Pecyn dogfennau cyhoeddus

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:
Ystafell Bwyllgora 1 - Y Senedd

Dyddiad:
Dydd Iau, 28 Chwefror 2013

Amser:
09:00

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

I gael rhagor o wybodaeth, cysylltwch â:
Polisi: Llinos Dafydd / Deddfwriaeth: Sarah Beasley/Steve George
Clerc y Pwyllgor
029 2089 8403/8032/8242
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Agenda

1. Cyflwyniad, ymddiheuriadau a dirprwyon

2. Ystyried y dull o weithio ar y Memorandwm Cydsyniad Deddfwriaethol: Y Bil Plant a Theuluoedd (09.00 - 09.15) (Tudalennau 1 - 11)

3. Papurau i'w nodi (09.15) (Tudalennau 12 - 13)

Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol at y Cadeirydd - Bil Trawsblannu Dynol (Cymru): Tystiolaeth gan yr Athro Fabre (Tudalennau 14 - 17)

Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol at y Cadeirydd - Bil Trawsblannu Dynol (Cymru): Materion sy'n dod i'r amlwg (Tudalennau 18 - 23)

Llythyr gan Ddeoniaeth Cymru - Camau a gododd o'r cyfarfod ar 10 Ionawr (Tudalennau 24 - 41)

Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol - Camau a gododd o'r cyfarfod ar 5 Rhagfyr (Tudalennau 42 - 43)

4. Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd (09.15)

Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer:

- gweddill busnes heddiw;
- y cyfarfod ar 6 Mawrth;
- y cyfarfod ar 14 Mawrth; ac
- eitem 1 y cyfarfod ar 20 Mawrth.

5. Y Bil Adennill Costau Meddygol ar gyfer Clefydau Asbestos (Cymru): Cyfnod 1 – Ystyried yr adroddiad terfynol (09.20 – 10.20)

(Egwyl 10.20 – 10.30)

6. Y Bil Trawsblannu Dynol (Cymru): Cyfnod 1 – Ystyried y prif faterion (10.30 – 15.00)

Y Pwyllgor Iechyd a Gofal Cymdeithasol

HSC(4)-07-13 papur 1

Memorandwm Cydsyniad Deddfwriaethol ar gyfer y Bil Plant a Theuluoedd

At: Y Pwyllgor Iechyd a Gofal Cymdeithasol

Gan: Y Swyddfa Ddeddfwriaeth

Dyddiad y cyfarfod: 28 Chwefror 2013

Diben

1. I wahodd y Pwyllgor i ystyried ei ddull gweithredu mewn perthynas â Memorandwm Cydsyniad Deddfwriaethol ar gyfer y Bil Plant a Theuluoedd.

Cefndir

2. Ar 12 Chwefror 2013, cyflwynodd y Gweinidog Iechyd a Gwasanaethau Cymdeithasol Femorandwm Cydsyniad Deddfwriaethol (Atodiad 1) ar gyfer y Bil Plant a Theuluoedd[1], sydd gerbron Senedd y Deyrnas Unedig ar hyn o bryd.

3. Ar 19 Chwefror 2013, cyfeiriodd y Pwyllgor Busnes y Memorandwm at y Pwyllgor Iechyd a Gofal Cymdeithasol a'r Pwyllgor Plant a Phobl Ifanc i'w ystyried, a chytunodd ar ddyddiad cau o 11 Ebrill 2013 ar gyfer cyflwyno adroddiad arno, a hynny er mwyn sicrhau y gellid cynnal dadl ar Gynnig Cydsyniad Deddfwriaethol yn y Cyfarfod Llawn ar 16 Ebrill 2013.

4. Mae'r dyddiad cau, sef 16 Ebrill, yn ystod toriad y Pasg. Yn ymarferol, mae hyn yn golygu y bydd angen i'r Pwyllgor gwblhau ei waith a chyflwyno adroddiad erbyn dydd Gwener 22 Mawrth.

[1] Mae'r Memorandwm Cysyniad Deddfwriaethol ar gael yn http://services.parliament.uk/bills/2012-13/childrenandfamilies.html

Y Memorandwm

5. Cyflwynwyd y Memorandwm gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, yn unol â Rheol Sefydlog 29.4.

6. Yn benodol, bydd Aelodau am ystyried—

- Paragraffau 6 i 10, sy'n amlinellu'r darpariaethau perthnasol yn y Bil, sef y darpariaethau y ceisir caniatâd ar eu cyfer;
- Paragraffau 13 a 14, sy'n amlinellu manteision defnyddio'r darpariaethau sydd yn y Bil yn hytrach na chynnwys darpariaethau tebyg mewn Bil Cynulliad.

Nodyn Cyngor Cyfreithiol

7. Mae nodyn cyngor cyfreithiol (sydd wedi'i atodi yn Atodiad 2) gan gynghorydd cyfreithiol y Pwyllgor:

- yn rhoi rhagor o wybodaeth gefndirol am y Bil a'r darpariaethau y ceisir caniatâd ar eu cyfer;
- yn cadarnhau bod y darpariaethau sydd wedi'u hamlinellu yn y Memorandwm o fewn cymhwysedd deddfwriaethol y Cynulliad, ac felly bod gofyn cael caniatâd; ac
- yn awgrymu rhai materion y bydd y Pwyllgor efallai am eu hystyried a holi yn eu cylch (paragraffau 14 a 15).

Prif effaith y darpariaethau y ceisir caniatâd ar eu cyfer

8. Ceisir caniatâd mewn perthynas â dwy ddarpariaeth yn y Bil sy'n ymwneud â—

i. datgymhwyso, o ran Cymru, y Gofrestr Deddf Mabwysiadu a Phlant (Rhan 1, cymal 6 ac Atodlen 1); a

ii. pharatoi cynllun gofal (cymal 15 (2)).

9. Mewn perthynas â mabwysiadu, mae'r Bil yn ceisio diwygio Deddf Plant 2002, gan bennu na fydd gan yr Ysgrifennydd Gwladol bellach y pŵer i gyfarwyddo awdurdodau lleol yng Nghymru i ddarparu gwybodaeth ar gyfer y Gofrestr Deddf Mabwysiadu a Phlant.

10. Mewn perthynas â pharatoi cynllun gofal, mae'r Bil yn ceisio diwygio Deddf Plant 1989 er mwyn darparu, mewn perthynas â Chymru, mai Gweinidogion Cymru yn hytrach na'r llysoedd (fel ar hyn o bryd) sydd â'r pŵer i osod terfynau amser ar awdurdodau lleol i baratoi cynlluniau gofal. Mae'r Bil hefyd yn ceisio egluro y bydd gan Weinidogion Cymru bellach y pwerau i bennu cynnwys a ffurf y cynllun gofal.

Ystyried y Memorandwm

11. Yn sgîl yr amserlen y bydd yn rhaid i'r Pwyllgor ei dilyn o ran ystyried a chyflwyno adroddiad ar y Memorandwm, mae'r opsiynau sydd ar gael braidd yn gyfyngedig:

i. nodi'r Memorandwm – efallai y bydd y Pwyllgor o'r farn ei fod yn fodlon â'r Memorandwm ac yn cyflwyno adroddiad i'r perwyl hwn;
ii. ysgrifennu at y Gweinidog yn ceisio eglurhad, cyn y ddadl yn y Cyfarfod Llawn, ar y pwyntiau a godwyd ym mharagraffau 14 a 15 o'r nodyn cyngor cyfreithiol;
ii. gwahodd y Gweinidog i ddod i un o gyfarfodydd y Pwyllgor i ateb cwestiynau am y Memorandwm (o gofio llwyth gwaith y Pwyllgor, mae hyn yn debygol o fod yn anodd o fewn yr amser sydd ar gael, ac mae'n bosibl y bydd yn rhaid gofyn i'r Pwyllgor Busnes am amser ychwanegol i ystyried y Memorandwm).

12. Bydd y Pwyllgor hefyd am ystyried sut y gall gydweithio â'r Pwyllgor Plant a Phobl Ifanc er mwyn osgoi dyblygu gwaith yn ddiangen.

Cam i'w gymryd

13. Gwahoddir y Pwyllgor i ystyried a chytuno ar ei ddull gweithredu.

Atodiad 1

MEMORANDWM CYDSYNIAD DEDDFWRIAETHOL

BIL PLANT A THEULUOEDD

Cynnig Cydsyniad Deddfwriaethol

1. "Cynnig bod Cynulliad Cenedlaethol Cymru, yn unol â Rheol Sefydlog 29.6, yn cytuno y dylai Senedd y DU ystyried darpariaethau'r Bil Plant a Theuluoedd, sy'n ymwneud â diwygiadau i Ddeddf Plant 1989 (adran 31A (4A)) ac adrannau 125 i 131 o Ddeddf Mabwysiadu a Phlant 2002, i'r graddau y maent yn dod o fewn cymhwysedd deddfwriaethol Cynulliad Cenedlaethol Cymru."

Cefndir

2. Mae'r Cynnig Cydsyniad Deddfwriaethol ym mharagraff 1 uchod wedi ei gyflwyno gan Lesley Griffiths, y Gweinidog Iechyd a Gwasanaethau Cymdeithasol o dan Reol Sefydlog 29.6 o Reolau Sefydlog ("RhS") Cynulliad Cenedlaethol Cymru (y "Cynulliad Cenedlaethol"). Gosodir y Memorandwm Cydsyniad Deddfwriaethol hwn ger bron o dan RhS29.2. Mae RhS29 yn rhagnodi bod rhaid cyflwyno Cynnig Cydsyniad Deddfwriaethol a gosod Memorandwm Cydsyniad Deddfwriaethol gerbron y Cynulliad Cenedlaethol os yw Bil Seneddol y DU yn gwneud darpariaeth mewn perthynas â Chymru at bwrpas sy'n dod o fewn cymhwysedd deddfwriaethol y Cynulliad neu sy'n cael effaith negyddol ar y cymhwysedd hwnnw.

