

Agenda – Y Pwyllgor Deisebau

Lleoliad: I gael rhagor o wybodaeth cysylltwch a:
Ystafell Bwyllgora 3 – y Senedd Gareth Price – Clerc y Pwyllgor
Dyddiad: Dydd Llun, 6 Chwefror 2023 0300 200 6565
Amser: 14.00 Deisebau@senedd.cymru

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

(Tudalennau 1 – 28)

2 Deisebau newydd

2.1 P-06-1306 Mwy o ddiogelwch i goed hynafol a hynod yng Nghymru. Gall hen goed gael eu symud. Rhaid rhoi'r gorau i dorri coed
(Tudalennau 29 – 36)

2.2 P-06-1315 Rhoi'r gorau i'r defnydd o contractau allanol yng Nghanolfan Awyr Agored Genedlaethol Cymru, Plas Menai
(Tudalennau 37 – 39)

2.3 P-06-1316 Ailenwi 'Wales', gan ddefnyddio ei henw gwreiddiol, sef Cymru.
(Tudalennau 40 – 46)

2.4 P-06-1320 Dyrannu cyllid ychwanegol i Gyngor Bwrdeistref Sirol Castell-nedd Port Talbot i sicrhau ei fod yn gynaliadwy
(Tudalennau 47 – 48)

2.5 P-06-1323 Gofynnwn i Lywodraeth Cymru brynu Neuadd Dewi Sant fel adnodd cenedlaethol i Gymru
(Tudalennau 49 – 54)

3 Y wybodaeth ddiweddaraf am ddeisebau blaenorol

3.1 P-06-1314 Insiwleiddio holl gartrefi Cymru rhag y gwres a'r oerfel... cyflwyno grantiau sy'n agored i bawb!
(Tudalennau 55 – 62)

3.2 P-06-1209 Dylid creu rhestr o bob gofalwr di-dâl yng Nghymru
(Tudalennau 63 – 68)



- 3.3 P-06-1240 Gwella gwasanaethau iechyd i bobl ag epilepsi sy'n byw yng Nghymru
(Tudalennau 69 – 72)
- 3.4 P-06-1242 Gwella Gofal Iechyd Endometriosis yng Nghymru
(Tudalennau 73 – 82)
- 3.5 P-06-1247 Rydym yn galw ar Lywodraeth Cymru i arwain y ffordd drwy gefnogi treialon wythnos waith pedwar diwrnod yng Nghymru
(Tudalennau 83 – 84)
- 3.6 P-06-1287 Rhaid ymchwilio i benderfyniad Bwrdd Iechyd Prifysgol Caerdydd a'r Fro i gau'r feddygfa yng ngogledd Penarth a symud cleifion i feddygon teulu sydd ymhell i ffwrdd.
(Tudalennau 85 – 132)
- 3.7 P-06-1288 Byddai agor Gorsaf Gerdded ym Magwyr a Gwndy, sy'n rhan o Raglen Gyflenwi yr Arglwydd Burns, yn llwyddiant cyflym
(Tudalennau 133 – 138)
- 3.8 P-06-1294 Peidiwch â gadael cleifion â chanser y fron metastatig yng Nghymru ar ôl
(Tudalennau 139 – 143)
- 3.9 P-06-1303 Creu, ariannu a chynnal digon o leoedd meithrin a gofal plant fforddiadwy i bob rhiant sy'n gweithio
(Tudalennau 144 – 149)
- 3.10 P-06-1304 Adolygu'r polisi tai dros dro mewn argyfwng sy'n effeithio ar ein cymunedau.
(Tudalennau 150 – 151)
- 4 Cynnig o dan Reol Sefydlog 17.42(ix) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod.**
- 5 Data Deisebau**
(Tudalennau 152 – 161)

6 Adroddiad drafft – P-06-1161 Casglu a chyhoeddi data yn rheolaidd o ran faint o fabanod/plant sy'n dychwelyd at ofal eu rhieni sydd wedi bod mewn gofal ar ddiwedd Lleoliad Rhiant a Phlentyn

Mae cyfyngiadau ar y ddogfen hon

P-06-1306 Mwy o ddiogelwch i goed hynafol a hynod yng Nghymru. Gall hen goed gael eu symud. Rhaid rhoi'r gorau i dorri coed

Y Pwyllgor Deisebau | 6 Chwefror 2023
Petitions Committee | 6 February 2023

Cyfeirnod: SR22/4474-2

Rhif y ddeiseb: P-06-1306

Teitl y ddeiseb: Mwy o ddiogelwch i goed hynafol a hynod yng Nghymru. Gall hen goed gael eu symud. Rhaid rhoi'r gorau i dorri coed

Testun y ddeiseb: Mae cyfreithiau cwmpo coed o'r 1960au wedi dyddio erbyn hyn. Mae'r polisi cynllunio presennol yn caniatáu ar gyfer torri coed hynafol a hynod (veteran) i lawr.

Rydym yn galw ar Lywodraeth Cymru i ddiwygio polisi cynllunio mewn perthynas â Gorchmynion Diogelu Coed. Mae angen mwy o ddiogelwch ar eu cyfer, mae'r cyfreithiau'n llawer rhy llac.

Mae polisiâu cynllunio ar gyfer datblygiadau ar raddfa fach ac ar raddfa fawr yn caniatáu i ddatblygwyr eiddo/perchnogion tir wneud cais am Drwydded Cwmpo Coed drwy Cyfoeth Naturiol Cymru.

Rhaid rhoi'r gorau i dorri coed hynafol a hynod.

Gwybodaeth ychwanegol: Fideos ar sut i symud coeden heb ei thorri i lawr: -

"How to Transplant and Move Large Trees Featuring an Air Tool":

<https://youtu.be/rMlbv6cdAsk>

"Tree Moving Machine":

<https://youtu.be/9TtzQtVga7Y>

"What does it cost to move a Large Tree":

<https://www.greerbros.com/greerblog/cost-to-move-a-large-tree>



Pam caniatáu i goeden hynafol neu hynod gael ei thorri? Mae'n syml, yn lle ei thorri, symudwch y goeden. Felly, dylai polisi cynllunio gael ei ddiwygio fel a ganlyn: “Dim torri coed hynafol / hynod, rhaid i bob datblygwr ddadwreiddio a symud y coed i leoliad agos iawn”. Byddai hyn, yn ei dro, nid yn unig yn achub y coed ond hefyd yn creu swyddi ledled Cymru.

Achubwch goed hynafol a hynod. Rhaid rhoi'r gorau i dorri coed i lawr!

1. Cefndir

Mae Coed Cadw yn disgrifio coed hynafol a choed hynod fel a ganlyn:

A veteran is a mature tree that has developed valuable decaying wood features, not necessarily as a consequence of time, but due to its life or environment. Veteran trees may not be very old, but share similarities with ancient trees, such as trunk or branch hollowing, or significant amounts of other decaying wood.

An ancient tree is one that has passed beyond maturity into an ancient life stage, or is old in comparison with other trees of the same species. The typical lifespans of trees differ according to species; for example, birches tend to live shorter lives than oaks. As a result, the age at which different species reach ancientness can also vary by a few hundred years.

Yn ei Strategaeth Coetiroedd i Gymru, mae Llywodraeth Cymru yn nodi:

Mae coed hynafol yn adnodd diwylliannol sy'n cysylltu pobl â lle, amgylchedd a diwylliant (y gorffennol a'r presennol), ac sydd hefyd yn darparu cynefin di-dor i rai mathau o gen, mwsoglau a ffyngau sy'n prinhau mewn tirweddau gwledig a threfol fel ei gilydd. Yn rhy aml o lawer mae coed hynafol, a ddisgrifir weithiau fel henebion gwyrdd, yn cael eu hystyried yn broblem yn hytrach nag ased, ac ni ofelir amdanynt yn iawn. Gall mwy o wybodaeth am eu lleoliad a'u statws ein helpu i sicrhau y caiff y coed hyn eu diogelu a'u rheoli'n effeithiol.

Mae'r strategaeth yn ymrwmo i wella'r drefn o ran amddiffyn a rheoli coed hynafol a choed hynod.

Mae polisi cynllunio cenedlaethol Llywodraeth Cymru, Polisi Cynllunio Cymru, yn gosod fframwaith ar gyfer diogelu coed, coetiroedd a gwrychoedd. Yn ôl paragraff 6.4.26:

Mae coetiroedd hynafol a choetiroedd lled-naturiol a choed hynafol, aeddfed a threftadaeth unigol yn adnoddau naturiol na ellir mo'u hadfer, ac maent yn werthfawr o ran tirwedd, bioamrywiaeth a diwylliant. Dylai coed a choetiroedd o'r fath gael eu gwarchod rhag datblygiad a fyddai'n arwain at eu colli neu eu dirywio oni bai bod buddiannau cyhoeddus arwyddocaol a chdir o wneud hynny; dylai'r mesurau gwarchod hyn atal gweithrediadau a allai achosi difrod a cholled diangen...

Yn ôl paragraff 6.4.25:

...Ni ddylid caniatáu cael gwared ar goetir yn barhaol oni byddai hynny'n sicrhau buddiannau cyhoeddus arwyddocaol a chdir. Lle ceir gwared ar goetir neu goed fel rhan o gynllun arfaethedig, bydd disgwyl i ddatblygwr blannu coed yn eu lle.

Gorchymyn gan Awdurdod Cynllunio Lleol o dan *Ddeddf Cynllunio Gwlad a Thref 1990* yw Gorchymyn Cadw Coed, sydd yn gyffredinol yn ei gwneud yn drosedd torri, brigdocio, blingo neu ddadwreiddio coeden, neu ei difrodi neu ei dinistrio yn fwriadol heb ganiatâd.

Fel y nodwyd yn y llythyr a anfonwyd atoch gan Julie James, y Gweinidog Newid Hinsawdd, caiff y drefn o ran torri coed ei rheoleiddio drwy *Ddeddf Coedwigaeth 1967*. Pan fydd perchennog am gwympo coed sy'n tyfu, mae'n ofynnol iddo gael trwydded cwympo coed. Ceir rhai eithriadau pan nad oes angen trwydded, gan gynnwys pan fo'r goeden yn beryglus a phan fo angen torri coed fel rhan o ddatblygiad sydd wedi ei awdurdodi gan ganiatâd cynllunio. Mae angen trwydded cwympo coed hefyd os bydd rhywun am gwympo coed sy'n destun Gorchymyn Cadw Coed (oni bai bod eithriad, er enghraifft os rhoddwyd caniatâd cynllunio eisoes).

Cyfoeth Naturiol Cymru sydd yn gyfrifol am brosesu a rheoleiddio trwyddedau cwympo coed.

2. Y camau a gymerwyd gan Lywodraeth Cymru

Mae llythyr y Gweinidog yn nodi'r polisi cynllunio sy'n berthnasol i goed hynafol a choed hynod, fel y disgrifir uchod, ac mae'n rhoi rhagor o fanylion.

Mae llythyr y Gweinidog hefyd yn cydnabod “bod angen dipyn o sylw ar y ddeddfwriaeth” o ran Gorchmynion Cadw Coed, er ei bod yn effeithiol.

Gofynnodd Llywodraeth Cymru i Gomisiwn y Gyfraith adolygu cyfraith cynllunio Cymru, gyda'r nod o'i symleiddio a'i chydgrynhai. Cyhoeddwyd [argymhellion Comisiwn y Gyfraith](#) yn 2018. Roedd rhai o'r argymhellion yn ymwneud â'r drefn o ran Gorchmynion Cadw Coed. Gwnaeth Llywodraeth Cymru [dderbyn y rhan fwyaf o'r argymhellion a dywedodd yn 2020](#) y byddai newidiadau'n cael eu gwneud drwy fil cydgrynhai ym maes cynllunio. Mae disgwyl i'r Bil gael ei gyflwyno yn nhymor y Senedd hon. Mae llythyr y Gweinidog yn dweud y bydd y rhan fwyaf o'r argymhellion yn cael sylw drwy'r rheoliadau cysylltiedig.

Mae argymhellion Comisiwn y Gyfraith ac ymateb Llywodraeth Cymru iddynt wedi'u cynnwys ar dudalennau 51 i 55 o'r tabl hwn: [Ymateb manwl Llywodraeth Cymru i adroddiad Comisiwn y Gyfraith ar gyfraith cynllunio yng Nghymru](#).

Ar ddiwedd ei llythyr, mae'r Gweinidog yn nodi: “Nid yw diwygio'r fframwaith fel y nodir yn y Ddeiseb o reidrwydd yn mynd i gyflawni'r gwelliannau a geisir”. Mae'n dweud y bydd rhaglen Llywodraeth Cymru o barhau i adolygu Polisi Cynllunio Cymru a diwygiadau i'r drefn Gorchmynion Cadw Coed yn y dyfodol a ddaw drwy'r Bil cydgrynhai cynllunio a rheoliadau cysylltiedig “yn cryfhau'r system ac yn rhoi'r amddiffyniad i goed a geisir gan y Deisebydd”.

3. Y camau a gymerwyd gan Senedd Cymru

Y cam mwyaf diweddaraf gan y Senedd yn y maes hwn oedd gwaith Pwyllgor yr Economi, Masnach a Materion Gwledig yn ystyried [Cyfnod 1 y Bil Amaethyddiaeth \(Cymru\)](#). Er bod y Bil yn canolbwyntio'n bennaf ar faterion amaethyddol, mae hefyd yn cynnwys darpariaethau ar gyfer gwneud trwyddedau cwmpo coed yn fwy hyblyg.

Clywodd y Pwyllgor dystiolaeth yn gofyn pam nad oedd materion eraill sy'n ymwneud â choetiroedd wedi eu cynnwys yn y Bil, er enghraifft gwella'r amddiffyniadau ar gyfer coetiroedd hynafol a choed hynod.

Teitl: P-06-1306 Mwy o ddiogelwch i goed hynafol a hynod yng Nghymru. Gall hen goed gael eu symud. Rhaid rhoi'r gorau i dorri coed

Cyhoeddodd y Pwyllgor ei **adroddiad Cyfnod 1** ar 27 Ionawr 2023. Mae'n argymhell y dylai Lesley Griffiths, y Gweinidog Materion Gwledig, nodi sut y bydd yn mynd i'r afael â'r materion o ran rheoli coetiroedd a godwyd yn ystod gwaith craffu Cyfnod 1, gan gynnwys gwella'r amddiffyniadau ar gyfer coetiroedd hynafol a choed hynod.

Mae disgwyl i'r Gweinidog ymateb o fewn chwe wythnos i gyhoeddi'r adroddiad ac mae disgwyl i'r Senedd drafod egwyddorion cyffredinol y Bil Amaethyddiaeth (Cymru) ar 7 Chwefror 2023.

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 o reidrwydd yn cael eu diweddarau na'u diwygio fel arall i adlewyrchu newidiadau dilynol.



Eich cyf: P-06-1306
Ein cyf: JJ/02435/22

Jack Sargeant AS
Cadeirydd y Pwyllgor Deisebau
Senedd Cymru
Bae Caerdydd
Caerdydd
CF99 1SN

09 Rhagfyr 2022

Annwyl Jack,

Diolch am eich llythyr dyddiedig 12 Hydref yn fy ngwahodd i fynegi barn mewn ymateb i ddeiseb P-06-1306 *'Mwy o ddiogelwch i goed hynafol a hynod yng Nghymru. Gall hen goed gael eu symud. Rhaid rhoi'r gorau i dorri coed'*.

Mae Llywodraeth Cymru am weld tirweddau coediog cyfredol a hanesyddol yn cael eu gwarchod a choed unigol, coed hynafol a hynod yn ein hardaloedd trefol a chefn gwlad yn cael eu deall yn well, eu diogelu, a'u rheoli am eu harwyddocâd diwylliannol, eu hansawdd esthetig a'u treftadaeth. Mae coed hynafol a hynod yn adnodd diwylliannol sy'n cysylltu pobl â lle, amgylchedd, a diwylliant, maent hefyd yn sicrhau parhad cynefinoedd yn y dirwedd wledig a threfol.

O ran diogelu coed hynafol a hynod, mae polisi Llywodraeth Cymru wedi'i nodi ym Mholisi Cynllunio Cymru 11 (PPW): [Polisi cynllunio Cymru | LLYW.CYMRU](#) a Cymru'r Dyfodol - Cynllun Cenedlaethol 2040 (<https://gov.wales/sites/default/files/publications/2021-02/future-wales-the-national-plan-2040.pdf>). Yn y dogfennau hyn rydym yn datgan yn glir y dylai awdurdodau cynllunio ddiogelu coetiroedd hynafol, coetiroedd lled-naturiol a choed hynafol, hynod a choed treftadaeth.

Mae Polisi Cynllunio Cymru yn nodi polisiâu cynllunio defnydd tir Llywodraeth Cymru. Mae Polisi Cynllunio Cymru yn ystyriaeth berthnasol wrth benderfynu cais cynllunio. Mae Polisi Cynllunio Cymru yn gosod fframwaith cryf ar gyfer diogelu coed, coetiroedd a gwrychoedd.

Mae paragraff 6.4.26 o Bolisi Cynllunio Cymru yn dweud, *"Mae coetir hynafol a choetiroedd lled-naturiol a choed hynafol, hynod a threftadaeth unigol yn adnoddau naturiol anadferadwy, ac mae ganddynt dirwedd, bioamrywiaeth a gwerth diwylliannol pwysig. Dylid gwarchod coed a choetiroedd o'r fath rhag datblygiad a fyddai'n arwain at eu colli neu eu dirywiad oni bai bod manteision sylweddol a diffiniedig clir i'r cyhoedd; dylai'r gwarchod hwn atal gweithgareddau allai eu niweidio ac arwain at eu colli yn ddiangen."*

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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 34
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 paragraff 6.4.25 yn nodi, *"dylid caniatáu dileu coetir yn barhaol ond lle y byddai'n sicrhau buddion sylweddol diffiniedig clir i'r cyhoedd. Pan fydd coetir neu goed yn cael eu symud fel rhan o gynllun arfaethedig, bydd disgwyl i ddatblygwyr ddarparu gwaith plannu digolledu."*

Mae Dyfodol Cymru - Cynllun Cenedlaethol 2040, yn cyflwyno ar Bolisi 9 ddull diogelu cynefinoedd (ymysg amcanion eraill) er mwyn sicrhau nad ydynt yn cael eu peryglu'n ormodol gan ddatblygiad. Gall dull diogelu'r polisi fel y nodir yn Dyfodol Cymru helpu i ddiogelu ac adfer coetiroedd hynafol, a gall alluogi'r system gynllunio i weithredu sy'n gallu ategu dulliau ehangach o reoli adnoddau naturiol yn gynaliadwy.

Mae polisi'r cynllun datblygu haen uchaf hwn yn nodi llywio polisi cadarn i helpu i sicrhau nad yw rhannau o dir a allai fod yn bwysig ar gyfer ehangu neu gysylltu rhwydweithiau ecolegol, addasu i newid yn yr hinsawdd neu bwysau eraill, neu sy'n darparu gwasanaethau ecolegol allweddol yn cael eu peryglu gan ddatblygiad. Mae dyheadau polisi Llywodraeth Cymru yn uchel ac yn uchelgeisiol; mae statws cyfreithiol Cymru yn y Dyfodol yn golygu bod yn rhaid i bolisiau lleol a gwneud penderfyniadau gydymffurfio â Chymru'r Dyfodol.

Caiff rheoli torri coed yng Nghymru ei reoleiddio drwy Ddeddf Coedwigaeth 1967, fel y'i diwygiwyd. Mae angen trwydded torri coed lle mae perchennog yn dymuno cwmpo coed sy'n tyfu, ond mae rhai eithriadau i'r angen am drwydded gwmpo. Er enghraifft, nid oes angen trwydded cwmpo coed yn syth er mwyn gwneud datblygiad sydd wedi'i awdurdodi gan ganiatâd cynllunio. Mae angen trwydded cwmpo coed hefyd os yw rhywun yn dymuno cwmpo coed sy'n cael ei gynnwys mewn Gorchymyn Diogelu Coed (TPO), oni bai bod eithriad yn berthnasol, fel bod caniatâd cynllunio wedi ei roi.

Cyfoeth Naturiol Cymru yw'r corff sy'n gyfrifol am brosesu a rheoleiddio pob trwydded torri coed yng Nghymru, boed hynny am weithrediadau teneuo neu gwmpo. Mae CNC yn asesu pob cais yn erbyn y canllawiau a amlinellir yn Safon Coedwigaeth y DU (UKFS) sef safon cyfeirio'r Llywodraeth ar gyfer rheoli coedwigoedd cynaliadwy yn y DU; rhaid i bob cais am drwydded cwmpo coed fodloni'r canllawiau hyn.

Gan droi at gais y Deisebydd i ddiwygio a chryfhau deddfwriaeth y TPO, gall Awdurdodau Cynllunio Lleol (ACLlau) ddefnyddio Gorchymynion Diogelu Coed i wahardd cwmpo coed. Prif effaith TPO yw gwahardd cwmpo, diwreiddio, tocio, lopia, difrod bwriadol neu ddinistrio coeden neu goed yn fwriadol heb ganiatâd yr Awdurdod Cynllunio Lleol.

Dyletswydd y datblygwr yw sicrhau eu bod yn trefnu unrhyw gydsyniadau sy'n angenrheidiol i alluogi datblygu. Mewn achos o waith ar goeden sy'n destun TPO, mae methu sicrhau caniatâd yn drosedd. Gall hyn arwain at roi dirwy ddiderfyn i'r datblygwr.

Ond mae Llywodraeth Cymru yn cydnabod bod angen dipyn o sylw ar y deddfwriaeth TPO er ei fod yn effeithiol. Gofynnodd Llywodraeth Cymru i Gomisiwn Cyfraith Cymru a Lloegr gynnal adolygiad manwl o'r gyfraith gynllunio yng Nghymru, gyda'r nod o argymhell ffyrdd y gallai'r deddfwriaeth gael ei symleiddio a'i chyfuno, deddfwriaeth TPO sy'n cael ei chynnwys yn yr adolygiad hwn. Fe wnaeth Comisiwn y Gyfraith adrodd i Lywodraeth Cymru yn 2018 ac fe wnaethom gyhoeddi ymateb llawn ym mis Tachwedd 2020. O ran TPOs rydym wedi derbyn y mwyafrif llethol o argymhellion Comisiwn y Gyfraith i ddiwygio ac egluro'r drefn TPO. Mae nifer fach o'r argymhellion hynny sy'n cael eu derbyn yn ymwneud â deddfwriaeth sylfaenol, a ddaw i rym drwy'r Bil Cydgrynhoi Cynllunio, sydd i gael ei gyflwyno yn ystod tymor y Senedd hwn, tra bydd mwyafrif yr argymhellion yn cael sylw drwy'r rheoliadau cysylltiedig.

Felly, mae'r polisi strategol a'r fframwaith deddfwriaethol gyda'i gilydd yn cynnig system gadarn o ddiogelwch sy'n cydnabod rhinweddau arbennig ac unigryw ein coetir hynafol. Nid yw diwygio'r fframwaith fel y nodir yn y Ddeiseb o reidrwydd yn mynd i gyflawni'r gwelliannau a geisir, bydd ein rhaglen o barhau i adolygu Polisi Cynllunio Cymru a diwygiadau i'r TPO yn y dyfodol sy'n dod trwy'r Bil Cydgrynhoi Cynllunio a rheoliadau cysylltiedig yn cryfhau'r system ac yn rhoi'r amddiffyniad i goed a geisir gan y Deisebydd.

Yn gywir,



Julie James AS

Y Gweinidog Newid Hinsawdd

Dawn Bowden AS/MS
Dirprwy Weinidog y Celfyddydau a Chwaraeon, a'r Prif Chwip
Deputy Minister for Arts and Sport, and Chief Whip



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-06-1315
Ein cyf/Our ref DB/00672/22
Jack Sargeant AS
Cadeirydd y Pwyllgor Deisebau
Senedd Cymru
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20 Rhagfyr 2022

Annwyl Jack,

Diolch am eich llythyr, dyddiedig 30 Tachwedd, ynglŷn â Deiseb P-06-1315: Rhoi'r gorau i'r defnydd o gontractau allanol yng Nghanolfan Awyr Agored Genedlaethol Cymru, Plas Menai.

Ar 20 Medi, cyhoeddais [ddatganiad ysgrifenedig](#) mewn ymateb i benderfyniad Chwaraeon Cymru i benodi Parkwood Leisure fel y partner strategol a ffefrir ganddo er mwyn sicrhau dyfodol cynaliadwy hirdymor ar gyfer Plas Menai.

Drwy gydol y cyfnod ymgynghori ar ei ddull a ffefrir, mae Chwaraeon Cymru wedi ymgysylltu â staff ac undebau ynglŷn â'i gynigion. Cefais innau drafodaethau personol â swyddogion undebau drwy gydol y broses hefyd. Bydd telerau'r cytundeb â Parkwood Leisure yn diogelu telerau ac amodau cyflogaeth holl aelodau'r ganolfan ac yn sicrhau y bydd Plas Menai yn cadw ei statws fel y Ganolfan Awyr Agored Genedlaethol, gan weithredu ar sail nid-er-elw.

Bydd diogelu a gwella'r Gymraeg a'n diwylliant yn greiddiol i'r berthynas rhwng Chwaraeon Cymru a Parkwood Leisure. Mae'n ofyniad cyfreithiol i Chwaraeon Cymru, fel corff cyhoeddus, gydymffurfio â Deddf Llesiant Cenedlaethau'r Dyfodol a Mesur y Gymraeg (Cymru) 2011, a bydd hyn yn parhau yn y bartneriaeth newydd. Ni fydd cyfrifoldebau Chwaraeon Cymru yn lleihau yn hyn o beth.

Yn gywir,

Dawn Bowden AS/MS
Dirprwy Weinidog y Celfyddydau a Chwaraeon, a'r Prif Chwip
Deputy Minister for Arts and Sport, 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.

