

Petitions Committee

Meeting Venue:
Committee Room 1 – Senedd

Meeting date:
7 February 2012

Meeting time:
09:30

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



For further information please contact:

Abigail Phillips
Committee Clerk
029 2089 8421
Petition@wales.gov.uk

Agenda

1. Introduction, apologies and substitutions 09:30

2. New petitions 09:30–09:40

2.1 P-04-362 Ambulance Services in Monmouth (Page 1)

2.2 P-04-364 Fibre Optic for Rural Area's (Page 2)

3. Updates to previous petitions 09:40–10:30

3.1 P-04-354 Public statement of support for Bradley Manning (Pages 3 – 5)

Housing, Regeneration & Heritage

3.2 P-04-352 Save Roath Steam Laundry (Pages 6 – 9)

Business, Enterprise, Technology & Science

3.3 P-04-340 Create an Enterprise Zone in Newport (Pages 10 – 13)

Local Government and Communities

3.4 P-03-315 New Dyfi River Crossing Petition (Pages 14 – 46)

Health and Social Services

- 3.5 P-03-085 Surgeries in Flintshire (Pages 47 – 63)
- 3.6 P-03-280 Cardiff Royal Infirmary (Pages 64 – 66)
- 3.7 P-03-295 Kyle Beere – Paediatric Neuro Rehabilitation Services (Pages 67 – 72)
- 3.8 P-04-334 Petition for a new renal unit at Prince Charles Hospital (Pages 73 – 82)
- 3.9 P-04-348 Recycling Targets for Health Boards (Pages 83 – 90)

Education and Skills

- 3.10 P-03-143 Ysgol Penmaes (Page 91)

4. Minister for Local Government and Communities – oral evidence session 10.30–11.00

- 4.1 P-04-331 Filming and Recording of Council Meetings (Page 92)
- 4.2 P-04-332 Local Authority Spending Details over £500 (Pages 93 – 95)

PET(4)-03-12 p1a

P-04-362 Ambulance Services in Monmouth

Petition wording:

We believe that Monmouth should be granted the appropriate ambulance provision. With its population set to rise, and the Minor Injuries Unit at Monnow Vale recently closed down, demand will increase for the ambulance service.

National Assembly for Wales:

We request the Health and Social Committee of the National Assembly to undertake a scrutiny inquiry into the ambulance service in rural Wales. We would urge the Committee to investigate the particular problems in Monmouth and the impact of the closure of the Monnow Vale Minor Injuries Unit on the ambulance service.

Welsh Government:

We urge the Minister for Health and social Care to use her powers to require the Wales NHS Ambulance Trust to provide a uniformly high standard of ambulance provision throughout Wales and especially rural areas such as Monmouthshire.

Welsh Ambulance NHS Trust:

We urge Welsh Ambulance NHS Trust to increase provision for Monmouth in real terms, with a high dependency unit and/or ambulance based within Monmouth town.

Petition raised by: Mathew Davies

Date petition first considered by Committee: 7 February 2012

Number of signatures: 42 online signatures collected. (Approximately 400 signatures due for collection on 7 February 2012)

Agenda Item 2.2

PET(4)-03-12 p3a

P-04-364 Fibre Optic for Rural Area's

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government to do more to support the roll-out of next generation/fibre optic broadband and to ensure that it is available to everyone in Wales by 2013, including Ecommerce, new communication businesses (IT Industry) and enhanced communication between current businesses while having the side effect of benefiting the local communities. For an example, in the Valleys many families and businesses are stuck with slow speeds in comparison to the rest of the UK. This petition is to get Fibre Optic installed to these areas where businesses already are to be able to help revive the poorest areas in Wales/Cymru.

Petition raised by: Kai Childheart

Date petition first considered by Committee: 7 February 2012

Number of signatures: 17

Supporting information: At the moment the Internet Service Providers are under their own duty to get speeds to certain areas and they are partially backed (for the whole of the UK) to get Highspeed Internet to the rural areas. Ofcom & Fujitsu for instance. However this is not a welsh initiative and I personally believe it could provide work for Wales should the Assembly press for it. The benefits to businesses would be great in terms of Communication and E-Commerce and also to attract new business!

PET(4)-03-12 p4a

P-04-354 Public statement of support for Bradley Manning

Petition wording:

We call on the National Assembly for Wales to issue a public statement of support for Welsh/US citizen Bradley Manning.

Petition raised by: Rev Christopher Trefor Davies

Date petition first considered by Committee: 10 January 2012

Number of signatures: 90

DATGANIADAU BARN YSGRIFENEDIG / WRITTEN STATEMENTS OF OPINION

A GYFLWYNWYD / TABLED ON 18/01/2012

R Yn dynodi bod yr Aelod wedi datgan buddiant

R Signifies the Member has declared an interest

OPIN-2012-0054 - Bradley Manning/Bradley Manning

Codwyd gan / Raised By:

Bethan Jenkins

Tanysgrifwyr / Subscribers:

Bradley Manning

Yn nodi erlyniad parhaus y Preifat Dosbarth Cyntaf Bradley Manning, a arferai fyw yn Hwlfordd, ac yn mynegi gobaith y bydd proses y treial yn deg ac yn rhydd.

Yn nodi pryder am y ffordd y cafodd ei drin cyn y treial yn yr US Quantico Marine Base, gan gynnwys cael ei garcharu'n ynysig a'i atal rhag cysgu a gwneud ymarfer corff.

Yn gresynu wrth benderfyniad gweinyddiaeth Unol Daleithiau America i atal Rapporteur Arbennig y Cenhedloedd Unedig ar Arteithio rhag cael gweld Manning yn ddirwystr ac yn annog gweinyddiaeth Unol Daleithiau America i wyrdroi'r penderfyniad hwn ar unwaith.

Yn cydnabod yr ymgyrchoedd amrywiol sy'n cefnogi Bradley Manning, yn enwedig y gweithredu parhaus yng Nghymru, gan gynnwys cyflwyno deiseb ffurfiol i'r Cynulliad Cenedlaethol.

Bradley Manning

Notes the on-going prosecution of Private First Class Bradley Manning, a former resident of Haverfordwest, and expresses hope for a free and fair trial process.

Notes concern over his pre-trial treatment at US Quantico Marine Base, including solitary confinement and denial of sleep and exercise.

Regrets the US administration's decision to deny the UN Special Rapporteur on Torture unimpeded access to Manning, and urges the US administration to reverse this decision immediately.

Recognises the various campaigns in support of Bradley Manning, particularly the on-going action being taken in Wales, including the presentation of a formal petition to the National Assembly.

Agenda Item 3.2

PET(4)-03-12 p5a

P-04-352 Save Roath Steam Laundry

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government to save Roath Steam Laundry. Built in 1898, Roath Steam Laundry at 33 Marlborough Road is a unique landmark building adjacent to the Roath Mill Gardens Conservation Area. We, the undersigned, object to the demolition of this building which would lead to the further decimation of Cardiff's architectural and social heritage. Roath Steam Laundry should be conserved for the benefit of the whole community and should become an amenity which all could be proud of.

Petition raised by: Dave Green

Date petition first considered by Committee: 10 January 2012

Number of signatures: 145

From: Coward, Matthew (CADW)

Sent: 15 August 2011 11:41

FORMER ROATH STEAM LAUNDRY

Thank you for contacting Cadw about the possible listing of the former Roath Steam Laundry as a building of special architectural or historic interest.

After careful consideration of all the evidence received, and a site inspection, Cadw does not believe that the building reaches the standard required for listing. I enclose a copy of the assessment report which provides further details of the basis for that view.

I can well understand how you will be disappointed with this decision. However, I can assure you that Cadw has looked closely at all the evidence presented in support of listing but, as the statutory criteria are not met in the case of this building, there is no basis on which to list.

I am sorry that my reply could not be more positive.

Regards
Matthew

ASSESSMENT FOR LISTING AS A BUILDING OF SPECIAL ARCHITECTURAL OR HISTORIC INTEREST

FORMER ROATH STEAM LAUNDRY

Background

Roath was surveyed to identify historic buildings of the standard suitable for listing in 2001 and the former Steam Laundry was assessed but not recommended for listing at that time. The building has recently been the subject of a campaign to save the premises and campaigners have submitted information to support for the case for listing, including an article from the Western Mail of 28 September 1898 which records the layout and operation of the laundry along with an account of its official opening. This information provides a detailed description of the building which was clearly a very well equipped and modern laundry on a large scale and with a number of staff and different operations.

Assessment

Cadw inspected the building on Monday 8 August 2011.

The Laundry is a prominent brick and sandstone building on the north side of the junction of Marlborough Road and Blenheim Road in Roath. It was opened in September 1898 and built on land donated by Lord Tredegar. It was designed by the architects Habershon and Fawckner who played a large part in the construction of later C19th Cardiff.

It has most recently been used as a warehouse shop for carpet and pine furniture businesses along with a number of other different operations. This is reflected in the general layout and condition of the building internally, there is very little in the way of historic character to the internal spaces – they are large open rooms with only the glazed brick wall finishes and timber roof frames and lanterns visible - and nothing to indicate the former function and importance of this building.

Externally there have also been some alterations, most significantly the windows and main doors to the front elevation, which the Western Mail refers to as large teak doors, and which have been replaced with modern glazed doors. The stables/garage survive separately to the main buildings but these have also been altered internally. A pump which has been suggested to be a surviving laundry water pump is within the garage and is a hand petrol pump.

When a community has been the subject of a past assessment for listing, it is important that any subsequent requests draw attention to any new evidence that may not have been previously available to Cadw, or otherwise explain why the building's special interest may have been overlooked. The former laundry was

looked at during the 2001 resurvey of Roath and its function and importance would have been understood at the time. Equally, given the prominence of WG Habershon in Cardiff it is probable that his influence here was properly recognised.

Notwithstanding this, the former laundry does not stand out as a key example of this particular building type which current circular guidance specifies for the assessment of listing buildings of the post-1840 date. There are 32 laundry buildings listed, mostly estate buildings and of a different character and value. The former Roath laundry does have some merit in it being a public laundry, but the loss of almost all internal features relating to its use and key external character is significant and it is now difficult to either interpret the building or recognise it as a particularly good example of its type.

At the same time it does have some historic association with the Tredegar estate, but this is not unusual or remarkable in terms of national history. It also has historic connection with a notable architect but given the proliferation of buildings that were designed by Habershon or have some connection to his firm, of which over 50 have already been listed, this connection is not sufficiently remarkable or unusual to further the case for listing.

In conclusion, this building is a prominent historic building and does have some local importance within the community of Roath but the loss of external detailing and internal fittings and function means that it does not meet the criteria for listing at the national level.

Cadw
August 2011

Agenda Item 3.3

PET(4)-03-12 p6a

P-04-340 Create an Enterprise Zone in Newport

Petition wording

We the undersigned wish the Welsh Government to create an Enterprise Zone in Newport and wish them to debate this in the Senedd.

Petition raised by: Councillor David Williams

First considered by Committee: October 2011

Number of signatures: 10 (an associated petition collected 40 signatures)

Edwina Hart MBE OStJ AC / AM
Y Gweinidog Busnes, Menter, Technoleg a Gwyddoniaeth
Minister for Business, Enterprise, Technology and Science



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-340
Ein cyf/Our ref EH/05994/11

William Powell AM

petition@wales.gov.uk

16 November 2011

Dear William,

Thank you for your letter dated 31 October 2011 about the petition recently received by your Committee for an Enterprise Zone in Newport.

In announcing the five preferred locations for Enterprise Zones in Wales, I made it clear that I remain open to additional proposals from other areas of Wales. Anyone interested in putting forward the case for an Enterprise Zone in a particular location should write directly to me.

A handwritten signature in dark ink, appearing to be 'Edwina'.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.edwina.Hart@Wales.gsi.gov.uk

Printed on 100% recycled paper

The Record: 19 October 2011

Ardaloedd Menter

1. Llyr Huws Gruffydd: A wnaiff y Gweinidog ddatganiad am yr Ardaloedd Menter. OAQ(4)0055(BET)

Enterprise Zones

1. Llyr Huws Gruffydd: Will the Minister make a statement on Enterprise Zones. OAQ(4)0055(BET)

The Minister for Business, Enterprise, Technology and Science (Edwina Hart): I am introducing enterprise zones in Wales and have identified five preferred locations for detailed development.

Llyr Huws Gruffydd: Yr ydym eisoes wedi gweld rhywfaint o'ch cynlluniau ar gyfer y parthau menter, ac edrychwn ymlaen at weld y manylion yn llawn. Fe fyddwch yn ymwybodol bod y sefyllfa economaidd yn gwaethygu a bod gofid difrifol ynglŷn â'r cynnydd diweddar a welwyd mewn diweithdra a'r cynnydd arfaethedig a wynebwn dros y misoedd a'r blyneddau i ddod. Pa gynlluniau ychwanegol y byddwch yn eu cyflwyno mewn ymateb i'r sefyllfa gynyddol argyfyngus y mae economi Cymru yn ei hwynebu?

Llyr Huws Gruffydd: We have already seen some of your plans for the enterprise zones, and we look forward to seeing the details in full. You will be aware that the economic situation is deteriorating and that there is real concern about the recent increases seen in unemployment and the increase that we anticipate over the coming months and years. What additional plans will you introduce in response to the increasingly critical state of the Welsh economy?

Edwina Hart: Thank you for that question. You, like me, recognise that the enterprise zones will not help to the extent that some people imagine that they will in terms of dealing with some of the issues regarding the Welsh economy. The department is therefore reviewing all of our assistance to business and how we can be more proactive with business, and I am discussing with my colleagues what help and assistance they can give from their portfolios to assist business in these difficult times.

Kenneth Skates: I once again welcome the announcement about enterprise zones. With regard to social enterprises in particular, everyone knows the enormous positive impact that they make in communities across Wales, but many ambitious social entrepreneurs struggle to raise the funds needed to start or develop the next phase of their business. Will you commit to ensuring that the needs of social enterprises will be given full consideration during the development stage of enterprise zone policy and examine whether the Welsh Government could consider specific incentives for companies that operate along social enterprise lines?

Edwina Hart: Social enterprises are businesses, therefore I will respond positively to your question.

William Graham: Yesterday, the First Minister made it clear that the door is not completely closed on new enterprise zones. Would you look again at the case for Newport? You will know that a cross-party petition has been handed to the Petitions Committee on the subject. The council is doing its best, but would like an impetus from you. Could you indicate that you may look at this favourably?

Edwina Hart: I have already received representations on this from the Member concerned in the Chamber, and, dare I say it, from the Presiding Officer and my ministerial colleague, John Griffiths, about the issues around Newport and enterprise zones. My officials will be looking

at the issues surrounding this.

Yr Arglwydd Elis-Thomas: A oes gan y Gweinidog ychwanegiad diweddar i'w wneud i'w datganiad ynglŷn â'r posibilrwydd o ddatblygu rhagor o barthau menter gyda golwg arbennig ar sefyllfa safle datgomisiynedig Trawsfynydd a'r posibilrwydd o sicrhau canolfan addas ar gyfer ynni ac ynni cynaliadwy ar y safle hwnnw?

Lord Elis-Thomas: Does the Minister have an update to her statement about the possibility of developing further enterprise zones with a particular view to the situation of the decommissioned site in Trawsfynydd and the possibility of ensuring an appropriate centre for energy and sustainable energy on that site?

Edwina Hart: It is my intention, hopefully before Christmas, to make further announcements on the possibility of enterprise zones. I am mindful that enterprise is sometimes focused on quite industrial areas, and it is important that we look at rural Wales and locations such as Trawsfynydd in terms of enterprise zones. I am having discussions on this issue with Gwynedd Council.

Eluned Parrott: Can you give us an idea as to what measures you have put in place to protect Newport from the adjacent enterprise zone in Bristol?

Edwina Hart: I do not think that it is my job to protect cities from anything. We have to acknowledge that business and commerce exist, and will go where they need to go. We can only enhance opportunities for developments to come into Wales, and we have a comprehensive package to attract businesses in, with excellent training packages that are always commented upon favourably by employers that come here. Obviously, I have given an indication to William Graham that I am considering Newport, and my officials are having ongoing discussions.

Eluned Parrott: I am delighted to hear that. The leader of Newport City Council is on record as saying that he fears that:

'The city will now be 'squeezed' by Bristol and Hereford on one side and Cardiff and Ebbw Vale on the other...in facing the on-going economic challenges.'

The city of Newport would like to hear you talk about ways in which you might feel able to protect it with the measures that you wish to introduce. Can you give us an overview of a schedule? Obviously, Newport wants an enterprise zone and you have talked about—

The Presiding Officer: Could you come to the question, please?

