

Public Digital & Infrastructure Committee Meeting

Tue 27 May 2025, 09:00 - 10:25

Virtual - MS Teams

Agenda

09:00 - 09:05 **1. Standing Items** 5 min

1.1. Welcome & Introductions

David Edwards

1.2. Apologies for Absence

David Edwards

1.3. Declarations of Interest

David Edwards

1.4. Minutes of the Committee meeting held on 11th February 2025

David Edwards

 Draft DHIC Public Minutes 11.02.25.pdf (7 pages)

1.5. Action Log following the committee meeting held on 11 February 2025

David Edwards

1.6. Committees Chairs Actions

David Edwards

09:05 - 09:45 **2. Infrastructure** 40 min

2.1. Capital Programme Plan - 2025/26

Geoff Walsh

 2.1 Capital Plan 2025-26 D&I Committee 27.05.2025 (2).pdf (7 pages)


2.2. Estates Risk Register


Geoff Walsh

 2.2 Estates Risk Register DI Committee 27.05.2025 (2).pdf (8 pages)

2.3. Pentyrch Transport Task & Finish Group - Final Report

Geraldine Johnston

 2.3a Pentyrch Transport - Final Report.pdf (4 pages)

 2.3b Task and Finish Group Report final version 241224 updated 240225 (1).pdf (152 pages)

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09:45 - 10:20
35 min

3. Digital

3.1. Digital Roadmap and Work Programme Update

David Thomas

📄 3.1 Public Digital Infrastructure DT MAY 2025.pdf (13 pages)

3.2. Corporate Digital Risk Register

David Thomas

📄 3.2a - Corporate Digital Risk Register.pdf (2 pages)

📄 3.2b - DHI Combined Risk Register MASTER May '25.pdf (3 pages)

3.3. IG Data Compliance

James Webb

📄 3.3 -IG compliance paper.pdf (7 pages)

3.4. Board Assurance Framework

Matt Phillips

10:20 - 10:20 4. Items for Approval / Ratification

0 min

No items.

10:20 - 10:25 5. Items for Noting & Information

5 min

5.1. Minutes: Digital Directors Peer Group

David Thomas

📄 Item 5.1 - Digital Directors' Peer Group Cover.pdf (2 pages)

📄 Item 5.1 - Appendix 1.pdf (5 pages)

📄 Item 5.1 - Appendix 2.pdf (6 pages)

📄 Item 5.1 - Appendix 3.pdf (9 pages)

5.2. Committee Annual Report

David Edwards

📄 5.2 D&I Annual Report 2024-25.pdf (3 pages)

5.3. C&VUHB Digital Transformation Review - Final Project Brief Issue

David Thomas

📄 5.3 C&VUHB Digital Transformation Review - Project Brief Final.pdf (26 pages)

10:25 - 10:25 6. Agenda for Private Digital & Infrastructure

0 min

1. *Cyber Security*
2. *Caldicott Guardian*

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10:25 - 10:25 **7. Review of the meeting**
0 min

10:25 - 10:25 **8. Date & Time of next meeting: Tuesday 11th August 2025 at 9am via MS Teams**
0 min

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Minutes of the Public Digital & Health Intelligence Committee Meeting Held On 11 February 2025 Via MS Teams

To view a recording of the meeting [click here](#)

Chair:		
David Edwards	DE	Independent Member – Information Communication & Technology (IM-ICT)
Present:		
Susan Lloyd-Selby	SLS	Independent Member – Local Authority (IM-LA)
Akmal Hanuk	AH	Independent Member – Local Community (IM-LC)
Rachna Upadhya	RU	Independent Member
In Attendance:		
Suzanne Rankin	SR	Chief Executive
David Thomas	DT	Director of Digital & Health Intelligence
Matt Phillips	MP	Director of Corporate Governance
Catherine Phillips	CP	Executive Director of Finance
James Webb	JW	Head of Information Governance & Cyber Security
David Fluck	DF	Executive Medical Director
Richard Skone	RS	Deputy Medical Director
Mark Wardle	MW	Consultant Neurologist
Geoff Walsh	GW	Director of Capital, Estates & Facilities
Angela Parrat	AP	Director of Digital Transformation
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies		

Item No	Agenda Item	Action
DHIC 11/02/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the public meeting and confirmed the meeting was quorate.	
DHIC 11/02/002	Apologies for Absence Apologies for absences were noted. The Committee resolved that: a) The apologies were noted.	
DHIC 11/02/003	Declarations of Interest The Committee resolved that: a) No Declaration of Interest were noted.	
DHIC 11/02/004	Minutes of the Meeting Held 11th November 2024 The committee accepted the minutes from 11 th November 2024 as a true and accurate record. The Committee Resolved that: a) The Minutes of the Meeting held on the 11 th November 2024 were confirmed as a true and accurate record.	

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DHIC 11/02/005	Action Log – Following the Meeting held on 11th November 2024 There were no actions at present. The Committee Resolved that: a) The Action Log was discussed and noted.	
DHIC 11/02/006	Chair’s Action taken since the last Committee Meeting No chairs actions taken since 11 th November 2024. The Committee Resolved that: a) There were no Chair’s Actions taken since the last meeting.	
Items for Review and Assurance - Infrastructure		
DHIC 11/02/006	Capital Programme 2024/25 & Proposed Capital Programme 2025/26 The DCEF presented on the Capital Programme for 2024 / 25 and highlighted the following: <ul style="list-style-type: none"> • The current capital resource limit is £49.4m, split into discretionary capital (£13.6m) and major capital funding (£35.7m) • Additional funding received this financial year amounted to over £29m, with a sizeable portion arriving from October onwards • The challenges in receiving large sums of money towards the end of the financial year were highlighted, which could lead to spending on less prioritized items due to time constraints. However, improvements in risk management and prioritization have helped mitigate this issue. • The Capital Management Group (CMG) report included a matrix showing all capital schemes, risk-rated based on cost, progress, and impact on patient services. High-risk projects were discussed at CMG for decisions. <p>The CC noted our previous discussions regarding the challenges with receiving digital funding at the end of the financial year. He added that due to the lack of time to plan, the money was sometimes spent in other areas and Capital were faced with similar issues.</p> <p>The CEO noted in the proposed spend against the discretionary and asked if this was CAV UHB’s contribution?</p> <p>The DCEF explained that the Health Board received £750,000, which needs to be used this year. However, they will have to pay it back from the discretionary capital next year. This approach involves overspending this year and then managing the cash flow to pay back the amount in the next financial year.</p> <p>The EDF emphasized the importance of progressing work with digital foundations, particularly focusing on the basics and ensuring that the Health Board is in a good place to benefit from the implementation of electronic health records. She mentioned that they have managed to pick up some of the risks presenting to digital by using year-end slippage and Welsh Government funding. This includes the rollout of Wi-Fi and the deployment of Windows 11, which addresses the issue of having a lot of kit that will become non-serviceable from next October. She acknowledged that while they have made progress, there is still more work to be done in managing digital risks and ensuring that the Health Board can take advantage of opportunities with slippage for digital.</p> <p>The DDHI explained that CAV UHB do not have a device refresh programme but this was something we want to build into our programme and in future, will be making cases to access the all Wales capital funding in</p>	

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	<p>a proactive way.</p> <p>The DCEF continued and highlighted the following:</p> <ul style="list-style-type: none"> • The prioritization process for the next year involved requests from clinical boards and operational teams, scored against Welsh Government criteria. The discretionary capital for next year is £17m, with approx. £2.5m available after commitments. • Specific projects mentioned include the digital rollout of Windows 11, additional Wi-Fi cabling for non-clinical areas, and a bed replacement program • The significant effort required to deliver the capital programme was emphasized and the limited funds available for the next year. <p>The Committee Resolved that:</p> <ol style="list-style-type: none"> a) The information provided on the current position of the Health Board's 2024/25 Capital Programme was noted and; b) Appendix 1, Capital Management Group report - 20th January 2025, including the appendices and detailed information was noted, which sets out the schemes included in the 2024/25 capital programme. c) The number of 'high risk' schemes and the decisions presented to the group for consideration, all of which were supported at the meeting was noted and; d) The proposed prioritisation process to allocate the limited resource available and develop projects in readiness should WG release additional funding during the financial year was supported and; e) The bids submitted for funding from the WG Targeted Estates Fund and NOTE, the allocation of funding identified in the draft capital programme for 2025/26 was supported. 	
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Items for Review & Assurance – Digital		
<p>DHIC 11/02/007</p>	<p>Digital Roadmap and work programme update</p> <p>The DDHI recognised this was the first meeting which included Infrastructure and highlighted that some internal investment work was made to the digital foundations case.</p> <p>The DDT presented on the Digital Roadmap and work programme update and highlighted the following:</p> <ul style="list-style-type: none"> • The Health Board was working on a five-year programme business case to uplift digital capability to a global digital maturity standard (HIMSS Level 3). • The programme would include five annual phases, focusing on solidifying digital foundations and infrastructure, and preparing for the implementation of electronic health records. • CAV UHB was looking for an external party to assist with the work <p>The DDHI explained that CAV UHB were developing further KPI's to cover our use of tools etc. This would look at our capability and our virtual appointments that are offered.</p> <p>The IMLA understood that CAV UHB want to move to HIMSS level 3 and asked what this would look like? She asked in terms of the 5 key domains, she assumed that CAV UHB were not at stage 0, and it would be helpful to understand the process to ensure maturity in that process.</p>	

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The DDHI confirmed this regarded digital governance and we were maturing our ability to manage all things digital and would be recognised by any other large org.

The DDT discussed the importance of data in the digital roadmap, emphasizing the need to improve the ability to pull data from various sources and present it coherently. She highlighted that while there is a lot of data available, the challenge lies in surfacing it in a meaningful way for clinical colleagues. Angela also mentioned the significance of fixing the backend infrastructure to enable better data integration and sharing across the system.

The IMG asked for more clarity on how GP requests would link electronically. She added that we need to work in a united way if we are looking to prevent undue inpatient requests.

The DDHI explained that GP systems were managed by DHCW and were part of the wider system in NHS Wales. CAV UHB continued to ensure we work collaboratively to connect all systems seamlessly.

The IMG noted an issue around incorrect coding which effected our ability to store the data. She asked if CAV UHB were doing anything in terms of checking the quality of the coding of certain patients and improve the quality of the data that is stored.

The CN discussed the importance of capturing meaningful data at the point of care and the challenges associated with traditional clinical coding methods. He emphasized the need for investment in digital clinical tools to make the work of clinical coders more attractive and efficient. Mark highlighted that capturing meaningful data is crucial for both direct care purposes and population-level data analysis.

The CEO discussed quality control mechanisms in detail when addressing the issue of coding. She mentioned that the primary problem is not just the quality but also the quantity of coding. She emphasized that without coding, quality cannot be tested. Suzanne highlighted that the biggest challenge is getting the coding done and mentioned that there are quality control mechanisms in place. She also noted that there is a national piece of work being led by Digital Healthcare Wales (DHCW) and Health Education and Improvement Wales (HEIW) to develop coders' skills and standards to support interim improvements.

The CC explained that coding used to be an agenda item, but the committee saw it as a patient safety issue and could not be solely resolved by the Digital Committee.

The IMLC followed up on the discussions around coding and asked what our plans are to use the generative AI.

The DDHI highlighted the following points regarding AI solutions:

- AI solutions can be grouped into clinical or operational categories. For administrative opportunities, they are looking at further roll-out of Co-pilot as an AI tool to improve productivity and efficiency.
- There are examples of AI being used within the Health Board, such as Brainomics, which helps clinicians read brain scans more quickly.
- They are implementing an AI governance group based on recommendations from the AI Commission led by Welsh

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	<p>Government. This group will manage the use of AI to ensure safety and clear criteria for its use.</p> <ul style="list-style-type: none"> Suppliers are actively working on AI solutions to remain competitive, and the Health Board needs to be clear on what these suppliers are doing <p>The DCG endorsed the comments, and we should not look at digital just as a service but to include people. He confirmed that the CG Team were using co-pilot to produce minutes.</p> <p>The DDT discussed the diverse levels of computer use among staff, highlighting that some staff members may not have used a computer in 20 years, while others are actively exploring AI tools for tasks like interrogating scans. She emphasized the importance of addressing training needs across this broad spectrum to ensure effective use of digital tools.</p> <p>The CC discussed the challenges and considerations related to rolling out technology, particularly focusing on the integration of AI within the technology being deployed. He emphasized the importance of ensuring that the organization leverages the investments in technology effectively and addresses the ethical implications of AI. He also highlighted the need for training to ensure that staff can use the new technology confidently and appropriately.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> The Digital Roadmap and Work Programme Update was noted. 	
<p>DHIC 11/02/008</p>	<p>Corporate Digital Risk Register</p> <p>The DDHI presented and highlighted:</p> <ul style="list-style-type: none"> Cybersecurity remained the highest risk, reflecting ongoing concerns about potential cyber threats and the need for robust security measures CAV UHB improved the risk rating since the previous meeting on the procurement programme and there were opportunities for each HB to look at procurement The risk rating for Welsh Community Care Information System (WCCIS) Replacement had improved due to the folding of the replacement procurement program. However, a new risk will emerge as the Paris system, used for community mental health records, will need replacement within the next three to four years. The risk associated with video consultation was removed following the successful procurement and implementation of the T Pro solution, which is set to go live at the end of the financial year. <p>The Committee resolved that:</p> <p>a) The Corporate Digital Risk Register was reviewed and noted.</p>	
<p>DHIC 11/02/009</p>	<p>IG Data Compliance</p> <p>The HIGCS presented and highlighted the following points:</p> <ul style="list-style-type: none"> Information Governance staffed to 5 whole time equivalents 108 IG related incidents were reviewed between October – December 2024, with 3 of these breaches meeting the threshold to report to the ICO The average compliance for Freedom of Information requests over the last 12 months is 92%, with an average of 62 requests per month 	

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	<ul style="list-style-type: none"> • The compliance for medical records requests has dropped to 28% over the last 12 months, with an average of 313 requests per month. • Non-Health Records Requests: Compliance was high, with 38 out of 39 requests responded to within the regulatory timeframe between September and December. • NIIAS Monitoring: The team continues to monitor and contact staff identified as accessing records inappropriately, working closely with people services. • Mandatory IG Training: Compliance has dropped to 72% across the entire workforce. The failure to meet the minimum standard of 85% for IG training impacts the ability to seek CAG approval for certain research studies • The organization has been granted a one-year remediation period to improve IG training compliance from 72% to 85%. <p>The CEO noted the compliance with med records access requests, and she asked what were the reasons for accessing?</p> <p>The HIGCS explained the challenges and ongoing efforts to improve compliance. He mentioned that the process is largely paper-based and requires clinical sign-off for each request, which is time-consuming. James also noted that they are working on a digital front door to streamline the process and are considering recommendations to allow certain specialties to grant sign-off without clinical review in low-risk cases.</p> <p>The Committee resolved that:</p> <p>a) The IG Data Compliance was reviewed and noted.</p>	
DHIC 11/02/010	<p>Digital Services KPI</p> <p>The Committee Resolved that:</p> <p>a) The Committee received, reviewed, and noted the Avanti service desk tool</p>	
Items for Approval / Ratification		
DHIC 11/02/011	<p>Information Governance Policy</p> <p>No items to discuss.</p> <p>The Committee Resolved that:</p> <p>a) Received and approved the recommended changes to the Information Governance Policy</p>	
Items for Noting and Information		
DHIC 11/02/014	<p>Minutes: Digital Directors Peer Group</p> <p>The minutes from the digital director peer group was noted.</p> <p>The DDHI explained that DHCW attended the last DDPG and noted that there was a whole endorsement to develop and support a national business case seeking funding and are hopeful a national approach and would receive approval at WG and funding.</p> <p>The Committee Resolved that:</p> <p>a) The Committee noted the minutes of the Digital Directors Peer Group from November, December & January 2025.</p>	

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	Agenda for Private Digital & Health Intelligence Meeting	
DHIC 11/02/016	<ul style="list-style-type: none"> • Caldicott Guardian Update • 	
DHIC 11/02/017	<p>Any Other Business</p> <p>The DoF suggested to incorporate the BAF for future meetings. She would liaise with the DCG.</p> <p>No Other Business was discussed.</p>	
DHIC 11/02/018	<p>Items to bring to the attention of the Board / Committee</p>	
	<p>Date & Time of next Meeting:</p> <p>Tuesday 27th May 2025 at 9am via MS Teams</p>	

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Report Title:	Capital Plan 2025-26			Agenda Item no.	2.1
Meeting:	Digital & Infrastructure Committee	Public	√	Meeting Date:	27 th May 2025
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	√
Lead Executive Title:	Director of Finance				
Report Author (Title):	Director of Capital, Estates and Facilities				

Main Report

Background and current situation:

The purpose of this report is to provide the Digital & Infrastructure Committee with a comprehensive overview of the Health Board's proposed Capital Programme for the financial year 2025/26 which is currently being considered via the internal governance approval process

Capital Resource Limit and Amendments

The UHB receives an allocation of Capital funding from Welsh Government (WG) via their Capital Resource Limit (CRL). In December 2024 WG issued written correspondence to the UHB confirming an increase in Discretionary Capital funding across Wales in 2025/26, to £100m from the previous £83.791m. The UHB has benefited by £2.129m with a revised discretionary capital allocation of £17m.

A targeted estates investment fund (TEF) has been introduced as a continuation of the successful Estate Facilities Advisory Board (EFAB) scheme and provides the opportunity for Health Boards to bid for funding to support priority projects in prescribed categories. The WG have 'ring fenced' £40m for each of the next two financial years and the UHB submitted bids of circa £13m over the 2 years recognizing that, as in similar years a 30% contribution was required from its own discretionary capital budget.

Capital Estates and Facilities worked closely with the respective clinical boards, in addition to undertaking a thorough review of the risk register to determine the proposed schemes to be progressed via the funding. Capital Management Group (CMG) and the Senior Leadership Board (SLB) considered the proposed schemes at their meetings in March 2025 and agreed the appropriate level of UHB contribution prior to the formal submission to WG on the 31st March 2025. Fig1, below, summarises the value of the approved schemes per category and the UHB's contribution of £1.773m in 2025/26 & £1.563m in 2026/27.

Fig.1

C&VUHB - TEF Funding Approvals									
	2025-26	WG Cont	HB Cont	2026-27	WG Cont	HB Cont	Total WG Cont	Total HB cont	Overall total
Fire	0.876	0.613	0.263	0.526	0.368	0.158	0.981	0.421	1.402
Infrastructure	2.959	2.071	0.888	2.703	1.892	0.811	3.963	1.699	5.662
Decarbonisation	0.450	0.315	0.135	0.890	0.623	0.267	0.938	0.402	1.340
Mental Health	0.352	0.246	0.106	0.141	0.099	0.042	0.345	0.148	0.493
Infection Prevention Control	0.461	0.323	0.138	0.361	0.253	0.108	0.575	0.247	0.822
Decontamination	0.811	0.568	0.243	0.590	0.413	0.177	0.981	0.420	1.401
Total	5.909	4.136	1.773	5.211	3.648	1.563	7.784	3.336	11.120

The 2025/26 discretionary capital budget available following the removal of the TEF contribution is £15.227m.

The CRL is a live document which is updated as, business cases are approved, national funded programmes are identified or where the cash flows for projects are adjusted, and is monitored by the UHB Capital Management Group (CMG) at their monthly meeting.

WG All Wales Prioritisation Process

The limited availability of All Wales Capital Funding to support major capital schemes resulted in health boards across Wales submitting a schedule of schemes prioritised against a set of criteria provided by WG. Cardiff & Vale UHB submitted a schedule including some 23 bids which included Acute, Community and Primary Care projects in addition to the Digital Programme Business Case.

WG advised that it was supporting the development of the Digital Business Case, albeit the funding would be made available from an alternative funding source

Following a thorough scrutiny process, the WG Infrastructure Investment Group (IIG) resolved that only a relatively small number of the 182 proposals submitted across Wales could be progressed. The UHB has been advised to focus on exploring and progressing the following business cases further, for which, WG have indicated that funding will be available to progress the business case(s):

- ITU Expansion & Refurbishment
- Hybrid / Major Trauma Theatres UHW
- Review of BMT (To meet JACIE Recommendations)

Moreover, with the support from WG, the UHB are exploring an opportunity to develop a scheme which brings the 3 aforementioned schemes together in one facility, which may provide better value for money. A feasibility exercise is being undertaken which will culminate in a budget cost being developed and further discussion with WG to agree a preferred way forward.

Table 1 below, indicates the income identified on the CRL for 2025/26, which includes the funding allocated for the approved All Wales Capital schemes in addition to the Discretionary capital allocation. The table currently indicates no receipts from the sale of properties, however, CEF are currently considering options for the rationalization of the estates which may generate some income later in the year.

Table 1 – Capital Funding

Description	Funding		
	Major Capital	Disc Cap	O'Turn
	£k	£k	£k
Lift Refurbishment and Upgrade, UHW	4,213		4,213
Electrical Infrastructure, Tertiary Tower Block at UHW	516		516
RISP Programme	1,957		1,957
Decarbonisation funding - Solar Canopy Car Park	3,098		3,098
Rhydlyfar Surgery	4,900		4,900
			0
Diagnostic Programme	0		0
Digital Fund	0		0
Targeted Estate Fund	4,136	1,773	5,909
	18,820	1,773	20,593
Discretionary Capital Allocation		15,227	15,227
	0	15,227	15,227
	18,820	17,000	35,820

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UHB Discretionary Capital Prioritisation Process

As part of the UHB annual planning process Clinical and Service Boards submitted schemes for funding support against the available unallocated budget. The unallocated budget is determined after the annual commitments and 'roll over' schemes are taken into consideration.

Given the limited availability of both 'All Wales' Capital and Discretionary Capital the UHB undertook a prioritization exercise using an agreed criteria. The schemes identified were then scored independently by strategic service planning, operational planning and Capital Planning (CEF). The initial draft prioritisation schedule was presented to SLB on 20th March 2025 to ensure that the logic applied and the direction of travel was supported by the group. It was resolved that the plans for the priority schemes continue to be developed with the input of the respective clinical boards.

Appendix 1 identifies the schemes which scored highest following a final review and taken forward into consideration against the available funding. It was also resolved that the Digital schemes, such as the Windows 11 roll out replacement programme and the Wi-Fi upgrade continues at pace.

Early indicative budget costs were included in the proposal which was presented to SLB in March 2025, which anticipated an overcommitment of £0.497m. The SLB supported the proposal, on the basis that CMG continue to monitor the development of the schemes, and if required, address the overcommitment by considering options such as reducing the backlog allocations or utilising the contingency allowance

Table 3 – UHB Wide Priority Schemes

Discretionary Capital Prioritisation (For consideration from Unallocated Allocation)

Clinical Board	Capital Prioritisation 2024/25	£m	Comments
Digital	Resource for PC replacement windows 11 (12 month programme)	0.500	Reviewed with Digital original £0.250m was for a 2 year programme
Digital	Wi-Fi Upgrade year 1 (24 month programme)	0.744	Reduced by £0.350m Wifi devices purchased in 24/25
Digital	Medical Records Scanners x 2	0.350	Brought forward WiFi devices in 24/25 to enable procurement of scanners
Totals		1.594	

Clinical Board	Capital Prioritisation 2025/26	£m	Comments
CD&T	St Marys Pharmacy / UHL Aseptic Suite	0.350	From Prioritisation List requires design & tender
	Ward B5 Refurbishment	0.500	To support short term plan
	Ward C3 Refurbishment	0.100	Expansion for winter pressure 25/26
	Alder Ward (Hafen y Coed) UHL	0.120	Water ingress into floors HIW inspection
Totals		1.070	

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Capital Prioritisation Summary

	£m
Unallocated	2.167
Capital Prioritisation 2024/25 Rollover Schemes	1.594
Capital Prioritisation 2025/26	1.070
Total	2.664
Overcommitment	0.497

Scheme to be developed

Scheme Name	Comments
Regional Ophthalmology UHL	Included in Draft Plan
Estates transformation programme (planning)	Included in Prioritisation List
ECC - Urgent Treatment Centre Barry	Included in Prioritisation List
Riverside Community Hub	Included in Prioritisation List
Medicine Strategic Plan - Lakeside Wing	Included in Prioritisation List
CAVHIS - Phase 2	Included in Prioritisation List
Physiotherapy UHW (linked to medicine plans)	Included in Prioritisation List
POAC (linked to medicine plans)	Included in Prioritisation List
ECC - Safe@Home St Davids	Included in Prioritisation List
Additional Cath labs	Included in Prioritisation List
New Born Screening	Anticipating Welsh Government funding
WICIS	Included in Prioritisation List
ALAS relocation (part of Rookwood Sale)	Included in Prioritisation List
Paediatric Emergency Department (Noah's Ark)	Included in Prioritisation List
Teenage Cancer Trust (TCT) Unit Refurbishment (charity funded)	Included in Prioritisation List
Immunisation relocation (part of Rookwood site)	Included in Prioritisation List
Estate Rationalisation	Included in Prioritisation List
Joint equipment store	Included in Prioritisation List
Radiology Digital Telephony	Included in Prioritisation List
3D Printing in Surgery	Included in Prioritisation List
ICNNS team relocation	Included in Prioritisation List

Draft Capital Programme 2024/25

At their meetings held in March 2025, the CMG & SLB determined that the UHW C1 Cardiology Relocation scheme remained a priority scheme and supported the commitment of £3.140m from the 2025/26 discretionary capital programme as the scheme was dependent upon the completion of the enabling works to the Lakeside Wing and B2 Link which were recently completed in the latter part of the 2024/25 financial year.

The UHB Board at their meeting in March 2025 supported the annual plan which included the following detailed programme as shown in Table 4 below which is currently forecasting an overcommitment of £0.497m against current available allocation, noting the responsibility of the CMG to monitor the progress and manage the spend against the budget.

At present, £1m contingency remained in the plan, however, this carries a significant risk given the position in the year.

Table 4 – Draft Expenditure Programme

Description	Major Capital	Discretionary Capital	Reprovided 2024/25	Outturn
Major Capital Construction				
Lift Upgrade (BJC)	4.213		(0.045)	4.168
Tertiary Tower Electrical Infrastructure	0.516	1.062		1.578
RISP Programme (Digital)	1.957	0.082		2.039
Decarbonisation Funding	3.098		(0.708)	2.390
Pentyrch Surgery	4.900		(0.165)	4.735
Cardiology Relocation (C1 UHW)		3.140		3.140
Enabling Project Work			0.344	0.344
CRI Car Park Enabling			0.140	0.140
Diagnostic Programme				
Digital Fund				
Targeted Estate Fund (30% contribution)	4.136	1.773		5.909
WEDINOS			0.050	0.050
Reprovision from 2024/25			0.584	0.584
Major Capital Business Cases				
Park View Wellbeing Hub (FBC)				
CAVOC Theatre (OBC)				
Hybrid/MTC Theatres (FBC)				
SARC (OBC)				
Wellbeing Hub Cogan (OBC)				
CRI Safeguarding (FBC)				
CRI Wellbeing Centre (OBC)				
BMT (SOC)				
ITU Refurbishment (BJC)		0.075		0.075
Ophthalmology UHL (BJC)		0.100		0.100
Roofs UHW (BJC)		0.040		0.040
Water Main UHW (BJC)		0.040		0.040
Capitalisation of Salaries		0.865		0.865
UHB Revenue to Capital		1.015		1.015
Estate Statutory Compliance		2.800		2.800
Backlog Estates		0.500		0.500
Upgrade CHP UHW		0.500		0.500
Lift 8 & 9		0.041		0.041
Backlog IM&T		0.500		0.500
Backlog Medical Equipment		1.000		1.000
PIE Requests		0.100		0.100
Contingency		1.000		1.000
Unallocated funding		2.367	(0.200)	2.167
Totals	18.820	17.000	0.000	35.820

The draft plan includes an allocation for the cardiology relocation (C1 UHW) £3.140m, contingency £1.000m and Project Initiation Enquiry Process (PIE) £0.100m.

Executive Director Opinion and Key Issues to bring to the attention of the Committee:

- The draft capital programme & prioritisation 2025/26 has been endorsed by Capital Management Group at their meeting held on the 17th March 2025 and supported by the Senior Leadership Board thereafter on the 20th March 2025.
- The draft capital programme identifies, **Overcommitment £0.497m** subject to the delivery of the priority schemes in the current financial year
- Capital Management Group will continue to monitor the development of the schemes and manage the spend profile accordingly to ensure that the UHB meet their statutory obligation to WG and deliver the CRL within the agreed parameters by the end of the financial year.

Recommendation:

The Digital & Infrastructure Committee is requested to:

- a) **NOTE:** the content of the paper and in particular the prioritisation process undertaken for the 2025/26 draft capital plan.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

1.  Putting People First Click the objective above to view more detail.		2.  Providing Outstanding Quality Click the objective above to view more detail.	√
3.  Delivering in the Right Places Click the objective above to view more detail.	√	4.  Acting for the Future Click the objective above to view more detail.	√

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Prevention		Long term	√	Integration		Collaboration		Involvement	
------------	--	-----------	---	-------------	--	---------------	--	-------------	--

Quality Impact Assessment Completed?:

Please place an "X" in the below boxes as relevant. Any queries, please contact Alexandra.scott3@wales.nhs.uk

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)		Comment here
---	--	--	--	--------------

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes
Lack of capital funding to deliver the scheme has implications on clinical service delivery.
Safety: No
Financial: Yes
As above. The UHB will continue engagement with Welsh Government to determine and potential additional funding available
Workforce: No
Legal: Yes
Statutory obligations require investment and the lack thereof can lead to exposure to risk and legal challenge
Reputational: Yes
The UHB's ability to reduce waiting times and deliver services in an appropriate setting being cognisant of patient's privacy and dignity.
Socio Economic: No
Equality and Health: Yes

Increasing the overall reliability of the Lifts will ensure clinical staff are able to appropriately perform intensive clinical activities.

Decarbonisation: Yes

Although not been specifically, new equipment installed will be more energy efficient.

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*

Capital Management Group	Date: 17 th March 2025
Senior Leadership Group	Date: 20 th March 2025
Finance Committee	Date: 21 st May 2025
UHB Board	Date: 28 th May 2025

Chilcott, Rachel
22/05/2025 16:20:00

Report Title:	Estates Risk Register		Agenda Item no.	2.2
Meeting:	Digital & Infrastructure Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:
		Private	<input type="checkbox"/>	
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>
Information				
Lead Executive	Director of Finance			
Report Author	Director of Capital, Estates and Facilities			

Main Report

Background and current situation:

The purpose of the report is to provide the Digital and Infrastructure Committee with assurance that Estate and Infrastructure Risks are appropriately recorded, reviewed and managed by the Service Board, with all those identified as >20 being submitted for inclusion as part of the UHB wide Business Assurance Framework document.

In addition, the report will provide the status of the critical risk project, which was undertaken following the initial Operation 'POET' exercise undertaken in 2023 and identified a number of potential, 'single points of failure' across UHW whilst planning exercises and electrical isolations were ongoing as part of the process.

The final element of the report, will provide the current progress being made on the UHW site wide condition survey and enabling project work, which will be utilized to inform both the revised Estate strategy and any subsequent business case submissions.

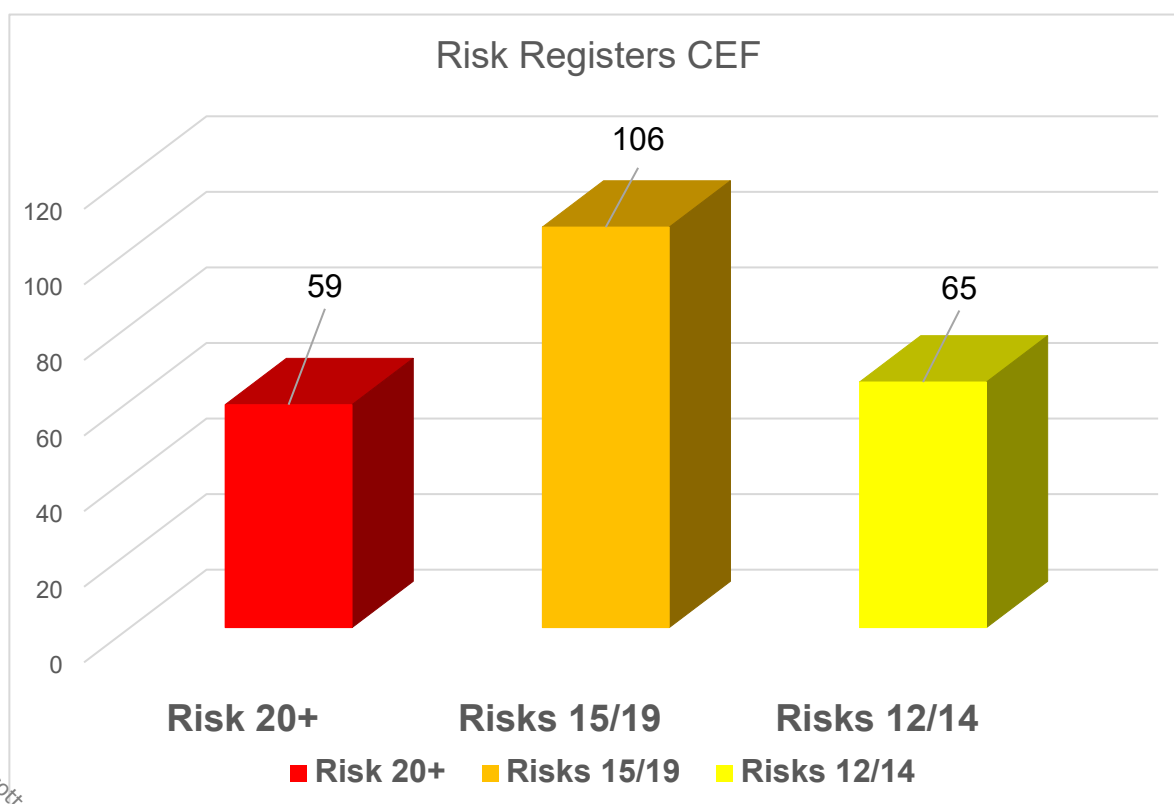


FIGURE 1

Chilcott, Rachel
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Fig.1 above provides a graphical representation of the total risks for those rated 12 and above and does not include any operational risks associated with the estate maintenance service.

Given the number of risks included in the register it would be impractical to attach the full document. However, members of the committee can access the document by clicking on the icon below:



Master Reg as of
April 2025.xls

The examples below are taken from the master document and provide the level of information associated with the risk. The controls, assurances and actions are included in the body of the risk register, along with any gaps in controls, assurance actions and the responsible person.

Issue: New theatre block at UHL Component failure star delta control obsolete parts in all AHUs:
Risk: Failure of AHU
Impact: loss of provision due to equipment air handling equipment not working resulting in procedures being delayed or moved

Issue: High voltage load shedding equipment

Risk/Potential Impact :

- The system relies on external data from the building management system which is now old and newer systems available
- The system age is now not compatible with latest BMS installed
- Failure of the system could result in no power being distributed to site.
- Failure could result in overload of generator and no power available
- External parts could fail and not work correctly causing loss of power
- There is only one system no N+1
- No simple override system
- Only know it's working when required to do so
- Only Authorised people high voltage (APs) able to remedy

Issue: Fume Cabinets. Insufficient asset identification and lack of regular inspections and / or maintenance resulting in defects leading to temporary or permanent failure.

Risk/Potential Impact: Potential for loss of service. Disruption to Estates service. Danger from dust and/or fume inhalation.

Issue: Plant room roofs at UHW are showing signs of degradation and failure. Roofs are metal profile on steel girders. On A block plant room there is obvious signs of corrosion with daylight showing clearly on the far right side. Lift rooms roofs leaking causing down time on lifts –

Risk: roofs sheets corroding causing collapse of roof

Potential Impact: loose sheets have the potential to fall putting pedestrian and vehicle traffic at risk

During the preparation works and investigation surveys associated with the inaugural 'Operation Poet' electrical resilience test undertaken at UHW in September 2023, a number of potential critical single points of failure were identified. As a result of this information, CEF instigated a critical failure project which involved a thorough review of critical plant, its condition, back up options etc.

Each of the issues identified was reviewed by estate professionals within CEF who determined if the items were deemed to be infrastructure risk and if so they were evaluated and added to the CEF Master Risk Register. This exercise identified circa 100 issues for consideration with 28 being moved across to the risk register scoring >16.

An example of the report produced for each issue is attached in Appendix 1

The UHB with funding provided by WG are in the process of undertaking a comprehensive condition survey of its estate to inform an update of its Estate Strategy and to provide the relevant information to inform business cases as they are progressed supporting any case for change.

It is anticipated that the project will conclude in the autumn with a comprehensive report including costs available by the end of the calendar year.

Executive Director Opinion and Key Issues to bring to the attention of the Committee:

- The UHB continues to manage a significant number of estate and infrastructure risks across the estate.
- The backlog maintenance costs are in excess of £175m.
- The UHB continue to submit funding bids when requested by WG and utilise the comprehensive risk register managed by CEF to inform and prioritise each submission.

Recommendation:

The Digital & Infrastructure Committee is requested to:

NOTE: The ongoing work being undertaken by CEF to establish all Critical and high risks associated with the UHB Estate

NOTE: The processes introduced by CEF for monitoring and managing the risks included on its departmental and Service Board risk registers

NOTE: The work undertaken through the 'Critical Risk' to further inform the Estate and infrastructure risk register

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

1.  Putting People First Click the objective above to view more detail.	√	2.  Providing Outstanding Quality Click the objective above to view more detail.	√
3.  Delivering in the Right Places Click the objective above to view more detail.	√	4.  Acting for the Future Click the objective above to view more detail.	√

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Prevention	√	Long term	√	Integration		Collaboration		Involvement	
------------	---	-----------	---	-------------	--	---------------	--	-------------	--

Quality Impact Assessment Completed?:

Please place an "X" in the below boxes as relevant. Any queries, please contact Alexandra.scott3@wales.nhs.uk

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)		Comment here
---	--	--	--	--------------

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes
As detailed in the risk register
Safety: Yes
Some risks do have safety implication that is currently being managed.
Financial: Yes

Most risk do incur funding, hence the application for external funding via TEF and WG 'All Wales' Capital funding via Business case submissions	
Workforce: No	
Legal: Yes	
Statutory compliance failures could lead to HSE involvement	
Reputational: Yes	
Patient complaints and press reports are on occasion received	
Socio Economic: No	
Equality and Health: Yes	
Increasing the overall reliability of the Lifts will ensure clinical staff are able to appropriately perform intensive clinicals activities.	
Decarbonisation: Yes	
Although not been specifically, new equipment installed will be more energy efficient.	
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i>	

Chilcott Rachel
22/05/2025 16:20:00

APPENDIX 1



Critical Risk
Cardiff & Vale UHB
Capital Estates & Facilities



Conducted by **Ref**

Date

Location

Equipment

Criticality

Purpose of equipment

Description of risk

- Boilers 1 and 3 have failed (age of boilers not supported) numerous over the last several months resulting in steam loss and disruption to the hospital, hot water temperature reduced, heating affected, sterilization on stop.
- Parts are obsolete and repairs have become harder to instigate and effect reliability.
- Main suppliers wont support due to age of boilers
- Cost of extended maintenance and time spent hire etc.
- Next failure could result in several critical parts being non repairable.
- Lack of expertise or contractors to be able to assist reliant on one company
- Critical spares unavailable

Mitigation

- Boiler 2 upgraded for new boiler due on-line December 2023
- Temporary boiler connected as insurance back up
- Local company sourcing spare parts
- Welsh government case for money and upgrades and replacement early 2024
- Regular checks and maintenance carried out

Remedials

- Boiler 2 due on line completely new installation
- Replacement upgrade of boiler 1 and 3
- Source spare parts in interim

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Cost estimate

Over £1 million bid to replace and upgrade

Notes

With boiler 2 going on line greater reliability will be given. Temporary boiler offers big mitigation for fragility of boilers 1 and 3. Fred Rogers of Swansea always respond to assist with specialist knowledge for breakdowns and repairs.

photographs





Risk Rating

Initial risk

- Boilers 1 and 3 have failed (age of boilers not supported) numerous over the last several months resulting in steam loss and disruption to the hospital, hot water temperature reduced, heating affected, sterilization on stop.
- Parts are obsolete and repairs have become harder to instigate and effect reliability.
- Main suppliers won't support due to age of boilers
- Cost of extended maintenance and time spent hire etc.
- Next failure could result in several critical parts being non-repairable.
- Lack of expertise or contractors to be able to assist reliant on one company
- Critical spares unavailable

Consequence score	Likelihood score				
	1 Rare	2 Unlikely	3 Possible	4 likely	5 Almost certain
5-Catastrophic					
4-Major					X
3-Moderate					
2-Minor					
1-Negligible					
score					20

Mitigation

- Boiler 2 upgraded for new boiler due on-line December 2023
- Temporary boiler connected as insurance back up
- Local company sourcing spare parts
- Welsh government case for money and upgrades and replacement early 2024.
- Regular checks and maintenance carried out

Risk after mitigation

Consequence score	Likelihood score				
	1 Rare	2 Unlikely	3 Possible	4 likely	5 Almost certain
5-Catastrophic					
4-Major					X
3-Moderate					
2-Minor					
1-Negligible					
score					20

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Risk Rating

Initial risk

- Boilers 1 and 3 have failed (age of boilers not supported) numerous over the last several months resulting in steam loss and disruption to the hospital, hot water temperature reduced, heating affected, sterilization on stop.
- Parts are obsolete and repairs have become harder to instigate and effect reliability.
- Main suppliers won't support due to age of boilers
- Cost of extended maintenance and time spent hire etc.
- Next failure could result in several critical parts being non-repairable.
- Lack of expertise or contractors to be able to assist reliant on one company
- Critical spares unavailable

Consequence score	Likelihood score				
	1 Rare	2 Unlikely	3 Possible	4 likely	5 Almost certain
5-Catastrophic					
4-Major					X
3-Moderate					
2-Minor					
1-Negligible					
score					20

Mitigation

- Boiler 2 upgraded for new boiler due on-line December 2023
- Temporary boiler connected as insurance back up
- Local company sourcing spare parts
- Welsh government case for money and upgrades and replacement early 2024.
- Regular checks and maintenance carried out

Risk after mitigation

Consequence score	Likelihood score				
	1 Rare	2 Unlikely	3 Possible	4 likely	5 Almost certain
5-Catastrophic					
4-Major					X
3-Moderate					
2-Minor					
1-Negligible					
score					20

Chilcott, Rachel
22/05/2025 16:20:00

Report Title:	Pentyrch Transport Task & Finish Group Report		Agenda Item no.	2.3	
Meeting:	Digital & Infrastructure Committee	Public	X	Meeting Date:	27/05/25
		Private			
Status:	Assurance	X	Approval	Information	X
Lead Executive:	Chief Executive Officer				
Report Author:	Director of Operations				

Background and current situation:

The Pentyrch Transport Task and Finish Group was set up in October 2023. The mandate of the Group was to understand the need and identify options for consideration to provide an appropriate level of support for residents of Pentyrch and the wider community **who cannot access or would find it difficult to access** the new Branch Surgery which will be re-provided on Rhydlafer Drive, St Fagan's.

The group met on 13 occasions between November 2023 and November 2024. The Transport Task & Finish Group had representation from:

- Cardiff and Vale University Health Board
- Llandaff & Pentyrch Surgeries
- Cardiff Council – Planning, Transport & Environment Department
- Llais (formerly South Glamorgan Community Health Council)
- Pentyrch Community Council (PCC)
- Pentyrch Save our Surgery & Pharmacy (PSOS&P)
- Rhydlafer Residents Group (RRG)
- Community Transport Association (CTA) – invited as and when required.

Executive Director Opinion and Key Issues to bring to the attention of the Committee:

The Task & Finish Group agreed and approved:

- Terms of Reference
- Survey Objectives
- Key Principles to evaluate transport options
- A Provider to conduct a survey
- Survey Questions
- A Letter and Communications Briefing to accompany the survey.

A survey was conducted by Cardiff Research Centre (CRC). The purpose of the survey was to understand the transport needs of the community including the potential number of residents who will/may require support to access the new Branch GP Surgery. The letter, survey and communication briefing were circulated during the week commencing 29th July 2024 and was issued to 4,800 households. The deadline for completion was 15th September 2024. In total, 777 responses were received, and the data validated and cleansed, to remove duplicated or ineligible entries. This resulted in a total of 772 households, and 1,628 residents, taking part in the survey, accounting for 15.5% of all households invited to participate. This is a typical response rate for a survey of this type, and provides statistically robust results.

23/05/2025 16:20:00
 Rachel

The estimated demand was modelled on the basis of the mandate of the Group which is 'to understand the need and identify options for consideration to provide an appropriate level of support for residents of Pentyrch and the wider community **who cannot access, or would find it difficult to access** the new Branch Surgery'.

To estimate the demand for transport the modelling was focused on residents from Pentyrch and Gwaelod-Y-Garth currently registered with the surgery who:

- Would find it difficult to travel to the new Branch Surgery – **11.9% of responses**
- Would not be able to access the new Branch Surgery – **7.2% of responses.**

90 respondents indicated that they would have difficulty or would not be able to attend a surgery at Rhydlafor Drive. Of these, 83 stated their current frequency of attendance at Pentyrch surgery. This has been used to model potential future demand for transport and suggests the following:

- Baseline estimate suggests that **18** people a week would require support
- If we were to consider the responses as a statistical sample, then the weekly requirement would rise to **39**
- The best estimate will lie somewhere between these, but probably somewhat closer to the baseline.

Nine transport options were explored by the Task & Finish group:

OPTIONS EXPLORED	
1.	Community Transport Scheme – 2 options. 1a: Volunteer led car scheme or 1b: Community owned vehicle
2.	Community Car Service using a Cardiff Council electric vehicle supported by PCC covering the G1 service, and potentially expanded to include Pentyrch and Rhydlafor Drive
3.	Taxi Service operating under existing Health Board Service Level Agreement (SLA) – access would be managed by the Practice based on 'eligibility' for initial 12-month period to quantify demand to inform a longer-term community transport solution
4.	VEST – currently provides transport for over 65s and disabled (any age) who are unable to use public transport. VEST does not offer transport for same day appointments
5.	Cardiff Council to provide a bus route between Pentyrch & Rhydlafor Drive by extending 136 or 122 routes
6.	Community Transport Scheme run by volunteers using a vehicle donated and maintained by Cardiff Council
7.	A vehicle donated and maintained by Cardiff Council with a paid driver(s) funded by Health Board
8.	A vehicle sponsored by Charities and maintained by Cardiff Council with a paid driver(s) funded by Health Board
9.	A Community Bus covering the G1 route run by VEST

Further to exploring all the options, we concluded that:

- Options 1a and 3 are **potentially viable** options for consideration
- Options 2 and 4 to 9 are **not viable** options and are therefore not for consideration.

These **non-viable** options take account of the confirmed position by Cardiff Council that at this point in time they are not able to offer any transport proposals which support access to the new branch surgery. Both PCC and PSOS&P confirmed that they would also not be in a position at this point in time to lead a Community Transport Scheme.

Recommendations

The Pentyrch Transport Task & Finish Group recommend the following:

1. The Project Team to acknowledge the engagement and contribution from all members of the Task & Finish Group in meeting the mandate
2. The Project Team to note the concerns raised by PCC, PSOS&P & RRG regarding the location of the new surgery and the potential impact of the Pentyrch Pharmacy recognising that these issues were out of scope for the Task & Finish Group
3. The Project Team to note the feedback from PCC, PSOS&P & RRG setting out the reasons why they do not support the final report
4. The Project Team to consider the 2 potentially viable options
5. The Project Team to note the request from Llais, PCC, PSOS&P & RRG to continue to contribute to the implementation and evaluation of the transport option agreed recognising that this may be via a sub-group of the Project Team.

Please note that Pentyrch Save Our Surgery & Pharmacy (PSOS&P), Rhydlafer Residents Group (RRG) & Pentyrch Community Council (PCC) do not support the final report, their reasons are set out in appendix 11 of the report.


Recommendation:

The Committee are requested to:

- a) Note the report and recommendations
- b) Note the approach to factoring in engagement into an Infrastructure Programme.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p>	 <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p>
 <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p>	 <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p>

Five Ways of Working (Sustainable Development Principles) considered

Prevention	Long term		Integration		Collaboration		Involvement	
------------	-----------	--	-------------	--	---------------	--	-------------	--

Quality Impact Assessment Completed?

Yes – (please provide completed QIA document)	No – (Please provide reasoning, e.g. not required)	Not Required
Impact Assessment:		
Risk: No		
Safety: No		
Financial: Yes – Costs of Transport		
Workforce: No		
Legal: No		
Reputational: No		
Socio Economic: No		
Equality and Health: No		
Decarbonisation: No		
Welsh Language: No		
Approval/Scrutiny Route (please note anywhere else this paper has been before):		
Committee/Group/Exec	Date:	

Chilcott, Rachel
22/05/2025 16:20:00



PENTYRCH AND SURROUNDING AREAS TRANSPORT TASK & FINISH GROUP REPORT



February 2025

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1. Executive Summary

The Pentyrch Transport Task and Finish Group was set up in October 2023. The mandate of the Group is to understand the need and identify options for consideration to provide an appropriate level of support for residents of Pentyrch and the wider community **who cannot access, or would find it difficult to access** the new Branch Surgery which will be re-provided on Rhydlafer Drive, St Fagan’s.

The Transport Task & Finish Group had representation from:

- Cardiff and Vale University Health Board
- Llandaff & Pentyrch Surgeries
- Cardiff Council – Planning, Transport & Environment Department
- Llais (formerly South Glamorgan Community Health Council)
- Pentyrch Community Council (PCC)
- Pentyrch Save our Surgery & Pharmacy (PSOS&P)
- Rhydlafer Residents Group (RRG).

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The group met on 13 occasions between November 2023 and November 2024. The valuable engagement and contribution to the work of the Task & Finish Group by all representatives is acknowledged and appreciated by the Health Board.

The Task & Finish Group agreed and approved:

- Terms of Reference
- Survey Objectives
- Key Principles to evaluate transport options
- A provider to conduct a survey
- Survey questions
- A Letter and Communications Briefing to accompany the survey.

A survey was conducted by Cardiff Research Centre (CRC). The purpose of the survey was to understand the transport needs of the community including the potential number of residents who will/may require support to access the new Branch GP Surgery. The letter, survey and communication briefing were circulated during the week commencing 29th July 2024 and was issued to 4,800 households. The deadline for completion was 15th September 2024. In total, 777 responses were received, and the data validated and cleansed, to remove duplicated or ineligible entries. This resulted in a total of 772 households, and 1,628 residents, taking part in the survey, accounting for 15.5% of all households invited to participate. This is a typical response rate for a survey of this type, and provides statistically robust results.

The estimated demand was modelled on the basis of the mandate of the Group which is 'to understand the need and identify options for consideration to provide an appropriate level of support for residents of Pentyrch and the wider community **who cannot access, or would find it difficult to access** the new Branch Surgery'

To estimate the demand for transport the modelling was focused on residents from Pentyrch and Gwaelod-Y-Garth currently registered with the surgery who (Q7 CRC report):

- Would find it difficult to travel to the new Branch Surgery – **11.9% of responses**
- Would not be able to access the new Branch Surgery – **7.2% of responses.**

90 respondents indicated that they would have difficulty or would not be able to attend a surgery at Rhydlafar Drive. Of these, 83 stated their current frequency of attendance at Pentyrch surgery. This has been used to model potential future demand for transport and suggests the following:

- Baseline estimate suggests that **18** people a week would require support
- If we were to consider the responses as a statistical sample, then the weekly requirement would rise to **39**
- The best estimate will lie somewhere between these, but probably somewhat closer to the baseline.

A member of the Task and Finish Group representing Rhydlafar Residents Group produced a modelling demand paper which included those who planned to walk, travel by bus or community transport to the new branch surgery when it relocates. Including these cohorts produces an estimated demand for transport between 6,000 to 8,600 journeys per year or 38 to 55 journeys per day. This does not align with the cohort of people who meet the 2 categories identified in question 7 of the CRC Survey Report.