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 37

P-06-1315 Stop outsourcing at the Plas Menai National Outdoor Centre for Wales, Correspondence – Petitioner to Committee, 31.01.23

The outsourcing of Plas Menai to Legacy Leisure will take place with effect from tomorrow, 1 February and this is now, therefore, to some extent an academic matter. However, I think that the issue raises wider questions.

In respect of the Deputy Minister's response to the union's petition, I note her statement that "The terms of the agreement with Parkwood Leisure will ensure that all staff at the centre will have their terms and conditions of employment protected and that Plas Menai will retain its status as the National Outdoor Centre, operated on a not-for-profit basis." Assurances to this effect have been made on numerous occasions directly to PCS and to Plas Menai staff, by the Deputy Minister and by Sport Wales management. The union welcomes the attempt to provide an additional level of protection to the staff affected, over and above the legal protections afforded by TUPE, and we do not question the good intentions of the Deputy Minister or of Sport Wales. We have engaged in a constructive dialogue with management, both before and after the decision by the Sport Wales Board to award the contract to Legacy Leisure, and have tried to place staff in the strongest position possible. I should say, however, that the protections offered by TUPE are of limited value once a transfer has taken place, since changes in the circumstances of an organisation can be used to justify changes in staffing arrangements and in terms and conditions. Moreover, while Sport Wales' agreement with Legacy Leisure provides some additional protections in this respect - in effect, giving Sport Wales the power of veto over any major structural changes - that veto cannot be used in a way that could be deemed 'unreasonable.' Legacy Leisure has advised us of certain areas - not covered either by TUPE or by the agreement with Sport Wales - in which the policies governing staff are being brought into line with those that apply to their existing employees. While we have discussed these changes in detail, in order to ensure that they do not result in any substantive detriment to staff, only time will tell whether we have been successful.

The best protection for staff in such situations, therefore, is to allow them to retain their status as public employees; this remains the union's preference as a matter of policy and would have been the clear preference of Plas Menai staff in this instance. Moreover, it is still our view that the outsourcing of public sector jobs to an external provider conflicts with the frequently reiterated policy of the Welsh Government, that public services should be provided by staff directly employed within the public sector. It is normally the case, in our experience, that outsourcing is driven by an imperative to realise financial savings, normally by cutting staff, pay, terms and conditions and/or services to the end-user. We have been repeatedly reassured that this will not be the case in this instance and that the decision to outsource has been driven not by financial considerations at all but by the desire to enhance and diversify the range of services offered by Plas Menai. We asked on several occasions during our discussions with Sport Wales why that could not be achieved without changing the employment status of the staff but never received an answer that we considered convincing.

As already noted, the change highlighted by our petition is now going ahead and we in PCS hope that it will take place smoothly and without any adverse impact on staff. We would also

hope, however, that any comparable changes that may be proposed in the Welsh devolved public sector in future will be subject to Senedd scrutiny from an early stage.

Finally, I would add that we welcome the Deputy Minister's reassurances in respect of the continued provision of services through the medium of Welsh, as this is an important element of Plas Menai's offer to its service users.

Kind regards

Darren Williams

Dylid ail-enwi 'Wales', gan ddefnyddio ei henw gwreiddiol, sef Cymru

Y Pwyllgor Deisebau | 06 Chwefror 2023
Petitions Committee | 06 February 2023

Cyfeirnod: SR23/4917/2

Rhif y ddeiseb: P-06-1316

Teitl y ddeiseb: Dylid ail-enwi 'Wales', gan ddefnyddio ei henw gwreiddiol, sef Cymru.

Geiriad y ddeiseb: Enw a gafodd ei arosod ar Gymru yw 'Wales'. Cymru oedd yr enw gwreiddiol.



1. Cefndir

Wales yw'r enw sy'n dal i'w gydnabod yn rhyngwladol ar y genedl, yn hytrach na Chymru, er gwaethaf y statws cyfartal a roddir i'r ddwy iaith gan Lywodraeth Cymru.

Rhoddodd [Deddf Cynulliad Cenedlaethol Cymru \(Ieithoedd Swyddogol\) 2012](#) statws i'r Gymraeg a'r Saesneg fel ieithoedd swyddogol y Cynulliad Cenedlaethol ar y pryd. Trwy [Ddeddf Senedd ac Etholiadau \(Cymru\) 2020](#), ailenydd y Cynulliad Cenedlaethol yn Senedd Cymru. Tra bod gan 'Senedd Cymru' a 'Welsh Parliament' statws cyfartal mewn deddfwriaeth, y term 'Senedd', bellach, yw'r enw cyffredin a ddefnyddir mewn cyd-destunau Gymraeg a Saesneg.

Bu sawl achos yn ddiweddar o leoedd a sefydliadau yng Nghymru yn dewis defnyddio eu teitl Cymraeg yn unig, gan gyfeirio at hyn yn aml fel rhan allweddol o'u hunaniaeth. Er gwaethaf hyn, ar hyn o bryd nid oes gan Lywodraeth Cymru unrhyw gynlluniau i newid teitl swyddogol y genedl, gan ddangos yn ei hymateb i'r ddeiseb hon ei bwriad i barhau i ddefnyddio Cymru a Wales.

1.1. Enghreifftiau o enwau Cymraeg yn unig yn cael eu defnyddio

Mae rhai sefydliadau a chynghorau wedi mabwysiadu polisiâu diwygiedig o ran y Gymraeg ar gyfer eu henwau a'u brandio. Mabwysiadodd Cyngor Gwynedd, a adnabyddid gynt wrth ei enw Saesneg Gwynedd Council, [bolisi iaith Gymraeg diwygiedig](#) yn 2022. Dywed y polisi newydd fod "hunaniaeth gorfforaethol y Cyngor yn adlewyrchu ei ymrwymiad a'r flaenoriaeth a roddir i'r Gymraeg".

Yn 2022, [Pleidleisiodd Awdurdod Parc Cenedlaethol Eryri](#) i ddefnyddio yr Wyddfa ac Eryri, yn hytrach na'r termau Saesneg Snowdon and Snowdonia.

1.2. Tîm pêl-droed cenedlaethol

Cymru, yn hytrach na Wales, a ddefnyddir gan Gymdeithas Bêl-droed Cymru (FAW) yn ei chyfathrebiadau mewnol ac allanol a chan staff i gyfeirio at dimau pêl-droed cenedlaethol y dynion a'r menywod.

Adroddwyd bod Cymdeithas Bêl-droed Cymru yn bwriadu newid yr enw yn swyddogol yn y dyfodol agos. [Mae Noel Mooney, prif weithredwr Cymdeithas](#)

Bêl-droed Cymru, wedi dweud mai newid enw yw'r cyfeiriad strategol, ond does dim penderfyniadau pendant arno.

1.3. Enghreifftiau rhyngwladol

Bu llawer o enghreifftiau rhyngwladol o genhedloedd yn newid eu teitl swyddogol. Yn 2022, anfonodd Llywodraeth Twrci lythyr i'r Cenedloedd Unedig yn gofyn yn ffurfiol i'r wlad gael ei chyfeirio ati fel Türkiye, sef sillafiad ac ynganiad Twrcaid Twrci. Gweriniaeth Türkiye, bellach, yw enw swyddogol y wlad, ac maehi wedi'i rhestru fel Türkiye ar y Rhestr o Aelod-wladwriaethau'r Cenedloedd Unedig.

Yn 2016, newidiodd Llywodraeth Tsiec enw'r wlad yn swyddogol i Czechia. Erys y teitl hir mewn rhai cyd-destunau, gyda'r enw byr yn cael ei gymharu ag un Ffrainc (a elwir yn swyddogol yn Weriniaeth Ffrainc).

Newidiodd cenedl yr ynys a elwid gynt yn Cape Verde ei henw i Cabo Verde yn 2013. Roedd Cape Verde yn fersiwn Seisnigaidd o'r enw Portiwgaleg gwreiddiol.

2. Camau gweithredu Llywodraeth Cymru

Ymatebodd Llywodraeth Cymru i'r ddeiseb hon ar 13 Ionawr 2023.

Croesawodd Gweinidog y Gymraeg ac Addysg, Jeremy Miles, yr achosion diweddar o sefydliadau ac awdurdodau yn dewis defnyddio enwau Cymraeg fel eu teitl swyddogol. Dywedodd y Gweinidog fod enghreifftiau fel Cyngor Gwynedd a'r Wyddfa yn cael eu defnyddio'n swyddogol yn lle'r termau Saesneg yn dangos bod yna awydd cryf mewn rhai cyd-destunau i osod y Gymraeg wrth galon bywyd cyhoeddus, yn enwedig mewn ardaloedd lle mae cyfran uwch o siaradwyr Cymraeg.

Aeth y Gweinidog ymlaen i ddweud ei bod yn fwriad gan Lywodraeth Cymru i barhau i ddefnyddio Cymru a Wales i gyfeirio at y genedl.

3. Camau gweithredu Senedd Cymru

Cafodd deiseb yn 2019 yn galw ar y Cynulliad ar y pryd i gael ei hadnabod yn swyddogol fel 'Senedd' (yn hytrach na theitl dwyieithog) 1,033 o lofnodion. Ystyriodd y Pwyllgor Deisebau y cynigion, ond fe'u gwrthodwyd ar y sail bod y mater yn cael ei ystyried yn ystod taith Bil Senedd ac Etholiadau (Cymru).

Yn ystod yr ymgynghoriad ar y Bil, roedd 53% o'r ymatebwyr o'r farn y byddai enw uniaith yn cynnwys 'Senedd' yn disgrifio rôl a chyfrifoldebau Cynulliad Cenedlaethol Cymru yn gadarnhaol, tra bod 73% yn ffafrio 'Senedd Cymru'.

I ddechrau, cynigiodd y Bil 'Senedd' fel teitl swyddogol uniaith. Fodd bynnag, pasiwyd gwelliant gan y Prif Weinidog ar y pryd, Carwyn Jones, o 43 i 13 a roddodd yr enw dwyieithog sydd arni heddiw i'r Senedd.

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.



Ein cyf/Our ref JMEWL/02473/22

Jack Sargeant AS
Cadeirydd – Y Pwyllgor Deisebau
Senedd Cymru
Bae Caerdydd
Caerdydd
CF99 1SN

13 Ionawr 2023

Annwyl Jack,

Diolch am eich llythyr dyddiedig 2 Rhagfyr, yn holi fy marn am ddeiseb sy'n galw ar y Llywodraeth i "*ailenwi 'Wales', gan ddefnyddio ei henw gwreiddiol, sef Cymru*", a hynny am mai "*enw a gafodd ei arosod ar Gymru yw 'Wales'. Cymru oedd yr enw gwreiddiol*".

Mae'r cwestiwn o ddefnyddio enwau Cymraeg yn unig ar gyfer cyrff, nodweddion daearyddol ac enw'r wlad ei hun wedi dod i'r amlwg sawl gwaith dros y misoedd diwethaf, ac mae'r tueddiad yn hynod ddiddorol o safbwynt y Gymraeg.

Yn ddiweddar, mae Cyngor Gwynedd wedi mabwysiadu polisi Cymraeg diwygiedig lle byddant ond yn defnyddio'r enw Cymraeg 'Cyngor Gwynedd' ymhob fformat wrth gyfeirio at y Cyngor. Ganol Tachwedd, cyhoeddodd Awdurdod Parc Cenedlaethol Eryri hwythau eu bod wedi penderfynu defnyddio'r enwau Cymraeg yn unig ar gyfer Eryri a'r Wyddfa yn y dyfodol, gan bleidleisio o blaid cefnu ar y geiriau Snowdonia a Snowdon.

Mae'r enghreifftiau hyn ac eraill yn cyfleu bod awydd cryf mewn rhai cyd-destunau i osod y Gymraeg wrth galon bywyd cyhoeddus, yn arbennig mewn ardaloedd lle mae canran uwch o siaradwyr Cymraeg. Fel y Gweinidog â chyfrifoldeb dros y Gymraeg, mae hyn wrth gwrs i'w groesawu.

Yn benodol, mae gwaith Eryri i roi blaenoriaeth i enwau daearyddol Cymraeg yn adlewyrchu'r awydd i warchod enwau at y dyfodol a sicrhau nad ydyn nhw'n cael eu disodli. Mae hyn yn gorgyffwrdd â gwaith Llywodraeth Cymru o dan ein Rhaglen Lywodraethu a'r Cytundeb Cydweithio i warchod enwau Cymraeg.

Rydyn ni fel Llywodraeth hefyd wedi cefnogi'r defnydd o enwau Cymraeg ar gyfer ein sefydliadau cenedlaethol, e.e. yn achos ein defnydd o "Senedd" yn unig mewn iaith bob dydd, yn Saesneg yn ogystal â'r Gymraeg. Yn fewnol hefyd, lle bo'n briodol rydym yn defnyddio enwau Cymraeg yn unig ar adrannau, ac adwaenir Is-adran y Gymraeg bellach yn y ddwy iaith fel Is-adran Cymraeg 2050.

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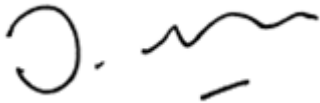
Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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.

Mae gan nifer helaeth o'n trefi, pentrefi a dinasoedd enwau dwyieithog am eu bod yn golygu pethau gwahanol i bobl wahanol. Ac rydym wedi gweld pan gynigir newid un lythyren yn unig mewn enw tref, neu osod cysylltnod rhwng elfennau o'r enw, bod trigolion yn gallu bod wrthwynebus iawn i hynny, gan deimlo ymlyniad cryf at y ffurf neu'r enw sydd fwyaf cyfarwydd iddyn nhw.

Mae enw'r wlad ei hun, wrth gwrs, yn fater sy'n berthnasol ar raddfa llawer ehangach ac yn effeithio ar lawer mwy o bobl. Ein bwriad yw parhau i ddefnyddio Cymru a Wales ill dau, er mwyn cyfeirio at ein gwlad yn ei dwy iaith swyddogol, ac i barhau i wneud yn siŵr bo'r Gymraeg yn cael ei gweld a'i defnyddio ar lefel gymunedol a chenedlaethol, gan adlewyrchu ein hargyhoeddiad bod y Gymraeg yn perthyn i ni gyd.

Yn gywir,

A handwritten signature in black ink, consisting of a stylized 'J' followed by a wavy line and a short horizontal stroke.

Jeremy Miles AS/MS

Gweinidog y Gymraeg ac Addysg

Minister for Education and Welsh Language



Eich cyf/Your ref P-06-1320
Ein cyf/Our ref RE/00015/23

Jack Sargeant AS
Cadeirydd y Pwyllgor Deisebau

deisebau@senedd.cymru

24 Ionawr 2023

Annwyl Jack,

Diolch ichi am eich llythyr ynghylch deiseb yr ydych wedi'i chael oddi wrth Mark Fisher, yn gofyn bod rhagor o gyllid yn cael ei ddyrannu i Gyngor Bwrdeistref Sirol Castell-nedd Port Talbot.

Fel yn ystod y blynyddoedd diwethaf, roedd blaenoriaethau'r Llywodraeth hon ar gyfer ein cyllideb yn dal i fod yn wasanaethau cyhoeddus rheng flaen. Nododd y setliad llywodraeth leol a gyhoeddais ar 14 Rhagfyr gyllid refeniw craidd ar gyfer 2023-24 o £5.5 biliwn. Mae hyn yn golygu, ar ôl addasu ar gyfer trosglwyddiadau, y bydd cynnydd o 7.9 yn y cyllid craidd cyffredinol ar gyfer llywodraeth leol, ar sail tebyg at ei debyg, yn 2023-24 o'i gymharu â'r flwyddyn gyfredol. Ni fydd unrhyw awdurdod yn cael cynnydd o lai na 6.5%. Yn 2023-24, bydd yr awdurdodau lleol yn cael £5.5 biliwn gan Lywodraeth Cymru mewn Grant Cynnal Refeniw ac Ardrethi Annomestig i'w wario ar ddarparu gwasanaethau allweddol. Caiff Cyngor Bwrdeistref Sirol Castell-nedd Port Talbot gynnydd o 7.1% ar gyfer 2023-24.

Dyraniad cyllid refeniw craidd dangosol yr awdurdodau lleol ar lefel Cymru ar gyfer 2024-25 yw £5.69bn - sy'n cyfateb i godiad o £169m (3.1%). Mae'r ffigur hwn yn ddangosol ac yn ddibynnol ar ein hamcangyfrifon presennol o incwm NDR ac unrhyw gyllidebau'r DU ar gyfer 2024-25.

Yn ogystal â hyn, llwyddais i gyhoeddi gwybodaeth am grantiau refeniw a chyfalaf a gynlluniwyd ar gyfer y ddwy flynedd ddilynol. Ar gyfer 2023-24, mae'r rhain yn dod i dros £1.3bn ar gyfer refeniw a thros £925m ar gyfer cyfalaf. Rydym yn darparu'r gwerthoedd grant dangosol hyn yn awr fel bod yr awdurdodau lleol yn gallu cynllunio eu cyllidebau'n effeithlon. Fel yn y blynyddoedd blaenorol bydd yr wybodaeth hon yn cael ei diweddarau ymhellach yn y setliad terfynol.

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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.

Wrth wneud penderfyniadau am lefel y cyllid ar gyfer llywodraeth leol, rwyf wedi ymateb i'r angen i gefnogi gwasanaethau rheng flaen allweddol. Yn benodol, rwyf wedi cynnwys cyllid i alluogi'r awdurdodau i barhau i dalu costau ychwanegol cyflwyno'r Cyflog Byw Gwirioneddol i weithwyr gofal ac i gefnogi pwysau ym myd addysg.

Mae proses Cyllideb ddrafft 2023-24 a setliad llywodraeth leol dros dro 2023-24 wedi bod yn un o'r rhai mwyaf anodd ers datganoli oherwydd y pwysau ariannol yr ydym yn eu hwynebu. Mae'r Gweinidogion a minnau'n cydnabod bod gwasanaethau cyhoeddus yn fregus iawn ar ôl degawd o gynt, Brexit a'r pandemig, ac nad ydynt yn gallu gwrthsefyll unrhyw sioc bellach. Rhaid iddynt ddelio â'r cynnydd enfawr ym mhrisiau ynni a chwyddiant sy'n uwch nag y bu ers 40 mlynedd, tra bo'r galw am lawer o wasanaethau cyhoeddus hefyd yn codi.

Er bod hwn yn setliad cymharol dda i awdurdodau lleol yng Nghymru, gan adeiladu ar ddyraniadau gwell yn ystod y blynyddoedd diwethaf, rwyf yn cydnabod bod y cyfraddau chwyddiant a welwyd dros y misoedd diwethaf a rhagolygon OBR y bydd lefelau chwyddiant yn dal yn uchel yn golygu y bydd angen i lywodraeth leol wneud penderfyniadau anodd o hyd wrth bennu eu cyllidebau.

Nid yw Llywodraeth y DU wedi rhoi cyllid digonol i Gymru i fodloni lefel y pwysau sy'n wynebu gwasanaethau cyhoeddus yng Nghymru. Mae Gweinidogion Cymru wedi gorfod gwneud penderfyniadau anodd iawn yn ystod proses y Gyllideb Ddrafft. Er bod rhywfaint o gyllid ychwanegol i Gymru yn Natganiad yr Hydref - £1.2bn dros ddwy flynedd - daeth bron hanner hynny o benderfyniadau a wnaed ynglŷn â'r polisi ardrethi annomestig yn Lloegr. Ni fydd hyn yn llenwi'r bylchau mawr yn setliad Cymru dros gyfnod tair blynedd yr adolygiad o wariant (2022-23 i 2024-25). Hyd yn oed ar ôl y cyllid ychwanegol yn Natganiad yr Hydref, mae ein setliad yn dal i fod hyd at £3bn yn is mewn termau real a hyd at £1bn yn is y flwyddyn nesaf. Rwyf wedi parhau i bwysu ar y Canghellor am gyllid ychwanegol ar gyfer gwasanaethau allweddol ac am gymorth ynni i ddefnyddwyr domestig ac annomestig.

Yn gywir,



Rebecca Evans AS/MS

Y Gweinidog Cyllid a Llywodraeth Leol
Minister for Finance and Local Government

Gofynnwn i Lywodraeth Cymru brynu Neuadd Dewi Sant fel adnodd cenedlaethol i Gymru

Y Pwyllgor Deisebau | 6 Chwefror 2023
Petitions Committee | 6 February 2023

Cyfeirnod: SR20/****

Rhif y ddeiseb: P-06-1323

Teitl y ddeiseb: Gofynnwn i Lywodraeth Cymru brynu Neuadd Dewi Sant fel adnodd cenedlaethol i Gymru

Geiriad y ddeiseb: Dyma gri o'r galon rhag i bobl Cymru golli adnodd diwylliannol hanfodol. Rydym yn galw ar Lywodraeth Cymru i gamu i'r adwy. Byddai trosglwyddo'r cyfrifoldeb dros reoli Neuadd Gyngerdd Genedlaethol Cymru i gorff masnachol yn peryglu adnodd sy'n rhan hanfodol a llewyrchus o fywyd cymunedol a diwylliannol Caerdydd ac, yn anochel, yn effeithio ar seilwaith creadigol ehangach Cymru.

Caiff dros 330 o berfformiadau eu cynnal yn y Neuadd bob blwyddyn, llawer ohonynt yn ennyn sylw cenedlaethol a rhyngwladol, ac yn denu pobl o bob cwr o Gymru ac mae hefyd yn denu canran uwch o ymwelwyr o Loegr nag unrhyw leoliad arall yng Nghymru.

Hon yw'r unig neuadd gyngerdd gerddorfaol yng Nghymru a adeiladwyd yn bwrpasol ar gyfer cerddorfa lawn. Dyma gartref cystadleuaeth Cardiff Singer of the World, Cerddorfa Genedlaethol Cymru a'r Gyfres Cyngherddau Rhyngwladol - ynghyd â pherfformiadau diwylliannol amrywiol gan gynnwys ballet, cerddoriaeth bop/roc, jazz a gwerin a pherfformiadau gan ddigrifwyr.

Mae'r lleoliad yn rhoi cyfle i bobl o bob oed gyfranogi ac ymgysylltu'n greadigol, ac mae'n adnodd cymunedol ac yn adnodd dysgu amhrisiadwy i bobl Caerdydd a Chymru gyfan.



1. Y cefndir

Ym mis Rhagfyr 2022, cymeradwyodd Cyngor Caerdydd gynnig mewn egwyddor gan Academy Music Group i gymryd yr awenau wrth redeg Neuadd Dewi Sant fel Neuadd Gyngerdd Genedlaethol Cymru, drwy brydles hirdymor. Yn ôl papurau'r Cyngor:

The Council has only been able to afford to implement a basic maintenance programme to cover general wear and tear amounting to circa £2m of capital and circa £600k of revenue over the last 10 years. This has become increasingly insufficient as the building has grown older.

A:

The allocated revenue subsidy from the Council for St David's Hall is £688,700 in the current year. However, the venue regularly achieves lower box office revenue than forecast and as such the actual level of Council financial support regularly exceeds £1m per annum. The unallocated budget spend is required to be absorbed within wider directorate budgets and each year this is becoming increasingly difficult to achieve due to the growing pressure on Council budgets. This problem will be magnified significantly in the next financial year as the Council is forecasting a revenue budget shortfall of circa £53m.

Ystyriodd y Cyngor ddau opsiwn ar gyfer gweithredu Neuadd Dewi Sant yn y dyfodol:

Opsiwn 1 - rhagdybio buddsoddiad cyfalaf gan y Cyngor ar gyfer atgyweirio ac adnewyddu eiddo yn unol â chyngor proffesiynol a pharhad y cymhorthdal cyllideb blynyddol o £688,700 dros gyfnod o 40 mlynedd.

Opsiwn 2 – cynnig AMG, sy'n gofyn am ddim buddsoddiad cyfalaf gan y Cyngor a dim cymhorthdal refeniw blynyddol. O'i gymharu ag Opsiwn 1, mae'r opsiwn hwn yn cynnig arbediad i'r Cyngor sy'n cyfateb i £133 miliwn drwy raglen ad-dalu cyfalaf 40 mlynedd.

Cytunodd y Cyngor mewn egwyddor i fynd ar drywydd opsiwn 2.

2. Camau gan Lywodraeth Cymru

Ar 1 Rhagfyr 2022, ymatebodd Llywodraeth Cymru i Gwestiwn Ysgrifenedig gan Rhys ab Owen AS, sef: Pa drafodaethau y mae Llywodraeth Cymru wedi'u cael gyda Chyngor Caerdydd ynglŷn â sicrhau dyfodol cynaliadwy hirdymor ar gyfer Neuadd Dewi Sant, Caerdydd?

Dywedodd yr ymateb fod dyfodol y lleoliad yn fater i Gyngor Caerdydd; ni chyfeiriwyd at unrhyw drafodaethau rhwng Llywodraeth Cymru a Chyngor Caerdydd. Mae llythyr gan Gyngor Celfyddydau Cymru (gweler adran 3 isod) yn awgrymu bod swyddogion Llywodraeth Cymru wedi bod yn rhan o drafodaethau am ddyfodol y Neuadd ers hynny.

Yn ystod Cwestiynau i'r Prif Weinidog ar 29 Tachwedd 2022 dywedodd y Prif Weinidog:

[M]ae'n rhy gynnar i bryderu dwi'n meddwl, achos dŷn ni ddim yn gwybod digon o fanylion. Dwi wedi cael cyfle heddiw i siarad ag arweinydd y cyngor yma yng Nghaerdydd, a dwi'n siŵr fod e'n ymwybodol o bob pwynt mae Rhys ab Owen wedi eu codi. So, mae'n gwneud y gwaith gyda nid jest un cwmni ond mwy nag un cwmni sydd wedi dangos diddordeb i gydweithio â'r cyngor dros ddyfodol Neuadd Dewi Sant.