3. Cyflwynwyd y Bil Plant a Theuluoedd (y "Bil") yn Nhŷ'r Cyffredin ar 4 Chwefror 2013. Gellir gweld y Bil yn: http://services.parliament.uk/bills/2012-13/childrenandfamilies.html

Crynodeb o'r Bil a'i Amcanion Polisi

4. Noddir y Bil gan yr Adran Addysg (DfE) er mwyn gwneud newidiadau deddfwriaethol i ddiwygio'r cymorth a roddir i blant a theuluoedd. Mae hanner cyntaf y Bil yn amcanu i wella'r gwasanaethau i blant a phobl ifanc drwy ddiwygio'r systemau ar gyfer mabwysiadu, plant sy'n derbyn gofal, cyfiawnder teuluol ac anghenion addysgol arbennig. Nod yr ail ran yw annog twf yn y sector gofal plant, rhannu absenoldeb rhiant a sicrhau bod gan blant yn Lloegr eiriolwyr grymus i ddiogelu eu hawliau. Mae'r Bil yn cynnwys darpariaethau mewn perthynas ag:

    (a) Diwygio'r system cyfiawnder teuluol yng Nghymru a Lloegr[1], a mynd i'r afael ag oedi mewn achosion cyfraith gyhoeddus:

[1] Yr Adolygiad Cyfiawnder Teuluol yng Nghymru a Lloegr a datganiad ysgrifenedig

http://cymru.gov.uk/topics/childrenyoungpeople/parenting/help/justice/;jsessionid=F5E2D1B1C006F79F4176E6D249D006D4?lang=cy
http://cymru.gov.uk/about/cabinet/cabinetstatements/2012/familyjusticereviewupdate/?lang=cy

- drwy osod terfyn amser o 26 wythnos ar gyfer achosion gofal a goruchwylio; lleihau'r defnydd gormodol o adroddiadau arbenigwyr; osgoi dyblygu diangen; a sicrhau y rhoddir sylw i'r effaith ar y plentyn yn wrth wneud penderfyniadau ynghylch amserlenni, ac

- mewn achosion cyfraith deuluol preifat, drwy wneud yn ofynnol bod rhieni'n mynychu cyfarfod cyfryngu ac asesu cyn gwneud unrhyw gais i'r llys; cyfleu neges eglur i rieni sydd wedi gwahanu, y bydd y llysoedd yn ystyried, fel egwyddor, y dylai'r ddau riant barhau i gymryd rhan ymarferol ym mywydau'u plant, os yw hynny'n ddiogel ac er lles y plant; cyflwyno "gorchymyn trefniadau plant", a fydd yn caniatáu i'r llysoedd ddefnyddio'n llawn eu pwerau i roi cyfarwyddyd i rieni ymgymryd â gweithgareddau a fydd yn helpu trefniadau plant i lwyddo; a symleiddio prosesau yn y llysoedd ynglŷn ag ysgaru.

(b) Mabwysiadu – cyflawni diwygiadau sy'n: lleihau oedi yn y system fabwysiadu; ehangu'r defnydd o 'Faethu ar gyfer Mabwysiadu'; gwella'r cyngor sydd ar gael i fabwysiadwyr, a'r trefniadau ar gyfer recriwtio ac asesu darpar fabwysiadwyr; a gwneud Cofrestr y Ddeddf Mabwysiadu a Phlant yn gofrestr statudol. Mae'r newidiadau hyn yn gyfyngedig i Loegr.

(c) Plant sy'n derbyn gofal: diwygio'r trefniadau ar gyfer cyswllt rhwng plentyn y gofelir amdano gan awdurdod lleol a'i deulu biolegol a rhai pobl eraill, a gwneud yn ofynnol bod pob awdurdod lleol yn Lloegr yn dynodi swyddog i weithredu fel 'Rhith-bennaeth Ysgol" (VSH) yr awdurdod, ar gyfer y plant sy'n derbyn gofal gan yr awdurdod.

(d) Diwygio'r system anghenion addysgol arbennig (AAA) yn Lloegr, er mwyn: gwella'r cymorth i rai 16-25 mlwydd oed; cynnig cyllideb bersonol i blant a theuluoedd; gwneud gwell cydweithio rhwng y gwasanaethau yn ofynnol; darparu gwybodaeth fwy eglur ynglŷn â'r cymorth sydd ar gael; a symleiddio prosesau asesu a chynlluniau.

(e) Rhannu absenoldeb rhiant a gweithio hyblyg: cyflwynir system ar gyfer rhannu'r cyfnod o absenoldeb rhiant a'r tâl statudol i rieni, yn ogystal â diwygio'r system sy'n rhoi hawl i unigolion ofyn am weithio oriau hyblyg.

(f) Gofal plant – cynyddu'r hyblygrwydd ar gyfer gwarchodwyr plant, drwy gyflwyno asiantaethau gwarchodwyr plant.

(g) Swyddfa'r Comisiynydd Plant ar gyfer Lloegr – ychwanegir at bwerau'r Comisiynydd i hyrwyddo a gwarchod hawliau plant, ac at ei annibyniaeth oddi wrth Lywodraeth y DU. Bydd y newidiadau hyn yn gymwys i rôl y Comisiynydd o hyrwyddo a gwarchod hawliau plant yn y gweinyddiaethau datganoledig, ond mewn perthynas, yn unig, â materion nas datganolwyd.

5. Ac eithrio 4(b), (c), (d) ac (f) uchod, mae'r darpariaethau yn y Bil yn ymestyn i Gymru.

Darpariaethau yn y Bil y ceisir caniatâd ar eu cyfer

6. Mae'r darpariaethau y gofynnir am gydsyniad ar eu cyfer wedi eu cynnwys yn Rhan 1, cymal 6 ac Atodlen 1, ac yn Rhan 2, cymal 15 (2) o'r Bil Plant a Theuluoedd, ac yn ymwneud ag:

(i) datgymhwyso, o ran Cymru, y Gofrestr Deddf Mabwysiadu a Phlant;

Mae darpariaethau mewn perthynas â'r Gofrestr Deddf Mabwysiadu a Phlant yn diwygio adrannau 125 – 131 o Ddeddf Mabwysiadu a Phlant 2002, gan bennu na fydd pŵer bellach gan yr Ysgrifennydd Gwladol i gyfarwyddo awdurdodau lleol yng Nghymru i ddarparu gwybodaeth ar gyfer y gofrestr; a disodlir y ddarpariaeth o Orchymyn yn y Cyfrin Gyngor (sef y cyfrwng is-ddeddfwriaethol presennol) gan bŵer newydd i'r Ysgrifennydd Gwladol wneud rheoliadau.

Mae'r darpariaethau hyn yn ymwneud â materion sydd o fewn cymhwysedd deddfwriaethol y Cynulliad, i'r graddau y mae a wnelont â mabwysiadu. Mae mabwysiadu yn fater sy'n dod o dan bwnc 15 o Atodlen 7 i Ddeddf Llywodraeth Cymru 2006.

(ii) paratoi cynllun gofal;

Mae'r ddarpariaeth hon yn rhagnodi mai Gweinidogion Cymru, o ran Cymru, sydd â phŵer i wneud rheoliadau ynglŷn â gosod terfynau amser ar baratoi cynlluniau gofal gan awdurdodau lleol (pŵer a freinir yn y llysoedd ar hyn o bryd).

7. Mae'r adran 31A newydd arfaethedig fel a ganlyn:

(1) Where an application is made on which a care order might be made with respect to a child, the appropriate local authority must, within such time <u>as may be prescribed</u> prepare a plan ("a care plan") for the future care of the child.

(2) While the application is pending, the authority must keep any care plan prepared by them under review and, if they are of the opinion some change is required, revise the plan, or make a new plan, accordingly.

(3) A care plan must give any prescribed information and do so in the prescribed manner.

(4) For the purposes of this section, the appropriate local authority, in relation to a child in respect of whom a care order might be made, is the local authority proposed to be designated in the order.

(4A) In this section prescribed

(a) in relation to a care plan whose preparation is the responsibility of a local authority for an area in England, means prescribed by the Secretary of State: and
(b) in relation to a care plan whose preparation is the responsibility of a local authority in Wales, means prescribed by the Welsh Ministers.

(5) In section 31(3A) and this section, references to a care order do not include an interim care order.

(6)A plan prepared, or treated as prepared, under this section is referred to in this Act as a "section 31A plan".

8. Mae'r ddwy elfen yn Adran 31A sydd i'w diwygio wedi eu tanlinellu yn y dyfyniad uchod.

- Yn gyntaf, o dan y ddarpariaeth bresennol, y llys sy'n penderfynu'r terfyn amser ar gyfer paratoi'r cynllun gofal. Fodd bynnag, bydd y ddarpariaeth newydd, drwy ddiwygio adran 31A(1), yn diddymu pŵer y llys i bennu'r terfyn amser ac, yn ei le, yn gosod pŵer ar Weinidogion Cymru (mewn perthynas â Chymru) i osod terfyn o'r fath yn ei le, mewn rheoliadau.

- Yn ail, mae'r cymal yn creu darpariaeth newydd, adran 31A(4A), y bwriedir iddo ategu'r adran 31A(3) bresennol, sy'n datgan:

"A care plan must give any prescribed information and do so in the prescribed manner."

9. Ni ddiffiniwyd y gair "prescribed" pan wnaed y diwygiad gwreiddiol na'r diwygiadau dilynol i'r ddarpariaeth hon. Mae'r adran 31A(4A) yn egluro'r sefyllfa drwy ragnodi mai'r Ysgrifennydd Gwladol sydd â'r swyddogaeth o ragnodi mewn perthynas â Lloegr, a Gweinidogion Cymru mewn perthynas â Chymru.

10. Mae'r naill a'r llall o'r diwygiadau i adran 31A yn dod o fewn cymhwysedd deddfwriaethol y Cynulliad, gan eu bod yn ymwneud â chynllunio gofal – mater sy'n dod o fewn Atodlen 7, pwnc 15 (lles cymdeithasol) ac yn ymwneud â gwasanaethau cymdeithasol, amddiffyn plant a llesiant a gofal plant.

Cyd-ddibyniaeth â Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru)

11. Mae dyletswyddau ar awdurdodau lleol i ddarparu cynllun ar gyfer plant sydd ag anghenion am ofal a chymorth, gan gynnwys plant sy'n derbyn gofal, wedi eu cynnwys yn y Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru). Cynllun holistig yw hwnnw, sy'n cynllunio dyfodol y plentyn o ran iechyd, addysg a datblygiad corfforol, emosiynol a chymdeithasol, gan gynnwys gyda phwy ac ymhle y bydd y plentyn yn byw, etc. Bwriedir i'r cynllun adran 31A (cynllun llys), sy'n ofynnol o dan Ddeddf Plant 1989, fod yn un gydran o'r cynllun holistig y bydd yn ofynnol i'r awdurdodau lleol ei baratoi o dan Ran 4 (adrannau 34 - 39) o Fil Gwasanaethau Cymdeithasol a Llesiant (Cymru). Yn ymarferol, felly, un cynllun integredig a fydd gan unrhyw blentyn.