Child: Rachel
22/05/2025 16:20:00



Nine transport options were explored by the Task & Finish group:

OPTIONS EXPLORED	
1	Community Transport Scheme – 2 options. 1a: Volunteer led car scheme or 1b: Community owned vehicle
2	Community Car Service using a Cardiff Council electric vehicle supported by PCC covering the G1 service, and potentially expanded to include Pentyrch and Rhydlafor Drive
3	Taxi Service operating under existing Health Board Service Level Agreement (SLA) – access would be managed by the Practice based on ‘eligibility’ for initial 12-month period to quantify demand to inform a longer-term community transport solution
4	VEST – currently provides transport for over 65s and disabled (any age) who are unable to use public transport. VEST does not offer transport for same day appointments
5	Cardiff Council to provide a bus route between Pentyrch & Rhydlafor Drive by extending 136 or 122 routes
6	Community Transport Scheme run by volunteers using a vehicle donated and maintained by Cardiff Council
7	A vehicle donated and maintained by Cardiff Council with a paid driver(s) funded by Health Board
8	A vehicle sponsored by Charities and maintained by Cardiff Council with a paid driver(s) funded by Health Board
9	A Community Bus covering the G1 route run by VEST

Further to exploring all the options, we concluded that:

- Options 1a and 3 are potentially viable options for consideration
- Options 2 and 4 to 9 are not viable options and are therefore not for consideration.

These options take account of the confirmed position by Cardiff Council that at this point in time they are not able to offer any transport proposals which support access to the new branch surgery. Both PCC and PSOS&P confirmed that they would also not be in a position at this point in time to lead a Community Transport Scheme.

The Pentyrch Transport Task and Finish Group recommend that the following potentially viable options be considered by the Pentyrch Surgery Development Project Team:

OPTIONS TO CONSIDER	RECOMMENDATIONS	COSTS
1a Community Transport Scheme – Volunteer Led Car Scheme	Cardiff and Vale UHB to consider funding the Volunteer Led Car Scheme for 12 months to determine and quantify the demand	Costing based on the range as per the modelling undertaken by UHB:

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		<p>Approach the Community Transport Association (CTA) to provide advice and support the Community to set up the scheme and submit bids for future funding</p> <p>This option is reliant on the community supporting and leading this scheme. Given that PCC and PSOS&P have confirmed they will not take a lead role in supporting this scheme there would be a need to attract volunteers from the community. 29 respondents to the survey expressed an interest in volunteering and provided contact details</p>	<p>18 return journeys per week = 26k per annum</p> <p>28 return journeys per week = 27k per annum</p> <p>39 return journeys per week = 28k per annum</p>
3	<p>Taxi Service operating under existing Health Board Service Level Arrangement (SLA) – access would be managed by the Practice based on ‘eligibility’ for initial 12-month period to quantify demand to inform a longer-term community transport solution</p>	<p>Cardiff and Vale UHB to consider funding a taxi service for ‘eligible’ patients for 12 months to determine and quantify the demand to inform a longer-term community transport solution</p> <p>The GP Practice have indicated that they can provide staff to undertake the bookings</p>	<p>Costing based on the range as per the modelling undertaken by UHB:</p> <p>18 return journeys per week = 29k per annum</p> <p>28 return journeys per week = 44k per annum</p> <p>39 return journeys per week = 62k per annum</p>

2.Purpose of Report

The purpose of this report is to set out the outcomes of the Pentyrch & surrounding area Branch Surgery Project Transport Task and Finish Group. The mandate of the Group is to understand the need and identify options for consideration to provide an appropriate level of support for residents of Pentyrch and the wider community **who cannot access, or would find it difficult to access** the new Branch Surgery which will be re-provided on Rhydlafor Drive, St Fagan’s.

3.Background/Context

Cardiff and Vale University Health Board is progressing with plans to replace the portacabin that has been used to accommodate Pentyrch Branch Surgery for the past 10 years with a new purpose-built site on Rhydlafor Drive, St Fagans. The relocation will provide a permanent site for the Branch Surgery and will support the development of health services in the area.

Childbirth pack
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The importance of ensuring people can access the Branch Surgery when considering a new location has been fully acknowledged and understood. Access to the new Pentyrch Branch Surgery emerged as a key issue during the engagement process and remains a significant issue for many residents. As a Health Board we are committed to ensuring residents can access our services.

The Equality Health Impact Assessment (EHIA) undertaken in 2021 recognised some patients will need to travel further to access the range of services previously provided in Pentyrch. There are challenges accessing public transport due to the rural location of the area. The EHIA identified that work would take place with partners to look at how these issues could be addressed and identified that the establishment of a Transport Task and Finish Group was required.

Progress was delayed in establishing the Transport Task and Finish Group. Referral by the then Community Health Council (now Llais) to the Minister impeded progress as until a decision was made the development could not progress which meant that the associated work in relation to potential transport options was also paused. The Transport Task and Finish Group was established in October 2023. The mandate of the group was:

In Scope:

- To consider transport needs including the potential number of residents who will/may require support to access the new Branch GP Surgery
- To consider sustainable long-term options in relation to the transport needs identified by residents of Pentyrch and surrounding communities and also registered patients of Llandaff and Pentyrch Surgeries who currently access Pentyrch Branch GP Surgery and who will attend the new Branch GP Surgery on Rhydlafer Drive for a face to face appointment or other identified need
- To consider the transport related concerns of local residents in relation to the new Branch GP Surgery on Rhydlafer Drive and relay any concerns identified to the Pentyrch Surgery Development Project Team.

Out of Scope:

- Location of new health services on Rhydlafer Drive
- Relocation of the Pentyrch Pharmacy
- Wider public transport issues in the community, which falls within the remit of Cardiff Council and their commitment to improve public transport and active travel.

The Transport Task & Finish Group had representation from:

- Cardiff and Vale University Health Board
- Llandaff & Pentyrch Surgeries
- Cardiff Council – Planning, Transport & Environment Department
- Llais (formerly South Glamorgan Community Health Council)
- Pentyrch Community Council (PCC)
- Pentyrch Save our Surgery & Pharmacy (PSOS&P)
- Rhydlafer Residents Group (RRG).

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4.Approach

The Transport Task and Finish Group met on 13 occasions between the period November 2023 and November 2024. The approach of the Task & Finish Group has involved the following:

Terms of Reference

Agreed Terms of Reference were developed to ensure clarity with regards to the defined scope of the Group and also its duties and responsibilities. The Terms of Reference also defined the governance arrangements within which the Group operated, recognising that the Task & Finish group was not established as a decision-making forum, the Task & Finish Group would make recommendations to the Pentyrch Surgery Development Project Team who are the decision-making forum.

Whilst the relocation of the Pentyrch Pharmacy was outside of the Group's mandate and as such was not considered as part of the survey, the community representatives on the Group raised concerns regarding the potential loss of the Pharmacy in terms of local access to health care services especially given that the Pharmacist states that over 50% of the Pharmacy's business is unrelated to Pentyrch Surgery. The Health Board in accepting its duty to ensure pharmacy services are accessible to the local population and their needs are met is not able to pre-empt or make any assumptions on what the contractor, as an independent business owner will decide to do with respect to any application for relocation or closure. Any such changes would be considered in accordance with the regulations ([The National Health Service \(Pharmaceutical Services\) \(Wales\) Regulations 2020](#)) which could potentially include the Pharmaceutical Needs Assessment (PNA) revision.

The Terms of Reference were approved by the Transport Task and Finish Group and are included as an appendix to the report (appendix 1).

Survey Objectives

The Task and Finish Group agreed a set of survey objectives to underpin the approach to the survey, this was used as a checklist when developing the letter, survey and communications briefing.

The agreed Survey Objectives are included as an appendix to the report (appendix 2).

Key Principles

The Task and Finish Group agreed to define the key principles that would support a successful transport solution. These key principles would be used to assess transport options.

The following 7 key principles were agreed:

- Accessibility
- Affordability
- Safety

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- Sustainability of Service
- Carbon Footprint
- Engagement of Residents
- Intelligence Gathering.

The agreed Key Principles are included as an appendix to the report (appendix 3).

Survey Methodology

In order to understand the transport needs including the potential number of residents who will/may require support to access the new Branch GP Surgery, a key component of the Task & Finish Group’s responsibilities related to developing a survey of currently registered patients and potentially impacted communities.

‘Tractivity’ was proposed initially as the survey platform to be used as the survey tool was being used in other areas within the Health Board and is fully GDPR compliant and an ISO (International Organisation for Standardisation) certified system which had gone through stringent IT processes to be approved by the Health Board.

However, the feedback from community representatives on the Group was that they did not wish to use a Health Board system and as such requested that the survey should be conducted by an independent body if possible. The following additional 4 options were therefore considered:

1. CEDAR – Cardiff & Vale University Health Board and Cardiff University. CEDAR is a centre for Healthcare Evaluation, Device Assessment & Research
2. CIVICA – All Wales platform used by all Health Boards in Wales to provide user feedback
3. Engagement HQ – platform used by Cardiff and Vale Regional Partnership Board (RPB). The Cardiff & Vale RPB brings together partners from Cardiff Council, Vale of Glamorgan Council, Cardiff & Vale University Health Board, Welsh Ambulance Service, housing, third and independent sectors and carer representatives
4. Cardiff Research Centre – delivers research, information and consultation services for Cardiff Council and its partner organisations.

As 3 of the above platforms had a connection with Cardiff and Vale University Health Board and therefore were not seen as independent, the group supported proceeding with Cardiff Research Centre (CRC) who were able to support the whole survey process. The Health Board agreed to fund the cost of the survey.

A key task undertaken by the Task & Finish Group was to agree the distribution of the letter, survey and communications briefing. The following options were considered:

OPTIONS	
Option 1	All residents in 8 villages: Pentyrch, Gwaelod y Garth, Creigiau, Capel Llaniltern, Llaniltern Village, Rhydlafar, Radyr, St Fagans
Option 2	All residents in 6 villages: Pentyrch, Gwaelod y Garth, Creigiau, Capel Llaniltern, Llaniltern Village, Rhydlafar
Option 3	All residents in 3 villages: Pentyrch, Gwaelod y Garth, Rhydlafar plus all patients of Pentyrch Branch Surgery in surrounding villages

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Llais advised that the survey should be distributed to all those patients registered with Llandaff Surgery and those registered at Pentyrch Branch Surgery. It was agreed by the group that the 3 villages most affected are Pentyrch, Gwaelod y Garth & Rhydlafar and on that basis these 3 villages and all registered patients at Llandaff Surgery and Pentyrch Branch Surgery would receive the survey (option 3).

However, Pentyrch Save Our Surgery & Pharmacy (PSOS&P) were opposed to including Llandaff patients as Llandaff Surgery and Rhydlafar are directly linked by a short, frequent bus service and therefore they would suffer no detriment whereas, travel between Pentyrch/Gwaelod y Garth and Rhydlafar is not possible via public transport. The Chair proceeded with supporting option 3 on the advice of Llais.

5.Survey

The Task & Finish Group agreed to proceed with Cardiff Research Centre (CRC) undertaking the survey given they are an independent body. This included sending out the letter, survey and communications briefing by post, analysing the responses and producing a report.

The letter, survey and communication briefing was circulated during the week commencing 29th July and was issued to 4,800 households. The deadline for completion was 15th September 2024, with the requirement for paper copies to be returned before this date. This provided a 6-week period for people to complete and return their survey response.

The agreed letter, survey and communication briefing confirmed that respondents could choose to complete the survey either using the paper copy or online. A freepost envelope was provided for those completing the paper copy, therefore avoiding respondents incurring postage costs in its return.

For those completing the survey online, a link was provided as well as a QR code which could be used to access the survey. Respondents completing the survey via this route were required to provide a unique code as included in the paper version. This was required to avoid potential duplication of responses from those outside of the agreed survey audience.

Support completing this survey was offered by Llais and this was confirmed in the letter issued. PSOS&P also offered support to the local community. An email address was provided through Pentyrch Community Council Newsletter ‘the Link’ for registered patients and/or those who live in the 3 areas potentially affected who did not receive the survey in the post.

The agreed letter, survey and communication briefing are included as an appendix (appendix 4, 5 & 6).

The Task & Finish Group agreed that the survey report would include both the overall results plus analysis of the following sub groups where the results were sufficiently statistically robust:

- Age groups
- Gender
- Disability or Health Condition
- Geography
- Ethnicity
- Parents/guardians attending with children

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- Carers (paid and unpaid)
- Extent of surgery use to inform demand for transport.

Summary of Outcome of Survey

A summary of the key findings of the survey are set out as follows:

- In total, 777 responses were received, and the data validated and cleansed, to remove duplicated or ineligible entries. This resulted in a total of 772 households, and 1,628 residents, taking part in the survey, accounting for 15.5% of all households invited to participate. This is a typical response rate for a survey of this type, and provides statistically robust results
- Most responses received were from Pentyrch (accounting for 39.2% of households, and 40.7% of residents), Llandaff (27.5% of households, and 24.5% of residents) and Rhydlafer (7.9% of households, and 9.1% of residents)
- Three in ten (30.9%) reported that they were registered with Pentyrch, 39.9% with Llandaff Surgery, and 29.2% with another GP surgery
- A total of 484 responses were received from patients that are registered with Pentyrch surgery. This represents nearly half (45.9%) of total registered patients, which can be considered a good response rate
- Amongst respondents registered with the Pentyrch branch surgery, 13.7% reported attending the surgery once a month or more, 33.3% once every 3 months or more, 28.3% once every six months or more, and 15.0% once a year or more. One in ten (9.7%) stated they had not visited the surgery in the past year
- Nearly a third of respondents attended their chosen surgery at least once every three months (31.2%), one in seven (14.6%) attended at least once a month, whilst just over two in five (44.6%) attended less than every three months but more than once a year. Almost one in ten (9.7%) had not attended their surgery in the last year. Respondents with a disability or health condition and carers were most likely to attend their surgery at least once a month
- The survey asked Pentyrch patients how they currently travel to the surgery: Nearly 6 in 10 of the respondents registered with Pentyrch Branch Surgery 59.8% stated that they usually walked to the surgery, 27.1% reported they drove themselves, whilst 11.6% were driven there by a family member
- Of the 471 respondents registered with Pentyrch Surgery who gave an answer to this question, 52.2% stated that they, or members of their household, anticipated problems getting to the new surgery. Respondents who anticipated problems getting to the new site in Rhydlafer were invited to provide further details, with reasons identified including lack of access to car/unable to drive, concerns about walking to the new surgery an expectation that they would no longer drive as they got older, concerns around public transport, concerns around transport and the impact of disabilities
- Respondents who use the surgery at least once a month were most likely to anticipate problems (80.0%), followed by those with a disability or health condition (63.6%) and those living in either Pentyrch or Gwaelod-Y-Garth (63.2%)
- Just over one in ten (11.9%) stated they would find it difficult to travel to the site in Rhydlafer, whilst an additional one in thirteen (7.2%) felt they would not be able to access the Branch Surgery in its proposed new site
- Half of respondents (50.7%) registered at Pentyrch expressed an interest in using a Community Transport Scheme (or similar) when the surgery relocates. Interest was highest amongst respondents anticipating problems getting to the site at Rhydlafer, and those using the surgery at least once a month

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- Respondents from 231 households with at least one person registered at the Pentyrch surgery, answering on behalf of their household rather than individuals, were asked which aspects of any potential transport scheme they felt to be most important. A 'reliable' service was seen as the most important factor, followed by frequency of service. Other factors of importance include the ability to book it on the day, low or no cost, and door to door provision
- 50 individuals expressed an interest in volunteering in a local Community Transport Service (29 of these individuals shared their contact information)
- All of the 50 households from Rhydlafer that responded raised concerns about the relocation of the surgery, parking concerns was rated as the most important concern followed by road safety on the estate, the potential increase in the volume of traffic and concerns for children catching the school bus. Safety of access to the surgery received the highest proportion of 'most important' votes (28.0%).

The survey outcome report is included as an appendix (appendix 7).

6. Estimated Demand for Transport Support

CAVUHB Business Intelligence Unit (BIU) estimated demand on the basis of the mandate of the Group which is 'to understand the need and identify options for consideration to provide an appropriate level of support for residents of Pentyrch and the wider community **who cannot access, or would find it difficult to access** the new Branch Surgery'.

To estimate the demand for transport the modelling was focused on residents from Pentyrch and Gwaelod-Y-Garth currently registered with the surgery who (Q7 CRC report):

- Would find it difficult to travel to the new Branch Surgery – **11.9% of responses**
- Would not be able to access the new Branch Surgery – **7.2% of responses.**

90 respondents indicated that they would have difficulty or would not be able to attend a surgery at Rhydlafer Drive. Of these, 83 stated their current frequency of attendance at Pentyrch surgery. This has been used to model potential future demand for transport and suggests the following:

- Baseline estimate suggests that **18** people a week would require support
- If we were to consider the responses as a statistical sample, then the weekly requirement would rise to **39**
- The best estimate will lie somewhere between these, but probably somewhat closer to the baseline.

The CAVUHB modelling is included as an appendix (appendix 8).

A member of the Task and Finish Group representing Rhydlafer Residents Group also produced a modelling demand paper which included those who planned to walk, travel by bus or community transport to the new branch surgery when it relocates. Including these cohorts produces an estimated demand for transport between 6,000 to 8,600 journeys per year or 38 to 55 journeys per day. Whilst this paper presents a robust methodology it does not represent the cohort of people that aligns with the mandate of the Task & Finish Group.

The RRG modelling is included as an appendix (appendix 9).



The Task & Finish group agree that the modelling has been done at a point in time and that demand in the future may change.

7. Transport Options

The Group’s agreed Terms of Reference identified a number of key tasks to be undertaken in order to identify potential transport options that could be considered. These involved scoping out the current and future status in relation to transport available from/to Pentyrch and surrounding villages, working with relevant partners to identify all suitable transport options for residents and seeking examples of solutions from across Wales and beyond.

As part of the ‘gathering intelligence’ exercise the Chair of the Transport group made early contact with the Community Transport Association to provide advice and guidance to the group. In addition, the Group received papers/presentations as follows:

- A presentation from Cardiff Council representative on Task & Finish Group on Cardiff Council’s Transport Plans in relation to Pentyrch and surrounding communities,
- A presentation from VEST who are an established community Group already operating in the Pentyrch area working in conjunction with Cardiff Council to provide two services; the ring and ride service and the dial a bus service vestcommunitytransport.org
- A presentation from the Community Transport Association, a UK charity providing leadership, training, advice, and operational support to transport related charities, community groups and social enterprises in England, Scotland, Wales, and Northern Ireland. [Connecting Communities in Wales - Community Transport Association Community Transport Association \(ctauk.org\)](http://ConnectingCommunitiesinWales-CommunityTransportAssociationCommunityTransportAssociation(ctauk.org))
- The findings of a visit to Dinas Powys Voluntary Concern (DPVC) a Community Transport scheme currently being run in Dinas Powys to support access to the newly developed GP Practice for residents of Dinas Powys [Services | DPVC](#)
- A paper produced by PSOS&P providing information in relation to community transport schemes in Wales
- 2 Teams meetings were held with the Community Transport Association.

This ‘gathering intelligence’ exercise resulted in the following options being identified and explored (highlighted in green are the 2 potentially viable options):

OPTIONS EXPLORED	
1	Community Transport Scheme – 2 options. 1a: Volunteer led car scheme or 1b: Community owned vehicle
2	Community Car Service using a Cardiff Council electric vehicle supported by PCC covering the G1 service, and potentially expanded to include Pentyrch and Rhydlafer Drive
3	Taxi Service operating under existing Health Board Service Level Agreement (SLA) – access would be managed by the Practice based on ‘eligibility’ for initial 12-month period to quantify demand to inform a longer-term community transport solution
4	VEST – currently provides transport for over 65s and disabled (any age) who are unable to use public transport. VEST does not offer transport for same day appointments

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5	Cardiff Council to provide a bus route between Pentyrch & Rhydlafer Drive by extending 136 or 122 routes
6	Community Transport Scheme run by volunteers using a vehicle donated and maintained by Cardiff Council
7	A vehicle donated and maintained by Cardiff Council with a paid driver(s) funded by Health Board
8	A vehicle sponsored by Charities and maintained by Cardiff Council with a paid driver(s) funded by Health Board
9	A Community Bus covering the G1 route run by VEST

Further to exploring all the options, the Task & Finish Group concluded that:

- Options 1a and 3 are potentially viable options for consideration by the Project Team
- Options 2 and 4 to 9 are not viable options and are therefore not for consideration.

The key principles have been reviewed against the 2 potentially viable options and the majority are achieved (appendix 10, pages 13 & 14).

These options take account of the confirmed position by Cardiff Council that at this point in time they are **not able** to offer any transport proposals which support access to the new branch surgery. The Task & Finish Group recognise the excellent service provided by VEST but are concerned that funding has been 'frozen' since 2016 and would ask Cardiff Council to address this as a matter of urgency

Both PCC and PSOS&P confirmed that they would **not be in a position** at this point in time to lead a Community Transport Scheme.

The costings in relation to the 2 potentially viable options have been based on the CAVUHB modelling: 18, 28 & 39 return journeys per week.

8.Recommendations

The Pentyrch Transport Task & Finish Group recommend the following:

1. The Project Team to acknowledge the engagement and contribution from all members of the Task & Finish Group in meeting the mandate
2. The Project Team to note the concerns raised by PCC, PSOS&P & RRG regarding the location of the new survey and the potential impact of the Pentyrch Pharmacy recognising that these issues were out of scope for the Task & Finish Group
3. The Project Team to note the feedback from PCC, PSOS&P & RRG setting out the reasons why they do not support the final report (appendix 11)
4. The Project Team to consider the 2 potentially viable options set out in the table below
5. The Project Team to note the request from Llais, PCC, PSOS&P & RRG to continue to contribute to the implementation and evaluation of the transport option agreed recognising that this may be via a sub-group of the Project Team.

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




OPTIONS TO CONSIDER	RECOMMENDATIONS	COSTS
<p>1a Community Transport Scheme – Volunteer Led Car Scheme</p>	<p>Cardiff and Vale UHB to consider funding the Volunteer Led Car Scheme for 12 months to determine and quantify the demand</p> <p>Approach the Community Transport Association (CTA) to provide advice and support the Community to set up the scheme and submit bids for future funding</p> <p>This option is reliant on the community supporting and leading this scheme. Given that PCC and PSOS&P have confirmed they will not take a lead role in supporting this scheme there would be a need to attract volunteers from the community. 29 respondents to the survey expressed an interest in volunteering and provided contact details</p>	<p>Costing based on the range as per the modelling undertaken by UHB:</p> <p>18 return journeys per week = 26k per annum</p> <p>28 return journeys per week = 27k per annum</p> <p>39 return journeys per week = 28k per annum</p>
<p>3 Taxi Service operating under existing Health Board Service Level Arrangement (SLA) – access would be managed by the Practice based on ‘eligibility’ for initial 12-month period to quantify demand to inform a longer-term community transport solution</p>	<p>Cardiff and Vale UHB to consider funding a taxi service for ‘eligible’ patients for 12 months to determine and quantify the demand to inform a longer-term community transport solution</p> <p>The GP Practice have indicated that they can provide staff to undertake the bookings</p>	<p>Costing based on the range as per the modelling undertaken by UHB:</p> <p>18 return journeys per week = 29k per annum</p> <p>28 return journeys per week = 44k per annum</p> <p>39 return journeys per week = 62k per annum</p>

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Appendices

DOCUMENTS		
Appendix 1	Terms of Reference	 Appendix 1 TOR.pdf
Appendix 2	Survey Objectives	 Appendix 2 Survey Objectives.pdf
Appendix 3	Key Principles	 Appendix 3 Key Principles.pdf
Appendix 4	Letter	 Appendix 4 Letter to households.pdf
Appendix 5	Survey	 Appendix 5 Survey.pdf
Appendix 6	Communications Briefing	 Appendix 6 Communications Brie
Appendix 7	Survey Report	 Appendix 7 Pentyrch Branch Surgery Trans
Appendix 8	Modelling – CAVUHB Business Intelligence Unit	 Appendix 8 Modelling MT.pdf
Appendix 9	Modelling – Rhydlafer Residents Group	 Appendix 9 Modelling Paper RRG
Appendix 10	Transport Options & Assessment of Key Principles	 Appendix 10 Transport Options - fi
Appendix 11	Community Groups represented on Task and Finish Group – Feedback as to why they are not able to support the final report	 Appendix 11 - PSOSP  Appendix 11 - Objections to report, Transport report feed  Appendix 11 - Transport Group - Rh  Appendix 11 - Transport report feed  Appendix 11 PCC attachment (feedback  Appendix 11 - Transport report feed  Appendix 11 - Transport report feed

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Appendix 1

PENTYRCH & SURROUNDING AREA BRANCH SURGERY PROJECT

TRANSPORT TASK AND FINISH GROUP

TERMS OF REFERENCE

PURPOSE OF TRANSPORT TASK & FINISH GROUP

The purpose of the Transport Task and Finish Group is to understand the need and identify options for consideration to provide an appropriate level of support for residents of Pentyrch and the wider community to access the new Branch Surgery which will be re-provided on Rhydlafer Drive.

The aim is to complete the work of the Task & Finish Group by September 2024.

ROLES & RESPONSIBILITIES

The Group will work within a defined scope.

In Scope:

- To consider transport needs including the potential number of residents who will/may require support to access the new Branch GP Surgery
- To consider sustainable long-term options in relation to the transport needs identified by residents of Pentyrch and surrounding communities **and** also registered patients of Llandaff and Pentyrch Surgeries who currently access Pentyrch Branch GP Surgery and who will attend the new Branch GP Surgery on Rhydlafer Drive for a face to face appointment or other identified need
- To consider the transport related concerns of local residents in relation to the new Branch GP Surgery on Rhydlafer Drive, and relay any concerns identified to the Pentyrch Surgery Development Project Team.

Out of Scope:

- Location of new health services on Rhydlafer Drive
- Relocation of the Pentyrch Pharmacy
- Wider public transport issues in the community, which falls within the remit of Cardiff Council and their commitment to improve public transport and active travel.

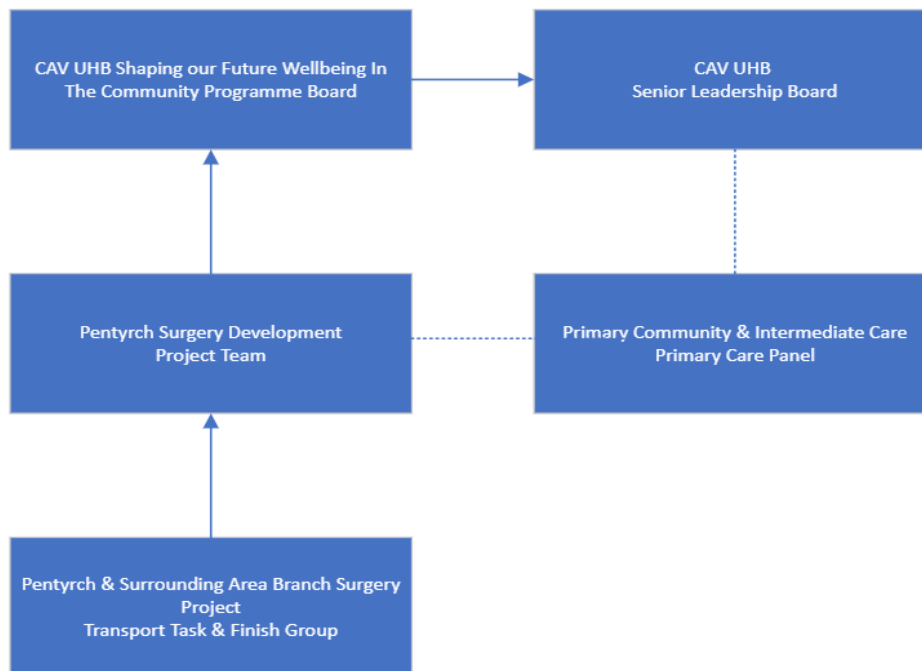


The Task & Finish Group will carry out the following duties and responsibilities:

- Inform residents of Pentyrch and the surrounding area about the engagement including the plans for the new health services and timelines if available
- Agree the intentions of the survey and letter to residents to engage them and gather feedback
- Agree the letter and survey questions, distribution and process of analysis
- Establish a clear timeline for engagement
- Analyse the feedback from the engagement and produce a report capturing the outcome of the engagement
- Scope the current and future status in relation to transport available from/to Pentyrch and surrounding villages
- Work with relevant partners to identify all suitable transport options for residents
- Seek examples of solutions from across Wales and beyond
- Provide Pentyrch Surgery Development Project Team with a report setting out the Task & Finish Group outcomes and recommendations including concerns raised that are related to the new development but are not within the mandate of the Transport Group.

GOVERNANCE ARRANGEMENTS

The Transport Task and Finish Group will be required to report to Pentyrch Surgery Development Project Team.



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**DECISION MAKING RESPONSIBILITIES**

The Task and Finish group is not established as a decision-making forum; it will make recommendations to the Pentyrch Surgery Development Project Team who are the decision-making forum.

MEMBERSHIP

NAME	TITLE	ORGANISATION
Geraldine Johnston (Chair)	Operations Director	Cardiff & Vale UHB
Geoff Walsh	Director of Capital, Estates & Facilities	Cardiff & Vale UHB
Clare Evans	Assistant Director Primary Care	Cardiff & Vale UHB
Sian Powell	Primary Care Contract & Development Manager	Cardiff & Vale UHB
Rhys Davies	North and West Locality Manager	Cardiff & Vale UHB
Tom Porter	Consultant in Public Health Medicine – Lead on Active & Sustainable Travel	Cardiff & Vale UHB
Bronte Howard	UHB Comms representative	Cardiff & Vale UHB
Tracey Enright	Practice Manager	Llandaff & Pentyrch Surgery
Stephen Gerrard	Team Leader, Network Operations	Cardiff Council – Transport
Helen Williams Amy English Jess Mannings	Interim Regional Director Deputy Regional Director Public Engagement, Monitoring & Scrutiny Management Officer	Llais
Louise McGrath Yvonne Kripp John Yarrow	Councillors	Pentyrch Community Council

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Mike Colley Roma Beard	Members of PSOS&P Campaign Group	Pentyrch Save Our Surgery & Pharmacy
Bethan Devonald Catherine Heyworth	Members of Rhydlafer Residents Group	Rhydlafer Residents Group

A maximum of 2 representatives from the Community Group PSOS&P, PCC, Rhydlafer Residents Group and Llais are invited to be present at each meeting. It is the responsibility of the Community Groups and Llais to ensure there is a least 1 representative is in attendance.

MEETINGS

The Task and Finish Group will meet every 4 to 6 weeks, and more frequently if required. Papers will be circulated electronically to members at least 5 working days in advance of the meetings.

Agendas will be determined by members of the Group and agreed by the Chair. If members wish to add items to the agenda they should email the Chair at least 10 working days in advance of the meeting. The meeting will be administered by the Primary Care Team.

Draft minutes will be agreed by the Chair prior to distribution of papers. Minutes and action notes of meetings will be prepared and distributed within 5 working days following the meeting.

The meetings will be held face-to-face at Woodland House and only via Teams in exceptional circumstances. All members are encouraged to attend the meetings as a priority. However, if on occasion, members are unable to attend they should notify the Chair at least 48 hours before the meeting.

The group will show courtesy and respect to each other and will support and encourage contributions from all members.

Cardiff and Vale UHB Values

- **Care** about the people we serve and the people we work with.
- Act with **kindness** – because it costs nothing, and makes all the difference in the world.

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- Show **trust** – because our staff have been trained to do their jobs and we work at our best when we feel we are being trusted.
- Take and expect **personal responsibility** – because everyone has a job to do and we are all responsible for doing our jobs as well as we can.
- Be **respectful** – because this is what we want for ourselves.
- Always act with **integrity** – because we build trust and respect if we keep our promises, do what we say we will do, and work as colleagues together.

Final version agreed at Task & Finish Group Meeting on 23/04/24

Appendix 2

Final version agreed 23/04/24

SURVEY OBJECTIVES

The purpose of the survey is to consult and engage with residents regarding transport to access the proposed new location of medical services, providing sufficient information for residents to enable meaningful engagement.

The survey will be accompanied by a covering letter explaining the context of the survey and a communication briefing about the new Branch Surgery.

NO	OBJECTIVES	HOW WE WILL ADDRESS THE OBJECTIVE
PCC		
1	To explain to residents about the proposed relocation of medical services	Letter & Comms Briefing
2	To share with resident’s information about the medical services which are likely to be provided at the proposed location	Comms Briefing
3	To share with residents the current public transport limitations restricting residents’ access to the proposed new medical services location	Letter
4	To inform residents of the potential additional transport options	Survey outcomes
5	To ask residents to share their concerns regards transport/access to the medical services at the proposed new location	Survey
6	To consult and engage with residents on providing a suitable form of transport for residents to access the new location	Survey
7	To ask residents for further comments or ideas regards accessing the new location	Survey
PSOS&P		

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8	Make residents fully aware of what the HB is proposing regarding a relocation of health care services to Rhydlafer i.e. its intended location by providing a map, street name and post code,	Comms Briefing
9	Advise residents on the precise services to be offered from day 1 and if services over and above those offered at present are to be added what these will be and from what date they will be provided from	Comms Briefing
10	Consult residents on providing a suitable form of transport for all users of medical services in Pentyrch	Survey
11	Advise residents of the apparent limitations of providing public transport to Rhydlafer	Letter
12	Seek residents' views on what they might see as a transport solution to overcome the problems of access	Survey
13	Design the survey such that it does not deter residents from responding to it by asking questions which are not directly related to the access issues, asking hypothetical questions and it being too long	Survey
14	Ensure all occupants of all households are able to, and strongly encouraged to, fully participate in the survey	Letter
RHYDLAFAR RESIDENTS GROUP		
15	Identify impact of transport options on Rhydlafer Residents	Survey

Appendix 3

**PENTYRCH & SURROUNDING AREA BRANCH SURGERY PROJECT
 TRANSPORT TASK AND FINISH GROUP
 KEY PRINCIPLES (Approved 23/04/24)**

PRINCIPLES UPON WHICH WE EVALUATE TRANSPORT OPTIONS
<p>Accessibility:</p> <ul style="list-style-type: none"> ▪ Every resident should be able to access the health services at the new location when they need too and with reasonable journey times so that residents remain healthy and economically active members of society ▪ Transport options must be available to all residents ▪ There must be a clear process to access transport ▪ Frequency of transport must correspond with health services opening hours, preferably should be regular and flexible to meet appointment times and have

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capacity to allow access for same day appointments to meet the needs of residents accessing the service

- Residents should be able to depend on the transport solution to reliably get them to their appointment on time
- Avoid digital exclusion by ensuring there are other means of accessing services.

Affordability:

- Solutions should be affordable to all residents.

Safety:

- Ensure the safety of residents when considering transport options.

Sustainability of Service:

- Provide a sustainable long-term solution that is flexible and can respond to changes in demand in the future
- Monitor utilisation of the transport service to ensure it meets demand.

Carbon Footprint:

- Consider environmentally sustainable transport options which avoid the need to travel by private car

Engagement of Residents:

- Transparent and open with residents and encourage engagement in the survey
- Ensure the outcome of the survey informs the recommendations from the Task & Finish Group.

'Intelligence Gathering':

- The Task & Finish Group will gather information on existing schemes to understand how they run their service to inform options for Task & Finish Group to consider.

Section 183 NHS (Wales) Act 2006: <https://www.gov.wales/guidance-changes-health-service>

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Welsh Government National Transport Delivery

Plan: <https://www.gov.wales/sites/default/files/publications/2023-02/national-transport-delivery-plan-2022to2027.pdf>

Appendix 4



Cardiff and Vale University Health Board
Executive Headquarters
Woodland House
Maes-Y-Coed Road
Cardiff CF14 4TT

Households of:
Registered Patients Llandaff & Pentyrch GP Surgeries &
Residents of Pentyrch, Gwaelod Y Garth & Rhydlafer

29 July 2024

Dear Household,

INVITATION TO COMPLETE THE ATTACHED SURVEY – YOUR FEEDBACK IS IMPORTANT

This letter has been sent to your household as one or more of your household is currently registered with the Llandaff/Pentyrch Practice or because you are a resident in the 3 villages potentially affected by the move of the Pentyrch Branch Surgery.

Pentyrch Branch Surgery will relocate to a new Branch GP Surgery premises which will be built on Rhydlafer Drive, St Fagans, CF5. The relocation will provide a permanent home for the Branch GP Surgery and will support the development of health services in the area.

Please find attached a Communications Briefing providing more information about the new Branch GP Surgery. Pentyrch Branch Surgery operates as a branch of Llandaff Surgery. The future of Llandaff Surgery will not be affected by the relocation of the Branch Surgery.

We fully acknowledge and understand the importance of ensuring people can access the Branch GP Surgery when considering a new location. Access to the new Pentyrch Branch GP Surgery emerged as a key issue during the engagement process and remains a significant issue for many residents. At this point in time Cardiff Council do not currently provide or plan to provide a direct bus route from Pentyrch to Rhydlafer Drive, St Fagans, CF5.

The Health Board is committed to working with residents to ensure they are able to access services. We welcome your input to better help us understand the demand and identify suitable options that will contribute to providing a sustainable, long term plan for access and transportation to the new site.

To address this, Cardiff and Vale University Health Board has set up a Transport Task & Finish Group which has representation from:

- Cardiff and Vale University Health Board
- Llandaff & Pentyrch Surgeries
- Cardiff Council – Planning, Transport & Environment Department
- Llais (formerly South Glamorgan Community Health Council)
- Pentyrch Community Council
- Pentyrch Save our Surgery & Pharmacy
- Rhydlafer Residents Group.

The purpose of the group is to assess and understand how residents currently access Pentyrch Branch GP Surgery, how they will access the new Branch GP Surgery and identify options for consideration to provide a solution for those who will be unable to access the new location on Rhydlafer Drive. The Task & Finish Group will submit a report with recommendations to Pentyrch Surgery Development Project Team.

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We would be grateful if your household could complete the enclosed survey to provide us with feedback. If you are a carer opening this letter on behalf of someone else we ask that you kindly complete and return on the individual's behalf.

The survey is being conducted by Cardiff Research Centre. Survey responses will be anonymous. The survey is open for comment for a 6-week period between 29 July and 15 September 2024. If you would like to complete the survey online, please insert the following link into your web browser <https://online1.snapsurveys.com/PentyrchTransport> or scan the QR code below. Alternatively, you can complete the paper copy enclosed and return it using the freepost envelope provided. Please complete either the on-line OR the paper version, not both.



If you would like help to complete this survey, please contact Llais who will be happy to provide support:

Address	Llais, ProCopy Business Centre (Rear), Parc Ty Glas, Llanishen, Cardiff CF14 5DU
Telephone	02920 750112
Email	Cardiffandvaleenquiries@llaiscymru.org

We urge each member of your household to participate in the completion of the survey, your feedback is very important to us. On behalf of the Transport Task & Finish Group, thank you in advance for sharing your views with us.

Kind Regards

Suzanne Rankin
Chief Executive Officer

Please Note

The inclusion of a pharmacy is not being considered as part of the survey as this is a separate process. The Health Board are part of a legal and regulatory decision-making process regarding Pharmaceutical Services, therefore, it would not be appropriate for the Health Board to pre-empt any decision at this time in relation to pharmacy provision that they may be asked to determine in the future, nor pre-empt any revisions to the Pharmaceutical Needs Assessment (PNA) as this may be subject to appeal to Welsh Government. These regulations ensure the Health Board consider the pharmacy service needs of the population in Cardiff and Vale University Health Board. If there are any proposed changes to pharmacy services in an area, the Health Board are required to make sure that the provision of pharmacy services are not less accessible to any current population using existing pharmacy services.

For further information regarding regulations regarding NHS Wales Pharmaceutical Services please go to: <https://www.legislation.gov.uk/wsi/2020/1073/contents/made>

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Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Pencadlys Gweithredol
Tŷ Coetir
Heol Maes y Coed
Caerdydd CF14 4TT

Aelwydydd:
Cleifion Cofrestredig Meddygfeydd Llandaf a Phentyrch a
thrigolion Pentyrch, Gwaelod-y-Garth a Rhydlafer

29 Gorffennaf 2024

Annwyl Breswlyydd,

GWAHODDIAD I GWBLHAU'R AROLWG ATODEDIG – MAE EICH ADBORTH YN BWYSIG

Mae'r llythyr hwn wedi cael ei anfon i'ch cartref gan fod un neu fwy o'ch aelwyd wedi'i gofrestru ar hyn o bryd gyda Meddygfa Llandaf/Pentyrch neu oherwydd eich bod yn byw yn y 3 phentref mae'n bosib yr effeithir arnynt drwy symud Meddygfa Gangen Pentyrch.

Bydd Meddygfa Gangen Pentyrch yn adleoli i safle Meddygfa Gangen newydd a fydd yn cael ei hadeiladu ar Rhydlafer Drive, Sain Ffagan, CF5. Bydd yr adleoli'n gartref parhaol i'r Feddygfa Gangen a bydd yn cefnogi datblygiad gwasanaethau iechyd yn yr ardal.

Mae dogfen Briffio Cyfathrebu wedi'i hatodi sy'n rhoi rhagor o wybodaeth am y Feddygfa Gangen newydd. Mae Meddygfa Gangen Pentyrch yn gweithredu fel cangen o Feddygfa Llandaf. Ni effeithir ar ddyfodol Meddygfa Llandaf gan adleoli'r Feddygfa Gangen.

Rydym yn cydnabod ac yn deall yn llawn bwysigrwydd sicrhau bod pobl yn gallu cael gafael ar Feddygfa Gangen wrth ystyried lleoliad newydd. Daeth mynediad at Feddygfa Gangen Pentyrch i'r amlwg fel mater allweddol yn ystod y broses ymgysylltu ac mae'n parhau i fod yn fater sylweddol i lawer o drigolion. Ar hyn o bryd, nid yw Cyngor Caerdydd yn darparu, nac yn bwriadu darparu, llwybr bws uniongyrchol o Pentyrch i Rhydlafer Drive, Sain Ffagan, CF5.

Mae'r Bwrdd Iechyd wedi ymrwymo i weithio gyda thrigolion i sicrhau eu bod yn gallu cael gafael ar wasanaethau. Rydym yn croesawu eich mewnbwn i'n helpu i ddeall y galw yn well a nodi opsiynau addas a fydd yn cyfrannu at ddarparu cynllun cynaliadwy, hirdymor ar gyfer mynediad a chlodiant i'r safle newydd.

I fynd i'r afael â hyn, mae Bwrdd Iechyd Prifysgol Caerdydd a'r Fro wedi sefydlu Grŵp Gorchwyl a Gorffen Trafndiaeth sydd â chynrychiolaeth o:

- Fwrdd Iechyd Prifysgol Caerdydd a'r Fro
- Meddygfeydd Llandaf a Phentyrch
- Adran Cynllunio, Trafndiaeth a'r Amgylchedd - Cyngor Caerdydd
- Llais (Cyngor Iechyd Cymuned De Morgannwg gynt)
- Cyngor Cymuned Pentyrch
- Achub ein Meddygfa a'n Fferyllfa Pentyrch
- Grŵp Trigolion Rhydlafer.

Diben y grŵp yw asesu a deall sut mae trigolion yn cael mynediad at Feddygfa Gangen Pentyrch ar hyn o bryd, sut y byddant yn cael mynediad at y Feddygfa Gangen newydd a nodi opsiynau i'w hystyried i ddarparu ateb i'r rheini na fyddant yn gallu cael mynediad i'r lleoliad newydd ar Rhydlafer Drive. Bydd y Grŵp Gorchwyl a Gorffen yn cyflwyno adroddiad gydag argymhellion i Dîm Prosiect Datblygu Meddygfa Pentyrch.

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Byddem yn ddiolchgar pe gallai eich cartref gwblhau'r arolwg amgaeedig i roi adborth i ni. Os ydych yn ofalwr sy'n agor y llythyr hwn ar ran rhywun arall, gofynnwn yn garedig i chi ei lenwi a'i ddychwelyd ar ran yr unigolyn.

Mae'r arolwg yn cael ei gynnal gan Ganolfan Ymchwil Caerdydd. Bydd ymatebion i'r arolwg yn ddiennw. Mae'r arolwg ar agor ar gyfer sylwadau am gyfnod o 6 wythnos rhwng 29 Gorffennaf ac 15 Medi 2024. Os hoffech gwblhau'r arolwg ar-lein, mewnosodwch y ddolen ganlynol i'ch porwr gwe. <https://online1.snapsurveys.com/PentyrchTransport> neu sganiwch y cod QR isod. Fel arall, gallwch gwblhau'r copi papur sy'n amgaeedig a'i anfon yn ôl atom gan ddefnyddio'r amlen rhadbost a ddarperir. Cwblhewch naill ai'r fersiwn ar-lein NEU'r fersiwn bapur, nid y ddau.



Os hoffech chi gael help i gwblhau'r arolwg hwn, cysylltwch â Llais a fydd yn hapus i ddarparu cefnogaeth:

Cyfeiriad	Llais, Canolfan Fusnes ProCopy (y tu cefn), Parc Tŷ Glas, Llanisien, Caerdydd CF14 5DU
Ffôn	02920 750112
E-bost	Cardiffandvaleenquiries@llaiscymru.org

Rydym yn annog pob aelod o'ch aelwyd i gymryd rhan wrth gwblhau'r arolwg, mae eich adborth yn bwysig iawn i ni. Ar ran y Grŵp Gorchwyl a Gorffen Trafndiaeth, diolch ymlaen llaw am rannu eich barn â ni.

Cofion cynnes

Suzanne Rankin
Prif Swyddog Gweithredol

Sylwer

Nid yw cynnwys fferyllfa yn cael ei ystyried fel rhan o'r arolwg gan fod hon yn broses ar wahân. Mae'r Bwrdd Iechyd yn rhan o broses gwneud penderfyniadau cyfreithiol a rheoleiddiol ynghylch Gwasanaethau Fferyllol, felly ni fyddai'n briodol i'r Bwrdd Iechyd ragflaenu unrhyw benderfyniad ar hyn o bryd mewn perthynas â darpariaeth fferylliaeth y gofynnir iddynt ei phenderfynu yn y dyfodol, na rhagweld unrhyw ddiwygiadau i'r Asesiad Anghenion Fferyllol (AAFF) gan y gallai hyn fod yn destun apêl i Lywodraeth Cymru. Mae'r rheoliadau hyn yn sicrhau bod y Bwrdd Iechyd yn ystyried anghenion gwasanaeth fferylliaeth y boblogaeth ym Mwrdd Iechyd Prifysgol Caerdydd a'r Fro. Os oes unrhyw newidiadau arfaethedig i wasanaethau fferylliaeth mewn ardal, mae'n ofynnol i'r Bwrdd Iechyd sicrhau nad yw darparu gwasanaethau fferylliaeth yn llai hygyrch i unrhyw boblogaeth bresennol sy'n defnyddio gwasanaethau fferyllol presennol.

I gael rhagor o wybodaeth am reoliadau ynghylch Gwasanaethau Fferyllol GIG Cymru, cliciwch ar y ddolen hon: <https://www.legislation.gov.uk/cy/wsi/2020/1073/contents/made>

Appendix 5

Childnet, Rachel
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PENTYRCH BRANCH SURGERY TRANSPORT SURVEY

Pentyrch Branch GP Surgery will be relocating to a new site which will be built on Rhydlafer Drive, St Fagans, CF5.

Cardiff and Vale Health Board is committed to working with registered patients and residents to ensure they are able to access services and we would welcome your views, ideas and comments to identify how we can provide a sustainable plan for access and transportation that meets the needs of those who will use the new Branch Surgery.



If you would like help completing this survey, please contact Llais by calling **02920 750112** or emailing **Cardiffandvaleenquiries@llaiscymru.org**

You can choose to complete this survey either using this paper copy or online, please don't do both.

Paper copies of the survey can be returned in the Freepost envelope provided, or post to **FREEPOST CRC** (you won't need a stamp to do this).

The survey closes on 15th September 2024. Please ensure paper copies are returned before this date or they will not be considered.

To complete the survey online, type the following link into your browser **<https://online1.snapsurveys.com/PentyrchTransport>** or scan the QR code:



You will need to provide the following Unique Code to complete the online survey:



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



The information that you provide in completing this form will be treated as confidential, in line with the requirements of the Data Protection Act 2018 and the General Data Protection Principles.

Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it you consent to the Council processing the data for the purpose for which it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law.

If you wish to withdraw consent at any time, please email consultation@cardiff.gov.uk For further information on how we process your personal data please refer to our Privacy Policy - or contact the Data Protection Officer, Room 357, County Hall, CF10 4UW, email: dataprotection@cardiff.gov.uk

1. Which of the following do you live in?

- | | | |
|--|--|---------------------------------|
| <input type="radio"/> Pentyrch | <input type="radio"/> Gwaelod y Garth | <input type="radio"/> Creigiau |
| <input type="radio"/> Capel Llaniltern | <input type="radio"/> Llaniltern Village | <input type="radio"/> Rhydlafar |
| <input type="radio"/> Radyr | <input type="radio"/> St Fagans | <input type="radio"/> Llandaff |
| <input type="radio"/> Canton | <input type="radio"/> Fairwater | <input type="radio"/> Other |

If other, please specify area _____

We would like to know how you, and members of your household currently access Healthcare services.

Please provide answers for each member of your household, including children, either by asking each member of the household to answer for themselves, or consulting with them and answering on their behalf.

If there are fewer than 6 people in your household, please ignore columns that do not apply, if there are more than 6, please complete a separate survey for these individuals, or provide answers for these on a separate sheet, and return this along with the paper survey.

2. Which GP Practice are you registered with?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Pentyrch Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Llandaff Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- If you are, or anyone in your household is registered with Pentyrch or Llandaff surgeries, please go to the next question.
- If no-one in your household is registered with Pentyrch or Llandaff surgeries, please go to Q12.

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TRANSPORT AND ACCESS TO YOUR CURRENT SURGERY

This section is for patients registered with Pentyrch or Llandaff surgeries.

3. Which GP Practice do you attend more regularly?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Pentyrch Surgery site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Llandaff Surgery site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. On average, over the last year, how often did you attend this Surgery?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Once a week or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once a month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once every 3 months or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once every 6 months or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once a year or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have not attended the surgery in the last year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How do you typically travel to this Surgery?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driven by family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driven by a friend or neighbour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driven by a carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private taxi / Uber	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transport - Bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community transport scheme - Please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other - Please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify which Community Transport Scheme you currently use: _____

Please specify other transport used: _____

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TRANSPORT AND ACCESS TO YOUR CURRENT SURGERY

This section is for patients registered with Pentyrch or Llandaff surgeries.

3. Which GP Practice do you attend more regularly?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Pentyrch Surgery site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Llandaff Surgery site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. On average, over the last year, how often did you attend this Surgery?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Once a week or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once a month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once every 3 months or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once every 6 months or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once a year or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have not attended the surgery in the last year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How do you typically travel to this Surgery?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driven by family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driven by a friend or neighbour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driven by a carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private taxi / Uber	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transport - Bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community transport scheme - Please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other - Please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify which Community Transport Scheme you currently use: _____

Please specify other transport used: _____

Chilcott, Rachel
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TRANSPORT AND ACCESS TO NEW BRANCH SURGERY AT RHYDLAFAR

This section is for patients registered with the Pentyrch Surgery only.

6. Do you, or members of your household, anticipate any problems in getting to the relocated surgery at Rhydlafar?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you anticipate any problems, please provide details _____

7. How will you and members of your household most likely travel to the new Branch Surgery when it relocates to Rhydlafar?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driven by family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driven by a friend or neighbour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driven by a carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private taxi / Uber	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transport - Bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community transport scheme (*See note below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other - Please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would find it difficult to travel to the Branch Surgery at Rhydlafar - Please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would not be able to access the Branch Surgery at Rhydlafar - Please explain why overleaf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Community Transport Schemes (CTS) provide flexible and accessible community-led solutions to unmet local transport needs. Typical services include voluntary car schemes, community bus services, hospital transport, and dial-a-ride services. Most take people from door to door, but some are scheduled services along fixed routes where conventional bus services aren't available.

