

Agenda – Y Pwyllgor Deisebau

Lleoliad:	I gael rhagor o wybodaeth cysylltwch a:
Committee Room 4 – Tŷ Hywel	Graeme Francis – Clerc y Pwyllgor
Dyddiad: Dydd Mawrth, 15 Rhagfyr 2020	Kayleigh Imperato – Dipwrwy Glerc 0300 200 6565373
Amser: 09.00	Deisebau@senedd.cymru

Yn unol â Rheol Sefydlog 34.19, mae'r Cadeirydd wedi penderfynu gwahardd y cyhoedd o gyfarfod y Pwyllgor at ddibenion diogelu iechyd y cyhoedd. Bydd y cyfarfod hwn yn cael ei ddarlledu'n fyw ar www.senedd.tv

- 1 **Cyflwyniad, ymddiheuriadau, dirprwyon a datganiadau o fuddiant**
(Tudalennau 1 – 56)
- 2 **Deisebau newydd Covid-19**
 - 2.1 P-05-1046 Ailystyried y cyfnod clo ac ymchwilio i dystiolaeth wyddonol nad yw'n gweithio a'i fod yn achosi mwy o niwed
(Tudalennau 57 – 68)
 - 2.2 P-05-1054 Mae'r sector gwallt a harddwch wedi profi ei fod yn ddiogel o ran COVID-19. Peidiwch â'n cau a pheryglu swyddi yng Nghymru unwaith yn rhagor
(Tudalennau 69 – 71)
 - 2.3 P-05-1060 Caniatewch i archfarchnadoedd werthu eitemau "nad ydynt yn hanfodol" yn ystod y cyfyngiadau symud
(Tudalennau 72 – 79)
 - 2.4 P-05-1062 Rhoi'r gorau i'r prawf rt-PCR i brofi ar gyfer COVID-19, gan nad yw'n addas i'r diben
(Tudalennau 80 – 86)



- 2.5 P-05-1070 Dylid cynghori pawb yng Nghymru sy'n eithriadol o agored i niwed neu a fu'n cysgodi gynt i aros gartref, nid mynd i'r gwaith, yn ystod cyfnodau pan fo lefel uchel o haint Covid-19 yn y gymuned
(Tudalennau 87 - 102)
- 2.6 P-05-1074 Cynyddwch nifer y bobl sy'n cael bod mewn mannau awyr agored fel y gall pob tîm yng Nghymru aildechrau chwarae pêl-droed
(Tudalennau 103 - 105)
- 2.7 P-05-1076 Caniatáu i'r holl Gelfyddydau Perfformio ailagor - cerddoriaeth fyw, dawns, theatrau a neuaddau cyngerdd
(Tudalennau 106 - 108)
- 2.8 P-05-1095 Gosodwch gyfyngiadau symud i ysgolion gael pythefnos o wyliau cyn 24 Rhagfyr a galluogi pawb i gael amser teuluol
(Tudalennau 109 - 114)

Bydd y ddwy eitem a ganlyn yn cael eu trafod ar y cyd

- 2.9 P-05-1099 Peidiwch â chau'r Sector Lletygarwch (Tafarndai, Bwytai, Caffis) heb ddangos tystiolaeth wyddonol
(Tudalen 115)
- 2.10 P-05-1100 Caniatáu i dafarndai a bwytai yng Nghymru weini alcohol / aros ar agor ar ôl 6pm
(Tudalennau 116 - 122)

Deisebau nad ydynt yn ymwneud â Covid-19

- 2.11 P-05-1045 Dylai penderfyniadau ar y cyd ac adolygu cynlluniau gofal iechyd meddwl misol fod yn ofyniad cyfreithiol
(Tudalennau 123 - 129)
- 2.12 P-05-1056 Rhowch rymoedd i Awdurdodau Lleol reoli'r farchnad dai yn ardaloedd gwledig a thwristaidd Cymru
(Tudalennau 130 - 147)

2.13 P-05-1064 Ymestyn y Dreth Trafodiadau Tir chwe mis arall ar ôl 31 Mawrth a chodi'r trothwy i £300,000

(Tudalennau 148 – 156)

2.14 P-05-1069 Arbed y tir fferm a'r caeau gwyrdd yn Cosmeston

(Tudalennau 157 – 167)

2.15 P-05-1071 Dylid argraffu rhif cofrestru cerbydau ar becynnau bwyd brys a werthir drwy ffenest y car

(Tudalennau 168 – 175)

2.16 P-05-1072 Ymchwilio i'r pwerau sydd gan Senedd Cymru mewn perthynas â gwahardd therapi newid cyfeiriadedd rhywiol

(Tudalennau 176 – 181)

2.17 P-05-1073 Sefydlu ac adeiladu cangen newydd o Amgueddfa Cymru sy'n canolbwyntio ar ran Cymru mewn trefedigaethedd

(Tudalennau 182 – 187)

2.18 P-05-1077 Peidiwch â newid ffin bleidleisio de Ystrad Mynach

(Tudalennau 188 – 197)

3 Y wybodaeth ddiweddaraf am ddeisebau blaenorol

Tai a Llywodraeth Leol

3.1 P-05-908 CF3 yn erbyn y Llosgydd

(Tudalennau 198 – 201)

Amgylchedd, Ynni a Materion Gwledig

3.2 P-05-1003 Mynnu Aseiad o'r Effaith Amgylcheddol nawr ynghylch gwaredu mwd wedi'i halogi'n radiolegol yn nyfroedd Cymru

(Tudalennau 202 – 205)

Iechyd a Gwasanaethau Cymdeithasol

- 3.3 P-05-914 Mynediad Cyfartal i Ofal Iechyd ar gyfer yr Anabl
(Tudalennau 206 – 218)
- 3.4 P-05-965 Annog y Llywodraeth i gyflwyno ward ar wahân, heblaw'r ward famolaeth, ar gyfer teuluoedd sy'n colli plentyn drwy gamesgoriad
(Tudalennau 219 – 237)
- 3.5 P-05-995 Rhyddid i Roi Gwaed
(Tudalennau 238 – 243)

Bydd y ddwy eitem a ganlyn yn cael eu trafod ar y cyd

- 3.6 P-05-1001 Cynnal ymchwiliad annibynnol i'r dewis o safle ar gyfer y Ganolfan Ganser Velindre newydd arfaethedig
(Tudalennau 244 – 300)
- 3.7 P-05-1018 Cefnogaeth ar gyfer y cynlluniau arfaethedig presennol i adeiladu Canolfan Ganser Felindre newydd yng Nghaerdydd mewn unrhyw ymchwiliad yn y dyfodol
(Tudalennau 301 – 302)

Addysg

- 3.8 P-05-992 Rydym yn galw ar Lywodraeth Cymru i greu corff cyffredin o wybodaeth am Hanes Cymru fydd pob disgybl yn ei ddysgu
(Tudalennau 303 – 307)
- 3.9 P-05-883 – Wythnos Genedlaethol Hanes Cymru
(Tudalennau 308 – 309)
- 3.10 P-05-1025 Tegwch i fyfyrwyr sy'n sefyll arholiadau yn 2021
(Tudalennau 310 – 316)

Mae cyfyngiadau ar y ddogfen hon

P-05-1046 Ailystyried y cyfnod clo ac ymchwilio i dystiolaeth wyddonol nad yw'n gweithio a'i fod yn achosi mwy o niwed

Cyflwynwyd y ddeiseb hon gan Anne Ellis, ar ôl casglu cyfanswm o 2,189 lofnodion.

Geiriad y ddeiseb:

Mae Llywodraeth Cymru wedi ymrwymo i gyfnodau clo treigl a mwy llym fyth yn sgil y cynnydd yn nifer y canlyniadau positif ar gyfer Covid, a'i chred y bydd hyn yn arwain at fwy o achosion o Covid a chynnydd aruthrol mewn marwolaethau. A wnaiff hefyd ystyried barn yr Athro Sunetra Gupta, yr Athro Carl Heneghan a'r Athro Karol Sikora (ymysg eraill), a nodi datganiad Great Barrington a'i lofnodwyr; a chydabod fod cyfnodau clo mewn gwirionedd yn gwneud mwy o niwed nag o les.

Etholaeth a Rhanbarth y Cynulliad

- Gwyr
- Gorllewin De Cymru

Ailystyried y cyfnod clo ac ymchwilio i dystiolaeth wyddonol nad yw'n gweithio a'i fod yn achosi mwy o niwed

Y Pwyllgor Deisebau | 15 Rhagfyr 2020

Cyfeirnod: RS20/14570-1

Rhif y ddeiseb: P-05-1046

Teitl y ddeiseb: Ailystyried y cyfnod clo ac ymchwilio i dystiolaeth wyddonol nad yw'n gweithio a'i fod yn achosi mwy o niwed

Testun y ddeiseb: Mae Llywodraeth Cymru wedi ymrwymo i gyfnodau clo treigl a mwy llym fyth yn sgil y cynnydd yn nifer y canlyniadau positif ar gyfer Covid, a'i chred y bydd hyn yn arwain at fwy o achosion o Covid a chynnydd aruthrol mewn marwolaethau. A wnaiff hefyd ystyried barn yr Athro Sunetra Gupta, yr Athro Carl Heneghan a'r Athro Karol Sikora (ymysg eraill), a nodi datganiad Great Barrington a'i lofnodwyr; a chydabod fod cyfnodau clo mewn gwirionedd yn gwneud mwy o niwed nag o les.



1. Cefndir

Ar 7 Hydref 2020, wrth drafod y [cyfyngiadau coronafeirws lleol](#) a oedd ar waith ar y pryd, dywedodd Dr Frank Atherton, [Prif Swyddog Meddygol Cymru](#):

What we don't want to do of course is to simply relax the measures in an area and then have to maybe a week or two weeks afterwards to put those back in. It may be that we do see a rolling programme of putting restrictions in place and removing them. We don't want to do that but that may be something we have to think about as we go through the autumn and the winter.

Ar 19 Hydref, [cyhoeddodd](#) Mark Drakeford, Prif Weinidog Cymru, y byddai'r cyfyngiadau coronafeirws lleol yn cael eu disodli gan 'gyfnod atal byr' cenedlaethol rhwng 23 Hydref 2020 a 9 Tachwedd 2020. Gwnaed y penderfyniad hwn yn sgil cyngor a roddwyd gan [Gell Cyngor Technegol Llywodraeth Cymru](#) a chan [Grŵp Cyngori Gwyddonol y DU ar Argyfyngau](#) (SAGE).

Mae'r Gell wedi cyhoeddi ei [hadroddiad i Lywodraeth Cymru ar y cyfnod atal byr](#), a oedd yn argymhell "cyfnod cyflym a thymor byr o gyfyngiadau syml, eithafol ledled Cymru a fyddai'n lleihau nifer yr achosion o'r feirws yng Nghymru yn sylweddol."

Pan ddaeth y cyfnod atal byr i ben ar 9 Tachwedd, yn sgil [cyngor pellach a roddwyd gan y Gell](#), [cyflwynwyd cyfres newydd o fesurau cenedlaethol](#) ledled Cymru. Ers hynny, mae'r mesurau hyn wedi aros yr un peth i raddau helaeth, ac eithrio'r [mesurau llymach a gyflwynwyd ar gyfer y sector lletygarwch ac atyniadau dan do](#) ar 4 Rhagfyr 2020.

2. Niwed sy'n gysylltiedig â feirws COVID-19

Ym mis Ebrill 2020 cyhoeddodd Llywodraeth Cymru ei [fframwaith ar gyfer adferiad](#), sy'n nodi pedair ffordd y gall COVID-19 achosi niwed i bobl. Mae'r rhain yn cynnwys:

- **Niwed uniongyrchol i unigolion sy'n cael eu heintio gan y firws**, megis datblygu salwch difrifol neu farw mewn rhai achosion.
- **Niwed a achosir os yw'r GIG yn methu ag ymdopi â'r pwysau** yn sgil cynnydd sydyn yn y galw ymhlith cleifion sydd â COVID-19.
- **Niwed o salwch nad yw'n COVID-19** – er enghraifft, os nad yw unigolion yn ceisio sylw meddygol am eu salwch yn ddigon cynnar a bod eu cyflwr

yn gwaethygu o ganlyniad i'r newidiadau a wnaed i gyflenwi gwasanaethau'r GIG yn ystod y pandemig.

- **Niwed economaidd-gymdeithasol a chymdeithasol**, megis yr effaith economaidd os na all bobl weithio yn sgil y ffaith bod busnesau ar gau, a niwed seicolegol yn deillio o'r polisi cadw pellter cymdeithasol.

Dros yr haf, cyhoeddodd Llywodraeth Cymru ei **chynllun rheoli'r coronafeirws**, a oedd yn amlinellu ei dull o reoli'r pandemig. Mae'r cynllun yn nodi bod yn rhaid i weithredoedd y Llywodraeth fod yn "gymesur", gan beidio â bod "yn fwy caeth nag sydd ei angen i reoli'r feirws". Mae'n nodi hefyd y bydd dull gweithredu'r Llywodraeth yn seiliedig ar "gydbwyso'r risg iechyd uniongyrchol â'r effeithiau mwy hirdymor a achosir gan gyfyngiadau, megis niweidio iechyd a lles meddwl."

2.1. Mesurau iechyd y cyhoedd

Ym mis Tachwedd, clywodd **Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon (HSCS) y Senedd** dystiolaeth gan nifer o academyddion ynghylch profiadau rhyngwladol a COVID-19. Wrth roi tystiolaeth i'r Pwyllgor, dywedodd yr Athro Devi Sridhar, Cadeirydd Iechyd Cyhoeddus Byd-eang ym Mhrifysgol Caeredin, fod gwledydd fel Taiwan a De Korea wedi llwyddo i gadw eu niferoedd yn isel, a'u bod wedi sicrhau bod y gymdeithas, i raddau helaeth, yn parhau i weithredu, a hynny heb gyfnodau clo. Nododd fod y gwledydd dan sylw wedi llwyddo i wneud hyn yn sgil y canllawiau gwirfoddol da iawn a gafwyd ar gyfer eu poblogaethau ynghylch osgoi'r feirws. Roedd y canllawiau hyn yn cynnwys mesurau fel mentro allan i'r awyr agored, gwisgo gorchuddion wyneb ac osgoi torfeydd. Nododd yr Athro Sridhar hefyd fod y gwledydd hyn wedi cyflwyno mesurau llym mewn perthynas â'u ffiniau, gan gynnwys gweithdrefnau profi a chwariantin, yn ogystal â mesurau effeithiol iawn ar gyfer profi, olrhain ac ynysu.

Yn ystod y cyfarfod dan sylw, dywedodd yr Athro David Heymann o Ysgol Hylendid a Meddygaeth Drofannol Llundain fod rhai gwledydd wedi nodi lle'r oedd trosglwyddiad yn digwydd, ac felly wedi cau'r manau hynny i lawr. Nododd nad oedd y gwledydd hynny wedi cau economïau cyfan i lawr.

3. Datganiad Barrington

Cafodd **Datganiad Barrington** ei lofnodi ar 4 Hydref 2020 gan dri academydd: Dr Martin Kulldorff, Athro ym Mhrifysgol Harvard; Dr Sunetra Gupta, Athro ym Mhrifysgol Rhydychen; a Dr Jay Bhattacharya, Athro ym Mhrifysgol Stanford. Mae

nifer o gyd-lofnodwyr i'r datganiad hefyd, gan gynnwys Dr Karol Sikora, Athro ym Mhrifysgol Buckingham.

Dywed y datganiad: "Current lockdown policies are producing devastating effects on short and long-term public health". Mae hefyd yn nodi: "We know that all populations will eventually reach herd immunity". Yn sgil hynny, mae'r datganiad yn gwneud yr argymhelliad a ganlyn:

The most compassionate approach that balances the risks and benefits of reaching herd immunity is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Mae'r dull gweithredu hwn, sef y dull diogelu â ffocws, yn cynnwys symud y risg heintio o oedolion hŷn yn y categori risg uchel i oedolion iau yn y categori risg isel. Mae awduron y datganiad yn mynegi'r farn a ganlyn:

...because older people were 1000 times more likely to die of COVID-19 than younger people, an 'age stratified' approach could allow resources to be focussed on older and high risk patients while allowing younger and healthier people to attend school and keep businesses open.

4. Yr ymateb i Ddatganiad Barrington

4.1. Llythyr at y Prif Swyddogion Meddygol

Er bod y grŵp uchod o academyddion a meddygon yn dadlau o blaid cyfyngiadau sydd wedi'u targedu at grwpiau penodol, mae grŵp arall o'r farn y dylai Llywodraethau barhau â dull sy'n cynnwys y boblogaeth gyfan.

Ysgrifennodd Trisha Greenhalgh, Cadeirydd Gwyddorau Iechyd Gofal Sylfaenol ym Mhrifysgol Rhydychen, lythyr at bedwar Prif Swyddog Meddygol y DU a'r Prif Gynghorydd Gwyddonol, yn dadlau yn erbyn dull imiwnedd torfol. Llofnodwyd y llythyr ar ran 22 o academyddion eraill.

Mae'r llythyr yn cydnabod bod nifer yr achosion o COVID-19, ynghyd â chanlyniadau'r feirws, yn wahanol o fewn grwpiau gwahanol. Serch hynny, mae hefyd yn nodi bod marwolaethau wedi digwydd ym mhob grŵp o ran oedran, rhyw a hil / ethnigrwydd, ac yn y categori o bobl nad oedd ganddynt unrhyw gyflyrau meddygol eisoes. Mae'r Athro Greenhalgh yn tynnu sylw at gyflwr COVID

hir, sy'n effeithio ar ddegau o filoedd o bobl yn y DU ac sy'n gallu taro unigolion ifanc a oedd gynt yn iach.

Mae hefyd yn dadlau bod imiwnedd torfol yn dibynnu ar ragdybiaeth nad yw wedi'i phrofi, sef na fydd ail-heintio yn digwydd. Yn y cyd-destun hwnnw, mae'n nodi nad ydym yn gwybod a fydd imiwnedd ymhlith y rhai sydd wedi cael COVID-19 yn gwanhau dros gyfnod o fisoedd neu flynyddoedd.

4.1.a. Prif Swyddog Meddygol Lloegr

Ar ddechrau mis Tachwedd 2020, rhoddodd yr Athro Chris Whitty, Prif Swyddog Meddygol Lloegr, a Syr Patrick Vallance, Prif Gynghorydd Gwyddonol Llywodraeth y DU, dystiolaeth i Bwyllgor Gwyddoniaeth a Thechnoleg Tŷ'r Cyffredin.

Pan ofynnwyd iddo am Ddatganiad Barrington, dywedodd yr Athro Whitty:

The biggest weakness in this is that it starts from the thesis that inevitably herd immunity will be acquired if you leave things long enough. That is not the case for a very large proportion of the most important diseases in the world. On all the ones I have worked on, you never acquire herd immunity ever. You do not for malaria; you do not for HIV; you do not for Ebola; and you do not for most of the things that come in from the front door of hospitals.

4.2. Age UK

Mae Age UK yn dadlau yn erbyn cyfyngiadau ar sail oedran, gan ddweud bod cyfyngu ar ryddid grŵp mor fawr o bobl yn sgil eu hoedran yn unig yn enghraifft o wahaniaethu.

Mae'r elusen or farn y byddai cyfundrefn o gyfyngiadau symud sy'n gysylltiedig ag oedran yn arwain at sefyllfa lle byddai llawer o bobl hŷn yn dod yn fwyfwy bregus, a sefyllfa lle byddem yn gweld effaith sylweddol ar iechyd meddwl pobl hŷn yn sgil y ffaith eu bod yn teimlo eu bod dan glo.

Nododd yr elusen hefyd: "Characteristics beyond age – namely being male, being obese, having certain other illnesses and being of Black or Asian ethnicity – seem to increase the risk of dying".

Gwneir pob ymdrech i sicrhau bod y wybodaeth yn y papur briffio hwn yn gywir adeg ei gyhoeddi. Dylai darllenwyr fod yn ymwybodol nad yw'r papurau briffio hyn yn cael eu diweddarau o reidrwydd na'u diwygio fel arall i adlewyrchu newidiadau dilynol.

SUMMARY OF KEY POINTS FOR WELSH GOVERNMENT TO CONSIDER AND RESPOND TO

1. Lockdown does not work
2. Covid 19 is showing seasonal variations in line with every other virus of this type
3. The damage caused by lockdown far outweighs the “benefit”
4. The Welsh government has a duty to publish the scientific evidence used together with evidence that a transparent democratic process has been followed in making decisions of this magnitude

Lockdown does not work (1)

It is now some time since I wrote my petition. At that time the Welsh government were imposing a nationwide lockdown for 17 days. Since then they have introduced the alcohol ban and are now talking about ever more stringent measures - whilst blaming the public for the failure of their policy to date. Please can the Welsh government move away from their tunnel vision focus on lockdowns and take the time to look at other scientific evidence. Mr Drakeford has previously referred to any alternative to his view as “dangerous”, but I think it would be worth listening to facts rather than wreaking more carnage on the economy, people’s lives (especially the young) and civil liberties.

In October 2019 the WHO published a pamphlet on how to deal with a pandemic. It states that:

- 1) quarantining infected people once a pandemic is established is not recommended;
- 2) track and trace is only of benefit in the early stages of a pandemic and once the pandemic is established it should be stopped;
- 3) the wearing of simple paper or cloth masks by the general public is not recommended.

The lockdown of the entire population is not even mentioned in the pamphlet, because that would be an absurd notion never ever considered before. Indeed, the WHO has subsequently stated that such a policy does not work. Why is the Welsh government going against this advice? Is this the sort of “dangerous” science to which Mr Drakeford refers?

If the Welsh government do not consider the advice of the WHO to be acceptable, perhaps they would consider the scientific evidence of at least 22 peer reviewed papers that explain why lockdown does not work. I attach a list of some of these.

<https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms/>

1. LANCET NO EFFECT ON MORTALITY Paper
2. Was Lockdown in Germany Necessary? – Homburg
3. KOCH Institute Germany Analysis
4. BRISTOL UNIVERSITY Paper
5. NATURE Submission Flaxman et al Response
6. PROFESSOR BEN ISRAEL ANALYSIS
7. NIH Paper
8. WOODS HOLE INSTITUTE Paper
9. EDINBURGH STRATCLYDE UNIVERSITY Paper
10. BRITISH MEDICAL JOURNAL BMJ Paper
11. ISRAEL MASSIVE COST OF LOCKDOWN Paper
12. EPIDEMIOLOGY Too Little of a Good Thing Paper
13. THE TEMPEROL ASSOCIATION Paper
14. SCOTLAND Life Expectancy Paper
15. LOCKDOWN COSTS MORE LIVES Paper Federico
16. DID LOCKDOWN WORK? Paper
17. FOUR STYLIZED FACTS ABOUT COVID-19

18. HOW DOES BELARUS...
19. LIVING WITH CHILDREN IN UK
20. PANDATA COUNTRY ANALYSIS
21. NEJM MARINE STUDY QUARANTINE
22. A MATTER OF VULNERABILITY STUDY

To summarise, these papers show that across over 100 countries there is no correlation between lockdown, lockdown severity and mortality per million. Lockdown has achieved nothing of benefit.

Seasonal variation (2)

Has the Welsh government considered the compelling evidence that Covid is following seasonality as all respiratory illnesses do? There was no lockdown over the summer and cases fell away. We are now in the season of flu and other respiratory illnesses and this year the dominant virus is Covid 19. Every year we are told the NHS is overwhelmed with such illnesses, but we do not shut down the economy and confine everyone to their homes. You can look at statistics for countries all over the world to confirm this seasonality. I refer you to this post and its informative graphs as it explains everything so much better than I can. Why does the Welsh government think that Covid 19 would be any different to other coronaviruses in the way it works across the seasons?

<https://www.youtube.com/watch?v=3cjgicrA504&feature=youtu.be>

The damage caused by lockdown far outweighs the “benefit” (3)

The damage to the economy, health, quality of life and civil liberties inflicted by the Welsh government is inestimable. Considering the latest **Office for Budget Responsibility (OBR)** (<https://obr.uk/download/july-2020-fiscal-sustainability-report-presentation-slides/>) projections for 2020 for the UK as a whole, Welsh GDP could fall by 13% in 2020 and not return to pre-pandemic levels until 2022. Real people are paying the price for this lockdown policy and it falls unfairly on the young, the private sector and certain areas of business – such as hospitality and tourism. I am sure the Welsh government will respond by saying that there are helpful measures in place, but these do not apply to everyone, there are many people who do not qualify for any sort of economic help and just have to struggle on.

In global terms Unicef estimate 1.2 million children worldwide will die of starvation as a direct result of global lockdowns. This is sobering for any government and should be a major consideration in decision making. The impact on health (especially mental health), quality of life and civil liberties is much harder to quantify. In anecdotal terms I know of women giving birth alone, cancer patients waiting an unreasonable length of time for treatment, livelihoods destroyed (including my own) and the unacceptable separation of families. The Welsh government must justify this destruction.

Perhaps the government could consider these papers:

LOCKDOWN HUGE HARMS PAPERS & ANALYSES:

<https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms>

Note: also go to <https://collateralglobal.org/>

1. MILLION DOLLAR SOCIAL DISTANCING
2. COST BENEFIT ANALYSIS OF LOCKDOWN
3. BMJ IOANNIDIS DEBATE
4. NIH NEGATIVE IMPACTS OF LOCKDOWN
5. BMJ: HERD IMMUNITY POLICY COULD SAVE LIVES
6. IMPACT OF LOCKDOWN DISORDERS
7. BMJ DELAYED ACCESS TO CARE
8. CAMBRIDGE: LIVING WITH COVID – BALANCING
9. PSYCHIATRY RESEARCH – LIVING WITH COVID
10. JAMA HOSPITALIZATIONS FOR CHRONIC DISEASE
11. IRISH CANCER SOCIETY SUBMISSION
12. ECLINICAL DEATHS OF DESPAIR
13. ONS EXCESS DEATH MESS
14. DEATH BY LOCKDOWN
15. LOCKDOWN – A FOCUS ON THE POOR AND CHILDREN
16. MENTAL HEALTH AND LOCKDOWN
17. PROJECTED DEATHS OF DESPAIR FROM LOCKDOWN
18. THE PRICE OF PANIC

Publish the scientific evidence used together with evidence that a transparent democratic process has been followed in making decisions of this magnitude (4)

Please could the Welsh government consider this – if you calculate the total sum of excess deaths and overall mortality, then subtract the normal annual natural death and the mass increase in death rates from lockdown measures, suicides, cancellations and suspensions of the number one life saving mitigation in the world (early detection cancer, heart attack and stroke) then you find that the actual death rate from Covid is almost nullified. In other words, if it was not for the mitigation attempts of lockdown and the collapse of a globally dependent economy, the excess deaths and overall mortality right now, would be on par with any other year.

So, I would like to ask the Welsh government:

- 1) What is the scientific evidence used to justify lockdown when this has never been done before so it is untried and untested ?
- 2) Did the government carry out a detailed impact assessment and could it be published?
- 3) Lockdown in the UK has cost approximately £400 billion. It has led to delays in treatments for people with cancer, heart disease, dementia etc. It has caused massive damage to the economy and people's lives. Since we now have conclusive proof that lockdowns do not work, do you really think further lockdowns are justified? If your answer is yes, then could you publish the scientific data you are using to justify your action along with the copy of your impact assessment. I would also like to see the

Welsh government publish evidence that decisions are being considered by all parties in a proper democratic manner and that all decisions are being voted on.

- 4) Do you really think people will accept lockdown for much longer?

P-05-1054 Mae'r sector gwallt a harddwch wedi profi ei fod yn ddiogel o ran COVID-19. Peidiwch â'n cau a pheryglu swyddi yng Nghymru unwaith yn rhagor

Cyflwynwyd y ddeiseb hon gan Sarah Bruton, ar ôl casglu cyfanswm o 6,074 lofnodion.

Geiriad y ddeiseb:

Mae'r diwydiant gwallt a harddwch yng Nghymru wedi cydymffurfio â'r rheoliadau llymaf ers iddo ailagor, ac mae wedi profi, nid yn unig ei fod yn ddiogel o ran Covid-19, ond ei fod yn un o'r lleoliadau mwyaf diogel o ran trosglwyddiad y feirws. Mae gennym gyfarpar diogelu personol helaeth, camau hylendid a'r gallu i gydymffurfio â gofynion olrhain. Ni oedd un o'r sectorau olaf i ailagor ac mae'r sector wedi dioddef rhai o'r colledion mwyaf o ganlyniad i gyfyngiadau lleol a chenedlaethol.

Rydym wedi gwneud popeth sy'n bosibl i gadw'r rheolau ac felly ni ddylem gael ein cosbi drwy ein cau.

Gwybodaeth Ychwanegol

Y camau y mae'r sector wedi'u rhoi ar waith yw:

- hyfforddiant ychwanegol o ran cyfarpar diogelu personol (gan gynnwys gwisgo a diosg yn ddiogel) a mabwysiadu'r gofynion mwyaf o ran cyfarpar diogelu personol mewn man nad yw'n lleoliad Covid-19;
- ymgymryd â chamau hylendid traws-halogi a rheoli heintiau;
- gweithio oriau ychwanegol i sicrhau bod staff a chleientiaid yn cael digon o le i gadw pellter, er mwyn amddiffyn swyddi.

Nododd lechyd Cyhoeddus Lloegr mai gwasanaethau cyswllt agos / gwasanaethau personol yw'r amgylchedd mwyaf diogel fel arfer o ran trosglwyddiad Covid-19 (eithriad i hyn: carchardai). Yn anffodus, nid yw lechyd Cyhoeddus Cymru yn cyhoeddi data tebyg.

Mae'r sector gwallt a harddwch eisoes wedi colli'r cyfnod masnachu yn yr haf (yr amcangyfrifir sy'n 60 y cant o'r trosiant blynyddol). Y cyfnod sy'n arwain at y Nadolig yw'r ail gyfnod prysuraf. Er na fydd cynnydd cystal eleni, byddai

cau busnesau gwallt a harddwch ar yr adeg hon yn golygu bod colli swyddi a chau busnesau ym mis Ionawr yn anochel
Ni ddylid cosbi ein sector a ninnau wedi profi y gallwn wneud popeth yn iawn. Gallwn gadw pobl yn ddiogel.

Etholaeth a Rhanbarth y Cynulliad

- Caerffili
- Dwyrain De Cymru



Eich cyf/Your ref P-05-1054
Ein cyf/Our ref KS/06294/20

Janet Finch-Saunders AS
Cadeirydd, y Pwyllgor Deisebau

06 Tachwedd 2020

Annwyl Janet,

Diolch am eich llythyr dyddiedig 19 Hydref ar ran y Pwyllgor Deisebau ynghylch y sector gwallt a harddwch.

Rydym yn cydnabod ymdrechion enfawr busnesau wrth iddynt sicrhau bod eu lleoliadau yn ddiogel, ac yn arbennig fusnesau o fewn y sector gwallt a harddwch. Nid yw'r cyfnod atal byr yn tanselilio'r ymdrechion hynny ac rydym yn cydnabod mai isel neu ganolig yw cyfraniad rhai lleoliadau busnes o ran trosglwyddo'r feirws.

Mae lleihau unrhyw beth sy'n cyfrannu at ledaenu'r feirws yn hollbwysig ar hyn o bryd, fodd bynnag, a dyma pam rydym wedi'i gwneud hi'n ofynnol i rai busnesau gau dros dro. Rydym yn llwyr ymwybodol o effaith y cyfnod atal byr ar fusnesau ac rydym yn darparu £300 miliwn yn ychwanegol er mwyn eu cynorthwyo yn ystod y cyfnod anodd hwn.

Bydd pob busnes sydd wedi bod ar gau ers 23 Hydref yn gallu ailagor ar 9 Tachwedd.

Byddwch yn deall bod yr ymateb i'r argyfwng yn newid yn gyflym ac rydym yn derbyn cyngor rheolaidd gan lechyd Cyhoeddus Cymru. Yn anffodus ni allwn roi unrhyw sicrwydd o safbwynt mesurau eraill posibl.

Yn gywir

Ken Skates AS/MS
Gweinidog yr Economi, Trafnidiaeth a Gogledd Cymru
Minister for Economy, Transport and North Wales

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Ken.Skates@llyw.cymru
Correspondence.Ken.Skates@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Eitem 2.3

P-05-1060 Caniatewch i archfarchnadoedd werthu eitemau “nad ydynt yn hanfodol” yn ystod y cyfyngiadau symud

Cyflwynwyd y ddeiseb hon gan Gareth Howell, ar ôl casglu cyfanswm o 67,940 lofnodion.

Geiriad y ddeiseb:

Mae Llywodraeth Cymru, fel rhan o'i chyfyngiadau “cyfnod atal” 17 diwrnod o hyd, yn gwahardd gwerthu nwyddau nad ydynt yn hanfodol mewn siopau a gaiff aros ar agor. Nid ydym yn cytuno bod hwn yn gam rhesymegol na darbodus, a bydd yn arwain at fwy o niwed na daioni.

Er enghraifft, nid ydym yn cytuno y dylai rhieni gael eu gwahardd rhag prynu dillad ar gyfer eu plant yn ystod y cyfyngiadau symud wrth siopa. Mae hyn yn anghymesur ac yn greulon, ac rydym yn gofyn i'r penderfyniad gael ei wrthdroi ar unwaith.

Etholaeth a Rhanbarth y Cynulliad

- Gogledd Caerdydd
- Canol De Cymru

P-05-1060 Allow supermarkets to sell "non-essential" items during lockdown, Correspondence – Petitioner to Committee, 10.12.20

Dear Members

I hope that this finds you all well.

Firstly, I must convey a message of thanks to the Senedd for this opportunity to provide a statement in response to the debate on my petition. This petition, which discusses the ban on the sale of non-essential items in supermarkets during the Firebreak Lock-down sent a clear message from the Welsh public to this Chamber and I am glad it was at least heeded in some form. Whilst the response was remarkable, it was no in principle surprising given the nature of the policy and it is important that Members understand the true nature of the feeling behind this campaign. It was never intended to undermine any important public health message and indeed I will argue in the below that the policy itself has possibly contributed to an erosion of trust between the public and the Welsh Government. This is a worrying trend that the Government must seek to reverse quickly.

To start with, we must discuss the motivations driving the creation and promotion of this petition. It has been said in many social media outlets, and even spoken of implicitly in the Chamber that the subject matter was used to promote partisan political views opposed to that of the Government, and that it had been captured by an audience wider than that of the Welsh public. Let me make it abundantly clear – I am not a member of any political party, have no agenda to that effect and this petition was not set up to generate political capital for any one grouping represented here or otherwise. How others chose to use this campaign while it was open and in the public sphere at this time was a matter for them and them only. It was therefore quite disappointing to note that so much time in the petition debate was dedicated to making personal attacks on the conduct of other Members, rather than striving to answer the important questions at hand.

My reasons for starting the petition were borne out of personal circumstance: I am a father to two young sons and have elderly relatives. When the policy was announced – apparently at some speed in the immediate three days prior to the Firebreak my initial response was one of horror and one that was reflected by many who chose to support the cause when promoting the petition on social media. Such questions raised were (paraphrased here):

“What do I do if my children are in need of emergency uniforms for school?”

“What if my elderly grandmother’s kettle breaks – will she be forced to boil a pan on a stove?”

And so forth. Such rules and controls on the ability of any store to sell goods in such a fashion are unprecedented and always likely to be open to a difference in interpretation and naturally we saw this transpire. Thence, we engender the Sky News quote of the first weekend of the Firebreak – *“I think the Welsh Government has lost the plot”*¹. This is not a difficult stance to sympathise with when faced with the possibility of not being able to purchase underwear for ones’ children in an emergency due to an ill thought-out set of guidance introduced at speed by Government. Whilst I strongly suspect that the *intention* behind the regulations and associated guidance was not cruel or disproportionate, their *execution* were very much so. One would argue that greater time and care should have been applied, however I would also argue that a display of trust to show self-restraint in the public would have negated the need for the policy altogether.

1 See: <https://news.sky.com/video/coronavirus-i-think-the-welsh-govt-has-lost-the-plot-12113025>

Let us be clear – it is ordinarily absolutely not the job of the Welsh Government to dictate to the public what it believes to be essential items for purchase, and what is not. Such a decision and circumstance is conditional on so many individual factors – many of which are personal and not the business of those outside one’s personal circle. In a free society such as our own, the government has no right in principle or legality to challenge this. By shifting the burden of “proving essentiality” to supermarket workers in the way it did following the initial “clarification” of rules, the Government committed a subtle act of burden-shifting onto a group of workers who have supported the Welsh public and economy so bravely over the course of 2020. This administration and its supporters across the Senedd owe those workers a sincere apology if it wishes to begin to rebuild trust with the public at large.

Per the debate, we note that the originally-announced intent of the policy was to ensure a “level playing field” for non-essential retailers in the marketplace, given that the Firebreak regulations mandated their closure. In First Minister Mark Drakeford’s own words:

“The decision is simply based on fair play...it is a straightforward matter of fairness...no organisation or individual is above the effort we all have to make.”

In the furore that was to soon develop, for many signatories and those interviewed by media outlets over the first weekend of the Lock-down, this is likely to have appeared to be somewhat bizarre reasoning given the following factors:

1. The Welsh Government had – apparently – made available a significant cash injection of c.£300million in addition to what was available from UK government at the time to support business through the Firebreak². Why was this capital not used to compensate those stores asked to close during that period more directly? This will surely be of great importance to the signatories of the petition (it is after all, taxpayer funds that are used in these support measures) and the Government missed an excellent opportunity to explain this in the debate of November 11th 2020.
2. Online shopping was encouraged – and for many non-essential retailers, this meant shifting to the so-called *click-and-collect* or *home delivery* method. Of course, one will immediately note that this space in the market is dominated by a small number of large companies for whom 2020 has already been a vastly profitable year. In principle, the policy almost-surely handed those retailers a near-monopoly in so-called non-essential items in Wales during the Firebreak period, mostly due to the maturity of their sales models and ample access to logistics and supply chains. Did the Government not realise the risk that it was actually creating a distorted playing-field at the time? What also of the risks incurred by increased courier footfall moving from house to house over the country? The debate of 11th November would have been an ideal opportunity to discuss thinking in further detail, and yet this opportunity was not taken.
3. The Welsh Health Minister, Vaughan Gething MS, made a very targeted attempt in his statement of Monday 26th October to shift the narrative of the policy toward “remembering why the Firebreak was introduced: to save lives”³. This is, of course, the central point around why this debate has been brought about (and for which we must all – this Senedd included - play our part in supporting in a compassionate and proportionate manner) – however while the Government makes an argument on “level playing field” in one hand, it can appear somewhat politically motivated in the other to shift the reasoning behind the policy directly to a health argument in the following days once criticism is levied against the policy. If any of the apparent “confusion” that a number of Members referenced during

2 See: <https://www.southwalesargus.co.uk/news/18828497.access-300m-lockdown-support-wales-businesses-today/>

3 See: <https://www.itv.com/news/wales/2020-10-25/welsh-government-to-review-clarity-of-non-essential-item-ban-in-supermarkets>

the debate was to reign on the matter – this is surely one such potential area where it could occur. So we ask: was this a public health control, an economic control, both, or just a confused mess? The public are owed an answer.

- It is worthy of note that the recent English lock-down (despite being based on similar modelling methodologies to that used to justify the Welsh Firebreak⁴) no such policy around supermarket non-essential items was recommended, despite several Members appearing to believe that this was the case. If the models are the same, why do the Welsh Government not believe that Welsh shoppers are capable of showing the same restraint in respect of COVID-19 controls as the UK Government believes is the case for their English counterparts? Again, there was a missed opportunity during the recent debate to explain this thinking.
4. In his interview given to ITV Wales News on Sunday, 25th October, Mr Drakeford remarked: *“I won’t need, I don’t think, to buy clothing over this two weeks and I think many, many people in Wales will be in that position too. For me it won’t be essential, but I recognise that there will be some people who for entirely unexpected reasons which they couldn’t have foreseen will need to buy items”*. While the prescient (ahead of the ‘clarification’ of the following Tuesday) wording of the time is notable and should be acknowledged in light of the petition, it will have appeared remarkable to many that the Welsh Government’s test of proportionality in this moment will have *appeared* to be based on the immediate needs of its leader. Whilst this unlikely to have *actually* been the case, the likelihood is that this presented itself to the public as dispassionate and uncaring: after all, the First Minister is known to be remunerated handsomely for his role, and has the capacity to live in a secondary dwelling on his property. His reach, influence and access to resources are far greater than the average person. This was not an ideal piece of PR for the policy and indeed it appears to betray an apparent disconnect with the average Welsh person. Once again, an opportunity to address the point further was sorely missed on November 11th.
 5. There are specific points of law that became the subject of debate and circumstance during the Firebreak – and arguably even more so following the clarification of Tuesday 27th October. To the understanding of many, the legislation in place at the time did not give the Welsh Government authority to mandate the banning of sale of non-essential items in appropriately licensed premises – which indeed led to rumours on social media of certain retailers ignoring the regulation / guidance completely. This being a legal matter with potential penalties for non-compliance, clarification for the lay audience of what matters are the subject of Welsh law, and which are guidance will have likely been of benefit. This point also carries retrospectively, especially given the likelihood of another Firebreak in future, and yet again it is disappointing that November 11th was missed as an opportunity to discuss this further.

Let us all be clear – the Coronavirus Crisis represents a remarkably complex challenge to governments and populations the world over. The sympathies of us all lie with the victims of those who have suffered as a result and for those front line workers who have battled so gallantly to protect and save as many lives as possible. Their efforts will be held in the hearts of us all forever. The Welsh Government itself will no doubt have had to work extraordinarily hard in its efforts to present a clear and coherent policy for Keeping Wales Safe – and for this I pay tribute to its work ethic. It must be said in this same breath, however, that the evidence presented by the weight of the petition and the related commentary on this matter from across the political spectrum, that the Government would appear to have lost its sense of balance and proportionality when considering its policy response. It is generally bad practice to not lead from a position of trust and this situation is arguably escalating as we speak.

4 See:

https://www.whatdotheyknow.com/request/700516/response/1677510/attach/3/ATISN%2014458%202020%2011%2018%20Response%20letter.pdf?cookie_passthrough=1 .

In addition, I am grateful that a point on wider signatory was rightfully dismissed during the debate by the Chair of the petitions committee: this was in the majority a Welsh issue debated and brought forward by the Welsh public. For further illustration to Members, you may see a detailed breakdown by region of those that signed this petition, and it will be firmly apparent to those that do that the makeup of those who signed was both predominantly Welsh and distributed fairly evenly across our nation. Constituency and Global data are presented as an appendix. This must be taken as fairly strong evidence of the petition's broad appeal and its Welsh-centricity. The eagle-eyed among you may cast doubt on the handful of signatures captured from the Falkland Islands; given the evidence otherwise on the veracity of this campaign, I'm sure a conceit may be granted to the data-entry or statistical aberration. One specific fact did startle, however: the near 68,000 signatories (at least, the Welsh participants therein) applied to this petition represent around 2% of Wales' population. That is, around 1 in 50 of your fellow constituents will have taken a moment to apply a signature to the petition at some point while it was open. Even the statistically uninitiated must accept that this belies a genuine depth to public opinion on the matter.

Region Name	signature_count	AllPop (estimate)	percSigned
North Wales	14321	632900	2.3%
South Wales Central	15316	703300	2.2%
South Wales East	13840	639500	2.2%
South Wales West	9384	538600	1.7%
Mid and West Wales	8643	577800	1.5%
<i>Wales Total (w/constituency data)</i>	<i>61504</i>	<i>3092100</i>	<i>2.0%</i>

(Welsh population data based on Senedd estimates by constituency area)

Quite simply, the sum total effect of the points raised here mean that the public health message has likely been dearly undermined. The Welsh Government's failure to show any contrition or substantive effort to put the record straight only makes this worse. This was quite eloquently highlighted as a risk by *Wales Online's* Will Hayward on the 24th October 2020⁵ in his editorial piece in response to the growing criticism at the time. Since then, the Government has – while relaxing restrictions on one hand for a month – since moved toward another apparently bizarre round of rules which ban the sale of alcohol on licensed premises with little scientific justification given or reasons why this is proportionate being put forward at the time of writing. This against the backdrop of a worsening Coronavirus position relative to the rest of the United Kingdom here in Wales, one can only surmise that this administration is desperately clutching at whatever it can to regain control of the situation. If the Welsh Government wishes to regain this said control – given the points raised here, it should now engage much more honestly and apolitically with the Welsh public, and work proactively to build trust in the public health message again. One only needs to see the level of dignity and compassion displayed by the Welsh public over the Summer of 2020 and beyond in reaction to the Crisis as evidence to this. Failure to engage will surely end in catastrophe for the the health of the nation, its economy and indeed may – far from being a validation of devolution as implicitly referenced in the debate – soon usher in a political ideology hell-bent on undoing the Cardiff Bay project forever.

In closing, I – and the signatories of this petition – again ask the Welsh Government to reconsider its position on non-essential goods should another Firebreak (or similar) Lock-down be required in the near future, for the reasons outlined above. This, and the resultant damage it has caused, is not simply a matter of 'misunderstanding' but a poorly thought out policy and an admission to this effect will go a long way to repairing trust between those who work in this Government and the wider Welsh public. This is itself essential at a time like the one we find ourselves in now.

5 See: <https://www.walesonline.co.uk/news/politics/coronavirus-supermarket-lockdown-non-essential-19159319>

Thank you, diolch yn fawr.

Gareth Howell

Appendix – Petition Data

Constituency Name	signature_count	AllPop (estimate)	percSigned
Vale of Glamorgan	2717	98700	2.8%
Clwyd West	2030	75000	2.7%
Cardiff North	2382	88700	2.7%
Vale of Clwyd	1885	71700	2.6%
Caerphilly	2264	87800	2.6%
Islwyn	1958	75900	2.6%
Delyn	1779	70100	2.5%
Aberconwy	1388	56800	2.4%
Alyn and Deeside	1973	83700	2.4%
Newport West	2099	85700	2.4%
Torfaen	1918	81700	2.3%
Ynys Môn	1549	70200	2.2%
Bridgend	1821	81500	2.2%
Cardiff South and Penarth	2445	111700	2.2%
Cardiff West	1933	92300	2.1%
Pontypridd	1681	81900	2.1%
Wrexham	1397	71000	2.0%
Clwyd South	1474	73300	2.0%
Cynon Valley	1388	69900	2.0%
Blaenau Gwent	1395	69700	2.0%
Newport East	1555	78900	2.0%
Gower	1492	78100	1.9%
Monmouth	1606	84500	1.9%
Ogmore	1459	75300	1.9%
Rhondda	1224	69500	1.8%
Preseli Pembrokeshire	1302	77800	1.7%
Llanelli	1402	81900	1.7%
Neath	1245	73900	1.7%
Cardiff Central	1546	90700	1.7%
Carmarthen West and South Pembrokeshire	1204	77400	1.6%
Aberavon	1080	66600	1.6%
Brecon and Radnorshire	1080	69100	1.6%
Montgomeryshire	931	63500	1.5%
Swansea East	1225	81000	1.5%
Arfon	846	61100	1.4%
Carmarthen East and Dinefwr	1014	71400	1.4%
Merthyr Tydfil and Rhymney	1045	75400	1.4%
Dwyfor Meirionnydd	783	61200	1.3%
Swansea West	1062	82200	1.3%
Ceredigion	927	75400	1.2%
<i>Wales Total</i>	<i>61504</i>	<i>3092200</i>	<i>2.0%</i>

Table A.1 – Welsh Constituencies

name	Code	signature_count
Wales	GB-WLS	62536
England	GB-ENG	4725
Scotland	GB-SCT	493
Northern Ireland	GB-NIR	73
Ireland	IE	24
United States	US	17
Australia	AU	13
Canada	CA	11
France	FR	7
Falkland Islands	FK	5
Gibraltar	GI	4
Jersey	JE	4
Spain	ES	4
Brazil	BR	2
Germany	DE	2
Italy	IT	2
Netherlands	NL	2
New Zealand	NZ	2
Switzerland	CH	2
Czechia	CZ	1
Denmark	DK	1
Finland	FI	1
Guernsey	GG	1
Isle of Man	IM	1
Malaysia	MY	1
Malta	MT	1
Norway	NO	1
Slovenia	SI	1
South Africa	ZA	1
South Korea	KR	1
Turkey	TR	1

(note, unable to trace constituency data for 1032 Welsh responders)

Table A.2 – Global petition signatories

Eitem 2.4

P-05-1062 Rhoi'r gorau i'r prawf rt-PCR i brofi ar gyfer COVID-19, gan nad yw'n addas i'r diben

Cyflwynwyd y ddeiseb hon gan Robert O'Shea, ar ôl casglu cyfanswm o 96 lofnodion.

Geiriad y ddeiseb:

Mae wedi dod i'r amlwg mai dim ond chwyddiad 35x a ddefnyddiodd y GIG ar brofion PCR cyn y pandemig honedig. Erbyn hyn, fodd bynnag, mae'r GIG yn defnyddio chwyddiad 45x ac mae nifer y canlyniadau positif anghywir yn cynyddu'n ddramatig. Mae hyn yn hollol hurt! Nid yw'r PCR yn profi am goronafeirws newydd – mae'n profi am archwys cellol mewndarddol y sawl sy'n cael y prawf! Gronynnau RNA. Mae'n bryd dod â'r achos-demig i ben a rhoi'r gorau i swabio rt-PCR nawr!

Gwybodaeth Ychwanegol

Ar chwyddiant o 45x mae'n amlwg i'r rheini sy'n cynnal gwaith ymchwil annibynnol ac sydd â chefnidir academaidd ym maes gwyddoniaeth bod y prawf PCR yn cael ei ddefnyddio i beri ofn a chreu penawdau trawiadol.

Etholaeth a Rhanbarth y Cynulliad

- Pontypridd
- Canol De Cymru

Profion ar gyfer COVID-19 drwy ddefnyddio'r prawf rt-PCR

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Cyfeirnod: RS20/14687-2

Rhif y ddeiseb: P-05-1062

Teitl y ddeiseb: Rhoi'r gorau i'r prawf rt-PCR i brofi ar gyfer COVID-19, gan nad yw'n addas i'r diben

Geiriad y ddeiseb: Mae wedi dod i'r amlwg mai dim ond chwyddiad 35x a ddefnyddiodd y GIG ar brofion PCR cyn y pandemig honedig. Erbyn hyn, fodd bynnag, mae'r GIG yn defnyddio chwyddiad 45x ac mae nifer y canlyniadau positif anghywir yn cynyddu'n ddramatig. Mae hyn yn hollol hurt! Nid yw'r PCR yn profi am goronafeirws newydd - mae'n profi am archwys cellol mewndarddol y sawl sy'n cael y prawf gronynnau RNA. Mae'n bryd dod â'r achos-demig i ben a rhoi'r gorau i swabio rt-PCR nawr.

Ar chwyddiant o 45x mae'n amlwg i'r rheini sy'n cynnal gwaith ymchwil annibynnol ac sydd â chefnidir academaidd ym maes gwyddoniaeth bod y prawf PCR yn cael ei ddefnyddio i beri ofn a chreu penawdau trawiadol.



1. Cefndir

Strategaeth profi Covid-19

Lansiodd Llywodraeth Cymru ei chynllun cenedlaethol cyntaf ar gyfer profion COVID-19 ar 28 Mawrth 2020. Roedd cam cychwynnol y profion ar gyfer COVID-19 yn canolbwyntio ar weithwyr hanfodol, a chleifion symptomatig mewn ysbytai a chartrefi gofal. Ers 18 Mai 2020, gellir rhoi prawf i unrhyw un yng Nghymru sydd â symptomau coronafeirws. Y prif brawf a ddefnyddiwyd yng Nghymru a'r DU ar ddechrau pandemig COVID-19 oedd prawf antigenau, ar ffurf y prawf adwaith cadwynol polymerasau trawsgrifiad gwrthdro (RT-PCR).

Cyhoeddwyd Strategaeth Profi COVID-19 Llywodraeth Cymru ar 15 Gorffennaf 2020, a'i ddiweddarau ar 23 Gorffennaf 2020. Ailadroddodd hyn ymrwymiad Llywodraeth Cymru i ddefnyddio'r prawf RT-PCR, gan nodi'r canlynol:

Ar hyn o bryd, mae gennym ddau fath gwahanol o brofi yng Nghymru:

- Prawf RT-PCR (canfod feirws), sy'n canfod presenoldeb RNA feirysol. Fel arfer, caiff y prawf ei wneud gan ddefnyddio swab trwynol a gymerir o'r trwyn neu o gefn y gwddf. Gall y math hwn o brawf amlygu ydy'r haint ar rywun ar hyn o bryd;
- Prawf gwrthgyrff, sy'n canfod ymateb gwrthgyrff i'r feirws SARS-CoV-2, ac sy'n cael ei ddefnyddio'n bennaf i benderfynu a yw'r person wedi'i heintio eisoes. Ar hyn o bryd, mae'r defnydd a wneir o'r profion yn canolbwyntio ar serowiliadwriaeth o garfannau targed diffiniedig, a hynny er mwyn deall lefel gronol yr haint hanesyddol.

Ar hyn o bryd, y profion RT-PCR ar gyfer canfod feirws yw'r prif brawf rheng flaen ar gyfer rhoi diagnosis bod rhywun wedi'i heintio â'r feirws SARS-CoV-2.

Yn ystod mis Tachwedd 2020, lansiodd Llywodraeth Cymru ddwy raglen profi torfol, ym Merthyr Tudful a Chwm Cynon isaf. Roedd profion yn y rhaglenni hyn yn defnyddio Dyfeisiau Llif Unffordd sy'n gallu rhoi canlyniadau o fewn tua 30 munud. Os bydd unigolyn yn profi'n bositif drwy brawf Dyfeisiau Llif Unffordd, gofynnir iddo hunanyysu ar unwaith a chynigir prawf swabio RT-PCR traddodiadol iddo.

Tystiolaeth ar y prawf RT-PCR

Mae'r egwyddorion craidd a'r argymhellion i helpu i ddefnyddio'r prawf RT-PCR yng Nghymru wedi'u darparu gan Gell Cyngor Technegol (TAC) Llywodraeth Cymru, a nodir yn ei hadroddiad, sef [Egwyddorion craidd ar gyfer defnyddio profion RT-PCR i ganfod SARS-CoV-2](#). Mae hyn yn nodi bod y prawf RT-PCR:

... yn broses enzymatig a chemegol lle y caiff edafedd byr o asid riboniwclëig (RNA) eu trawsnewid yn asid diocsiriboniwclëig (DNA) a'u hatgynhyrchu mewn adwaith amser dyblu (mwyhau) yn grynodiadau y gellir eu canfod a'u gweld gan y llygad ddynol.