3. Camau gweithredu Senedd Cymru

Mae'r Pwyllgor Diwylliant, Cyfathrebu, y Gymraeg, Chwaraeon a Chysylltiadau Rhyngwladol wedi ysgrifennu at Gyngor Caerdydd a Chyngor y Celfyddydau ynghylch dyfodol Neuadd Dewi Sant.

Gellir darllen copïau o'r llythyrau a'r ymatebion yma. Mae llythyr Cyngor y Celfyddydau (dyddiedig 12 Rhagfyr 2022) yn nodi "Mae nifer o drafodaethau wedi bod ynglŷn â'r mater yma sydd wedi cynnwys cynrychiolwyr o 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 reidrydd na'u diwygio fel arall i adlewyrchu newidiadau dilynol.

Comments/additional information r.e. St David's Hall

1. St David's Hall is in the process of becoming a listed building.

CADW undertook a site visit of St David's Hall on the morning of the 26th January, with the site inspection report due to be written up in due course and a decision made regarding suitability for listing, followed by the statutory listed building consultation notice if the decision to list is made. Given that St David's Hall is the approximately the same age and architectural style as buildings such as the national theatre (Brutalist), which is grade 2*, and that St David's Hall has been largely unaltered since opening in 1982, I can see no reason speaking as an Architectural Technologist and Town Planner with a specialism in historic architecture why St David's hall would not become a listed building in due course- and that process which was instigated should be allowed to be seen through before any proposed alterations to the building are allowed to go ahead (such as removal of the stalls seating, etc) or in turn the building taken from local authority control prior to the completion of this process.

2. Concerns regarding Live Nation/AMG's safety record.

Live Nation/ AMG are the owner operators of a number of venues internationally, notably in the UK of Brixton Academy where on the 15th December a crush occurred resulting in the deaths of 2 people and multiple injured. It has been heavily implied by the metropolitan police in the press that the ongoing investigation will result in criminal charges being brought against AMG. This is not the first incident in a AMG/Live Nation venue; In 2012, at a Radiohead gig in Toronto, thousands of pounds of steel rigging crashed onto the main stage killing the bands technician, 33yr old Scott Johnson- resulting in charges being brought against Live Nation. And investigation by the Houston Chronicle found that Live Nation have been linked to 750 injuries and at least 250 deaths at their events in the USA, following a crush in November 2021 at the astroworld festival which killed 10 people- including a 9yr old boy.

Given this, and the fact that St David's Hall was designed for a capacity of 2,000 patrons, the stated desire to increase the capacity of St David's Hall to 2,500 due to the removal of stalls seating and creation of a standing area, and the repeatedly stated comment that "no structural alterations will be made to the building", how can the safety of patrons be guaranteed during operation or in the event of an emergency given that stairways, escape exits and such will not be altered (as stated by Cardiff Council through guarantees that structural elements will not be altered)- what guarantees can be given that a repeat of the tragic events in Brixton and other venues will not occur in the National Concert Hall of Wales? What policies have changed within AMG since the incident in Brixton?

3. Alternative operational models

Has it been evidenced by Cardiff Council that a full investigation of alternative funding or operational models have been investigated? Why was the offer of Capital funding during the last funding cycle (which was then received by theatre Clwyd) from Arts Council Wales not acted upon? Why have these alternative models not been acted upon?

For example, where St David's Hall to be operated by a trust funded by Cardiff Council, Cultural exemption on ticket sales would mean that VAT would not be payable on tickets for events in St David's Hall- resulting in a boost of income of approximately £1,000,000.00 p/a, taking St David's from being approx. £400,000 in the red to £600,000 in profit per year- which when linked with funding bids from bodies such as Arts Council Wales and others could result in significant financial investment into St David's Hall as a separate/independent entity without the need to change anything about the venue in its current format.

It works for the WMC- for Theatr Clwyd- It would work for St David's Hall, given its international reputation and standing.

4. Live Nation/AMG

The question needs to be asked as to what exactly Live Nation stand to gain from the various deals within the city. They are being presented as a 'knight in shining armour', but with the proposed arena in ButeTown already £100,000,000.00 over budget (standing at a predicted total cost of £270 million before construction has commenced), and council figures taken at face value St David's Hall needing £50,000,000.00 of investment- on top of a lease agreement costing £15,000,000.00- Live Nation as a company stand to invest £335,000,000.00 into Cardiff without perceivably gaining anything. Live Nation/AMG would not be in the position they are internationally if they sought to act to 'save venues' and act charitably for city councils facing austerity.

(the figure of £50 million of investment is still strongly disputed, however it is being used in this context to demonstrate the holes in the councils proposals)

P-06-1314 Insiwleiddio holl gartrefi Cymru rhag y gwres a'r oerfel... cyflwyno grantiau sy'n agored i bawb!

Cyflwynwyd y ddeiseb hon gan Robert Curtis, ar ôl casglu 154 o lofnodion ar-lein ac 123 o lofnodion ar bapur, sef cyfanswm o 277 lofnodion wedi casglu.

Geiriad y ddeiseb:

Gyda chynnydd aruthrol ym mhrisiau ynni a miliynau o deuluoedd yng Nghymru'n wynebu tlodi tanwydd eithafol, mae'n bryd cyflwyno grantiau, sy'n agored i bawb, a fyddai'n caniatáu i holl bobl Cymru insiwleiddio eu cartrefi rhag y gwres a'r oerfel.

Mae'n frawychus bod gan Gymru rai o'r cartrefi â'r inswleiddio gwaethaf yn Ewrop i gyd. Byddai grant o 25 i 50 y cant tuag at gostau inswleiddio eiddo yn annog pobl i fuddsoddi i wneud eu cartrefi'n fwy ynni-ffeithlon a lleihau eu hallyriadau.

Gwybodaeth Ychwanegol:

Mae blynyddoedd o danfuddsoddi mewn inswleiddio cartrefi Cymru wedi arwain at sefyllfa lle mae pobl yn agored i effeithiau'r cynnydd mewn prisiau ynni.

Dyna pam rydym yn galw am gyflwyno grantiau brys sydd ar gael i bawb fel y gall aelwydydd sy'n wynebu'r posibilrwydd o fod mewn cartrefi oer a llaith y gaeaf hwn dalu am fesurau inswleiddio syml. Mae angen Bargen Newydd Werdd sy'n agored i berchnogion tai, landlordiaid a chynghorau a fydd yn sicrhau bod cartrefi yn gynnes a chyfforddus, yn lleihau allyriadau carbon, ac yn creu miloedd o swyddi gwyrdd.

Mae gan bawb yr hawl i gartref cynnes, ond eleni gallai miliynau o Gymry fod mewn sefyllfa lle maent yn gorfod dewis rhwng gwresogi eu cartrefi neu fwyta...rhaid peidio â chaniatáu i hynny ddigwydd!

Insiwleiddio yw un o'r dulliau mwyaf effeithlon o arbed ynni gan ei fod yn eich cadw'n gynnes yn y gaeaf ac yn oer yn yr haf.

Dylai'r cwmnïau ynni, sy'n gwneud biliynau o elw pan fo cymaint yn ofni ynghylch cadw'n gynnes y gaeaf hwn, ddefnyddio eu helw i dalu am raglen insiwleiddio genedlaethol frys.

Etholaeth a Rhanbarth y Cynulliad

- Bro Morgannwg
- Canol De Cymru

Yn rhinwedd paragraff(au) vi o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon

P-06-1209 Dylid creu rhestr o bob gofalwr di-dâl yng Nghymru

Cyflwynwyd y ddeiseb hon gan Mike O'Brien, ar ôl casglu cyfanswm o 77 lofnodion.

Geiriad y ddeiseb:

Mae Llywodraeth Cymru wedi dweud ers cryn amser bellach ei bod hi'n dasg anodd nodi gofalwyr di-dâl, felly mae'r ddeiseb hon yn galw am greu cofrestr genedlaethol o ofalwyr i'w gwneud yn haws nodi pwy yw'r gofalwyr di-dâl.

Etholaeth a Rhanbarth y Cynulliad

- Bro Morgannwg
- Canol De Cymru



Eich cyf/Your ref P-06-1209
Ein cyf/Our ref JMSS/01140/22

Jack Sargeant AS
Cadeirydd – Y Pwyllgor Deisebau
Senedd Cymru
Bae Caerdydd
Caerdydd
CF99 1SN

10 Ionawr 2023

Annwyl Jack,

Diolch am eich llythyr dyddiedig 19 Hydref yn rhinwedd eich swydd fel Cadeirydd y Pwyllgor Deisebau. Gallaf gadarnhau bod ymarferoldeb cyflwyno cofrestr ar gyfer gofalwyr di-dâl wedi cael ei drafod gan Grŵp Cynghori'r Gweinidog ar Ofalwyr Di-dâl a chynhaliwyd ail gyfarfod hefyd i ganolbwyntio ar y mater hwn yn unig.

Cyn i mi rannu manylion y trafodaethau hyn â chi, hoffwn dynnu sylw at ein hymrwymiad i gefnogi gofalwyr di-dâl yng Nghymru. Mae'r cyllid gwerth £42 miliwn a ddyrannwyd ers mis Ionawr 2022 i wella bywydau gofalwyr di-dâl o bob oedran yng Nghymru yn dystiolaeth o hyn.

Ym mis Ebrill 2022, gwnaethom gyhoeddi £29 miliwn er mwyn rhoi taliad gofalwr o £500 i 57,000 o ofalwyr di-dâl yng Nghymru a oedd yn derbyn Lwfans Gofalwr ar 31 Mawrth. Erbyn diwedd mis Hydref, mae datganiadau gan awdurdodau lleol yn dangos bod 77% o ofalwyr di-dâl cymwys wedi llwyddo i gofrestru ar gyfer y taliad.

Yn ystod Wythnos Gofalwyr ym mis Mehefin, gwnaethom gyhoeddi cyllid o £4.5 miliwn er mwyn parhau â'n Cronfa Gymorth i Ofalwyr lwyddiannus dros y tair blynedd nesaf. Bydd gofalwyr di-dâl sydd mewn caledi ariannol yn gallu ymgeisio am grantiau o hyd at £300 i dalu am fwyd, eitemau cartref ac eitemau trydanol. Nid yw cymhwysedd ar gyfer y gronfa yn gysylltiedig â Lwfans Gofalwr ond bydd yn targedu gofalwyr ar incwm isel sy'n ei chael hi'n anodd ymdopi â'u rôl gofalu.

Caiff y Gronfa Gymorth i Ofalwyr ei gweinyddu gan Ymddiriedolaeth Gofalwyr Cymru a chafodd ei sefydlu am y tro cyntaf yn 2020. Cyhoeddodd Ymddiriedolaeth Gofalwyr Cymru [adroddiad diwedd blwyddyn ar gyfer 2020/21](#) ac mae'n nodi:

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Julie.Morgan@llyw.cymru
Correspondence.Julie.Morgan@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 64
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.

Dangosodd y Gronfa Gefnogi yn bendant iawn fod llawer o ofalwyr di-dâl yn byw o ddydd i ddydd, ac mae angen gwneud mwy o waith i ddeall yn llawn i ba raddau y deilliodd hynny o'r pandemig neu y cafodd ei waethygu ganddo. Mae'r galw llethol am y Gronfa Gefnogi a'r anghenion sylfaenol iawn y cafodd ei ddefnyddio i'w diwallu, yn cynnig mwy o dystiolaeth y dylai mynd i'r afael ag effaith ariannol gofalu barhau i fod yn flaenoriaeth i Lywodraeth Cymru.

Dyweddodd un gofalwr di-dâl a gafodd y grant:

Roeddwn i'n ddiolchgar iawn am y grant a gefais, cymerodd bwysau enfawr oddi ar fy ysgwyddau y mis hwnnw o ran sut roeddwn i am gadw 'mhlant yn gynnes. Cefais daleb siopa a rhoddais yr arian y llwyddais ei arbed wrth siopa yn syth at y mesurydd nwy. Diolch yn fawr iawn."

O'r flwyddyn hon ymlaen, bydd £9 miliwn yn cael ei fuddsoddi dros dair blynedd i sefydlu cynllun seibiant byr arloesol i ofalwyr di-dâl ar incwm isel sy'n ei chael hi'n anodd ymdopi â'u cyfrifoldebau gofalu.

Yn y flwyddyn ariannol hon, mae £1 miliwn wedi'i ddyrannu i fyrddau iechyd ganolbwyntio ar gefnogi gofalwyr di-dâl pan fydd y person y maen nhw'n gofalu amdano wedi cael ei dderbyn i'r ysbyty neu ei ryddhau ohono.

Rydym yn parhau i ddarparu cyllid i sefydliadau cenedlaethol yn y trydydd sector, Gofalwyr Cymru, Ymddiriedolaeth Gofalwyr Cymru, Fforwm Cymru Gyfan ac Age Cymru, drwy ein Grant i'r Trydydd Sector ar gyfer Gwasanaethau Cymdeithasol Cynaliadwy. Cafodd y cynllun hwn ei ymestyn a bydd nawr yn rhedeg tan 2025. Byddwn wedi dyrannu £4.4 miliwn i bedwar prosiect sy'n ymwneud yn benodol â gofalwyr dros y pum mlynedd.

Un o'r prosiectau hyn yw Ymwybyddiaeth Gofalwyr. Bydd y prosiect hwn yn canolbwyntio ar gydnabyddiaeth, parch a chefnogaeth mewn lleoliadau iechyd a gofal cymdeithasol yng Nghymru. Caiff hyn ei gyflawni drwy gefnogi rhagor o ofalwyr cymdeithasol proffesiynol i ddatblygu eu harfer yn seiliedig ar fewnwelediad i brofiad byw gofalwyr.

O ran ymarferoldeb cyflwyno cofrestr ar gyfer gofalwyr, mae sgysiau'n parhau. Yn ogystal â'r trafodaethau hyn ag aelodau o Grŵp Cynghori'r Gweinidog ar Ofalwyr Di-dâl, rydym hefyd wedi ystyried y cynnig gyda swyddogion sy'n arwain y maes o ran casglu data yn y Gyfarwyddiaeth Gwasanaethau Cymdeithasol ac Integreiddio a Chymunedau Iechyd Digidol Cymru. Mae'r farn yn amrywio o ran a fyddai'r buddsoddiad sydd ei angen i sefydlu a rheoli cofrestr ar gyfer gofalwyr yn sicrhau buddion gwirioneddol i ofalwyr. Fodd bynnag, mae cytundeb wedi'i sicrhau ar y pwyntiau canlynol:

- Ni fyddai'n bosibl i Lywodraeth Cymru gael mynediad at ddata a gasglwyd gan awdurdodau lleol neu fyrddau iechyd at ddibenion eraill, megis brechiad Covid 19, heb sicrhau bod yr unigolyn yn caniatáu iddynt ddefnyddio ei ddata at ddibenion eraill. Byddai hon yn broses gostus a llafurus iawn, felly byddai angen i ofalwyr di-dâl hunan-enwebu er mwyn ymuno â'r gofrestr. Mae hyn yn creu ambell i broblem ynghylch cywirdeb o ystyried nad yw rhai pobl yn barod i ddweud eu bod yn ofalwyr di-dâl, mae'n anoddach cael gafael ar rai gan nad ydynt ar-lein ac efallai nad yw rhai pobl am rannu eu manylion mewn unrhyw achos. Felly, ni ellid defnyddio cofrestr sydd wedi'i llunio yn y ffordd hon i gasglu data cywir ar nifer y gofalwyr di-dâl yng Nghymru.
- Prif ddiben cofrestr fyddai dosbarth gwybodaeth i ofalwyr di-dâl. Byddai'n rhaid ei chynnal a'i diweddarau gan ystyried unrhyw newidiadau i amgylchiadau'r unigolion sydd wedi nodi eu bod yn ofalwyr di-dâl.

Mae ein sgysiau hefyd wedi tynnu sylw at rai manteision i gyflwyno cofrestr. Gallai alluogi mwy o ofalwyr di-dâl i gael gwybodaeth er mwyn eu helpu i gyflawni eu rolau gofalu a galluogi awdurdodau lleol ymhellach i gyflawni eu dyletswyddau o dan Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014. Gall sicrhau bod gwybodaeth ar gael yn gynnar i ofalwyr di-dâl hefyd helpu gwasanaethau i gyflawni'r egwyddorion atal a gwerth am arian.

Ochr yn ochr â thrafodaethau archwiliol, mae gwaith yn parhau i gynnwys gwybodaeth am ofalwyr mewn casgliadau data eraill. Mae'r Cyfrifiad Plant sy'n Derbyn Gofal a Chymorth yn gofyn i awdurdodau lleol a oes gan y plant sy'n derbyn gofal a chymorth ar gyfer eu hanghenion eu hunain gyfrifoldebau gofalu hefyd. Mae Cyfrifiad newydd i Oedolion sy'n derbyn gofal a chymorth hefyd yn cael ei ddatblygu. Bydd ar waith ym mis Ebrill 2023 a chaiff y flwyddyn gyntaf o ddata ei hadrodd i Lywodraeth Cymru yn 2024. Bydd y cyfrifiad hwn yn gofyn i awdurdodau lleol ddatgan a oes gan oedolion sydd ag anghenion gofal a chymorth eu hunain gyfrifoldebau fel gofalwr hefyd..

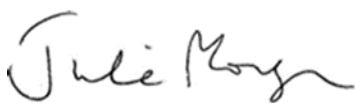
Mae casgliad data'r Fframwaith Perfformiad a Gwella hefyd yn cynnwys bron i 20 o eitemau data sy'n ymwneud â gofalwyr yn benodol. Er nad oes modd defnyddio'r casgliad data hwn i adnabod gofalwyr unigol, mae'n dangos nifer y bobl sy'n cysylltu ag awdurdodau lleol am gymorth, nifer yr asesiadau gofalwyr a gynhelir a nifer y rhai sy'n mynd ymlaen i dderbyn cymorth. Mae cysondeb a chynhwysedd y casgliad data hwn yn dal i gael ei ddatblygu ac rydym wedi bod yn gweithio'n agos gydag awdurdodau lleol i wella'r data sydd ar gael.

Ffordd lwyddiannus arall mae ein partneriaid wedi bod yn casglu data ar ofalwyr di-dâl yw drwy'r Gronfa Gymorth i Ofalwyr. Gwnaeth yr adborth a gasglwyd yn yr adroddiad diwedd blwyddyn ar gyfer 2021/22 dynnu sylw at y ffaith nad oedd gwasanaethau'n gwybod am 32.6% o'r rhai a gafodd fynediad at y gronfa cyn hynny. Mewn rhai ardaloedd, mae'r ffigur hwnnw cyn uchod â 70% a soniodd gofalwyr wrth Ymddiriedolaeth Gofalwyr Cymru am werth cael eu cydnabod yn ofalwr am y tro cyntaf a chael mynediad at y cymorth ehangach i ofalwyr sy'n deillio o fod mewn cysylltiad â chanolfan gofalwyr lleol.

Fel y nodwyd yn gynharach yn y llythyr hwn, rydym wrthi'n blaenoriaethu cyllid i sicrhau y gall gofalwyr di-dâl gael seibiant o'u rolau gofalu ac y gallant gael mynediad at gymorth ariannol, sy'n dod yn fwyfwy pwysig oherwydd yr argyfwng costau byw. Er bod sgysiau sy'n ymwneud â hyfywedd cofrestr ar gyfer gofalwyr yn parhau, mae'n rhaid i ni wneud penderfyniadau anodd o ran dyraniadau cyllid a chydbwysu costau gydag allbynnau tebygol. Yn aml gwneir hyn yn yr amgylchiadau mwyaf heriol.

Gobeithio bod y llythyr hwn yn rhoi tawelwch meddwl i chi drwy ddangos ein bod yn cydnabod yr angen i wella'r broses o gasglu data ynghylch gofalwyr di-dâl. Gobeithio ei fod yn dangos hefyd yn bod yn gweithio ar hyn o bryd gyda phartneriaid i ehangu ein cyrhaeddiad fel y gall mwy o ofalwyr di-dâl gael y wybodaeth, y cyngor a'r cymorth sydd eu hangen arnynt i barhau â'u rolau gofalu.

Yn gywir,



Julie Morgan AS/MS

Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

**P-06-1209 Create a national list of all unpaid carers in Wales, Correspondence –
Petitioner to Committee, 30.01.23**

To whom it may concern,

Myself and another unpaid carer recently met with Andy Pithouse (Advisor to Julie Morgan) and presented him with a possible solution to setup costs and working in partnership with a company called CaresCard UK. During this meeting we were also advised that the Ministerial Advisory Group would be further discussing the carers register in March/April of this year and I asked if it would be possible to be invited to that meeting to put the idea forward. As of this moment in time I am unaware if the information I provided to Andy Pithouse has been presented to Julie Morgan or the Ministerial Advisory Group as I have heard nothing further since our recent meeting.

I also recently met with Russell Berry from CarersCard UK which is when I first saw the potential for the information gathered to be used as the basis for a register. On the face of it CarersCard UK is essentially a scheme for unpaid carers similar to the Blue Light Scheme and provides carers with access to national discounts at a wide variety of retailers and leisure services. However, when you begin to look deeper it is actually so much more than that. It provides a place for unpaid carers to store a carer plan for the person they care, share notes and information with others within the caring circle whether they be professionals or family members and it also provides a QR code which can be scanned by the emergency services to gain access to the information in the case of an accident. Councils, Regional Partnership Boards and third sector organisations can buy into the scheme and also offer local discounts to carers within their area and they can either charge a small fee for the cards or provide them for free. The information gathered here as carers sign up to such a scheme could easily be transferred to provide the basis for a carers register.

Whilst I understand the cost and data collection implications of such a register I still strongly feel that it is something that is needed. This also presents the Welsh Government with an opportunity to produce something pioneering within the four nations of the UK.

As I've said before, many unpaid carers in Wales feel that a register of unpaid carers would be advantageous to them in many ways such as, access to information and grants, future Covid and flu vaccines, access to support and recognition to name but a few. A carers register could help carers gain access to information and support sooner rather than later and possibly prevent carer burnout which in the long term would save money and help carers avoid needing medical assistance and/or care themselves.

Whilst I appreciate the funding the Welsh Government has provided for the Carer Support Fund and also the short break funds I feel that access to these funds can only be enhanced by the introduction of a Carers Register and improved dissemination of information.

In her response Julie Morgan states that unpaid carers are a hard to reach group and we don't always identify ourselves as unpaid carers. My response to that is, ask those of us that have identified as unpaid carers to come forward and we will as we proved during the vaccine rollout. As for those who don't identify as unpaid carers just yet, better access to information on what an unpaid carer is and GP, hospital staff and other health or social care professionals asking the right questions may help many of those people identify themselves as unpaid carers. Something was mentioned to me the other day that perhaps the situation needs to be flipped and rather than unpaid carers self identifying that services themselves need to be more proactive in identifying carers. The House of Lords has recommended that there should be a duty of care upon the NHS to identify carers and support them while the person they care for is in hospital and throughout the discharge process and once identified at admission/discharge carers could then be added to the register.

Information to make a start on a carers register is already available via the DWP, GP surgery carers registers and information provided by carers during grant applications and also the application for the first round of covid vaccines, which if I'm not mistaken, also included an option for your details to be included on any future register.

I don't know if it is at all possible, but prior to the petition being put before the committee on Monday 6th February I would greatly appreciate the opportunity to discuss this matter further with committee members or even have the opportunity to present my thoughts at the committee meeting itself.

Further to my meeting with Andy Pithouse I have also requested a meeting with Julie Morgan herself and am currently awaiting her office to get back to me with a proposed date to discuss this matter and others.

P-06-1240 Gwella gwasanaethau iechyd i bobl ag epilepsi sy'n byw yng Nghymru

Cyflwynwyd y ddeiseb hon gan Janet Paterson, ar ôl casglu cyfanswm o 1,334 lofnodion.

Geiriad y ddeiseb:

Rydym yn pryderu nad yw'r gwasanaethau cyfredol i bobl ag epilepsi sy'n byw yng Nghymru yn rhoi'r cymorth a'r gefnogaeth y mae eu hangen arnynt.

Mae Epilepsy Action yn argymhell llwyth achosion o ddim mwy na 250 o bobl i bob Nyrs Epilepsi Arbenigol, a hynny er mwyn lleihau effaith eu cyflwr a darparu'r gofal gorau posibl. Nid oes yr un rhan o Gymru'n bodloni'r argymhelliad hwn ar hyn o bryd.

Mae yna brinder nyrsys epilepsi arbenigol ac mewn llawer o ardaloedd mae'r amseroedd aros i weld niwrolegwyr dros 12 mis.

Gwybodaeth Ychwanegol:

Byddai cynyddu nifer y nyrsys epilepsi arbenigol yn holl fyrddau iechyd Cymru yn help mawr o ran cael mynediad at wasanaethau a'r cymorth y mae pobl ag epilepsi'n ei gael.

Mae nyrsys epilepsi arbenigol yn aelodau hollbwysig o'r timau sy'n gofalu am bobl ag epilepsi. Maent yn gweithio ochr yn ochr â niwrolegwyr ymgynghorol a gweithwyr gofal iechyd eraill i roi cyngor a chymorth hanfodol yn ystod apwyntiadau ac, yr un mor bwysig, rhwng apwyntiadau.

Yn aml, nyrsys epilepsi arbenigol yw'r pwynt cyswllt cyntaf i bobl ag epilepsi sydd angen cyngor neu gymorth mewn perthynas â'u cyflwr, ac mae eu cyfraniad yn werthfawr dros ben. Mae rôl hanfodol nyrsys epilepsi arbenigol o ran gofalu am bobl ag epilepsi a'u cefnogi i'w weld yn yr adroddiad

ESPENTE diweddar gan Epilepsy Action

<https://www.epilepsy.org.uk/research/espente>

Yn ogystal â chynyddu nifer y nyrsys epilepsi arbenigol, mae angen mwy o gyllid ar yr holl wasanaethau epilepsi yng Nghymru i sicrhau bod pobl ag epilepsi yn cael y cymorth a'r gofal y mae eu hangen arnynt.

