Reference:	FOI.20845.26
Subject:	Maternity and Acute services
Date of Request:	26 June 2026

Requested:

1. What evidence does the Health Board possess that the removal of maternity and other acute services from Withybush Hospital has resulted in safer care for the population of Pembrokeshire?

2. In particular, I seek clarification as to whether the Health Board holds any evidence, reviews, audits or evaluations examining:
   a. Maternal and neonatal outcomes following the transfer of maternity services from Withybush.

   b. The impact of increased travel times on emergency presentations and patient outcomes.

   c. Ambulance transfer times and delays associated with service centralisation.

   d. The effect of service removal on recruitment and retention within Pembrokeshire.

   e. Patient experience and access difficulties resulting from the loss of local services.

   f. Whether any increase in adverse incidents, near misses or patient safety concerns has been identified since services were transferred.

Clarification

The timeframe we are looking at is from June 2014 to date.

Response:

Hywel Dda University Health Board has used your previous Freedom of Information request to interpret 'Acute services' as those that form part of the Clinical Services Plan (CSP) and will therefore provide a response based on Maternity and Neonatal Services and the current CSP.

The UHB is unable to provide you with all of the information requested for Maternity and Neonatal Services, as it is estimated that the cost of answering your request would exceed the "appropriate limit" as stated in the Freedom of Information Act 2000 (Appropriate Limit and Fees) Regulations 2004. The "appropriate limit" represents the estimated cost of one person spending 18 hours (or 2 ½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

The UHB is unable to provide you with the information for questions 2a – e for Maternity and Neonatal Services due to the wide scope of questions and broad time period requested. The UHB would be required to undertake a manual trawl of all records, from 2014 to the date of your request, to identify any information that would fulfil your request.

The UHB is therefore applying an exemption under Section 12 of the FoIA, which provides an exemption from a public authority's obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

However, under Section 16 of the FoIA, we are required as a public authority, to provide advice and assistance so far as it is reasonable to individuals who have made a request under the FoIA, this can include assisting a requestor to further refine their request.

The UHB suggests that you may refine your request by listing specific Acute services and by reducing the timeframe to a one (1) to two (2) year period e.g. 2014 to 2016 for each service required. However, the UHB would still be required to request this information from multiple sources and for records to be manually trawled, to identify the information required to fulfil your request.

Therefore, even with a shorter time period, the outcome would be dependent on the number of sources that would need to be contacted, whether any individuals have since left the UHB meaning information is harder to access, and the time it would take to identify and collate any relevant information.

Additionally, all decision-making pertaining to service changes is progressed through Public Board for final approval. Board papers are available to review from 2022 and can be accessed using the link below:

Your health board - Hywel Dda University Health Board

Furthermore, the UHB has applied an exemption under Section 21 of the FoIA to parts of questions 2a - e as the information is accessible by another means. Some of the information requested around Maternal and Neonatal Services, along with information on the Acute services which form part of the CSP are either within the public domain or have been provided to you previously in response to FOI.20287.

- The UHB undertook a deep dive into the Acute services which form part of the CSP. The deep dive evaluation papers were presented to the Quality, Safety and Experience Committee (QSEC) on 15 September 2025 and are available on the UHB's website via the link below:

  Extraordinary QSEC 15 September 2025 - Hywel Dda University Health Board

- The UHB prepared Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis documents which details each option, along with a score rating for each. This document formed part of the Extraordinary Board Meeting papers on the 18 and 19 February 2026 and is available on the UHB's website via the link below:

  hduhb.nhs.wales/about-us/your-health-board/board-meetings-2026/extraordinary-board-agenda-and-papers-18-and-19-february-2026/extraordinary-board-agenda-and-papers-18-february-2026/4-phase-3-swot-analysis-pdf/

  A further SWOT analysis can be found here:
  hduhb.nhs.wales/about-us/governance-arrangements/board-committees/strategic-development-and-operational-delivery-committee-sdodc/sdodc-31-october-2024/2-1-targeted-intervention-annual-plan-update-including-po-update-report/#page=74

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 therefore provides the accessible information it holds below.

1. The UHB does not hold all of the information requested in relation to the removal of Acute services from Withybush General Hospital (WGH), as the service changes detailed in the CSP have not yet been implemented. However, reviews, audits and appraisal processes were undertaken as part of the options development work, with details based on proposed service changes and modelling. This documentation was progressed through a robust review process, with the final options scrutinised and discussed at the Extraordinary Public Board meeting which took place on 18 and 19 February 2026.

   A link to the Extraordinary Public Board Meeting can be found using the link below:

   Extraordinary Board agenda and papers 18 and 19 February 2026 - Hywel Dda University Health Board

   Outcomes are subject to ongoing scrutiny through established incident reporting processes and routine quality, safety and governance arrangements, which support the continuous monitoring and improvement of Maternity services.

   The mortality data published by Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE) from 2014 onwards demonstrates a clear and sustained improvement in outcomes from babies born to women receiving Maternity care across the UHB. While annual rates fluctuate due to the relatively small number of events, the overall trend shows a reduction in extended perinatal mortality, stillbirth and neonatal mortality rates when compared with earlier years of the reporting period.

