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Dear *Jonas*

27 January 2010

AUDIT COMMITTEE REPORT: JULY 2009 – PROTECTING NHS STAFF FROM VIOLENCE AND AGGRESSION – WELSH ASSEMBLY GOVERNMENT UPDATE TO THE REPORT OF THE AUDIT COMMITTEE

I have pleasure in enclosing a copy of the Welsh Ministers' update to the above report which will be laid before the Table Office.

The report was slightly delayed by the need to ensure that the data collection was fully checked and as robust as possible. Data collection for the 2008/9 period having to be checked manually, whereas emerging data will benefit from the updating of the Datix system and be more straightforward to collect.

I am pleased to report that progress has been made on many areas and work is still continuing with activity being monitored by the Violence and Aggression Steering Group, chaired by David Francis (Chairman of Cardiff and Vale University Health Board and NHS Champion for Violence and Aggression), to ensure momentum is maintained by the new NHS organisations.

The Welsh Assembly Government's response to the National Assembly Audit Committee's report on Protecting NHS Staff from Violence and Aggression - Update December 2009

Below is detailed the requirements from the Audit Committee's report on the above along with the Welsh Assembly Government response:

The Committee further recommends that the Welsh Government in addition to its usual response to this report provides an update on progress at the end of this year by which time it should be able to demonstrate that all the action dependent on the new Health Boards being in place should have been implemented and is showing results
Accepted: The Welsh Assembly Government will provide the Audit Committee with an update on all actions taken to address violence and aggression against NHS Staff and evidence to support them by the end of December 2009.
Timescales: December 2009

1 Introduction

- 1.1 In September 2005, the Wales Audit Office published a report 'Protecting NHS Trust staff from violence and aggression'. The report was considered by the Audit Committee in 2006.
- 1.2 In February 2009, the Auditor General published an update report which concluded that whilst some progress has been made there are still problems that need addressing. Two witness sessions took place in Spring 2009 and the Audit Committee then produced their report in July 2009.
- 1.3 This report provides the Public Accounts Committee with progress since July. The information is presented to align with the order and subject headings of the July report. The following provides a response and does not repeat the findings contained in the report.

2 Reporting of violence and aggression.

2.1 Under-reporting

To address the under-reporting of incidents by staff the following has been implemented.

- A simplified incident reporting form specifically for violence and aggression incidents has been developed. The form is currently being trialled in Cardiff and Vale University Health Board for three

months from January – March 2010. On completion of the trial, it is expected that the form will be implemented across the rest of NHS Wales.

- To promote incident reporting, Health Boards and Trusts have all reviewed their incident reporting policies and procedures and have included information on their web pages and staff newsletters to guide staff to the importance of reporting. Incident reporting has also been included in management training.
- All Health Boards and Trusts highlight to staff the importance of reporting incidents, as part of induction and ongoing statutory and mandatory training courses.
- To further promote incident reporting and investigation amongst managers, Management Appraisals now include this as part of the KSF Outline and core Health and Safety dimension.

2.2 Data and coding

As part of routine monitoring of violence and aggression incidents in NHS Wales, Welsh Assembly Government officials have undertaken a more in depth review of violence and aggression incidents. It is interesting to note that of the 9,172 incidents reported for 2008/9 there are 2,025 which are coded as gratuitous violence (and therefore not related to a clinical condition, drugs etc). This is made up of 864 physical incidents (9.4%), and 1,072 verbal (11.7%). 89 coded as other. In the same period 33% of incidents were not aimed directly at staff. Detailed figures are provided in Annex A.

Headline figures for 2008/9 are:

- In comparison to previous years figures the total Violence and Aggression figures for 2008/09 are 9,172, showing an increase from 7,343 the previous year. This figure includes all types of violence and aggression whether it is to staff, patients, visitors or members of the public. The increase may be partly due to an improvement in staff reporting.
- In 2008/09 a more in depth look at violence and aggression incidents has been undertaken showing that 6,163 of the 9,172 were aimed directly at staff. From these 6,163 staff incidents the patients' mental/medical condition was a causal factor in 3,974 instances. Work is currently being developed with the Directors of Nursing across Wales to identify strategies for managing these patients to aid with the reduction in violence and aggression.

Where weaknesses have been identified in the data, improvements have been outlined in the appropriate Health Board/Trust action plan. Improvement will be monitored. eg Betsi Cadwaladr appears to have a

low total reported figure; WAST and Betsi Cadwaladr training figures require immediate improvement.

A set of all Wales incident recording codes were agreed and as from 1st October 2009 all NHS Organisations in Wales are using these codes for recording incidents of violence and aggression. With the introduction of these all Wales codes, an assurance can be given that NHS Wales will be recording violence and aggression incidents in a consistent manner. These new codes will allow an even more in depth comparison of statistics in future years.

All NHS Organisations in Wales are in the process of updating their incident recording software (Datix) to the latest version to allow for the facility of web-reporting. All NHS Organisations in Wales have now purchased, or are in the final stages of procuring, the new software and have agreed to have this new version operational in all wards and departments by 30th June 2010.

2.3 Board Champions

All NHS Organisations have in place an Executive Director Lead (also known as the Champion) for violence and aggression.

All NHS Organisations have in place a Non Officer/Non Executive Lead for violence and aggression.

2.4 Action Plans

Employer's Action plans - In October 2009 the newly formed Health Boards / Trusts resubmitted their Employers Action Plans providing an update on actions taken over the period. The Employers action plan consists of 26 separate actions which are standard across all organisations and the All Wales Violence and Aggression Steering Group. The group is under the chairmanship of David Francis, Minister's Champion for V&A in the NHS. The group monitors the delivery of the actions to the agreed timescales.

Headline issues found:

- All NHS Organisations have in place an Executive Director Lead (also know as the Champion) for violence and aggression.
- All NHS Organisations have in place a Non Officer/Non Executive Lead for violence and aggression.
- It is understood that all NHS Organisations have provided quarterly reports to their Health/Trust Boards and employer/staff side meetings outlining the work they are undertaking to address the issue of violence and aggression to staff.

- All NHS Organisations have put in place arrangements to allow for staff to access Occupational Health services no more than 3 days post incident.