12. Mae Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru) (Rhan 9, adran 151) yn darparu ar gyfer cyfarwyddo awdurdodau lleol, gan Weinidogion Cymru, i ymuno mewn trefniadau ar y cyd wrth ymgymryd â'u swyddogaethau o gynnal gwasanaethau mabwysiadu. Mae'n galluogi Gweinidogion Cymru i gyflenwi gwasanaeth cymorth mabwysiadu cenedlaethol, a fydd hefyd yn ystyried datblygu cofrestr fabwysiadu genedlaethol ar gyfer Cymru yn y dyfodol.

Manteision defnyddio'r Bil hwn

13. Nid yw cyfraith ac achosion teuluol yn faterion sydd wedi eu datganoli, ac ym marn Llywodraeth Cymru, y Bil hwn ar gyfer y DU yw'r cyfrwng mwyaf priodol a chymesur ar gyfer gwneud y darpariaethau sy'n diwygio'r gyfraith deuluol yn gymwys i gyrff cyhoeddus yng Nghymru. Bydd hefyd yn sicrhau cysondeb ledled Cymru a Lloegr yn y modd y bydd llysoedd cyfiawnder teuluol yn ymdrin ag achosion cyfraith teulu, a'r modd y bydd awdurdodau lleol a Swyddogion Achosion Teulu yng Nghymru (Cafcass Cymru) yn trin achosion cyfraith gyhoeddus a phreifat.

14. Mae swyddogaethau awdurdodau lleol o ran mabwysiadu plant wedi eu datganoli. Roedd y darpariaethau newydd yn y Bil Plant a Theuluoedd yn gyfle amserol i ddeddfu ar gyfer datgymhwyso'r darpariaethau blaenorol mewn perthynas â Chymru.

Goblygiadau ariannol

15. Ni ragwelir unrhyw oblygiadau ariannol i Lywodraeth Cymru mewn cysylltiad â'r darpariaethau a drafodir yn y memorandwm hwn. Bydd rhaid i bob awdurdod lleol, fel sy'n digwydd ar hyn o bryd, wneud cynllun gofal ar gyfer plentyn sy'n derbyn gofal gan yr awdurdod. Bydd y newidiadau o dan y Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru) hefyd yn darparu ar gyfer integreiddio cynlluniau ar gyfer plant sydd ag anghenion am ofal a chymorth – gan gynnwys y gofynion o dan adran 31A o Ddeddf Plant 1989 am gynllun llys. Yn ogystal, nid yw'r darpariaethau ar gyfer gwneud y Gofrestr Deddf Mabwysiadu a Phlant yn "gofrestr statudol" yn ymestyn i Gymru, ac felly ni ddisgwylir unrhyw feichiau ariannol.

Lesley Griffiths
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

Legal Advice Note

LEGISLATIVE CONSENT MEMORANDUM
CHILDREN AND FAMILIES BILL

Background

1. On the 12th February 2013, Lesley Griffiths AM, Minister for Health and Social Services gave notice of a motion in the following terms –

   "To propose that the National Assembly for Wales, in accordance with Standing Order 29.6, agrees that provisions of the Children and Families Bill, relating to amendments to the Children Act 1989 (section 31A (4A)) and sections 125 to 131 of the Adoption and Children Act 2002 in so far as they fall within the legislative competence of the National Assembly for Wales should be considered by the UK Parliament."

2. The Legislative Consent Memorandum ("LCM") was considered on the 19th February 2013 by the Business Committee, who agreed that the LCM could be considered by both the Children and Young Persons Committee ("the CYP Committee") and the Health and Social Care Committee ("the HSC Committee") because the provisions in the Bill for which consent was sought related to sections in the Social Services and Well-being Bill that were being scrutinised by both Committees. The Legislative Consent Motion is due to be debated in plenary on Tuesday 16 April 2013.This Note is intended to inform that consideration.

The Bill

3. The Bill was introduced in the House of Commons on the 4th February 2013. The Bill can be found at - http://services.parliament.uk/bills/2012-13/childrenandfamilies.html

4. The main purpose of the Bill (according to the Explanatory Note) is to make legislative changes to reform support to children and families. The first half of the Bill seeks to improve services for children and young people by reforming the systems for adoptions, Looked after Children, family justice and Special Educational Needs. The second half seeks to encourage growth in the childcare sector, shared parental leave and ensuring children in England have strong advocates for their rights.

Legislative Competence

5. The LCM identifies the Assembly's legislative competence under 'Adoption' and 'Social Welfare' under Schedule 7, subject 15 of the Government of Wales Act 2006 ("GOWA 2006") as being relevant.

Provisions in the Bill for which consent is sought

6. Paragraph 6 of the LCM lists the provisions for which consent are sought. They are contained within Part 1, clause 6 and Schedule 1, and Part 2, clause 15(2) of the Children and Families Bill.

Adoption register

7. Part 1, clause 6 and Schedule 1 makes changes in relation to the law on adoption. The provisions amend sections 125 to 131 of the Adoption and Children Act 2002 so that the Secretary of State will no longer have the power to direct Welsh local authorities to provide information for the Adoption and Children Act Register.

8. This change has been made with the foresight that the Welsh Ministers will make plans of their own in relation to a Welsh adoption register. Section 151 of the proposed Social Services and Well-being Bill provides for Welsh Ministers to direct local authorities to enter into joint arrangements in relation to their function for the maintenance of adoption services. The LCM states that this will allow the Welsh Ministers to deliver on the national adoption support service that will also consider the future development of a national adoption register for Wales.

The preparation of care plans

9. Clause 15(2) of Part 2 of the Children and Families Bill amends the Children Act 1989 and inserts a new section 31A. The new section provides that in relation to Wales, the Welsh Ministers will have the regulation making powers in respect of setting time limits for the preparation of a care plan by a local authority, a power that is currently vested in the courts.

10. The new provision inserted into the Children Act 1989 will also state that "a care plan must give any prescribed information and do so in the prescribed manner." The word "prescribed" was never defined in the original enactment or in any of the subsequent amendments. However, the new section 31A(4A) clarifies the position by stating that the Secretary of State will have the function in relation to England and the Welsh Ministers in relation to Wales.

11. The Social Services and Well-being Bill also sets out provisions by placing duties on local authorities to provide a plan for children with care and support needs, including looked after children. The care plans are intended to set out in detail the health, education, physical, emotional and social development of a child including with whom and where a child lives. It is intended that the section 31A plan (court plan) required under the Children Act 1989 will be a component part of the holistic plan local authorities will be required to prepare under Part 4 (section 38-39) of the Social Services and Well-being Bill. Therefore, in practice a child will have one integrated plan.

Conclusion

12. It is the view of Legal Services that the Bill will make provision in relation to Wales, for a purpose within the Assembly's legislative competence.

13. Standing Order 29.7 provides that the Assembly must consider a legislative consent motion which has been tabled.

14. The Committee may wish to consider and question why these provisions were not included within the Welsh Government's Social Services and Well-being Bill, as they do inter-relate with provisions contained within it and this would have complemented the Welsh Government's intention to consolidate legislation wherever possible. Although the provision in relation to care plans does remove a power vested in the Court, and family law and proceedings are not devolved, if these provision were planned in any event, timely inter-governmental discussions might have allowed these provisions to be contained in the Social Services and Well-being Bill.

15. The Committee may also consider asking the Minister what transitional measures, if any, are being put into place in relation to the dis-application of the Adoption and Children Act register to Wales and whether or not Welsh Ministers have considered a timeframe for introducing a new national adoption register for Wales.

Legal Services
February 2013

Eitem 3

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:	**Ystafell Bwyllgora 1 – Y Senedd**
Dyddiad:	**Dydd Mercher, 20 Chwefror 2013**
Amser:	**09:01 – 12:28**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Gellir gwylio'r cyfarfod ar Senedd TV yn:
http://www.senedd.tv/archiveplayer.jsf?v=cy_200000_20_02_2013&t=0&l=cy

Cofnodion Cryno:

Aelodau'r Cynulliad:	**Mark Drakeford (Cadeirydd)** **Mick Antoniw** **Rebecca Evans** **William Graham** **Elin Jones** **Darren Millar** **Lynne Neagle** **Gwyn R Price** **Jenny Rathbone** **Lindsay Whittle** **Kirsty Williams**
Tystion:	**Lesley Griffiths, Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol** **Pat Vernon, Llywodraeth Cymru** **Grant Duncan, Llywodraeth Cymru** **Sarah Wakeling, Llywodraeth Cymru** **Phil Walton, Gwaed a Thrawsblaniadau'r GIG**
Staff y Pwyllgor:	**Sarah Beasley (Clerc)** **Sarah Sargent (Dirprwy Glerc)** **Steve George (Clerc)** **Victoria Paris (Ymchwilydd)** **Joanest Jackson (Cynghorydd Cyfreithiol)** **Robin Wilkinson (Ymchwilydd)** **Gwyn Griffiths (Cynghorydd Cyfreithiol)**

TRAWSGRIFIAD
Gweld trawsgrifiad o'r cyfarfod.

1. Cyflwyniad, ymddiheuriadau a dirprwyon

1.1 Cafwyd ymddiheuriadau gan Vaughan Gething.

2. Bil Trawsblannu Dynol (Cymru): Cyfnod 1 – sesiwn dystiolaeth 11

2.1 Clywodd y Pwyllgor dystiolaeth gan Lesley Griffiths AC, y Gweinidog Iechyd a Gwasanaethau Cymdeithasol; Dr Grant Duncan, Dirprwy Gyfarwyddwr y Gyfarwyddiaeth Feddygol, Llywodraeth Cymru; Pat Vernon, Pennaeth Polisi ar Ddeddfwriaeth Rhoi Organau a Meinweoedd; a Sarah Wakeling, Gwasanaethau Cyfreithiol, Llywodraeth Cymru.

3. Bil Trawsblannu Dynol (Cymru): Cyfnod 1 – sesiwn dystiolaeth 12

3.1 Clywodd y Pwyllgor dystiolaeth gan Phil Walton, Rheolwr Tîm (Nyrsys Arbenigol Rhoi Organau De Cymru), Gofal a Chydlynu Rhoddwyr, Gwaed a Thrawsblannau'r GIG.

4. Papurau i'w nodi

4.1 Nododd y Pwyllgor gofnodion y cyfarfod blaenorol, blaenraglen waith y Pwyllgor, a'r dystiolaeth atodol gan yr Athro Vivienne Harpwood a Sefydliad Aren Cymru mewn cysylltiad â Bil Trawsblannu Dynol (Cymru).

5. Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y canlynol: Trafod yr Adroddiad Drafft

5.1 Yn unol â Rheol Sefydlog 17.42(vi), cytunodd y Pwyllgor i gwrdd yn breifat ar gyfer eitem 6.

6. Bil Adennill Costau Meddygol ar gyfer Clefydau Asbestos (Cymru): Trafod yr Adroddiad Drafft

6.1 Trafododd y Pwyllgor yr eitem hon mewn sesiwn breifat.

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Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref LF/LG/0071/13

Mark Drakeford AM
Chair, Health and Social Care Committee
National Assembly for Wales

7 February 2013

Dear Mark,

Human Transplantation (Wales) Bill: Consultation submission from Professor John Fabre

Thank you for your letter of 30 January 2013 drawing my attention to the submission you received from Professor John Fabre of Kings College, University of London. I feel it is important to respond to the serious suggestions our Explanatory Memorandum is incorrect and our case for the Human Transplantation (Wales) Bill is not justified by the international evidence.

I have been provided with an overview of the robust international research attached, developed by our Social Research officials. This illustrates the wide consensus in research papers which consistently categorise Spain as a country with an opt-out system of legislation. It reiterates the conclusion of the research we published in December, that is opt-out laws are associated with increased organ donation rates and increased willingness to donate. I hope this analysis is helpful in considering Professor Fabre's comments.

We stand by the text of the Explanatory Memorandum. The Spanish Government's website points to the adoption of appropriate legislation as one element of the success of the "Spanish Model" for organ donation. We have always said while the law is just one part of the framework for a successful organ donation system, opt-out legislation influences societal behaviours leading to it being a norm across society. Clearly this is alongside the commitment for a comprehensive communication package.

I would add we are not seeking to emulate the law or practice of any particular nation. Some have reservations about the practice in Spain of approaching families repeatedly and

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with persistence. We are developing an organ donation system which is right for Wales, taking full account of international law, practice and evidence of outcomes.

Please let me or my officials know if we can be of any further assistance in considering the international evidence.

Your later letter of 5 February is receiving attention.

Regards

Lesley

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

Academic literature and the organ donation system in Spain

The following papers – all judged to be methodologically robust by Rithalia et al (2008) and/or Welsh Government (2012) – found that opt-out systems for organ donation are associated with increased organ donation rates or increased reported willingness to donate:

Author(s)	Findings	Data
Gimbel et al (2003)	Countries that practiced presumed consent had, on average, and extra 6.14 donors PMP compared to countries that practiced informed consent.	Data from 28 countries from the years 1995-1999.
Healey et al (2005)	Organ donation rates were greater by 2.7 donors PMP in countries with presumed consent legislation compared to informed consent countries.	Data from 17 countries over period 1990-2002.
Abadie & Gay (2006)	Countries with presumed consent legislation had 25-30% higher organ donation rates than informed consent countries.	Data from 22 countries over the period 1993-2002.
Neto et al (2007)	Presumed consent countries produced 21-26% higher organ donation rates compared to countries with informed consent legislation.	Data from 34 countries over a five year period.
Mossialos et al (2008)	Individuals living in presumed consent countries were between 17-29% more likely to report willingness to donate their own organs and 27-56% more likely to report that they would be willing to consent to the donation of their relatives' organs, compared to respondents living in explicit consent countries.	Individual-level survey data from participants living in 15 European countries.
Bilgel (2012)	Countries with presumed consent legislation have on average 13-18% higher organ donation rates than countries with informed consent legislation.	Data from 24 countries over the period 1993-2006.

Of the papers, only Gimbel et al (2003) classify Spain as an informed consent country 'in practice'. However, Spain is omitted from the analysis as it is treated as an outlier. All of the other papers listed above classify Spain as a presumed consent country.

The Gimbel paper is notable for classifying other countries as informed consent in practice (including France, Italy and Norway) that other studies have classified as presumed consent. As noted by Rithalia et al (2008: 28), there is a difference between the legislation itself and how it is implemented in practice – and Gimbel classified countries according to their methods of implementation.

The study by Rithalia et al is a summary of the evidence on the impact of opt-out systems at the time, and noted that Spain's legislation was based on "presumed consent".

Rithalia et al provide further explanation of how organ donation consent laws function in practice in different countries, including Spain, which is defined as having a weak/soft version of presumed consent:

> "In practice, the ways in which these laws function differ between countries and even regions. It is rare that a country will have a 'pure' informed or presumed consent system and it is common for there to be provision for the involvement of relatives within each legal system. The importance placed on relatives' opinions varies. The terms hard/strong and weak/soft have been used to describe the extent of emphasis placed on relatives' views. For example, though both Spain and Austria have a presumed consent law, in Spain the law is considered 'weak/soft' as doctors take active measures to ascertain that the next of kin does not object. In Austria the law is relatively 'strong/hard' in that organ recovery proceeds unless it is known that the deceased objected prior to death, and the views of relatives are not actively sought."
>
> **Rithalia et al (2008: 14)**

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Bilgel, F. (2012). "The impact of presumed consent laws and institutions on deceased organ donation." *European Journal of Health Economics* 13(1): 29-38.

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Healy, K. (2005). *The political economy of presumed consent.* UC Los Angeles: Department of Sociology, UCLA.

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Mark Drakeford AM
Chair
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14 February 2013

Dear Mark,

Human Transplantation (Wales) Bill: emerging issues

Thank you for your letter of 5 February setting out a number of issues and questions arising from the evidence you have been gathering on the Human Transplantation (Wales) Bill.

I deal with each of your points in turn at Annex 1. There is one key point I wish to emphasise. The international evidence continues to make an association between improved rates of consent and countries which have introduced an opt-out system. I aspire for Wales to be amongst these best performing countries, on a sustainable basis.

The evidence you have taken highlights the complexity and the variety of issues and opinions which are involved with organ donation. What gives me confidence is the success others continue to have. With vision and determination all these issues have practical solutions. The core principle is simple: improving our consent system to help save and improve lives. I note with interest the announcement from Northern Ireland that they will also be consulting on a soft opt-out system for consent to deceased organ donation.

I look forward to attending Committee again on 20 February for my final evidence session.

Regards

Lesley

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Annex 1

Human Transplantation (Wales) Bill: response on some of the emerging issues

1. Practical difficulties in determining whether consent can be deemed to have been given, and whether this could lead to fewer donors

The international evidence does not support this. It rather indicates the exact opposite. Countries with opt-out systems are associated with higher rates of donation. In Wales we will have a two-year communication campaign which will highlight the subject of organ donation and encourage discussion within families. Unlike now, people will be able to register a clear yes or no to donation. Where they do neither, it will be in the knowledge their consent will be deemed; but qualifying relations can provide information about whether the deceased would have objected. I believe this will provide a framework for greater clarity of individual wishes, which in turn will provide comfort to families who will be much clearer about their loved one's wishes

I agree the new arrangements will of course result in some change in practice in terms of the consent process. We are working with NHS Blood and Transplant and the Human Tissue Authority on the practicalities of adapting the current consent process in order to deal with the requirements of the new legislation. The existing questionnaire for donor families already contains a number of substantive questions, and I do not believe the new system will add to this significantly. In most cases, questions about residency and mental capacity will be straightforward to determine as part of the process.

The type of questions asked of families, even today, may seem intrusive and unnecessary to those of us not involved in the organ donation process. However, the skill and training of the Specialist Nurses means they are approached sensitively and with care. I believe the requirements of the new system can be carefully woven into the conversation and will not cause significant difficult for staff or families. Other countries manage it well and so can we.

2. Donation after Brain Death (DBD) and Donation after Circulatory Death (DCD)

You have asked for an explanation of the terms DBD and DCD and how the Bill applies in relation to them.

Donation after Brain Death (DBD) may take place where death is confirmed following neurological tests to establish whether the patient has any remaining brain function. Patients declared brain dead may have suffered head trauma, for example in a car accident, or a massive stroke. These patients are sometimes also called "heart-beating donors" because the circulatory system is maintained through a ventilator whilst consent is established and until the donation takes place.

Donation after Circulatory Death (DCD) may take place following diagnosis of death by cardio-respiratory criteria. These patients are called "non heart-beating donors" because death follows the cessation of the body's cardio-respiratory functions. DCD may be either "controlled" which describes organ retrieval which follows the planned limitation or withdrawal of treatment at the end of a critical illness from which the person will not recover; or "uncontrolled" which occurs following a sudden, irreversible cardiac arrest. Uncontrolled DCD is rare in the UK at present.

In either DBD or DCD, it is important to separate decisions about the care and treatment of the patient from decisions about organ donation and you have heard evidence in Committee to that effect. The provision in the Bill and the introduction of a system of deemed consent do not alter this in any way. The Bill, as in the current Human Tissue Act, makes it lawful to take steps to preserve part of a body for potential transplantation, including in those situations where it is still being established if a decision on consent has been or will be made. Having a system of deemed consent does not somehow make it "easier" to retrieve organs or exert undue influence over decisions around the care and treatment of a patient. It merely indicates the deceased individual may have had no objection to the idea of organ donation and informs the conversation with family members which may then ensue.

The Bill deals with consent to donation and does not alter *any* current practice in terms of the diagnosis of death. I am aware of Professor Harpwood's evidence to the Committee but, with respect, I do not agree that we should define these terms in the legislation. There is no current statutory definition of death/deceased person, but rather a duty exists in the Human Tissue Act 2004 and as amended by our Bill to empower the HTA to issue guidance on the matter. There have also been a number of documents issued by the Academy of Royal Colleges and the UK Donation Ethics Committee to guide medical and ethical practice in this area, providing the necessary consistency across the UK. Whilst I appreciate Professor Harpwood's view that we could start with a clean slate in Wales and choose to define these matters, I do not think this is something which we should be seeking to include in our legislation.

However, in light of both Professor Harpwood and Sally Johnson's comments, officials are reviewing the use of the word "deceased" in section 12 of the Bill in the context of taking steps for preservation for transplantation.

3. Registration of wishes

Under the new arrangements, people will have a choice to either register a wish to be a donor (opt in); register a wish not to be a donor (opt out) or do nothing, in which case their consent may be deemed to have been given. The register will not record people whose consent will be deemed.