   The data published by MBRRACE reflects outcomes for the entire UHB population of Pembrokeshire, Carmarthenshire and Ceredigion, and therefore provides a comprehensive picture of Maternity and Neonatal outcomes across the UHB. Although variation is seen from year to year, particularly in a rural population with comparatively low birth numbers, the direction of travel over the last decade is positive.

   Since the higher mortality rates observed during some years between 2014 and 2019, there has been a marked reduction in mortality indicators, with recent years demonstrating rates that are lower and more closely aligned with, or below, comparable Health Board averages. Neonatal mortality has remained consistently low throughout the period, while stillbirth and extended perinatal mortality rates have shown the most notable improvement in recent years.

   Overall, the data provides reassurance that outcomes from babies born to women across the UHB, including those from Pembrokeshire, have improved over time, reflecting the ongoing focus on quality improvement, safety initiatives, and the delivery of evidence-based Maternity and Neonatal care across the UHB.

   A link to the MBRRACE mortality data page can be found below:

   Saving Lives, Improving Mothers' Care 2014 - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-12 | MBRRACE-UK | NPEU

2a. The UHB holds routine Maternity and Neonatal outcome data through its Maternity Service Metrics reporting. This includes information on births, mode of delivery, home birth rates,

maternal complications, postnatal readmissions, transfers to intensive care, stillbirths, neonatal deaths, Apgar scores, birthweight centiles and infant feeding outcomes; this information is collected across the Maternity service.

To aid our response to your request, the UHB has undertaken a review of the maternity data held on its dashboard. The dashboard was embedded in April 2023 and so a review period of 1 April 2023 to 30 April 2026 was utilised, which returned two hundred and nineteen (219) births recorded for WGH, with no maternal deaths during Maternity admissions recorded . The report also includes monitoring of neonatal deaths and stillbirths, with zero (0) stillbirths or neonatal deaths reported.

The UHB holds routine maternity and neonatal outcome data, which is reviewed through its established governance arrangements. However, no specific review, audit, evaluation or impact assessment has been identified that formally examines Maternity and Neonatal outcomes arising from the transfer of maternity services from WGH.

Additionally, a Section 21 exemption has been applied as reports documenting the quarterly and annual review of the Maternity and Neonatal Service change have previously been supplied to you.

2b. A section 21 exemption has been applied to this part of your request, the UHB undertook modelling as part of its options development process, details of the anticipated impact of the service change are included in the published CSP documentation, which is accessible within the link previously provided to you.

2c. A section 21 exemption has been applied to this part of your request. You will be aware from our response to FOI.20287 that Welsh Ambulance Services NHS University Trust (WAST) were involved within the options development process and contributed to the SWOT analysis. Details on their feedback are included within the links provided above.

2d. Further to the Section 21 exemption and the information available within Extraordinary Board Meeting papers, the UHB can confirm that in relation to the effect of service removal within Pembrokeshire. The most recent turnover data for the period 1 June 2025 to 31 May 2026 indicates that Pembrokeshire recorded a turnover rate of 6.18%. This compares with 7.62% in Ceredigion and 4.96% in Carmarthenshire.

2e. Further to the Section 21 exemption, the UHB can confirm that it held a Consultation period which invited the public, stakeholders, patient, partners and service users to respond to our CSP questionnaire and provide their feedback on the proposed service changes. To ensure the process remained impartial, the responses were collected by an independent provider, Opinion Research Services (ORS), who hosted and managed the feedback. Within the Consultation Report is an independent summary of what consultees told us, this information was also presented at the Extraordinary Board meeting held on 18 and 19 February 2026 and is available on the UHB's website. A link to the report can be found overleaf:

hduhb.nhs.wales/about-us/your-health-board/board-meetings-2026/extraordinary-board-agenda-and-papers-18-and-19-february-2026/extraordinary-board-agenda-and-papers-18-february-2026/hdduhb-clinical-services-plan-consultation-report/

2f. This information is not held for the Acute services included in the CSP, as these changes have not yet been implemented.

However, the UHB provides within the table below, the number of complaints, incidents, claims and redress cases captured on its Datix system for Maternity Services within Secondary Care for Bronglais General Hospital (BGH), Glangwili General Hospital (GGH) and WGH, during the period 1 April 2014 to 29 June 2026.

Year	Complaints	Incidents	Claims	Redress
1 April 2014	*	251	*	*
2015	7	181	16	0
2016	0	88	*	0
2017	*	39	*	0
2018	*	25	6	0
2019	6	25	*	0
2020	*	20	*	0
2021	*	29	*	*
2022	*	27	*	0
2023	*	30	6	*
2024	*	31	*	*
2025	*	86	5	*
29 June 2026	0	67	*	0

Where the figures in the table have been replaced with an asterisk (*), the UHB is unable to provide you with the exact number of patients due to the low number of cases (less than 5), as there is a potential risk of identifying individuals if this was disclosed. The UHB is therefore withholding this detail under Section 40(2) of the FoIA. This information is protected by the Data Protection Act 2018 (DPA)/UK General Data Protection Regulations (UK GDPR), as its disclosure would constitute unfair and unlawful processing and would be contrary to the principles and articles of the UK GDPR. This exemption is absolute and therefore, there is no requirement to apply the public interest test.

In reaching this decision, the DPA and UK GDPR define personal data as data that relates to a living individual who can be identified solely from that data or from that data and other information, which is in the possession of the data controller.