Welsh Assembly Government Action Plan - Headline actions from the Welsh Assembly Government Action Plan include:

- The appointment of a Senior Assembly Official to lead on the violence and aggression initiative. This is Sheelagh Lloyd Jones, Director of Workforce and Organisational Development, Health and Social Services Directorate General.
- Welsh Assembly Government to commission the National Leadership Innovation Agency for Health (NLIAH) to negotiate with education providers (as part of workforce planning arrangements) to ensure all students on placements in NHS premises receive Violence and Aggression Passport training prior to placement.
- Welsh Assembly Government to develop an all-Wales communications strategy and action plan, to include the funding and delivery of a sustained, high profile awareness raising campaign, targeting both the general public and NHS staff.
- Welsh Assembly Government to ensure an all-Wales approach, with commitment from all NHS Wales employers, resulting in the use of a common electronic web-based system of data collection. Within this data collection, WAG to confirm key performance indicators (KPIs) for NHS Wales for implementation from 1st April 2010.
- Welsh Assembly Government to coordinate a comprehensive review of the All Wales Violence and Aggression Training Passport and Information Scheme. The training element will look at evaluating, updating and revising Modules A, B, and C. The information element will focus on mechanisms for modifying patient behaviour eg patient contract, controlling patient access. This is aimed at the small percentage of anti-social patients. This review will commence in January 2010.

3 Action to prevent and control violent incidents

3.1 Training

The Passport currently has three levels of training available for staff:

- **Module A** – Induction and General Awareness (1 hour training)
- **Module B** – Theory of Personal Safety and De-escalation (half day training)
- **Module C** – Breakaway (half day training)

A new module D, which addresses Restrictive Physical Interventions (previously known as Control and Restraint) was completed in November and is currently undergoing consultation. Following consultation, the new Module should be ready for implementation at the end of February 2010. All NHS Wales bodies currently provide this training to key staff groups e.g. Mental Health and Learning Disabilities, although to date there has been no national standard.

NHS Wales Organisations have been required to provide compliance data for their delivery of violence and aggression training as at the 1st September 2009. This is provided at Annex B. This information will be routinely monitored by WAG Officials and will form part of key performance indicators (KPIs) for NHS Wales for implementation from 1st April 2010.

As noted from Annex B, some Health Boards and Trusts compliance with their training plans for violence and aggression are at a low level. To achieve a higher compliance level, specific actions have been identified within individual employer's action plans. WAG Officials will monitor these levels over the next six months to identify if improvements are achieved.

3.2 CCTV

A CCTV pilot was launched on 15th December 2009. The pilot sites are located one within each of the four police authorities in the A&E departments of the Royal Gwent Hospital, Prince Charles Hospital, West Wales General and Ysbyty Gwynedd. Additionally five ambulances based at Blackweir in Cardiff have been included in the pilot.

The cameras are high quality to ensure that they meet the necessary specification to assist in any resultant court proceedings. Recording of images will be carefully managed to ensure adequate information is obtained to assist with the prosecution of offenders, whilst ensuring vigilant compliance with data protection and other relevant legislation.

3.3 Lone Workers

Work is progressing on the development of a Business Case for an automated "Lone Worker" alert system. This should be completed by 22nd January 2010 with implementation rolling out shortly thereafter. Actions already taken include:

- Workshop for LHB stakeholders and system provider took place on 9th November.
- Staff numbers (informed by risk assessments) to be included have been reviewed and confirmed by incoming Health Boards.
- Identification of geographical service coverage by different telecoms service providers

4 Supporting staff in relation to violent incidents

4.1 Security staff – police presence

There is central guidance within the Security Management Framework (Published: Assembly Government 2005) on training of security staff. Job descriptions for a Security Manager and for a Security Officer are provided.

Area of Assessment 10, on capability, outlines that training should be identical for both internal and outsourced security personnel.

Additionally Annex F of the Framework details security officer training indicating hours for each identified element. Training accreditation is recommended via Counter Fraud and Security Management Services (CFSMS), National Association of Healthcare Security (NAHS) or Security Industry Authority (SIA).

The extent to which an NHS organisation employs security staff is an operational issue which is informed by risk assessments and resource priorities. Some NHS organisations may employ security staff whilst others may seek solutions in collaboration with their local police. This can include joint funding of a PCSO (Police Community Support Officer) or a greater presence of Community Police.

4.2 Memorandum of Understanding

On the 14th September 2009 the Minister for Health and Social Services and the Chief Constable for South Wales Police (on behalf of all 4 Welsh Police Forces) signed an MoU which ensures a seamless process between NHS Wales, the Police and CPS when dealing with perpetrators of violence and aggression against NHS Wales staff. This followed a previous MoU with the Crown Prosecution Service (2007).

The MoU allows the Police and NHS Wales to work in partnership in the investigation of allegations of violence and aggression at NHS premises or towards NHS Staff. The MoU will focus on steps necessary to promote the prosecution of violent offenders in circumstances where they assault Welsh NHS Staff. The MoU will increase the number of cases getting to CPS which will increase the number of prosecutions.

The MoU includes protocols on Police and Champion responses to incidents; incident investigation; prosecution policy; the referral of cases to the police; provision of statements of evidence; evidence gathering; the exchange of information; post incident reviews; notification of the progress and outcome of all investigations; support for victims when their case has progressed to court and reconciliation of any disagreements.

4.3 Low level of prosecutions

The observations of the Audit Committee have been noted and as the Case Workers become established it will be possible to collect data on prosecutions following incidents on NHS sites.

An Example of Best Practice

Cardiff and Vale University Health Board appointed a case manager in February 2009 to work with staff, the police and CPS when incidents of violence and aggression have taken place. In the 10 months since the appointment of their case manager, the Health Board has seen a substantial increase in the number of successful prosecutions of those perpetrators. Since February alone there have been 6 successful prosecutions, whilst others are pending.

4.4 Change to the law

Although the Committee raised the question of whether there was a need for a change in the law to provide greater protection for health staff, WAG has decided to first assess the impact of the improvements in handling violence and aggression (e.g. case workers, CCTV etc) and by making fuller use of the current legislation, before considering whether further legal powers are necessary. The effect and outcomes relating to the two signed MoUs (Police and CPS) will also be considered.

In the meantime, Welsh Assembly Government will review whether there is a need for changes in current Legislation (Emergency Workers (Obstruction) Act 2006) to cover all emergency workers and consider the appropriate timing for the commencement of the Criminal Justice and Immigration Act (sections 119-122) which aim to reduce nuisance and disturbance behaviour on NHS premises.