Etholaeth a Rhanbarth y Cynulliad

- Arfon
- Gogledd Cymru



Eich cyf/Your ref P-06-1240
Ein cyf/Our ref EM/03880/22

Jack Sargeant AS
Cadeirydd y Pwyllgor Deisebau
Senedd Cymru
Bae Caerdydd
Caerdydd
CF99 1SN

04 Ionawr 2023

Annwyl Jack,

Diolch am eich llythyr dyddiedig 1 Tachwedd, yn rhinwedd eich swydd yn Gadeirydd y Pwyllgor Deisebau, ynghylch Deiseb P-06-1240 Gwella gwasanaethau iechyd i bobl ag epilepsi sy'n byw yng Nghymru.

Rwyf wedi nodi'r adroddiad a'r crynodeb a ddarparwyd gan Epilepsy Action Cymru ynghylch cyflwr gwasanaethau epilepsi yng Nghymru, a gaiff eu rhannu â'r Grŵp Gweithredu ar Gyflyrau Niwrolegol i'w hystyried. Rwyf hefyd yn deall bod yr Arweinydd Clinigol ar gyfer Cyflyrau Niwrolegol, ynghyd ag un o'm swyddogion, wedi cwrdd â chynrychiolwyr Epilepsy Action Cymru i drafod yr adroddiad.

Mae'r Datganiad Ansawdd ar gyfer Cyflyrau Niwrolegol wedi'i gyhoeddi'n ddiweddar. Y cam nesaf fydd i'r Grŵp Gweithredu ar Gyflyrau Niwrolegol lunio manylebau gwasanaeth a fydd yn hollbwysig er mwyn sicrhau gwelliannau i wasanaethau ar gyfer pobl sydd â chyflyrau niwrolegol, gan gynnwys epilepsi. Bydd hyn yn gyfle i bennu safonau clir ar gyfer gwasanaethau niwrolegol yng Nghymru a'u gwreiddio ym mhrosesau cynllunio'r byrddau iechyd.

Yn gywir,

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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

Gohebiaeth.Eluned.Morgan@llyw.cymru
Correspondence.Eluned.Morgan@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.

**P-06-1240 Improve health services for people with epilepsy living in Wales,
Correspondence – Petitioner to Committee, 30.01.23**

The response from Eluned Morgan does not adequately address the issues raised. While it is welcome that the NCIG will be developing service specifications, this does not address the very real problems that people with epilepsy are currently experiencing in Wales.

Whilst it is true that we met with the Clinical Lead for Neurological Conditions to discuss the “Epilepsy Service Provision in Wales” report, they were not in a position to action the report’s recommendations or address the problems that the report highlighted with service provision.

We would therefore welcome a response to the report’s recommendations from the Department of Health, and confirmation that these will be shared with the NCIG, to be taken into account as they set clear standards for neurology services in Wales.

We would also ask that the Department of Health outline how they will ensure that Health Boards are supported to address the issues raised in the report, particularly the discrepancies between the numbers of ESNs across the different Health Boards.

Kind regards
Jan Paterson
Wales Manager
Epilepsy Action Cymru

P-06-1242 Gwella Gofal Iechyd Endometriosis yng Nghymru Cefndir

Cyflwynwyd y ddeiseb hon gan Beth Hales, ar ôl casglu cyfanswm o 5,895 lofnodion.

Geiriad y ddeiseb:

Mae endometriosis yn difetha bywydau menywod a'u teuluoedd sy'n byw yng Nghymru gydag 1 o bob 10 yn dioddef o'r cyflwr.

Nid yw achos endometriosis yn hysbys, nid oes gwellhad, yr amser diagnosis ar gyfartaledd yw wyth mlynedd a hanner ac mae rhestr aros chwe blynedd am driniaeth ar y GIG.

Mae'r diffyg dealltwriaeth amlwg o'r cyflwr yn cael effaith niweidiol ar gymdeithas ar bob lefel. Felly mae angen blaenoriaethu cyllid i sicrhau cydraddoldeb gofal iechyd yng Nghymru.

Gwybodaeth Ychwanegol:

Amlygodd adroddiad a gomisiynwyd gan Lywodraeth Cymru yn 2018 pa mor fawr yw'r broblem a wynebier gennym gydag adnoddau'n cael eu gwastraffu a'r niwed sy'n cael ei achosi ar hyn o bryd i unigolion sy'n dioddef o endometriosis. Er i'r canfyddiadau ddangos effeithiau ar ofal iechyd, addysg, lefelau economaidd, ariannol a chymdeithasol o fewn cymdeithas, nid yw'r mwyafrif o'r argymhellion wedi'u mabwysiadu ac mewn sawl ardal mae pethau wedi gwaethygu i ddioddefwyr endometriosis.

(Isod mae'r linc i'r adroddiad hwn gan y Llywodraeth – Endometriosis care in Wales: Provision, care pathway, workforce planning and quality and outcome measures.

<https://gov.wales/sites/default/files/publications/2019-03/endometriosis-care-in-wales-provision-care-pathway-workforce-planning-and-quality-and-outcome-measures.pdf>).

A fyddech cystal â llofnodi'r ddeiseb hon er mwyn helpu i godi ymwybyddiaeth o endometriosis ac annog Llywodraeth Cymru i ddyrannu'r

lefel briodol o gyllid ar gyfer y cyflwr hwn fel y gallwn gymryd camau tuag at sicrhau cydraddoldeb gofal iechyd yng Nghymru.

Etholaeth a Rhanbarth y Cynulliad

- De Caerdydd a Phenarth
- Canol De Cymru

Jack Sargeant AS
Cadeirydd
Y Pwyllgor Deisebau

14 Tachwedd 2022

Annwyl Jack

Deiseb P-06-1242 – Gwella Gofal Iechyd Endometriosis yng Nghymru

Diolch i chi am eich llythyr dyddiedig 27 Hydref 2022 ynghylch y ddeiseb uchod, lle gwnaethoch ofyn a ydym yn bwriadu gwneud unrhyw waith ar y maes pwnc hwn yn y dyfodol agos.

Wrth ymateb i'n hymgyngoriad ar flaenoriaethau ar gyfer y Chweched Senedd, tynnodd nifer o bobl sylw at y ffaith nad oes cynllun iechyd penodol ar gyfer 'menywod a merched' yng Nghymru. Yn dilyn hynny, cafodd iechyd menywod ei nodi gan y Pwyllgor fel mater blaenoriaeth i'w ystyried yn ystod y Senedd hon.


Gwnaethom gynnal sesiwn dystiolaeth gychwynol gyda rhanddeiliaid allweddol ar 10 Mawrth 2022, er mwyn archwilio'r dystiolaeth ynghylch cael cynllun iechyd ar gyfer menywod a merched, a'r hyn y dylai cynllun o'r fath ei gynnwys. Yn dilyn hynny, gwnaethom ysgrifennu at y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, gan gryhio'r materion allweddol a drafodwyd gyda'r rhanddeiliaid, a chan codi nifer o bwyntiau i'w hystyried wrth ddatblygu datganiad ansawdd a chynllun ar gyfer iechyd menywod a merched. Roedd hyn yn cynnwys cydnabod y cam o benodi nyrsys endometriosis arbenigol ym mhob bwrdd iechyd ledled Cymru, ynghyd â chwestiwn i'r Gweinidog ynghylch a oedd ei hymrwymiad i wella gwasanaethau iechyd menywod yn cynnwys gwella argaeledd gwasanaethau arbenigol er mwyn diwallu anghenion iechyd menywod ledled Cymru.

Ar hyn o bryd, nid oes gennym unrhyw gynlluniau penodol i archwilio gwasanaethau endometriosis, er bod y Pwyllgor yn adolygu ei flaenraglen waith yn rheolaidd. Fodd bynnag, gwnaethom ystyried materion yn ymwneud ag amseroedd aros ym maes endometriosis wrth wneud ein gwaith ar effaith yr ôl-groniad o ran amseroedd aros y GIG, yn enwedig mewn perthynas â thalu am weithdrefnau diagnostig. Gwnaethom dynnu sylw at y dystiolaeth a gawsom gan Endometriosis UK ar y mater hwn

yn yr adroddiad a gyhoeddwyd gennym ym mis Ebrill 2022, sef *Aros yn iach? Effaith yr ôl-groniad o ran amseroedd aros ar bobl yng Nghymru*.

Bydd eich llythyr yn cael ei gynnwys ar yr agenda ar gyfer ein cyfarfod ar 17 Tachwedd 2022, pan fyddwn yn gofyn i'r Aelodau ei nodi'n ffurfiol, gan dynnu sylw pellach at y ddeiseb a'r materion pwysig y mae'n eu codi.

Yn gywir

A handwritten signature in black ink that reads "Russell George". The signature is written in a cursive style with a long horizontal stroke at the end.

Russell George AS

Cadeirydd y Pwyllgor Iechyd a Gofal Cymdeithasol

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.





Eich cyf/Your ref P-06-1242
Ein cyf/Our ref EM/03811/22

Jack Sargeant AS
Cadeirydd – y Pwyllgor Deisebau

11 Ionawr 2023

Annwyl Jack,

Diolch ichi am eich llythyr dyddiedig 27 Hydref ynglŷn â Deiseb P-06-1242 Gwella Gofal Iechyd Endometriosis yng Nghymru. Rwy'n ddiolchgar ichi am roi copi o sylwadau a chwestiynau dilynol Ms Hale imi, ac rwy'n rhoi sylw i rai o'i phwyntiau isod.

Rwyf wedi bod yn glir fy mod yn disgwyl i GIG Cymru sicrhau bod menywod yn cael y cyfle i gymryd rhan yn y gwaith o ddatblygu a chynhyrchu'r Cynllun Iechyd Menywod. Rwy'n falch fod yr arolwg o iechyd menywod, a lansiwyd gan Judith Paget, Prif Weithredwr y GIG, ar 5 Awst, wedi denu bron 4,000 o ymatebion unigol gan fenywod a merched rhwng 16 ac 85 oed. Mae eu hymatebion wedi darparu cyfoeth o fanylion am y materion a'r pryderon sy'n effeithio ar fenywod a'u hiechyd yng Nghymru, a bydd hyn yn galluogi'r GIG i nodi'r prif themâu a materion y mae'n rhaid i'r gwasanaeth eu targedu wrth ddatblygu Cynllun Iechyd Menywod.

Mae'r GIG wedi cyhoeddi cam cyntaf y Cynllun Iechyd Menywod. Rwy'n disgwyl i'r GIG adeiladu ar y cam hwn o'r gwaith, gan barhau i gydweithio â menywod wrth lunio a gweithredu Cynllun Iechyd Menywod deng mlynedd dros y misoedd nesaf. Rwyf wedi gofyn i'm swyddogion sicrhau bod sylwadau Ms Hale yn cael eu hanfon ymlaen at Gydweithrediaeth y GIG er mwyn eu hystyried fel rhan o'r gwaith hwn.

Yn gywir,

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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

Gohebiaeth.Eluned.Morgan@llyw.cymru
Correspondence.Eluned.Morgan@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.

P-06-1242 Improve Endometriosis Healthcare in Wales, Correspondence – Petitioner to Committee, 30.01.23

Thank you again to the Petitions Committee for continuing to support my petition and for their ongoing correspondence regarding this matter.

I appreciate the work that the Health Minister is undertaking since the Women's Health Quality Statement was announced. The first phase of the Women's Health Plan is a great step in the right direction for women and girls, however there is still no tangible progress for endometriosis patients or assurances that the issues we continue to face will be addressed as part of the Women's Health Plan. I therefore ask that the Committee keep my petition open whilst the Plan continues to be developed to help ensure our voices are heard.

I fully understand that the development of the Women's Health Plan is on-going, but this isn't justification for the lack of progress made. In the meantime, steps could be taken to improve the most urgent issues faced by endometriosis patients, especially considering these issues have now been **repeatedly** raised since 2018.

We urgently need answers as to why we're still facing such healthcare inequality and we need a tangible response as to how and when things will finally start improving for the the 1 in 10 affected by this disease.

Alternatively, if no help is coming, please could the Health Minister be straight with us and acknowledge that the only way that endometriosis patients can be reassured they'll be able to access the treatment they need is by taking out private healthcare insurance (as that is our current reality).

Regarding the Chair's letter which was included on the agenda of the Health & Social Care Committee meeting on 17th November 2022, please would it be possible to find out if there was any feedback or action points from the noting of this?

The Health and Social Care Committee also wrote to the Minister for Health and Social Services asking whether her commitment to the improvement of women's health services included improving the availability of specialist services to meet women's health needs across Wales. Please could I ask what the Ministers' response was to this question, as the lack of availability to specialist services is one of the main issues endometriosis patients have.

Also, I wanted to bring the Committee's attention to the attached email from the NHS Wales Health Collaborative regarding one of the patient surveys referenced by the Health Minister in her letter. As you will see from the content of the email, there was a breach of the survey participants identifiable data (including my own) that has led to an investigation. When patients have waited as long as we have to be listened to, it's hugely frustrating for there to be such a lack of care when undertaking this important work and dealing with such personal information.

Finally, please see below commentary regarding this latest correspondence from the charity Fair Treatment for the Women of Wales, who I volunteer with as one of their endometriosis champions:

Members of the Women's Health Wales Coalition are concerned that this first stage document has omissions which we hope to see addressed subsequently and in next stages of the plan's development - this can be achieved so long as there is sufficient time, resource, and capacity to enable full co-production and collaboration. The Women's Health Wales Coalition would like to offer officials its support and involvement, and hope that future

meetings can be convened to enable sharing of expertise / lived experience, and address underlying intersectional inequalities.

It is vitally important that any subsequent plan is as inclusive and detailed as possible, enabling a holistic, life-course approach to female health. We understand that this is to be an NHS Wales plan so there needs to be scope to consider a panoply of health services and interventions that can improve patient experiences and outcomes. The Women's Health Wales Coalition's evidence document provides a useful, but by no means exhaustive, starting point: [Womens-Health-Wales-Quality-Statement-English-FINAL.pdf \(ftww.org.uk\)](https://www.ftww.org.uk/Womens-Health-Wales-Quality-Statement-English-FINAL.pdf)

Regarding endometriosis specifically, there is still work that can be done to improve patient experiences without waiting for the publication of the women's health plan. This might include Minister / officials / NHS Executive facilitating a meeting of health boards, the Welsh Health Specialised Services Committee, and third sector / patient representatives to explore and better understand why patients with severe and complex endometriosis who should, according to NICE guidance, be referred to a tertiary / specialist endometriosis centre (ie Cardiff) are not always able to access that service and what can be done to address this anomaly.

It is our understanding that it is largely due to existing funding arrangements which make out of area referrals for what is a very costly and time consuming multi-disciplinary surgery financially prohibitive for C&V UHB, one which can have a significant onward impact on their own gynaecology waiting times and patients. Of course, lack of access then has knock-on effects on patients' own health boards, because it means patients with severe / invasive disease have to repeatedly utilise less effective services locally, impacting on local waiting lists. These are issues which need to be explored collaboratively and in-depth so that they can be resolved to everyone's satisfaction.

Kind regards,

Beth Hales

**P-06-1242 Improve Endometriosis Healthcare in Wales, Correspondence –
Petitioner to Committee – Annex, 30.01.23**

To: 'Women in Wales' Survey Participants who provided email addresses (included as Bcc recipients)

Dear Madam

I am writing to you by email as you recently took part in a survey entitled 'Women in Wales' and provided much needed data to inform the new plan for Women's Health in Wales. Work on the survey is being undertaken by the NHS Wales Health Collaborative (hosted by Public Health Wales). I am Director of the Collaborative.

During the survey you answered a range of questions and provided your email address to allow us to contact you if we decided to invite you to participate in a focus group to follow up on the survey. In order to analyse the survey data that you and others provided, we shared it with an expert data analyst, working under contract for NHS England, whom we had commissioned to run the survey on our behalf. The data from you and other survey respondents was provided to the data expert in a single spreadsheet. The intention was that the data would be anonymised, by removing all email addresses from the spreadsheet, before it was transferred to the analyst.

Unfortunately, this was not done and your responses were shared, together with your email address, making all of your survey answers identifiable to you. Identifiable data should be sent by a secure method, but because we had not intended to transfer identifiable data, the spreadsheet was sent to the analyst over a public email service, which cannot be guaranteed as being secure.

In summary, we have done two things with your identifiable personal data (your survey responses linked to your email address) that we should not have done:

1. We have sent your identifiable personal data to an analyst outside

At: Cyfranogwyr Arolwg 'Menywod yng Nghymru' a ddarparodd gyfeiriadau e-bost (wedi'u cynnwys fel derbynwyr Bcc)

Annwyl Fadam

Rwy'n ysgrifennu atoch drwy e-bost am eich bod wedi cymryd rhan mewn arolwg o'r enw 'Menywod yng Nghymru' yn ddiweddar a gwnaethoch roi data sy'n werthfawr iawn i lywio'r cynllun newydd ar gyfer Iechyd Menywod. Mae Cydweithrediaeth Iechyd GIG Cymru eisoes yn gweithio ar yr arolwg (a gynhelir gan Iechyd Cyhoeddus Cymru). Fi yw Cyfarwyddwr y Gydweithrediaeth.

Yn ystod yr arolwg, gwnaethoch ateb amrywiaeth o gwestiynau a rhoi eich cyfeiriad e-bost er mwyn i ni allu cysylltu â chi pe baem yn penderfynu eich gwahodd i gymryd rhan mewn grŵp ffocws i ddilyn hynt yr arolwg. Er mwyn dadansoddi data a roddwyd gennych chi ac eraill yn yr arolwg, gwnaethom eu rhannu â dadansoddwr data arbenigol a oedd yn gweithio dan gontract i NHS England, yr oeddem wedi'i gomisiynu i gynnal yr arolwg ar ein rhan.

Cafodd y data gennych chi ac ymatebwyr eraill yr arolwg eu rhoi i'r arbenigwr data mewn un daenlen. Y bwriad oedd y byddai'r data'n cael eu gwneud yn ddienw, drwy ddileu'r holl gyfeiriadau e-bost o'r daenlen cyn ei rhoi i'r dadansoddwr. Yn anffodus, ni wnaed hyn a chafodd eich ymatebion eu rhannu, ynghyd â'ch cyfeiriad e-bost, gan olygu bod modd eich adnabod o'ch atebion i'r arolwg. Dylid anfon data adnabyddadwy drwy ddull diogel, ond am nad oeddem wedi bwriadu trosglwyddo data adnabyddadwy, cafodd y daenlen ei hanfon at y dadansoddwr drwy wasanaeth e-bost cyhoeddus, na ellir gwarantu ei fod yn ddiogel.

I grynhoi, rydym wedi gwneud dau beth gyda'ch data personol adnabyddadwy (eich ymatebion i'r arolwg a oedd yn gysylltiedig â'ch cyfeiriad e-bost) na ddylem fod wedi'u gwneud:

NHS Wales, with whom we did not have an appropriate data sharing agreement covering such identifiable data, and in a situation where indefinable data did not need to be shared

2. We have sent your identifiable personal data over an email service that is not as secure as is required for this purpose

The analyst who received it is a trusted partner with NHS England and, as soon as the error was identified, he deleted the email addresses from the spreadsheet, thus ensuring that your answers could no longer be linked to you.

I need to advise you to advise you that there is a small possibility that your personal data (your email address, linked to your responses to other survey questions) may have been intercepted at some point between our sending it and the analyst receiving it. If intercepted, that data may now be in the public domain. Whilst I believe that the likelihood of your data having been intercepted is extremely low, I have no way of being certain. The risk is no greater than you face when you use your personal emails addresses every day – most of these services are insecure unless further protection such as encryption is applied by the user. Nevertheless, I am duty bound to advise you of the possibility of your data having escaped into the public domain.

The purpose of me writing to you is to apologise for this situation and to enable you to take any steps you may feel necessary to protect yourself online. I would, however, not suggest that you need to take any steps beyond what would be considered normal good online security and housekeeping. In the main, this means that you should be vigilant for any unusual activity, particularly with regards to any financial affairs you may conduct online and you should always be on your guard against spam emails, particularly any that suggest you follow links and reset passwords etc.

For more detailed advice on how to protect yourself online, can I recommend the following resources:

1. Rydym wedi anfon eich data personol adnabyddadwy at ddadansoddwr y tu allan i GIG Cymru, nad oedd gennym gytundeb rhannu data priodol ag ef i gwmpasu data adnabyddadwy o'r fath, ac mewn sefyllfa lle nad oedd angen rhannu data adnabyddadwy
2. Rydym wedi anfon eich data personol adnabyddadwy drwy wasanaeth e-bost nad yw'n ddiogel fel sy'n ofynnol at y diben hwn

Mae'r dadansoddwr â dderbyniodd y data yn bartner a ymddiriedir ag NHS England a chyn gynted ag y cafodd y gwall ei nodi, aeth ati i ddileu'r cyfeiriadau e-bost o'r daenlen, gan sicrhau na ellid cysylltu eich atebion â chi mwyach.

Mae'n rhaid i mi eich hysbysu bod posibilrwydd bach y gall eich data personol (eich cyfeiriad e-bost, sy'n gysylltiedig â'ch ymatebion i gwestiynau arolygon eraill) fod wedi'u rhyng-gipio ar ryw bwynt rhwng yr adeg y gwnaethom eu hanfon a'r adeg y gwnaeth y dadansoddwr eu derbyn. Os bydd eich data wedi'u rhyng-gipio, gallant fod wedi'u cyhoeddi. Er fy mod yn credu ei bod yn annhebygol iawn fod eich data wedi'u rhyng-gipio, ni allaf fod yn siŵr o hynny. Nid yw'r risg yn fwy na'r risg a wynebwch wrth ddefnyddio eich cyfeiriadau e-bost personol bob dydd – mae'r rhan fwyaf o'r gwasanaethau hyn yn anniogel oni fydd y defnyddiwr yn cymhwyso diogelwch pellach fel engryptio. Er hyn, mae'n ddyletswydd arnaf i'ch hysbysu o'r posibilrwydd bod eich data wedi'u cyhoeddi. Diben y llythyr hwn yw ymddiheuro am y sefyllfa hon a'ch galluogi i gymryd unrhyw gamau y gall fod eu hangen, yn eich barn chi, i ddiogelu eich hun ar-lein. Fodd bynnag, ni fyddwn yn awgrymu bod angen i chi gymryd unrhyw gamau y tu hwnt i'r hyn a fyddai'n cael ei ystyried yn ddiogelwch ar-lein a chymhennu arferol da. Yn bennaf, mae hyn yn golygu y dylech fod yn wylidwrus o unrhyw weithgarwch anarferol, yn enwedig mewn perthynas ag unrhyw faterion ariannol y gallech fod yn eu cynnal ar-lein, a dylech bob amser fod yn wylidwrus o negeseuon e-bost spam, yn

[Information Commissioner's Office \(ICO\)](#)
[National Cyber Security Centre - NCSC.GOV.UK](#)
[Action Fraud](#)

I would like to assure you that in the NHS Wales Health Collaborative, and Public Health Wales more widely, we recognise how important your personal information and your privacy is to you and we take our responsibilities in relation to the handling of your personal information extremely seriously. An investigation into this incident has been launched to establish how it happened and we have also referred the matter to the Information Commissioner.

Please accept my apologies for any distress that this may cause. If you would like to discuss the matter further please contact the Data Protection Officer for Public Health Wales at phw.informationgovernance@wales.nhs.uk

enwedig y rhai sy'n awgrymu eich bod yn dilyn dolenni ac yn ailosod cyfrineiriau ac ati.

I gael rhagor o gyngor manwl ar sut i ddiogelu eich hun ar-lein, rwy'n argymhell yr adnoddau canlynol:

[Swyddfa'r Comisiynydd Gwybodaeth](#)
[Y Ganolfan Seiberddiogelwch Genedlaethol - NCSC.GOV.UK](#)
[Action Fraud](#)

Hoffwn roi sicrwydd i chi, yng Nghydweithrediaeth Iechyd GIG Cymru, ac yn Iechyd Cyhoeddus Cymru yn ehangach, ein bod yn cydnabod pa mor bwysig yw eich gwybodaeth bersonol a'ch preifatrwydd i ni, a'n bod yn cymryd ein cyfrifoldebau mewn perthynas â thrin eich gwybodaeth bersonol o ddifrif. Mae ymchwiliad i'r digwyddiad hwn wedi'i lansio er mwyn canfod sut y digwyddodd ac rydym hefyd wedi cyfeirio'r mater at y Comisiynydd Gwybodaeth.

Derbyniwch fy ymddiheuriadau am unrhyw ofid y gall hyn ei achosi. Os hoffech drafod y mater ymhellach, cysylltwch â Swyddog Diogelu Data Iechyd Cyhoeddus Cymru ar phw.informationgovernance@wales.nhs.uk

P-06-1247 Rydym yn galw ar Lywodraeth Cymru i arwain y ffordd drwy gefnogi treialon wythnos waith pedwar diwrnod yng Nghymru

Cyflwynwyd y ddeiseb hon gan Mark Hooper, ar ôl casglu cyfanswm o 1,619 lofnodion.

Geiriad y ddeiseb:

Mae symud i wythnos waith pedwar diwrnod yn rhoi hwb i gynhyrchiant a lles gweithwyr.