Mae adroddiad y TAC hefyd yn nodi'r canlynol mewn perthynas â'r prawf RT-PCR:

Mae'r dull hwn wedi cael ei ddefnyddio ers dros ddau ddegawd i ganfod feirysau sydd â genom RNA mewn amrywiaeth o samplau clinigol, ac yn fwyaf diweddar, hwn yw'r prif ddull o gadarnhau presenoldeb SARS-CoV-2, sef y feirws sy'n achosi COVID-19, mewn achosion a amheuir yn ystod y pandemig.

Mae Iechyd Cyhoeddus Lloegr [wedi datgan](#) mai profion diagnostig molecwlaidd, megis profion PCR amser real, yw'r dulliau safon aur ar gyfer nodi unigolion sydd â haint feirysol gweithredol, megis SARS-CoV-2 (sy'n achosi clefyd COVID-19), yn eu pibellau anadlu.

Cadarnhaodd [adroddiad TAC](#) ar y prawf RT-PCR (t.11) fod nifer o lwyfannau (yn cynrychioli cyfarpar gan weithgynhyrchwyr gwahanol) yn cael eu defnyddio gan Iechyd Cyhoeddus Cymru i ategu'r gyfundrefn brofi. O ran nifer y cylchoedd mwyhau a geir yn y profion RT-PCR, mae ymatebion Iechyd Cyhoeddus Cymru i geisiadau Rhyddid Gwybodaeth ([Rhyddid Gwybodaeth 451](#) a [Rhyddid Gwybodaeth 461](#)) yn nodi'r canlynol:

The real-time PCR assays in use in Wales for COVID-19 diagnostics all run for 45 cycles however, the cycle number where the sample is defined as RNA NOT DETECTED varies by platform and target gene detected by the system. This is defined by the manufacturer.

Hefyd, nododd y fersiwn wedi'i diweddarau o [Strategaeth Profi COVID-19](#) Llywodraeth Cymru:

- Y dylid ystyried defnyddioldeb profion RT-PCR ychwanegol yng nghyd-destun ehangach y profion sy'n cael eu cynnal, gan gynnwys y [rhaglen 'Profi, Olrhain, Diogelu'](#);
- Mae perfformiad y RT-PCR ar ei orau pan dargedir ei ddefnydd, er enghraifft, pan gaiff ei ddefnyddio i gefnogi diagnosis mewn unigolion â symptomau.

Mae'r Sefydliad Cenedlaethol dros Ragoriaeth mewn Iechyd a Gofal (NICE) a'r Asiantaeth Rheoleiddio Meddyginiaethau a Chynhyrchion Gofal Iechyd wedi [cyhoeddi canllawiau manwl ar gyfer gweithgynhyrchwyr profion ar ffurf Evidence standards framework for SARS-CoV-2 and anti-SARS-CoV-2 antibody diagnostic tests](#). Mae'r canllawiau hyn yn nodi'r dulliau gorau o werthuso perfformiad profion a'r isafswm safonau cyfeirio i'w defnyddio, yn ogystal â gwybodaeth fanylach am yr isafswm lefelau ar gyfer sensitifrwydd a phenodoldeb profion yn ôl y cyd-destun y maent i'w ddefnyddio ynddo.

Gall profion PCR roi canlyniadau positif ffug a rhai negatif ffug. Mae'r Swyddfa Seneddol Gwyddoniaeth a Thechnoleg wedi cyhoeddi gwaith ynghylch [dehongli cywirdeb profion COVID-19](#) (Medi 2020) sy'n nodi'r canlynol:

- No diagnostic or antibody test is 100% accurate. This results in both false positive and false negative results;
- Most tests that detect SARS-CoV-2 infections are benchmarked against the testing type that is seen as the most accurate available so far. This is the RT-PCR test.

Atseinir y farn hon gan [bapur a luniwyd ym mis Mehefin](#) ar gyfer Grŵp Cyngori Gwyddonol ar Argyfyngau (SAGE) Llywodraeth y DU.

Mae'r [tabl cryno o'r protocolau sydd ar gael](#) gan Sefydliad Iechyd y Byd (WHO) yn cynnwys protocolau profion RT-PCR o Tsieina, Ffrainc, yr Unol Daleithiau, Japan, Hong Cong a'r Almaen. Mae'r ffigurau o Ffrainc yn dangos cylch mwyhau 50 (t.4), ac mae'r rhai o UDA, Hong Cong a Japan yn nodi llinell drothwy 40 cylch (t. 38-9, 57-8), a 45 ar gyfer yr Almaen a Gwlad y Thai (t.62, 72, 75, 80).

Ar yr un pryd, mewn tystiolaeth a roddwyd i Bwyllgor Gwyddoniaeth a Thechnoleg Tŷ'r Cyffredin ar [17 Medi 2020](#), amlinellodd yr Athro Carl Heneghan, Cyfarwyddwr y Ganolfan Meddygaeth Seiliedig ar Dystiolaeth, Prifysgol Rhydychen, ei bryderon mewn perthynas â'r profion RT-PCR, gan ddweud y canlynol:

The test is a very helpful one, but if you just use it in a blanket policy without thinking through the strategy of what test you use and with

what threshold, you end up with the problem of false positives. You identify too many people who could have had the infection in the past and you do not pick up the one or two people you have just described, the super-spreaders, where you need to isolate them and get to their contacts. Once we accept that the infection is endemic, we need a process whereby we start to develop our strategy around testing. A cycle threshold above 35 generally involves people who are not infectious, yet NHS England documentation that has not been updated since January runs cycle thresholds to 45 that identify people who are not infectious. (Q1283)

Mae cwestiynau'r Athro Heneghan am effeithiolrwydd profion PCR hefyd wedi'u [nodi mewn papur briffio gan BMJ](#), sy'n dadlau'r canlynol:

Another problem with relying on PCR testing alone to define a covid-19 case is that, owing to the sensitivity of the test, it can pick up a single strand of viral RNA—but this doesn't necessarily equate to someone being infected or infectious.

2. Ymateb Llywodraeth Cymru

Ni chafwyd ymateb gan Lywodraeth Cymru hyd yn hyn.

Gwneir pob ymdrech i sicrhau bod y wybodaeth yn y papur briffio hwn yn gywir adeg ei gyhoeddi. Dylai darllenwyr fod yn ymwybodol nad yw'r papurau briffio hyn yn cael eu diweddarau o reidrwydd na'u diwygio fel arall i adlewyrchu newidiadau dilynol.

P-05-1062 Abandon the rt-PCR test for covid-19 testing as its unfit for purpose, Correspondence – Petitioner to Committee, 01.12.20

There is worldwide pushback on the deliberate misuse of the rt-PCR test! It should not need any additional supporting evidence. The PCR is an exceptional tool, but it was never designed for detecting an active viral infection. The resulting pandemic has decimated western nations. This fraud has been left to continue by the very people the population trusted (or landed up with) to be in positions of power and influence. But yet, here we are. I'm sure there is plenty of intelligence at the Senedd, so anyone actually paying attention to world affairs should've worked this out by now. If a health sciences Diploma of high education student can work it all out, I'm sure qualified medical professionals at the disposal of the Senedd should've worked it out, also. I guess it's down to citizen activism from people who have not much left to lose.

I trust this will be sufficient supporting evidence for the immediate decommissioning of the rt-PCR test. I'm happy to provide even more evidence if required.

regards

https://www.rt.com/op-ed/508383-fatal-flaws-covid-test/amp/?_twitter_impression=true

<https://www.rt.com/op-ed/507937-covid-pcr-test-fail/>

<https://cormandrostenreview.com/report/>

<https://lockdownsceptics.org/the-pcr-false-positive-pseudo-epidemic/>

P-05-1070 Dylid cynghori pawb yng Nghymru sy'n eithriadol o agored i niwed neu a fu'n cysgodi gynt i aros gartref, nid mynd i'r gwaith, yn ystod cyfnodau pan fo lefel uchel o haint Covid-19 yn y gymuned

Cyflwynwyd y ddeiseb hon gan Carol Dent, ar ôl casglu cyfanswm o 252 lofnodion.

Geiriad y ddeiseb:

Dylid ystyried les ac ofn gwirioneddol pobl eithriadol o agored i niwed yn ymwneud â Covid-19 mewn cyfnodau o gyfraddau haint uchel yn y gymuned. Mae llawer o bobl eithriadol o agored i niwed yng Nghymru yn arswydo rhag mynd allan bob dydd i weithio hyd at wyth awr a mwy mewn amgylchiadau sydd, fel y gwŷr pawb, yn anniogel.

Gwybodaeth Ychwanegol

Ni chydabyddir y ffaith bod llawer ohonom yn gweithio mewn mannau caeedig gyda nifer sylweddol o unigolion eraill ac ychydig iawn o awyru. Ni allwn ni leihau cysylltiadau, ac er y bydd masgiau yn lleihau lledaeniad y feirws, ni fyddant yn atal trosglwyddo, fel heintiadau a geir mewn ysbytai a gronynnau Covid-19 aerosol sy'n aros yn yr awyr mewn mannau caeedig am oriau. Rydym wedi dychryn ac yn wynebu'r risg o broblemau iechyd meddwl difrifol, anafiadau corfforol neu farwolaeth oherwydd Covid-19.

Etholaeth a Rhanbarth y Cynulliad

- Aberconwy
- Gogledd Cymru

Aros gartref yn ystod cyfnodau pan fo lefel uchel o haint Covid-19 yn y gymuned.

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Cyfeirnod: RS20/14687-5

Rhif y ddeiseb: P-05-1070

Teitl y ddeiseb: Dylid cynghori pawb yng Nghymru sy'n eithriadol o agored i niwed neu a fu'n cysgodi gynt i aros gartref, nid mynd i'r gwaith, yn ystod cyfnodau pan fo lefel uchel o haint Covid-19 yn y gymuned.

Testun y ddeiseb: Dylid ystyried lles ac ofn gwirioneddol pobl eithriadol o agored i niwed yn ymwneud â Covid-19 mewn cyfnodau o gyfraddau haint uchel yn y gymuned. Mae llawer o bobl eithriadol o agored i niwed yng Nghymru yn arswydo rhag mynd allan bob dydd i weithio hyd at wyth awr a mwy mewn amgylchiadau sydd, fel y gwŷr pawb, yn anniogel.

Ni chydabyddir y ffaith bod llawer ohonom yn gweithio mewn mannau caeedig gyda nifer sylweddol o unigolion eraill ac ychydig iawn o awyru. Ni allwn leihau cysylltiadau, ac er y bydd mygydau'n lleihau lledaeniad y feirws, ni fyddant yn atal trosglwyddo, megis heintiadau a geir mewn ysbytai a gronynnau Covid-19 aerosol sy'n aros yn yr awyr mewn mannau caeedig am oriau. Rydym wedi dychryn ac yn wynebu'r risg o broblemau iechyd meddwl difrifol, anafiadau corfforol neu farwolaeth oherwydd Covid-19.



1. Cefndir

Cyflwynwyd y cynllun gwarchod yn gychwynnol ym mis Mawrth 2020. Anfonwyd llythyr at bobl a ddiffinnir ar sail feddygol fel rhai eithriadol o agored i niwed gan Brif Swyddog Meddygol Cymru, neu gan eu meddyg teulu, yn eu cynghori i aros gartref er mwyn gwarchod eu hunain rhag COVID-19. Mae rhestr o'r cyflyrau perthnasol wedi'i chynnwys yn y [canllawiau a gyhoeddwyd gan Lywodraeth Cymru ar y drefn warchod](#).

Daeth y cynllun gwarchod i ben yng Nghymru [ar 16 Awst 2020](#), ond mae'r Rhestr Cleifion a Warchodir yn cael ei chadw, fel y gall Llywodraeth Cymru ysgrifennu eto at y grŵp hwn er mwyn darparu'r wybodaeth ddiweddaraf iddynt, neu os bydd y cyngor ar y drefn warchod yn newid.

Ym mis Hydref 2020, anfonodd y Prif Swyddog Meddygol [lythyr](#) at y sawl a oedd ar y Rhestr Cleifion a Warchodir, gan ddarparu'r wybodaeth a'r cyngor diweddaraf iddynt. Ym mis Tachwedd 2020, cyhoeddodd Llywodraeth Cymru [gyngor ynghylch y Nadolig](#) ar gyfer y bobl hynny a oedd gynt yn gwarchod eu hunain, a hynny mewn ymateb i rai o'r cyfyngiadau ar gysylltiadau cymdeithasol a fydd [yn newid rhwng 23 Rhagfyr a 27 Rhagfyr 2020](#).

Mae [canllawiau Llywodraeth Cymru ar ddiogelu pobl a ddiffinnir ar sail feddygol fel rhai eithriadol o agored i niwed yn sgil y coronafeirws \(COVID-19\) – y cynllun 'gwarchod' gynt](#) (Tachwedd 2020) yn egluro pam na ofynnwyd i bobl warchod eu hunain eto mewn ymateb i gynnydd mewn achosion o COVID-19. Mae'r canllawiau yn nodi bod llawer o fesurau diogelwch newydd wedi'u rhoi ar waith yn ein cymunedau a'n gweithleoedd ers cyflwyno'r cynllun gwarchod, a bod y mesurau hyn wedi lleihau'r angen am gyngor cyfyngol o'r fath. Mae'r canllawiau hefyd yn nodi:

Gall gofyn i bobl warchod eu hunain am gyfnod sylweddol o amser achosi niwed i iechyd meddwl a chorfforol ac felly ni fyddwn yn gofyn i bobl warchod eu hunain eto oni bai ei fod yn gwbl angenrheidiol.

Gwaith a chyflogaeth

Mae [canllawiau](#) Llywodraeth Cymru, ynghyd â dogfen [Cwestiynau Cyffredin](#), yn darparu gwybodaeth yn ymwneud â gwaith a chyflogaeth ar gyfer pobl a ddiffinnir ar sail feddygol fel rhai eithriadol o agored i niwed yn sgil y coronafeirws.

Mae Llywodraeth Cymru yn nodi y dylai unigolion yn y categori hwn weithio gartref lle bo modd gwneud hynny. Mae dyletswydd ar gyflogwyr i **gymryd pob mesur rhesymol i leihau lledaeniad y coronafeirws**. Felly, os na all person weithio gartref, gall y person hwnnw barhau i fynd i'r gwaith. Dylai cyflogwr fod yn gallu esbonio i staff y mesurau a roddwyd ar waith i gadw gweithwyr yn ddiogel yn y gwaith.

Mae Llywodraeth Cymru wedi datblygu **adnodd asesu risg yn y gweithle** er mwyn helpu pobl sy'n gweithio i wirio a oes risg uwch iddynt ddatblygu symptomau mwy difrifol os ydynt yn dod i gyswllt â'r coronafeirws. Mae'n helpu pobl i ystyried eu ffactorau risg personol ar gyfer COVID-19, ac yn argymhell sut y gallant aros yn ddiogel. Mae'r adnodd hwn yn rhoi sgôr o 7 yn awtomatig i'r rhai a fu gynt yn gwarchod eu hunain, ac yn eu gosod yn y grŵp Risg Uchel lawn. Mae'r adnodd dan sylw yn adlewyrchu ystod a chymhlethdod y cyflyrau sydd wedi'u cynnwys yn y categori hwn. Fel rhan o'r dull gweithredu hwn, cydnabyddir y bydd angen i'r bobl hyn gynnal trafodaeth bellach gyda'u rheolwyr llinell er mwyn ystyried eu risg personol a'u gweithle. Mae'n bosibl y bydd angen cynnwys y tîm Iechyd Galwedigaethol yn y drafodaeth hon er mwyn penderfynu a yw'n ddiogel i'r staff dychwelyd i'r gwaith.

Rhaid i bob busnes gymryd pob mesur rhesymol i leihau'r risg o ddod i gysylltiad â'r coronafeirws, a hynny drwy sicrhau bod pellter o 2 fetr yn cael ei gynnal rhwng gweithwyr yn y gweithle (os nad oes modd iddynt weithio gartref). Mae Llywodraeth Cymru wedi cyhoeddi **canllawiau i gyflogwyr ynghylch rhoi mesurau ar waith er mwyn sicrhau bod y gweithle yn ddiogel**.

Mae Llywodraeth Cymru wedi annog cyflogwyr i fod mor hyblyg â phosibl o ran amgylchiadau personol unigolion yn ystod y pandemig.

Os yw unigolyn wedi cael cyngor gan ei feddyg i beidio â dychwelyd i'r gwaith yn sgil ei gyflwr iechyd, bydd angen iddo ddarparu nodyn ffitrwydd at ddibenion hawlio Tâl Salwch Statudol.

2. Camau gweithredu gan Lywodraeth Cymru

Mae gohebiaeth a anfonwyd at y Pwyllgor gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, dyddiedig 26 Tachwedd 2020, yn nodi bod y Prif Swyddog Meddygol, wrth ysgrifennu at bawb ar y Rhestr Cleifion a Warchodir yng Nghymru ym mis Hydref 2020, wedi pwysleisio'r angen i leihau cysylltiadau ag eraill cyn belled ag y bo modd.

Nododd y Gweinidog fod y sefyllfa'n wahanol iawn ar ddechrau'r pandemig, pan wnaeth Llywodraeth Cymru gynghori pobl eithriadol o agored i niwed i gymryd camau gwarchod, gan nad oedd “unrhyw fesurau mewn unrhyw sector o gymdeithas i leihau lledaeniad y feirws a dim rheolau na rheoliadau ar waith.” Dywed y Gweinidog: “Yn awr, gyda mesurau cyson ar waith, nid gofyn i bobl eu gwarchod eu hunain gartref eto yw'r opsiwn gorau gan y gallai achosi mwy o niwed i iechyd meddwl a chorfforol pobl.”

Mae'r Gweinidog yn cydnabod y bydd gan bobl bryderon am eu hiechyd a'u diogelwch yn y gwaith, ond mae'n nodi mai'r sgysiau cyntaf y dylai pobl eu cael o dan yr amgylchiadau hynny yw sgysiau gyda'u cyflogwr, ac mae'n cyfeirio at yr **adnodd asesu risg** y soniwyd amdano eisoes. Mae'r Gweinidog yn nodi, os bydd pobl yn parhau i bryderu, gellir codi'r pryderon hynny gyda chynrychiolwyr diogelwch undebau neu, yn y pen draw, gyda'r sefydliad sy'n gyfrifol am orfodi yn y gweithle-naill ai'r Awdurdod Gweithredol Iechyd a Diogelwch neu'r awdurdod lleol.

Gwneir pob ymdrech i sicrhau bod y wybodaeth yn y papur briffio hwn yn gywir adeg ei gyhoeddi. Dylai darllenwyr fod yn ymwybodol nad yw'r papurau briffio hyn yn cael eu diweddarau o reidwydd na'u diwygio fel arall i adlewyrchu newidiadau dilynol.



Ein cyf/Our ref VG/08847/20

Janet Finch-Saunders AS
Cadeirydd
Y Pwyllgor Deisebau

26 Tachwedd 2020

Annwyl Janet,

Diolch ichi am eich llythyr dyddiedig 6 Tachwedd ynghylch y ddeiseb ganlynol:

Deiseb P-05-1070 Dylid cynghori pawb yng Nghymru sy'n eithriadol o agored i niwed neu a fu'n cysgodi gynt i aros gartref, nid mynd i'r gwaith, yn ystod cyfnodau pan fo lefel uchel o haint Covid-19 yn y gymuned

Ysgrifennodd Prif Swyddog Meddygol Cymru yn ddiweddar at bawb sydd ar y Rhestr Cleifion a Warchodir yng Nghymru, i roi gwybod iddynt na fyddai'n ailgyflwyno mesurau gwarchod llym ar hyn o bryd. Roedd y llythyr hefyd yn cynnwys cyngor ar sut i leihau risg personol drwy ddilyn y rheolau sylfaenol yn llym, ond pwysleisiodd hefyd ein bod yn gweld y trosglwyddo mwyaf lle mae pobl yn teimlo'n fwyaf hamddenol – sef yn eu cartrefi eu hunain. Rhoddwyd y pwyslais ar leihau cyswllt cyn belled â phosibl ag eraill.

Pan wnaethom gynghori pobl sy'n agored iawn i niwed i gymryd camau gwarchod ar ddechrau'r pandemig i ddechrau – nid oedd unrhyw fesurau mewn unrhyw sector o gymdeithas i leihau lledaeniad y feirws a dim rheolau na rheoliadau ar waith. Yn awr, gyda mesurau cyson ar waith, nid gofyn i bobl eu gwarchod eu hunain gartref eto yw'r opsiwn gorau gan y gallai achosi mwy o niwed i iechyd meddwl a chorfforol pobl.

Mae'r Prif Swyddog Meddygol yn adolygu ei gyngor yn gyson a bydd yn ysgrifennu at bawb ar y Rhestr Cleifion a Warchodir eto os bydd unrhyw newid i'w gyngor.

Rhaid i gyflogwyr gymryd pob cam rhesymol i leihau cysylltiad â'r coronafeirws drwy sicrhau bod pellter o 2m yn cael ei gynnal rhwng gweithwyr yn y gweithle (os na allwch weithio gartref) ac mae Llywodraeth Cymru eisoes wedi cyhoeddi canllawiau i gyflogwyr ar gymryd camau i wneud y gweithle'n ddiogel: <https://llyw.cymru/eich-cyfrifoldebau-fel-cyflogwr-coronafeirws>

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

Tudalen y pecyn 92
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Rwyf yn sylweddoli y bydd gan bobl bryderon am eu Hiechyd a Diogelwch yn y gwaith, ond o dan yr amgylchiadau hynny y sgwrs gyntaf y dylai pobl ei chael yw gyda'u cyflogwr. Rydym wedi cyhoeddi amrywiaeth o ddulliau asesu risg i bobl eu defnyddio i helpu i hwyluso'r sgwrs honno www.llyw.cymru/adnodd-asesu-risg-covid-19-ar-gyfer-y-gweithlu

Os bydd pobl yn parhau i bryderu, gellir codi pryderon gyda chynrychiolwyr diogelwch undebau, neu yn y pen draw gyda'r sefydliad sy'n gyfrifol am orfodi yn y gweithle, naill ai'r Awdurdod Gweithredol Iechyd a Diogelwch neu'r awdurdod lleol.

Rydym wedi cyhoeddi canllawiau a rhestr o Gwestiynau Cyffredin i helpu i gefnogi'r rhai sy'n agored iawn i niwed yn glinigol i ddod o hyd i'r atebion i gwestiynau sydd ganddynt. Mae'r canllawiau hyn yn cael eu diweddarau'n rheolaidd gyda'r wybodaeth ddiweddaraf a gellir eu gweld yma -

<https://llyw.cymru/canllawiau-ar-ddiogelu-pobl-ddiffinnir-ar-sail-feddygol-fel-rhai-eithriadol-o-agored-i-niwed-yn>

Mae ein dogfen Cwestiynau Cyffredin yma- <https://llyw.cymru/pobl-eithriadol-o-agored-i-niwed-yn-sgil-covid-19-sydd-wedi-bod-yn-gwarchod-eu-hunain-cwestiynau>

Yn gywir,



Vaughan Gething AS/MS

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

P-05-1070 Advise all people who are extremely vulnerable or previously shielding in Wales to stay home, not work, during periods of high covid 19 community infection, Correspondence – Petitioner to Committee, 07.12.20

Petitions Committee

Ref P- 05-1070

CEV Shielding in Wales

Petitioner Carol Dent

07/12/2020

I am a 60 yr old CEV clinical nurse working for BCUHB in North Wales. In March 2020 I was shielded by the Welsh government. From August following a covid 19 risk assessment at work I was evaluated at very high risk and categorized as no face to face contact. For a short period of time I was allocated paperwork to be undertaken part work /part home. On completion I awaited a temporary redeployment from clinical. However before that were organized Infection rates for covid 19 increased and with employer support I was advised to stay home which is my current situation.

I consider myself fortunate that my employer has supported me in this way but do have great concerns this support could stop at any time and I have no confirmation at all if this support will continue

The petition is on behalf of the many CEV in Wales I have been in contact with via a Facebook group shielding in Wales. It is very evident within that group that others have been less fortunate than I

Noticeably has been the terror and fear they are living with by going into work every day during high peaks of community infection rates. Many have been forced into taking sick leave for anxiety and stress. Others are struggling in the workplace because they cannot undertake normal duties and are being accused of mental health issues because they fear the infection. Some have been forced to hand in notice and lose their jobs

Overall I don't believe the Welsh government understands the difficulties and pressures the CEV are experiencing in work places. There is a definite contradiction in the advice given to CEV from the government which does not help the situation. We are told to reduce contact, shop late, have no visitors to our homes. Yet we can go to work in poorly ventilated work places with multiple persons in the same work space, sharing facilities such as canteens, rest rooms without masks and in many cases sharing packed public transport to get to work

I ask the committee to consider the massive impact this is having on the mental health of the extremely clinically vulnerable workers in Wales. Its terror and real fear, they are suffering harassment for those fears. These are not people too ill to work in normal circumstances they want to be working but simply can't safely do their jobs

I disagree with the government's statement it was bad for mental health shielding people. I was one of them, these people I am discussing were shielders. It was a shock and difficult to come to terms with but we were safe and on that basis alone it invalidates the claim mental health suffered.

The current situation of facing death every day for eight plus hours in a work place environment that is far from safe is far more detrimental to wellbeing and stability of mental health

I have forwarded six emails from the group Shielding in Wales , including an email I sent to the first minister I simply ask the committee to consider the views of those who are really experiencing life with CEV during increase infection of covid 19 in the community in Wales and you recognize how harmful the experiences are in the working environment

With Regards Carol Dent

Pp ,to be read with email attachment sent individually PETITION P-05-1070

P-05-1070 Advise all people who are extremely vulnerable or previously shielding in Wales to stay home, not work, during periods of high covid 19 community infection, Correspondence / Personal Testimonies – Petitioner to Committee, 07.12.20

I support the shielding for wales.

I'm at high risk and seeing today's cases in wales are serious , shielding should be advised without fail . Even for workers . It's wrong to have them working in these conditions at moment . Please please I beg you bring shielding back . My partner would be safer at home protecting me and children than be out catching or even spreading it to us .

Please hear us call for help , don't ignore us

I'm a teaching assistant in a mainstream high school. Been doing this for over a decade and support pupils with all kinds of needs. I was previously shielding, most of that time I was on my own, as advised by the Welsh Gov. Then, after 5 months of 'doing the right thing' everything was relaxed and we were told to forget the shielding that had deemed us so vulnerable. I was very anxious to go back into work considering the previous advice I was given but I did this. Risk Assessments are a farce. Social distancing "Where possible" is basically impossible the vast majority of the time. I wore a mask and was just told to wear a visor as well. Anyway, I ended up in a class full of 31 teenagers with little ventilation and no possibility whatsoever to "stringently socially distance by 2 metres". This is advice from my GP and 2 separate consultants. Not surprisingly I had an acute stress reaction, couldn't catch my breath, thought I was having a heart attack, total panic, shaking, sweating and sobbing. The whole experience has totally taken me, a pretty gutsy independent woman, by a devastating 'surprise'.

Through no fault of my own, just bad luck, I have 2 medical conditions. I have been signed off on the sick by my GP since this happened in September. I do not feel safe at work. I am having to take antidepressants and beta blockers. Soon my pay will be halved. I have requested redeployment or work from home but due to the nature of the job this is proving difficult for the school as is stringent 2 metre social distancing.

I understand the mental health issues that have been discussed endlessly but the genuine and very real fear for those of us who are still referred to as extremely

vulnerable yet are being punished for their medical conditions or are having to make a choice as to whether or not to forgo health advice because of money constraints.

It is so wrong. At least give us the choice to do the right thing, Mr Drakeford!

I hope we see some compassion soon.

Best wishes,

For the attention of the Welsh Government

I understand all of the arguments about the effect on mental health of shielding but I would also point out that shielding was advisory and not mandatory and was never intended as a prison sentence and I feel that the vast majority of shielding people understood this but this was not acknowledged in the media. My real problem with the Welsh Government's refusal to reintroduce formal shielding is that it leaves those working on frontline jobs at the mercy of their employers. In order to illustrate this I will tell you about my own recent experience. I have worked for my employer for the last 21 years, it is a not for profit organisation and we provide respite breaks for carers very often at incredibly short notice. To cut costs most risk assessments are done over the phone and sometimes via a third party agency and this has been the case for some time- not ideal at the best of times. They have no HR department and my line manager and the CEO. have made it clear that the needs of the business come first. They have told me that they will not put me on furlough again because they have clients waiting in my area and they cannot recruit while they have me on furlough it is against HMRC rules. I have checked on this with HMRC, ACAS and an employment officer at the CAB and all of them did not know what they were talking about. They have made no attempt to find an alternative role for me even though their website shows they are offering welfare phone calls to clients I do not trust them to complete a covid risk assessment and I now believe they are using this situation to force my hand i.e. force me to return to work or to resign. I might add that they have experienced long term problems with staff recruitment and retaining staff. I have been forced to go cap in hand to my GP to request sick leave as I am petrified about what would await me at work He has signed me off for a month but he feels this should be between me and my employer and I think he, like the Welsh Government, imagines everyone's employer will play by the

rules which they would in an ideal world So there you have it I feel completely abandoned by the Welsh Government which is a crying shame when you consider how good they have been compared to Westminster.

Yours

I'm writing with a plea for the Senedd to please relook at the shielding process for the clinically extremely vulnerable.

Working in mental health services in North Wales, I fully understand the impact of isolation on mental health however the stress, anxiety and worry of having no choice but to be in an at-risk environment is having a detrimental affect on overall well-being.

For me personally, I reside and work for the BCU Health Board in areas where local restrictions apply and I came off maternity leave early to try help however I could in March. Due to being CEV I have worked from home throughout and contributed well to the team. Now, there are talks of being back in the office despite cases reaching higher levels than when we entered lockdown. This seems to be decisions made daily at the whim of employers; could the working from home guidance be more legislative to give added protection. I can work from home and have proven this fir the past 7 months yet it seems soon this guidance maybe ignored. The daily figures, lack of protection and indecisiveness from work policy is severely heightening anxiety and stress.

Rather than a blanket shielding policy is it a possibility to consider some form of protection for the CEV. Those who do not want to; don't. But those who felt safer with those measures, do, and have the support from employers to complete any work from home. Those who cannot work from home undertake other works; TTP, welfare calls as examples- therefore safe and contributing to the pandemic. It feels ironic that us in health etc. who are CEV, have contact with individuals who admit themselves to not adhering to social distancing measures are attending high risk work places whereas some of the fit and well remain at home financially supported.

In a way it feels like a choice between go to work to survive, support families and be at risk..or not work, protect health and be at risk from economical and social issues.

I think the Senedd have done a good job in these unprecedented times and I thought it may be helpful to see a point from someone on both sides of the shielding debate. To conclude; for me, I would much rather be protected, save spaces in intensive care units, putting less pressure on overall health services and lessen stress and anxiety on myself and my loved ones by having a form of legislative protection.

Tudalen y pecyn 98

Diolch yn fawr

Dear Mr Drakeford

I apologise for taking up your time, as I appreciate you're very busy at the moment and as a result, this email may not even reach you. However, incase it does I wish to raise my concern with you below.

Well, let's start with why shielding was initially introduced.. To protect those vulnerable? Protect our NHS? Or both? Please can someone clarify when this changed as from listening to briefings and government guidelines alone, people are still very vulnerable to this virus (perhaps even more now) and our hospitals are getting fuller therefore at risk of getting overrun (This is all taken from daily briefings, not even media which could be exaggerated!)

My husband was one of those written to previously to shield as he has an immune condition (his body doesn't produce antibodies).

We understood the decision previously made to "pause" shielding as the number of cases were decreasing at the time, so we felt reassured by this decision. However, the case numbers are dangerously back on the rise again (along with the increase in deaths), so much so we have had a few lockdowns now (both local and national) and are still left under various strict restrictions. And yet, the government are still not reintroducing shielding! And why? to protect the mental health of those vulnerable and other 'reasons' such as understanding the virus better etc.

Personally, I feel to use mental health as a reason is extremely vague and quite patronising - why? Because you clearly underestimate how people not having the option to shield is effecting that very same thing! People's mental health is at an all time low, as they're extremely anxious and fearing for their lives (and this isn't being dramatic!).

Could you not reintroduce shielding with the following measures to aid mental health:

* Advise people to bubble with another household (as previously done and which is the current rule for every resident in Wales now anyway)

* Advise daily exercise (as done previously)

Shielding to a lot of vulnerable people right now would give a lot of ANXIOUS people who work (especially in frontline jobs) huge peace of mind and the relief of being able to be furloughed once again. These people (like my husband) cannot just choose to stay off work themselves, due to the financial loss this would lead too.

For us personally, my husband isn't able to work from home as he's a patrolman. Therefore sees multiple people a day on his 11hr shifts getting in and out of their cars to assist them. Although his works have put overall measures in place to try and reduce the risk - I cannot put into words how worried/paranoid I am by this.

Please, please reconsider shielding for the extremely vulnerable? Afterall, as the CMO always states it is infact only his advice! But that advice would mean the world to so many families. As I am not alone in worrying about my loved one and feel it very heartbreaking they're almost left feeling they have to choose between their health or wealth!

Thank you for reading, these are such worrying times for everyone - I just wanted to feel like I tried to do something.

Stay safe!

Kind regards,

I am a senior support worker in a mental health and learning disability hospital where 2 metres is impossible. Challenging behaviour means I can be attacked, spat at, need to restrain or simply due to communication issues saliva is constantly airborne. I feel so so unsafe there and there is nothing I can do about it. I have a history of mental health issues anyway and this situation is much more anxiety provoking and detrimental to me than shielding ever was! In fact I have now been signed off on the sick because I have had a complete breakdown. When shielding was introduced we still had a choice not to do so! Now we have no choice at all! By bringing shielding back people can choose which scenario works best for them! I know there are people who would want to continue working and could still do so, give us the choice back to choose how we keep ourselves safe. Now I am not only at risk because of the virus but because of my own mental health too!

Dear Committee,

I right to, to express my concerns as a Clinically Extremely Vulnerable (CEV) member of Public. Back In March we were all safeguarding from the Covid-19 virus. In August this shielding was paused however we were informed shielding can be re-introduced should cases rise again.

The current situation in Wales is one of the worst affected areas of the UK. 69% of the current deaths in Wales are of those classed as CEV.

You're reasoning for not re-introducing shielding as quote by Dr Atherton, Vaughan Gethin and Mark Drakeford, is that it causes extreme harm especially to people mental health. However, you have greatly underestimated the severe adverse effect in not re-introducing shielding is having on the CEV.

The Government's latest guidance is to work from home and minimise contact with those outside your household. However, there are many of us who work in frontline jobs where this option is not available at all.

For example, I work for the Welsh Ambulance service, I am unable to do my job from home. I have been advised by my work that should my GP provide a letter for me to shield against this would be un-sanctioned absence. I have unfortunately seen many patients as well as colleagues in the NHS die because of this virus. I am deeply concerned as I am seeing more and more patients present with COVID, and indeed I am now seeing rising cases in my workplace again.

I am suffering severe anxiety due to not being able to make an informed choice to safeguard myself and my family. I cannot afford to have no wages should I decide to stay home. This with the real risk of catching COVID-19 it is having severe effects on my mental health. And before a comment is made, I should speak to my employer and GP to help with my anxiety I have done this on a regular basis, but again if I chose to stay home, I have no support to do this from my GP, Employer and more importantly you the Welsh Government

Shielding was always a **choice** not law, however for us as individuals to be able to exercise our autonomy we need the support from the government to enable us to approach our employers and advise them we need to shield without have financial repercussions in doing so.

We plead with the government to advise those who cannot work from home to stay at home. The guidance thus far seems to completely bypass our vulnerability. I have worked in Healthcare for many years and would want to do so for many more years to come. I currently am having to make a choice between financial stability and my life.

The government have never in my experience governed how we care for our patients, but when I speak to many colleagues and my own GP who advise they cannot advise us to shield until the Government instruct us to, I find totally unacceptable.

Myself and thousands of frontline workers in; retail, NHS, hospitality, local government roles and many more, need the government to do the right thing and re-introduce shielding guidance to allow those who want/need to have support and evidence to produce to their employers. Every individual has a right to autonomy, but you failing to allow us to do this without this clear guidance.

I do not want to see many of my CEV colleagues, friends and family, suffer long term health complication on top of already complex health needs or even worse lose their life to this virus because the Welsh Government seem to be lacking the full scale of how the virus is affecting the CEV community.

Many of us have emailed Mark Drakeford, Vaughan Gethin, Dr Atherton expressing our serious concerns and had no reply acknowledging this.

It is time for the Welsh Government to really start to look after their most vulnerable members of the nation before it is too late.

Yours sincerely

P-05-1074 Cynyddwch nifer y bobl sy'n cael bod mewn mannau awyr agored fel y gall pob tîm yng Nghymru ailddechrau chwarae pêl-droed

Cyflwynwyd y ddeiseb hon gan Mark Morgans, ar ôl casglu cyfanswm o 5,330 lofnodion.

Geiriad y ddeiseb:

COVID-19 – yn ôl y rheolau /deddfwriaeth bresennol, dim ond 30 o bobl a ganiateir mewn man awyr agored! Ar gyfer gêm bêl-droed, mae angen 11 yn erbyn 11 ynghyd â swyddogion a staff... felly mae'n amhosibl ailddechrau'r cynghreiriau cystadleuol i oedolion tan fod y nifer hon yn cael ei chynyddu! Gellir cynnal gemau yn ddiogel ac yn effeithiol pe bai'r nifer yn cynyddu i 30 o bobl heb gynnwys y chwaraewyr a'r swyddogion ar y cae. Gofynnwn i chi gysylltu â Chymdeithas Bêl-droed Cymru ac ystyried cynyddu'r niferoedd fel y gall Haen 2 ac is ailddechrau chwarae.

Gwybodaeth Ychwanegol

Noder bod Cymdeithas Bêl-droed Lloegr / Cymdeithas Bêl-droed yr Alban a Chymdeithas Bêl-droed Iwerddon fwy neu lai wedi ailddechrau eu cynghreiriau pêl-droed lleol a chenedlaethol.

Etholaeth a Rhanbarth y Cynulliad

- Rhondda
- Canol De Cymru



Eich cyf/Your ref P-05-1074
Ein cyf/Our ref DET/03160/20

Janet Finch-Saunders AS
Cadeirydd, y Pwyllgor Deisebau

23 Tachwedd 2020

Annwyl Janet,

Diolch am eich gohebiaeth ynglŷn â'r ddeiseb ar y rheoliadau sy'n llywodraethu nifer y bobl y caniateir iddynt ymgynnull ar gyfer gemau pêl-droed.

Mae'r mesurau cenedlaethol mewn ymateb i'r coronafeirws a ddaeth i rym ar 9 Tachwedd, yn dilyn y cyfnod atal diweddar, yn golygu y gall unrhyw un gymryd rhan mewn chwaraeon neu wneud ymarfer corff mewn grŵp o hyd at 30 o gyfranogwyr yn yr awyr agored neu hyd at 15 dan do, os yw hyn yn rhan o weithgaredd wedi'i drefnu a reolir er enghraifft gan gampfa, canolfan hamdden neu glwb chwaraeon. Yn gyffredinol, byddai hyfforddwyr a swyddogion cyfatebol yn cael eu hystyried yn gyfranogwyr felly dylai'r terfyn o 30 neu 15 eu cynnwys. Fodd bynnag, gall unrhyw un sydd yno i drefnu neu gefnogi'r gweithgaredd, os yw'n gweithio neu'n darparu gwasanaeth gwirfoddol, hefyd fynychu ac nid oes angen ei gynnwys o fewn y terfyn o 30 neu 15. Mae plant dan 11 oed hefyd yn cael eu heithrio o'r nifer a ganiateir.

Bydd y mesurau newydd hyn hefyd yn caniatáu i haenau ychwanegol o chwaraeon ddychwelyd i chwarae. Rhoddwyd cyfrifoldeb i Chwaraeon Cymru ystyried ychwanegiadau pellach i'r dynodiad elft fel bod modd i fwy o chwaraeon tîm gael eu cynnal yn yr awyr agored lle mae'r rhif o 30 person wedi cyfyngu ar weithgareddau. Gwneir hyn mewn ffordd reoledig a fesul cam a dim ond pan fo canllawiau clir ar waith gan gyrrff llywodraethu chwaraeon i ddiogelu pawb sy'n cymryd rhan.

Gwahoddwyd Cymdeithas Pêl-droed Cymru i gyflwyno eu cynigion ar gyfer galluogi i bêl-droed ailddechrau a dylai Cymdeithas Pêl-droed Cymru barhau i drafod gyda Chwaraeon Cymru.

Yn ogystal â'r uchod, nid oes terfyn bellach ar nifer y plant o dan 18 oed sy'n gallu cymryd rhan mewn [gweithgaredd chwaraeon a drefnir](#) ar gyfer datblygu neu sicrhau lles plant na'i hwyluso, sy'n golygu y gall mwy o chwaraeon timau ieuencid barhau. Rhaid i'r gweithgaredd gael ei drefnu a'i oruchwylio gan gorff cyfrifol fel clwb chwaraeon, corff cyhoeddus, elusen neu gampfa neu ganolfan hamdden. Dim ond terfynau'r lleoliad sy'n

Bae Caerdydd • Cardiff Bay
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CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Dafydd.Elis-Thomas@llyw.cymru
Correspondence.Dafydd.Elis-Thomas@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

Tudalen y pecyn 104
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

cyfyngu ar nifer y plant o dan 18 oed sy'n gallu cymryd rhan yn gyfreithiol a hefyd yr angen i ddigon o oedolion fod yn bresennol i oruchwyllo.

Gobeithio bod hyn yn rhoi mwy o wybodaeth i chi a'r pwyllgor ei hystyried mewn perthynas â'r ddeiseb, ac yn tynnu sylw at y ffaith ein bod yn cymryd camau gweithredol i alluogi mwy o chwaraeon tîm i ddigwydd dros y misoedd nesaf. Mae'n rhaid imi bwysleisio, fodd bynnag, fod yn rhaid rheoli hyn drwy ddull gweithredu fesul cam a hynny er gwaethaf y ffaith ein bod yn ceisio caniatáu i fwy o chwaraeon tîm awyr agored ailddechrau. Mae'n hollbwysig sicrhau ein bod yn gwneud hyn mewn modd diogel a'n bod yn lliniaru unrhyw risg i reoli lledaeniad y feirws.

Yn gywir,



Yr Arglwydd Elis-Thomas AS/MS

Y Dirprwy Weinidog Diwylliant, Chwaraeon a Thwristiaeth
Deputy Minister for Culture, Sport and Tourism

Eitem 2.7

P-05-1076 Caniatáu i'r holl Gelfyddydau Perfformio ailagor – cerddoriaeth fyw, dawns, theatrau a neuaddau cyngerdd

Cyflwynwyd y ddeiseb hon gan Catherine Tanner, ar ôl casglu cyfanswm o 338 lofnodion.

Geiriad y ddeiseb:

Pam rydym ni'n gallu eistedd ar awyren am 8 awr, yn gwisgo mwgwd, ond heb gadw unrhyw bellter cymdeithasol... ond allwn ni ddim gwyllo cyngerdd o dan yr un amodau?

Pam mae pobl mewn tafarndai / caffis yn gallu eistedd 2m ar wahân, yn siarad heb wisgo masgiau ... ond allwn ni ddim eistedd mewn distawrwydd 2m ar wahân yn gwyllo cerddoriaeth fyw?

Pam rydym yn gallu gwyllo ffilm yn y sinema, neu wrando ar offeiriad mewn eglwys, ond allwn ni ddim gwyllo un cerddor yn perfformio ar ei ben ei hun dan do?

Rhaid i Lywodraeth Cymru roi'r gorau i drin y celfyddydau a cherddoriaeth fyw yn annheg er bod popeth arall wedi ailagor.

Gwybodaeth Ychwanegol

Cynhaliwyd Gŵyl Salzburg eleni – dim achosion.

<https://bachtrack.com/feature-austria-salzburg-festival-covid-19-september-2020>

Agorodd Ffilharmonig Berlin eleni.

<https://www.berliner-philharmoniker.de/en/>

Ailagorodd neuaddau cyngerdd yn Lloegr eleni ac aildechreuodd perfformiadau cerddoriaeth fyw.

O dan yr Offeryn Statudol sydd mewn grym ar hyn o bryd, bydd neuaddau cyngerdd ar gau tan Chwefror 2021 felly, am y tro cyntaf yn ei hanes, bydd Cymru wedi gwahardd cerddoriaeth fyw am flwyddyn. Cafodd y celfyddydau

yng Nghymru eu llethu dros yr haf oherwydd y penderfyniad i wahardd cyngherddau awyr agored hyd yn oed pan oedd bron pob gwlad arall yn Ewrop yn caniatáu hynny.

Mae Llywodraeth Cymru yn gwrthod gadael i'r celfyddydau agor o dan yr un telerau ag y mae'n caniatáu i ysgolion, siopau a busnesau lletygarwch agor. Mae hyn yn rhagrithiol ac yn hynod annheg. Mae mesurau cadw peller cymdeithasol naill ai'n gweithio, neu dydyn nhw ddim.

Etholaeth a Rhanbarth y Cynulliad

- Pen-y-bont at Ogwr
- Gorllewin De Cymru



Eich cyf/Your ref P-05-1076
Ein cyf/Our ref DET/03208/20

Janet Finch-Saunders AS
Cadeirydd, y Pwyllgor Deisebau

25 Tachwedd 2020

Annwyl Janet

Rydym wedi dechrau'r broses o ganiatáu i theatrau ailagor, gyda chapasiti cyfyngedig. Mae canllawiau Llywodraeth Cymru wedi'u diwygio er mwyn caniatáu i theatrau ailagor os caiff y defnydd o'r safle ei ddarlledu heb i gynulleidfa fod yn bresennol (boed dros y rhyngwyd neu fel rhan o ddarllediad ar y radio neu'r teledu) neu ar gyfer ymarfer wrth baratoi darllediad o'r fath.

O fewn cyd-destun ehangach iechyd y cyhoedd, mae gofyn i theatrau, neuaddau cyngerdd a lleoliadau cerddoriaeth fyw aros ar gau i'r cyhoedd ac mae'n rhaglen digwyddiadau prawf wedi'i hatal am y tro. Credwn y bydd theatrau a neuaddau cyngerdd yn agwedd allweddol ar ein dull o gynnal digwyddiadau prawf na fydd yn ailddechrau hyd o leiaf fis Chwefror 2021. Nid ydym yn disgwyl i ddigwyddiadau, gan gynnwys rhai lle y bydd llawer o bobl yn ymgynnull, ailddechrau hyd y Gwanwyn a bydd y Gronfa Adfer Diwylliannol sydd werth £63m yn cefnogi'r sector ac yn sicrhau ei gynaliadwyedd hirdymor yn y cyfamser.

Yn gywir,

Yr Arglwydd Elis-Thomas AS/MS
Y Dirprwy Weinidog Diwylliant, Chwaraeon a Thwristiaeth
Deputy Minister for Culture, Sport and Tourism

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

P-05-1095 Gosodwch gyfyngiadau symud i ysgolion gael pythefnos o wyliau cyn 24 Rhagfyr a galluogi pawb i gael amser teuluol

Cyflwynwyd y ddeiseb hon gan Andrew Chambers, ar ôl casglu cyfanswm o 10,836 lofnodion.

Geiriad y ddeiseb:

Mae ysgolion yn dal i gael problemau gydag achosion COVID gyda grwpiau blwyddyn cyfan yn cael eu hanfon adref mewn rhai achosion, hyd yn oed ar ôl y cyfnod atal byr diweddar a barhaodd am bythefnos. Bydd seibiant am 14 o ddyddiau'n galluogi rhai teuluoedd i gael amser teuluol hollbwysig dros y Nadolig a'r Flwyddyn Newydd i adfywio cysylltiadau teuluol a chael trafodaeth bwysig am broblemau iechyd meddwl ymhlith yr ifanc a'r hen.

Gwybodaeth Ychwanegol

Mae deiseb debyg a gobeithio y cynhelir dadl yn ei chylch yn Lloegr.

Etholaeth a Rhanbarth y Cynulliad

- Ogwr
- Gorllewin De Cymru

Gosodwch gyfyngiadau symud i ysgolion gael pythefnos o wyliau cyn 24 Rhagfyr a galluogi pawb i gael amser teuluol.

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Cyfeirnod: RS20/14805-1

Rhif y ddeiseb: P-05-...

Teitl y ddeiseb: Gosodwch gyfyngiadau symud i ysgolion gael pythefnos o wyliau cyn 24 Rhagfyr a galluogi pawb i gael amser teuluol.

Testun y ddeiseb: Mae ysgolion yn dal i gael problemau gydag achosion COVID gyda grwpiau blwyddyn cyfan yn cael eu hanfon adref mewn rhai achosion hyd yn oed ar ôl y cyfnod atal byr diweddar a barhaodd am bythefnos. Bydd seibiant am 14 o ddyddiau'n galluogi rhai teuluoedd i gael amser teuluol hollbwysig dros y Nadolig a'r Flwyddyn Newydd i adfywio cysylltiadau teuluol a chael trafodaeth bwysig am broblemau iechyd meddwl ymhlith yr ifanc a'r hen.



1. Cefndir deddfwriaethol

1.1. Cau ysgolion

Mae gan awdurdodau lleol bwerau i gau ysgolion drwy ddefnyddio Rheoliadau Rheoli Mangreoedd Ysgol (Cymru) 2008 ac adran 29(5) o Ddeddf Addysg 2002. Gall awdurdodau roi cyfarwyddyd i ysgolion (ac eithrio ysgolion sefydledig, ysgolion arbennig sefydledig ac ysgolion gwirfoddol a gynorthwyr) gau ar sail diogelwch. Fodd bynnag, ni all awdurdodau lleol ei gwneud yn ofynnol i unrhyw ysgolion aros ar agor neu agor. Ni chaniateir i awdurdodau lleol roi cyfarwyddyd i ysgolion sefydledig, ysgolion arbennig sefydledig ac ysgolion gwirfoddol a gynorthwyr gau. Fodd bynnag, rhaid i awdurdodau lleol gydymffurfio â pholisïau iechyd a diogelwch y corff llywodraethu a'u rhoi ar waith.

Mae Deddf y Coronafeirws 2020 yn gwneud darpariaethau sy'n galluogi Gweinidogion Cymru i roi cyfarwyddyd i gyfyngu ar bresenoldeb mewn mangreoedd a ddefnyddir i ddarparu addysg neu ofal plant.

1.2. Pennu dyddiadau tymhorau ysgol

Mae Adran 32 o Ddeddf Addysg 2002 yn nodi'r canlynol:

Responsibility for fixing term and holiday dates in Wales

(1) A local authority in Wales must determine the term dates for each community, voluntary controlled or community special school or maintained nursery school in its area.

(2) A governing body of a foundation or voluntary aided school in Wales (a "relevant governing body") must determine the term dates for its school.

(3) In exercising its functions under subsection (1), a local authority must co-operate and co-ordinate with—

(a) each relevant governing body in its area, and

(b) every other local authority in Wales,

to ensure that the term dates determined are the same (or as similar as can be) for every maintained school in Wales.

(4) In exercising its functions under subsection (2), a relevant governing body must co-operate and co-ordinate with—

(a) the local authority, and

(b) every other relevant governing body in the local authority's area,

to ensure that the term dates determined are the same (or as similar as can be) for every maintained school in Wales.

2. Galw am gau ysgolion yn gynnar

Ar 25 Tachwedd 2020, ysgrifennodd undeb athrawon UCAC at Kirsty Williams, y Gweinidog Addysg, yn gofyn iddi ystyried yr opsiynau sydd ar gael i leihau'r risg y bydd disgyblion a staff yn gorfod hunanynysu dros y Nadolig. Awgrymwyd mai un opsiwn fyddai i ysgolion a cholegau addysg bellach gau ddydd Gwener 11 Rhagfyr a rhoi trefniadau dysgu o bell ar waith yn ystod wythnos olaf y tymor.

Yn ei hymateb i UCAC, dywedodd y Gweinidog:

my position remains clear that schools should remain open until the end of term. Schools are a controlled and regulated setting, therefore consideration needs to be given to the possible wider health harms that could be caused by them not being in school i.e. wider community mixing and more time spent with older relatives i.e. grandparents (especially in multi-generational households).

Pe bai ysgolion yn cau'n gynnar, meddai, byddai angen ystyried yr hyn a fyddai'n digwydd i'r disgyblion hynny y mae eu rhieni neu eu gofalwyr yn gweithio, ac ystyried hefyd y posibilrwydd y byddai angen i deidiau a neiniau mwy agored i niwed ddarparu gofal plant, a'r goblygiadau i blant gweithwyr hanfodol a phlant agored i niwed y byddai angen gofalu amdanynt mewn canolfannau, tebyg i'r hyn a ddigwyddodd pan gaeodd yr ysgolion ym mis Mawrth.

3. Safbwynt yr awdurdodau lleol

Deallir bod awdurdodau lleol a Llywodraeth Cymru wedi cytuno y byddai ysgolion yn aros ar agor i ddysgu disgyblion wyneb yn wyneb. Ar 4 Rhagfyr 2020, cyhoeddodd Cyngor Bwrdeistref Sirol Blaenau Gwent y byddai'r ysgolion yn ei ardal yn dechrau dysgu'r holl ddisgyblion o bell o ddydd Iau, 10 Rhagfyr ymlaen.

Ar 7 Rhagfyr, [cadarnhaodd Cyngor Bwrdeistref Sirol Rhondda Cynon Taf](#) y byddai'r ysgolion yn ei ardal ar agor dim ond i staff a dysgwyr agored i niwed, blaenoriaeth uchel, ar 17 a 18 Rhagfyr. Byddai gweddill y disgyblion yn dysgu o bell neu'n dysgu'n ddigidol ar 17 a 18 Rhagfyr.

Mae [Ysgol Sant Martin yng Nghaerffili](#) wedi penderfynu cau i ddisgyblion wythnos yn gynnar. Dywedodd pennaeth yr ysgol fod nifer o rieni wedi dweud y byddent yn cadw eu plant gartref yn ystod wythnos olaf y tymor. Bydd yr ysgol yn cau wythnos yn gynnar drwy symud diwrnodau HMS yr haf nesaf i ddiwedd y tymor hwn.

4. Y sefyllfa yng ngwledydd eraill y DU

Ar 30 Tachwedd 2020, [cadarnhaodd Peter Weir, Gweinidog Addysg Gogledd Iwerddon](#) na fyddai ysgolion yn cau'n gynnar cyn y Nadolig.

Ar 3 Rhagfyr 2020, mewn a [llythyr at Bwyllgor Addysg a Sgiliau Senedd yr Alban](#), cadarnhaodd John Swinney, y Dirprwy Brif Weinidog ac Ysgrifennydd y Cabinet dros Addysg a Sgiliau, na fyddai dyddiadau gwyliau Nadolig yr ysgolion yn newid.

Yn Lloegr, mae'r Llywodraeth wedi cyhoeddi [Canllawiau](#) sy'n nodi:

You should continue to attend your school or college until the last day of normal term time. Schools and colleges should not change their Christmas holidays or close early this term. Parents should continue to send their children to school during term time and students should continue to attend college right up until the end of term – our senior clinicians continue to advise that the best place for children and young people is in education. The time-limited change to social restrictions over Christmas does not require any children to be taken out of school prematurely.