4.5 Case Workers

Guidance on job descriptions and person specifications for Case Managers has been agreed. Recruitment and/or allocation of duties are progressing with many organisations. With the current reorganisation of the NHS and a number of recruitment tranches being undertaken, it is expected that Case Managers will be in place by the end of Spring 2010.

The types of violent and/or aggressive incidents that should be case managed include:

- Violent and aggressive incidents strongly considered by staff as harming (actual or implied)
- Incidents involving weapons
- Violent and aggressive incidents resulting in significant harm

- Violent and aggressive incidents resulting in Police intervention
- Violent and aggressive incidents resulting in staff sickness
- Sexual/racial incidents of violence and aggression
- Violent and aggressive incidents where staff or line managers have specifically requested support

Violence and Aggression Statistics for 2008-09 All Wales Data

	Hywel Dda	Betsi Cadwaladr	Aneurin Bevan	ABM	Cwm Taf	Velindre	Powys	WAST	C & V	TOTALS
1. Total Number of V&A Incidents for 1st April 2008 to 31st March 2009	1217	751	2185	1466	1164	49	475	176	1689	9172
2. Total Number of V&A Incidents to Staff*	751	446	1035	1075	703	38	273	169	1673	6163

The following table provides figures for incidents where a patients clinical condition was a causal factor. Work is currently being developed with the Directors of Nursing across Wales to identify strategies for managing these patients, and to aid a reduction in these type of incidents.

3. Total Number of V&A Incidents to Staff where the assailants clinical/mental condition was a causal factor	626	443	655	696	359	8	238	5	944	3974
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The following three tables provide details on those incidents which are classed as gratuitous and consequently where prosecutions are more likely to be considered. The first table gives the overview. The second table gives a breakdown by clinical area for incidents of gratuitous physical incident. The last table gives a breakdown by clinical area of gratuitous verbal incidents.

4. Gratuitous - those incidents defined as 'physical'	89	3	216	56	156	1	7	Note 1	336	864
5. Gratuitous - those incidents defined as 'verbal'	36	0	75	323	188	29	28	Note 1	393	1072
6. Other	0	0	89	0	0	0	0	Note 1	0	89
7. Total Number of V&A Incidents to Staff where gratuitous violence occurred (Total rows 4,5 & 6)	125	3	380	379	344	30	35	164	729	2189

Note 1: Breakdown currently being confirmed

8. Breakdown of line 4 above (physical)										
Mental Health	0	0	0	6	23	0	0	0	18	47
A&E	2	0	16	28	10	0	1	0	13	70
Midwifery	0	0	1	0	1	0	0	0	28	30
Care of the Elderly (including EMI)	11	0	0	0	26	0	4	0	104	145
Medicine	59	3	59	10	44	1	1	0	65	242
Surgical	17	0	3	5	19	0	0	0	103	147
Community	0	0	94	7	0	0	1	0	5	107
Other	0	0	43	0	33	0	0	0	0	76
	89	3	216	56	156	1	7	0	336	864

9. Breakdown of Line 5 above (verbal)										
Mental Health	0	0	0	16	21	0	0	0	46	83
A&E	11	0	8	160	92	0	0	0	44	315
Midwifery	1	0	3	20	5	0	2	0	30	61
Care of the Elderly (including EMI)	5	0	0	2	0	0	16	0	108	131
Medicine	12	0	13	75	29	18	4	0	61	212
Surgical	6	0	4	10	19	0	0	0	71	110
Community	1	0	26	40	0	11	6	0	33	117
Other	0	0	21	0	22	0	0	0	0	43
	36	0	75	323	188	29	28	0	393	1072

*This includes V&A incidents to staff from Patients, Visitors or Members of the Public

ANNEX B

Violence and Aggression Training Passport - Compliance Figures* for Health Boards and Trusts as at 1st Sept 2009

	Module A	Module B	Module C
Abertawe Bro Morgannwg	81%	81%	86%
Aneurin Bevan	56%	56%	87%
Betsi Cadwaladr	40%	51%	45%
Cardiff & Vale	99%	84%	84%
Cwm Taf	100%	92%	89%
Hywel Dda	100%	36%	36%
Powys	30%	33%	30%
Velindre	90%	60%	41%
Welsh Ambulance Services			
Trust	Module A	Module B	Module C
Paramedic staff	56%	56%	56%
Emergency Medical Technician	44%	44%	44%
High Dependency Staff	0%	0%	N/A
Patient Care Service	78%	78%	78%
Other Staff Groups	100%	N/A	N/A
NHS Direct	91%	91%	N/A

* The Compliance Figure is shown as a percentage of the number of staff requiring training as required for compliance with the Violence and Aggression Training Passport, to actual numbers trained.

Module A = Induction and Awareness Raising
 Module B = Theory of Personal Safety and De-escalation
 Module C = Breakaway Training

All Health Boards additionally provide various models of Restrictive Physical Interventions Training to staff working in Adult Mental Health. A draft Module D has been developed to standardise this training and is currently being consulted upon. This Module will be available in early 2010.

Ymateb Llywodraeth Cynulliad Cymru i adroddiad Pwyllgor Archwilio'r Cynulliad Cenedlaethol ar Ddiogelu Staff y GIG rhag Trais ac Ymddygiad Ymosodol Diweddariad Rhagfyr 2009

Nodir isod y gofynion o adroddiad y Pwyllgor Archwilio ar yr uchod, ynghyd ag ymateb Llywodraeth Cynulliad Cymru:

At hynny, mae'r Pwyllgor yn argymhell bod Llywodraeth Cymru, yn ogystal ag ymateb yn y dull arferol i'r adroddiad hwn, yn darparu'r wybodaeth ddiweddaraf am ei chynnydd ar ddiwedd y flwyddyn. Erbyn hynny, dylai allu dangos bod yr holl gamau sy'n dibynnu ar sefydlu'r byrddau iechyd newydd wedi cael eu cymryd, a bod y camau hynny wedi arwain at ganlyniadau.

Derbyniwyd: Bydd Llywodraeth Cynulliad Cymru'n darparu'r wybodaeth ddiweddaraf i'r Pwyllgor Archwilio am yr holl gamau a gymerwyd i fynd i'r afael â thrais ac ymddygiad ymosodol yn erbyn Staff y GIG a thystiolaeth i'w cefnogi erbyn diwedd mis Rhagfyr 2009.