Our policy preference is for a single UK register which will contain any recorded wish because this is the solution which poses least risk when it comes to identification. We are in discussion with the other UK Health Departments about whether we should use this opportunity of a change in the law in Wales to redevelop the existing Organ Donor register (ODR) for the whole of the UK. This would future-proof the register, and is the most cost effective proposal. We have received positive responses from all the UK Governments and will be setting up an all-country meeting shortly. One of the key issues is to ensure a decision to opt out taken by a Welsh resident is available to clinicians in other parts of the UK, since any recorded decision of the deceased will have to be taken into account under the Human Tissue Act 2004 and the Human Tissue (Scotland) Act 2006. Having a single register for the whole of the UK, capable of showing these details, will resolve this situation.

In terms of people who have currently opted-in to the ODR in Wales, our intention is they will be contacted and asked to confirm their decision in light of the new legislation. It would certainly be possible for someone to remove themselves from the opt-in register and choose to be classified as having their consent deemed. However, I think this unlikely to happen in most cases, since I can think of no advantage to doing so. We will be encouraging people who have already made a formal decision to be a donor to keep that decision on record. It is of course possible for someone to change their recorded opt-in wish to an opt-out wish

but the intention of doing so by large numbers of people is not supported by the results of our public attitudes survey.

4. Appointed representatives (section 7)

The ability to appoint a representative to make the decision about organ donation is something which exists under the existing Human Tissue Act 2004 and which will continue under our new legislation. Even now, there exists a small risk of the appointed representative not being present at the time donation is discussed, and other family members being unaware of the appointment. Under the current law, it is possible that family members would be asked to take the decision about donation if no-one knew about the existence of an appointed representative.

Under the new system, I understand concerns have been raised in Committee that in a situation as described above, where the appointed representative is not known about, the person's consent could then go on to be deemed. We intend to allow for further clarification and safeguards of the deceased's wishes by providing for the recording of the appointed representative on the register, something which does not happen now.

However, it could be possible for an appointment to be made either orally, or in writing, and for the person not to have recorded the appointment on the register. Therefore, the communications campaign will encourage people who decide to appoint a representative to tell other family members about their decision.

Where more than one representative has been appointed, only one of them needs to give consent, unless the terms of the appointment state they must act jointly. This is in line with guidance set out in the current Human Tissue Authority Code of Practice.

5. Coroners (section 13)

The Bill makes no changes regarding the role of the Coroner – section 13 of the Bill on Coroners replicates the effect of section 11 of the Human Tissue Act 2004. In some cases the person's death may come under the jurisdiction of the Coroner and so donation cannot go ahead without his or her agreement. This could include the steps necessary to preserve part of a body for transplantation as I have mentioned above. The Bill does not change the timescales involved in this process and hospitals will already have local arrangements in place with their Coroner, which I expect to continue.

6. Codes of Practice (section 14)

I intend to make available to the Committee a briefing on the likely content of the Code of Practice in time for Stage 3. We will continue to liaise with the HTA about the overall timescales for the actual draft Code as well as its content, and seek to accelerate this if possible.

7. Relevant material (section 16)

It is our clear policy intention that deemed consent will not apply to so-called "novel" forms of transplantation. The types of transplant being discussed (i.e. hand, face) are known as composite tissue transplants and even under the current system, they are dealt with differently. Current practice, which has been endorsed by the Human Tissue Authority, is to require the express consent of family members even if the deceased person is on the ODR.

However, I understand the concerns being raised and I am currently considering this issue.

8. Interpretation (section 17)

I am aware there has been discussion in Committee about the ranking of relationships, how disagreements between families will be resolved, etc. and some confusion about the lists and why one is ranked and the other is not. Briefly, the difference in the list is predicated on the actions being required of the qualifying relations, as I will explain below. Effectively there are two lists of qualifying relationships in the Bill, each with the same people on them, each there for different purposes.

The first *unranked* list exists for the purposes of deemed consent. Any person on the list at section 17(2) may provide information as to whether the deceased may have objected to their consent being deemed. The reason this list is not ranked is because those people are not being asked to make a *decision* on donation, but rather to provide *information*. This is because the deceased has already made a decision to have their consent deemed and the law will recognise this as a valid consent, unless a person on that list can say otherwise. In practice, this does not mean every person on the list has to be contacted; clearly that would be unworkable. However, it provides the opportunity for those people present to say whether they know or think anyone else might know, if the deceased would have objected. As indicated above, in practical terms this will be worked into the conversation so as to encourage the people present to think about the question and whether anyone else should be contacted and asked if they have any information. This is an important additional safeguard in relation to deemed consent: ranking the list would reduce the opportunity to say whether the deceased would have objected.

The second *ranked* list only applies to people who do not fall within the deemed consent arrangements, i.e. excepted adults and children. For these deceased individuals, if they have not expressed a wish themselves, the decision on donation passes to the person at the top of the hierarchy of qualifying relationships. The list is ranked because when a decision is called for, it would be impossible to give everyone on the list equal ranking as this would run the risk of no decision ever being taken. Therefore, in relation to express consent, we are not changing the current system and have retained the ranked relationships as provided for in the Human Tissue Act 2004.

It is not the case that an objection by someone in a qualifying relationship would be enough to prevent donation taking place. As happens now, disagreements amongst family members have to be carefully handled with emphasis being placed on open and sensitive discussions. The focus should be on the deceased person's wishes wherever possible, but healthcare professionals are not there to traumatise family members by insisting on donation. Each case has to be dealt with individually and in accordance with best practice which will be set out in the Code.

I have covered your query about the definition of death/deceased under answer number 2 above.

9. Costs

You have asked for my observations on evidence put to the Committee that we have not taken account of costs to the NHS in Wales in removing organs for donation which are then used in transplants elsewhere in the UK. The Explanatory Notes contains a very thorough financial impact assessment on the legislation and show the financial benefits an increased number of donated organs could bring, including an analysis based on an assumption that only 30% of the organs are used in Wales.

I do appreciate the point which is being made however. The allocation and use of organs has always been done on a UK-wide basis and for very good reason this will continue under our new soft opt-out system. The cross border nature of the transplantation programme means it is not always a simple matter to directly attribute costs and savings to particular organisations – there is nothing particularly new in that – however the NHS in the UK and society as a whole benefits. I do not dismiss the point being made, but I feel these are relatively minor considerations in the overall scheme of things, and can detract from the wider aim of the legislation.

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25 Ionawr 2013

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Annwyl Mr Drakeford

Parthed: Y Pwyllgor Iechyd a Gofal Cymdeithasol yn ystyried Cynlluniau i Ailffurfweddu Gwasanaeth y Byrddau Iechyd Lleol

Diolch eto am y cyfle i gyfarfod ag aelodau o'r Pwyllgor Iechyd a Gofal Cymdeithasol i drafod cynlluniau i ail-ffurfweddu gwasanaethau.

Parthed eich llythyr dyddiedig 14 Ionawr, gweler y wybodaeth isod, a rhagor o wybodaeth atodedig yn ymdrin â'r cwestiynau a godwyd a ddylai, gobeithio, gynnig yr eglurhad angenrheidiol.

1. **Nifer y swyddi gyda hyfforddiant a oedd ar gael ym mhob arbenigedd ym mhob un o'r 3 blynedd diwethaf.**

   Mae Atodiad 1 yn cynnwys manylion am nifer y swyddi gyda hyfforddiant a reolid gan Ddeoniaeth Cymru ym mis Awst 2010, 2011 a 2012. Fel y gwelwch, mae rhywfaint o amrywiad o ran nifer y swyddi. Digwyddodd y newidiadau hyn yn sgil symudiadau strategol, er enghraifft, mae Deoniaeth Cymru wedi buddsoddi mewn arbenigeddau newydd sy'n dod i'r amlwg, megis Meddyginiaeth Acíwt ac Iechyd Atgenhedlol a Rhywiol Cymunedol. Gwnaed unrhyw ostyngiadau mewn swyddi am nifer o resymau, er enghraifft mewn Pediatreg, newidiwyd swyddi anneniadol cyfnod penodol i fod yn rhaglenni hyfforddi hirdymor sylweddol sy'n arwain at dystysgrif cwblhau hyfforddiant (CCT). Ar gyfer Practis Cyffredinol, mae amrywiadau yn niferoedd y swyddi yn bodoli yn sgil anawsterau recriwtio ac estyniad peilot i'r cynllun hyfforddi yn 2010.

2. **Nifer y swyddi gwag gyda hyfforddiant ym mhob arbenigedd ym mhob un o'r 3 blynedd diwethaf.**

   Caiff 50% o'r cyflog sylfaenol ar gyfer mwyafrif y swyddi gyda hyfforddiant ei ariannu gan y Bwrdd Iechyd. Hoffai'r Ddeoniaeth bwysleisio, os daw swydd yn wag, bod y 50% o gyllid y mae'r Ddeoniaeth yn ei roi i'r Bwrdd Iechyd yn parhau i olygu bod modd gwneud penodiad gwasanaeth a'i ariannu heb gost ychwanegol i'r Bwrdd Iechyd. Oherwydd natur gyfnewidiol swyddi gwag, mae'n anodd cynnig gwybodaeth ystyrlon ar gyfer y cwestiwn; felly, mae copïau ynghlwm o'r Adroddiadau Matrics ar Swyddi Gwag a roddir i'r

Cyfarwyddwyr Meddygol yn eu cyfarfod o Grŵp Gweithredol y Cyfarwyddwyr Meddygol. Mae Atodiadau 2a, 2b a 2c yn rhoi cipolwg ar nifer y swyddi gwag gyda hyfforddiant ym mhob un o'r Byrddau Iechyd ar gyfer y prif arbenigeddau ym mis Awst 2010, 2011 a 2012 yn y drefn honno.

3. **Y tanwario a orfodwyd yn sgil anallu i lenwi'r swyddi hyn i hyfforddeion ym mhob o'r 3 blynedd diwethaf.**

Yn unol â'r hyn a drafodwyd uchod, mae'r Ddeoniaeth yn parhau i roi cyllid i'r Byrddau Iechyd os bydd swydd yn parhau i fod yn wag ac nad oes unrhyw danwario o ganlyniad. Pan fydd swyddi yn parhau i fod yn wag am 12 mis neu fwy, cynhelir adolygiad strategol o'r swyddi i bennu p'un a ddylid buddsoddi yn y dyfodol. Byddai'r Ddeoniaeth ond yn lleihau'r cyllid i'r Byrddau Iechyd pan gâi swyddi gyda hyfforddiant eu dadsefydlu'n llwyr at ddibenion hyfforddi.