5. Deiseb yn Lloegr

Mae Pwyllgor Deisebau Senedd y DU yn ystyried deiseb sy'n dwyn y teitl, [Implement a two week school lockdown before 24 December to save Christmas](#), sy'n galw ar ysgolion i ddysgu ar-lein o 9 Rhagfyr ymlaen. Adeg ysgrifennu'r ddogfen hon, roedd 120,707 wedi llofnodi'r ddeiseb. Mae Llywodraeth y DU wedi ymateb i'r ddeiseb drwy gadarnhau na ddylai ysgolion gau'n gynnar na newid

dyddiadau eu gwyliau Nadolig a bod osgoi tarfu ymhellach ar addysg yn parhau'n flaenoriaeth genedlaethol. Trafododd y Senedd y ddeiseb ar 7 Rhagfyr 2020.

Gwneir pob ymdrech i sicrhau bod y wybodaeth yn y papur briffio hwn yn gywir adeg ei gyhoeddi. Dylai darllenwyr fod yn ymwybodol nad yw'r papurau briffio hyn yn cael eu diweddarau o reidrwydd na'u diwygio fel arall i adlewyrchu newidiadau dilynol.

P-05-1095 Gosodwch gyfyngiadau symud i ysgolion gael pythefnos o wyliau cyn 24 Rhagfyr a galluogi pawb i gael amser teuluol

Cyflwynwyd y ddeiseb hon gan Andrew Chambers, ar ôl casglu cyfanswm o 10,836 lofnodion.

Geiriad y ddeiseb:

Mae ysgolion yn dal i gael problemau gydag achosion COVID gyda grwpiau blwyddyn cyfan yn cael eu hanfon adref mewn rhai achosion, hyd yn oed ar ôl y cyfnod atal byr diweddar a barhaodd am bythefnos. Bydd seibiant am 14 o ddyddiau'n galluogi rhai teuluoedd i gael amser teuluol hollbwysig dros y Nadolig a'r Flwyddyn Newydd i adfywio cysylltiadau teuluol a chael trafodaeth bwysig am broblemau iechyd meddwl ymhlith yr ifanc a'r hen.

Gwybodaeth Ychwanegol

Mae deiseb debyg a gobeithio y cynhelir dadl yn ei chylch yn Lloegr.

Etholaeth a Rhanbarth y Cynulliad

- Ogwr
- Gorllewin De Cymru

Eitem 2.10

P-05-1100 Caniatáu i dafarndai a bwytaï yng Nghymru weini alcohol / aros ar agor ar ôl 6pm

Cyflwynwyd y ddeiseb hon gan Gwilym Owen, ar ôl casglu cyfanswm o 4,619 lofnodion.

Geiriad y ddeiseb:

Bydd y cyfyngiadau a gyhoeddwyd gan Mark Drakeford ac sy'n dod i rym am 6pm, 4 Rhagfyr, yn gwahardd y diwydiant lletygarwch rhag gwerthu alcohol, ac yn eu gorfodi i gau am 6pm. Bydd y cyfyngiadau hyn yn niweidiol i'r diwydiant lletygarwch ac mae angen ein cefnogaeth arnynt.

Gwybodaeth Ychwanegol

Nid yw lleoliadau'n gallu gweithredu i'w capasiti llawn ac, oherwydd hynny, mae busnesau'n mynd drwy gyfnod anodd iawn. Ond yr hyn sy'n gwneud pethau'n llawer gwaeth yn awr yw'r ffaith bod y Llywodraeth yn dweud nad yw lleoliadau'n cael gwerthu alcohol a bod yn rhaid iddynt gau am 6pm. Bydd hyn yn niweidiol iawn i'r diwydiant. Mae llawer o'r rhain yn fusnesau teuluol sydd, yn ystod yr wythnosau nesaf, yn dibynnu ar gyfnod prysuraf y flwyddyn, sy'n hanfodol i'w busnes a'u bywoliaeth.

Etholaeth a Rhanbarth y Cynulliad

- Ynys Môn
- Gogledd Cymru

Cyfyngiadau coronafeirws ar y sector lletygarwch.

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Cyfeirnod: RS20/14831-1

Rhif y ddeiseb: P-05-1099

Teitl y ddeiseb: Peidiwch â chau'r Sector Lletygarwch (Tafarndai, Bwytai, Caffis) heb ddangos tystiolaeth wyddonol.

Geiriad y ddeiseb: Mae sector lletygarwch Cymru wedi dangos ei fod yn gallu cydymffurfio'n effeithiol â'r rheoliadau COVID llym, gyda thafarndai, barrau, bwytai, caffis a llawer o leoliadau eraill yn dangos eu bod yn gallu cadw pellter cymdeithasol. Mae lletygarwch eisoes wedi addasu i ddefnyddio cyfarpar diogelu personol a mesurau hylendid ychwanegol, yn ogystal â system profi ac olrhain y llywodraeth.

Mae tystiolaeth gan y llywodraeth a'r Swyddfa Ystadegau Gwladol yn dangos mai dim ond rhwng 1% a 3% o heintiadau coronafeirws newydd sy'n digwydd mewn tafarndai, barrau a bwytai. Oni bai bod Llywodraeth Cymru yn fodlon cyhoeddi tystiolaeth sy'n dangos bod y risg o drosglwyddo yn uwch mewn lleoliadau lletygarwch, yna byddai'n annheg cosbi'r diwydiant unwaith eto drwy ei gau drwy gydol mis Rhagfyr.

Mae tafarndai, a'r diwydiant lletygarwch yn gyffredinol, ymhlith y rhai y mae'r cyfnod clo wedi effeithio arnynt fwyaf. Mae mwy na thraean o fusnesau lletygarwch yn dweud mai prin yw ei hyder, neu fod ganddynt ddim hyder o gwbl, y byddant yn goroesi'r tri mis nesaf, yn ôl data a gasglwyd gan y Swyddfa Ystadegau Gwladol yn gynharach y mis hwn.

Mae'r flwyddyn hon wedi gadael y sector lletygarwch ar ymyl y dibyn, gyda llawer ohono ar gau drwy gydol 2020 yn sgil y pandemig. Mae masnach y



Nadolig yn hanfodol er mwyn i fusnesau aros ar agor, ac achub llawer rhag gorfod cau am byth oherwydd colli enillion.

Rhif y ddeiseb: P-05-1100

Teitl y ddeiseb: Caniatáu i dafarndai a bwytai yng Nghymru weini alcohol / aros ar agor ar ôl 6pm.

Geiriad y ddeiseb: Bydd y cyfyngiadau a gyhoeddwyd gan Mark Drakeford ac sy'n dod i rym am 6pm, 4 Rhagfyr, yn gwahardd y diwydiant lletygarwch rhag gwerthu alcohol, ac yn eu gorfodi i gau am 6pm. Bydd y cyfyngiadau hyn yn niweidiol i'r diwydiant lletygarwch ac mae angen ein cefnogaeth arnynt.

Nid yw lleoliadau'n gallu gweithredu i'w capasiti llawn ac, oherwydd hynny, mae busnesau'n mynd drwy gyfnod anodd iawn. Ond yr hyn sy'n gwneud pethau'n llawer gwaeth yn awr yw'r ffaith bod y Llywodraeth yn dweud nad yw lleoliadau'n cael gwerthu alcohol a bod yn rhaid iddynt gau am 6pm. Bydd hyn yn niweidiol iawn i'r diwydiant. Mae llawer o'r rhain yn fusnesau teuluol sydd, yn ystod yr wythnosau nesaf, yn dibynnu ar gyfnod prysuraf y flwyddyn, sy'n hanfodol i'w busnes a'u bywoliaeth.

1. Cefndir

Ar 30 Tachwedd 2020, cyhoeddodd Prif Weinidog Cymru, Mark Drakeford AS., fod mesurau newydd yn cael eu cyflwyno "wrth i achosion o'r coronafeirws gyflymu yng Nghymru". Ers 4 Rhagfyr nid yw tafarndai, bariâu, bwytai a chaffis wedi gallu gweini alcohol a bu'n ofynnol iddynt gau erbyn 6.00pm a dim ond darparu prydau parod ar ôl hynny.

Ar 1 Rhagfyr gwnaeth y Prif Weinidog ddatganiad yn y Cyfarfod Llawn ar gyfyngiadau mis Rhagfyr. Dywedodd fod Llywodraeth Cymru wedi cydnabod yr "ymdrech enfawr a wnaed gan y sector [lletygarwch] i gydymffurfio â'r rheoliadau" ond "bu'n rhaid cyflwyno cyfyngiadau tebyg ym mhob rhan arall o'r Deyrnas Unedig ac, yn wir, ledled y byd." Dywedodd y Prif Weinidog:

Mae swyddogion iechyd a llunwyr polisi yn rhyngwladol wedi nodi bod yfed alcohol yn cynyddu'r risg o drosgwlyddo, gan y gall ymbellhau cymdeithasol chwalu gan fod canfyddiadau pobl o risg yn newid.

Peidiwch â chau'r Sector Lletygarwch (Tafarndai, Bwytaï, Caffis) heb ddangos tystiolaeth wyddonol.

Mewn ymateb i ddatganiad y Prif Weinidog dywedodd Arweinydd yr Wrthblaid, Paul Davies AS, "ein bod mewn argyfwng iechyd cyhoeddus [...] ond rydym hefyd yng nghanol argyfwng economaidd". Mynegodd Paul Davies ei bryderon am ardaloedd yng Nghymru sydd â chyfraddau trosglwyddo isel ac ardaloedd "lle nad oes tystiolaeth bod rhyngweithio yn y maes lletygarwch yn arwain at gynnydd mewn cyfraddau trosglwyddo".

Dywedodd y Prif Weinidog fod y dystiolaeth yno a chyfeiriodd at ddau bapur a gyhoeddwyd gan Grŵp Cynghori Gwyddonol Llywodraeth y DU ar Argyfyngau (SAGE) ym mis Tachwedd sydd, meddai, yn adolygu'r mesurau sydd wedi llwyddo ar draws y Deyrnas Unedig. Cyfeirir at y papurau hyn isod.

2. Cyhoeddiadau gan grwpiau cynghori gwyddonol

Mae dau brif gorff sy'n darparu cyngor gwyddonol a ddefnyddir gan Lywodraeth Cymru.

Un o gyrff cynghori Llywodraeth Cymru yw'r Gell Cyngor Technegol (TAC). Mae'n darparu "cyngor gwyddonol a thechnegol i gefnogi penderfynwyr Llywodraeth Cymru yn ystod argyfyngau". Mae hyn yn cynnwys darparu diweddariadau rheolaidd gan Brif Swyddog Meddygol Cymru i uwch swyddogion Llywodraeth Cymru am wybodaeth gan SAGE. Mae'r Gell yn cyhoeddi crynodebau rheolaidd o'r cyngor y mae'n ei roi i Lywodraeth Cymru ynghyd ag ymchwil pwnc mwy penodol.

SAGE ar ran Llywodraeth y DU sy'n gyfrifol am sicrhau bod cyngor gwyddonol amserol a chydgylltiedig ar gael i'r rhai sy'n gwneud penderfyniadau i gefnogi penderfyniadau traws-lywodraethol y DU". Mae'n dibynnu ar wyddoniaeth allanol a chynghor gan grwpiau arbenigol, gan gynnwys ei is-grwpiau ei hun megis y Grŵp Gwyddonol ar Ffliw Pandemig - Modelu (SPI-M) a'r Grŵp Gwyddonol Annibynnol ar Ffliw Pandemig - Ymddygiadau (SPI-B)). Mae Cyhoeddiadau gan SAGE hefyd ar gael ar wefan Llywodraeth y DU.

2.1. Papurau SAGE y cyfeiriodd y Prif Weinidog atynt

Ar 12 Tachwedd ystyriodd SAGE bapur gan ei is-grŵp modelu (SPI-M) ar haenau yn Lloegr a mesurau eraill yn y gwledydd datganoledig. Dyma un o'r papurau SAGE y cyfeiriodd y Prif Weinidog atynt yn y Cyfarfod Llawn.

Roedd yr ail bapur y cyfeiriodd y Prif Weinidog ato yn dod gan Grŵp Gorchwyl a Gorffen Effaith Ymyriadau dyddiedig 19 Tachwedd ar [ymyriadau hydref y pedair gwlad](#). Cafodd y papur hwn ei [ddiweddarau ar 26 Tachwedd](#).

2.2. Lleoliadau lletygarwch a throsglwyddo

Mae SAGE a'r Gell Cyngor Technegol wedi cyhoeddi papurau eraill sy'n cynnwys cyfeiriadau at y sector lletygarwch a throsglwyddo COVID-19. Mae'r rhain yn cynnwys y canlynol, ond nid ydynt yn gyfyngedig iddynt:

- [Tabl ymyriadau nad ydynt yn rhai fferyllol \(NPIs\)](#), 21 Medi 2020 (SAGE)
- [SARS-COV-2: Llwybrau ac Amgylcheddau Trosglwyddo](#), 22 Hydref 2020 (SAGE)
- [SAGE 63 munud: Ymateb Coronafeirws \(COVID-19\)](#), 22 Hydref 2020
- [Crynodeb o'r dystiolaeth ar gostau a manteision a mesurau lliniaru posibl ar gyfer mynd i'r afael â COVID-19 yng Nghymru](#), 25 Tachwedd 2020 (y Gell Cyngor Technegol)

3. Effaith COVID-19 ar y sector lletygarwch

Mae'r Swyddfa Ystadegau Gwladol (SYG) yn cynnal [Arolwg o Effaith COVID-19 ar Fusnesau](#) sy'n "cipio ymatebion busnesau ar sut yr effeithiwyd ar eu trosiant, prisiau'r gweithlu, masnach a gwydnwch busnes". Cyhoeddir yr ymatebion bob pythefnos.

Roedd y [cyhoeddiad ar 19 Tachwedd 2020](#) yn cwmpasu'r cyfnod rhwng 19 Hydref a 1 Tachwedd 2020. Yn yr arolwg hwnnw dywedodd 27.8 y cant o'r diwydiant lletygarwch a gwasanaethau bwyd fod eu hyder y byddai eu busnes yn goroesi'r tri mis nesaf yn isel iawn.

Ers y cyhoeddiad gan y Prif Weinidog ar 30 Tachwedd, mae nifer o [fusnesau lletygarwch wedi dweud y byddant yn cau](#) o 4 Rhagfyr a mynegodd eu rhwystredigaeth gyda'r cyfyngiadau newydd.

Er bod [UKHospitality wedi croesawu'r pecyn cymorth economaidd](#) a gaiff ei ddarparu gan Lywodraeth Cymru, disgrifiodd y cyfyngiadau fel ergyd enfawr i letygarwch yng Nghymru a theimlad bod y sector yn cario baich gweithredoedd y Llywodraeth yn annheg.

Peidiwch â chau'r Sector Lletygarwch (Tafarndai, Bwytaï, Caffis) heb ddangos tystiolaeth wyddonol.

3.1. Cyfyngiadau lletygarwch yng ngwledydd eraill y DU

3.1.a. Yr Alban

Ar 2 Tachwedd 2020 cyflwynodd Llywodraeth yr Alban lefelau diogelu COVID. Mae pob ardal yn yr Alban wedi'i dyrannu i un o'r pum lefel wahanol o ddiogelwch o lefel 0 hyd at yr uchaf ar lefel 4.

Gall bwytaï, bariau, tafarndai a chaffis mewn ardaloedd lefel 3 agor o dan do ac yn yr awyr agored i fwyta ac yfed diodydd nad ydynt yn alcoholig. Ni ellir gweini diodydd alcoholig, a rhaid cau'r safle erbyn 6.00pm.

Mewn ardaloedd lefel 4, mae bwytaï, bariau, tafarndai a chaffis ar gau a dim ond gwasanaethau prydau parod y gallant eu darparu. Mae yna un ar ddeg o ardaloedd yn yr Alban o dan gyfyngiadau lefel 4 tan o leiaf 11 Rhagfyr 2020.

3.1.b. Gogledd Iwerddon

Rhwng 27 Tachwedd a 10 Rhagfyr 2020 mae gan Ogledd Iwerddon neges aros gartref ar waith. O ganlyniad, mae lleoliadau lletygarwch ar gau ar wahân i allu darparu prydau parod, danfon a gwasanaeth gyrru drwodd.

3.1.c. Lloegr

Ar 2 Rhagfyr 2020 disodlwyd y cyfyngiadau cenedlaethol yn Lloegr gan system haenau. Mae pob ardal yn Lloegr mewn un o dair haen.

O dan haen 2, mae tafarndai a bariau ar gau oni bai eu bod yn gweithredu fel bwyty. Dim ond gyda "phrydau sylweddol" y gellir gweini alcohol a rhaid i safleoedd roi'r gorau i gymryd archebion ar ôl 10.00pm a chau erbyn 11.00pm.

Mae'r holl leoliadau lletygarwch ar gau mewn ardaloedd haen 3 a dim ond gwasanaethau prydau parod, danfon neu yrru drwodd y gallant eu darparu. Mae pump ar hugain o ardaloedd yn Lloegr o dan haen 3.

4. Deddfwriaeth yng Nghymru

Rheoliadau Diogelu Iechyd (Cyfyngiadau Coronafeirws) (Rhif 4) (Cymru) 2020 ("y rheoliadau") sy'n sail i'r cyfyngiadau cenedlaethol presennol ledled Cymru. Mae Llywodraeth Cymru wedi diwygio'r rheoliadau drwy Reoliadau Diogelu Iechyd (Cyfyngiadau Coronafeirws a Swyddogaethau Awdurdodau Lleol) (Diwygio)

(Cymru) 2020 i'w gwneud yn ofynnol i fariau, caffis, ffreuturau, bwytai a thafarndai fod ynghau rhwng 6.00pm a 6.00am ac atal gwerthu alcohol i'w yfed yn y lleoliadau hynny. Mae rhai eithriadau i'r cyfyngiadau ar amseroedd cau, gan gynnwys safleoedd mewn gweithleoedd, lleoliadau addysgol ac ysbytai er enghraifft.

Caiff y rheoliadau eu hadolygu gan Weinidogion Cymru erbyn dydd Iau 17 Rhagfyr, ac o leiaf unwaith bob tair wythnos ar ôl y dyddiad hwnnw.

Mae Llywodraeth Cymru wedi cyhoeddi cwestiynau cyffredin ar y rheoliadau.

Gwneir pob ymdrech i sicrhau bod y wybodaeth yn y papur briffio hwn yn gywir adeg ei gyhoeddi. Dylai darllenwyr fod yn ymwybodol nad yw'r briffiau hyn o reidrwydd yn cael eu diweddarau na'u diwygio fel arall i adlewyrchu newidiadau dilynol.

P-05-1045 Dylai penderfyniadau ar y cyd ac adolygu cynlluniau gofal iechyd meddwl misol fod yn ofyniad cyfreithiol

Cyflwynwyd y ddeiseb hon gan Tesni Morgan, ar ôl casglu cyfanswm o 1,462 lofnodion.

Geiriad y ddeiseb:

Ar 27 Awst 2020, lladdodd ein Bronwen annwyl ei hun ar ôl brwydr hir gyda'i hiechyd meddwl.

Rydym ni, fel teulu, wir yn credu y gallai hynny fod wedi cael ei atal. Yn ystod 6 mis olaf ei bywyd, dirywiodd iechyd meddwl Bronwen yn sylweddol.

Gwnaeth sawl ymdrech i ladd ei hun, gan roi ei hun mewn sefyllfaoedd peryglus yn rheolaidd. Roedd Bronwen mewn anobaith—nid oedd ei chynllun gofal yn addas at y diben ac roedd hi a'r teulu'n erfyn ar i rywbeth newid.

Gwybodaeth Ychwanegol

Gwnaethom ni, a Bronwen hithau, erfyn ar i rywun wrando arnom. Cawsom ein hanwybyddu.

Rydym yn ymdrechu am benderfyniadau ar y cyd ac adolygiadau rheolaidd o gynlluniau gofal a thriniaeth iechyd meddwl. Rydym hefyd yn galw am gyfle i'r berthynas agosaf gyfrannu i'r adolygiadau hynny. Mae canllawiau presennol NICE yn nodi bod penderfyniadau ar y cyd yn hanfodol er mwyn diwallu anghenion y claf.

Mae NICE yn nodi bod penderfyniadau ar y cyd yn bwysig er mwyn:

trefnu bod dewisiadau gwahanol ar gael i'r claf ac i'r rhain gael eu trafod yn agored.

trefnu i'r penderfyniad terfynol gael ei wneud ar y cyd gan y gweithiwr iechyd proffesiynol a'r claf.

helpu gweithwyr iechyd a gofal cymdeithasol proffesiynol i addasu'r gofal neu'r driniaeth yn ôl anghenion yr unigolyn.

Nid felly y bu hi yn achos Bronwen. Mae penderfyniadau ar y cyd yn HANFODOL i gleifion gael y gofal gorau sydd wedi'i addasu yn ôl eu hanghenion unigol.

Etholaeth a Rhanbarth y Cynulliad

- Canol Caerdydd
- Canol De Cymru

P-05-1045 Dylai penderfyniadau ar y cyd ac adolygu cynlluniau gofal iechyd meddwl misol fod yn ofyniad cyfreithiol

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Cyfeirnod: RS20/14409-6

Rhif y ddeiseb: P-05-1045

Teitl y ddeiseb: Dylai penderfyniadau ar y cyd ac adolygu cynlluniau gofal iechyd meddwl misol fod yn ofyniad cyfreithiol.

Geiriad y ddeiseb: Ar 27 Awst 2020, lladdodd ein Bronwen annwyl ei hun ar ôl brwydr hir gyda'i hiechyd meddwl. Rydym ni, fel teulu, wir yn credu y gallai hynny fod wedi cael ei atal. Yn ystod 6 mis olaf ei bywyd, dirywiodd iechyd meddwl Bronwen yn sylweddol. Gwnaeth sawl ymdrech i ladd ei hun, gan roi ei hun mewn sefyllfaoedd peryglus yn rheolaidd. Roedd Bronwen mewn anobaith—nid oedd ei chynllun gofal yn addas at y diben ac roedd hi a'r teulu'n erfyn ar i rywbeth newid.

Gwnaethom ni, a Bronwen hithau, erfyn ar i rywun wrando arnom. Cawsom ein hanwybyddu.

Rydym yn ymdrechu am benderfyniadau ar y cyd ac adolygiadau rheolaidd o gynlluniau gofal a thriniaeth iechyd meddwl. Rydym hefyd yn galw am gyfle i'r berthynas agosaf gyfrannu i'r adolygiadau hynny. Mae canllawiau presennol NICE yn nodi bod penderfyniadau ar y cyd yn hanfodol er mwyn diwallu anghenion y claf.

Mae NICE yn nodi bod penderfyniadau ar y cyd yn bwysig er mwyn:

- trefnu bod dewisiadau gwahanol ar gael i'r claf ac i'r rhain gael eu trafod yn agored.



- trefnu i'r penderfyniad terfynol gael ei wneud ar y cyd gan y gweithiwr iechyd proffesiynol a'r claf.
- helpu gweithwyr iechyd a gofal cymdeithasol proffesiynol i addasu'r gofal neu'r driniaeth yn ôl anghenion yr unigolyn.

Nid felly y bu hi yn achos Bronwen. Mae penderfyniadau ar y cyd yn HANFODOL i gleifion gael y gofal gorau sydd wedi'i addasu yn ôl eu hanghenion unigol.

1. Cefndir

Cynllunio Gofal a Thriniaeth

Mae Rhan 2 o Fesur Iechyd Meddwl (Cymru) 2010 yn rhoi'r hawl i bawb sy'n derbyn gwasanaethau iechyd meddwl eilaidd gael Cynllun Gofal a Thriniaeth.

Caiff yr Egwyddorion Arweiniol eu nodi yn y Cod Ymarfer ar gyfer Rhannau 2 a 3. Mae chwech i gyd ac maent fel a ganlyn;

- Dylai cleifion a'u gofalwyr gael cyfrannu at gynllunio, datblygu a chyflawni gofal a thriniaeth cymaint â phosibl.
- Cydraddoldeb, urddas ac amrywiaeth
- Mae cyfathrebu clir o ran iaith a diwylliant yn hanfodol i sicrhau bod cleifion a gofalwyr perthnasol yn gallu cyfrannu mewn ffordd wirioneddol, a'u bod yn cael y gofal a'r driniaeth orau bosibl.
- Dylai gofal a thriniaeth fod yn gynhwysfawr a chyfannol, a chanolbwyntio ar yr unigolyn
- Dylai'r gwaith o gynllunio gofal a thriniaeth fod yn gymesur â'r angen a'r risg
- Dylai gofal a thriniaeth gael eu hintegreiddio a'u cydgysylltu

Mae'r Cod Ymarfer yn datgan yn glir y dylai gweithwyr proffesiynol geisio cynnwys cleifion a'u gofalwyr mor llawn â phosibl yn eu gofal a'u triniaeth.

Mae dyletswydd ar y cyd ar Fyrddau Iechyd Lleol ac Awdurdodau Lleol i weithredu Rhan 2 o Fesur Iechyd Meddwl (Cymru) 2010. Mae'r Cod Ymarfer cysylltiedig yn nodi hawliau'r claf, gan gynnwys;

- **asesiad cyfannol** o'i anghenion iechyd a gofal cymdeithasol
- cytuno ar **gynllun gofal a thriniaeth ysgrifenedig** gyda phawb sy'n ymwneud â darparu gofal y claf
- **dyrannu Cydlynnydd Gofal** i fod yn brif gyswllt pwynt, ac yn gyfrifol am weithio gyda'r claf i gytuno ar gynllun gofal a thriniaeth
- **monitro ac adolygu** cynllun gofal a thriniaeth y claf. Mae gan y Cydlynnydd Gofal gyfrifoldeb parhaus am fonitro gweithrediad y cynllun, gan gynnwys asesu anghenion a risgiau iechyd meddwl y claf yn barhaus, a sicrhau bod gwasanaethau'n cael eu darparu fel y cytunwyd. Mae'n ddyletswydd i gynnal adolygiad ffurfiol o leiaf unwaith y flwyddyn. Dywed y Cod Ymarfer y dylai "adolygiadau fod yn seiliedig ar anghenion" ac y gall y claf, y gofalwr neu'r darparwr gwasanaeth ofyn amdanynt, yn ogystal â'r Cydlynnydd Gofal.

Mae gan **Hafal** gyhoeddiadau manwl ar Gynllunio Gofal a Thriniaeth.

Nid yw Llywodraeth Cymru wedi ymateb i lythyr y Pwyllgor.

Gwneir pob ymdrech i sicrhau bod y wybodaeth yn y papur briffio hwn yn gywir adeg ei gyhoeddi. Dylai darllenwyr fod yn ymwybodol nad yw'r papurau briffio hyn yn cael eu diweddarau o reidrwydd na'u diwygio fel arall i adlewyrchu newidiadau dilynol.

P-05-1045 To make shared-decision making and monthly mental health care-plan reviews a legal requirement, Correspondence – Petitioner to Committee, 06.12.20

P-05-1045 To make shared-decision making and monthly mental health care plan reviews a legal requirement

WHAT HAPPENED?

We as a family are devastated by our loss and truly believe that it could have been prevented. Throughout Bronwen's years of struggling, we on many occasions came into contact with multiple different strands of Mental Health services across Cardiff and the Vale. During the last 6 months of her life, Bronwen's mental health deteriorated drastically. She was at rock bottom, making multiple attempts to take her life, putting herself and others in dangerous and risky situations on a regular basis. Bronwen was truly hopeless, her current care-plan was not fit for purpose and she and the family were begging for something to change. Urging the professionals that her treatment at that time was not working and we were scared for her safety on a regular basis. The police and her GP (*who came into contact with Bron regularly*) were in agreement that the current care-plan was not working and we requested (*begged*) for a change and this was ignored. Bronwen was left feeling completely hopeless, if her current treatment was not helping her and things were getting worse, yet no individual aspect of her care was changing - how was she ever going to feel better. Ultimately she paid the biggest price and decided that life was no longer worth living.

This can not go on. We as a family were **NOT** consulted when decisions were made regarding Bron's care - despite having written in her notes to consult the family and Bronwen's personal request to consult us. This never happened. Bronwen told the professionals that **SHE** is the expert of herself and the second experts are her family. Yet they did not want to hear anything from us, the people who spend 24 hours a day with her, caring for her. Surely we would be able to give valuable information about her current state of mind? This again was completely ignored and inevitably resulted in extended pain and trauma for Bronwen and the rest of the family.

WHAT NEEDS TO CHANGE?

We are striving for **shared decision making** and **regular reviews of Care and Support Plans**. The current NICE guidelines (*National Institute of Health and Care Excellence*) state that shared decision making is essential for appropriate care and in order to meet the needs of the patient. **Although these guidelines are brilliant and if followed would create an extremely more holistically rounded support system, they are indeed *guidelines*, which means they do not legally have to be followed. From our experience and many, many others – these guidelines are not being followed and we feel it is time for this to change. We are petitioning for these guidelines to be a legal requirement.**

NICE States that shared decision making is important for:

- *Care and treatment options to be fully explored, along with their risks and benefits.*
- *Different choices to be made available to the patient and are discussed openly.*
- *The ultimate decision to be reached together by the health professional and the patient.*
- *People to feel supported and empowered to make informed choices and reach a shared decision about care.*
- *To help Health and social care professionals to tailor the care or treatment to the needs of the individual.*

This in was NOT the case for Bronwen. She was told by professionals that the treatment she was having was not to be changed and when she requested extra support she was not given any options and was simply told no. This needs to stop. Shared decision making is ESSENTIAL for patients to receive the best care that is tailored to their individual needs.

THE SOLUTION.

We are requesting for a review in the legal requirements of a care and support plan review in order for shared decision making to be at the forefront of all changes to care-plans.

We desperately wish for this particular issue to be put up for debate and discuss the below points, we wish for this to be attached to a legally signed document during care-plan reviews for all individuals involved in mental health services.

1. Have the person's circumstances and/or Care and Support needs changed?
2. What is working in the plan, what is not working, and what might need to change?
3. Are there any changes in the person's informal and community support networks which might impact negatively or positively on the plan?
4. Is the person, carer, independent advocate or other person involved satisfied with the plan?
5. With the individuals consent - are the family/guardians satisfied with the plan?

Eitem 2.12

P-05-1056 Rhowch rymoedd i Awdurdodau Lleol reoli'r farchnad dai yn ardaloedd gwledig a thwristaidd Cymru

Cyflwynwyd y ddeiseb hon gan Osian Jones, ar ôl casglu cyfanswm o 5,386 lofnodion.

Geiriad y ddeiseb:

Mewn nifer o ardaloedd gwledig a thwristaidd y mae cyfran helaeth o drigolion yn cael eu hamddifadu o gartrefi am fod prisiau tai wedi eu chwyddo gan y galw am ail gartrefi a thai gwyliau. Gallai'r Prif Weinidog gyfarwyddo Gweinidogion priodol i gychwyn trafodaethau ar frys gydag Awdurdodau Lleol i lunio strategaeth i sicrhau fod rheolaeth gan gymunedau ar y farchnad dai yn bennaf trwy ddiwygiadau yn y drefn gynllunio

Etholaeth a Rhanbarth y Cynulliad

- Arfon
- Gogledd Cymru

Tai fforddiadwy

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Cyfeirnod: RS20/14687-1

Rhif y ddeiseb: P-05-1056

Teitl y ddeiseb: Rhowch rymoedd i Awdurdodau Lleol reoli'r farchnad dai yn ardaloedd gwledig a thwrystaidd Cymru

Testun y ddeiseb: Mewn nifer o ardaloedd gwledig a thwrystaidd y mae cyfran helaeth o drigolion yn cael eu hamddifadu o gartrefi am fod prisiau tai wedi eu chwyddo gan y galw am ail gartrefi a thai gwyliau. Gallai'r Prif Weinidog gyfarwyddo Gweinidogion priodol i gychwyn trafodaethau ar frys gydag Awdurdodau Lleol i lunio strategaeth i sicrhau fod rheolaeth gan gymunedau ar y farchnad dai yn bennaf trwy ddiwygiadau yn y drefn gynllunio.



1. Cefndir

Mae prinder tai fforddiadwy yng Nghymru. Er mwyn mynd i'r afael â hyn, ymrwymodd Llywodraeth Cymru i ddarparu 20,000 o gartrefi fforddiadwy newydd yn ystod tymor presennol y Senedd. Mae hyn yn cynnwys darparu tai cymdeithasol ar rent trwy gymdeithasau tai ac awdurdodau lleol, yn ogystal â chartrefi perchen-feddianwyr trwy gynllun [Cymorth i Brynu - Cymru](#).

Mewn rhai ardaloedd gwledig ac arfordirol yng Nghymru mae nifer sylweddol o ail gartrefi ac eiddo'n cael eu defnyddio fel cartrefi gwyliau. Gall hyn gynyddu prisiau eiddo mewn cymunedau gan wneud cartrefi'n anfforddiadwy i drigolion lleol. Er bod cartrefi gwyliau ar osod yn cefnogi'r economi ymwelwyr yn benodol, mae pryderon am yr effaith hirdymor y gallent ei chael ar gymunedau, gan fod yn rhaid i bobl iau leol adael yr ardal lle cawsant eu magu er mwyn prynu neu rentu eu cartrefi eu hunain. Mewn rhai ardaloedd, mae pryderon penodol am yr effaith y gallai hyn ei chael ar y Gymraeg.

Mewn rhai cymunedau, defnyddiwyd y system gynllunio i osod amodau neu rwymedigaethau ar ddatblygiad newydd i alluogi mynediad i dai fforddiadwy. Gallai hyn, er enghraifft, gyfyngu meddiannaeth eiddo i bobl sy'n byw neu'n gweithio yn yr ardal. Fodd bynnag, yn gyffredinol ni fyddai angen caniatâd cynllunio i newid annedd preswyl presennol yn ail gartref neu gartref gwyliau.

Amlygwyd y materion hyn yn y Senedd ac amlinellir datblygiadau diweddar isod.

2. Camau gweithredu Llywodraeth Cymru

Cyflwynodd Llywodraeth Cymru newidiadau yn y gyfraith trwy [Ddeddf Tai \(Cymru\) 2014](#) a roddodd y pŵer i awdurdodau lleol godi premiwm treth gyngor ar ail gartrefi. Mater i awdurdodau lleol unigol yw a ddylid codi premiwm. Gall y premiwm fod hyd at 100 y cant o gyfradd safonol y dreth gyngor. Bwriad y disgrisiwn a roddir i awdurdodau lleol godi premiwm yw bod yn offeryn i gynorthwyo awdurdodau lleol i gynyddu'r cyflenwad o dai fforddiadwy a gwella cynaliadwyedd cymunedau lleol. Mae rhai llety gwyliau hunanarlwyo yn destun ardrethi annomestig, yn hytrach na'r dreth gyngor. Mae hyn wedi bod yn ddadleuol gan na fydd perchnogion cartrefi gwyliau wedyn yn destun premiwm y dreth gyngor ac efallai y gallant hefyd hawlio [rhyddhad ardrethi busnesau bach](#).

Codir cyfradd uwch y Dreth Trafodiadau Tir arnoch pan fyddwch yn prynu eiddo preswyl, a'ch bod eisoes yn berchen ar un neu fwy o eiddo preswyl. Byddai hyn yn cynnwys prynu ail gartrefi neu gartrefi gwyliau.

Ysgrifennodd Julie James AS, y Gweinidog Tai a Llywodraeth Leol at Gadeirydd y Pwyllgor Deisebau ar 27 Tachwedd 2020 a chadarnhaodd y bydd yn gwneud datganiad ar faterion yn ymwneud ag ail gartrefi ym mis Ionawr 2021.

Yn ei llythyr mae'n tynnu sylw at y ffaith y byddai angen deddfwriaeth newydd ar gyfer unrhyw newidiadau yn y system gynllunio. Mae'r Gweinidog yn nodi:

... awn ati i ystyried unrhyw newidiadau angenrheidiol i gefnogi'r system gyfan. Er mwyn newid y system gynllunio, byddai'n rhaid creu deddfwriaeth sylfaenol. Ni ellir, ac ni ddylid disgwyl bod modd gwneud hyn ar frys'.

3. Camau gweithredu Senedd Cymru

Ar 23 Medi 2020, cynhaliwyd dadl dan arweiniad Plaid ar ail gartrefi yn y Senedd. Yn dilyn y ddadl, galwodd y cynnig y cytunwyd arno gan y Senedd ar Lywodraeth Cymru i:

... gynnal adolygiad trylwyr gyda thystiolaeth o berchnogaeth ail gartrefi yng Nghymru a'r mesurau a allai fod yn angenrheidiol i sicrhau anghenion unigolion, cymunedau a'r economi, yn enwedig yr economi ymwelwyr. Dylai adolygiad o'r fath ystyried rôl trethiant, cynllunio, rheoleiddio lleol ynghyd â'r cyflenwad o dai fforddiadwy o bob math a mynediad atynt.

Ar 18 Tachwedd 2020, gofynnodd Sian Gwenllian i Julie James, AS, y Gweinidog Tai a Llywodraeth Leol pa gynlluniau oedd gan Lywodraeth Cymru i fynd i'r afael â mater ail gartrefi ledled Cymru. Dywedodd y Gweinidog:

Rydym yn mabwysiadu dull cyfannol sy'n seiliedig ar dystiolaeth, gan roi ystyriaeth briodol i'r ystod eang o fuddiannau dan sylw. Ar draws y Llywodraeth, rydym yn parhau i adolygu'r holl dystiolaeth sydd ar gael. Mae cyd-Weinidogion, fy swyddogion a minnau wedi cyfarfod â nifer o Aelodau o'r Senedd, awdurdodau lleol ac academyddion i ddatblygu ein hymateb system gyfan i'r materion ymhellach.

Yn yr un cyfarfod, gofynnodd Adam Price AS i'r Gweinidog pa ymdrechion y mae Llywodraeth Cymru yn eu gwneud i sicrhau nad yw pobl ifanc mewn ardaloedd gwledig yn cael eu prisio allan o'u marchnadoedd tai lleol? Aeth Mr Price ymlaen i ddweud:

Yn ddi-os, i adeiladu, wrth gwrs, ar yr ymatebion i'r cwestiwn blaenorol, mae'r cynnydd anferthol mewn ail gartrefi yn tanseilio unrhyw waith arall mae'r Llywodraeth yn ei wneud o ran sicrhau bod pobl ifanc mewn ardaloedd gwledig yn gallu cael mynediad at dai. Mae'r hyn oedd yn broblem eisoes, ers degawdau, wedi troi nawr yn grisis anferth.

Mewn ymateb, cadarnhaodd y Gweinidog fod ei swyddogion yn edrych ar fater ail gartrefi, ond tynnodd sylw at y risg o ganlyniadau anfwriadol. Dywedodd y Gweinidog:

... rydym wedi bod yn edrych gyda diddordeb ar yr enghraifft o gapio niferoedd, er enghraifft, mewn ardaloedd eraill, ac mae rhai anfanteision difrifol iawn wedi codi o ganlyniad iddynt, yn enwedig os bydd dirwasgiad. Felly, rydym wedi gweld pobl leol wedi'u dal mewn ecwiti negyddol a phethau eraill o ganlyniad i gapiau o'r fath. Rwy'n edrych arno'n frwd iawn, i fod yn glir, ond rydym eisiau bod yn siŵr nad oes unrhyw ganlyniadau anfwriadol. .

Yn ddiweddar, mae Pwyllgor Deisebau'r Senedd hefyd wedi ystyried deiseb a oedd yn galw ar Gynghorau Cymru i gymhwyso gordal o 100 y cant o leiaf i'r Dreth Gyngor ar ail gartrefi.

Gwneir pob ymdrech i sicrhau bod y wybodaeth yn y papur briffio hwn yn gywir adeg ei gyhoeddi. Dylai darllenwyr fod yn ymwybodol nad yw'r papurau briffio hyn yn cael eu diweddarau o reidrwydd na'u diwygio fel arall i adlewyrchu newidiadau dilynol.



Eich cyf/Your ref
Ein cyf/Our ref JJ/02747/20

Janet Finch-Saunders AS
Cadeirydd – y Pwyllgor Deisebau

27 Tachwedd 2020

Annwyl Janet,

Diolch am eich llythyr, dyddiedig 20 Hydref, ynghylch Deiseb P-05-1056 – “Rhowch rymoedd i Awdurdodau Lleol reoli'r farchnad dai yn ardaloedd gwledig a thwrystaidd Cymru.”

Mae Llywodraeth Cymru yn ymwybodol iawn o'r heriau sy'n gallu codi yn sgil ail gartrefi mewn perthynas â chyflenwad tai fforddiadwy mewn rhai cymunedau yng Nghymru, ac rydym yn deall yr angen i sicrhau'r cydbwysedd iawn rhwng anghenion economaidd a chymdeithasol ein cymunedau, gan gynnwys creu'r amodau cywir i'r Gymraeg ffynnu.

Fel y dywedais ar 23 Medi mewn trafodaeth am gynnig gan un o'r gwrthbleidiau yn y Senedd, ac wedi hynny, mae yna nifer o faterion cymhleth, aml-ddimensiwn sy'n ymwneud ag ail gartrefi. Rydym yn llawn gydnabod y gwahanol bwyntiau sydd i'w hystyried, ac mae angen rhoi sylw i'r darlun cyflawn wrth fynd i'r afael â'r rhain. Wrth gydbwyso'r buddiannau amrywiol, byddwn yn edrych ar y dystiolaeth ac yn asesu effeithiau unrhyw newidiadau i'r system a gynigir gennym (gan osgoi canlyniadau nas bwriedir).

O ran y drefn gynllunio, gan fod y ddeiseb yn cyfeirio at hyn, awn ati i ystyried unrhyw newidiadau angenrheidiol i gefnogi'r system gyfan. Er mwyn newid y system gynllunio, byddai'n rhaid creu deddfwriaeth sylfaenol. Ni ellir ac ni ddylid disgwyl bod modd gwneud hyn ar frys, felly.

Yn hyn o beth, rwyf wedi'i gwneud yn glir nad oes gennym yr atebion i gyd. Ynghyd â'm cyd-Weinidogion, rwy'n gweithio ar draws Llywodraeth Cymru ac ag Aelodau o'r Senedd i ddatblygu a mireinio sut rydym yn ystyried y materion dan sylw, ac i lywio'r camau y byddwn yn eu cymryd. Rydym wedi cael trafodaethau adeiladol gyda Aelodau gwrthbleidiau'r Senedd, ac wedi gwahodd pobl i fynegi syniadau a sylwadau pellach ar y materion penodol hyn.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Fodd bynnag, mae yna sawl naratif, ac rydym yn disgwyl am i waith ymchwil Seimon Brooks ar ail gartrefi yng Nghymru gael ei ryddhau (ar ran Academi Hywel Teifi). Bydd hyn yn fuddiol er mwyn deall hyd a lled a graddfa'r cwestiynau hyn ac effeithiolrwydd ymyriadau a gyflwynwyd mewn gwledydd eraill.

O safbwynt Cymreig, mae Llywodraeth Cymru eisoes yn cymryd camau sylweddol i helpu i sicrhau bod cartrefi yn fforddiadwy a bod yna gartrefi ar gael. Mae ymrwymiad Llywodraeth Cymru i ddarparu tai fforddiadwy ledled Cymru, ac ar draws pob deiliadaeth wedi'i hen sefydlu. Er gwaethaf effaith y pandemig, byddwn yn cyrraedd ein targed ar gyfer 20,000 o gartrefi fforddiadwy erbyn diwedd y tymor Senedd hwn.

Mae Llywodraeth Cymru wedi ymrwymo i sicrhau bod perchnogion ail gartrefi ac ymwelwyr yn gwneud cyfraniad teg i gymunedau, ac rydym eisoes wedi cymryd camau ymarferol i wneud i hynny ddigwydd.

Yn wahanol i weinyddiaethau eraill y DU, ni wnaeth Llywodraeth Cymru ddarparu gostyngiad dros dro yn nhreth buddsoddwyr prynu i osod, buddsoddwyr mewn llety gwyliau wedi'i ddodrefnu na phrynwyr ail gartrefi. Nid yw ein gostyngiad dros dro ar Dreth Trafodiadau Tir mewn perthynas â thrafodiadau o dan £250,000 yn cynnwys ail gartrefi nac eiddo prynu i osod ac, o ganlyniad, mewn rhai achosion, mae'r ffi ychwanegol yn fwy na 3%. Adolygir yr holl gyfraddau yn rheolaidd.

Cymru, hefyd, yw'r unig wlad yn y DU lle gall awdurdodau lleol godi premiwm o hyd at 100% o gyfradd safonol y dreth gyngor ar ail gartrefi ac ar eiddo sydd wedi bod yn wag ers amser hir. Ar hyn o bryd, nid oes yr un awdurdod lleol yn codi premiwm o fwy na 50%. Mae ein swyddogion wedi cael trafodaethau adeiladol gydag awdurdodau lleol sydd â niferoedd uchel o ail gartrefi, a byddant yn parhau i wneud hynny.

Mae'r cwestiynau sy'n ymwneud ag ail gartrefi yn bwysig i Lywodraeth Cymru, fel y maent i'n cymunedau. Byddaf yn parhau mewn cysylltiad â'm cyd-Weinidogion ac ag Aelodau o'r Senedd ar draws y pleidiau, ac rwy'n bwriadu gwneud datganiad ym mis Ionawr.

Yn gywir,



Julie James AS/MS

Y Gweinidog Tai a Llywodraeth Leol
Minister for Housing and Local Government

P-05-1056 Rhowch rymoedd i Awdurdodau Lleol reoli'r farchnad dai yn ardaloedd gwledig a thwristaidd Cymru, Gohebiaeth – Deisebydd i'r Pwyllgor, 06.12.20

Rwyt cysylltu ar ran Osian Jones o Gymdeithas yr Iaith mewn ymateb i ebost at Osian gan Kayleigh Imperato (Subject: P-05-1056) a holodd am ein hymateb i llythyr gan y Gweinidog (atodiad 1) at gadeirydd y Pwyllgor ac yn ein holi a oedd y llythyr yn ymateb digonol i'n deiseb a ddenodd 5386 o enwau.

Hoffem hysbysu'r Pwyllgor ein bod yn ddiolchgar iawn i'r Gweinidog am ateb mor brydlon (o fewn 4 niwrnod i ddyddiad cau'r ddeiseb) ac i gadeirydd y Pwyllgor am sicrhau hynny. Fodd bynnag, nid ydym yn derbyn fod y Gweinidog wedi ymateb yn llawn i ofynion y ddeiseb.

Tra bo llythyr y Gweinidog yn cydnabod fod problemau a materion i'w trafod o ran polisiau tai a chynllunio, a'u heffeithiau ehangach, nid yw geiriad yr ail baragraff yn awgrymu fod y Gweinidog yn deall natur brys yr argyfwng mewn llawer o'n cymunedau gwledig Cymraeg. Mae cyfeirio at "heriau sy'n gallu codi yn sgîl ail gartrefi" yn dangos diffyg ymwybyddiaeth â'r ymdeimlad o chwalfa cymunedol sydd gan lawer o drigolion yr ardaloedd hyn. Ac mae cyfeirio at "yr angen i sicrhau'r cytbwysedd iawn rhwng anghenion economaidd a chymdeithasol ein cymunedau" yn awgrymu fod gweithrediad afreolus y farchnad dai eleni yn yr ardaloedd hyn o fudd economaidd, ond gyda photensial i greu problemau cymdeithasol. I'r gwrthwyneb yn ôl llofnodwyr y ddeiseb. Mae'r chwalfa a achosir gan weithrediad y farchnad dai yn yr ardaloedd gwledig a thwristaidd eleni yn chwalfa cymdeithasol ac economaidd ac yn ddiwylliannol, ac yn gadael llawer o bobl ifainc â theimlad o anobaith am unrhyw ddyfodol yn y cymunedau lle cawsant eu magu.

Problem gronig yn yr ardaloedd hyn yw gweithrediad y farchnad dai agored. Achosir y broblem gan anghyfartaledd economaidd rhwng incwm cyffredin mwyafrif trigolion yr ardaloedd, ac incwm uwch rhai o du allan i'r ardaloedd sydd am brynu'r tai. Mae'r galw o du allan wedi ei chwyddo dros amser trwy weld tai'n fuddsoddiad masnachol, yn hytrach nag fel cartrefi - fel tai haf, fel ail gartrefi a chartrefi ymddeoliad. Dros amser, cynyddwyd y duedd trwy fod cyfran helaeth o'r farchnad wedi symud arlein a thrwy ddatblygiadau masnachol fel AirB&B. Dan reolaeth gymunedol, mae lle i bobl a mentrau lleol hybu twristiaeth o'r fath ac ennill atodiad incwm os na ddefnyddir cyfran peryglus o uchel o stoc tai i'r perwyl hwn.

Yr hyn sydd wedi creu'r argyfwng brys eleni mewn tuedd amser hir (nad oes unrhyw lywodraeth wedi ymdrin â hi'n ddigonol) yw argyfwng Covid-19 ac awydd i "ffoi i'r wlad". O ganlyniad, mae prisiau tai yn y cymunedau hyn wedi cynyddu'n aruthrol a

phobl leol yn methu fforddio prynu tai yn eu cymunedau. Yr enghraifft a roddir yn aml yw petref Abersoch yng Ngwynedd lle gosodwyd safon newydd yr haf hwn am brisiau anhygoel pan hysbysebwyd cyn-Dŷ Cyngor (gyda gwelliannau tu fewn) ar werth am £380,000 ! Gan fod cymaint o aneddeledd y pentref yn dai gwyliau, ail gartrefi a thai i bobl wedi ymddeol, y mae ysgol y pentref yn awr dan fygythiad o'i chau gan yr awdurdod lleol o ddiffyg pobl ifainc yn y pentref. Erbyn hyn y mae tai mor ddrud yn Abersoch fel na all darpar-brynwyr o ddinasoedd Lloegr eu fforddio chwaith, ac mae'r broblem wedi ymledu i gymunedau cyfagos e.e. y mis diwethaf, derbyniodd trigolion pentref Mynytho lythyrau di-ofyn gan bobl yng ngogledd Lloegr yn ceisio eu perswadio i werthu eu tai. Mae'n wir argyfwng brys ar y cymunedau hyn ac ar bobl ifainc sydd am ddarganfod cartref tu fewn iddynt.

Mae trydydd paragraff llythyr y Gweinidog yn ymddangos fel ymarferiad "cut & paste" i'w gynnwys mewn unrhyw lythyr pan fo Gweinidog am osgoi neu oedi rhag gweithredu. Byddai o gymorth i'r Pwyllgor ddeall ein bod fel Cymdeithas, ac fel trefnwyr y ddeiseb, yn deall mai mater amlochrog a chymhleth fydd datrysiaid llawni'r sefyllfa ac y bydd angen newidiadau sylfaenol mewn polisiau tai, cynllunio, datblygu economaidd ac adfywio cymunedol. Deallwn hefyd fod gwahanol agweddau ar y broblem yn amlygu eu hunain mewn gwahanol rannau o Gymru. Yn y bôn, deallwn y bydd angen Deddf Eiddo gyflawn ac amlochrog, ac ni ellid pasio deddfwriaeth o'r fath tan y tymor seneddol newydd wedi cyfnod teilwng o ddrafftio, ymgynghori a chraffu seneddol. Gobeithiwn y bydd y llywodraeth newydd yn gweithredu'n fuan ar ddechrau'r haf nesaf i neilltuo slot yn y rhaglen ddeddfwriaethol ar gyfer hyn.

Ond nid ydym yn derbyn nad oes unrhyw gamau brys y gallai'r Llywodraeth bresennol eu cymryd yn ystod yr wythnosau nesaf i liniaru effaith yr argyfwng ar gymunedau sydd dan bwysau enfawr. Gofynnwn i'ch Pwyllgor alw ar y Gweinidog i drafod a gweithredu ar frys camau o'r fath. Mae modd diwygio deddfwriaeth bresennol ar frys, ac mae modd cyhoeddi rheoliadau a chanllawiau newydd oddifewn i ddeddfwriaeth gyfredol lle rhoddir hawl i Weinidogion wneud hynny a/neu lle na rhywytrir Gweinidogion rhag gwneud hynny. Ar ben hynny, mae modd amrywio graddfeydd a dosbarthiadau trethiannol, a chynnig cymhellion ariannol i liniaru problem sy hefyd wedi'i gwaethygu gan argyfwng Covid. Mae felly ystod gweddol eang o gamau y gall Gweinidog a llywodreth eu cymryd i gwrdd â'r argyfwng os bydd yr ewyllys gwleidyddol i wneud hynny. Yn ymarferol, tri mis o amser sydd i wneud hyn cyn i no ddod at gyfnod cyn-etholiad. Mae'n fater o frys mawr felly.

Rhodddwn ychydig o enghreifftiau yn unig

1) Byddai cynyddu'r raddfa o Dreth Trafodiadau Tir ar dai a werthir fel ail gartrefi neu fel tai masnachol yn mynd rhan o'r ffordd tuag at leihau'r bwlch rhwng yr hyn y gall pobl leol fforddio ei gynnig am dŷ a phris uwch y gall darpar-brynwr ail gartref

fforddio ei brynu. Gellid trafod gydag Awdurdodau Lleol y defnydd o'r arian ychwanegol i gynorthwyo pobl leol yn y farchnad dai. Fel arwydd fod posibiladau gweithredu yn y maes, gofynwyd y cwestiwn i un o brif ymchwilyr y senedd a rhoddwn ei ateb yn yr ail atodiad ac isod

CWESTIWN - I understand that the Welsh Government can vary the Land transaction tax. Should they wish to do so, what is the process for doing this and the timescale?

ATEB – “Any changes to Land Transaction Tax (LTT) rates and thresholds are made by regulations, which would be subject to a provisional affirmative procedure. This would enable the Welsh Ministers to make regulations so that it has temporary legal effect as soon as these changes are made. Section 25 of the Land Transaction Tax and Anti-avoidance of Devolved Taxes (Wales) Act specifies that any regulations laid before the Senedd relating to any changes to tax rates or thresholds would cease to have effect after 28 days from the date the regulations are made unless it is approved by a resolution of the Senedd. If the regulations are not approved within that period then any tax paid at a higher rate may be refunded by Welsh Government.

However, Section 25 also notes the following:

In calculating any period of 28 days, no account is to be taken of any period during which the Senedd is:

- (a) dissolved, or
- (b) in recess for more than 4 days.”

Dywed llythyr y gweinidog ei hun yr "adiolygir yr holl gyfraddau (treth trafodiant tir) yn gyson", ac mae fely yn cydnabod y gakll weithredu yn y maes hwn.