Eluned Parrott: Can you give us an idea of what schedule you are working to with regard to reviewing the success of implementing the first tranche of enterprise zones?

Edwina Hart: I have already indicated that I will probably be making a statement before the end of the year regarding any possible new enterprise zones. It will be my intention to flesh out the detail before the end of this term in order to make a statement to Members about how the five enterprise zones will work.

Agenda Item 3.4

PET(4)-03-12 p7a

P-03-315 New Dyfi River Crossing

Petition wording

We, the undersigned, are in favour of and support, any proposition to create a new crossing of the Dyfi River (or the re-routing of the A487) linking South Meirionnydd with Powys, Dyfed and Ceredigion, to accommodate and suite the demands of modern day traffic and urge prioritisation of funding and action. We call on the National Assembly for Wales to urge the Welsh Government to create this crossing as a matter of priority.

Petition raised by: South Meirionnydd Older People's Forum

Petition first considered by Committee: February 2011

Number of signatures: 3204

Carl Sargeant AC / AM
Y Gweinidog Llywodraeth Leol a Chymunedau
Minister for Local Government and Communities



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MB/CS/0047/12

William Powell AM
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

8 January 2012

Last year, I undertook to provide you with a copy of the Pont ar Dyfi options report after it had been passed to CADW for comment.

I now attach a copy of the report for your information, and apologise for the delay.

Given that the Dyfi Bridge is a Scheduled Ancient Monument and a Grade 2 Listed Structure, CADW see their role as having the conservation of the historic bridge as the primary objective and argue that it is the bridge's historic importance that should have a predominant consideration.

As a result we have decided not to pursue the option recommended in the report, i.e. the strengthening/widening of the existing bridge. We are therefore considering other options including a new bridge and approach roads. The next stage is to appraise options to address the flooding and closure problems at the bridge using the Welsh Transport Planning Appraisal Guidance (WelTAG).

The aim of this study is to identify the problems, opportunities and constraints in the area before identifying possible solutions. Traffic Surveys have already been completed which will be used as part of the WelTAG study.

In the short term, we have commissioned Powys County Council to consider options for improving signage in the area, including the possibility of installing a CCTV camera near the Eco Park Centre on the approach to Machynlleth. They are investigating options to resolve the flooding problems under the railway bridge in Machynlleth.

A handwritten signature in dark ink, appearing to be 'Carl Sargeant', written in a cursive style.

Carl Sargeant AC / AM

Y Gweinidog Llywodraeth Leol a Chymunedau
Minister for Local Government and Communities



**A487 FISHGUARD TO BANGOR TRUNK ROAD
PONT AR DYFI IMPROVEMENT
MACHYNLLETH**

Options Development Report

February 2011

Report Prepared By: Powys County Council



Report Ref: 0396C/02/DC,SK Rev D



**Asiantaeth Cefnffyrdd Canolbarth
Cymru**

Mid Wales Trunk Road Agency

Partneriaeth Cyngor Sir Ceredigion & Powys County Council
Partnership

Andy Cochran
Rheolwr Cefnffyrdd / Trunk Road Manager

Council Offices
Spa Road East,
Llandrindod Wells
Powys LD1 5LG

A487 FISHGUARD TO BANGOR TRUNK ROAD

**PONT AR DYFI IMPROVEMENT
MACHYNLLETH**

February 2011

AUTHORISATION SIGNATURES:

Prepared by: Date:.....

Simon Kendrick, Project Engineer

Derek Cosslett, Senior Engineer

Checked and Approved by: Date:.....

Shaun James, Project Manager

Issued by:

Mid Wales Trunk Road Agency
Automobile Palace
Temple Street
Llandrindod Wells
Powys LD1 5HU
Tel:- 0845 607 6060

Issued to:

Transport, Housing & Regeneration
Welsh Assembly Government
Cathays Park
Cardiff
CF10 3NQ

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EXECUTIVE SUMMARY

It is recognised that there are a number of issues relating to the existing route of the A487 at Pont ar Dyfi (Dyfi Bridge) that affect network resilience, these generally relate to flood severance and the layout and condition of the existing bridge.

The route is the principal south to north coastal route in Wales and links communities along the west coast and is also a popular tourist route.

The Afon Dyfi frequently floods between the ECO Park and the bridge and the section of the A487 traversing the floodplain is periodically inundated, thus severing this south/north link between Powys and Gwynedd for periods of up to three days several times a year, however, the bridge itself is not subject to inundation.

The existing crossing of the Afon Dyfi has its own unique problems. In order to provide a solution to the flood severance issue a major scheme, such as a viaduct, costing in the region of £15-£20m will be required which is outside the scope of this report.

The bridge is narrow, has no footways, substandard height parapets and substandard visibility due to poor geometry of the junction on the northern side. This poor geometry results in continual damage to the parapets and spandrel walls. The bridge has also recently been assessed and the results indicate that the bridge does not have the capacity to accommodate larger vehicles and the capacity reduces further during severe flood conditions as the structure becomes saturated.

The structure is currently subject to significant annual maintenance costs, primarily for parapet damage repairs. It is considered that as the bridge continues to deteriorate these costs will increase significantly as will the delays.

A number of options have been considered at the bridge including Do Nothing, the installation of traffic signals, Do Minimum and widening and strengthening.

The existing bridge is classified as a Grade II Listed Structure and a Scheduled Ancient Monument and therefore approval must be obtained from CADW for any changes to the existing structure. The Afon Dyfi is a Statutory Main River, and falls under the jurisdiction of the Environment Agency (EA). Flood Defence Consent must therefore be obtained for any proposed works.

The widening and strengthening option is recommended as it would provide a carriageway width of 9.3m and footways 2m wide. It will ensure the long term future use of the structure, reduce the maintenance liability caused by collision damage and improve the junction layout with the A493. This option can be constructed while the route is operational, albeit single lane. It has the advantages of making the bridge fit for purpose and ensuring the preservation of the historic structure. It will remove current unsightly repairs and support bracing to leave the bridge in a condition which, though changed, will be in keeping with the design and aesthetics of the original structure. Once completed the structure's long term viability will be secured with relatively low maintenance costs.

It should be noted that flood severance of the trunk road to the south of the bridge will continue, possibly up to four times a year and it is recommended that gates/bollards are installed to prevent access through the flooded area and therefore mitigate the risks to vehicles and their occupants crossing the estuary during flood conditions. A report has been prepared to consider this issue, however, this should be pursued as a matter of priority due to the inherent risks currently posed.

1. INTRODUCTION

The A487 Fishguard to Bangor Trunk Road is the principal south to north coastal route in Wales. The highway links communities along the west coast and is also a popular tourist route carrying traffic through Pembrokeshire, Ceredigion, Powys and Gwynedd. As well as local and business traffic the route carries the TrawsCambria bus service that links North and South Wales as well as a number of local bus services.

Pont ar Dyfi (Dyfi Bridge) is located immediately north of the market town of Machynlleth in north Powys, where the A487 crosses the Afon Dyfi and its associated floodplain.

The trunk road at Pont ar Dyfi has been the subject of a number of studies into the operation and serviceability of the existing route across the Afon Dyfi floodplain.

2. REPORT SCOPE

There are a number of issues relating to the existing route at this location, generally relating to flood severance and the layout and condition of the existing bridge, however, this report intends to concentrate on the existing crossing of the Afon Dyfi which has its own unique problems.

Other wider network issues, generally relating to flooding of the highway network in this area have been the subject of a number of separate studies and are not considered within this report.

In order to provide a solution to the flood severance problem a major scheme, such as a viaduct, costing in the region of £15-£20m will be required which is out of the scope of this report. In order to comply with Welsh Assembly Government policy it will also be necessary to undertake a transport appraisal in accordance with the Welsh Transport Planning and Appraisal Guidelines (WelTAG). This will assist in the development of proposals and to enable the most appropriate scheme to be identified using an objective led approach and to allow comparison of competing schemes on a like for like basis

3. NEED FOR SCHEME

It is considered that the principal factors determining the need for an improvement scheme are:-

- the existing bridge requires strengthening to accommodate 40/44 tonne vehicle loading;
- the existing bridge is too narrow, has sub-standard parapets, is without footways and has poor turning geometry and visibility on the north (Gwynedd) side;
- the substandard alignment results in collisions on a regular basis damaging the fabric of the bridge. This constant damage has resulted in ongoing, costly maintenance and deterioration to the structure;
- collisions at the bridge result in road closures for maintenance and repair work requiring diversions to be implemented;
- the A487 trunk road crosses the Afon Dyfi north of Machynlleth at the first upstream road crossing of the river 15km east from its estuary at Aberdyfi and is strategically important for communities on both side of the Dyfi;
- the nearest alternative road crossing of the river is 8km to the east using the 'Jubilee Bridge' (Powys CC ref no. CB2333) at Grofft, which involves an 18km detour along the B4404 and A489. However, this route is not suitable for larger vehicles and has also been closed due to flooding on a number of occasions; and

- to provide network resilience when the A470 diversion route is closed for any reason, such as the landslide near Bwlch y Drws in 2010.

4. EXISTING CONDITIONS

4.1 Location

Pont ar Dyfi is located north of Machynlleth on the boundary between Powys and Gwynedd where the A487 crosses the Afon Dyfi and is partly situated within the Snowdonia National Park. A location plan is shown below. Drawing No. 0396C/F/05 shows the general arrangement of the existing bridge and photographs are included in Appendix A

4.2 Speed Limits

The trunk road is subject to a 30mph speed limit through Machynlleth to a point 500m south of Pont ar Dyfi. The trunk and county roads north of this point are subject to the National Speed Limit.

4.3 Traffic Flows

The Average Annual Daily Traffic (AADT) flow on this section of the A487 Trunk Road is 6680. Records show that 2% of these are Heavy Goods Vehicles (HGV's). These figures were recorded in 2009 by the Department of Transport south of Pont ar Dyfi. However, records show that traffic volumes increase considerably during the summer months as a result of tourist traffic

4.4 Layout, Alignment and Visibility

From Machynlleth the A487 proceeds northwards passing below the Cambrian Line Railway (14'-0" headroom) emerging with the Dyfi Eco Park Industrial Estate on its eastern side.

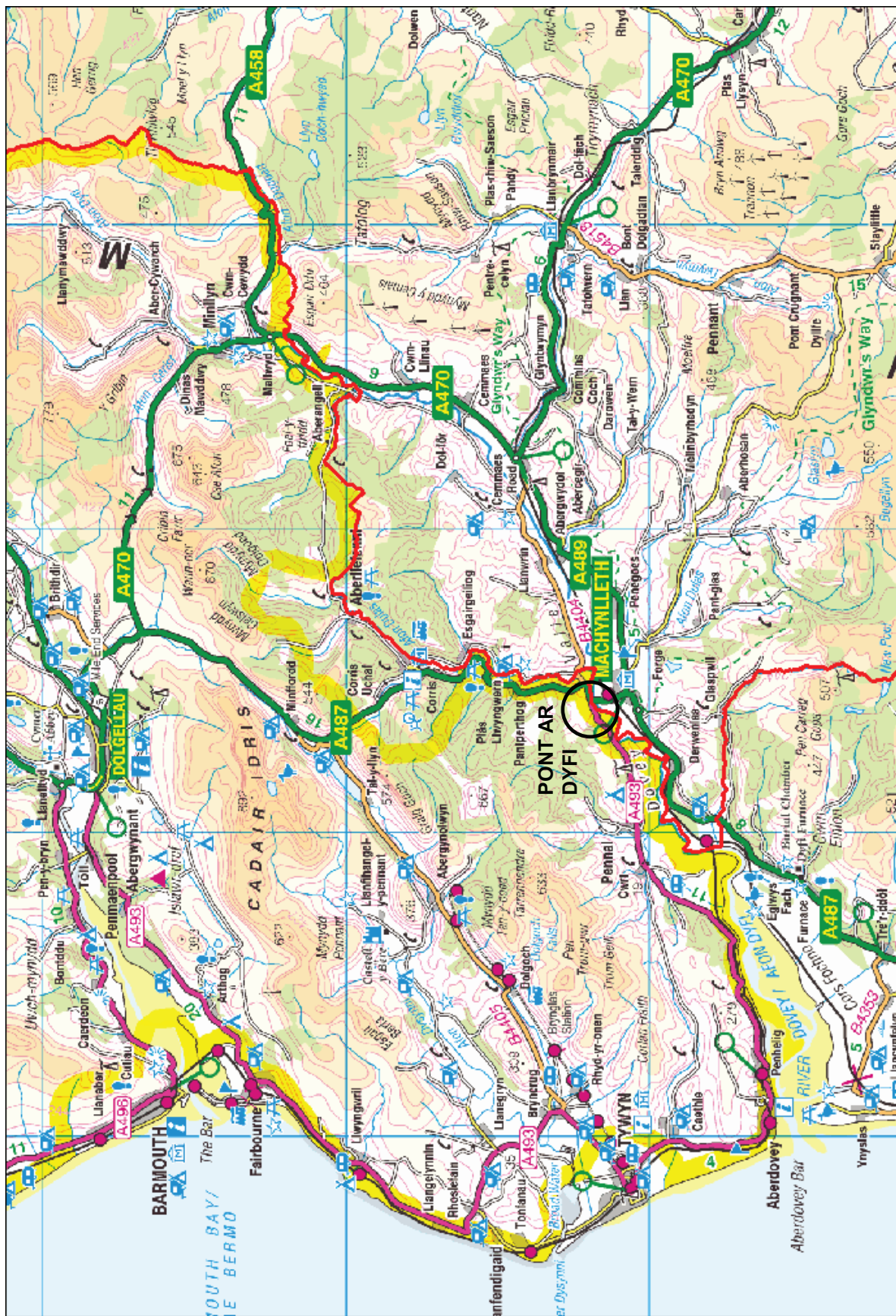
The A487 continues northwards across the Afon Dyfi flood plain for 600m on a slightly raised embankment to the existing Pont ar Dyfi. The five span masonry arch bridge carries the trunk road across the river to the junction on the northern side with the A493, the Aberdyfi/Twyn road.

From this junction the A487 runs eastwards parallel to the river and, rising in elevation, towards Ffridd Farm before it turns northward towards Dolgellau.

The A489 runs eastwards from the centre of Machynlleth to join the A470 at Cemmaes Road.

The B4404 runs from the A487 on the northern side of the Afon Dyfi and crosses the river near Grofft where it rejoins the A489 west of Cemmaes Road.

The layout at the A487/A493 junction is sub-standard and presents difficulties to larger vehicles negotiating the turn onto the bridge. Photograph 17 shows a HGV attempting to negotiate the junction. The narrow approach to the bridge from both Corris and Aberdyfi exacerbates the problem. This is confirmed by the continual damage and repair to the parapets and spandrel walls and computer generated swept paths have been undertaken for a large articulated vehicle which are shown on Drawing No. 0396C/F/03. Visibility at the A487/A493 junction is also below standard.



Location Plan

4

Pont ar Dyfi Improvement - Options Development Report

4.5 Carriageway and Footway Widths

The carriageway widths on the northern and southern approaches to the bridge vary between 6.98m and 6.15m with the typical width being around 6.70m. The A487 locally narrows to 6.15m at the tie-in to Pont ar Dyfi. This aspect therefore does not meet minimum width requirements for a single carriageway trunk road (7.3m).

The carriageway width on Pont ar Dyfi itself is less than the approaching trunk road and varies between 5.61m and 5.57m, no footway or pedestrian refuge is provided along the bridge.

The average width of the A493 on the approach to the A487 junction is 5.5m with a minimum width of 4.5m.

4.6 Collision History

There have been two recorded slight injury collisions in the vicinity of the bridge in the past five years. Both collisions involved vehicles traveling in opposite directions coming into conflict on the bridge.

Photographs showing one of the collisions are shown in Appendix A. This collision caused damage to the parapet and spandrel walls and required significant repair work. The bridge was closed on this occasion for the vehicles to be removed and the damage to the bridge to be assessed. The bridge has also been closed on other occasions due to vehicles being unable to pass through the sub-standard layout following collisions.

There have been numerous unrecorded damage only collisions or near misses that have taken place causing frequent damage to the parapets and boundary walls of nearby properties.

4.7 Pont ar Dyfi

4.7.1 Bridge History

Although a crossing of the Afon Dyfi may have previously existed at this location the first known recording is of a timber bridge erected in 1533, which was subsequently replaced by a masonry structure circa 1681.

The present Pont ar Dyfi is a five arch masonry structure that was constructed in 1805 and classified by CADW as a Category A site, being of 'national importance and presumed to be preserved and protected *in situ*'. The bridge also has statutory protection as a Grade II Listed structure and a Scheduled Ancient Monument (ref no SAM Mg002).

