

LLAIS

Eich llais chi mewn
iechyd a gofal

Your voice in health
and social care



GETTING URGENT AND EMERGENCY HEALTHCARE IN WELSH HOSPITALS

FEBRUARY 2025

Emergency

About Llais

We believe in a healthier Wales where people get the health and social care services they need in a way that works best for them. We are here to understand your views and experiences of health and social care, and to make sure your feedback is used by decision-makers to shape your services.

We seek out both good and bad stories so we understand what works well and how services may need to get better. And we look to particularly talk to those whose voices are not often heard.

We also talk to people about their views and experiences by holding events in your local communities or visiting you wherever you're receiving your health or social care service.

We also work with community and interested groups and in line with national initiatives to gather people's views.

And when things go wrong we support you to make complaints.

There are 7 Llais Regions in Wales. Each one represents the "patient and public" voice in different parts of Wales.

Accessible formats

This publication is also available in Welsh. If you would like this publication in an alternative format and/or language, please contact us.

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Getting urgent and emergency healthcare in Welsh hospitals

Over the past year Llais has been hearing a lot about the challenges facing people needing emergency healthcare in Wales.

Starting in late September 2024, over the course of 5 weeks, Llais' teams across Wales visited the Emergency Departments, Minor Injury Units and Medical Assessment Units in their local areas. We undertook 42 visits.

We also ran an online survey and held focus groups to capture people's experiences. During this 5-week period we heard directly from over 700 people about their experience of emergency healthcare.

We know that 'winter pressures' make it harder to deliver emergency care. What we saw and heard in the run up to winter clearly showed just how the big problems with the way emergency healthcare works with other health and care services is affecting the quality of the healthcare people receive – in almost every way that matters to people.

This is simply unacceptable. It must not be allowed to be seen as our "new normal".

While many people were grateful for the dedication and hard work of healthcare staff, challenges like understaffing, long, uncomfortable undignified waits, and poor communication too often overshadowed positive experiences.

Although not everyone's experience we heard about was a poor one, it is clear that emergency care in Wales is failing to meet people's needs, and the expectations we all have for our NHS.

People's experience of emergency healthcare falls far short of the commitments set out in A Healthier Wales, the 'Six goals for urgent and emergency care' and the legal duties the NHS and Welsh Government have to "continually improve the quality of the services they provide".

Since we carried out our visits, 'business critical incidents' have been declared by the Welsh Ambulance Service NHS Trust¹ and Aneurin Bevan University Health Board² about emergency care.

Other Health Boards, including Swansea Bay University Health Board³ and Cwm Taf Morgannwg University Health Board⁴, released statements highlighting the extra pressures they were facing in their emergency departments. Hywel Dda University Health Board opened a pop-up minor injuries unit to try and cope with demand⁵.

Earlier this month the Royal College of Nursing released its report On the frontline of the UK's corridor care crisis⁶. This report included shocking accounts of undignified and unsafe practices.

We set out below the key things we heard from people about their experiences of urgent and emergency care in hospitals across Wales.

These voices demand urgent action by decision makers locally and nationally to make things better for everyone.



1. [Welsh Ambulance Service declares Critical Incident - Welsh Ambulance Services University NHS Trust](#)

2. [NHS Pressures: Critical Incident Declared - Updated 15/01/2025 - Aneurin Bevan University Health Board](#)

3. [Exceptional pressure on Morriston Hospital - Swansea Bay University Health Board](#)

4. [Health Board asks public to help it manage exceptionally high demand - Cwm Taf Morgannwg University Health Board](#)

5. [Health board opens pop-up weekend minor injuries unit to deal with overloaded hospital A&E - Wales Online](#)

6. <https://www.rcn.org.uk/Professional-Development/publications/>

What we learned – All Wales

Many cases described people being unable to see a GP, leading them to call 111, who then directed them to emergency services.

Getting to hospital

People's experiences of getting to the hospital were quite varied. We heard a mix of good and bad things about transportation, parking, and checking-in.

Often people had to wait a long time – up to 12 hours – for an ambulance to come and help them.

“Adverts tell us to act urgently with stroke patients which we did but took so long for ambulance to arrive even though we explained symptoms. Our mother died 1 week later.”