Amserlenni: Rhagfyr 2009

1 Cyflwyniad

- 1.1 Ym mis Medi 2005, cyhoeddodd Swyddfa Archwilio Cymru adroddiad 'Diogelu Staff Ymddiriedolaethau'r GIG rhag Trais ac Ymddygiad Ymosodol'. Cafodd yr adroddiad ei ystyried gan y Pwyllgor Archwilio yn 2006.
- 1.2 Ym mis Chwefror 2009, cyhoeddodd yr Archwilydd Cyffredinol ddiweddariad a ddaeth i'r casgliad bod rhywfaint o gynnydd wedi cael ei wneud, ond bod yna broblemau o hyd y mae angen mynd i'r afael â hwy. Cynhaliwyd dwy sesiwn dystiolaeth yng ngwanwyn 2009 ac wedyn cynhyrchodd y Pwyllgor Archwilio ei adroddiad ym mis Gorffennaf 2009.
- 1.3 Mae'r adroddiad hwn yn rhoi i'r Pwyllgor Cyfrifon Cyhoeddus y cynnydd ers mis Gorffennaf. Cyflwynir y wybodaeth mewn ffordd sy'n gyson â threfn a phenawdau pwnc adroddiad mis Gorffennaf. Mae'r canlynol yn darparu ymateb ac nid yw'n ailadrodd y canfyddiadau a geir yn yr adroddiad.

2 Cofnodi trais ac ymddygiad ymosodol.

2.1 Tangofnodi

Er mwyn mynd i'r afael â thangofnodi digwyddiadau gan staff mae'r canlynol wedi cael ei weithredu.

- Mae ffurflen gofnodi wedi'i symleiddio sy'n benodol ar gyfer achosion o drais ac ymddygiad ymosodol wedi cael ei datblygu. Mae'r ffurflen yn cael ei threialu ar hyn o bryd ym Mwrdd Iechyd Prifysgol Caerdydd a'r Fro am dri mis o fis Ionawr i fis Mawrth 2010. Ar ôl cwblhau'r cynllun treialu, disgwylir y caiff y ffurflen ei rhoi ar waith ar draws gweddill GIG Cymru.
- Er mwyn hybu cofnodi digwyddiadau, mae'r Byrddau Iechyd a'r Ymddiriedolaethau i gyd wedi adolygu eu polisïau a'u gweithdrefnau cofnodi digwyddiadau ac wedi cynnwys gwybodaeth ar eu tudalennau gwe ac yn eu cylchlythyrau staff i roi canllawiau i'r staff am bwysigrwydd cofnodi. Mae cofnodi digwyddiadau hefyd wedi cael ei gynnwys mewn hyfforddiant i reolwyr.
- Mae pob Bwrdd Iechyd ac Ymddiriedolaeth hefyd yn nodi pa mor bwysig a gwerthfawr yw hi i'r staff gofnodi digwyddiadau fel rhan o gyrsgiau hyfforddiant ymsefydlu a pharhaus sy'n statudol ac yn orfodol.
- Er mwyn hybu cofnodi ac ymchwilio i ddigwyddiadau ymhellach ymysg rheolwyr, mae Gwerthusiadau Rheolwyr bellach yn cynnwys hyn fel rhan o'r Amlinelliad Fframwaith Sgiliau Allweddol a'r dimensiwn Iechyd a Diogelwch craidd.

2.2 Data a chodio data

Fel rhan o waith arferol monitro achosion o drais ac ymddygiad ymosodol yn GIG Cymru, mae swyddogion Llywodraeth Cynulliad Cymru wedi gwneud adolygiad manylach o achosion o drais ac ymddygiad ymosodol. Mae'n ddiddorol nodi bod 2,025 o'r 9,172 o achosion a gofnodwyd ar gyfer 2008/9 wedi'u categoreiddio'n rhai heb achos (ac felly'n rhai nad ydynt yn gysylltiedig â chyflwr clinigol, cyffuriau ac ati). Achosion corfforol yw 864 o'r rhain (9.4%) ac achosion geiriol yw 1,072 ohonynt (11.7%). Roedd 89 ohonynt wedi'u gosod mewn categorïau eraill. Yn yr un cyfnod, nid oedd 33% o'r achosion yn erbyn staff yn uniongyrchol. Mae'r ffigurau manwl ar gael yn Atodiad A.

Y canlynol yw'r prif ffigurau ar gyfer 2008/9:

- O'u cymharu â ffigurau blynyddoedd blaenorol, cyfanswm y ffigurau Trais ac Ymddygiad Ymosodol ar gyfer 2008/09 yw 9,172, sy'n gynydd o ffigur y flwyddyn flaenorol, sef 7,343. Mae'r ffigur hwn yn cynnwys pob math o drais ac ymddygiad ymosodol boed yn erbyn

staff, cleifion, ymwelwyr neu'r cyhoedd. Gallai'r cynnydd fod yn rhannol oherwydd bod mwy o staff yn cofnodi achosion o'r fath.

- Yn 2008/09 cymerwyd golwg manylach ar achosion o drais ac ymddygiad ymosodol a ddangosodd fod 6,163 o'r 9,172 yn erbyn staff yn uniongyrchol. O'r 6,163 o achosion hyn yn erbyn staff, roedd 3,974 ohonynt oherwydd cyflwr meddyliol/meddygol y cleifion. Mae gwaith yn cael ei ddatblygu ar hyn o bryd gyda'r Cyfarwyddwyr Nyrsio ledled Cymru i ganfod strategaethau i reoli'r cleifion hyn er mwyn cynorthwyo â lleihau trais ac ymddygiad ymosodol.

Lle mae gwendidau wedi'u nodi yn y data, mae gwelliannau wedi'u hamlinellu yng nghynllun gweithredu'r Bwrdd/Ymddiriedolaeth Iechyd briodol. Caiff y gwelliant ei fonitro. Er enghraifft, mae'n ymddangos mai cyfanswm isel o achosion sydd wedi'u cofnodi gan Betsi Cadwaladr; mae angen gwella ffigurau hyfforddi Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru a Betsi Cadwaladr ar unwaith.