In the past 60 years there have been modifications and repairs to the bridge, the more significant of these are:

- Circa 1949 - Flared extensions to the north span were added to improve the junction with the county road;
- 1962:- Scour protection with Larsen piles downstream of structure;
- 1967/8:- Arch fill pressure grouted;
- 1975:- Repairs to paved invert;
- 1981:- Gabion training wall built downstream;
- 1990:- Assessment – Capacity of structure 17 tonnes;

- 1991:- Temporary strengthening with steel bracing to pier 1 and ties to remainder of spandrels;
- 2009:- Assessment – Capacity of Structure – 13 tonnes reducing to as low as 3 tonnes during flooding; and
- 1960 to date:- Frequent repairs to masonry parapets due to damage caused by bridge strikes.

In the past thirty years increasing traffic and continuing deterioration of the existing masonry structure has required structural strengthening works and repairs to ensure the bridge remains open to vehicular traffic. The bridge parapets regularly suffer vehicle collision damage due to the insufficient width and poor geometry, even though in 1949 the bridge was locally 'widened' on the northern side to ease this problem.

The structure is currently subject to annual maintenance costs of a minimum of £10,000, primarily for parapet damage repairs, although in some years the costs may be significantly more. For example, in June 2010 a 16m length of parapet was demolished by a vehicle failing to negotiate the junction and Photographs 15 and 16 show the damage. As a result the bridge was closed for safety reasons for two half days, HGV's were diverted for 8 weeks and the cost of repairs was in excess of £40,000. It is likely that as the bridge continues to deteriorate these costs will increase and an anticipated spend in excess of £40,000 per annum has been estimated for future repairs.

4.7.2 Principal Inspection

In July 2006 a Principal Inspection was undertaken which identified that:-

- the stonework parapet walls have insufficient height with several excessive bulging sections;
- steel ties restrain bulging spandrel walls with additional bracing being used between arches 1 and 2;
- the carriageway width of 5.5m is too narrow for two large vehicles to pass resulting in frequent collision damage to the structure;
- no facility or refuge exists for pedestrians;
- the limitations imposed by the sub-standard bridge carriageway width are exacerbated by the poor geometry at the A487/A493 junction on the northern (right bank) side further reducing capacity and safety; and
- the spandrel walls are generally in poor condition.

4.7.3 Assessment

A structural assessment was carried out on Pont ar Dyfi in 1990 and the bridge has recently been re-assessed and results indicate that the bridge does not have the required capacity to accommodate 40/44 tonne vehicles. When the arch is subject to flooding the capacity of the arch barrel is further reduced as the weight of both the arch barrel and the fill is decreased due to buoyancy. Hence, the bridge is being managed under BD79 whilst further refinements/investigations are conducted to determine if the assessment can be improved. However, any improvement in carrying capacity will be offset by the deterioration of the fabric of the bridge and the long term viability of the crossing will continue to be compromised unless we intervene and carry out strengthening works.

The arch extensions are capable of carrying full highway load, however, the physical condition is poor with spalling concrete exposing the bottom flange of the cased steel beams.

Calculations show that the spandrel walls are unable to withstand the horizontal forces from the arch fill and the live loading surcharge and this lack of resistance is represented by localised tilting and bulging in the spandrel walls.

4.7.4 Severance Due to Flooding

The Afon Dyfi is some 50km long from its source near Blaenpennant to its estuary at Aberdyfi. The catchment area of 465 square kilometres comprises short steep sided valleys with correspondingly steep fast flowing watercourses.

At Machynlleth the floodplain is approximately 500m wide and floods regularly, severing the A487 south of Pont ar Dyfi for periods up to three days at a time. The bridge is not subject to inundation, however, its capacity is significantly reduced. Upstream, flooding also periodically severs the B4404. Hydrological studies undertaken in 2001 suggest that a 1 in 2 year flood will result in the overtopping of the trunk road. Photographs of typical flood events at Pont ar Dyfi are shown in Appendix A. Flood severance events since 2006 are listed in the table below. The table shows that the road is closed for a minimum of four days per annum due to flooding and was closed for six days in 2008. The number of days that the route is severed is likely to increase in the future as a consequence of climate change. It is considered there are significant costs to the economy associated with this regular closure of the strategic route. Photographs 11-12 show flooding at this location.

A separate flooding mechanism below the Cambrian Line Railway Bridge has been identified which occurs independently of the Afon Dyfi flooding and frequently interrupts the use of the A487. This has been the subject of separate studies to identify the optimum solution and Photograph 14 shows its extent.

<i>Date of Initial Closure</i>	<i>Closure Length</i>	<i>Flood Level m AOD</i>
5 December 2006	1 day	9.330
11 December 2006	3 days	9.602
18 January 2007	1 day	9.393
7 December 2007	2 days	9.559
20 January 2008	1 day	9.640
6 September 2008	1 day	9.348
5 October 2008	1 day	9.691
26 October 2008	1 day	9.618
6 December 2008	2 days	9.691
18 November 2009	2 days	9.462
14 September 2010	2 days	9.538
15 January 2011	3 days	
5 February 2011	36 hours	

Table Showing Pont ar Dyfi Flood Severance Periods due to Flooding

4.7.5 Road Closure Disruption

Currently tactical diversions are being prepared to be put in place when sections of the trunk road network are closed due to issues relating to the bridge or flooding of the A487 south of the bridge. The tactical diversion to be used when the A487 is closed at this location follows the trunk road network via the A489 to Cemmaes Road and the A470 at Cross Foxes. The length of this diversion is approximately 33 miles. A shorter route of 11 miles is available via the B4404, however, this is only suitable for light vehicles and is not

signed as an alternative. This route has also been subject to closure by flooding on a number of occasions.

Consultations with the local Fire Brigades have revealed that the severance of the A487, when the bridge is closed does not affect their fire fighting capability, since there are a sufficient number of appliances located either side of the river to meet the required level of service.

The Welsh Ambulance Services NHS Trust serves Machynlleth and south west Gwynedd with ambulances stationed in Machynlleth, Tywyn and Dolgellau. Although there are Cottage Hospitals in each of the towns, the main hospital for medical emergencies for the region is the Bronglais General Hospital in Aberystwyth. The Trust is subject to performance standards which have set response targets to be met within time scales. The main aim is for ambulance services to respond to a patient with an immediately life-threatening condition within eight minutes. The Trust indicated that an eight minute window covers an area of approximately 6 miles radius from Machynlleth. The additional journey time required to travel the diversion via Grofft results in impairment of service and has serious consequences for patients. However, it has not been possible to carry out a detailed comparison of emergency trips during road closures for reasons of patient confidentiality.

Outpatients travelling to Aberystwyth also have increased journeys and may cancel at short notice having an adverse effect on NHS services.

5. IMPROVEMENT OPTIONS

Pont ar Dyfi suffers from a number of problems that affect its ability to function adequately within the highway network. These problems include:-

- substandard capacity for highway loading which reduces further during flood conditions;
- substandard alignment and carriageway cross section;
- substandard parapets;
- poor condition and ongoing deterioration of the structure; and
- lack of pedestrian facilities.

Earlier studies have identified possible options that will address these particular issues either individually or in combination. These options ranged from 'Do Nothing' to the construction of a new offline structure across the Dyfi estuary.

This report will look at the structure in isolation and as detailed previously will not consider the issues of flooding between Pont ar Dyfi and the Eco Park or at the railway bridge. Four improvement options have been identified and investigated as follows:-

5.1 OPTION 1 - DO NOTHING

5.1.1 Introduction

Pont ar Dyfi has been assessed as having insufficient load carrying capacity and this is being addressed in the short term by the development of a management plan in accordance with the Design Manual for Roads and Bridges standard BD79 "The Management of Sub Standard Structures".

Vehicles are also known to attempt to negotiate the trunk road during flood conditions and become trapped in floodwater south of the bridge. Photograph 13 shows an example of this. Therefore, barriers/bollards, variable message signs (VMS) and improved signing are being developed to prevent vehicle and pedestrian access to flooded areas of the trunk road and .Report No. 0396C/10/DC has been prepared to investigate the options. Monitoring of the crossing is also undertaken using CCTV and this together with the Environment Agency flood warnings will provide early notice of flood events and allow timely road closures.

The "Do Nothing" option will result in the continued deterioration of the structure and will take the form of further and progressive distortion of the parapet and spandrel walls from lateral loading, collision damage and reduction in strength due to flooding events. Future remedial action will be required to prevent worsening failure of the parapets and spandrel walls. There will be a reduction in load carrying capacity with the likelihood of a weight limit being applied and in the worse case the loss of the structure.

5.1.2 Effects of Implementing a Weight Limit

Should a weight limit be applied, heavier vehicles with a fully laden weight over that specified, which may include national and local bus and coach services, would be required to use the alternative route. The impact of downgrading this route and the diversion of heavier vehicles will be to increase fuel costs, cause delay in the provision of supplies/services and increase environmental damage due to fumes and carbon emissions. In addition, resilience of the route is removed, journey reliability is decreased and disruption to both traffic and local residents increased. There are also a number of sections of the A470 that have poor alignments and cause some difficulties to larger vehicles negotiating bends.

The environmental costs should also be recognised. Road transport is one of the biggest contributors to carbon emissions. Noise and vibration may have an adverse impact on properties close to the alternative route. The carbon footprint of goods and services will inevitably increase for anyone affected by the imposition of a weight limit.

5.1.3 Pedestrian Use

Due to the sub-standard width of the bridge, typically 5.7m between parapets, there are no footways and pedestrians are fully exposed to highway traffic. The risk is further exacerbated by the low height of the parapets, typically 700mm in height, which are unlikely to fully prevent falls over the edge of the bridge.

5.1.4 Collision Damage

The parapets display evidence of multiple collisions due to the below standard junction at the north end of the bridge and the restricted width of the carriageway. Each collision results in damage to the masonry and copings. This sometimes results in material being lost in the river resulting in new masonry having to be used for repairs. Often the impact will stress and displace the spandrel wall below and as a result the alignment and integrity of the masonry is compromised.

Due to the strategic importance of the highway for both local and national transport there is a reluctance to obtain a closure of the route for repair works. Repairs are therefore usually undertaken with traffic continuing to use the bridge. Gaining access from the river side of the bridge via scaffolding requires the written consent of the Environment Agency which will normally take 8 weeks to process. The repair works are therefore undertaken from the carriageway with limited space for men and materials. Understandably, compromises are made both in terms of the materials used and workmanship with the emphasis being on minimising the time spent in a high risk situation. Previous repairs bear evidence to this.

5.1.5 Spandrel Walls

The spandrel walls have suffered from both traffic impact damage and excessive lateral loading from the arch fill and live loading. Cyclic freeze-thaw action and flood saturation in combination with intermittent high vertical loading has resulted in small incremental horizontal outward movements of the spandrels. Some movement may recover but most will be irreversible and result in progressive movement and distortion.

The temporary steel bracing to pier 1 (Photograph 9) and ties and patress plates to the remaining spandrel walls, installed in 1991, serve a purpose but are unsightly and at the time were only envisaged as a short-term solution. Failure to undertake long term strengthening and improvement will inevitably lead to a series of similar unsightly repairs. This type of emergency repair is often disproportionately expensive.

5.1.6 Flooding Events

The frequent flooding events that occur at this location have a direct effect on the structural fabric of the bridge. The high level floods cause partial or substantial saturation of the arch barrel, spandrel walls and arch fill which significantly reduce the load carrying capacity of the structure, typically by a factor of 1.6 to 1.8 of non-flooded strength.

5.2 OPTION 2 – INSTALLATION OF PERMANENT TRAFFIC SIGNALS

5.2.1 Introduction

To avoid the problem of traffic conflict on the bridge, which results in collisions and damage to the structure, consideration has been given to having traffic flow over the bridge controlled by traffic signals. This would allow traffic to proceed over the bridge in one direction only at a time, reducing vehicle conflict and hence vehicle to vehicle collisions. However, vehicle collisions with the parapet at the northern end are likely to continue as there is no improvement to the geometry of substandard junction. The traffic signals would need to be three way due to the junction of the A487 with the A493 on the north side of the bridge. It is likely that footways could be constructed over the bridge to provide pedestrian facilities.

The provisional estimated cost to provide signals is £95,000 with annual running costs of £2,000.

5.2.2 Use of Temporary Traffic Signals

Recent repairs to the west parapet required the use of three way traffic signals. During peak periods there were delays of up to 20 minutes with traffic backing up into Machynlleth. Without further detailed analysis it is considered that the provision of traffic signals is not feasible without causing long delays to traffic which would be exacerbated during the summer months when traffic volumes increase substantially.

5.3 OPTION 3 – DO MINIMUM, STRENGTHENING WORKS ONLY

5.3.1 Introduction

In the recent assessment of Pont ar Dyfi three of the five spans were identified as being below full loading capacity. The management strategy recommends a monitoring regime rather than the implementation of a weight limit at the present time. However a weight limit is likely to become necessary as further deterioration occurs.

5.3.2 Weight Limit

In order to eliminate the need for a weight limit, strengthening of the below capacity spans or the entire structure, as preventative maintenance, may be undertaken. For this work to proceed, consultation and authorisation from CADW will be necessary.

5.3.3 Proposed Works

The works considered for this option are the minimum necessary to ensure that the load carrying capacity of Pont ar Dyfi meets the trunk road standard for this type of structure (40/44 tonnes), maintains the bridge as a viable crossing of the Dyfi, minimises the requirements for non-routine maintenance works and maximises service life. The parapets should also to be strengthened and increased in height or replaced, in order to comply with current standards and provide adequate vehicular restraint and a compliant barrier for pedestrians. The improvement of the parapets may result in them being marginally wider which could lead to a slightly reduced carriageway width.

There are a number of options that could be employed to strengthen Pont ar Dyfi, however, as the structure has ancient monument status only methods which will have a minimal effect on the external appearance of the bridge should be considered.

In order to provide a serviceable crossing the preferred strengthening method should ensure that:

- the arch barrels are strengthened;
- stability is provided to the spandrel walls, allowing the removal of the temporary beams supporting pier one and the plates that help to stabilise the spandrel walls;
- waterproofing of the arch barrels is undertaken;
- ingress of water is prevented; and
- the parapets are strengthened and increased in height to meet current standards.

The splayed additions at the north end of the structure, though assessed as suitable to carry full highway loading are showing signs of disrepair with spalling concrete and exposed and corroding steelwork. Any strengthening option would also need to address this problem.

In order to prevent the capacity of the bridge reducing significantly during flooding events it will be necessary to utilise a concrete saddle solution over the arches.

5.3.4 Impact Damage

Any strengthening option alone will not address the issues of highway geometry and pedestrian safety and the structure will continue to sustain impact damage. The bridge will also need to be closed during flooding of the A487 to the south to prevent access, although the bridge itself will generally be unaffected.

5.3.5 Traffic Implications Whilst Undertaking Works

Due to the nature of the works a road closure will be required throughout their duration, possibly up to two years depending on EA requirements. This will result in significant diversions for local and long distance traffic. It may be possible to construct a temporary bridge for the duration of the works, however, this is estimated to cost in the region of £500,000 and the highway alignment would have well below standard junctions with the existing road network. Approval would also be required from the EA for any bridge and their specific requirements would need to be taken into consideration.

5.3.6 Traffic Signals

Traffic signals may also be incorporated into this option.

5.4 OPTION 4 – WIDENING AND STRENGTHENING OF THE EXISTING BRIDGE

5.4.1 Introduction

This option consists of the widening of the existing bridge on the downstream side to incorporate a wider carriageway and new footway provision. Extensions to the downstream side will avoid complex land purchase issues which would arise if widening was undertaken to the upstream side. For this work to proceed, consultation and authorisation from CADW will be necessary. It is proposed that the extension will be formed in masonry, or be masonry clad, to replicate the original form of the structure. If required the detailing can such that the original and new sections can be clearly delineated.

5.4.2 Proposed Works

The existing bridge will be widened by 7.6m to provide a 7.3m carriageway, a two metre hatched separation strip between traffic lanes and footways 2.0m wide on each side. See Drawing No. 0396/F/12.

Works can be undertaken without the need for a road closure, therefore eliminating the need for a lengthy diversion or temporary bridge. However, three way traffic control will be required. The extension will be constructed first and traffic diverted onto the new section whilst the original bridge is strengthened and refurbished.

Widening of the structure will require working within the river and will therefore have associated risks, including flooding, which will require management and mitigation. Consultation with the Environment Agency is likely to identify additional constraints that will need to be taken into account during the design and construction process. These may include periods when work is not allowed on the bridge or restrictions on the number of arch extensions to be constructed simultaneously.