Morrison Hospital Acute Medical Unit

“I got a lift here. I phoned for an ambulance but was told I'd be waiting over 12 hours.”

University Hospital for Wales A&E

“I drove because the ambulance eta was 7/8 hours, but I had severe chest pain and couldn't wait that long.”

Morrison Hospital Emergency Dept

Most people had to ask someone they knew to drive them, or some risked driving themselves, despite being unwell.

People who didn't have access to a car had to use public transport or pay for a taxi, which took longer and made them feel more stressed.

“Horrific. The first time I phoned 111 they took me to Glangwili which was 45minutes away with no spinal or T (trauma) and O (orthopaedics) doctors there, despite me saying I have a complicated spinal history and need to go to Swansea and that's where my residential address is, plus it's only 15 mins drive. Unable to walk, I had to get a taxi back at 3.30am at the cost of £130. The taxi driver recounted numerous stories of elderly and clearly disabled people being made to get taxis home, one even to Haverfordwest at over £250. I am shocked to my core.”

Morrison Hospital Emergency Department



Some had to travel for an hour or more, and some chose certain hospitals over others because they were worried about the reputation of some places, even if it required longer travel.

“Came to PCH because of negative reputations of Grange hospital which would have been nearer.”

Prince Charles Hospital A&E



Parking problems

Car parks were often full, so it was hard to find a spot. This was especially tough for older or disabled people if there weren't accessible spaces close to the hospital.

“No car parking spaces, had to park significant way away from the hospital and leave patient alone so I could get a wheelchair for patient I was with. No wheelchairs available, had to wait while security guard was sent to find one.”

The Grange University Hospital A&E



“Parking - especially for those in wheelchairs - used to be right by the main entrance at UHW, that has now been taken away, so if there are no spaces in the 2 story car park opposite A&E, then it means a trek from the other multi story car park, which is not easy whilst pushing a wheelchair. It all makes for a very stressful situation for patients and their carers/families to deal with on top of the worry of someone you love, being very unwell.”

University Hospital of Wales A&E





Some parking spaces were far from the hospital doors, and signage wasn't always available or clear, which made it harder for people who weren't feeling well.

"Parking was difficult at it was a busy period of the day, finding the hospital was of no issue, but no clear signage for the minor injuries department."

Cwm Cynon Hospital Minor Injuries Unit

"Came by car ... arrived at 14:45. Now 17:14. Waiting time on Display stated 3 1/2 hours. Parking is awful. Have had to park in public car park. Hope I don't get a Ticket."

Withybush General Hospital A&E

Short stay parking limits didn't give enough time for people who had to wait to be seen at the hospital.



Checking in

Some people liked using self-check-in screens because they were quick. Others found them hard to use, especially if they were sick or in pain.

The way to check-in wasn't always clear, which made people feel more worried.



“The iPads were absolute chaos to use. The questions they ask are ridiculous and intrusive. You don't get asked all those at the desk. You can't even choose to skip them, it won't let you go any further unless you've answered them. Last thing you want to do is battle with something like that when you're ill.”

University Hospital of Wales A&E

“A warm welcome by the reception made my day.”

Ysbyty Gwynedd A&E

“Reception members of staff were lovely, pleasant and polite. Waiting area was clean and tidy seating was spacious and comfortable for the duration of my waiting period.”

Neath Port Talbot Minor Injuries Unit

Friendly staff made a big difference. When the staff were kind and helpful, it made people feel less stressed and more cared for.



Waiting to be seen

Quick triage

A lot of people were checked out by a nurse or doctor soon after they arrived, sometimes in just a few minutes. If someone was really sick, they got help faster, which people really appreciated.

“Some people came in with obviously extremely urgent problems that had made their own way in and were seen as priority which was very comforting.”

University Hospital of Wales A&E



People value being able to be seen locally in smaller hospitals for things that don't need to be dealt with by bigger emergency departments.

“Being seen in MIU Llandrindod has saved a trip to Hereford which has long, long waiting times. Seen here in about 30 minutes without making a pre-appointment. Used facilities here several times over the years and all brilliant.”

**Llandrindod Wells County War Memorial Hospital
Minot Injuries Unit**

Kind and caring staff

The doctors and nurses were kind, even though they were really busy. They worked hard to take care of everyone, which made people feel less worried and frustrated.