Please specify other transport used _____

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Please tell us why you would find it difficult to travel to the Branch Surgery at Rhydlafer

Please tell us why you would not be able to access the Branch Surgery at Rhydlafer

TRANSPORT SCHEMES

This section is for patients registered with the Pentyrch Surgery only.

8. Thinking about potential transport schemes, which factors would be of most importance to you and members of your household?

Indicate the top five most important factors, with 1 being the most important. Please tick only one factor per column - if more than five options are selected, all responses will be considered null and void, and will be disregarded from the analysis.

	Most important	2nd most important	3rd most important	4th most important	5th most important
Door-to-door provision - picked up from home to surgery and back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmentally sustainable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel safe when using it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low or no cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is reliable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of booking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It can be booked on the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It can be booked in advance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both outward and return journeys can be booked together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reasonable journey times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reasonable wait times for the transport to arrive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service is sustainable in the long-term	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify any other factors you feel are important _____

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9. Thinking about public transport options, what would be most important to you and members of your household?

	Most important	2nd most important	3rd most important	4th most important	5th most important
Cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. When travelling, would you need any of the following: Tick all that apply

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Adaptive car, suitable for wheelchairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Space for a wheelchair / buggy / walking frame	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baby / child seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None of these	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify any other concerns _____

11. Based on your current circumstance (and recognising these could change), would you be interested in using a Community Transport Scheme (or similar) when the Branch Surgery relocates?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TRANSPORT ISSUES - ANY OTHER COMMENTS
This section is for everyone to complete

12. Do you, or anyone in your household, have any suggestions regarding transport to the new branch surgery that you would like to put forward for consideration?

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13. Do you, or anyone in your household, have other concerns regarding transport to the new branch surgery that will be relocated to Rhydlafer?

COMMUNITY TRANSPORT SCHEME

This section is for everyone to complete

** Community Transport Schemes (CTS) provide flexible and accessible community-led solutions to unmet local transport needs. Typical services include voluntary car schemes, community bus services, hospital transport, and dial-a-ride services. Most take people from door to door, but some are scheduled services along fixed routes where conventional bus services aren't available.*

14. The possibility of establishing a local Community Transport scheme is being investigated. This could, potentially, be run by volunteers, including drivers or administration roles, although details are still to be determined.

If there was the option of setting up such a scheme, would you be interested in volunteering?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to answer currently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You, or someone in your household, has expressed an interest in volunteering with a local Community Transport Scheme. Please provide your contact details so we can get in touch in due course. This information will not be used for any other purpose, and will not be linked to any other answers in this survey.

Person 1 - Name _____

Email address or contact number _____

Person 2 - Name _____

Email address or contact number _____

Person 3 - Name _____

Email address or contact number _____

Person 4 - Name _____

Email address or contact number _____

Person 5 - Name _____

Email address or contact number _____

Person 6 - Name _____

Email address or contact number _____

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RHYDLAFAR RESIDENTS ONLY

If you do not live in Rhydlafer, please go to the next section

15. We know that some residents in Rhydlafer have raised concerns about the relocation of the surgery.

Please indicate the top six most important factors, with 1 being the most important. Please tick only one factor per column - if more than six options are selected, **all** responses will be considered null and void, and will be disregarded from the analysis.

	Most important	2nd most important	3rd most important	4th most important	5th most important	6th most important
Safety of access to the surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns around noise and pollution levels due to traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns for children catching the school bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential disruption from deliveries to the site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential increase in the volume of traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential impact on emergency vehicles accessing the area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parking concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Road safety on the estate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other concerns (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify any other concerns _____

If you would like to provide further details of any concerns you have raised, please do so:

16. Do you have any practical suggestions about how any of the transport-related concerns of Rhydlafer residents could be addressed?

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ABOUT YOU

This section is for everyone to complete

Public bodies, including the NHS, are required by law to consider how their policies and decisions impact people who share protected characteristics, set out in the Equalities Act 2010.

You can leave questions blank if you prefer, but answering the following questions helps us to be certain that all views are taken into account, to understand any differences across the different groups (e.g. how the proposals impact older people compared to younger people), and to know that all protected groups have had the chance to have their say.

17. What was your age on your last birthday?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Under 16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16-24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25-34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35-44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45-54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55-64	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65-74	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prefer not to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Are you...? (Please tick one box only)

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-binary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prefer not to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Do you identify as Trans?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prefer to self-describe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prefer not to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you prefer to self-describe, please specify _____

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20. Are you pregnant, or have you given birth within the last 26 weeks?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Yes, I'm pregnant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes, I've given birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prefer not to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Are you registered as a disabled person?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prefer not to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Please tick any of the following that apply to you:

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Deaf/ Deafened/ Hard of hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning impairment/ difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visual impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wheelchair user	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobility impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-standing illness or health condition (e.g. cancer, diabetes, or asthma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurodivergent (e.g. Attention Deficit Disorders, Autism, Dyslexia, Dyspraxia, Dyscalculia and Dysgraphia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prefer not to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None of these	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify _____

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23. Do you care unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without your support?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prefer not to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Do you regard yourself as belonging to any particular religion?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
No religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buddhist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Christian (Including Church in Wales, Catholic, Protestant and all other Christian denominations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hindu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jewish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muslim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sikh	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prefer not to answer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. How would you describe your sexual orientation?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Bisexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gay Woman/ Lesbian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gay Man	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heterosexual/ Straight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prefer not to answer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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26. What is your ethnic group? Where the term 'British' is used, this refers to any of the four home nations of Wales, England, Northern Ireland and Scotland, or any combination of these.

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
White - Welsh / English / Scottish / Northern Irish / British	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White - Irish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White - Gypsy or Irish Traveller	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White - Any other white background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed/Multiple Ethnic Groups - White & Asian Welsh / British / Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed/Multiple Ethnic Groups - White and Black Caribbean Welsh / British / Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed/Multiple Ethnic Groups - White and Black African Welsh / British / Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed/Multiple Ethnic Groups - Any other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian/Asian Welsh/British - Bangladeshi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian/Asian Welsh/British - Chinese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian/Asian Welsh/British - Indian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian/Asian Welsh/British - Pakistani	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian/Asian Welsh/British - Any other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black/African/Caribbean/Black Welsh/British - African	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black/African/Caribbean/Black Welsh/British - Caribbean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black/African/Caribbean/Black Welsh/British - Any other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other ethnic group (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prefer not to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify _____

Thank you for taking the time to give us your views.

Please return this survey in the freepost envelope provided, or post to FREEPOST CRC (you won't need a stamp).

Chilcott, Rachel
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Shaping Our Future

Wellbeing in
the Community

AROLWG TRAFNIDIAETH MEDDYGFA GANGEN PENTYRCH

Bydd Meddygfa Gangen Pentyrch yn symud i safle newydd a fydd yn cael ei adeiladu ar Rodfa Rhydlafer, Sain Ffagan, CF5.

Mae Bwrdd Iechyd Caerdydd a'r Fro wedi ymrwymo i weithio gyda chleifion cofrestredig a phreswylwyr i sicrhau eu bod yn gallu cael mynediad at wasanaethau a byddem yn croesawu eich barn, eich syniadau a'ch sylwadau i nodi sut y gallwn ddarparu cynllun cynaliadwy ar gyfer mynediad a chlydiant sy'n bodloni anghenion y rhai a fydd yn defnyddio'r Feddygfa Gangen newydd.



Os hoffech chi gael help i gwblhau'r arolwg hwn, cysylltwch â Llais drwy ffonio **02920 750112** neu e-bostio **Cardiffandvaleenquiries@llaiscymru.org**

Gallwch ddewis cwblhau'r arolwg hwn naill ai gan ddefnyddio'r copi papur hwn neu ar-lein - peidiwch â gwneud y ddau.

Gallwch dychwelyd copiâu papur o'r arolwg yn yr amlen Radbost a ddarperir, neu eu postio i **FREEPOST CRC** (ni fydd angen stamp arnoch i wneud hyn).

Mae'r arolwg yn cau ar 15 Medi 2024. Sicrhewch fod copiâu papur yn cael eu dychwelyd cyn y dyddiad hwn neu ni fyddant yn cael eu hystyried.

I gwblhau'r arolwg ar-lein, teipiwch y ddolen ganlynol i'ch porwr <https://online1.snapsurveys.com/PentyrchTransport> neu sganiwch y cod QR:



Bydd angen i chi nodi'r Cod Unigryw canlynol i gwblhau'r arolwg ar-lein:



Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Chilcott, Rachel
22/05/2025 16:20:00



Caiff y wybodaeth a roddwch wrth gwblhau'r ffurflen hon ei thrin yn gyfrinachol, yn unol â gofynion Deddf Diogelu Data 2018 a'r Egyddorion Diogelu Data Cyffredinol.

Caiff unrhyw ddata a roddir gennych chi ar y ffurflen hon ei brosesu yn unol â gofynion y Ddeddf Diogelu Data ac wrth ei roi rydych chi'n caniatáu i'r Cyngor brosesu'r data at y diben hwnnw. Caiff unrhyw wybodaeth bersonol a roddir ei thrin yn gwbl gyfrinachol a dim ond at ddibenion a ganiateir dan y gyfraith y caiff ei defnyddio gan y Cyngor a'i datgelu i eraill.

Os hoffech chi dynnu'ch cydsyniad yn ôl ar unrhyw adeg, e-bostiwch ymgyngoriad@caerdydd.gov.uk I gael rhagor o wybodaeth am y ffordd rydym yn prosesu'ch data personol, gweler ein Polisi Preifatwydd neu cysylltwch â'r Swyddog Diogelu Data, Ystafell 357, Neuadd y Sir, CF10 4UW, e-bost: diogeludata@caerdydd.gov.uk

1. Ble ydych chi'n byw?

- | | | |
|--|--|---------------------------------|
| <input type="radio"/> Pentyrch | <input type="radio"/> Gwaelod-y-Garth | <input type="radio"/> Creigiau |
| <input type="radio"/> Capel Llaniltern | <input type="radio"/> Pentref Llaniltern | <input type="radio"/> Rhydlafer |
| <input type="radio"/> Radur | <input type="radio"/> Sain Ffagan | <input type="radio"/> Llandaf |
| <input type="radio"/> Treganna | <input type="radio"/> Y Tyllgoed | <input type="radio"/> Arall |

Os arall, nodwch yr ardal _____

Hoffem wybod sut ydych chi, ac aelodau o'ch cartref, yn defnyddio gwasanaethau Gofal Iechyd ar hyn o bryd.

Rhowch atebion ar gyfer pob aelod o'ch aelwyd, gan gynnwys plant, naill ai drwy ofyn i bob aelod o'r aelwyd ateb drostynt eu hunain, neu ymgynghori â nhw ac ateb ar eu rhan.

Os oes llai na 6 o bobl yn eich cartref, anwybyddwch y colofnau nad ydynt yn berthnasol. Os oes mwy na 6, rhowch atebion i'r rhain ar daflen ar wahân a dychwelwch hon gyda'r arolwg papur.

2. Gyda pha Feddygfa ydych chi wedi cofrestru?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Meddygfa Pentyrch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meddygfa Llandaf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meddygfa arall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Os ydych chi neu unrhyw un yn eich cartref wedi cofrestru gyda meddygfeydd Pentyrch neu Landaf, ewch i'r cwestiwn nesaf.
- Os nad oes neb yn eich cartref wedi cofrestru gyda meddygfeydd Pentyrch neu Landaf, ewch i C12.

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**TRAFNIDIAETH A MYNEDIAD I' CH MEDDYGFA BRENNOL***Mae'r adran hon ar gyfer cleifion sydd wedi cofrestru gyda meddygfeydd Pentyrch neu Landaf.***3. Pa Feddygfa ydych chi'n ei mynychu'n fwyaf rheolaidd?**

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Safle Meddygfa Pentyrch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safle Meddygfa Llandaf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ddim yn berthnasol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Ar gyfartaledd, dros y flwyddyn ddiwethaf, pa mor aml aethoch chi i'r Feddygfa hon?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Unwaith yr wythnos neu fwy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwaith y mis neu fwy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwaith bob 3 mis neu fwy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwaith bob 6 mis neu fwy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwaith y flwyddyn neu fwy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dydw i ddim wedi mynychu'r feddygfa yn ystod y flwyddyn ddiwethaf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ddim yn berthnasol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Sut ydych chi'n teithio i'r Feddygfa hon fel arfer?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Cerdded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gyrru fy hun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cael fy ngyrru gan aelod o'r teulu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cael fy ngyrru gan ffrind neu gymydog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cael fy ngyrru gan ofalwr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taksi preifat / Uber	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trafnidiaeth gyhoeddus - Bws	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cynllun trafnidiaeth gymunedol - nodwch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arall - nodwch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ddim yn berthnasol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Nodwch pa Gynllun Trafnidiaeth Gymunedol rydych chi'n ei ddefnyddio ar hyn o bryd: _____

Nodwch unrhyw ddull teithio arall rydych yn ei ddefnyddio: _____

**TRAFNIDIAETH A MYNEDIAD I'R FEDDYGFA GANGEN NEWYDD YN RHYDLAFAR***Mae'r adran hon ar gyfer cleifion sydd wedi cofrestru gyda Meddygfa Pentyrch yn unig.***6. Ydych chi, neu aelodau o'ch aelwyd, yn rhagweld unrhyw broblemau wrth gyrraedd y feddygfa yn ei safle newydd yn Rhydlafar?**

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Ydw/Ydy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nac ydw/Nac ydy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ddim yn berthnasol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Os ydych yn rhagweld unrhyw broblemau, rhowch fanylion _____

7. Sut fyddwch chi ac aelodau o'ch cartref yn fwyaf tebygol o deithio i'r Feddygfa Gangen newydd pan fydd yn symud i Rydlafar?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Cerdded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gyrru fy hun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cael fy ngyrru gan aelod o'r teulu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cael fy ngyrru gan ffrind neu gymydog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cael fy ngyrru gan ofalwr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tacsi preifat / Uber	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trafnidiaeth gyhoeddus - Bws	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cynllun trafnidiaeth gymunedol (*Gweler y nodyn isod)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arall - nodwch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Byddwn i'n ei chael hi'n anodd teithio i'r Feddygfa Gangen yn Rhydlafar - Nodwch pam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ni fyddwn i'n gallu cael mynediad i'r Feddygfa Gangen yn Rhydlafar - Eglurwch pam trosodd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ddim yn berthnasol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Mae Cynlluniau Trafnidiaeth Gymunedol (CTGau) yn cynnig atebion hyblyg a hygyrch dan anweiniad y gymuned i anghenion trafnidiaeth lleol. Mae gwasanaethau nodweddiadol yn cynnwys cynlluniau ceir gwirfoddol, gwasanaethau bws cymunedol, cludiant ysbyty, a gwasanaethau ffonio a theithio. Mae'r rhan fwyaf yn mynd â phobl o ddrws i ddrws, ond mae rhai yn wasanaethau rheolaidd ar hyd llwybrau sefydlog lle nad oes gwasanaethau bws confensiynol ar gael.

Nodwch unrhyw ddull teithio arall rydych yn ei ddefnyddio _____

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Nodwch pam y byddech chi'n ei chael hi'n anodd teithio i'r Feddygfa Gangen yn Rhydlafer

Nodwch pam na fyddech chi'n gallu cael mynediad i'r Feddygfa Gangen yn Rhydlafer

CYNLLUNIAU TRAFNIDIAETH

Mae'r adran hon ar gyfer cleifion sydd wedi cofrestru gyda Meddygfa Pentyrch yn unig.

8. Gan feddwl am gynlluniau trafndiaeth posib, pa ffactorau fyddai bwysicaf i'ch cartref?

Nodwch y pum ffactor pwysicaf, gydag 1 yn dynodi'r pwysicaf. Ticiwch un ffactor yn unig fesul colofn - os dewiswch fwy na phum opsiwn, bydd yr holl ymatebion yn cael eu hystyried yn annilys, a byddant yn cael eu diystyru o'r dadansoddiad.

	Y pwysicaf	2il bwysicaf	3ydd pwysicaf	4ydd pwysicaf	Sed pwysicaf
Darpariaeth o ddrws i ddrws - casglu o'ch cartref i'r feddygfa ac yn ôl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amgylcheddol gynaliadwy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teimlo'n ddiogel wrth ddefnyddio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rhad neu am ddim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mae'n ddibynadwy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pa mor aml mae'r gwasanaeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pa mor rhwydd mae archebu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gallu cael ei archebu ar y diwrnod	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gallu cael ei archebu o flaen llaw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gallu archebu'r daith yna a'r daith yn ôl gyda'i gilydd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amseroedd teithio rhesymol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amseroedd aros rhesymol i'r drafndiaeth gyrraedd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mae'r gwasanaeth yn gynaliadwy yn yr hirdymor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rhywbeth arall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Nodwch unrhyw ffactorau eraill rydych chi'n teimlo sy'n bwysig _____

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9. Gan feddwl am opsiynau trafndiaeth gyhoeddus, beth fyddai bwysicaf i chi ac aelodau eich cartref?

	Y pwysicaf	2il bwysicaf	3ydd pwysicaf	4ydd pwysicaf	Sed pwysicaf
Cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amllder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dibynadwyedd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diogelwch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rhywbeth arall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Wrth deithio, a fyddai angen unrhyw rai o'r canlynol arnoch: Ticiwch bob un sy'n berthnasol

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Car addasol sy'n addas ar gyfer cadeiriau olwyn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lle ar gyfer cadair olwyn / bygi / ffrâm gerdded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedd babi / plentyn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dim un o'r rhain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Nodwch unrhyw ofynion eraill _____

11. Yn seiliedig ar eich amgylchiadau presennol (a chan gydnabod y gallai'r rhain newid), a fyddai gennych ddiddordeb mewn defnyddio Cynllun Trafndiaeth Gymunedol (neu debyg) pan fydd y Feddygfa Gangen yn symud?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Byddai	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Na fyddai	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MATERION TRAFNDIAETH - UNRHYW SYLWADAU ERAILL

Mae'r adran hon i bawb

12. Oes gennych chi, neu unrhyw un yn eich cartref, unrhyw awgrymiadau ynghylch trafndiaeth i'r feddygfa gangen newydd yr hoffech eu cyflwyno i'w hystyried?

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13. Oes gennych chi, neu unrhyw un yn eich cartref, bryderon eraill ynghylch trafnidiaeth i'r feddygfa gangen newydd yn Rhydlafer?

CYNLLUN TRAFNIDIAETH GYMUNEDOL

Mae'r adran hon i bawb

* Mae Cynlluniau Trafnidiaeth Gymunedol (CTGau) yn cynnig atebion hyblyg a hygyrch dan arweiniad y gymuned i anghenion trafndiaeth lleol. Mae gwasanaethau nodweddiadol yn cynnwys cynlluniau ceir gwirfoddol, gwasanaethau bws cymunedol, cludiant ysbyty, a gwasanaethau ffonio a theithio. Mae'r rhan fwyaf yn mynd â phobl o ddrws i ddrws, ond mae rhai yn wasanaethau rheolaidd ar hyd llwybrau sefydlog lle nad oes gwasanaethau bws confensiynol ar gael.

14. Mae'r posibilrwydd o sefydlu cynllun Trafnidiaeth Gymunedol lleol yn cael ei ystyried. Gallai hwn, o bosibl, gael ei redeg gan wirfoddolwyr, gan gynnwys gyrrwyr neu rolau gweinyddu, ond nid yw'r manylion wedi'u penderfynu eto.

Pe bai opsiwn ar gyfer sefydlu cynllun o'r fath, a fyddai gennych ddiddordeb mewn gwirfoddoli?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Byddai	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Na fyddai	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ddim yn gallu ateb ar hyn o bryd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rydych chi, neu rywun yn eich cartref, wedi mynegi diddordeb mewn gwirfoddoli gyda Chynllun Trafnidiaeth Gymunedol lleol. Nodwch eich manylion cyswllt er mwyn i ni allu cysylltu â chi maes o law, os gwelwch yn dda. Ni fydd y wybodaeth hon yn cael ei defnyddio at unrhyw ddiben arall, ac ni fydd yn cael ei chysylltu ag unrhyw atebion eraill yn yr arolwg hwn.

Person 1 - Enw _____
 Cyfeiriad e-bost neu rif cyswllt _____

Person 2 - Enw _____
 Cyfeiriad e-bost neu rif cyswllt _____

Person 3 - Enw _____
 Cyfeiriad e-bost neu rif cyswllt _____

Person 4 - Enw _____
 Cyfeiriad e-bost neu rif cyswllt _____

Person 5 - Enw _____
 Cyfeiriad e-bost neu rif cyswllt _____

Person 6 - Enw _____
 Cyfeiriad e-bost neu rif cyswllt _____

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TRIGOLION RHYDLAFAR YN UNIG

Os nad ydych chi'n byw yn Rhydlafer, ewch i'r adran nesaf

15. Gwyddom fod rhai trigolion yn Rhydlafer wedi codi pryderon am leoliad newydd y feddygfa.

Nodwch y chwe ffactor pwysicaf, gydag 1 yn dynodi'r pwysicaf. Ticiwch un ffactor yn unig fesul colofn. Nodwch pa un o'r canlynol sy'n eich poeni chi a'ch aelwyd fwyaf, trwy lusgo'r chwech uchaf i'r blwch gwyrdd ar y dde, gan roi'r pwysicaf ar y brig.

	Y pwysicaf	2il bwysicaf	3ydd pwysicaf	4ydd pwysicaf	5ed pwysicaf	6ed pwysicaf
Diogelwch mynediad i'r feddygfa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pryderon am lefelau sŵn a llygredd oherwydd traffig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pryderon am blant yn dal y bws ysgol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tarfu posibl ar ddanfoniadau i'r safle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cynnydd posibl yn y traffig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effaith bosibl ar gerbydau brys yn cael mynediad i'r ardal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pryderon am barcio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diogelwch ffordd ar yr ystâd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unrhyw bryderon eraill (nodwch)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dim pryderon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Nodwch unrhyw bryderon eraill _____

Os hoffech roi rhagor o fanylion am unrhyw bryderon rydych wedi'u codi, gwnewch hynny, os gwelwch yn dda:

16. A oes gennych unrhyw awgrymiadau ymarferol ynghylch sut y gellid mynd i'r afael ag unrhyw rai o bryderon trigolion Rhydlafer ynghylch trafndiaeth?

Chilcott, Rachel
22/05/2025 16:20:00

**AMDANOCH CHI***Mae'r adran hon i bawb*

Mae'n ofynnol yn ôl y gyfraith i gyrrff cyhoeddus, gan gynnwys y GIG, ystyried sut mae eu polisïau a'u penderfyniadau yn effeithio ar bobl sy'n rhannu nodweddion gwarchoddedig, a nodir yn Neddf Cydraddoldeb 2010.

Gallwch adael cwestiynau'n wag os y dymunwch, ond mae ateb y cwestiynau canlynol yn ein helpu i sicrhau bod pob safbwynt yn cael ei ystyried, deall unrhyw wahaniaethau ar draws y gwahanol grwpiau (e.e. sut mae'r cynigion yn effeithio ar bobl hŷn o'i gymharu â phobl iau), a gwybod bod pob grŵp gwarchoddedig wedi cael cyfle i ddweud eu dweud.

17. Beth oedd eich oedran ar eich pen-blwydd diwethaf?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Dan 16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16-24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25-34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35-44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45-54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55-64	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65-74	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mae'n well gennyf beidio â dweud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Pa un ydych chi...? (Ticiwch un blwch yn unig)

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Benyw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gwryw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anneuaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mae'n well gennyf beidio â dweud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Ydych chi'n ystyried eich hun yn Drawsrywedol?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Ydw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nac ydw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mae'n well gen i hunan-ddisgrifio		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mae'n well gennyf beidio â dweud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Os byddai'n well gennych hunan-ddisgrifio, ymhelaethwch os gwelwch yn dda _____



20. A ydych yn feichiog, neu a ydych wedi rhoi genedigaeth yn ystod y 26 wythnos diwethaf?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Ydw, dwi'n feichiog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ydw, dwi wedi rhoi genedigaeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nac ydw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mae'n well gennyf beidio â dweud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Ydych chi wedi cael eich cofrestru fel person anabl?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Ydw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nac ydw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mae'n well gennyf beidio â dweud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Ticiwch unrhyw un o'r canlynol sy'n berthnasol i chi:

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Byddar/Wedi byddaru/ Trwm eich dlyw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anawsterau Iechyd Meddwl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nam / anawsterau dysgu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nam gweledol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defnyddiwr cadair olwyn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nam ar y symudedd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salwch neu gyflwr iechyd hirdymor (e.e. cancer, diabetes neu asthma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Niwrowahanol - Rhowch fanylion (e.e. Anhwylerau Diffyg Canolbwytio, Awstiaeth, Dyslecsia, Dyspracia, Dyscalwlia a Dysgraffia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mae'n well gennyf beidio â dweud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dim un o'r rhain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rhowch fanylion _____

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**23. Ydych chi'n rhoi gofal heb gael eich talu i ffrind neu aelod o'r teulu sy'n anhwylyd, sy'n anabl, sydd â phroblem iechyd meddwl neu sy'n gaeth i gyffwr, nad ydyn nhw'n gallu ymdopi heb eich cymorth?**

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Ydw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nac ydw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mae'n well gennyf beidio â dweud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Ydych chi'n perthyn i grefydd benodol?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Dim crefydd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bwdhydd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cristion (gan gynnwys yr Eglwys yng Nghymru, Catholig, Protestannaidd a'r holl enwadau Cristnogol eraill)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hindŵ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iddew	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mwslim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sîc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mae'n well gennyf beidio â dweud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Sut fydddech chi'n disgrifio eich cyfeiriadedd rhywiol?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Deurywiol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Merch Hoyw/Lesbiad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dyn Hoyw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heterorywiol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mae'n well gennyf beidio â dweud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



26. Beth yw eich grŵp ethnig? *Lle defnyddir y term 'Prydeinig', cyfeirir at bob un o'r 4 o wledydd cartref, sef Cymru, Gogledd Iwerddon, yr Alban a Lloegr, neu unrhyw gyfuniad o'r rhain.*

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Gwyn – Cymreig/Seisnig/ Albanaidd/Gogledd Iwerddon/ Prydeinig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gwyn - Gwyddelig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gwyn - Sipsi neu Deithiwr Gwyddelig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gwyn – Unrhyw gefndir gwyn arall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grwpiau Cymysg/Aml-ethnig - Gwyn ac Asiaidd Cymreig/ Prydeinig/Arall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grwpiau Cymysg/Aml-ethnig - Gwyn a Du Caribiaidd Cymreig/Prydeinig/Arall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grwpiau Cymysg/Aml-ethnig - Gwyn a Du Affricanaidd Cymreig/Prydeinig/Arall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grwpiau Cymysg/Aml-ethnig – Unrhyw un arall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asiaidd/Asiaidd Cymreig/ Prydeinig – Bangladeshaidd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asiaidd/Asiaidd Cymreig/ Prydeinig - Tsieineaidd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asiaidd/Asiaidd Cymreig/ Prydeinig - Indiaidd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asiaidd/Asiaidd Cymreig/ Prydeinig – Pacistanaidd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asiaidd/Asiaidd Cymreig/ Prydeinig – Unrhyw un arall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Du/Affricanaidd/Caribiaidd/ Du Cymreig/Prydeinig - Affricanaidd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Du/Affricanaidd/Caribiaidd/Du Cymreig/Prydeinig - Caribiaidd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Du/Affricanaidd/Caribiaidd/Du Cymreig/Prydeinig – Unrhyw un arall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arabaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unrhyw grŵp ethnig arall (rhowch fanylion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Byddai'n well gennyf beidio â dweud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rhowch fanylion _____

Diolch am neilltuo amser i fynegi eich barn.

Dychwelwch yr arolwg hwn yn yr amlen radbost a ddarperir, neu ei bostio i FREEPOST CRC (ni fydd angen stamp arnoch).

Chloe Rachel
22/05/2025 16:20:00

Appendix 6



Communications Briefing Replacement of Pentyrch Branch Surgery

Cardiff and Vale University Health Board is progressing with plans to replace the portacabin that has been used to house Pentyrch Branch Surgery for the past 10 years with a new purpose-built site on Rhydlafer Drive, St Fagans, CF5. A map highlighting the location along with exterior plans can be found at the end of this briefing.

While the team at Pentyrch Branch Surgery continue to offer excellent care to patients, the current facility is not fit for purpose. Operating out of a small portacabin with only two clinical rooms means services that can be provided locally are limited.

By relocating Pentyrch Branch Surgery, patients will benefit from improved facilities, disabled access and the return of services that moved from Pentyrch to Llandaff Surgery due to limited space. The new site will also improve working conditions for the Practice Team.

The purpose-built Branch GP Surgery site at Rhydlafer Drive will include:

- Six consulting rooms
- Two treatment rooms
- A phlebotomy room
- A spacious reception and patient area
- 28 parking spaces including 25 patient spaces

To provide services to patients currently registered, the new Branch GP Surgery will continue to offer the same opening hours as is currently provided (8am to 6pm on Monday, Thursday and Friday).



Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



Llunio ein
Llesiant
i'r Dyfodol
Shaping Our Future
Wellbeing

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Services will be delivered by a multi-disciplinary team that will support both Llandaff Surgery and Pentyrch Branch Surgery. A GP will be present during opening hours with a Nurse and Health Care Assistant who will support clinics, there will also be a Receptionist. Please see the Meet the Team section on the next page.

As patient registrations increase, additional opening hours, services and staffing will be provided to meet demand. When the new Branch GP Surgery opens, services that previously moved from Pentyrch to Llandaff Surgery will be reintroduced in addition to some new services. These include:

Services currently delivered at Pentyrch Branch Surgery and will continue upon opening	
<ul style="list-style-type: none"> • GP – general appointments • Nurse – general appointments, chronic disease reviews, baby immunisations and dressings • Healthcare Assistant – phlebotomy, routine vaccinations i.e., shingles, flu and pneumonia and B12 injections • Cervical screening • Contraceptive services • Vaccination and immunisations 	<ul style="list-style-type: none"> • Anticoagulation with warfarin • Diabetes monitoring of insulin • Substance misuse • Learning disability • Administration of gonadorelin • Near patient testing • Initiation and ongoing prescribing of direct oral anti-coagulants
Services that will be reintroduced to Pentyrch Branch Surgery upon opening	
<ul style="list-style-type: none"> • Child health surveillance clinic • Nursing clinics will be extended from one to three clinics per week • Healthcare Assistant sessions will be extended to three clinics per week 	
New services that will be introduced to Pentyrch Branch Surgery during first year	
<ul style="list-style-type: none"> • Steroid joint injections • Coil and implants for sexual health • Hormone replacement therapy (HRT) • Cluster pharmacist service providing annual chronic disease monitoring and medication reviews • Advanced Nurse Prescriber clinics covering general medicine 	

The new Branch Surgery will provide the practice with the space and facilities required to deliver enhanced healthcare services in the community while also enabling the practice to accommodate the growing patient population in the area.

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Meet the Multi-Disciplinary Team who will provide services at both Llandaff Surgery and Pentyrch Branch Surgery

Clinical Team



Dr Howell Simpkins
GP



Dr Rachel Jefferies
GP



Dr Karen Dowling
GP



Sister Cath Pearson
Practice
Nurse



Sister Julia Bramble
Advanced Nurse
Practitioner



Jenny Yeo
Healthcare
Assistant



Anthony Herbert
Cluster
Pharmacist*

Management and Administration Team



Tracey Enright
Practice Manager



Kim Prusak
Deputy Practice
Manager



Sue Wootten
Administration



Melanie Morgan
Administration



Leann Wilkinson
Administration

*Provides medication and chronic disease reviews.

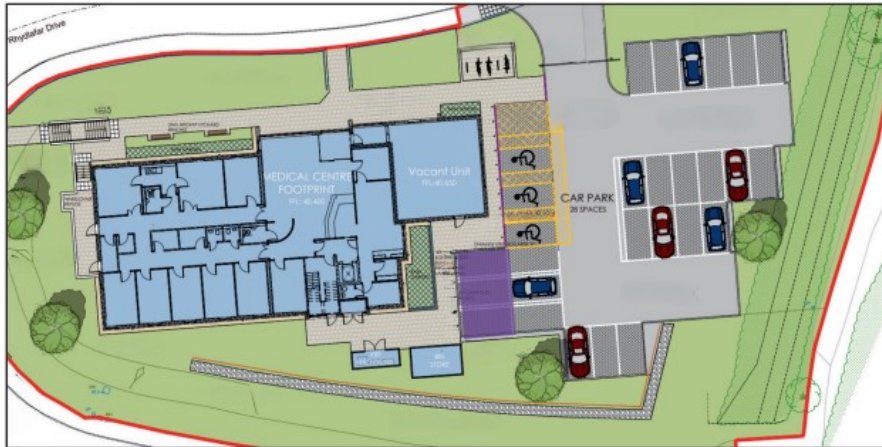


Additional Resources



(Left) A map showing the current location of Pentyrch Branch Surgery (1) and the new location on Rhydlafr Drive, St Fagans, CF5 (2).

(Below) External site plan of the new purpose-built building.



■ parking spaces for staff

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Briff Cyfathrebu Disodli Meddygfa Gangen Pentyrch

Mae Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yn bwrw ymlaen gyda chynlluniau i ddisodli'r caban a ddefnyddiwyd i gartrefu Meddygfa Gangen Pentyrch am y 10 mlynedd diwethaf â safle pwrpasol newydd ar Rhydalar Drive, Sain Ffagan, CF5. Gweler map sy'n amlygu'r lleoliad ynghyd â chynlluniau allanol y safle newydd ar ddiwedd y nodyn briffio.

Er bod y tîm ym Meddygfa Gangen Pentyrch yn parhau i gynnig gofal rhagorol i gleifion, nid yw'r cyfleuster presennol yn addas i'r diben. Mae gweithredu allan o gaban bach gyda dim ond dwy ystafell glinigol yn golygu bod gwasanaethau y gellir eu darparu'n lleol yn gyfyngedig.

Drwy adleoli Meddygfa Gangen Pentyrch, bydd cleifion yn elwa ar gyfleusterau gwell a mynediad i'r anabl a bydd y gwasanaethau a symudodd o Bentyrch i Feddygfa Llandaf oherwydd diffyg lle yn dychwelyd. Bydd y safle newydd hefyd yn gwella amodau gwaith ar gyfer Tîm y Practis.

Bydd safle pwrpasol y Feddygfa Meddyg Teulu yn Rhydalar Drive yn cynnwys:

- Chwe ystafell ymgynghori
- Dwy ystafell driniaeth
- Ystafell fflebotomi
- Derbynfa ac ardal fawr i gleifion
- 28 lle parcio gan gynnwys 25 o leoedd i gleifion

Er mwyn darparu gwasanaethau i gleifion sydd ar y gofrestr ar hyn o bryd, bydd y Feddygfa Meddyg Teulu newydd yn parhau i gynnig yr un oriau agor ag a ddarperir ar hyn o bryd (8am i 6pm ddydd Llun, dydd Iau a dydd Gwener).



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Bydd gwasanaethau'n cael eu darparu gan dîm amlddisgyblaethol a fydd yn cefnogi Meddygfa Llandaf a Meddygfa Gangen Pentyrch. Bydd meddyg teulu yn bresennol yn ystod oriau agor ynghyd â Nyrs a Chynorthwydd Gofal Iechyd a fydd yn cefnogi clinigau. Bydd derbynnydd hefyd. Gweler yr adran Cwrdd â'r Tîm ar y dudalen nesaf.

Wrth i gofrestrïadau cleifion gynyddu, darperir oriau agor, gwasanaethau a staffio ychwanegol i ateb y galw. Pan fydd Meddygfa Gangen newydd yn agor, bydd gwasanaethau a symudodd yn flaenorol o Bentyrch i Feddygfa Llandaf yn cael eu hailgyflwyno yn ogystal â rhai gwasanaethau newydd. Mae'r rhain yn cynnwys:

Gwasanaethau a ddarperir ar hyn o bryd ym Meddygfa Gangen Pentrych a byddant yn parhau ar ôl agor

- Meddyg Teulu – apwyntiadau cyffredinol
- Nyrs – apwyntiadau cyffredinol, adolygiadau clefyd cronig, imiwneiddio babanod a rhwymo Cynorthwy-ydd
- Gofal Iechyd – fflebotomi, brechiadau arferol h.y., yr eryr, fflw a niwmonia a phigiadau B12
- Sgrinio serfigol
- Gwasanaethau atal cenhedlu
- Brechu ac imiwneiddio
- Gwrthgeulo gyda warfarin
- Monitro diabetes ac inswlin
- Camddefnyddio sylweddau
- Anabledd dysgu
- Rhoi gonadorelin
- Profion ger y claf
- Cychwyn a rhagnodi parhaus gwrthgeulyddion drwy'r geg uniongyrchol

Gwasanaethau a fydd yn cael eu hailgyflwyno i Feddygfa Gangen Pentrych ar ôl agor

- Clinig arolygu iechyd plant
- Bydd clinigau nyrsio yn cael eu hymestyn o un i dri chlinig yr wythnos
- Bydd sesiynau Cynorthwywyr Gofal Iechyd yn cael eu hymestyn i dri chlinig yr wythnos

Gwasanaethau newydd a fydd yn cael eu cyflwyno i Feddygfa Gangen Pentrych yn ystod y flwyddyn gyntaf

- Pigiadau steroid i'r cymalau
- Coil a mewnbaniadau ar gyfer iechyd rhywiol
- Therapi adfer hormonau (HRT)
- Gwasanaeth fferylllydd clwstwr sy'n darparu monitro clefydau cronig blynyddol ac adolygiadau meddyginiaeth
- Clinigau Uwch Rhagnodwr Nyrsio sy'n cwmpasu meddygaeth gyffredinol

Bydd y Feddygfa Gangen newydd yn darparu'r lle a'r cyfleusterau sydd eu hangen ar y practis i ddarparu gwasanaethau gofal iechyd gwell yn y gymuned tra hefyd yn galluogi'r practis i ddarparu ar gyfer y boblogaeth gynyddol o gleifion yn yr ardal.

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Dyma'r Tîm Amlddisgyblaethol a fydd yn darparu gwasanaethau ym Meddygfa Llandaf a Meddygfa Gangen Pentyrch

Tîm Clinigol



Dr Howell Simpkins
Meddyg Teulu



Dr Rachel Jefferies
Meddyg Teulu



Dr Karen Dowling
Meddyg Teulu



Prif Cath Pearson
Nyrs Practis



Prif Julia Bramble
Uwch Ymarferydd
Nyrsio



Jenny Yeo
Cynorthwydd Gofal
Iechyd



Anthony Herbert
Fferyllydd
Clwstr*

Tîm Rheoli a Gweinyddu



Tracey Enright
Rheolwr y Practis



Kim Prusak
Dirprwy Reolwr y
Practis



Sue Wootten
Gweinyddol



Melanie Morgan
Gweinyddol



Leann Wilkinson
Gweinyddol

*Yn darparu adolygiadau meddyginiaeth a chlefyd cronig.

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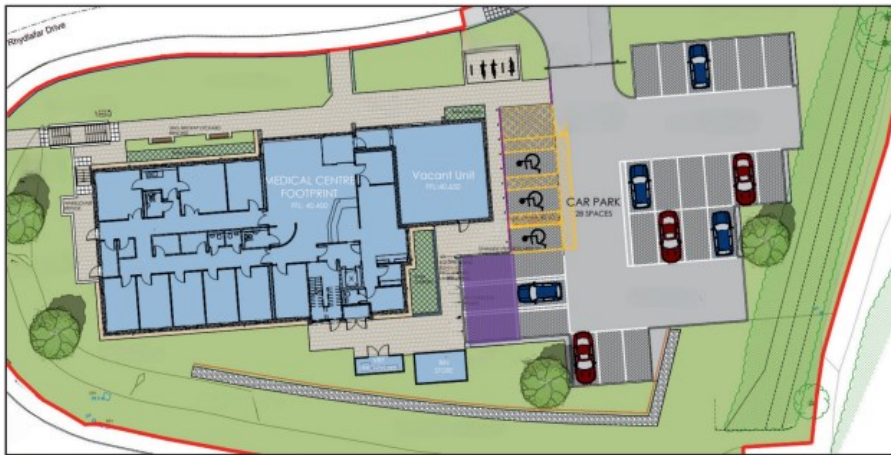


Adnoddau Ychwanegol



(Chwith) Map yn dangos lleoliad presennol Meddygfa Gangen Pentyrch (1) a'r lleoliad newydd ar Rhydlafar Drive, Sain Ffagan, CF5 (2).

(Isod) Cynllun allanol yr adeilad pwrpasol newydd.



mannau parcio i staff

Appendix 7

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Pentyrch Branch Surgery – Transport Survey Report

October 2024



Chilcott, Rachel
22/05/2025 16:20:00



Pentyrch Branch Surgery Transport Survey Report

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Produced by the Cardiff Research & Engagement Centre

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Pentyrch Branch Surgery – Transport Survey Report

Background

Cardiff and Vale University Health Board is progressing with plans to replace the portacabin that has been used to house Pentyrch Branch Surgery for the past 10 years with a new purpose-built permanent home for the Branch GP Surgery site on Rhydlafer Drive, St Fagans, CF5. The relocation will support the development of health services in the area.

While the team at Pentyrch Branch Surgery continue to offer excellent care to patients, the current facility is not fit for purpose. Operating out of a small portacabin with only two clinical rooms means services that can be provided locally are limited. By relocating Pentyrch Branch Surgery, patients will benefit from improved facilities, disabled access and the return of services that moved from Pentyrch to Llandaff Surgery due to limited space. The new site will also improve working conditions for the Practice Team. Pentyrch Branch Surgery operates as a branch of Llandaff Surgery. The future of Llandaff Surgery will not be affected by the relocation of the Branch Surgery.

Cardiff and Vale Health Board fully acknowledge and understand the importance of ensuring people can access the Branch GP Surgery when considering a new location. Access to the new Pentyrch Branch GP Surgery emerged as a key issue during the engagement process and remains a significant issue for many residents. At this point in time Cardiff Council do not currently provide or plan to provide a direct bus route from Pentyrch to Rhydlafer Drive, St Fagans, CF5.

The Health Board is committed to working with residents to ensure they are able to access services. We welcome your input to better help us understand the demand and identify suitable options that will contribute to providing a sustainable, long-term plan for access and transportation to the new site.

To address this, Cardiff and Vale University Health Board has set up a Transport Task & Finish Group which has representation from:

- Cardiff and Vale University Health Board
- Llandaff & Pentyrch Surgeries
- Cardiff Council – Planning, Transport & Environment Department
- Llais (formerly South Glamorgan Community Health Council)
- Pentyrch Community Council
- Pentyrch Save our Surgery & Pharmacy
- Rhydlafer Residents Group.

The purpose of the group is to assess and understand how residents currently access Pentyrch Branch GP Surgery, how they will access the new Branch GP Surgery and identify options for consideration to provide a solution for those who will be unable to access the new location on Rhydlafer Drive. The Task & Finish Group will submit a report with recommendations to Pentyrch Surgery Development Project Team.



Pentyrch Branch Surgery – Transport Survey Report

Research Objectives

The purpose of the survey is to consult and engage with residents regarding transport to access the proposed new location of medical services, providing sufficient information for residents to enable meaningful engagement.

The survey will be accompanied by a covering letter explaining the context of the survey and a communication briefing about the new Branch Surgery.

NO	OBJECTIVES	HOW WE WILL ADDRESS THE OBJECTIVE
PCC		
1	To explain to residents about the proposed relocation of medical services	Letter & Comms Briefing
2	To share with resident’s information about the medical services which are likely to be provided at the proposed location	Comms Briefing
3	To share with residents the current public transport limitations restricting residents’ access to the proposed new medical services location	Letter
4	To inform residents of the potential additional transport options	Survey outcomes
5	To ask residents to share their concerns regards transport/access to the medical services at the proposed new location	Survey
6	To consult and engage with residents on providing a suitable form of transport for residents to access the new location	Survey
7	To ask residents for further comments or ideas regards accessing the new location	Survey
PSOS&P		
8	Make residents fully aware of what the HB is proposing regarding a relocation of health care services to Rhydlafer i.e. its intended location by providing a map, street name and post code,	Comms Briefing
9	Advise residents on the precise services to be offered from day 1 and if services over and above those offered at present are to be added what these will be and from what date they will be provided from	Comms Briefing
10	Consult residents on providing a suitable form of transport for all users of medical services in Pentyrch	Survey
11	Advise residents of the apparent limitations of providing public transport to Rhydlafer	Letter
12	Seek residents’ views on what they might see as a transport solution to overcome the problems of access	Survey
13	Design the survey such that it does not deter residents from responding to it by asking questions which are not directly related to the access issues, asking hypothetical questions and it being too long	Survey
14	Ensure all occupants of all households are able to, and strongly encouraged to, fully participate in the survey	Letter
RHYDLAFAR RESIDENTS GROUP		
15	Identify impact of transport options on Rhydlafer Residents	Survey



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Pentyrch Branch Surgery – Transport Survey Report

Research Methodology

The Cardiff Research & Engagement Centre was commissioned to manage the Transport survey on behalf of the Task & Finish Group, acting as a fully independent body.

A survey was developed by the Pentyrch transport Task and Finish Group in conjunction with the Cardiff Research & Engagement Centre.

The survey, along with a covering letter and a communications briefing (all in both Welsh and English) was distributed by post to all patients registered with Llandaff and Pentyrch branch surgeries, plus all addresses in Pentyrch, Gwaelod-Y-Garth and Rhydlafar (identified as being potentially most impacted by the relocation of the branch surgery). In total, 4,800 surveys were distributed.

All surveys included a unique code required to complete the survey online, to ensure only those invited to take part in the survey could do so. These codes were checked as part of the analysis of results, and duplicated responses were deleted.

Residents who had not received a copy of the survey were able to request a copy, or an access code to complete the online version of the survey. Addresses were checked against the distribution list, to ensure only those eligible were provided with a replacement survey or code.

The survey allowed up to six members of each household to give their views.

In total, 777 responses were received, and the data validated and cleansed, to remove duplicated or ineligible entries. This resulted in a total of 772 households, and 1,628 residents, taking part in the survey, accounting for 15.5% of all households invited to participate.

As part of the analysis, results were analysed by a number of demographic and geographic groups, including:

- Age group
- Gender
- Disability or Health condition
- Carers
- Children in the household
- Resident in Pentyrch, Gwaelod-Y-Garth or Rhydlafar
- Surgery the respondent is registered with
- Frequency of attending the surgery
- Anticipation of problems accessing the relocated surgery

Where these breakdowns are not shown, this is because the number of responses was too low to provide robust data, or the pattern of results was consistent across the groups analysed. Some smaller groups are included for comparative purposes, caution should be taken with the robustness of these datasets.

Where the relevant demographic or geographic information was not provided, the respondent's responses were included in the overall results for each question, but excluded from spatial analysis.





Pentyrch Branch Surgery – Transport Survey Report

Research Findings

1. Which of the following do you live in?

In total, 743 of the 772 households taking part in the survey gave details of where they lived, accounting for 1,569 of the 1,628 individual residents participating in the survey.

Most responses received were from Pentyrch (accounting for 39.2% of households, and 40.7% of residents), Llandaff (27.5% of households, and 24.5% of residents) and Rhydlafer (7.9% of households, and 9.1% of residents).

Households	No	%
Pentyrch	291	39.2
Llandaff	204	27.5
Rhydlafer	59	7.9
Fairwater	43	5.8
Creigiau	30	4.0
Gwaelod y Garth	20	2.7
St Fagans	19	2.6
Canton	17	2.3
Capel Llaniltern	10	1.3
Radyr	8	1.1
Other	42	5.6
	743	100.0

Residents	No	%
Pentyrch	639	40.7
Llandaff	385	24.5
Rhydlafer	142	9.1
Fairwater	93	5.9
Creigiau	81	5.2
Gwaelod y Garth	39	2.5
St Fagans	43	2.7
Canton	25	1.6
Capel Llaniltern	32	2.0
Radyr	13	0.8
Other	77	4.9
	1569	100.0

Those answering 'Other' were invited to give further details: 17 areas, shown in the list below, were named by at least one respondent. Exact numbers for each will not be provided due to GDPR guidelines.

- Caerau
- Danescourt
- Efail Isaf
- Ely
- Groes Faen
- Groeswen
- Llandaff North
- Llaniltern Village
- Llantwit Fardre
- Lower Ely
- Nantgarw
- Penarth
- Pentrebane
- Peterstone Super Ely
- Pontcanna
- St. Brides Super Ely
- Taff's Well
- Whitchurch



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Pentyrch Branch Surgery – Transport Survey Report

2. Which GP Practice are you registered with?

Of the 1,628 respondents eligible to answer this question, 1,566 responses were received, giving a response rate of 96.2%.

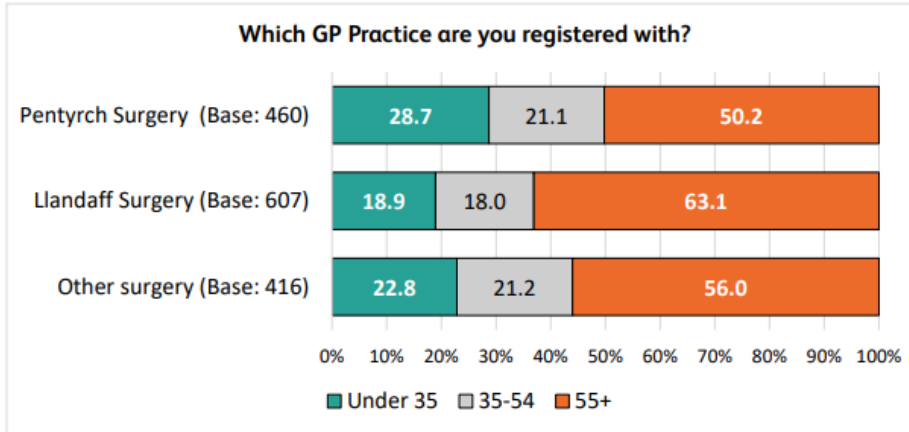
Respondents were asked which GP Practice they were registered with. Three in ten (30.9%) reported that they were registered with Pentyrch, 39.9% with Llandaff Surgery, and 29.2% with another GP surgery.

	No	%
Pentyrch Surgery	484	30.9
Llandaff Surgery	625	39.9
Other surgery	457	29.2
	1566	100.0

Amongst respondents who are resident in either Pentyrch or Gwaelod-Y-Garth, just over half (53.7%) were registered with the Pentyrch branch surgery.

	No	%
Pentyrch Surgery	356	53.7
Llandaff Surgery	12	1.8
Other surgery	295	44.5
	663	100.0

Looking at the age profile of respondents registered with each practice, Pentyrch Surgery had a younger profile than that of patients registered with Llandaff or another surgery:

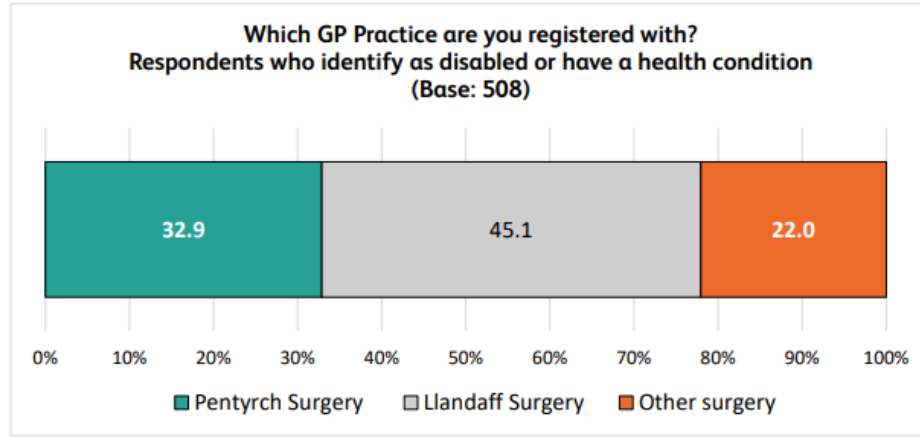


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Pentyrch Branch Surgery – Transport Survey Report

Amongst respondents who identified as disabled and/or had a health condition, the largest proportion was registered with Llandaff Surgery (45.1% compared with 32.9% at Pentyrch, and 22.0% elsewhere).