The extension is proposed to be of a similar form to the original bridge, i.e. a 5 span masonry or masonry faced arch but with a clear demarcation between the existing and new structures. The upstream spandrel walls will be retained where possible, or rebuilt using existing or similar stone. Parapets will be rebuilt with a reinforced concrete core to standard height. Existing steel beam and concrete extensions to the north side will be removed and replaced with half arches in keeping with the rest of the structure. The new piers and abutments will be formed in mass or reinforced concrete and clad in stonework to match the original.

On completion of the abutments and piers the new arch barrels can be constructed. Traditional construction would require the use of arch support for the construction of a traditional masonry arch barrel or one made from reinforced concrete. Whichever method/material is used this would be a slow process, especially if the EA restricted the use of any arch support system to one arch at a time. Once the arch barrels are complete the spandrel and parapet walls can be constructed in either masonry or stonework faced reinforced concrete. To speed up the process it is feasible to use precast concrete sections for the arch barrels, similarly the spandrel and parapet walls can be precast and faced with stonework to match the original structure. On completion of the arch and spandrel walls the arches would be waterproofed, backfilled and surfacing laid.

The next stage would be to switch traffic onto the new section to enable works to strengthen and refurbish the original structure to proceed. Once complete the original downstream parapet would be removed and the surfacing, and footways and road markings completed.

The splayed additions at the north east end of the structure, though assessed as suitable to carry full highway loading are showing signs of disrepair with spalling concrete and

exposed and corroding steelwork. It is proposed that these should be replaced with half arches to be more in keeping with the existing structure.

5.4.3 Outcome of Works

The existing bridge will be strengthened and refurbished and together with the increased width the structure will provide a link across the River Dyfi that can carry full highway traffic loading, reduce collisions and provide a safe crossing for pedestrians.

6. ADVANTAGES/DISADVANTAGES OF OPTIONS

Option	1 – Do Nothing	2 – Traffic Signals	3 – Do Minimum Strengthening Works Only	4 – Widening and Strengthening
Advantages	Minimal capital input Maximum retention of historic bridge Minimal environmental impact	Minimal capital input Improvement for pedestrians Possible reduction in collisions with structure Maximum retention of historic bridge Minimal environmental impact	Improved network resilience Removes unsightly repairs Preservation of existing bridge Eliminates the need for weight restrictions May allow waterproofing of arch barrel Reduces risk during flood events Provides a compliant parapet Minimal environmental impact if temporary bridge is not utilised	Guarantees long term viability of bridge Partly preserves the original bridge Provides pedestrian facilities Eliminates the need for weight restrictions Removes unsightly repairs Reduced hazards during construction/future maintenance Reduced risk of collisions and bridge damage Provides improved pedestrian/vehicular parapet protection Increase in manoeuvrability for turning at north end

Option	1 – Do Nothing	2 – Traffic Signals	3 – Do Minimum Strengthening Works Only	4 – Widening and Strengthening
Disadvantages	No waterproofing to structure Regular remedial works to repair impact damage and associated unacceptable risk to workforce Likelihood of weight limit being applied Substandard height parapets Continued deterioration of the fabric of the bridge Reduced confidence in longevity of structure Continued severance of strategic highway link due to flooding Continued risks at times of flooding to public and structure No highway safety or alignment improvements No improvement to pedestrian facilities Not an acceptable long term position Lack of network resilience	Likely extensive traffic delays especially during the summer months Visual impact of traffic signals on the surrounding area No waterproofing to structure Regular remedial works to repair impact damage and associated unacceptable risk to workforce Likelihood of weight limit being applied Substandard height parapets Continued deterioration of the fabric of the bridge Reduced confidence in longevity of structure Continued severance of strategic highway link due to flooding Continued risks at times of flooding to public and structure No highway safety or alignment improvements Not an acceptable long term position Lack of network resilience	Continuing need for remedial works to repair impact damage to parapets and associated disruption to traffic Ongoing maintenance liability and associated costs No highway safety alignment or pedestrian facility improvements Road closure required for up to two years resulting in extensive disruption to traffic	Medium to short term environmental impact; Significant cost; and Likely to affect character of existing bridge.

7. COMPARISON OF COSTS FOR EACH OPTION

Option	Works Budget Estimate	Description
1	£40,000 p.a.	Do Nothing:- Reactive and routine maintenance only
2	£95,000 plus £2,000 p.a. running costs	Installation of Permanent Traffic Signals
3	£1,100,000 plus annual parapet repair costs of £40,000	Do Minimum:- Strengthening and refurbishment works assuming bridge closure
4	£3,000,000	Widening and strengthening of existing bridge (9.3m carriageway with 2m footways)

The estimates, as shown, are for construction works only and design, land costs etc are not included at this stage. The costs are of a preliminary nature and as such are likely to vary significantly from this feasibility stage to the construction stage as design and construction techniques are finalised. Rates for individual items of work, such as concrete and the associated quantities are established to an appropriate level of accuracy at this stage. However, the risk associated with undertaking activities such as in river works in this semi-tidal location has not been established. The type of works required makes accurate pricing difficult to establish, however, it is believed the pricing of each option comparative to each other is reasonable. Once a preferred option is chosen and the requirements of the consultees are known it is recommended that a form of early Contractor involvement is established. This will give the advantage of using a Contractor's expertise in construction methods and help to achieve an accurate cost of the proposed improvement thus reducing financial risks.

8. CONSULTATION AND CONSENTS

7.1 Environment Agency

The Afon Dyfi is a Statutory Main River, and therefore falls under the jurisdiction of the Environment Agency (EA) as provided for in the Water Resources Act 1991. Flood Defence Consent, under the provisions of the Land Drainage Act (1991), must also be obtained from the EA for any works across or adjacent to a main river. These procedures ensure that the Environment Agency is consulted regarding any major scheme that may induce fundamental change in the floodplain environment.

Following initial discussions with the EA on 1st February 2011 it was agreed that an analysis of the flood risks resulting from the widening and strengthening option would be undertaken using numerical modelling techniques if this option was preferred.

7.2 Countryside Council for Wales

The Afon Dyfi and its flood plain have a number of environmental designations starting at a point approximately 4 km downstream of Pont-ar-Dyfi. They include:

- SSSI (Special Site of Scientific Interest) The Dyfi SSSI has been designated in stages since 1954, 2262 hectares of the site form the Dyfi National Nature Reserve.
- SAC (Special Area of Conservation). The SAC, Llyn Peninsula and the Sarnau were designated on 13th December 2004 and not only include the Dyfi Estuary but a large part of the North Wales coast.
- SPA (Special Protection Area) Dyfi Estuary SPA was classified on 29th June 1992

- Ramsar (A wetland of international Importance) and includes Cors Fochno and the Dyfi.

Though of obvious importance the proposed works at Pont ar Dyfi are, at this stage, believed to be unlikely to have a direct effect on the SSSI or SAC and should fall outside the scope of requiring a full environmental impact assessment. This would need to be confirmed during the preliminary design stage when consultation with CCW and other bodies will be undertaken.

7.3 CADW

The need to preserve the best examples of ancient monuments has long been recognised by Parliament. Legislation giving statutory protection began in 1882 with the first Ancient Monuments Protection Act. Several subsequent Acts of Parliament afforded wider protection to ancient monuments and archaeological remains of national importance, up to the present Ancient Monuments and Archaeological Areas Act 1979.

The Ancient Monuments and Archaeological Areas Act 1979 provides the legislative framework for the protection of ancient monuments and also embraces properties in the direct care of the State. Aspects of this work are covered in Welsh Office Circular 61/96. The Welsh Assembly Government receives advice on matters related to ancient monuments from the Ancient Monuments Board for Wales.

Before any work or alterations can be undertaken at a scheduled ancient monument, Scheduled Monument Consent has to be obtained from the National Assembly for Wales. This function is administered by Cadw. The consent is usually accompanied by a number of conditions. It may, for example, stipulate what building material has to be used, or the way in which work must be done. Certain works may have to be supervised by an archaeologist, and the work must be inspected by Cadw staff. It is proposed to maintain liaison with CADW, the Clwyd Powys Archaeological Trust and other relevant parties to come to a solution which will achieve the aim of providing a safe and long lived structure suitable for today's use while preserving its historic nature.

Before each application is determined, comments are sought from external consultees. These include local authorities, the Council for British Archaeology, the four regional Welsh Archaeological Trusts, and the Royal Commission on the Ancient and Historical Monuments of Wales. Cadw's Inspectors of Ancient Monuments and Conservation Architects also make their own assessments.

7.4 Snowdonia National Park

The boundary of the Snowdonia National Park crosses Pont ar Dyfi. It is likely that any extensive changes to Pont ar Dyfi will be subject to the planning process under the authority of the National Park.

9. ENVIRONMENTAL EFFECTS – ENVIRONMENTAL ASSESSMENT

A Stage II Environmental Assessment (EA) was undertaken in 2003 which considered the Do Nothing, strengthening and refurbishment and various off-line options. The main points arising from the assessment were that:-

- Environmental effects of undertaking works to the bridge were limited to Pont ar Dyfi bridge which has been identified as a site of national importance and is a Scheduled Ancient Monument. The row of six cottages opposite the north end of Pont ar Dyfi are Grade II Listed;
- On-line options will have very little effect on the ecology of the area;
- A positive benefit that will result from the widening option is that Pont ar Dyfi would become more accessible to pedestrians, improving access to nearby properties and for leisure purposes;
- Increased sight lines and visibility splays will help to reduce driver fear and driver uncertainty; and
- Well established construction practices will be used and the requirements of the Environment Agency and other bodies incorporated into the contract documentation to minimise potential impacts. At all times every effort will be made to prevent pollution of the river.

10. DISCUSSION/CONCLUSION

10.1 Issues Outside Scope of Report

There are a number of issues that are relevant to the Afon Dyfi floodplain and its crossing and when considering any improvement will need to be taken into account. In order to eliminate severance due to flooding a major scheme will be required which is outside the scope of this report.

Initial studies have been undertaken into the feasibility of providing a new structure adjacent to the existing, however, due to the existing alignment at the likely tie-in points and EA requirements for waterway area beneath any new structure likely to result in the new soffit being 4.5 metres higher than the existing bridge soffit, this option has been discounted.

10.2 Summary of Options

A summary of the advantages and disadvantages of each option is included in Section 6.

10.2.1 Option 1 - Do Nothing

The 'Do Nothing' Option 1 will result in the deterioration of the bridge with the likelihood of an imposed weight limit and ever increasing unsightly repairs to a vital river crossing. The poor condition of the parapets will progressively spread down through the spandrel walls. There is an increasing potential for the complete loss of the structure as deterioration progresses. Therefore 'Do Nothing' is not a viable option.

10.2.2 Option 2 – Permanent Traffic Signals

Although the installation of traffic signals has been considered as a possible option it is recognised that the resulting delays will be significant and therefore this option has been discounted.

10.2.3 Option 3 – Do Minimum, Strengthening Works Only

The "Do Minimum" Option 3 will arrest the deterioration of the bridge and allow all vehicles within the legal weight limits to use the crossing, however, the poor junction alignment will not be addressed and parapet strikes and minor collisions will continue to be an issue. Pedestrian safety has not been addressed and the lack of any designated footway will still be a potential hazard for pedestrians wanting to cross the bridge.

In order to construct this option a road closure will be required for a period of up to two years. It may be possible to erect a temporary bridge, however, this will be costly, result in a sub-standard alignment and require approval from the EA

10.2.4 Option 4 – Widening and Strengthening of Existing Bridge

It is recognised that substantial works are required to the existing bridge to maintain a viable, safe trunk road crossing of the Dyfi Estuary and preserve the integrity of the structure. Consultation with the EA will be required when deciding on any preferred option. If the number of collisions and associated repair and closure costs are to be reduced then widening of the existing structure is essential.

This option will eliminate the traffic conflict and carriageway problems on the bridge. There is likely to be an immediate benefit for vehicles making any of the possible manoeuvres at the junction. The provision of footways will improve pedestrian safety and amenity within the area.

Swept paths show that there are benefits to manoeuvrability although it was still necessary for articulated vehicles to enter the opposing traffic lane to complete the

turning movements. It is unlikely that the junction could be designed to comply fully with the requirements of the DMRB without obtaining additional land.

The proposed refurbishments and widening will remove unsightly repairs and additions and leave the bridge in a condition which, though changed, will be in keeping with the design and aesthetics of the original structure. Impact damage from vehicles is likely to be reduced.

11. RECOMMENDATIONS

It is recommended that Option 4 be adopted as it has the advantage of making the bridge fit for purpose and ensures the protection of this historic structure and preserves as much as is practicable. In evaluating the proposed strengthening and refurbishment it must be recognised that the area is designated as environmentally sensitive and great care will be needed in delivering the solution.

The widening and strengthening option has a medium level of financial risk but has the dual benefits of preserving the existing bridge and providing a safe traffic route with optimum environmental impact. Once completed the structure's long term viability will be secure with relatively low maintenance costs.

It should be noted that flood severance of the trunk road to the south will continue, possibly up to four times a year and therefore the installation of barriers will be essential to mitigate risks to vehicles crossing the flood plain during flood conditions.

Until any improvements are brought into effect it is recommended that the interim measures recommended in accordance with BD79 are implemented to improve highway safety.

12. APPENDIX A – PHOTOGRAPHS

Photograph 1:-	View Looking West Towards Pont Ar Dyfi
Photograph 2:-	View Of Southern A487 Approach To Pont Ar Dyfi
Photograph 3:-	View Of Southern A487 Approach To Pont Ar Dyfi
Photograph 4:-	View Looking North Along A487 On Pont Ar Dyfi
Photograph 5:-	View Looking East Along A493 Towards A487junction
Photograph 6:-	View Looking West Along A487 Towards A493 Junction
Photograph 7:-	Upstream View Showing Collision Damage To Bridge
Photograph 8:-	View Showing Unsightly Collision Repair Works
Photograph 9:-	View Showing Temporary Bracing To Spandrel Walls
Photograph 10:-	View Showing Collision On Bridge
Photograph 11:-	View Showing Flood Event At Pont Ar Dyfi
Photograph 12:-	View Showing Flooding On A487 In Pont Ar Dyfi Area
Photograph 13:-	View Showing Vehicle Trapped In Floodwater On A487
Photograph 14:-	View Showing Flooding Under Cambrian Line Railway Bridge
Photograph 15:-	View Showing Collision Damage To Parapet June 2010
Photograph 16:-	View Showing Collision Damage To Parapet June 2010

13. APPENDIX B – DRAWINGS

*Asiantaeth Cefnffyrdd Canolbarth
Cymru*



PET(4)-03-12 p6c

Petitioner's Response to Letter dated 8 January 2012 from the Minister for Local Government and Communities

We thank you for your e-mail of the 12th. Unfortunately we were not around to reply sooner.

We understand that the petition is going before the committee, for which we are grateful.

The fact that the bridge has been damaged again recently emphasises the urgency of the whole subject.

and the overall effect it has on the local and South Meirionnydd communities. We look forward to a positive outcome on this matter.

Thank you again,

Regards,

Gerald for Gwen Stevens Chairperson South Meirionnydd Older People's Forum

PET(4)-03-12 p8a

P-03-085 Surgeries in Flintshire

Petition wording

We, the doctors at the Laurels Surgery, Eyton Place Surgery and Allt Goch Medical Centre are frustrated (as we are sure you are) by our difficulties in offering enough appointments for our patients.

As you will be aware, we are totally constrained by the size of our building and desperately need to move to larger premises — preferably in a new Primary Care Centre.

Progress towards this has stopped following the recent appointment of the new Health Minister and we wish to bring our concerns to her notice.

We would ask that you sign this petition to support our efforts to have this process speeded up;

“As a patient at a GP Surgery in Flint, we would ask that our Assembly Member, Mrs Sandy Mewies, applies pressure at the Welsh Assembly Government for the development of a new Primary Care Centre as a matter of urgency.”

Petition raised by: Gillian Robinson

Date petition first considered by Committee: 21 February 2008

Number of signatures: 412



Swyddfa Bangor | Bangor Office
11 Llys Castan | 11 Chestnut Court
Ffordd yr Parc
Parc Menai
Bangor
Gwynedd
LL57 4FH

Ffôn | Tel: 01248 679 284

E-bost | E-mail: Pat.Billingham@bcchc.org.uk
www.communityhealthcouncils.org.uk

Your ref: P-03-85

15 December 2011

Mr William Powell AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

Dear Mr Powell

Re: P-03-85 Surgeries in Flint

Thank you for your letter of 23 November last. The Betsi Cadwaladr Community Health Council (BCCHC) welcomes the opportunity to give our views on the content of the petition.

We feel it would be useful, however, to provide some background since the original petition was lodged in 2007.