“Kind and Caring. Easy to talk to.”

Nevill Hall Hospital Minor Injuries Unit



Long waits

Some people had to wait a very long time to be seen – many waited 8–12 hours, some as long as 24 hours.



“Waiting times are terrible, but the staff have been phenomenal and trying their best to get patients into beds.”

Prince Charles Hospital A&E



“I’ve been waiting 12 hours and only had triage and a water sample. Sadly we are expected to wait and haven’t been offered food or drink. Second obs taken after 12 hours. I’m waiting in a corridor, which is paediatric waiting area and it is very uncomfortable”

Royal Glamorgan Hospital A&E



It was really hard for people who were in pain, feeling really sick, or taking care of children or others who needed extra help. Neurodivergent people often found the waiting area overwhelming due to the noise, bright lights and number of people around them.



“My son is autistic and very rarely leaves the house. Had a perianal abscess that had ruptured so struggled to sit or stand. [He has] social anxiety so can't cope with people, noise light etc. We were told I could wait in the car with him and he would be called straight through to triage. When his name was called, and he wasn't there immediately they moved on to next patient and he had to wait standing and in pain.”

Ysbyty Gwynedd A&E

Lots of people said they felt unsafe or like no one was paying attention to them.

People didn't always know how long they'd have to wait or what would happen next. After seeing a healthcare professional at the start, they sometimes felt forgotten and didn't get any updates.

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“I was given false information by a doctor who said I would be seen and given the ok to go home as results were clear - 3 hours later I was informed I was going up to a ward to stay overnight - I considered that I was safer at home and discharged myself.”

University Hospital for Wales A&E

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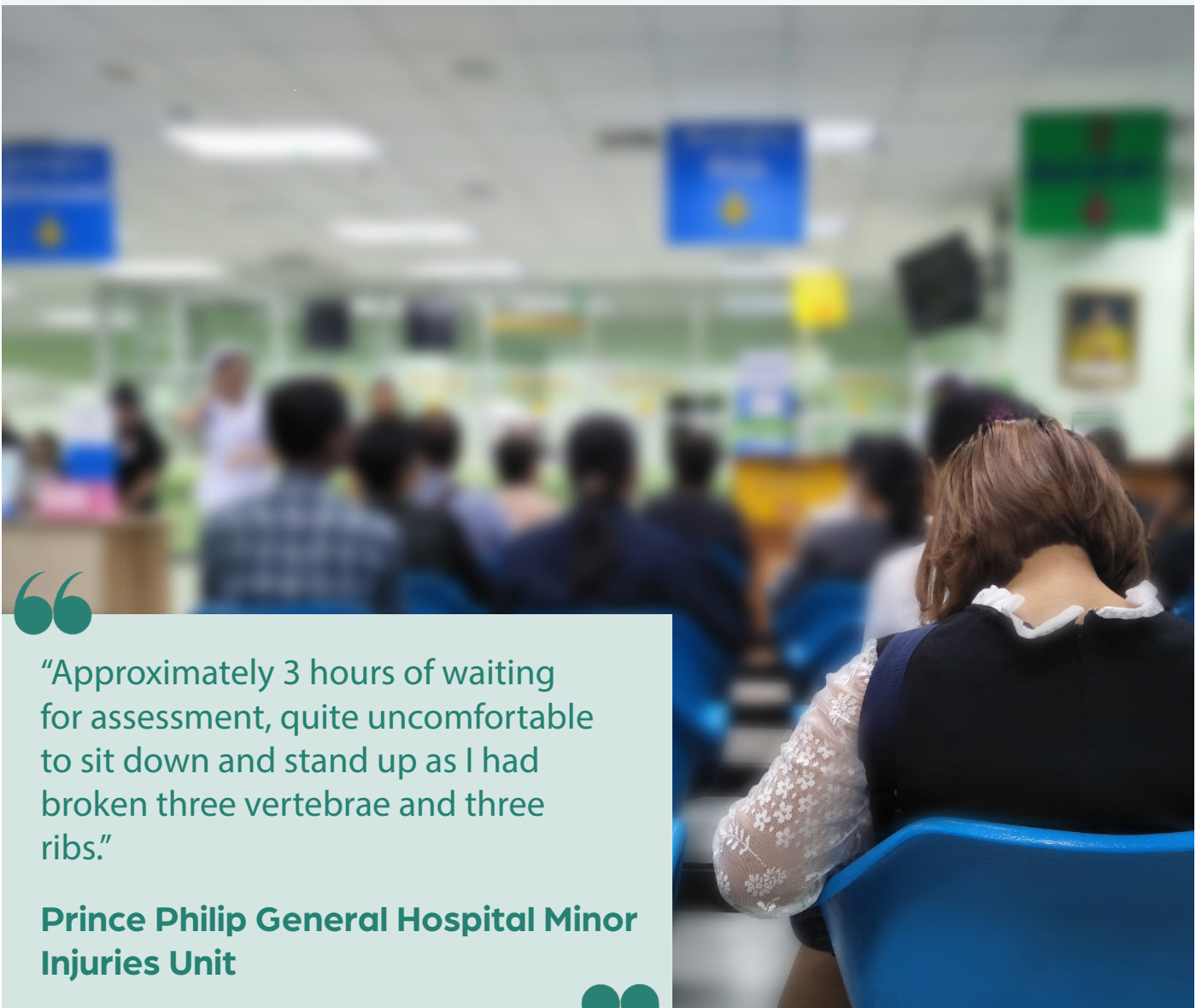
“We are not too sure what is going on. We spoke to a nurse just over an hour ago. We are still waiting. We’ve been given no explanation of what the treatment is to be. Last night we phoned for an update, but wasn’t given one as my husband was still in the ambulance. We think he had an x-ray, but not sure if this is the case, or if he has had anything else.”