Cytunwyd ar set o godau cofnodi digwyddiadau i Gymru gyfan ac o 1^{af} Hydref 2009 ymlaen mae pob sefydliad y GIG yng Nghymru yn defnyddio'r codau hyn i gofnodi achosion o drais ac ymddygiad ymosodol. Ar ôl i'r codau hyn i Gymru gyfan gael eu cyflwyno, gellir rhoi sicrwydd y bydd GIG Cymru'n cofnodi achosion o drais ac ymddygiad ymosodol mewn ffordd gyson. Bydd y codau newydd hyn yn golygu y gellir cymharu ystadegau'n fanylach byth yn y blynyddoedd i ddod.

Mae pob un o sefydliadau'r GIG yng Nghymru wrthi'n diweddarau eu meddalwedd cofnodi digwyddiadau (Datix) i'r fersiwn ddiweddaraf er mwyn caniatáu ar gyfer cofnodi ar y we. Mae pob un o sefydliadau'r GIG yng Nghymru bellach wedi prynu'r feddalwedd newydd, neu maent yn cymryd y camau olaf i'w chaffael, ac maent wedi cytuno y bydd y fersiwn newydd hon ar waith ym mhob ward ac adran erbyn 30^{ain} Mehefin 2010.

2.3 Hyrwyddwyr y byrddau

Mae gan bob sefydliad GIG Arweinydd sy'n Gyfarwyddwr Gweithredol (a elwir hefyd yr Hyrwyddwr) ar gyfer trais ac ymddygiad ymosodol.

Mae gan bob sefydliad GIG Arweinydd nad yw'n Swyddog / Anweithredol ar gyfer trais ac ymddygiad ymosodol.

2.4 Cynlluniau Gweithredu

Cynlluniau Gweithredu Cyflogwyr – Ym mis Hydref 2009 ailgyflwynodd y Byrddau Iechyd / Ymddiriedolaethau oedd newydd eu ffurfio eu Cynlluniau Gweithredu Cyflogwyr gan roi'r wybodaeth ddiweddaraf am y camau a gymerwyd dros y cyfnod. Mae'r Cynllun

Gweithredu Cyflogwr yn cynnwys 26 cam sy'n safonol ar draws pob sefydliad ac mae Grŵp Llywio Cymru Gyfan ar Drais ac Ymddygiad Ymosodol. Mae'r grŵp o dan gadeiryddiaeth David Francis, Hyrwyddwr y Gweinidog ar gyfer Trais ac Ymddygiad Ymosodol yn y GIG. Mae'r grŵp yn monitro'r ffordd y mae'r camau yn cael eu cymryd yn ôl yr amserlenni y cytunwyd arnynt.

Y prif faterion a nodwyd:

- Mae gan bob sefydliad GIG Arweinydd sy'n Gyfarwyddwr Gweithredol (a elwir hefyd yr Hyrwyddwr) ar gyfer trais ac ymddygiad ymosodol.
- Mae gan bob sefydliad GIG Arweinydd nad yw'n Swyddog / Anweithredol ar gyfer trais ac ymddygiad ymosodol.
- Deallir bod holl Sefydliadau'r GIG wedi rhoi adroddiadau chwarterol i'w Byrddau Iechyd/Ymddiriedolaeth ac mewn cyfarfodydd cyflogwyr/staff yn amlinellu'r gwaith y maent yn ei wneud i fynd i'r afael â phroblem trais ac ymddygiad ymosodol yn erbyn staff.
- Mae'r holl sefydliadau GIG wedi darparu adroddiadau chwarterol i'w Byrddau Iechyd/Ymddiriedolaeth a chyfarfodydd cyflogwyr/staff yn rhoi braslun o'r gwaith maent yn ei wneud i fynd i'r afael â mater trais ac ymddygiad ymosodol yn erbyn staff.
- Mae gan bob sefydliad GIG drefniadau sy'n caniatáu i'r staff gael gwasanaethau Iechyd Galwedigaethol dim mwy na 3 diwrnod ar ôl digwyddiad.

Cynllun Gweithredu Llywodraeth Cynulliad Cymru – Mae'r prif gamau o Gynllun Gweithredu Llywodraeth Cynulliad Cymru'n cynnwys:

- Penodi Uwch Swyddog y Cynulliad i arwain ar y fenter trais ac ymddygiad ymosodol, sef Sheelagh Lloyd Jones, Cyfarwyddwraig y Gweithlu a Datblygiad Cyfundrefnol, Cyfarwyddiaeth Gyffredinol Iechyd a Gwasanaethau Cymdeithasol.
- Llywodraeth Cynulliad Cymru i gomisiynu'r Asiantaeth Genedlaethol Arwain ac Arloesi mewn Gofal Iechyd (NLIAH) i drafod a threfnu gyda darparwyr addysg (fel rhan o drefniadau cynllunio'r gweithlu) i sicrhau bod yr holl fyfyrwyr ar leoliadau ar safleoedd y GIG yn cael hyfforddiant pasbort ar drais ac ymddygiad ymosodol cyn eu lleoliadau.
- Llywodraeth Cynulliad Cymru i ddatblygu strategaeth a chynllun gweithredu ar gyfathrebu i Gymru gyfan, a fydd yn cynnwys ariannu a chyflenwi ymgyrch barhaus â phroffil uchel i godi ymwybyddiaeth, gan dargedu'r cyhoedd a staff y GIG fel ei gilydd.

- Llywodraeth Cynulliad Cymru i sicrhau dull Cymru gyfan, gydag ymrwymiad oddi wrth holl gyflogwyr GIG Cymru, gan arwain at ddefnyddio system electronig gyffredin ar y we i gasglu data. Wrth gasglu data fel hyn, LICC i gadarnhau dangosyddion perfformiad allweddol ar gyfer GIG Cymru i gael eu gweithredu o 1^{af} Ebrill 2010 ymlaen.
- Llywodraeth Cynulliad Cymru i gydgysylltu adolygiad cynhwysfawr o Basbort Hyfforddi a Chynllun Gwybodaeth Cymru Gyfan ar Drais ac Ymddygiad Ymosodol. Bydd yr elfen hyfforddi'n edrych ar werthuso, diweddarau ac adolygu Modiwlau A, B a C. Bydd yr elfen gwybodaeth yn canolbwyntio ar ddulliau o addasu ymddygiad cleifion, ee contractau cleifion, rheoli mynediad cleifion. Mae hyn yn targedu'r ganran fach o gleifion gwrthgymdeithasol. Bydd yr adolygiad hwn yn dechrau ym mis Ionawr 2010.