Pentyrch Branch Surgery – Transport Survey Report

TRANSPORT AND ACCESS TO YOUR CURRENT SURGERY

This section is for patients registered with Pentyrch or Llandaff surgeries.

Questions in the following section were asked only of the 1,109 respondents stating they were registered with either Pentyrch or Llandaff Surgery.

3. Which GP Practice do you attend more regularly?

Of the 1,109 respondents eligible to answer this question, 1,094 responses were received, giving a response rate of 98.6%.

Amongst all respondents registered with either Pentyrch or Llandaff surgeries, three in five (59.0%) attended the Llandaff site most often, compared with two in five (41.0%) attending the Pentyrch site.

	No	%
Pentyrch Surgery site	449	41.0
Llandaff Surgery site	645	59.0
	1,094	100.0

Looking specifically at those living in either Pentyrch or Gwaelod-Y-Garth, over nine in ten (94.2%) attended the Pentyrch site more regularly.

	No	%
Pentyrch Surgery site	341	94.2
Llandaff Surgery site	21	5.8
	362	100.0



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Pentyrch Branch Surgery – Transport Survey Report

4. On average, over the last year, how often did you attend this Surgery?

Of the 1,109 respondents eligible to answer this question, 1,094 responses were received, giving a response rate of 98.6%.

Typically, of the timeframes presented, respondents attended their chosen surgery at least once every three months (31.2%), one in seven (14.6%) attended at least once a month, whilst just over two in five (44.6%) attended less than every three months but more than once a year. Almost one in ten (9.7%) had not attended their surgery in the last year.

	No	%
Once a week or more	17	1.6
Once a month or more	142	13.0
Once every 3 months or more	341	31.2
Once every 6 months or more	286	26.1
Once a year or more	202	18.5
I have not attended the surgery in the last year	106	9.7
	1094	100.0

Patterns across the two surgeries were broadly similar:

	Attend Pentyrch Surgery (Base: 474)	Attend Llandaff Surgery (Base: 620)
At least once a month	13.7	15.2
Once every 3 months or more	33.3	29.5
Less than every 3 months, more than once a year	43.2	45.6

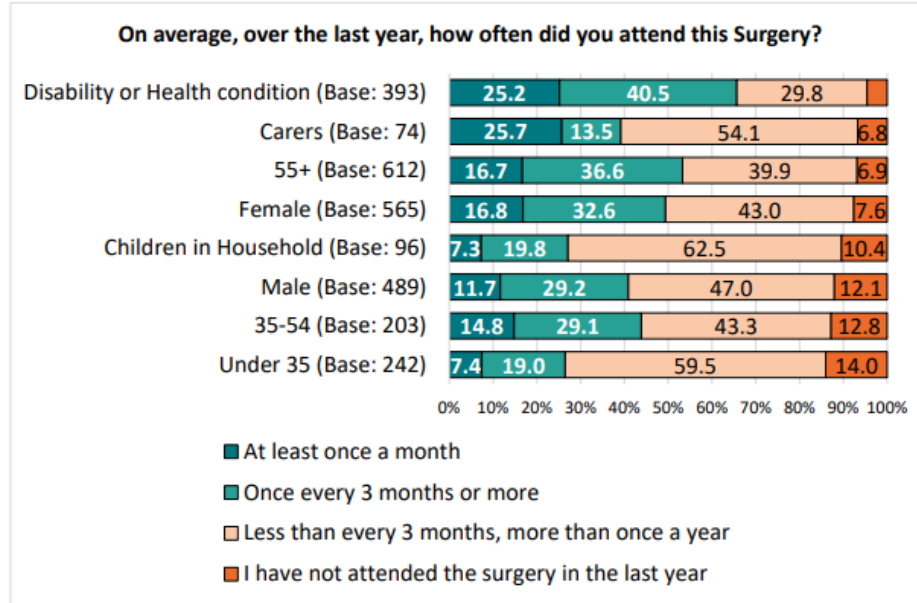




Pentyrch Branch Surgery – Transport Survey Report

Respondents with a disability or health condition and Carers were most likely to attend their surgery at least once a month.

Respondents under the age of 55, and men were most likely to state they had not attended their surgery in the last year.



Note: Small base sizes should be treated with caution



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Pentyrch Branch Surgery – Transport Survey Report

5. How do you typically travel to this Surgery?

Of the 1,109 respondents eligible to answer this question, 1,065 responses were received, giving a response rate of 96.0%.

Over half of respondents registered with either Pentyrch or Llandaff Surgeries reported that they usually walked to their Surgery (52.7%), almost a third (31.6%) drove themselves, whilst around one in eight (12.8%) were driven there by a family member, friend, neighbour or carer.

	No	%
Walk	562	52.7
Drive myself	337	31.6
Driven by family member	132	12.4
Driven by a friend or neighbour	2	0.2
Driven by a carer	2	0.2
Bike	4	0.4
Private taxi / Uber	5	0.5
Public transport - Bus	15	1.4
Community transport scheme	1	0.1
Other	5	0.5
	1065	100.0

Those answering 'Other' were asked to give further details; four responses were received:

- Drive myself by mobility scooter
- I am housebound
- Mobility scooter
- NIL/ nurse comes in to see me

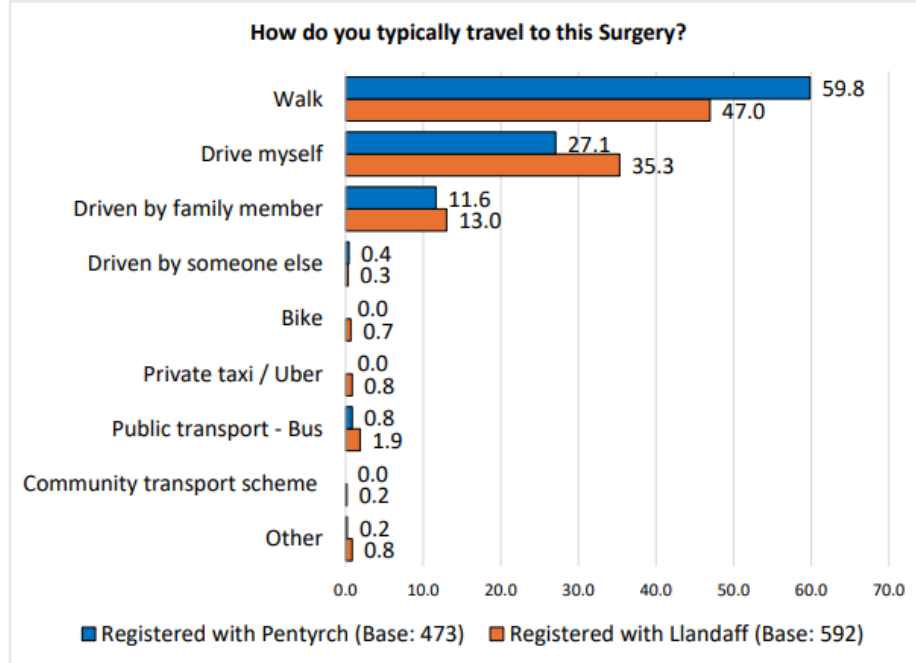
Those using a Community Transport Scheme were asked to specify which scheme, with V.E.S.T the only operator used.





Pentyrch Branch Surgery – Transport Survey Report

Respondents registered with the Pentyrch Surgery were more likely to walk to their Surgery (59.8%) than those registered with the Llandaff Branch Surgery (47.0%).

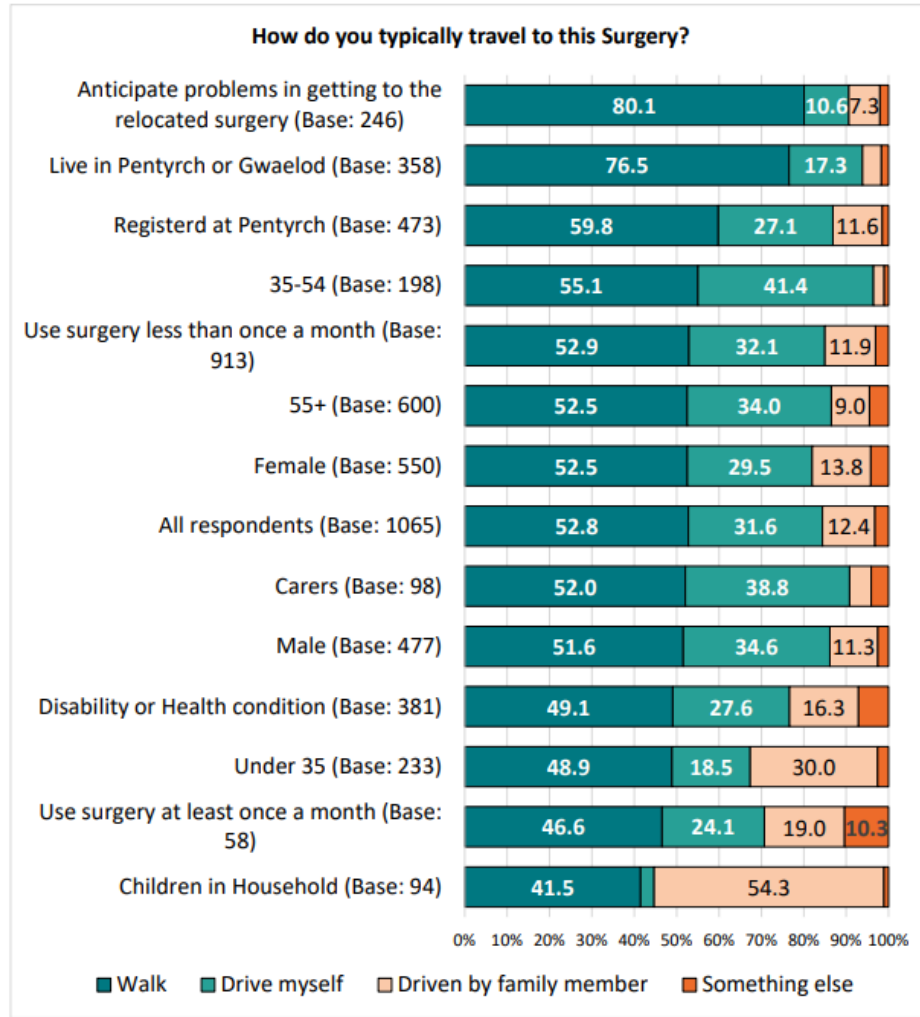




Pentyrch Branch Surgery – Transport Survey Report

Respondents who anticipated problems getting to the relocated surgery (80.1%), those living in Pentyrch or Gwaelod-Y-Garth (76.5%) were most likely to report they walked to their Surgery.

Respondents with children in their household (41.5%) and those attending their Surgery at least once a month (46.6%) were least likely to walk.



Note: Small base sizes should be treated with caution



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Pentyrch Branch Surgery – Transport Survey Report

TRANSPORT AND ACCESS TO NEW BRANCH SURGERY AT RHYDLAFAR

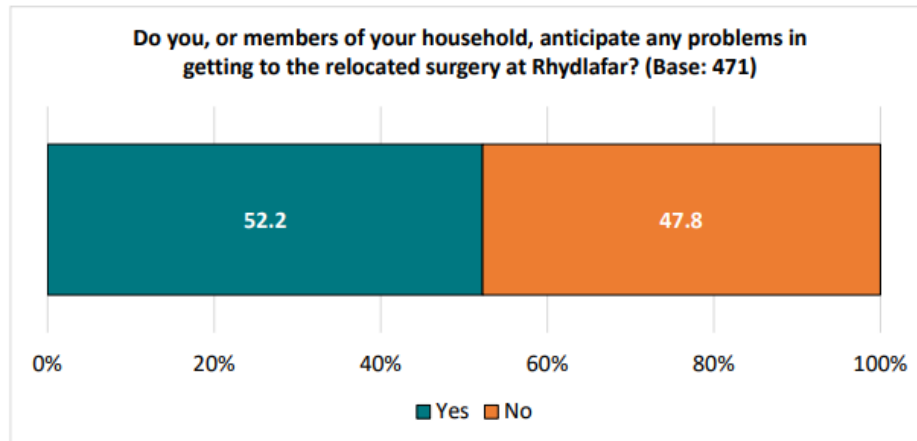
This section is for patients registered with the Pentyrch Surgery only

Questions in the following section were asked only of the 484 respondents stating they were registered with Pentyrch Surgery.

6. Do you, or members of your household, anticipate any problems in getting to the relocated surgery at Rhydlafer?

Of the 484 respondents eligible to answer this question, 471 responses were received, giving a response rate of 97.3%.

Respondents were split as to whether they, or members of their household, anticipated problems getting to the relocated surgery site in Rhydlafer, with 52.2% saying they did, and 47.8% stating they did not.





Pentyrch Branch Surgery – Transport Survey Report

Those stating they anticipated problems were asked to give further details; 116 comments were received, and grouped into themes:

Theme	No	%	Example Comments
Don't drive / No access to car	41	35.3	<ul style="list-style-type: none"> - I do not drive and have no access to transport also public transport is to expensive should i need a doctor. - Transport - don't drive and no public access - No transport and too ill to travel
Concerns over walking	35	30.2	<ul style="list-style-type: none"> - There is no pavement along Church Road and it is further to walk. Street lighting is not present - Because it is not possible to walk all the way - We will have to walk, which we will not want to do if ill or walk our children when they are ill.
Anticipate future problems / My age / family members age	32	27.6	<ul style="list-style-type: none"> - Worried how we will get there when we get too old to drive ourselves - While we are currently able to drive, we are in our mid-70s, so anticipate that we might not be able to do so in future. - We will manage now, but as we get older not practical at all
Public transport concerns	28	24.1	<ul style="list-style-type: none"> - No bus service to new surgery also I have mobility problems. - no car and no dedicated bus routes atm - No public transport between Pentyrch & Rhydlyfar.
Traffic concerns	23	19.8	<ul style="list-style-type: none"> - Single track in places dangerous to pass in places - I'm 85 years of age and don't like driving in such narrow lanes - More traffic on a narrow lane, more cars + minibuses
Disability / impairment	23	19.8	<ul style="list-style-type: none"> - I am Autistic and could not safely walk or use transport - To walk down from Pentyrch to proposed site is a 2 mile road without pavements. I have mobility issues. The road is unsafe to walk – even if I could manage to walk that distance. Some days I can't walk 50 meters - Do not drive, have anxiety
Will be unable to drive soon	21	18.1	<ul style="list-style-type: none"> - I will not always be able to drive and family members work and would not be available to take me - I am due to retire next year and we will no longer have a car - I might not be able to drive in the near future, because of my age and disability.



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Pentrych Branch Surgery – Transport Survey Report

Distance	17	14.7	- It is a lot further to drive - Too far - Too far to walk and not a safe lane, no transport
Associated problems for family members	12	10.3	- Person 2 does not drive and there is no bus service - Person 1 no longer drives due to health condition - Teenager unable to drive and both parents work full time
Accessing service concerns	10	8.6	- I am disabled unable to walk any distance without transport I would not be able to attend - The children cannot be walked there by the grandparents whilst we are working.
Pharmacy	3	2.6	- We are also concerned about the possible loss of the pharmacy in Pentrych
Cost	3	2.6	- Can't walk far, can't drive, can't afford taxis
Misc.	6	5.2	- Excellent new location, can't wait. - Problems are obvious - you can't rely on community volunteers. - Parking, factoring time to travel there.
Total	116	-	

Note: Respondents could leave multiple comments, therefore total may exceed 100%



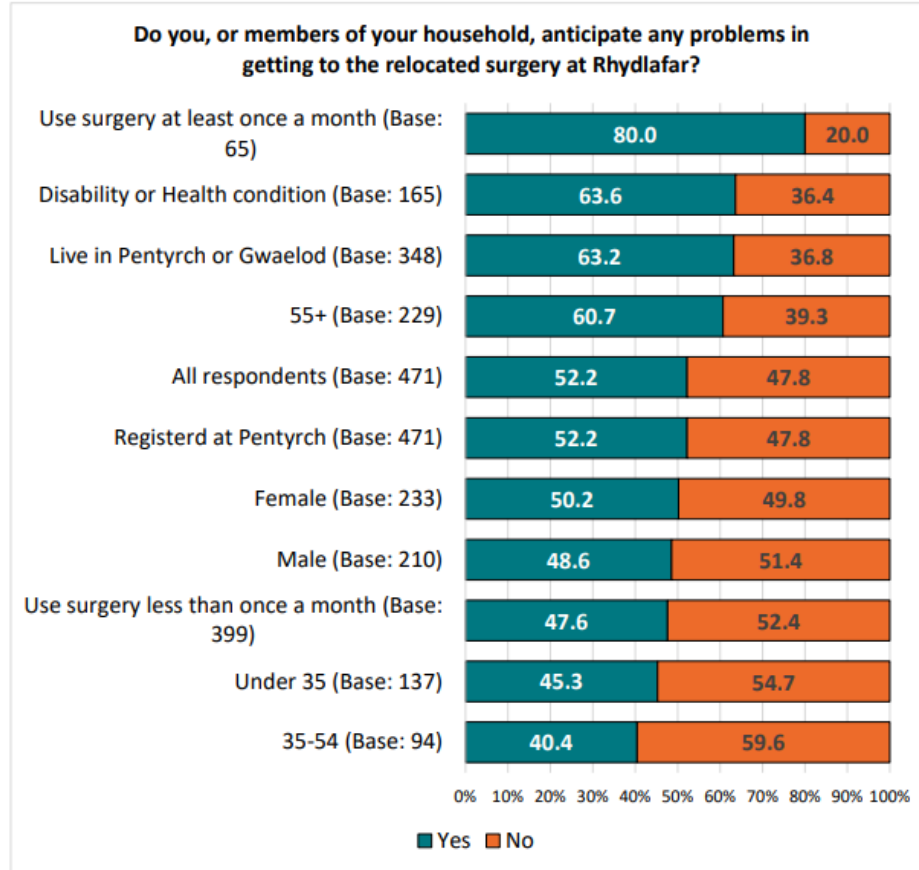
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Pentyrch Branch Surgery – Transport Survey Report

Respondents who use the surgery at least once a month were most likely to anticipate problems (80.0%), followed by those with a disability or health condition (63.6%) and those living in either Pentyrch or Gwaelod-Y-Garth (63.2%).

Respondents under the age of 55 (40.4% of those aged 35-54, 45.3% of those under 35) and those attending the surgery less than once a month (47.6%) were least likely to anticipate problems getting to the relocated site.



Note: Small base sizes should be treated with caution

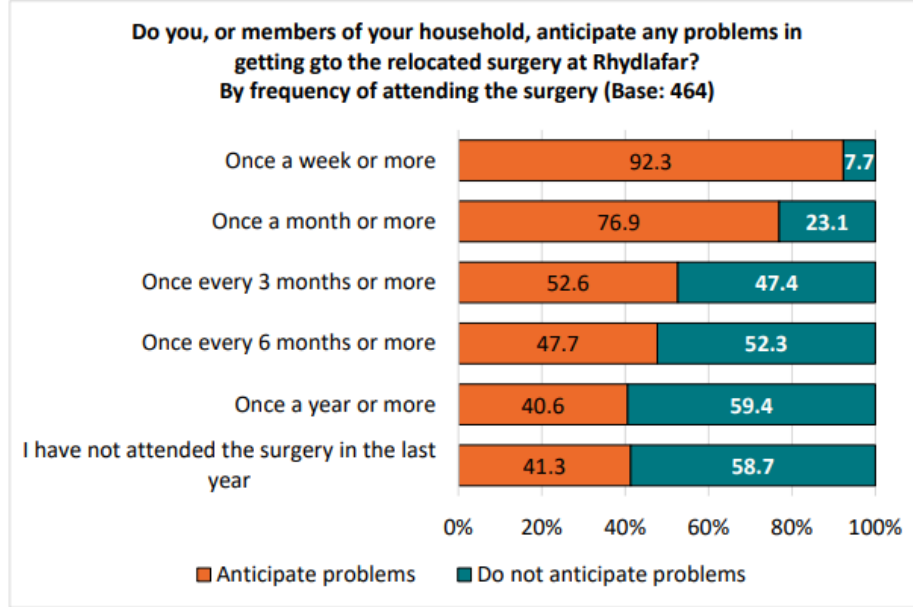


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Pentyrch Branch Surgery – Transport Survey Report

The more frequently respondents attended the Pentyrch branch surgery, the more likely they were to anticipate problems in getting to the relocated surgery in Rhydlafer.





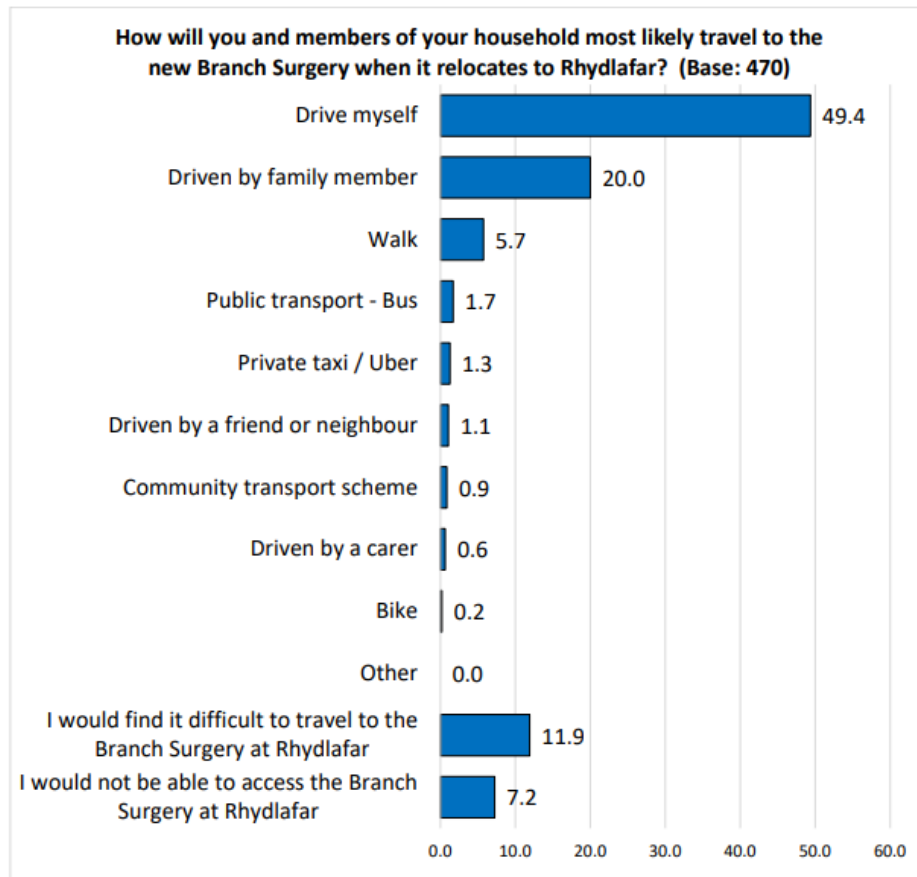
Pentyrch Branch Surgery – Transport Survey Report

7. How will you and members of your household most likely travel to the new Branch Surgery when it relocates to Rhydlafer?

Of the 484 respondents eligible to answer this question, 470 responses were received, giving a response rate of 97.1%.

Half of those giving an answer to this question (49.4%) expected to drive themselves to the relocated surgery site, whilst a fifth (21.7%) expected to be driven by a family member, friend, neighbour or carer.

Just over one in ten (11.9%) stated they would find it difficult to get to the site in Rhydlafer, whilst one in thirteen (7.2%) felt they would not be able to access the Branch Surgery in its proposed new site.





Pentyrch Branch Surgery – Transport Survey Report

Respondents stating they would find it difficult to travel to the Branch Surgery in Rhydlafar were asked to give details of why this was the case; 36 responses were received, and grouped into themes:

Theme	No	%	Example Comments
Don't drive / No access to car	13	36.1	- Not having use of a vehicle, car/lift not available at short notice if emergency appointment is required - 1 car household, which my husband uses for work purposes, so unable to take me to and back from surgery
Public transport concerns	13	36.1	- No bus to the surgery - There is no public transport available to the proposed site (apart from an hourly bus into Cardiff, then another hourly service back out to Llantrisant Road. Obviously this is not a viable option for anyone.
Concerns over walking	12	33.3	- It is too far to walk and no footpath. We want our surgery to remain in Pentyrch - We pram walk. I will not be able to pram walk if the surgery moves as the road is currently too dangerous. Can a pavement be put in?
Anticipate future problems / My age / family members age	7	19.4	- I am aged 73 and do not anticipate driving for too many more years and so this will become a problem, probably before the new surgery is even completed. - Anticipate problems in the future
Road is dangerous	5	13.9	- Dangerous lane. No pavement. Blind spots. We do not drive this lane as we feel it's unsafe
Disability / impairment	5	13.9	- Due to illness, driving myself and therefore my children has become difficult
Will be unable to drive soon	3	8.3	- Whilst we currently drive and have access to our own vehicle, this is unlikely to be the case in the future.
Distance	3	8.3	- There is no public transport. It is too far + unsafe to walk. Why should I have to pay to travel to see a Doctor when there is a surgery in my village where I can access by walking
Potential cost	3	8.3	- We'd need to get a taxi which does not really pick up from Pentyrch or would cost a lot of money - this would lead to not going or missed appointments due to drivers being unwilling to pick us up
Accessing service concerns	2	5.6	- If no family available due to work etc I would not be able to get to the surgery
Against moving the surgery	2	5.6	- We want our surgery to remain in Pentyrch
Misc.	4	11.1	- Would have to rely on community run - but hard to organise reliably
Total	36	-	

Note: Respondents could leave multiple comments, therefore total may exceed 100%



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Pentyrch Branch Surgery – Transport Survey Report

Similarly, respondents indicating they would not be able to travel to the Branch Surgery at the Rhydlafer site were asked to explain why; 25 responses were received, and grouped into themes:

Theme	No	%	Example Comments
Road unsafe	14	56.0	<ul style="list-style-type: none"> - There is no public footpath. Street lighting is not present. It is not safe. Church Road is not a main road - Travelling down to Rhydlafer from Pentyrch is a very narrow road and very risky on a scooter with meeting traffic.
Don't drive / No access to car	12	48.0	<ul style="list-style-type: none"> - I do not have a car and have no family to take me. - We have no transport
Public transport concerns	9	36.0	<ul style="list-style-type: none"> - Currently I walk to the surgery - within the Welsh Assembly Act defines health care should be accessible by walking / public transport. No transport of my own. There is no available transport to Rhydlafer. - No bus service and road too narrow for a bus. I live alone and do not have a support network
Distance	8	32.0	<ul style="list-style-type: none"> - It is miles away from my home, down a very dangerous busy lane - Too far away and through dangerous lane
Disability / impairment	8	32.0	<ul style="list-style-type: none"> - No transport not well enough - Im autistic and could not walk there safely or use strange transport
Community Transport Scheme not practical	3	12.0	<ul style="list-style-type: none"> - Volunteer transport has continual problems attracting and maintaining volunteers. It is a ridiculous idea
Will be unable to drive soon	3	12.0	<ul style="list-style-type: none"> - Due to advanced age and the likelihood of not being able to drive within the next few years
Misc.	7	28.0	<ul style="list-style-type: none"> - i have no knowledge or information regarding the CTS that is mentioned here? - Can't walk, can't drive, no phone to organise community transport, deaf, seriously ill
Total	25	-	

Note: Respondents could leave multiple comments, therefore total may exceed 100%



Chilcott, Rachel
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Pentyrch Branch Surgery – Transport Survey Report

TRANSPORT SCHEMES

This section is for patients registered with the Pentyrch Surgery only.

Questions in the following section were asked only of the 231 households which included at least one person stating they were registered with Pentyrch Surgery.

8. Thinking about potential transport schemes, which factors would be of most importance to your household?

Of the 231 households eligible to answer this question, 168 responses were received, giving a response rate of 72.7%.

Answering as a household rather than as individuals (meaning the results cannot be broken down by demographic group), respondents were given a list of twelve factors that would potentially apply to transport schemes, and asked to identify the five they felt to be most important.

Scores were assigned to each, based on the number of votes for most important, second most important, and so on, giving an overall score out of five. The higher the score, the greater the importance placed on that factor.

As specified in the survey, answers rating more than one option as most important, second most important, and so on, were considered null and void, and discarded from the analysis. In total, 168 responses were considered.

Respondents were also able to put forward other factors they felt were important.

A 'reliable service' was seen as the most important factor for any potential transport scheme, scoring 2.6 out of five (ranked in first place by a quarter of respondents (26.2%), and placed in the top five by 70.2% of households).

'Frequency of service' was ranked second most important overall, scoring 1.7 out of five, receiving a top five placement by 50.0% of households and seen as most important by 14.3%.

There was little to separate the factors placed third, fourth and fifth, with 'It can be booked on the day' and 'Low or no cost' each scoring 1.4 out of five, and 'Door-to-door provision' scoring 1.3.

Whilst receiving fewer votes overall, 60% of votes for 'Door-to-door provision' ranked it as most important, suggesting it was a significant factor for this group of people.



Pentyrch Branch Surgery – Transport Survey Report

	Score out of 5	% Most important	% in top five
It is reliable	2.6	26.2	70.2
Frequency of service	1.7	14.3	50.0
It can be booked on the day	1.4	8.9	44.0
Low or no cost	1.4	4.2	47.0
Door-to-door provision - picked up from home to surgery and back	1.3	19.0	31.5
The service is sustainable in the long-term	1.0	6.0	38.7
Ease of booking	0.9	1.8	33.3
Feel safe when using it	0.9	8.9	28.0
Reasonable wait times for the transport to arrive	0.7	1.2	29.8
Both outward and return journeys can be booked together	0.6	1.2	26.2
Reasonable journey times	0.4	0.6	17.3
It can be booked in advance	0.3	1.2	11.3
Something else	0.2	2.4	5.4

Those answering 'Something else' were asked to give details of what was important to them. Seven comments were received:

- All of the above are most important plus flexibility of availability.
- As there has been no meaningful consultation with Pentyrch patients and the site location presented as a fait accompli by the Health Board, we urge you to reconsider the site of the proposed new surgery to make it accessible to Pentyrch residents by walking or by regular and reliable public transport. Regarding equal access and environmental policies, it makes no sense to move a facility which is currently easily accessible to a location which is very difficult to access without using a car.
- Correspondence with surgery hours and high frequency.
- Need footpath
- Sorry I will not fill that in they are all as important as each other.
- Will be able to drive or walk ourselves so won't need any help with transport.
- Would like to be able to cycle safely



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9. Thinking about public transport options, what would be most important to you and members of your household?

Of the 231 households eligible to answer this question, 185 responses were received, giving a response rate of 80.1%.

Again, answering as a household rather than individuals, respondents were given a list of factors relating to public transport, and asked to indicate which were most important to them.

As with the previous question, scores were assigned to each, based on the number of votes for most important, second most important, and so on, giving an overall score out of five. The higher the score, the greater the importance placed on that factor.

Where multiple factors were assigned the same level of importance, all responses from that household were considered null and void, and excluded from the analysis.

A total of 185 valid responses were received.

Once again, importance was placed on 'Reliability', which scored 4.0 out of five, ranked as most important by 43.8% of households. This was followed by 'Frequency', scoring 3.5 out of five, seen as most important by 31.9% of households.

Of the four factors suggested, 'Safety' was seen as least important, with just 10.3% of households ranking this in first place.

	Score out of 5	% Most important	% in top five
Reliability	4.0	43.8	94.6
Frequency	3.5	31.9	85.9
Cost	2.6	13.5	82.7
Safety	2.2	10.3	75.1
Something else	0.3	2.2	19.5

Those answering 'Something else' were asked to give further details; 10 responses were received:

- Accept disability pass
- Accessible for people with a learning difficulty or neurodiverse
- Being a Cardiff Bus as then all busses out of the area are under the same ticket
- Correspondence with surgery hours.
- I would not travel with strangers who don't know me
- It should be sustainable
- Multiple pick ups
- Not able to access public transport
- That the bus did not stop on Rhydlafer hill or hold up traffic on Llantrisant Road
- There is no public transport available

Chloë Rachel
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Pentyrch Branch Surgery – Transport Survey Report

10. When travelling, would you need any of the following: Tick all that apply

Of the 484 respondents eligible to answer this question, 417 responses were received, giving a response rate of 86.2%.

Answering as individuals, rather than households, around seven out of eight respondents (84.7%) indicated that they would not need any adaptations or equipment.

Of those who did, the most common requirement was a ‘Baby / Child seat’ (7.7%), followed by ‘Space for a wheelchair / buggy / walking frame’ (6.0%). Five individuals (1.2%) stated they would need an adaptive car that was suitable for wheelchairs.

	No	%
Adaptive car, suitable for wheelchairs	5	1.2
Space for a wheelchair / buggy / walking frame	25	6.0
Baby / child seat	32	7.7
Other	14	3.4
None of these	353	84.7
	417	-

Note: Respondents could leave multiple comments, therefore total may exceed 100%

Those answering ‘Other’ were invited to leave further details of their requirements. Eight comments were received:

- *Also require hearing assistance and chaperone*
- *Can't fill sections Top 5, Public Transport options, CTS/when travelling etc as none apply to our situation. I'm a widow/elderly carer for my adult son. He's autistic & has learning difficulties & severe epilepsy & can't use public transport or car share. I walk with him now, so our voices not heard. Environmental impacts brushed over too. Make people who walk now take a car, share a car or use CTS is crazy. CTS/Car sharing for others if COVID pandemic happens/social distancing again won't work.*
- *I cannot stand for long. I need a seat.*
- *If I had to get transport, I could not step up onto a bus*
- *I use walking sticks*
- *I would need to know , trust and feel safe with them*
- *None of the above apply to us at present, but wheelchair or walking frame access is a possibility. Pentyrch is an ageing community, so consideration needs to be given to needs going forward, not just for today.*
- *Whilst none of the above apply to me now, I am approaching a stage in my life where an adaptive vehicle will be needed*



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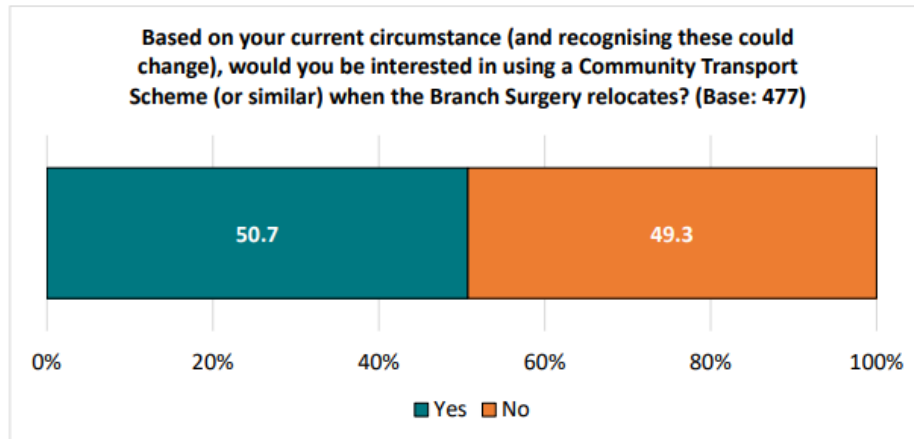


Pentyrch Branch Surgery – Transport Survey Report

11. Based on your current circumstance (and recognising these could change), would you be interested in using a Community Transport Scheme (or similar) when the Branch Surgery relocates?

Of the 484 respondents eligible to answer this question, 477 responses were received, giving a response rate of 98.6%.

Half of respondents registered with the Pentyrch Branch surgery (50.7%) expressed an interest in using a Community Transport Scheme (or similar) when the surgery relocates to Rhydlafer.



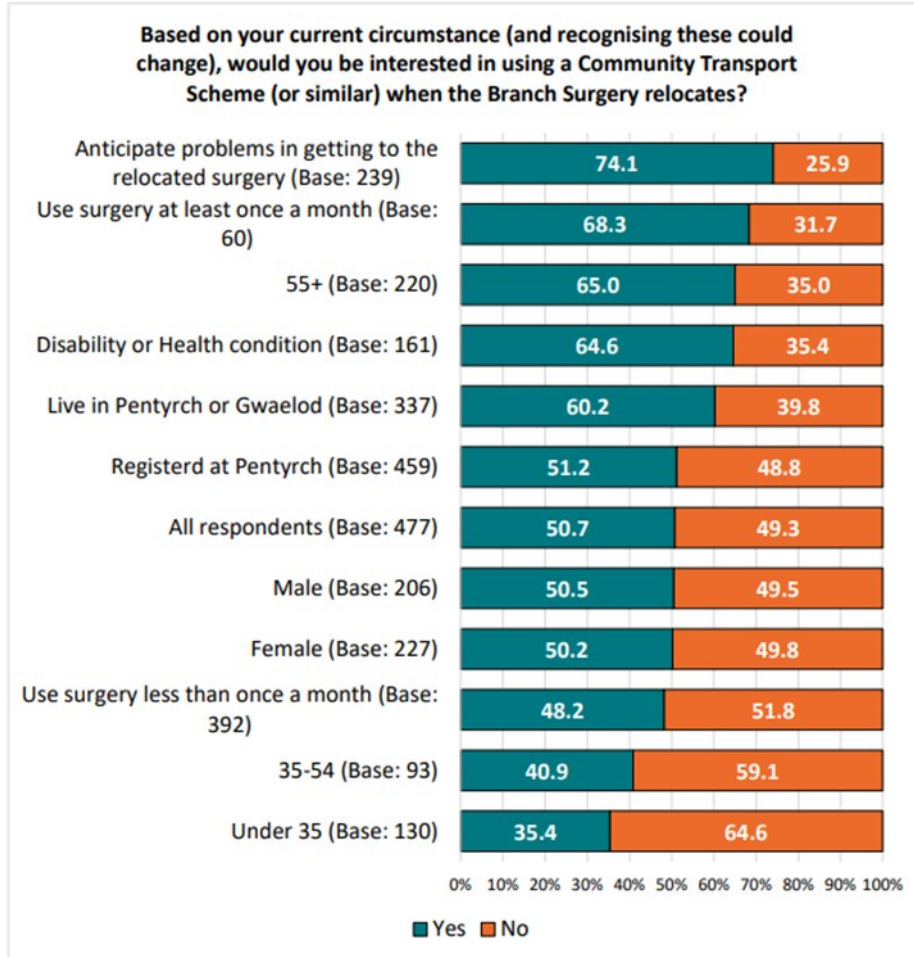
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Pentyrch Branch Surgery – Transport Survey Report

Interest was highest amongst respondents who anticipated problems in getting to the relocated surgery (74.1%), followed by those who use the surgery at least once a month (68.3%), those aged 55 or older (65.0%) respondents with a disability or health condition (64.6%) and those living in Pentyrch or Gwaelod-Y-Garth (60.2%).

It was of least interest to those aged under 35 (35.4%) or 35-54 (40.9%).



Note: Small base sizes should be treated with caution

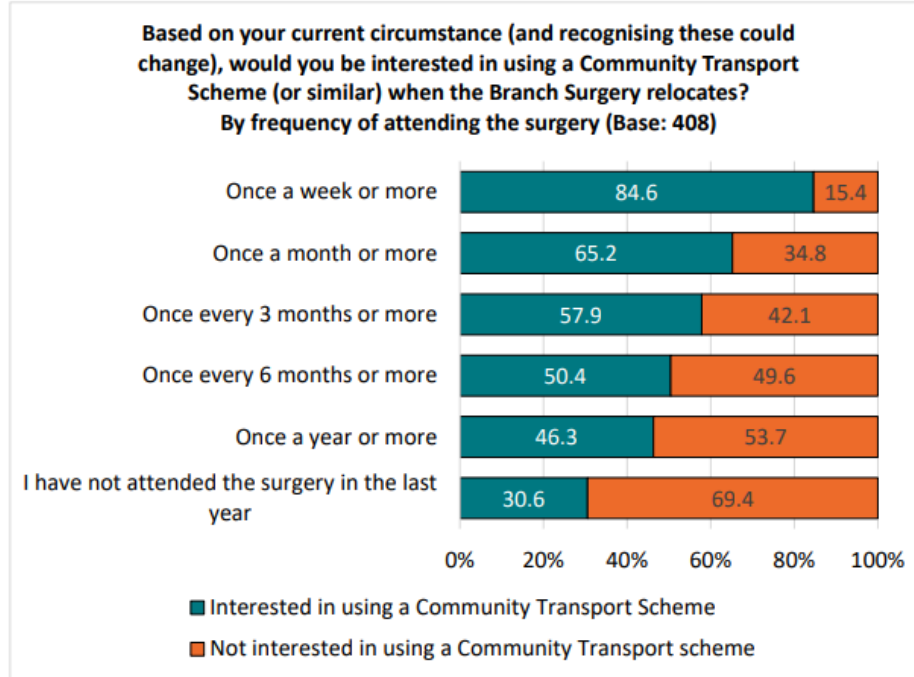


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Pentyrch Branch Surgery – Transport Survey Report

Looking specifically at frequency of attending the Pentyrch branch surgery, the more frequently respondents attended the surgery, the more likely they were to be interested in using a Community Transport scheme (or similar).





Pentyrch Branch Surgery – Transport Survey Report

TRANSPORT ISSUES- ANY OTHER COMMENTS

This section is for everyone to complete

Questions in the following section were asked of all 772 households taking part in the survey.

12. Do you, or anyone in your household, have any suggestions regarding transport to the new branch surgery that you would like to put forward for consideration?

Of the 772 households eligible to answer this question, 264 responses were received, giving a response rate of 34.2%.

Respondents were asked if they, or anyone in their household, had any suggestions regarding transport to the new surgery. A total of 264 comments were received, and grouped into the following themes:

Theme	No	%	Example Comments
Public bus route	71	26.9	<ul style="list-style-type: none"> - There should be a public local bus route that comes through the village and on its route stops outside the surgery. There is a bus stop very close to the location - Extend 62 bus route to Pentyrch. Via Heol Pant-Y-Gored rather than ending at Rhydlafar. - Extend the 136 service to go via Creigiau to Rhydlafar, with a turn around at the round about.
Don't move the surgery	52	19.7	<ul style="list-style-type: none"> - My suggestion is to keep the surgery in Pentyrch - the proposed location leaves Pentyrch residents, especially its most vulnerable isolated from critical services. - Why do you intend building a Pentyrch Surgery in Rhydlafar, surely it should be in Pentyrch - NO. There is already a surgery in Pentyrch. That surgery should remain. The removal of surgery to Rhydlafar will NOT benefit the patients - only make more money for the S.Ps
Practice/Community Shuttle bus	38	14.4	<ul style="list-style-type: none"> - Could a practice minibus be considered? - Shuttle bus from Pentyrch to the new surgery - A shuttle that operates 1-2 days/week at specific times, with linked appointment slots that are reserved for those needing special transport arrangements.
Improve infrastructure	33	12.5	<ul style="list-style-type: none"> - Widening Church Road - Needs to be a safe cycle/ walking path. Good for surgery and new estate accessing local primary school - Better bike lanes please! Starting from Llandaff to Rhydlafar
Proposed route	26	9.8	<ul style="list-style-type: none"> - The routes to Rhydlafar are already congested and



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dangerous			<p><i>dangerous for pedestrians, riders, and cyclists.</i></p> <ul style="list-style-type: none"> - Yes, that the transport does not go through Church Road as it is a country road and will cause danger and chaos - Concerns about access to surgery from Llantrisant Road - safety? Ridiculous - have to pull out past current bus stop location on a bend, which means driving into oncoming traffic on a blind bend. Potential added danger with cars parked along the road Rhydlafer Drive for popping into new surgery
Concerns for most vulnerable /isolated	26	9.8	<ul style="list-style-type: none"> - Easy to get on and off the transport that the health board will supply - Due to dementia unlikely that my [family member] would be able to use public transport/community transport. - I appreciate everything re cost implications for the NHS but the elderly need to be catered for after all the majority of us have contributed many years to the NHS and all other services. A surgery easily accessible is essential!
No suggestion but transport vital	19	7.2	<ul style="list-style-type: none"> - No suggestion but essential to have a solution to enable those who have no access to a vehicle to be able to reach a surgery in Rhydlafer - All i do know is that public transport in this area is absolutely horrendous so therefore it is paramount transport is readily available for persons that dont have transport at hand
Community Transport Scheme	18	6.8	<ul style="list-style-type: none"> - A funded community transport system - An organised community transport would be very useful to anyone suffering with orthopaedic problems - hips or replacement knees, etc
Reliable service	16	6.1	<ul style="list-style-type: none"> - a bus service that is run by cardiff bus and is realgar and reliable - You need to ensure that any solution is a permanent long term one. Also, although we are currently not affected, we are getting older and need access to suitable health care
Don't rely on volunteers	15	5.7	<ul style="list-style-type: none"> - Public transport is the only viable option. Volunteer schemes are not future proof or sustainable - Any scheme involving residents is a non-starter (e.g. admin, insurance, cost, frequency, safety etc). However, either a minibus provided by the Health Board or a re-routing of the 136 Cardiff Bus route via Church Road could possibly work
Adequate parking	14	5.3	<ul style="list-style-type: none"> - Adequate number of parking spaces so to avoid disruptive to the local community - There must be adequate parking available!!



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Pharmacy	9	3.4	<ul style="list-style-type: none"> - At Present, our GP is in Radyr. Our concerns are when we are older and are unable to drive. There is no direct bus route to Radyr. Our local Pharmacy, which I am told will also go if the new surgery is relocated, will go too. - We are very concerned if we are going to loose the Pharmacy. Our G.P is in Radyr, but we use the Pharmacy regularly.
Low cost / free	8	3.0	<ul style="list-style-type: none"> - Flecsi bus volunteers should not be relied upon to operate this system. This needs to be FREE as local residents don't agree to relocation due to transport issues. Unfair that they should be out of pocket due to this. - It should be provided free of charge by Health Board. Don't forget, you are creating a problem. You can't honestly expect others to solve the problem for you.
Taxi	7	2.7	<ul style="list-style-type: none"> - Free taxi - Subsidised taxi service for transport of patients to/from surgery during opening times. Negotiate a reduced rate with a taxi firm(s) e.g. Uber, Veezu etc to include transport for both able and disabled people
Support the relocation	6	2.3	<ul style="list-style-type: none"> - The surgery should move to Rhydlafer - Pentyrch residents are very lucky to live in such a great village, we have no right to demand a surgery in the village. My parents are 93 and live in Cardiff, and do not have the luxury to walk to their surgery - they take a bus or taxi. CANNOT believe the village is being so selfish! - Many Pentyrch residents are registered at Radyr and so transport is not an issue. How do people without cars get to the Dentist? The pressure group do not speak for us all!
Not impacted by relocation	3	1.1	<ul style="list-style-type: none"> - None, I drive to both current surgeries so it makes no difference to us
Misc	19	7.2	<ul style="list-style-type: none"> - Helicopter!!! - Would need to be accessible for same day appointments. App could work to show live availability.
Total	264	-	

Note: Respondents could leave multiple comments, therefore total may exceed 100%



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Pentyrch Branch Surgery – Transport Survey Report

13. Do you, or anyone in your household, have any other concerns regarding transport to the new branch surgery that will be relocated to Rhydlafer?

Of the 772 households eligible to answer this question, 268 responses were received, giving a response rate of 34.7%.

Respondents were asked if they, or anyone in their household, had any concerns regarding transport to the new surgery location in Rhydlafer. A total of 268 comments were received, and grouped into the following themes:

Theme	No	%	Example Comments
Concerns around accessing service	78	29.1	<ul style="list-style-type: none"> - Having to rely on an unknown source to ensure that I am able to get to and from the surgery when I am unwell and need help and support urgently - My only concern is that i would be able to get to any appointments in the time frame required as if late you cannot be seen - If I ring the surgery at 8am but am unable to get through till 8.30 am and am then given an appointment for 9am how will the transport get me to Rhydlafer in time for said appointment - I was concerned that the expansion of the branch surgery will lead to more difficulty in getting an appointment in Llandaff. The proposed surgery has 9 clinical rooms, so insufficient parking for staff and patients.
Road unsuitable / unsafe	52	19.4	<ul style="list-style-type: none"> - We do - at the rare moments when we're driving down the Church's road, we are truly scared. - Roads to and from are not suitable - Narrow lanes, can be busy at times - Dangerous road
Pharmacy	45	16.8	<ul style="list-style-type: none"> - If we were to lose a surgery in Pentyrch, we would also lose our pharmacy, not only do we collect prescriptions from there, we also go there for advice on medical issues - We have a huge concern about the potential loss of the pharmacy in Pentyrch, should it also be relocated to a site inaccessible by foot or by decent public transport.. Whilst the Health Board is refusing to engage in any discussions about this with the local community, this is as important as the loss of the surgery from Pentyrch. The pharmacy is run by an excellent team who offer an efficient and professional service, combined with their seamless communication with the surgery staff. As we are all encouraged to consult our local pharmacist on a whole list of minor issues (which we both do often) the pharmacy service must remain in Pentrych where it is fully accessible to all of the Pentyrch patients. - Very important to keep pharamcy in pentyrch
Congestion / More	32	11.9	<ul style="list-style-type: none"> - Possible safety concerns and congestion



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Pentyrch Branch Surgery – Transport Survey Report

traffic on the roads			<ul style="list-style-type: none"> - Increase in traffic on a narrow lane - A lot more traffic on the road between Pentyrch and Rhydlafor. Also a lot more pollution and accidents on this road
Parking concerns	31	11.6	<ul style="list-style-type: none"> - Relatable to transport - Ensure adequate parking spaces at new practice - Parking around Rhydlafor. Maybe double yellow lines in Ffordd Gwern. The overspill can go by the playground (left at the roundabout) - Parking on Rhydlafor Drive and the estate
Keep the surgery in Pentyrch	29	10.8	<ul style="list-style-type: none"> - Yes, Pentyrch village has poor access roads linking it which are unsafe and already poorly supported by commercial/public transport. I repeat My suggestion is to keep the surgery in Pentyrch - the proposed location leaves Pentyrch residents, especially its most vulnerable isolated from critical services. - The best and most obvious answer to all the problems would be to build the centre in Pentyrch Village! - We in PENTYRCH want the new surgery in Pentyrch so we have the right to walk to it, cycle to it, or drive to it. PENTYRCH SURGERY for Pentyrch residents.
Unsuitable for pedestrians / cyclists	28	10.4	<ul style="list-style-type: none"> - Road is dangerous, too narrow with no provision for walking, pushing prams etc. - Traffic is an already very busy + narrow lane which also has walkers, cyclists + horse riders using it regularly - You cannot walk to Rhydlafor it is dangerous, and dangerous to drive there.
Disability / impairment	23	8.6	<ul style="list-style-type: none"> - Not safe for vulnerable people - No transport, partially blind - Has an equality impact assessment been done to evaluate the impact on people with protected characteristics?
Inaccessible without a car	22	8.2	<ul style="list-style-type: none"> - No safe way getting to the new surgery without driving - I don't know how people without cars will get to Rhydlafor - There is no transport. - Only option is car from Pentyrch which is not sustainable or practical
Anticipate future problems	21	7.8	<ul style="list-style-type: none"> - Not for ourselves but for elderly residents who may not have transport available - Totally impossible for older people - No problem at the moment but it would be considerably more difficult if I became unable to drive through age or infirmity
Don't drive / No access to car	15	5.6	<ul style="list-style-type: none"> - We cannot get there Don't Drive - Access for people without their own transport.
No public transport	15	5.5	<ul style="list-style-type: none"> - No public transport available - particularly for older / non-drivers. - At the moment there is little or no public transport option



Chico Rachel
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			<i>which is timely and reliable, I suspect this will not change!</i>
Public transport not good enough	13	4.8	- You should not have to change buses and wait for a connection to the buses coming from the north - It simply isn't practical using Cardiff Buses at the moment.
Will be unable to drive soon	11	4.0	- Not now, but over time both of us may have to give up driving - Yes. We are getting older and driving will not always be an option.
Transport should be provided	10	3.7	- If the new branch surgery isn't on a bus route then door to door transport will definitely be necessary - If a suitable transport plan isn't made, then the planning request should be overridden and the plan should be re-thought within Pentyrch's physical boundaries
Reliable transport	8	2.9	- Being able to get safely down Church Road, frequent and reliable bus is essential - Reliability and frequency. You wouldn't want to be picked up or taken back home and have to wait a considerable length of time for either journey.
Transport options need to work with appointment times	8	2.9	- The transport would have to get you there in time for appointment - What happens when doctor appointments running behind time?
Cannot rely on volunteers	7	2.6	- Relying on volunteers for transport is not foolproof as it may be impossible for volunteers to carry out certain day if events crop up for them - The whole family think a CTS is non-viable
Safety of children in Rhydlafer	6	2.2	- Road safety concerns for school children who are collected/returned home by four different buses to Rhydlafer Drive each day - Impact on the safety of the nursery
Support the relocation / No concerns	6	2.2	- No I think it's a very good relocation - No Concerns
Yes	6	2.2	- Yes
Other surgeries don't provide transport	4	1.5	- There is no transport arrangement in place for Rhydlafer residents to access the surgeries we presently use. Why would Pentyrch have transport arranged?
Distance	2	0.7	- Too far to travel
Misc.	23	8.4	- Purely inconvenience - I understand the concerns for residents with transport issues. Has research/advice been sought from existing practices within Wales with similar geography? - The survey seems very much focused on cost not care.
Total	268	-	

Note: Respondents could leave multiple comments, therefore total may exceed 100%



Chloe Rachel
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Pentyrch Branch Surgery – Transport Survey Report

COMMUNITY TRANSPORT SCHEME

This section is for everyone to complete

Questions in the following section were asked of all 743 households taking part in the survey.