Bronglais General Hospital A&E



Crowded and uncomfortable

Waiting rooms were often really full, with not enough chairs. Some people had to stand or sit on the floor. Many people said that chairs were hard and uncomfortable, and there weren’t any places to lie down if someone had to wait a long time.



“Approximately 3 hours of waiting for assessment, quite uncomfortable to sit down and stand up as I had broken three vertebrae and three ribs.”

Prince Philip General Hospital Minor Injuries Unit



“I waited 24 hours on one occasion and 26 hours on another, I am disabled and was in a lot of pain but had to sleep in an uncomfortable chair. On one occasion, I was on an office chair as it wasn’t anticipated that people would be waiting for a bed so, there were no comfortable/recliner chairs.”

The Grange University Hospital A&E



Being near others who were upset or making a lot of noise made the situation even worse for many.



“So upsetting. People in fear, despair, pain. Fellow patients helping fellow patients as there was no one to help. I imagined that if you were in pain, distress, fear...once you made it through those A&E doors, you could throw yourself at the mercy of the hospital. You made it. Not the case. People waiting for triage, holding wounds in tea towels, committing, crying out in pain. Absolutely awful. Felt like a triage in a war zone. I went with severe shortness of breath. I waited approximately 2 hours to see the initial triage nurse. I honestly think that people will die in the waiting room. Absolutely horrific.”

University Hospital of Wales A&E

“Extremely sick people were left in the waiting room and I saw a mother with a teenage son ask for help as he was really ill and in pain and being told he will have to wait it was only when he started projectile vomiting that 4 nurses suddenly appeared and took him into a cubicle. It was clear to everyone this lad needed help as he was screaming!”

University Hospital of Wales A&E



Some waiting areas were nice and clean, with comfy chairs for sitting. Often vending machines were broken, and there wasn't always water or food available.

“At one point after being in A+E for 14 hours I asked the receptionist if I could have a cup of hot water she was so indignant and said we do not give out cups of hot water someone will be out with a tea trolley between 8 and 9 pm. Unfortunately the staff were so busy this did not happen all the while the receptionist just sat there chatting. 3 hours later I asked the receptionist if I could give them my phone and go to the canteen and get some hot food as I was hungry to be told abruptly I could not as I could be called which I understand.”



**The Grange University Hospital
A&E**

“12 hours after having been sent by the GP my husband was finally admitted. During all this time, my husband was not offered anything more than one paracetamol. Every time he was called up, he lost his seat and had to stand in the waiting room, until another chair became available. The coffee machine didn't work, and the snacks machine only offered sugary junk.”