(2) O ran diwygio ac atal y dull o osgoi talu premiwm ar Dreth Cyngor ar gyfer ail gartrefi trwy fod perchnogion yn cofrestru tai fel eiddo masnachol. Gellid diwygio'r lleiaf-gyfnod y flwyddyn am osod y tai er mwyn ei wneud yn anos i bawb ond achosion dilys gofrestru eu tai fel eiddo masnachol. O wneud hynny, byddai Awdurdodau Lleol yn gallu codi'r premiwm gyda mwy o hyder na byddent yn colli treth cyngor yn gyfangwbl ar y tai hyn, a gallai'r llywodraeth roi hawl codi'r premiwn at lefel uwch yn yr ardaloedd lle bernir fod gormodedd o ail gartrefi'n bard. Cydnabyddwn fod Llywodraeth Cymru wedi cymryd camau yn y maes - sy'n dangos fod cyfle gweithredu ymhellach ar frys mewn ymateb i'r argyfwng newydd eleni. Mae'r papur yn yn trydydd atodiad - gan Gymdeithas y Cyfrifwyr (AAT) yn berthnasol i hyn

(3) Mae nifer o Gynlluniau Datblygu Lleol yn y broses o gael eu cyflwyno i'r Llywodraeth yn ystod y misoedd nesaf, a bydd Sesiynau Cyhoeddus yn cael eu cynnal gan Archwilwyr y Llywodraeth. Mae ofn cyson gan Awdurdodau Lleol na allant gynnwys ffactorau o bwys oherwydd y byddai Archwilydd y Llywodraeth yn dyfarnu nad ydynt yn berthnasol o ran diffiniad cul o ofynion y ddeddfwriaeth. Gallai'r Llywodraeth gyhoeddi canllawiau diwygiedig i'w archwilwyr i dderbyn tystiolaeth i'r holl amgylchiadau perthnasol.

(4) Gallai'r Llywodraeth hwyluso rhannu a gweithredu ar arfer gorau ymhlith Awdurdodau Lleol heb fod angen unrhyw ddeddfwriaeth newydd e.e. cynllun Cyngor Sir Caerfyrddin "Gosod Syml" lle gwahoddir perchnogion tai preifat i'w rhoi i'r Cyngor i'w gosod i deuluoedd lleol yn lle eu rhoi ar y farchnad agored.

(5) Mae gan bawb sy'n weithredol yn y maes syniadau pellach am gamau y gellid eu cymryd yn syth. A derbyn fod ambell gyfarfod trawsbleidiol, a thrafodaeth fewnol tu fewn i adran wedi digwydd, gallai'r Gweinidog godi proffil y drafodaeth trwy drefnu cyfarfod ffurfiolrhithiol gyda chynrychiolwyr Awdurdodau Lleol Ynys Môn, Gwynedd, Ceredigion, Penfro, Sir Gâr, Conwy, Powys, Dinbych ac Abertawe o wrando a thrafod pa gamau i'w cymryd ar frys, gan osod y sylfaen ar gyfer cynhadledd genedlaethol yn fuan yr hydref nesaf wrth i'r Llywodraeth newydd baratoi deddfwriaeth gynhwysfawr.

Wrth grynhoi, ailbwysleisiwn na ddisgwyliwn i'r Llywodraeth gyflwyno deddfwriaeth gynhwysfawr yn y tymor seneddol hwn. Ond, er mwyn y cymunedau sydd tan bwysau enfawr eleni ac er mwyn y bobl sy'n anobeithio rhag medru cael cartref oddifewn i'w cymunedau, credwn fod y Llywodraeth yn cymryd nifer o gamau yn syth.

Cydnabyddir na byddant yn ateb cyflawn ynddynt eu hunain, ond byddant yn arwydd clir i'r farchnad fod Llywodraeth Cymru am ddatrys yr anghyfiawnder hwn, ac yn arwydd clir i deuluoedd mewn angen fod Llywodraeth Cymru o'u plaid.

Gofynnwn i chwi argymhell fod dadl fuan yn y Senedd ar y ddeiseb, a bod y Gweinidog yn ystyried ar frys - gyda Llywodraeth Leol - y camau y gall eu cymryd.

Yn gywir

15.12.20- Drafft o gynnig i fynd gerbron Cabinet Cyngor Sir Gwynedd

(i'w drafod yn gyntaf ym Mhwyllgor Craffu Cymunedau'r Cyngor)

GWAITH YMCHWIL TAI GWYLIAU - Y PENDERFYNIAD A GEISIR

Yn wyneb yr angen i gael gwell rheolaeth ar dai sydd yn cael eu tynnu allan o'r cyflenwad sydd ar gael i bobl leol, a thrwy hynny i roi buddiannau trigolion lleol yn gyntaf, cymeradwyir y gwaith ymchwil (a baratowyd gan swyddogion y Cyngor) i'w gyflwyno i Lywodraeth Cymru ac y dylid:-

a) Galw ar y Llywodraeth ar fyrder i efelychu'r hyn sydd yn digwydd yn yr Alban a diwygio'r Gorchymyn Cynllunio Gwlad a Thref (Dosbarthiadau Defnydd) er mwyn cynnwys dosbarth defnydd ychwanegol ar gyfer llety gwyliau tymor byr. Byddai hynny yn ei dro yn caniatáu i awdurdodau adnabod 'ardaloedd rheoli' lle byddai'n ofynnol derbyn hawl cynllunio ar gyfer newid defnydd tŷ preswyl i'w ddefnyddio fel llety gwyliau tymor byr o fewn yr 'ardal rheoli' penodedig.

b) Er mwyn cynorthwyo i gadw rheolaeth dylid hefyd galw am gyflwyno cynllun trwyddedu gorfodol ar gyfer llety gwyliau tymor byr fyddai'n gyfrifoldeb i'r awdurdod lleol ei weithredu.

c) Tra byddai'r uchod yn cynorthwyo'r Cyngor i gael gwell rheolaeth ar dai sy'n cael eu defnyddio at ddibenion gwyliau, ni fyddai modd osgoi/rheoli tai yn cael eu troi yn ail gartrefi (oni bai am y rhai sydd yn cael eu gosod yn achlysurol/parhaol). Er mwyn sicrhau fod gan y Cyngor y modd ariannol i helpu i wneud yn iawn am y diffygion yn y cyflenwad y byddai hynny yn ei greu, ein bod yn galw ar y Llywodraeth i newid ei safiad ac i weithredu ar fyrder i newid y Ddeddf Cyllid Llywodraeth Leol fel bod unrhyw dŷ annedd sydd ddim yn brif neu unig gartref i unigolyn (boed yn ail gartref neu'n dŷ a ddefnyddir at ddibenion llety gwyliau tymor byr) yn cael ei ddiffinio fel tŷ annedd er pwrpas trethu (a thrwy hynny yn talu unrhyw bremiwm Treth Cyngor a benderfynir arno'n lleol). Fe fyddai unrhyw llety gwyliau tymor byr sydd wedi derbyn hawl cynllunio pwrpasol ar gyfer y defnydd hynny yn parhau i fod yn gymwys ar gyfer talu Treth Busnes Annomestig.

Mae cyfyngiadau ar y ddogfen hon

Yn rhinwedd paragraff(au) vi o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon

Eitem 2.13

P-05-1064 Ymestyn y Dreth Trafodiadau Tir chwe mis arall ar ôl 31 Mawrth a chodi'r trothwy i £300,000

Cyflwynwyd y ddeiseb hon gan Gavin Powell, ar ôl casglu cyfanswm o 58 lofnodion.

Geiriad y ddeiseb:

Mae gwerthiant tai yn ddull a brofwyd o sicrhau sefydlogrwydd yn y marchnadoedd ariannol a byddai cynnydd o 6 mis ar yr hyn a nodir yn y canllawiau presennol yn sicrhau sefydlogrwydd hirdymor. Hefyd, yn unol â Chynlluniau Cymorth i Brynu dylid cynyddu'r gwerth o'r trothwy presennol o £250,000 i drothwy o £300,000.

Etholaeth a Rhanbarth y Cynulliad

- Tor-faen
- Dwyrain De Cymru

Ymestyn Gwyliau Treth Trafodiadau Tir a Chynyddu'r Trothwy

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Cyfeirnod: RS20/14687-3

Rhif y ddeiseb: P-05-1064

Teitl y ddeiseb: Ymestyn y Dreth Trafodiadau Tir chwe mis arall ar ôl 31 Mawrth a chodi'r trothwy i £300,000

Testun y ddeiseb: Mae gwerthiant tai yn ddull a brofwyd o sicrhau sefydlogrwydd yn y marchnadoedd ariannol a byddai cynnydd o 6 mis ar yr hyn a nodir yn y canllawiau presennol yn sicrhau sefydlogrwydd hirdymor. Hefyd, yn unol â Chynlluniau Cymorth i Brynu dylid cynyddu'r gwerth o'r trothwy presennol o £250,000 i drothwy o £300,000.



1. Cefndir

Ym mis Ebrill 2018, cafodd Treth Dir y Dreth Stamp ei datganoli i Gymru. Disodlwyd Treth Dir y Dreth Stamp â'r Dreth Trafodiadau Tir gan Lywodraeth Cymru, a hi sy'n gyfrifol am unrhyw newidiadau i'r Dreth Trafodiadau Tir yng Nghymru.

Mae'r Dreth Trafodiadau Tir yn gymwys ar gyfer prynu eiddo yng Nghymru ac mae'n cynnwys cyfraddau a bandiau treth gwahanol i Dreth Dir y Dreth Stamp a delir yn Lloegr a Gogledd Iwerddon.

Cyhoeddodd Llywodraeth Cymru gyfraddau a bandiau ei Threth Trafodiadau Tir ar gyfer 2020-21 yn ei chyllideb ddiweddaraf. Ym mis Chwefror 2020, cyn-COVID, rhagwelwyd y byddai elfen breswyl y Dreth Trafodiadau Tir yn codi gan £179 miliwn yn 2020-21, sydd wedi'i ddiwygio i lawr i £128 miliwn am nad oes cymaint o drafodion, ac yn sgil y gwyliau Treth Trafodiadau Tir. Roedd y gyllideb yn nodi'r cyfraddau a'r bandiau ar gyfer prynu eiddo preswyl fel y dangosir isod.

Tabl 1. Cyfraddau a bandiau'r Dreth Trafodiadau Tir preswyl ar gyfer 2020-21

Trothwy	Cyfradd TTT
£0 - £180,000	0%
£180,001 - £250,000	3.5%
£250,001 - £400,000	5%
£400,001 - £750,000	7.5%
£750,001 - £1.5m	10%
Dros £1.5m	12%

Newidiadau i Dreth Dir y Dreth Stamp yn y DU

Ar 8 Gorffennaf 2020, cyhoeddodd Rishi Sunak, Canghellor y DU yn ei Ddatganiad Haf y byddai trafodion eiddo preswyl hyd at £500,000 yn cael eu heithrio o Dreth Dir y Dreth Stamp y DU yn Lloegr a Gogledd Iwerddon tan 31 Mawrth 2021. Yn flaenorol, dim ond ar gyfer trafodiadau eiddo hyd at £125,000 yr oedd yr eithriad hwn yn berthnasol a byddai'n arbed cymaint â £15,000 i brynwyr, pe baent yn prynu eiddo gwerth £500,000 neu fwy.

Mae landlordiaid a phrynwyr ail gartrefi hefyd yn gymwys am y toriad treth, ond bydd yn rhaid iddynt dalu'r 3 y cant ychwanegol mewn treth stamp a godwyd arnynt o dan y rheolau blaenorol.

2. Camau gweithredu Llywodraeth Cymru

Mewn ymateb i'r newidiadau hyn, cyhoeddodd Rebecca Evans AS, y Gweinidog Cyllid a'r Trefnydd, Llywodraeth Cymru, fod Llywodraeth Cymru yn codi trothwy eithrio'r Dreth Trafodiadau Tir o £180,000 i £250,000 ar gyfer trafodion eiddo preswyl yng Nghymru tan 31 Mawrth 2021.

Mae'r tabl yn dangos cyfraddau dros dro newydd y dreth o ganlyniad i newidiadau Llywodraeth Cymru.

Tabl 2. Newidiadau i gyfraddau a bandiau preswyl y Dreth Trafodiadau Tir ar gyfer 2020-21

Trothwy	Cyfradd TTT
£0 - £250,000	0%
£250,001 - £400,000	5%
£40,001 - £750,000	7.5%
£750,001 - £1.5m	10%
Dros £1.5m	12%

Dywedodd y Gweinidog y bydd y newid yn dod i rym ar 27 Gorffennaf i gyd-fynd ag ailagor y farchnad dai yng Nghymru yn llawn.

Mae'r rhagolygon tymor canolig ar gyfer y farchnad dai yn ansicr iawn, o ran prisiau tai ac o ran nifer y gwerthiannau. Bydd llawer yn dibynnu ar berfformiad yr economi ehangach, a fydd yn ei dro yn cael ei benderfynu gan y ffordd mae'r pandemig a'r cyfyngiadau ar weithgareddau yn datblygu.

Cyn i'r newid i gyfraddau TTT gael ei gyhoeddi, roedd prisiau tai wedi dechrau gostwng, a disgwyliid iddynt ostwng ymhellach, ond bydd y gostyngiad yn y Dreth Trafodiadau Tir bydd pob berson sy'n prynu tŷ gwerth £250,000 yn arbed £2,450. Bydd y swm hwn yn gwneud rhywfaint o iawn am ostyngiadau posibl mewn prisiau a chynnydd posibl yn y galw.

Dywedodd y Gweinidog y bydd "y trothwy newydd yn golygu na thelir unrhyw dreth ar oddeutu 80 y cant o drafodion yng Nghymru lle mae'r prif gyfraddau preswyl yn gymwys".

Trafodiadau cyfradd uwch

Yn wahanol i **Dreth Dir y Dreth Stamp**, ni fydd y newid i drothwy eithrio'r Dreth Trafodiadau Tir yng Nghymru yn gymwys i brynu eiddo ychwanegol, fel prynu i osod neu brynu ail gartrefi, ac mae'r trafodiadau hynny'n gorfod talu **treth ychwanegol, sef 3 y cant** ar ben y gyfradd bresennol ar gyfer eu gwerth a ddangosir yn Nhabl 1.

Effeithiau newidiadau i'r Dreth Trafodiadau Tir

Yn ei llythyr at Gadeirydd y Pwyllgor Deisebau, nododd y Gweinidog, "bwriedir i'r newidiadau dros dro i'r dreth trafodiadau tir gael yr effaith gyffredinol o fod yn ysgogiad economaidd i gefnogi'r farchnad dai a'r economi ehangach yng Nghymru yn ystod gweddill y flwyddyn ariannol".

Nododd y Gweinidog ymhellach:

Gostyngiad treth yw hwn sydd wedi'i dargedu at y rheini y gall fod arnynt angen rhagor o gymorth i brynu tŷ yn y cyfnod hwn – cyfnod na welwyd mo'i debyg o'r blaen. Mae'r dull a fabwysiadwyd gennym yn sicrhau ein bod yn cadw cyfundrefn drethi flaengar sy'n disgwyl i'r rheini sydd â'r modd i wneud hynny gyfrannu mwy o ran treth.

O ran y trothwy o £ 250,000, cafwyd sylw gan y Gweinidog fod hyn wedi'i osod er mwyn adlewyrchu'r farchnad eiddo yng Nghymru. Fe nododd, "mae Mynegai Prisiau Tai diweddaraf y DU yn dangos mai £173,000 yw cost gyfartalog tŷ yng Nghymru ac mae prynwyr am y tro cyntaf yn talu £149,000 ar gyfartaledd. O ran ei werth, mae tŷ sy'n costio £300,000 yn agosáu at y 10% uchaf yng Nghymru".

Nododd y Gweinidog hefyd trwy beidio â dyblygu newidiadau Llywodraeth y DU i Dreth Dir y Dreth Stamp – y cafodd Llywodraeth Cymru arian ychwanegol ar eu cyfer o ganlyniad i'r addasiad grant bloc – eu bod wedi gallu buddsoddi cyllid i gefnogi'r sector tai cymdeithasol,;

Drwy bennu'r cyfraddau hyn ar gyfer Cymru, rwyf hefyd yn gallu cadarnhau y bydd £30m ar gael i gefnogi'r gwaith o adeiladu cartrefi cymdeithasol newydd, a thrwy hynny greu swyddi y mae gwir angen amdanynt.

At hynny, yn ôl y Gweinidog bydd eiddo a brynir trwy gam nesaf y Cynllun Cymorth i Brynu – sydd i gychwyn ym mis Ebrill 2021 – yn gweld gostyngiad yng nghap pris y cynllun o £300,000 i £250,000.

3. Camau gweithredu Senedd Cymru

Er mwyn newid cyfraddau a throthwyon y Dreth Trafodiadau Tir, cafodd y Rheoliadau Treth Trafodiadau Tir (Amrywio Dros Dro Gyfraddau a Bandiau ar gyfer Trafodiadau Eiddo Preswyl) (Cymru) 2020 eu gwneud gan Lywodraeth Cymru ar 22 Gorffennaf 2020 a'u gosod gerbron y Senedd ar 24 Gorffennaf 2020. Gwnaeth y Senedd gymeradwyo'r Rheoliadau ar 29 Medi 2020.

Gwneir pob ymdrech i sicrhau bod y wybodaeth yn y papur briffio hwn yn gywir adeg ei gyhoeddi. Dylai darllenwyr fod yn ymwybodol nad yw'r papurau briffio hyn yn cael eu diweddarau o reidrydd na'u diwygio fel arall i adlewyrchu newidiadau dilynol.



Eich cyf/Your ref P-05-1064
Ein cyf/Our ref RE/00825/20

Janet Finch-Saunders AS
Cadeirydd, y Pwyllgor
Deisebau
Deisebau@senedd.cymru

11 Tachwedd 2020

Annwyl Janet,

Diolch ichi am eich llythyr ynglŷn â'r ddeiseb i ymestyn y newidiadau dros dro i'r dreth trafodiadau tir am gyfnod o 6 mis arall y tu hwnt i 31 Mawrth 2021 ac i gynyddu'r trothwy dros dro i £300,000.

Rwy'n deall bod y Pwyllgor Deisebau wedi cytuno i ystyried y ddeiseb hon a diolch ichi am roi'r cyfle imi roi fy marn cyn i'r Pwyllgor ei hystyried.

Mae'r newidiadau dros dro i'r dreth trafodiadau tir yn golygu, o 27 Gorffennaf 2020 hyd 31 Mawrth 2021, bydd pob prynwr tŷ sy'n ddarostyngedig i brif gyfraddau'r dreth trafodiadau tir ar eiddo sy'n costio mwy na £180,000 yn awr yn cael gostyngiad treth o hyd at £2,450 yn ystod y cyfnod y bydd y cyfraddau a'r trothwyon newydd mewn grym, ac ni fydd y rheini sy'n talu £250,000 neu lai yn talu unrhyw dreth. Felly, yn ystod y cyfnod hwn, mae'r atebolrwydd i dalu treth ar dŷ sy'n cael ei brynu am £300,000 yn cael ei haneru i bob pwrpas. O dan y trothwy 'arferol' ar gyfer talu treth, sef £180,000, ni dalwyd unrhyw dreth gan tua 60% o brynwyr tai sy'n ddarostyngedig i brif gyfraddau'r dreth trafodiadau tir ar yr eiddo a brynwyd ganddynt. Mae'r cynnydd dros dro i'r trothwy o £250,000 yn golygu bod cyfran y prynwyr tai nad ydynt yn talu unrhyw dreth yn cynyddu i 80%.

Ystyriwyd y trothwy dros dro o £250,000 yn ofalus, a chafodd ei bennu er mwyn adlewyrchu'r farchnad eiddo yng Nghymru. Mae Mynegai Prisiau Tai diweddaraf y DU yn dangos mai £173,000 yw cost gyfartalog tŷ yng Nghymru ac mae prynwyr am y tro cyntaf yn talu £149,000 ar gyfartaledd. O ran ei werth, mae tŷ sy'n costio £300,000 yn agosáu at y 10% uchaf yng Nghymru.

Mae newidiadau sydd i ddod i'r cynllun Cymorth i Brynu yng Nghymru hefyd yn ceisio sicrhau bod y farchnad eiddo yng Nghymru yn cael ei hadlewyrchu yn nhelerau'r cynllun. Ym mis Medi, cyhoeddodd y Gweinidog Tai a Llywodraeth Leol y bydd nifer o newidiadau

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Correspondence.Rebecca.Evans@gov.wales
Gohebiaeth.Rebecca.Evans@llyw.cymru

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

Tudalen y pecyn 154
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

yn cael eu gwneud i'r cynllun presennol yn y cam nesaf, a fydd yn dechrau ym mis Ebrill 2021. Bydd y newidiadau hyn yn cynnwys lleihau, o £300k i £250k, y cap a osodir ar bris tŷ a brynir drwy gam nesaf y cynllun. Penderfynodd y Gweinidog Tai a Llywodraeth Leol leihau'r cap ar y pris ar sail y dystiolaeth ynglŷn â phris cyfartalog tai sy'n cael eu prynu drwy'r cynllun Cymorth i Brynu, y rhagolygon o ran prisiau tai yn y dyfodol, bandiau treth wrth brynu tŷ a'r angen i sicrhau bod tai yn fforddiadwy ac o fewn cyrraedd prynwyr.

Bwriedir i'r newidiadau dros dro i'r dreth trafodiadau tir gael yr effaith gyffredinol o fod yn ysgogiad economaidd i gefnogi'r farchnad dai a'r economi ehangach yng Nghymru yn ystod gweddill y flwyddyn ariannol. Gostyngiad treth yw hwn sydd wedi'i dargedu at y rheini y gall fod arnynt angen rhagor o gymorth i brynu tŷ yn y cyfnod hwn – cyfnod na welwyd mo'i debyg o'r blaen. Mae'r dull a fabwysiadwyd gennym yn sicrhau ein bod yn cadw cyfundrefn drethi flaengar sy'n disgwyl i'r rheini sydd â'r modd i wneud hynny gyfrannu mwy o ran treth.

Yn ogystal â hyn, wrth osgoi ailadrodd newidiadau Llywodraeth y DU i dreth dir y dreth stamp, mae Llywodraeth Cymru wedi gallu darparu £30 miliwn o gyllid ar gyfer hybu gwaith adeiladu yn y sector tai cymdeithasol, gan ddarparu mwy o dai yn y sector hwn, a chan roi hwb economaidd i'r sector adeiladu sydd mor bwysig a'r economi yn ehangach. Roedd modd darparu'r cyllid hwn diolch i fframwaith cyllidol Llywodraeth Cymru, a'r ffordd y mae'r addasiadau i'r grant bloc yn gweithio, sy'n golygu bod Llywodraeth Cymru yn cael mwy o adnodd yn sgil y gostyngiad yn refeniw treth dir y dreth stamp. Pe bai trothwy dros dro y dreth trafodiadau tir wedi cael ei bennu yn uwch na £250,000, byddai'r cyllid ychwanegol hwn wedi bod yn llai.

Adolygir cyfraddau a throthwyon y dreth trafodiadau tir yn rheolaidd. Gan mai fel ysgogiad economaidd am amser penodedig yn unig y cynlluniwyd y cynnydd dros dro hwn yn nhrothwy'r dreth trafodiadau tir ar gyfer prynu tai sy'n ddarostyngedig i'r prif gyfraddau, nid oes unrhyw gynlluniau ar hyn o bryd i ymestyn y cyfnod y tu hwnt i 31 Mawrth 2021.

Gobeithiaf fod yr ymateb hwn yn ddefnyddiol i chi a'r Pwyllgor Deisebau.

Yn gywir,



Rebecca Evans AS/MS
Y Gweinidog Cyllid a'r Trefnydd
Minister for Finance and Trefnydd

Dear Petitions Committee,

Thank you for providing me the opportunity to give further explanation of the original petition to extend the land transaction tax (LTT) break at least a further 6 months beyond 31st March 2021 and to increase temporary threshold to £300,000.

The main aim of the petition was to allow purchasers (both first time buyers and secondary buyers) who have seen delays in build times due to the COVID-19 pandemic the opportunity to gain access to an excellent scheme. The secondary aim was to also stimulate the economy in a positive manner. A stable and strong construction industry often ties itself with a strong and stable economy.

The rest of the UK devolved parties have considered extending the LTT (Devolved alternatives) to ensure that the economy can prosper on the back of the pandemic especially in light of the now announced vaccination programme.

There was clear evidence that the stimulus introduced by Welsh Government in part worked and it would be recommended that these stimuluses are extended to aide the current crisis.

I am not using the help to buy scheme but are fully aware of how the valuations are based and appreciate that some areas of cutting would be needed to aide the cut in LTT. Second to this the banks have seen a large increase in borrowing not just from first time buyers but homebuyers moving up the property ladder (which is the case for myself) and the uncertainty that the banks once faced could no longer be a stumbling block for many like myself looking at new properties. If the extension is not granted then this could then be an antagonistic affect that could cause the banks to restrict lending and subsequently shrink the economy.

I would like to point to that the number of sales has been decreasing for the last two years and that a stimulus of this nature would ultimately help those numbers increase. This is down a number of factors with primary consideration given to the removal of the toll system on the Prince of Wales Bridge giving a surge in house purchasers from across into England. If there is no incentive then there will be further shrinkage of local economies.

The Welsh Government should consider the effect that the wider media has on the economy. Look at the effect "I'm a celebrity get me out of here" as potentially given North Wales. The airing of such a programme in this country and the perspective that Wales is actually a place to be and live will be supported by the scheme proposals given in the petition.

I believe Wales can be a front runner in doing this and show that we are open for business.

Kind Regards



Mr. Gavin R Powell BSc

P-05-1069 Arbed y tir fferm a'r caeau gwyrdd yn Cosmeston

Cyflwynwyd y ddeiseb hon gan Michael Philip Garland, ar ôl casglu cyfanswm o 5,272 lofnodion.

Geiriad y ddeiseb:

Rydym yn galw ar Weinidogion Cymru i lynu wrth eu polisiau amgylcheddol a newid hinsawdd ac at egwyddorion Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015, ac annog Llywodraeth Cymru i dynnu'n ôl eu cynlluniau ar gyfer datblygiad o 576 o unedau tai ar y caeau a thir fferm arfordirol hardd yn Fferm Cosmeston Isaf, Cosmeston.

Gwybodaeth Ychwanegol

Mae'r caeau gwyrdd hyn yn gorwedd mewn ardal o arfordir a thirwedd ffermio rhwng Môr Hafren, Llwybr Arfordir Cymru a Pharc Gwledig Llynnoedd Cosmeston (SDdGA), a bydd unrhyw ddatblygiad ar y caeau hyn yn effeithio'n fawr ar ecoleg a bioamrywiaeth bywyd gwylt lleol yma ac yn yr ardaloedd cyfagos, ynghyd â cholli amwynder cefn gwlad a threftadaeth hanesyddol ddiwylliannol leol yr ardal.

Bydd datblygiad mor fawr yn anghynaliadwy oherwydd y diffyg seilwaith priffyrdd ac iechyd lleol, a bydd yn gwaethygu tagfeydd traffig a llifogydd mewn ardaloedd cyfagos.

Dylid cadw'r tir ar gyfer ffermio a busnesau cysylltiedig a fydd, ynghyd â phrosiectau amwynder cymunedol lleol, yn cadw rhagolygon y dirwedd ar gyfer llesiant cenedlaethau'r dyfodol.

Etholaeth a Rhanbarth y Cynulliad

- De Caerdydd a Phenarth
- Canol De Cymru

P-05-1069 Arbed y tir fferm a'r caeau gwyrdd yn Cosmeston

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Cyfeirnod: RS20/14687-4

Rhif y ddeiseb: P-05-1069

Teitl y ddeiseb: Arbed y tir fferm a'r caeau gwyrdd yn Cosmeston

Testun y ddeiseb:

Rydym yn galw ar Weinidogion Cymru i lynu wrth eu polisiau amgylcheddol a newid hinsawdd ac at egwyddorion Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015, ac annog Llywodraeth Cymru i dynnu'n ôl eu cynlluniau ar gyfer datblygiad o 576 o unedau tai ar y caeau a thir fferm arfordirol hardd yn Fferm Cosmeston Isaf, Cosmeston.

Mae'r caeau gwyrdd hyn yn gorwedd mewn ardal o arfordir a thirwedd ffermio rhwng Môr Hafren, Llwybr Arfordir Cymru a Pharc Gwledig Llynnoedd Cosmeston (SDdGA), a bydd unrhyw ddatblygiad ar y caeau hyn yn effeithio'n fawr ar ecoleg a bioamrywiaeth bywyd gwyllt lleol yma ac yn yr ardaloedd cyfagos, ynghyd â cholli amwynder cefn gwlad a threftadaeth hanesyddol ddiwylliannol leol yr ardal.

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mewn ardaloedd cyfagos. Dylid cadw'r tir ar gyfer ffermio a busnesau cysylltiedig a fydd, ynghyd â phrosiectau amwynder cymunedol lleol, yn cadw rhagolygon y dirwedd ar gyfer llesiant cenedlaethau'r dyfodol.

1. Cefndir

Mae'r ddeiseb hon yn cyfeirio at **gais cynllunio amlinellol** a gyflwynwyd i awdurdod cynllunio lleol Bro Morgannwg gan Lywodraeth Cymru. Mae'r cais cynllunio amlinellol hwn yn trafod datblygiad sy'n cynnwys eiddo preswyl, ysgol gynradd, gofod cymunedol ac ardal agored gyhoeddus.

Gwneir penderfyniadau ynghylch cynigion cynllunio yn unol â pholisïau cynllunio cenedlaethol a lleol, oni bai bod ystyriaethau perthnasol yn nodi fel arall. Yn yr achos hwn, mae'r datblygiad wedi'i leoli ar safle a ddyrannwyd ar gyfer tai yng **Nghynllun Datblygu Lleol Bro Morgannwg**.

Mae nifer o ddogfennau sy'n gysylltiedig â'r cais, gan gynnwys datganiad amgylcheddol, wedi'u cyhoeddi ar **gofrestr gynllunio ar-lein Bro Morgannwg**.

Ceisiadau cynllunio amlinellol

Mae'r ddeiseb yn cyfeirio at gais cynllunio amlinellol. Mae'r rhan fwyaf o geisiadau cynllunio yn geisiadau llawn, sy'n golygu eu bod yn cynnwys holl fanylion y cynnig perthnasol. Fodd bynnag, gellir hefyd wneud cais am ganiatâd cynllunio mewn dau gam.

Yn gyntaf, caiff cais cynllunio amlinellol ei gyflwyno i'r awdurdod cynllunio lleol i benderfynu a yw'r egwyddor o ddatblygu'r safle dan sylw yn dderbyniol. Bydd yr ail gais yn gofyn am ganiatâd ar gyfer 'materion a gedwir yn ôl', a fydd yn cynnwys gweddill manylion y cynnig.

Hyd yn oed os rhoddir caniatâd amlinellol, mae'n rhaid i gais sy'n trafod y materion a gedwir yn ôl gael ei dderbyn cyn i unrhyw waith allu dechrau.

Yn yr achos hwn, mae'r cais amlinellol yn trafod mynediad i'r safle, gyda'r holl faterion eraill wedi'u cadw yn ôl.

Ymgynghoriad cyn gwneud cais

Oherwydd bod y cais hwn yn trafod datblygiad 'mawr', bu'n destun ymgynghoriad cyn gwneud cais.

Mae'r gofyniad y bydd datblygwyr yn cynnal ymgynghoriad cyn gwneud cais wedi'i nodi yn Rhan 1A o Orchymyn Cynllunio Gwlad a Thref (Gweithdrefn Rheoli Datblygu) (Cymru) 2012. Mae'n berthnasol i bob cais cynllunio ar gyfer datblygiadau mawr, p'un ag ydyw ar gyfer caniatâd llawn neu ganiatâd amlinellol.

Caiff 'datblygiad mawr' ei ddiffinio yn erthygl 2 y Gorchymyn; mae'r cais hwn wedi'i nodi fel datblygiad mawr.

Cyn cyflwyno cais ar gyfer datblygiad mawr, mae'n rhaid i ddatblygwr gymryd y camau a ganlyn:

- cyhoeddi drafft o'r cais;
- ymgynghori â'r gymuned ac ymgyngoreion arbenigol; a
- llunio adroddiad ar yr ymgynghoriad a gynhaliwyd cyn gwneud cais.

Mae'r adroddiad ar yr ymgynghoriad cyn gwneud cais ar gyfer y cais hwn wedi'i gyhoeddi ar gofrestr gynllunio ar-lein Cyngor Bro Morgannwg (linc uchod). Mae'r adroddiad yn dangos manylion yr ymgynghoriad a gynhaliwyd a'r gefnogaeth a'r gwrthwynebiad a gafwyd.

Penderfyniadau cynllunio

Yn y pen draw, yr awdurdod cynllunio lleol sy'n penderfynu ar geisiadau cynllunio yn unol â'i gynllun datblygu lleol.

Gall unrhyw un wneud sylwadau ar gais cynllunio. Ar adeg llunio'r papur briffio hwn, mae'r cais dan sylw ar agor ar gyfer ymgynghoriad cyhoeddus ac nid yw'r awdurdod cynllunio lleol wedi penderfynu arno eto.

Fodd bynnag, unwaith y gwneir penderfyniad, nid oes hawl gan drydydd parti i apelio. Yr ymgeisydd a'r awdurdod cynllunio lleol yw'r prif bartion i apel, a chaiff unrhyw bartion eraill sydd â diddordeb eu nodi fel trydydd parti.

Dim ond drwy adolygiad barnwrol y gall trydydd parti herio penderfyniad. Dim ond ar sail un o'r tri maes eang a ganlyn y gellir gofyn am adolygiad barnwrol: anghyfreithlondeb; afresymoldeb; ac anghywirdeb gweithdrefnol – hynny yw, ar

bwynt cyfreithiol. Mae'n rhaid i gais at yr Uchel Lys am adolygiad barnwrol gael ei wneud o fewn chwe wythnos i'r penderfyniad, a gall fod yn broses ddrud.

2. Camau gweithredu gan Lywodraeth Cymru

Yn ei llythyr at y Cadeirydd dyddiedig 23 Tachwedd, mae Rebecca Evans AS, y Gweinidog Cyllid a'r Trefnydd, yn pwysleisio'r gweithdrefnau y mae'r cais hwn yn amodol arnynt, fel y weithdrefn ymgynghori cyn gwneud cais a amlinellir uchod.

Mae'r Gweinidog yn pwysleisio bod y safle wedi'i ddyrannu yng nghynllun datblygu lleol yr awdurdod cynllunio lleol, sydd wedi bod drwy'r broses archwilio annibynnol a ddilynr wrth lunio cynllun datblygu lleol.

Hefyd, mae'r Gweinidog yn awgrymu y bydd y cynllun yn helpu i ddiwallu'r angen am dai a nodwyd yn yr ardal, gan ychwanegu y bydd y cynllun yn darparu nifer o unedau tai fforddiadwy. Cyhoeddodd yr awdurdod cynllunio lleol ei asesiad o'r farchnad dai leol yn 2017.

Dyweddodd y Gweinidog:

I do not consider the application should be withdrawn as to do so would result in the failure of the Welsh Government to deliver much needed affordable homes and would run counter to the strategy identified in the adopted Vale of Glamorgan Local Development Plan which sees this site as key to helping to address the identified housing need in the area.

Gwneir pob ymdrech i sicrhau bod y wybodaeth yn y papur briffio hwn yn gywir ar adeg ei gyhoeddi. Dylai darllenwyr fod yn ymwybodol nad yw'r wybodaeth yn y papurau briffio hyn o reidrwydd yn cael ei diweddarau na'i diwygio i adlewyrchu unrhyw newidiadau dilynol.

Rebecca Evans AS/MS
Y Gweinidog Cyllid a'r Trefnydd
Minister for Finance and Trefnydd



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-05-1069
Ein cyf/Our ref RE/00867/20

Janet Finch-Saunders MS
Chair, Petitions Committee

23 November 2020

Dear Janet,

Thank you for your letter to Ken Skates MS, Minister for Economy, Transport and North Wales, regarding the petition received in respect of the proposed planning application for the residential development of land at Lower Cosmeston Farm, Penarth. Your letter has been passed to me for reply as the proposed development falls within my portfolio of responsibilities.

The majority of the land which is subject to the planning application is allocated for the residential development of 576 units in the adopted Vale of Glamorgan Local Development Plan. The area of land to accommodate the proposed primary school is outside the boundary of the residential allocation although it is considered to be brownfield land as it is the site of the farm buildings which form part of Lower Cosmeston Farm. The residential allocation is a key part of the Council's strategy for the delivery of homes in accordance with the identified housing need for the area. The proposals contained in the Local Development Plan were subject to scrutiny by an independent planning inspector who was appointed to assess the soundness of the Plan, which was adopted in 2017.

The planning application for the residential development of the land was submitted to the Vale of Glamorgan Council on behalf of the Welsh Government on 30 September 2020. The application was supported by a significant amount of technical information and it is now for the Council to determine whether the information provided is adequate and addresses any concerns they may have. This includes issues relating to sustainability, infrastructure, highways, ecology, the environment and heritage. The supporting information also addressed the principles identified in the Well-being of Future Generations Act (the Act). The Vale of Glamorgan Council as defined in the Act as being a 'Public Body' will also need to take into account the provisions contained in the Act when making a decision on the planning application.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Correspondence.Rebecca.Evans@gov.wales
Gohebiaeth.Rebecca.Evans@llyw.cymru

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

Tudalen y pecyn 162
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

The Vale of Glamorgan Council is required to undertake a statutory period of publicity and consultation in respect of the application and the Council, as Local Planning Authority will need to take into account any representations received. It will also need to consider whether the application accords with policies contained in the adopted Local Development Plan before determining whether planning permission should be granted or not.

The proposals have also been subject to consultation by the Vale of Glamorgan Council as part of their preparation of the adopted Local Development Plan and prior to the planning application being submitted pre-application consultation was undertaken with the local community.

If planning permission is granted, the development of this site would be an exemplar housing site being brought forward by the Welsh Government which would deliver in the region of 280 affordable homes. A new primary school would be provided as well as public open space and a cycle route which would link the site to Penarth town Centre.

I do not consider the application should be withdrawn as to do so would result in the failure of the Welsh Government to deliver much needed affordable homes and would run counter to the strategy identified in the adopted Vale of Glamorgan Local Development Plan which sees this site as key to helping to address the identified housing need in the area.

Yours sincerely,

A handwritten signature in black ink that reads "Rebecca Evans". The signature is written in a cursive style with a large initial 'R'.

Rebecca Evans AS/MS
Y Gweinidog Cyllid a'r Trefnydd
Minister for Finance and Trefnydd

**P-05-1069 Save the farmland and green fields at Cosmeston, Correspondence –
Petitioner to Committee, 06.12.20**

**P-05-1069 Response to Petitions Committee Meeting: Tuesday 15th December
by Michael Philip Garland on behalf of the Keep Cosmeston Green Group and the residents
of Cosmeston, Penarth, Sully and surrounding areas.**

To: The Petitions Committee.

I would like to thank the Petitions Committee for allowing myself the chance to respond to the letter of Rebecca Evans MS, Minister of Finance, and respond regarding the Petition Statement.

Response to the letter of Rebecca Evans MS Minister of Finance.

This has been the general response that has been received on many previous occasions by residents from Welsh Government, i.e., the need for houses, and, that it is for the Vale of Glamorgan Council to determine the application.

Response regarding the Petition Statement.

The petition to “Save the farmland and green fields at Cosmeston” has received support not just from residents in the locality, but from across Wales and beyond who are concerned about the large amount of development in this area and the removal of our natural coastal farmland, being replaced by a large housing development and schools, with little or no infrastructure to sustain it.

The development being proposed by the Welsh Government appears contrary to many of the Welsh Government policies in regard to Environmental and Climate Change, (such as Environmental Strategy for Wales, Welsh Government Sustainable Policy, Environmental Growth Plan for Wales, Environment & Climate Change Planning and Strategy, Environmental Principles & Governance in Wales, Woodlands for Wales Strategy), and the Well-being of Future Generations (Wales) Act 2015.

Therefore, I would like to make the following observations in regard to the development application

1. Procedural fairness.

Residents feel that the submission of this planning application on 23rd October 2020, especially the same day that the 17 day “Firebreak Lockdown” was introduced, was a deliberate act. Neighbours letters only arrived 7 days after the consultation period begun. As a result of the restrictions There has been an inability to discuss the matter with the public or hold public meetings, to leaflet residents or to view the voluminous plans and reports, except on-line. Circumstances have made it very difficult for people to have a meaningful input in the planning process within the 21-day consultation period.

2. The Vale of Glamorgan Council may have predetermined the application.

Residents feel that the Council (VoGC) have pre-determined the application and therefore cannot assess this application objectively, since the Welsh Government are providing it with land to build a two-form entry primary school for 450 pupils. In addition, proposals have already been drawn up by VoGC to build a Special Educational Needs Annex for Ysgol Y Deri School to the south of this site, with a principled agreement already reached by both parties in regard to the cost of the school, with the Welsh Government providing £8.25m of the £11m cost, dependent on planning permission being obtained.

3. The application does not conform with the adopted Vale of Glamorgan Council Local Development Plan 2017 (LDP).

The application site is larger than the area allocated for that purpose in the Vale of Glamorgan Local Development Plan 2017 (LDP). The scale of the proposed development significantly exceeds the threshold of 150 dwellings or 6ha requiring a call-in by Welsh Government.

This extension of the proposed development encroaches even further into the Green Wedge identified in the LDP and will lead to “infilling”/ “rounding-off” by future housing development, thus further eroding the Green Wedge leading to coalescence with Sully, even more so if the site is further extended by the Ysgol Y Deri Annex. The extension at the south east corner of this ‘greenfield’ site involves the demolition of Lower Cosmeston Farmhouse and farm buildings which form part of an agricultural holding.

This is in direct conflict with Policy MG18, which seeks to prevent the coalescence of settlements and to retain the openness of land. The policy states that within these areas development which prejudices the open nature of the land will not be permitted. Clearly, 576 dwellings, including a number of high-rise blocks and a school conflicts with this policy.

4. There is a lack of adequate transport/highway infrastructure.

This, together with inadequate public transport services is already leading to significant traffic congestion and consequent air pollution in the locality, surrounding areas and along routes to Cardiff and the M4 Motorway. This unsatisfactory situation will only be exacerbated by this development taken together with the housing developments in Barry, Sully and Landau, which have not been taken into account in traffic assessments. The assessments are therefore misleading, under-estimating traffic volumes and failing to correctly assess the impact of the development on the Merrie Harrier and Baron's Court junctions despite a requirement by the local highways authority to do so.

While the site is close to a bus stop, a specialised restaurant and a private member's golf club, these services and facilities alone are not enough to make the development "sustainable". Many of the essential health services and facilities are further than the maximum permitted walking distance of 2km, which would be by way of the unlit Coastal Footpath and an unlit footpath/cycle track to Penarth, This, plus the use of inadequate public transport would result in more reliance on the motor vehicle for access to basic services.

Examples of actual travel distances to services and facilities

- Penarth Railway Station (2.5km),
- Penarth Town Centre (2.9km).
- Nursery Schools – St Aubin Nursery (2.1km), Bute Cottage Nursery (2.8km), Sully Nursery (3.2km), Cogan Nursery (4.1km).
- Secondary Schools – Stanwell School (2.6km), Westbourne School (2.6km).
- GP Surgeries – Penarth Health Partnership (2.5km), Sully Surgery (3km).
- Dentist Surgeries – Penarth Town Centre Area (2.7km).
- Mainstream Supermarkets are on the extreme northern boundary of Penarth (4.5km).
- Sully Library (2.3km) and Penarth Library (2.7km).

on the motor vehicle for access to basic services.

The train service to Cardiff is unreliable with too few carriages or short notice cancellations.

5. The proposed development would have wide effects beyond the immediate locality.

Residents of the Vale of Glamorgan who travel to the capital city by car or bus for employment, shopping or entertainment purposes are obliged to use one of three bridges across the Ely River. This is acknowledged by all responsible authorities as a major problem that does not have a solution at the present time.

Existing traffic flows through Penarth and Dinas Powys to the extremely busy Merrie Harrier junction which feeds two of the bridges. Traffic flows at the junction are already being increased as a result of the construction of the first phase of the 250-dwelling development at Cog Road, Sully, and by developments at Barry Waterfront and Llandough, without any mitigation measures in place. The proposed development would further exacerbate this problem and, while the supporting documentation suggests that prospective residents would be encouraged to walk and cycle to Penarth Station, it is inevitable that car and bus users from the Vale as a whole would experience even longer delays as a result of additional traffic movements generated by the proposed development.

6. The proposed development would cause substantial controversy beyond the immediate locality.

Traffic generation from the proposed development and the resulting delays, especially to peak commuter traffic is already causing widespread controversy. The traffic problems on the western edge of Cardiff are widely acknowledged, yet this proposal conflict with the applicant's own policies that, amongst other things, require that careful consideration is given to the allocation of new sites which are likely to generate significant levels of movement. This proposal will significantly increase traffic flows through Penarth, resulting in delays, noise and pollution for its residents, as well as for residents of the eastern Vale travelling to and from Cardiff.

7. The development will have an unacceptable impact on the countryside and its biodiversity environment.

The building of 576 dwellings on 60 acres of farmland and green fields will cause the loss of arable and pasture farmland and of important open spaces that contribute to the local amenity, character, and distinctiveness of the area, together with its rich ecology and biodiversity.

The proposed development will have a significant harmful effect on the area, which is of more than local importance due to its position adjacent to the Severn Estuary Special Area of Conservation (SAC) and designated Marine Protection Area. The site is also protected under the Ramsar Convention as part of the coast, together with Cosmeston Lakes Country Park (SSSI), as an assembly and arrival point for migrating birds.

The erosion of Green Wedge and proximity of developments to the Wales Coastal Path would have a harmful impact on both, as well as harming the setting of Cosmeston Medieval Village. Its importance as an effective visual and practical buffer between Sully and Penarth is significant and locally important.

This site is strategically important for wildlife because it lies between a number of wildlife areas, Cosmeston Lakes Country Park (SSSI) to the West, Ty-r-Orsaf, Site of Nature Conversation (SINC) to the South and the Severn Estuary (Ramsar, Special Protection Area (SPA) Special Area of Conservation (SAC) and Penarth Coast (SSSI) to the north, acting as a buffer zone and a corridor to connect them.

For many of these species this area is their natural habitat, while for others it is their natural roosting and foraging area, a corridor to connect them to other areas, such as Cosmeston Lakes Country Park, or used as a migratory passage. The loss of woodland, wetland, grassland, and hedgerows will seriously reduce the insect biomass on which the birds, bats and other species rely on.

The site supports a huge diversity of species, including many protected species.

- Bats - 6 species including common pipistrelle, soprano pipistrelle, Nathusius.
- Great Crested Newts (European Protected Species)
- Reptile – slow worms
- Birds – 56 species of bird including Herring Gull, Skylark, Barn Owl, Cettis Warbler, Peregrine Falcon. 21 species being of conservation concern. Red List 7. Amber List 14.
- Doormice
- Foxes
- Other animals and insects.

The natural habitats of these animals will be lost when the site is developed, being replaced by hedgerows and small green areas in close proximity to populated buildings, gardens, play areas, roads, vehicle noise and pollution. The proposed “central corridor” through the site will be used by walkers and cyclists, to the detriment of other species expected to share it.

8. The development proposals will have an adverse impact on the important architectural heritage and archaeological remains present on the site.

It is concerning that the applicants report dismiss the archaeology, as not identified of being of sufficient significance, and the architecture of Lower Cosmeston Farm as not worth retaining and described it as of ‘moderate to limited heritage significance’, in order to implement this development. This is in contrast to recent trial excavations that revealed archaeological remains of almost certain medieval date which the capacity to transform our understanding of the evolution of Cosmeston as a settlement and its earliest inhabitants.

Lower Cosmeston Farm is recognised as a rare surviving example of a 16th century, single-unit, end-entry hearth passage house and is listed within an inventory of ancient monuments ‘Glamorgan Farmhouses and Cottages’ (RCAHMW 1988).

Glamorgan Gwent Archaeological Trust has stated that there is a strong possibility that further medieval archaeology will be present on the site, advising that some parts of the site may need to be retained as open space in order to protect archaeological features (Vale of Glamorgan Council Statement at LDP Hearing Session 24).

There are layers of Middle Jurassic Lias Cliff formation containing fossilised remains and one recent find of what is thought to be dinosaur footprints is currently under investigation by the Natural Museum of Wales.

There are many points of concern regarding the development site's archaeological, historical, and natural environment that will be lost not only to the public now but to generations to come if this housing development were to proceed.

9. Contamination within the site renders the site unsuitable for development.

Landfill material, comprising both domestic and commercial waste was used to fill three historic quarries on the site during the 1960's and 1970's, resulting in the majority of the site becoming contaminated by the wide variety of substances which were dumped in them.

No records of what materials were placed in the landfill were maintained or kept by the relevant authorities at the time. However, the applicant's Environmental Statement states that testing and investigations found the presence of asbestos materials, sulphates, arsenic and organic compounds. The site was used for cattle pyres during the foot and mouth epidemic in 2001. Area E (The "Old Quarry") was not accessible for investigation, due to ecological constraints and therefore no assessment was undertaken. One area found to be so severely contaminated that it has been recommended not to build in this area but use the area as public open space for use by adults and children. Furthermore, it is concerning that a full and proper assessment has not been undertaken on parts of the site that were not investigated due to ecological constraints.

10. Flooding and Coastal Erosion will affect access to the site.

The stretch of Lavernock Road in close proximity to the west entrances to the site are located alongside a flood zone and Sully Brook. There have been regular occasions of flooding here over the years which have meant closure of the road for long periods of time and therefore access/egress to/from the site from Lavernock Road would be compromised.

The stretch of coast between Penarth and Sully is liable to frequent cliff falls and coastal erosion and proposals to move the Wales Coastal Path 20 metres inland are being made and therefore access /egress to the site will be compromised

11. The development will have an impact on catchment area pupil numbers and thus exacerbate the existing shortage of Nursery and Secondary school places.

Currently the area has a shortage of adequate Nursery, Primary and Secondary School places.

The planning application refers to the provision of land for a new school site, inferring that this site would provide additional primary school education places within walking distance of the new proposed housing development.

This development, together with the housing development at Cog Road, Sully will substantially increase the number of school spaces required and put added pressure onto the Vale of Glamorgan Council Education Department intensifying the shortage of current Nursery and Secondary School places.

The Education Authority has also recommended that a school site be allocated to a 150 place Special Educational Needs School (a satellite operation to Ysgol y Deri), adjacent to the application site. Whilst not objecting to the benefit of additional Special Educational Needs provision, this situation would only intensify increased traffic congestion volumes with the additional minibuses, coaches and cars necessary for the delivery of pupils to the Special Educational Needs School.

Therefore, on behalf of Keep Cosmeston Green and the residents of the communities of Cosmeston, Penarth, Sully and surroundings areas, I request that the Welsh Government withdraw this planning application in order to stop the urbanisation of our countryside and conserve the landscape, amenity, environment, biodiversity and historical heritage for future generations to come.

Eitem 2.15

P-05-1071 Dylid argraffu rhif cofrestru cerbydau ar becynnau bwyd brys a werthir drwy ffenest y car

Cyflwynwyd y ddeiseb hon gan Michael John Powell, ar ôl casglu cyfanswm o 8,341 lofnodion.

Geiriad y ddeiseb:

Mae pecynnau bwyd brys yn cyfrannu'n fawr at broblem sbwriel ar y ffyrdd yn ein cymunedau.

Rydym ni o'r farn y byddai argraffu rhif cofrestru'r cerbyd ar becynnau bwyd brys a werthir drwy ffenest y car yn helpu i leihau'r melltith costus hwn.

Etholaeth a Rhanbarth y Cynulliad

- Pontypridd
- Canol De Cymru

P-05-1071 Dylid argraffu rhif cofrestru cerbydau ar becynnau bwyd brys a werthir drwy ffenest y car

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Cyfeirnod: RS20/14687-6

Rhif y ddeiseb: P-05-1071

Teitl y ddeiseb: Dylid argraffu rhif cofrestru cerbydau ar becynnau bwyd brys a werthir drwy ffenest y car

Testun y ddeiseb:

Mae pecynnau bwyd brys yn cyfrannu'n fawr at broblem sbwriel ar y ffyrdd yn ein cymunedau.

Rydym ni o'r farn y byddai argraffu rhif cofrestru'r cerbyd ar becynnau bwyd brys a werthir drwy ffenest y car yn helpu i leihau'r felltith gostus hon.



1. Cefndir

Yn ei adroddiad ar gyfer 2018-19, sef [Pa Mor Lân yw ein Strydoedd?](#), nododd sefydliad Cadwch Gymru'n Daclus fod gwastraff bwyd brys wedi'i gofnodi ar 19.6 y cant o strydoedd Cymru ar gyfartaledd.

Mewn adroddiad a gyhoeddwyd yn 2018 gan Eunomia ac a gomisiynwyd gan Lywodraeth Cymru, sef [Options for Extended Producer Responsibility in Wales](#), amcangyfrifwyd bod tua 950 tonnell o wastraff pecynnu cludfwyd yn cael ei gynhyrchu yng Nghymru bob blwyddyn, a bod dim ond 8.5 y cant ohono yn cael ei ailgylchu. Dywed yr adroddiad:

While accounting for less than 0.06% by weight of Welsh municipal waste arisings, takeaway food packaging is a highly visible component of litter. We estimate that takeaway food packaging waste (which includes expanded polystyrene (EPS) containers) accounts for 1.6% of litter by weight on the ground and in litter bins, but accounts for a larger proportion overall by volume.

Ymhlith y deunyddiau na ellir eu hailgylchu, un o'r rhai mwyaf trafferthus ohonynt yw polystyren ehangedig (EPS) neu bolystyren ewyn, sef y prif ddeunydd a ddefnyddir i wneud pecynnau bwyd brys. Mae'n eithriadol o ysgafn ac yn ddeunydd insiwleiddio da, ac felly, mae'n effeithiol o ran cadw bwyd yn gynnes. Yn ogystal â'r ffaith nad yw'r deunydd hwn fel arfer yn cael ei ailgylchu, dywedodd Cadwch Gymru'n Daclus ei fod yn drafferthus oherwydd:

- ei fod yn ysgafn ac felly'n hawdd ei symud gan y gwynt a'r dŵr;
- ei fod yn torri i fyny yn ddarnau bach, sy'n golygu ei fod yn anodd ei gasglu wrth lanhau;
- ei fod yn aros yn yr amgylchedd am amser hir iawn.

Er bod rhai diwydiannau wedi gwneud ymdrechion i hyrwyddo'r broses o ailgylchu polystyren, ni fabwysiadwyd unrhyw ddull ar gyfer y diwydiant bwyd brys yn ei gyfanrwydd. Mae rhai o'r bwytaï cadwyn mwyaf yn y sector bwyd brys wedi cymryd camau i ddefnyddio defnyddiau bioddiraddadwy amgen yn lle pecynnau EPS, ond mae llawer o fusnesau annibynnol llai yn y sector bwyd brys yn parhau i ddefnyddio pecynnau EPS yn rheolaidd gan fod y gost o wneud hynny yn is fesul uned.