The possibility of establishing a local Community Transport scheme is being investigated. This could, potentially, be run by volunteers, including drivers or administration roles, although details are still to be determined.

14. If there was the option of setting up such a scheme, would you be interested in volunteering?

Of the 1,628 respondents eligible to answer this question, 1,423 responses were received, giving a response rate of 87.4%.

Fifty individuals expressed an interest in volunteering in a local Community Transport Scheme.

	No	%
Yes	50	3.5
No	1149	80.7
Unable to answer currently	224	15.7
	1423	100.0

Twenty nine respondents provided contact information; this has been passed to the Chair of the Pentyrch Branch Surgery Transport Task & Finish Group.



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RHYDLAFAR RESIDENTS ONLY

If you do not live in Rhydlafar, please go to the next section

Questions in the following section were asked only of the 59 households in Rhydlafar taking part in the survey.

We know that some residents in Rhydlafar have raised concerns about the relocation of the surgery.

15. Please indicate the top six most important factors

Of the 59 households eligible to answer this question, 50 responses were received, giving a response rate of 84.7%.

Respondents were given a list of nine possible concerns around the relocation of the Pentyrch Branch Surgery to Rhydlafar Drive, and asked to indicate which were most important to their household. Where households gave more than six answers, or assigned the same level of importance to more than one option, all responses were considered null and void, and excluded from the analysis.

Responses from the 50 households included in the analysis were assigned a score out of six, based on the number ranking each option as most important, second most important, and so on.

'Parking concerns' achieved a score of 4.0 out of six, with 22.0% rating this as most important, and 98.0% of households putting this in their top six concerns.

'Potential increase in the volume of traffic' was also put in the top six by 98.0% of households, but had fewer households ranking this as most important, giving an overall score of 3.7 out of six.

Whilst ranked in the top six by fewer households, 'Safety of access to the surgery' was seen as the most important concern to 28.0% of households, receiving the highest proportion of first-place votes.

	Score out of 6	% Most important	% in top six
Parking concerns	4.0	22.0	98.0
Road safety on the estate	3.9	24.0	94.0
Potential increase in the volume of traffic	3.7	12.0	98.0
Concerns for children catching the school bus	3.5	16.0	92.0
Safety of access to the surgery	3.0	28.0	68.0
Concerns around noise and pollution levels due to traffic	2.3	16.0	92.0
Potential impact on emergency vehicles accessing the area	1.4	0.0	38.0
Potential disruption from deliveries to the site	0.7	2.0	54.0
Any other concerns	0.5	2.0	16.0
No concerns	0.0	0.0	0.0



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Pentyrch Branch Surgery – Transport Survey Report

Please specify any other concerns

Eight households gave further details of 'Other' concerns, not covered by the list of options provided:

- Access onto and from Llantrisant Road in the past this road has been very dangerous and many accidents have occurred.
- Church Road not appropriate for increased levels of traffic - have you ever tried to drive it at busy times of the day? Morning surgeries would start during early morning rush hour. Relying on volunteers is a bit much - what if no transport is available when a Pentyrch resident has an appointment.
- Not enough safe parking being taken into consideration, considering the proposed number of patients accessing the surgery.
- Potential plot unstable due to water springs underground. Road has sunk three times
- Travelling from Pentyrch to the surgery on a dangerous road. With school kids accessing Bus stop
- The site wasn't designed for a building with substantial footfall/vehicles. Surrounding infrastructure doesn't support the relocation/traffic
- The surgery isn't for patients in Rhydlafar. Why not pick somewhere in Pentyrch, where patients can walk to the surgery rather than put another vehicle on the road? Why aren't you thinking about the environmental impact the choice of location will have?
- Very concerned my house is 2nd closest to site, anticipating being blocked in regularly. Hope you have agreed with double yellow lines on resident estate

If you would like to provide further details of any concerns you have raised, please do so:

Respondents were invited to provide further details of their concerns; 31 responses were received, and grouped into the following themes:

Theme	No	%	Example Comments
Against moving the surgery	12	38.7	- Had the surgery been located in Pentyrch you wouldn't have these issues. - Common sense seems to be absent from this whole project. Building in Rhydlafar for people in Pentyrch is farcical. Due care and attention has been absent from the outset
Parking concerns	11	35.5	- The parking available is minimal and the surgery would need more off road parking. - There are no parking restrictions on the roads on the estate and people are likely to block the roads.
Concerns over traffic	10	32.3	- The road upon which the surgery is to be built is on the main feeder road for Rhydlafar. It is a busy road all day but particularly morning and late afternoon. The school buses and cardiff bus stop just at the entrance to the proposed surgery this will cause road safety hazards for



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Pentyrch Branch Surgery – Transport Survey Report

			<p>drivers and pedestrians alike. The bus stop cannot be moved nearer the roundabout as some years ago cardiff council moved the bus stop after accepting that its location was a significant safety concern</p> <ul style="list-style-type: none"> - Increase in the volume of traffic in the area with a corresponding increase in noise and pollution and Concerns over road safety and the increased risk to children accessing school transport and visiting the park Limited parking on proposed site, resulting in an increase of parking on roads that are not suitable for this purpose and the inevitable anti-social parking on pavements and in appropriate places. Disruption from non-domestic vehicles attending the site (deliveries, ambulances, etc)
Proposed site unsuitable	7	22.6	<ul style="list-style-type: none"> - The surgery will be obsolete, what about the 3,000+ houses being/been built opposite. This is not just for Pentyrch residents. - This is not the right site. We need green spaces and clean air for health. You are creating too many problems. Pentyrch requires its GP service locally
Unsafe to walk	5	16.1	<ul style="list-style-type: none"> - There is limited access and egress with narrow roads and the need to cross roads to access the site for those on foot. - Increased volume of people on foot, cars and general safety of pedestrians and drivers!!
Location of bus stop	5	16.1	<ul style="list-style-type: none"> - The current bus stop for the number 62 and school bus is located on the bend of Rhydlafor Drive, as is the proposed exit and entry to the new surgery. This would be very dangerous and an accident waiting to happen! - Bus stop location adds to transport hazards.
Public transport concerns	2	6.5	<ul style="list-style-type: none"> - My concern is we already have inadequate healthcare provisions and this is not addressing them. Taking a facility away from a community with no means of public transport is criminal. Someone should be held accountable who in their right mind would think that was acceptable. Someone who has obviously never had to access healthcare given they are healthy and in their younger years. It's awful.
Misc.	8	25.8	<ul style="list-style-type: none"> - How can it be called Pentyrch Surgery when Rhydlafor is classed as St. Fagans! - "Green Infrastructure and Biodiversity" - significant swathes of natural habitat have already been lost forever. In our opinion, building a surgery on this site is not consistent with Cardiff's One Planet ambitions and goals
Total	31	-	

Note: Respondents could leave multiple comments, therefore total may exceed 100%



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16. Do you have any practical suggestions about how any of the transport-related concerns of Rhydlafer residents could be addressed?

Of the 59 households eligible to answer this question, 45 responses were received, giving a response rate of 76.3%.

Households were asked for practical suggestions to address the transport-related concerns of Rhydlafer residents; 45 comments were received, and grouped into themes:

Theme	No	%	Example Comments
Change location	25	55.6	<ul style="list-style-type: none"> - Build it either in Pentyrch or the other side of Llantrisant Rd - Find a more practical site
Against moving the surgery	21	46.7	<ul style="list-style-type: none"> - Don't build the surgery where it is going - that's my suggestion - Pentyrch surgery needs to be in Pentyrch end of...
Parking concerns	11	24.4	<ul style="list-style-type: none"> - No parking on the estate roads - Making sure there are sufficient parking spaces as part of the initial plan
Improve infrastructure	6	13.3	<ul style="list-style-type: none"> - Double Yellow Line on Rhydlafer Drive would be essential for the safety of all road and surgery users. A dedicated bus layby should be part of the new road layout to prevent accidents to children and residents on Rhydlafer Drive. - Move the bus stop to the other side of the road, near the nursery closer to the main Llantrisant Road. Possibly create a lay-by for the buses to wait in (so that they are off Rhydlafer Drive). Put yellow lines on Rhydlafer Drive and on other local roads
Safety concerns	3	6.7	<ul style="list-style-type: none"> - The site is not suitable for a new branch surgery at all - not safe transport wise or big enough.
Concerns around accessing service	2	4.4	<ul style="list-style-type: none"> - No, the transport suggestions proposed so far are not practical at all.
Public transport concerns	2	4.4	<ul style="list-style-type: none"> - Don't relocate Pentyrch Surgery to an area that they will find difficult to access.
Misc.	2	4.4	<ul style="list-style-type: none"> - Out of touch with the people who will be needing this service and ignoring the people who need the service most. Ignorance beyond belief.
Total	45	-	

Note: Respondents could leave multiple comments, therefore total may exceed 100%



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ABOUT YOU

This section is for everyone to complete

17. What was your age on your last birthday?

	No	%
Under 16	154	10.0
16-24	116	7.5
25-34	88	5.7
35-44	132	8.6
45-54	168	10.9
55-64	261	17.0
65-74	313	20.3
75+	286	18.6
Prefer not to say	21	1.4
	1539	100.0

18. Are you...?

	No	%
Female	795	52.1
Male	699	45.8
Non-binary	7	0.5
Other	0	0.0
Prefer not to say	26	1.7
	1527	100.0

19. Do you identify as Trans?

	No	%
Yes / Prefer to self-describe	8	0.6
No	1382	95.9
Prefer not to say	51	3.5
	1441	100.0

20. Are you pregnant, or have you given birth within the last 26 weeks?

	No	%
Yes, I'm pregnant	7	0.5
Yes, I've given birth	9	0.6
No	1398	97.6
Prefer not to say	18	1.3
	1432	100.0



Pentyrch Branch Surgery – Transport Survey Report

21. Do you identify as a disabled person?

	No	%
Yes	103	7.0
No	1316	89.6
Prefer not to say	49	3.3
	1468	100.0

22. Please tick any of the following that apply to you:

	No	%
Deaf/Deafened/Hard of Hearing	148	9.3
Learning impairment/difficulties	17	1.1
Wheelchair user	20	1.3
Long-standing illness or health condition (e.g. cancer, HIV, diabetes or asthma)	307	19.3
Mental health difficulties	69	4.3
Visual impairment	64	4.0
Mobility impairment	127	8.0
Neurodivergent (e.g. Attention Deficit Disorders, Autism, Dyslexia, Dyspraxia, Dyscalculia and Dysgraphia)	69	4.3
Prefer not to say	57	3.6
Other	36	2.3
None of these	753	47.4
	1588	-

23. Do you care unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without your support?

	No	%
Yes	130	9.0
No	1268	87.9
Prefer not to say	44	3.1
	1442	100.0



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24. Do you regard yourself as belonging to any particular religion?

	No	%
No, no religion	531	35.8
Christian (Including Church in Wales, Catholic, Protestant and all other Christian denominations)	787	53.1
Buddhist	8	0.5
Hindu	11	0.7
Jewish	2	0.1
Muslim	7	0.5
Sikh	2	0.1
Prefer not to answer	7	0.5
Other	128	8.6
	1483	100.0

25. How would you describe your sexual orientation?

	No	%
Bisexual	34	2.4
Gay Woman/Lesbian	8	0.6
Gay Man	10	0.7
Heterosexual/Straight	1188	82.7
Other	7	0.5
Prefer not to answer	189	13.2
	1436	100.0

26. What is your ethnic group?

	No	%
White - Welsh/English/Scottish/Northern Irish/British	1362	89.7
White - Irish	10	0.7
White - Any other white background	40	2.6
Mixed - Multiple Ethnic Groups - Welsh / British / Other	11	0.7
Asian - Asian Welsh / British / Other	32	2.1
Black - African / Caribbean / Black Welsh / British / Other	4	0.3
Arab	3	0.2
Prefer not to say	57	3.8
	1519	100.0



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Shaping Our Future

Wellbeing in the Community

Pentyrch Branch Surgery – Transport Survey Report

Appendix

Letter to households
Communication Briefing
Survey



Produced by the Cardiff Research & Engagement Centre

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Appendix 8:



Pentyrch Transport Task & Finish Group Modelling Demand

November 2024



STATISTICAL VALIDITY

Statistical validity means that we can use the data to infer numerical information about the whole population (e.g. how many are affected by which issues). This requires two conditions to be met:

- A minimum sample size in accordance with the required level of accuracy. In this case a 5% margin of error would require a minimum sample size of 282
- The participants to be **randomly** chosen from the population

Our data set was designed to elicit views and identify issues therefore its participants were individuals who chose to respond. As a result, this invalidates the second condition

This means the sample cannot reliably be used to infer numerical information about the extent of those issues in the broader population



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RESPONSES (Q7 CRC Report)

Our focus is on residents from Pentyrch and Gwaelod-Y-Garth currently registered with the surgery who:

- Would find it difficult to travel to the new Branch Surgery – **11.9%**
- Would not be able to access the new Branch Surgery – **7.2%**

This is the cohort of people who will require support to access the new surgery



3



DATA

Source of Data: Pentyrch Branch Surgery – Transport Survey Report, October 2024 (Cardiff Research Centre). Consultation with residents regarding transport to access new location:

- 484 respondents indicated they were registered with Pentyrch surgery, or 46% of the 1,054 patients currently registered there (this is a good response rate)
- 90 respondents indicated that they would have difficulty or would not be able to attend a surgery at Rhydlafer. Of these, 83 stated their current frequency of attendance at Pentyrch surgery. This has been used to model potential future demand for transport
- Respondents are self-selected (not a statistical sample) – therefore, will include a much higher proportion of those directly affected than in a randomly chosen sample



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DETAILED RESPONSES

(based on patients registered in Pentyrch Branch Surgery or who live in either Pentyrch or Gwaelod-Y-Garth)

Frequency of Attendance	I would find it difficult to travel to the Branch Surgery at Rhydlafer 11.9% of the 470 responses	I would not be able to access the Branch Surgery at Rhydlafer 7.2% of the 470 responses
Once a week or more	8	2
Once a month or more	13	9
Once every 3 months or more	22	11
Once every 6 months or more	7	5
Once a year or more	1	0
Not attended in the last year	4	1
TOTAL	55	28



BASELINE ESTIMATE

Frequency of Attendance	I would find it difficult to travel to the Branch Surgery at Rhydlafer 11.9% of the 470 responses	I would not be able to access the Branch Surgery at Rhydlafer 7.2% of the 470 responses	Total	Annual Visits per Patient	Total Visits (base estimate)
Once a week or more	8	2	10	52	520
Once a month or more	13	9	22	12	264
Once every 3 months or more	22	11	33	4	132
Once every 6 months or more	7	5	12	2	24
Once a year or more	1	0	1	1	1
Not attended in the last year	4	1	5	0.5	3
Totals	55	28	83		944
Weekly transport requirements					18



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CONCLUSION

- Baseline estimate suggests that **18** people a week would require support
- If we were to consider the responses as a statistical sample, then the weekly requirement would rise to **39**
- The best estimate will lie somewhere between these, but probably somewhat closer to the baseline





**Pentyrch Surgery Transport Task and Finish Group
SECOND DRAFT Demand Estimate – Number of Journeys requiring Support**

Summary

There are a total of 1,054 patients registered with Pentyrch surgery who make an estimated 6,000 visits per year. (Actual appointments available at the surgery are 6,300-7,000, therefore our estimates are considered reasonable).

52% of patients (550 patients) anticipate problems accessing the new branch surgery if it relocates to Rhydlafor. As many of these patients are frequent users of the surgery, this represents nearly three-quarters of total visits (i.e. 4,300 visits). This could represent up to 8,600 journeys (i.e. out and return), which is circa 165 per week or 55 per day. This would represent the “maximum” transport problem to be solved.

The survey also identified those patients who will face significant difficulties if the branch surgery relocates to Rhydlafor (a sub-group of those anticipating problems). In total this was 28% of all patients (290 patients).

As many of these patients experiencing significant difficulties are frequent users of the surgery, they account for 50% of total patient visits (3,000 visits). This represents 6,000 journeys (out and return) per year, or 38 per day. Thus the “minimum” transport problem to be solved is the provision of reliable and predictable transport support for 6,000 journeys.

The difference between the minimum and the maximum transport support needed is because some patients hope to rely on family and friends to transport them to the branch surgery if it relocates to Rhydlafor. This support, of course, may not always be available. The problem is that it is difficult to predict when this might be case, and therefore at any one time, there could be demand for the upper limits of our estimate.

Conclusion

Without the provision of credible and viable transport support, between 290 and 550 patients of Pentyrch surgery may lose access to primary healthcare. These patients are primarily those that use the surgery on a very regular basis, some more than once a week.

To resolve this problem will require transport support capable of reliably providing between 6,000 and 8,600 journeys between Pentyrch and Rhydlafor on an annual basis. This is a significant requirement and will demand the allocation of dedicated resources to organise and co-ordinate these journeys.

The “minimum” requirement of 6,000 journeys may only occur if patients who anticipate problems can rely on family, friends or neighbours to transport them. This may not always be possible, and therefore the planning of transport capacity should recognise this, and be capable of expanding to provide up to the “maximum” demand of 8,600 journeys per year.

Background

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This paper sets out a demand estimate (in a range) for the number of journeys requiring support amongst existing patients of Pentyrch surgery, if the surgery were to move to Rhydlafer.

It uses data primarily taken from the “Pentyrch Branch Surgery Transport Survey” (October 2024)¹ carried out by Cardiff Research Centre on behalf of the Pentyrch Surgery Transport Task and Finish Group. It also uses data provided by the Llandaff and Pentyrch Surgery in terms of the current number of registered patients and the average number of appointments per day.

Estimate

This has been drawn up using a series of building blocks. These are set out below.

1. Some Key Data

Current number of registered patients at Pentyrch Surgery = 1,054 (Source: Llandaff and Pentyrch Surgery)

Number of Pentyrch registered patients in older age group (age 55 or over) = 50% (Source: Pentyrch Branch Surgery Transport Survey)

Number of Pentyrch registered patients who are disabled or have a long-term health condition = 35% (Source: Survey)

Number of Pentyrch patients who currently walk to the surgery = 60% (Source: Survey)

2. Number of Pentyrch Patients and Frequency of Visits to the Surgery (On Average, over the last year, how often did you attend Pentyrch Surgery?)

	A	B	C	D
	Frequency %	Patient Numbers	Annual visits per patient (1)	Total Visits
Once a week or more	2.7	28	65	1,820
Once a month	11.0	116	12	1,392
Once every 3 months or more	33.3	351	5	1,755
Once every 6 months or more	28.3	298	3	894
Once a year or more	15.0	158	1	158
Not attended in last year	9.7	103	0	
TOTAL	100.0	1054		6,019
<i>Source:</i>	<i>Survey</i>	<i>Surgery & Survey 1054 x A</i>	<i>Study Estimate</i>	<i>Calculated B x C</i>

Notes (1) This is a Study Estimate, which takes into account the capacity available at Pentyrch Surgery as a test of reasonableness.

Compared to the 2021 Census data for Pentyrch and Creigiau Ward, our sample contains a similar split of male/female respondents; similar ethnicity; but a higher proportion of people in older age groups (age 55+). However, this may be because of the inclusion of Creigiau residents in the Census data, or because the profile of Pentyrch registered patients is older than the Pentyrch and Creigiau population as a whole.

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3. Test of Reasonableness – Average Capacity at Pentyrch Surgery: Total number of appointments available

	Average AM Appointments	Average PM Appointments	Appointments per day	Days per week	Weeks per year	Number of appointments
GP	15-19	12	27 - 31	3	52	4,212 – 4,836
Nurse	14	6-8	20 - 22	1	52	1040 – 1,144
Phlebotomist	20	-	20	1	52	1,040
Total						6,292 – 7,020

Our model estimates the number of visits per year to be circa 6,000 (6,019), whereas the average number of appointments available is estimated to be 6,292 – 7,020. Therefore, the estimates within our model are considered reasonable.

4. Estimate of Patients likely to require transport support – “Maximum” Demand

4.1. Do you anticipate any problems in getting to the relocated surgery at Rhydlafar?
 Yes = 52.2%, which equals 550 patients (i.e 52.2% x 1,054 total patients)

4.2. Usage Profile of patients who anticipate problems – estimate of “maximum” demand

	A	B	C	D
	Frequency (amongst those who anticipate problems) %	Patients who anticipate problems	Annual visits per patient (1)	Total Visits
Once a week or more	5.0	28	65	1,820
Once a month or more	16.5	91	12	1,092
Once every 3 months or more	33.5	184	5	920
Once every 6 months or more	25.6	141	3	423
Once a year or more	11.6	64	1	64
Not attended in last year	7.8	42	0	0
TOTAL	100.0	550		4,319
<i>Source:</i>	<i>Survey</i>	<i>Surgery & Survey 550 x A</i>	<i>Study Estimate</i>	<i>Calculated B x C</i>

Notes (1) Study estimate

The model shows that the “maximum” number of patient visits that are estimated to require transport demand is circa 4,300.

This represents circa 8,600 journeys (i.e. out and return) per year.

Or 165 per week, or 55 journeys per day (assuming 3 day opening).

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This has been termed the “maximum”, as not all of the people who anticipate having problems will need transport support for every visit that they make to the surgery. Some of them are hoping to rely on family or friends to transport them for some visits. But this may not always be possible. It is, however, difficult to predict when this may occur and therefore on any one day, demand for transport support could reach this maximum level.

5. Estimate of Patients likely to require transport support – “Minimum” Demand

Need to identify the size of the group facing significant difficulties

5.1 How will you most likely travel to the new branch surgery when it relocates to Rhydlafer?

	A	B	
	%	Number of patients (1)	
I would not be able to access the branch surgery at Rhydlafer	7.2	76	
I would find it difficult to travel to the branch surgery at Rhydlafer	11.9	125	(2)
Walk	5.7	60	(3)
Public transport – bus	1.7	18	(4)
Community Transport Scheme	0.9	10	(5)
TOTAL FACING SIGNIFICANT DIFFICULTIES	27.4	289	
<i>Source:</i>	<i>Survey</i>	<i>Surgery & Survey</i>	
		<i>1054 x A</i>	

Notes

- (1) Based on total number of patients (1054)
- (2) It is recognised that some of this group may be able to access the surgery on occasion, but on any given day, they may have a problem. A further sensitivity could be run on this.
- (3) Unlikely to happen given difficulty of walking - steep hill, narrow country lane, no pavements, no lighting, cars travelling at 60 mph (particularly for frequent users of surgery who are in poor health)
- (4) Not credible answer – no public bus service exists between Pentyrch and Rhydlafer
- (5) Not credible answer – no community transport scheme currently exists.

5.2 Usage Profile of patients who face significant problems

	A	B	C	D	E
	% of each user group facing significant difficulties	Patient Numbers	Patient number facing significant difficulties	Annual Visits per patient	Total Annual Visits
Once a week or more	85	28	24	65	1,560
Once a month or more	52	116	60	12	720

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Once every 3 months or more	28	351	98	5	490
Once every 6 months or more	17	298	51	3	153
Once a year or more	16	158	25	1	25
Not attended in last year	27	103	28	0	0
Not answered			3	0	0
TOTAL		1,054	289		2,948
<i>Source:</i>	<i>Survey</i>	<i>Survey & Surgery See Table 2</i>	<i>Calculated B x A</i>	<i>Study Estimate</i>	<i>Calculated C x D</i>

The model shows that circa 290 patient face significant problems in travelling to the new branch surgery when it relocates to Rhydlafer. Many are frequent users of the surgery.

Potentially, these 290 patients could lose access to primary healthcare without transport support.

The “minimum” number of patient visits that are estimated to require transport demand is circa 3,000. This represents circa 6,000 journeys (i.e. out and return) per year. Or 116 per week, or 38 journeys per day (assuming 3 day opening).

6. Estimated Transport Demand

It is estimated that between 290 and 550 patients (out of a total of 1,058 patients) will experience difficulties in accessing the new branch surgery when it relocates to Rhydlafer.

The range of estimated demand for transport support lies between 3,000 and 4,300 patient visits per year (i.e. between 50 - 70% of all patient visits). This is because those experiencing the most difficulty in accessing the surgery are those that use it the most frequently.

This represents between 6,000 and 8,600 journeys (i.e. out and return) per year, or between 38 and 55 journeys per day.

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Appendix 10:

PENTYRCH TRANSPORT TASK & FINISH GROUP – TRANSPORT OPTIONS

Purpose of Paper

The purpose of this paper is to set out a number of potential transport options and indicate their viability. The cost of options that are viable have been included, costs of non-viable options have not been included.

Options

9 options were identified and explored, only 2 are deemed to be viable, those are options 1a and 3. The 2 viable options are reviewed against the agreed key principles (see page 13 & 14).

	OPTION	BENEFITS	DISADVANTAGES/ISSUES	RISKS
1	Community Transport Scheme – 2 options 1a: Volunteer led car scheme Or 1b: Community owned vehicle (not viable in first instance as 1a would be the preferred option to	<ul style="list-style-type: none"> ▪ Setting up a volunteer driver service for the Surgery could provide the basis for a volunteer driver service for wider usage to Pentyrch and surrounding areas ▪ Well-being benefit for volunteers ▪ Community Transport is usually door to door. ▪ Short Journey time ▪ As a new service, scope/eligibility criteria can be agreed 	<ul style="list-style-type: none"> ▪ Owner insurance arrangements to be arranged/funded ▪ Arrangements for managing, administering and running the service including appropriate governance e.g. enhanced DBS checks and vehicle suitability ▪ Sufficient volunteer response to meet service delivery requirements including recruitment and retention and cover for sickness and holidays 	<ul style="list-style-type: none"> ▪ Requires support from the Community ▪ Dependant on the establishment of a constituted Group to set up and run the service; without this the option is unable to progress ▪ Availability and commitment of volunteers impacting on service availability and sustainability of service

<p>demonstrate demand in first 12 months)</p>	<ul style="list-style-type: none"> ▪ No restrictions on providing a same day service, subject to volunteer availability ▪ Would be in line with Welsh Government Policy on transport ▪ Insurance is normally granted by insurers if drivers are providing a volunteer service ▪ CTA confirmed agreement to support with policies and procedures and also with applications for grant funding once the demand for transport is demonstrated ▪ Llais confirmed agreement to support arrangements for community events to attract volunteers 	<ul style="list-style-type: none"> ▪ Transport model would need agreement/confirmation e.g. multiple patients in one vehicle? booking system, route planning ▪ Location of administrator/link to Practice to co-ordinate availability of transport/appointment ▪ Need to agree scope and eligibility criteria; any restrictions around access would not be in line with the objective of ensuring all patients have ease of access to the GP Surgery ▪ Would need to cater for transport support requirements e.g. wheelchair accessibility ▪ Any charges for users could deter usage ▪ Service to match surgery opening times 	<ul style="list-style-type: none"> ▪ Agreement of ongoing funding model to make it sustainable long term ▪ Reliability of service
<p>See CTA information below which informed costing. Costing based on the range as per the modelling undertaken by UHB:</p> <ul style="list-style-type: none"> ▪ 18 return journeys per week = 26k per annum ▪ 28 return journeys per week = 27k per annum ▪ 39 return journeys per week = 28k per annum 			

Costing provided by Community Transport Association

Costings for a community transport scheme. Please note all of these costs are approximate and could alter at the time of set up. It is important to remember that some costs will be covered by passenger fares. All costs are based on 1 year only. Please note costs may rise in years going forwards.

1a Volunteer Led Car Scheme

A volunteer led car scheme is where volunteer drivers use their own cars to transport people. Passengers would pay the driver or a central hub for this trip. The driver would be paid 45p per mile for the total mileage for the journey including the miles to and from the pickup point.

Reimbursement of driver for mileage	45p per mile, this would include dead mileage – to and from the surgery plus need to include mileage from volunteer home and back
Driver training	£50 per driver – need to make assumption re number of volunteers
Enhanced DBS Volunteers	free
Coordinator salary 0.6 FTE	£16,500 plus pension – what band would this be?
IT - phone, computer, software	£2,000
Marketing	£150
Stationary	£150
Public liability insurance	£560 – up to 10M
Contingency fund	£1,000

1b Community Owned Vehicle

This a vehicle owned and operated by the community or a community group. The vehicle can be a 9 seater wheel chair accessible car (WAV) or a 9 – 16 seat minibus. Costs will vary depending on the type of vehicle: an electric vehicle will impact on costs.

Coordinator salary 0.6 FTE	£16,500 plus pension
Driver training	£50 per driver
MIDAS training	£180 per driver
Safety checks, maintenance, servicing	£2,000
Vehicle	EV minibus - £120,000 Minibus new - £90,000, second hand £30,000 WAV new £30,000, second hand £15- 20,000
Permit	Section 19 £11 for 3 years Section 22 £55 for 5 years + £14 to register
Fuel	Minibus fill up £150 per tank
First aid kit	£25
Vehicle tax	£250 per year for a minibus unless tax exempt
IT including phone, computer	£2,000
Vehicle branding	£600
Paid driver	£15 per hour plus pension – clarify why we need a paid driver and volunteer driver



Volunteer driver	45p per mile to pick up and return bus
Insurance	£1,000 - £3,000 depending on vehicle
Marketing	£150
Stationary – ID badges	£100
Public liability insurance	£560 up to 10M
Fire extinguisher	£150
DBS for paid drivers	£80
Contingency fund	£5,000

Section 22 Timetabled Service – You have to have the route registered with the Traffic Commissioner. This route or area must have no option for a commercial company to operate within. Once this route is agreed it must run so paid drivers are always needed. You can take bus passes on this service, and they are reimbursed via the council, however this does not always cover costs. Passenger Fares – You would need to charge for this service to make it viable. We would work with you to work out the cost of this. You can choose to charge per mile or per trip. These fares will not cover all your costs so some funding will be required.

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	OPTION	BENEFITS	DISADVANTAGES/ISSUES	RISKS
3	<p>Taxi Service operating under existing Health Board Service Level Arrangement (SLA) – access would be managed by the Practice based on ‘eligibility’ for initial 12-month period to quantify demand to inform a longer-term community transport solution</p> <p>‘Eligibility’ is defined as the cohort of people who would find it difficult to travel to the new branch surgery and those who would not be able to access the new Branch Surgery (response to question 7, CRC Survey Report)</p>	<ul style="list-style-type: none"> ▪ A taxi could be booked the same day therefore providing an immediate/same day response ▪ Taxi service is door to door ▪ Individual patient direct journey would mean short journey time. ▪ Flexible matched to individual needs. ▪ Using Taxis would have less governance/administration than community transport ▪ A contracted service may be cost efficient as Service Level Arrangement (SLA) already in place within the Health Board which could be expanded 	<ul style="list-style-type: none"> ▪ Would need to define/confirm eligibility to be consistently applied ▪ Restricting use via eligibility is not in line with the objective of ensuring all patients have ease of access to the GP Surgery ▪ Would need to cater for transport support requirements e.g. wheelchair accessibility ▪ Impact on appointment time given taxi journey to Pentyrch ▪ Taxi waiting times 	<ul style="list-style-type: none"> • The funding model – additional costs over and above standard pricing required due to rural location. • Reliability of availability and timeliness in rural location of Pentyrch
<p>Costing based on the range as per the modelling undertaken by UHB:</p> <ul style="list-style-type: none"> ▪ 18 return journeys per week = 29k per annum ▪ 28 return journeys per week = 44k per annum ▪ 39 return journeys per week = 62k per annum 				

Created by Rachel
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Options 2 & 4 to 9 have a dependency on Cardiff Council/Other Partners.

Cardiff Council/Other Partners have confirmed that they do not have resources to support any of these options.

	OPTION	BENEFITS	DISADVANTAGES/ISSUES	RISKS
2	<p>Community Car Service using a Cardiff Council electric vehicle supported by PCC</p> <p>This option not viable as if supported by PCC it would provide only the reinstatement of the G1 service, it would not provide transport between Pentrych and Rhydlafer Drive</p>	<ul style="list-style-type: none"> ▪ Would support reinstatement of G1 as a benefit to the community as well as providing transport to support access to the new Surgery ▪ Would be in line with Welsh Government Policy on transport ▪ Involves utilisation of an accessible vehicle already available from Cardiff Council (including maintenance) ▪ Practice to support arrangements to ensure co-ordination between appointments and transport 	<ul style="list-style-type: none"> ▪ May not be able to provide same day service/bookings would need to be made in advance ▪ Need to agree scope/ eligibility criteria; any restriction on access would not be in line with the objective of ensuring all patients have ease of access to the GP Surgery ▪ Should service operate under Section 19 permit all passengers would need to be members to use it 	<ul style="list-style-type: none"> ▪ Reliant on Pentrych Community Council agreement to take on the running of the service; without this the option is unable to progress as no other groups in the area to provide support ▪ Life span of the vehicle is another 4 to 6 years maximum and there is no funding identified to replace the vehicle.

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	OPTION	BENEFITS	DISADVANTAGES/ISSUES	RISKS
4	<p>VEST – currently provides transport for over 65s and disabled (any age) who are unable to use public transport.</p> <p>VEST have confirmed that this is not a viable option</p>	<ul style="list-style-type: none"> ▪ Scheme is currently in existence therefore already available and being used. ▪ Some people will already be familiar with using it ▪ Users register for the service and then ring up and make a booking. ▪ VEST provides a door to door service. ▪ Wheel chair accessible vehicle when available ▪ Short journey time ▪ Prioritisation takes place for those booking the most urgent trips meaning GP Surgery appointments would get priority 	<ul style="list-style-type: none"> ▪ Does not cater for everyone (only available for over 65s and disabled (any age); only eligible people can use the service. ▪ Not available to anyone who owns a vehicle/car ▪ Same day bookings not available; next day only service ▪ Small charge for users which may deter some users ▪ The booking system may deter users. ▪ Would require additional resource to expand the service given demand currently exceeding capacity 	<ul style="list-style-type: none"> ▪ Capacity and funding issues currently impacting on ability to cope with additional demand ▪ Stretched service currently which is struggling with the condition of vehicles and recruitment of drivers ▪ The ability to cater for all groups with transport needs would require a change to VEST's governance arrangements

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	OPTION	BENEFITS	DISADVANTAGES/ISSUES	RISKS
5	<p>Cardiff Council to provide a bus route between Pentyrch & Rhydlafer Drive by extending 136 and 122 routes</p> <p>Cardiff Council have confirmed that this is not a viable option</p>	<ul style="list-style-type: none"> ▪ Part of the Cardiff Transport service to meet the transport needs of the community ▪ No discrimination on usage; available to all. ▪ Could be used by more people than patients of the surgery; a bus would build the public transport network with a wider benefit for the community ▪ Increasing use of buses in line with Cardiff policy to promote a move away from car use. ▪ A bus would be free for those with bus passes. ▪ A bus would not need any additional administration to be set up ▪ Dependability of 136 Cardiff Bus Service ▪ Buses are familiar for residents & easy to use 	<ul style="list-style-type: none"> ▪ This option does not support patients in Gwaelod Y Garth ▪ Users need to be able to get to the bus stop. ▪ Patients would need to allow additional time to travel to and from GP visits due to infrequent buses (e.g. 136 hourly currently). ▪ Re-routing existing routes could have implications for frequency of services/ journey times 	<ul style="list-style-type: none"> ▪ Would only be sustainable if there were sufficient passengers using the route. ▪ Cardiff Transport funding is stretched so funding to support this arrangement is a risk ▪ Service reliability

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	OPTION	BENEFITS	DISADVANTAGES/ISSUES	RISKS
6	<p>Community Transport Scheme run by volunteers using a vehicle donated and maintained by Cardiff Council</p> <p>Cardiff Council have confirmed that this is not a viable option</p>	<ul style="list-style-type: none"> ▪ Setting up a Community Transport service to support access to the Surgery could provide the basis for service to provide for wider usage to Pentyrch and surrounding areas ▪ Well-being benefit for volunteers ▪ Community Transport is usually door to door. ▪ Community transport being supported by Cardiff Council which is appropriate as Cardiff Council are responsible for transport. ▪ Short journey time ▪ Would overcome the capacity issues of the current VEST service ▪ Assumes a wheel chair accessible vehicle ▪ As a new service, scope/any eligibility criteria can be agreed ▪ Would be in line with Welsh Government Policy on transport ▪ No restrictions on providing a same day service, subject to volunteer availability 	<ul style="list-style-type: none"> ▪ Need to agree scope/ eligibility criteria; any restriction on access would not be in line with the objective of ensuring all patients have ease of access to the GP Surgery ▪ Should service operate under Section 19 permit all passengers would need to be members to use it ▪ Any charges for users could deter usage ▪ Arrangements for managing, administering and running the service e.g. enhanced DBS checks ▪ Location of administrator & ability to match transport to appt time ▪ Sufficient volunteer response to meet service delivery requirements to include recruitment and retention and cover for sickness and holidays ▪ Electric Powered vehicle 	<ul style="list-style-type: none"> ▪ Availability/commitment of volunteers impacting on service availability and sustainability of service ▪ Reliability of service ▪ Arrangements/ funding for long term vehicle replacement

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	OPTIONS	BENEFITS	DISADVANTAGES/ISSUES	RISKS
7	<p>A vehicle donated and maintained by Cardiff Council with a paid driver(s) funded by Health Board</p> <p>Cardiff Council have confirmed that this is not a viable option</p>	<ul style="list-style-type: none"> ▪ Transport being supported by Cardiff Council which is appropriate as Cardiff Council are responsible for transport ▪ Assumes transport is door to door. ▪ Short journey time ▪ Would overcome the capacity issues of the current VEST service ▪ Assumes a wheel chair accessible vehicle ▪ Employed driver(s) provides security regarding service delivery ▪ As a new service, scope/any eligibility criteria can be agreed ▪ Would be in line with Welsh Government Policy on transport ▪ No restrictions on providing a same day service, subject to driver availability 	<ul style="list-style-type: none"> ▪ Need to agree scope/ eligibility criteria; any restriction on access would not be in line with the objective of ensuring all patients have ease of access to the GP Surgery ▪ Should service operate under Section 19 permit all passengers would need to be members to use it ▪ Paid driver(s) would mean incurring fixed costs regardless of demand/usage ▪ The number of driver(s) could have service delivery implications during sickness and holiday period when cover would be needed ▪ Electric vehicle required ▪ Arrangements for setting up and managing the service including enhanced DBS checks for drivers ▪ Would there be a charge for users? 	<ul style="list-style-type: none"> ▪ Availability of vehicle originally offered by Cardiff Council now retracted and therefore would rely on the identification of an alternative ▪ Potentially not a cost-effective use of public funding if demand/usage is low ▪ Statutory service only involvement could restrict access to applying for grant funding to support service delivery

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	OPTIONS	BENEFITS	DISADVANTAGES/ISSUES	RISKS
8	<p>A vehicle sponsored by Charities and maintained by Cardiff Council with a paid driver(s) funded by Health Board</p> <p>Cardiff Council have confirmed that this is not a viable option</p>	<ul style="list-style-type: none"> ▪ Transport being supported by Cardiff Council is appropriate as Cardiff Council are responsible for transport ▪ Assumes transport is door to door. ▪ Short journey time ▪ Would overcome the capacity issues of the current VEST service ▪ Assumes a wheel chair accessible vehicle ▪ Employed driver(s) provides security regarding service delivery ▪ Inclusion of charities increases the involvement beyond the statutory sector/could promote community involvement and the potential to access grant funding ▪ As a new service, scope/any eligibility criteria can be agreed ▪ Would be in line with Welsh Government Policy on transport ▪ No restrictions on providing a same day service, subject to driver availability 	<ul style="list-style-type: none"> ▪ Need to agree scope/ eligibility criteria; any restriction on access would not be in line with the objective of ensuring all patients have ease of access to the GP Surgery ▪ Should service operate under Section 19 permit all passengers would need to be members to use it ▪ Paid driver(s) would mean incurring fixed costs regardless of demand/usage ▪ The number of driver(s) could have service delivery implications during sickness and holiday period when cover would be needed ▪ Electric vehicle required ▪ Arrangements for setting up and managing the service incl enhanced DBS checks for drivers ▪ Would there be a charge for users? 	<ul style="list-style-type: none"> ▪ Any restrictions on advertising the charity's sponsorship could impact on involvement ▪ Potentially not a cost-effective use of public funding if demand is low

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	OPTIONS	BENEFITS	DISADVANTAGES/ISSUES	RISKS
9	<p>Community Bus Route covering the G1 route run by VEST</p> <p>Cardiff Council have confirmed that this is not a viable option</p>	<ul style="list-style-type: none"> ▪ VEST is an experienced provider of community transport service. ▪ Some people will already be familiar with using VEST's services ▪ Wheel chair accessible vehicle ▪ Would be in line with Welsh Government Policy on transport 	<ul style="list-style-type: none"> ▪ Would not be able to provide same day service/bookings would need to be made in advance ▪ Need to agree scope/ eligibility criteria; any restriction on access would not be in line with the objective of ensuring all patients have ease of access to the GP Surgery ▪ The service would need to cater for a wider cohort beyond those needing transport to the surgery ▪ Previous issues with the flexi service due to mobile phone availability amongst elderly patients and the preference by users for a fixed route/fixed timetable would need to be considered 	<ul style="list-style-type: none"> ▪ VEST do not have a Section 21 permit (but they could apply for one). ▪ They could not take fares on the buses and were not willing to do so either, ▪ They could only operate between 9/9.30am and 3.30/4pm Monday-Friday.

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Recommendations

The Pentryrch Transport Task and Finish Group recommend that the following options be considered by the Pentryrch Surgery Development Project Team.

	OPTIONS FOR PENTYRCH SURGERY DEVELOPMENT PROJECT TEAM TO CONSIDER	RECOMMENDATIONS	COSTS
1a	Community Transport Scheme – Volunteer Led Car Scheme	<ul style="list-style-type: none"> ▪ Cardiff and Vale UHB to consider funding the Volunteer Led Car Scheme for 12 months to determine and quantify the demand. ▪ Approach the Community Transport Association (CTA) to provide advice and support the Community to set up the scheme and submit bids for future funding ▪ This option is reliant on the community supporting and leading this scheme. Given that PCC and PSOS&P have confirmed they will not take a lead role in supporting this scheme there would be a need to attract volunteers from the community. 29 respondents to the survey expressed an interest in volunteering and provided contact details 	<p>Costing based on the range as per the modelling undertaken by UHB:</p> <ul style="list-style-type: none"> ▪ 18 return journeys per week = 29k per annum ▪ 28 return journeys per week = 44k per annum ▪ 39 return journeys per week = 62k per annum
3	Taxi Service operating under existing Health Board Service Level Arrangement (SLA) – access would be managed by the Practice based on 'eligibility' for initial 12-month period to quantify demand to inform a longer-term community transport solution	<ul style="list-style-type: none"> ▪ Cardiff and Vale UHB to consider funding a taxi service for 'eligible' patients for 12 months to determine and quantify the demand to inform a longer-term community transport solution ▪ The GP Practice have indicated that they can provide staff to undertake the bookings 	<p>Costing based on the range as per the modelling undertaken by UHB:</p> <ul style="list-style-type: none"> ▪ 18 return journeys per week = 29k per annum ▪ 28 return journeys per week = 44k per annum

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			<ul style="list-style-type: none"> 39 return journeys per week = 62k per annum
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**PENTYRCH & SURROUNDING AREA BRANCH SURGERY PROJECT
TRANSPORT TASK AND FINISH GROUP
KEY PRINCIPLES (Approved 23/04/24)**

The table below indicates whether options 1a and 3 achieve the key principles upon which we evaluate transport options. The principles are RAG rated as follows:

	Achieved
	Partially Achieved
	Not Achieved

'Eligibility' definition for transport support is defined as the cohort of people who would find it difficult to travel to the new branch surgery and those who would not be able to access the new Branch Surgery (response to question 7, CRC Survey Report).

PRINCIPLES		OPTIONS 1a & 3
Accessibility	Every resident should be able to access the health services at the new location when they need too and with reasonable journey times so that residents remain healthy and economically active members of society	Based on the eligibility definition this will be achieved with both options
	Transport options must be available to all residents	Based on the eligibility definition this will be achieved with both options
	There must be a clear process to access transport	This will be achieved with both options

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	Frequency of transport must correspond with health services opening hours, preferably should be regular and flexible to meet appointment times and have capacity to allow access for same day appointments to meet the needs of residents accessing the service	This will be achieved with both options
	Residents should be able to depend on the transport solution to reliably get them to their appointment on time	This will be achieved with both options
	Avoid digital exclusion by ensuring there are other means of accessing services	This will be achieved with both options
Affordability	Solutions should be affordable to all residents	This will be achieved with both options
Safety	Ensure the safety of residents when considering transport options	This will be achieved with both options
Sustainability of Service	Provide a sustainable long-term solution that is flexible and can respond to changes in demand in the future	This is partially achieved with both options as it will be dependent on the 12-month evaluation
	Monitor utilisation of the transport service to ensure it meets demand.	This will be achieved with both options
Carbon Footprint	Consider environmentally sustainable transport options which avoid the need to travel by private car	This was not achieved
Engagement of Residents	Transparent and open with residents and encourage engagement in the survey	This was achieved
	Ensure the outcome of the survey informs the recommendations from the Task & Finish Group.	This was achieved
Intelligence Gathering	The Task & Finish Group will gather information on existing schemes to understand how they run their service to inform options for Task & Finish Group to consider.	This was achieved

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Appendix 11:

PENTYRCH SAVE OUR SURGERY & PHARMACY (PSOS&P)

C/o Michael Colley
21 Bronhaul
Pentyrch
CF15 9TA
23 December 2024

To: Geraldine Johnston and members of the Project Team

Dear Geraldine and members of the Project Team

**PENTYRCH & SURROUNDING AREAS
TRANSPORT TASK AND FINISH GROUP REPORT – DECEMBER 2024**

As requested, I am writing on behalf of PSOS&P to set out our outstanding concerns which prevent PSOS&P from ‘signing up’ to the above Report for inclusion in the Report when it is submitted to the Project Team.

Important Background Information

PSOS&P was established in October 2020 following villagers reaching out to Pentyrch Neighbourhood Watch (PNW) for a body to represent their concerns over the intended closure of both Pentyrch Surgery and Pentyrch Pharmacy. Villagers were angry and frustrated firstly, over the total absence of any consultation or engagement by the Health Board with residents prior to the Board making its decision and secondly, Pentyrch Community Council (PCC) having showed no interest in engaging with residents. The then Community Health Council (now Llais), adopted a similar stance to PCC. The situation remains as it has throughout, that PSOS&P is the only body that has convened meetings of residents, canvassed residents for their views, and communicated with them via social media and regular newsletters. PSOS&P can rightly claim to be the only voice of residents. This is demonstrated by 1612 residents signing the PSOS&P petition protesting over the way in which the Health Board was dealing with the closure of our surgery.

Task and Finish Group Terms of Reference

Any dialogue over the intended location of a new surgery and dialogue over Pentyrch Pharmacy was determined as ‘Out of Scope’ by the Health Board. This was non negotiable. The Report claims this was ‘agreed and approved’ by everyone in the Group. This is not true. PSOS&P has been clear from the outset both verbally and in writing that if no satisfactory transport / access solution were to be agreed, then we reserved our right to demand the Health Board reevaluate the 6 shortlisted sites (5 in Pentyrch), but this time using a credible evaluation procedure and the involvement of residents.

It is also well documented that PSOS&P felt it was imperative to consider the stated position of Pentyrch Pharmacy whose owner has made it clear to the whole village that were a pharmacy to open in Rhydylafar, then Pentyrch Pharmacy would close regardless of whether



the owner became the new Pharmacist in Rhydlafer or not. The future of a full range of pharmaceutical services being maintained in Pentyrch is arguably more important than the surgery issue as 50% of the owner's business comes from non surgery patients.

In order to continue trying to find a solution to the access / transport problems, PSOS&P agreed to 'park' the disagreement over the Terms of Reference so enabling us to protect the mandate we had been given by Pentyrch residents if needed.

Transport Modelling

Following completion of the CRC Survey, a key function of which was to identify the potential transport need, extensive modelling was carried out by Bethan Devonald (a Rhydlafer community representative) and Tom Porter, Consultant in Public Health Medicine – the Lead on Active and Sustainable Travel. The modelling assessed the number of likely journeys needed for the 52% of Pentyrch residents who identified in the key Question 6 of the survey as having problems in accessing healthcare services in Rhydlafer.

However, the Health Board (not the Task and Finish Group as inferred in the Report), has chosen to ignore this data and instead focused on data produced by an in-house person under the direction of the Chief Executive. This data uses a much narrower pool of those needing transport. The Health Board justifies this position by assuming that all those who either currently walk or rely on others e.g. family, friends, neighbours or carers, to get to the surgery in Pentyrch, will still be able to avail themselves of this facility if travelling to Rhydlafer. The result of this is the numbers in the 'pool' reduce from 255 to 90. We consider this a substantial under estimation in terms of numbers and potential costs. The in-house data became the only data to be highlighted in the Executive Summary of the Report. It was later agreed to include the modelling by Bethan and Tom but only as an Appendix to the Report.

Transport Options

Of the many options considered, all those relying on some degree of funding from Cardiff Council were ruled out because of nil finance available from the Council. There is a question mark over the genuineness of this as Cardiff Council is now in talks with Pentyrch Community Council over finding a replacement for the substantially under used, currently defunct G1 bus service which appears to involve Cardiff Council making an as yet unknown form of financial commitment.

Two options remain. One is a volunteer scheme set up and run by volunteers using their own vehicles, the other a taxi service applying some form of, and as yet not discussed, criterion to determine who can use this service. Funding for the taxi service would be for one year and monitored throughout. There is no long term commitment.

Just 29 survey participants indicated an interest in volunteering, however no information was provided to potential volunteers as to what commitment and responsibilities would be involved. The Health Board and CRC who carried out the survey have refused to provide anonymised details as to which of the 18 villages included in the survey the volunteers live in. This information is vital if a volunteer scheme is to be considered. Were none to live in Pentyrch or Gwaelod y Garth (the only 2 villages where residents would suffer a detriment were the surgery / pharmacy to move to Rhydlafer), it is highly unlikely that a volunteer would travel from perhaps Canton (one of many outlying villages included in the survey) to transport a patient from Pentyrch to Rhydlafer and back.

Clearly there is much work to be done on both options. This illustrates that the work of the Transport Group is not yet completed. The Project Team currently has no community representatives as part of its number and is therefore denied the benefit of community



knowledge and support. In the opinion of PSOS&P, either the Transport Group should continue until this matter is resolved or, PSOS&P, as the sole community body who can legitimately lay claim to representing the views of residents, should be co-opted onto the Project Team.