Ysbyty Gwynedd A&E

Having things like clean bathrooms and drinks while waiting made the experience a bit better.

“It's nice here, clean, tidy. It's relaxing.”

**Cardigan Integrated Care
Centre Minor Injuries Unit**

Receiving care and treatment

Quality of care

Lots of people said “thank you” to NHS staff for working so hard, even when things were really tough. The staff often did more than expected to make sure patients felt comfortable and respected, going “above and beyond”.



“All of the staff, from the cleaners to the consultants were amazing. I could see how busy everyone was so I don’t think that I was demanding but if I wanted or needed support or care, they were available. They also cared about my wellbeing and as I was struggling to eat so night staff knew this and every night I would get my milk and biscuits!!”

“The system is broken but the staff are fantastic.”

**Prince Charles
Hospital A&E**

The Grange University Hospital A&E



NHS staff were often described as kind, patient, and caring, even when they were really busy.

“Positive, pleasant, caring, gentle and accommodating”

Ysbyty Aneurin Bevan Minor Injuries Unit



“All staff extremely kind, very busy but despite this all staff were attentive...”

Ysbyty Gwynedd Acute Medical Unit



Little but important things, like listening carefully, giving reassurance, and explaining what was happening, made people feel better.



“Very positive about staff, very helpful and kind. I have felt looked after. Good communication and clear about the process.”

Royal Glamorgan Hospital A&E

We heard from some people that children, neurodivergent people, or those with particular needs were supported well, with staff showed patience, understanding, changing things where needed to help them feel more comfortable or make things easier for them.



“Excellent! My daughter is autistic, and everyone was very patient and understanding.”

The Grange University Hospital A&E



“Explained that my daughter (who I had taken to be seen by medical staff) suffers from anxiety and we were seen by the triage nurse almost straightaway. Did not then have to wait too long to be seen. Overall experience was excellent - seen quickly and felt staff were understanding of my daughter’s needs.”

Llandudno Hospital Minor Injuries Unit



Others didn’t get the support they needed.

“Awful. I’m autistic and particularly noise sensitive. The waiting room was crowded. I’d been on dialysis for four hours and already tired. I waited around 45 minutes to be assessed and then another 3 hours for a blood test. After that I was told it could be another 6 - 9 hour wait. I left - if anything serious happened I’d go back. There is no provision for neurodivergent people at any hospital I’ve been treated. There needs to be a quiet room.”

The Grange University Hospital A&E



“The wait and not knowing hasn’t been ideal, but what’s affected me the most is, a patient came in this morning who is completely deaf. I used to support him in my job. Unfortunately, there was no equipment for the staff to use with him for communication and it didn’t look like they were bothered either. I had to support him with BSL, just so he could get some help. This needs to be urgently looked at.”

University Hospital of Wales Assessment Unit



Communication

When NHS staff explained things clearly, like what was going to happen or what the plan was, people felt less nervous.



“Brilliant, reassuring and was kind to my son who was quite stressed. They did a quick x-ray which ruled out a break, put strapping on his ankle and gave clear advice on what he should and shouldn’t do.”

Cardigan Integrated Care Centre Minor Injuries Unit



People liked being included in decisions and knowing what would happen next.

Some people praised the teamwork among staff, moving from one place or step to the next smoothly, without any problems or confusion e.g., between triage, treatment, and follow-up care.

“They were very helpful, though I could see they were rushed for time, were taking the time to make sure I was heard, things were thoroughly checked and my anxiety alleviated. The last one who spoke to me about my results was extremely comforting and because I was an odd case, even checked with her boss to make sure it was thorough.”

University Hospital of Wales A&E



“I thought they were very thorough, saw lots of teams. They seemed to be communicating well with each other, and I was kept in the picture, always clear what was happening next. I had to tell the same story to lots of people.”

Bronglais General Hospital A&E

However, some raised issues with communication where they had a pre-existing condition or were receiving specialist care elsewhere. They felt they weren’t listened to or that communication with other departments or specialists who had previously treated them wasn’t happening.



Lack of staff and resources

Lots of people felt that there aren't enough doctors, nurses, or beds, with too many people needing help all at once. People felt it wasn't the staff's fault, but it still made things harder for everyone.