Roedd cwpanau bwyd brys hefyd yn rhan o'r arolwg a gynhaliwyd gan sefydliad Cadwch Gymru'n Daclus, ochr yn ochr â chynwysyddion diodydd eraill. Yn ôl yr

arolwg, roedd y cynwysyddion hynny wedi'u cofnodi ar 5 y cant o strydoedd Cymru.

Amlygodd adroddiad gan y Gymdeithas Cadwraeth Forol (MCS), sef [Great British Beach Clean 2019 Report](#), y ffaith mai darnau bach o blastig neu bolystyren yw'r sbwriel a geir amlaf ar draethau'r DU, a'r ffaith bod 30.4 y cant o'r holl sbwriel a geir, ar gyfartaledd, yn sbwriel nad yw'r cyhoedd wedi'i waredu'n gywir. Nododd yr adroddiad fod 29 o gynwysyddion diodydd i'w gweld ar bob 100 metr o draeth yng Nghymru, ar gyfartaledd.

Troseddau yn ymwneud â thafllu sbwriel a'r drefn orfodi

Mae'r weithred o daflu sbwriel yn drosedd o dan [Ddeddf Diogelu'r Amgylchedd 1990](#) fel y'i diwygiwyd gan [Ddeddf Cymdogaethau Glân a'r Amgylchedd 2005](#).

Mewn perthynas â'r drosedd o daflu sbwriel, gellir rhoi hysbysiad cosb benodedig i berson, a hynny gan orfodi dirwy arno. Mae [canllawiau Llywodraeth Cymru ar hysbysiadau cosb benodedig](#) yn egluro bod y swm y gall awdurdod lleol ei godi mewn perthynas â'r drosedd o daflu sbwriel yn amrywio rhwng £75 a £150. Y swm diofyn a bennir yw £75. Fodd bynnag, os nad yw'r unigolyn dan sylw yn talu'r dirwy neu os yw'n troseddu dro ar ôl tro, gellir ei erlyn a'i ddirwyo hyd at £2,500 yn y Llys Ynadon. Mae'r canllawiau hefyd yn nodi bod gan awdurdodau lleol y pŵer i awdurdodi person i fod yn Swyddog Gorfodi. Mae'r statws hwn yn galluogi'r person dan sylw i gyhoeddi hysbysiadau cosb benodedig ar ran yr awdurdod lleol.

2. Camau gweithredu gan Lywodraeth Cymru

Ym mis Ionawr 2020, cyhoeddodd Llywodraeth Cymru gynigion i 'symud tuag at ddyfodol diwastraff erbyn 2050' mewn strategaeth economi gylchol newydd, sef '[Mwy Nag Ailgylchu](#)'. Mae [crynodeb o'r ymatebion a gafwyd](#) yn cynnwys yr awgrym bod 'ysgogiadau'r Llywodraeth' yn cael eu defnyddio i gyflwyno 'gwaharddiadau neu gyfyngiadau i gael gwared yn raddol ar y defnydd o blastig untro diangen sy'n aml yn cael ei daflu'n sbwriel.' Mae'r [crynodeb rhanddeiliaid](#) yn nodi mai un o'r pwyntiau allweddol a godwyd gan bobl ifanc oedd yr 'angen inni weithredu ar sbwriel' am resymau amrywiol, gan gynnwys 'bywyd gwyllt a thwristiaeth'.

Gan [gydnabod y materion amgylcheddol pwysig](#) sy'n deillio o or-ddefnyddio eitemau untro a chael gwared ohonynt mewn modd amhriodol, gan gynnwys

cynwysyddion cludfwyd a chyllyll a ffyrac plastig, cyhoeddodd Llywodraeth Cymru ar 18 Mawrth 2020 ei bod yn bwriadu gwahardd y defnydd o blastig untro.

Dywedodd Hannah Blythyn AS, y Dirprwy Weinidog Tai a Llywodraeth Leol, fod y cynigion yn 'rhan o ddull ehangach, integredig o fynd i'r afael â phroblemau sy'n cael eu creu gan ormod o blastig a sbwriel mewn cymunedau'. Cadarnhaodd y Dirprwy Weinidog y byddai'r cyfyngiadau yn dod i rym yn hanner cyntaf 2021. Cynhaliwyd ymgyngoriad ar y cynigion rhwng 30 Gorffennaf a 22 Hydref 2020, ac mae'r ymatebion yn cael eu hadolygu ar hyn y bryd.

Ar 13 Hydref 2020, cafodd y cyfrifoldeb dros bolisi gwastraff ei symud i bortffolio Gweinidog yr Amgylchedd, Ynni a Materion Gwledig.

Mewn ymateb i'r ddeiseb hon, dywedodd Lesley Griffiths AS, Gweinidog yr Amgylchedd, Ynni a Materion Gwledig ('y Gweinidog'), ei bod yn benderfynol o sicrhau bod Cymru yn dod yn genedl ianach. Cadarnhaodd y Gweinidog y byddai'r weithred o daflu sbwriel o gerbyd yn faes ffocws allweddol mewn cynllun atal sbwriel y mae Llywodraeth Cymru yn bwriadu ei gyhoeddi yn gynnar y flwyddyn nesaf. Dywedodd y Gweinidog mewn llythyr (Saesneg yn unig):

The aim of the Plan is to achieve a litter Free Wales and will include proposals to enable waste reduction, education and behavioural change and enforcement action. The plan will highlight potential regulatory interventions, including the introduction of new powers to enable financial penalties to be issued to the owner of a vehicle.

Yn ogystal, nododd y Gweinidog fod ei swyddogion wedi cynnal cyfarfodydd cychwynnol gyda busnesau perthnasol er mwyn trafod y broses o argraffu rhif cofrestru cerbydau ar becynnau bwyd brys a werthir drwy ffenest y car. Yn ôl y Gweinidog, amlygodd y cyfarfodydd hyn nifer o rwystrau gweithredol a chyfreithiol posibl y mae ei swyddogion yn ceisio eu deall yn well at ddibenion llywio'r camau nesaf yn y broses hon. Dywedodd y Gweinidog fod Llywodraeth Cymru wedi cynnig llwybr o ran argraffu rhif cofrestru cerbydau ar becynnau bwyd brys a werthir drwy ffenest y car. Fodd bynnag, ychwanegodd y Gweinidog:

...due to the ongoing COVID-19 pandemic and concerns over General Data Protection Regulation (GDPR) requirements from the fast food companies, we are unable to take this forward at present. My officials continue to work with the sector on this issue and are pursuing other potential interventions which could be introduced in the interim.

Dywedodd y Gweinidog hefyd ei bod o'r farn mai dim ond rhan o'r ateb i'r broblem o daflu sbwriel oedd camau rheoleiddio a gorfodi, gan dynnu sylw at y ffaith bod mentrau ar gyfer newid ymddygiad a chodi ymwybyddiaeth yr un mor bwysig.

3. Camau gweithredu Senedd Cymru

Mae'r Pwyllgor Deisebau wedi ystyried y deisebau a ganlyn ym maes lleihau gwastraff bwyd brys a/neu y broblem o daflu sbwriel:

- P-04-547 Gwahardd Deunydd Pacio Polystyren ar gyfer Bwyd a Diod Cyflym;
- P-05-750 Ar gyfer eitemau untro: cyflwyno System Dychwelyd Ernes ar gyfer cynwysyddion diodydd a sicrhau y gellir compostio cynwysyddion bwyd cyflym a'r offer sy'n gysylltiedig â hwy

Yn ei Chyfarfod Llawn cyntaf ym mis Chwefror 2019, gwnaeth Senedd Ieuenctid Cymru ddethol 'sbwriel a gwastraff plastig' fel un o'r tri phwnc y byddai'r Senedd Ieuenctid yn eu blaenoriaethu. Ar 5 Tachwedd 2020, cyhoeddodd Pwyllgor Sbwriel a Gwastraff Plastig Senedd Ieuenctid Cymru ei adroddiad 'Y Gorau o'n Gwastraff'.

Gwneir pob ymdrech i sicrhau bod y wybodaeth yn y papur briffio hwn yn gywir adeg ei gyhoeddi. Dylai darllenwyr fod yn ymwybodol nad yw'r papurau briffio hyn yn cael eu diweddarau o reidwydd na'u diwygio fel arall i adlewyrchu newidiadau dilynol.



Ein cyf/Our ref LG/02658/20

Janet Finch-Saunders MS
Chair of the Petitions Committee

3rd December 2020

Dear Janet,

Thank you for your letter of 6 November inviting me to share my views on the petition to print car registration details on drive through fast food packaging to reduce littering.

Littering in all forms is unacceptable and everyone needs to take responsibility for disposing of their rubbish properly. Whilst this is not a problem exclusive to Wales, I am determined to become not only a cleaner nation, but an exemplar nation. I recognise roadside litter in particular is an ongoing concern for communities across Wales. Roadside litter can be costly and difficult to remove, due to its location.

I can confirm littering from vehicles will be a key area of focus in our upcoming Litter Prevention Plan, which we intend to publish for consultation early next year. The aim of the Plan is to achieve a litter Free Wales and will include proposals to enable waste reduction, education and behavioural change and enforcement action. The plan will highlight potential regulatory interventions, including the introduction of new powers to enable financial penalties to be issued to the owner of a vehicle.

I can confirm my officials have already held initial meetings with a number of fast food businesses, which operate “drive through” restaurants in Wales, to discuss printing vehicle registrations on all drive through fast food packaging to better target litter enforcement action. During these discussions, it has become apparent there are a number of potential operational and legal barriers to implementing such a measure. My officials are currently in the process of better understanding these issues to inform next steps. We have proposed a trial relating to the printing of vehicle registrations on drive through fast food packaging. However, due to the ongoing COVID-19 pandemic and concerns over General Data Protection Regulation (GDPR) requirements from the fast food companies, we are unable to take this forward at present. My officials continue to work with the sector on this issue and are pursuing other potential interventions which could be introduced in the interim.

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0300 0604400

Gohebiaeth.Lesley.Griffiths@llyw.cymru
Correspondence.Lesley.Griffiths@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

Tudalen y pecyn 174
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

I recognise the importance of regulatory and enforcement action to prevent littering. However, I believe this is only part of the solution, as other interventions, for example behavioural change and awareness raising initiatives are equally as important. This is why we are working with a wide range of organisations, including the fast food sector, to develop a national litter awareness raising campaign. We plan to launch the campaign early next year.

We are also working on a number of other measures which will help reduce “on-the-go” and roadside littering. This includes legislation to ban or restrict the sale of a number of single use plastic products, the introduction of a Deposit Return Scheme for drinks containers and an Extended Producer Responsibility scheme.

Yours Sincerely,



Lesley Griffiths AS/MS

Gweinidog yr Amgylchedd, Ynni a Materion Gwledig
Minister for Environment, Energy and Rural Affairs

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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding. **Tudalen y pecyn 175**

Eitem 2.16

P-05-1072 Ymchwilio i'r pwerau sydd gan Senedd Cymru mewn perthynas â gwahardd therapi newid cyfeiriadedd rhywiol

Cyflwynwyd y ddeiseb hon gan Samuel Fletcher, ar ôl casglu cyfanswm o 114 lofnodion.

Geiriad y ddeiseb:

O dan Teresa May, roedd maniffesto'r blaid Geidwadol yn cynnwys y nod o wahardd therapi newid cyfeiriadedd rhywiol. Bron ddwy flynedd yn ddiweddarach, nid yw hyn wedi digwydd. Galwodd y ddeiseb hon ar y Pwyllgor Deisebau i ymchwilio i'r pwerau sydd gan Senedd Cymru yn y cyswllt hwn, ac yna i wahardd y therapi os oes modd. Rhaid i'r weithred farbaraidd a homoffobig hon ddod i ben.

Etholaeth a Rhanbarth y Cynulliad

- Gorllewin Abertawe
- Gorllewin De Cymru

Powers of the Senedd to ban 'conversion therapy'

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Reference: RS20/14687-7

Petition Number: P-05-1072

Petition title: Investigate what powers the Welsh Parliament has in relation to banning conversion therapy.

Text of petition: Under Teresa [sic] May, the Conservative manifesto had a goal of banning conversion therapy. Almost two years later, this has not happened. This petition calls on the Petitions Committee to investigate what powers the Welsh Parliament has in relation to this issue, and then ban conversion therapy if possible. This barbaric and homophobic act must end.



1. Background

There is no universal definition of 'conversion therapy'. The Stonewall charity defines it as "any form of treatment or psychotherapy which aims to change a person's sexual orientation or to suppress a person's gender identity" which, it states, is "based on an assumption that being lesbian, gay, bi or trans is a mental illness that can be 'cured'".

In 2018, under Prime Minister Theresa May, the UK Government's Equalities Office published an LGBT Action Plan ("Action Plan") which said the UK Government would bring forward proposals to "end the practice of conversion therapy" and that it would "fully consider all legislative and non-legislative options to prohibit promoting, offering or conducting conversion therapy".

To date, the UK Government has not introduced proposals to end the practice of conversion therapy.

The House of Commons Petitions Committee has considered a petition calling on the UK Government to "make LGBT conversion therapy illegal in the UK". The petition closed on 13 September and will be considered by the UK Parliament for a debate.

Responding to the House of Commons petition, a Welsh Government spokesperson stated:

"Conversion therapy is banned throughout the NHS. We expect any organisation providing services on behalf of the NHS in Wales to give a firm commitment it does administer this kind of 'therapy'"

"We continue to engage with and work with LGBT+ people in Wales to advance equality for all".

There does not appear to be any discussion of 'conversion therapy' in the Senedd Record of Proceedings.

2. Senedd's Legislative Competence

The UK Government's Action Plan in 2018 stated that "the majority of the commitments" within it would only have effect in England as certain "policy areas such as health and education are fully devolved". However, it specifically stated that commitments to end conversion therapy "will require a UK-wide approach". Although not expressly stated, this may indicate that the UK Government does not consider the prohibition of conversion therapy to be devolved.

However, in considering the admissibility of the petition, Senedd Legal Services concluded that the banning of conversion therapy does not constitute "something that the Senedd clearly does not have the power to do".

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Jane Hutt AS/MS
Y Dirprwy Weinidog a'r Prif Chwip
Deputy Minister and Chief Whip



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-05-1072
Ein cyf/Our ref JH-/01066/20

Janet Finch-Saunders MS
Chair, Petitions Committee

25 November 2020

Dear Janet,

Thank you for your letter dated 6 November regarding **Petition P-05-1072**.

All major UK medical professional bodies, including RCPsych and RCGP and those representing psychological therapies, have made it clear that offering conversion therapy (an attempt by any means to change a person's sexual orientation, gender identity or gender expression) would be in breach of their professional codes of practice.

We strongly advocate the rights of LGBT+ people and recognise the evidence which indicates that efforts to try to change or alter sexual orientation and gender identity through psychological therapies are unethical and potentially harmful.

Yours sincerely,

Jane Hutt AS/MS
Y Dirprwy Weinidog a'r Prif Chwip
Deputy Minister and Chief Whip

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

Tudalen y pecyn 180
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

P-05-1072 Investigate what powers the Welsh Parliament has in relation to banning conversion therapy, Correspondence – Petitioner to Committee, 02.11.20

Jane Hutts support for the LGBT+ community was a welcome point, however. The letter itself has no measure as to what the government could/should be doing to ban conversion therapy. This letter was just a generic statement of support and while that's welcome, it doesn't solve the issue. And the member is right to point out that all well respected medical bodies refuse to partake in the act. But, it's not the well respected bodies we need to worry about. It's the dangerous camps and facilities that believe that this conversion therapy works. As long as one conversion therapy location is available in Wales, the welsh government is failing the LGBTQ + community, ban the act.

Eitem 2.17

P-05-1073 Sefydlu ac adeiladu cangen newydd o Amgueddfa Cymru sy'n canolbwyntio ar ran Cymru mewn trefedigaethedd

Cyflwynwyd y ddeiseb hon gan Kieran Sawdon, ar ôl casglu cyfanswm o 103 lofnodion.

Geiriad y ddeiseb:

Mae mudiad Mae Bywydau Du o Bwys (BLM) wedi tynnu sylw at rai enghreifftiau caswir yn hanes Cymru y mae llawer iawn ohonom heb eu dysgu erioed.

Mae hyn oherwydd y ffaith bod yr Ymerodraeth, yn draddodiadol, yn cael ei hanwybyddu yng Nghymru i raddau helaeth, a hynny am ein bod yn dewis canolbwyntio ar yr elfennau trefedigaethol a wynebwyd gennym ni. Nid yw hyn yn golygu bod gan Gymru lechen lân lle mae camweddau yn y cwestiwn. Byddai amgueddfa bwrpasol newydd o dan ofal Amgueddfa Cymru yn ffordd briodol o ysgogi'r sgysiau anodd hyn ac o addysgu cenedlaethau'r dyfodol.

Gwybodaeth Ychwanegol

Wrth inni ddechrau trafod yr hyn a ddylai ddigwydd i greiriau ein gorffennol trefedigaethol, fel cerflun Thomas Picton yn Neuadd Dinas Caerdydd, mae llawer iawn o bobl yn dweud y dylid eu cadw "i addysgu", ond y broblem yw dyna'r union beth nad ydyn nhw wedi ei wneud.

Byddai cyfleuster o'r math yn fodd o ddangos darlun llawn y ffigyrau hanesyddol â staen ar eu henwau ac yn fodd o egluro'r erchyllterau a gyflawnwyd ganddynt a'r ffordd y gwnaethant les i Gymru drwy ddulliau ffiائد.

Byddai'n sefyllfa lle byddai pawb ar ei ennill, byddai gennym ffordd o ddysgu ein cenedl yn iawn y caswir am hanes Cymru, a byddem hefyd yn gallu gwneud lle yn ein byd cyhoeddus i bobl BAME sy'n llawer mwy teilwng o barch Cymru, megis Betty Campbell, pennaeth du cyntaf Cymru. Yn wahanol i Thomas Picton, mae rhywun fel hi yn haeddu ei lle yng nghwmni Dewi Sant

ac Owain Glyndŵr. Yn wahanol i Thomas Picton, mae rhywun fel hi yn haeddu ei lle yng nghwmni Dewi Sant ac Owain Glyndŵr. Yng ngoleuni'r pandemig, byddai gwneud hyn hefyd yn ffordd o ysgogi'r economi gan greu mwy o swyddi a chyrchfan newydd i dwristiaid.

Etholaeth a Rhanbarth y Cynulliad

- Canol Caerdydd
- Canol De Cymru

P-05-1073 Create and build a new branch of National Museum Wales dedicated to Welsh involvement in colonialism

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Reference: RS20/14845

Petition Number: P-05-1073

Petition title: Create and build a new branch of National Museum Wales dedicated to Welsh involvement in colonialism

Text of petition: The BLM movement has highlighted some ugly truths about Wales' history that a massive amount of us never learned.

This has been because traditionally in Wales, the Empire is largely ignored as we choose to focus on the colonialist elements that we had to face ourselves. This does not wipe Wales' slate clean of any wrongdoing.

A new, dedicated museum run by National Museum Wales would provide us with a proper means to stimulate these difficult conversations and educate our future generations.



1. Welsh Government action

The Welsh Government's response to this petition states:

Colonialism has undoubtedly influenced our development as a nation and is deeply embedded in many aspects of Welsh history. Colonialism and racism must be explored properly as an integral part of history already presented by the network of museums, local and national, across Wales. Our focus is currently on ensuring that they have the support they require to survive. Beyond that, we will work with them to ensure that they have the capacity and capability to reflect our heritage accurately. This requires a collective effort from all our cultural heritage bodies and cannot be achieved through one organisation in a centralised location.

I welcome the statement already made by Amgueddfa Cymru - National Museum Wales which commits to diversifying its collections and explore issues associated with decolonisation, inequality and racism.

The Welsh Government has also recently published an **audit of statues, street and building names to address Wales' connections with the slave trade and colonialisation**, led by Gaynor Legal, which can be read [here](#). It is now considering what it does with this information.

2. National Museum action

The National Museum's statement on this subject (referenced by the Welsh Government in its response) can be read [here](#). It outlines the following things the Museum is doing:

- We are working with black communities across Wales to build trust and understanding, asking how to make working in the museum a viable option across the board for potential curators, conservators, designers, technicians, palaeontologists and more.
- We are reviewing colonial and racist collections and interpretation with relevant community groups as an urgent priority.
- We are actively collecting the histories, contemporary histories, material culture and art of black communities in Wales and looking at how we can review these collections to better reflect their true histories.

Title:

- We are upskilling and educating our own staff in terms of intersectionality, BLM and black communities, including on the use of language and terminology. This includes Trustees, Friends, Patrons and Volunteers.
- Equality and diversity is one of our top priorities and will remain so; we are committed to this work.

3. Welsh Parliament action

Although not directly related to the petitioners' concerns, the Culture, Welsh Language and Communications Committee is carrying out a piece of work looking at Who gets remembered in public spaces?

This is not about colonialism per se, but the issue of public commemoration more broadly. However, on 3 December 2020 the Committee took evidence from Gaynor Legall, looking at the audit she had recently led for the Welsh Government. The meeting can be watched here.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Eich cyf/Your ref P-05-1073
Ein cyf/Our ref DET/03148/20

Janet Finch-Saunders AS
Cadeirydd – Pwyllgor Deisebiadau

25 Tachwedd 2020

Annwyl Janet,

Diolch am eich llythyr dyddiedig 6 Tachwedd ynghylch Deiseb P-05-1073 am amgueddfa genedlaethol ar gyfraniad Cymru at wladychiaeth.

Mae gwladychiaeth heb amheuaeth wedi dylanwadu ar ein datblygiad fel cenedl ac mae wedi'i gynnwys yn ddwfn o fewn sawl agwedd ar hanes Cymru. Mae'n rhaid edrych ar wladychiaeth a hiliaeth yn iawn fel rhan annatod o hanes sydd eisoes yn cael ei gyflwyno gan y rhwydwaith o amgueddfeydd, yn lleol a chenedlaethol, ledled Cymru. Rydym yn canolbwyntio ar hyn o bryd ar sicrhau bod ganddynt y cymorth y maent ei angen i oroesi. Y tu hwnt i hynny, byddwn yn gweithio gyda hwy i sicrhau bod ganddynt y capasiti a'r gallu i adlewyrchu ein treftadaeth yn gywir. Mae hyn yn galw am ymdrech ar y cyd gan bob un o'n cyrff treftadaeth ddiwylliannol ac ni ellir cyflawni hyn drwy un sefydliad mewn lleoliad canolog.

Rwy'n croesawu'r datganiad a wnaethpwyd eisoes gan Amgueddfa Cymru - National Museum Wales sy'n ymrwmo i amrywio ei chasgliadau ac edrych ar y materion sy'n gysylltiedig â dadwladychu, anghydraddoldeb a hiliaeth.

Diolch am holi fy marn ar y materion hyn.

Yn gywir,

Yr Arglwydd Elis-Thomas AS/MS
Y Dirprwy Weinidog Diwylliant, Chwaraeon a Thwristiaeth
Deputy Minister for Culture, Sport and Tourism

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Eitem 2.18

P-05-1077 Peidiwch â newid ffin bleidleisio de Ystrad Mynach

Cyflwynwyd y ddeiseb hon gan Philip Morris, ar ôl casglu cyfanswm o 912 lofnodion.

Geiriad y ddeiseb:

Mae gan Gomisiwn Ffiniau a Democratiaeth Leol Cymru gynigion datblygedig iawn, sydd bellach gerbron Llywodraeth Cymru, a fyddai'n symud ystâd Melin yr Efail a Cwrt Coopers i gyngor cymuned Llanbradach. Ni hysbyswyd trigolion yr ardal gyfan hon, er bod eu cynghorwyr cymuned lleol yn gwbl ymwybodol. Nid oes neb wedi ymgynghori â ni. Dim drwy hap a damwain y cawsom wybod bod y cynigion hyn yn bodoli.

Gwybodaeth Ychwanegol

Mae'r cynigion hyn yn ein gwahanu â'n cymuned, gan fynd â'n pleidlais o'r gymuned rydym yn cymryd rhan weithredol ynddi a'i rhoi i gymuned nad ydym yn rhan ohoni. Nod y ddeiseb hon yw rhoi gwybod i chi, ein cynrychiolwyr yn y Senedd, am ein gwrthwynebiad cryf i'r newidiadau arfaethedig i ffin bleidleisio de Ystrad Mynach. Rydym yn mynnu peidio â chael ein gwahanu â'n cymuned ac yn hyderu y byddwch yn cymryd y camau priodol i sicrhau nad ydym yn rhan o'r cynnig.

Etholaeth a Rhanbarth y Cynulliad

- Caerffili
- Dwyrain De Cymru

Peidiwch â newid ffin bleidleisio de Ystrad Mynach

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Cyfeirnod: RS20/14800-1

Rhif y ddeiseb: P-05-1077

Teitl y ddeiseb: Peidiwch â newid ffin bleidleisio de Ystrad Mynach

Geiriad y ddeiseb: Mae gan Gomisiwn Ffiniau a Democratiaeth Leol Cymru gynigion datblygedig iawn, sydd bellach gerbron Llywodraeth Cymru, a fyddai'n symud ystâd Melin yr Efail a Cwrt Coopers i gyngor cymuned Llanbradach. Ni hysbyswyd trigolion yr ardal gyfan hon, er bod eu cynghorwyr cymuned lleol yn gwbl ymwybodol. Nid oes neb wedi ymgynghori â ni. Dim drwy hap a damwain y cawsom wybod bod y cynigion hyn yn bodoli.

Mae'r cynigion hyn yn ein gwahanu â'n cymuned, gan fynd â'n pleidlais o'r gymuned rydym yn cymryd rhan weithredol ynddi a'i rhoi i gymuned nad ydym yn rhan ohoni. Nod y ddeiseb hon yw rhoi gwybod i chi, ein cynrychiolwyr yn y Senedd, am ein gwrthwynebiad cryf i'r newidiadau arfaethedig i ffin bleidleisio de Ystrad Mynach. Rydym yn mynnu peidio â chael ein gwahanu â'n cymuned ac yn hyderu y byddwch yn cymryd y camau priodol i sicrhau nad ydym yn rhan o'r cynnig.



1. Y cyd-destun

Sefydlodd [Deddf Llywodraeth Leol \(Democratiaeth\) \(Cymru\) 2013](#) ("Deddf 2013") broses gyfreithiol ar gyfer cynnal adolygiadau o etholaethau a ffiniau yng Nghymru. [Comisiwn Ffiniau a Democratiaeth Leol Cymru](#) ("y Comisiwn") sy'n gyfrifol am gynnal yr adolygiadau hyn. Yn dilyn ymgynghoriad cyhoeddus eang, sy'n cynnwys cyhoeddi cynigion drafft ar gyfer pob sir yng Nghymru, mae'r Comisiwn yn cyhoeddi ac yn cyflwyno ei argymhellion terfynol i Weinidogion Cymru.

Mae argymhellion terfynol y Comisiwn wedyn yn ddarostyngedig i **gyfnod o chwe wythnos pan ellir cyflwyno sylwadau i Lywodraeth Cymru**. Yna, Gweinidogion Cymru sydd i benderfynu sut i symud ymlaen, ac a ddylid gweithredu argymhellion y Comisiwn trwy Orchymyn.

Dechreuodd yr adolygiad etholiadol ar gyfer Sir Caerffili ym mis Chwefror 2019 pan gynhaliodd y Comisiwn ymgynghoriad cychwynnol gyda chynrychiolwyr o lywodraeth leol yn yr ardal. Cyhoeddwyd [cynnig drafft ar gyfer y Trefniadau Etholiadol Cyngor Bwrdeistref Sirol Caerffili](#) (PDF 9.5MB) ym mis Ionawr 2020.

Cynhaliodd y Comisiwn gyfnod pellach o ymgynghori ar y cynigion drafft. Roedd yr ymgynghoriad yn wreiddiol i ddechrau ar 23 Ionawr a dod i ben ar 15 Ebrill 2020, ond yn dilyn y pandemig, cafwyd saib i'r broses ar 24 Mawrth 2020. Ailagorwyd yr ymgynghoriad ar 15 Mehefin 2020 gan gau ar 7 Gorffennaf 2020.

Yn ei [Adroddiad Argymhellion Terfynol](#) (PDF 7.4MB), nododd y Comisiwn:

Derbyniodd y Comisiwn 81 o gynrychiolaethau gan Gyngor Bwrdeistref Sirol Caerffili, pedwar o Gynghorwyr Bwrdeistref Sirol, pump o gynghorau cymuned, dau Gynghorydd Tref, dau Grŵp Gwleidyddol, un unigolyn nad yw'n byw yn lleol, un parti â buddiant a 65 o drigolion. Hefyd, derbyniodd y Comisiwn ddeiseb gyda 536 o lofnodion trigolion Coed-duon a gyflwynwyd gan Gynghorydd y Fwrdeistref Sirol.

Nododd y Comisiwn ei bod yn ystyried 'yr holl gynrychiolaethau hyn yn ofalus' cyn llunio argymhellion. Gellir gweld crynodeb o'r cynrychiolaethau yn yr Atodiad i'r Adroddiad Argymhellion Terfynol.

Cyflwynwyd yr Adroddiad Argymhellion Terfynol ar drefniadau etholiadol Bwrdeistref Sirol Caerffili i Weinidogion Cymru ar **5 Tachwedd 2020**.

Mae'r argymhellion allweddol yn cynnwys y canlynol:

- cyngor o **69** aelod, yn hytrach na'r **73 presennol**. Mae hyn yn arwain at gyfartaledd sirol argymelledig o 1,886 o etholwyr yr aelod.
- 30 ward etholiadol, yn hytrach na'r **33** o wardiau presennol.
- 25 ward aml-aelod yn y Sir sy'n cynnwys 12 ward etholiadol **dau aelod**, 12 ward etholiadol **tri aelod**, ac un ward etholiadol **pedwar aelod**.

2. Comisiwn Ffiniau a Democratiaeth Leol Cymru

Mae Comisiwn Ffiniau a Democratiaeth Leol Cymru yn gorff annibynnol a noddir gan Lywodraeth Cymru a sefydlwyd gan Ddeddf Llywodraeth Leol (Democratiaeth) (Cymru) 2013. Gall y Comisiwn wneud gwaith ar ei liwt ei hun, ar gais prif gyngor mewn rhai amgylchiadau neu yn dilyn cyfarwyddyd gan Weinidogion Cymru.

Ar 23 Mehefin 2016, cyhoeddodd Mark Drakeford AS, Ysgrifennydd y Cabinet dros Gyllid a Llywodraeth Leol ar y pryd [Ddatganiad Ysgrifenedig](#) yn gofyn i'r Comisiwn ailgychwyn ei raglen adolygu etholiadol 10 mlynedd. Byddai gan y rhaglen amserlen newydd wedi'i blaenoriaethu, gyda disgwyliad y byddai pob un o'r 22 adolygiad etholiadol yn cael eu cwblhau mewn pryd i'r trefniadau newydd gael eu rhoi ar waith ar gyfer etholiadau llywodraeth leol 2022.

3. Adolygiadau o Ffiniau ac Etholaethau

Dros amser, oherwydd newidiadau yn y boblogaeth, efallai y bydd angen gwneud newidiadau i ffiniau ardaloedd cymunedol neu i'r trefniant etholiadol yn rhai o'r 22 prif ardaloedd cyngor yng Nghymru neu ym mhob un ohonynt. Gall y Comisiwn wneud argymhellion ar nifer o faterion, gan gynnwys y nifer briodol o aelodau etholedig ar gyfer pob prif gyngor, ffiniau wardiau etholiadol ac a ddylai ward fod yn aml-aelod ai peidio.

Gall y Comisiwn wneud argymhellion ar drefniadau etholiadol i Weinidogion Cymru y mae'n teimlo sydd er budd **llywodraeth leol effeithiol a chyfleus**. Mae hyn wedi ei nodi yn [Adran 21\(3\)](#) o'r Ddeddf. Yn ei ddogfen [Adolygiadau Etholiadol: Polisi ac Arfer](#), mae'r Comisiwn yn nodi:

Rhaid i'r Comisiwn gydymffurfio â'r ystyriaethau a osodir allan yn y ddeddfwriaeth sy'n nodi bod yn rhaid i'r Comisiwn geisio sicrhau bod "yr

un gymhareb o etholwyr llywodraeth leol i nifer aelodau'r cyngor sydd i'w hethol ym mhob ward etholiadol o'r brif ardal, neu'n agos at fod felly".

Mae'r ddogfen yn mynd ymlaen i ddweud:

Bydd y Comisiwn yn ceisio darparu'r lefel orau o gydraddoldeb etholiadol ar gyfer pob ardal dan sylw a bydd yn cymryd pob achos yn ôl ei deilyngdod. Mae'r Comisiwn o'r farn y gellir cyfiawnhau gwyrto o'r gymhareb gyfartalog ar gyfer y cyngor dim ond gyda thystiolaeth eglur o ffactorau cydbwysol eraill, megis cysylltiadau lleol neu ystyriaethau perthnasol eraill.

Bydd y rhaglen bresennol o adolygiadau etholiadol yn ceisio cyflwyno argymhellion ar gyfer **pob un o'r 22 prif ardaloedd Cyngor** i Weinidogion Cymru, i gael eu gweithredu gydag addasiadau, neu hebddynt, mewn pryd ar gyfer etholiadau llywodraeth leol 2022.

Mae'r ffordd y mae'r Comisiwn yn cynnal adolygiad etholiadol yn cael ei ddiffinio gan y Ddeddf; trwy ei ddogfen Adolygiadau Etholiadol: Polisi ac Arfer; a thrwy gyfarwyddiadau a gyhoeddir gan Weinidogion Cymru. Mae canllawiau'r Comisiwn ar gyfer adolygiadau etholiadol yn nodi'r gweithdrefnau a'r dull y mae'n bwriadu eu mabwysiadu mewn perthynas ag adolygiadau. Mae'r canllawiau hefyd yn esbonio sut mae'r Comisiwn yn ystyried mater y nifer briodol o aelodau etholedig a nodwyd ar gyfer pob prif gyngor. Mae llyfryn ar wahân ar ei [Bolisi Meintiau Cyngorau](#).

4. Camau gweithredu'r Senedd

Mae gorchmynion a rheoliadau a wneir o dan adrannau 37 i 39, a 43 o Ddeddf 2013 (ac eithrio adran 37(1) a 41(1)), yn ddarostyngedig i'r gofynion a'r gweithdrefnau a nodir yn yr adrannau hynny ac adrannau cysylltiedig yn unig. Yn ymarferol, yr hyn y mae hyn yn ei olygu yw y gellir meddwl am y rhain fel offerynnau statudol '**dim gweithdrefn**' ac, o'r herwydd, nid ydynt yn destun gwaith craffu gan y Senedd trwy naill ai'r weithdrefn negyddol neu gadarnhaol.

Fodd bynnag, dylid nodi bod y gweithdrefnau penodol a nodir yn yr adrannau perthnasol yn gosod nifer o ofynion math craffu fel ymgynghori â phartion penodedig, terfynau amser, ac os ydynt yn cael eu gwneud gan rywun heblaw llywodraeth Cymru, cymeradwyaeth Gweinidogion Cymru.

Felly bydd Gweinidogion Cymru yn gwneud penderfyniad ynghylch a ddylid gweithredu argymhellion y Comisiwn trwy Orchymyn, naill ai heb ei addasu neu gydag addasiad - neu beidio eu gweithredu o gwbl, yn dilyn cyfnod o gyflwyno sylwadau.

Mae Pwyllgor Deisebau'r Senedd wedi ystyried deiseb debyg yn y gorffennol yn galw am Uno Yr Hôb a Chaergwrle i greu ward dau aelod yn Sir y Fflint yn dilyn Adroddiad Argymhellion Terfynol y Comisiwn ar drefniadau etholiadol ardal Sir y Fflint. Ystyriodd y Pwyllgor Deisebau y ddeiseb hon ar 29 Medi 2020.

5. Camau gweithredu Llywodraeth Cymru

Mewn llythyr at Gadeirydd y Pwyllgor, dywedodd y Gweinidog Tai a Llywodraeth Leol:

Mae'n bwysig bod pob adolygiad yn dilyn y broses statudol a bod cyfanwydd y broses yn cael ei gadw. Rwy'n cael gohebiaeth yn rheolaidd mewn cysylltiad â'r adolygiadau sy'n cael eu cynnal ac er nad yw'n bosibl eu hateb yn fanwl, mae'r pwyntiau a godir yn cael eu hystyried wrth wneud penderfyniadau am bob un o'r argymhellion ym mhob un o'r adroddiadau.

Er fy mod yn deall pam y byddai unigolion yn ceisio mynd ar drywydd deisebau o dan yr amgylchiadau hyn, rwy'n pryderu y gallai hyn ddod yn llwybr cynrychiolaeth arferol sy'n digwydd ochr yn ochr â'r broses gyfreithiol sefydledig.

Dechreuodd cyfnod statudol o chwe wythnos ar gyfer cyflwyno sylwadau i Weinidogion Cymru o'r dyddiad cyflwynwyd argymhellion y Comisiwn i Lywodraeth Cymru.

Gwneir pob ymdrech i sicrhau bod y wybodaeth yn y papur briffio hwn yn gywir adeg ei gyhoeddi. Dylai darllenwyr fod yn ymwybodol nad yw'r papurau briffio hyn yn cael eu diweddarau o reidwydd na'u diwygio fel arall i adlewyrchu newidiadau dilynol.



Eich cyf/Your ref
Ein cyf/Our ref JJ/02989/20
Janet Finch-Saunders AS
Cadeirydd y Pwyllgor Deisebau,
Senedd Cymru

deisebau@senedd.cymru

27 Tachwedd 2020

Annwyl Janet,

Diolch ichi am eich llythyr dyddiedig 18 Tachwedd ynglŷn â deiseb P-05-1077 Peidiwch â newid ffin bleidleisio de Ystrad Mynach.

Mae'r ddeiseb yn ymwneud ag argymhelliad a gynhwysir yn Adroddiad Terfynol Comisiwn Ffiniau a Democratiaeth Leol Cymru (y Comisiwn) i'r Adolygiad o Drefniadau Etholiadol Cyngor Bwrdeistref Sirol Caerffili.

Gallai fod o gymorth imi nodi'r broses a'r amserlen ar gyfer y rhaglen bresennol o adolygiadau fel cefndir.

Sefydlwyd y Comisiwn yn 1974 o dan Ddeddf Llywodraeth Leol 1972. Cafodd ei ailenwi'n Gomisiwn Ffiniau a Democratiaeth Leol Cymru yn 2013 gan Ddeddf Llywodraeth Leol (Democratiaeth) (Cymru) 2013 (Deddf 2013). Mae'n gyfrifol, ymhlith pethau eraill, am adolygu'r trefniadau etholiadol ar gyfer ardaloedd y prif gynghorau yng Nghymru yn rheolaidd a gwneud cynigion i Lywodraeth Cymru ynghylch newidiadau angenrheidiol er lles llywodraeth leol effeithiol a chyfleus. Mae hyn yn cynnwys newidiadau i ffiniau etholiadol, cymarebau cynghorwyr i etholwyr neu newidiadau i wardiau etholiadol.

Ym mis Mehefin 2016 penderfynodd Ysgrifennydd y Cabinet dros Gyllid a Llywodraeth Leol ar y pryd y dylai adolygiadau pob un o'r 22 o ffiniau etholiadol gael eu cynnal yn rhyngwladol presennol Llywodraeth Leol hy cyn yr etholiadau nesaf ym mis Mai 2022 ac mewn digon o bryd i newidiadau i'r ffiniau etholiadol gael eu cymryd i ystyriaeth a'u hadlewyrchu mewn Gorchmynion. Er mwyn i'r adolygiadau fod yn eu lle ar gyfer etholiadau'r prif gynghorau ym mis Mai 2022 roedd angen iddynt gael eu cwblhau ac i'r Gorchmynion fod mewn grym erbyn diwedd Medi 2021 i roi digon o amser i'r awdurdodau lleol roi unrhyw newidiadau ar waith. Mae'r rhaglen hon o adolygiadau'n mynd rhagddi ar hyn o bryd.

Mae Deddf 2013 yn nodi proses statudol fanwl ar gyfer cynnal adolygiad. Mae hyn yn cynnwys proses ymgysylltu gychwynnol a rhanddeiliaid allweddol i lywio adroddiad drafft sy'n destun ymgynghoriad gan y Comisiwn ag ymgynghoreion gorfodol ac eraill i lywio adroddiad terfynol y mae'r Comisiwn yn ei gyflwyno i Weinidogion Cymru.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Julie.James@llyw.cymru
Correspondence.Julie.James@gov.Wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

Tudalen y pecyn 194
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Mae'r adroddiad terfynol wedyn yn destun cyfnod o chwe wythnos i alluogi unigolion / sefydliadau gyflwyno sylwadau a phryderon am yr argymhellion a gynhwysir yn yr adroddiad terfynol. Yn dilyn y cyfnod hwn ac ar ôl ystyried y sylwadau sydd wedi dod i law mae Gweinidogion Cymru'n gallu rhoi unrhyw argymhelliad ar waith (gydag addasiad neu heb addasiad) neu benderfynu peidio â gweithredu.

Mae'n bwysig bod pob adolygiad yn dilyn y broses statudol a bod uniondeb y broses yn cael ei gadw. Rwyf yn cael gohebiaeth yn rheolaidd mewn cysylltiad â'r adolygiadau sy'n cael eu cynnal ac er nad oes modd eu hateb i gyd yn fanwl, mae'r pwyntiau a godir yn cael eu hystyried wrth wneud penderfyniadau am bob un o'r argymhellion ym mhob un o'r adroddiadau.

Er fy mod yn deall pam y byddai unigolion yn ceisio mynd ar drywydd deisebau yn yr amgylchiadau hyn, rwyf yn pryderu y gallai hyn ddod yn ffordd arferol o gyflwyno sylwadau sy'n digwydd ochr yn ochr â'r broses gyfreithiol sefydledig.

Gan fod adroddiad Caerffili yn mynd trwy'r broses statudol ar hyn o bryd rwyf yn siŵr y byddwch yn deall na allaf roi gwybodaeth bellach ichi am y mater.

Yn gywir,



Julie James AS/MS
Y Gweinidog Tai a Llywodraeth Leol
Minister for Housing and Local Government

**P-05-1077 Stop the voting boundary change to Ystrad Mynach south,
Correspondence – Petitioner to Committee, 04.12.20**

Dear Petition Committee,

Regarding the government response in the document you attached, we feel it doesn't consider some of the following key points:

- Residents knew nothing about these proposals until 10 days after the final proposals were submitted to Welsh Government.
- Residents were not afforded the correct level of engagement during the consultation, therefore did not have the opportunity to respond or petition, something which was afforded to Blackwood residents, their local councillors engaging to help reverse the proposals in their area. Our local councillors didn't engage with us, citing that they expected the boundary commission to be more direct in their communications to affected residents. The Caerphilly County Borough Council boundary working group, led by Council Leader Phillipa Marsden, also didn't consult with those impacted by their inputs into the boundary proposals. Basically, every layer of government involved in the writing and reviewing these proposals failed to successfully engage with those affected.
- As outlined by you, the Senedd Petitions Committee, petitions can be used for a number of reasons, two of the possible reasons you quote are relevant in this case:
 - Raise awareness of an issue
 - *This petition is here to help raise awareness of a boundary issue, within the local community and Welsh Government.*
 - Prompt a Committee or individual Members of the Senedd to take further action themselves, for instance by asking questions.
 - *As the final decision on these matters lies with one Minister, Julie James MS, the petition is an effective way to alert Minister James to the level of opposition from impacted residents and to prompt her to take that into account when making her final decision.*

To summarise, we see no reason why the petition cannot be accepted into the boundary process as a form of representation/input from impacted residents. The residents affected have the exceptional circumstances of not being made aware until after these proposals have reached their final stages, 11 months after the first draft was published. This has taken away our opportunity to represent ourselves adequately at the consultation stage as our Blackwood neighbours did successfully. We do not believe this will set a precedent as we hope this failure to effectively engage with the public, thus creating these exceptional circumstances, will not occur again in future.

Given the short space of time we now have to raise awareness within the community and have everyone's objections registered, it would be too inefficient and time consuming to co-

ordinate 528 letters (528 residents are impacted) into Welsh Government communicating the same message as the petition. Therefore, the petition is our collective feedback into the process, representing the collective views of all residents who have signed it and we look to you, the petition committee, to ensure that it will not be put to one side and ignored as the final decisions are made.

The chair of the Local Democracy and Boundary commission for Wales, Dr Debra Williams' foreword within the boundary proposal document states the need for the process to respect local community ties as much as possible. In the case of Forge Mill, it has completely failed to achieve that, the local community hasn't been heard at all and this petition represents both our first and last opportunity to ensure that our immensely strong local community ties to Ystrad Mynach and complete absence of any community ties to Llanbradach are finally taken into account as part of the final decision making process.

Yours Sincerely,

Eitem 3.1

P-05-908 CF3 yn erbyn y Llosgydd

Cyflwynwyd y ddeiseb hon gan Andrew Evans, ar ôl casglu 2,224 o lofnodion ar-lein a nifer i'w gadarnhau ar bapur, sef cyfanswm o 2,224 o lofnodion.

Geiriad y ddeiseb:

Mae cynlluniau i adeiladu llosgydd newydd yn CF3 ar Newlands Road, Gwynllŵg, Caerdydd. Mae hyn yn agos iawn i gartrefi ac ysgolion. Er enghraifft, nid yw ond 500 metr i ffwrdd o Ysgol Uwchradd y Dwyrain. Mae llawer o breswylfeydd ac ysgolion eraill yn CF3 hefyd ymhell o fewn hanner milltir iddo.

Bydd y llosgydd arfaethedig yn llosgi 200,000 tonnell o wastraff diwydiannol y flwyddyn a bydd yn gweithio 24 awr, saith diwrnod yr wythnos. Y bwriad yw ei adeiladu mor gynnar â 2020/21.

Caiff y gwastraff diwydiannol sydd i'w losgi ei gludo i'r safle arfaethedig ar 80 o lorïau bob dydd, gyda phob un yn cario 20 tonnell o wastraff. Bydd hefyd angen cludo ymaith y lludw gwenwynig y bydd y llosgydd yn ei greu.

Bydd y safle yr un maint â 1.5 cae rygbi, a bydd y prif adeilad dros 40 metr o uchder; bydd corn y simnai dros 70 metr o uchder.

Rydym o'r farn nad yw trigolion CF3 am gael llosgydd yn eu cymuned. Credwn y bydd yn creu sŵn, llygredd aer a thraffig, ac na fydd yn dda i iechyd pobl sy'n byw yng nghymuned CF3.

Etholaeth a Rhanbarth y Senedd

- De Caerdydd a Phenarth
- Canol De Cymru



24 July 2020

Janet Finch-Saunders AS/MS
Cadeirydd/Chair
Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff CF99 1SN

Dear Ms Finch-Saunders

Petition P-05-908 CF3 against the Incineration

Thank you for your letter of 22 July, and further to our previous correspondence, we are happy to provide the clarification requested, and any other information you need about our proposal.

Number of vehicle movements

We have always been explicit on this issue. The total number of vehicles visiting the site each working day would be 40 HGVs and 18 cars. This means that the total number of vehicle movements per day (to and from the facility) would be 36 cars and 80 HGVs – making a daily total of 116 movements. The HGV figures include those vehicles delivering the fuel and those coming to the site to remove fly and bottom ash.

It is worth noting that the proposed site was previously granted planning permission (by Cardiff Council) for an integrated waste management facility. Our proposal has less than half the total number of vehicle movements previously approved for that application.

Capacity of the facility

The facility has been designed to process up to 200,000 tonnes of predominantly, residual commercial and industrial waste. This would result in the production of 15 Megawatts of electricity.

It is also worth noting that due to the size of the site and the design of the plant, the capacity of the facility cannot be increased. Nor could we exceed the 200,000 tonnes capacity as this would be limited by the technology selected, the planning permission and the operating permit (Environmental Permit) we will need to secure from Natural Resources Wales (NRW).

Continued Page 2

PROTEUS COMMUNICATIONS GROUP LLP

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Tudalen y pecyn 199

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Page 2

Janet Finch-Saunders AS/MS

24 July 2020

Potential emissions

All Energy from Waste plants in Wales must obtain an Environmental Permit from NRW who will strictly control emissions from the facility. We are designing this specific facility to meet the latest (2019) emissions standards which will make this plant one of the cleanest in the world.

Further details on these new more stringent emission standards can be found in the attached document, which we sent to you with our letter of 4 June 2020. The information also includes links to the EU site where the regulations can be found.

When we apply for the Environment Permit, there will also be a consultation process, so members of the public can see exactly what we will be permitted to use and what the emission limits will be.

I would also like to mention that the application for the Environmental Permit will be accompanied by all of the necessary operational information including detailed emissions monitoring, a potential health impacts assessment and a WRATE report, which looks at the implications of operation of the facility with regard to climate change. The WRATE report follows the methodology established by the Environment Agency to look at the carbon impacts from operating the facility. This report concludes that the amount of carbon equivalent saved by processing the residual wastes in the proposal facility would be a net benefit compared to sending the same material to landfill.

We hope we have been able to clarify the issues for your committee members, and as mentioned I have attached a more detailed summary of the proposals which your committee may find helpful. The formal and comprehensive documentation supporting the planning application will be submitted to PINs in August for consultation and determination. If you require any further clarification or input from us, please let me know.

Kind regards

Yours sincerely

Paul Davison
CEO

PROTEUS COMMUNICATIONS GROUP LLP

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P-05-908 CF3 against the Incinerator, Correspondence – Petitioner to Committee, 07.12.20

The response from the PR firm is still woefully inaccurate.

They forget to mention that the previous planning application is actually no longer valid as it is more than 10 years old and was never renewed.

The previous HGVs on the previous planning application were much smaller type, these new lorries are much bigger.

The roads in those 10 years have got much busier and more polluted.

The claim of being the "cleanest" incinerator in the UK also doesn't appear accurate. They are refusing to capture the Carbon emissions being emitted. No CO2 capture will occur. This means that over 200,000 tonnes of CO2 will be pumped out every year by this plant. Cardiff has declared a Carbon Emergency...this doesn't seem right to me.

They claim it's greener than landfill, but again I find this inaccurate. The only waste that should be being processed in this facility is NON recyclable waste. All food waste, glass, wood, metal and recyclable plastic should have been removed (and already recycled). That would only leave a small mix of non recyclable certain plastics. These could be quite easily stored in the ground with no release of CO2, methane or emissions.

Eitem 3.2

P-05-1003 Mynnu Aseiad o'r Effaith Amgylcheddol nawr ynghylch gwaredu mwd wedi'i halogi'n radiolegol yn nyfroedd Cymru

Cyflwynwyd y ddeiseb hon gan Cian Ciaran, ar ôl casglu cyfanswm o 10,692 lofnodion.

Geiriad y ddeiseb:

Rydym ni, sy'n llofnodi isod, yn galw ar Lywodraeth Cymru i ddefnyddio Deddf yr Amgylchedd (Cymru) 2016 mewn perthynas ac ansicrwydd, a sicrhau bod Aseiad llawn o'r Effaith Amgylcheddol yn cael ei gynnal cyn bod modd gwaredu unrhyw waddod pellach o orsaf pŵer niwclear Hinkley Point yn Cardiff Grounds.

Peidiwch â gadael i Lywodraeth Cymru dorri ei chyfraith ei hun!

Gwybodaeth Ychwanegol

Rhaid i'r aseiad o'r effaith amgylcheddol ddarparu

Data sylfaenol manwl am ymddygiad a thynged deunydd sy'n cael ei waredu yn Cardiff Grounds;

Dadansoddiad radiolegol llawn, gan gynnwys allyrru gronynnau alffa;

Aseiad manwl a chyfoes o effeithiau radiolegol posibl ar boblogaeth de Cymru;

Rheoli llygryddon niwclear ar y tir yn hytrach na'u gwasgaru ar y môr;

Parchu cytundebau ynghylch gwaredu morol;

Gwarchod Afon Hafren.

Rydym hefyd yn galw ar y Senedd nad oes buddiannau niwclear yn dylanwadu ar yr Aseiad o'r Effaith Amgylcheddol.

Etholaeth a Rhanbarth y Senedd

- De Caerdydd a Phenarth
- Canol De Cymru

P-05-1003 Demand an EIA now on the dumping of radioactively contaminated mud in Welsh waters, Correspondence – Petitioner to Committee, 24.11.20

In the debate the general (though not uniform) tenor of MSs' comments was about reassuring the public. The subtext is "we'll reassure them that everything's ok and their concerns are groundless". The EIA is required for complying with regulations and considering alternatives.

The Environment (Wales) Act has high-level requirements about consultation in light of uncertainties.

Our main interest is in;

- 1) the huge uncertainty over whether the average official radiation risk model takes adequate account of inhalable alpha-emitting particles,
- 2) the certainty that such particles are in the mud but are not detectable by the tests CEFAS proposes to use,
- 3) the official silence that surrounds both of those issues.

We ask that the committee acknowledge that there are serious science-backed concerns about nuclear microparticles - requires proper tests for the alpha emissions on the mm-scale, on top of the planned gamma and alpha spectrometry.

That there are serious science-backed concerns about the radiation risk models, especially in regard to internal alpha and beta emitters, NRW needs to consider both the ICRP and ECRR models, not confine their assessment to the IAEA dose model for gamma radiation.

NRW should have considered radon-type alpha detectors, not accepted CEFAS's dismissal of these long-used techniques. NRW rejects the use of CR39 arguing that it can't tell the difference between plutonium and uranium. This is irrelevant and misleading for three reasons:

- 1) 0.1micron diameter particles of Plutonium-239 oxide give the same frequency of alpha tracks as Uranium oxide particles 100 times bigger.
- 2) hotter particles are more likely to kill cells than less radioactive ones. Cell killing doesn't cause mutation; cells with survivable genetic damage can pass mutations to an increasing number of cells so, contrary to conventional dogma, dose is NOT everything and
- 3) the testing techniques used by CEFAS cannot detect particles of alpha emitting oxides at all.

The decision by NRW that the mud dredging and dumping project is an amendment to the Hinkley Power Station development means the full range of alternatives has to be considered.

They are not simply the first proposed dumping outside the Severn "Marine Protection Area" and using the dredgings on EDF's building site, but also using land-based cooling towers instead of the whole seawater extraction plan and its fish/wildlife harm.

Obvious concerns include;

- Impacts on Welsh beaches and people,
- No monitoring of impacts of the 2018 dumping,
- Test for nuclear tracers like americium-241, and that requirement on baseline and post-dumping monitoring be included this time.
- The unsatisfactory outcome of the Titan dumping study (NRW denial that the mounds could be linked to Hinkley)
- Contradiction between CEFAS
- modelling of the dispersing mud (upstream they say) with the Severn SMP (anti-clockwise circulation - takes the mud to Barry Island)
- the EIA needs to cover/summarise the Fish-kill evidence to the Planning Inquiry, including the breach in the Habitats-Species law.

Another complicated issue that calls for a second Appendix is baseline monitoring in Wales and modelling of the fate of dumped mud.

We ask that the Petitions Cttee consider sending these "scoping" propositions to NRW and the Davidson group and ask for responses?

In order to be of assistance to the Committee, we could write a self-contained paper that they could readily pass on to NRW from the 1 Dec. meeting.

Thanks in advance,

Eitem 3.3

P-05-914 Mynediad Cyfartal i Ofal Iechyd ar gyfer yr Anabl

Cyflwynwyd y ddeiseb hon gan Tracy Locke, ar ôl casglu cyfanswm o 121 lofnodion.

Geiriad y ddeiseb:

Rydym yn galw ar Lywodraeth Cymru i sicrhau ei fod yn ofyniad cyfreithiol i bob meddygfa teulu gael gwelyau triniaeth a theclynnau codi llydan y gellir eu haddasu at ddefnydd cleifion anabl, fel y gellir eu harchwilio pryd bynnag fo angen.

Cefais fy ngeni â Spinabifida ym 1970 ac, fel goroeswr y clefyd hwn, rwyf wedi fy mharlysu o uwchben y wast i lawr ac yn defnyddio cadair olwyn llawn amser. Yn 2017 cefais ddiagnosis o ganser y bledren cam 4. Ni all gael ei brofi'n gyfreithiol, ond rwy'n credu'n gryf pe bawn i wedi cael fy archwilio yn gynharach yn y blynyddoedd cynt yn fy meddygfa teulu ar wely triniaeth llydan y gellir ei addasu, efallai gyda chymorth teclyn codi, yna ni fyddai'r diagnosis o ganser wedi dod mor hwyr. Ers i mi fod yn edrych ar y mater hwn, mae nifer o fenywod anabl wedi siarad â mi ynglŷn â sut nad oes ganddynt fynediad cyfartal i brofion ceg y groth oherwydd y broblem hon hefyd. Yn aml, mae pobl yn credu bod cael mynediad i'r anabl yn golygu lifftiau a rampiau yn unig, ond, ym maes gofal iechyd, mae'n llawer mwy cymhleth. Beth am ymuno ynghyd i wneud mynediad i ofal iechyd yn gyfartal i bawb.

Etholaeth a Rhanbarth y Senedd

- Preseli Sir Benfro
- Canolbarth a Gorllewin Cymru

Y Gymdeithas Feddygol Brydeinig
Pumed Llawr
2 Pentir Caspian
Ffordd Caspian
Bae Caerdydd
Caerdydd
CF10 4DQ

British Medical Association
Fifth Floor
2 Caspian Point
Caspian Way
Cardiff Bay
Cardiff
CF10 4DQ

BMA

Cymru Wales

Petitions Committee

Welsh Parliament
Cardiff Bay, Cardiff

27 August 2020

Petition P-05-914 Equal Access to Health Care for the Disabled

BMA Cymru Wales submission

BMA Cymru Wales would like the opportunity to provide information and details to the Committee to assist them during their consideration of Petition P-05-914 Equal Access to Health Care for the Disabled.

We note that the petitions calls on Welsh Government to make it a legal requirement for all GP surgeries to “have wide, adjustable treatment beds and hoists available for the use of disabled patients, so that they can be examined whenever there is need.

The BMA’s Welsh GP Committee understand the petitioner’s frustration and the difficult situation that attending a GP surgery without the appropriate adaptations can have. We believe that all patients should have the opportunity to access appropriate health services and support, no matter where they live.

We do not however feel that putting a legal requirement in place for all GP surgeries to have all potential adaptations is appropriate for either patients or GP surgeries. Such a process would be extremely costly and would result in GP surgeries needing to be much larger so as to appropriately accommodate all types of equipment. With increasing services being delivered in GP practices and a greater proportion of healthcare training being done in surgeries, space is already at a premium. We are mindful that such an approach would also result in many adaptations and pieces of equipment being unused in many locations.

Cyfarwyddwr Cenedlaethol (Cymru)/National director (Wales):

Rachel Podolak

Cofrestrwyd yn Gwmni Cyfyngedig trwy Warant. Rhif Cofrestredig: 8848 Lloegr

Swyddfa gofrestredig: BMA House, Tavistock Square, Llundain, WC1H 9JP.

Rhestrwyd yn Undeb Llafur o dan Ddeddf Undebau Llafur a Chysylltiadau Llafur 1974.

Registered as a Company limited by Guarantee. Registered No. 8848 England.

Registered office: BMA House, Tavistock Square, London, WC1H 9JP.

Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.



Additionally, in the interest of patient safety, it is important to consider that, in the case of hoists, each hoist is patient specific. Both the patient and staff require training in how to safely use and work with the hoist so that the patient is kept safe at all times during use.

The petition however shines a light on some important aspects of patient safety and equality that should not be ignored.

It remains the responsibility of each Health Board to plan for how services will be delivered for patients in their area. This includes adaptations and specialist equipment that is required for patients and the funding to support this. As Health Boards have a wider remit than GP surgeries, as part of their wider planning measures, they may wish to consider how to balance accessibility and access across the footprint of a primary care cluster.

Therefore a discussion regarding the types of adaptations and equipment that are needed to support patients, including those like the petitioner, is required between Welsh Government and health boards along with patient representative groups and groups that represent to voice of doctors in Wales.

Only when these discussions are carried out and appropriate funding made available from Welsh Government to support the outcomes will all patients across Wales have equal opportunity to access health services in their local area that are appropriate to them and their individual requirements.

In support of the spirit of Petition P-05-914 Equal Access to Health Care for the Disabled, BMA Cymru Wales recommends that the Committee recommends that Welsh Government instigate these discussions.

3 September 2020

Janet Finch-Saunders. AS/MS Cadeirydd/Chair
Y Pwyllgor Deisebau / Petitions Committee
Senedd Cymru / Welsh Parliament

Dear Janet Finch-Saunders

Re: Petition P-05-914 Equal Access to Health Care for the Disabled

Thank you for the opportunity to respond to the request from the Petitions Committee at the Welsh Parliament to *ensure 'it is a legal requirement for all GP surgeries to have wide, adjustable treatment beds and hoists available for the use of disabled patients, so that they can be examined whenever there is need'*.

Shine supports 12,000 individuals living with spina bifida and/or hydrocephalus (SBH) and their families across England, Wales and Northern Ireland. Our charity has over 50 years of experience and insight into the challenges faced by people whose lives have been affected by spina bifida and/or hydrocephalus.

In Wales, Shine Cymru represents a community of over 800 individuals (babies, children, and adults) living with spina bifida and / or hydrocephalus. Our team of four Support and Development Workers provide advice, information and direct support to those individuals and their families on a wide range of issues directly related to the conditions.

Spina bifida is a little-understood and complex condition, affecting a person's physical, mental and learning development. It is congenital, and many people will have double-incontinence and be prone to risks such as kidney infection and kidney failure. People with spina bifida may have a higher chance than people without spina bifida, of developing bladder cancer, and of developing it at a younger age¹.

Mobility is always severely impacted from birth, and the majority of children growing up with the condition become wheelchair-users. Most will develop hydrocephalus (water on the brain), although hydrocephalus can occur at any time during a person's life. Both conditions can have a huge impact on a person's ability to perform daily tasks, live independently, socialise and sustain employment. They also have an impact on a person's cognitive function, learning ability and mental well-being.

Advances in medical technology and treatments, greater understanding of the conditions, more positive attitudes in society and new ways of communication have brought change for people with SBH. Individuals with the conditions are living into old age, and many are enabled to do things that only a few decades ago

would have been impossible. Yet challenges and barriers faced by our members from birth and throughout their lives of accessing the right health care and treatment at the right time remain.

Shine's 1000 Voices survey 2020 indicates that 40% of our adult members believe that their GPs 'poorly understand' spina bifida and its complexities, and it is this lack of understanding that leads to a delay in referrals to specialists for early diagnosis and treatment. See Shine's information for general practitionersⁱⁱ

The survey also reveals that only 20% of adult members over 25 years of age, living with spina bifida, have regular check-ups with their GPs, with a huge 73% only ever presenting to a GP when they are ill and needing treatment, as opposed to preventative health advice and interventions. Yet our members report that they feel they are not being properly examined when they feel unwell and/or present with symptoms at an early stage due to the lack of facilities at GP surgeries.

Our members tell us that they often present multiple times to a GP with a suspected urinary tract infection, a common issue for people with spina bifida, yet rarely are they referred to a specialist for investigations into the cause, and subsequent appropriate treatment. They report that they are much more likely to be prescribed course after course of antibiotics for a recurring health issue that can eventually lead to much more serious complications.

We understand this to be the case with Shine Cymru member, Tracy Locke, who has called on the Welsh Parliament to review access to examinations and treatment. Had Tracy had the access to the appropriate equipment to enable the examinations she needed but also to health professionals who better understood her condition, Shine Cymru firmly believes that her bladder cancer would have been detected at a much earlier stage.

Barriers to accessing the right equipment and appropriate and thorough examinations reported by our members with spina bifida and staff in Wales include:

- Transferring onto an examination table with mobility issues, whether the individual is a wheelchair user or not, is a challenge because examination tables are not wide enough and / or the height of some tables is not adjustable.
- Not all surgeries have hoists / slings to aid transferring.
- Use of equipment sometimes needs to be pre-booked but often this does not happen, and appointments have to be re-arranged.
- Two members of staff are often needed to operate a hoist, and this is not always possible, and appointments again have to be re-arranged.
- Hoists/slings are not routinely serviced and therefore may be lying unused, creating an additional barrier to accessibility for important examinations for some.

Members report that this lack of access to appropriate equipment and examinations exists in both the smaller, more traditional settings and also in the more modern, better resourced and exemplar primary care centres. Equipment is simply not available, leading to referrals and long waiting lists for other clinics or services.

Access to the Welsh Screening for Life programme in Wales is also difficult for people with spina bifida. Whilst there are numerous references and resources on the Screening for Life website in relation to supporting people with learning difficulties to access the screening services, we cannot find any reference to accessible provision for people with physical disabilities (e.g. women with spina bifida and mobility issues, but who are not wheelchair users, find breast test screenings very challenging as they have difficulty standing and balancing for long periods of time). Informal discussions with Screening for Life staff by our staff have not provided any further clarity.

Many members have to travel out of county to access the Screening for Life services.

Our members also report this lack of access is compounded for wheelchair users, either due to practical access arrangements not being in place, and/or lack of staff knowledge to manage the screening tests / examinations for a wheelchair user.

Shine Cymru has long campaigned for improved access to paediatric and adult continence management services across Wales. Whilst statutory frameworks and toolkits have been developed and a variety of reports published, in reality little has changed since Shine Cymru's 2014 report into continence servicesⁱⁱⁱ. Services remain disjointed across Wales and do not meet the demands of continence issues of people with spina bifida of all ages.

Our adult members and parents of children with spina bifida tell us that access to continence services and regular, routine check-ups are limited and more often than not, our members are only seen when they present with an issue, yet we know that early intervention with continence management can avoid serious complications, improving health and well-being outcomes during childhood and adulthood.

Approximately 24% of our adult members over 25 years of age, living with spina bifida, have had unplanned, emergency admissions to hospital as conditions have worsened and treatment has been delayed. The overwhelming reasons for these emergency admissions are to treat urinary tract infections (UTIs), Urosepsis, skin/tissue breakdown and/or sepsis which develop as a direct result of lack of access to the appropriate services, examinations, diagnosis and preventative treatments.

These on-going issues severely impact the health and well-being, and futures, of children and adults living with spina bifida in Wales.

Shine remains hugely concerned by the fragmented nature of, and access to, health services, examinations and tests for children and adults with spina bifida in Wales. Our experiences and research suggest that the current model of care requires people to become ill in order to access the treatment they need, by which time it is too late for preventative health care, as has been the case with Tracy Locke.

Shine has long advocated for access to a regular, specialist multi-disciplinary clinic in Wales, and we would welcome the opportunity to further discuss the scope for developing this approach for improved health services and treatment for our members across Wales with the Department of Health and Social Services and Local Health Boards.

Thank you again for the opportunity to provide evidence to the Petitions Committee. Shine remains committed to offering you full co-operation and support on this issue so please do let me know if you require additional information to inform your decisions.

With best wishes,



Kate Steele
CEO & Directorate Lead for Wales, Shine

On behalf of Mark Noakes, Chairman, Shine

ⁱ Rove K, Husman D, Wilcox D, Vricella G, Higuchi T *Systematic review of bladder cancer outcomes in patients with spina bifida (2017)*, Journal of Paediatric Urology

ⁱⁱ <https://www.shinecharity.org.uk/spina-bifida/adults-with-spina-bifida-a-information-for-general-practitioners>

ⁱⁱⁱ Improving continence services in Wales - A Call to Action to the Welsh Government. Shine Cymru 2014



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanelwy,
Llanelwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business
Park, St Asaph, LL17 0JG

Janet Finch-Saunders, AS/MS
Chair of the Petitions Committee

Sent via Email:
petitions@senedd.wales

Ein cyf / Our ref: SD/CS/JW/CE20-2099/
2635

Eich cyf / Your ref:

☎: [REDACTED]

Gofynnwch am / Ask for: [REDACTED]

E-bost / Email: [REDACTED]

Dyddiad / Date: 17th August 2020

Dear Ms Finch-Saunders

Petition P-05-914 Equal Access to Health Care for the Disabled

Thank you for your letter dated July 2020, received on 5th August by email in relation to the above petition.

In your letter you requested details of how many GP practices are in the BCUHB area, and the percentage of these practices which provide adjustable treatment beds and hoists for the use of disabled patients.

It is important that people with disabilities are not disadvantaged and can be appropriately examined where the need arises, and practices are reminded of this at least annually within their Clinical Governance assurance reporting. There are 102 GP practices in the BCUHB area, but the Health Board does not hold detailed information regarding the equipment held at each surgery, which is the responsibility of the independent GP contractor in question. Initial enquiries amongst senior GPs within the organisation, however, suggest that there would be very few, if any, practices with both a hoist and an adjustable examination couch although most practices generally have some adjustable examination couches. Where necessary individual GP practices are able to use the facilities within nearby community hospitals.

I hope that this adequately answers your query, but please do not hesitate to come back to me if you require any further information.

Yours sincerely

Simon Dean
Prif Weithredwr Dros Dro
Interim Chief Executive

Private and Confidential

Ms Janet Finch-Saunders
MS for Aberconwy
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Janet

Thank you for your letter dated July 2020 in relation to Petition P-05-914 Equal Access to Health Care for the Disabled.

Firstly can I say that I am pleased to see such an important issue being discussed by the committee as we are very cognisant of the issues of premature mortality in relation to people with disabilities and the contribution we need to make to ensure robust healthcare assessments to help reduce this. You asked that we provided details of how many GP practices are in our area, and the percentage of these practices which provide adjustable treatment beds and hoists for the use of disabled patients.

To date 41 out of the 52 practices have responded (79%) and we are following up on those yet to respond so we have the full picture locally.

The position at the moment is that out of those 41 practice, 88% do have an adjustable treatment beds, 2% have a hoist and 10% do not have a hoist or adjustable bed available so a good starting position for us. We will work with the practices without appropriate equipment to further improve this position so we have accessible primary care services.

If there is anything further you wish to discuss please do not hesitate to contact me.

Kind regards.

Yours sincerely



Dr Nick Lyons
Prif Weithredwr Dros Dro/Acting Chief Executive

Cyfeiriad Dychwelyd/ Return Address:

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg, Pencadlys, Parc Navigation, Abercynon, CF45 4SN
Cwm Taf Morgannwg University Health Board, Headquarters, Navigation Park, Abercynon, CF45 4SN

Cadeirydd/Chair: Professor Marcus Longley Prif Weithredwr Dros Dro/Acting Chief Executive : Dr Nick Lyons

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Cwm Taf Morgannwg
Cwm Taf Morgannwg University Health Board yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Cwm Taf Morgannwg University Local Health Board

**P-05-914 Equal Access to Health Care for the Disabled,
Correspondence - Aneurin Bevan University Health Board to Chair,
08.09.20**

Dear Ms Finch-Saunders

Petition P-05-914 Equal Access to Health Care for the Disabled

Thank you for your letter outlining that the Petitions Committee had recently considered a petition and correspondence to the Minister for Health and Social Services and Equality and Human Rights Commission Wales with regard to the above and your request to Health Board with regard to how many GP practices are in our area, and the percentage of these practices which provide adjustable treatment beds and hoists for the use of disabled patients.

I should be grateful if you would find below, further to your request, a response from Aneurin Bevan University Health Board.

All practices in the Health Board area are required to be Disability Discrimination Act (DDA) compliant and the Health Board supports independent contractors to meet these regulations through schemes such as the Improvement Grant Scheme.

It has been assessed that it is not be practical for all practices in the Aneurin Bevan UHB area to have wide adjustable treatment couches or hoists, however, should a patient need access to these then the Health Board would facilitate this and provide support and access to equipment and services, when required, to support patients needing a consultation or treatment.

Currently the Health Board has 74 GP practices, of which:

- 4 practices have extra wide, adjustable couches
- 0 practices have hoist

I hope the above information is helpful for you. Should you require any additional information, please do not hesitate to contact me.

Kind regards

Judith

Judith Paget
Prif Weithredwr / Chief Executive



Ein cyf/Our ref: CEO.3725
Gofynnwch am/Please ask for: [REDACTED]
Rhif Ffôn /Telephone: [REDACTED]
Dyddiad/Date: 10 September 2020

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Janet Finch-Saunders MS
Chair
Y Pwyllgor Deisebau/Petitions Committee
Senedd Cymru/Welsh Parliament

By email: petitions@senedd.wales

Dear Mrs Finch-Saunders

Re: Petition P-05-914 Equal Access to Health Care for the Disabled

Thank you for your letter received on 5 August 2020, on behalf of the Petitions Committee in relation to the availability of equipment at GP practices to enable equal access to health care for disabled people.

Hywel Dda University Health Board does not hold a central record of this information and had to communicate with each one of its GP practices to source the requested information.

To date, only 40 of our 48 GP practices have responded to our request; please accept my apologies for this. The Health Board's Primary Care team is following up these enquiries with the outstanding practices and we will forward on additional information once received. However, I did not want to delay submitting our response, and I am providing the information requested for the 40 practices who responded.

The table below shows the number and percentage of practices within Hywel Dda who have adjustable beds available within their practices. Some practices have also advised that they have adjustable phlebotomy chairs within treatment rooms.

Equipment	Number of practices (40)	Percentage of practices
Adjustable beds/chairs	36	75%
Hoists	2	4%

I will be in contact upon receipt of further responses.

Yours sincerely

Steve Moore
Chief Executive

Vivienne Harwood, Cadeirydd / Chair

Ffôn / Phone:

E-bost / Email:

Carol Shillabeer, Y Prif Weithredwr /
Chief Executive

Ffôn / Phone:

E-bost / Email:



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

22 September 2020

Janet Finch-Saunders AS/MS
Chair – Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Ms Finch-Saunders,

Petition P-05-914 Equal Access to Health Care for the Disabled

Thank you for your email on 5th August 2020 and please accept my apologies for the delay in my response. I can confirm that all 16 Medical practices in Powys have adjustable clinical couches without sides that can accommodate disabled patients. None of the practices within Powys currently have hoists that are available for use.

I hope this helpful. Please do not hesitate to contact me should you require any further information.

Yours sincerely

Carol Shillabeer
Chief Executive

Pencadlys
Tŷ Glasbury, Ysbyty Bronllys,
Aberhonddu, Powys LD3 0LU
Ffôn: 01874 711661



Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LU
Tel: 01874 711661

Rydym yn croesawu gohebiaeth yn Gymraeg
Byddwn yn ymateb yn Gymraeg heb oedi
Bwrdd Iechyd Addysgu Powys yw enw gweithred
Bwrdd Iechyd Lleol Addysgu Powys



We welcome correspondence in Welsh
We will respond in Welsh without delay
Powys Teaching Health Board is the operational name of
Powys Teaching Local Health Board

Tudalen y pecyn 217

**P-05-914 Equal Access to Health Care for the Disabled, Correspondence –
Petitioner to Committee, 01.12.20**

To Whom It May Concern

I really appreciate the thoroughness of the review of accessibility in GP surgeries in Wales that has been undertaken and have found it very pleasing to see how most respondents have seen the importance of this issue for disabled people, though the respondent who referred to it being a "frustration" for me is rather under estimating the impact of going unexamined when one has cancer, as I did.

I found it very telling that most Health Boards don't have hoists at all and I would disagree that each disabled person needs a different kind of hoist. They would need a different sized sling perhaps but it's not as difficult as suggested to provide hoisting for disabled people.

The suggestion that these pieces of equipment are held within each cluster possibly x2 (North and South, or East and West) should mean that each disabled person could access what ever they need when required, although some may not have access to transport that would allow for this.

Amongst medic-friends and myself, discussing the issue, it was suggested that a loaning service from a central bank be available for these pieces of equipment, which seems like a good option, as long as it was as responsive as it would need to be.

Obviously my petition only covers one area of accessibility but I feel it is the most crucial, second only to access to the GP surgery buildings and therefore should be seen as a major priority for all clusters to address.

The figures, though sadly incomplete (which tells a story in itself), do show that the provision of hoists and adjustable treatment beds, whether they are wide or not, is woefully inadequate and I hope that something will be decided within clusters to bridge this potentially fatal gap.

Yours Sincerely,

P-05-965 Annog y Llywodraeth i gyflwyno ward ar wahân, heblaw'r ward famolaeth, ar gyfer teuluoedd sy'n colli plentyn drwy gamesgoriad

Cyflwynwyd y ddeiseb hon gan Peter Leigh-Robinson, ar ôl casglu cyfanswm o 52 lofnodion.

Geiriad y ddeiseb:

Ar ôl gweld beth roddodd y GIG fi a fy ngwraig drwyddo pan oedd hi'n colli plentyn drwy gamesgoriad: cael ein hanfon i gael sgan gyda darpar famau a chael gwybod, 'Rydych chi'n cael camesgoriad, ewch adref', a dyna ni. Roedd yn rhaid i ni ddod yn ôl ychydig ddyddiau wedyn ac eistedd mewn ystafell gyda phobl a oedd yn dod allan â'u lluniau o'r sgan. Doedd hynny ddim yn deg. Mae angen ward ar wahan.

Gwybodaeth Ychwanegol

Pan wnaethom ni ofyn a oedd rhywle arall y gallem ni aros cawsom wybod nad oedd unrhyw le. Cafodd hyn effaith niweidiol enfawr ar ein hiechyd meddwl. Sut oedden nhw'n gwybod ein bod ni'n ddigon cryf i adael yr ysbyty? Doedden nhw ddim yn gwybod. Mae angen i hynny newid.

Etholaeth a Rhanbarth y Senedd

- De Caerdydd a Phenarth
- Canol De Cymru



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Ein cyf/Our ref:

CEO.427

Gofynnwch am/Please ask for:

Rhif Ffôn /Telephone:

Dyddiad/Date:

October 2020

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Mrs Janet Finch-Saunders MS
Chair
Petitions Committee
Senedd Cymru/Welsh Parliament

By email: petitions@senedd.wales

Dear Mrs Finch-Saunders

P-05-965: Push the government into introducing a separate ward other than maternity ward, for families going through a miscarriage

Thank you for your letter of 14 October 2020, inviting Hywel Dda University Health Board to provide detail of our services in response to this petition.

The Health Board fully acknowledge the need for a separate space for parents experiencing a miscarriage; the loss of a child in any circumstance is painful and requires a sensitive approach from healthcare teams.

Within our hospitals, an en-suite cubicle is provided on the Gynaecology ward for women experiencing pregnancy loss up to 20-week gestation. Our staff have received tailored training specifically aimed at supporting women and their families. They have access to literature to help families with understanding what they are experiencing, as well as memory boxes within which they can keep photographs and feet and hand prints.

For ladies who lose a child over the 20-week gestation point, women are cared for on the antenatal ward. The staff have access to the same resources for helping families through the loss and memory boxes to enable them to keep items relating to their child. Cold cots are available for families to spend as much time as they need with their baby, and all families are given access to bereavement counselling should they feel it necessary. Patients are signposted to the local and national miscarriage association for additional information and support.

The Health Board recognise the importance of providing families with a safe space to grieve their loss and will always try and accommodate a family within a private en-suite cubicle or side room.

Yours sincerely

Steve Moore
Chief Executive

Swyddfeydd Corfforaethol, Adeilad Ystwyth,
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job,
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building,
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Cadeirydd /Chair
Miss Maria Battle

Prif Weithredwr/Chief Executive
Mr Steve Moore

Bwrdd Iechyd Prifysgol Hywel Dda ydy'r enw gweithredol o'r Bwrdd Iechyd Lleol Prifysgol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwag Hywel Dda University Health Board operates a smoke free environment

Vivienne Harpwood, Cadeirydd / Chair

Ffôn / Phone: [REDACTED]

E-bost / Email: [REDACTED]

Carol Shillabeer, Y Prif Weithredwr /
Chief Executive

Ffôn / Phone: [REDACTED]



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

CS/JR/AE

5 November 2020

Ms Finch-Saunders AS/MS
Chair
Petitions Committee
Welsh Parliament
Cardiff Bay
CF99 1SN

Dear Ms Finch-Saunders

P-05-965 Correspondence from the Chair of the Petitions Committee

Thank you for your letter dated 14th October 2020 regarding Petition P-05-965: Push the government into introducing a separate ward other than maternity ward for families going through a miscarriage. This issue is clearly of significant importance and I hope this response is helpful in your considerations.

The need for a clinical pathway for women experiencing miscarriage was identified as a key clinical priority by the health board in 2019. As you may be aware Powys Teaching Health Board works with a large number of other NHS health boards and Trusts in both Wales and England in providing whole system pathways of care. Our aim has been to work together with neighbouring obstetric services to improve timely access and experiences for women and their families facing the tragic situation of miscarriage.

In relation to the provision of facilities in hospitals for supporting families experiencing miscarriage, currently the health board accesses Early Pregnancy Assessment Services in neighbouring District General Hospitals and NHS Trusts in England and Wales. The facilities for these

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Rydym yn croesawu gohebiaeth yn Gymraeg
Byddwn yn ymateb yn Gymraeg heb oedi
Bwrdd Iechyd Addysgu Powys yw enw gweithred
Bwrdd Iechyd Lleol Addysgu Powys



We welcome correspondence in Welsh
We will respond in Welsh without delay
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commissioned services are separate from Maternity wards and often part of the Women's Health / Gynaecological facilities.

As part of our strategy 'A Healthy, Caring Powys', we have committed to providing more care closer to home. In relation to early pregnancy services we are currently exploring whether a greater proportion of the care pathway could be provided in Powys, supported by secondary care colleagues where necessary. The design and use of facilities would very much be based on the views of women who would use these facilities.

Work has however already progressed with regards to improving services within the existing midwife led assessment and sonography services. This has focused on developing services closer to home including self-referral, strengthening the mechanism for ongoing support and follow up for women and improving family centred care and psychological support available locally as part of the neighbouring district general pathway of care. We work closely with neighbouring district general hospitals in both Wales and England to provide specialist obstetric and gynaecological services for our residents. We are aware of work at Welsh Government level relating to specialist, recurrent pregnancy loss services.

We very much recognise the physical and emotional impact of baby loss. Ongoing, high quality support made available to families who have been bereaved through miscarriage is key and we are currently working with partner hospitals to strengthen the support available to Powys women and their families. A focus on what more can be done, including at a national level is welcomed.

I hope this helps outline the position in Powys and should you have any further queries please do not hesitate to come back to me.

Yours sincerely



Carol Shillabeer
Chief Executive



5th November 2020

Private & Confidential

Janet Finch-Saunders AS/MS
Chair Petitioners Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Ms Finch-Saunders

Re: Petition P-05-965 Push the government into introducing a separate ward other than maternity ward, for families going through a miscarriage

Thank you for your letter of 14th October 2020 in regard to the above.

You have raised a number of issues, for clarity, I will address each in turn.

Information about the provision of facilities within Cardiff and Vale University Health Board for supporting families experiencing miscarriage and specifically whether support is available separately to maternity wards.

I can confirm that we provide care to women who experience miscarriage within two locations depending on their gestation.

<17 weeks

For women who experience a loss up to 16 weeks and 6 days gestation, care is provided within a separate, female only gynaecology ward. Privacy and dignity is maintained within a single room facility. Prior to COVID, partners were welcome to stay with the women. During COVID, the team have maximised the use of virtual visiting and enabled partners to attend to say goodbye in accordance with visiting guidance for end of life care. Compassionate care is tailored to the needs of individual families as we recognise the cultural diversity of our population.

A quiet room is available for women and their partners in the event of breaking bad news.

Every attempt is made by staff to take hand and foot prints and memory boxes are given to families. Medical photography is available for women who would like photographs. In the event that a post-mortem is requested, women are further supported by the Health Board's Bereavement Nurse.

Dedicated early pregnancy assessment services are managed by skilled nurse practitioners who are also trained to provide early ultrasound scans and non-medical prescribing. In the unfortunate event that a miscarriage has been diagnosed, women are given choice of further management, such as conservative, medical (with the ability to go home) or surgical.

In the event of recurrent miscarriage, referral to the Genetic Service is available for further investigation.

≥ 17 weeks

For women who experience a later loss at 17 weeks and above, care is tailored to their individual needs. Pathways are in place for women to receive their care within the delivery suite with one to one care provided by a midwife. Care is provided within a dedicated area which has been developed in conjunction with the stillbirth and neonatal death society. Should women require postnatal care afterwards, they can opt to remain within this room or receive their care within a dedicated bereavement suite. Both rooms have en-suite and facilities and provision for refreshments. Partners are able to remain throughout the woman's stay.

Whether your services could be improved considering the experience of the petitioner

Covid 19 has unfortunately delayed some plans to refurbish the single rooms within the gynaecology ward, may I assure you that these plans will be progressed as soon as reasonably possible to decorate and furnish these areas to be 'less clinical' for women and their families.

Whilst, there is no dedicated funded counselling service in place for women who have miscarried, women are advised to seek initial advice and support from their GP with a view to referral for counselling services if needed.

Details of ongoing support services available to families who have been bereaved, both through miscarriage and through other causes

There are several support networks available. The Obstetrics and Gynaecology Directorate work closely with the Stillbirth and Neonatal Death Society in order to receive feedback from women about our services and improve the environment of care for bereaved families. Information for women is also provided for The Miscarriage Association and local organisations such as The Junction and The Beresford Centre.

For women who experience a loss <17 weeks gestation, the Obstetrics and Gynaecology Directorate work closely with the Health Board's Bereavement Nurse to ensure ongoing support and guidance for families. The Maternity Service also have a dedicated bereavement midwife to support women and their families who have experienced a loss ≥17 weeks gestation.

Cardiff Rainbow Baby clinic was set up in 2018 to provide care for women and their families who have lost a baby during pregnancy or shortly after birth. A team of midwives, obstetricians, support workers and sonographers provide specialist antenatal care and support after a loss (at any gestation) through their next pregnancy and beyond to provide seamless continuity of care and carer.

We hope that you will find this information helpful and you will be assured that the Cardiff and Vale University Health Board are very much aware of the importance of ensuring that women who have experienced a loss receive all the necessary support in the most appropriate environment.

Yours sincerely



Len Richards
Chief Executive



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WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Cadeirydd/Chair: **Emma Woollett**
Prif Weithredwr/Chief Executive: **Tracy Myhill**

gofalu am ein gilydd, cydweithio, gwella bob amser
caring for each other, working together, always improving

Rydym yn croesawu gohebiaeth yn y Gymraeg ac yn y Saesneg. We welcome
correspondence in Welsh or English.

Dyddiad / Date: 10th November 2020

Janet Finch-Saunders MS
Chair of the Petitions Committee

Sent by email: petitions@senedd.wales

Dear Janet

Re: Petition P-05-965 Push the government into introducing a separate ward other than maternity ward for families going through a miscarriage

Thank you for your letter dated 14 October regarding the above petition in relation to the facilities and services available for women experiencing miscarriages. In responding below I have reflected the pre-COVID position, some aspects of which have had to change during the current pandemic, mainly in relation to the presence of partners/ families and visiting on wards. We expect to return to the pre-COVID position when circumstances allow.

1. Our services for women experiencing miscarriages are predominantly based at Singleton Hospital. Women referred for suspected miscarriages are received in our Early Pregnancy Unit which is managed within Gynaecology services, not Maternity Services. Should a woman require admission, she is admitted to a Gynaecology bed, which is in a different part of the hospital from the Maternity Unit. We strive to admit women into individual cubicles to maintain the highest level of privacy and dignity, although this is not always possible. Normally (pre-COVID) partners or key family members are able to be with their loved one at such a distressing time.
2. Women who use our services having suffered a miscarriage are provided with information on a local support group called Keyhope, which has a 24hour helpline with access to trained counsellors, and a centre that women can attend for support. An information leaflet from the Miscarriage Association is also provided. Both of these charitable organisations can help the wider family affected by the miscarriage.
3. We also offer a Memory Box where appropriate and where desired. When a woman has suffered a late miscarriage (over 17 weeks gestation) we are able to call on the services of one of our Specialist Bereavement Midwives. We provide a Consultant-led specialist clinic for women who have had multiple miscarriages.



Pencadlys BIP Bae Abertawe, Un Porthfa Talbot, Port Talbot, SA12 7BR / Swansea Bay UHB Headquarters, One Talbot Gateway, Port Talbot, SA12 7BR

Bwrdd Iechyd Prifysgol Bae Abertawe yw enw gweithredu Bwrdd Iechyd Lleol Prifysgol Bae Abertawe
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Tudalen y pecyn 226

4. Whilst we believe that we provide high quality sympathetic services, we are not complacent and undertake audits of our compliance with our Miscarriage Pathway. Our Bereavement Midwives provide training sessions for the Gynaecology Nurses on the ward in order to ensure high standards of communication are maintained. We also take concerns received seriously and ensure any lessons learnt are acted upon and embedded into practice.

Please do not hesitate to contact me if you require any further information.

Yours sincerely



Professor Tracy Myhill
Chief Executive



P-05-965 Push the government into introducing a separate ward other than maternity ward, for families going through a miscarriage, Correspondence – Cwm Taf Morgannwg UHB to Committee, 12.11.20

Response to Petitions Committee at Welsh Parliament

Early Pregnancy Unit – to 15+9/40 gestation

Information about the provision of facilities in your hospitals for supporting families experiencing miscarriage, and specifically whether support is available separately to maternity wards

PCH, RGH and POW

Women are seen in the EPU department, which is separate to the maternity ward.

In PCH women currently have their USS in an area where they could come into contact with pregnant women, but this is to change from 26.10.2020 when all early pregnancy USS will be performed in main USS department.

Whether your services could be improved considering the experience of the petitioner

PCH

Our service is currently being reviewed with a view to a purpose built gynaecology hub at PCH.

Due to Covid-19 we have recently been moved to the paediatric outpatient department which has given us extra capacity.

We are totally separate from the maternity unit

We now have a room available for women who receive bad news to have privacy away from the main waiting area.

Currently EPU ultrasound appointments are performed in an area with pregnant women. We have recently changed scan times to limit the contact of early and late pregnancy women and from 26.10.2020 all EPU scans will be performed in the main USS department away from the antenatal clinic.

For in-patient care there is a designated female ward for gynaecology and female surgery.

Women experiencing miscarriage are accommodated in a single room whenever possible to ensure privacy.

Women suffering from hyperemesis may be cared for on the maternity unit if there is high activity on the general female ward, but no woman with a potential pregnancy loss in 1st trimester would be cared for on the maternity unit. With the service development there will be provision of rapid hydration clinics for women experiencing hyperemesis which will reduce the need for admission.

We are currently practising within Covid-19 guidelines so partners are only able to attend for the USS but not to any consultation. For those women who wish their partner to be included we have used telephone or Facetime for them to be included.

RGH

There is a designated EPU/GDAU at RGH with USS facilities in the department. There is also a room for women who receive bad news to have privacy.

We are currently practising within Covid-19 guidelines so partners are only able to attend for the USS but not to any consultation. For those women who wish their partner to be included we have used telephone or Facetime for them to be included.

POW

Scanning in POW is undertaken in a small scanning room adjacent to the reception area, clinical room and quiet room for discussion when required.

The EPU is located in the same corridor as the maternity ward and pre Covid, shared a waiting room, which is not optimal.

Partners attending scans causes anxiety for clinicians as social distancing is difficult to maintain in a small room with 4 people present.

Out of hours, woman are supported to come out of the ED at the earliest opportunity and are seen in an assessment area away from the maternity unit.

Any in-patient stays are undertaken on a ward away from the maternity unit.

A business case is in progress to re-locate a Gynaecology Assessment Unit, incorporating EPU into the main hospital. This will improve the scanning room size, make the location more appropriate to the sensitivity of the service.

Details of ongoing support services available to families who have been bereaved, both through miscarriage and through other causes

PCH, POW & RGH

We have no formal counselling provided within the health board.

All women are given written information about miscarriage in the form of Miscarriage Association leaflets. This is provided with a covering letter offering our condolences and provides parents with our contact details.

Although we offer no formal counselling we provide support individually to women who contact us and are able to signpost women to other counselling providers

Maternity – from 16/40 gestation

Information about the provision of facilities in your hospitals for supporting families experiencing miscarriage, and specifically whether support is available separately to maternity wards

CTMUHB trust have a designated bereavement lead midwife responsible for acting as the point of contact for bereaved families within maternity services, as well as provision of support, training and education for staff. Women are offered a package of support following discharge by the Bereavement lead midwife which includes visits from the community midwife, access to local health board support groups, 1:1 counselling (offered at 8-12 weeks post delivery), link contact with the bereavement lead who will coordinate all follow up with the obstetric team once results become available. Families are provided with the bereavement lead midwife mobile telephone number to discuss contact and support to suit the woman and her family's needs following delivery.

Women are generally cared for in our designated bereavement suite on each site. Both rooms are off central labour ward and have en-suite facilities. In Prince Charles the "Primrose Room" is between labour ward and the birth centre. In Princess of Wales the "Bluebell Room" is situated on the maternity corridor to labour ward but not on labour ward. There may be minimal occasions when due to lack availability of the room (more than one patient suffering a loss being in at any one time) a patient may need to be cared for in a side room on labour ward. Moreover there may also be occasions where due to the clinical need of the patient, labour ward care is required, in a side room. These occasions are however minimal, and we would not expect patients to be care for on the main maternity ward. All families are offered a memory box for their baby/babies and the opportunity to make memories which include; access to "Remember my baby" photography service and/or access to hospital cameras for photos, inkless hand and footprints and/or clay casting. All families are offered the opportunity to spend as much time as they wish with their baby/babies and use of a cold cot is provided to preserve baby/babies. All families are also offered the opportunity to take baby home if they wish and a "cuddle cot" can be provided for this to facilitate preservation of baby in the home environment whilst the family spend time together.

During COVID 19 access to the "Remember my baby" photography service has been limited as this is a voluntary service by a national charity. Access for family visitors in the cases of loss may also be limited due to COVID 19 but has been supported in those exceptional circumstances wherever possible with a thorough risk assessment carried out.

Whether your services could be improved considering the experience of the petitioner

The health board currently offer a service that fits within the gold standard for bereavement care on maternity, identified in local and national standards. The service does not support, at any time, routine to care for families on an open maternity ward.

Details of ongoing support services available to families who have been bereaved, both through miscarriage and through other causes

On maternity in the UK women from 20 weeks and upwards are predominantly cared for. However in CTMUHB we have lowered the gestation to accepting women from 16 weeks

gestation. To these families all of the aforementioned are offered and ongoing support is offered by;

- Ongoing support from bereavement lead.
- Support from bereavement lead into next pregnancy.
- Follow up care from our obstetric team.
- Counselling sessions 1:1 by our midwife counsellor for baby loss.
- The health board have two support groups locally supported by our bereavement lead midwife- Bro Morgannwg baby loss support group in Bridgend community and The snowdrop support group in Prince Charles.
- Sign posting to national groups- SANDS, Miscarriage association & CRADLE.



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanelwy,
Llanelwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business
Park, St Asaph, LL17 0JG

Ms Janet Finch-Saunders
Chair
Petitions Committee

Sent via E-Mail:
Petitions@Senedd.Wales

Ein cyf / Our ref: GH/TO/DL/CE20-2683/
2746

Eich cyf / Your ref:

☎: [REDACTED]

Gofynnwch am / Ask for: [REDACTED]

E-bost / Email: [REDACTED]

Dyddiad / Date: 20th November 2020

Dear Ms Finch-Saunders

Re: Petition P-05-965 Push the government into introducing a separate ward other than maternity ward, for families going through a miscarriage.

Please see below as requested response to your enquiry in respect of Petition P-05-965, which The Petitions Committee at the Welsh Parliament considered at a meeting on 29 September 2020.

The petitioner highlighted the following issues:

1. The importance of separate wards and screening facilities for families experiencing miscarriage, due to the traumatic experience of being with expectant parents or on the maternity ward;
2. Insufficient support provided to parents in terms of the impact on their mental health; and
3. More support should be provided to the wider family of those experiencing miscarriage.

Please see below response to the specific questions posed by the Petitions Committee

1. Information about the provision of facilities in your hospitals for supporting families experiencing miscarriage, and specifically whether support is available separately to maternity wards.

Within BCU patients, experiencing miscarriage and pregnancy loss are cared for in the following clinical areas:

Women who are of the gestation up to 17 weeks and 6 days are cared for on the Gynaecology Wards.

Women who are of the gestation 18 weeks and over are cared for in a designated area on the maternity units.

Gynaecology Services

Within Gynaecology, care is provided where appropriate on an outpatient basis through the Emergency Gynaecology Units (EGU`s) where there is provision for early pregnancy assessment and treatment. There is an EGU at each District General Hospital in North Wales and the service is available on a Monday- Friday basis. Women`s Services in BCU are in the process of completing a business case to request funding to extend EGU opening hours to provide a weekend service, which will increase accessibility for women in North Wales

BCU offer all options for the management of pregnancy loss in accordance with local and national guidelines, which includes expectant, medical and surgical management options.

Patients requiring inpatient treatment are admitted to Gynaecology Wards and cared for by experienced Gynaecology nursing staff.

It must be noted that under normal circumstances (pre-Covid), the Gynaecology wards are located completely separately from maternity wards and patients experiencing early pregnancy complications/ pregnancy loss are not cared for in close proximity to antenatal and post-natal patients.

However, during the COVID pandemic wards have been re-configured to accommodate clinical pathways, to observe infection prevention and control standards. Consequently, some patients in early pregnancy are cared for in single rooms, which are located on a combined gynaecology and maternity ward. Every effort is made to ensure that early pregnancy patients have minimal exposure to antenatal and post-natal patients.

Review of the recurrent pregnancy loss service within North Wales is a priority and included within the Gynaecology Service Priorities for 2020/2021 with the intention of developing a dedicated recurrent pregnancy loss clinic to support patients in North Wales who experience three or more miscarriages.

Maternity Services

Women are cared for by midwives in dedicated self-contained Bereavement suites based in each of the maternity units. The suites are designed and configured for Bereavement care and include en-suite facilities. Designated rooms are available on each Labour Ward to provide care for women in labour who require one to one monitoring and for women who request epidural analgesia.

2. Whether your services could be improved considering the experience of the petitioner (as highlighted in point 2 above)

Whilst the Women`s Directorate employ two Bereavement midwives who offer support to women who experience pregnancy loss, there is no provision of a dedicated psychology



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

service. BCU have a perinatal mental health team where women can be referred to either by their allocated midwife or the Bereavement midwives. Women are signposted to third party organisations such as Miscarriage Association, Stillbirth and Neonatal Death Society (SANDS) and Tommy`s for counselling and the provision of further advice & support.

3. Details of ongoing support services available to families who have been bereaved, both through miscarriage and through other causes.

Bereavement midwives offer some support to bereaved families, however the service is evolving with the aim of providing support to all women and families depending on their individual requirements. A business case is in the process of being developed to appoint an additional Bereavement midwife; this will ensure that support is made available to all women and families across North Wales.

The Bereavement midwives have close links with Hope House Hospice Services and can directly refer women and their families for advice, support and provision of care.

I hope this information is to your satisfaction however please do not hesitate to contact me again should any further information or clarification be required.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'T. Owen'.

Teresa Owen
Dirprwy Brif Weithredwr Dros Dro
Acting Deputy Chief Executive

Our Ref: JP/RH/lab

Direct Line: [REDACTED]

23rd November 2019

Janet Finch-Saunders MS
Chair of the Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Ms Finch-Saunders

Petition P-05-965 Push the government into introducing a separate ward other than maternity ward, for families going through a miscarriage

Thank you for your recent request for the Health Board to comment on the above petition received regarding miscarriage.

Aneurin Bevan University Health Board provides care for women who experience miscarriage in our Early Pregnancy Assessment Unit (EPAU) and Gynaecology Ward. Both the Gynaecology Ward and EPAU are separate from Maternity and staffed by nurses specifically trained in Gynaecology concerns and are sensitive to the needs of women and the partners who experience pregnancy loss up to 20 weeks gestation.

On the 15th November 2020 the Gynaecology Ward and EPAU were relocated to the Grange University Hospital and all women who require hospital admission for management of the miscarriage will receive care in a single room; this provides them with privacy and enables their partners or family to remain with them and provide support throughout the management. Early Pregnancy Ultrasound scans and investigations are provided within the EPAU.

Information and support is provided by Gynaecology Nurses during the management of the miscarriage and women have open access to return to the ward if they choose home management. Support is also provided in

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relation to the potential choices for burial, cremation and post-mortem. A contact number is also provided should they require further support following discharge. The service also provides information and contact numbers for counselling in the voluntary sector at the Beresford Pregnancy Counselling Centre, Newport who also provide training for nurses in counselling skills.

A memory box is also offered to the family which includes various items that validates the life of the baby and recognises that parents and the wider family often need time to grieve. The Hospital Chaplains are also available to provide faith based support.

The Health Board is reviewing the service to determine if it can provide enhanced nursing care during medical management of miscarriage alongside additional psychological support, however, this will require additional funding and ring fenced staffing to guarantee this level of care.

I hope the above response is helpful to you. If you require any additional information, please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink that reads "Judith Paget". The signature is written in a cursive style.

Judith Paget
Chief Executive/Prif Weithredwr

P-05-965 Push the government into introducing a separate ward other than maternity ward, for families going through a miscarriage, Correspondence – Petitioner to Committee, 30.11.20

I have gone through the papers and my wife along with other women that did not get any thing other that what was said to us and if that is the case they have admitted to failing is this is not good enough there is no separate ward or waiting Rome I don't care what they say happens I only care about what IS happening and what is a breavement mid wife we never had any contact from any one or even have explained what was about to happen and what is this we could have had a burial.

Eitem 3.5

P-05-995 Rhyddid i Roi Gwaed

Cyflwynwyd y ddeiseb hon gan Arron Glyn Bevan-John, ar ôl casglu cyfanswm o 2,726 lofnodion.

Geiriad y ddeiseb:

Yng Nghymru, ni chaniateir i ddynion hoyw a deurywiol roi gwaed – oni bai eu bod yn ymatal rhag cael rhyw am dri mis. Hoffem ymgyrchu dros 'Waed Heb Ragfarn' gan roi rhyddid i bobl roi gwaed. Mae'r ddeiseb hon yn gofyn i Lywodraeth Cymru gael gwared ar y cyfnod gohirio tri mis, a chyflwyno dull personol sy'n seiliedig ar risg i asesu ymddygiadau rhywiol, yn hytrach na phroses or-symbl lle caiff pobl eu grwpio gyda'i gilydd ar sail eu cyfeiriadedd rhywiol gan eu gwahardd rhag rhoi gwaed. Dyma'r ffordd orau o sicrhau bod y rhai sy'n awyddus i roi gwaed, ac sy'n gallu gwneud hynny'n ddiogel, yn gallu.

Mae'n fater iechyd cyhoeddus ac yn fater anghydraddoldeb. Nid oes gennym ddigon o waed yn ein banciau gwaed ond eto rydym yn dewis gwahaniaethu yn erbyn grŵp cyfan o bobl ar sail eu cyfeiriadedd rhywiol. Dim ond un ateb sydd i brinder gwaed yn genedlaethol; dileu'r cyfnod gohirio a rhoi'r gorau i wahaniaethu yn erbyn dynion hoyw a deurywiol.

Etholaeth a Rhanbarth y Cynulliad

- Gwyr
- Gorllewin De Cymru



Ein cyf/Our ref VG/07785/20

Janet Finch-Saunders AS
Cadeirydd
Y Pwyllgor Deisebau

24 Tachwedd 2020

Annwyl Janet,

Diolch ichi am eich llythyr dyddiedig 12 Hydref, yn rhinwedd eich swydd fel Cadeirydd y Pwyllgor Deisebau, ynglŷn â Deiseb P-05-995 Rhyddid i Roi Gwaed.

Rwy'n deall bod y Pwyllgor yn gefnogol i'r astudiaeth ar gyfer Asesu Risgiau'n Unigol, ac yn ymwybodol bod SaBTO wrthi'n ystyried ei safbwynt fel Pwyllgor.

Bydd unrhyw ganllawiau MSM yn cael eu cyhoeddi ar ôl inni ystyried y cyngor a ddarperir gan SaBTO.

Byddaf yn rhoi gwybod ichi pan fydd penderfyniad wedi cael ei wneud.

Yn gywir,

Vaughan Gething AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

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CF99 1SN

Gohebiaeth.Vaughan.Gething@llyw.cymru
Correspondence.Vaughan.Gething@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

BLOOD EQUALITY WALES



✉ bloodequalitywales@gmail.com
Facebook/Twitter: @EqualBloodWales

7 December 2020

Janet Finch-Saunders MS
Chair, Petitions Committee

Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN
petitions@senedd.wales BY EMAIL

Petition: P-05-995-Freedom to Donate Blood

Dear Janet,

Many thanks for hearing our petition to the Minister for Health and Social Care, Vaughan Gething MS, *P-05-995-Freedom to Donate Blood*. Please see our full response to the Minister's letter to you dated 24 November 2020 below.

- What are your thoughts on the attached document?

We understand the need to keep blood safe for recipients, however in our view the current rules make it even more unsafe for patients as there is a chance that somebody completing the questionnaire at the blood bank could lie, meaning the national guidance is contradicted intentionally. Our proposal to introduce an individual, risk-based assessment ensures that all blood is safe and that people are not discriminated against purely on the grounds of their sexuality alone.

The argument that men who have sex with men (MSM) are 'known to have a higher risk of acquiring blood borne infection such as Hepatitis B or HIV' is outdated, untrue and quite frankly offensive.

The change in the law over time, detailed below, is of course very welcome but it does not go far enough in ensuring MSM are able to donate blood freely. Take, for example, two males who are in a committed relationship and know their status. They are still

discriminated against on the grounds of their sexuality and so these changes are still discriminatory.

- ***Prior to 2011 there was a rule in place stating that a man who had sex with another man could never give blood***
- ***In 2011 this permanent deferral was changed to a 12 month deferral period***
- ***In 2017 the deferral period was further reduced to 3 months.***

The United Kingdom has a proud history of supporting Lesbian, Gay, Bisexual, Transgender and Plus (LGBT+) people and causes. Whilst we recognise that the UK is far further forward in this debate/change in blood donation rules, the comparison with other countries who find themselves being more discriminatory than we are is unhelpful.

- Does it adequately address the issues that you raised?

Blood Equality Wales welcomes the opportunity to raise questions with Members of the Senedd and of the Minister, Vaughan Gething MS, on the issue of blood donation. Although we know that blood donation laws are governed nationally and that the Welsh Government/Welsh Parliament does not necessarily have a say on the advice from The Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO), we feel that more could be done to ensure the Welsh Blood Service engages with LGBT+ people on the issue of blood donation, for example through lobbying national government on the want/need for a change and through key engagement with LGBT+ people are Pride events/updating website pages.

- Is there anything additional that you would like the Committee to know at this stage, either in response to this document or as an update to the Committee?

Yes, broadly these are;

1. There are many established campaigns like ours in the United Kingdom which are lobbying Government on the historic decisions, such as the rules around blood donation, which continued to have a detrimental impact on LGBT+ people to this day. Although we know that recent work has made donating blood easier for LGBT+ people, it still does not go far enough. LGBT+ people are being labelled as promiscuous and as 'a risk' and this divisive stance only enhances the difficulties LGBT+ people face on a daily basis.
2. The trade union movement, in particular GMB Union, has produced several campaigns linked to ensuring blood donation by MSM is kept as a topic of high interest in debates, motions and at key engagement events. The public outside those who are affected by these rules are often shocked to learn that MSM are unable to donate blood.

3. The paragraph of the Minister's initial letter detailed below is full of contradictions and offensive language. Will the Petitions Committee seek clarity on the Minister's thoughts and in particular the damage labelling has on the LGBT+ community?

The broad basis for deferring MSM who are sexually active from blood donation is based upon the fact that as a group they are known to have a higher risk of acquiring a blood borne infection such as HIV or Hepatitis B which then could be potentially transmitted through a blood transfusion. This increased risk also applies to other groups of people including sex workers, people who have partners known to be infected with transfusion transmissible infections like HIV or hepatitis B, people who have partners from parts of the world with a very high incidence of HIV/AIDS, people who have ever injected themselves with non-prescribed drugs and people who are currently taking Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP). Of course, each individual within these larger groups presents a different level of risk dependant on their specific circumstances. Currently the WBS is unable to adapt these rules for individuals and must adhere to the overarching guidelines.

4. The Minister puts MSM in the same category as drug users and sex workers. Both of these things are choices or are owing to illness, being LGBT+ is not a choice or an illness. This is evidenced in the Equality Act 2010 where gender and sexual orientation feature as protected characteristics. Addiction, unless seen as a disability, and job type do not.
5. The Minister fails to state the benefits of increased blood donations from males, especially in light of COVID19. It is a fact that male blood contains higher levels of antipathogen antibodies i.e. against a virus. This is something that is sought after currently in light of the COVID19 pandemic. MSM blood therefore would be a huge help to healthcare professionals working to remedy this pandemic.
6. The Minister fails to state that the Welsh Blood Service (WBS) is experiencing shortages of O- blood at present, something that MSM could help alleviate, if they could freely donate blood. This is evidenced in the social media pleas from WBS begging donors to come forward.

Points five and six alone highlight the shortcomings of restricting MSM being able to donate blood, the impact of which affects the population as a whole in Wales, not just the LGBT+ community.

Further, we noted Leanne Wood MS' comments at the time when the petition was heard by your committee. **As far as we can see, the Health Minister, Vaughan Gethin MS, has not done what was asked in setting out the Welsh Government position and lobbying Westminster based on its position. We thank Leanne Wood MS for pointing out that MSM being unable to donate blood under the current rules is discriminatory.**

Many thanks for taking the time to read our response. We are extremely grateful for the time you have committed to our petition and for your continued commitment to making Wales a better place in which for LGBT+ people to live and work.

Yours respectfully,
Blood Equality Wales

Eitem 3.6

P-05-1001 Cynnal ymchwiliad annibynnol i'r dewis o safle ar gyfer y Ganolfan Ganser Velindre newydd arfaethedig

Cyflwynwyd y ddeiseb hon gan Amelia Thomas, ar ôl casglu 5,241 lofnodion ar-lein a 107 ar bapur, sef cyfanswm o 5,348 lofnodion.

Geiriad y ddeiseb:

Byddai £30M yn cael ei wario ar ffyrdd yn unig i gael mynediad i'r tir y bwriedir adeiladu'r Ganolfan newydd arno. Mae mynediad ar gael eisoes yn hen Ysbyty'r Eglwys Newydd a safle presennol Velindre, ac maent yn ddewisiadau amgen hyfyw.

Nid yw'r cynllun presennol yn unol ag arfer gorau ar gyfer gofal cancer cydgysylltiedig modern, sy'n canolbwyntio ar yr unigolyn gyda gwasanaethau wedi'u cysylltu'n gorfforol ag ysbytai aciwt mwy. Cynigiodd Ysbyty'r Mynydd Bychan le i Velindre ochr yn ochr â chanolfan ymchwil cancer Prifysgol Caerdydd yn ei hadeilad newydd sydd i fod i ddechrau cael ei adeiladu yn 2023.

Gwybodaeth Ychwanegol

Byddai Bwrdd Iechyd Prifysgol Velindre yn cyfnewid eu tir presennol (safle ysbyty'r Eglwys Newydd) am dir y ddôl, (sy'n eiddo i Fwrdd Iechyd Caerdydd a'r Fro). Byddai angen gwario £30M o arian trethdalwyr i adeiladu ffyrdd mynediad er mwyn i waith adeiladu allu digwydd ar y ddôl hon sydd wedi'i thir-gloi gan ei bod yn gysylltiedig â Safle o Ddiddordeb Gwyddonol Arbennig (SSSI).

Byddai cael gwared â'r Northern Meadows yn hynod niweidiol i les corfforol a meddyliol.

Mae triniaeth cancer wedi dod yn fwy cymhleth, ac mae gan gleifion sy'n cael triniaeth faterion cynyddol gymhleth. Byddai lleoli'r adeilad yn y Mynydd Bychan, ochr yn ochr â chanolfan ymchwil cancer Prifysgol Caerdydd, yn

darparu mynediad cyflym i ofal dwys ac arbenigeddau meddygol a llawfeddygol allweddol eraill pan fydd eu hangen ar gleifion.

Mae model arfaethedig Canolfan Ganser Velindre wedi dyddio ac mae'n rhaid craffu arno. Ystyrir bod gwasanaethau cymorth meddygol a llawfeddygol ar y safle yn HANFODOL: <https://www.england.nhs.uk/east-of-england/wp-content/uploads/sites/47/2019/08/Independent-Clinical-Panel-Report.pdf>

https://savethenorthernmeadows.wales/?page_id=1129

Etholaeth a Rhanbarth y Cynulliad

- Gogledd Caerdydd
- Canol De Cymru



Eich cyf/Your ref P-05-1001
Ein cyf/Our ref VG/05263/20

Janet Finch-Saunders AS
Cadeirydd
Y Pwyllgor Deisebau

Government.Committee.Business@llyw.cymru

21 Medi 2020

Annwyl Janet,

Diolch am eich llythyr dyddiedig 27 Gorffennaf ar ran y Pwyllgor Deisebau ynghylch ymchwiliad annibynnol i'r dewis o safle ar gyfer y Ganolfan Ganser Felindre newydd arfaethedig.

Mae'r cynllun ar gyfer Ysbyty Canser newydd yn yr Eglwys Newydd yn un o ddim ond tri chynllun sy'n cael eu datblygu drwy'r Model Buddsoddi Cydfuddiannol, a ariennir drwy referniw. Mae'r angen am Ysbyty Canser newydd ar gyfer poblogaeth De-ddwyrain Cymru wedi bod yn flaenoriaeth gydnabyddedig ers nifer o flynyddoedd, ac roedd yn un o'r ymrwymadau yn y maniffesto ar gyfer y Llywodraeth.

Mae Ymddiriedolaeth GIG Prifysgol Felindre wedi cyflwyno Achosion Busnes Amlinellol i Lywodraeth Cymru ar gyfer yr Ysbyty Canser newydd, a'r gwaith galluogi cysylltiedig ar gyfer y cynllun. Mae fy swyddogion yn craffu ar yr Achosion Busnes Amlinellol, a byddaf yn derbyn cyngor ffurfiol er mwyn gallu penderfynu ar yr achosion busnes hyn maes o law. Felly, ni allaf wneud sylw ar hyn o bryd ar y materion penodol sydd wedi'u codi, gan y byddai hyn yn rhagfarnu unrhyw argymhellion a wneir i mi yn ddiweddarach.

Bydd y gwaith craffu manwl yn cynnwys holl agweddau ar y ddau Achos Busnes Amlinellol. Bydd hyn yn cynnwys asesiad o'r model clinigol a'r pwyntiau cysylltiedig yn eich llythyr ynghylch y lleoliad arfaethedig o safbwynt clinigol. Mae'r Prif Swyddog Meddygol wedi trafod y model clinigol ag Ymddiriedolaeth GIG Felindre, ac wedi argymhell bod yr Ymddiriedolaeth yn cael cyngor annibynnol er mwyn llywio'r achos busnes a'r gwaith craffu.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Vaughan.Gething@llyw.cymru
Correspondence.Vaughan.Gething@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

Tudalen y pecyn 246
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Gobeithio y bydd yr wybodaeth hon o gymorth i chi.

Yn gywir,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive style with a large initial 'V' and a long, sweeping tail on the 'g'.

Vaughan Gething AS/MS

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

**Nuffield Trust: Independent Advice to Velindre University NHS Trust on the
Planned Regionally Integrated Network Clinical Model for non-surgical tertiary
cancer services**

Terms of Reference

Aim: to provide independent advice to Velindre University NHS Trust on the planned regionally integrated network clinical model for non-surgical tertiary cancer services across South East Wales.

Scope:

Clinical: planned regionally integrated network clinical model for non-surgical tertiary cancer services

Geographical: South East Wales

Outputs:

- Provide a report and recommendations to Velindre UNHST taking account of the following questions
- What are the benefits of the planned regionally integrated network clinical model for non-surgical tertiary cancer services?
- What are the risks inherent in the planned regionally integrated network clinical model including the location of the main non-surgical tertiary cancer centre on the Northern Meadows? i.e. managing the acute care interfaces/optimising the quality and acuity of clinical support for cancer services across all networked sites.
- Are the strategies proposed to manage these satisfactory, and what else might be considered with regard to:
 - o additional opportunities to strengthen planned arrangements;
 - o prioritising/accelerating any specific areas of planned work;
- What are the risks and benefits of the planned regionally integrated network clinical model with regard to research, development and innovation?

- How does the network model support high quality research and development and promote innovation?
- How might any risks be mitigated?
- How could the benefits/opportunities be further optimised with learning from other health care systems? Are there any broader development opportunities related to cancer/related healthcare that could be considered to maximise the opportunity?

The work should take into account:

- Synthesis of existing international evidence;
- Emerging trends e.g. new medicines and technology; policy emphasis on improving access to services/reducing health inequalities; development of digital services; requirements for pandemic resilience.

Method

- Literature and evidence review across UK, Europe and international healthcare systems.
- Information and intelligence gathering.
- Interviews with a cross-section of interested parties.
- Interviews and consideration with external experts.

Timings

Commencement: September 2020

Completion: November 2020

Janet Finch-Saunders AS

Cadeirydd

Y Pwyllgor Deisebau

2 Hydref 2020

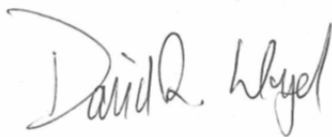
Annwyl Janet,

Diolch i chi am eich gohebiaeth ddiweddar, a oedd yn amlinellu dull gweithredu'r Pwyllgor Deisebau mewn perthynas â chraffu ar y cynigion i ddatblygu Canolfan Ganser newydd yn Felindre yng Nghaerdydd. Cafodd yr ohebiaeth dan sylw ei rhannu ag aelodau'r Pwyllgor, a chafodd ei chyhoeddi fel papur i'w nodi.

Yn ystod cyfarfod y Pwyllgor ddydd Mercher, bu'r Aelodau'n holi'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol am y cynigion hyn.

Cytunodd y Pwyllgor i aros am ganlyniad yr adolygiad sy'n cael ei gynnal gan Ymddiriedolaeth Nuffield cyn ystyried unrhyw gamau pellach y gallai eu cymryd.

Yn gywir



Dr Dai Lloyd AS

Cadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon



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**Save the Northern Meadows to
Petition Committee of the Senedd that met 15th September 2020**

Thank-you for your email of 2nd Oct advising us of your handling of our Petition. Ahead of your November meeting. We thank you for your efficiency in considering our petition to hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre. We're grateful that it reached the agenda of the Health, Social Care & Sport Committee for advice on September 30th. Our support letter to the petition emphasised urgency in particular for an independent clinical review and this was indeed given attention. The minute for that Senedd committee meeting is: "6.1 In relation to the Velindre Cancer Centre, the Committee agreed to await the findings of the Nuffield Trust." But this, necessarily, was an early response, actually before Nuffield even posted its project description and terms of reference.

Because of that information in a post by Nuffield on October 6th we write now to stress that along with many others, including clinicians, we can't regard the Nuffield project with Velindre as remotely fulfilling the request of our petition. Nor does it fulfil the similar calls for an independent clinical review made by Julie Morgan Ms and Anna McMorris MP. Why was the bare revelation of the Velindre announcement about Nuffield unveiled to the world precisely one minute before the start of the Petitions Committee of September 15th? Such precision timing surely reveals that this was an attempt to displace the widely proposed, real external, independent, clinical inquiry. Why else done in that place and that way at that time? So far it has in some measure succeeded. But for our part, we still consider our Petition to be in play and awaiting approval as if the Velindre-Nuffield Project did not exist – made possible by your due diligence in September. Compelling reasons for our position are given below.

Your decision not to be pressurised by that announcement has been wholly vindicated. For the Nuffield project, we now know, bears little resemblance to what our Petition and other parties so plainly sought. Nuffield, it transpires, is:

Not external, because New Velindre autonomously selected the project organisation as its preferred choice, then negotiated the project, laying out its needs not anyone else's.

Not independent because (a) New Velindre, Nuffield has told us, has helped select the crucial clinical panel members in phase 3 (whereas those of any other view do not). Nuffield is now 'independent' only in the narrow sense that it has no previous stake in a local controversy. And Nuffield is clear that it certainly has obligations to one particular party more than to any others. In fact its contractual obligation of 'advice', however public, is directed only to New Velindre (b) Velindre will be providing the entire administrative and logistical setup for the engagement phase including the interviewing of the Velindre Trust's staff. How secure does that make any whistle blowers feel? New Velindre will, in practice, be the sole path to engagement for anyone unhappy with the current proposal, including staff.

Not a review if only because Nuffield doesn't describe the project this way, but uses the front title 'Independent advice' (as did even Dave Powell in VCC's news release). An independent review is not 'advice' but a quite different kind of species. A review is

a formal mechanism imposed and conducted by an accrediting or assessing authority to scrutinise and make accountable one of its members or providers. The Velindre-Nuffield project is not remotely like that, and it's likely Nuffield Trust would be surprised if anyone thought it did. All the same, this arrangement has aspired to sideline our Petition's call for a real, external, independent, clinical inquiry into the 'stand-alone' model which nVCC seems to have evaded, through other exercises, for years. And it's plain some have been quite misled by the Velindre-Nuffield move.

For the reasons above, we need to re-emphasise that we see the Petition as still present before Senedd awaiting a response. As is a proper, quite independent clinical review.

Thank-you for listening to us and taking us seriously.

With good wishes,

Chris Marshall

On behalf of Save the Northern Meadows campaign

How can we get people to respect regulations?

IN OUR city, our country and worldwide we are facing a crisis unlike anything any of us have seen in our lifetimes.

Here in Wales we are under a lockdown, a firebreak lockdown designed to do nothing less than save the lives of our fellow Welsh men and women and to protect our cherished NHS.

Most of our fellow citizens seem to be following the restrictions that the Welsh Government was forced to impose because of the growing pandemic. We should all be grateful to our neighbours who are helping to look after us.

However, and sad to say, there do seem to be a small minority of people who refuse to join in this life or death struggle and whose actions are putting all of us in danger.

Whether their anti-social actions are deliberate or come from ignorance of the regulations is unclear but, whatever the reason, they are undermining the firebreak lockdown and therefore putting us all in danger.

So what should be done about this situation and how can these people be corrected?

- The Welsh Government must ensure its messages are clear.
- The police have a part to play in enforcing the law, of course.
- And finally, all the rest of us have a responsibility to tell those not following the regulations that they are letting us down and they are putting lives in danger.

GJ Jones
Cyncoed, Cardiff

We cannot afford to get this wrong

I am writing on behalf of clinical colleagues in response to the letter by John Evans published in the South

“We have a responsibility to tell them that they are letting us down and they are putting lives in danger”

GJ Jones
Cyncoed, Cardiff

Wales Echo on October 27. His letter exemplifies the wonderful care provided by the hard-working and dedicated staff at Velindre hospital. The same staff are working under increasingly difficult circumstances in an ageing, overcrowded set of buildings. Everyone agrees Velindre Cancer Centre desperately needs to be redeveloped so it can provide 21st century cancer care.

Sadly, Mr Evans' letter also exemplifies the misinformation being perpetuated by both Velindre NHS Trust and the Velindre Cancer Centre supporters Facebook page.

Two from many examples of misinformation:

■ It has been suggested radio-frequency ablation (RFA) for oesophageal cancer will be delivered at the new Velindre Cancer Centre. It will not. Endoscopy is not planned. RFA is now delivered in Cardiff and Vale so patients no longer need to go to Gloucester.

■ "Fewer than 30 patients a year need an unplanned emergency transfer". These words are directly quoted from Velindre NHS Trust. A Freedom of Information request to the Welsh Ambulance Service PROVES it has been around 100 a year, every year, for the last 5 years.

Even this very newspaper on September 28 suggested breast cancer surgery is performed at Velindre. It is not and it will not be, as the current plans are for a non-surgical oncology cancer centre. Breast surgery is undertaken at Cardiff and Vale.

Regarding his comments about Clatterbridge, I would like to clarify for Mr Evans some of the fantastic work done by the "Transforming Cancer Care" team on Merseyside. I discussed this very matter only this week with a senior oncologist at Clatterbridge who has been at the helm of the development. Clatterbridge re-located the acute

care (in-patient beds) next to the central Liverpool University Hospital in June 2020, now called the Clatterbridge Cancer Centre- Liverpool. There are two other sites separate to this for elective outpatient care at the original Clatterbridge site on the Wirral and in Aintree.

The central Liverpool site has 110 beds, will treat blood cancers as well as solid cancers, and was delivered for £180m. The cancer centre is physically and managerially separate from the acute hospital BUT all of the facilities required for modern 21st century cancer care are on site, whether required in an emergency or elective setting. Complex treatments such as gene and immunotherapy are delivered in central Liverpool so if a patient gets into trouble, which they can do, they are supported by ITU doctors within minutes.

"Cold" services at the Wirral and Aintree sites will deliver Radiotherapy and some of the more straightforward chemotherapies, supported by satellite chemotherapy clinics.

As the direction of cancer treatment continues to change, Merseyside is now well placed to deliver the newer, more effective therapies.

These treatments provide a greater chance of cure, but may have greater initial toxic side effects requiring support from colleagues in different specialities to keep patients alive. Merseyside are truly transforming cancer care, and I suggest interested readers look at their website www.clatterbridgecc.nhs.uk/about-centre/mission-aims-and-values

Clatterbridge is one of many examples of modern, co-located and integrated cancer care. This perhaps explains the growing concern from specialist cancer nurses and doctors in SE Wales, both outside and inside Velindre, regarding the route chosen by Transforming Cancer Services at Velindre NHS Trust. Concerns have also been expressed by cancer experts in Swansea, Glasgow, Oxford and London, as well as Liverpool.

In fact, no one contacted around the UK has supported the proposed model of care.



I would be surprised and disturbed if the Nuffield Trust reached a different conclusion.

There is little doubt the project, as it stands, will not transform cancer care at all. It will provide more of the same for the next 30 years or more, albeit in a new environment.

These are the same cancer services that leave Wales with one of the poorest cancer survival rates in Europe. Despite good intentions, the disinformation that is being perpetuated, may ensure that cancer survival rates in Wales remain near the bottom of the pile.

Let's get on and develop the satellite radiotherapy and chemotherapy unit in North Gwent which has unanimous clinical support. This will improve access, allow more patients to be treated and reduce delays. In the meantime, we need to ensure we build a new main Velindre Cancer Centre, which will provide the most effective cancer treatments possible, in an environment which is safe for patients.

Rather than blind loyalty, I strongly suggest the supporters of the current proposals ask their clinicians whether the plans for the main

Cancer Centre to have no surgery, no interventional radiology, no endoscopy, no cardiology, no chest physicians etc, and in particular no intensive care unit, will be safe and effective.

We will have this for 30 years or

more, and cannot afford to get it wrong.

The people of South East Wales deserve better.

Dr Ashley Roberts MB BCH MD
MRCP(UK) FRCR

WEBCHAT

This isn't going anywhere so get used to a different way of life, do the best you can. But stop pretending it doesn't exist as it is very real.

Dawnie Dawn

Let's bear in mind that deaths from respiratory infections rise at this time of year. If you look at previous years there is little difference. Stop the fear mongering please.

Lesley Jones

Anyone would think its the start of flu season.

Brendan Watkins

Have we got a daily death rate of other causes. And is anyone

catching flu or flu that develops into pneumonia
Ray Owen

Lockdown you say? The traffic is quite heavy considering we are in lockdown. When I drove in the first lockdown the roads were empty but this time... no one is listening.

Martin Bobite Pickett

Lots of people saying the lockdown isn't working. The people dying with Covid now were probably infected six weeks ago or more. We won't see the



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Our Ref: NP/IW/RB

Direct Line 01633 435958

8 October 2020

Janet Finch-Saunders, AS/MS
Chair
Welsh Parliament
Petitions Committee
Petitions@Senedd.wales

Dear Ms Finch-Saunders

Petitions:

- **P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre**
- **P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry**

Thank you for inviting Aneurin Bevan University Health Board (ABUHB) to comment on the above petitions received by the Senedd concerning the planned development of a new Cancer Centre in Cardiff.

Firstly, we would like to emphasise that Aneurin Bevan University Health Board remains supportive of the Transforming Cancer Services SE Wales Programme and we would not necessarily wish to challenge the model of care for planned, low intensity chemotherapy, the delivery of radiotherapy or outpatient care within a new cancer centre in Cardiff and we have no specific objection to the choice of site.

The primary clinical concern regarding the proposed medical model is that of the significant risk to patient safety that may result from a stand-alone facility for acute oncology care. There is also concern that there is the potential for the delivery of state-of-the-art cancer care in Wales to fall behind that of the rest of the UK, as it will be challenging to deliver certain new cancer therapies without immediate access to high dependence or intensive care facilities, or to attract trainees and future generations of oncologists to a centre where such care cannot be delivered.

Cont/d.....

Bwrdd Iechyd Prifysgol Aneurin Bevan
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Aneurin Bevan University Health Board
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Tudalen y pecyn 254

Bwrdd Iechyd Prifysgol Aneurin Bevan yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Aneurin Bevan
Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board

The recent focus on clinical pathways in Acute Oncology (highlighted through joint workshops with multidisciplinary teams from the SE Wales Health Boards and Velindre Cancer Centre), together with the rapid changes in the delivery of ambulatory care, have highlighted the need for a safe model of care for those cancer patients who require urgent or emergency care.

The clinical feedback is that the new transforming cancer services model and development of a new cancer centre need to consider where and how the provision of urgent and emergency care could be delivered in the context of a new cancer centre using the following examples to illustrate the issues:

- Ambulatory acute oncology assessment unit, with facilities for treatment escalation, if required.
- Immunotherapy – these patients can require critical care support both during the administration of therapy and as a result of its side effects. These patients are likely to have a good response to the treatment with improved long term survival.
- CAR-T therapy. It is imperative this is delivered where there is an ICU on site.
- Access to Interventional radiology – the increased ability to place vascular, biliary, renal and GI tract stents to prolong life and quality of life is one of the most common reasons for transfer of patients to acute sites at present and this is likely to increase.
- On-site specialist advice, including (but not exclusively) cardiology, respiratory, immunology, gastroenterology and surgical specialties.
- A comprehensive research program of new systemic anti-cancer therapies, including those requiring immediate access to level 2 and 3 care.

At the time of the development of the Transforming Cancer Services (TCS) Programme in 2015, it was necessary to make a number of clinical assumptions in designing the model of care for patients. Given the rapid transformation in cancer care seen in the past 4 years and the increasing need to care for patients experiencing new and complex complications of their therapy, we are pleased to note that the proposed clinical model will be subject to an external review by the Nuffield Trust, before the decision regarding the final scope, design and sign off of the cancer facility in Cardiff is confirmed.

The Terms of Reference for this review were jointly agreed between the Health Boards in SE Wales and Velindre Cancer Centre and will address the concern about the model for the delivery of acute oncology to which we look forward to contributing to both constructively and collaboratively.

Yours sincerely



Judith Paget

Prif Weithredwr / Chief Executive

Tudalen y pecyn 255



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

Executive Headquarters / Pencadlys Gweithredol

Woodland House
Maes-y-Coed Road
Cardiff
CF14 4HH

Ty Coedtir
Ffordd Maes-y-Coed
Caerdydd
CF14 4HH

Eich cyf/Your ref:
Ein cyf/Our ref: LR-jb-10-8302
Welsh Health Telephone Network:
Direct Line/Llinell uniongychol: 029 2183 6010

Len Richards
Chief Executive

15 October 2010

Janet Finch-Saunders
Chair – Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Ms Finch-Saunders

P-05-1001 Hold an Independent Inquiry into the Choice of Site for the proposed new Velindre Cancer Centre
P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry

Thank you for asking the Health Board to comment on the two petitions which, whilst both relating to the siting of the proposed new Velindre Cancer Centre (VCC), apparently hold conflicting views:

- 1 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre
- 2 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry.

We acknowledge that the site of the new VCC is a matter for the Local Authority planners, Welsh Government, VCC itself and the local population. We also welcome the establishment of an independent process to advise on the clinical model for Cancer Services for the population of South East Wales which is being undertaken by the Nuffield Trust. We are pleased to have been able to contribute to the Terms of Reference for the advice process, and as a Commissioner of services from VCC, alongside Aneurin Bevan Health Board, Cwm Taf Morgannwg Health Board, and Powys Health Board, we look forward to further contributing to that process. We also look forward to working across the system, including with Velindre University NHS Trust, to ensure that the model of care is comprehensive and future-proofed.

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yw enw gweithredol Bwyrdi Iechyd Lleol Prifysgol Caerdydd a'r Fro
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Croesawir y Bwrdd ohebiaeth yn Gymraeg neu Saesneg. Sicrhawn byddwn yn cyfathrebu â chi yn eich dewis iaith. Ni fydd gohebu yn Gymraeg yn creu unrhyw oedi
The Board welcomes correspondence in Welsh or English. We will respond to your communications in your chosen language. Correspondence in Welsh will not lead to a delay



In response to the specific request to comment on the clinical model, our comments are as follows:

At the time of the development of the TCS program it was necessary to make a number of clinical assumptions in designing the model of care for patients. Given the rapid transformation in cancer care, even in the past four years, and the increasing need to care for patients experiencing new and complex complications of their therapy, we believe that a further assessment of the clinical model would help to inform the final decision regarding the siting of the acute cancer component of the future service configuration. We are working with Health board partners in the region to plan a collective approach to address this clinical need.

We would though stress that there are likewise several services provided within Velindre Cancer Centre which could be safely delivered on an appropriate stand-alone site eg outpatient services, provision of planned radiotherapy, administration of systemic anti-cancer therapy and other supportive services, and we recognise the importance of the quality of the environment for these services.

However to deliver safe and effective acute cancer care, with access to multidisciplinary specialist clinical services, specialist interventional radiology services and immediate access to high dependency or intensive care, it is essential to consider the required clinical interdependencies and a model of care that supports those services being provided adjacent to an acute hospital facility. The recent rapid changes in cancer care and the development of new, advanced therapies (some with specific and complex toxicities) needs to be considered together with potential benefits.

Specific examples are:

- Immunotherapy – these patients can require critical care support both during the administration of therapy and as a result of its side effects. Many of these patients will have a good response to the anticancer treatment with improved long term survival.
- CAR-T and other advanced therapies. It is imperative this is delivered where ICU is on site
 - Interventional radiology – the increased ability to place vascular, biliary, renal and GI tract stents to prolong life and quality of life is one of the most common reasons for transfer of patients to acute sites at present and this is likely to increase.
- On-site specialist advice, including cardiology, immunology, Gastro-intestinal, and surgery.
- Support for comprehensive research program of new systemic anti-cancer therapies, including those requiring immediate access to level 2 and 3 care with immediate access to early phase studies.

- Training for future medical and clinical oncologists alongside other non-oncologist, cancer-treating clinicians.

In summary whilst we support the view that many aspects of elective specialist cancer care can be safely and effectively delivered on a stand-alone site, we also believe that there is reason to re-consider the best clinical model for the delivery of acute or highly complex cancer care which will be considered by the Nuffield Trust.

Yours sincerely



Len Richards
Chief Executive



Ein cyf/Our ref: CEO.4098
Gofynnwch am/Please ask for: Katie Jenner
Rhif Ffôn /Telephone: 01267 239730
Dyddiad/Date: 15 October 2020

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Mrs Janet Finch Saunders MS
Chair
Petitions Committee
Senedd Cymru/Welsh Parliament
By email: petitions@senedd.wales

Dear Mrs Finch-Saunders

P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre
P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry

Thank you for your letter of 25 September 2020, on behalf of the Petitions Committee in relation to the above named petitions.

I am pleased to confirm Hywel Dda University Health Board's support for the development of a new Velindre Cancer Centre to provide specialist care, as the old site is 60 years old. With advances in medicine and technology, it is imperative that we continue to develop and improve our services to incorporate a state of the art facility to cater for cancer patients in Wales.

The ideal location for a Cancer Centre would be to co-exist with an acute hospital; this would enable timely transfer of patients to the acute site should the situation arise.

Although the proposed new site is more accessible to patients due to its proximity to the M4 corridor, its position predominantly caters to patients in east Wales, and so access to the specialist services offered by this new development will need to be considered for the population of mid and west to ensure equity of care.

I trust this satisfies your enquiry.

Yours sincerely

Steve Moore
Chief Executive



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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Cadeirydd / Chair: **Emma Woollett**
Prif Weithredwr/Chief Executive: **Tracy Myhill**

gofalu am ein gilydd, cydweithio, gwella bob amser
caring for each other, working together, always improving

Pencadlys Bwrdd Iechyd Prifysgol Bae Abertawe Headquarters

Un Porthfa Talbot, Parc Ynni, Baglan, Port Talbot, SA12 7BR Ffôn 01639 683334

Swansea Bay University Health Board Headquarters

One Talbot Gateway, Baglan Energy Park, Port Talbot, SA12 7BR Phone 01639 683334

Rydym yn croesawu gohebiaeth yn y Gymraeg ac yn y Saesneg. We welcome correspondence in Welsh or English.

☎ **01639 683307**

✉ Sallyanne.jones@wales.nhs.uk

Executive Medical Director Department
SBU Health Board Headquarters
One Port Talbot Gateway, Seaway Parade
Port Talbot SA12 7BR

Date 16 October 2020

Your ref/Eich Cyf:

Our Ref/Ein Cyf: RHE/IR/saj

By email to: Petitions@Senedd.Wales

Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

To the Clerking Team

Petitions:

- **P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre**
- **P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry.**

I am responding to Janet Finch-Saunders AS/MS letter to Tracy Myhill of 25 September 2020. The letter asked whether it would be possible for Swansea Bay University Health Board (SBUHB) to provide a clinical perspective on the clinical model for the proposed new Velindre Cancer Centre.

Velindre Cancer Centre is a specialist regional cancer centre serving the South East of Wales, whereas SBUHB runs the South West Wales Cancer Centre at Singleton Hospital in Swansea. Residents of SBUHB who need to access the services of the specialist cancer service will be referred to the cancer centre at Singleton.

Therefore I do not feel best placed to comment on the proposed clinical model for South East Wales at the new Velindre centre. I am aware that the Nuffield Trust has been commissioned to provide



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Tudalen y pecyn 260

an independent view of the model and welcome that approach. Colleagues in Health Boards in the South East of Wales will be better placed to comment on the Velindre model given their direct experience of using the service and any consequences that might arise for them from implementation of the new model.

Yours sincerely



PROF. RICHARD H. EVANS
EXECUTIVE MEDICAL DIRECTOR





Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Your ref/eich cyf:
Our ref/ein cyf:
Date/Dyddiad:
Tel/ffôn:
Email/ebost:
Dept/adran:

PM/TLT
08 October 2020
01443 744803
Paul.Mears@wales.nhs.uk
Chair and Chief Executive

Janet Finch-Saunders AS
Chair
Petitions Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

Dear Ms Finch-Saunders

Petitions:

**P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre, and
P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre Cardiff, in any future inquiry**

Thank you for your correspondence on this matter.

I can confirm that there is clinical interest in the development of a new Velindre Cancer Centre and with the associated clinical model of care for our patients.

We are therefore committed to our clinical staff contributing fully to the Nuffield Review which has been commissioned.

Kind regards.

Yours sincerely

Paul Mears
Prif Weithredwr/Chief Executive

Cyfeiriad Dychwelyd/ Return Address:

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg, Pencadlys, Parc Navigation, Abercynon, CF45 4SN
Cwm Taf Morgannwg University Health Board, Headquarters, Navigation Park, Abercynon, CF45 4SN

Cadeirydd/Chair: Professor Marcus Longley Prif Weithredwr/Chief Executive : Paul Mears

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Cwm Taf Morgannwg
ICwm Taf Morgannwg University Health Board is the operational name of the Cwm Taf Morgannwg University Local Health Board

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Vivienne Harpwood, Cadeirydd / Chair
Ffon / Phone: 01874 712502
E-bost / Email: Vivienne.Harpwood@wales.nhs.uk



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WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

**Carol Shillabeer, Y Prif Weithredwr /
Chief Executive**
Ffon / Phone: 01874 712659
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CS/HT/AE

16 Tachwedd 2020

Janet Finch-Saunders AS/MS
Cadeirydd
Pwyllgor Deisebau Senedd Cymru
Senedd Cymru
Bae Caerdydd
CF99 1SN

Annwyl / Dear Ms Finch-Saunders

DEISEBAU:

P-05-1001 Cynnal ymchwiliad annibynnol i'r dewis o safle ar gyfer y Ganolfan Ganser Velindre newydd arfaethedig

P-05-1018 Cefnogaeth ar gyfer y cynlluniau arfaethedig presennol i adeiladu Canolfan Ganser Felindre newydd yng Nghaerdydd mewn unrhyw ymchwiliad yn y dyfodol

Diolch am y cyfle i wneud sylwadau ar y deisebau uchod yn ymwneud â Chanolfan Ganser Velindre newydd yng Nghaerdydd. A wnewch chi dderbyn fy ymddiheuriadau am yr oedi cyn ymateb.

Mae Bwrdd Iechyd Addysgu Powys yn gefnogol i'r Rhaglen Trawsnewid Gwasanaethau Canser gan gynnwys y model gofal a gynigir ar gyfer yr ysbyty newydd. Nid oes gennym unrhyw wrthwynebiadau i'r dewis o safle ysbyty ar gyfer Canolfan Ganser Velindre newydd.

Ar adeg cwblhau'r achos busnes ar gyfer yr ysbyty newydd, datblygwyd proses Gomisiynu Cydweithredol ar draws byrddau iechyd yn y rhanbarth a roddodd gefnogaeth gomisiynu gadarnhaol i'r ysbyty newydd yn 2018. Dylid nodi yr oedd proses gynhwysfawr o gynnal drafodaethau ac ymgysylltiad dan arweiniad clinigwyr ledled y rhanbarth i ddatblygu'r Rhaglen Trawsnewid Gwasanaethau Canser a manylion y model clinigol a amlinellwyd yn yr achos dros fuddsoddi ar gyfer yr ysbyty newydd. Ni chawsom ein hysbysu o unrhyw bryderon

Pencadlys
Tŷ Glasbury, Ysbyty Bronllys,
Aberhonddu, Powys LD3 0LU
Ffôn: 01874 711661



Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LU
Tel: 01874 711661

Rydym yn croesawu gohebiaeth Gymraeg
Bwrdd Iechyd Addysgu Powys yw enw gweithred Bwrdd Iechyd Lleol
Addysgu Powys

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Powys Teaching Health Board is the operational name of
Powys Teaching Local Health Board

clinigol yn 2018 ynghylch y model clinigol arfaethedig, a dyluniwyd y broses graffu comisiynu yn bennaf i adolygu a chytuno ar y rhagdybiaethau cynllunio ac ariannol a gynhwysir yn yr achos i gyflawni'r model clinigol y cytunwyd arno.

Rydym yn deall bod pryder bellach am y model Oncoleg Acíwt arfaethedig a darparu gofal brys ac argyfwng yn enwedig mewn perthynas â'r canlynol:

- Aseiad oncoleg aciwt triniaethau dydd a chyfleusterau ar gyfer triniaeth.
- Cyd-ddibyniaeth therapi CAR-T a mynediad at gymorth gofal critigol.
- Mynediad cleifion imiwnotherapi i gymorth gofal critigol.
- Mynediad at Radioleg Ymyriadol - gan arwain at drosglwyddo cleifion i safleoedd aciwt.

Yn sgil datblygiadau cyflym mewn gofal cancer ynghyd â newidiadau cyflym mewn triniaethau dydd, rydym yn croesawu'r adolygiad allanol o'r model clinigol gan Ymddiriedolaeth Nuffield i lywio dyluniad terfynol y cyfleuster cancer yng Nghaerdydd. Rydym yn croesawu'r cyfle i gyfrannu at yr adolygiad hwn fel comisiynydd y gwasanaeth mewn partneriaeth â byrddau ieched eraill ledled y rhanbarth.

Yn Gywir / Yours sincerely



Carol Shillabeer
Prif Weithredwr
Chief Executive

Save the Northern Meadows Petition

Dear Petitions Committee,

Thank-you for so diligently handling our petition and the issues around it. Events have prompted us to communicate ahead of your meeting on the 2nd December. These include a Welsh Government letter to one of us four days ago, the imminent report from the Nuffield and an email on 13th November from [REDACTED], the CEO of Nuffield, to one of our members.

Mr [REDACTED] made it clear that the Nuffield Project was **not** an independent review:

'On the question of an independent review versus the independent advice... at no point have we referred to it as a review and indeed we've tried to be clear that it's not a review, as you noted. It would be regrettable if it was seen as anything other than the tightly defined advice that it is.'

That it is **not a review** has been communicated to Velindre staff, yet a recent reply from Velindre was **still using the phrase 'independent review', as are members of the Welsh Government**. What this clarification means is that *Save the Northern Meadows* (STNM) made the right call on this when Velindre and others peddled it as the called-for review. But importantly, there's now clearly **no reason to dispense with the Petition** on account of the Nuffield Project. So either a proper independent review or a government U-turn is still needed. That was central to our original pitch for your consideration. In fact, from letters in the S Wales Echo, the clinical argument has been further stiffened by Freedom of Information confirmations.

This reality does not seem to have cut through to those manning the department of Health, Social Care and Sport. A statement on 20th November from [REDACTED] on behalf of the minister Vaughan Gething (to another of our members) affirms the following:

1. *'This process of scrutiny [of Velindre's business case] is independent of the Velindre... and will include... the clinical model and the independent advice from the Nuffield trust.'*

2. If the advice concludes *'...something different to the expert providers of cancer care in South East Wales, then the **government would be the inappropriate party to decide [between them] the best model to treat cancer.'***

In a convoluted way, this is saying that expert providers like Velindre are untouchable. But that's just the challenging reality of independent reviews - they test and outrank even expert providers. In the NHS it's how life and limb are held sacred.

3. Anyway, Mr [REDACTED] further writes that, '*...it is for the NHS in Wales to decide how best to treat people with cancer and how to arrange services to do so effectively. Their proposals are then subject to detailed scrutiny by Welsh government officials and ultimately decisions by ministers.*'

So Welsh Government (WG) isn't fitted to make the actual decision but it is well fitted to scrutinise it.

1. This dilemma of having inappropriately to arbitrate is entirely of the Department of Health's own making, especially the day it allowed the Nuffield Project. But accept the proposal in our Petition and no clash is involved. You do what the review tells you. The **independent review provides an independent and authoritative decision**, the reasons for which are always set out. And even now, even saddled with a somewhat untidy process, that would still be the case. No official or government tinkering is needed after an independent review. You trust it with the job and implement accordingly.

2. Mr [REDACTED]'s statement seems to settle the trickier question of who or what constitutes expert knowledge of cancer care in SE Wales - it is the Velindre University Hospital of Wales Trust. But in the Trust's decision-making body (its Board), the **degree of cancer expertise present is very thin indeed. Experts are absent altogether from the Transforming Cancer Services project.** This raises the question: **what really constitutes cancer expertise at VUHWT?** Surely not with the management, but with **all the cancer-related clinicians, including medical, nursing, physiotherapy staff etc.** But these true carriers of clinical expertise have **never been given the chance** to offer in complete, safe anonymity, their considered, confidential preference on the choice of clinical model.

3. In the same way, the statement that it 'is for the NHS in Wales to decide...' invites the question of who and what in **all Wales** is the chief player. Why should this be invested in one person, here the Chief Medical Officer? Why not the sum total of senior clinicians, or a distinguished selection of them from all-Wales, be regarded as the experts for all Wales? If not, a major swathe of Welsh cancer experts are to be automatically banished from the entire scrutiny and review process. All to satisfy a small cabal at Velindre, representing only South East Wales and lobbying from its location close to government.

4. The job of the external independent review, supported widely, is to give a clinical judgement not on various mitigations and risk management, but on **which of the clinical models (stand-alone or integrated) should be judged safest and most effective.**

5. Velindre, astonishingly, has still never had an independent, external evaluation of this central critical issue, despite the £20 million already spent on the project.

6. A slightly earlier statement from WG to an STNM member claimed the independent review, 'is not required as the business case is already subject to a formal and impartial review process.' Surely we can already see that what's proposed can't be presented to the world as 'impartial'. Mr [REDACTED]'s message from the Department includes the official privileging of Velindre from the start. But more than that, **the CMO initiated the Nuffield Project in close discussion with Velindre** (according to his statement to the Health Committee on September 30th) and therefore ceases to be independent and impartial. At the very least, let's say he could not safely be *presented to the public* as impartial. But a truly independent panel would be. We venture to suggest that in any other process of Senedd business, the Standards Committee wouldn't jump to declaring impartiality in someone who did all the setting up, however honourable the person.

6. It is both unfortunate and ironic that the department's message through Mr [REDACTED] to an STNM member states the end in view as: that '*...any risks and mitigations can form part of the final business case.*' The definition of mitigations is 'the action of reducing the severity, seriousness, or painfulness of something.' Mitigation is damage management. But in this case, at stake is a new era, **60 years of cancer treatment and the reputation of cancer care and health in Wales.** It **deserves fuller clinical involvement in the decision-making and more than mitigations.** For us, excellence lies in avoiding the damage not in praising its mitigations. Hence our plea again to keep the Petition in play. It only asks Senedd to see us safely through to the **highest and the best.**

With best wishes,

Save the Northern Meadows

NB The original documents can be provided to the committee with recipients' names blocked out, since STNM members, especially female, have been subject to vilification by a significant 'closed' but large Facebook group.

Janet Finch-Saunders MS
Chair, Petitions
Committee
By email to: petitions@senedd.cymru

25th November 2020

Dear Janet,

P-05-1001 Hold an Independent inquiry into the choice of site for the proposed new Velindre Cancer Centre

P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry.

I am writing to respond to the specific questions raised in your letter dated 17th September 2020. I have sought to address these questions below:

1. *For the Trust's response to concerns that have been **reported** in relation to the clinical model underpinning the development of a new cancer centre, and clarification as to whether safety concerns about the standalone cancer centre model have been raised by clinicians at any point during the process.*

Our plans were developed after engaging hundreds of clinicians, patients and partners in a number of meetings before they were supported by the health boards. This [engagement report](#), published on our website, gives an example of engagement with staff and external stakeholders during March - May 2015. The objective was to test the assumptions and principles that underlined the Strategic Outline Plan. Between July-December 2015 an additional 48 workshops were held. Hundreds of staff, health board staff and partners in higher education, industry and the third sector as well as patients and members of the public attended the meetings to develop our proposals further.

Further engagement has been undertaken since. A detailed [timeline](#)¹ outlining some of this is on our website – key points from this are included in the following overview:

- In 2017, we focused on developing our initial plans for the new Velindre Cancer Centre and pre-planning consultation with the public, before submitting our outline planning application.

¹ <http://www.transformingcancerservices.wales/new-velindre-cancer-centre-journey>

- Our Trust Board approved the TCS Programme Business Case, which includes the Clinical Model, and we submitted this to the Local Health Boards in south east Wales.
- We then utilised the engagement undertaken to date to inform our drafting of the OBC in 2018.
- Our new Project Director started in post in 2019 and commenced a programme of attending departmental team meetings within VCC to update staff on the work to develop a new Velindre Cancer Centre, and to take feedback and questions. This continued until March 2020, when the impact of COVID-19 meant that VCC priorities were focused elsewhere.
- An all-staff virtual 'Live Q&A about new Velindre Cancer Centre' event was held on 29th June 2020, followed by another virtual Q&A session for staff based in Whitchurch on 3rd August 2020.
- The new Velindre Cancer Centre Project Director joined the virtual Consultants meeting on 1st July 2020 and 7th October 2020 specifically to discuss the new Cancer Centre Project and the service model.
- A series of social distanced face-to-face and virtual engagement sessions hosted by the Chair and the CEO have been run since August 2020 -14 sessions to date. These are open to all Velindre Cancer Centre staff and they are planned to run over the autumn/winter, mindful of winter pressures and COVID19.

We always encourage our staff to speak openly and, more recently, some staff have contacted me directly regarding their concerns which I welcome and take seriously. We are working together to address them and are working closely and keeping open dialogue with our Local Partnership Forum partners and the Local Negotiating Committee of the BMA.

2. *Linked to this, we would be grateful to receive the following data:*

- a) *Within the last 5 years, have there been any preventable deaths at Velindre or during transfer to an acute hospital site due to the lack of an onsite anaesthetist or critical care facilities?*

The Trust has a duty to report any serious incidents that occur onsite (i.e. incidents in which serious harm or death has been caused) to the Welsh Government Patient Safety Team.

Over the past 5 years, no serious incidents have been reported to Welsh Government due to preventable deaths onsite relating to a delay in transfer to an acute hospital, or due to the lack of CCU/Anaesthetic support onsite.

- b) *Whether in the last 5 years, any patients have died at Velindre as a result of a medical emergency whilst waiting for a 999 ambulance?*

The Trust has a duty to report any serious incidents that occur onsite (i.e. incidents in which serious harm or death has been caused) to the Welsh Government Patient Safety Team

Over the past 5 years, no serious incidents have been reported to Welsh Government relating to patient deaths as a result of waiting for a 999 ambulance.

- c) *Have any patients at Velindre Hospital waited more than 30 minutes for an ambulance when one has been requested as an emergency?*

We do not have any specific data to indicate the timeliness of response to the emergency 999 calls by The Welsh Ambulance Service (WAST). We suggest that this information is requested directly from WAST.

- d) *How many patient transfers are required each year to acute sites and how many require critical care on arrival, including, for example, urgent and emergency surgical and medical assessment, as well as surgical, endoscopic and interventional radiology procedures?*

The Welsh Ambulance Service (WAST) provides both emergency and non-emergency transport for patients receiving care at VCC.

Non-emergency patient transport (NEPT) is a pre-booked service transporting patients to and from out-patient appointments and non-urgent transfers to other health care providers (for example, hospice, community hospital). This service is available between the hours of 09.00 and 17.00 Monday to Friday. Non urgent patient transport outside of working hours is arranged via the Emergency Medical Service (EMS), and this booking is generated through calling 999.

WAST has confirmed that they received 105 calls from the Velindre Cancer Centre using the 999 service during January to December 2019. However, as described, these include calls for non-urgent 'routine' out of hours transfers (for example, patient transfers to their homes/hospice)

When 999 calls are made to the Welsh Ambulance Service (WAST) from the Velindre Cancer Centre (VCC), WAST utilise their triage system to determine the priority status of the call. Any patient who would have been deemed to have required critical intervention e.g. CCU would have been categorised as a 'RED' call by WAST. The data received from WAST shows that in 2019, there were 11 999 calls to WAST from VCC which were triaged and assessed by WAST as being priority 'RED' calls (i.e. emergency situations which required an immediate WAST response).

Further detail (obtained from WAST) is shown below:

	RED	AMBER	GREEN
2015	0	8	11
2016	6	54	37
2017	13	60	26
2018	11	60	22
2019	11	69	25
2020	2	34	16

The data below, which was provided by the Welsh Ambulance Service Trust, shows the transfer of patients from Velindre Cancer Centre to local Care Providers. These transfers would have been for a variety of non-critical/non-emergency reasons. Patients requiring critical input are all transferred by WAST to UHW (as the nearest site to Velindre).

AS1 and AS3 are defined by WAST as follows:

AS1 – an emergency call/transfer which is prioritised via advanced medical priority based dispatch into Red, Amber and Green categories:

- Red: immediately life threatening,
- Amber: serious but not immediately life threatening, and
- Green: neither serious nor life threatening.

AS3 – a routine call carried out by the Emergency Medical Service not NEPTs. Although carried out by an emergency ambulance either due to timing or clinical need, these are very low level routine calls.

2018	AS1	AS3	Grand Total
University Hsp Of Wales	58	1	59
Royal Gwent Hsp Newport	3	3	6
Royal Glamorgan Hsp Pontyclun	2	3	5
Nevill Hall Hsp Abergavenny	2	3	5
Princess Of Wales Bridgend	3	2	5
Prince Charles Hsp Merthyr	2	2	4
Llandough Hsp	3		3
The New Barry Hsp		1	1
Grand Total	73	15	88

2019	AS1	AS3	Grand Total
University Hsp Of Wales	69	1	70
Royal Gwent Hsp Newport	5	5	10
Royal Glamorgan Hsp Pontyclun	3	6	9
Prince Charles Hsp Merthyr	2	4	6
Princess Of Wales Bridgend	2	3	5
Llandough Hsp	3	2	5
Nevill Hall Hsp Abergavenny	1	3	4
Morrison Hsp Swansea	2		2
Ysbyty Ystrad Fawr Hsp	1		1
County Hsp Pontypool		1	1
Marie Curie (Holme Towers)	1		1
Grand Total	89	25	114

2020	AS1	AS3	Grand Total
University Hsp Of Wales	25		25
Royal Glamorgan Hsp Pontyclun	5	2	7
Royal Gwent Hsp Newport	1	2	3
Nevill Hall Hsp Abergavenny	3		3
Prince Charles Hsp Merthyr	1	1	2
Llandough Hsp	1		1
Princess Of Wales Bridgend		1	1
Grand Total	36	6	42

3. For an overview of the proposed financial model for the development of the new cancer centre and a breakdown of the money spent to date under the Transforming Cancer Services programme.

The Mutual Investment Model (MIM) is a Welsh Government policy to finance major capital projects and support additional investment in social and economic infrastructure projects and help to improve public services in Wales.

As noted on the Welsh Government's website, "MIM schemes will see private partners build and maintain public assets. In return, the Welsh Government will pay a fee to the private partner, which will cover the cost of construction, maintenance and financing the project. At the end of the contract the asset will be transferred into public ownership."

Further technical information about the MIM process is available on the Welsh Government's website [here²](#).

A spreadsheet detailing the expenditure undertaken by Transforming Cancer Services is attached as Annex A. This is information we have previously released in response to a Freedom of Information request and is all we are able to release at this time.

4. *A copy of a review that the Committee has been told was carried out by Dr Jane Barrett around 2017.*

The Trust can confirm a review was carried out – known as a Gateway Review – which is a standard part of the business case process required by the UK Treasury for all large infrastructure projects. Its purpose was to provide assurance to the Senior Responsible Officer (SRO) in terms of the progress of the Transforming Cancer Services in South East Wales programme.

We can confirm the review was carried out in 2017 by a team appointed by Welsh Government.

We have been advised that Gateway Reviews are not published as a matter of course. We then sought legal advice and, as a result, we have concluded that the publication of a Gateway Review would "otherwise prejudice the effective conduct of public affairs."

5. *A copy of any terms of reference or scoping document for the advice sought from the Nuffield Trust.*

A copy of the Terms of Reference for the independent advice sought from the Nuffield Trust is attached as Annex B.

Additionally, the Nuffield Trust has published a dedicated [Project page³](#) on its website for this work.

6. *A to-scale footprint of the proposed new cancer centre and, if possible, for that to be projected onto the current Whitchurch Hospital site for comparison purposes.*

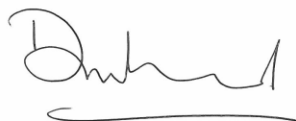
The dimensions that we provided for our outline planning applications provide an indicative footprint to which the planners provided the outline planning application against, within certain design parameters.

² <https://gov.wales/mutual-investment-model-infrastructure-investment>

³ <https://www.nuffieldtrust.org.uk/project/independent-advice-to-velindre-nhs-university-trust>

The proposed outline planning application reflects the business case needs in the specific context of the topography of the site and it is therefore difficult to extrapolate this design into another location. The Maximum Parameters Plan and Enabling Works plan is attached as Annex C.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Donna Mead', with a horizontal line underneath.

Professor Donna Mead, OBE, CStJ
Chair

Encs:

1. Spreadsheet detailing the expenditure undertaken by Transforming Cancer Services (Annex A).
2. Nuffield Trust Terms of Reference.pdf (Annex B).
3. Maximum Parameters Plan and Enabling Works.pdf (Annex C).

Annex A

	Total Project Spend	Total Project Spend	Total Project Spend	Total Project Spend	Total Project Spend	Total Project Spend	Total Project Spend
	ALL YEARS	YEAR 2014 2015	YEAR 2015 2016	YEAR 2016 2017	YEAR 2017 2018	YEAR 2018 2019	YEAR 2019 2020
Programme Management Office	£1,246,342	£35,954	£157,447	£358,858	£318,378	£188,108	£187,597
Project 1 - Enabling Works	£6,191,572	£0	£353,035	£1,845,181	£735,584	£2,099,034	£1,158,737
Project 2 - nVCC	£9,249,167	£292,496	£1,391,398	£2,767,723	£2,046,565	£1,634,988	£1,115,996
Project 3 - Digital and Equipment	£369,009	£0	£0	£80,977	£1,584	£95,513	£190,935
Project 4 - RT Satellite	£297,498	£0	£0	£175,262	£60,577	£0	£61,658
Project 5 - Outreach Centres	£0	£0	£0	£0	£0	£0	£0
Project 6 - Service Delivery, Transformation and Transition	£2,645,652	£0	£496,568	£939,589	£746,374	£249,618	£213,503
Project 7 - Decommissioning	£0	£0	£0	£0	£0	£0	£0
Payroll - reallocated to projects	£0	£0	£0	£0	£0	£0	£0
Total	£19,999,239	£328,450	£2,398,448	£6,167,590	£3,909,063	£4,267,262	£2,928,426

**Nuffield Trust: Independent Advice to Velindre University NHS Trust on the
Planned Regionally Integrated Network Clinical Model for non-surgical tertiary
cancer services**

Terms of Reference

Aim: to provide independent advice to Velindre University NHS Trust on the planned regionally integrated network clinical model for non-surgical tertiary cancer services across South East Wales.

Scope:

Clinical: planned regionally integrated network clinical model for non-surgical tertiary cancer services

Geographical: South East Wales

Outputs:

- Provide a report and recommendations to Velindre UNHST taking account of the following questions
- What are the benefits of the planned regionally integrated network clinical model for non-surgical tertiary cancer services?
- What are the risks inherent in the planned regionally integrated network clinical model including the location of the main non-surgical tertiary cancer centre on the Northern Meadows? i.e. managing the acute care interfaces/optimising the quality and acuity of clinical support for cancer services across all networked sites.
- Are the strategies proposed to manage these satisfactory, and what else might be considered with regard to:
 - o additional opportunities to strengthen planned arrangements;
 - o prioritising/accelerating any specific areas of planned work;
- What are the risks and benefits of the planned regionally integrated network clinical model with regard to research, development and innovation?

- How does the network model support high quality research and development and promote innovation?
- How might any risks be mitigated?
- How could the benefits/opportunities be further optimised with learning from other health care systems? Are there any broader development opportunities related to cancer/related healthcare that could be considered to maximise the opportunity?

The work should take into account:

- Synthesis of existing international evidence;
- Emerging trends e.g. new medicines and technology; policy emphasis on improving access to services/reducing health inequalities; development of digital services; requirements for pandemic resilience.

Method

- Literature and evidence review across UK, Europe and international healthcare systems.
- Information and intelligence gathering.
- Interviews with a cross-section of interested parties.
- Interviews and consideration with external experts.

Timings

Commencement: September 2020

Completion: November 2020

Annex C map will be attached here.



Tudalen y praeŷyn 278

REFERENCE MAP NORTH

NOTES

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DATE	DESCRIPTION	REV	STATUS
06/04/17	First Issue	A	PL

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HASSELL

CLIENT NAME VELINDRE NHS TRUST	ORIGINATOR NO 011282
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PROJECT
**VELINDRE CANCER CENTRE
 PARK ROAD, CARDIFF. CF14 7XB**

DRAWING TITLE
**MAXIMUM PARAMETERS PLAN AND
 ENABLING WORKS**

SUITABILITY STATUS Planning	SCALE 1 : 2000 @ A1
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PROJECT# | ORIGINATOR | VOLUME | LEVEL | TYPE | ROLE | NUMBER | STATUS+REV
 011282-HSL-00-ZZ-DR-A-PL11-A

Original Sheet Size A1 - 841 x 594mm

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Da prynhawn,

Heddiw, mae'r Nuffield Trust wedi cyhoeddi ei hadroddiad annibynnol sy'n amlinellu cyngor ac argymhellion ar y model clinigol integredig sy'n sail i oncoleg anlwfeddygol yn ne-ddwyrain Cymru.

Mae'r adroddiad ar gael [yma](#).

Roedd y Nuffield Trust am sicrhau eu bod yn gallu estyn allan at gynifer o randdeiliaid allweddol â phosibl, gan gynnwys cleifion, arweinwyr o fewn yr Ymddiriedolaeth ac o fewn ein Byrddau Iechyd partner fel rhan o'r broses.

Byddwn yn parhau i weithio mewn partneriaeth agos â'r rhanbarth i sicrhau bod gwasanaethau canser rhagorol yn cael eu darparu i bobl y de-ddwyrain.

Mae croeso i chi gysylltu â mi os oes hoffech unrhyw wybodaeth bellach.

Yn gywir

Yr Athro Donna Mead, OBE

Cadeirydd, Ymddiriedolaeth GIG Prifysgol Felindre

P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre, Correspondence – Petitioners to Committee, 07.12.20

Janet Finch-Saunders MS

Chair, Petitions Committee

7th December 2020

Dear Mr Francis,

P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre

Enclosed our response to your email of 30/11/20. We ask that all of the documents we have already submitted to support the petition to accompany this response together with the Nuffield advice (1/12/20). **We urge the need to undertake an immediate independent inquiry.**

1. Responses from consultees (save Velindre University NHS Trust) – terms of reference

With the exception of Cardiff and Vale Health Board and Vaughan Gething, all other health boards and the Chair of the HSCC&S committee in their responses refer to Nuffield engagement as a “review” or “view”. Nuffield did not conduct a review but provided “independent advice”. Their aim was only to manage or recommend risk reduction on the existing proposal. This engagement was only announced by Velindre University NHS Trust moments before the last Petitions Committee debate despite months of public and medical pressure to do so, and only after they were instructed to do so by the Chief Medical Officer. In itself, this should cause concern.

2. Responses from Health Trust consultees – the need to assess the proposed clinical model

The health trust responses are overwhelmingly supportive of the need to question the clinical model (**save Velindre University NHS Trust**) and all supported the need for review (rather than just advice). Steve Moore, of Hywel Dda University Health Board also pointed out the need for equality of care for those in West and Mid Wales as well as South Wales; therefore, requiring consideration of site location. This does not fall within the ambit of the Nuffield advice.

It is of note that at no point were any of the stakeholders consulted on the decision for a standalone centre, let alone site location. It is also a matter of significant concern that Velindre appears not to have proactively engaged relevant Community Health Councils at appropriate times in the development of their plans as they are required to by Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010. We are investigating this further with relevant CHCs but the level and timing of engagement and informal and statutory consultation on the clinical consequences of the Velindre proposal is now a matter that demands proper scrutiny in light of the Nuffield findings.

3. Response from Prof Donna Mead Velindre University NHS Trust dated 25/11/20

- a. Question One from the Petition Committee (safety concerns raised over clinical model)
- Professor Mead fails to address that the health boards had not been notified/consulted about the need to reassess the proposed clinical model since the Trust Board approved the TCS Business Case in 2017. Professor Mead doesn't acknowledge the letters from medical staff from the Trust expressing their concerns about reliance on an outdated clinical model.

These were obtained via FOI request and are appended at the end of this letter.

Further, the Nuffield advice page 6/56 says *“There are significant opportunities from planning all cancer services in a more integrated way rather than the silos that currently exist. The planning approach for cancer services in South East Wales needs to be reviewed and improved. In particular, the coordination of strategy, the use of a common dataset and the leadership of the process all need to be strengthened.”* This demonstrates the failings in the current proposed plans and highlights the need for fresh leadership within the Trust TCS project which is obviously lacking. An independent, urgent inquiry would do just that.

- b. Question Two (a) and (b) (whether within the last five years have there been preventable deaths at Velindre, or during transfer to acute site due to lack of onsite anaesthetist or of critical care facilities; or whether patients have died at Velindre whilst waiting for a 999 ambulance).
- Professor Mead again submitted the Trust's standard response to this question - which is misleading through selective wording claiming that “no serious incidents have been reported... due to lack of onsite facilities/waiting for an ambulance”. A similar claim recently made in the South Wales Echo by Prof Mead. The wording is carefully chosen to reassure members of the public that there are no concerns over onsite deaths. In contrast, a freedom of information

request (25/8/2020) revealed details of an unexpected death which was not reported, on the Trust's account because "it did not meet the threshold for reporting". Further, in that FOI response when detailing the cause of that death, the Trust claimed that EMRTS and WAST were in attendance. This is false. EMRTS were not in attendance. The fact that the response is so carefully particularised, and apparently false in some respects, demonstrates lack of transparency even now, to the Petitions Committee and in itself demands accountability. The fact of the death is not mentioned in the Nuffield advice, presumably because they were not told of it by the Trust, and it is not reported. How could Nuffield therefore know?

Question Two (c) (patients waiting for more than 30 mins for an ambulance) and (d) (number of patient transfers required). It is of grave concern that Prof Mead cannot answer this question because the Trust do not keep any such records. Frankly that is astonishing. Despite Prof Mead's assertion that there is no problem, the Nuffield advice, page 4 remarks "***The VCC model should not admit patients to VCC who are at risk of major escalation. Changes in the admission criteria and overnight cover are currently being developed. Admissions and transfers to acute care should be kept under regular review and refined.***"

- c. Question Three (breakdown of money spent to date and overview of the financial model). Shows a spend to date of £19,999,239 despite this being still in preliminary stages. There are no plans of the building to be seen only artists' impressions. Planning conditions are not yet satisfied. In the Velindre Trust Committee meeting on 26 November 2020, a further £3 million expenditure has been approved by WG, without it seems any scrutiny. It is clear - if the public and clinicians had not intervened to date, millions of public money would have been spent on an out-of-date project. It is not too late to take this in hand and have an urgent, independent inquiry. The Nuffield advice comments "***However, our expert panel and a number of interviewees raised the question about the desirability of a co-located model in which all VCC services would be moved to be next to University Hospital of Wales (UHW). In Appendix 1, we look at this question and our analysis is that this will not be an option for some considerable time, but may be possible as part of a redeveloped University Hospital of Wales (UHW) in the longer term. We also found that there are future strategic opportunities created by the development of a new Velindre Cancer Centre and the proposed UHW2 that the health system should look to exploit. With careful design investing in a high capacity ambulatory treatment centre is a sensible strategy in a number of different scenarios.***"

This provides hard evidence for the need to review the business case and clinical model immediately. It cannot be seriously proposed that the public spend £200million (estimated build

costs in 2013) on a hospital for a 15-20-year review basis. Nuffield advice: ***“In 15 years, the next generation of linear accelerators at a new VCC will have reached the end of their useful life. At this point there may be an opportunity to strategically review service configuration across the region, and between Cardiff LHB and Velindre University NHS Trust”***

This may well undermine the current business case (which we have requested under FOI for public scrutiny but has been withheld by Welsh Government) particularly since Welsh Government is proposing a Mutual Investment Model – a form of PFI that is likely to see the public paying for any new hospital for 25-30 years – well beyond its useful life according to the Nuffield advice. It would make sense for an inquiry to drive a complete assessment of the local health provisions to deliver recommendations that will be sustainable in the long term.

- d. Question Four (copy of the review the committee was told was undertaken by Dr Jane Barrett in 2017)

Professor Mead does not address this question and appears to be referring to a business review. Again, that raises the issue of transparency. In a document produced by the Trust 21 July 2020, the public were told that this model was subject to an “external review” conducted by Dr Jane Barrett as clinical lead. Dr Barrett has subsequently confirmed that she did not undertake a review of a standalone cancer centre, as proposed, or even redevelopment of Velindre, but merely a paper review of satellite centres in South Wales. The email is attached as an addendum as is the public document from the Trust claiming Dr Barrett conducted external review. Those documents, subsequently challenged by STNM and clinicians, have been withdrawn or changed by the Trust. What is happening in the Trust TCS management that can result in them publishing factually wrong and misleading documents and why would the Trust obfuscate in relation to such a fundamental issue as to the clinical rationale for a £200m new hospital (on which they have already spent £20m)?

- e. Question Five (a copy of any terms of reference/scoping for the advice sought from the Nuffield Trust)

In Nuffield’s own words ***“First, this is not and has never claimed to be a wholesale independent review of the project. The scope of this report is tightly defined and relates specifically to the clinical management of the planned network model for non-surgical tertiary cancer services and new cancer centre....The report does not seek to offer a view on other important issues such as environmental concerns, impact on inequalities or financial or cost considerations.”*** Alone, this establishes the need for independent business and medical

scrutiny, including sites. There are many other sites in South Wales, including co-location outside Cardiff that may provide the suitable options and equality of care for others in Wales. The Trust have never considered them.

- f. Question Six (requesting scale footprint of the proposed nVCC and Whitchurch Hospital Site for comparison)

The Trust have not provided the documents requested although they exist, produced by their own architects from a report (see attached). This plan, if we take note of the roads and car parks disproves the mollifying claim by Velindre that 60% of the meadow will be left untouched (“undeveloped”). It is obvious the footprint of the whole Whitchurch Hospital Site and land, together with the Grange land, is more than large enough to accommodate the size of the nVCC plans with roads and services already in place. It’s clear that the real, underlying plan and the purpose of the architect report for Grange and Whitchurch Hospital was to discount any prospect of re-using the land. The plan is obviously to sell that for houses. The hospital site is secured by perimeter fencing & measures which cost £561k to install and between April 2019 – March 2020 cost Cardiff and Vale NHS Trust £411k to maintain (from FOI requests). Again, this expenditure highlights the urgent need for independent inquiry.

Conclusion

The Nuffield advice highlights the many failings that clearly exist in the current proposals for the New Velindre Cancer Centre. It has thrown a spotlight on the need for full inquiry and demands it, by highlighting a range of unanswered questions. It is perhaps no surprise to read the following from Nuffield advice p13 *“Cancer outcomes in the UK are behind those in other developed countries and South East Wales has some of the worst in the UK and Europe for one-, five- and ten-year survival across all cancer types. The general health status and significant deprivation of a number of communities in South East Wales have a negative impact on the effectiveness of prevention measures, the uptake of screening, early presentation with symptoms, access to treatment and so on.”*

Nuffield advice page 12 *“It is very important to stress that this advice is being given on the proposed model and is not an option appraisal of all the different permutations for siting or distributing services across South East Wales. This also means that we are not making any judgement about the decision to site the new VCC on the Northern Meadows. Such a large-scale option appraisal exercise is not only well beyond our terms of reference but is*

fundamentally about values and the choices that need to be assessed and taken by all involved. It cannot be outsourced.”

An independent inquiry need not take long. It would not have the constraints Nuffield was subject to. Wales has a specific body in the Healthcare Inspectorate Wales designed for this very purpose. Full external reviews were conducted into strikingly similar proposals in locations as diverse as Liverpool (Clatterbridge), Suffolk (Mt Vernon) and Glasgow (Beatson) – all reaching conclusions about the importance of co-location of cancer and acute services. Why do Welsh patients and clinicians deserve any less? It can only result in a better outcome for the clinicians and staff who work so hard and for members of the public of South Wales who deserve better cancer care and the best value for money. It cannot be right that because the Trust have taken so long to undertake this now outdated work, we simply go along with it. It is a poor reflection on the TCS Project management and design, that it has taken so many years and public pressure for the Trust to concede the need for advice.

The findings alone warrant, demand and justify immediate urgent action to be taken by the Petitions Committee and the Welsh Government to resolve this tragic, expensive mess by holding an independent inquiry.

Yours sincerely,

Save The Northern Meadows

Attachments

1. Letter sent to Mr Gething by concerned clinicians, dated 19 August 2020 page7-10
2. Letter sent to Mr Gething, Dr Atherton, Dr Lloyd and Mr Davies from Velindre, dated 13 October 2020 containing multiple letters sent by concerned clinicians over various dates, to Velindre pages 11-16
3. Trust Document dated 21 July 2020, “Why not build a new Velindre Cancer Centre on another hospital site?” page 17
4. Email from Jane Barrett confirming the extent of her considerations (not redevelopment of Velindre) page 18
5. [Whitchurch-Hospital-Commentary.pdf \(transformingcancerservices. wales\)](#) Report by John Cooper Architects 24 June 2020 page 19
6. [Figure-3.9-Whitchurch-Green-Masterplan.pdf \(transformingcancerservices. wales\)](#) extract containing site acreage page 20
7. [Figure-3.9-Whitchurch-Green-Masterplan.pdf \(transformingcancerservices. wales\)](#) plan showing the original redevelopment proposals page 21

Mr Vaughan Gething MS

Minister for Health and Social Services

19th August 2020

Dear Mr Gething,

We are writing to highlight our deep concern regarding the clinical model that is proposed with the development of a new cancer centre on a stand-alone site. We are committed to transforming cancer care for patients in South East Wales and believe there is an exceptional opportunity to get this right. We are requesting a review of the current model, particularly as it relates to urgent care for cancer patients and future proofing the rapidly developing cancer therapeutics field.

Our concerns relate to:

- a) Patient safety.
- b) Concern of sustainability and viability of a standalone centre in the context of the rapidly changing medical and scientific developments in cancer care which will be
 - a. a huge investment in a model that is not fit for purpose
 - b. unattractive to oncology teams of the future, including attracting trainees to Wales
 - c. a significant limitation to research opportunities in Wales for the foreseeable future.
- c) Lack of service transformation and a lost opportunity for the population of SE Wales.

The ability to deliver new therapies such as immunotherapy, CAR-T and new anti- cancer therapy in the context of early phase research requires timely multidisciplinary specialist care with immediate access to high dependency or intensive care. It is already clear that the recent introduction of immunotherapies, whilst transforming outcomes for some patients with cancer, can result in severe morbidity including endocrine, autonomic,

autoimmune and life threatening complications. As the development of new cancer treatments brings new opportunities for patients, the need to support them with oncology, medical, surgical, interventional radiology and intensive care teams working together, on-site is imperative.

The limitation of the proposed approach has already been apparent through review of other stand-alone cancer centres e.g. Mount Vernon where an independent review identified that in order to provide modern oncology care, “comprehensive medical and surgical support services, including Intensive Treatment Unit (ITU) are needed. Acutely unwell patients require inpatient, multidisciplinary management including for multisystem toxicities from increasing use of immunotherapies.”

It was these concerns that led another stand-alone cancer hospital, Clatterbridge, to put their new build on the Royal Liverpool Hospital site exactly because they understood the need to be able to access acute services.

Co-location of acute cancer care would also afford a significant enhancement of training and education opportunities for all members of the multidisciplinary team. Training in Acute Oncology is part of the core curriculum and a cancer centre aligned with the University and a major teaching hospital would provide a clear opportunity to make Wales a leading centre within Europe for Cancer care.

A major innovation in Cancer treatment – CAR T therapy, has been commissioned by WHSSC and will be based at the UHW site in alignment with the Haematological malignancy service. Indications for Advanced Cell Therapies are expected to expand beyond haematological malignancies and so the opportunity exists for haematology and solid tumour Oncology services to work synergistically in one clinical area. The inability of a new standalone cancer hospital to deliver CAR T will severely diminish the ability of Cardiff to attract Oncology trainees which will lead to the detriment of clinical cancer services in SE Wales.

As clinicians with a major role in cancer care we now request an external independent review of the planned development and proposed model of care. We would welcome the opportunity to contribute constructively to this review. We are concerned that there is no clarity regarding how the proposal for the siting of VCC as a stand-alone cancer centre was reached originally and what other options were explored and appraised.

We are aware that a review has previously taken place (the Barrett Report 2017). Whilst the landscape of cancer care has changed significantly since this review, we have not been able to obtain a copy. We request that an un-redacted copy of this review is made public.

Thank you for your consideration.

Yours sincerely,

The undersigned:

(REDACTED – SECTION 40)

Mr. Vaughan Gething, Minister for Health &
Social Services
Dr. Frank Atherton, Chief Medical Officer for Wales
Dr. Dai Lloyd, Chair, Health, Social Care and
Sport Committee
Mr. Andrew RT Davies, Shadow Health Minister

Velindre Cancer Centre
Velindre Road
Whitchurch
Cardiff
CF14 2TL

via e-mail to: [...]Redacted

13th October, 2020

Dear Mr. Gething, Dr. Atherton, Dr. Lloyd and Mr. Davies,

Concerns regarding stand-alone model for new Velindre Cancer Centre

We are writing to make sure that you are aware of two recent letters, each supported by more than 30 senior members of clinical staff within Velindre, raising concerns within the Trust about the proposed 'stand-alone' clinical model for the new Velindre Cancer Centre. They were sent on behalf of a multidisciplinary group of Velindre consultants and senior nurses to the Chair, Chief Executive and Medical Director.

You may already be aware of the existence of these letters but perhaps not their content nor the diverse professional expertise of those expressing concerns. We therefore attach each of the letters.

Together with a letter from our 57 external clinical colleagues that has been referenced publicly by yourselves, there are now more than 90 senior clinicians in the region who strongly feel that the proposed 'stand-alone' model in the proposed location, away from an acute hospital site, will not be suitable for a world class, future proofed 21st century cancer centre.

We trust that this level of professional concern will be appropriately reflected in further public discussion and decision-making on an important issue that will affect the health and well-being of the population of SE Wales for decades to come.

Yours sincerely,

[...] Redacted

[redactions to this email as received]

From: address redacted

Date: Wednesday, 29 July 2020 at 10:58

To: Steve Ham, Jacinta Abraham

Cc: 83 addresses redacted

Subject: Independent external expert review of proposed new location of Velindre Cancer Centre

Dear Jaz and Steve,

Many thanks for your e-mail messages, last Friday (24th July).

As I believe you are aware, at the time of your messages, a multi-disciplinary group had been preparing a document expressing concern about the clinical case for a stand-alone location of the new Velindre Cancer Centre at Coryton, rather than co-location with an acute hospital site. The letter urged an independent, external expert review of that single aspect of the TCS process, whilst acknowledging the many strengths of other aspects. We had been collecting the final few signatures, before sending, when your messages arrived.

At that time, 38 clinicians had confirmed their wish that their signatures should be added. These included 17 consultant oncologists, 4 consultant radiologists, 3 consultants in palliative care and 14 senior nurses at Velindre.

We are keen to keep the conversation flowing, but many of the confirmed signatories are now on leave. Therefore, rather than amending the letter to take into account the points which you raised, re-circulating to all the previous signatories, and awaiting confirmation that they still wish to sign, we attach the letter, unaltered but unsigned.

This will hopefully give you the confidence that our voices are not adversarial, but indeed are those of allies who hope to work with you to build the best cancer centre possible. We believe that by understanding the strength of opinion, across the spectrum of cancer patient care in the Centre, the TCS teams and working groups will be able to focus first and foremost on addressing our pressing concern.

We hope that taking this approach will avoid additional delays and facilitate the continuation of the open dialogue and constructive engagement that we all wish to share.

With that in mind, I would be grateful if you could respond to all those copied here.

Signature redacted



Mr. S. Ham
Chief Executive
Velindre University NHS Trust

Velindre Cancer Centre
Velindre Road
Whitchurch
Cardiff
CF14 2TL

Via e-mail to: [...] Redacted

24th July 2020

Dear Steve,

Re: the new Velindre Cancer Centre

We wish to express our concern that recent events clearly demonstrate fundamental problems with the clinical case for the proposed location of the new Velindre Cancer Centre. We request, as a matter of urgency, a new, independent external review of this crucial aspect of the proposed model for Transforming Cancer Services (TCS) in South East Wales.

Since the inception of TCS, various new pieces of information have entered the public domain which strengthen the consensus that the best model for integrated cancer care is as a collocated cancer centre on an acute hospital site with immediate access to specialist medical, surgical, clinical imaging and interventional radiology services, and to intensive care facilities, as necessary. Direct (as opposed to virtual) input from these key care partners is becoming increasingly essential to state-of-the-art cancer care which achieves the best possible outcomes for our patients.

We believe that the currently proposed model of a stand-alone cancer hospital, remote from key professional colleagues, can not adequately meet the key requirements of the modern, world-class, comprehensive cancer centre that the population of South East Wales deserves.

Persisting with the current model risks undermining other excellent work conducted within TCS, a failure to fulfil the strategic vision set for the Centre and damage to the reputation of the Trust.

The current model will not, in our view, be sufficient to ensure the safety of important subgroups of patients treated with both current and emerging cutting-edge treatments and, additionally, does not represent the best model to deliver optimum outcomes and quality of care for a broad range of other cancer patients. Nor is it the best location for a regional approach to integrated, regional management of our sickest patients with major complications of either their disease or their treatment (Acute Oncology). This key group requires timely specialist medical and/or critical care outreach review which is not rapidly available on a separate site.

In addition, our ability to continue delivering world-leading clinical research involving increasing numbers of emerging state-of-the-art treatments will be significantly limited if we are not collocated with appropriate facilities. Systemic therapies, and innovative drug-radiotherapy, vaccine and early phase clinical research, now routinely mandate immediate access to high dependency and intensive care input. The recent coronavirus pandemic has emphasised the need for joined-up, flexible approaches to cancer care and the crucial

importance of team-work for rapid response to novel research challengers. This includes the need for proximity to fellow NHS and academic professionals from other oncological specialties and from clinical and translational researchers.

Furthermore, as a direct result of the UK Shape of Training report, there are imminent changes in the training curricula for both clinical and medical oncology, with a particular emphasis on Acute Oncology. These changes reflect the need to develop a highly skilled, adaptable workforce for safe management of the changing and occasionally severe toxicities which can result from increasing numbers of new oncology treatments. Trainees will be expected to have broad experience of integrated, multi-modality cancer care, and exposure to complex cases presenting as unscheduled care events. These UK-wide curriculum updates necessitate the development of seamless working relationships with a wide range of specialties, which colocation would allow.

Finally, in addition to the changing clinical, research and training issues outlined above, the major reconstruction of University Hospital Wales (UHW) planned by the Cardiff and Vale University Health Board (CVUHB) at the Heath Park site, offers a once-in-a-generation opportunity for an alternative vision for the location of our Cancer Centre. We strongly believe there is an urgent need to re-appraise the location of the cancer centre and to embrace the unique potential for a shared building project which would extend, rather than compromise, the excellent, innovative work already undertaken on TCS.

On this basis, we believe that the most appropriate location for the new Velindre Cancer Centre is at the Heath Park campus. Co-location with University Hospital Wales would promote the integration of Velindre's widely-admired, non-surgical oncology services with the region's other specialist oncology services and research facilities, alongside relevant acute medical services and immediately available facilities for urgent escalation of care, up to and including intensive care.

We believe that this alternative model of a single-site, comprehensive cancer centre will undoubtedly bring greater benefits to cancer patients and their families, in both the short and longer term. It will:

- ensure safety for our acutely unwell patients
- facilitate the introduction of an enhanced, regional model for Acute Oncology services.
- increase the critical mass of oncological expertise, maximising opportunities for multiprofessional interaction and shared education with specialist colleagues in surgical oncology, haemato-oncology, paediatric oncology, pathology and medical imaging
- facilitate interactions with the large cohort of clinical and non-clinical CVUHB and Cardiff University cancer researchers at Heath Park, generating genuine critical mass and thereby enhancing our reputation for world-class cancer research
- more easily meet the requirements of imminent and future changes to the training curricula of oncology trainees, attracting to Wales a broader range of top-class applicants who will be the region's future oncology consultants
- provide an enriching training opportunity for CMT and GP trainees which will more easily facilitate full staffing of our junior doctor rotas
- be more attractive in recruiting, motivating and retaining the very best medical and nonmedical oncology professionals, increasing the influx of high-calibre talent into Wales
- bolster the confidence and professional fulfilment of a substantial majority of consultants and other health care professionals who will practice at the new facilities
- maintain our credibility beyond Wales, ensuring that Velindre Cancer retains our hardearned reputation as a modern centre of excellence for cancer care and research

We are agreed that co-location with other oncological and acute services at Heath Park need not and must not invalidate the great majority of the excellent proposals contained within the package of proposals encompassed by TCS. Much of the important work already done remains entirely valid. There should be no impediment to close co-operation with our health board and primary care partners, and priority would still be afforded to treatment and care of patients as close to home as appropriate to individual circumstances.

Nor do we believe that this approach would jeopardise the autonomy of Velindre or compromise its ability to focus on the necessity of preventing, diagnosing and treating cancer.

We feel certain that, with appropriate backing from Welsh Government and NHS Wales, guarantees could be secured of organisational independence in funding and decision-making for cancer services.

Overall, we feel that a re-consideration of the best and most enduring model of cancer care for South East Wales is imperative, and that understandable concerns regarding delays to the essential up-dating and up-grading of the region's cancer services should not risk missing a one-off, time-limited opportunity to implement a truly transformative change for our region's population. It should be possible, through appropriate discussions with partners in CVUHB and around the region, to implement change rapidly, through close collaboration with willing, likeminded clinical and managerial colleagues.

We welcome the recent open-ness of medical managers within the Trust to extend discussions on these issues and their willingness to listen to an increasing body of senior clinical opinion.

This group includes, critically, the voices of consultants who have been relatively recently appointed, and of trainees who will soon be appointed, many of whom will be central to a sustainable model of excellence.

Following on from these discussions, we feel that it is essential that there should be a thorough, new review which goes beyond the Trust and the previously-constituted Clinical Advisory Group. We strongly believe that the review should involve a range of independent, expert oncological opinion from outside Wales, alongside representatives from our Health Board and primary care partners, as well as members of local communities in both Cardiff and other areas of South East Wales.

We remain committed to the ethos of patient focus, togetherness and mutual support which has been the hallmark and strength of Velindre Cancer Centre, for many years. We believe that serious re-consideration of this crucial issue will benefit from this much-envied team spirit and, ultimately, strengthen and extend it to professional colleagues with whom we desire to work more closely.

We look forward to hearing your views.

Yours sincerely,

[...] Redacted

Velindre Cancer Centre
Velindre Road
Whitchurch Cardiff
CF14 2TL

2nd September, 2020

c/o Dr Nikki Pease
Chair, LNC Velindre UNHS Trust

Dear Professor Mead, Mr Ham and Dr Abraham,

Re: stand-alone model for new Velindre Cancer Centre

Thank you for your e-mails detailing the additional processes that have been put in place to ensure the Transforming Cancer Services program and new Velindre Cancer Centre meet the needs of the population of South East Wales.

Having considered these, and contributed to the discussions and working groups, concerns remain about the ability of a stand-alone cancer centre to provide a safe and effective model for world-class, 21st century patient care. These genuine and significant reservations have been expressed, in writing, both within our organisation, and by a multi-specialty, wide ranging cohort of our medical, surgical, general practice, nursing and allied health professional colleagues.

We therefore request, in the interests of openness and accountability, an independent, expert review, available for scrutiny by all stakeholders and those with public, private or personal interest. We hope it goes without saying that this would give us the reassurance that the model is sustainable and optimal for patient care, and we would of course support the outcomes of the independent expert review, regardless of our current viewpoints.

Yours sincerely,

[...] Redacted

Trust Document dated 21 July 2020, “Why not build a new Velindre Cancer Centre on another hospital site?”

Trin mwy. Byw yn hirach.
Treating more. Living longer.

Outline planning for a new Velindre Cancer Centre was approved in 2018.

Our approach, based on a more integrated care model with the development of Velindre units in other hospitals to support planned and acute care, has also been subject to regular scrutiny and independent review.

The clinical lead in an external review of the project, carried out in 2017, was Dr Jane Barrett OBE, an eminent UK clinical oncologist and past President of the Royal College of Radiologists.

In addition, we also established a Clinical Advisory Group which had senior clinical representation from health boards and from the Wales Cancer Network. The remit of this group was to ensure that the service model was clinically robust and to provide multi-disciplinary and organisational advice and challenge to the Trust.

The new cancer centre in Whitchurch will be ideally located to provide specialist cancer services to patients whether they are travelling from Bridgend, Barry, Brecon or Chepstow.

We treat tens of thousands of patients at the cancer centre every year and fewer than thirty patients a year on average need an unplanned emergency transfer.

Of these thirty patients, fewer than ten patients a year are critically unwell and have access to the Emergency Medical Retrieval and Transfer Service (EMRTs) who can assess and transfer these unwell patients to the University Hospital of Wales (UHW). UHW is less than three miles away and can be reached within minutes.

Email from Jane Barrett confirming the extent of her considerations (not redevelopment of Velindre)

From: BARRETT, Jane (NHS ENGLAND & NHS IMPROVEMENT - X24)
Sent: 22 August 2020 22:16
To: [REDACTED]
Subject: Re: Proposed new development of Velindre Cancer Centre

Dear Dr Roberts

Thank you for your email.

You are correct that I was involved in the review into the siting of satellite centres in South Wales. However it was not a review into the redevelopment of Velindre.

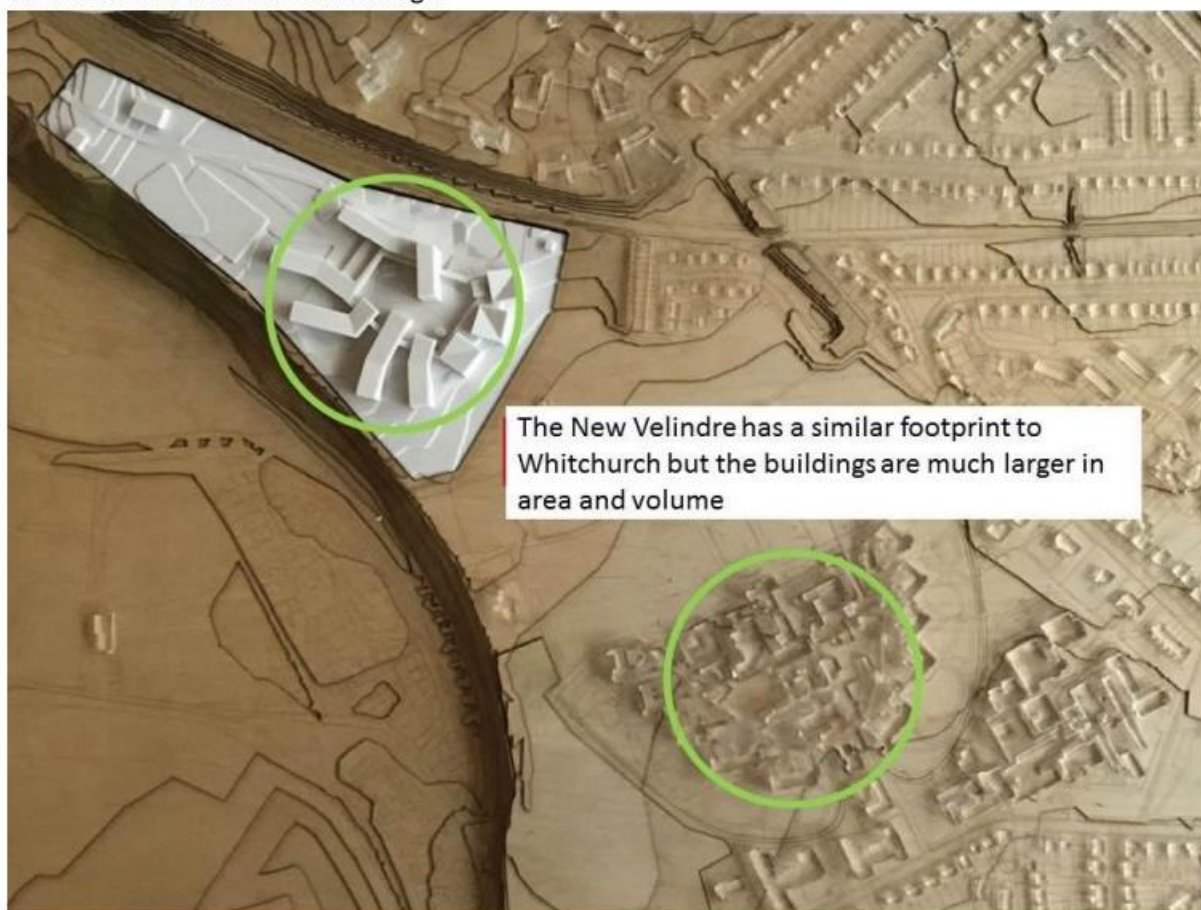
As far as I know there is no stand alone report but the decision was based on presentations and papers received. I imagine Velindre still has the relevant papers.

Please can I refer you to Lauren Fear Lauren.Fear@wales.nhs.uk for the outcome of the review I participated in.

Best wishes

Jane





3. Healthcare and Conservation

Using the existing information it would appear that the ten Whitchurch ward blocks provide approximately 13 600m² of accommodation on two floors and the central spine provides a further 12 000m² of accommodation in one and two story blocks. In addition to this there is around 2000m² of circulation space which makes the total floor area of the Whitchurch Hospital approximately 27 600m².

The agreed floor area for the New Velindre Hospital is approximately 32 000m².

1. Residential - Existing Velindre Cancer Centre

The masterplan proposes residential development within the south of the former hospital campus to link into the existing adjacent residential streets. This development plot comprises the existing Velindre Cancer Centre which would suit redevelopment as a residential estate due to being surrounded primarily by housing and lying within easy reach of Whitchurch's shops and amenities. The development would be accessed from Velindre Road and would benefit from, and link to Whitchurch Library Gardens.

Initial calculations have estimated capacity based upon an average density of 38 dwellings per hectare with a mix of 2, 3, 4 and 5 bed dwellings including semi-detached, detached and short terraced dwellings. Higher densities are likely to be considered for both sites in line with the local plan. We have assumed that 10% of the site may be required for Public Open Space although it is possible that contributions to off-site improvements would be likely given the proximity of Whitchurch Green open space and Whitchurch Library Gardens.

This site has also been appraised as being suitable for retirement type use. 0.6 hectare's/ 1.5 acres has been allocated for a retirement home, which could accommodate an estimated 45-60 beds, depending on market demand.

Site Area: 2.95 ha / 7.3 acres

Standard Density to higher densities of mid-range housing with 20% affordable housing provisions.

Number of homes at 38 homes p/h = 90no.

2. Residential - Brownfield site west of Whitchurch Hospital

The masterplan allocates residential land use to this development plot that offers views west across the river valley and east into the Grade II Listed Whitchurch Hospital site.

This site is bounded to the south and west by mature TPO woodland that slopes steeply towards the Glamorgan Canal. Views of the iconic hospital water tower and formal parkland planting in the hospital gardens suggest that this site would be attractive to both residential developers and homebuyers.

The site is accessed via Velindre Road, a narrow residential street, past a vacant stone built gatehouse and a number of mature parkland TPO trees. There is opportunity to have a pedestrian and cyclist access into Whitchurch Green open space from the north of the site. This route would also be constructed to suit vehicular traffic as a secondary emergency access route to other areas of the site, if required. Access at this northern point would not be available to residents to prevent it becoming a "rat run" and it would likely be controlled remotely for use during emergencies.

Site Area: 2.63 ha / 6.5 acres

[Figure-3.9-Whitchurch-Green-Masterplan.pdf \(transformingcancerservices. wales\)](#)



[Figure-3.9-Whitchurch-Green-Masterplan.pdf \(transformingcancerservices. wales\)](#)

P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry

This petition was submitted by Natasha Hamilton–Ash having collected a total of 11,392 signatures.

Text of Petition:

We the undersigned call on the Welsh Government to support the current proposed plans to build a new Velindre Cancer Centre at Whitchurch, Cardiff.

The current plan will ensure that Velindre Cancer Centre continues to provide specialist cancer services in a location that is more accessible to patients, with better access from Junction 32 of the M4. It is widely accepted that hospitals set within a natural setting aids patient recovery and lowers the stress levels of families and staff at hospitals.

Additional Information:

The current location lacks adequate parking and accessed is often delayed causing additional stress and anxiety to patients. The 60 year–old Velindre Cancer Centre does not have the facilities or space to meet this future challenge.

We want a space that blends medical care with nature.

The last couple of decades have seen a major development of research into the impact of architectural design on the success of healthcare environments.

One example is 'healing architecture'. The term 'healing architecture' was first coined in the 1980s, and is a specific discipline of the 'healing environment', which investigates the influence of the environment on patients' healing and recovery process. Research shows that patients could be discharged earlier, and needed fewer painkillers post–surgery, if they were in rooms with a view of a park with trees. Later studies demonstrated that such factors are important not only for the well–being of patients and residents, but for employees as well.

Senedd Constituency and Region

- Cardiff West
- South Wales Central

P-05-992 Rydym yn galw ar Lywodraeth Cymru i greu corff cyffredin o wybodaeth am Hanes Cymru fydd pob disgybl yn ei ddysgu

Cyflwynwyd y ddeiseb hon gan Elfed Wyn Jones, ar ôl casglu cyfanswm o 7,927 lofnodion.

Geiriad y ddeiseb:

Mae Hanes Cymru'n bwysig i bob un disgybl, gan ei fod o'n rhoi cefndir am hanes ein Cenedl a'n treftadaeth i bawb sy'n mynd drwy'r system addysg. Mae yna agweddau o Hanes Cymru, megis Cyfreithiau Hywel Dda, Gwrthryfel Glyndŵr a Boddi Capel Celyn yn perthyn i bob cymuned yng Nghymru. Mae'n bryderus felly fod Llywodraeth Cymru wedi penderfynu ymrwnged ag argymhelliaid y pwyllgor Diwylliant, Y Gymraeg a Chyfathrebu i greu corff cyffredin o wybodaeth ar gyfer yr holl ddisgyblion sy'n astudio hanes – Mae'n bwysig creu cwricwlwm Hanes Cymru lle mae disgyblion yn dysgu am ddigwyddiadau a materion sy'n genedlaethol, yn ogystal â dysgu am Hanes eu cymunedau a'u hardaloedd nhw.

Etholaeth a Rhanbarth y Cynulliad

- Dwyfor Meirionnydd
- Canolbarth a Gorllewin Cymru

P-05-992 Rydym yn galw ar Lywodraeth Cymru i greu corff cyffredin o wybodaeth am Hanes Cymru fydd pob disgybl yn ei ddysgu, Gohebiaeth – Deisebydd i'r Pwyllgor, 25.11.20

Annwyl aelodau'r pwyllgor deisebau,

Roeddwn yn hynod o falch i weld fod cynnig y ddeiseb i greu system o wybodaeth am hanes Cymru fyddai pawb yn ei ddysgu wedi pasio gyda chynifer o bleidleisiau! Diolch am eich gwaith yn symud y ddeiseb ar y broses o gael ei thrafod o flaen y Senedd.

Rwy'n obeithiol nawr fydd y ddeiseb yma'n creu sylfaen newydd i ddatblygu'r drafodaeth ymhellach gyda dysgu hanes Cymru mewn ysgolion, a chreu system o wybodaeth fydd pawb yn ei ddysgu, gan gynnwys creu adnoddau pendant i athrawon gael defnyddio er mwyn dysgu'r myfyrwyr.

Er fy mod i'n hyderus fod yr ewyllys yno i ddysgu hanes Cymru, rwy'n dal i fod yn bryderus am y ffordd mae'r Gweinidog addysg wedi mynd ati i ymateb gyda dysgu hanes Cymru. Mae Kirsty Williams yn ceisio dweud fod y cwricwlwm sy'n cael ei greu nawr am fod yn ddigonol i ddysgu hanes Cymru mewn ysgolion, ond mae'n glir iawn fod yr hyn mae'r cwricwlwm yn ei gynnig ddim yn ddigonol i gyrraedd y nod yno. Rwy'n bryderus o'r iaith mae'r Gweinidog yn ei ddefnyddio i ddisgrifio'r cwricwlwm, sef ei fod o'n rhoi'r "gallu" neu'r "cyfle" i'r athrawon ddysgu hanes Cymru, nid oes sicrwydd yn y geiriau yma i mi, ac nid ydynt hefyd yn fy ngwneud i'n hyderus i gredu fod y cwricwlwm fel y mae, am wneud dim i newid y broblem bresennol. Dwi eisiau dechrau clywed 'FYDD' y cwricwlwm 'YN' dysgu hanes Cymru, ac 'FYDD' cefnogaeth ac adnoddau ar gael i athrawon i lunio gwersi.

Dwi'n pryderu os na fydd y newidiadau yma'n cael ei gwneud i'r cwricwlwm yna rydym mewn peryg o greu "system loteri" annheg, lle fydd y cynnwys fydd y disgyblion yn ei ddysgu'n dibynnu ar eu hathrawon a'r ysgolion maent yn ei fynychu. Gallai hyn olygu byddai rhai disgyblion yn colli allan ar hanes Cymru'n gyfan gwbl! Dydw i ddim isio gweld yr anghyfiawnder yma'n digwydd.

Mae angen mynd ymlaen nawr er mwyn cael pwyllgor o haneswyr ac athrawon at ei gilydd i benderfynu beth fydd cynnwys yr hanes fydd bobl yn ei ddysgu mewn ysgolion, gan ddatblygu'r adnoddau, megis gwर्सlyfrau a chynlluniau gwersi, er mwyn i athrawon a disgyblion dderbyn y gefnogaeth maent yn ei haeddu i ddysgu am hanes y Genedl.

Rydw i eisoes wedi gyrru e-bost at y Gweinidog addysg yn ei holi am ei chmau nesaf gyda'r cynnig a basiwyd yn y Senedd, a heb dderbyn ymateb eto, ond deallaf fod y sefyllfa'n un anodd gyda'r amgylchiadau'r firws.

Gobeithio o waelod calon daw rhywbeth o'r canlyniad hwn yn y Senedd. Llwyddais i gerdded y 128 o filltiroedd ar y fferm (yr un pellter o Drawsffynydd, fy nghartref, i'r Senedd yng Nghaerdydd) ac rwy'n fwy na pharod i ymgyrchu eto ac eto os bo'r angen i sicrhau buddugoliaeth gyda'r ymgyrch.

Yn ddiffuant,

Elfed Wyn Jones.

Mae cyfyngiadau ar y ddogfen hon

Eitem 3.9

P-05-883 – Wythnos Genedlaethol Hanes Cymru

Cyflwynwyd y ddeiseb hon gan Phil Rowe, ar ôl casglu cyfanswm o 86 lofnodion.

Geiriad y ddeiseb:

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i sefydlu Wythnos Genedlaethol Hanes Cymru.

Y nod yw creu a hybu wythnos o ddathlu a chofnodi'n hanesyddol-gywir hanes Cymru sy'n esgor ar ddysgu a chyfleoedd addysgol. Byddai'r hyn a addysgir yn fwy onest na hanes 'lân' Prydain a gafodd cynifer ohonom yn yr ysgol, ac ni fyddai'n amcanu i roi unrhyw ogwydd i'r wybodaeth gan ffafrio unrhyw barti.

I herio'r ffantasiau hanesyddol-anghywir sydd i'w cael ynghylch stereoteip Cymru, a sut y daeth i fod yn hierarchiaeth Prydain yn y cyfnod sydd ohoni.

Drwy ddeall ein hanes go iawn, hybu pwysigrwydd yr iaith Gymraeg a diwylliant Cymru, lle Cymru yn y Brydain fodern, a thrwy gyflwyno trafodaethau ynghylch sut y dylem geisio sicrhau bod hynny'n cael ei ddeall nid yn unig o fewn Cymru, ond hefyd o fewn y gwledydd eraill ar ynysoedd Prydain ac yng ngweddill y byd.

Gwybodaeth ychwanegol:

Mae nifer o bobl yng Nghymru (gan gynnwys fi fy hun) yn cael ein magu â thybiaethau anghywir ynghylch sut y daeth Cymru i fod, a'r 'hiliau' sydd i'w cael ar ynysoedd Prydain.

Bydd dealltwriaeth ddyfnach o bwy ydym a sut y cyrhaeddom lle yr ydym heddiw yn ein rhoi mewn gwell sefyllfa i ystyried lle yr ydym am fod yn y dyfodol.

Etholaeth a Rhanbarth y Cynulliad

- Castell-nedd
- Gorllewin De Cymru

Eitem 3.10

P-05-1025 Tegwch i fyfyrwyr sy'n sefyll arholiadau yn 2021

Cyflwynwyd y ddeiseb hon gan National Education Union Cymru, ar ôl casglu cyfanswm o 2,022 lofnodion.

Geiriad y ddeiseb:

Fel y mae'r Gweinidog Addysg yn ei gydnabod, mae'r wythnosau diwethaf wedi bod yn eithriadol o anodd i bobl ifanc sydd eisoes wedi'u rhoi dan anfantais oherwydd Covid-19. Rydym yn croesawu ymddiheuriad y Gweinidog Addysg. Yn awr, mae'n hanfodol bod Llywodraeth Cymru yn cymryd camau brys i sicrhau bod myfyrwyr sydd i fod i sefyll arholiadau safon uwch, Bagloriaeth Cymru a TGAU yn 2021 yn cael eu trin yn deg ac nad oes unrhyw un dan anfantais.

Croesewir yr adolygiad annibynnol a gynllunnir yn fawr, ac edrychwn ymlaen at glywed rhagor o fanylion.

Gwybodaeth Ychwanegol

Yng Nghymru, gyda lefelau AS, a mwy o ffocws ar waith cwrs, mae gennym sail fwy cadarn ar gyfer barnu gwaith myfyrwyr. Fodd bynnag, mae'n rhaid i lwfansau gael eu gwneud ar gyfer yr amser y mae myfyrwyr wedi methu yn yr ysgol neu'r coleg.

Mae'n amlwg i'n haelodau bod angen i Lywodraeth Cymru wneud newidiadau i arholiadau'r flwyddyn nesaf er mwyn magu hyder bod y graddau a ddyfernir y mae cyfleoedd pobl ifanc mewn bywyd yn cael eu penderfynu arnynt, yn cydnabod ac yn gwobrwo eu cyflawniadau'n briodol.

Credwn hefyd y dylai Llywodraeth Cymru ganolbwyntio nawr ar:

- Lleihau cynnwys y cwricwlwm a gaiff ei asesu ar gyfer arholiadau TGAU, Bagloriaeth Cymru a safon uwch yr haf nesaf, drwy wneud rhai topigau'n ddewisol ar draws pob pwnc.

- Gweithio gydag athrawon, darlithwyr, arweinwyr ac undebau llafur i ddatblygu system Gymreig o raddau a asesir gan canolfannau cymedroli rhag ofn y bydd mwy o darfu ar arholiadau yr haf nesaf.

- Defnyddio'r cyfle hwn i ddatblygu system gadarn sy'n sicrhau bod pobl ifanc yn cael eu gwobrwyo am eu cyflawniadau ac nad ydynt yn cael eu dal yn ôl oherwydd eu cefndir.

Etholaeth a Rhanbarth y Cynulliad

- De Caerdydd a Phenarth
- Canol De Cymru



**Qualifications & Assessment
Cymwysterau ac Aseu**

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16 November 2020

Dear Ms Finch-Saunders AS/MS

Petition P-05-1025 Ensure fairness for students taking exams in 2021

Thank you for the opportunity to respond to petitioners' concerns in relation to WJEC adaptations to general qualifications for summer 2021. I understand the reasons for petitioners' concerns as I and my colleagues appreciate the very difficult circumstances faced by schools and colleges across Wales.

The adaptations we have made to our GCSE, AS and A level qualifications for assessment in 2021 have been made in the context of the regulatory framework within Wales. Our aim has been to mitigate the issues faced by teachers and learners this academic year. However, it is important to note that in designing these adaptations we have had to act in such a way as to remain fully compliant with all regulatory requirements.

As you are aware, WJEC is in the unique position of offering approved GCSE and GCE qualifications in Wales and as such is subject to specific regulatory requirements of Qualifications Wales.

In the context of the summer 2021 assessments, there are two specific and additional regulatory publications from Qualifications Wales:

- *Adapting assessments for GQ Qualifications in 2021* ([here](#))
- *Requirements for Adapting assessments for GQ Qualifications (GCSE, GCE and Welsh Baccalaureate Skills Challenge Certificate) in 2021* ([here](#))

Within the first of these publications are Special Conditions of Recognition for adapting assessments for general qualifications in 2021. These require that:

- *'WJEC must consider whether or not it is necessary to Adapt assessments for GQ Qualifications which it makes available in spring and summer 2021, and make any such Adaptations required, in accordance with the principles and requirements set out in our document entitled 'Requirements for Adapting Assessments for GQ Qualifications (GCSE, GCE and Welsh Baccalaureate Skills Challenge Certificate) in 2021.'* (SPCWJEC1)
- *'Where WJEC Adapts an assessment under Condition SPCWJEC1, it must ensure that it takes all reasonable steps to – (a) comply with the principles published by Qualifications Wales and revised from time to time, and (b) only where there is a conflict between two or more of those principles, achieve a balance between those principles in line with any requirements published by Qualifications Wales and revised from time to time.'* (SPCWJEC2)

Within the second of these publications, Qualifications Wales has set out seven clear principles with which WJEC must comply in adapting assessments for general qualifications for 2021. To clarify for stakeholders the context in which the adaptations have been developed, we have quoted these principles in our GCSE and GCE adaptations booklets published on the WJEC website. The two below are those mentioned in your communication.

3. WJEC must seek to ensure that qualification content, in general, is not reduced; however, content can be restructured so it can reasonably be streamlined, such as in relation to optional units.

4. WJEC must seek to ensure that the manageability of assessment is maximised, where this will allow for an increase in teaching time in order to minimise the impact on outcomes.”

The content of our specifications remains unchanged, in compliance with Qualifications Wales’ principle 3. This principle was put in place to ensure parity with other jurisdictions, and to ensure that general qualifications awarded to learners in Wales in 2021 are not viewed less favourably than those awarded to learners in England and Northern Ireland. There has been no reduction in content for general qualifications in England, so the adaptations for general qualifications in Wales do not disadvantage Welsh learners in comparison with their peers in England.

However, as per the principle, we have restructured content by either streamlining our assessments e.g. in GCSE Mathematics, or by providing additional optionality, e.g. in GCSE Religious Studies. We have also clarified in our adaptations booklets that some subject content will not be assessed in 2021. We appreciate that teachers and learners have experienced different levels of disruption, and continue to do so. However, we would still encourage teachers, wherever possible, to deliver all aspects of content, in order to allow learners the opportunity to gain valuable skills and knowledge required for progression to the next level of study or employment.

In addition to restructuring content, we have revised our non-examination assessment (NEA) arrangements to make them more manageable for teachers and learners, as per principle 4. We are aware that centres in Wales need to follow specific social distancing guidance and that some teachers and learners are also having difficulty accessing appropriate facilities. Therefore, we have reduced the scope of assessments, relaxed the controls around assessments and allowed alternative evidence to be presented wherever possible. We trust that these changes will also help mitigate lost teaching and learning time.

We note reviewers’ comments about the variation in adaptations made across the suite of approved general qualifications. This is an inevitable consequence of the differences between qualifications, not just in terms of content but also in relation to the scheme of assessment. Some qualifications have been developed in response to approval criteria published by Qualifications Wales, some in response to subject principles published by Welsh Government, while others are closely aligned to subject-level conditions and requirements published by Ofqual, along with associated subject content specified by the Department for Education. Some general qualifications are unitised, others are linear, some are assessed solely by examinations, others include NEA. Within this context it is simply not appropriate to adopt a *one size fits all* approach and we took care to ensure adaptations are specifically tailored to each qualification.

In regard to petitioners' specific comments about why we have made adaptations to some subjects and not others, I offer the following comments. We have made adaptations to every approved general qualification apart from three:

- GCE English Language
- GCE English Literature
- GCE English Language and Literature.

This is not a decision we took lightly. We carefully considered a range of strategies for how we could adapt these qualifications. However, having tested ideas with a focus group and senior examiners, we reluctantly came to the conclusion that it was not possible to adapt these skills-based qualifications in a way that would genuinely benefit learners. In some cases, adaptations we considered would have had a detrimental effect. A full rationale for our decision regarding the three GCE English qualifications can be found in the [GCE Adaptations Booklet](#) pages 14-17. While it has not proved possible to adapt the assessment of these qualifications for 2021, we recognise that the disruption to teaching and learning is likely to impact on learners' depth of knowledge. In order to provide additional support for teachers preparing learners for these qualifications in 2021, we are hosting free monthly teacher network meetings which focus on strategies for teaching and learning.

We recognise that since we published the adaptations for the assessment of approved general qualifications in 2021, the situation in schools and colleges has remained very challenging. Teachers have told us that delivery of NEA is particularly difficult as some have limited access to specialist rooms and/or equipment, and there are limited opportunities to bring learners together to complete work under the required controlled conditions.

We continue to work with Qualifications Wales to ensure that our assessments are manageable while still retaining the rigour of previous years. As a consequence of this work, and to reflect teachers' concerns about NEA, we will be publishing further adaptations to our NEA later this month.

Taking account of these latest adaptations, we believe we have adapted our GCSE and GCE qualifications as far as we are able in the context of the regulatory framework within Wales. The well-being of learners and teachers is at the heart of all the adaptations we have made for assessment in 2021. However, we believe it is important to recognise that there are limits to how adaptations to the assessment of general qualifications can help address the very real challenges faced by schools and colleges in the 2020-21 academic year. They cannot accommodate local differences between centres, or the difficulties faced by centres located in one part of Wales in comparison with those located elsewhere in the country. Nevertheless, we will continue to do all that we can to support teachers and learners across Wales throughout this exceptional academic year.

Yours sincerely



Ian Morgan
Chief Executive

**P-05-1025 Ensure fairness for students taking exams in 2021, Correspondence –
Petitioner to Committee, 07.12.20**

Janet Finch-Saunders MS
Chair
Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

7th December 2020

Dear Ms Finch-Saunders,

Thank you for the opportunity to comment on the response you have received from the WJEC (dated 16th November).

We can understand WJEC don't want to reduce content across the board, and believe they are acting in line with QW. And yet we have young people who are not going to be in school or college for considerable periods, self-isolating because they, or a contact, has contracted Covid-19. Whatever we do must be fair for these young people. Perhaps then, it is Qualifications Wales which need to rethink their approach, especially in mind of the changes which appear to be coming to the English system, to ensure parity of esteem for all our learners.

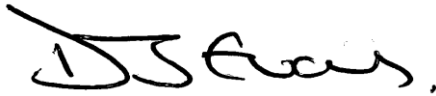
We welcome the planned use of optionality. We believe we need maximum optionality across all subjects in order that students can be assured of a fair grade next summer. Optionality would go some significant way towards accounting for the unequal impacts of Covid-19 around the country. It would restore fairness by ensuring that students have the chance of a grade in their assessments that actually reflects the things they know and can do, rather than topics which could not be accessed due to home circumstances.

It is becoming clearer to us that the centre-managed assessments will feed into an overall centre-assessed grade. But we are still unclear on how these processes will work for everyone in the system. We are working with Welsh Government, as part of their Learning, Qualifications, and Progression - External Stakeholder Reference

Group. We hope that everyone in the exams and regulatory system is able to show maximum flexibility, in order to ensure that young people receive a fair grade, and so that our members have the opportunity to adjust to the changes in the system.

This is not a normal year. Many young people are inevitably going to miss out on some exam content. Expectations must now be managed, so that everyone involved knows how the system will work. We particularly believe that time is of the essence.

Yours sincerely,

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

David Evans
Wales Secretary
National Education Union Cymru