

Reference:	FOI.18513.25
Subject:	Intensive Care Unit (ICU) in Bronglais General Hospital (BGH)
Date of Request:	6 October 2025

Requested:

1. I am asking Hywel Dda Health Board under the Freedom of Information Act what the policy is for the Intensive Care Unit at Bronglais General Hospital for bed number variations.
 - a. If there is a variation in bed capacity in the unit, I would like to know the range.
 - b. Also the equipment list for and ICU bed space.
2. In addition, I was curious about what the acceptable amount of major trauma would be cared for on-site and not be transferred to Cardiff - examples would be appreciated.
3. Finally, I am also curious if the hospital has the ability to deal with the following conditions: myocardial ischemia/infarction with percutaneous coronary intervention, stroke and abdominal aortic dissection.
4. In addition to my previous email, I would like to be supplied with either the full hospital floor plan with bed spaces at Bronglais or the ICU floor plan or layout diagram/map/plan.

Response:

Hywel Dda University Health Board (UHB) has applied an exemption under Section 31(1)(a)(g) subsection (2)(i)(j) of the Freedom of Information Act 2000 (FoIA) which provides that:

“(1) Information which is not exempt by virtue of Section 30 is exempt if its disclosure would, or would be likely to, prejudice –

(a) the prevention or detection of crime and

(g) the exercise by any public authority of its functions for any of the purposes specified in subsection (2):

(2)(i) the purpose of securing the health, safety and welfare of persons at work, and

(j) the purpose of protecting persons other than persons at work against risk to health or safety arising out of or in connection with actions of persons at work.”

The UHB is relying upon this exemption, as it has deemed that the floor plan for BGH requested for question 4, is exempt from disclosure as it would be likely to prejudice the prevention or detection of crime and would impact on the UHB’s ability to maintain safety standards making the UHB’s facilities vulnerable to crime.

Section 31 of FoIA is a qualified exemption requiring public authorities to apply the public interest test set out in Section 2(2)(b). The information can only be withheld if the public interest in maintaining the exemption outweighs the public interest in disclosure.

The UHB has therefore considered the following:

In favour of disclosure: There is a legitimate public interest in transparency and accountability of the ways in which public bodies operate and manage their services and operational functions. This includes enhancing the public’s understanding of the UHB’s plans and challenges, thus building trust between the public and the UHB.

Against disclosure: Disclosure of the floor plan requested would be likely to cause substantial harm to the UHB's ability to effectively manage and mitigate risks. By releasing the information, the UHB would be vulnerable to this being used for crime, which could potentially compromise the security of both UHB property and its staff. There is a clear public interest in protecting the UHB and its staff from the impact of crime.

Decision: The UHB considers that the public interest in withholding the information is greater than the interest in disclosing it. It believes that there is wider established public interest in the Board's ability to protect its staff and service users from criminal behaviour and maintain their security whilst at work or under the care of the UHB.

Therefore, the UHB is withholding the floor plan for BGH. Disclosing the detailed floorplan could provide individuals with the information needed to cause significant harm, thus making the UHB vulnerable to potential criminal activity, which could compromise the security of both patients and staff. There is a clear public interest in protecting society and the UHB from the impact of crime.

However, whilst operating in accordance with the Section 45 Freedom of Information Code of Practice, the UHB has a duty to provide advice and assistance and provides the accessible information it holds below.

1. The UHB does not hold a policy specifically relating to bed number variations in the ICU, BGH.
 - a. The ICU in BGH has five (5) bed spaces which are funded and staffed for three (3) Level 3 patients with a nurse patient ratio of 1:1. However, BGH can accommodate five (5) patients with a mix of Level 3 (nurse patient ratio 1:1) and Level 2 (nurse patient ratio 2:1) care. Use of the beds is based on patient need, and the service will flex the beds as required. For example:
 - 2 x level 3 and 2 x level 2 – 4 bed spaces or,
 - 1 x level 3 and 4 x level 2 – 5 bed spaces.

The ability to admit is based upon the number of nurses, the level of care required by the existing patients and the level of care required by the referred patient.

The Intensive Care Society (ICS) with the Faculty of Intensive Care Medicine (FICM) describes the patient Levels as:

Level 0	Patients whose needs can be met through normal ward care in an acute hospital.
Level 1	Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from the Critical Care team.
Enhanced Care	An intermediate level of care where a higher level of observation, monitoring and interventions can be provided than on a general ward but not requiring high dependency care/organ support.* Enhanced advice and support from the Critical Care team can be accessed.
Level 2	Patients requiring more detailed observation or intervention including support for a failing organ system or postoperative care, and those stepping down from higher levels of care.
Level 3	Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least 2 organs systems. This level includes all complex patients requiring support for multi organ failure.

b. The UHB provides below, a list of the equipment available for each bed in the ICU in BGH.

- One (1) Bed
- One (1) Alternating Mattress
- One (1) Draeger V500 Ventilator
- One (1) HME Booster Humidifier
- One (1) High Suction Controller
- One (1) Thoracic Suction Controller
- One (1) Thermometer
- One (1) Feed Pump
- One (1) Philips MX800 Monitor
- One (1) Philips 8-Way Module Rack
- One (1) Philips CO2 Module
- One (1) Philips IBP Module
- One (1) Philips X3 Monitor
- One (1) Braun Docking Station consisting of two Racks and one Cover
- Two (2) Double Oxygen Flowmeters
- Four (4) Braun Infusion Pumps
- Four (4) Braun Syringe Drivers

2. The UHB does not hold the requested information as the 'acceptable amount of major trauma' is not recorded. Major trauma patients receiving inpatient care at BGH, whether acutely or following repatriation, are fully supported by the UHB's Major Trauma Service.

The UHB is part of the South Wales Trauma Network, which was established to improve care for patients with serious injuries. The network aims to ensure patients are taken directly to the most appropriate hospital and to improve patient outcomes by saving lives and preventing disability. A link to the South Wales Trauma Network website has been provided below:

[Home - South Wales Trauma Network](#)

Additionally, the UHB provides copies of its policies that relate to the management of major trauma patients, as detailed below:

Attachment 1 - Policy 899 – Major Trauma Policy

Attachment 2 - Policy 900 – Rural Trauma Facility (RTF) and Prehospital Procedure (Major Trauma)

3. The UHB confirms that BGH does manage stroke patients.

The Cardiac service in BGH does not have the facility to deal with Myocardial Ischaemia/Infarction with Percutaneous Coronary Intervention (PCI). However, it does have the ability to identify patients who would benefit from PCI and discuss such cases with Morriston General Hospital (MGH) in Swansea Bay University Health Board (SBUHB) and the Welsh Ambulance Services University NHs Trust (WAST). It is normal practice for WAST not to take patients they have attended whose Electrocardiogram (ECG) shows S-T segment (ST) elevation to BGH.

Abdominal Aortic Dissection surgery is not performed in the UHB, patients would be referred to SBUHB.

However, a Dissecting Thoracic Aortic Aneurysm could be diagnosed at BGH. If it were localised to the descending thoracic aorta and a shared decision with Cardiothoracic Surgeons in MGH, SBUHB was that medical management (including blood pressure control) was best, then this could be managed at BGH. If it included the ascending thoracic aorta and so (generally) needed an urgent operation, then this could not be managed at BGH and transfer to MGH would be required.

4. An exemption under Section 31 has been applied. However, under Section 45 of the FoIA, the UHB provides a copy of the floor for the ICU in BGH, at Attachment 3.
Please note: some of the areas included within Attachment 3 have been redacted as they do not fit the request.