“Feels quite traumatic like being treated in [...] a war zone where doctors are having to make do with limited equipment and support available. Drs and nurses are rushed off their feet. Not fair on patients or staff.”

University Hospital of Wales Assessment Unit

Sometimes, doctors and nurses were so busy that they couldn't spend much time with patients, or things were forgotten. A few people felt like their problems weren't taken seriously, especially when they were in pain.

A lot of people said their pain wasn't taken care of quickly enough.

“When in severe pain, struggled to get pain relief.”

Glan Clwyd Hospital A&E

“Numerous times I had to remind nurses they'd forgotten something. Once they're (nurses) called off to do something, they're so busy they forget”

Glangwili General Hospital A&E

“Not acceptable in fact disgusting wasn’t given any pain relief or anything for the horrendous spasms I was having I told them that the symptoms I was experiencing was the same as the last time I had spinal surgery and had a haematoma still didn’t do anything for me except give me water... I was sent home with diazepam for the spasms didn’t even get a spinal doctor to come and see me so I went home in the same state as I got there so who knows what 12 hours sitting on a wooden chair done to me.”

Morrison Hospital Emergency Department



Privacy and dignity

Sometimes, how people were treated depended on who was helping them or what time they were there.

“There is no consistency and seems to be dependent on the individual’s own values and they don’t seem to have any values put into them by the NHS.”

West Wales



There weren’t enough hospital beds, so people had to wait a long time in uncomfortable spaces, and some had to be treated in corridors, which made them feel embarrassed or like they had no privacy.



“The doctors and nurses were kind, knowledgeable and polite but there just wasn’t enough room or an appropriate environment to be seen in and they were under a lot of pressure. Being in a corridor with vomiting and diarrhoea was an horrendous experience.”

The Grange University Hospital A&E

“The storing of patients in corridors has become so routine that the dignity of the patients is not even considered. The system is chaotically inefficient and is in desperate need of a review.”

Glan Clwyd Hospital A&E



Leaving hospital

Some felt they were sent home too soon without enough information or help to get better properly.



“I eventually got home at 2am in the same pain and without any answers I visited my GP the following morning they wanted to send me back [...] but I refused to go. 12 months later I have not been followed up in clinic.”

**The Grange University
Hospital Acute Medical Unit**

Particularly for those being sent home late at night or very early in the morning, finding transport home was a problem for some people.

“1:30am came and Dr came too see me, explained it’s a possible kidney infection and discharged me with antibiotics. This was at 1:40am and I had no way of getting home as I live over 45 minutes away. Had to stay by the table and chairs of Morriston hospital entrance until the morning.”

Morriston Hospital Acute Medical Unit

Others felt they could have gone home sooner if there were more efficient processes in place for checking test results.

“Needs a discharge team as so many could have gone home if they weren’t waiting on a consultant to check results.”

Glangwili General Hospital A&E

Some people we heard from highlighted communication issues between emergency care and their GP, with details not being passed on in a timely way.

“I eventually got home at 2am in the same pain and without any answers... My GP was eventually able to discover that I had a damaged liver as a result of surgery.”

The Grange University Hospital Acute Medical Unit

“It took 20 days for notes to come through to GP.”

West Wales

What needs to happen next?

We know there are lots of things in place setting out what should happen to make everyone’s experience of NHS emergency care a good one – A Healthier Wales, the Six Goals for Urgent and Emergency Care, The Duty of Quality, Care in Emergency Departments: A Quality Statement, and The Well-being of Future Generations Act all call for long-term, integrated, people-centred solutions.

The reality of what we’ve heard and seen over recent months makes it difficult for people to see how any of these commitments and requirements are helping to make things better for those of us who need emergency care now, and in the weeks and months ahead.

Emergency care in Wales isn’t working for far too many people. Urgent action is needed to restore and rebuild confidence in the ability of our NHS to care for us when we need it in an emergency.

People need to know:

- **What is being done to fix it?**
- **When will things start improving?**
- **Who is responsible for making sure this happens?**

We know that things are happening nationally to focus on improving things. For example, the Ministerial Advisory Group on performance and productivity is looking at what can be done to make things better in urgent and emergency care in Wales.

We know that some health boards have trialled new approaches, such as additional walk-in services and minor injury units to ease the pressures on emergency departments. Others have worked to speed up triage or improve transport options.