Appendix 3 – Key Principles

The Transport Group unanimously agreed key principles to evaluate transport options. The first two read;

‘Accessibility

- **Every resident** should be able to access the health services at the new location when they need to and with reasonable journey times so that residents remain healthy and economically active members of society.

- Transport options must be available **to all residents**’

(Our highlighting)

The inclusion of ‘every’ and ‘all’ residents is essential particularly for none surgery, pharmacy users. The Health Board created the access problem. Residents should not have to pay the price of the Health Board’s error of judgement.

Conclusion

Work on the remaining two transport options is now essential so that a final report recommends one well thought through workable option acceptable to residents especially if any sort of criteria is to be used for determining who ‘qualifies’ for transport help.

A final point that should be borne in mind is that the Health Board has asked the Welsh Government for £5.3 million to finance the intended surgery in Rhydlafer. As it stands, the intended Rhydlafer GP service to patients will remain exactly as at present i.e. 3 days (20 hours) a week, not the promised 6 GP, 8am till 6pm, 7 day a week service. There are no trigger points which will lead to an increase in GP numbers or hours.

Yours sincerely

Michael Colley

A representative of Pentyrch Save our Surgery and Chairperson Pentyrch Neighbourhood Watch

YK

Yvonne Krip <yvonne.krip@pentyrch.cc>

To: Geraldine Johnston (Cardiff and Vale UHB - Strategic Planning); Louise McGrath <louise.mcgrath@pentyrch.cc>

WARNING: This email originated from outside of NHS Wales. Do not open links or attachments unless you know the content is safe.

Good morning Geraldine.

I am sorry to say that PCC are unable to endorse the final report without the inclusion of our changes.

We feel that important information has either been left out of the report or sidelined to the Appendices

Regards

Yvonne


Sent from my iPhone

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Shaping Our Future

Wellbeing in the Community

 Task and Finish Group Report fi...
6 MB

Hi Louise and Yvonne,
Thank you for your feedback, I have added tracked changes to the attached document so that you can see my feedback.
I have also added comments to your email below, highlighted in yellow.
Wishing you both a very Happy Christmas and best wishes for 2025.

Regards
Geraldine

Geraldine Johnston
Director of Operations, Community Services (Interim)
Primary, Community & Integrated Care Clinical Board
Cardiff and Vale University Health Board
Mobile 07548 732051

From: Louise McGrath
Sent: 22 December 2024 10:59
To: Geraldine Johnston (Cardiff and Vale UHB - Strategic Planning)
Cc: Yvonne Krip
Subject: Fw: Feedback

WARNING: This email originated from outside of NHS Wales. Do not open links or attachments unless you know the content is safe.

Dear Geraldine,

Please find attached our feedback.

In the report we have highlighted in yellow our recommended changes – **see attached document for my tracked changes in response**

We would like to understand the revised cost estimates as it now looks like the 2 options would have identical costs , we have highlighted this in red in the report to be checked, especially as the Taxi was initially the cheapest option. – **well spotted, thank you, the updated costs are included for option 1a. Option 1a is more cost effective**
The Key Principles assessment of options has been reviewed and also recommend including it in the main report as included. – **I have added comments as tracked changes in the document**

We were unable to edit Appendix 10 Transport options document. – **it is a pdf hence why you could not edit it**

If you would like to discuss anything on Monday, I can be available between 10 and 11am.

Good luck collating all the feedback.

Best Regards

Louise

PENTYRCH AND SURROUNDING AREAS TRANSPORT TASK & FINISH GROUP REPORT

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December 2024

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1. Executive Summary

The Pentyrch Transport Task and Finish Group was set up in October 2023. The mandate of the Group is to understand the need and identify options for consideration to provide an appropriate level of support for residents of Pentyrch and the wider community **who cannot access, or would find it difficult to access** the new Branch Surgery which will be re-provided on Rhydlafer Drive, St Fagan’s.

When the GP branch surgery relocates, patients from Pentyrch and Gwaelod y Garth who can walk or use public transport to access the surgery in Pentyrch Village will struggle without private transport to access the new location which is 2 miles away from the village and over 2.5 hours away by public transport. No GP surgery will be available for these residents directly from the bus route through their villages. An increase in private transport will



necessitate adequate parking facilities at the new location. The transport work group noted there were 10 spaces short for peak times – this will not be included as we have stated the mandate of the group in the opening paragraph, we also mention the issue of residents concern in section 3 of the report

The Transport Task & Finish Group had representation from:

- Cardiff and Vale University Health Board
- Llandaff & Pentyrch Surgeries
- Cardiff Council – Planning, Transport & Environment Department
- Llais (formerly South Glamorgan Community Health Council)
- Pentyrch Community Council (PCC)
- Pentyrch Save our Surgery & Pharmacy (PSOS&P)
- Rhydlafer Residents Group (RRG).

The group met on 13 occasions between November 2023 and November 2024. The valuable engagement and contribution to the work of the Task & Finish Group by all representatives is acknowledged and appreciated by the Health Board.

The Task & Finish Group agreed and approved:

Terms of Reference

Survey Objectives

Key Principles to evaluate transport options

A provider to conduct a survey

Survey questions

A Letter and Communications Briefing to accompany the survey.

A survey was conducted by Cardiff Research Centre (CRC). The purpose of the survey was to understand the transport needs of the community including the potential number of residents who will/may require support to access the new Branch GP Surgery. The letter, survey and communication briefing were circulated during the week commencing 29th July 2024 and was issued to 4,800 households. The deadline for completion was 15th September 2024. In total, 777 responses were received, and the data validated and cleansed, to remove duplicated or ineligible entries. This resulted in a total of 772 households, and 1,628 residents, taking part in the survey, accounting for 15.5% of all households invited to participate. This is a typical response rate for a survey of this type, and provides statistically robust results.

The estimated demand was modelled on the basis of the mandate of the Group which is ‘to understand the need and identify options for consideration to provide an appropriate level of support for residents of Pentyrch and the wider community **who cannot access, or would find it difficult to access** the new Branch Surgery’

To estimate the demand for transport the modelling was focused on residents from Pentyrch and Gwaelod-Y-Garth currently registered with the surgery who (Q7 CRC report):

- Would find it difficult to travel to the new Branch Surgery – **11.9% of responses**
- Would not be able to access the new Branch Surgery – **7.2% of responses.**

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90 respondents indicated that they would have difficulty or would not be able to attend a surgery at Rhydlafor Drive. Of these, 83 stated their current frequency of attendance at Pentyrch surgery. This has been used to model potential future demand for transport and suggests the following:

- Baseline estimate suggests that **18** people a week would require support
- If we were to consider the responses as a statistical sample, then the weekly requirement would rise to **39**
- The best estimate will lie somewhere between these, but probably somewhat closer to the baseline.

A member of the Task and Finish Group representing Rhydlafor Residents Group produced a modelling demand paper which included those who planned to walk, travel by bus or community transport to the new branch surgery when it relocates. Including these cohorts produces an estimated demand for transport between 6,000 to 8,600 journeys per year or 38 to 55 journeys per day. This does not align with the cohort of people who meet the 2 categories identified in question 7 of the CRC Survey Report.

Nine transport options were explored by the Task & Finish group:

OPTIONS EXPLORED	
1	Community Transport Scheme – 2 options. 1a: Volunteer led car scheme or 1b: Community owned vehicle
2	Community Car Service using a Cardiff Council electric vehicle supported by PCC covering the G1 service, and potentially expanded to include Pentyrch and Rhydlafor Drive -REMOVE Misleading – never an option for surgery patients – this will remain as it is important we list options discussed even if they are discounted
3 2	Taxi Service operating under existing Health Board Service Level Agreement (SLA) – access would be managed by the Practice based on ‘eligibility’ for initial 12-month period to quantify demand to inform a longer-term community transport solution
4 3	VEST – currently provides transport for over 65s and disabled (any age) who are unable to use public transport. VEST does not offer transport for same day appointments
5 4	Cardiff Council to provide a bus route between Pentyrch & Rhydlafor Drive by extending 136 and OR 122 routes – happy to make this change
6 5	Community Transport Scheme run by volunteers using a vehicle donated and maintained by Cardiff Council

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7 6	A vehicle donated and maintained by Cardiff Council with a paid driver(s) funded by Health Board
8 7	A vehicle sponsored by Charities and maintained by Cardiff Council with a paid driver(s) funded by Health Board
9	<p>A Community Bus covering the G1 route run by VEST</p> <p>REMOVE –the route of the previous G1 service never an option for surgery patients – this will remain as it is important we list options discussed even if they are discounted</p>

Further to exploring all the options, we concluded that:

- Options 1a and 3 are potentially viable options for consideration
- Options 2 and 4 – 8 9 are not viable options and are therefore not for consideration. – no change agreed

These options take account of the confirmed position by Cardiff Council that at this point in time they are not able to offer any transport proposals which support access to the new branch surgery. Both PCC and PSOS&P confirmed that they would also not be in a position at this point in time to lead a Community Transport Scheme.

The transport work group also considered flexing GP boundaries to enable Pentyrch and Gwaelod y Garth residents to access a GP surgery within a reasonable time by public bus. – we did not consider this as it is not an option as stated at last meeting

The Pentrych Transport Task and Finish Group recommend that the following potentially viable options be considered by the Pentrych Surgery Development Project Team: - changes made

OPTIONS TO CONSIDER		RECOMMENDATIONS	COSTS
1a	Community Transport Scheme – Volunteer Led Car Scheme	<p>Cardiff and Vale UHB to consider funding the Volunteer Led Car Scheme for 12 months to determine and quantify the demand</p> <p>Approach the Community Transport Association (CTA) to provide advice and support the Community to set up the scheme and submit bids for future funding</p> <p>This option is reliant on the community supporting and leading this scheme. Given that PCC and PSOS&P have confirmed they will not take a lead role in</p>	<p>Costing based on the range as per the modelling undertaken by UHB:</p> <p>Figures to be checked please – apologies the figures were incorrect, these are correct figures</p> <p>18 return journeys per week = 269k per annum</p>

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		supporting this scheme there would be a need to attract volunteers from the community. 29 respondents to the survey expressed an interest in volunteering and provided contact details	<p>28 return journeys per week = 2744k per annum</p> <p>39 return journeys per week = 2862k per annum</p>
3-2	Taxi Service operating under existing Health Board Service Level Arrangement (SLA) – access would be managed by the Practice based on 'eligibility' for initial 12-month period to quantify demand to inform a longer-term community transport solution	<p>Cardiff and Vale UHB to consider funding a taxi service for 'eligible' patients. 5 years funding was requested but only 12 months has been offered to determine and quantify the demand to inform a longer-term community transport solution.</p> <p>The GP Practice have indicated that they can provide staff to undertake the bookings</p>	<p>Costing based on the range as per the modelling undertaken by UHB:</p> <p>Figures to be checked please. <u>As above-</u></p> <p>18 return journeys per week = 29k per annum</p> <p>28 return journeys per week = 44k per annum</p> <p>39 return journeys per week = 62k per annum</p>

OPTIONS V KEY PRINCIPLES

I do not agree with the proposed changes you are suggesting in relation to the key principles

The Health Board has a duty to support those people who have difficulty or are unable to get to the new surgery, this is the mandate of the Transport Group. The key principles relate to this cohort of people

Accessibility		
Every resident should be able to access the health services at the new location when they need too and with reasonable journey times so that residents remain healthy and	Based on the eligibility definition this will be achieved with both options	AMBER – not met Those without cars and use active travel will take over 2.5 hours to get to the branch surgery. Amber

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economically active members of society		
Transport options must be available to all residents	Based on the eligibility definition this will be achieved with both options	RED – Based on Eligibility criteria
There must be a clear process to access transport	This will be achieved with both options	GREEN
Frequency of transport must correspond with health services opening hours, preferably should be regular and flexible to meet appointment times and have capacity to allow access for same day appointments to meet the needs of residents accessing the service	This will be achieved with both options	GREEN
Residents should be able to depend on the transport solution to reliably get them to their appointment on time	This will be achieved with both options	RED – Not long term solution only reliable for one year
Avoid digital exclusion by ensuring there are other means of accessing services	This will be achieved with both options	GREEN
Affordability		
Solutions should be affordable to all residents	This will be achieved with both options	AMBER – will now be a charge for people who currently have no travel costs ie those with bus passes or walk to the current surgery
Safety		
Ensure the safety of residents when considering transport options	This will be achieved with both options	GREEN
Sustainability of Service		
Provide a sustainable long-term solution that is flexible and can respond to changes in demand in the future	This is partially achieved with both options as it will be dependent on the 12-month evaluation	RED
Monitor utilisation of the transport service to ensure it meets demand	This will be achieved with both options	This can be achieved if monitoring put in place.
Carbon Footprint		

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Consider environmentally sustainable transport options which avoid the need to travel by private car	This was not achieved	This was not achieved – Increase in taxi, private car journey by those who currently walk to the surgery
Engagement of Residents		
Transparent and open with residents and encourage engagement in the survey	This was achieved	This was achieved via survey taken and engagement with action groups
Ensure the outcome of the survey informs the recommendations from the Task & Finish Group.	This was achieved	AMBER Not all feedback from ... has been accepted and utilised and therefore further consideration needs to be given by the Project Team
Intelligence Gathering		
The Task & Finish Group will gather information on existing schemes to understand how they run their service to inform options for Task & Finish Group to consider	This was achieved	

2.Purpose of Report

The purpose of this report is to set out the outcomes of the Pentyrch & surrounding area Branch Surgery Project Transport Task and Finish Group. The mandate of the Group is to understand the need and identify options for consideration to provide an appropriate level of support for residents of Pentyrch and the wider community **who cannot access, or would find it difficult to access** the new Branch Surgery which will be re-provided on Rhydlafor Drive, St Fagan’s.

3.Background/Context

Cardiff and Vale University Health Board is progressing with plans to replace the portacabin that has been used to accommodate Pentyrch Branch Surgery for the past 10 years with a new purpose-built site on Rhydlafor Drive, St Fagans. The relocation will provide a permanent site for the Branch Surgery and will support the development of health services in the area.

The importance of ensuring people can access the Branch Surgery when considering a new location has been fully acknowledged and understood. Access to the new Pentyrch Branch Surgery emerged as a key issue during the engagement process and remains a significant issue for many residents. As a Health Board we are committed to ensuring residents can access our services.

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The Equality Health Impact Assessment (EHIA) undertaken in 2021 recognised some patients will need to travel further to access the range of services previously provided in Pentyrch. There are challenges accessing public transport due to the rural location of the area. The EHIA identified that work would take place with partners to look at how these issues could be addressed and identified that the establishment of a Transport Task and Finish Group was required.

Progress was delayed in establishing the Transport Task and Finish Group. Referral by the then Community Health Council (now Llais) to the Minister impeded progress as until a decision was made the development could not progress which meant that the associated work in relation to potential transport options was also paused. The Transport Task and Finish Group was established in October 2023. The mandate of the group was:

In Scope:

- To consider transport needs including the potential number of residents who will/may require support to access the new Branch GP Surgery
- To consider sustainable long-term options in relation to the transport needs identified by residents of Pentyrch and surrounding communities and also registered patients of Llandaff and Pentyrch Surgeries who currently access Pentyrch Branch GP Surgery and who will attend the new Branch GP Surgery on Rhydlafer Drive for a face to face appointment or other identified need
- To consider the transport related concerns of local residents in relation to the new Branch GP Surgery on Rhydlafer Drive and relay any concerns identified to the Pentyrch Surgery Development Project Team.

Out of Scope:

- Location of new health services on Rhydlafer Drive
- Relocation of the Pentyrch Pharmacy
- Wider public transport issues in the community, which falls within the remit of Cardiff Council and their commitment to improve public transport and active travel.

The Transport Task & Finish Group had representation from:

- Cardiff and Vale University Health Board
- Llandaff & Pentyrch Surgeries
- Cardiff Council – Planning, Transport & Environment Department
- Llais (formerly South Glamorgan Community Health Council)
- Pentyrch Community Council (PCC)
- Pentyrch Save our Surgery & Pharmacy (PSOS&P)
- Rhydlafer Residents Group (RRG).

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4. Approach

The Transport Task and Finish Group met on 13 occasions between the period November 2023 and November 2024. The approach of the Task & Finish Group has involved the following:

Terms of Reference

Agreed Terms of Reference were developed to ensure clarity with regards to the defined scope of the Group and also its duties and responsibilities. The Terms of Reference also defined the governance arrangements within which the Group operated, recognising that the Task & Finish group was not established as a decision-making forum, the Task & Finish Group would make recommendations to the Pentyrch Surgery Development Project Team who are the decision-making forum.

Whilst the relocation of the Pentyrch Pharmacy was outside of the Group's mandate and as such was not considered as part of the survey, the community representatives on the Group raised concerns regarding the potential loss of the Pharmacy in terms of local access to health care services especially given that the Pharmacist states that over 50% of the Pharmacy's business is unrelated to Pentyrch Surgery. The Health Board in accepting its duty to ensure pharmacy services are accessible to the local population and their needs are met is not able to pre-empt or make any assumptions on what the contractor, as an independent business owner will decide to do with respect to any application for relocation or closure. Any such changes would be considered in accordance with the regulations ([The National Health Service \(Pharmaceutical Services\) \(Wales\) Regulations 2020](#)) which could potentially include the Pharmaceutical Needs Assessment (PNA) revision.

The Terms of Reference were approved by the Transport Task and Finish Group and are included as an appendix to the report (appendix 1).

Survey Objectives

The Task and Finish Group agreed a set of survey objectives to underpin the approach to the survey, this was used as a checklist when developing the letter, survey and communications briefing.

The agreed Survey Objectives are included as an appendix to the report (appendix 2).

Key Principles

The Task and Finish Group agreed to define the key principles that would support a successful transport solution. These key principles would be used to assess transport options.

The following 7 key principles were agreed:

- Accessibility
- Affordability
- Safety
- Sustainability of Service
- Carbon Footprint

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- Engagement of Residents
- Intelligence Gathering.

The agreed Key Principles are included as an appendix to the report (appendix 3).

Survey Methodology

In order to understand the transport needs including the potential number of residents who will/may require support to access the new Branch GP Surgery, a key component of the Task & Finish Group’s responsibilities related to developing a survey of currently registered patients and potentially impacted communities.

‘Tractivity’ was proposed initially as the survey platform to be used as the survey tool was being used in other areas within the Health Board and is fully GDPR compliant and an ISO (International Organisation for Standardisation) certified system which had gone through stringent IT processes to be approved by the Health Board.

However, the feedback from community representatives on the Group was that they did not wish to use a Health Board system and as such requested that the survey should be conducted by an independent body if possible. The following additional 4 options were therefore considered:

1. CEDAR – Cardiff & Vale University Health Board and Cardiff University. CEDAR is a centre for Healthcare Evaluation, Device Assessment & Research
2. CIVICA – All Wales platform used by all Health Boards in Wales to provide user feedback
3. Engagement HQ – platform used by Cardiff and Vale Regional Partnership Board (RPB). The Cardiff & Vale RPB brings together partners from Cardiff Council, Vale of Glamorgan Council, Cardiff & Vale University Health Board, Welsh Ambulance Service, housing, third and independent sectors and carer representatives
4. Cardiff Research Centre – delivers research, information and consultation services for Cardiff Council and its partner organisations.

As 3 of the above platforms had a connection with Cardiff and Vale University Health Board and therefore were not seen as independent, the group supported proceeding with Cardiff Research Centre (CRC) who were able to support the whole survey process. The Health Board agreed to fund the cost of the survey.

A key task undertaken by the Task & Finish Group was to agree the distribution of the letter, survey and communications briefing. The following options were considered:

OPTIONS	
Option 1	All residents in 8 villages: Pentyrch, Gwaelod y Garth, Creigiau, Capel Llaniltern, Llaniltern Village, Rhydlafar, Radyr, St Fagans
Option 2	All residents in 6 villages: Pentyrch, Gwaelod y Garth, Creigiau, Capel Llaniltern, Llaniltern Village, Rhydlafar
Option 3	All residents in 3 villages: Pentyrch, Gwaelod y Garth, Rhydlafar plus all patients of Pentyrch

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	Branch Surgery in surrounding villages and after consideration also all Llandaff surgery patients as advised by Llais. – will not be included as stated in paragraph below
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Llais advised that the survey should be distributed to all those patients registered with Llandaff Surgery and those registered at Pentyrch Branch Surgery. It was agreed by the group that the 3 villages most affected are Pentyrch, Gwaelod y Garth & Rhydlafar and on that basis these 3 villages and all registered patients at Llandaff Surgery and Pentyrch Branch Surgery would receive the survey (option 3).

However, Pentyrch Save Our Surgery & Pharmacy (PSOS&P) were opposed to including Llandaff patients as Llandaff Surgery and Rhydlafar are directly linked by a short, frequent bus service and therefore they would suffer no detriment whereas, travel between Pentyrch/Gwaelod y Garth and Rhydlafar is not possible via public transport. The Chair proceeded with supporting option 3 on the advice of Llais.

5.Survey

The Task & Finish Group agreed to proceed with Cardiff Research Centre (CRC) undertaking the survey given they are an independent body. This included sending out the letter, survey and communications briefing by post, analysing the responses and producing a report.

The letter, survey and communication briefing was circulated during the week commencing 29th July and was issued to 4,800 households. The deadline for completion was 15th September 2024, with the requirement for paper copies to be returned before this date. This provided a 6-week period for people to complete and return their survey response.

The agreed letter, survey and communication briefing confirmed that respondents could choose to complete the survey either using the paper copy or online. A freepost envelope was provided for those completing the paper copy, therefore avoiding respondents incurring postage costs in its return.

For those completing the survey online, a link was provided as well as a QR code which could be used to access the survey. Respondents completing the survey via this route were required to provide a unique code as included in the paper version. This was required to avoid potential duplication of responses from those outside of the agreed survey audience.

Support completing this survey was offered by Llais and this was confirmed in the letter issued. PSOS&P also offered support to the local community. An email address was provided through Pentyrch Community Council Newsletter ‘the Link’ for registered patients and/or those who live in the 3 areas potentially affected who did not receive the survey in the post.

The agreed letter, survey and communication briefing are included as an appendix (appendix 4, 5 & 6).

The Task & Finish Group agreed that the survey report would include both the overall results plus analysis of the following sub groups where the results were sufficiently statistically robust:

- Age groups
- Gender

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- Disability or Health Condition
- Geography
- Ethnicity
- Parents/guardians attending with children
- Carers (paid and unpaid)
- Extent of surgery use to inform demand for transport.

Summary of Outcome of Survey

A summary of the key findings of the survey are set out as follows:

- In total, 777 responses were received, and the data validated and cleansed, to remove duplicated or ineligible entries. This resulted in a total of 772 households, and 1,628 residents, taking part in the survey, accounting for 15.5% of all households invited to participate. This is a typical response rate for a survey of this type, and provides statistically robust results
- Most responses received were from Pentyrch (accounting for 39.2% of households, and 40.7% of residents), Llandaff (27.5% of households, and 24.5% of residents) and Rhydlafer (7.9% of households, and 9.1% of residents)
- Three in ten (30.9%) reported that they were registered with Pentyrch, 39.9% with Llandaff Surgery, and 29.2% with another GP surgery
- A total of 484 responses were received from patients that are registered with Pentyrch surgery. This represents nearly half (45.9%) of total registered patients, which can be considered a good response rate
- Amongst respondents registered with the Pentyrch branch surgery, 13.7% reported attending the surgery once a month or more, 33.3% once every 3 months or more, 28.3% once every six months or more, and 15.0% once a year or more. One in ten (9.7%) stated they had not visited the surgery in the past year
- Nearly a third of respondents attended their chosen surgery at least once every three months (31.2%), one in seven (14.6%) attended at least once a month, whilst just over two in five (44.6%) attended less than every three months but more than once a year. Almost one in ten (9.7%) had not attended their surgery in the last year. Respondents with a disability or health condition and carers were most likely to attend their surgery at least once a month
- The survey asked Pentyrch patients how they currently travel to the surgery: Nearly 6 in 10 of the respondents registered with Pentyrch Branch Surgery 59.8% stated that they usually walked to the surgery, 27.1% reported they drove themselves, whilst 11.6% were driven there by a family member
- Of the 471 respondents registered with Pentyrch Surgery who gave an answer to this question, 52.2% stated that they, or members of their household, anticipated problems getting to the new surgery. Respondents who anticipated problems getting to the new site in Rhydlafer were invited to provide further details, with reasons identified including lack of access to car/unable to drive, concerns about walking to the new surgery an expectation that they would no longer drive as they got older, concerns around public transport, concerns around transport and the impact of disabilities
- Respondents who use the surgery at least once a month were most likely to anticipate problems (80.0%), followed by those with a disability or health condition (63.6%) and those living in either Pentyrch or Gwaelod-Y-Garth (63.2%)
- Just over one in ten (11.9%) stated they would find it difficult to travel to the site in Rhydlafer, whilst an additional one in thirteen (7.2%) felt they would not be able to access the Branch Surgery in its proposed new site

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- Half of respondents (50.7%) registered at Pentyrch expressed an interest in using a Community Transport Scheme (or similar) when the surgery relocates. Interest was highest amongst respondents anticipating problems getting to the site at Rhydlafer, and those using the surgery at least once a month
- Respondents from 231 households with at least one person registered at the Pentyrch surgery, answering on behalf of their household rather than individuals, were asked which aspects of any potential transport scheme they felt to be most important. A 'reliable' service was seen as the most important factor, followed by frequency of service. Other factors of importance include the ability to book it on the day, low or no cost, and door to door provision
- 50 individuals expressed an interest in volunteering in a local Community Transport Service (29 of these individuals shared their contact information)
- All of the 50 households from Rhydlafer that responded raised concerns about the relocation of the surgery, parking concerns was rated as the most important concern followed by road safety on the estate, the potential increase in the volume of traffic and concerns for children catching the school bus. Safety of access to the surgery received the highest proportion of 'most important' votes (28.0%).

The survey outcome report is included as an appendix (appendix 7).

6. Estimated Demand for Transport Support

CAVUHB Business Intelligence Unit (BIU) estimated demand on the basis of the mandate of the Group which is 'to understand the need and identify options for consideration to provide an appropriate level of support for residents of Pentyrch and the wider community **who cannot access, or would find it difficult to access** the new Branch Surgery'.

To estimate the demand for transport the modelling was focused on residents from Pentyrch and Gwaelod-Y-Garth currently registered with the surgery who (Q7 CRC report):

- Would find it difficult to travel to the new Branch Surgery – **11.9% of responses**
- Would not be able to access the new Branch Surgery – **7.2% of responses.**

90 respondents indicated that they would have difficulty or would not be able to attend a surgery at Rhydlafer Drive. Of these, 83 stated their current frequency of attendance at Pentyrch surgery. This has been used to model potential future demand for transport and suggests the following:

- Baseline estimate suggests that **18** people a week would require support
- If we were to consider the responses as a statistical sample, then the weekly requirement would rise to **39**
- The best estimate will lie somewhere between these, but probably somewhat closer to the baseline.

The CAVUHB modelling is included as an appendix (appendix 8).

A member of the Task and Finish Group representing Rhydlafer Residents Group also produced a modelling demand paper which included those who planned to walk, travel by bus or community transport to the new branch surgery when it relocates. Including these cohorts produces an estimated demand for transport between 6,000 to 8,600 journeys per year or 38 to 55 journeys per day. Whilst



this paper presents a robust methodology it does not represent the cohort of people that aligns with the mandate of the Task & Finish Group.

The RRG modelling is included as an appendix (appendix 9).

The Task & Finish group agree that the modelling has been done at a point in time and that demand in the future may change.

7. Transport Options

The Group’s agreed Terms of Reference identified a number of key tasks to be undertaken in order to identify potential transport options that could be considered. These involved scoping out the current and future status in relation to transport available from/to Pentyrch and surrounding villages, working with relevant partners to identify all suitable transport options for residents and seeking examples of solutions from across Wales and beyond.

As part of the ‘gathering intelligence’ exercise the Chair of the Transport group made early contact with the Community Transport Association to provide advice and guidance to the group. In addition, the Group received papers/presentations as follows:

- A presentation from Cardiff Council representative on Task & Finish Group on Cardiff Council’s Transport Plans in relation to Pentyrch and surrounding communities,
- A presentation from VEST who are an established community Group already operating in the **Pentyrch – change made** area working in conjunction with Cardiff Council to provide two services; the ring and ride service and the dial a bus service vestcommunitytransport.org
- A presentation from the Community Transport Association, a UK charity providing leadership, training, advice, and operational support to transport related charities, community groups and social enterprises in England, Scotland, Wales, and Northern Ireland. Connecting Communities in Wales - Community Transport Association [Community Transport Association \(ctauk.org\)](http://ctauk.org)
- The findings of a visit to Dinas Powys Voluntary Concern (DPVC) a Community Transport scheme currently being run in Dinas Powys to support access to the newly developed GP Practice for residents of Dinas Powys [Services | DPVC](#)
- A paper produced by PSOS&P providing information in relation to community transport schemes in Wales
- 2 Teams meetings were held with the Community Transport Association.

This ‘gathering intelligence’ exercise resulted in the following options being identified and explored (highlighted in green are the 2 potentially viable options):

OPTIONS EXPLORED	
1	Community Transport Scheme – 2 options. 1a: Volunteer led car scheme or 1b: Community owned vehicle
2	Community Car Service using a Cardiff Council electric vehicle supported by PCC covering the

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	G1 service, and potentially expanded to include Pentyrch and Rhydlafor Drive (REMOVE) <u>as per previous comments in Exec Summary</u>
3/2	Taxi Service operating under existing Health Board Service Level Agreement (SLA) – access would be managed by the Practice based on ‘eligibility’ for initial 12-month period to quantify demand to inform a longer-term community transport solution
4/3	VEST – currently provides transport for over 65s and disabled (any age) who are unable to use public transport. VEST does not offer transport for same day appointments
5/4	Cardiff Council to provide a bus route between Pentyrch & Rhydlafor Drive by extending 136 and 122 routes
6/5	Community Transport Scheme run by volunteers using a vehicle donated and maintained by Cardiff Council
7/6	A vehicle donated and maintained by Cardiff Council with a paid driver(s) funded by Health Board
8/7	A vehicle sponsored by Charities and maintained by Cardiff Council with a paid driver(s) funded by Health Board
9	<u>A Community Bus covering the G1 route run by VEST – as per previous comments in Exec Summary</u>

Further to exploring all the options, the Task & Finish Group concluded that:

- Options 1a and 2 are potentially viable options for consideration by the Project Team
- Options 3 and 4, 3 to 9, 7 are not viable options and are therefore not for consideration. as per previous comments in Exec summary

The key principles have been reviewed against the 2 potentially viable options and the majority are achieved (appendix 10, pages 13 & 14).

These options take account of the confirmed position by Cardiff Council that at this point in time they are **not able** to offer any transport proposals which support access to the new branch surgery. The Task & Finish Group recognise the excellent service provided by VEST but are concerned that funding has been ‘frozen’ since 2016 and would ask Cardiff Council to address this as a matter of urgency

Both PCC and PSOS&P confirmed that they would **not be in a position** at this point in time to lead a Community Transport Scheme.

The costings in relation to the 2 potentially viable options have been based on the CAVUHB modelling: 18, 28 & 39 return journeys per week.

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8.Recommendations

The Pentyrch Transport Task & Finish Group recommend the following:

1. ~~The Project Team to acknowledge the engagement and contribution from all members of the Task & Finish Group in meeting the mandate~~ -NOT NEEDED - disagree
2. The Project Team to note the concerns raised by PCC, PSOS&P & RRG regarding the location of the new survey and the potential impact of the Pentyrch Pharmacy recognising that these issues were out of scope for the Task & Finish Group
3. The Project Team to consider the 2 potentially viable options set out in the table below
4. The Project Team to note the request from Llais, PCC, PSOS&P & RRG to continue to contribute to the implementation and evaluation of the transport option agreed recognising that this may be via a sub-group of the Project Team.

OPTIONS TO CONSIDER		RECOMMENDATIONS	COSTS
1a	Community Transport Scheme – Volunteer Led Car Scheme	<p>Cardiff and Vale UHB to consider funding the Volunteer Led Car Scheme for 12 months to determine and quantify the demand. <u>5 years would be preferred to provide some long term stability – will not be included as the HB can only commit to 12 months pending evaluation</u></p> <p>Approach the Community Transport Association (CTA) to provide advice and support the Community to set up the scheme and submit bids for future funding</p> <p>This option is reliant on the community supporting and leading this scheme. Given that PCC and PSOS&P have confirmed they will not take a lead role in supporting this scheme there would be a need to attract volunteers from the community. 29 respondents to the survey expressed an interest in volunteering and provided contact details</p>	<p>Costing based on the range as per the modelling undertaken by UHB:</p> <p>18 return journeys per week = 269k per annum</p> <p>28 return journeys per week = 2744k per annum</p> <p>39 return journeys per week = 2862k per annum</p> <p>Geraldine is this correct? The costings are exactly the same now for a Taxi or a Community Transport Scheme? This was not the case previously. – revised costs</p> <p>Also it does not show that some of the cost would be charged to the patient. – the 12 month proof of concept would not incur charge for patient</p>
3	Taxi Service operating	Cardiff and Vale UHB to consider funding a taxi service for 'eligible'	Costing based on the range as per the











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	<p>under existing Health Board Service Level Arrangement (SLA) – access would be managed by the Practice based on 'eligibility' for initial 12-month period to quantify demand to inform a longer-term community transport solution</p>	<p>patients for 12 months to determine and quantify the demand to inform a longer-term community transport solution</p> <p>The GP Practice have indicated that they can provide staff to undertake the bookings</p>	<p>modelling undertaken by UHB:</p> <p>18 return journeys per week = 29k per annum</p> <p>28 return journeys per week = 44k per annum</p> <p>39 return journeys per week = 62k per annum</p> <p>Geraldine is this correct? The costings are exactly the same now for a Taxi or a Community Transport Scheme? This was not the case previously. <u>As above</u></p> <p>Also it does not show that some of the cost would be charged to the patient. – <u>the 12 month proof of concept would not incur a charge for patient</u></p>
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**Appendices**

DOCUMENTS		
Appendix 1	Terms of Reference	 Appendix 1 TOR.pdf
Appendix 2	Survey Objectives	 Appendix 2 Survey Objectives.pdf
Appendix 3	Key Principles	 Appendix 3 Key Principles.pdf
Appendix 4	Letter	 Appendix 4 Letter to households.pdf
Appendix 5	Survey	 Appendix 5 Survey.pdf
Appendix 6	Communications Briefing	 Appendix 6 Communications Brie
Appendix 7	Survey Report	 Appendix 7 Pentyrch Branch Surgery Trans
Appendix 8	Modelling – CAVUHB Business Intelligence Unit	 Appendix 8 Modelling MT.pdf
Appendix 9	Modelling – Rhydlafar Residents Group	 Appendix 9 Modelling Paper RRG.
Appendix 10	Transport Options & <u>Assessment of Key Principles</u>	 Appendix 10 Transport Options - fi



Shaping Our Future
**Wellbeing in
the Community**



Louise McGrath <louise.mcgrath@pentyrch.cc>

To: Geraldine Johnston (Cardiff and Vale UHB - Strategic Planning); Yvonne Krip <yvonne.krip@pentyrch.cc>



Tue 24/12/2024 10:15 AM

WARNING: This email originated from outside of NHS Wales. Do not open links or attachments unless you know the content is safe.

Dear Geraldine,

To support our recommended amendments ..

The problem statement we shared should be included in the exec summary because it explains why local residents are concerned and have spent so much effort on supporting this Transport Task and Finish Group. The fact that it will take Pentyrch residents over 2.5 hrs by bus to reach the new location is a distinct change from the information used to make the original New Branch location assessment. For the assessment active travel was expected to be possible for residents with expected new transport plans.

The current wording in the report referencing the cancelled G1 bus route which previously took residents from Gwaelod y Garth towards Whitchurch is misleading.

As the task and finish group have not found a complete solution to meet active travel needs it is important to share the need for adequate parking spaces at peak times.

In addition please note

There is a significant change in cost estimates for 1a and 3 this morning, the reasoning for this is not clear and the costings do not appear to be a direct comparison between the 2 options

Best Regards
Louise

Chilcott, Rachel
22/05/2025 16:20:00



Shaping Our Future

Wellbeing in the Community

From: Bethan Devonald

Sent: 19 December 2024 18:45

To: Geraldine Johnston (Cardiff and Vale UHB - Strategic Planning)

Cc: Sian Powell (Cardiff and Vale UHB - PCIC); Mike Colley; Geoff Walsh (Cardiff and Vale UHB - CAPITAL ESTATES AND FACILITIES); Cardiff & Vale Enquiries; Louise McGrath; Rhys Davies (Cardiff and Vale UHB - North West Cardiff Locality); Tom Porter (Cardiff and Vale UHB - Local Public Health Team); Tracey Enright (Llandaff - Llandaff Surgery); Amy English; Jessica Mannings; Yvonne Krip; John Yarrow; NAOMI NICOLA Ablett (Cardiff and Vale UHB - Primary Care); Romabarlow; Gerrard, Stephen; catherineheyworth@hotmail.co.uk; Sarah Griffiths (Cardiff and Vale UHB - Primary Care); Helena Fox; Owens, Claire; Leigh Gallacher; Andrew Smith; Emma Bingham; Lauranne Cullen

Subject: Re: PENTYRCH TRANSPORT TASK AND FINISH GROUP REPORT - FINAL DRAFT

WARNING: This email originated from outside of NHS Wales. Do not open links or attachments unless you know the content is safe.

Dear Geraldine

Please find attached proposed revisions to the Report from Rhydlafer Residents Group.

* Page 4 and page 12 - there is no justification or evidence for the statement "but probably somewhere closer to the baseline". Propose it is deleted. - **this is the view of our BUI colleague who has expertise in modelling therefore will not be removed**

* Page 4 and page 12 - revised wording to describe the Rhydlafer Residents modelling - see attached. It is important that everyone understands that the HB "baseline estimate" is only based on people who responded to the survey, not on an estimate of the needs of all Pentyrch patients. The risk of significantly under estimating demand is that the HB fail to put in place budgets that are adequate to meet demand and that Pentyrch patients in need of transport are not supported. - **revised wording not supported. It is clear that the HB modelling is only based on people who responded to the survey. The information in this section is lifted from your paper which is why it is included and will remain. The purpose of the evaluation is to provide evidence of demand which will be evaluated against our planning assumptions**

* page 10 - delete 6th bullet on survey results as confusing and not relevant (jumps back to all respondents after having moved on to Pentyrch patients). - **this is part of the feedback provided by CRC and will remain**

* Page 14 - important typo - currently says "new survey". Should say "new surgery". Also revise wording referring to Pentyrch Pharmacy as currently doesn't make sense. See suggestion. - **have made the changes you suggested**

We remain concerned that there are still outstanding issues that have not been discussed by the Group, and yet are crucial to any implementation (e.g. eligibility criteria for taxi service, lack of a leadership group to set up and manage a community transport scheme). We would prefer to see a stronger recommendation that community groups be involved in the next stage

- Eligibility is defined in the paper, this is similar eligibility we use for our Health Board Out of Hours Service
- I have stated in the report and in the transport paper that neither PCC nor PSOS&P are supportive of leading a Community Transport Scheme and that it would therefore require support from volunteers. The first option would be to connect with those respondents to the survey who provided email details to determine if there is any interest
- Community groups will be engaged in implementation and evaluation of transport, this is stated in the report.

Also - one of the objectives of the Group (as stated in the Report) is to relay transport related concerns of residents to the Project Team. A number of concerns emerged from the survey of Rhydlafer residents. We would like to see a mechanism for this future dialogue to take place with the Project Team - and this should be included in the recommendations. - **the concerns from Rhydlafer Residents are noted in the survey and therefore the Project Team will be sighted on these, can you be more explicit as to what you are asking of the Project Team?**

I would be grateful if you could confirm whether or not you are happy to include these revisions, well before your Monday deadline. Thank you.

Regards

Bethan

Bethan Devonald

bethan.devonald@bdl-europe.com



Bethan Devonald <rgmeads@btinternet.com>

To: Geraldine Johnston (Cardiff and Vale UHB - Strategic Planning)

Cc: Sian Powell (Cardiff and Vale UHB - PCIC); Mike Colley <miketcolley@hotmail.co.uk>; Geoff Walsh (Cardiff and Vale UHB - CAPITAL ESTATES AND FACILITIES); +20 others

Mon 23/12/2024 11:46 AM

WARNING: This email originated from outside of NHS Wales. Do not open links or attachments unless you know the content is safe.

Dear Geraldine

Rhydlafer Residents Group are unable to agree to the Final Report of the Transport Task and Finish Group

We believe that there is a significant risk that CVUHB have materially under-estimated the potential need amongst Pentyrch residents for transport support to access the proposed new surgery at Rhydlafer. Yet again, this failure to understand the scale of the problem created by the Health Board's decision to relocate the surgery some two miles away (down a steep country lane without pavements, lighting or a bus service) means that there is a risk that CVUHB will fail to allocate sufficient budgets, over a sufficiently long period of time, to support Pentyrch residents.

The Rhydlafer Residents Group have worked hard to support the Transport Task and Finish Group over the last year. However, participation in this Group cannot in any way be taken as an endorsement of the choice of Rhydlafer as a potential location for the Pentyrch surgery, or of the decision by the Health Board to refuse to discuss the potential relocation of the Pentyrch surgery as a direct consequence of the decision to relocate the surgery in Rhydlafer.

We are sufficiently concerned about the significant risk of material under-estimation of the scale of the transport problem to take the step of not signing off on the Final Report.

Regards

Bethan

Bethan Devonald

Rhydlafer Residents Group

Chilcott, Rachel
22/05/2025 16:20:00

Report Title:	Digital Roadmap and work programme update		Agenda Item no.	3.1		
Meeting:	Digital & Infrastructure		Public	X	Meeting Date: 27 th May 2025	
			Private			
Status:	Assurance	X	Approval		Information	X
Lead Executive:	Director of D&HI					
Report Author:	Director of Digital Transformation					

Background and current situation:

1 Shaping our Future Digital Services

1.1 Digital Foundations Programme Business Case

This initiative is to develop a 5 year Digital Programme Business Case (PBC) to seek All Wales Major Capital Funding alongside a Business Justification case (BJC) for phase 1 of the 5 annual phases

The work will deliver a clear trajectory, costs and plans on how CAV will achieve its target of min. HIMSS EMRAM Level 3 (equivalent) in pursuit of its intention towards a modular EPR, consistent with national and regional initiatives

Activity update

- Core team of 2 plus input from senior D&HI staff, clinical and operational stakeholders
- Criteria for and shortlist of Year 1 Business Justification Cases (BJCs) agreed
- Data gathering requests in progress to support BJCs
- Clinical Board presentations progressing
- Kick off meets and workshops with a range of clinical and non-clinical staff arranged - instrumental in informing DF
- Years 2 to 5 BJCs will be derived working in co-production with stakeholders
- Partner in place to support the work
- Digital roadmap workshop with senior stakeholders in process of being arranged
- Zero base of digital spend across UHB starting
- Benefits statement work in process for EUWS replacement
- Patient comms (digital letters) – market research to inform solutions & pricing

Plan

We are working to tight timescales:

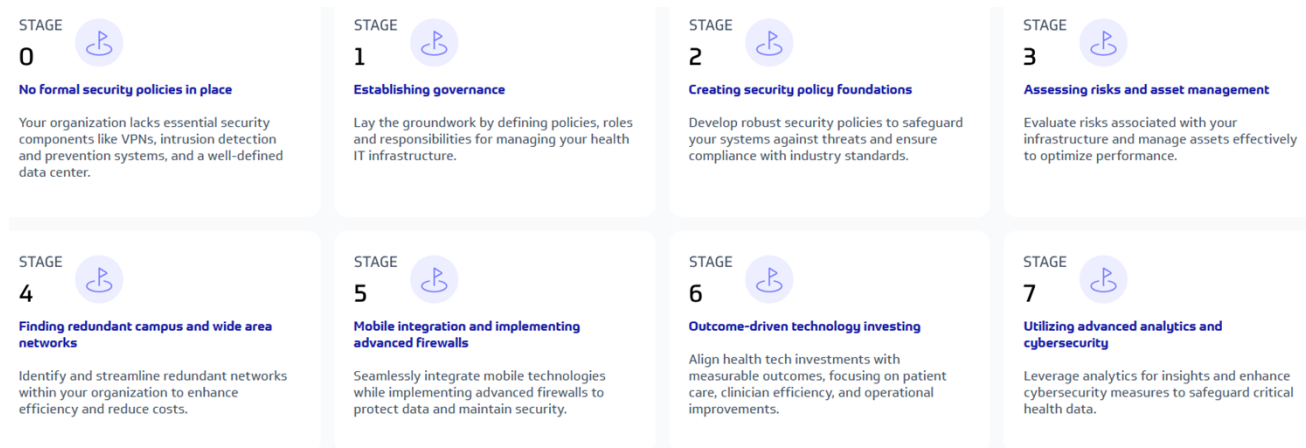
- Socialisation of draft cases August - September 25
- Submission to Value and Benefits Realisation Group – September – October 25
- Socialisation with Welsh Government – October 25 onwards

Dependencies

- Continuity of core team and partner resources
- Support and engagement from
- Clinical Boards
- CAVUHB Staff – clinical and operational
- Finance
- CEF
- Digital & Health Intelligence senior management team
- DHCW
- Other partners including health boards in the SE Wales region

National DHCW led initiative for UHB to self assess against HIMMS INFRAM standard

As reported at the last meeting, INFRAM focuses on five key domains that drive measurable contributions to the value and outcomes of healthcare organizations: cybersecurity, adoption, sustainability, performance, and outcomes.



DHCW are leading a national piece of work for all health boards to complete the same assessment. We expect to conclude our assessment within the next 6 months – this is a sizeable commitment.

Additionally, we, like all Wales health boards agreed to adopt the All Wales Infrastructure Programme outputs which guide (for example) cloud adoption, wide area networks and so on. These will be embedded into our work.

1.2 Welsh Emergency Care Dataset (WECDS) compliance and Emergency Unit workstation (EUWS) replacement

Affordability of the optimum and preferred solution is challenging in the current financial climate. Executives are discussing this early February following an assessment of options presented by clinical and digital colleagues.

CAVUHB continues its' dialogue with National 6 Goals programme regarding WECDS Data set.

1.3 Digital roadmap progress

An update on progress against the current roadmap is shared here. Digital Foundations will flesh out more detail over the next few months.

Chilcott, Rachel
22/05/2025 16:20:00



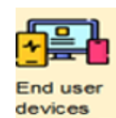
	Ultimately ubiquitous Initial focus on clinical areas – wards, theatres, labs and relevant connecting corridors
	The ability to sign in once and access (almost) everything you need from a single screen Build this capability incrementally starting with context launch from a single landing page that you authenticate into
	All staff have an account and are licensed for Office 365
	Fast, connected, modern end user devices and printers Desktop PCs, laptops including computers on wheels (COWS), tablets, smartphones
	Applications that work on (almost) any device
	The ability to move data around using open standards. It doesn't matter if data is held in our systems or someone elses – we can extract it and we can share it back
	Aggregate care data to gain a single (unified) view of the information we hold about a person, enabling better informed decision making at the point of care
	Single patient record The system care providers use to interact with the content of the CDR; an electronic medical record across acute and non-acute settings
	Tools and capabilities that can be used across acute and non-acute settings e.g. clinical notes, ward and bed management, bedside observations, clinician order comms, alerts, workflow and so on



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A few roadmap progress highlights



Order comms	DALS	COMPLETE			
✓ Etr blood via WCP – <i>complete</i>	✓ ED & all other DALS - unchanged until EPMA	✓ All CAV staff licenced	✓ Major investment received	✓ EPMA - First 2 wards (B5, T5) go live Q1 2025	✓ >500 new mobile devices (smartphone, tablet, laptop & COW) to support WNCR & EPMA
✓ Etr rad. inpts – <i>complete</i> until RISP	✓ TTH - EPMA DALS (will still show in WCP)		✓ Upgrading clinical & non-clinical areas, 18 mth project	✓ <u>OpenEyes</u> – implemented locally & CAV leading for Wales	✓ Able to connect wirelessly
✓ Etr rad. Opts* – plan to use WCP			✓ Supports WNCR, EPMA, new <u>portering</u> and catering solutions from CEF	✓ Maternity – CAV implement 2025	✓ Licenced so connection secure & devices managed
✓ Etr rad for GP* – plan to switch WCP				✓ S4S – cardiology <i>complete</i> , c£600k 'opportunity' gain; SSSU & Theatres next	✓ Win11 upgrade 2025
				✓ OBC 2025 to replace PARIS	
				✓ Regional care viewer live Neuro	

*(subject to agreement with PCIC, LMC & DHCW for development change & resource)

16

2 Update on IMTP priorities with status

Appendix 1 (below) contains the updated report shared at the last meeting showing an update on the main IMTP priorities and their status.

3 Tactical Activity Update

An update on tactical activity relating to the Digital & Health Intelligence directorate's work programme since the last meeting in February 2025 is shown in Appendix 2 (below).

Executive Director Opinion and Key Issues to bring to the attention of the Committee:

Recommendation:

The Committee is requested to:

a) Note progress updates

Link to Strategic Objectives of Shaping our Future Wellbeing:
<https://shapingourfuturewellbeing.com/>

 <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p>		 <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p>	
 <p>Delivering in the Right Places</p> <p>3.</p> <p>Digital Foundations and the digital roadmap are core to the achievement of this strategic objective</p>		 <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p>	

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term	Integration	Collaboration		Involvement	
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Quality Impact Assessment Completed?

Yes – (please provide completed QIA document)	No – (Please provide reasoning, e.g. not required)		
---	--	--	--

Impact Assessment:

Risk: Yes/No (delete as appropriate)
Safety: Yes/No
Financial: Yes/No
Workforce: Yes/No
Legal: Yes/No
Reputational: Yes/No
Socio Economic: Yes/No
Equality and Health: Yes/No
Decarbonisation: Yes/No
Welsh Language: Yes/No

Approval/Scrutiny Route (please note anywhere else this paper has been before):

Committee/Group/Exec	Date:

4 APPENDIX 1

Key	CAV perspective on local implementation
Red	Off track
Amber	Going or slightly off track
Green	On track
Blue	National programme

Project/programme	Description	Update	Feb 2025 status	May 2025 status
e-Triage	<p>This is a 12 month pilot funded by the national 6 Goals programme.</p> <p>This introduces electronic triage into the emergency department</p>	E-triage is now in business as usual and being managed by the service. No further updates.		
Regional shared care record (for the purposes of direct care)	<p>A regional partnership board programme</p> <p>To support the delivery of integrated care in integrated multi-agency teams between Cardiff and The Vale Councils and CAVUHB. Relevant information shared via a summary care view</p>	<ul style="list-style-type: none"> Summary Care Viewer deployed to live for Neurodevelopmental services pilot. Vale Community Resource Service pilot go-live scheduled for Feb 2025 – on track subject to Regional Digital Board approval Project to share CAVUHB urgent care and child at risk data between HB and LA's progressing. Scale deployment and regional single sign-on to the summary care viewer requires re-hosting in the cloud. Environment procured and design workshops about to commence. New project initiated to deliver Future Care Plans between CAV GP practices and NHSWAST. Form developed and in UAT. <p>Risk: Funding of core team only extended to end of 07/25</p>		
Connecting Care (previously WCCIS2)	<p>A national programme managed by DHCW</p> <p>To replace the Welsh Community Care Information System (WCCIS). In relation to community and mental health services. This national DHCW led programme has submitted a revised business case</p>	<p>CAV developing OBC to procure a single Mental Health and Community Health system to replace Paris by 2028 using the London Procurement Partnership route to market. National WG funding support is anticipated.</p> <p>CAV remains fully supportive of the intention for all HB's and LA's to procure new systems with the support of DHCW and WG</p>		

	for Welsh Government. CAV with all other UHB has contributed to this work	<p>Commenced work with DHCW on the national Integrated Care Record program – a national shared care record. The UHB is represented on the national steering group.</p> <p>There is discussion nationally about how funding for a business case should be divided equitably between UHBs and DHCW as all parties will need to invest resource in building such a case. At this time, UHB contributions are not proposed to be funded.</p> <p>Only quarter 1 funding has been received from WG leaving CAV regional partnership board (RPB) carrying the financial risk for regional staff.</p>		
WRAPPER (Welsh referral, activity and patient pathway enterprise repository) MDT management	<p>A joint CAV and DHCW project as part of the Canisc replacement programme.</p> <p>This project delivers functionality to WRAPPER that enables cross-organisational booking and data sharing between health Boards for Cancer MDT management purposes</p>	<p>Phase 1 complete</p> <p>Phase 2 (outbound) – April 25/May 25 – Unlikely to be ready for planned switch off in March 2025 of Canisc based on time for joint testing cycle experienced in Phase 1.</p> <p>Phase 2 is on hold while pall care is completed. Phase 2 is not essential for switch off. Mitigations are in place to give time to deliver without impacting the Canisc switch off or service provision.</p> <p>Current focus is on addressing WRAPPER referencing the full PMS demographics data to prevent duplicate registrations.</p>		
Scan4Safety	<p>A national NWSSP patient safety initiative that supports inventory and stock management as well as compliance with the medical device bill for implantable devices</p> <p>It will trace NHS patients and their treatments, manage medical devices and monitor products used in procedures</p>	<p>Cardiology implementation complete.</p> <p>Short Stay Surgical Unit (SSSU) implementation has started with theatre 2 live and theatre 7 in the pre-implementation stage.</p> <p>SSSU on target to have all theatres live by April 2025 to move into Mains theatres</p>		
Safe@Home	A multi-agency 6 Goals initiative that supports care of people in community settings rather than convey where appropriate	<p>Phase 1 of the programme is supported using the community and mental health application PARIS</p> <p>Phase 2 is yet to be agreed through a business case. D&HI have noted full costs to the CAV planning team. No change since November report</p>		
PROMS (patient reported outcome measures)	PROMS are a part of the CAV and National Value in Health Programmes. PROMs support improved quality, safety and experience of care for patients	Promptly has become the preferred PROMs provider for Wales with all Health Boards and Velindre already under contract with them and with Powys progressing towards Promptly as their provider.		