3 Camau i atal a rheoli digwyddiadau treisgar

3.1 Hyfforddiant

Ar hyn o bryd mae gan y Pasbort dair lefel o hyfforddiant sydd ar gael i'r staff:

- **Modiwl A** – Ymsefydlu ac Ymwybyddiaeth Gyffredinol (1 awr o hyfforddiant)
- **Modiwl B** – Damcaniaeth Diogelwch Personol a Dad-ddwysáu (hanner diwrnod o hyfforddiant)
- **Modiwl C** – Torri'n rhydd (hanner diwrnod o hyfforddiant)

Cafodd modiwl newydd, modiwl D, sy'n ymdrin ag Ymyriadau Corfforol Cyfyngol (a elwid Rheoli a Ffrwyno o'r blaen) ei gwblhau ym mis Tachwedd a chynhelir ymgynghoriad arno ar hyn o bryd. Yn dilyn yr ymgynghoriad, dylai'r modiwl newydd fod yn barod i'w roi ar waith ym mis Chwefror 2010. Mae pob corff y GIG yng Nghymru'n darparu'r hyfforddiant hwn i grwpiau staff allweddol e.e. Iechyd Meddwl ac Anableddau Dysgu, ar hyn o bryd, er hyd yma ni fu unrhyw safon genedlaethol.

Mae wedi bod yn ofynnol i sefydliadau GIG Cymru ddarparu data cydymffurfiaeth ar gyfer yr hyfforddiant ar drais ac ymddygiad ymosodol y maent yn ei gyflenwi ar 1^{af} Medi 2009. Rhoddir hyn yn Atodiad B. Bydd y wybodaeth hon yn cael ei monitro fel mater o arfer gan Swyddogion LICC a bydd yn rhan o'r dangosyddion perfformiad allweddol ar gyfer GIG Cymru i'w gweithredu o 1^{af} Ebrill 2010 ymlaen.

Fel y nodir o Atodiad B, mae cydymffurfiaeth rhai Byrddau Iechyd ac Ymddiriedolaethau â'u cynlluniau hyfforddiant ar gyfer trais ac ymddygiad ymosodol ar lefel isel. Er mwyn sicrhau lefel uwch o

gydymffurfiaeth, mae camau penodol wedi cael eu nodi yng nghynlluniau gweithredu cyflogwr unigol. Bydd Swyddogion LICC yn monitro'r lefelau hyn dros y chwe mis nesaf er mwyn canfod a fydd unrhyw welliant.

3.2 Teledu Cylch Cyfyng

Lansiwyd cynllun peilot teledu cylch cyfyng ar 15^{fed} Rhagfyr. Mae un safle peilot ym mhob un o'r pedwar awdurdod heddlu yn adrannau damweiniau ac achosion brys Ysbyty Brenhinol Gwent, Ysbyty'r Tywysog Charles, Ysbyty Cyffredinol Gorllewin Cymru ac Ysbyty Gwynedd. Hefyd mae pum ambiwlans o'r orsaf yn Blackweir yng Nghaerdydd wedi cael eu cynnwys yn y cynllun peilot.

Mae'r camerâu o ansawdd da er mwyn sicrhau eu bod yn unol â'r fanyleb angenrheidiol i gynorthwyo mewn unrhyw achosion llys sy'n deillio o hyn. Bydd recordio delweddau'n cael ei reoli'n ofalus er mwyn sicrhau y ceir gwybodaeth ddigonol i gynorthwyo ag erlyn troseddwr, ac ar yr un pryd sicrhau cydymffurfiaeth wylriadwrus â deddfwriaeth diogelu data a deddfwriaeth berthnasol arall.

3.3 Gweithwyr Unigol

Mae'r gwaith yn mynd rhagddo ar ddatblygu Achos Busnes dros system rybuddio awtomatig ar gyfer "Gweithwyr Unigol". Dylai'r gwaith hwn gael ei gwblhau erbyn 22 Ionawr 2010 gan ei weithredu fesul cam yn fuan wedyn. Mae'r camau a gymerwyd eisoes yn cynnwys:

- Cynhaliwyd gweithdy i randdeiliaid y Byrddau Iechyd Lleol a darparwr y system ar 9^{fed} Tachwedd.
- Mae nifer y staff (ac asesiadau risg yn darparu gwybodaeth ar hyn) sydd i gael eu cynnwys wedi cael ei hadolygu a'i chadarnhau gan y Byrddau Iechyd sy'n dod i rym.
- Canfod y gwasanaeth sydd ar gael mewn ardaloedd daearyddol gan wahanol ddarparwyr gwasanaethau telathrebu

4 Cefnogi staff pan fydd achosion treisgar

4.1 Staff diogelwch a phresenoldeb yr heddlu

Mae yna ganllawiau canolog yn y Fframwaith Rheoli Diogelwch (a gyhoeddwyd gan Lywodraeth Cynulliad Cymru yn 2005) ar hyfforddi staff diogelwch. Darperir disgrifiadau swyddi ar gyfer Rheolwr Diogelwch ac ar gyfer Swyddog Diogelwch.

Mae Maes i'w Asesu 10 ar allu'n nodi y dylai hyfforddiant fod yn debyg i bersonél diogelwch mewnol ac sy'n cael eu cyflogi o'r tu allan. Hefyd, mae Atodiad F y Fframwaith yn rhoi manylion hyfforddiant i swyddogion diogelwch gan nodi oriau ar gyfer pob elfen benodol. Argymhellir achredu hyfforddiant trwy'r Gwasanaeth Atal Twyll a Rheoli Diogelwch (CFSMS), y National Association of Healthcare Security (NAHS) neu Awdurdod y Diwydiant Diogelwch (SIA).

Mae'r graddau y mae sefydliad GIG yn cyflogi staff diogelwch yn fater gweithredol y mae asesiadau risg a blaenoriaethau o ran adnoddau yn darparu gwybodaeth ar ei gyfer. Mae'n bosibl y bydd rhai o sefydliadau'r GIG yn cyflogi staff diogelwch ac y bydd eraill yn chwilio am atebion trwy gydweithredu â'r heddlu lleol. Gall hyn gynnwys cydariannu Swyddog Cymorth Cymunedol yr Heddlu neu bresenoldeb mwy o Heddlu Cymunedol.