But the real issue is that these efforts appear to us to be fragmented, do not seem to be part of a single, coordinated programme with clear leadership. Fundamentally, they are not making a difference quickly enough.

Llais is calling on the Welsh Government and NHS Wales to:

Act on what can be changed now, while laying the foundations for long-term transformation.

Focus on joined up action and accountability. People want:

- visible improvements – showing that changes are being made, not just discussed.
- clear timelines – so people know when things will improve and what steps are being taken now.
- co-ordinated action – making sure all parts of the system are working together and delivering results.



Provide clear leadership and accountability

- Use existing partnerships, oversight and escalation mechanisms to drive real improvements.
- Make responsibilities clear for everyone – who is making sure emergency care improves, and what happens when standards are not met.

Reduce waiting times and overcrowding

- Improve coordination across health and social care to prevent system bottlenecks.
- Make sure emergency care spaces are accessible for everyone, focused on meeting people's individual needs.

Prioritise dignity and comfort

- Make sure everyone is cared for and treated in appropriate, dignified spaces.
- Provide and maintain clean, safe, and comfortable environments that respect people's dignity.
- Do the small things that make a big difference to people's experience, like food and drinks and comfortable chairs.



Embed people's voices in change

- Use real-time feedback to drive on-going action and improvement.
- Introduce new measures of performance that focus on the things that matter most to people needing emergency care.
- Make emergency care data on people's experiences and outcomes publicly available so it's easy to see what people are saying and what action is taken in response.

Spread what works

- Share and implement what works well for people across Wales, not just in individual health boards.
- Move forward with a "justify or adopt" approach, so changes that make things better happen faster across Wales.

We believe everyone living and working in Wales has a part to play in helping to make our NHS better. At Llais, we will do everything we can to drive the improvement needed so people get the care and treatment they need where and when they need it, and in the way they need it.



Appendix: Visits made

Hospitals visited

Cardiff & The Vale of Glamorgan Region

University Hospital for Wales Assessment Unit

University Hospital for Wales A&E

Barry Hospital Minor Injuries Unit

Cwm Taf Morgannwg Region

Prince Charles Hospital A&E

Royal Glamorgan Hospital A&E

Cwm Cynon Hospital Minor Injuries Unit

Prince Charles Hospital A&E

Cwm Rhondda Hospital Minor Injuries Unit

Princess of Wales Hospital A&E

Gwent Region

The Grange University Hospital Acute Medical Unit

The Grange University Hospital A&E

Ysbyty Ystrad Fawr Minor Injuries Unit

Nevill Hall Hospital Minor Injuries Unit

Royal Gwent Hospital Minor Injuries Unit

Ysbyty Aneurin Bevan Minor Injuries Unit

North Wales Region

Ysbyty Gwnedd Acute Medical Unit

Glan Clwyd Hospital Acute Medical Unit

Wreccsam Maelor Hospital Acute Medical Unit

Ysbyty Gwynedd A+E

Glan Clwyd Hospital A+E

Wreccsam Maelor Hospital A+E

Penrhos Stanley Hospital Minor Injury Unit

Bryn Beryl Hospital Minor Injury Unit

Ysbyty Alltwen Minor Injury Unit

Tywyn Hospital Minor Injury Unit

Llandudno Hospital Minor Injury Unit

Denbigh Hospital Hospital Minor Injury Unit

Holywell Hospital Minor Injury Unit

Mold Community Hospital Minor Injury Unit

Neath Port Talbot & Swansea Region

Morrison Hospital Emergency Department
Morrison Hospital Acute Medical Unit
Neath Port Talbot Hospital Minor Injuries Unit

Powys Region

Victoria Memorial Hospital Minor Injuries Unit
Ystradgynlais Community Hospital Minor Injuries Unit
Breconshire War Memorial Hospital (Brecon) Minor Injuries Unit
Llandrindod Wells County War Memorial Hospital Minor Injuries Unit

West Wales

Glangwili General Hospital
Withybush General Hospital
Bronllais General Hospital
Prince Philip General Hospital
Cardigan Integrated Care Centre
Llandovery Hospital

Thanks

We thank everyone who took the time to share their insights, views and experiences with us about emergency care.

Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.

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