You will be aware that Community Health Councils in Wales were reconfigured in April 2010. This reconfiguration dissolved the former six CHCs in North Wales and established the single BCCHC. In 2007, Flintshire formed part of the Clwyd CHC. Our response is therefore based on documentation from the Clwyd CHC archive and current information acquired during CHC monitoring visits to the practices concerned and from patient feedback passed to CHC members based in the Flintshire locality.

During 2004/05 Flintshire Local Health Board undertook a review of community hospital and primary care services in Flint (which included the three GP practices of the Laurels, Eyton Place and Allt Goch with a combined list of some 14,000-15,000 registered patients) with involvement of all stakeholders including the CHC. Following the review, the health board undertook a consultation on a proposed service model for Flint with two options, both of which proposed a new build integrated primary and community resource centre either in a central location in Flint or on the existing Flint hospital site.

During the review and consultation period, Clwyd CHC actively sought the views on the proposals from the public, patients and other stakeholders in the Flint catchment via public meetings, listening events and a questionnaire. Clwyd CHC's response to the consultation and pertinent appendices are enclosed for information.

The issues of provision of the primary care resource centre and the future of Flint Community Hospital were inextricably linked throughout the process. In the response to the consultation Clwyd CHC felt that the two proposals should have been divorced and undertaken as separate consultations.

Although the issue of closure of the Flint Community Hospital was at the forefront of the feedback to the consultation, there was recognition of a need for change to the delivery of primary care in Flint and a good support for the proposal of a primary and community resource centre.

Members of the Committee may recall the various consultations on changes to NHS services throughout Wales and the strength of feeling voiced by the public that ensued. Subsequently proposed changes, particularly to primary and community care, were not taken forward.

The BCCHC has not undertaken any consultation since 2007 surrounding the current GP practices in Flint but has been actively engaged. CHC members from the Flintshire locality and the practice manager of the Laurels surgery have advised that the inadequacies of the three premises as noted in previous CHC engagement activity and from CHC monitoring visits to the practices, are still very much apparent. The development of a primary resource centre – in a central location in Flint - is supported by patients of the practices. We are aware that the petition continues to generate support sporadically and is still considered 'live'.

We further understand that discussions between the Laurels Surgery and the Betsi Cadwaladr University Health Board have been ongoing but there appears to be something of a stalemate as regards the availability of funding for any such development and a question of who should fund the appointment of further GPs and associated personnel.

The BCCHC is currently awaiting an update from the health board on the overall situation regarding any development of the practices and will advise the Petitions Committee further once received.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Pat Billingham', with a light blue circular stamp partially visible behind it.

Pat Billingham (Mrs)
Chief Officer

CLWYD COMMUNITY HEALTH COUNCIL'S RESPONSE TO THE FLINTSHIRE LOCAL HEALTH BOARD'S CONSULTATION ON THE MODERNISING AND IMPROVING OF HEALTH SERVICES IN FLINT, INCLUDING FLINT COMMUNITY HOSPITAL

The vision described in *Designed for North Wales* and in *Designed for Life* sees more and more services being transferred from the acute setting into the community. A successful move of services from the acute hospitals to the community relies on the availability of good, appropriate, community facilities which will enable individuals to live with confidence in their own community and an infrastructure that would be adaptable to the transfer of more and more services from the acute setting to the community as technology advances and the population of Flint increases.

Currently, the people of Flint receive their primary care and community care from three GP practices, Borough Grove Clinic and Flint Community Hospital, all of which require refurbishment and modernisation. Advances in the treatment of patients in primary care have progressed considerably and the current care providers have no capacity to expand to provide any new services.

The population of Flint is increasing, with consent having been given for the build of approximately 900 new houses. This will impact greatly on primary care services, especially GPs who are currently working to capacity. We have been advised that some of the GPs in Flint are unable to accept any new patients and existing patients are complaining that they have difficulty in getting an appointment to see their doctor.

The review of the *Community Hospital and Primary Care Services in Flint* undertaken by Tribal Secta in 2005 (to be referred to from here on as the Tribal Secta Review) advised that primary and community health care services should be integrated to enable them to provide the most effective and efficient care and their recommendation was that those services would be best provided on a single site.

There were 9 options for delivering primary care short listed and each was awarded scores against the benefit criteria by participating stakeholders. The Integrated Community Hospital and Primary Care Centre at a central location in Flint came out as the clear, preferred choice with 886 points. This is the option that Clwyd Community Health Council would have fully supported, but this option was disregarded by Flintshire Local Health Board and the two options which were chosen for public consultation were:

Option 1:

New Build Integrated Primary and Community Resource Centre **in a central location in Flint** with 10 nurse led beds provided by the NHS within other Community Hospitals in Flintshire – which ranked as 6th choice with 531points.

Option 2:

New Build Integrated Primary and Community Resource Centre **on the existing Community Hospital site** with 10 nurse led beds provided by the NHS within other Community Hospitals in Flintshire – which ranked as 8th choice with 506 points.

Clwyd Community Health Council, in particular Flintshire Area Committee, has studied both of the options contained in the consultation document *Designed for Flint* and has listened to the views and opinions expressed by the people of Flint, both at the public meetings and at the listening event which the Community Health Council held in Flint Library on 8th January 2007. We have also studied the Tribal Secta Review produced in November 2005, which undertook a review of the community hospital services in Wrexham and Flintshire and an independent Research Project carried out at Flint Library by Nathan Griffiths, a resident of Flint.

Out of the 121 responses to our questionnaire (see Appendix 1), 84 did not support either option and 114 said that they could not support the closure of the community hospital. Whilst talking to people it soon became very clear that many people were not against the development of an Integrated Primary and Community Resource Centre, indeed it was supported to a large extent, but that they would like to see the Integrated Primary and Community Resource Centre as well as, not instead of, the community hospital. What also became apparent was that people were not aware of the improvement in health services that they would receive in the Integrated Primary and Community Resource Centre because the focus of their attention was on the closure of the hospital. In this respect Clwyd Community Health Council feels that the consultation would have been improved if it had been carried out as two separate consultations:

one to discuss the role of the community hospital and how and where the services provided there could be re-provided in a safer and more appropriate setting and

two the integration of the current health services and location of the new Integrated Primary and Community Resource Centre.

Clwyd Community Health Council appreciates that new models of health care are continuously being developed to support individuals to care for themselves in their own homes and that this should reduce demand for hospital beds, but the need for some beds will always be there. The Tribal Secta Review stated that the population of Flint will grow dramatically over the next 10 years. The increase in the number of elderly patients will also grow, ensuring that there will be a constant demand for both nursing and intermediate care beds in Flint. The needs assessment carried out by Tribal Secta identified that there would be a future need in Flint for 10 nursing beds and 10 intermediate care beds. It was recognised that to provide a unit for 10 nursing beds only could not be an option from a clinical safety point of view, but if the nursing beds and intermediate care beds were combined in a single unit then it could be a viable option. This would require a partnership approach by health and Social Services and would provide a mutually beneficial facility.

For many years Flint Cottage Hospital has provided a social care safety net paid for by the NHS but really the financial responsibility of Flintshire County Council. Clwyd Community Health Council would like to see a much stronger and on-going commitment from Flintshire Local Health Board and Flintshire County Council to work together, in line with *Making the Connections – Delivering Beyond Boundaries* (November 2006), to ensure a fully integrated health and social care service for the people of Flint. Concerns have been expressed about the impact and the cost to Social Services of providing more care in the community and these concerns need

to be addressed to enable Health and Social Services to work together to provide a robust, sustainable service to the people of Flint. Clwyd Community Health Council and the wider public are not convinced that Flintshire County Council will have the resources and the commitment to provide the level of social care which will be required in Flint if the 'social care' beds provided by Flint Community Hospital are lost. A lack of joined up working between local authority and health care providers does not inspire the people of Flint with confidence that the proposals on offer have been well thought out and are realistic.

Currently, the people of Flint have no confidence in the promises of new, increased and improved primary care services. Many people commented that promises of improvements to health services in Flint have been made before and those improvements have not materialised; therefore, the people of Flint, understandably, want to retain the services they currently have. Flint Community Hospital has a long history of serving its community and that community in return, feels very protective towards the hospital. However, the current system is failing the majority of its patients; indeed the main complaint from patients being the inability to obtain a doctor's appointment. Changes need to be made and any delay will mean that access to primary health care services will just get worse.

The people of Flint need to see proof that the changes being proposed are actually going to happen and that primary health care services will be improved. This was also the view of the Welsh Assembly Government who, at a minority Party Debate on 3rd October 2006, passed a motion which read:

The National Assembly believes that no reconfiguration of hospital services should take place without adequately planned community provision; and believes that before any reconfiguration occurs there must be genuine public consultation, with the views of local communities not only listened to but taken on board.

This will necessitate short term investment to allow the running of both the old and the new services as alternative forms of care (which reduce the need for hospital admission) are developed and put in place. GP access must be improved and other services, currently provided by the hospital, must be re-located **before** the hospital is closed. Once these new services are in place the redundant services provided by the hospital can then be allowed to close down.

However, although improvements to Primary Care Services are urgently needed, Clwyd Community Health Council is concerned there are no plans to re-provide the beds from Flint Community Hospital elsewhere in Flint to reflect the current and future identified need. Although we would like to see a New Build Integrated Primary and Community Resource Centre **in a central location in Flint**, we would ask Flintshire Local Health Board to reconsider its position on providing beds in Flint. If Health and Social Services are not prepared to work together to provide a jointly funded unit, then we would ask Flintshire Local Health Board to provide NHS beds locally in Flint at one or more of the Nursing Homes, particularly for people who are near the end of their life and who cannot, or do not wish to, die at home.

Clwyd Community Health Council would like to re-iterate the Welsh Assembly Government motion that the views of the local community must be taken on board.

Responses to The Future of Health Services in Flint

	1. The Consultation document outlines a new model of care for Flint which includes more support and treatment in the community and more access to specialist skills when you need them - do you agree with this new model?	2. Do you think that the proposed changes will provide Flint residents with the healthcare services they need?	3. Which of the Options set out in the consultation document do you most support?				4. In order to modernise health Services in Flint it will be necessary to close Flint Community Hospital and provide beds in other community hospitals in Flintshire - do you think this is acceptable?			
			Option 1	Option 2	Neither	Yes	Not Sure	No		
Yes Completely	10	3								
Yes with some changes	55	52								
Not sure/ don't know	6	8								
No Not at all	48	56								
Total	119	119	16	6	84	2	2	114		

Age Groups	
Under 25	2
26 - 45	19
46 - 64	39
Over 65	58
Not stated	3
Total	121

COMMENTS RECEIVED

The beds inclusive of those that have been provided by the local people and the NHS should be kept in the Flint community - once they are gone they are gone

Flint Cottage Hospital is vital to the residents of Flint, Bagillt and Northop. None of these residents want to travel to any of the other proposed hospitals- more so when they have not got any transport. The Flint Cottage Hospital has provided good health care for as long as I can remember and parents before. If we wanted American rubbish ideas we could go and live there.

We need extra facilities in Flint and with the forecast increase in population, hospital beds as well

The beds should be retained as they are needed by the people of Flint

If ned to attend Mold hospital in evening virtually no public transport. If needed to attend Deeside in evening only 1 bus every hour Then must either walk or wait for another. Holywell same as Deeside.

I have relied on the hospital over the last years having been a patient there several times. I do rely on this hospital as it is, particularly GP Surgeries in Flint Centre

Access to GP surgeries needs to be in Flint Town Centre

ideally I would like the hospital to be kept open with the beds as I think it is needed in Flint

Leave the hospital where it is

Already made my comments in replying to the consultation document. NB at the leisure centre meeting we were told Flint House was already sold but it is up for sale or let. How can we believe what you tell us! Also care in the community is not working. This community needs beds in its own hospital. A few years ago we were promised that Flint hospital would not be closed but improved with clinic rooms and an Xray department. Where is the Xray department? Again how can we believe what you say. You and the government are not listening to what people say or want. Where has all the money gone? Is it in redundancies every time change takes place or is it moved into other budgets which are then unnegotiable when money is needed in another area e.g. to cover debts of General hospitals rather

The town of Flint needs beds in the community

Flint needs hospital beds

In agreement with central clinic but not hospital closure. Please listen to the people. If Flint people are expected to travel to Deeside or Holywell then build new clinic or land adjoining hospital and let Flint have both facilities.

Empty Promises. This is Hobson's choice. We cannot lose our hospital beds - FLHB plan - short term gains for long term disaster

New facilities without closure of hospital

As a growing town with future housing increases to over a 1000 more, doctors and services required but not at the expense of

I am against closing the hospital

We want the hospital left open

Flint Community hospital has always been available and a necessary and much needed part of the community.

I would like the hospital kept open

The review identified the need for 10 intermediate beds and 10 nurse led beds. Then this LHB adjudged that the intermediate care beds could be catered for in the community and that nurse led beds could not. So the intermediate care beds are still required wherever they are cared for. The figures given for the running cost for Flint Hospital works out at £950,000 This is approximately £50,000 per bed per year for 19 beds. On a best value criteria not many (if any) hospitals can compete with this for value as for the 30 bed criteria this makes financial mockery of the minimum bed numbers and compares to the other local community hospitals. The review and consultation had only one result and that was the closing of Flint Community Hospital prior to it taking place. Regardless of the Wanless and other reports. As holywell hospital was decided upon over 10 years ago and not over the past 4 years (of these reports) no public consultations, glossy brochures. The only time a consultation has taken place is when facilities are being taken away from this community. The CHC should reject the closure of Flint Community Hospital to allow the Welsh Assembly to make the decision as the I would like the hospital kept open

I would like the hospital to stay open

My main concern is that no-one is listening to the people of Flint - We are educated people and do not like to be thought of as stupid. The care in the community is certainly not working. As some point in our lives we will need a stay at Flint Cottage Hospital. I attended a meeting a few years ago and we were told that the services in Flint hospital would be improved by installing X ray equipment - this has not been done. A lot of money has been spent already refurbishing this little hospital is in very good condition. After 10 years in office, I read in the paper today that now the government will now start to focus on Patient Services!! What more can I say? Where has all the We need beds in Flint for the local people

I would like to keep the hospital in Flint

People wish to die in their own community hospital

I would like to keep the hospital in Flint

I prefer to keep things as they are

Should not have to travel outside Flint for a bed. Flint hospital is full (contrary to what LHB says)

I would like the hospital beds kept open

The population of Flint has a lot of elderly people and we need to keep the beds.

Older people have problems with transport and would not be able to travel as public transport is not very good.

Flint community needs the hospital beds.

Leave the hospital open and expand the services.

I want to keep hospital beds in Flint so that people can see and visit their friends and family

By closing the hospital it is leaving residents of Flint without the care some require.
 Putting the health centre in the middle of Flint is not a good idea as it will be vandalised.
 Beds are needed in Flint
 A new hospital I would agree to.
 Flint needs its own hospital facilities
 Keep beds in Flint
 I would like the hospital turned into a hospice
 Terminally ill patients need to be in a hospital near their families.
 I would like FLHB to go back to the drawing board and come up with a new proposal to satisfy all the people of Flint and the surrounding area. I see no reason why you cannot provide a brand new Community Hospital for the town with all the latest facilities (much on the lines of Mold, Deeside and eventually Holywell) According to the press reports, the government has allotted extra money to the Welsh Assembly for National Health services. So why cannot some of this money be spent on providing Flint with a new Community Hospital. The present cottage hospital (as it is locally known) once had an operating theatre and other facilities and a nurses' home, but over the years they were removed. Unlike your Chief Executive, I believe that a town the size of Flint should have on the doorstep, health Beds should be kept local for friends and family to visit and also public transport is a big problem.
 As Flint is growing even bigger in population it is vital that we do have more services for the health of our community plus we do need the The resource centre must be in the centre of Flint for older people who cannot walk to the cottage hospital
 I have 4 children and each has been a minor patient in Flint hospital. Both my wife and I have also been patients there.
 They had to shut Glan Clwyd because of no beds, Flint would have been an alternative.
 I thought we lived in a democracy. None of the residents of Flint I have spoken to wants to lose the beds in Flint hospital only the LHB are in favour. What about the transport to these other hospitals? Buses don't go direct to Mold and local charity transport is overstrtdched.
 Now no provision has been made for people who don't have cars . Build a new by all means but keep beds in Flint. The new facility needs to be modified to include beds. At the meeting in St Asaph regarding the main hospitals we were told that more treatment would I think it is disgraceful that you think that Flint does not deserve a hospital when it is the largest town in the county and yet you are spending millions of pounds in Holywell.
 1. With the advent of the Oakenholt building Flint will become a large centre of population, retention of a hospital is a must.2. The allocation of beds to the various hospitals is a variable so it is possible to have the members of a family hospitalised in different localities.
 3. Visiting relatives could be a major problem a) are the hospitals on a bus route b) frequency of bus services especially on weekends c) We have all turned to Flint hospital at one time or another and are very grateful to them. We need it to stay open and keep the beds

Transportation to the alternative hospitals is practically non-existent and current charitable/voluntary organisations cannot provide for any extra transport. Currently the funds for the proposals have not been allocated and will only be requested after Flint hospital has gone. Once again a cart before a horse situation. If funding is not available after our hospital has ceased, it will be too late to reinstate it. There is no guarantee funds will ever be available. This is all pie in the sky.