4.2 Memorandwm Cyd-ddealltwriaeth

Ar 14^{eg} Medi 2009 llofnododd y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol a Phrif Gwnstabl Heddlu De Cymru (ar ran pob un o 4 Heddlu Cymru) Femorandwm Cyd-ddealltwriaeth sy'n sicrhau proses ddi-dor rhwng GIG Cymru, yr Heddlu a Gwasanaeth Erlyn y Goron wrth ymdrin â phobl sy'n cyflawni trais ac ymddygiad ymosodol yn erbyn staff GIG Cymru. Roedd hyn yn dilyn Memorandwm Cyd-ddealltwriaeth blaenorol gyda Gwasanaeth Erlyn y Goron (2007).

Mae'r Memorandwm Cyd-ddealltwriaeth yn caniatáu i'r Heddlu a GIG Cymru weithio mewn partneriaeth wrth ymchwilio i honiadau o drais ac ymddygiad ymosodol ar safleoedd y GIG neu yn erbyn staff y GIG. Bydd y Memorandwm Cyd-ddealltwriaeth yn canolbwyntio ar gamau y mae eu hangen i hybu erlyn troseddwr treisgar pan fônt yn ymosod ar staff GIG Cymru. Bydd y Memorandwm Cyd-ddealltwriaeth yn cynyddu nifer yr achosion fydd yn cyrraedd Gwasanaeth Erlyn y Goron, a fydd yn cynyddu nifer yr erlyniadau.

Mae'r Memorandwm Cyd-ddealltwriaeth yn cynnwys protocolau ar ymatebion Heddluoedd a Hyrwyddwyr i ddigwyddiadau; ymchwilio i ddigwyddiadau; polisi ar erlyn; atgyfeirio achosion i'r heddlu; darparu datganiadau tystiolaeth; casglu tystiolaeth; cyfnewid gwybodaeth; adolygiadau ar ôl digwyddiadau; rhoi gwybod am gynnydd a chanlyniad pob ymchwiliad; cymorth i ddiodefwrwr ar ôl i'w hachosion fynd ymlaen i'r llysoedd a chymodi unrhyw anghydfodau.

4.3 Nifer isel yr erlyniadau

Mae sylwadau'r Pwyllgor Archwilio wedi cael eu nodi ac wrth i Weithwyr Achos gael eu sefydlu bydd modd casglu data am erlyniadau sy'n dilyn digwyddiadau ar safleoedd y GIG.

Enghraifft o Arfer Gorau

Penododd Bwrdd Iechyd Prifysgol Caerdydd a'r Fro reolwr achos ym mis Chwefror 2009 i weithio gyda'r staff, yr heddlu a Gwasanaeth Erlyn y Goron pan fo achosion o drais ac ymddygiad ymosodol wedi digwydd. Yn y 10 mis ers penodi'i reolwr achos, mae'r Bwrdd Iechyd wedi gweld cynnydd sylweddol yn nifer yr erlyniadau llwyddiannus mewn achosion fel hyn. Ers mis Chwefror yn unig cafwyd 6 erlyniad llwyddiannus, ac mae eraill ar y gweill.

4.4 Newid y gyfraith

Er i'r Pwyllgor godi cwestiwn a oedd angen newid y gyfraith i roi mwy o ddiogelwch i staff iechyd, mae LICC wedi penderfynu asesu effaith y gwelliannau o ran ymdrin â thrais ac ymddygiad ymosodol (e.e. gweithwyr achos, teledu cylch cyfyng ac ati) a thrwy ddefnyddio'r ddeddfwriaeth bresennol yn llawnach, cyn ystyried a oes angen mwy o bwerau cyfreithiol. Bydd effaith a chanlyniadau'r ddau Femorandwm Cyd-ddealltwriaeth sydd wedi cael eu llofnodi (gyda'r Heddlu a gyda Gwasanaeth Eryl y Goron) hefyd yn cael eu hystyried.

Yn y cyfamser, bydd Llywodraeth Cynulliad Cymru'n adolygu a oes angen newid y ddeddfwriaeth bresennol (Deddf Gweithwyr Brys (Rhwystr) 2006) er mwyn iddi gynnwys pob gweithiwr brys ac yn ystyried amser priodol i gychwyn y Ddeddf Cyfiawnder Troseddol a Mewnfudo (adrannau 119-122) sydd â'r nod o leihau ymddygiad niwsans ac aflonyddu ar safleoedd y GIG.

4.5 Gweithwyr Achos

Cytunwyd ar ganllawiau ar ddisgrifiadau swyddi a manylebau person ar gyfer Rheolwyr Achos. Mae recriwtio a/neu ddyrannu dyletswyddau yn mynd rhagddo gyda llawer o sefydliadau. Oherwydd bod y GIG yn cael ei ad-drefnu ar hyn o bryd a bod nifer o *tranches* recriwtio'n cael eu cynnal, disgwylir y bydd Rheolwyr Achos yn eu swyddi erbyn diwedd gwanwyn 2010.

Mae'r mathau o achosion o drais a/neu ymddygiad ymosodol a ddylai gael sylw gweithwyr / rheolwyr achos yn cynnwys:

- Achosion o drais ac ymddygiad ymosodol y mae'r staff yn ystyried yn gryf eu bod yn creu niwed (gwirioneddol neu ymhlyg)
- Digwyddiadau sy'n ymwneud ag arfau
- Achosion o drais ac ymddygiad ymosodol sy'n arwain at niwed sylweddol
- Achosion o drais ac ymddygiad ymosodol sy'n arwain at ymyrraeth gan yr Heddlu
- Achosion o drais ac ymddygiad ymosodol sy'n arwain at salwch staff
- Achosion o drais ac ymddygiad ymosodol rhywiol/hiliol
- Achosion o drais ac ymddygiad ymosodol lle bo staff neu reolwyr llinell wedi gofyn yn benodol am gymorth

Ystadegau Trais ac Ymddygiad Ymosodol ar gyfer 2008-09 Data Cymru Gyfan

	Hywel Dda	Betsi Cadwaladr	Aneurin Bevan	ABM	Cwm Taf	Felindre	Powys	YGAC	Caer-dydd a'r Fro	CYFANSYMAU
1. Cyfanswm yr achosion o drais ac ymddygiad ymosodol ar gyfer 1 Ebrill 2008 i 31 Mawrth 2009	1217	751	2185	1466	1164	49	475	176	1689	9172
2. Cyfanswm yr achosion o drais ac ymddygiad ymosodol yn erbyn Staff*	751	446	1035	1075	703	38	273	169	1673	6163

Mae'r tabl canlynol yn rhoi'r ffigurau ar gyfer achosion lle'r oedd achos penodol dros gyflwr clinigol claf. Ar hyn o bryd, mae gwaith yn cael ei wneud gyda'r Cyfarwyddwyr Nyrsio ledled Cymru i nodi strategaethau ar gyfer rheoli'r cleifion hyn, ac i helpu i leihau'r mathau hyn o achosion.