Yn gywir

Prof. Derek Gallen

Yr Athro Derek Gallen
Deon Ôl-raddedig a Phennaeth yr Ysgol

Crynodeb o Swyddi Gradd Hyfforddi Awst 2010 i Awst 2012					
	Awst-10		**Awst-11**		**Awst-12**
Arbenigedd	**Nifer y swyddi**		**Nifer y swyddi**		**Nifer y swyddi**
Rhaglen Hyfforddiant Sylfaenol	678		**678**		678
Meddyginiaeth acíwt			9		11
Anesthetig (Hyfforddiant Craidd)	133		118		118
Anesthetig (Hyfforddiant Uwch)	130		129		129
Meddyginiaeth Awdiogynteddol	1		1		1
Cardioleg	43		43		43
Llawfeddygaeth Gardio-thorasig	12		12		12
Patholeg gemegol	5		5		5
Seiciatreg Plant a Phobl Ifanc	12		12		13
Geneteg glinigol	9		7		8
Imiwnoleg glinigol ac alergedd	1		1		1
Niwroffisioleg glinigol	1		1		1
Oncoleg Glinigol	18		19		18
Ffarmacoleg glinigol a therapiwteg	3		3		3
Radioleg Glinigol	44		44		44
Hyfforddiant Meddygol Craidd	222		223		229
Hyfforddiant Seiciatreg Craidd	93		97		90
Hyfforddiant Llawfeddygol Craidd	172		171		147
Iechyd Atgenhedlol a Rhywiol Cymunedol					2
Dermatoleg	12		13		13
Meddyginiaeth Frys	59		57		56
Endocrinoleg a diabetes mellitus	27		28		28
Seiciatreg fforensig	8		8		8
Gastroenteroleg	23		23		23
Seiciatreg Gyffredinol Oedolion	36		36		37
Meddyginiaeth gyffredinol	9				
Practis Cyffredinol	259		225		233
Llawfeddygaeth gyffredinol	62		62		62
Meddyginiaeth Genhedlol-Droethol	4		4		4
Meddyginiaeth Geriatrig	44		43		47
Haematoleg	21		21		21
Histopatholeg	20		21		21
Clefydau heintus	3		3		3
Meddyginiaeth Gofal Dwys	18		20		21
Microbioleg feddygol a Firoleg	10		10		10
Oncoleg feddygol	4		4		4
Niwroleg	11		12		12
Niwrobatholeg	1		1		1
Niwrolawfeddygaeth	5		5		5
Meddyginiaeth niwclear	1		1		1
Obstetreg a gynecoleg	117		116		115
Meddyginiaeth Alwedigaethol	9		8		9
Seiciatreg henoed	8		8		8
Offthalmoleg	21		21		22
Llawfeddygaeth y geg a genol-wynebol	11		11		11
Otolaryngoleg	16		16		16
Niwroleg bediatrig	1		1		1
Llawfeddygaeth bediatrig	2		2		2
Pediatreg	177		181		174
Meddyginiaeth liniarol	17		17		17
Llawfeddygaeth blastig	11		12		12
Seiciatreg Anabledd Dysgu	9		9		9
Seicotherapi	1		1		1
Meddyginiaeth iechyd y cyhoedd	36		36		36
Meddyginiaeth Adfer	1		1		1
Meddyginiaeth arennol	16		16		16
Meddyginiaeth anadlu	31		31		31
Rhiwmatoleg	10		10		10
Meddyginiaeth Chwaraeon ac Ymarfer Corff	1		1		1
Llawfeddygaeth Trawma ac Orthopedig	52		52		52
Wroleg	14		16		16
Cyfanswm	**2775**		**2736**		**2723**

The Wales Deanery – Vacancy Matrix (accurate 28th July 2010)

Health Board	Hospital	Medicine	Paediatrics	Emergency Medicine	Anaesthetics	Surgery	Obstetrics & Gynaecology
Aneurin Bevan	Gwent	2/34	2/17	0/7	1/13	0/25	0/12
	Nevill Hall	0/13	1/9	0/6	1/12	0/9	1/7
	Caerphilly	0/9					
Cardiff and Vale	UHW	0/45	4 /32	0/13	4/12	0/30	0/15
	Llandough	0/13				0/10	
	Rookwood	0/3					
Velindre	Velindre	0/7					
	Holme Towers	0/2					
Cwm Taf	Royal Glam	0/16	2 /14	0/6	1/7	0/14	0/4
	Prince Charles	4/20	0/9	1 GP/3	2/7	2/11	1/6
ABM	POW	2 (1 CT, 1 GP)/23	0/12	1 CT/9	2/10	1/11	0/5
	Neath	2/21					
	Morriston	0/28		0/12	5/28	4/38	
	Singleton	1/17	1/20			1/10	0/9
Hywel Dda	Prince Philip	2/16		0/5		0/3	
	West Wales	0/14	1/7	0/4	1/5	1/16	0/5
	Withybush	2/10	1/7	0/5	0/4	0/5	0/6
	Bronglais	3(2 CT, 1 F2) /9	1/4	1 GP/6		0/6	0/1
Betsi Cadwaladr	Bangor	2(1 CT, 1 GP) /17	1/9	1 GP/7	0/5	3/7	0/5
	Llandudno	0/9					
	Glan Clwyd	3(2 CT, 1 F2)/25	2/13	0/6	0/6	6/17	0/ 6
	Wrexham	1 GP/22	1/10	2 CT /6	0/6	2/20	0/5
	TOTALS	24 (19 CT + 2 F2 +3GP)	17 ST	6 (3 CT + 3 GP)	15 CT	20 CT	2 ST

Risk Table Key:

Green – currently no vacant posts, Amber – vacancies range between 1% and 25%, Red – number of vacancies exceeds 25%

The number given in each box corresponds to the number of vacancies as of 28th July 2010 at the Core/Lower years levels (i.e. formerly SHO) out of the total number of training posts in that specialty and hospital (includes Specialty Training, F2 and General Practice posts).

This table does not include data on the higher specialty training positions.

Dadansoddiad Risg: Rotâu Graddau Hyfforddiant Llawfeddygol Craidd – Awst 2011

Wales Deanery

Allwedd i raddau risg

Uchel	*Bylchau>25%*
Canolig	*11%>Bylchau>24%*
Isel	*Bylchau<10%*
Dim risg	*Dim bylchau*

Bwrdd Iechyd	Safle	Nifer yr hyfforddeion ar gylchdro (bwriadol)	Nifer wirioneddol yr hyfforddeion y cadarnhawyd eu bod ar gylchdro yn Awst 2011	Nifer ddisgwyliedig o fylchau mewn hyfforddiant (ar 28/6/10)	Risgiau'r hyfforddiant a sylwadau
Caerdydd a'r Fro	Ysbyty Athrofaol Cymru	19	18	1	Bwlch mewn T ac O
	Llandochau	3	3	0	
Cwm Taf	Merthyr	6	5	1	Bylchau mewn T ac O
	Ysbyty Brenhinol Morgannwg	13	13	0	
Betsi Cadwaladr	Wrecsam	14	10	4	Bylchau mewn Llawfeddygaeth Gyffredinol x2, ENT, T ac O
	Bangor	13	7	6	Bylchau mewn Llawfeddygaeth Gyffredinol x3, ENT, T ac Ox2
	Glan Clwyd	12	9	3	Bylchau mewn T ac Ox2, EM
Aneurin Bevan	Ysbyty Brenhinol Gwent	16	16	0	
	Nevill Hall	5	3	2	Bylchau mewn Llawfeddygaeth Gyffredinolx2
Bwrdd Iechyd Prifysgol Abertawe Bro	Treforys	27	25	2	Bylchau mewn T ac Ox2 Mae'r pryderon presennol ynghylch ansawdd yn debygol o waethygu yn sgil bylchau
	Singleton	2	2	0	
	Ysbyty Tywysoges Cymru	6	3	3	Bylchau mewn T ac Ox3

Morgannwg					
Hywel Dda	Ysbyty Cyffredinol Gorllewin Cymru	4	4	0	
	Ysbyty'r Tywysog Phillip	1	1	0	
	Llwynhelyg	5	1	4	Bylchau mewn T ac Ox2, Llawfeddygaeth Gyffredinol x2

Dadansoddiad Risg: Rotâu Graddau Hyfforddiant Uwch Meddyginiaeth Frys (ST4+) – Medi 2011

Wales Deanery

Allwedd i raddau risg

Uchel	*Bylchau>25%*
Canolig	*11%>Bylchau>24%*
Isel	*Bylchau<10%*
Dim risg	*Dim bylchau*

Bwrdd Iechyd	Safle	Nifer yr hyfforddeion ar gylchdro (bwriadol)	Nifer wirioneddol yr hyfforddeion y cadarnhawyd eu bod ar gylchdro ym Medi 2011	Nifer ddisgwyliedig o fylchau mewn hyfforddiant (ar 28/6/10)	Risgiau'r hyfforddiant a sylwadau
Caerdydd a'r Fro	Ysbyty Athrofaol Cymru	4	3	1	
Cwm Taf	Merthyr	2	2*	0	
	Ysbyty Brenhinol Morgannwg	1	0	1	
Betsi Cadwaladr	Wrecsam	1	0	1	
	Bangor	1	1	0	
	Glan Clwyd	1	0	1	

Aneurin Bevan	Ysbyty Brenhinol Gwent	6	2	4	
	Nevill Hall	1	1	0	
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg	Abertawe	4	1	3	
	Ysbyty Tywysoges Cymru	3	2	1	
Hywel Dda	Ysbyty Cyffredinol Gorllewin Cymru	Dim gradd uwch ar gyfer hyfforddeion EM yn Hywel Dda			
	Ysbyty'r Tywysog Phillip				
	Llwynhelyg				

Dadansoddiad Risg: Rotâu Graddau Canol a Hyfforddiant Pediatrig - Medi 2011

Wales Deanery

Allwedd i raddau risg

Uchel	*Bylchau>25%*
Canolig	*11%>Bylchau>24%*
Isel	*Bylchau<10%*
Dim risg	*Dim bylchau*

Bwrdd Iechyd	Safle	Nifer yr hyfforddeion ar gylchdro (bwriadol)	Nifer wirioneddol yr hyfforddeion ar gylchdro ym Medi 2011	Nifer y bylchau mewn hyfforddiant (ar 28/6/10)	Risgiau'r hyfforddiant a sylwadau
Caerdydd a'r Fro	Ysbyty Athrofaol Cymru - Uned Gofal Dwys Seiciatrig	2	2	0	
	Ysbyty Athrofaol Cymru - cyffredinol	8	7.8	0.2	
	Ysbyty Athrofaol Cymru - arbennig	10	9.6	0.4	