Flint is a growing town and needs the beds. 24 hour care will be taken away if Flint Community hospital closes. The consultation provided by the LHB in my view was not a consultation because they have proposed the choices for the residents of Flint. I wish strongly for beds to be kept in the community.

We welcome new services but not at the cost of loss of hospital beds and hospital

We welcome new and improved services in Flint but not at the loss of beds or the hospital. Doctors would have a nice new premise at the cost of NHS, but they have their own budget.

I agree with the improvement of GP surgeries in Flint but we still need inpatient beds.

Flint does need an improved service but inpatient beds should be retained in Flint. As the town gets larger, the elderly population are the main users of beds and demand will increase.

Do not close Flint Community Hospital

It is a disgrace the people of Flint will be losing their hospital if the proposals are accepted.

Have you thought how people are going to get to other hospitals who have no transport and also the patients won't get the care that they As th population of Flint is likely to increase with the building of 900 new houses in Oakenholt, we need more hospital space not less.

For the size of Flint beds are desperately needed in Flint.

The people of Flint need bed space in their local hospital i.e. Flint Cottage Hospital.

This town needs its own hospital beds in the town.

Flint needs beds in a community hospital in its own town. The residents of the town deserve this.

We need a medical centre in the centre of Flint but we also need the hospital with twenty plus beds.

Question 1: The consultation document outlines a new model of care for Flint which includes more support and treatment in the community and more access to specialist skills when you need them - do you agree with this new model?	Question 2: Do you think that the changes proposed in the consultation document will provide Flint residents with the healthcare services they need?	Question 3: Which of the proposals set out in the consultation document do you most support?	Question 4: In order to modernise health services in Flint, it will be necessary to close Flint Community Hospital and provide 10 Nurse led beds in other community hospitals in Flintshire (Mold, Deeside or Holywell). Do you think that this is acceptable?
No, not at all	No, not at all	Neither	No
No, not at all	No, not at all	Neither	No
No, not at all	No, not at all	Neither	No
-	-	Neither	No
No, not at all	No, not at all	Neither	No
-	Yes with some changes	Neither	No
Yes with some changes	No, not at all	-	No
Yes with some changes	No, not at all	Neither	No

-	No, not at all	-	-
Yes with some changes	Not sure/don't know	Neither	No
Yes with some changes	Yes with some changes	Neither	No
Yes with some changes	Yes with some changes	Neither	No
Yes with some changes	Yes with some changes	Neither	No
Yes, completely	Yes with some changes	Proposal 2	Yes
No, not at all	No, not at all	Neither	No
No, not at all	No, not at all	Neither	No
No, not at all	No, not at all	Neither	No

Question 5: Do you have any comments you would like to make?		Question 6: Please indicate your age group:	Question 7: Which of the following categories do you fit into?
Thank goodness someone is listening to the people of Flint. The consultation is a sham and should have been withdrawn. Someone should be accountable for the public money that has been wasted on this exercise.		26 to 45	Local Resident
Flint Hospital and its beds provide vital services to the residents of the town and its surrounding area. It is a disgrace that the LHB are even thinking of removing such vital services. These services should be retained, enhanced and developed not taken away. It is essential that the beds are kept at the Community Hospital.		46 to 64	Local Resident
It is not necessary to close Flint hospital. It is expedient for the Local Health Board to close it so they can reduce the North East Wales trusts deficit.		46 to 64	Local Resident
With regard to question 1 - I support the need for improved Primary Care in Flint but feel strongly that NHS beds should not be removed from Flint.		46 to 64	Local Resident
Flint should have a hospital with beds for the needs of people in Flint. New facilities are needed for doctors and clinic but not at the expense of the beds and our hospital. I feel people will have to pay for their aftercare, therefore it will not comply with the NHS rules. The nursing home investors are the only winners in your proposals not the people of Flint.		-	Local Resident
It is not necessary to close Flint Community Hospital or lose the hospital beds to improve G.P. services. We need a primary health centre but we also need a hospital with beds.		26 to 45	Local Resident
		46 to 64	Local Resident
		up to 25	Relative or Carer of patient : Local Resident

There is no doubt that facilities need investment and improvement but why is this at the expense of the Hospital and its beds. The two things should not have been linked. We want new facilities but we also want to keep, improve and develop our hospital.

Keep the hospital open.

I think beds are needed in Flint

Community needs their hospital

-

-

With the largest housing development ever undertaken in Flintshire shortly to commence at Oakenholt has this been taken into account?

-

-	Local Resident
26 to 45	other
46 to 64	NHS member of staff
46 to 64	other
46 to 64	Local Resident
over 65	Local Resident
46 to 64	Local Resident
46 to 64	Local Resident
	Relative or Carer of patient : Local Resident
over 65	

I find it totally unacceptable that residents of the size of Flint are expected to travel to receive medical treatment or convalescence. There is a total lack of consideration for patients as well as families who provide support and comfort. I have heard

Dave Heggarty
Head of Regeneration
Pennaeth Adfywio



Mr William Powell AM
Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Your Ref/Eich Cyf P-03-085
Our Ref/Ein Cyf R/DH/AD
Date/Dyddiad 22 December 2011
Ask for/Gofynner am Dave Heggarty
Direct Dial/Rhif Union 01352 703203
Fax/Ffacs 01352 704550

Dear Mr. Powell,

P-03-085 Surgeries in Flintshire

Thank you for your letter of 23 November 2011, regarding surgeries in Flintshire.

Flintshire County Council (FCC) is leading a partnership approach to the redevelopment of Flint Town Centre. FCC has commissioned DTZ to prepare a masterplan for the town on behalf of the Town Partnership.

This masterplan is still at an early stage of development and is making excellent progress. Extensive consultation has taken place so far and the strategic framework for the town has been agreed. More detailed work on the options for the town is now underway. The masterplan is due to be completed in February 2012.

The masterplan is considering a wide range of possible land uses for the town; including housing, retail, public space, parking, public service facilities and primary health care facilities. DTZ have the task of producing a range of options incorporating these uses and of extensively testing the preferred option for deliverability. It is, at this stage, too early to predict what mix of uses for the town will be deliverable and when they might be delivered.

FCC is already in discussion with Betsi Cadwallader University Health Board regarding future primary care provision in Flint and would welcome Welsh Government support for the process.

Thank you again for your interest in the regeneration of Flint.

Yours sincerely


Dave Heggarty
Head of Regeneration

Carl Longland
Director of Environment
Cyfarwyddwr yr Amgylchedd

Environment Directorate
Cyfarwyddiaeth yr Amgylchedd

County Hall, Mold. CH7 6NF
Tel: 01352 703203 Fax: 01352 756444
www.flintshire.gov.uk
Neuadd y Sir, Yr Wyddgrug. CH7 6NF
Ffôn: 01352 703203 Ffacs: 01352 756444
www.siryfflint.gov.uk



The Council welcomes correspondence in Welsh or English
Mae'r Cyngor yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg

Mr William Powell AM
Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA



P-03-085
R/DH/AD
22 December 2011
Dave Heggarty
01352 703203
01352 704550

Dear Mr. Powell,

P-03-085 Surgeries in Flintshire

Thank you for your letter of 23 November 2011, regarding surgeries in Flintshire.

Flintshire County Council (FCC) is leading a partnership approach to the redevelopment of Flint Town Centre. FCC has commissioned DTZ to prepare a masterplan for the town on behalf of the Town Partnership.

This masterplan is still at an early stage of development and is making excellent progress. Extensive consultation has taken place so far and the strategic framework for the town has been agreed. More detailed work on the options for the town is now underway. The masterplan is due to be completed in February 2012.

The masterplan is considering a wide range of possible land uses for the town; including housing, retail, public space, parking, public service facilities and primary health care facilities. DTZ have the task of producing a range of options incorporating these uses and of extensively testing the preferred option for deliverability. It is, at this stage, too early to predict what mix of uses for the town will be deliverable and when they might be delivered.

FCC is already in discussion with Betsi Cadwallader University Health Board regarding future primary care provision in Flint and would welcome Welsh Government support for the process.

Thank you again for your interest in the regeneration of Flint.

Yours sincerely

A handwritten signature in black ink, appearing to read "Dave Heggarty".

Dave Heggarty
Head of Regeneration

Copy to: Sandy Mewies AM
Mark Isherwood AM
Antoinette Sandbach AM
Llyr Huws Gryffydd AM
Aled Roberts AM

Agenda Item 3.6

PET(4)-03-12 p9a

P-03-280 Cardiff Royal Infirmary

Petition wording

We the undersigned object in the strongest possible terms to the closure of the Cardiff Royal Infirmary. We call upon the National Assembly for Wales to urge the Welsh Government to ensure that the commitment to redevelop the hospital is carried out using public money, and that the redevelopment will lead to the refurbishment and re-opening of the Cardiff Royal Infirmary as a fully working hospital, including an Accident and Emergency Unit and an Intensive Care Unit for the ever increasing population of Cardiff and the surrounding area.

Petition raised by: Mrs Breen

Petition first considered by Committee: March 2010

Number of signatures: 4071



GIG
CYMRU
NHS
WALES

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

Ysbyty'r Eglwys Newydd
Whitchurch Hospital

Park Road, Whitchurch.
Cardiff, CF14 7XB
Phone 029 2069 3191

Heol Parc, Yr Eglwys Newydd
Caerdydd, CF14 7XB
Ffôn 029 2069 3191

Eich cyf/Your ref:
Ein cyf/Our ref: JW-jb-12-1558
Welsh Health Telephone Network:
Direct Line/Llinell uniongychol: 02920 745682

Jan Williams OBE
Chief Executive

1 December 2011

Abigail Phillips
Clerk to the Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Ms Phillips

Petition: P-03-280 Cardiff Royal Infirmary

Thank you for your recent letter, seeking further information about communication with the petitioners in relation to the above petition.

UHB records show that Mr and Mrs Breen visited the Cardiff Royal Infirmary (CRI) with the Cardiff Central Assembly Member Jenny Rathbone, on Tuesday 29th March 2011. They were expecting to attend a public meeting, but there was no such meeting planned at this time.

Immediately following the visit, the UHB Public Relations Manager, Leanne Coburn, spoke personally to Jenny Rathbone, who explained that she had been advised of the meeting via Mr and Mrs Breen, who told her at the time that they had seen a poster, at the CRI, advertising a public meeting.

I note that the email you forwarded from the petitioners states that they were 'invited to a meeting' by Laing O'Rourke, the UHB construction partner. As a contractor, Laing O'Rourke is unable to speak on behalf of the UHB and I am investigating this claim to ensure that routes of communication are clearly understood. To date I have been unable to find evidence of any such dialogue with Mr and Mrs Breen.

Subsequent to their visit on 29th March, the Chair of the UHB Communication and Engagement Group (Mr Steve Allen – Chief Officer of the Cardiff and Vale of Glamorgan Community Health Council) wrote to Mr and Mrs Breen, offering to meet with them to discuss their interest in the CRI, and particularly to discuss how the communications group might develop and improve information sharing and engagement with local residents. This invitation was extended on 13th April 2011, and to date no response has been received.

Since that time, the UHB has continued to publish updates on progress with Phase One of the redevelopment of the CRI, using the local media and press. In particular, the UHB has been working with the local Communities First projects to use their existing newsletters to target local residents specifically and has also submitted

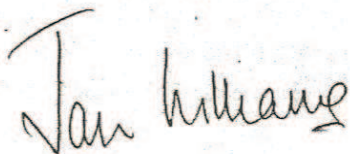
news articles to the Community Health Council Newsletter, and to Cardiff Council's 'Capital Times,' to reach the wider community audience. As the UHB moves towards the planning of later phases, it will continue to look at how to engage the local community effectively in the development of proposals. The UHB is currently in discussion with Participation Cymru around this.

Finally, the committee may be aware that UHB proposals for Phase One of the Redevelopment include the creation of a Visitors Centre on the CRI site. The Visitors Centre will serve a range of purposes, one of which is to provide a dedicated area where information about the redevelopment of the CRI can be publicly displayed and discussed. The Phase One proposals are currently awaiting approval from the Welsh Government; I hope you will agree that the Visitors Centre will create a focal point for local community engagement.

In summary, I can confirm that, subject to Welsh Government approval, the UHB will continue to work with key partners and stakeholders to develop the CRI as a Health and Wellbeing Centre, as agreed originally through public consultation and subsequently through effective clinical and stakeholder engagement.

I hope that this provides a helpful response. Please do not hesitate to contact me or Sue Revell, Programme Director for the CRI Redevelopment, should you require any further information.

Yours sincerely



Jan Williams
Chief Executive

cc Paul Hollard, Executive Director of Planning/Deputy Chief Executive

PET(4)-03-12 p10a

P-03-295 Kyle Beere – Paediatric Neuro Rehabilitation Services

Petition wording

We, the undersigned, call upon the National Assembly for Wales to urge the Welsh Government to recognise and deliver services for the rehabilitation of brain injured children. There is currently no facility in Wales to provide this vital service. Despite there being a purpose built children's hospital being built in Cardiff, there is still no provision included in its design

Petition raised by: Kyle's Goal

Petition first considered by the Committee: June 2010

Number of signatures: The petition was submitted by Kyle's Goal. An associated petition collected 9,128 signatures.



GIG
CYMRU
NHS
WALFS

Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

Your ref/eich cyf: P-03-295
Our ref/ein cyf: ML/NJ/CR- KB
Date/dyddiad: 12th December 2011
Tel/ffôn: 01443 443443
Fax/ffacs: 02920 869534
Email/ebost: debra.davies5@wales.nhs.uk

William Powell AM
Chair, Petitions Committee
National Assembly for Wales
Petitions Committee
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Powell

**RE : P -03-295 Kyle Beere – Paediatric Neuro
Rehabilitation Services**

Thank you for your letter dated 23rd November 2011, requesting the number of children requiring admission to Tadworth over the last 10 years.

I can confirm that since the 1st of February 2002 to date, 8 children have required admission to The Children's Trust, Tadworth.

I hope this answers your request. If I can be of further assistance, please do not hesitate to contact me.

Yours sincerely

Dr Cerilan Rogers
Director of Specialised & Tertiary Services

Welsh Health Specialised Services Committee
Unit 3a
Caerphilly Business Park
Caerphilly
CF83 3ED

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
Uned 3a
Parc Busness Caerffili
Caerffili
CF83 3ED

Chair/Cadeirydd: *Professor Mike Harmer*

Director of Specialised and Tertiary Services/Cyfarwyddwr Gwasanaethau Arbenigol a Thrydyddol: *Dr Cerilan Rogers*

Dear sirs

I apologise for the delay in replying, but I have been waiting on information from Aneurin Bevan and Hywel Dda Health boards, that have failed to comply with the freedom of information act.

In the last 5 years there have been a total of 529 paediatric patients (between Abertawe Bro Morgannwg University, Betsi Cadwaladr University, Cardiff & Vale University and Cwm Taf Health Boards) that could have benefited from a paediatric neuro-rehabilitation centre in Wales. Powys Teaching Health Board do not have any paediatric services which, although is concerning in itself, does not have any impact on this petition.

Yours faithfully

Katherine Simmons



10th January 2012

William Powell AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Headway Cardiff

Dear William Powell,

Headway Cardiff is a registered charity that provides support and services to adults affected by acquired brain injury (ABI), their families and carers throughout south east Wales.

The survivors we assist are adults, but many sustained their injury during childhood and have experienced paediatric neuro-services first hand.

Firstly it is important to acknowledge the lack of accurate statistics relating to ABI due to a combination of shortfalls in the coding system and in the case of minor brain injury, non-identification or mis-diagnosis.

It is also important to not wholly focus on those who are classified as having a severe brain injury. Those with a moderate or even a mild classification have complex, life-long difficulties, that impact on their ability to live an independent life.

Beyond the acute setting, it is vital that children receive a period of specialist neurological intervention. Appropriate, timely specialist intervention can greatly improve the level to which individuals recover and the speed in which this happens.

As the input of the family is crucial at this stage and throughout recovery, this service needs to be as accessible to the family as possible and offer as flexible and as personalised a programme as possible.

Following this intensive period of rehabilitation, a long term community based specialist multi-disciplinary team should be available until the child reaches adulthood and then in theory, there is a seamless transition to specialist adult services.