Ar ôl treialon llwyddiannus o wythnos waith fyrrach yng Ngwlad yr Iâ – heb ostyngiad mewn cyflogau – mae llywodraethau yn yr Alban, Iwerddon a Sbaen i gyd yn datblygu eu cynlluniau peilot eu hunain ar gyfer wythnos waith pedwar diwrnod, a fydd yn dechrau'r flwyddyn nesaf. Mae gwaith o ddifrif yn cael ei wneud i symud tuag at wythnos waith pedwar diwrnod yng Ngwlad Belg, Seland Newydd, yr Almaen a Siapan hefyd.

Rydym yn galw ar Lywodraeth Cymru i arwain y ffordd drwy gefnogi treialon wythnos waith pedwar diwrnod yng Nghymru.

Gwybodaeth Ychwanegol:

Pan dreialodd Microsoft wythnos pedwar diwrnod heb ostyngiad mewn cyflogau yn eu swyddfa yn Japan, cafwyd cynnydd o 40 y cant mewn cynhyrchiant.

(<https://www.theguardian.com/technology/2019/nov/04/microsoft-japan-four-day-work-week-productivity>)

Yn ôl yr Awdurdod Gweithredol Iechyd a Diogelwch, roedd 55 y cant o'r holl ddiwrnodau salwch a gymerwyd y llynedd yn ganlyniad uniongyrchol i straen, iselder neu orbryder mewn perthynas â gwaith. Byddai symud i wythnos waith pedwar diwrnod yn arwain at leihad dramatig mewn problemau iechyd meddwl yng Nghymru.

Canfu astudiaeth gan y sefydliad amgylcheddol Platform London y byddai cyflwyno wythnos waith pedwar diwrnod heb ostyngiad mewn cyflogau yn arwain at leihad o 127 miliwn o dunelli mewn allyriadau carbon y DU, gostyngiad o fwy nag 20 y cant.

<https://www.theguardian.com/environment/2021/may/27/four-day-working-week-would-slash-uk-carbon-footprint-report>

Wythnos waith pedwar diwrnod yn 'llwyddiant ysgubol' yng Ngwlad yr Iâ
<https://www.bbc.com/news/business-57724779>.

Etholaeth a Rhanbarth y Cynulliad

- Bro Morgannwg
- Canol De Cymru

P-06-1287 Rhaid ymchwilio i benderfyniad Bwrdd Iechyd Prifysgol Caerdydd a'r Fro i gau'r feddygfa yng ngogledd Penarth a symud cleifion i feddygon teulu sydd ymhell i ffwrdd

Cyflwynwyd y ddeiseb hon gan Max Scott-Cook, ar ôl casglu 266 o lofnodion ar-lein ac 82 ar bapur, sef cyfanswm o 348 lofnodion.

Geiriad y ddeiseb:

Rydym am ddwyn i gyfrif swyddogion y Bwrdd Iechyd a gwleidyddion sydd wedi cynllwynio i gau'r feddygfa ar Heol Albert (yng ngogledd Penarth) a symud cleifion i feddygfeydd Sili a Dinas Powys, yn ogystal â gorlwytho meddygfa Stanwell (Penarth Healthcare) yn ddifrifol. Credwn fod yr Aelod o'r Senedd lleol Vaughan Gething yn gwybod am y cynllun a gallai fod wedi tynnu sylw'r Gweinidogion a'r comisiynwyr perthnasol ar gyfer Pobl Hŷn, Plant a Chenedlaethau'r Dyfodol at y pryderon i gynnal yr egwyddor o wasanaethau gofal iechyd yn agos i'r cartref. Mae'r system wedi ein siomi.

Gwybodaeth Ychwanegol:

Ar ôl cael rhybudd rai blynyddoedd yn ôl fod prydles y feddygfa ar fin dod i ben, gwrthododd Bwrdd Iechyd Prifysgol Caerdydd a'r Fro brynu'r adeilad ar Heol Albert. Cafodd cynllun y Bwrdd i ddarparu adeilad amgen newydd yn ardal Cogan, sydd ymhell i ffwrdd, ei wrthod yn gyhoeddus. Nid oedd y cynllun hwn yn bodloni'r egwyddor o ddarparu gwasanaethau iechyd yn agos i gartref.

Roedd cynlluniau olynol a luniwyd gan y Bwrdd Iechyd ar gyfer creu hwb llesiant yn ardal Cogan yn diystyru hygyrchedd gwael y safle. Roedd y dewis a wnaed o ran safle yn gwahaniaethu yn erbyn yr henoed a phobl â chyfyngiadau symudedd. Gwrthododd y Bwrdd helpu'r feddygfa ar Heol Albert i barhau i weithredu. Yn hytrach, cynigiodd gyllid i feddygfeydd yn Sili, Penarth a Dinas Powys, er mwyn iddynt allu ehangu a chymryd cyfrifoldeb dros y 7,000 o gleifion dan sylw. Ni wnaeth y Bwrdd Iechyd Prifysgol ymgynghori ar y cynllun hwn. Mae ansawdd y gofal a ddarperir ym meddygfa Stanwell (Penarth Healthcare) wedi gwaethygu ers i'r feddygfa gael ei gorlwytho gan gleifion. Credwn mai dim ond 7 meddyg teulu sydd ar gyfer

17,000 o gleifion. Penderfyniad y Bwrdd Iechyd i fynd ar drywydd eiddo (adeilad) newydd yn y lleoliad anghywir sydd ar fai.

Mae modd i'r Bwrdd gydnabod ei gamgymeriad o hyd, a phrynu Meddygfa Albert oddi wrth y datblygwr eiddo.

Etholaeth a Rhanbarth y Cynulliad

- De Caerdydd a Phenarth
- Canol De Cymru



GIG
CYMRU
NHS
WALES

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:
Welsh Health Telephone Network:
Direct Line/Llinell uniongychol: [REDACTED]

Suzanne Rankin
Chief Executive

12 December 2022

Jack Sargeant MS
Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Mr Sargeant

Petition P-06-1287: Investigate C&V UHB's refusal to keep north Penarth's surgery, allocating patients to distant GPs

Thank you for your letter dated 24th November, sent on behalf of the Senedd's Petitions Committee. Please find below our response in relation to the steps taken to reduce the strain on practices in the area.

The GMS contract holder at Albert Road Surgery gave notice to the Health Board on 27th September 2021 that they would be resigning their General Medical Services (GMS) contract, and gave the appropriate contractual three months' notice. Following the resignation of the contract, meetings between the Health Board Primary Care Team, Locality Managers and the 4 affected neighbouring practices were held to discuss the situation and a potential solution to providing the continuing general medical care for the population previously registered with Albert Road Surgery. Key to these meetings, was establishing the capacity that practices said they had to take on additional patients. Following any agreement to accept these patients the focus turned to how best the Health Board can support those affected practices. I should emphasise that there were 4 practices involved in discussions; the research brief (text of petition section) included on your website refers to only 3. The practices involved that received patients as a result of the Albert Road termination and consequent closure are Penarth Health Partnership, Redlands Surgery, Dinas Powys Medical Centre, and Sully Surgery. Once those 4 practices agreed the proportion of patients from the Albert Road list they would take, plans were made operational and the Health Board provided additional financial support over and above GMS contract funding to all affected practices to enable them to take on these patients.

Each practice received a payment for each new patient they had agreed to accept onto their list. This payment was intended to support the additional workload associated with registering significant numbers of patients over a short period of time. Furthermore, additional funding enabled both Penarth Healthcare Partnership and Redlands Surgery to convert additional clinical and administrative space within their premises, to assist with managing the additional patients. Funding was also

allocated to provide medical equipment and improved telephony as well as enabling off-site storage of medical records to further maximise clinical/administrative space at the practice premise.

The Health Board Pharmacy Team supported the process by ensuring repeat prescriptions were generated to reduce initial pressure on receiving practices. They also supported receiving practices by reviewing current medication and updating patient records where necessary. The Health Board Communications Team also assisted all affected practices with drafting and distributing communications to patients and stakeholders to reduce the need to call the practices with queries.

Additionally, the Health Board facilitated meetings and discussions between the practices and NHS Wales colleagues in the Shared Services Partnership Registrations Team and Digital Healthcare Wales who were able to offer advice and support in a number of areas to facilitate records transfer and patient registrations.

The Health Board also addressed concerns that significant numbers of additional patients may affect the practices achievement of the GMS contract and adversely impact on income by protecting payments to ensure a steady income stream and therefore safeguarding the ongoing sustainability of receiving practices.

The Health Board is continuing to develop the business case for Cogan Wellbeing Centre in Penarth, which is planned to be integrated with the Council's leisure facilities. We continue to work with the Council to reflect their views as we refine the plans. We anticipate the Council's Cabinet will shortly be receiving a report from officers recommending progressing to the next stage of development. We remain committed to this scheme and believe it will provide a fantastic integrated wellbeing centre, incorporating modern fit for purpose primary care services.

Yours sincerely



SUZANNE RANKIN
Chief Executive



DE MORGANNWG | SOUTH GLAMORGAN

Cyngor Iechyd Cymuned De Morgannwg
Canolfan Fusnes Pro Copy (Cefn)
Parc Tŷ Glas
Llanishen, Caerdydd
CF14 5DU

South Glamorgan Community Health Council
Pro Copy Business Centre (Rear)
Parc Tŷ Glas
Llanishen, Cardiff
CF14 5DU

05 December 2022

Mr Jack Sargeant MS
Chair
Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Mr Sargeant

Re: Petition P-06-1287 Investigate C&V UHB's refusal to keep north Penarth's surgery, allocating patients to distant GPs

Thank you for your letter dated 24 November 2022 seeking information from the Community Health Council relating to its monitoring of the patient experience and what this has uncovered.

The CHC were first made aware that the partners were hading back their contract on the 3 November 2021 due to the landlord wishing to sell the property. I have attached a timeline which you may find helpful (appendix 1)

As you indicate in the supporting information sent with your letter the CHC held a patient meeting online due to the continuing COVID 19 restrictions where a number of patients attended. I have attached (appendix 2) the notes of the online meeting for your information.

We understand that the allocation process was undertaken by NHS Shared Services, the CHC was not provided with any information on how this would be undertaken, we sought and received assurances that families would be allocated to the same practice as were aware that this did not happen previously, from the calls received that in some cases

South Glamorgan CHC is the operational name of Cardiff & Vale of Glamorgan CHC
CIC De Morgannwg yw'r enw gweithredol ar gyfer CIC Caerdydd a Bro Morgannwg

Cadeirydd / Chair: Mr Malcolm Latham, BA, MEd, MSc, FRCGS, FRCR, FRCR, FRCR
Prif Swyddog / Chief Officer: Mr Stephen Allen, O.St.J MSc, MlHM

Ffôn/Tel: 029 20750112

South Glamorgan CHC is the operational name of Cardiff & Vale of Glamorgan CHC
CIC De Morgannwg yw'r enw gweithredol ar gyfer CIC Caerdydd a Bro Morgannwg

E-bost/Email: SouthGlam.chiefofficer@waleschc.org.uk

www.southglamorganchc.wales

www.facebook.com/southglam.chc

www.demorgannwg.cic.cymru

www.twitter.com/southglamchc

this was not achieved. In addition we sought and were provided assurances from the Health Board that this allocation process would be mindful of patients ability to access their new surgery for example mobility and access to transport would be key.

The Health Board advised the CHC that it was necessary to allocate outside the Penarth area due to ensuring the sustainability of practices to deliver services to their existing populations. However, if patients were unhappy with the allocation they could contact the Primary Care team within the health board who would assist them.

The CHC initially received 41 calls from patients in the period November 2021 – January 2022 these related to (appendix 3)

- Concerns related to allocation to practices in other localities and patients being able to access services.
- receiving ongoing treatments once practice has closed
- appointments at new practices
- Concerns over sustainability of other practices with the influx of Albert Road Patients

In April 2022 the CHC was asked to provide feedback into the review process which is attached. (Appendix 4) for your information.

Since the closure of the Albert Road surgery the CHC has not received any written concerns regarding the services now being offered by other practices to this patient cohort and has not received concerns regarding allocation issues. I can confirm that CHC members who live in the locality have not fed back or signposted anyone to the CHC offices in relation to these issues for some time.

I trust this letter and the appendices assist you in your deliberations if I can be of any further help please do let me know.

Yours sincerely



Stephen Allen
Chief Officer

South Glamorgan CHC is the operational name of Cardiff & Vale of Glamorgan CHC
CIC De Morgannwg yw'r enw gweithredol ar gyfer CIC Caerdydd a Bro Morgannwg

Cadeirydd / Chair: Mr Malcolm Latham, BA MSc MGMT FRCGS
Prif Swyddog / Chief Officer: Mr Stephen Allen, O.St.J MSc. MIHM

www.southglamorganchc.wales
www.demorgannwgic.cymru

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E-bost/Email: SouthGlam.chiefofficer@waleschc.org.uk

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**Closure Of Albert Road Surgery
Online Public Meeting
Wednesday 9th February 2022**

Total Number of people online: 32

Number of members of the public: 11

Number of members of the public who pre-registered for the meeting: 27

UHB Presenters: Lisa Dunsford (Director of Operations, Primary, Community and Intermediate Care, Cardiff and Vale UHB), Clare Evans (Assistant Director of Primary Care, Cardiff and Vale UHB),

Also in Attendance: Malcolm Latham (Chair, CHC) Brenda Chamberlain (Vice-Chair, CHC), Stephen Allen (Chief Officer, CHC), 2 CHC Members and 2 CHC Staff, 1 UHB staff member

Welcome & Introductions

The Chair welcomed everyone to the meeting. The Chair provided a brief introduction of the CHC and their role as the NHS Watchdog.

It was noted that a record of the discussion is being taken in order to validate what has been said.

House Rules

The Chair outlined the house rules of the meeting.

- To help keep background noise to a minimum, please make sure you have muted your microphone if you are not speaking
- If you wish to ask questions during the meeting, you will need to have your video camera on and name on screen
- Inappropriate behaviour will not be permitted in this meeting. Individuals will be given one warning, and if they carry on they will be removed from the meeting.
- Should we experience a 'Zoom-bomb', whereby individuals will try to take over the meeting with inappropriate content as previously experienced, we will automatically close down the meeting and ask that you log back into the meeting 5 minutes later through the original link.

Update from the UHB:

The Meeting began with a short presentation from the Cardiff & Vale University Health Board (UHB) and GP Practice.

Background

- GPs are independent contractors who are self employed and contract with the Health Board to provide general medical services (Contract is Directed by Welsh Government)
- Albert Road Surgery notified the Health Board in September 2021 that they wished to terminate their contract. As a single handed contractor, they must give the UHB 3 months notice, this was originally 31/12/21 but through agreement extended to 18th March 2022

- General Medical Services will cease to be provided from the practice premises in Penarth from this date
- Under Contractual arrangements the General Medical Contractor is obliged to provide 3 months notice to cease their contract
- Patients will continue to receive appropriate healthcare at Albert Road Surgery until close of business on Friday 18th March 2022
- The Health Board is responsible for ensuring that the population registered with the Albert Road Surgery (circa. 5779) are able to access GP services.

Ongoing Provision of General Medical Services

Access to Medical Services for patients registered with Albert Road Surgery

No opportunity for services continuing at Albert Road Surgery as the building is not available for the provision of general medical services (sold by the owners who were previous ex-partners of the surgery) There was no option for the current provider to purchase the property. Despite the GP looking for other premises in the area, there was nothing available so the contractor took the decision to surrender the contract.

- The Provider took the decision to cease the contract
- Local practices identified capacity to increase patient numbers
- Health Board supported 4 local practices to take an allocation of Albert Road Surgery patients, Sully Surgery, Dinas Powys Medical Centre, Redlands Surgery and Penarth Healthcare Partnership.
- In December, UHB wrote to patients of Albert Road to confirm they were working through a solution.

- December 2021: All patients residing out of the practice area received a letter advising them to register with a practice closer to their home. Contact details for Patient Registration telephone number was provided for patients to find a practice to register with.
- Mid January 2022: All other patients received a letter identifying the practice they have been assigned to once Albert Road Surgery closes;
- Patients are able to register with any practice that provides services to the area where they reside, but advised to remain at Albert Road Surgery until the practice closes to reduce unplanned pressure on neighbouring practices. The UHB carried out a managed transfer of patients to manage the demand on the receiving practices and to make sure no patients were left out of the transfer process. If a patient isn't happy with their allocated practice, there is patient choice, as long as you live within the practice boundary, you can register with any practice covering your area.

Practices have been allocated the following patient numbers:

- Sully Surgery – 310 patients
- Penarth Healthcare Partnership – 3000 patients
- Dinas Powys Medical Centre – 1169 patients
- Redlands Surgery – 1000 patients

As part of the transfer process, the UHB have been supporting Albert Road in terms of preparing patients prescriptions etc and have deployed full time Pharmacy support to the Practice, for the receiving practices the UHB will be providing Pharmacy support following the transfer, we have Nurses in the PCIC support team and will be looking to deploy those to the receiving practices following transfer. Financial support has also being given to practices, if receiving practices feel they need to increase clinical time, or increase administrative support to receive those new registrations, the UHB have agreed a financial package to provide that. UHB has also looked at supporting ad hoc requests such as changes to premises to increase clinical / administrative space

within the practices, additional kit to support the transfer of patients i. e computers / phone lines to support the increase in demand on phone lines and services.

Frequently Asked Questions

Do I need to contact the new practice that I have been allocated to, to register?

No, registration will happen automatically after Albert Road Surgery closes. UHB have been working closely with digital colleagues to ensure patient records and registration will automatically transfer. Your new practice may contact you in relation to the provision of your ongoing healthcare.

I haven't received a letter yet but I have registered with another practice anyway. Will I be expected to go to another practice that I may be allocated to?

We advise that patients remain with Albert Road Surgery until after it closes to ensure a smooth transfer of your care to another practice. If you have already decided to change to another practice you will not be required to change practices again.

What will happen to my patient record?

Your patient record will transfer to your new practice that you have been allocated to. If you choose to register with another practice, arrangements will be made to transfer your records to that practice

Will my repeat prescription continue automatically?

A lot of work is currently being done with Albert Road to make sure all prescriptions are up to date. Your new GP practice will be informed of your current medication and may wish to review this in the future. Please request medication (from your new practice) in your usual way and advise your regular pharmacy of the change, if appropriate.

Where can I find out information about GP practices in the area?

You can find out details of other GP practices in the area on the:

- NHS Direct website www.nhsdirect.wales.nhs.uk or
- Patient Registration, Primary Care Services 01792 458066

Open Meeting:

Prior to the first question, the Chair outlined the following requirements;

- that all speakers please give your name and, if you belong to an organisation, the name of that organisation and your position within it? This is purely to assist those taking notes.
- If you wish to ask a question, please raise your hand physically and the Chair will call you in to speak.
- It would be appreciated if only one person would speak at a time, again this to assist everyone at the meeting and to help the note taker record the question and answers.
- The Chair will invite questions and attempt to limit them to one per person, in the first instance, in order to allow as many people as possible to contribute.
- The Chair asked attendees to conduct themselves with dignity and refrain from engaging in any personal attacks or act in an aggressive manner.

Question / Statement

Response:

Councillor, St Augustine's Ward, Vale Of Glamorgan

Had discussions and contact with both Lisa Dunsford and Clare Evans in the past along with my colleague (*name removed*) about changes that have been happening in Penarth to the Healthcare provision. I'm somewhat annoyed in the first instance that the elected officials, I know some of my colleagues, weren't able to get onto this call and weren't able to get links and contacts despite asking for them. (*name removed*) and I have asked for further meetings with the UHB through Lisa over the last few months in the light of what's happening with Albert Road surgery and we haven't been successful in arranging that meeting although Lisa has replied to (*name removed*) and I've been included in, we haven't actually had the meeting we asked for way back, and I do have the emails on this device actually. My questions are multiple I'm afraid, this is the second surgery to close in a short space of time, Station road closed and moved to Penarth Healthcare Partnership and that transition did not go smoothly, the pressure on Penarth Healthcare Partnership resulted in long delays in getting appointments, people having to queue, having to

(CE – UHB) Based on the numbers, the split of patients and the allocation was through discussion with the practices, based on their list size, so each practice took a percentage based on the size of the practice. The practices are not closed, as GP's work to a contract, GP lists must remain open, there is a formal process to go through if they want to close their lists, they can't just refuse registrations. At the moment we only have 2 temporarily closed lists in Cardiff and Vale, both in the Cardiff area. All lists in Vale of Glamorgan are open and currently accepting new registrations. There is still patient choice, the transfer was managed to manage the demand but patients can move and re-register more locally if they wish. With regards to the issues picked up with access, we have supported the receiving practices and are aware receiving practices will be under increased pressure regarding access to services. As mentioned in the presentation, there is a financial allocation to support them to take on additional capacity from a premises perspective, Redlands and Penarth Healthcare Partnership are making changes to make sure they have additional admin and clinical space. In addition to that we have given financial support for an increase in phone lines to ensure

phone very early in the morning and having to ring many times to get through to the surgery to book appointments which then took quite some time to arrange. This extra burden on that particular practice in the light of the previous experience doesn't bode well. I'm also aware that Redlands Surgery is under a similar cosh in that the owner of that premises are looking to realise the value of that asset, the proposed health hub which the ambition is for that to go in the back of the Cogan Health Centre is delayed due to negotiation over a number of things which is taking its time. Therefore the patients that have gone to Redlands, which is working well at the moment, may be facing a further move in the not too distant future. Another thing my residents have been raising with me, all of this has been raised by people who contact me as their councillor to raise on their behalf, people who live in close proximity to Albert Road Surgery have found themselves transferred to Dinas, the public transport links between that part of Penarth and Dinas Powys are fragmentary to say the least, not an easy journey which involves changes of buses or trains, and yet they found themselves, if they don't have their own private transport, having to make a very difficult journey, probably when their ill, to get to the surgery they have been allocated

patients can get through to the practice as well as additional IT for staff. Penarth Healthcare have successfully appointed two new GP's and one Nurse Practitioner who will be starting over the next month or so, which is a significant increase to the staffing of that practice. Redlands are also looking at how they absorb the additional capacity within their staffing. It is very difficult as the contract gives us timelines that we must work to which don't really work with trying to get new staff in but what we have done is try to support the receiving practices as best as we can so they are shored up, supported by us and can put measures in place to receive the patients on transfer.

(LD UHB) I have written back to Councillor (*name removed*) to give an update which covers most of the things Clare has run through this evening, I was advised they would come back to me if they wanted a meeting but I haven't heard, but we are more than happy to meet up so if you do want a follow up meeting we can do that. Just to flag we have had some meetings with Vaughan Gething and his local MS's, what we have tried to do is give information to patients through the letters but we have linked in and joined meetings with Councillors as well. I can pick up outside of this meeting if there is a further meeting required with Councillors

to. From the numbers you have given, it sounds like neither Redlands nor Penarth Healthcare Partnership are willing to take on extra patients, the figures given earlier seems to be that is the numbers they are willing to take, the implication being that they didn't want to particularly take on even more, so people applying to their nearby practices may well find that that is being blocked, the list goes on but perhaps I should leave it there to give other people a chance.

but I haven't heard anything back from Councillor (name removed) and am happy to do that.

