massive impact for Mid Wales/gap and Worthybush as we don't know what neighbouring HB are doing
- Threat of how this impacts the patient, and their families - will be more challenging for northerly patients
- Need to ensure we have infrastructure to transfer patients, need to have a dedicated transfer system to manage this and take pressure off/support WAST

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

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

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

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

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

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

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

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

Yours faithfully,

FOR AND ON BEHALF OF PROTECT BRONGLAIS SERVICES

Lisa Francis (Chair of PBS)

Bryony Davies (Lead Petitioner PBS)

Agenda Item 3.5

P-06-1546 Welsh Government should fund the Llanbedr relief road!

This petition was submitted by Karl Ciz, having collected a total of 1,271 signatures.

Text of petition:

The Llanbedr relief road was cancelled by Welsh Government, who then promised Llanbedr a replacement. Now that plans are being finalised we call upon Welsh Government to fund the promised replacement road.

The community itself lives in fear, the transport situation for tourists is dire, and the solution we had was swept aside by you. We, the community of Llanbedr, visitors to Llanbedr, and those who travel through, petition you to take responsibility and fund the road.

Additional information:

The community of Llanbedr was promised an “exemplar scheme” by the Welsh Government after it cancelled the funded solution which was about to start. It promised to work with our County to deliver a much better road, a “low speed relief road” was promised. But now that the plans are almost ready the Government seems to want to divest its responsibility and pass the funding responsibility to another body, and for our community to “apply” for funding. We feel that it is your responsibility to fund the road. Pushing our community out to a lottery situation now isn’t fair or just.

- Dwyfor Meirionnydd
- Mid and West Wales

Agenda Item 3.6

P-06-1549 Urgent Support for Hirwaun, Wales, Homeowners Affected by Reinforced Autoclaved Aerated Concrete (RAAC)

This petition was submitted by Wilson Chowdhry, having collected a total of 273 signatures.

Text of petition:

In February 2024, RAAC was discovered in 77 homes on Hirwaun's Gower Estate, 14 of which are privately owned through the Right to Buy scheme. Residents now face average costs of £23,000 for a temporary fix, while contending with invalid insurance policies and unfair mortgage terms. RAAC is unstable and deteriorates rapidly, posing serious safety risks—yet neither Trivallis nor Rhondda Cynon Taf Council have offered realistic support. We urge the Welsh Government to intervene, providing financial assistance and long-term solutions for affected homeowners.

Additional information:

Hirwaun residents come from deprived communities. Many have become mortgage prisoners—trapped with lenders unwilling to refinance, while alternative providers refuse applications. “These homeowners are financially exposed, paying for home insurance that excludes RAAC-related issues, all while living under the threat of roof collapse. These properties were cheaply built by the local council, sold to Trivallis, and then passed to unsuspecting residents through the flawed Right to Buy scheme—without any disclosure of the structural risks posed by RAAC.

The Welsh Government must establish a national remediation fund—using devolved powers or by pressing the UK Government for support—and initiate a public inquiry into historic failings. Warnings were ignored: over 400 RAAC-related demolitions took place in Basildon in the 1990s, and 86 homes were condemned in West Lothian in 2004.

The Welsh Government must act now—by redefining building regulations and housing standards to mandate 50-year guarantees on defective materials, and by creating a Welsh high-risk property register to prevent future scandals.

Senedd Constituency and Region

- Pontypridd
- South Wales Central

Jayne Bryant AS/MS
Ysgrifennydd y Cabinet dros Lywodraeth Leol a Thai
Cabinet Secretary for Housing and Local Government



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-06-1549
Ein cyf/Our ref JB/00005/26

Carolyn Thomas MS
Chair - Petitions committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

5 February 2026

Dear Carolyn,

Thank you for your letter regarding Petition P-06-1549 - Urgent Support for Hirwaun, Wales, Homeowners Affected by Reinforced Autoclaved Aerated Concrete (RAAC) submitted by Wilson Chowdhry.

Mr Chowdhry has been in touch with me directly with a request to raise this issue with the UK Government. I am happy to do so and have written to UK Housing Minister, Samantha Dixon MP, to seek support for residents in Wales impacted by RAAC.

The Hirwaun estate is the only one in Wales which the Welsh Government is aware of being impacted by RAAC.

Yours sincerely,

Jayne Bryant AS/MS
Ysgrifennydd y Cabinet dros Lywodraeth Leol a Thai
Cabinet Secretary for Housing and Local Government

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Jayne.Bryant@llyw.cymru
Correspondence.Jayne.Bryant@gov.Wales

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

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

Agenda Item 4.1

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



Llywodraeth Cymru
Welsh Government

Carolyn Thomas MS
Chair
Petitions Committee

petitions@senedd.wales

16 February 2026

Dear Carolyn,

As you will be aware, the Cabinet Secretary for Health and Social Care issued a Ministerial Direction to the NHS Business Services Authority (NHS BSA) to deliver a baby loss certificate service for Welsh citizens. I am writing to provide you with an update on this work.

User research is currently underway, and we are supporting NHS BSA to increase participation from Welsh citizens through promotion on social media channels. The response to date has been positive, and the first phase of user research is scheduled to conclude on 13 February. A bilingual user journey has also been developed for testing as part of this process.