	<p>and promote health equality to patients by reducing unwarranted variation in care.</p> <p>PROMs are collected digitally - the platform is offered to all clinical services across CAV</p>	<p>18 services are currently being migrated across to Promptly by end February, with plans to onboard around 48 services during 2025.</p>		
NHS Wales app	<p>A national programme, all development goes through the National Digital Services to patients and public (DSPP) programme managed by DHCW.</p> <p>CAV is live with the NHS App in all GP practices with feature sets varying by practice.</p>	<p>Awaiting the start of the Public Comms campaign. This was delayed due to development of Welsh Identity Verification Service and confirmation that Business Case for next Financial Year was approved.</p> <p>Initial Planned Care discovery work completed, and pilot features designed.</p> <p>The NHS Wales App was relaunched in May 2025 with the intention of expanding the services during the next 12 months to include repeat prescribing ordering, Appointment booking and access to summary records. The plans also include access to hospital appointments, test results and some documents.</p>		
Welsh Nurse Care Record More information can be found here	<p>WNCR is a solution that digitises nursing documentation, allowing nursing staff to complete assessments digitally using both desktop/laptop and Health Board mobile devices</p> <p>CAV WNCR is currently live in all medical wards at UHL, St David's Hospital and Barry Hospital and 25% of wards in UHW. We have in excess of 200 iPad's, laptops and COWs configured and being used for the application on the inpatient wards.</p>	<p>WiFi improvements, Mobile Device Configuration and Business Continuity Solution Installation have delayed wider roll out</p> <p>A Business Continuity (BC) solution has been accepted by Cyber and signed off by DDHI. Work in progress.</p> <p>The availability of ISE Licenses have allowed us to configure iPads for use and thus progress with the roll out and all in-scope wards using WNCR. Six more wards to go live by end June 25 which will then complete the implementation plan.</p>		
Digital Dictation and Transcription	Digital Dictation and transcription available to all Clinical staff within Cardiff and Vale UHB.	Contract award – awaiting update		
Electronic prescribing and medicine administration	<p>This programme is in collaboration with NerveCentre (supplier) and DHCW. The system will be used in all patient settings across the UHB and will improve patient safety.</p> <p>Business case agreed by Welsh Government in Q1 2024</p>	<p>Go Live has slipped to June 25 owing to some connectivity challenges which are now resolved. Programme due to be completed by end of financial year 2025/26.</p> <p>Rollout completion is dependent on WiFi improvements works and development work regarding PAS common demographics which are in progress.</p> <p>Funding has been confirmed for year 2 of the programme (25/26).</p>		

Shilcott, Rachel
22/05/2025 16:20:00

Welsh Intensive Care Information System (WICIS)	<p>A national programme managed by DHCW, to be implemented locally</p> <p>Introduces electronic observations at the bedside in intensive care</p>	<p>This is currently in review given the position of some health boards decision to implement.</p> <p>WG has commissioned an external review of the product to evaluate feasibility of implementing a more basic system. A series of clinically led workshops are taking place during May and June 2025 to determine revised set of requirements.</p>		
National laboratory systems replacement (LIMS)	<p>A national programme managed by DHCW, implemented locally</p> <p>Go Live for CAV is now planned for September 2025.</p>	<p>This is progressing and is being managed by the relevant clinical board (CD&T via their internal teams)</p>		
National radiology system replacement	<p>A national programme managed by DHCW, implemented locally</p> <p>Go Live for CAV is planned 2026</p>	<p>The RISP business case has been approved; the programme is led by DHCW with an expected implementation date for Cardiff & Vale UHB at Feb 2026.</p>		
Digital Cellular Pathology	<p>A national programme to fully digitise and improve laboratory workflow, creating digital slides</p>	<p>A national business case is in the process of being considered by individual health boards. This was agreed for CAV UHB at the July 24 Board meeting</p>		
Digital Maternity Cymru	<p>The national procurement programme is being closed down. Individual health boards are planning to procure their own solution</p>	<p>A national programme framework remains in place. Within Cardiff & Vale, the implementation of the new maternity system is on track to be done in June 2025. The team are committed to continue working with the National Digital Maternity Programme and to share any lessons learned with other Health Boards.</p>		

Chilcott, Rachel
22/05/2025 16:20:00

Appendix 2

Tactical Activity Update on work programme since November 2024

Digital Services Management

- The Palliative care services has been migrated to CaV Digital and went live in April, allowing for the turning off of CANISC.
- The Bloodtrack solution has been placed live in May.
- PCIC Dept of Sexual Health solution has gone live in May
- The Black Pear based viewer and M365 booking facility for Cluster based services was launched in March, and improved through April 25

Analytics Team

- The CAV Analytics Team are facilitating a trial of an AI medical scribe for Clinicians that has the potential to save many hours for each Clinician.
- The CAVs Analytics Team are mid project with the Operations Team accurately mapping medical patients' length of stay using a highly accurate sophisticated method of simulation. Simulation offers a powerful, evidence-based approach to decision making - by using a virtual representation to test the impact of process changes and 'what-if' scenarios.

Digital Operations Teams Update

- **Completed Projects:**
 - **Virtual Routing and Forward (VRF) Networking Improvements:** The team has successfully implemented VRF networking improvements, enhancing network segmentation and security.
 - **Building Management Controllers:** Over 400 Building Management Controllers have been installed throughout UHW, improving the management of building systems.
 - **PSBA Link Upgrades:** A number of PSBA WAN links have been upgraded from 1Gbps to 10Gbps throughout our network.
- **Inflight Projects:**
 - **Solar Installations:** Provide networking for the numerous solar panel installations throughout CAVUHB to support sustainability initiatives.
 - **Wi-Fi Enhancements:** A wireless project is underway to increase current coverage and identify areas for improvement. This project is expected to continue over the next 18 months.
 - **Core Networking:** Capital funded core networking devices will be implemented to replace legacy networking devices and increase core resilience and capacity.

Chilcott, R. (ed.)
22/09/2025 14:20:00

Server Team

Completed Projects:

- **Production Storage Implementation:** The team has successfully implemented new production storage solutions, enhancing data storage capabilities and performance.
- **RDS 2 Deployment:** The deployment of RDS 2 has been completed, providing improved remote desktop services for users.

Inflight Projects:

- **Disaster Recovery Planning:** The team is working on providing improved Disaster Recovery capability by providing secondary production servers and remote backups and archives in UHL.
- **Server Hardware Upgrades:** Ongoing efforts to upgrade server infrastructure to support new applications and services.
- **Storage Networks:** Continued work to introduce Year End hardware purchased to provide extensions to the dedicated storage and backup networks.

Telecoms Team

Completed Projects:

- **VOIP and Systems Upgrades:** Continued upgrades to VOIP systems and replacement of older telecoms switches with integrated data switches.
- **Teams Telephony Support:** The team has provided comprehensive support for Teams telephony, including call settings, managing call queues, and troubleshooting.

Inflight Projects:

- **Call Queue and Auto Attendant Dashboard:** Development of a dashboard to manage call queues and auto attendants more effectively.
- **Radiology Call Centre:** Working to create a more efficient and streamlined call-centre along with a hunt group environment.

Support Teams

Completed Projects:

- **Mobile Device Improvements:** The team has made significant improvements to mobile device management, including SCCM enhancements and various M365 updates.
- **Helpdesk System Updates:** Planning for the replacement of the helpdesk User Interface is underway, with new features and improved user experience.

Inflight Projects:

- **Windows 11 Deployment:** Upgrading over 11,000 machines and swapping out 5,500 workstations.
- **Business Continuity Plans:** Updating business continuity plans to ensure the availability of staff and services in the event of an incident.

Digital Service Transformation – Development

PARIS Team

Recently Completed

- **CAVDAS** – Re-imagining of addictions services. Works included new referral, assessment and case-note forms and a build of a new triage module to manage incoming referrals
- **Safe@Home** – Build of an EPR solution for Safe@Home and associated reports and data extracts
- **CAVHIS** – EPR for CAVHIS (Homeless Nurses and EU Nurses)
- **WCP Letters** – Integration to allow letters and clinical documents from Paris to be visible in WCP
- **Paris API** – A suite of APIs have been built to support projects such as Summary Care Viewer, Power Apps and Mental Health MTeD DALs
- **Body Maps** – A locally built Body Maps facility to replace the Civica provided solution.
- **Cluster Appointment Booking App** - The application streamlines the process of booking resources across multiple cluster areas and replaces functionality lost with Vision360

Inflight projects

- **Promptly** – Livewell and Specialist Weight Management Service events pushed to Promptly to trigger PROMs
- **Microsoft Forms** – Integration with Paris to allow patient entered data (self referrals, pre-consultation assessments etc) to flow directly into Paris
- **Power BI** – An ongoing programme to look to Power BI as a replacement for Crystal Reports, particularly management reporting

Common Demographics

- **MHCS2** – Programme to procure a replacement EPR system for Mental Health and Community services
- **Windows 11 Preparation** – Testing of the Paris application and re-configuration of reporting and NHS number network shares to allow continued access post Windows 11 rollout.
- **Mental Health Clinical Coding** – Setting up coding users on Paris to allow them to code MH inpatient episodes
- **Paris Storage Migration** - Hardware has been installed and configured, downtime required to migrate data.
- **CBIT** – Community Brain Injury Team – EPR solution design and build
- **Welsh Gender Service** - EPR solution design and build

Planned

- **Therapies on Paris** – Migration of the remaining elements (scheduling) from D&T on to Paris
- **DOCCLA** – Virtual Care and Remote monitoring platform integration with Paris
- **Paris Archive** – A React/API based solution to act as a Paris archive portal as part of the MHCS2 project
- **Cluster Booking App Phase 2** - Additional requirement to implement PMS integration to ensure receptionists have the correct demographics for a scheduled appointment

ePMA Development Team

Completed Projects

- **External Content Component** – Development of a reusable React component (part of our CAV Design Library) that can display content from an external HTML file.

Chilcott, R
22/05/2015 16:20:00

- **EPR Landing Page Visual Refresh** – Following refinement of our design language, updating our EPR landing page application to adopt the new design, introducing consistency in look, feel and user experience across our new EPR-ready applications.
- **ADT Tool Visual Refresh** – The ADT tool provides a simple and streamlined application for managing Admissions, Discharges & Transfers of inpatients out-of-hours (or any time of the day) when ward clerks are not available. This will help deliver a more accurate real-time bed state across the UHB.
- **Application Monitoring Visual Refresh** – The application monitoring tool is a modernised take on an existing CAV application which monitors applications via various metrics to detect issues and alert relevant support teams, and will allow ward staff to monitor the status of ePMA business continuity (BCP) devices.
- **ADT Tool Database Dependencies** – Part of the go-live preparation for the ADT tool. Analysis of the tool codebase to produce a definitive list of database dependencies that need to be migrated to the live PMS database.
- **Establish DevOps CI/CD Pipeline** – Researching and building a Continuous Integration/Continuous Deployment (CI/CD) pipeline within the Azure DevOps environment, to automate building, testing and deployment of the Failed DAL Report.
- **EPR Global Search Fix** – Resolved a bug with the global search feature of the EPR Landing Page. Global search allows users of the EPR to search for relevant content .

Inflight projects

- **VTE Risk Assessments** – Development of a suite of risk assessments that will be made available through ePMA, replacing existing paper-based processes for ePMA-enabled wards.
- **BCP Monitoring** – Enhancement to the Application Monitoring system, to facilitate remote monitoring of Nervecentre BCP devices. The monitoring will check that the BCP device is online, that the BCP service is running, and that patient drug charts have been recently downloaded to the device.

Planned Projects

- **Failed DAL Report, CSV Download** – Further enhancement of the Failed DAL Report to provide a CSV download function, so the support teams can easily produce a list to work from without having to continuously revisit the report.
- **Temporary User Registration Tool** – Development of a new tool to facilitate safe, temporary, allocation of a generic NADEX account to a named individual where that individual does not have their own NADEX account – i.e. locum doctors, nurses, etc. for the purpose of providing quick and auditable access to ePMA and WNCR. **ADT Tool Patient Registration** – Further enhancement of the ADT Tool to facilitate safe registration of patients previously unknown to CAV, by pulling patient information from national sources (WDS, eMPI, etc.) to reduce errors caused by free-text data entry.

ePMA Data Team

Completed Projects

- **Up-Time Report** – Following issues with connectivity earlier in the project, for which changes to the VPN between DHCW and Nervecentre have now been made, a report was produced to quickly show periods of up/down time across all ePMA environments so we could share this with support colleagues across CAV, DHCW and Nervecentre.
- **Data Pipeline** – Development of a data pipeline between Nervecentre and CAV, to facilitate collection of essential reporting data from the ePMA system, loading it into our analytics platform.

Inflight projects

- **Dimensional Modelling** – Transforming the reporting data from the above pipeline, into vendor-neutral database structures on which reports can be more easily built.

- **Development of Power BI Reports** – Building reports in Power BI based on the needs identified by the ePMA project.

Planned Projects

- **More Power BI Reports** – Approximately 20 reports have been identified by the ePMA project, so development of these reports will continue for a while.

ePMA Testing Team

Completed Projects

- **Response Time Testing** - Following issues with connectivity earlier in the project, for which changes to the VPN between DHCW and Nervecentre have now been made, the team required regular and thorough testing across all ePMA environments to get baseline performance metrics to assess whether ongoing networking & VPN changes were having a positive impact.

Inflight Projects

- **ADT Tool Testing** – Execution of the test scripts for the ADT Tool, and production of a test exit report to share the findings and recommendations of the testing.
- **EPR Landing Page Test Scripts** – Creation of a set of test scripts for the EPR Landing Page, so formal testing can be carried out to assure that the tool meets the needs of its users and is fit for purpose.
- **Application Monitoring Test Scripts** – Creation of a set of test scripts for the Application Monitoring system, so formal testing can be carried out to assure that the tool meets the needs of its users and is fit for purpose.

Business Intelligence (BIS) team

- The BI team have completed the CRT and Admitted Care elements of the 6 Goals dashboard under the Lightfoot replacement plan.
- After the success of the UHL operational dashboard a version for UHW has been developed and released for acceptance testing.
- A report to provide General Surgery with their key GIRFT measures has been presented to the specialty and released on BIS. The report has been developed in a way to enable other specialties to be added.
- Continued to support frailty pathway work by providing data linkage.
- Implemented two new nationally mandated data submissions.
- Undertaken preparatory work on supporting the implementation of the new Patient Level Costing System.

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Report Title:	Corporate Digital Risk Register		Agenda Item no.	3.2	
Meeting:	Digital & Infrastructure Committee	Public	X	Meeting Date:	27/05/2025
		Private			
Status:	Assurance	X	Approval	Information	X
Lead Executive:	Director of Digital and Health Intelligence				
Report Author:	Director of Digital and Health Intelligence				

Background and current situation:

The joint IMT Risk register is a combined register consisting of digital / Information Governance and Information / Performance risks.

Executive Director Opinion and Key Issues to bring to the attention of the Committee:

There are currently 11 joint IMT/IG risks identified on the report:

1 x Risk remains in red status with a score of 20 which is:

- Cyber Security

1 x Risk has been removed, which was brought to the Committee on 11th February 2025

- Server Infrastructure

10 x Risks remain in yellow status with scores between 8 and 9 and these are:

- WCCIS replacement procurement programme
- Data Quality
- Data availability (Accessibility of Data)
- Clinical Records
- Insufficient Resource – Capital & Revenue
- UHB Standard Data Processing
- Non-Compliance with data protection legislation
- Governance framework (IG policies and procedures)
- Effective resource utilisation





Recommendation:

The Committee is requested to:

- NOTE progress and updates to the Risk Register report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 <p>Putting People First</p> <p>1. Click the objective above to view more detail.</p>	 <p>Providing Outstanding Quality</p> <p>2. Click the objective above to view more detail.</p>
 <p>Delivering in the Right Places</p> <p>3.</p>	 <p>Acting for the Future</p> <p>4.</p>

Click the objective above to view more detail.				Click the objective above to view more detail.					
Five Ways of Working (Sustainable Development Principles) considered									
Prevention	X	Long term		Integration		Collaboration	X	Involvement	
Quality Impact Assessment Completed?									
Yes – <i>(please provide completed QIA document)</i>		No – <i>(Please provide reasoning, e.g. not required)</i>							
Impact Assessment:									
Risk: Yes									
Safety: Yes									
Financial: Yes									
Workforce: Yes									
Legal: Yes									
<i>Compliance with regulatory requirements</i>									
Reputational: Yes									
Socio Economic: Yes/No									
Equality and Health: Yes/No									
Decarbonisation: Yes									
<i>Green UT and digital solution that support greater virtual working</i>									
Welsh Language: Yes/No									
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i>									
Committee/Group/Exec				Date:					

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RISK REGISTER TEMPLATE

CLINICAL BOARD/CORPORATE DIRECTORATE: CORPORATE

SPECIALITY/DEPARTMENT: Digital & Health Intelligence

Risk Ref.	Strategic Objective	Date risk added dd/mm/yyyy	Risk	Exec Lead	Initial Risk Rating			Controls	Assurances	Current Risk rating			Gaps in Control	Gaps in assurance	Actions	Who	When	Target Risk rating			Date of next review	Assurance Committee
					Consequence	Likelihood	Total			Consequence	Likelihood	Total						Consequence	Likelihood	Total		
A4/0023	8	06/08/2011	Cyber Security - Due to prevailing national and international Cyber Security threats there is a risk that the Health Board's IT infrastructure could be compromised resulting in prolonged service interruption and potential impacts on the safety of patients due to an inability to access electronically stored data.	Director of Digital and Health Intelligence	5	4	20	The UHB has in place a number of Cyber security precautions. These include the following: - The implementation of additional VLAN's and/or firewalls/ACL's - Segmenting and an increased level of device patching. - The use of Monitoring and Vulnerability Software - Health Board wide Mandatory Cyber Security Training and Phishing Campaigns. Regular Cyber Security updates that review the Health Board's preparedness for a cyber attack and the controls in place are undertaken in the following forums: - at fortnightly Operational Cyber Group Meetings - at monthly Cyber Security Meetings - at each private and public Digital Health and Intelligence Committee An Assessment of the Health Board's Cyber Assessment Framework was undertaken in January 2022 with 4 Critical Priority Areas and 6 Significant/Moderate Priority Areas recommended.	Additional resources is required to fully implement recommended areas of best practice. Completion of mandatory Cyber Security training is below the required level.	5	4	20	January 2024 update: Cyber Security Manager now re-banded and currently being advertised. This new post will operational lead the Cyber team strengthen the UHB's cyber security posture. A further phishing simulation was launched in October to continue raising cyber security awareness. In February, we also promoted 'vishing' training to all staff. May 2024 update: New Cyber Security Lead appointed and due to start 14th May 2024. Priorities include further deployment of CAV assessment to assist with NISD compliance. July 2024 update: Progress made with developing a combined Information Asset Register and Business Impact Assessment to be sent out to all services. This will be used to centrally log all assets and identify and assess critical systems. The DR plan is also under review. Oct '24: Cyber team fully recruited and focused on updating the cyber action plan Jan'25: New Secure Web Gate Way currently being deployed across the organisation to further secure our internet interface and provide the UHB better control. Mar 2025: New Secure Web Gateway has been fully deployed across the organisation, with all capable devices now using the new gateway, with few exceptions. This has provided much greater control over permitted websites, which can be used to manage/reduce website related security risks. It also works to prevent unauthorised users from installing systems without the knowledge of Cyber Security and/or the Service Desk teams. May 25: Two further phishing simulations performed. 97 users with very weak passwords reset. Gen AI guidance to be accepted by users before visiting AI sites.	Head of IG & Cyber Security	August 2022 Ongoing	5	3	15	01/07/2022	Digital Health Intelligence Committee		
A4/0025	8	10/07/1905	WCCIS2 (Connected Care): The National procurement has now splintered into 'Social Care' (being undertaken directly by LAs across Wales), 'Mental Health' (being undertaken directly by HBS, with a funding model via DHCW to WG), and 'Community Health' which W.G are favouring a National solution of the same product as will be in use across Primary Care Wales. The uHBs PARIS solution for 'M.H and Community' is now entering its last 36 months of support (end of support March'28). Given that the migration of c200 clinical teams (with bespoke configurations and data migration requirements) from PARIS will take at least 24 months to achieve, then the uHB have a risk of being delayed in this procurement by our involvement in a National framework programme led by DHCW. Delay would mean CaV uHB services returning to pre-2004 days of paper records across c1/3rd of the uHBs services (i.e. PARIS has 4,700 daily users and 10,000 records recorded per day.	DT	4	4	16	DT has engaged with WG to assure this risk of delay/slowness of a National framework procurement is understood. The PARIS programme team are engaged with NWSSP to understand alternate/direct procurement routes if the National route is delayed.	Limited assurance can be offered as Connecting Care timelines are dictated by W.G decisions.	3	3	9	uHB Chair level involvement to bring assurance to CaV concerns is required.	Mar'25: CaV engaged with DHCW on an updated National Business Case. A CaV Business Case is drafted for pushing through CaV capital and revenue agreement groups in Q2 2025/26 May '25: National Outline Business Case submitted to Welsh Government for consideration. Discussions on a local CAV business case to replace the PARIS system taking place with Welsh Government	Head of Digital Services Management				0			
	8	19/02/2018	Data Quality High level risk - core business activities potentially compromised as a result of weaknesses in assurance framework in areas listed below: Absence of Standard Operating Procedures to administer patient activity, Low take up of staff training in Standard Operating Procedures to administer patient activity, Incorrect/incomplete/late recording of activity Absence of ISO 27001 certification. Consequences: Potential for poorer patient outcomes and experience, analysis and benchmarking flawed resulting in poor decision making, under recovery of income, inability to maximise potential of R&D	DT				Further re-invigoration of the role out of COM2 will increase clinically validated data. Updates and training programme scheduled for mental health and our partners in order to address issues identified in recording and reporting compliance with parts 2 and 3 of the mental health measures. New dashboard release will expose greater amount of data to users, in a more user friendly way, enabling validation by relevant clinicians. Data quality group has established a work plan to improve quality and completeness of data and how it is presented.		3	3	9		Jan 2024: This work is being absorbed into the Data Insights development work looking at current and future data insights provision with work to produce a data strategy by Qtr 2 24/25. May '24: Data Insights Programme Board established to review and oversee the Data Improvements and data strategies work which supports data requirements. Jul '24: The newly established Data Insights Programme Board will review this risk at the next board meeting on 24-Jul-2024 2pm Oct '24: Data strategy being developed to capture the data quality requirements . Jan '25: Data strategy development being led by CClO and will be reviewed via digital governance structures in Q1 FY 25/26 Mar '25: No further update May '25: Draft Data Strategy on track for review by end of Qtr 2, 25/26	Head of Architecture and Analytics				0			

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	8	28/09/2015	Risk: Non compliance with Data Protection & Confidentiality Legislation - the UHB's progress in taking forward the action plan to reduce the risk of non compliance following the ICO's assessment of our 'reasonable assurance' with the GDPR/ DPA is not sufficient to mitigate the risk of non compliance with Data Protection Legislation. Consequence: Mistrust of our population and other stakeholders resulting in their unwillingness to share / divulge essential information, Significantly financial penalties - and increasing post BA case	DT		Clinical Board assurance and co-ordinated mitigation of risk being developed via quality and safety meetings. Ownership and community of practice anticipated to develop across IAOS/IAAs from this. GDPR awareness being used to ensure Leaders and asset owners are reminded of existing requirements and mandatory nature of the asset register. Options for enabling messaging in compliance with legislation has been considered by clinical and executives on a number of occasions, and UHB close to agreement.		4	2	8	Restructuring of IG department will increase amount of expert resource. Resolution of long term absence will also increase available expertise and resource to support GDPR plan, and manage the operational requirements on the corporate department. Ongoing implementation of GDPR/ICO action plan. The Information Governance team have developed a work plan to review and update all outstanding policy and procedure documents in the CDF and these are scheduled to be complete by December 2020. Implementing the action plan will reduce the risk, May 2021: policies are being reviewed and an update will be reported to DHIC in June 2021. January 2023 update: There continues to be a decrease following targeted comm in the number of staff accessing own and family records (80% & 75% respectively) May 2023 update: Ongoing work tackling inappropriate access to clinical systems with access to own and family records reduced by 76% and 85%. July '23: IG Mandatory training for Cardiff and Vale staff continues to increase. NIAS compliance has improved as a result of awareness raising September 2023 update: IG Mandatory training now at 76% across the workforce. NIAS monitoring continues with over >750 letters sent to staff on behalf of the Caldicott Guardian regarding inappropriate access. January 2024 update: The Information Governance Dept is focusing on a number of proactive tasks that are outstanding. Once in place, the risk of GDPR non-compliance will reduce. These will be completed by Qtr 22 24/25. May 2024 update: Work commenced to identify appropriate IAO & IG champions. July 2024 update: Progress made with developing a combined Information Asset Register and Business Impact Assessment to be sent out to all services. This will be used to centrally log all assets and identify and assess critical systems. Oct '24: No update Jan'25: No update Mar '25: No update May 25: No update	Head of IG & Cyber Security				0
	8	16/02/2018	Risk: IG policies and procedures are not up to date/do not cover all relevant areas. Procedures are not aligned to relevant national policies. Consequence: Lack of clarity in terms of how the UHB expects its staff to work to in order for relevant accountabilities to be discharged.	DT		Update: Controlled document framework requirements delayed due to resource constraints - Integrated IG policy is live and covers a number of existing policies.		3	2	6	January 2024 update: Overarching Information Governance Policy being presented to DHIC (February 2024) with proposed changes. May 2024 update: Information Governance Policy approved and available to staff. Oct '24: Review of all policies and procedures being led by the Corporate team to determine which require updating, deletion or re-writing. Jan'25: No update Mar '25: No update. IG Policy remains in-date. May 25: No update	Head of IG & Cyber Security				0
		01/10/2018	Effective Resource utilisation :With an increasingly restricted resource, the UHB requires assurance that digital effort is expended in the most benefits laden workload. Benefits based prioritisation requires robust and matured benefits tracking and a matured reprioritisation mechanism. This requires some changes of technique within the Digital department.	DT		Establishment of a formalised corporate prioritisation mechanism based on benefits and corporate drivers for change: Digital Resource Prioritisation - this is the body of efforts being progressed through Governance and the DSM team to record the workload (Projects to date, LBAU to come)		4	1	4	May '25: LBAUs for D&HI teams are now 30% entered to the departments MSPa tracking tool.	Head of Digital Services Management				

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Report Title:	Information Governance Data Compliance		Agenda Item no.	3.3	
Meeting:	Digital & Infrastructure Committee	Public	x	Meeting Date:	27 th May 2025
		Private			
Status:	Assurance	x	Approval	Information	
Lead Executive:	Director of Digital & Health Intelligence				
Report Author:	Head of Information Governance & Cyber Security				

Background and current situation:

This report considers key information governance issues considered by the responsible Executive Director, Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO). Specifically, it provides information on the following areas of Information Governance within Cardiff and Vale University Health Board (the UHB).

- Information Governance (IG) Staffing levels and capacity
- Data Protection Act - Serious Incident Summary and Report
- Freedom of Information Act - Activity and Compliance
- Data Protection Act (DPA) - Subject access requests (SAR)
- Compliance monitoring/National Integrated Intelligent Auditing Solution (NIAS)

Each individual report contains specific details relevant to the subject area, and includes updated information since the previous report to the Digital & Infrastructure Committee (D&IC). on how the UHB has complied with the obligations of each piece of legislation that satisfy the information governance requirements.

The UHB is required to ensure that it complies with all the legislative requirements placed upon it. In respect of Information Governance, the relevant legislation which largely impacts on this work are the Data Protection Act 2018 (DPA), UK General Data Protection Regulation (UK GDPR) and the Freedom of Information Act 2000 (FOIA).

Quarterly reports are produced for the D&IC to receive assurance that the UHB continues to monitor and action breaches of the UK GDPR/DPA 2018, FOI requests and that subject access requests (SAR) are actively processed within the legislative time frame that applies and, that any areas causing concern or issues are identified and addressed.

ASSESSMENT

1. Information Governance Staffing Levels and Capacity

Information Governance staffing levels remain stable but continue to struggle with the current workload.

The staffing structure is as follows:

- David Thomas, Director of Digital and Health Intelligence is the Senior Information Risk Owner
- Dr Richard Skone is the Caldicott Guardian
- James Webb is the Data Protection Officer
- The Information Governance Department is currently resourced at 5 WTE.

2. Data Protection Act – Serious Incident Report

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Date reported: January 2025 to April 2025

Between January 2025 and April 2025, the Information Governance Department have reviewed a total of 171 (43 per month) information governance related incidents, reported via the UHB's Datix reporting solution. On average, for the last 12 months, the Information Governance Department has reviewed approximately 46 incidents per month.

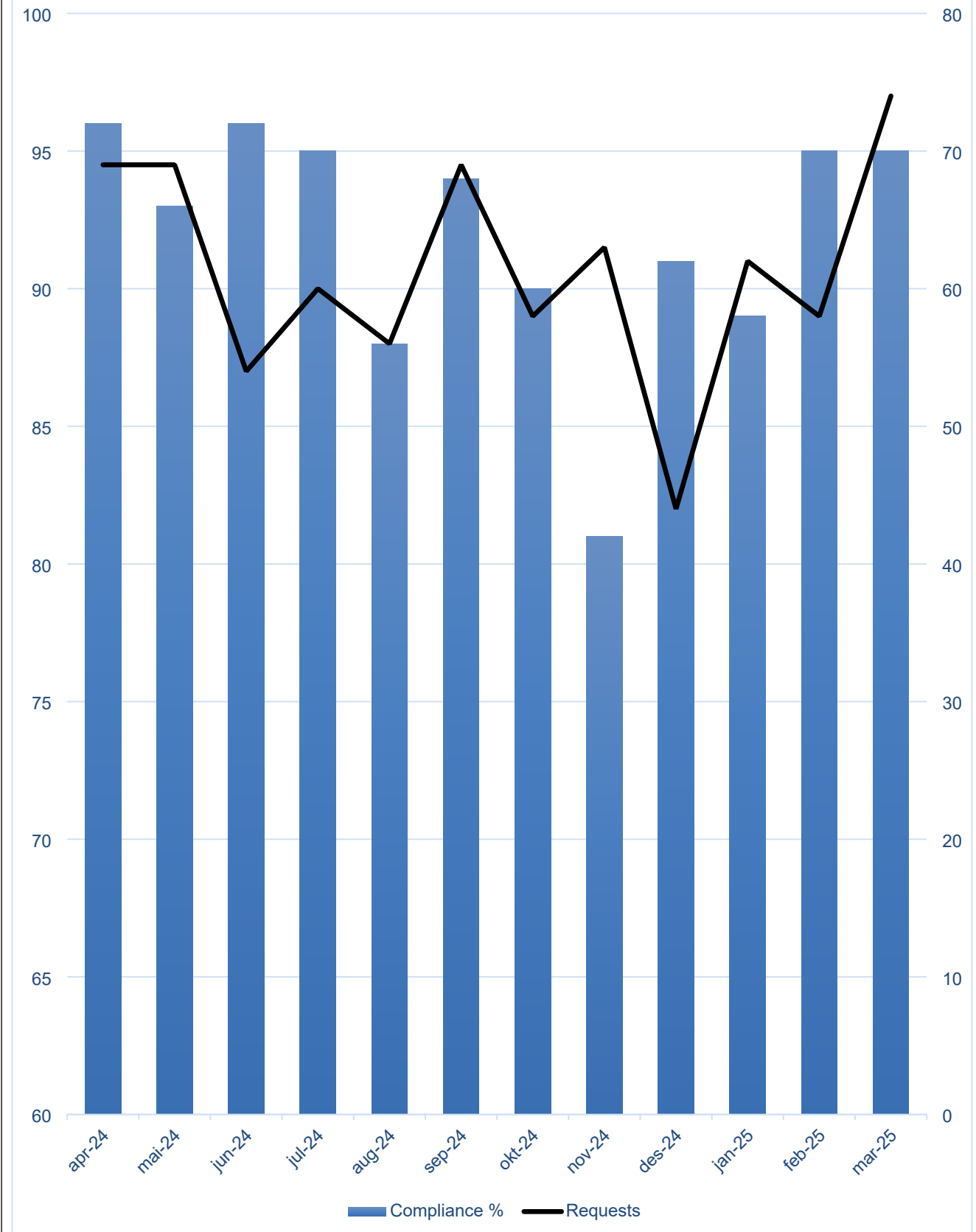
Of these breaches reviewed during this recent period, two breaches met the threshold to be reported to the Information Commissioner's Office (ICO). Additionally, two concerns have been reported to ICO directly by data subjects, regarding the UHB's handling of their personal data.

3. Freedom of Information Act

FOI compliance percentage for the last rolling 12 months against the 20-working day deadline is demonstrated as follows:

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Freedom of Information Requests



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The average number of FOIs received during the last 12 months remains largely unchanged at 61 requests per month and average compliance also remains at 92%.

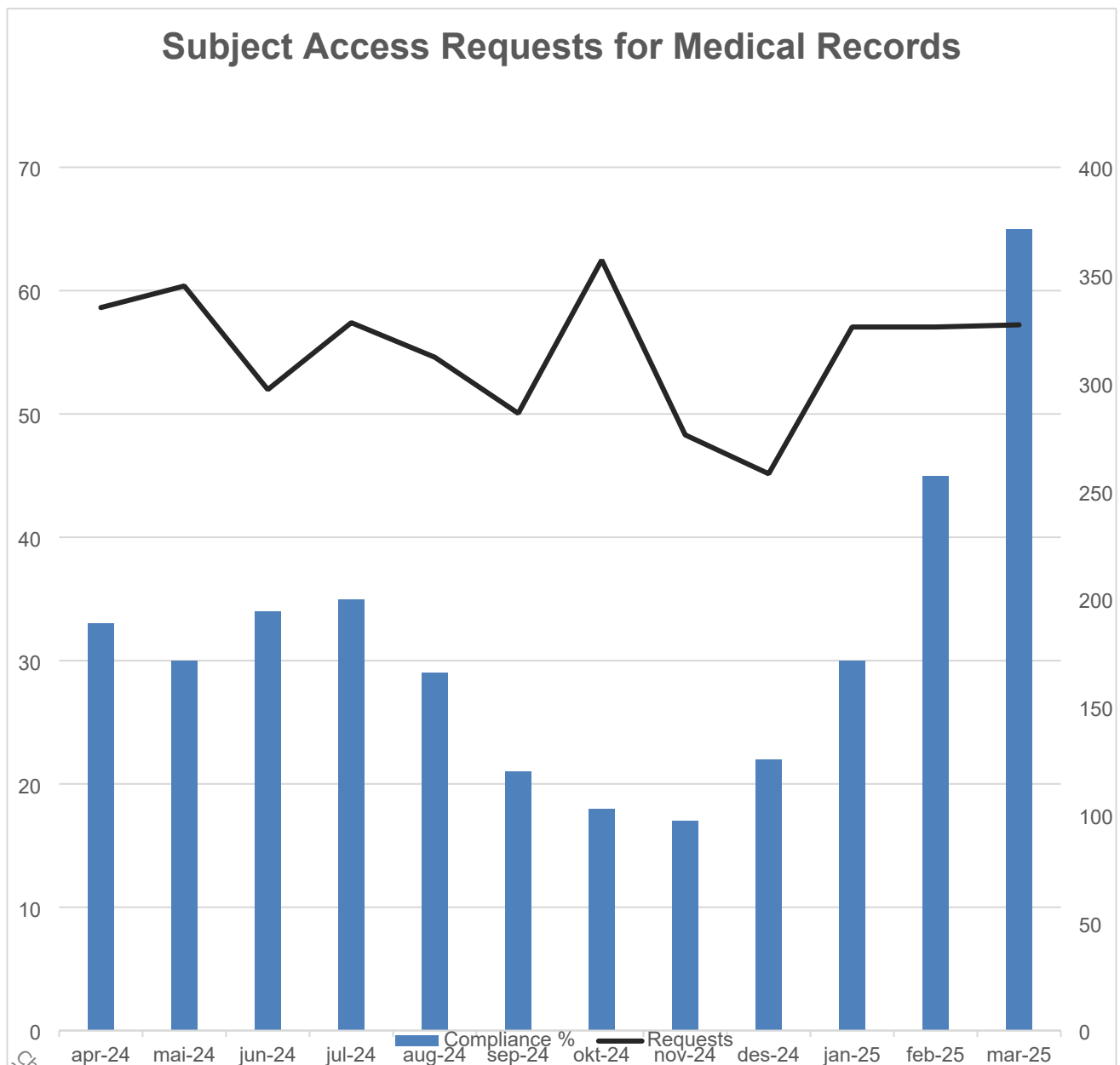
A link to the UHBs FOI disclosure log can be found below. This provides a link to every FOI the UHB publishes online. In the event that requests are made for the same information, the UHB is able to signpost requestors to this log.

<https://cavuhb.nhs.wales/about-us/governance-and-assurance/freedom-of-information/disclosure-log/>

4. Subject Access Requests Processed

4.1 Health Records requests

Medical Records SAR compliance percentage for the last rolling 12 months against the one-month deadline is demonstrated as follows:



Compliance remains a cause of concern, averaging 32% per month (an increase from 28% since the last committee) over the last rolling 12 months. During this time an average of 314 requests have been submitted each month.

Despite the low compliance, there has been a month on month increase since November 2024.

4.2 Non-Health Records

A total of 52 subject access requests submitted for non-health records were received between December 2024 & March 2025. 44 requests (85%) have been complied with, within the legislated timeframe.

5. Compliance Monitoring/NIIAS

Since January 2022, the UHB has sent out a total of 1148 letters to staff who have been identified by the UHB's instance of the National Intelligent Integrated Audit Solution (NIIAS), based on a process approved by Management Executive.

These letters form part of an approach which also includes a wide-reaching and targeted comms program of work. Further detail will be provided in the private committee agenda.

6. Information Governance Mandatory Training

Overall UHB Information Governance training compliance is currently 70% and is broken down by Clinical Boards as follows.

Clinical Board	Assignment Count	Achieved	Compliance
All Wales Genomics Service	358	304	85%
Capital, Estates & Facilities	1464	1188	81%
Children & Women Clinical Board	2502	1831	73%
Clinical Diagnostics & Therapeutics Clinical Board	2709	2086	77%
Corporate Executives	1056	820	78%
Medicine Clinical Board	2138	1268	59%
Mental Health Clinical Board	1616	1056	65%
Primary, Community Intermediate Care Clinical Board	1191	899	75%
Specialist Services Clinical Board	2258	1546	68%
Surgical Services Clinical Board	2520	1517	60%
UHB	17812	12515	70%

The figure represents a 2% drop in overall completeness since figures were provided to the last Committee.

As advised at the last committee, unless the UHB is able to demonstrate a sizeable improvement in our Information Governance training compliance, during 2025/26, there could be an impact on research studies seeking approval from the Confidentiality Advisory Group (CAG).

Executive Director Opinion and Key Issues to bring to the attention of the Committee:

- Information Governance resource remains unchanged since the last committee meeting.
- 171 information governance related incidents reviewed between January 2025 & April 2025.
- 2 data breach since the last committee has been reported to the Information Commissioner's Office.
- Freedom of Information compliance remains unchanged since the last committee – 92% for last 12 rolling months.
- Access to Health Records compliance increases to 32%. The number of requests over the last 12 months remains at approx. 314 per month.
- Following technical resolution with NIIAS, the Information Governance Department continues to send letters to staff who breach data access policy.
- Information Governance mandatory training across the UHB has dropped to 70%.

Recommendation:

The Committee is requested to:

- a) RECEIVE and NOTE a series of updates relating to significant Information Governance issues

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p>	 <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p>
 <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p>	 <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p>

Five Ways of Working (Sustainable Development Principles) considered

Prevention	Long term	Integration	Collaboration	Involvement
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Quality Impact Assessment Completed?

Yes – (please provide completed QIA document)	No – (Please provide reasoning, e.g. not required)		
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Impact Assessment:

Risk: Yes/No
Safety: Yes/No
Financial: Yes/No
Workforce: Yes/No
Legal: Yes/No
Reputational: Yes/No

Socio Economic: Yes/No	
Equality and Health: Yes/No	
Decarbonisation: Yes/No	
Welsh Language: Yes/No	
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i>	
Committee/Group/Exec	Date:

Chilcott, Rachel
22/05/2025 16:20:00

Report Title:	Digital Directors' Peer Group		Agenda Item no.	5.1	
Meeting:	Digital & Infrastructure Committee Meeting	Public	X	Meeting Date:	27 th May 2025
		Private			
Status:	Assurance	Approval		Information	X
Lead Executive:	Director of Digital & Health Intelligence				
Report Author:	Director of Digital & Health Intelligence				

Background and current situation:

The creation of the Digital Directors' peer group in 2021 replaced the previous Digital Delivery Leadership Group meeting which came into existence in 2020 following the dissolution of the National Information Management Board which had been focused on providing an overview of information and IM&T issues nationally.

The establishment of the peer group brings Digital in line with other professions in the NHS in Wales (eg Directors of Finance peer group, Directors of Planning peer group) and is a welcome development.

Assurance is provided by the discussion and exchange of views and updates on a wide range of digital related issues via the regular monthly meetings comprising board-level leads for digital from across all NHS Wales organisations, including Welsh Government's Chief Digital Officer and members of DHCW's executive team.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The attached minutes of the last three meetings held in November 2024, December 2024 and January 2025 provide an update on the scope and range of discussions on digital matters impacting on all NHS Wales organisations.

CAV UHB is represented by the Director of Digital and Health Intelligence (the Director of Digital Transformation acts as deputy when necessary).

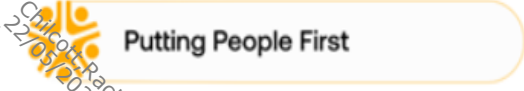
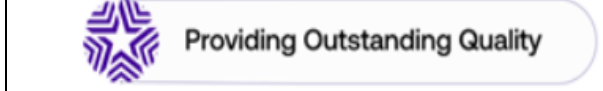
Recommendation:

The Committee are requested to NOTE the minutes of the last meetings as follows:

- a) Minutes of Meeting – 4th February 2025 (Appendix 1)
- b) Action Log (minutes not released) – 11th March 2025 (Appendix 2)
- c) Minutes of Meeting – 8th April 2025 (Appendix 3)

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 <p>1.</p> <p>Click the objective above to view more detail.</p>	 <p>2.</p> <p>Click the objective above to view more detail.</p>
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Delivering in the Right Places

3.

Click the objective above to view more detail.



Acting for the Future

4.

Click the objective above to view more detail.

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term	x	Integration	x	Collaboration	x	Involvement	x
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Quality Impact Assessment Completed?

Yes – (please provide completed QIA document)

No – (Please provide reasoning, e.g. not required)

Impact Assessment:

Risk: No

Safety: Yes

Financial: No

Workforce: Yes

Legal: No

Reputational: Yes

Socio Economic: Yes

Equality and Health: Yes

Decarbonisation: No

Welsh Language: No

Approval/Scrutiny Route (please note anywhere else this paper has been before):

Committee/Group/Exec Date:

Chilcott, Rachel
22/05/2025 16:20:00

MEETING NOTES

Date: Tuesday 4th February 2025

Time: 9:30am – 3pm

Location: DHCW Cardiff

Attendance

Digital Directors Present

Initials	Name
AT	Anthony Tracey (H DUHB) – Chair
CCos	Chris Coslett – cover for COL
IB	Iain Bell (PHW)
CM	Claire Madsen
MJ	Matt John (SBUHB)
NJ	Neil Jenkins (NWSSP)
SM	Stuart Morris (CTMUHB)
PS	Paul Solloway (ABUHB)
DR	Dylan Roberts (BCUHB)
VC	Vicki Cooper (PTHB)
HB	Harriet Baker (WNHSC)
DT	David Thomas (CVUHB)
SL	Sam Lloyd (DHCW)
CT	Carl Taylor (VNHST)
IE	Ifan Evans (DHCW)

External Speakers

Initials	Name
ME	Mike Emery, Welsh Government
CCol	Chris Collis, Digital Delivery (DHCW)

Apologies

Initials	Name
SR	Sian Richards (HEIW)
EG	Elin Griffiths (Velindre)
COL	Claire Osmundsen-Little (DHCW)

Agenda Item	Discussion	Action
1.	<p><u>Welcome, Apologies of Absence, Previous Notes Approval</u> <u>Action Log</u> - Updated <u>Previous Notes Approval</u> - Approved</p>	
2.	<p><u>Work Plan 25/26</u> Venues</p> <ul style="list-style-type: none"> • March and April dates need rearranging due to conflicting events. • AT request for venue hosts. • CT requested time allowance (1hr) in agenda for walk around venues and introduction to build working relationships. • Consideration in planning for North Wales needs further as overnight stay required. <p>Future ways of working</p> <ul style="list-style-type: none"> • Move into operational discussion and consistent message to take forward. will reflect upon message from catch up sessions and peer group. <p>IE raised the following:</p> <ul style="list-style-type: none"> • Met with Sarah Murphy (MS) start Target Architecture by July – devices not included in the start. • Following up with ME for further planning and defining objectives. • NDR has made good progress. Technology layer – other work around devices to be done as cloud is established. Broadly discussed applications layer – how EHR and national work together. Mike has indicated some funding for Target Architecture. Emphasise national working for Target Architecture and how some areas don't get touched by DCHW. <p>PS raised the following:</p> <ul style="list-style-type: none"> • Tasked subgroup with Windows 11 Task & Finish <ul style="list-style-type: none"> ○ 58,000 devices on Windows 10 (domain informed report) so will look what needed to migrate and any replacements required. ○ Opportunity for group to look at use of devices and request funding from WG. ○ Has asked 'What does a good ward look like with a digital perspective' with Health Board. • DT – 4,5000 devices on Windows 10 but will put on hold if national work is going on. • AT – consideration for new procurement rules and any additional manage services introduced. Brings different conversation around capital. <ul style="list-style-type: none"> ○ PS – enterprise agreement used as a bargaining tool. • VC – business as usual piece of work in Trust. Would only benefit if driven by DoFs and leasing is cost effective method of supply and procurement of devices. Consideration for Health Boards who are different positions for cloud and devices • CT – 50% way through Windows11 compliance. • AT – wider piece of work around how DODs approach conversation around devices with Welsh Government and own Health Boards. No refresh 	

	<p>programme now no statutory responsibility which is needed and needs funding. Possible conversation with DoFs/COL for thoughts.</p> <p>Action: PS to share Terms of Reference for subgroup</p>	001 - PS
3.	<p>IMTP – page from SM provided</p> <p>Clarity needed around acronyms to standardise.</p> <p>SM - MAG process completed (end of March publish date) and expecting recommendations on digital. Provision for pathology a concern around recruitment and digital support. National architecture, data layer will be core element to have in IMTP.</p> <p>VC – planning guide helpful. Focus on business efficiencies e.g. turned off hybrid mail due to lack of use. Biggest challenge: commissioned services and looking through SLA to standardise and introduce electronic services at the start of the delivery.</p> <p>IE – Challenge from app perspective for secure messaging as requires consistent approach across Wales. Ministers not pushing to include in roadmap.</p> <p>CCos – SLA in IMTP revised deadlines SLA signed before IMTP are submitted in March. 14th Feb – letter of SLA accepted. 28th Feb – letter for SLA in place.</p> <p>Action: PS – reshare SLA letter</p> <p>Action: Tektology to be invited to DODs Peer Group prior to Digital Summit</p>	002 – PS 003 – HB
4.	<p>Demo of Ardoq architecture & tool adaption – chris collis and sam presentation provided</p> <ul style="list-style-type: none"> • Ardoq – national licence and key role in national architecture. • Slide 3 – discovery user requirements and scoping exercise. Outputs taken and tested in Alpha phase and approach to use across nationally. Align with ESR to help improve data quality and real time integration with GMB. <p>Enterprise Agreement Tooling – sam and chris presentation provided and live demo provided</p> <ul style="list-style-type: none"> • Implementation may take significant time but benefits once in place very good. • Ensuring alignment with industry best practice standards • ME – in support of this and expectation Health Boards are engaged with DHCW as heard good feedback. Minister also supportive. Earlier leads are involved the better. • Demo provided: additional funding for Scenarios. • PS – what is the ask for us conscious of resource availability? CC- looking at requirements, suppliers, ME funding, workshops with Health Board/Enterprise Architects, will be ongoing process and governance. • DR – business capability good place to start. • SM – capabilities limited now due to EA availability. How can we collectively develop EA? Would this be across all nations? 	