Albert Road Surgery Patient

May I say first of all to you Mr Chairman, a meeting like this needs a good Chairman, it's chaos, it's chaos anyway, absolute chaos. There is huge chaos over Albert Road Surgery. First of all thank you for the way you have set very strict guidelines, very, very, strict guidelines indeed about what you will do with people if they don't obey the rules that you have set, thank you very much for that. We're not in Stalinist Russia so I'm thankful that you have set that out. Now basically you are asking for people to be kind, and I want to be kind as best I can, I'd like to thank Mr Steve Allen for arranging this meeting, I'd like to thank (name removed), I will not have any criticism of (name removed) whatsoever, she has been magnificent in helping me to enter this zoom

(LD UHB) I'm Lisa Dunsford, I'm the Director responsible in the Health Board for Primary Care and Clare is in my team, Clare was speaking tonight as I've been struggling but I wanted to come in to answer your question, and we are honest in terms of what we say. In terms of the 'why it's happening?' it's happening because the building is being sold. The Health Board doesn't own the building. As Clare described in the presentation, the building was owned by a GP who used to run services there, so that's why, the building is being sold and therefore we can't carry on delivering services from that building. We do completely understand that when there is change it is unsettling and it is upsetting and we can understand how you and others feel. But again what Clare has tried to describe is we are

conference, *(name removed)* I thank you very much. I'd also like to thank Clare Evans for her introductory talk, you are all obviously very nice people. But I need to tell you this, that what is happening to Albert Road surgery is an absolute travesty of justice, it's cruel, it's wrong and it's bullying of vulnerable people. I've been a patient at Albert Road surgery since it opened, I've lived in Northern Penarth for longer than that, I am aware that when that surgery came to the North of Penarth, we have to remember, you can never know where you're going unless you know from where you have come. That surgery came to us in the North of Penarth, I won't use the word benighted, but a poorer part of the town, and I am pleading with you to understand the broken-heartedness of the people of the North of Penarth, now there are many single parents, there are mothers who's husbands have cars they go to Albert Road school. I could mention some personalities, but I realise Malcolm as Chair you do not want me to mention personalities, but I cannot do it without saying that part of the responsibility that rests in this matter is exactly what Clare Evans said at the beginning. This was directed by the Welsh Government, it's about contracts, it's about business plans, and it's about all of those things but ultimately it's about the life

responsible as a Health Board for providing the services, for looking after the vulnerable people in the area, and therefore the only way of us doing that, was then to have other Practices, the four that Clare described, that will provide the services to the patients going forward. So in terms of the honesty, they are the facts, the building is being sold, therefore we have to look at where we can provide services for yourself and other people in the area so that is what we have been doing, it is about providing it safely, so again, Clare did talk through some of the monies so practices can appoint additional GP's so that you and others can get the services that you need. But we do appreciate that it will mean going to a different Practice going forward so that is just the first part and then probably.....

of the people of the North of Penarth. You don't have to be that clever, and I'm making some observations and comments as invited by Malcolm, thank you Malcolm, you do not understand some of you, the cruelty of what is happening to the people in the North of Penarth, it is against all logic, but also, the protocol itself is to say you should bring medical services as close as possible to the people. This should never have happened, whatever you say about business plans, it should never have happened. Now when we come to culpability, we are looking at who is to blame for this cruelty, this bullying, this manipulation, which is breaking the hearts of the people of the North of Penarth, who is to blame? Now the question is this, is it the Welsh Government, if it is, it's at the door of Vaughn Gething, because on May 6th he sent out a manifesto to the people, his constituents in the North of Penarth, to say 'the safety of your family is still my number priority.' That's my concern, my family and the people I live with in the North of Penarth. Now there are several other things I could say but I want to respect Malcolm, because we've only just started, this situation can only resolve itself in one way and that is that that surgery must be got back and kept where it is, and that's what you have got to do, however you

do that's your business but it must be done. We are also in a democratic society where we need honesty, openness and transparency, something that Boris Johnson would not understand at all. There's been no honesty, there's been no openness and there's been no transparency. We were never given a chance to respond we could have had crowd-funding, we could have kept that surgery there, but what you did to us, was came and said 'oh we will build you a Hub in Cogan' we never wanted a Hub in Cogan, we don't want a Hub in Cogan. Where has it gone, it's melted like an ice lollypop in the sun and what you are doing to the people of the North of Penarth is tantamount to something which is so cruel and is going to cost people lives. Now I could speak a lot more, but we have only just started, we will not accept what is happening it must not happen it cannot happen its wrong, its morally wrong, now if you read the article in the 'Penarth Times' called 'Surgery Anger' it's about myself, that anger is only the beginning, we are furious because what you are doing is against all that the Welsh democracy stands for. Social justice, care of the older people, care of the child, everything you are doing by taking this surgery away, is denying the very essence of what a socialist government, in Cardiff is supporting to do. I am so distressed and

<p>I think we need some honesty, openness and transparency, we need the people to come up front with the truth about what happened when that contract was given away because something should have been done at that point. Thank you very much, I don't have to ask the question. Thank you Malcolm, I appreciate the fact you have given me the chance to speak, I hope you understand I'm giving you the truth.</p>	
<p>Albert Road Surgery Patient Can I interrupt you please, what you are telling me, we already know, we don't need to know any more of that thank you very much. One apology, I thought the <i>(name removed)</i> I was speaking about was the <i>(name removed)</i> that worked for the Cardiff Health Council, that was the lady who helped me to get into this zoom. I thank <i>(name removed)</i> for that but it's not you. Now the thing that you are saying is all very good, but that's not what we're talking about. We're talking about the fact that the Welsh Government is responsible for what you do, it's the Welsh Government that could have intervened in this and they didn't. The fact that that surgery was sold, we understand that, but what I am asking is, where is the care for the vulnerable people of the North of Penarth? Because the consequence is, some people will die</p>	<p>(LD – UHB) Ok so if I can come back on that one. So this isn't anything to do with Welsh Government. GP's, even though we have a contract with them, GP's are independent individuals, so as part of the contract, they are responsible for providing the building so Maxwell this isn't anything WG would be able to do, this building isn't there so this is out of our hands. Picking up on Cogan, we know there was delays again that wasn't great, I know your personal view is that you're not necessarily keen on that option, but probably all that I can say tonight is that the conversations and the work is now restarting, between the Health Board and the Council around Penarth and the Cogan Hub.</p>

<p>because of what you are doing to these people. Sorry to interrupt you Leigh but I don't need to know anything more about those other Surgery's, the Doctors, and what you're doing with money, a new this and that and the other, that is irrelevant. The only thing that matters is why that surgery was taken away from the people who are almost benighted in the north of Penarth, why was it taken away because the Welsh Government failed to protect the people for whom it is responsible and keep the medical services close to the proximity. And the Hub itself in Cogan is another story.</p>	
<p>Albert Road Surgery Patient It was nice to see that there was a clarification of the one of the parts of the first letter that went out that seemed to imply that the Doctors had just chucked in their contracts but on the screen, and I pointed out in an email to the writers that that wasn't the case, that the building had been sold effectively from under their feet. There are a couple of things that have come up tonight that have puzzled me, now there's a lot of money being put forward to further develop the surgeries in Penarth at Redlands and Stanwell to take on the extra patients, so, and also, I think someone said Stanwell has got 2 new GPs and a nurse, I'm</p>	<p>(CE – UHB) first of all, at the beginning of the presentation, what I outlined is that GP practices are independent contractors so they are their own businesses so with regard to the other practices either employing or taking over Dr Leppik or Dr Yousef that's not for us to direct, that would be the choice of the practices in Penarth, whether they felt that was appropriate, and if Dr Leppik and Dr Yousef wanted that themselves as an option, but that was absolutely ruled out and Dr Leppik and Dr Yousef have made their own decisions around that one.</p>

rather puzzled as to why, if Stanwell are now taking on 2 new GPs that a they didn't offer Yousef and Leppik roles in there surgery or, when the Doctors asked if one of the practices could take them on they were refused, now there's an obvious question there, why were they refused. Next question relates to premises, I understand that the Health Board were asked if the Doctors could run the surgery from a porta cabin and they were refused, now it tells me that someone or some people somewhere wanted this surgery closed. I don't know why, but that must be the reason and also, you talk about spreading patients amongst the remaining surgeries. When the closure was first announced 300 patients left Albert Road and went to Redlands and Redlands couldn't cope with those 300, now that tells me a lot, and I also know that Stanwell has huge problems answering phones, giving out appointments to existing patients so these 5,800 / 6000 patients are going to be moved around and things are going to be much, much more difficult, it just beggars belief that no one could get off their backsides in the Health Board and work out an answer for this, and the obvious answer to me initially was to get a porta cabin up and running and then you could have retained the 2 Doctors, Dr Leppik is going back to Cardiff and Dr Yousef,

<p>I'm not sure but she may go back to the medical school, im not sure, but my questions are they, can someone please tell me why the Doctors weren't kept on? Why the premises wasn't given to them even in the form of a temporary porta cabin, which other medical centre have used to run services from.</p>	
<p>Albert Road Surgery Patient Only that as far as I'm aware the Doctors actually did enquire about a position there and Id understand if there was nothing available in either surgery for space or whatever but bearing in mind that they have taken on two new GP's Id have thought it would be beneficial to have taken on Yousef and Leppik and I understand rightly or wrongly that they did ask to go to surgeries in Penarth so we would have kept the Doctors who are already familiar with many of the patients who are being transferred to that particular surgery, that still puzzles me.</p>	<p>(CE – UHB) And again they are independent practices so it is a choice of the practice, just like when we employ staff, we choose who we employ, they are their own businesses so they would need to want to take the GPs and staff on, through discussions that wasn't an option for the practices in Penarth. With regard to the porta cabin, as part of the contract it is for, again, we go back to the independent contractor, as part of the terms of the contract, the GP themselves to provide the contract needs to provide suitable premises from which to provide their services from. Now with regard to a porta cabin, it is not a long-term solution so they didn't have a long-term solution for premises. We've mentioned the Cogan development, but there is no timeline for the Cogan development so a porta cabin wasn't an option, it didn't come up as a viable option when we did have an initial discussion with Albert Road around that and that was absolutely discounted at the earliest stage as</p>

	<p>an unviable option, then Dr Leppik herself decided that she wanted to surrender and give notice on the contract. So given the timescales with Cogan that we haven't got a timeline in sight, the porta cabin wasn't an option for us to consider.</p>
<p>Albert Road Surgery Patient A porta cabin is a temporary answer to a certain situation, now then, there are a number premises empty in Penarth, large premises, Barclays bank has been empty for a long time, Lloyds bank is coming empty from tonight, I know they've got to shift stuff so effectively from tomorrow, now on temporary, I'm talking temporary basis here obviously because I understand it's difficult to get permanent premises for such a thing as a medical centre if you like and surely something could have been done, it would have been simple enough, don't forget, especially banks, they are all wired up with IT lines telephone lines, it would have been simple to move a surgery to somewhere like Barclays bank with the good will of the Health Board, the Doctors and whoever represents Barclays bank on the premises side. It would have been easy to get in there, it would have only taken a weekend to shift all their stuff over, and I'll accept that parking would have been a bit of an issue, but, it's right in the centre of town and</p>	<p>(ML - CHC) I think we've answered Jeff's questions now Clare unless you want to come back on perhaps why Barclays, or Lloyds or premises like that were discounted?</p> <p>(CE – UHB) Just to say there is clear requirements of, premises requirements, of where you provide services from and a specification of rooms to be able to provide clinical services from so it was discussed with Dr Leppik, but again that was discounted as an option, through discussion with Dr Leppik so I'll let Lisa come in now.</p> <p>(LD – UHB) I know it does sound simple but it's not quite as simple, and we're not trying to play anything down as people think, and also, it was that short timeline that we had, I think Clare mentioned that actually they only have to give three months' notice so there is a lot more to it than people realise, there needs to be the right space for clinical rooms, you mentioned yourself about the parking, so there are very specific</p>

<p>even if it was only for 12 months or 6 months or whatever something should have been done. The gentleman who spoke earlier, very passionately was absolutely right when he said not enough has been done, and I don't think anyone has really sat down in the Health Authority, and neither has Vaughn Gething, and neither has the Health Minister. I have sent an email to Vaughn Gething, I had a reply from his assistant which was absolute, didn't answer my questions, just attached the two letters I'd already had, so I've sent an email back asking her and Vaughn Gething to do some research and come back to me with the answers, and that was over a week ago and I haven't had a reply. So it really tells me that Vaughan Gething and the Labour party are not interested in the health care of the people of the Vale and nobody can prove to me, or tell me otherwise.</p>	<p>requirements, and just to give a little bit more assurance as well, the Health Board had lots of meetings with the practice and other practices in the area to try and come up with the best possible solution, we completely understand other people may have different views but collectively we've done that together and probably the final point is, it's the Health Board has got the responsibility for the provision of Healthcare Services not Welsh Government so whilst the requirements of the contract are set nationally, we in the Health Board are responsible for taking that forward so that's why myself and the team were meeting with Albert Road and with the other practices to come up with the best possible solution for ensuring the people of Penarth can have their services so I'll pause there Malcolm I know (<i>name removed</i>) has got his hand up as well and obviously if (<i>name removed</i>) wants to come back in I'm happy to pick that up.</p>
<p>Councillor, St Augustine's Ward, Vale Of Glamorgan Just to clarify a few things, first of all (<i>name removed</i>) mentioned that the Labour party isn't involved, I explained in my first intervention that actually (<i>name removed</i>) and I who are both Labour representatives, elected representatives on the Vale Of Glamorgan council have been quite</p>	<p>(ML – CHC) Thank you (<i>name removed</i>). I think (<i>name removed</i>) has raised the point and Lisa has also responded about the political context of this, and I think going forward if we can now limit our comments directly to the Health Board about the move. The political context it is beyond this meeting and that's for the democratic process and as Neil quite rightly said the local councillors have</p>

closey involved, Lisa and Clare can confirm that we have been in conversations with them over the Health provision within Penarth over the last couple of years. This came as a shock to us as well when it raised its head before Christmas as it seems to have done with Lisa. Yes we understand the premises are the property, under private ownership, of the previous doctors that were in the health practice as is Redlands which is why I mentioned that as being on the block as well. We did, I know we have, the Vale Council and the Town Council which are both Labour controlled have made suggestions about alternative premises, we talked about the place next to West House, I think in fact the town council talked about West House, the annexe there which is quite available, or would have been made available if that had been suitable, so a number of premises have been suggested, to characterise this as being some sort of political thing I think was grossly unfair. We would wish, Lisa you offered a meeting in the future, *(name removed)* and I would both like to take that up if you can communicate through him and me as I'm copied into those emails and we will try to get a date, we do need to try and resolve this in terms of provision within Penarth and making sure the patients, I'm particularly concerned about those

been actively involved in discussions as well so we will take it out of that. If people could no longer refer to the political context that would be helpful to moving this forward. Can I bring Lisa in first before *(name removed)* as *(name removed)* hasn't had a question raised? *(name removed)*?

(LD – UHB) I think on that then in terms of *(name removed)* point as I say we will pick up the meeting outside, Clare and I are happy to have a conversation. I think the point about some people travelling further is probably covered with what Clare said earlier on, we have done the allocation based on the patient list size, we did try and look at where the postal code of where people live but inevitably it doesn't always pan out. So if there are people who feel they have got a long way to travel, again if they have got transport issues, there is the option for them to register with a practice of their choice closer to them. So I think that's probably the main response to transport and how patients were allocated Malcolm.

who are less mobile and having to get from that end of Penarth particularly if they are down the Marina end and if they don't have public transport to get to anywhere for them is very, very difficult they have a mountain to climb quite literally, to get over that hill. It seems to me that people within the close radius of albert road where albert road was who are now being suggested to go to Dinas seems a little arbitrary and perhaps that really needs to be re-addressed. Thank you.

Albert Road Surgery Patient
 Hi I'm a patient of Albert Road, I have been for many years, I used to live next to the surgery, I live on the other side of Penarth now. When I lived near the surgery I used to be able to walk to the surgery to book appointments, it was the quickest way to avoid the phone lines I don't have that luxury now. I'm a working mum of two small children, it takes over an hour on a good day to get through to the surgery to book an appointment. Obviously the numbers of the new surgery allocations will be even more. I'm just wondering, I know you said there's provision for additional funding for phone lines, will you be monitoring that to ensure calls are being answered? I know that if one of my children is ill I will be ruthless to make sure I get an

(CE – UHB) I'll pick that Lisa, so there's a couple of things really, as part of the GMS Contract, there are Access Standards which GP Practices, they opt in to providing, and we monitor them on those Access Standards as well. As part of that, it does pick up on response times, and we do monitor performance against those access standards, so that's an annual process that goes from April to March so we do keep an eye, and we have regular meetings, certainly internally as a team, to see how practices are performing and we also offer to support, to practices on where practices are achieving standards so they can adopt some, a practice which may improve response times. As I mentioned earlier we have the practices who are receiving, part of the discussions we've had with them, is that they realise there will be an extra

appointment but I know not all people are like that and I know we do have vulnerable members of the community so if they get through of a day and can't get an appointment they could be at risk and I just want to check that there is some provision in place to make sure people do get appointments when they need them.

Tudalen y pecyn 111

demand on their phone lines and it's not just the demand on the phone lines, its physically having somebody to answer the phone in the practice as well. So you can have as many phone lines as you want but you need that person at the end of the phone to answer, so as part of them, the practices, receiving the allocation, they have considered staffing and they have considered additional phone lines so the practices themselves have come forward and recognised that that needs to be addressed as part of this process. Through the Pandemic, the way patients access services has also changed and I know its not the same for everyone but practices do offer alternative ways of contacting the practice and that's part of the Access Standards as well through email or text messaging so those services as well are being developed by practices and I know that it doesn't suit everyone but it does suit a population within a practice. So we will monitor it as part of our Access Standards and equally if patients have a concern they are advised to raise it directly with the practice if there is something they're not happy with, or alternatively they're more than welcome to raise it with us in the Health Board and we will pick that up and ask the practice to respond where there are concerns about access. So hopefully, it is a big ask for the practices, but we are providing

<p>Tudalen y ped</p>	<p>the support and they are putting as much effort in to try and meet that demand going forward.</p> <p>(ML – CHC) Also, <i>(name removed)</i> and for anybody else, you can also contact the Community Health Council and we will raise it on your behalf as well if a lot of people start to experience problems accessing, and we will take that up and the Health Board usually respond fairly quickly to the concerns that we raise as we try and work our way through it so there are a multitude of different ways of raising it. If you do experience long waits in getting through let us know, because if we know, we can sort the problem out.</p>
<p>Albert Road Surgery Patient I would like to thank you Malcolm for allowing me my second opportunity to speak, and I will try to be as deferential as I can to your direction about being possibly non-political. It's very difficult for me to do that but I will do my best. First thing I want to say is that in the eyes of some people there's no such thing as society, I don't agree with that. I completely go with the socialist way of life, people deal with people. Dr Leppik & Dr Yousef are loved by their patients. I could reduce you all to tears if I told you tonight of what it means to people that those two Doctors are</p>	<p>(CE – UHB) Do you want me to come in there? So there's a couple of things really, first of all on the building, unfortunately Dr Leppik didn't even, wasn't even informed the building was being sold or up for sale so the message that Dr Leppik had was that the building was sold. Nobody was informed so there was no option for Dr Leppik to purchase the building or like you say, for the community to support Dr Leppik in that process. And with regard to the support around the contract and the business, again, we appreciate what you are saying but Dr Leppik does have a Business Manager we've been working very closely with Dr</p>

going, I have a daughter, I can't tell my mother that Dr Leppik is going. These Doctors Yousef and Leppik are loved and they should never be taken away from us. Now the second thing I want to talk about it is business contracts, Dr Leppik is first and foremost a mother, second a Doctor she is not a negotiator of business contracts. That is where help should have been given to her in the beginning and when I looked her in the eyes and told her that, I could see she was nearly in tears she should have been given help over this business of business contracts and it should never, never, never gone the way it has. If there had been honesty, openness and transparency we would have known the time when that surgery was being sold and we would have intervened, and we would have crowdfunded the money and we would have bought it, or we would have got a sponsor like Anthony Hopkins to chuck a million pounds in. There are people who could have stopped that surgery being sold and like Pilot, you washed your hands of it. No-one saved the people of the North of Penarth and I hope you're getting the message. The issue now is, get it back again, go and offer those who own it, make them an offer they can't refuse and buy it back, to the people that should have it please

Leppiks' Business Manager through this process and Dr Leppik and we have provided support even before she decided to resign the contract but its her choice, it's her choice because the contract is with Dr Leppik. She has taken the choice herself not to carry on providing GP Services in the area. Despite the support that we've provided from the Health Board and despite the support from her Business Manager as well.

Albert Road Surgery Patient

I've been with the surgery 40 years in its previous premises before it moved to Albert Road it was down in Stanwell Road Health Centre. So I'm rather concerned that you have been misrepresenting the whole situation of the practice building in Albert Road. I was involved in the consultation 2.5 years ago when the Health Board came to consult us at Albert Road Surgery, in the surgery, about moving to Cogan, because this building was going to be sold, offering Dr Leppik a chance to be in the new building so you knew about it well before, well in advance, about this surgery being sold at some stage. Now you've got a response there from the people who were consulted so it's rather disparaging of your speaker to say to (*name removed*) that it was just his personal view that he was not keen on Cogan. That was a very nasty thing to say when you had a full response from the patients at Albert Road that they as a whole did not want to move to Cogan, they were certainly not keen at all, they were very opposed to it. They wanted you to stay and buy the surgery now that was an issue that came up in the consultation that we had 2.5 years ago that the Health Board should buy the surgery, and the excuse then from the Health Board representatives at the meeting was that the

LD – CHC) So probably just to clarify things, we are certainly not blaming Dr Leppik, I think we've tried to say that we've been supporting her for a number of years so this isn't about blame, we're not blaming her at all but what Clare has described is what's formally in the contract, that it is the GP partners' responsibility to provide the premises so it's not about blame, that's just how the contract works. So just to clarify that in the first place. And in relation to the point about a few years ago, I don't think Clare was in the Health Board at that time but I certainly recall having meetings with Dr Leppik. It was a different situation then, this was around the lease. The previous Doctor wasn't necessarily talking about selling the building but there was talk about when the lease was due to expire. They were the conversations we were having a few years ago and it would have been me, not Clare, and the team picking that up. And you are right, again because of this scenario that is playing out now from the Health Boards' perspective, it does lead to more resilient services if they are in premises which are premises that the Health Board has got a responsibility for. The Health Board has set out that we are looking to develop Health and Wellbeing Centres and Wellbeing Hubs so that is the long term plan and strategic direction, and that was why, those few

Health Board doesn't buy premises like that. All right well, they might have changed, they could change their policy but that was their excuse at that time but they certainly knew well that the issue of the surgery being sold was a very live one. So, to blame Dr Leppik for not being prepared to buy the surgery, she made it clear then that she couldn't and wouldn't to blame her now for not deciding to buy it just seems completely wrong. It was the Health Board that decided not to buy the surgery. We've heard from (*name removed*) that there were alternatives offered you, you could have had the West House annex perhaps if it had been suitable, or the building next door which is Avon House where you already take the top floors for offices, you could have used those adapted them. The excuse that was given that we hear and it's not being confirmed today, but the excuse we were given was that you would need to fit basins in each of the rooms if it was to be a surgery, well that's no excuse, you had time to do that. If Avon House, you're already in there with premises, you just had to presumably negotiating with the agents that you were going to fit these things. So it just seems to be you didn't want to do it. But that was confirmed then when you issued a statement saying your long term view, this is a statement

years ago when we knew the lease would be expiring, the plans were for Albert Road and Redlands to move to Penarth. We said earlier things had stalled but those conversations are picking back up and that is certainly the Health Boards' intention but I think the sale of the building which did come as a surprise to everyone, and that was to Dr Leppik, that was also to us in the Health Board has meant that we've had to put a solution in place, and what we've been describing tonight and in the letter to patients is what we feel is the best solution at this point in time. I think I've covered most of it so I'll pause, and Malcolm I'm happy if (*name removed*) wanted to come back in or if Clare wanted to add anything I haven't picked up?

<p>with Vale Of Glamorgan Council, you issued a statement that your long term view as a Health Board was surgery's should move to Cogan, this so-called wellbeing hub at Cogan. That was the statement you made and that was apparently the reason why you didn't want to fit basins in and have a temporary solution at one of the places that you had be offered. Never mind Barclays Bank that came up later. So you didn't want to do it and it seems very, I'm very cross shall we say that you're trying to blame Dr Leppik for not finding alternative premises.</p>	
<p>Albert Road Surgery Patient Could I come back in? We just heard the slip there from Clare that she said the long term view was for Albert Road and Redlands to move to Penarth, what she meant was that they were going to move to Cogan and that's what the long term plan was and there seems to be confusion here in the Health Board that Cogan is the same as Penarth and it's not the same, but also more seriously, it does not comply with the Health Board policy of having services close to where people live. It's a very difficult place to access and you heard all that at the consultation and you haven't taken it on board. This is extremely worrying that when we tell you that, the access is</p>	<p>(LD – UHB) Thanks, you are right to correct me, its been a long day, apologies for that, I did say Penarth when I should have said Cogan so apologies for that. Yes the policy is care closer to home, as a Health Board that is what we are trying to do, but it is also difficult because we do need to make sure we can provide sustainable services. So I think, we may not all agree, and we hear what you're saying about transport and that is usually an issue if we do change where services are provided, so I think we certainly do need to look at the transport and ensure that people can get there. But it is a challenge with being able to have the very local services, and I think any change can be unsettling, but we do need to look at consolidating</p>

very poor, particularly for those less mobile people, elderly people, people without their own car who can't walk down the hill and all that kind of thing. I'm on the, being involved in the talks between the 50+ forum, the Vale 50+ Forum and the Health Board officials and we've had to keep on telling them Cogan is not the same place as Penarth, Cogan is not a good site for the wellbeing centre or wellbeing hub that you call it so that's been pressed on them and the only excuse that's come back is oh that's, we're in a hurry, it's the only site that's available well that was 3 or 4 years ago, there's been plenty of time to look for alternative sites in Penarth and that policy is to bring the services closer to the people, where people live. If you're going against the fundamental policy of the Welsh Government and the Health Board, you have failed and in calling Cogan equal to Penarth you have failed. You might call it the Penarth hub down at Cogan but it's not Penarth this is just sophistry and so that's what we're objecting to. You're long term scheme is not bringing services closer to people, it's concentrating the GP Services in Penarth a long way away from most of the people who use them.

and looking at the wider services as well. So, we have heard from the consultation and we do understand the challenges around the transport that we will need to work on and address, but I think that decision on that's where the Hub will be is one that the Health Board is progressing, but obviously it has just been paused due to the current Covid issues. So Malcolm that's probably all I can say on that one for now thank you.