3. Cyfanswm yr achosion o drais ac ymddygiad ymosodol yn erbyn Staff lle'r oedd cyflwr clinigol/meddylion yr ymosodwr yn ffactor achosol	626	443	655	696	359	8	238	5	944	3974
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Mae'r tri tabl canlynol yn rhoi manylion yr achosion hynny sy'n cael eu categorio'n rhai heb achos ac felly lle mae'n fwy tebygol yr ystyrir erlyn yr ymosodwr. Mae'r tabl cyntaf yn rhoi'r trosolwg. Mae'r ail tabl yn rhoi manylion fesul maes clinigol ar gyfer achosion corfforol heb achos. Mae'r tabl olaf yn rhoi manylion fesul maes clinigol ar gyfer achosion geiriol heb achos.

4. Heb achos - yr achosion hynny a ddiffinnir fel 'corfforol'	89	3	216	56	156	1	7	Nodyn 1	336	864
5. Heb achos - yr achosion hynny a ddiffinnir fel 'geiriol'	36	0	75	323	188	29	28	Nodyn 1	393	1072
6. Arall	0	0	89	0	0	0	0	Nodyn 1	0	89
7. Cyfanswm yr achosion o drais ac ymddygiad ymosodol yn erbyn Staff lle'r oedd trais heb achos (Cyfanswm rhesi 4,5 a 6)	125	3	380	379	344	30	35	Nodyn 1	729	2025

Nodyn 1: Mae'r manylion yn cael eu cadarnhau ar hyn o bryd

8. Manylion llinell 4 uchod (corfforol)										
Iechyd Meddwl	0	0	0	6	23	0	0	0	18	47
Damweiniau ac Achosion Brys	2	0	16	28	10	0	1	0	13	70
Bydwreigiaeth	0	0	1	0	1	0	0	0	28	30
Gofal yr Henoed (gan gynnwys Henoed Eiddil eu Meddwl)	11	0	0	0	26	0	4	0	104	145
Meddygaeth	59	3	59	10	44	1	1	0	65	242
Llawfeddygo	17	0	3	5	19	0	0	0	103	147
Cymunedol	0	0	94	7	0	0	1	0	5	107
Arall	0	0	43	0	33	0	0	0	0	76
	89	3	216	56	156	1	7	0	336	864

9. Manylion llinell 5 uchod (geiriol)										
Iechyd Meddwl	0	0	0	16	21	0	0	0	46	83
Damweiniau ac Achosion Brys	11	0	8	160	92	0	0	0	44	315
Bydwreigiaeth	1	0	3	20	5	0	2	0	30	61
Gofal yr Henoed (gan gynnwys Henoed Eiddil eu Meddwl)	5	0	0	2	0	0	16	0	108	131
Meddygaeth	12	0	13	75	29	18	4	0	61	212
Llawfeddygo	6	0	4	10	19	0	0	0	71	110
Cymunedol	1	0	26	40	0	11	6	0	33	117
Arall	0	0	21	0	22	0	0	0	0	43
	36	0	75	323	188	29	28	0	393	1072

*Mae hyn yn cynnwys achosion o drais ac ymddygiad ymosodol yn erbyn staff gan Gleifion, Ymwelwyr neu'r Cyhoedd

ATODIAD B

Pasbort Hyfforddiant Trais ac Ymddygiad Ymosodol – Ffigurau Cydymffurfiaeth* ar gyfer Byrddau Iechyd ac Ymddiriedolaethau ar 1af Medi 2009

	Modiwl A	Modiwl B	Modiwl C
Abertawe Bro Morgannwg	81%	81%	86%
Aneurin Bevan	56%	56%	87%
Betsi Cadwaladr	40%	51%	45%
Caerdydd a'r Fro	99%	84%	84%
Cwm Taf	100%	92%	89%
Hywel Dda	100%	36%	36%
Powys	30%	33%	30%
Felindre	90%	60%	41%

Ymddiriedolaeth

Gwasanaethau Ambiwylans Cymru

	Modiwl A	Modiwl B	Modiwl C
Staff parafeddygol	56%	56%	56%
Technegydd Meddygol Brys	44%	44%	44%
Staff Dibyniaeth Fawr	0%	0%	Amh.
Gwasanaeth Gofal Cleifion	78%	78%	78%
Grwpiau Staff Eraill	100%	Amh.	Amh.
Galw Iechyd Cymru	91%	91%	Amh.

* Dangosir y Ffigur Cydymffurfiaeth fel canran o nifer y staff sydd angen hyfforddiant fel sy'n ofynnol er mwyn cydymffurfio â'r Pasbort Hyfforddiant Trais ac Ymddygiad Ymosodol, i'r gwir nifer a hyfforddwyd.

Modiwl A = Ymsefydlu a Chodi Ymwybyddiaeth

Modiwl B = Damcaniaeth Diogelwch Personol a Dad-ddwysáu

Modiwl C = Hyfforddiant Torri'n Rhydd

Hefyd mae pob Bwrdd Iechyd yn darparu gwahanol fodolau o Hyfforddiant Ymyriadau Corfforol Cyfyngol i staff sy'n gweithio ym maes Iechyd Meddwl Oedolion. Mae Modiwl D drafft wedi cael ei ddatblygu er mwyn safoni'r hyfforddiant hwn a chynhelir ymgynghoriad arno ar hyn o bryd. Bydd y Modiwl hwn ar gael yn gynnar yn 2010.