	<p>AT – Currently not looking to have a team of EA in HDUHB but looking for an EA who knows the area and understands the HDUHB architecture and EA sits somewhere else.</p> <p>ME – links in with academy and skill gaps identified. Do we look at buying in or grow our own? SL – delicate balance to drive change and making useful. DR – when coming up with business capability map important to do with the business people to agree common capability map.</p> <p>MJ – query of introducing CDR in SBUHB SM-worry of disconnect for clinical networks ME- work to join up networks and clinical digital leads.</p> <ul style="list-style-type: none"> • DR – mapping exercise will impact the tool really well. Influence medical directors etc to see the benefits you’ll see the large benefits and get the clinical networks on board. <p>Summary: would like to have on paper all concerns and work arounds and then support. Include concerns for devices, architecture, business need for EHR, maternity, theatre systems, requirements etc.</p> <p>Action: AT would like to get together focused session to record on paper the thoughts and concerns and way forward. Collective views.</p> <p>Action: IE share NDR sign off with DODs</p>	<p>004 – AT</p> <p>005 - IE</p>
<p>5.</p>	<p><u>Architecture component delivery update: integration hub, e-referrals engine</u> - chris collis and sam presentation provided</p> <ul style="list-style-type: none"> • E referrals – in alpha stage end of march prototype system expected. Start of April beta stage. <p>AT – going forward inclusion of Allied Health & Mental Health important as expect request involvement as they are who can kick start primary care and into secondary care.</p> <ul style="list-style-type: none"> • Integration service/hub – key over the next 10 year for integrations. <p>MJ – level of confidence to redesign what we have. SL –giving best chance to resolve</p> <p>CC – continually review and check investment to ensure fit for service</p> <p>PS – reach out to his team for information sharing on other work</p> <p>CT – what prior work has been done? Discovery prior to Alphas SL – Discovery over the years, but this process helps ID problems before implementing.</p>	
<p>6.</p>	<p><u>Test Automation initiative</u> - chris collis and sam presentation provided</p> <ul style="list-style-type: none"> • Tests in place to see if new flows are successful • PS – happy to see external experts included for their knowledge and experience • IE – great for industry standard best practice approach creating consistency across the organisation • VC – Health Board experience also beneficial, invite for any interested staff to share knowledge and way of working. Encourages good working. • SL – community of key practice architecture and expand nationally to share experience and share knowledge. • ME – encourages Academy work. • IE – break down barrier of what to work in digital means and familiarise language 	

	Action: AT – Revisit the development of staff/Academy.	006 - AT
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Details of next meeting:

The next **DODs Peer Group meeting** will be taking place on **Tuesday 11th March 2025** at **Hywel Dda** with Teams accessibility for those joining virtually

DRAFT

Chilcott, Rachel
22/05/2025 16:20:00

MEETING NOTES

Date: Tuesday 12th March 2025

Time: 9:30am – 3pm

Location: Boardroom, National Imaging Academy Wales

Attendance

Digital Directors Present

Initials	Name
AT	Anthony Tracey (H DUHB) – Chair
CMo	Chris Moreton – cover for COL
IB	Iain Bell (PHW)
MJ	Matt John (SBUHB)
NJ	Neil Jenkins (NWSSP)
SM	Stuart Morris (CTMUHB)
PS	Paul Solloway (ABUHB)
DR	Dylan Roberts (BCUHB)
VC	Vicki Cooper (PTHB)
HB	Harriet Baker (WNHSC)
DT	David Thomas (CVUHB)
SL	Sam Lloyd (DHCW)
CT	Carl Taylor (VNHST)
IE	Ifan Evans (DHCW)
SR	Sian Richards (HEIW)
CLJ	Carwyn Lloyd-Jones

External Speakers

Initials	Name
GA	Gareth Ashman (HSCEY Technology & Innovation, Welsh Government)
LP	Lisa Parry (BCUHB & IG Advisory Group)
IB	Ian Bevan (Velindre & Chair of IG Advisory Group)

Apologies

Initials	Name
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EG	Elin Griffiths (Velindre)
COL	Claire Osmundsen-Little (DHCW)
CB	Chris Brown
RC	Rupa Chilvers
JS	Jonny Summat (WAST)
ME	Mike Emery (Welsh Government)
HT	Helen Thomas

Agenda Item	Discussion	Action
1.	<p><u>Welcome, Apologies of Absence, Previous Notes Approval</u> <u>Action Log</u> - Updated <u>Previous Notes Approval</u> - Approved</p>	
2.	<p><u>Principle Agreement of recommendations for IG & AI use paper</u> presentation received</p> <p>GA presented on the following:</p> <ul style="list-style-type: none"> • Ask for support from DODs for the review of paper and support IGMAG approach. Empower standard doc process for IG and AI technology in NHS Wales. • Identified gap in National Governance Framework since COVID-19 <p>DT highlighted that the DPIA covers all eventualities. DT also raised that it would be helpful for SIROs to be involved and feel comfortable with any discussions held and fully supports the IG Advisory Group with this piece of work. IB confirmed individual Health Boards/Trusts SIRO to be 100% comfortable and on board. Would look for all Health Boards to be signed off on a common template but the risk element will still exist. LP added that problems can appear when implementation is slightly different from individual Health Boards/Trusts.</p> <p>IE asked the question around Governance: where are these decisions made and the Strategy as AI changing how standard DPIA template and question of suitability. IE used the example of data control being used centrally as seen in other UK nations which is driven by AI and research. A consideration the Advisory Board may need to take.</p> <p>SR welcomes the collaboration and joint working. SR raised the concern for vulnerability and support for groups working. IE added that there are ways to do this work, but Primary Care could be an issue.</p> <p>GA confirmed that this work would lead to a national step towards the right level and improve services as they stand.</p> <p>CT highlighted that if we just optimise what we have would we be able to keep up with suppliers, vendors. Supportive of recommendations.</p>	

	<p>AT summarised that there was support for the approach. The issues of Governance could be resolved easily as 99% of DOD members hold the role of SIRO and invited IMAG to collaborate to feel free to contact the Peer Group and arrangements can be made for relevant SIRO.</p> <p>There was also the reminder that in April the All-Wales SIRO meeting. IMAG could explore a possible attendance there. Agenda has not been shared yet.</p>	
<p>3.</p>	<p><u>Citrix Briefing – presentation requested</u></p> <p>CLJ presented the following:</p> <ul style="list-style-type: none"> • The Citrix contract expires 14th December 2025 • Suggestion of open competition for procurement option. Aim for Procurement to finish end of May, then June - December would require the need to Migrate. <p>PS added the support for Option 2 of Open Competition. PS raised the question of which Framework would be used for Procurement and whether this falls under 2015 regulations.</p> <p>Action: CLJ will confirm and provide confirmation.</p> <p>CT added the drive down number of licences. CLJ confirmed that they will go out with expected licenses broken down over 3 yr with this considered in pricing. AT raised the concern that Citrix delay to responding and the impact this would have. SM added that upcoming LIMS migration going live in CTM.</p> <p>AT summarised the clear need to do something has been identified but currently waiting for Citrix figure. There could be a local level impact: cost pressure of continuing Citrix adding to the raised concern for timescale of migrations of large clinical systems.</p> <p>CLJ – Citrix response expected this week and will update group.</p>	<p>001 - CLJ</p> <p>002 - CLJ</p>
<p>4.</p>	<p><u>Operations Network/Academy</u></p> <p>SR provided the following update:</p> <ul style="list-style-type: none"> • HEIW remit letter received opportunity to improving delivery across NHS Wales • Pilot programme confirmed in February which will be taken to CMT in April. • Aim of the pilot is to provide the operational management role with a formalised programme. Focus on key areas such as: values, behaviours, skills and knowledge. SR requests the DOD support in the digital demand element as this will be included. • NHS England currently consulting on Management competencies and HEIW are part of this. <p>AT welcomes the positive steps taken so far. This prompts the looking at Academy approach again.</p> <p>SR suggested the option to invite Helen Thomas to attend a peer group meeting who can discuss competencies list in further detail.</p>	

	<p>SR feels that the pilot will put digital in general management level.</p> <p>SM asked how the Intensive Management Academy tie in? SR clarified that HIEW lead on developing Health Boards programme. HEIW are exploring the opportunity to build the Intensive Management Academy in, but this would be resource availability but interested scope.</p> <p>SR stated that there is still work to be done around digital learning. Digital Skills Passport a way off still but Mangement competencies and skill could fill the existing gap.</p> <p>VC added that a scoping piece of work could be worthwhile. VC suggested for consideration that systems can also be a barrier when it comes to digital skills as well as staff who are being upskilled. VC suggested that a measure of competencies to identify barriers could be undertaken. SR confirmed that the Digital Skills Programme piece of work is not user based but leading on service transformation and dealing with procurement etc.</p> <p>Action: SR to feed back to group with CMT decision.</p>	003 - SR
5.	<p><u>Work Plan 25/26</u> – deferred to next April meeting agenda</p> <ul style="list-style-type: none"> • Gartner Proposal • INPS BC • RISP Global Image Viewer • Care Director • Maternity 	
6.	<p><u>AOB</u></p> <p>IE provided the following update for DHCW regarding the ‘Escalation and Intervention Arrangements in NHS Wales’ letter</p> <ul style="list-style-type: none"> • DHCW notified of escalation to Level 3 with the following reasons: <ol style="list-style-type: none"> 1. delivery of major programmes 2. speed and effectiveness across major programmes 3. lack of delivery of national architecture and lack of data in ndr 4. management of contracts 5. ensure effective relationships and partnership are in place for delivery for programmes <p>SM replied that it would be beneficial to set the criteria to coming out of the levels and set expectations so satisfactory progress is made.</p> <p>AT added that the Peer Group may be included in some of the monitoring and Peer Group support DHCW when needed.</p> <p>CT asked what message would IE like the peer group to take back to Health Board/Trust in response to the letter? IE – Hoping this focus will give progression and delivery for major programmes. IE - Nature of escalation headings mean DHCW will share clarity on concerns and recovery plan with the DODs to work in partnership to work upon.</p>	

Action: IE share update with DOD peer group

004 - IE

Target National Architecture – presentation requested

IE presented the following:

- The same presentation as shared with the Minister
- The Minister set the aim of implementation by July 2025 but IE informed application impacted by other programmes and risk associated with stepping away from current architecture. Concern this could be overly ambitious and not meeting the time frames.
- Approach (slide 11) – Mike Emery provided positive feedback
- Caveats (slide 14) included in presentation stating what is needed for things to happen for next steps to be conducted quickly and to take into consideration
- Delivery plan breakdowns (slide 15) – costs are estimates.
- Target Architecture improvement would be investment in end user devices – raised with Minister. Minister didn't show interest in this.
- Currently holding update meetings weekly with Mike Emery and monthly meetings with Minister.

AT raised the concern that moving too fast can cause long term issues

PS added that a focus on planning should be priority. This needs assistance from outside to support for the piece of work.

AT raised the concern that Welsh Government may not fully understand the pressures and lack of resources available currently.

VC asked if the strategy/vision approved by the DHCW Board? IE confirmed it was.

VC asked how this fit with set priorities and if it doesn't fit then explore the possibility of challenge the Minister. IE confirmed it did.

VC asked how many staff were employed in DHCW and consideration for a risk-based approach suggested. IE answered that there are approx. 1,100 staff relating to the programmes taken on. Management of risk is by upskilling staff. DHCW utilised their IMTP to inform and demonstrate workload and programmes undertaken. DHCW have been commissioned by Mike Emery to develop a target national architecture for NHS Wales not just for DHCW.

CT added that it looks like it would take a year to get to a target national architecture. To progress this at the pace required what is needed? IE replied saying that there would be concern bringing external person in would take time and not provide all the information required.

AT asked IE how can DODs provide support. IE confirmed that the next steps would be updates to Minister on Monday. Architecture Team requested to include National Architecture Governance requirements, outline of project governance in place required, redeployment (3-4 people) to support (virtually

and in person) and won't be backfilling the roles, codesign and project team to support not to not governance reports.

AT asked how this can be included in Work Plan and IMTP annual plan. IE replied stating that it would be beneficial to have a couple of people from each organisation who have the time and skills to commit to the delivery of project.

IE summarised that this will be worth the effort. IE appreciates the pressure to achieve the challenge and that it is big, and some may find it uncomfortable, but the outcome will be valuable. Would like Welsh Government to appreciate the funding for this may not be enough and the release of funds will be a multiyear programme so secured funding required.

Details of next meeting:

The next **DODs Peer Group meeting** will be taking place on **Tuesday 8th April 2025** in the **Boardroom, DHCW Cardiff** with Teams accessibility for those joining virtually

DRAFT

Chilcott, Rachel
22/05/2025 16:20:00

MEETING NOTES

Date: Tuesday 8th April 2025

Time: 9:30am – 4pm

Location: Boardroom, DHCW Cardiff

Attendance

Digital Directors Present

Initials	Name
AT	Anthony Tracey (H DUHB) – Chair
CM	Chris Moreton (DHCW) – Deputising for COL
IB	Iain Bell (PHW)
MJ	Matt John (SBUHB)
NJ	Neil Jenkins (NWSSP)
SM	Stuart Morris (CTMUHB)
PS	Paul Solloway (ABUHB)
DR	Dylan Roberts (BCUHB)
CB	Chris Brown (NHS Exec)
DT	David Thomas (CVUHB)
SL	Sam Lloyd (DHCW)
CT	Carl Taylor (VNHST)
IE	Ifan Evans (DHCW)
SR	Sian Richards (HEIW)
SP	Steve Probert (Welsh Government)
LH	Lauren Harkin (BCUHB) - Deputising for DR
SS	Said Shadi (NHS Exec)
HB	Harriet Baker (WNHSC)

External Speakers

Initials	Name
TL	Tom Lyne (DHCW)
LB	Lisa Bassett (HEIW)
SH	Sophie Harding (HEIW)
BC	Bryony Clarke (DHCW)
CC	Chris Collis (DHCW)

GW	Griff Williams (DHCW)
DN	David Nicholson (Tektology)
GL	Guy Lucchi (System C)
JB	Dr Jonathon Bloor (System C)
SC	Sarah Clarke (System C)
MS	Mark Scott (System C)
HA	Helen Arthur (Welsh Government)
AS	Alex Slade (Welsh Government)

Apologies	
Initials	Name
EG	Elin Griffiths (VNHST)
COL	Claire Osmundsen-Little (DHCW)
RC	Rupa Chilvers (Welsh Government)
JS	Jonny Summat (WAST)
ME	Mike Emery (Welsh Government)
HT	Helen Thomas (DHCW)
VC	Vicki Cooper (PTHB)
CLJ	Carwyn Lloyd-Jones (DHCW)

Agenda Item	Discussion	Action
1.	<p><u>Welcome, Apologies of Absence, Previous Notes Approval</u></p> <p><u>Action Log</u> – Not Discussed</p> <p><u>Previous Notes Approval</u> - Not Discussed</p>	
2.	<p>Microsoft 365 Enterprise Agreement and unified contract pricing</p> <p>TL provided the following information:</p> <ul style="list-style-type: none"> • New EA agreement commences 1st July 2026 • Engagement with third party (Livingstone) at an engagement level. PS – uncomfortable that Microsoft are unaware of the third-party engagement and understands that Microsoft would rather deal directly with DHCW. <p>AT added that further conversation can be held offline and can be added to invite alongside TL agenda slot in May.</p> <ul style="list-style-type: none"> • Slide 5: Discovery Report – 16th September deadline and approved by 30th September. Negotiating team – approach is to be confirmed. • PS sits as a representative for DODs and ABUHB on Taskforce • PS raised that Trustmark attending Taskforce meetings has brought some concerns from different organisations. TL confirmed that Livingstone is owned by Trustmark. EA renewal doesn't include Trustmark and will continue with that set up. <p>3+1+1 – option still available. To be agreed for the new contract</p>	

	<ul style="list-style-type: none"> • CM raised that procurement for phase 2 may need to be brought forward for funding conversations and consideration for IMTP in February. AT suggested sharing Board dates in March in order to take into consideration the deadlines required prior to going to Boards. TL agreed and added that there are elements to factor in and what's being bought (reference to slide 5 - benefits realisation planning). <p>Summary:</p> <ul style="list-style-type: none"> • TL invited to attend May Peer Group to present on the following <ul style="list-style-type: none"> ○ Procurement update ○ Discussion around transparency with Microsoft and Livingstone engagement <p>TL provided an update on the status of the current Enterprise Agreement:</p> <ul style="list-style-type: none"> • In Year 3 of unified contract. • DHCW will provide further update later this week on rate of spend increase. • Expected cost increase – teams alerted in March to this. • PS raised that Microsoft Unified support contract additional cost. Want to ensure value for money and getting the most out of it. • SM added that the expected cost increase highlights the support for wider understanding of digital inflation and transformation. • AT would like to carry on the focus of value for money. Increase in prices having large impact on budgets. • IB raised the need to think strategically with Welsh Government around single supplier and cost implications. • AT added that this could be a future agenda item and be brought to the attention with DOFs. USA Tariffs impact upon American organisations <p>Action: add the following to May agenda</p> <ul style="list-style-type: none"> ○ Livingston invite ○ PS to provide a Taskforce update. ○ Transparency and convo with deputy DoFs around value 	<p>001 – HB</p> <p>002 - PS</p>
<p>3.</p>	<p>AOB/Matters Arising</p> <ul style="list-style-type: none"> • PS raised the following <ul style="list-style-type: none"> - Intensive care – Communications have been sent by Welsh Government. SP confirmed letters have gone to Health Boards. AT commented that Chief Execs had a received a letter, but AT hadn't had sight of it at this point. - WLIMS – letters gone to DHCW escalating concerns for timeline. MJ added CEMT meeting tomorrow and Diagnostic and LIMS are an agenda item. AT raised that having expectation of management for Pathology teams are key and work with the Health Board to support this is important. SL added that the Citrix tender issued imminently. Cost expected to be similar. DR suggested that if DHCW need more time to test software happy to build this in and work together to have a realistic timeline to allow a successful implementation of any software. - Action: AT contact Peter Carr (CEMT Chair) for update. 	<p>003 – AT</p>

	<ul style="list-style-type: none"> • SS raised Population Health and Risk Stratification <ul style="list-style-type: none"> - Letters to Health Boards for Risk Stratification Tool have been received and majority of Health Boards confirmed that they have written back. There is a consistent message that more could be done but vary area to area on needs. - IB added that Public Health could do more support. • SL raised national cyber priorities <ul style="list-style-type: none"> - Raised in February's peer group with the agreement to enforce MFA but now concern from individual organisations for DHCW actioning. - 94,000 dormant accounts – priority to close to avoid becoming a target for breach. - SM added that technical teams working collaboratively with Health Boards rather than DHCW leading. SL appreciates that and wants teams to work together. - PS added that there were concerns around accounts deleted in short timeframe. Governance structures and drive a Strategic Cyber Group to drive target and support organisations who may be struggling to meet this target. - IB wants to keep momentum going to ensure target is achieved. - AT to ask Mark Edwards to convene and DODs attend and report back in May. Heads of Cyber Security to meet weekly and have authority to take back to organisations. SL to let DODs know if Head of Cyber Security do not attend the meeting. <p>Action: SL feedback to May peer group on Cyber Security group</p>	<p>004 – SL</p>
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Chilcott, Rachel
22/05/2025 16:20:00

<p>4.</p>	<p>Pharmacogenomics Delivery Plan for Wales and implementation of pharmacogenomic services across NHS Wales</p> <p>SH presented on the following:</p> <ul style="list-style-type: none"> - First for publishing genomic for precision medicine strategy for Wales (2017) - Move away from one medicine for all and instead tailor to individual patient needs - Slide 8: lead on CYP2C19 testing working with CVUHB with the aim to roll out across Wales - Slide 13: tests in neonatal patients. Challenges: reporting safely and technology as covers the four nations - Slide 16: network has been established for a coordinated approach across the UK - Currently reaching out to peer groups and senior groups (slide 25) to confirm and collaborate on vision (slide 24) - Key principles (slide 28 and 29) <ul style="list-style-type: none"> • PS asked if the Electronic Prescribing and Administration Programme has any impact that needs consideration? SH replied that in the future it'll be a requirement. SH is working closely with Rhian Rice who is leading on the national target architecture work and adding the medicines roadmap to ensure work is aligned. • PS raised with SH there may need to be consideration for digital maturity in Wales and IB adding that looking at how much is common and useable technology already in place will allow for planning. • SS discussed with CB and would like to support them with this programme. <p>Summary: SS to provide links with NHS Exec when required. SH and LB welcome to return for technology perspective input/support from the group</p>	
<p>5.</p>	<p>API</p> <p>BC presented on the following</p> <ul style="list-style-type: none"> - Engagement with NHS England who have been running it a lot longer and successfully - Aim to share the status of API on the NHS Digital Platform rather than attending peer groups - WRRS onboarding also a focus <p>Action: BC share link NHS Digital Platform with AT</p> <ul style="list-style-type: none"> - Previously published road map or programme demand resulted in some work was started before others. SL confirmed current road map has requirements from programmes and existing demand. Next stage and looking to have a strategic approach for what API landscape would look like and what is consistently required rather than individual requirements. 	<p>005 – BC/AT</p>

	<ul style="list-style-type: none"> - DR added the link in with Integrated Care Record programme as this being used currently. - IE added that Welsh Government are clear on target architecture and priorities. Important to consider decision making and governance around this. - SR asked for clarity of which programmes have been successful and how long the programme takes to implement as this would be beneficial to see. BC confirmed in Governance there would be a need to clarify product families and roadmap should be clear to see where you sit. AT added that narrative is important and defining what terms mean to ensure clarity to feedback to Boards. - PS requested that deadline dates are realistic as seen in the 2023 Roadmap it didn't have realistic dates. BC confirmed that there will be continuous monitoring. - WCRS Store a document status recorded as 'on hold' BC and GW confirmed this has been left alone while focus on other programmes. <p>WRRS onboarding</p> <ul style="list-style-type: none"> - Each requester has been contacted for new requests • AT asked what was the governance approach decision? BC answered that hopefully over the next couple of weeks this will be announced. <p>Action: Invite to come back in June to provide any updates</p> <ul style="list-style-type: none"> • MJ added that there is a mixture of skills in organisations and standards could vary so training and development skills may need to be considered. Planning – previous delays in delivery process so important that deadlines for information being made available are kept too. BC agreed and found that setting deadlines with clear requirements assists with progression. 	<p>006 – HB</p>
<p>6.</p>	<p>Tektology</p> <p>DN spoke about:</p> <ul style="list-style-type: none"> - How technology is part of care and health service operations - Understanding roles and responsibilities to innovate local challenges - Changing up how you work responding to results is innovative • AT asked DN on his approach and vision when approaching Boards and how these translate into deliverable plans to take to Directors. How to take this forward to CEOs, Welsh Government? DN suggested promoting the transformation digital has at the heart of the programme and progression this can have. Give CEO a plausible plan to drive forward and support. • SM added that this could be an opportunity to take a pause and plan a much more strategic roadmap which would be helpful. 	

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	<ul style="list-style-type: none"> • AT would like to have the ability to achieve a strategic approach and to achieve targets set as NHS Wales. Start with business need rather than investment. Look for positivity • IB added that to be transformative need to shift language too: not just patient use but public use. • MJ wanted to explore the views of other CEOs and conversations around topic. SR added that digital is just one stream that was discussed (CEMT NHS Services Delivery Planning event) and those all coming together equals success. AT added that regular coming together to check the needs of the other working groups to inform the digital working group could be useful. SM raised that if DOD is not hearing messages from CEO then DOD needs to bring this forward and ask for updates and discuss with CEO around working priorities. <p>Date for the diary: Digital Summit 8th May</p> <ul style="list-style-type: none"> • AT would like the aim of structured set days in the calendar to focus on next 3-5 years provision for NHS Wales • SR asked DN what does he envisage or should be the aim for the next 6 months? DN replied that a dynamic blueprint should be aimed for rather than a strategy. Blueprint is adaptable and links in with other strategies. Included within the Blueprint are: <ul style="list-style-type: none"> ○ examples and evidence of achieved/achievable targets (quick wins), ○ include issues with resolutions. ○ how this should then be governed across the nation ○ inclusion of items you need to include to show adaptability and hopefully ease frustrations. <p>Action: bring into agenda regularly for updates and keeping track of discussions</p> <ul style="list-style-type: none"> • The group agreed that changing the narrative from there being a digital barrier to an organisational barrier. Digital can supply but if organisation isn't ready then the barrier is the organisation not digital. Hope that this change would alter the perspective and mindset of conversations. 	007 - DODs
7.	<p>System Connecting Care (BadgerNet)</p> <p>GL presented on the following:</p> <ul style="list-style-type: none"> • Delivery of March 2026 deadline set by Minister as Maternity is a priority • 60% all UK pregnancies managed by Badger App by the end of 2025 	

	<ul style="list-style-type: none"> • Footprint within Wales slide shows the Health Boards sign up. Confidence of records shared across the nation and the benefits for services and patients • Introduction of a Programme Board to assist with the multi health board implementation (slide 19 'recommended governance') – happy for guidance from the health boards on what works best. Local variation and commonality – some joined up aligned clinical approach. MJ added that this approach would be ideal for those with joint committee such as HDUHB. • LH asked if clinical safety could be combined in the design team. SC added that since working with CVUHB and ABUHB it has been identified that this would be beneficial. • Slide 20 - ABUHB and CVUHB configuration time has been reduced by similarities and optimises the clinic time (Slide 25). IE raised that the All Wales Pathway from Sue Tranka (Chief Nursing Officer) aims for a single pathway. GL confirmed that any changes would be reflected in the design/configuration. SR raised the concern that System C will need to confirm the use of National Pathway to ensure a local pathway hasn't been adopted. GL added that the role of Clinical authority to ensure National Pathway is being adapted rather than a local pathway. • Slide 21 – IE asked that if Midwives work across Health Board boundaries would they need multi devices to allow for difference Health Boards? GL confirmed that the Midwife would be able to view the record and have access to write to patients in both Health Boards without separate need for devices. • PS offered any conversations with other DoDs for insight into learning ABUHB has taken from their implementation. • Slide 22 – Range in training resources has been limited and struggle in some Health Boards. Consistent approach would be beneficial with a training team. Midwives liked in person as they are the main users. SR added this is an opportunity to understand workplace requirements and is a great opportunity to hear the clinical voice. • Unified Information Governance Framework – IE confirmed that direct care has this provision. Secondary care – still in development. Break Glass is available in Primary care. 	
<p>8.</p>	<p>Welsh Government update: Digital Governance implementation</p> <p>AS provided the following update:</p>	

- | | |
|--|--|
| <ul style="list-style-type: none">• Digital Summit – refocus the summit and scaled down to focus and clarity of expectations. Topics: NHS App launch, Maternity App, Connecting Care and Mental Health part of EPR amongst others. | |
|--|--|

Details of next meeting:

The next **DODs Peer Group meeting** will be taking place on **Tuesday 6th May 2025** in the **Vantage Data Centre (Newport Datacentre)**
Celtic Way,
Coedkernew,
Duffryn,
Newport NP10 8BE
with Teams accessibility for those joining virtually

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University Health Board

Annual Report of Digital Health & Intelligence Committee 2024/2025

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1.0 Introduction

In accordance with best practice and good governance, the Digital & Infrastructure Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership is a minimum of two Independent Members. In addition to the Membership, the meetings are also attended by the Director of Digital and Health Intelligence, Assistant Medical Director, Director of Corporate Governance, Data Protection Officer, Workforce Representative. Other Executive Directors will attend as required by the Committee Chair. The Chair of the Board is not a Member of the Committee but attends at least once annually after agreement with the Committee Chair.

3.0 Meetings & Attendance

The Committee met three times during the period 1 April 2024 to 31 March 2025. This is in line with its Terms of Reference.

At least two members of the Committee must be present in addition to the Director of Digital and Health Intelligence and/or an Executive Director to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The Digital & Infrastructure Committee achieved an attendance rate of 90% (80% is considered to be an acceptable attendance rate) during the period 1st April 2024 to 31st March 2025 as set out below:

Attendance	28.05.2024	13.08.2024	12.11.2024	11.02.2025	Percentage
David Edwards	✓	✓	✓	✓	100.00%
Akmal Hanuk	✓	✓	✗	✓	75.00%
Steve Riley	n/a	n/a	n/a	✗	
Susan Lloyd-Selby	✓	✓	✓	✓	100.00%
Rachna Upadhya	n/a	n/a	n/a	✓	25.00%

* The Independent Members for both the University & General joined the UHB in January 2025.

4.0 Terms of Reference

The Terms of Reference and Work Plan were reviewed and approved by the Board in March 2025.

5.0 Work Undertaken

As set out in the Committee Terms of Reference the purpose of the Committee is to:

Provide **assurance** to the Board that;

- Appropriate processes and systems are in place for data, information management and governance to allow the Health Board (“the UHB”) to meet its stated objectives, legislative responsibilities and any relevant requirements and standards determined for the NHS in Wales.
- There is continuous improvement in relation to information governance within the UHB and that risks arising from this are being managed appropriately.

Effective communication, engagement and training is in place across the UHB for Information Governance;

- To seek assurance on the development and delivery of a Digital Strategy for the UHB

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ensuring that:

- It supports Shaping our Future Wellbeing and detail articulated within the IMTP
- Good partnership working is in place
- Attention is paid to the articulation of benefits and an implementation programme of delivery
- Benefits are derived from the Strategy

During the financial year 2024/25, the Digital & Infrastructure Committee reviewed the following key items at its meetings:

- Digital Roadmap & Work Programme Update
- Corporate Digital Risk Register
- NHS APP Progress Update & Planned Care Agenda
- General Cyber Update
- Proposed 2025/26 capital plan
- IG Data Compliance

6.0 Reporting Responsibilities

The Committee has reported to the Board after each of the Digital & Infrastructure Committee meetings by presenting a summary report of the key discussion items at the Digital Health & Intelligence Committee. The report is presented by the Chair of the Digital & Infrastructure Committee.

7.0 Opinion

The Committee is of the opinion that the draft Digital & Infrastructure Committee Report 2024/25 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

David Edwards

Committee Chair

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Project Brief – Digital Transformation Review – Cardiff and Vale University Health Board

Audit year: 2024

Date issued: May 2025

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This document has been prepared for the internal use of Cardiff and Vale University Health Board as part of work to be performed] in accordance with statutory functions designed to support the Auditor General's duties ' under section 61(3) (b) of the Public Audit Wales Act 2004.

No liability is accepted by the Auditor General or the staff of the Wales Audit Office in relation to any member, director, officer or other employee in their individual capacity, or to any third party in respect of this report.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

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Project brief

Background

- 1 Digital transformation in healthcare refers to the strategic and comprehensive use of digital technologies to enhance patient care, improve efficiency, and drive innovation.
- 2 Welsh Government's 2018 long-term plan for health and social care - A Healthier Wales - highlights the importance of digital technologies and data as key enablers of transformational change and sets out the benefits that better use of digital, data, and communications technology will bring to health and social care services in Wales.
- 3 In 2023, Welsh Government published a refreshed Digital and Data Strategy for Health and Social Care as a key enabler for A Healthier Wales. The strategy sets out three core aims:
 - transforming digital skills and partnerships;
 - building digital platforms and meeting the needs of Wales; and
 - focussing on making services digital first.
- 4 However, the strategy has been introduced at a time where health bodies in Wales are facing several challenges, including:
 - pressures associated with the ongoing post-pandemic recovery of services;
 - rising demographics across the population and more complex co-morbidities;
 - financial constraints driven by inflationary pressures and the cost-of-living crisis;
 - rising expectations by patients and service-users for digital services but increased risk of digital exclusion;
 - a competitive market for the digital and data workforce;
 - limited availability of capital funding to invest in digital technologies and solutions; and
 - complexities associated with rolling-out certain national digital programmes, such as the Laboratory Information Network Cymru (LINC), the Radiology Informatics System (RISP), and the Welsh Community Care Information System (WCCIS).
- 5 Notwithstanding these challenges, digital transformation continues to present opportunities for health bodies to embrace and make better use of digital technology to redesign services and service delivery, improve efficiency and productivity, and foster a culture of innovation and continuous improvement.

Legal basis

- 6 This work is being undertaken under section 61(3) (b) of the Public Audit Wales Act 2004 to satisfy the Auditor General that the organisation has proper arrangements in place to secure the efficient, effective, and economical use of resources.

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Our audit

Audit objective

- 7 The objective of this audit is to understand and assess whether health bodies in Wales have the necessary arrangements in place to use and embed digital to improve the effectiveness and efficiency of their services. This will allow us to better understand the factors that enable and / or impede digital transformation within each health body in Wales.

Audit question, scope, and criteria

- 8 The audit will seek to answer the overall question: **Does the health body have the necessary arrangements in place to support and embed effective and safe digital transformation?** In doing so, we will assess the extent to which the health body:
- has a well led and appropriately resourced approach to digital transformation;
 - is developing the digital skills, capacity, and capability of its workforce;
 - has a clear plan for managing its cyber security arrangements and digital infrastructure;
 - engages effectively with staff, partners, patients / service users to deliver its digital ambitions and minimise digital exclusion risks; and
 - is actively utilising digital technology and data solutions to enhance the accessibility, quality, efficiency, and productivity of its services.
- 9 **Appendix 1** contains our audit questions and the audit criteria that we are using to help determine “what good looks like”.
- 10 We are undertaking this audit at all health bodies in Wales. However, we will undertake additional work at Digital Health and Care Wales (DHCW) to examine its system leadership role.

Audit methods

- 11 The audit will use the following methods to gather and assess the evidence for our audit:
- **Self-Assessment** – We will ask the health body to complete and return a self-assessment that reflects the Board’s agreed position on the audit questions and criteria. The health body will be asked to enable all Board members to contribute to the self-assessment to ensure it reflects the views, experiences, and perspectives of the whole Board. We will expect the final self-assessment to be endorsed by the whole Board prior to submission.
 - **Documentation review** – We will review the documentary evidence provided by the organisation in support of its self-assessment. We will liaise with the Board Secretary / Director of Corporate Governance to access additional documents which are not available in the public domain.
 - **Interviews** – We will conduct interviews with key personnel relevant to our audit (e.g. Directors of Digital). We will agree the list of interviewees with the Board Secretary / Director of Corporate Governance and arrange for them to be held on mutually convenient dates and times when we begin the evidence gathering stage. Our default position is that these interviews will be virtual, but we have the option of holding them in person if that is preferred or more appropriate.

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- **Meeting observations** – We will observe any relevant meetings that take place during the time of our audit. We will notify the Board Secretary / Director of Corporate Governance of any meetings we intend to observe.
 - **Data analysis** – We will analyse any financial and workforce data we deem relevant to our audit.
- 12 We will conduct our fieldwork in line with the health body’s stated language preference, which will be agreed at the commencement of the audit. We will make every reasonable effort to accommodate language preferences of individuals during the audit if we receive these at the point of setting up fieldwork.
- 13 Our work will be delivered in accordance with INTOSAI¹ audit standards.

Output

- 14 We will produce and publish a report outlining our findings and making recommendations for improvements where applicable.

Timetable

- 15 **Exhibit 1** shows the high-level timetable of the main audit stages. The timings shown are indicative and dependent on the timely receipt of information required for the audit, and the availability of key personnel to attend interviews.

Exhibit 1: Audit timetable

Stage	Date
Issue project brief	Apr-2025
Issue draft output	July 2025
Issue final output	August 2025

Audit Wales contacts

- 16 **Exhibit 2** sets out the Audit Wales team that will be working on this audit.

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¹ International Organisation of Supreme Audit Institutions

Exhibit 2: Audit Wales contacts

Job Title	Name	Contact details
Audit Director	Dave Thomas	dave.thomas@audit.wales
Audit Manager	Darren Griffiths	darren.griffiths@audit.wales
Audit Lead	Nathan Couch	nathan.couch@audit.wales
Senior Auditor	Jeff Brown	jeff.brown@audit.wales

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Project brief

Appendix 1 - Audit questions and criteria

Audit Level 1 question: Does the health body have the necessary arrangements in place to support and embed effective and safe digital transformation?

Level 2 questions	Level 3 questions	Criteria
Does the health body have a well-led and appropriately resourced approach to digital transformation?	Are the health body's digital transformation ambitions clearly set out and resourced in an organisational-wide Digital Strategy and delivery / benefits realisation plan?	<p>The health body has a strong, Board-approved Digital Strategy that:</p> <ul style="list-style-type: none">• Clearly outlines its vision, aims, and priorities for digital transformation.• Is based on an understanding of the organisation's current digital maturity.• Is integrated with other key strategies and plans, supporting clinical, financial, workforce, estates, and operational goals.• Was developed with input from clinicians, staff, patients, and service users.• Aligns with national digital transformation priorities, including Welsh Government's Once for Wales ambitions.• Considers digital/IT workforce needs.• Considers the business benefits expected from digital initiatives.

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Level 2 questions	Level 3 questions	Criteria
		<p>The health body has a well-developed implementation and benefits realisation plan to support its Digital Strategy that:</p> <ul style="list-style-type: none"> • Includes SMART milestones and a clear set of actions with assigned responsibilities. • Clearly identifies the resources needed, linking them to the overall resource commitment in the Digital Strategy. <p>The health body understands the resources needed to deliver its Digital Strategy and the Board is committed to providing these resources:</p> <ul style="list-style-type: none"> • Digital investment requirements are clearly outlined for the short, medium, and long term. • Resources are committed across the entire lifecycle of digital programmes and services (i.e. when they are operationalised and become 'business as usual'). • There is strong Board support for these investment plans. • Investment plans highlight the benefits and potential cost efficiencies of digital transformation.
	<p>Is the health body's Digital Strategy clearly understood and owned by the Board?</p>	<p>The health body's Digital Strategy is clearly understood and owned by the Board:</p>

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Level 2 questions	Level 3 questions	Criteria
		<ul style="list-style-type: none"> • It has a high profile across the organisation. • The strategy is key to driving digital transformation and enabling wider organisational aims. • Board development activities effectively build awareness and understanding of the opportunities and organisational requirements for delivering and achieving digital transformation. • The strategy has been well communicated to staff throughout the organisation. • There is clear digital leadership at Board level: • The CIO/Director of Digital is a Board member or regularly attends Board meetings to provide digital expertise and / or • An Independent Board Member is nominated to lead digital transformation. <p>The health body has multi-professional digital health leadership across different healthcare disciplines / business areas, including clinicians (where relevant), IT professionals, and administrators to drive innovation, achieve efficiency, and (where relevant) improve patient care.</p>

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Level 2 questions	Level 3 questions	Criteria
	<p>Does the Board provide effective oversight of delivery, benefits, and risks?</p>	<p>The health body has clear and effective accountability for delivering its digital transformation goals:</p> <ul style="list-style-type: none"> • Clear responsibilities and necessary expertise are in place to inform the Board's decision-making and oversight. <p>The health body has effective oversight arrangements for delivering its Digital Strategy and intended benefits:</p> <ul style="list-style-type: none"> • Progress on the Digital Strategy and implementation plans is routinely reported to the Executive Team and Board/relevant committee. • Business benefits are monitored and reported to the Executive Team and Board/relevant committee. • Digital solutions are considered as enablers for operational and strategic decisions, featuring in business cases, service changes, and Board reports. • Clear directions are provided by the Executive Team, Board, and/or relevant committee when digital plans do not meet milestones, targets, or business benefits. • The health body receives independent assurance on its digital arrangements from Internal Audit and other assurance providers.

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Level 2 questions	Level 3 questions	Criteria
		<p>The health body has effective and robust arrangements for managing risks to its Digital Strategy:</p> <ul style="list-style-type: none"> • There is an effective process for identifying, assessing, and recording key strategic and corporate risks related to the Digital Strategy. • Risks are recorded, monitored, and managed by the relevant accountable owners.
<p>Is the health body developing the digital skills, capacity, and capability of its workforce?</p>	<p>Does the health body have an effective approach to assessing and addressing the digital skills, capacity, and capability of its workforce?</p>	<p>The health body has a well-developed understanding of its workforce’s digital skills, capacity, and capability:</p> <ul style="list-style-type: none"> • It has used HEIW’s Digital Capability Framework (or equivalent) to understand skills, behaviours, and attitudes towards digital technology across the organisation. • The assessment has identified gaps in digital skills at a detailed level, allowing for a targeted approach to building skills capabilities. • The assessment considers both current and future digital skill requirements.
	<p>Does the health body have an effective approach to address any gaps in digital skills, capacity and capability of its workforce?</p>	<p>The health body has a clear plan to address gaps and enhance the digital skills, capacity, and capability of its workforce:</p>

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Level 2 questions	Level 3 questions	Criteria
		<ul style="list-style-type: none"> • The plan is based on a thorough understanding of current digital skills and what is needed for digital transformation. • Resources are committed to delivering the plan for the short, medium, and long term. • There is a clear vision of what a digitally enabled workforce looks like. • The plan integrates with national digital workforce development programmes, such as: <ul style="list-style-type: none"> - A Healthier Wales: Our Workforce Strategy for Health and Social Care - Digital and data strategy for health and social care in Wales - HEIW Digital Capability Framework - HEIW Digital and Data Strategy • Sufficient digital resources (online courses, e-learning platforms, webinars, virtual workshops, etc.) are available to enhance workforce skills. • Risks to achieving the plan are well documented, with appropriate controls and mitigations in place. • There are appropriate arrangements in place to attract, hire, and retain digital and data professionals with the necessary expertise required by the health body.

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Level 2 questions	Level 3 questions	Criteria
<p>Does the health body have a clear plan for managing its cyber security arrangements and digital infrastructure and how they will need to change to support its digital transformation ambitions?</p>	<p>Does the health body understand and effectively manage its current cyber security risks?</p>	<p>The health body has a clear understanding of current and future cyber security risks, with arrangements in place to manage them:</p> <ul style="list-style-type: none"> • There is a cyber security/resilience strategy defining current and future risks, threats, and opportunities. • The Board understands the cyber security risks and has approved mitigation plans. • Cyber security protocols are embedded through regular training and testing. • There is a plan to respond to the Cyber Assessment Framework from the Cyber Resilience Unit. • Cyber security risks are assessed in the development of new IT systems using risk assessment tools.
	<p>Does the health body understand how its cyber security arrangements will need to change to deliver digital transformation?</p>	<p>The health body understands how its cyber security arrangements align with its digital transformation goals:</p> <ul style="list-style-type: none"> • Cyber security is a key part of the Digital Strategy. • Digital transformation decisions consider cyber security risks and impacts. • Tensions between cyber resilience and digital transformation are shared, understood, and mitigated.

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Level 2 questions	Level 3 questions	Criteria
	<p>Is the health body taking appropriate action to update its digital infrastructure to achieve its Digital Strategy and ambitions, including replacing outdated, unsupported, and obsolete software and hardware?</p>	<ul style="list-style-type: none"> • The health body engages with national NHS cyber expertise to manage cyber risks in the context of its digital strategy <hr/> <p>The health body has a comprehensive understanding of its IT infrastructure gaps, risks, weaknesses, and requirements:</p> <ul style="list-style-type: none"> • These gaps, risks, weaknesses, and requirements have been clearly communicated to the Board. • There is a clear understanding of challenges with system interoperability. • A plan is in place to address interoperability challenges <p>The health body has effective arrangements in place to oversee and replace outdated, unsupported, and obsolete digital software and hardware:</p> <ul style="list-style-type: none"> • A comprehensive inventory / service catalogue that details all digital software and hardware, including age, support status, condition, and owner / responsible officer. • Up-to-date policies and procedures for replacing outdated technology, with evidence of staff awareness and compliance. • Plans and budgets in place for IT upgrades and replacements.

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Level 2 questions	Level 3 questions	Criteria
		<ul style="list-style-type: none"> • Robust risk assessments of outdated technology with plans to mitigate associated risks. • Performance reports highlight issues caused by outdated technology. <p>The health body is taking appropriate action to align its IT infrastructure with its Digital Strategy and long-term digital ambitions:</p> <ul style="list-style-type: none"> • There is a clear medium to long-term plan to keep the IT infrastructure up-to-date. • IT infrastructure requirements are integrated with national IT infrastructure developments. • Consideration is given to how new or changed IT infrastructure integrates with partner systems. • There is a clear roadmap for retiring and replacing systems.
<p>Does the health body engage effectively with staff, partners, patients / service users to deliver its digital transformation ambitions and minimise digital exclusion risks?</p>	<p>Does the health body effectively involve staff, patients and other service users in the design and implementation of digital systems and solutions?</p>	<p>The health body has a robust approach to engaging with staff, patients, and service users around digital transformation:</p> <ul style="list-style-type: none"> • There is a documented approach to engagement that is routinely followed. • Clear evidence shows that engagement with staff, patients, and service users is used to shape digital requirements.

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Level 2 questions	Level 3 questions	Criteria
		<p>The health body demonstrates that user engagement has shaped and improved decision-making for digital transformation:</p> <ul style="list-style-type: none"> • Digital systems, tools, and developments are designed with the end-user in mind. • These systems, tools, and developments meet the needs of both patients and healthcare professionals. • There is positive feedback from staff, patients, and service users regarding their engagement in digital transformation.
	<p>Is the health body taking appropriate action to minimise digital exclusion as part of the roll-out and implementation of new digital and data projects and initiatives?</p>	<ul style="list-style-type: none"> • The health body has a designated lead for digital inclusion. • The health body routinely assesses the potential impact of changes to digital systems or new systems on staff, patients, and service users. <p>The health body has appropriate arrangements in place to minimise digital exclusion. It:</p> <ul style="list-style-type: none"> • Has a good awareness of digital inclusion as a challenge. • Ensures it is meeting the needs of people experiencing digital exclusion while digitising. • Accesses appropriate support from other public bodies or third sector organisations such as Digital Communities Wales, Centre

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Level 2 questions	Level 3 questions	Criteria
		<p>for Digital Public Services or Newid to help address digital exclusion.</p> <ul style="list-style-type: none"> • Has a good understanding how risks in its external environment i.e. rising cost of living, may impact on those who are disadvantaged and digitally excluded. • Has a good understanding of the opportunities from future advances in digital.
	<p>Does the health body engage effectively with its partners to support delivery of its Digital Strategy?</p>	<p>The health body regularly engages with partners and other stakeholders to:</p> <ul style="list-style-type: none"> • Support delivery of its digital strategy. • Maximise innovation opportunities and stay updated on digital industry advancements. <p>The health body has a clear understanding of the role and responsibilities of other partners in delivering its own digital strategy.</p> <p>The health body has appropriate monitoring and oversight arrangements for the aspects of its digital strategy that are delivered by its partners.</p> <p>The health body proactively engages with key digital and data partners such as DHCW, HEIW, Welsh Government, and the NHS Executive (Clinical Networks):</p> <ul style="list-style-type: none"> • Relationships with key digital and data partners are proactive and built on trust and openness.

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Level 2 questions	Level 3 questions	Criteria
		<ul style="list-style-type: none"> • There is a clear understanding of the roles and responsibilities of key digital and data partners, including Welsh Government and DHCW. <p>Routine dialogue occurs with key partners about national digital programs and products that the health body is expected to deliver, manage, or administer locally.</p>
<p>Is the health body actively utilising new digital technology and data solutions to enhance the accessibility, quality, efficiency, and productivity of its services?</p>	<p>Does the health body have a clear programme of local / regional digital and data projects to improve the accessibility, quality, efficiency, and productivity of services?</p>	<p>The health body has a clear, coordinated, and resourced programme of local and regional digital and data projects which are:</p> <ul style="list-style-type: none"> • Prioritised based on their impact on service accessibility, quality, efficiency, and productivity. • Coordinated and overseen centrally. • Underpinned by clear milestones and measures in place to show how investments in digital and data projects benefit service users, improve care pathways, and enhance efficiency and productivity. <p>The health body is exploring or making use of artificial intelligence to improve service accessibility, quality, efficiency, and productivity in a well-managed way.</p>

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Level 2 questions	Level 3 questions	Criteria
	<p>Is the health body actively adopting and rolling out national digital solutions to improve the accessibility, quality, efficiency, and productivity of services?</p>	<ul style="list-style-type: none"> • The health body actively adopts and implements national digital solutions that support a 'Once for Wales' approach to enhance service accessibility, quality, efficiency, and productivity. • The health body engages constructively with DHCW and WG to ensure national solutions are fit for purpose.
	<p>Are local, regional and national digital solutions used by the health body, easy to use, support joint working with other NHS partners and staff to work efficiently?</p>	<p>The health body evaluates the effectiveness of its digital solutions to ensure they are:</p> <ul style="list-style-type: none"> • Easy to use, intuitive, and user-friendly. • Accessible to all users, including those with disabilities. • Streamlining workflows and reducing task completion time. • Offering necessary features to support the health body and its partners. • Seamlessly integrating with other systems and platforms used by NHS digital partners using national data and technical standards i.e. NHS Wales Data Dictionary, SNOMED CT, Health Level 7, Fast Healthcare Interoperability Resources etc. <ul style="list-style-type: none"> - NHS Wales Data Dictionary - Digital Health and Care Wales - SNOMED CT

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Level 2 questions	Level 3 questions	Criteria
		<ul style="list-style-type: none">- Microsoft Word - WELSH HEALTH CIRCULAR - Introduction of HL7 FHIR as a foundational standard in all NHS Wales Bodies - English cleared- FHIR at DHCW - Digital Health and Care Wales• Facilitating smooth and secure data exchange between different systems.• Providing features that support joint working.• Reliable, with minimal downtime and fast response times.• Handling errors effectively and providing support for troubleshooting.• Improving patient experience.

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Project brief

Appendix 2 - Fair processing notice

Date issued: 10th April 2025

This privacy notice tells you about how the Auditor General for Wales (AGW) and staff of the Wales Audit Office (WAO) process personal information collected in connection with our work.

Who we are and what we do

The AGW's work includes examining how public bodies manage and spend public money, and the WAO provides the staff and resources to enable him to carry out his work. "Audit Wales" is a trademark of the WAO and is the umbrella identity of the AGW and the WAO.

The purposes of the processing

We will use personal data when exercising our powers and duties, which chiefly concern the audit of public bodies and activities to support such work.

Data Protection Officer (DPO)

Our DPO can be contacted by telephone on 029 2032 0500 or by email at infoofficer@audit.wales.

Relevant laws

We process your personal data in accordance with data protection legislation, including the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation (GDPR). Our lawful bases for processing are the powers and duties set out in the Public Audit (Wales) Acts 2004 and 2013, the Government of Wales Acts 1998 and 2006, the Local Government (Wales) Measure 2009, the Well-being of Future Generations (Wales) Act 2015, the Local Government & Elections (Wales) Act 2021 and various legislation establishing particular public bodies, such as the Care Standards Act 2000.

Further details are available in our publication, [A guide to Welsh public audit legislation](#), which is available on our website.

Depending on the particular power or function, these statutory bases fall with Article 6(c) and (e) of the UK GDPR—processing necessary for compliance with a legal obligation, for the performance of a task carried out in the public interest or in the exercise of official authority.

Where we process special category data, the additional legal basis for processing this will ordinarily be Article 9(2)(g) of the UK GDPR (together with paragraph 6 Schedule 1 Data Protection Act 2018) relating to the exercise of a statutory function for reasons of substantial public interest.

Chilcott, Rachel
22/05/2025 16:20:00

How we obtain your personal data

The personal data that we collect and process as part of our work may be obtained from you directly (e.g. if we contact you to ask you specific questions or for further information in connection with our work), or from relevant bodies, including those that we are auditing, through the exercise of the Auditor General's access rights.

Who will see the data?

The AGW and relevant WAO staff, such as the study team, will have access to the information you provide. Your data may be shared internally within Audit Wales for the purposes described in this notice.

Our published report may include some of your information, but we will contact you before any publication of information that identifies you—see also “your rights” below.

We may share information with:

- a) Senior management at the audited body(ies) as far as this is necessary for exercising our powers and duties;
- b) Certain other public bodies/public service review bodies such as the Office of the Future Generations Commissioner, Care Inspectorate Wales (Welsh Ministers), Health Inspectorate Wales (Welsh Ministers), Estyn and the Public Services Ombudsman for Wales, where the law permits or requires this, such as under section 15 of the Well-being of Future Generations (Wales) Act 2015.

How long we keep the data

We will generally keep your data for 6 years, though this may increase to 25 years if it supports a published report—we will contact you before any publication of information that identifies you—see also “your rights” below. After 25 years, the records are either transferred to the UK National Archive or securely destroyed. In practice, very little personal information is retained beyond 6 years.

Our rights

The AGW has rights to information, explanation, and assistance under paragraph 17 of schedule 8 Government of Wales Act 2006, section 52 Public Audit (Wales) Act 2004, section 26 of the Local Government (Wales) Measure 2009 and section 98 of the Local Government & Elections (Wales) Act 2021. Further information can be found in our [Access Rights leaflet](#) available on our website. It may be a criminal offence, punishable by a fine, for a person to fail to provide information that falls within the AGW's access rights, but such an offence does not apply to surveys of the general public, which are not conducted using the statutory access rights above.

Chilcott, Rachel
22/05/2025 16:20:00

Your rights

You have rights to ask for a copy of the current personal information held about you and to object to data processing that causes unwarranted and substantial damage and distress.

To obtain a copy of the personal information we hold about you or discuss any objections or concerns, please write to the Information Officer, Wales Audit Office, 1 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ or email infoofficer@audit.wales. You can also contact our Data Protection Officer at this address.

You may also contact the Information Commissioner's Office to obtain further information about data protection law, or to complain about how your personal data is being handled at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, or by email at casework@ico.gsi.gov.uk or by telephone 01625 545745.

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Website: www.audit.wales

We welcome correspondence and
telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.