Headway Cardiff
Rookwood Hospital, Llandaff, Cardiff CF5 2YN
Tel: 029 2057 7707 E.mail address: info@headwaycardiff.org

A Company Limited by Guarantee Registered in Wales No. 3331865 Registered Charity No. 1063221
Registered address: 5th Floor, Hodge House, 114 - 116 St Mary Street, Cardiff, CF10 1DY
Patron: Mr Jonathan Davies M.B.E.
Affiliated to Headway - the brain injury association. A Registered Charity



ARIENNIR GAN Y LOTERI
LOTTERY FUNDED

It is in the area of community services that the biggest gap appears in adult specialist neuro- services and it is vital that this area is considered in the development of any paediatric service.

Community services in Wales have not kept pace with acute services and the piecemeal nature of services has left many survivors feeling isolated and unsupported leading to crisis and family breakdown. Many of the gains they make in the immediate aftermath are lost due to the lack of ongoing therapy and support.

For those children whose impairments are severe enough to warrant a placement in a specialist educational establishment, ongoing treatment such as Occupational Therapy, Speech and Language Therapy and Physiotherapy is available.

What then happens to those with moderate and mild difficulties, who frequently go undiagnosed, unrecognized or whose difficulties are attributed to behavioral problems?

Who then supports them as the child reaches each new stage of development?

Who then provides the individual with ongoing rehabilitation and strategies?

Who supports the family in ensuring the child's educational needs are recognized and they are stated correctly?

Headway Cardiff wholeheartedly endorses the Petition to the Welsh Government to recognize the need for and to deliver specialist services for the rehabilitation of brain injured children within Wales.

Yours sincerely



Julie Smith
General Manager

Dear sirs

We have now heard from Aneurin Bevan Health Board and they have had admitted 345 paediatric patients with acquired brain injury in the last five years. This takes the overall total to 874. We have still not heard from Hywel Dda.

In response to WHSCC's correspondence, there may have only been 8 children referred to Tadworth but is this due to cost or need? It seems 8 patients out of a possible 874 does seem disproportionate which would bear out the comments made by Headway.

Regards

Chris Wools

For and on behalf of Kyle and the trust.



PET(4)-03-12 p11a

P-04-334 Petition for a new renal unit at Prince Charles Hospital

Petition wording

We call upon the National Assembly to urge the Welsh Government to build a new Renal Unit at Prince Charles Hospital, Merthyr Tydfil.

The current unit was built in 1989 to treat up to 16 patients per week but that number has now grown to 52. With the number of renal patients rising annually we feel it is very important that a new unit is built now to cater for the increase. Also with a new upgraded unit it would mean that renal patients requiring minor surgical procedures could be dealt within the unit rather being transferred to other hospitals and taking up much needed bed space.

The following are just a few problems that we have at present unit:

1. No Isolation area (which could lead to cross infection);
2. Only one toilet for male and female patients;
3. Cramped waiting area;
4. Poor air conditioning;
5. Unit has been flooded on a number of occasions

Petition first considered: November 2011

Petition raised by: Robert Kendrick

Number of signatures: 56

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-334
Ein cyf/Our ref LG/06661/11

William Powell AM
Chair, Petition's committee

committeebusiness@Wales.gsi.gov.uk

October 2011

Dear Bill,

P-04-334 Petition for a new renal unit at Prince Charles Hospital

Thank you for your letter of 7 October 2011.

I am fully aware of the issues regarding the provision of Renal Dialysis facilities at Prince Charles Hospital which my predecessor requested Cwm Taff Health Board to address via the preparation of a business case for capital investment.

The business case outlining their proposals has been received by my officials and they met with the Health Board on 20 October to discuss them. As a consequence of these discussions the Health Board has been requested to review and revise their proposals.

I am therefore expecting a revised business case by the end of the year.

Regards
Lesley

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Cwm Taf
Health Board

William Powell AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Your ref/eich cyf:

Our ref/ein cyf: AW:DE

Date/dyddiad: 21 November 2011

Tel/ffôn: 01443 744803

Fax/ffacs: 01443 744888

Email/ebost: Allison.Williams4@wales.nhs.uk

Dept/adran:

Dear Mr Powell

P04-334 Petition for a new Renal Unit at Prince Charles Hospital

Thank you for your letter of the 14th October regarding the petition that you have received on a new Renal Unit at Prince Charles Hospital. You have asked me to provide you with our views on the subject of the petition.

Cwm Taf Health Board recognises that the current Renal Unit at Prince Charles Hospital does not meet the standards of accommodation that we would expect for our patients. The points that the petition raises regarding problems with the facility are all valid points.

The Renal Service itself is actually provided by Cardiff and Vale University Health Board and is commissioned by the Renal Network. Cwm Taf Health Board clearly provide the site for the service. We have worked closely with Cardiff and Vale and the Renal Network to develop a Business Case for a new Renal Unit at Prince Charles Hospital, as a result of all of our concerns about the accommodation. This was submitted to the Welsh Government on the 6th May 2011. Lengthy scrutiny comments were received back from the Welsh Government officials on the 13th June, and we responded to these at the end of August. We have since received a further set of questions, and again, we are working through these. This is all part of the normal process for business case submissions.

I would like to assure you that all of the partners involved in providing this service, including the Welsh Government, are committed to finding a solution to this issue at the earliest possible opportunity.

Yours sincerely

Mrs Allison Williams

Chief Executive / Prif Weithredydd

Return Address: **Cwm Taf Health Board / Bwrdd Iechyd Cwm Taf**

Chief Executive's Office Ynysmeurig House Navigation Park
Abercynon CF45 4SN **Page 75**



Cyngor Iechyd Cymuned Cwm Taf
Cwm Taf Community Health Council

William Powell AM
Chair Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

30 November 2011

Dear Mr Powell

P04-334 Petition for a New Renal Unit at Prince Charles Hospital

I refer to your letter of the 14th October 2011 which was received electronically on 1st November.

The subject of the petition has been a cause of concern for the CHC for some time. As a result, a visit was arranged in the October schedule of the current monitoring visiting rota.

The Cwm Taf Community Health Council made an unannounced routine inspection to the Renal Dialysis Unit on Thursday 13th October 2011. This was the first visit of Cwm Taf CHC, following a previous visit by the former Merthyr and Cynon Valley CHC. This visit rated the facility very poor with rain penetration being highlighted at that time.

The recent visit was undertaken by two experienced members and the key issues for the visit were:

- Roof appeared unstable, currently leaking, concerned about winter conditions causing further damage and deterioration
- Far too small for the number of patients using service so patient dignity/privacy compromised
- Storage is a real problem.

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg
We welcome correspondence in English and Welsh

Prif Swyddog / Chief Officer: Dr Paul Worthington
Caedeirydd / Chairman: Jeff Moore

This was contained in the Hospital Visiting Monitoring Report. The CHC also complete a Hospital Visiting form and a narrative report. These reports have been sent to the Cwm Taf Local Health Board for a response to our visit.

I will deal with the problems that are numbered in the petition and will respond with reference to the recent monitoring visit reports and the members concerned therewith.

1. No isolation area (which could lead to cross infection).

The report states that the area in general is too small. There is not enough room for the basic function of the unit.

2. Only one toilet for male and female patients.

There is only one toilet for patients in the building. This is for use of both male and female patients. There is a staff toilet which is also used for storage of equipment. This was highlighted in the narrative report and the visiting form.

3. Cramped waiting area.

The internal areas are too small for the number of patients needing the service. There are 52 patients in all registered and the Unit accommodates 13 of them at each session. This is a problem during the changeover of morning and afternoon patients because those who have just come off dialysis (4 hrs or so) often wish to use the facilities and those about to start may wish to make themselves comfortable before they start. The space outside the toilet is limited whilst the reception/waiting area has 8 chairs only, and little room for wheelchairs. The unit was designed for approximately a third of the current service provision.

4. Poor air conditioning.

During our inspection the temperature was normal but we were informed that the air conditioning unit had failed in the past week. We understand the system is so old that new parts cannot be obtained and the system has cooling gases which are now outside the legal framework.

5. Unit has been flooded on a number of occasions.

This was recorded as a major problem on this and previous monitoring visits. This is because of the state of repair and structure of the building.

The body of the petition states why action is requested. We have also discussed the issue with the Chief Executive of Cwm Taf Health Board and we are aware they share our concerns and are working actively to find a solution.

The petitioners refer to the increase in patient numbers. As a result a new building is required to cater for this additional increase and more procedures could be undertaken at this unit instead of being undertaken at another facility.

This Unit is situated in a yard area. It is a prefabricated single story building approximately 20 years old. The internal areas are too small for the number of patients needing the service. There are 52 patients in all registered and the Unit accommodates 13 of them at each session. The Unit is open Monday to Saturday and 5 staff are on duty each day.

For your information the ground/estates are the responsibility of Cwm Taf Local Health Board whilst Cardiff & Vale University Local Health Board are the service providers. A private company provides the dialysis machinery plus the nurses who are specially trained to deliver the treatment. Commissioning of the service is the responsibility of Welsh Health Specialised Services.

The Community Health Council is of the view that this Unit needs replacing urgently and there have been plans for the new build, which has been delayed numerous times for different reasons for at least 5 years. I understand that an amended Business Justification Case for a new renal unit has been submitted to the Welsh Government, but there is an issue around the availability of capital funding.

The monitoring visiting team have, as a result of their visit, asked for some urgent repairs and help with some patients comforts prior to any new build. This in particular focuses on the state of the building, new kitchen facilities and supplementary heating.

The CHC monitoring team spoke to 8 of the 13 patients present during the visit and all patients, without exception, praised the staff and consultant for their dedication to them and said that the treatment they receive is first class. It is the general building defects that causes them concern. They wish to see all the promises of a new build come to fruition.

Transport was also a big issue with the patients. Members of the Council have been informed that patients often have to wait up to a half-hour or so for the morning pick-up and at the end of a four and half hour dialysis session they can be waiting as much as an hour and a half. Some are diabetic and will have had only tea and biscuits during their session. Other patients are fortunate to have volunteer car drivers for their pick-ups and these are always on time. However there is no volunteer service on a Saturday. There are no designated car parking spaces and as there are other buildings around the area parking was congested.

Yours sincerely



Jeff Moore
Chair

**Petitions Committee Rapporteur Visit to Prince Charles Hospital
Renal Unit, Merthyr**

19 January 2012

Present:

- William Powell AM, Chair
- Bethan Jenkins AM
- Robert Kendrick, lead petitioner and patient at the renal unit
- Dr Mat Davies, renal unit clinician
- Kathryn Amaro, nursing manager of the renal unit
- Richard Parry, B Braun
- Allison Williams Chief Executive, Cwm Taf Health Board
- Dr Christopher Jones Chairman, Cwm Taf Health Board
- Debbie Owen, Cwm Taf Health Board Communications Manager
- Abigail Phillips, Clerk to the Petitions Committee
- Sarita Marshall, Deputy Clerk to the Petitions Committee
- Alex Feeney, NAW Press Officer

Background:

The Committee received a petition calling for a new renal unit at Prince Charles Hospital in November 2011. The petition was submitted by a renal patient and collected in the region of 1,150 signatures. The wording is as follows:

***Petition for a new renal unit at Prince Charles Hospital,
Merthyr Tydfil***

The current unit was built in 1989 to treat up to 16 patients per week that number has now grown to 52. So with the rising number of renal patients rising annually it is really important that we have a new renal unit.

The following are just a few of the problems that we have to put up with:

- 1. No Isolation Area (which could lead to cross infection)*
- 2. Only one toilet for all patients both male and female*
- 3. Cramped waiting room*
- 4. Poor airconditioning*
- 5. Unit has been flooded on a number of occasions*

During its first consideration of the petition, the Committee agreed to visit the unit before considering its next action.

Existing Unit

We chatted informally with patients and staff at the unit. We were told that the unit has been located in a portocabin since 1989 and that the 'life expectancy' of the facility within the portocabin was seven years. The Chair of the Health Board told us that the number of patients requiring treatment at the unit has increased threefold since the unit

was opened, and that Merthyr has the highest incidence of renal illness in Wales.

Clinicians and patients told us that dialysis takes up to 3.5 to 5 hours at a time, and that patients may require this treatment for three days a week for the rest of their lives. We were also told that some of the patients receiving treatment in this unit live as far away as Llandrindod Wells. With travel time, this can mean a 7.5 hour day for some patients. Given the amount of time patients spend in the unit, comfort and practicality are key concerns.

We witnessed the close quarters within which patients are treated and staff operate. We were told how the lack of space impacts on the dignity of patients and how it is difficult to manoeuvre trolleys and equipment. There is no space for an isolation unit, meaning that patients with infectious illnesses, such as 'flu, are treated in the main unit, which can lead to cross-contamination.

Patients described some of the problems experienced in the unit. These included flooding and residual damp; condensation; inconsistent air conditioning, leaving patients cold; the fact that there is only one toilet for all patients and staff, and that this is also used by ambulance staff due to the nature of their job; and unsuitable fluorescent lighting.

One patient told us that, two years ago, the unit was declared unfit for use and that the unit falls below the legal standards for space between beds/treatment chairs and toilet facilities. This was confirmed by staff at the unit. She also pointed out the lack of canopy at the entrance, meaning that patients are at the mercy of the elements in transferring between ambulance/car and the entrance. This is a particular problem for those on stretchers.

Staff told us that they found the working conditions cramped, which made manual handling difficult and that there is a lack of privacy for the patients. We were told that private consultations have to take place in a room that doubles up as a store cupboard. We were also told that the water treatment facilities at the unit were below par and that the conditions make it difficult for the cleaners to do their job, although they do very well under the circumstances.

The unit has two televisions, which some patients watch. However, for those who want to sleep, the sound from the televisions can be a problem. Patients told us that, ideally, they would like individual television monitors, as in other renal units, but at the very least, they would like to have headphones so that people can choose whether they listen to the television or not.

We were told that there is a waiting list to receive treatment at the unit, and that many have to travel to Cardiff for treatment. Conversely, some patients opt to travel to Cardiff to receive treatment due to the condition and lack of facilities at the Prince Charles Hospital unit

The waiting room has space for nine seats only, but there may be as many as 19 patients at the unit at any one time, and some of these patients are in wheelchairs, which require more space and room to manoeuvre.

Partnership Arrangements at the Unit

The Chief Executive outlined the partnership arrangements under which the unit is operated. The partners are: the Welsh Health Specialised Services Committee (which is made up of representatives of every health board), Cardiff and Vale University Health Board as the clinical service provider, Cwm Taf Health Board as the landlord, and B Braun, a private company commissioned to provide the consumables and fittings for the unit.

We were told that commissioning a private company to provide this service saves the NHS up to £20 per person per dialysis session, compared with the cost to the NHS of providing this service through its own means. We were told that competitive tendering provides best value.

Plans for New Unit

The Chief Executive told us that WHSSC has decided unequivocally to retain a renal service in Merthyr. It had decided that Prince Charles Hospital was the preferred site due to the size of the unit required. Architectural plans were displayed in the waiting area for the new unit, which was proposed in 2010. The CE explained that any capital investment needs to be future-proof, so the proposed unit needed to have reinforced foundations and roof to support any storeys that may be added in the future.

Due to a cut in NHS funding (we were told that by the Chair of the Health Board that the all-Wales capital fund had been reduced by 40 per cent), this proposal is no longer possible within the current financial settlement. It was felt that once other upgrading on the site has been completed, there would be existing space within which the unit could be located. However, the space will not become available until 2018, which all parties agree is too long to wait.

WHSSC then took the decision to look at options for a third party to develop a unit within three miles of the hospital and has identified a site adjacent to the new Merthyr health park, which is due to open in September 2012. There are disadvantages in not being connected to the main hospital in terms of the close proximity of doctors and the need to use ambulances in an emergency and the time delay involved

in that. The nursing manager also pointed out that a number of people with renal disease also suffer with co-morbid illnesses and that the number of dependent patients will increase as people live longer and that therefore an on-site model would be preferred. However, the CE told us that the off-site model works in the unit in Pentwyn, Cardiff and elsewhere.

Other options considered include construction adjacent to an ambulance station, and converting former blocks of accommodation on-site. However, it has been decided that the footprints of these locations are not the appropriate size and shape.

Therefore, the option on Merthyr health park is now being actively pursued and feasibility work needs to be completed and a tendering process started. It is thought that the planning permission is likely to be granted and it is estimated that the construction would take less than 12 months to complete. However, were capital money to become available, the CE told us that they would revert to plan A and build the unit proposed in 2010 on the periphery of the site.

As this model would be developed by a third party, there will not be upfront costs and therefore the development is not dependent on capital. It is estimated that the final cost of this development would be £6.5 million. We have been informed that the originally planned development on the hospital site would have cost between £4 and 4.5 million in capital.