<p>The following question was raised in writing prior to the meeting, and raised by the Chair. 'Will the new surgery contact them and advise them how to make appointments?'</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Tudalen y pecyn 1</p>	<p>(CE – UHB) Because there is so many patients, the practices won't be contacting them to tell them how to make appointments. I suppose patients can do that in one of two ways. They can either, if they've got access, look on the websites, and the websites are up to date for the practices, and it will tell them how to access services. Or if they pick a quieter time of day and time in the week, not in the beginning of the week when it's normally busier, if they ring the practice they can speak to somebody over the phone and they can advise them how to make appointments. Or if they've got access to email, there's normally an inbox that they could send a query in, and ask for a response that way. So the practices won't be contacting the patients directly themselves.</p>
<p>The following question was raised in writing prior to the meeting, and raised by the Chair. I've got one patient asking, they've got a couple referrals made by Albert Road surgery to the Health Board for treatment they've not heard back yet, what will happen to those referrals when they transfer?</p>	<p>(CE – UHB) All the care has been transferred so the complete medical record will be transferred and that will include any referrals or any ongoing treatment plans and that is part of the process, part of the discussion we have with Albert Road and the receiving practices so everything will carry on as normal.</p>

<p>The following question was raised in writing prior to the meeting, and raised by the Chair. 'why people were referred to Dinas Powys surgery when transport is particularly bad?'</p>	<p>(CE – UHB) Again, I think we've answered that one Malcolm, we had to make, try and make, a pragmatic decision about how we allocated and transferred the patients. So it was geographical and postcode and based on the split of the numbers that the practices were taking, so that's why really the practices were picked and the patients were allocated to the practices they were.</p>
<p>The following question was raised in writing prior to the meeting, and raised by the CHC Chief Officer 'Disappointed at how we found out about the practice closure in the local press. As long standing patient it was very disconcerting, and actually they couldn't book appointments that day as a nurse was leaving that day' so again, maybe the Health Board may want to respond about the press found out before the patients?'</p>	<p>(CE – UHB) Thanks Stephen, so when Dr Leppik gave us notice to resign her contract, we worked hard, because we know the impact that would have on patients, and also the impact potentially on the other local practices we were working to try and come to a solution. So we didn't inform patients when we didn't have a solution to tell them and reassure patients on what we were doing to provide the ongoing services for GP services after the closure so unfortunately during the time we were in discussion with Dr Leppik and the local practices, people talk and the news got out and unfortunately before we got an agreement on the way forward, the press got hold of the fact the practice was going to close and they ran the story before we could inform patients. So unfortunately that wasn't the preferred option, our preferred option was to write to patients with a solution so that's why really we had to write to letters to</p>

	<p>patients of Albert Road surgery. The first one was saying the practice was closing and informing them that when we got to a way forward we would inform them. The second was then informing them of the solution, so unfortunately despite the discussion with Dr Leppik and her team, we couldn't keep that news and that news got out and the press ran the story despite us trying to do it in a managed way.</p>
<p>The following question was raised in writing prior to the meeting, and raised by the CHC Chief Officer 'Why is being allowed to close to be replaced by a dental practice?' Is this the case is it being replaced by a dental practice, or are you unaware what is going to go in that building?</p>	<p>(CE – UHB) I'm not sure Stephen of what's going in there, the premises is a privately owned building and we're not party to who the current owners have sold the building to.</p>
<p>The following statement was submitted in writing prior to the meeting, and raised by the CHC Chief Officer 'I'd like to thank Dr Leppik and her staff for looking after me and wish them well for the future.'</p>	<p>N/A</p>

13/09/20
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Councillor, St Augustine's Ward, Vale Of Glamorgan

I'm sorry, this is becoming the *(name removed)* show a bit. First of all I was at the meeting that *(name removed)* referred to a couple of years ago that Lisa responded to and my memory of it is similar to Lisa's memory of it, in the discussions, but certainly what raised at that meeting and I've raised on other occasions is the problem about transport, and the problem about people getting from and to Cogan, which incidentally is part of Penarth as Councillor *(name removed)* who is also on this call can confirm, as it's in his Ward. And people live there when we're talking about needing medical provision closer to where people live, people live in Cogan and for many years have had to travel to Albert or to Redlands or to Penarth Health Project thing there. In the same way as other people are now being asked to or may be in the future asked to travel down to Cogan, so it's kind of a red herring as an argument I believe. But certainly we need to address the transport issue, it's something I've raised time and again as Lisa will tell you in that I would like to see a solution that is a public transport solution, put together by with Health Board, a provided hopefully by the Health Board with the support of the Vale if it's possible. With

N/A

<p>some kind of circular route that could take in both the stations, where the closed surgery's would be, including Llandough as well, starting quite early in the morning and finishing quite late to allow provision for visiting at Llandough and for staff to get there from within the town. Maybe going via a couple of the stations as well to pick up. A circular route would take about 20 minutes so it could be a 20 minute service especially with a couple of minibuses then that would ease the pressures on Llandough parking, it would ease pressures on staff getting to and from Llandough, it would ease pressures on patients getting to and from the Hub if and when it comes into being, and it would ease traffic I believe into Cogan helping with the air quality and so on because it is a problem down there. So, to me, it's one size fits all for transport and it would be a benefit to Penarth and the UHB, and I will continue to press for that, thank you.</p>	
<p>Albert Road Surgery Patient Clare you remind me of Dr Leppik both of you are gallant people, you have been gallant tonight in the way you have stuck to your post and I thank you but it doesn't alter the truth, when you just said now, that you didn't really if the surgery was sold to a Dentist right now that's the first time that issue has been mentioned, but I want to say</p>	<p>(LD – CHC) Yes just to say that Clare has covered it but we're aware that the building can only be used for particular purposes and I think that is only for the provision of GP Services or Dental so I think the building couldn't be sold for any purpose at all, but as Clare has said, I don't want to say it's not anything to do with us, I don't want that to come across the wrong way, but that sale is up to the</p>

we will do everything we can to overturn that sale. The initial sale was made by the Church in Wales for the Doctors that owned it. The Doctors owned it, sold it to what is said to be a Dentist's it's a public document, when you sell something it's in the land registry its incumbent upon, sorry to mention the political thing again but it's incumbent upon those who represent us to find out who owns it now, why the secrecy? why no transparency? I'm not saying that Clare against you, you just did what you have valiantly have done all night, you have done the best in the job that you are in but the truth is this, who owns that surgery now? and how can we overturn that sale by finding a legal impediment in the way that it was sold and bought? I will do everything I can to succeed in that matter and get that surgery back to where it belongs, to the people of the North of Penarth.

current owner but we are certainly aware that it can only be used for particular purposes but the other thing that has been said this evening, but probably just to flag it as well, It was the sale which was the reason for the contract being handed back, Clare did say that Dr Leppik did look at other accommodation and there wasn't any but she has made that decision to hand the contract back to us so there is something around even if we could secure the building, once a contract is handed back you can't sort of withdraw that contract and obviously we're part way through a process, and just for transparency I thought it was helpful to make those points really so thank you.

(ML – CHC) Thank you Lisa, are there any other points anybody else would like to raise? I think a point to raise that is similar to the other ones is for those that are out of the area of the Albert Road surgery that were the Albert Road surgery it's important that they ring the number and take the advice you have already given them, not to just sit back and wait for this to happen is to actually take that number and get themselves into a practice as soon as possible. And similarly, as you said before, if you don't like the allocation you have been given you are free to actually ring that number to see if you can find an alternative GP practice that will

	<p>take you on that is closer to where you live or more suitable to the one you want. And as we said to others don't sit back and wait to see what happens, it's important that you ring that number and get the GP of your choice at the time you want.</p>
<p>Albert Road Surgery Patient First of all before I forget, thanks for the opportunity of listening and putting a few points. The point I was trying to make where I was accused of being political, and I ain't a political animal, the point I was trying to make was that it was very, well I personally, was very disappointed and surprised that a the Health Minister and B Vaughan Gething as the SM and local in Penarth hadn't, I know individually they can't do anything but I would have thought they would have stated their ambition to do their best to try and retain a practice with these Doctors in the area and I can't remember seeing on television in the news or seeing an article in the local paper, the Penarth Times for example, to that affect, and that's the point that I was trying to make. The fact that they belong to the ruling party is incidental but I made the point about the lack of thought for the care of the people of Penarth. So that was the point I was trying to raise, but I'd like to thank you all for my</p>	<p>N/A</p>

<p>facility to talk to you and it was nice to listen to all the answers so thank you very much.</p>	
<p>Albert Road Surgery Patient We've heard there's are more than 5,000 patients at Albert Road and unfortunately this opportunity today, thank you very much for the CHC for organising it but this has not given, not attracted, any reasonable fraction of those people, and I wonder if that is partly because we're so used to face to face meetings and if you hold a meeting certainly in the Paget rooms it would be full of people or at least as far as Covid restrictions can allow it. That would seem to be something that CHC's, we would very much like the CHC to do that because there is so much concern about this issue, and many more people would like the chance to question our representatives so could you consider doing that, being and allowing a further, follow up of this meeting.</p>	<p>(SA – CHC) (name removed) Thank you for that. We will have a conversation internally as a CHC to see what we can achieve, obviously we are conscious that the practice is closing at the end of March and again what we don't want to do is to have the same, it is really important that people have a view and be able to feed that in their views and comments, and get assurances where they need that assurances. We will have a conversation with the Health Board to see if that is practical and feasible to do in the timeframe. The reason we done it online tonight was purely because of Covid restrictions weren't released when we were actually trying to organise this so that's why we've gone online instead of doing it face to face. Face to face would have been our preferred option to be honest with you, let's have that conversation and if we do agree to take that forward we will let your know. We have your contact details for the ones who are on tonight, if that is something we are going to do, we will have that conversation and send you a confirmation email of either way, whichever comes out of that if that's ok. We need to go back and just touch base to see what can we achieve by holding another meeting and whether</p>

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Tudalen y pecyn 126</p>	<p>or not that will actually add any additional value to where we are at the moment, other than allowing people to get the assurances that they are looking for which if they haven't already done that already, they can obviously speak to the Health Board as they've got their contact details which are on the letters. I know our details were incorrect on the first letter and this was changed on the second letter so people have been contacting us and that's where those questions came from which we will obviously feedback to those individuals.</p> <p>(ML – CHC) And also Lisa I know you received questions as well which you answered in your presentation so ones that the Health Board have received. If there are any questions people feel that have not been asked then by all means contact the Health Board or the CHC and we will to get an answer to those for you as well.</p>
<p>Councillor, St Augustine's Ward, Vale Of Glamorgan Can I just say Stephen if you have further meetings please ensure that I'm invited. I had to sneak into this one, please include me and the other elected Councillors as well, including <i>(name removed)</i></p>	<p>(SA – CHC) Chair, it may be helpful for us to get together to have a conversation perhaps, may be helpful for you and myself to have a conversation with them.</p> <p>(ML – CHC) More than happy for that to happen, and any of your colleagues as well who you are talking about. We can do it face to face or online,</p>

	<p>whatever is most convenient, busy people seem to like online a lot now.</p>
<p>Albert Road Surgery Patient Please can Councillor (<i>name removed</i>) who represents Llandough on the Vale Council be invited as well, because Llandough village, the Vale has forgotten about and a lot of us are patients of Albert Road. Transport is nil so we've got real concerns as well so (<i>name removed</i>) will represent us, thank you very much.</p>	<p>(ML – CHC) Thank you (<i>name removed</i>) and thank you for raising the transport issue, I think this is something going forward, answers need to be given and perhaps solutions sought, not an easy thing to do and I know Lisa that its' on your radar, transport and sustainability and those sorts of things now the Health Board is keen on so thank you for raising that. If you have any concerns that haven't been addressed, please email the Health Board or the CHC or write to us or telephone were more than happy to pick that up</p>

Tudalen
y pecyn 127

Closing remarks:

The Chair thanked everyone who attended the meeting. It was explained that further comments and questions could be sent to the CHC or UHB after the meeting.

Meeting closed

P-06-1287 Investigate C&V UHB's refusal to keep north Penarth's surgery, allocating patients to distant GPs Correspondence – South Glamorgan CHC to Committee (Appendix 4), 01.12.22



Albert Road Surgery
Practice Closure – Review of Process and Lessons Learned

On March 18th 2022, the sole practitioner contractor at Albert Road Surgery ended their contract with the Health Board and closed the practice. The Health Board undertook a managed transfer of the patient list to four practices in the cluster: Redlands Surgery, Penarth Health Partnership, Dinas Powys Medical Centre, and Sully Surgery.

We conclude the process by reviewing our procedures and how we worked with our partners so we can learn lessons and make those necessary improvements should we be required to act following contract termination in the future. It is also intended that our review will inform learning not only in Cardiff and Vale but also across Wales.

To help us capture those important points from the perspective of all stakeholders, you are invited to give feedback via this survey so that we can understand the impact of the plans and support we put in place on those organisations affected by the contract termination. We want to learn more about how we communicated affected patients and practices. Please also tell us those issues that were not foreseen at the outset but those we most definitely need to consider should there be a similar circumstance in the future.

Please return your feedback to Cav.Primarycare@wales.nhs.uk by 27th April 2022, to ensure that your comments are included in our review. You can also feedback to the primary care team if preferred.

Name of Organisation completing the survey:

South Glamorgan Community Health Council

1. What went well (we'll want to keep doing these things)

- Good FAQ's document. This would allow the public to have some of their key concerns answered and ease some of their anxiety they may have had regarding the closure and re-allocation to another Practice.
- The willingness to meet with patients/public. The public meeting was an excellent opportunity for the public to raise concerns and receive direct responses from the Health board regarding any queries they had. It also allowed the UHB to clarify the chain of events and correct any misinformation or misunderstandings on the part of patients. As well as an opportunity for the UHB to apologise to the patients for finding out about the closure through the media.

2. What could be improved (went OK, but could be better)

- Regular Communication to patients and the public – whilst it was apparent that the UHB did write to patients and shared FAQ's, it was felt this happened too late in the process. Had the information on the process been sent out further in advance (FAQ's could have been included within the patient letters distributed), this could have rectified some of the public concern that was felt.
- Whilst covid restrictions prevented the CHC/UHB from meeting people face to face, this should be considered for future closures so that patients/public have the opportunity to meet with their GP/UHB. The practice should be represented at any public meetings by

the PM / business manager / Partner to allow patients to raise any questions directly with practice staff.

- Informing patients of their new practice – Whilst we can appreciate the effort that would have gone into writing to every patient of the practice, we have received numerous calls/emails from patients informing that they never received a letter about their new practice. Some also commented that some members of the household received letters and others didn't. The UHB should consider alternative methods of communication to ensure everyone is able to receive the necessary information.
- Many patients stated that they found out about the closure on social media from other sources, therefore it would be beneficial to prepare social media communication so that the correct information is coming from the correct source. Ensure that patients are informed by the practice or UHB of any closures / changes before they are informed by the media.

3. What should we do differently in the future?

Better anticipation of closure – The public were aware of the new cogan hub being developed which would have covered Albert Road. Had the UHB better prepared and remained in regular contact with the landlord/Practice, the landlord may not have decided to sell the land. The UHB could have also anticipated the possibility of the landlord selling through their discussion, and should have considered this as a risk to have planned for.

The re-allocation of patients – the biggest concern raised from patients was around the re-allocation process. Many people we heard from were unhappy with the Practice they were allocated to; some raised concerns around distance and travel, being of a certain age and/or health conditions hindering them from getting to the surgery. Some questioned the choice of surgery especially when there was a surgery closer to them. Some asked whether the UHB

considered individual need in relation to the process, especially those whom may have a specific health condition. One family explained that the parents were registered with one Practice and the children were registered with another.

Dedicated phonenumber – the CHC were happy to take phone calls, however it may have been more beneficial to have had a dedicated phonenumber for people to call about their queries and concerns.

4. What is the most important thing you would like us to know concerning your involvement in the process?

The CHC should be involved at the earliest stages of these processes, in order to assist with information to patients who contact us directly, and ensure that patients are informed and engaged with at the earliest opportunity.

Patients could have been kept more informed of what was happening with the process. We knew that this was going to cause anxiety and worry within the community and this should have been better managed.



P-06-1288 Byddai agor Gorsaf Gerdded ym Magwyr a Gwndy, sy'n rhan o Raglen Gyflenwi yr Arglwydd Burns, yn llwyddiant cyflym

Cyflwynwyd y ddeiseb hon gan Paul Turner, ar ôl casglu 297 lofnodion ar-lein ac 250 ar bapur, sef cyfanswm o 547 o lofnodion wedi casglu.

Geiriad y ddeiseb:

Rydym yn annog Llywodraeth Cymru i gyflymu'r broses o agor gorsaf gerdded ym Magwyr a Gwndy, a hynny fel 'llwyddiant cyflym' yn y broses o roi adroddiad yr Arglwydd Burns ar waith. Mae angen yr orsaf yn awr, gyda phoblogaeth Magwyr a Gwndy yn ehangu'n gyflym, a'r ardal ar fin dod yn dref.

Mae Grŵp Gweithredu Rheilffordd Magwyr (MAGOR) wedi bod yn ymgyrchu ers 10 mlynedd, gyda'r nod o adfer gorsaf reilffordd ar gyfer cymunedau Magwyr a Gwndy. Mae'r ymgyrch hon wedi ennyn cefnogaeth frwd gan y gymuned a chefnogaeth gynhwysfawr gan wleidyddion lleol yn y sir a'r Senedd, a chan ein Haelod Seneddol. O ganlyniad, cafodd y cynllun hwn ei gynnwys yn yr argymhellion a wnaed yn Adroddiad Burns ac yn y Rhaglen Gyflenwi gysylltiedig.

Credwn y byddai'r cam hwn yn 'llwyddiant cyflym' gan ei fod yn elfen dechnegol o'r cynllun sydd yn syml ac yn gost-effeithiol .

Mae hanes llawn yr ymgyrch ar gael ar ein gwefan: magorstation.co.uk.

Etholaeth a Rhanbarth y Cynulliad

- Dwyrain Casnewydd
- Dwyrain De Cymru

Lee Waters AS/MS
Y Dirprwy Weinidog Newid Hinsawdd
Deputy Minister for Climate Change



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-06-1288
Ein cyf/Our ref LW/02238/22

Jack Sargeant AS
Cadeirydd – Y Pwyllgor Deisebau

01 Rhagfyr 2022

Annwyl Jack,

Diolch am eich llythyr dyddiedig 14 Tachwedd yn ymwneud â Deiseb P-06-1288 Byddai agor Gorsaf Gerdded ym Magwyr a Gwndy, sy'n rhan o Raglen Gyflenwi yr Arglwydd Burns, yn llwyddiant cyflym.

Rwy'n rhannu awydd y gymuned i symud ymlaen yn gyflym ar welliannau rheilffyrdd. Fodd bynnag, wrth gwrs, bydd hyn yn bennaf yn ddibynnol ar gyllid Llywodraeth y DU ar gyfer y seilwaith hwn sydd heb ei ddatganoli. Gallaf eich sicrhau bod tîm cyflenwi Trafnidiaeth Cymru sydd â'r dasg o symud ymlaen â'r gwaith ym Magwyr yn gweithio cyn gynted â phosibl.

Mae'r Uned wedi sicrhau cyllid gan Lywodraeth y DU i gynnal astudiaethau dichonoldeb ar gyfer gwella capasiti Prif Linell De Cymru a fyddai'n galluogi gorsafoedd newydd arni, fel ym Magwyr. Mae'r gwaith hwnnw bellach yn mynd rhagddo i lywio'r camau nesaf o wneud penderfyniadau.

Mae gwaith dylunio gorsaf ar gyfer Magwyr hefyd yn datblygu'n gyflym. Rwy'n cael gwybod bod Cadeirydd Bwrdd Cyflawni Burns, Simon Gibson CBE, wedi cytuno i gwrdd eto â Grŵp Gweithredu Rheilffordd Magwyr yn ystod yr wythnosau nesaf i rannu diweddariadau ar ddyluniad yr orsaf a'r gwaith gwella ehangach ar y rheilffordd.

Yn gywir,

Lee Waters AS/MS
Y Dirprwy Weinidog Newid Hinsawdd
Deputy Minister for Climate Change

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.

Jack Sargeant MS
Chair, Petitions Committee
Welsh Government
Cardiff Bay
Cardiff
CF99 1SN

12 December 2022

Dear Mr Sargeant

Petition P-06-1288 Deliver Magor and Undy Walkway Station

Thank you for your letter dated 14th November re Petition P-06-1288 in relation to Magor & Undy station. Great Western Railway supports the recommendations of the South East Wales Transport Commission and we recognise our role in supporting modal shift from private car to more sustainable transport.

Our Strategic Timetable team & Wales Growth Manager are working closely with Transport for Wales & the Burns Delivery Unit to support a programme of interventions along the South Wales mainline corridor. There is timetable feasibility work underway which includes additional calls at proposed stations – this work is undertaken holistically and needs to be developed in parallel to infrastructure & station feasibility. Additional calls in place before this work is complete are likely to have a detrimental impact on other passenger journeys – making current passenger journey times longer and less appealing.

Alongside the timetable feasibility, there is development work to be done on the proposed stations. This work is being developed by the Burns Delivery Unit and while GWR train services will be part of the mix, we are not responsible for the station facility itself.

GWR will continue to work collaboratively with Transport for Wales & stakeholders to support a programme of enhancements that provides an appealing and relevant alternative to car-based travel. We are happy to discuss further if you wish, and in the first instance this should be through our Wales Growth Manager, Rich Middleton on [REDACTED]

Best wishes

Mark Hopwood
Managing Director
Great Western Railway



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22 Rhagfyr 2022

Annwyl Jac

Deiseb P-06-1288 Byddai agor Gorsaf Gerdded ym Magwyr a Gwndy, sy'n rhan o Raglen Gyflenwi yr Arglwydd Burns, yn llwyddiant cyflym

Ar hyn o bryd, mae Trafnidiaeth Cymru yn bwrw ymlaen â'r gwaith o ddatblygu cynigion ar gyfer gorsaf Magwyr o dan ei raglen Prif Linell De Cymru (SWML) [Prif Linell De Cymru | Trafnidiaeth Cymru \(trc.cymru\)](http://Prif Linell De Cymru | Trafnidiaeth Cymru (trc.cymru)) fel un o bum gorsaf a argymhellir gan Gomisiwn Trafnidiaeth De-ddwyrain Cymru 'Burns'. Sicrhawyd cyllid datblygu gan Trafnidiaeth Cymru drwy Adolygiad Cysylltedd Undeb yr Adran Drafndiaeth i symud y cynlluniau ar gyfer y gorsafydd ymlaen i'r cam dewis opsiynau. Yn ogystal, paratoi rhagolygon galw diweddaraf ac achos busnes amlinellol ar gyfer y gorsafydd arfaethedig, gwasanaethau rheilffordd a seilwaith cysylltiedig. Disgwylir i'r gwaith gael ei gwblhau yng Ngwanwyn 2023.

Yn achos Magwyr mae datblygiad parhaus dyluniad yr orsaf wedi nodi nifer o faterion, a fydd yn effeithio ar gwmpas a chost y cynigion ers iddynt gael eu datblygu ar gyfer Cyngor Sir Fynwy, yn eu mysg:

- Llwybr wedi'i drydanu ers i'r cynllun gwreiddiol gael ei ddatblygu - Changed fire safety requirements
- Newid gofynion diogelwch tân
- Mae angen sleidiau trac er mwyn sicrhau bod rhyngwynebau'r platfform yn cydymffurfio
- Cydymffurfio â gofynion hygyrchedd
- Rhyngwyneb safle SoDdGA Gwastadeddau Gwent ar gyfer adeiladu

Bydd y gwaith datblygu hefyd yn cynnwys cynnal adolygiad adeiledd er mwyn dod o hyd i'r ffordd orau o wneud y gwaith yn y gorsafydd ac ystyried cyfyngiadau rheilffordd weithredol ar yr un pryd.



Cwmni Cyfyngedig drwy Warrant. Cofrestrwyd yng Nghymru. Rhif Cwmni 09476013. Cyfeiriad Swyddfa Gofrestredig: 3 Llys Cadwyn, Pontypridd, CF37 4TH
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Tudalen y pecyn 136



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Bydd y gwaith hwn yn helpu i gadarnhau bod cynigion Gorsaf Magwyr yn bodloni gofynion teithwyr a gofynion gweithredol, yn cydymffurfio â safonau perthnasol y diwydiant rheilffyrdd a bod modd mynd ati i wneud y gwaith adeiladu ac yn dderbyniol ar y cyfan i Network Rail, sef perchennog yr ased yn y pen draw. Bydd hefyd yn sefydlu cymorth gweithredwyr trenau, y cynnig ar gyfer y gwasanaeth ac achos busnes ategol. Unwaith y bydd yr holl elfennau hyn wedi'u sefydlu, gellir nodi'r amserlen gorau posibl ar gyfer ei gyflawni fel rhan o'r rhaglen gyffredinol a gwaith cysylltiedig Network Rail ar Brif Linell De Cymru a bwrw ymlaen â'r gwaith cyn belled â bod modd sicrhau cyllid pellach i ddatblygu'r dyluniad, ymgysylltu â'r cyhoedd, caniatâd a gweithredu.

Cofion cynnes,

James Price
Prif Weithredwr / Chief Executive

P-06-1288 Deliver Magor and Undy Walkway Station, part of the Burns Delivery Programme, as a quick win, Correspondence – Petitioner to Committee, 25.01.23

Dear petitions committee,

Thank you for your email and chance to comment on the documents.

I can confirm that the information provided is in line with our (MAGOR's) understanding as, since and because of the committee's earlier actions, we have had useful meetings with -

- David McCullum - Transport for Wales
- Simon Gibson. - Burns Delivery
- Rich Middleton - GWR Growth Manager
- Mark Hopwood (Stakeholders Webinar) - GWR

and are soon to meet Nichole Sarra - TfW.

We are satisfied that progress is being made and are being kept informed, largely as a consequence of the committee's involvement, but the committee should remember that if the whole South Wales rail corridor project becomes unaffordable, Magor and Undy can be progressed without major changes to the existing infrastructure.

Kind regards

Paul Turner
MAGOR Committee Member

P-06-1294 Peidiwch â gadael cleifion â chanser y fron metastatig yng Nghymru y tu ôl

Cyflwynwyd y ddeiseb hon gan Tassia Haines, ar ôl casglu cyfanswm o 14,106 lofnodion.

Geiriad y ddeiseb:

Mae pobl sy'n byw â chanser y fron metastatig yng Nghymru yn cael eu hesgeuluso'n ddybryd gan y system. Ar hyn o bryd dim ond un nyrs glinigol arbenigol canser y fron neilltuedig sydd gan Gymru, sefyllfa a allai adael cannoedd o bobl heb ddigon o gymorth. Mae angen i ni wybod faint o bobl sy'n byw gyda chanser y fron metastatig er mwyn gwella gwasanaethau. Ac rydym am wella canlyniadau o ran ansawdd bywyd drwy godi ymwybyddiaeth o symptomau baner goch ar gyfer canser y fron metastatig.

Gwybodaeth Ychwanegol:

Rydym yn galw am y canlynol:

1. Dylai pob person â chanser y fron metastatig yng Nghymru gael mynediad at nyrs glinigol arbenigol neilltuedig ar gyfer canser y fron eilaidd.
2. Dylid casglu data am y rhai sy'n byw â'r cyflwr ac yn cael triniaeth ar ei gyfer yng Nghymru.