	Ysbyty Athrofaol Cymru plant newydd-anedig	8	5.6	2.4	
Cwm Taf	Merthyr	5	3.6	1.4	
	Ysbyty Brenhinol Morgannwg	7	5	2	
Betsi Cadwaladr	Wrecsam	3	1	2	
	Bangor	4	1.6	2.4	
	Glan Clwyd	3	2	1	
Aneurin Bevan	Ysbyty Brenhinol Gwent	7	6.6	0.4	
	Ysbyty Brenhinol Gwent - plant newydd-anedig	6	6	0	
	Nevill Hall	5	4.6	0.4	
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg	Ysbyty Cyffredinol Abertawe	10	9	1	
	Ysbyty Abertawe - plant newydd-anedig	4	3.6	0.4	
	Ysbyty Tywysoges Cymru	6	3.8	1.2	
Hywel Dda	Dim cylchdroadau gradd ganol				

Dadansoddiad Risg: Rotâu Graddau Hyfforddiant Seiciatrig Craidd (CT1 – CT3) – Awst 2011

Wales Deanery

Allwedd i raddau risg

Uchel	*Bylchau>25%*
Canolig	*11%>Bylchau>24%*
Isel	*Bylchau<10%*
Dim risg	*Dim bylchau*

Bwrdd Iechyd	**Safle**	**Nifer yr**	**Nifer**	**Nifer y**	**Risgiau'r hyfforddiant a**

		hyfforddeion ar gylchdro (bwriadol)	wirioneddol yr hyfforddeion y cadarnhawyd eu bod ar gylchdro ym Medi 2011	bylchau mewn hyfforddiant (ar 28/6/10)	sylwadau
Caerdydd a'r Fro	Caerdydd	13	13	0	D.S. pryderon presennol ynghylch ansawdd
Cwm Taf	Merthyr	7	7	0	
	Ysbyty Brenhinol Morgannwg	8	8	0	
Betsi Cadwaladr	Wrecsam	3	2	1	
	Bangor	7	6	1	
	Y Rhyl	4	4	0	
Aneurin Bevan	Gwent	18	16	2	Pryderon difrifol presennol ynghylch ansawdd yn gysylltiedig â chyflenwad y staff y tu allan i oriau. Mae bylchau yn debygol o waethygu hyn.
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg	Abertawe	8	7	1	
	Pen-y-bont ar Ogwr	9	9	0	
Hywel Dda	Caerfyrddin	4	3	1	
	Ysbyty'r Tywysog Phillip	2	2	0	
	Hwlffordd	2	2	0	

ATODIAD 2c

Deoniaeth Ôl-raddedigion Cymru
Dadansoddiad Risg Recriwtio

Mae'r nifer a roddir ym mhob blwch yn cyfateb i nifer y swyddi gwag ar 30 Gorffennaf 2012 ar gyfer y nifer ar y lefelau blynyddoedd Craidd/Is o gyfanswm nifer y swyddi gyda hyfforddiant yn yr arbenigedd hwnnw a'r ysbyty ar gyfer Awst 2012. Sylwer nad yw'r tabl hwn yn cynnwys data ar swyddi F2 a Phractis Cyffredinol a swyddi hyfforddiant arbenigedd uwch hefyd.

Allwedd y Tabl Risg:
Gwyrdd – mae nifer y swyddi gwag yn llai nag 11%
Ambr – mae nifer y swyddi gwag yn amrywio rhwng 11% a 24%
Coch – mae nifer y swyddi gwag yn fwy na 24%

Bwrdd Iechyd	Ysbyty	Meddyginiaeth (CMT)	Pediatreg	Anesthetig	Llawfeddygaeth	Obstetreg a Gynecoleg
Aneurin Bevan	Gwent	1 (4)	+0.1 (9)	0 (12)	1 (14)	0 (8)
	Nevill Hall	3 (9)	0 (2)	0 (11)	0 (4)	0 (5)
	Caerffili	1 (4)	dd/b	dd/b	dd/b	dd/b
Caerdydd a'r Fro	Ysbyty Athrofaol Cymru	1 (22)	3 (23)	1 (11)	6 (19)	+0.1 (9)
	Llandochau	1 (6)	dd/b	dd/b	0 (2)	dd/b
	Rookwood	0 (3)	dd/b	dd/b	dd/b	dd/b
Felindre	Felindre	0 (4)	dd/b	dd/b	dd/b	dd/b
	Holme Towers	0 (2)	dd/b	dd/b	dd/b	dd/b
Cwm Taf	Ysbyty Brenhinol Morgannwg	0 (10)	+0.1 (6)	0 (7)	3 (9)	0 (1)
	Ysbyty'r Tywysog Siarl	0 (15)	0 (2)	1 (4)	0 (5)	0 (2)
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg	Ysbyty Tywysoges Cymru	3 (7)	0 (1)	1 (9)	1(6)	0 (1)
	Ysbyty Castell-nedd	1 (6)	dd/b	dd/b	dd/b	dd/b
	Ysbyty Treforys	1 (22)	0 (2)	5 (23)	9 (27)	dd/b
	Ysbyty Singleton	1 (7)	1.5 (7)	dd/b	1 (2)	0 (1)
Hywel Dda	Ysbyty'r Tywysog Philip	1 (7)	dd/b	dd/b	0 (1)	dd/b
	Ysbyty Cyffredinol Gorllewin Cymru	3 (9)	0 (2)	1 (4)	2 (4)	0 (2)
	Llwynhelyg	2 (10)	1(4)	0 (3)	2 (5)	1 (3)
	Bronglais	0 (4)	dd/b	dd/b	dd/b	dd/b
Betsi Cadwaladr	Bangor	4 (20)	0 (2)	0 (4)	1 (10)	0 (2)
	Llandudno	0 (4)	dd/b	dd/b	dd/b	dd/b

	Glan Clwyd	3 (15)	0.9 (9)	0 (6)	3 (9)	0 (3)
	Wrecsam	3 (13)	1 (4)	0 (5)	2 (11)	0 (2)

Ffigurau mewn cromfachau = nifer y swyddi

dd/b – ddim yn berthnasol

Gwybodaeth Ychwanegol:

Hyfforddiant Meddygol Craidd (CMT)

Ffigurau ar gyfer CMT – Peidiwch â chynnwys swyddi gwag mat.
Mae 29 o swyddi gwag ar gyfer CMT ar hyn o bryd o gyfanswm o 203 o swyddi.
Cynghorir yr holl adrannau personél meddygol ar bob safle (a thiwtoriaid colegau brenhinol) i geisio llenwi eu bylchau gyda graddau LAS neu ymddiriedolaeth am 12 mis (os ydynt yn dymuno gwneud hynny).
Sylwer: Gallai fod mwy o swyddi gwag, gan fod hyfforddeion CT2 presennol, yr ydym wedi cynnig amser hyfforddiant ychwanegol iddynt ac wedi cadw swyddi ar eu cyfer, yn cael PACES ac yn ymddiswyddo o CMT cyn Awst 2012.

Anesthetig

Nid yw ffigurau ar gyfer Anesthetig yn cynnwys swyddi gwag sy'n deillio o absenoldeb mamolaeth nac yn cynnwys swyddi sy'n ffurfio cylchdroadau ACCS
Mae pob un o'r 26 o swyddi CT1 a hysbysebwyd wedi cael eu llenwi yn Rownd 1.

Mae unrhyw swyddi CT2 sy'n parhau i fod heb eu llenwi ar ôl y broses glirio bellach wedi cael eu rhyddhau yn ôl i'r Byrddau Iechyd ar gyfer penodiadau LAS

Pediatrig ac Obstetreg a Gynecoleg

Mae rhai bylchau yn sgil absenoldeb mamolaeth, ac felly ni fyddant yn wag am 12 mis llawn
Y ffigurau gydag a + yw ble mae dros 100% o gyfradd lenwi o ganlyniad i rannu slotiau
Mae'r holl recriwtio yn gyflawn erbyn hyn a'r holl swyddi gwag wedi cael eu dychwelyd i Fyrddau Iechyd

Dadansoddiad Risg: Rotâu Graddau Hyfforddiant Llawfeddygol Craidd – Awst 2012

Wales Deanery

Allwedd i raddau risg

Uchel	*Bylchau>25%*
Canolig	*11%>Bylchau>24%*
Isel	*Bylchau<10%*
Dim risg	*Dim bylchau*

Bwrdd Iechyd	Safle	Nifer yr hyfforddeion ar gylchdro (bwriadol)	Nifer wirioneddol yr hyfforddeion y cadarnhawyd eu bod ar gylchdro yn Awst 2012	Nifer ddisgwyliedig y bylchau mewn hyfforddiant (ar 30/07/12)	Risgiau'r hyfforddiant a sylwadau
Caerdydd a'r Fro	Ysbyty Athrofaol Cymru	19	13	6	Bylchau = 1x Trawsblaniad / 2x cardio-thorasig / 3x T ac O
	Llandochau	2	2	0	
Cwm Taf	Merthyr	5	5	0	
	Ysbyty Brenhinol Morgannwg	9	6	3	Bylchau = 1 x cyffredinol / 2 x T ac 0
Betsi Cadwaladr	Wrecsam	11	9	2	Bylchau= 1x cyffredinol / 1 x T ac O
	Bangor	10	9	1	Bwlch = 1x T ac O
	Glan Clwyd	9	6	3	Bylchau = 2x T ac O / 1x ENT
Aneurin Bevan	Ysbyty Brenhinol Gwent	14	13	1	Bwlch = 1 x ENT
	Nevill Hall	4	4	0	
Bwrdd Iechyd Prifysgol	Ysbyty Treforys	27	18	9	Bylchau = 2x plastig / 5x T ac O / 1x cardio-thorasig / 1x cyffredinol
	Ysbyty Singleton	2	1	1	Bwkh = 1xENT

Abertawe Bro Morgannwg	Ysbyty Tywysoges Cymru	6	5	1	Bwlch = 1x cyffredinol
Hywel Dda	Ysbyty Cyffredinol Gorllewin Cymru	4	2	2	Bylchau = 1x ENT ac 1x cyffredinol
	Ysbyty'r Tywysog Phillip	1	1	0	
	Llwynhelyg	5	3	2	Bylchau = 2x cyffredinol