Renal Unit at Pentwyn, Cardiff

Patients and staff spoke of the unit at Pentwyn, Cardiff. The representative of B Braun told us that the unit there is state of the art and fitted to the European standard, that it is located in a converted unit on an industrial estate (and is therefore not on a hospital site) and that it was built at a much lower cost than that of building an NHS building from scratch. This unit also provides water treatment that is cannot be provided at Prince Charles Hospital.

Outcome of Meeting

The Chief Executive made a commitment to the petitioner that she would ensure that WHSSC met with patients to discuss the proposal, so that patients could raise any concerns around access and so on.

Suggested Further Action

The Committee may want to visit the unit in Pentwyn, Cardiff, to discuss the advantages and disadvantages of the off-site model with patients and staff.

**Committee Service
January 2012**

PET(4)-03-12 p12a

P-04-348 Recycling Targets for Health Boards

Petition wording:

We call on the National Assembly for Wales to recommend to the Minister for Health that she introduce legally binding recycling targets for Health Boards in Wales at a similar level to that imposed on Local Authorities.

Supporting Information

A recent Freedom of Information request indicated that the Maelor Hospital in Wrexham disposed of 1200 tonnes of waste last year (which does not include electrical units WEEE). Only 3% of that waste is recycled and 55% goes into landfill including all food waste. This lack of commitment to recycling is unacceptable and with several local facilities available it is also inexcusable. The total cost of removing waste from the Maelor annually is in the region of £350,000 and if this reflected across Wales then the cost is probably in the region of £5 million.

Petition raised by: Cllr Arfon Jones

Date petition first considered by Committee: 29 November 2011

Number of signatures: 29

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-348
Ein cyf/Our ref LG/07206/11

William Powell AM
Chair
Petitions Committee

committeebusiness@Wales.gsi.gov.uk

18th

December 2011

Dear William,

Thank you for your letter of 28 November regarding Petition P-04-348, Recycling Targets for Health Boards.

Work is being undertaken to improve recycling but it is important to understand the context of the pressures in a hospital environment, which make recycling a different proposition to households and commercial organisations.

The Safe Management of Healthcare Waste is the main guidance document for NHS organisations to follow for managing waste. Given the inherent risks of healthcare waste, the highest priority is given to the safe disposal of the different clinical waste streams and to segregation requirements for them. There is a common issue faced in hospitals over resources and the space available for other types of waste segregation.

Landfill across Wales has increased by 4% from 2009/10. This is largely due to the widespread introduction of the offensive waste stream for non-infectious non-clinical waste, which can now be landfilled rather than requiring heat disinfection and treatment.

To improve the situation, Health Boards are required to introduce ISO 14001 certified environmental management systems, subject to annual external audits, at major hospital sites by the end of 2012. A key component of an ISO 14001 system is the organisation is required to assess the significant environmental aspects and impacts arising from their activities, then to produce objectives and targets for the significant aspects, and to implement an improvement programme to tackle the objectives and targets. Waste management would be expected to be one of the most important aspects and impacts identified. NHS organisations should be developing objectives and targets and improvement programmes to tackle waste. The expectation is ISO 14001 compliance would be an important tool to tackle recycling initiatives at Health Boards.

The Welsh Government's National Waste Strategy: Towards Zero Waste is the all-Wales National Waste Strategy. I understand in the strategy there is a commitment to produce more detailed sector plans. The intention is for NHS Wales to feed into the production of the sector plan for the public sector. The sector plan for the public sector (including NHS) is still in preparation and my officials are engaging with waste policy colleagues to hopefully influence what is eventually produced.

Regards
Lesley

Lesley Griffiths AC / AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Correspondence received from the Petitioner in response to correspondence received from the Minister for Health and Social Services.

From: Arfon Jones

Sent: 26 January 2012 18:29

To: 'Petition'

Subject: ATB/RE: PET(4)-03-12 Agenda 07-01-2012 - P-04-348 Recycling Targets for Health Boards

Yes I have some observations – I accept her arguments for hazardous waste and bio waste but what proportion of those is the total waste that goes into landfill I will forward the original FOI response. To be frank I feel the letter looks for reasons not to do something rather than reasons to do something.

I would ask that the Petitions Committee ask the Health and Environmental and Sustainability Committees to consider my petition; that way we seek a broader view amongst back-bench AM's

Regards,
Cllr Arfon Jones.

Below is a Freedom of information request from the Petitioner to Betsi Cadwaladr University Health Board

Rhodri – Original response to FOI request from which this petition arose:

Re: Request under Freedom of Information Act 2000

Thank you for your request for information which we received on the 11th January. Please find below a response to your query.

You asked us:

1. Who is BCULHB contractor for removing waste from Ysbyty Maelor.?
2. Total tonnage of waste removed from Ysbyty Maelor in the 12months ending 31/12/10?
3. What was the % of waste that went into landfill?
4. What was the % of waste that was recycled?
5. How was food waste disposed of landfill or recycled?
6. Total cost of all waste disposal including hazardous waste from Ysbyty Maelor in same period
7. What was the cost of landfill tax for 12 months up to 31/12/10

Response:

1. A number of contractors remove waste from Ysbyty Maelor as follows:
Biffa remove black bag (general) waste
SRCL remove clinical waste
Alan Skip Hire remove bulky general waste e.g. furniture
WH Chaloner remove scrap metal waste
Balcan Engineering removes fluorescent tube waste

PHS Waste management removes Waste Electronic and Electrical Equipment (WEEE).

2. Total tonnage of waste removed in the 12 months ending 31/12/10 is 1129.22. This excludes WEEE as it isn't recorded in tonnes, it's recorded in number of units, eg, the number of fridges. For information, all WEEE is recycled.
3. 55% of waste went to landfill
4. 3% of the 1129.22T was recycled – garden waste and scrap metal.
5. Food waste goes to landfill.
6. The total cost was £324,962.01; this excludes the cost of WEEE.
7. Landfill Tax for the 12 months period up to 31/12/10 was £28,207.12.

The information we have supplied to you is copyrighted to Betsi Cadwaladr University Health Board and continues to be protected by the Copyright, Designs and Patents Act 1988. You are free to use it for your own purposes, including any non-commercial research you are undertaking and for the purposes of news reporting.

I trust that you will be satisfied with the information provided however; should you be dissatisfied for any reason you do have a right to complain to the Health Board and ask for your request to be reviewed. Should you wish to register a complaint please contact the Freedom of Information Department at the following address:

Complaints Manager
Betsi Cadwaladr University Local Health Board
Ysbyty Gwynedd, Bangor, LL57 2PW

I would like to assure you that the Health Board is committed to resolving complaints amicably and will always try to resolve the matter to your reasonable satisfaction. However, if you are still unhappy with the response you receive you may write to:

Information Commissioners Office
Wycliffe House, Water Lane, Wilmslow, SK9 5AF

There is no charge for making an appeal.



Eich cyf/Your ref:	P-04-348	Address:	Headquarters
Ein cyf/Our ref:	WP/TC/TP.ka.s		Merlin's Court
Rhif Ffôn /Telephone:	0143777 771273		Winch Lane
Ffacs/Facsimile:	0143777 771244		Haverfordwest
E-bost/E-mail:	trevor.purt@wales.nhs.uk		Pembrokeshire
			SA61 1SB

Dyddiad/Date: Tuesday 30th January 2012

William Powell
Chair, Petitions Committee
National Assembly for Wales
Bae Caerdydd/Cardiff Bay
Caerdydd/Cardiff
CF99 1NA

Dear Mr Powell

Re: P-04-348 Recycling Targets for Health Boards

I write in response to your letter dated 1st December 2011 with regard to the above, recycling rates at Maelor Hospital in Wrexham.

From our perspective, the Health Board is committed to improving its waste management practices and making a positive contribution to the Welsh Government's Waste Strategy 'Towards Zero Waste'. This is an overarching strategy for Wales, which sets out high level performance indicators that although not specific to the health sector, they can be used as a guide. HDHB has produced a Waste Strategy which is currently out to consultation. The HB strategy sets out the following specific targets: -

- 1) Improve data collection for all wastes from all sites and Board activities
- 2) Reduce overall waste arisings by 1.5% per annum
- 3) Reduce healthcare waste as a proportion of all wastes produced to no more than 1/3
- 4) Reduce reliance on landfill disposal and ensure that **30%** of non-healthcare waste is recycled/recovered by 2013 and **50%** by 2015/16

I have attached the Health Board 2-year Action Plan to achieve the above targets which includes the introduction of a new general waste contract and increasing re-cycling across the whole Organisation.

Pencadlys Bwrdd Iechyd Hywel Dda
Llys Myrddin, Lôn Winch, Hwlfordd,
Sir Benfro, SA61 1SB
Rhif Ffôn: (01437) 771220
Rhif Ffacs: (01437) 771222

Hywel Dda Health Board Headquarters
Merlins Court, Winch Lane, Haverfordwest,
Pembrokeshire, SA61 1SB
Tel Nr: (01437) 771220
Fax Nr: (01437) 771222

Cadeirydd / Chairman
Mr Chris Martin
Prif Weithredwr /Chief Executive
Mr Trevor Purt

Bwrdd Iechyd Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Hywel Dda
Hywel Dda Health Board is the operational name of Hywel Dda Local Health Board

(2)

I am unsure whether the reference to the Maelor Hospital in Wrexham reflects all waste generated, including Clinical Waste (that cannot be recycled) or is a domestic waste recycling position. In terms of Hywel Dda, the current recycling rate taken into account all waste generated is at 15%. A comparable rate, excluding Clinical waste is at 25%. As an example Glangwili General Hospital has a 16.7% all waste recycling rate and a 29.7% domestic recycling rate). Our objective in 2012/13 is to achieve the 30% domestic recycling rate target.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Trevor Purt', with a stylized flourish at the end.

Trevor Purt
Chief Executive

ACTION PLAN

In order to move towards its overall objectives, the Board has set out its action plan for the financial years 2011-12 and 2012-13.

2011/12 Action Plan

Within the financial year, the Board intends to:

- Set up a Sustainability and Environmental Management Steering Group;
- Let a single, Board wide general (domestic) waste and recycling contract;
- Complete implementation of a colour coding system for healthcare waste segregation in line with current best practice (Department of Health guidance 'Safe Management of Healthcare Waste');
- Standardise the recycling of cardboard, paper, plastics and tins/cans across acute and community hospital sites operated by the Board;
- Develop and disseminate waste policies and procedures
- Investigate the practicalities of separate food waste collections and disposal options, and implement as appropriate at some sites;

2012/13 Action Plan

It is currently planned that the Board's action plan for the financial year 2012/13 will comprise the following actions, in addition to any actions not fully implemented during 2011/12:

- Issue a standardised waste arising template for data reporting
- Implement a central, comprehensive data monitoring system covering all waste streams generated by the Board through its daily activities;
- Implement an Environmental Management System (ISO14001) across all sites operated by the Board in line with Welsh Assembly Government requirements;
- Further develop, and improve the use of, a full range of recycling schemes at all sites
- Undertake internal waste management audits;
- Prepare a further 2 year action plan.

PET(4)-03-12 p12a

P-03-143 Ysgol Penmaes

Petition wording

We the undersigned request that the National Assembly for Wales urge the Welsh Assembly Government to invest in better transport links in rural areas like Powys.

Petition raised by: Catherine Lewis

Petition first considered by: August 2008

Number of signatures: 15

Agenda Item 4.1

PET(4)-03-12 p14a

P-04-331 Filming and Recording of Council Meetings

Petition wording

We call upon the National Assembly for Wales to urge the Welsh Government to place a statutory requirement on all local authorities in Wales to record, broadcast or livestream all Council meetings which are open to the public, via their existing websites to ensure openness and transparency. This requirement should allow members of the public, as responsible observers, to record or film such meetings without the need for prior permission and to re-use the material freely to provide a direct and wider line of communication to the electorate.

Petition raised by: Jacqui Thompson

Petition first considered by Committee: September 2011

Number of signatures: 223

Please follow the link to access full consultation response:

<http://www.senedd.assemblywales.org/mglIssueHistoryHome.aspx?lId=1741>

PET(4)-02-12 p15a

P-04-332 Local Authority Spending Details over £500

Petition wording

We call upon the National Assembly for Wales to urge the Welsh Government to place a statutory requirement on all local authorities in Wales to publish details of all spending over £500 in the interest of openness and transparency. The details should be published online and in a format accessible to the public with the freedom to re-use the data.

Petition raised by: Jacqui Thompson

Petition first considered by Committee: September 2011

Number of signatures: 77

Supporting information: Many English Councils now publish this information on their websites. The information is already available on various internal council databases so would merely need to be collated centrally and in a form suitable for access and in compliance with the Data Protection Act.. Initial costs would be offset by a reduction in the volume of Freedom of Information requests received by Local Authorities concerning spending details.

Please follow the link to access full consultation response:

<http://www.senedd.assemblywales.org/mgIssueHistoryHome.aspx?Ild=1742>

Local Authority Spending details

1. Why Monmouthshire County Council (MCC) decided to publish spend data

- a. One of Monmouthshire's values is openness and it is keen to demonstrate this value wherever it can. It is trying to embrace the Open Government agenda in a number of ways and publishing spend data is just one of these areas.
- b. The Leader of the Council and the Cabinet Member for Finance Performance and Improvement were keen for this piece of work to be undertaken to both promote openness and accountability
- c. They were keen to get a handle on the scope of the task along with any potential issues and constraints and so asked for this to be done.
- d. As English Authorities are required to do this, the topic was being discussed at user group meetings attended by our financial systems manager which raised awareness of the requirement and enabled us to learn from others experiences.

2. Barriers faced in setting up

- a. Over the years MCC has developed its general ledger coding to meet the requirements of the Authority. Whilst the data required was held within the system it was maintained in different elements of the system and as such a bespoke report needed to be written to extract the required data from the specific elements and piece them together. This required resources and skills to be prioritised and therefore meant that other development work on the system was delayed.
- b. To simplify the report writing and avoid having to change the report if the value limit of £500 changed, it was decided to ignore the limit and publish all spend data. This was felt to be a more open approach and all the data would be available for any FOI searches.
- c. The exclusions and redactions was quite a complex area. It required ensuring that the data was structured in such a way that these areas could be easily identified and automatically excluded or redacted. Where the data could not be easily identified these transactions were reviewed and where possible new recording requirements put in place. Input and feedback was sought from the Data Protection / Freedom of Information expert in the Authority to review the data (Generally 10,000 transactions per month) that we intended to publish. A cautious approach has been adopted in this area and in addition Suppliers are advised that supplier transaction details are published on our Website
- d. As the report was pulling data from various elements within the system it was important that the information published was complete so this required that the report was fully reconciled to the Financial System.
- e. Getting the web site page ready to publish the data was aided by working with another Authority to use their format which was clear, concise and easily understood.
- f. Initially there was a concern that resources would be needed to field calls from suppliers and others in relation to the data, however authorities publishing their data didn't report further queries to that already received under the Freedom of Information Act. Our experience has been the same.

- g. Consideration was given to other establishments, where we hold their transactional information within our Creditor Ledger such as Schools etc., to ensure the various establishments were consulted about the publication of data relating to their spend.
- h. Budget holders needed to be involved in the process:
 - i. They were the officers who knew what the transaction / expenditure related to and could identify if there was a need to redact any of the details or provide further information.
 - ii. They were also responsible for ensuring the transactions were coded correctly – miscoding could be very misleading to the reader.
 - iii. The data extract was extended to include data that would assist budget holders in identifying the transactions they needed to review.
 - iv. Managers role in reviewing the data prior to publication was identified
 - v. A three month trial from January 2011 to March 2011 was run but not published so that the process could be tested and bedded in. To avoid managers ignoring or deleting the notifications, various transactions were highlighted to both amuse and cause controversy. This certainly gained some interest and raised some interesting questions

3. On-going Financial and Practical Considerations

- a. A check list has been built up over the months from experience and officers comments identifying transactions that:
 - i. Fall outside the report parameters
 - ii. Need to be redacted on a regular basis
 - iii. Potentially need an explanation
- b. Data Protection
 - i. Two reviews of the data are undertaken by two separate officers to ensure that any Supplier that appears to be a name is redacted.
- c. Fraud
 - i. The Accounts Payable function has a number of checks to ensure that new Suppliers or changes to supplier details are authentic.
 - ii. With more and more information being disclosed it will be easier for the fraudster.
- d. Petty Cash
 - i. A review of the listing each month is done , to ensure that a reviewer cannot make out a location and value of Petty Cash – or determine a pattern
- e. Resource Commitment
 - i. This is generally two days per month, but continuing to seek ways to make this more efficient.
- f. FOIs
 - i. FOIs have not decreased