We are continuing to work through the technical requirements associated with aligning the Welsh and English systems. This is a requirement of the Government Digital Standards and essential to ensure applicants can be appropriately validated, enabling both parents to have the option to be named on the certificate.

A discovery report outlining the implementation costs and proposed timeline will be prepared for consideration by the Welsh Government the week commencing 2 March.

Yours sincerely,

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

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

Bae Caerdydd • Cardiff Bay
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Gohebiaeth.Sarah.Murphy@llyw.cymru
Correspondence.Sarah.Murphy@gov.wales

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

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.

Eich cyf/Your ref P-06-1456
Ein cyf/Our ref JMHSC/00229/26

Carolyn Thomas MS
Chair
Petitions Committee

petitions@senedd.wales

19 February 2026

Dear Carolyn,

Thank you for your letter of 27 January about Petition P-06-P-06-1456 regarding plans to consolidate delivery of Emergency Medical Retrieval and Transfer Services (EMRTS) Cymru services from a new base in North Wales.

The NHS Wales Joint Commissioning Committee (JCC) has responsibility for decisions about the commissioning of EMRTS Cymru.

In response to your question about timelines, at the most recent meeting of the JCC on 27 January, committee members reviewed progress and agreed the next steps. The Welsh Ambulance Services NHS Trust is carrying out a detailed review of how ambulance services operate in rural areas, which will help shape updated proposals including:

- How the ambulance service can continue to meet the needs of rural populations; and
- How service models need to be aligned with the updated Welsh Government National Emergency Ambulance Services Performance Framework, which prioritises patient outcomes and clinical needs instead of just focusing on response times.

This work will be central to developing a refreshed proposal for recommendation four.

In terms of a timeline for development of proposals for a bespoke road-based service, the JCC has been clear this will be considered alongside the development of its Integrated Medium-Term Plan (IMTP) for 2026–29. It would be inappropriate for me to comment on any proposals before they are considered by the JCC.

In terms of the consolidation of services delivered from a new base, the Wales Air Ambulance charity, which is responsible for aircraft, pilots, and base facilities, is developing transition plans linked to the future of its current bases at Caernarfon and Welshpool. To

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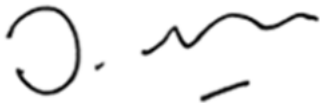
Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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

maintain continuity of service, options such as temporary lease extensions for the existing bases are being explored.

While final timelines cannot yet be confirmed due to ongoing commercial discussions, the JCC expects to receive further information from the charity this month, after which public updates will be provided.

Yours sincerely,

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

Jeremy Miles AS/MS

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

Agenda Item 4.3

P-06-1531 Mandate Comprehensive and Specific Food Labelling to Support Dietary Needs and Allergies - Correspondence from Professor Adam Fox, 19 February 2026

Thank you for your letter of 27 January 2026 drawing attention to Petition P-06-1531, which raises an important, practical issue for some families of people with allergy: the difficulty of identifying the specific source of ingredients described using generic terms such as “starch”, including where a child has a specific allergy such as to potato. While the petition has been closed, the underlying concern is strongly aligned with the National Allergy Strategy (NAS)’s focus on improving how food businesses communicate potential allergens, so that people living with food allergy can make safe choices with confidence. In particular, the NAS recognises that clear, consistent and trustworthy allergen information—kept up to date when ingredients change—is a public health protection that reduces preventable harm and avoids placing unrealistic responsibility on families to “guess” risk from ambiguous labelling.

In response, I would highlight the following elements of the NAS that are directly relevant to food labelling and to the concerns raised by the petitioner. First, we call for strengthened requirements and collaboration with the Food Standards Agency to support clear and consistent declaration of allergens and of potential allergen presence, including improved use of Precautionary Allergen Labelling (PAL) so consumers have greater clarity and trust, and the development of a stronger evidence-based framework (including work on allergen thresholds/reference doses) to make precautionary statements more meaningful. Second, the Strategy emphasises the need to keep allergen declaration up to date, using validated approaches and ensuring changes to ingredients are clearly communicated—because for allergic consumers, “ingredient drift” can create real risk even when packaging looks familiar. Third, the Strategy supports “Owen’s Law” principles so that, beyond packaged food, allergen information is consistently available in writing at the point of ordering across food service settings, rather than relying on verbal exchanges or customers having to ask—an approach that also strengthens consistency for ingredients described generically.

Practical implications that follow from these commitments include: (1) exploring whether generic descriptors such as “starch” can be made more informative and consistent for allergic consumers (for example, declaring the botanical source where it is materially relevant to safety); (2) improving national consistency and enforcement so that allergen information is reliable across sectors, including SMEs; (3) ensuring that where precautionary statements are used, they are underpinned by clearer rules so they convey actionable information rather than broad uncertainty; and (4) supporting consumer confidence through better systems for communicating ingredient changes and learning from incidents (including clearer pathways for investigation and reporting of allergen-related events). I hope these comments are helpful to the Committee in noting how the petition’s concerns align with the National Allergy Strategy food-safety and labelling priorities, and I would welcome continued cross-sector collaboration with the relevant agencies to progress these improvements.

With kind regards,

Adam Fox