Dadansoddiad Risg: Rotâu Graddau Canol a Hyfforddiant Pediatrig – Medi 2012

Wales Deanery

Allwedd i raddau risg

Uchel	*Bylchau>25%*
Canolig	*11%>Bylchau>24%*
Isel	*Bylchau<10%*
Dim risg	*Dim bylchau*

Bwrdd Iechyd	**Safle**	**Nifer yr hyfforddeion ar gylchdro (bwriadol)**	**Nifer wirioneddol yr hyfforddeion ar gylchdro ym Medi 2012 (ar 30/08/12)**	**Nifer y bylchau mewn hyfforddiant (ar 30/07/12)**	**Risgiau'r hyfforddiant a sylwadau**
Caerdydd a'r Fro	Ysbyty Athrofaol Cymru - Uned Gofal Dwys Seiciatrig	5	4.6	0.4	
	Ysbyty Athrofaol Cymru - cyffredinol	9	8.4	0.6	
	Ysbyty Athrofaol Cymru - arbennig	10	10.2	0	+0.2 o ganlyniad i rannu slot
	Ysbyty Athrofaol Cymru - plant newydd-anedig	8	6.2	1.8	

Cwm Taf	Merthyr	5	5	0	
	Ysbyty Brenhinol Morgannwg	7	6.6	0.4	
Betsi Cadwaladr	Wrecsam	3	2	1	
	Bangor	4	2.6	1.4	
	Glan Clwyd	3	3	0	
Aneurin Bevan	Ysbyty Brenhinol Gwent	7	7	0	
	Ysbyty Brenhinol Gwent - plant newydd-anedig	6	5.4	0.6	
	Nevill Hall	5	4	1	
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg	Ysbyty Cyffredinol Abertawe	10	9	1	
	Ysbyty Abertawe plant - newydd-anedig	4	3.8	0.2	
	Ysbyty Tywysoges Cymru	5	4	1	
Hywel Dda	Dim cylchdroadau gradd ganol				

Dadansoddiad Risg: Rotâu Graddau Hyfforddiant Uwch Meddyginiaeth Frys (ST4+) – Medi 2012

Wales Deanery

Allwedd i raddau risg

Uchel	*Bylchau>25%*
Canolig	*11%>Bylchau>24%*
Isel	*Bylchau<10%*
Dim risg	*Dim bylchau*

Bwrdd Iechyd	**Safle**	**Nifer yr hyfforddeion ar gylchdro (bwriadol)**	**Nifer wirioneddol yr hyfforddeion y cadarnhawyd eu**	**Nifer y bylchau mewn hyfforddiant**	**Risgiau'r hyfforddiant a sylwadau**

			bod ar gylchdro ym Medi 2012	(ar 30/07/12)	
Caerdydd a'r Fro	Ysbyty Athrofaol Cymru	4	3	1	
Cwm Taf	Merthyr – Ysbyty'r Tywysog Siarl	2	2	0	
	Ysbyty Brenhinol Morgannwg	1	0	1	
Betsi Cadwaladr	Wrecsam	1	1	0	
	Bangor	1	0	1	
	Glan Clwyd	1	0	1	
Aneurin Bevan	Ysbyty Brenhinol Gwent	6	2	4	
	Nevill Hall	1	1	0	
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg	Abertawe – Ysbyty Treforys	3	2	1	
	Ysbyty Tywysoges Cymru	3	2	1	
Hywel Dda	Ysbyty Cyffredinol Gorllewin Cymru	Dim hyfforddeion meddyginiaeth frys gradd uwch yn Hywel Dda ar hyn o bryd			
	Ysbyty'r Tywysog Phillip				
	Llwynhelyg				

Dadansoddiad Risg: Rotâu Graddau Hyfforddiant Craidd Seiciatrig (CT1 – CT3) – Awst 2012

Wales Deanery

Allwedd i raddau risg

Uchel	*Bylchau>25%*
Canolig	*11%>Bylchau>24%*
Isel	*Bylchau<10%*
Dim risg	*Dim bylchau*

Bwrdd Iechyd	Safle	Nifer yr hyfforddeion ar gylchdro (bwriadol)	Nifer wirioneddol yr hyfforddeion y cadarnhawyd eu bod ar gylchdro yn Awst 2012	Nifer y bylchau mewn hyfforddiant (ar 30/07/12)	Risgiau'r hyfforddiant a sylwadau
Caerdydd a'r Fro	Caerdydd	13	12	1	2 x hyfforddeion llai nag amser llawn
Cwm Taf	Merthyr	5	5	0	
	Ysbyty Brenhinol Morgannwg	8	7.5	.5	1 x hyfforddai llai nag amser llawn
Betsi Cadwaladr	Wrecsam	4	4	0	
	Bangor	5	4.5	.5	1 X hyfforddai llai nag amser llawn
	Y Rhyl	4	4	0	
Aneurin Bevan	Gwent	17	14.5	2.5	
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg	Abertawe	6	3.5	2.5	Gallai un o'r 3.5 ymgymryd â swydd gradd staff. + 1 LTFT
	Pen-y-bont ar Ogwr, gan gynnwys Hensol a Caswell	9	8.5	.5	
Hywel Dda	Caerfyrddin, gan gynnwys Caswell	8	6.5 .5 i ddechrau ym mis Hydref	1	
	Ysbyty'r Tywysog Phillip	2	2	0	
	Hwlffordd	2	0	2	

Cyfanswm nifer yr hyfforddeion ar gylchdro – 83
Y niferoedd gwirioneddol y cadarnhawyd eu bod ar gylchdro – 72.5
Nifer y bylchau mewn hyfforddiant – 10.5

ATODIAD 2a

Deoniaeth Cymru – Matrics Swyddi Gwag (yn gywir ar 28 Gorffennaf 2010)

Health Board – Bwrdd Iechyd
Hospital – Ysbyty
Medicine – Meddyginiaeth
Paediatrics – Pediatreg
Emergency Medicine – Meddyginiaeth Frys
Anaesthetics – Anesthetig
Surgery – Llawfeddygaeth
Obstetrics & Gynaecology – Obstetreg a Gynecoleg

Cardiff and Vale – Caerdydd a'r Fro
ABM – Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg

Caerphilly – Caerffili
UHW – Ysbyty Athrofaol Cymru
Llandough – Llandochau
Velindre – Felindre
Royal Glam – Ysbyty Brenhinol Morgannwg
Prince Charles – Ysbyty'r Tywysog Siarl
POW – Ysbyty Tywysoges Cymru
Neath – Castell-nedd
Morriston – Treforys
Prince Phillip – Ysbyty'r Tywysog Phillip
West Wales – Ysbyty Cyffredinol Gorllewin Cymru
Withybush – Llwynhelyg
Wrexham – Wrecsam

(Welsh for text below table)

Allwedd y Tabl Risg:
Gwyrdd – dim swyddi gwag ar hyn o bryd, Ambr – mae'r swyddi gwag yn amrywio rhwng 1% a 25%, Coch – mae nifer y swyddi gwag yn fwy na 25%. Mae'r nifer a roddir ym mhob blwch yn cyfateb i nifer y swyddi gwag ar 28 Gorffennaf 2010 ar y lefelau blynyddoedd Craidd/Is (h.y. SHO gynt) o gyfanswm nifer y swyddi gyda hyfforddiant yn yr arbenigedd hwnnw (mae'n cynnwys Hyfforddiant Arbenigedd, swyddi F2 a Phractis Cyffredinol).
Nid yw'r tabl hwn yn cynnwys data ar y swyddi hyfforddi arbenigedd uwch.

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

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: SF/LG/3553/12

Professor Mark Drakeford AM
Chair
Health and Social Care Committee
National Assembly for Wales
Cardiff
CF99 1NA

Mark.Drakeford@wales.gov.uk

20 February 2013

Dear Mark,

Following the General Scrutiny Session of the Health and Social Care Committee of 5 December, you wrote to me requesting updates on:

- the provision of neuroscience services in Wales, including a response to a letter you provided from David Maggs, Wales Development Manager, Headway, and;
- the Welsh Government's review of capital expenditure.

The Adult Neuroscience Review includes recommendations relating to the neuro-rehabilitation issues raised by David Maggs. These are being taken forward by Health Boards through their local mechanisms. Overall, progress in implementing the recommendations relating to neuro-rehabilitation has been slower than most of the other recommendations. However, I am assured, by both Betsi Cadwaladr University Health Board and the Directors of Planning Group for Mid and South Wales, progress is being made as set out below.

The North Wales Neurosciences Network has recently established a Rehabilitation Workstream. The aim is to co-ordinate and provide patients with the appropriate level of rehabilitation provision, support and care within the community in which they live and, therefore, the Health Board has established a rehabilitation referral bureau.

Work has been completed in Mid and South Wales to deliver recommended service models for neuro-rehabilitation services and Health Boards are now working to implement them. Improvements so far include better access to in-patient rehabilitation in Mid and South Wales.

Steps have also been taken to ensure the Wales Neurological Alliance is kept fully informed of progress. These arrangements have been strengthened with the Alliance being invited to attend the Health Boards' Directors of Planning meeting next month.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.lesley.Griffiths@wales.gsi.gov.uk

In addition, Cardiff and Vale University Health Board has recently submitted an Outline Business Case, seeking investment to support the long term future delivery of specialist neuro and spinal rehabilitation for Mid and South Wales. This is currently being considered.

Finally, I have decided it is appropriate to develop a Delivery Plan for Neurological Conditions. This will clearly set out the Welsh Government's expectations for the future delivery of services.

As we discussed at Committee in December, one of the recommendations of the mid year review is to reconsider the NHS capital programme to ensure it is clearly aligned and supports the vision of healthcare set out in "Together for Health."

This work is currently being undertaken. However, our ability to progress this review is driven by the need to take account of emerging Health Board service change plans. Given NHS organisations are at different stages of their engagement and consultation processes, the review needs to be structured and phased appropriately. Betsi Cadwaladr University Health Board and Hywel Dda Health Board both announced their responses to their consultation exercises in recent weeks. We are now in a position to work with the Health Boards to identify and consider their priorities for strategic investment and to ensure the schemes we are being asked to support will deliver in terms of providing safe, accessible and sustainable services.

The four organisations in the South Wales Programme have completed their engagement exercises and the health boards are currently planning to commence the formal consultation in early May. Powys Teaching Health Board is currently considering the responses to its consultation for services in South East Powys. It would not be appropriate to pre-empt the outcomes to these consultations. However, we are continuing to work closely with organisations so we are well placed to move forwards once the consultation responses are announced.

Regards

Lesley

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