Rydym wedi ysgrifennu llythyr agored at y Gweinidog Iechyd a Gofal Cymdeithasol ar ran cleifion canser y fron metastatig i ddangos yr angen am well ansawdd bywyd a mwy o gefnogaeth i'r rhai sy'n byw â'r cyflwr.

Etholaeth a Rhanbarth y Cynulliad

- Aberafan
- Gorllewin De Cymru



Eich cyf/Your ref P-06-1294
Ein cyf/Our ref EM/04146/22

Jack Sargeant AS
Cadeirydd – y Pwyllgor Deisebau
Senedd Cymru
Caerdydd
CF99 1SN

06 Ionawr 2023

Annwyl Jack,

Diolch ichi am eich llythyr dyddiedig 25 Tachwedd ynglŷn â deiseb (P-06-1294) ar gyfer gwella gofal canser y fron metastig, sef Peidiwch â gadael cleifion â chanser y fron metastig y tu ôl.

Roeddwn yn falch o'r cyfle i gyfrannu at y ddatl ar 19 Hydref, a hoffwn ddiolch unwaith yn rhagor i chithau yn rhinwedd eich swydd fel Cadeirydd y Pwyllgor Deisebau ac i'r deisebydd am godi'r mater pwysig hwn.

Gallaf gadarnhau bod Rhwydwaith Canser Cymru wedi dechrau gweithio ar set o lwybrau canser metastig a gytunir yn genedlaethol, gan ddechrau gyda chanser y fron metastig. Grŵp sy'n arbenigo mewn canser y fron o fewn y Rhwydwaith fydd yn eu datblygu, ac wedyn bydd cynnyrch ei waith yn mynd drwy broses gymeradwyo cyn cael ei gyhoeddi. Ni allaf ddarparu llinell amser ar gyfer y gwaith hwn gan y bydd yn dibynnu ar ba mor gyflym y gellir cyrraedd consensws clinigol ar gynnwys y llwybr ac a oes unrhyw oblygiadau sylweddol i wasanaethau y bydd yn rhaid eu hystyried cyn ei fabwysiadu.

Roedd argymhellion Rhwydwaith Canser Cymru ynghylch canser y fron metastig i fod i gael eu hystyried gan Fwrdd y Rhwydwaith ym mis Tachwedd, ond yn anffodus cafodd hynny ei ohirio tan ei gyfarfod ym mis Ionawr. Gallaf gadarnhau eu bod yn cynnwys argymhelliad ar gyfer datblygu llwybr canser y fron metastig.

Mae Llywodraeth Cymru wedi buddsoddi oddeutu £11 miliwn, gan gynnwys cyllid cyfalaf a refeniw, i ddarparu adnodd arall a all ddarparu swyddogaeth System Gwybodaeth Rhwydweithiau Canser Cymru (CaNISC). Cafodd y cyllid hwn ei neilltuo at ddibenion cyflwyno System Gweinyddu Cleifion Cymru yng Nghanolfan Ganser Felindre, i ddisodli'r dull cofnodi clinigol a ddarperir gan CaNISC, er mwyn gwella'r gallu i drin data – megis darparu data ar gyfer cynllunio a datblygu gwasanaethau. Diben y cyllid yw datblygu a gweithredu'r system newydd, yn hytrach na thrin a thrafod ei hallbynnau data. Mae gan

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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 140
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.

Rwydwaith Cancer Cymru nifer o arbenigwyr gwybodaeth sy'n cefnogi'r gwaith o ddefnyddio data cancer, er nad ydynt yn ddadansoddwyr data proffesiynol.

O ran atgyfnerthu ymwybyddiaeth meddygon teulu o symptomau cancer y fron metastig, rydym yn disgwyl i feddygon teulu ddefnyddio'r canllaw cyfeirio ar gyfer symptomau a ddarperir gan y Sefydliad Cenedlaethol dros Ragoriaeth mewn Iechyd a Gofal (NICE). Rydym hefyd yn disgwyl i feddygon teulu fod yn ymwybodol o hanes meddygol yr unigolyn, ac mae Rhwydwaith Cancer Cymru yn gweithio i ddatblygu crynodebau electronig safonol o driniaeth a fyddai'n cael eu darparu wrth i gleifion gael eu rhyddhau o wasanaethau cancer, ac a fyddai'n cynnwys symptomau bod cancer wedi dychwelyd. Mae Porth Clinigol Cymru a Phorth Cyfathrebu Clinigol Cymru yn caniatáu i feddygon teulu gyfathrebu ag ymgynghorwyr mewn ysbytai ynghylch yr angen i atgyfeirio claf. Yn ogystal â hynny, mae Rhwydwaith Cancer Cymru yn treialu defnyddio rhaglen ddigidol o'r enw '*C the signs*' i helpu meddygon teulu i wneud penderfyniadau ynghylch atgyfeirio os ydynt yn amau bod claf yn dioddef o ganser.

Cyfrifoldeb y byrddau iechyd yw defnyddio'r gweithlu sydd ar gael iddynt mewn modd sy'n bodloni anghenion eu poblogaeth. Rydym yn disgwyl iddynt wneud hynny'n unol â safonau cenedlaethol. Nid yw'r Sefydliad Cenedlaethol dros Ragoriaeth mewn Iechyd a Gofal yn pennu y dylai'r gweithiwr allweddol fod yn nyrs arbenigol mewn cancer y fron eilaidd. Rwy'n disgwyl i fenywod sydd â chanser y fron eilaidd gael eu cefnogi gan nyrsys sy'n arbenigo mewn cancer, ond rwy'n croesawu datblygu rolau mwy arbenigol ar draws Cymru lle bo hynny'n briodol ac yn gynaliadwy.

Rwy'n gobeithio bod yr wybodaeth hon o gymorth.

Yn gywir,



Eluned Morgan AS/MS

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

Dear Jack and committee members,

Thank you for the continued recognition and careful considerations of the struggles of those navigating metastatic breast cancer (MBC) in Wales. However, we feel the need to respond once more to demand follow-up and accountability from a few of the statements made in the health ministers' response to yourselves.

I am pleased to see some much-needed steps are being considered, such as work towards finally receiving a recognised MBC pathway from the Wales Cancer Network. The health minister has stated a timeframe cannot be given until completion, but as MBC patients continue to suffer in silence, I must insist on enquiring how the progress will be measured and who will be accountable for ensuring this does get completed? Will patients also be involved in the pathways design?

It is indeed another positive step to have had the deferred recommendations for MBC patients presented to the Network Board in January. As well as a confirmation of a recommendation working towards an MBC pathway. Yet what are the other key outcomes of this meeting and paper? And where and when will this information be made available? It will be crucial to maintain transparency during these key stages to ensure all persons interested can continue to work towards building better care for those with MBC.

The new £11 million data investment to help replace the functionality of the Cancer Network Information System Cymru (CaNISC) is also hugely welcomed. Although if the investment is set up for the development and running of the new system and not for "interrogating its data outputs", then how will it tackle our need for collection of data of those living with MBC? How will the patients see any benefit or data when it is not clear how the new system will 'count' patients to begin with?

I am very happy to be aware of the 'C the signs' pilot portal for GP's. One of the key setbacks we are facing when it comes to diagnosing advanced breast cancer is being able to directly link the red flag symptoms of MBC from a patient which has already suffered primary BC. Can the minister ensure and confirm that the signs and symptoms of MBC will be included within the Health Boards treatment summaries in Wales? By empowering patients with better re-occurrence knowledge during the end of treatment summaries we can help lessen the risk of these life-threatening symptoms being overlooked.

Finally, I would like to address the final point regarding the health minister's expectations of MBC patients to be supported by cancer nurse specialists. As well as evidence stated previously by way of the named petition and additionally signed open letter to show the need for support for MBC Welsh patients, we now have access to the results of the Wales Cancer patient experience survey which shows us the short comings of holistic needs being addressed across all cancers. More than a third of people (36%) said they were not offered information about how to access financial help or benefits. Every person treated for cancer in Wales should be offered access to this information due to the financial impact a cancer diagnosis can have. More unfortunately, larger than two thirds (70%) said they had not been offered a written care plan, which should be routinely offered to every person with cancer in Wales. These figures hide the specifically challenging issues facing MBC patients from the NHS in Wales, because they do not even have a dedicated key worker to support or refer them to third sector resources.

Thank you for considering all points brought forward from my response and I hope the petitions committee will be able to continue to help us move forward with this crucial work.

Yours sincerely, Tassia Haines

Eitem 3.9

P-06-1303 Creu, ariannu a chynnal digon o leoedd meithrin a gofal plant fforddiadwy i bob rhiant sy'n gweithio

Cyflwynwyd y ddeiseb hon gan Gill Byrne, ar ôl casglu cyfanswm o 260 lofnodion.

Geiriad y ddeiseb:

Mae gormod o rieni â theuluoedd ifanc yn cael eu hatal rhag manteisio ar gyfleoedd cyflogaeth, addysg a hyfforddiant yn sgil diffyg darpariaeth gofal plant lleol fforddiadwy. Mae'r sefyllfa hon yn cadw plant a theuluoedd mewn tloedi, yn lleihau dewis i gyflogwyr, ac yn cael effaith negyddol ar les teuluoedd ac economi Cymru. Mae angen ymyrraeth ar lefel wleidyddol i sicrhau bod y sefyllfa hon yn cael sylw.

Gwybodaeth Ychwanegol:

Fel cyn swyddog datblygu ym maes gofal plant, gallaf gadarnhau bod y sefyllfa'n waeth nawr nag yr oedd 10-15 mlynedd yn ôl, gyda gostyngiad enfawr mewn lleoedd gofal plant i fabanod a phlant hŷn. Fel rhan o'i hymrwymiad i blant a theuluoedd yng Nghymru, mae angen i Lywodraeth Cymru ystyried ar fyrder opsiynau ar gyfer sicrhau bod gofal plant fforddiadwy yn hawl i bob teulu, yn yr un modd ag y mae addysg. Dylai'r Llywodraeth hyd yn oed ystyried lleoli meithrinfeydd a lleoliadau gofal plant ar dir ysgolion, yn enwedig mewn adeiladau newydd neu safleoedd ysgol presennol lle mae digon o le i wneud hynny. Ni all y rhieni yr wyf yn eu hadnabod fanteisio ar gyfleoedd a fyddai o fudd i'w teuluoedd. Naill ai mae'r gofal plant yn anfforddiadwy, neu'n amlach na pheidio, nid oes gofal plant ar gael iddynt. Mae angen buddsoddiadau parhaus ar lefel Llywodraeth Cymru o ran darparu lleoedd gofal plant a darparu cymorthdaliadau ar eu cyfer. Gadewch i ni arwain y ffordd i weddill y DU!

Etholaeth a Rhanbarth y Cynulliad

- Ceredigion
- Canolbarth a Gorllewin Cymru



Eich cyf/Your ref P-06-1303
Ein cyf/Our ref JMSS/01219/22

Jack Sargeant AS
Cadeirydd – y Pwyllgor Deisebau
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14 Rhagfyr 2022

Annwyl Jack,

Diolch am eich llythyr ar 14 Tachwedd ynghylch Deiseb P-06-1303 - *Creu, ariannu a chynnal digon o leoedd meithrin a gofal plant fforddiadwy i bob rhiant sy'n gweithio*. Fe wnaethoch gyfeirio at ohebiaeth bellach gan y deisebwr mewn ymateb i fy llythyr at y pwyllgor ar 13 Hydref gan godi pwyntiau penodol mewn perthynas â digonolrwydd ac argaeledd darpariaeth gofal plant. Fe wnaethoch hefyd holi pa gynlluniau sydd yn eu lle i ddarparu cymorth cyffredinol i rieni sydd angen darpariaeth gofal plant.

Rydym yn gwybod bod mynediad at ddarpariaeth gofal plant a blynyddoedd cynnar fforddiadwy a hygyrch yn bwysig o ran galluogi rhieni a gofalwyr i weithio neu gael mynediad at addysg a hyfforddiant, a gall fod o gymorth i fynd i'r afael â thlodi a gostwng anghydraddoldebau. Mae gan hynny rôl allweddol hefyd o ran cefnogi lles, addysg a datblygiad plant. Fodd bynnag, rwy'n cydnabod y gall dod o hyd i ofal plant priodol fod yn anodd i rai teuluoedd ar hyn o bryd, yn enwedig mewn ardaloedd penodol neu i'r rhai sy'n gweithio oriau afreolaidd.

Roedd eich llythyr yn gofyn sut y bydd Llywodraeth Cymru yn sicrhau digon o ddarpariaeth ar draws Cymru gyfan. Mae dyletswydd statudol ar awdurdodau lleol i sicrhau, cyn belled â phosibl, bod digon o ofal plant ar gael yn eu hardaloedd er mwyn helpu rhieni i weithio neu gael mynediad at addysg a hyfforddiant. Er mwyn eu cynorthwyo i fodloni'r ddyletswydd hon maent yn cynnal Asesiad Digonolrwydd Gofal Plant sydd yn edrych ar y cyflenwad o ofal plant a'r galw amdano. Fel rhan o'r asesiad rhaid i awdurdodau lleol hefyd ystyried argaeledd gofal plant i gefnogi rhieni sy'n gweithio oriau annodweddiadol a gwella argaeledd darpariaeth cyfrwng Cymraeg. Rhaid i'r asesiadau hefyd ystyried y rhwystrau y mae rhieni'n eu hwynebu wrth geisio mynediad at ofal plant gan gynnwys y rhwystrau penodol a wynebir gan grwpiau penodol o rieni er

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Correspondence.Julie.Morgan@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 145
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.

enghraifft teuluoedd rhieni unigol, teuluoedd incwm isel a theuluoedd o gefndiroedd Du, Asiaidd ac ethnig leiafrifol. Mae awdurdodau lleol yn cynhyrchu cynlluniau gweithredu er mwyn mynd i'r afael ag unrhyw fylchau yn y ddarpariaeth sydd wedi eu hamlygu o fewn eu Hasesiadau Digonolrwydd Gofal Plant. Cynhelir yr asesiadau bob pum mlynedd, a chynhaliwyd y diweddaraf eleni.

Gall yr Asesiadau Digonolrwydd Gofal Plant helpu i lywio gwaith Llywodraeth Cymru gydag awdurdodau lleol a sefydliadau gofal plant y trydydd sector er mwyn gwella digonolrwydd ac argaeledd darpariaeth gofal plant ledled Cymru. Drwy elfen gofal plant a chwarae'r Grant Plant a Chymunedau rydym yn darparu cyllid i awdurdodau lleol i helpu i fynd i'r afael â bylchau a nodwyd yn yr asesiadau hyn. Yn ogystal â hynny rydym yn darparu cyllid i gonsortium gofal plant Cwllwm sydd yn cynnwys pum prif sefydliad gofal plant y trydydd sector yng Nghymru er mwyn eu galluogi i weithio gyda Llywodraeth Cymru, awdurdodau lleol a darparwyr gofal plant er mwyn cynyddu argaeledd gwasanaethau gofal plant a chwarae safonol, cofrestredig, hygyrch, fforddiadwy a hyblyg ledled Cymru.

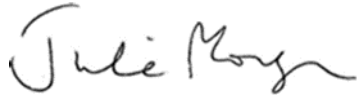
Yn ogystal â hynny, fel rhan o'n gwaith o ddatblygu [Cynllun Gweithredu Cymru Wrth-hiliol](#) mae Llywodraeth Cymru yn gweithio gyda phobl o gefndiroedd Du, Asiaidd ac ethnig leiafrifol er mwyn deall a mynd i'r afael â'r rhwystrau mae'r cymunedau hyn yn eu hwynebu wrth geisio cael mynediad at ofal plant.

Fe wnaethoch ofyn hefyd sut byddai Llywodraeth Cymru yn sicrhau bod darpariaeth ar gael yn gynt yn y bore ac yn hwyrach fin nos, ac i'r rheini sy'n gweithio gwahanol oriau. Mae strwythur y sector gofal plant, gyda'r rhan fwyaf o ddarparwyr yn rhan o'r sector preifat neu'r trydydd sector, yn golygu mai'r lleoliadau unigol eu hunain sydd yn penderfynu ar batrwm yr oriau y maent yn eu darparu. Er ein bod yn gweithio mewn partneriaeth gydag awdurdodau lleol a sefydliadau trydydd sector i annog lleoliadau i fodloni anghenion rhieni a gofalwyr sy'n gweithio oriau annodweddiadol, gan mai busnesau ydynt yn y pen draw, penderfyniad i'r lleoliadau unigol yw hwn. Mae rhai darparwyr fel gwarchodwyr plant yn cynnig darpariaeth mwy annodweddiadol yn dibynnu ar eu hamgylchiadau eu hunain. Yn aml y math hwn o ofal plant yw dewis nifer o rieni, yn enwedig yn ardaloedd gwledig Cymru, lle mae gwarchodwyr plant yn gallu cefnogi gofynion penodol rhieni yn well. Dros y blynyddoedd diwethaf, fodd bynnag, bu gostyngiad yn nifer y gwarchodwyr plant ledled Cymru. Er mwyn datblygu'n dealltwriaeth o'r sefyllfa, mae Llywodraeth Cymru wedi comisiynu adolygiad annibynnol o warchod plant. Bydd canfyddiadau'r adolygiad sydd i'w hadrodd yn y flwyddyn newydd o gymorth inni benderfynu sut i helpu i ddatblygu'r maes hwn.

Nawr at eich cwestiwn am ba gynlluniau sydd ar y gweill i ddarparu cymorth cyffredinol i rieni sydd angen darpariaeth gofal plant. Fel y nodir yn ein Cytundeb Cydweithio, uchelgais Llywodraeth Cymru yw darparu Addysg a Gofal Plentynod Cynnar i bob plentyn yng Nghymru. Yn fy ymateb blaenorol, cyfeiriais at ein hymrwymiad i gyllido gofal plant i ragor o deuluoedd os yw rhieni mewn addysg neu hyfforddiant, neu ar gyrion gwaith. Cyfeiriais hefyd at y ffaith ein bod yn parhau i gynorthwyo'r rhaglen Dechrau'n Deg, yn ogystal â chyflwyno estyniad graddol o ddarpariaeth blynyddoedd cynnar i bob plentyn 2 oed, gyda ffocws ar ddarpariaeth cyfrwng Cymraeg. Yn ogystal â hynny rydym eisoes wedi cychwyn ar daith i fabwysiadu dull gweithredu Addysg a Gofal Plentynod Cynnar ar gyfer plant rhwng 0 a 5 oed yng Nghymru er mwyn sicrhau eu bod yn cael y dechrau gorau posibl mewn bywyd. System addysg a gofal sy'n ymatebol i amgylchiadau unigol gyda ffocws ar leoliadau fydd yn darparu canlyniadau safonol yw sail ein dyheadau o ran Addysg a Gofal Plentynod Cynnar. Mae gwaith yn mynd rhagddo i ddatblygu cynllun gweithredu Addysg a Gofal Plentynod Cynnar, a fydd yn nodi ein gweledigaeth ar gyfer Cymru a'r camau y byddwn yn eu cymryd fel rhan o'r daith i gyflawni'r weledigaeth hon. Tudalen y pecyn 146

Pan fyddaf yn ymweld â lleoliadau ac yn siarad â rhieni, gofalwyr a darparwyr gofal plant eu hunain rwy'n clywed am yr heriau y maent yn eu hwynebu o ddydd i ddydd. Rwy'n deall ac yn cydnabod pa mor anodd y gall hyn fod ac yn rydym yn parhau i weithio gyda'n partneriaid Cwlwm a chydag awdurdodau lleol er mwyn dod o hyd i ffyrdd o oresgyn y problemau hyn.

Yn gywir,



Julie Morgan AS/MS

Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services



Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services
& Jack Sargeant MS
Chair - Petitions committee

30.01.2023

Cyf/Ref P-06-1303 Ein cyf/Our ref JMSS/01015/22

I would like to thank the Minister for her further correspondence regarding the petition which lists the actions that are currently in place.

However the petition is drawing attention to the complete inadequacy of the current situation and the response from the Minister includes nothing that addresses the points made in the petition.

Many families I am aware of both personally and through my job managing a Family Centre, youth provision and other community projects, cannot take up work or other activities that would benefit them personally and financially because of the absence of childcare.

I used to work for Clybiau Plant Cymru Kids# Clubs as the local Ceredigion Development and Training Officer and I can confirm that there is less childcare now in Ceredigion than when I left that post in 2007 – less children's nurseries, less after school clubs and less holiday playschemes.

The Ministers response does not include any information as to what can be done in the short and long term to ensure sufficient affordable accessible childcare across Wales.

There needs to be actions around:

- Funding for childcare settings both for start up and running costs**
- Funding for families so they can afford to use childcare**
- A faster and more flexible registration process – for example it can take 12 months from a childminder expressing interest to becoming registered – how many people can wait that long to start earning money?**
- A provider of out of school childcare ie after school care and holiday care must register separately for every premises when registration can**



take many months, and if they move premises they have to start a new registration (where I work now we provide open access play on parks and playgrounds, and we had to de-register and reduce our session to under 2 hours because we were required to submit a new application for every park or play area – what we need is one registration application that ‘licenses’ a provider for more than one venue)

There are many actions Welsh Government could be taking to improve the current situation but it needs a radical rethink of the current piecemeal approach and there is nothing in the response from the Minister that provides any indication of how she intends to address the disturbing lack of access for families across Wales, keeping children and families in poverty, and limiting the opportunities for often mainly women to access work, training and education.

It is disappointing to see such a lack of ambition as expressed in her response to improve the lives of families across Wales.

With regards

Gill Byrne

Eitem 3.10

P-06-1304 Adolygu'r polisi tai dros dro mewn argyfwng sy'n effeithio ar ein cymunedau

Cyflwynwyd y ddeiseb hon gan Richard Grabham, ar ôl casglu cyfanswm o 306 lofnodion.

Geiriad y ddeiseb:

Mae cymuned Thomastown yn Nhonyrefail wedi dioddef oherwydd bod yr awdurdod lleol yn defnyddio llety gwely a brechwast yng nghanol y gymuned fel llety dros dro mewn argyfwng. Er bod yr awdurdod lleol yn mynnu bod y rhai sy'n cael eu gosod yma yn cael asesiad risg, mae'r gymuned wedi dioddef yn sgil ymddygiad gwrthgymdeithasol, bygythiadau, trais a delio cyffuriau. Mae'r gymuned wedi'i siomi gan yr awdurdod lleol a hoffai adolygiad o'r gweithdrefnau sydd ar waith i atal hyn rhag digwydd eto.

Gwybodaeth Ychwanegol:

Mae'r awdurdod lleol wedi lleoli pobl ddigartref yno yn fuan wedi iddynt gael eu rhyddhau o'r carchar. Mae'r gymuned wedi brwydro ers nifer o flynyddoedd i atal y cyngor rhag defnyddio'r llety gwely a brechwast ar gyfer cyn-garcharorion. Mae pobl leol wedi bod yn dyst i nifer o achosion o ymddygiad gwrthgymdeithasol dros y blynyddoedd, sy'n achosi pryder difrifol i'r gymuned ac yn cael effaith negyddol ar eu bywydau.

Hefyd, nid oes trefniadau diogelwch ar waith, na rhwydwaith diogelwch i'r preswylwyr.

Nid yw'r gymuned eisiau i hyn ddigwydd eto ac mae'n galw am adolygiad llawn o'r gweithdrefnau a'r polisiâu ar gyfer lleoli pobl ddigartref mewn llety dros dro mewn argyfwng mewn cymunedau lle nad oes cymorth priodol ar waith i gefnogi'r preswylwyr y mae'r awdurdod lleol yn eu lleoli yno.

Etholaeth a Rhanbarth y Cynulliad

- Pontypridd
- Canol De Cymru

Pencadlys Heddlu | Police Headquarters
Heol y Bont-faen | Cowbridge Road
Penybont | Bridgend
CF31 3SU | CF31 3SU

Mewn argyfwng ffoniwch **999** | In an emergency dial **999**
fel arall, ffoniwch **101** | Non-emergencies dial **101**
www.heddlu-de-cymru.police.uk | www.south-wales.police.uk

23 December 2022

Dear Mr Sargeant,

Thank you for your correspondence of 24 November 2022 regarding the petition currently before the Senedd's Petition Committee. I am grateful for the opportunity to offer my views on the issues raised.

South Wales Police works closely with partners in organisations such as local authorities and His Majesty's Prison and Probation Service to effectively manage offenders following their release from the prison estate. All persons who are sentenced to a custodial sentence of 12 months or more serve a proportion of their sentence in custody and are then released on licence. During this period, they must be supervised by probation staff.

We work closely with probation staff to manage the most serious offenders in our communities and to ensure that they do not commit further offences following release. Numerous studies have shown the effectiveness of effective resettlement into the community as being one of the key factors in reducing further offending. This often involves employment and education opportunities as well as suitable accommodation to which the petition refers.

I fully recognise the strength of feeling of the petitioners in Thomastown in Tonyrefail, however ultimately the placement of offenders released from prison are an operational matter for the local authority and His Majesty's Prison and Probation Service.

South Wales Police prides itself on making neighbourhood policing a priority and we will always seek to be the best at listening and responding to our community's needs. This includes responding effectively to the concerns specifically raised by the residents in this petition around anti-social behaviour, threats, violence and drug dealing.

Whilst I am reassured that our local teams are seeking every opportunity to make the community of Thomastown safe for all of the residents who reside in it, I have nonetheless asked my local officers to ensure that they are doing all they can.

Yours sincerely,

Jenny Gilmer
Assistant Chief Constable



SOUTH WALES
POLICE
HEDDLU
DE CYMRU



Mae Heddlu De Cymru yn croesawu derbyn gohebiaeth yn Gymraeg a Saesneg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

South Wales Police welcomes receiving correspondence in Welsh and English. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

south-wales.police.uk **swpolice HeddluDeCymru**

Eitem 5

Yn rhinwedd paragraff(au) vi o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon