

## Agenda – Y Pwyllgor Iechyd a Gofal Cymdeithasol

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Lleoliad:	I gael rhagor o wybodaeth cysylltwch a:
Hybrid – Ystafell Bwyllgora 4 Tŷ Hywel a fideogynadledda drwy Zoom	Helen Finlayson Clerc y Pwyllgor
Dyddiad: Dydd Iau, 2 Mawrth 2023	0300 200 6565
Amser: 09.30	<a href="mailto:Seneddlechyd@senedd.cymru">Seneddlechyd@senedd.cymru</a>

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### Rhag-gyfarfod preifat (09.30 – 09.45)

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau.  
(09.45)

2 Gwrandawriad cyn penodi ar gyfer rôl Cadeirydd Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg: sesiwn dystiolaeth gyda'r ymgeisydd a ffefrir gan Lywodraeth Cymru.

(09.45–10.30)

(Tudalennau 1 – 48)

Jonathan Morgan, yr ymgeisydd a ffefrir gan Lywodraeth Cymru ar gyfer rôl Cadeirydd Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg

Briff Ymchwil

Papur 1: Holiadur y gwrandawriad cyn penodi (Saesneg yn unig)

Papur 2: Ffurflen gais, CV a datganiad personol (Saesneg yn unig)

Papur 3: Briff Llywodraeth Cymru

Papur 4: Gwybodaeth i ymgeiswyr

3 Papurau i'w nodi

(10.30)

3.1 Llythyr oddi wrth Kyowa Kirin, Cyfarwyddwr Materion Cyhoeddus, Clwstwr y Gogledd, ynghylch blaenoriaethu Cynllun Gweithredu Clefydau Prin Cymru ar gyfer 2022–26

(Tudalennau 49 – 51)



- 3.2 Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ynghylch y datganiad o fwriad y polisi o ran Bil Caffael y Gwasanaeth Iechyd (Cymru)**  
(Tudalennau 52 – 62)
- 3.3 Llythyr oddi wrth y Gweinidog dros Faterion Gwledig a Gogledd Cymru, a'r Trefnydd at y Pwyllgor Cyllid ynghylch craffu ar oblygiadau ariannol Biliau**  
(Tudalennau 63 – 64)
- 3.4 Llythyr gan Brif Swyddog Nyrsio Cymru yn dilyn y sesiwn graffu gyffredinol ar 26 Ionawr 2023**  
(Tudalennau 65 – 67)
- 3.5 Rhagor o wybodaeth gan Cancer Research UK yn dilyn sesiwn tystiolaeth lafar yr ymchwiliad ar wasanaethau endosgopi ar 2 Chwefror 2023**  
(Tudalennau 68 – 74)
- 4 Cynnig o dan Reol Sefydlog 17.42(ix) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod hwn.**  
(10.30)
- 5 Gwrandawriad cyn penodi ar gyfer rôl Cadeirydd Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg: trafod y dystiolaeth**  
(10.30–10.45) (Tudalennau 75 – 79)  
Papur 5 – Adroddiad drafft
- 6 Bil Caffael y Gwasanaeth Iechyd (Cymru): briff technegol gan swyddogion Llywodraeth Cymru**  
(10.45–11.45) (Tudalennau 80 – 91)  
Dafydd Evans, Dirprwy Gyfarwyddwr, Gwyddorau Bywyd ac Arloesedd  
Leanne Roberts, Pennaeth Polisi Diwygio Caffael – Iechyd a Gofal  
Cymdeithasol  
Mari Williams, Uwch Gyfreithiwr y Llywodraeth  
Lowri Lewis, Cyfreithiwr y Llywodraeth  
  
Papur briffio gan Ymchwil y Senedd

**7 Bil Caffael y Gwasanaeth Iechyd (Cymru): trafod y dystiolaeth.**  
(11.45–12.00)

## Eitem 2

Mae cyfyngiadau ar y ddogfen hon

# Pre-appointment hearing: Chair of Cwm Taf Morgannwg University Health Board

## Pre-appointment questionnaire

March 2023

### Background

You are being asked to complete this questionnaire because you are the Welsh Government's preferred candidate for the post of Chair of Cwm Taf Morgannwg University Health Board.

Your answers to this questionnaire will be published with the meeting papers for the pre-appointment hearing, and will be used to inform Members' preparation for the hearing. Your response to each question should be no more than around 250 words.

### Providing Written Evidence

The Senedd has two official languages, Welsh and English.

In line with the [Senedd's Official Languages Scheme](#) the Committee requests that documents or written responses to consultations intended for publication or use in Senedd proceedings are submitted bilingually. When documents or written responses are not submitted bilingually, we will publish in the language submitted, stating that it has been received in that language only.

Please see [guidance for those providing evidence for committees](#).

### Disclosure of information

Please ensure that you have considered the Senedd's [policy on disclosure of information](#) before submitting information to the Committee.



## **1. What motivated you to apply to be the Chair of Cwm Taf Morgannwg University Health Board?**

I am passionate about our public services, the innovation, creativity in delivery, and for our staff who across our health and care system who demonstrate the highest standards of professionalism, compassion, and care. The region of Cwm Taf Morgannwg (CTM) is diverse and with that comes a challenge to providing services designed to meet local needs, where we see the continued impact of the Covid-19 pandemic, an ageing population and health inequalities. I have spent a lot of time working with health, social care, housing and third sector partners in CTM and wanted to make a difference in leading the health board as it addresses the significant challenges and works through the opportunities to make a positive impact on peoples' lives.

I appreciate how big the role is and I would welcome the opportunity to work with the people of CTM in securing the delivery of care that meets their needs.

## **2. Why do you think you are well-suited for the role?**

Over the past 12 years I have worked in several roles which have embedded an experience and understanding of our health and care system, in the design of strategy and delivery of front-line services. I have seen at first hand the challenges and opportunities across our public services, particularly the NHS, social care, and housing. I have served on a range of committees and boards which have provided the experience of governance, leadership, accountability, and assurance for this role.

As chair of a major Housing Association for almost three years, delivering social housing, nursing, and residential care I have led the Board, worked closely with the Executive team, leading, and developing strategy and scrutinising performance. In my three years heading up the Business Unit of the Association of Directors of Social Services I worked with senior leaders in social care, and I now serve as an Independent Member of the Board at HEIW focusing on the solutions needed to train, support, and retain our healthcare workforce. I am confident that these roles and experiences will support me in the work that lies ahead.

### **3. What are the three main outcomes that you want to achieve during your tenure?**

1. We need a sustained focus on improving population health - the new strategy, CTM 2030: Our Health Our Future, aims to work with communities, professionals, and partner organisations across CTM around a shared understanding of the everyday things affect people's health and wellbeing in the region. Health inequalities is something the health board cannot shy away from tackling, and I want to ensure the Board leads this work.
2. Healthcare can only be transformed through partnership – as a country we spend a lot of money across our public services responding to the health needs of the population, whether in the NHS, social care and other local government services, the housing and third sectors. Strategically this needs joined up thinking and delivery. Integrating services across our localities needs to be secured and building on the integration agenda for adult health and social care now being explored with Bridgend County Borough Council I want to explore other opportunities to do better by working together.
3. Sustaining improvements in services and access to timely care – CTM faced up to the picture in Maternity and Neonatal services. Clear progress has been secured and recognised, and I want to ensure that improvement is sustained. In our healthcare offer we will need to focus on those key areas of our IMTP, including ensuring we have the right capacity to deliver planned care, more on accessing cancer services, and addressing access to mental health services for children and adults.

### **4. How will you work with NHS bodies, Welsh Government, local authorities and social care partners?**

Health Board chairs don't work in isolation. The network of NHS bodies is vitally important in sharing information and ideas and those links will be crucial. I will be proactive in developing relationships with other chairs, utilising their expertise. I have a record of working with Ministers and officials and have done so in different capacities over the past 12 years. My working relationship with the Minister is important so that I account for the performance of the board and the progress of the organisation, it is important to build and maintain that trust and confidence, to articulate what is working well and what is not.

I will continue to ensure regular discussions with the three local authorities, and this is important if we are collectively unpicking the challenges across our health and care system. The value and importance of this relationship cannot be overstated if we are to advance the integration of services to improve how we respond to peoples' needs.

As chair I would ensure the fostering of trusted relationships with the council leaders and cabinet and continue the good work with the Regional Partnership Board, with colleagues in local government, housing and the third sector to identify challenges and develop solutions.

## **5. How will you work with community groups, patients, the third sector and other stakeholders?**

Relationships are important and need continuous work. My role will be a visible one and engaged with the communities of CTM, I have no intention of hiding away. I would work with the Board to ensure that other Independent Members are engaged in this team effort to ensure we are collectively better informed of the work and experiences of those community and third sector organisations. CTM has well developed relationships with the third sector, and I am aware of the work of Bridgend Association of Voluntary Organisations, Voluntary Action Merthyr Tydfil and Interlink RCT.

It is also important to acknowledge that the third sector and community groups don't just provide some of the best intelligence, but they are crucial in keeping people connected and well in the communities where people live. The CTM2030 *Our Health, Our Future* strategy for example will only succeed by recognising the importance of community-based solutions, and how different those communities are across the region.

The patient voice is critical and with the Citizen Voice Body becoming operational in April there is the opportunity for this new organisation to give increased weight to the views of people when it comes to developments in health and care. I look forward to a regular dialogue and look forward to working with them in improving how we capture the patient experience and learn from it, as well as responding to those occasions when care falls short.

## **6. How will you work with Senedd Members and Senedd committees?**

I look forward to robust, open, and productive discussions on a regular basis with Members representing the communities of CTM. As a former AM I hope my own experience in interacting with health boards will help in this new relationship.

It doesn't help if politicians are unaware of the strategic and operational matters under consideration and which affect their constituents. I would want to see elected members supported to represent their constituents and would be a passionate advocate for that relationship.

As a former committee chair who spent 6 years on the Assembly's health committee, I appreciate the role and workload of our Senedd committees, in scrutinising performance, developing legislation, and undertaking policy inquiries. I took legislation through the Assembly in my last term working with the then Health Minister which involved undertaking scrutiny sessions with the committee. I have the experience of both the health committee and the Public Accounts Committee and my view is that CTM should engage with the work of Senedd committees, to take the opportunity to outline how we are shaping our health services, and to demonstrate how our services are changing to meet peoples' needs.



## Chair - Cwm Taf Morgannwg University Health Board

### About yourself

Please provide your personal details below. You can update your contact details at any time during the recruitment process by logging in to your account, clicking on your name, which will appear in the menu bar when logged in, and selecting 'Edit Personal Details'.

Fields marked with an asterisk '\*' are mandatory, therefore you must provide a response or you will not be able to submit your application. Fields without a '\*' are not mandatory, as they may not be relevant to all candidates. If you do have information you could include in response to a question, providing as much information as possible against each field will help to ensure that the sifting panel have a complete picture of your skills, experience and knowledge.

Title

Mr

First name

Jonathan

Surname

Morgan

E-mail address

**Not disclosed**

Second e-mail address

**Not disclosed**

Contact telephone number

**Not disclosed**

Mobile telephone number

**Address Details**

**Not disclosed**

### Reasons for applying

Please prepare a personal statement, in line with the guidance provided in the Information for Candidates. Your personal statement document should be attached below, and should be no longer than 2 pages. Exceeding this limit may mean that your application is not considered.

Please also attach a copy of your CV, in a separate document.

Each document must be in Word (.doc, .docx) or PDF (.pdf) format and the size of each must be less than 512 KB. Please ensure the files are not being used by any word-processor or other application while they are being uploaded. Once you have attached your file(s), click the 'Continue' button below to save the attachment. To check your files have attached correctly, return to this page, and your attached file should appear as a blue hyperlink below. If needed, you can remove and attach another document before you submit your application, by ticking the 'delete' box and repeating this process.

Please attach your personal statement document here

see below

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Please attach a copy of your CV here

see below

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## Relevant experience

Please provide details of all activity which has helped you to develop skills that would be useful in a public appointment role. This may be through voluntary or paid employment such as a school governor or member of a parent teacher association. You can add details of additional activities by clicking the 'Add another instance' button (up to a maximum of 12 activities).

If you have a large amount of details to add here, to avoid being timed out of this page, it is recommended that you prepare your information offline in a document, then copy and paste the information in once complete. To enlarge the Details or the Additional activities boxes below, click and drag the bottom right hand corner of the box.

Name of organisation  
Whitchurch Primary School

Address of organisation  
Erw Las, Whitchurch, Cardiff

Details (including the nature of the experience/work and position held)  
I am a member of the school Governing Body having chaired the interim governing body when the school was being established from two existing local primary schools that were to be merged. I am responsible for the performance management of the Head Teacher, agreeing school targets, the scope of the School Improvement Plan and leading the governing body

Name of organisation  
Whitchurch Community Association

Address of organisation  
Whitchurch Community Association, Old Church Road, Whitchurch, Cardiff

Details (including the nature of the experience/work and position held)  
I am chair of the Trustees for a local charity that manages under lease from Cardiff Council the village community centre. The charity has for the past 40 years also arranged the annual two week summer festival. My role is to ensure compliance with charity law, reporting requirements, sound financial management and planning the activities of the charity.

Please detail here any relevant additional activities not covered above, such as caring responsibilities

## Languages

**Please tell us about your level of ability in Welsh.**

Reading  
Can read some basic words and phrases with understanding

Speaking  
No skills

Understanding  
No skills

Writing  
No skills

What is your preferred language for assessment?  
English

If you have chosen Welsh as your preferred language, a translation service from Welsh to English may be used for the assessment if any member of the panel are unable to speak Welsh. If you have selected an assessment in Welsh, we must also test your ability in English, so the assessment will

include both languages. If you have chosen English, we will only test your ability to speak Welsh if you are applying for an appointment where an ability to speak Welsh is required.

## **Other relevant information**

### **Time Requirement**

The minimum requirement for this position is 15 day(s) per month . Please confirm how many days per month you can commit to serving.

I confirm that I can commit to the following days per month

15

Have you attended one of the public appointments training courses?

Yes

### **Information Sharing**

Sometimes we are alerted to opportunities for public appointments to bodies outside the Welsh Government's direct responsibility (e.g. from other government departments, regional/local bodies, etc.).

Please indicate if you are content for us to pass on your contact and biographical details.

Yes

If you are successful some information will be published including biographical information (which we would agree with you), the length of the appointment, whether it is paid or unpaid, details of any other public appointments you hold and any declared political activity.

### **Conflict of Interest**

Please give details of any business or other interests or any personal connections which, if you are appointed, could be misconstrued or cause embarrassment to Cwm Taf Morgannwg University Health Board. These could include financial interests or share ownership, membership of societies, activities associations or employment of a partner or friend in the particular field in which the public body operates. (Please see Applicants' Guide for further information). Any potential conflicts of interest detailed here will not prevent you going forward to interview but may, if appropriate, be explored with you during your interview to establish how you would address the issue(s) should you be successful in your application.

Do you have any conflicts of interest to declare?

No

Depending on the answer chosen for this question, there may be follow up questions.

### **Additional information for the Commissioner for Public Appointments**

Is this your first regulated Ministerial public appointment?

No

How would you describe your background?

Mostly Wider Public Sector

Do you hold any other public appointments?

1

## **References (Confidential – not disclosed)**

Please give the details of two people who we may approach that are prepared to act as referees for you. They will be expected to have authoritative and personal knowledge of your achievements. The referees will only be approached if you are invited for interview.

In order to preserve the highest standards of integrity and propriety, we are unable to accept Assembly Members or Welsh Government employees as referees for applications for membership of public bodies.

### **Reference 1**

#### **Contact Details**

E-mail address (please check that you have entered the address correctly, and that there are no spaces before or after the address, if you've copied and pasted into the form)

## Reference 2

### Contact Details

E-mail address (please check that you have entered the address correctly, and that there are no spaces before or after the address, if you've copied and pasted into the form)

Contact telephone number

Job Title

Are you content for us to approach this referee if you are invited for interview?

Yes

## Political Activity

All applicants for a public appointment should complete the questions below. Neither activity nor affiliation is a criterion for appointment (except where statute dictates specific representation). If you are successful, the information provided will be published with the announcement of your appointment.

Please indicate which of the following activities you have undertaken in the last 5 years and provide details of your involvement. Name the party or body for which you have been active. If you have been or are an Independent or have sought or obtained office as a representative of a particular interest group, you should state this. You should mark all relevant categories.

### Have you ever:

1. Obtained office as an Assembly Member, a Local Councillor, MP, MEP, etc?

Yes

2. Stood as a candidate for one of the above offices?

Yes

3. Spoken on behalf of a party or candidate?

Yes

4. Acted as a political agent?

No

5. Held office such as Chair, Treasurer or Secretary of a local branch of a Party?

Yes

6. Canvassed on behalf of a party or helped at elections

Yes

7. Undertaken any other political activity which you consider relevant?

No

8. Made a recordable donation to a political party?

No

Depending on the answer chosen for this question, there may be follow up questions.

If you answered 'Yes to any of the questions, please provide further details below. Please ensure you make it clear which question(s) you're providing an explanation for (the questions are numbered to help you with this).

I served for 12 years until 2011 as a Conservative Member of the National Assembly for Wales

Name of party for which activity was undertaken

Welsh Conservative Party

# Jonathan Morgan

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## Profile

- 12 years' experience as a leading Member of the National Assembly for Wales from 1999 to 2011
- Excellent relationships with politicians, Ministers and officials at all levels of government including senior officials in the NHS and local government
- A record of working with Welsh Government Ministers, officials, and public services to deliver change
- A background in leading and influencing public policy
- Former Senior leadership role with the Association of Directors of Social Services
- Experienced Chair in a variety of third sector and voluntary positions

## Education

1996 – 1997	Cardiff University (MSc.Econ. in European Policy)
1993 – 1996	Cardiff University (LLB Hons. in Law and Politics)
1986 – 1993	Bishop of Llandaff Church in Wales High School

## Career summary

2022 – present	Appointed by the Health and Social Services Minister as an Independent Member of the Board at Health Education and Improvement Wales, one of the Special Health Authorities within NHS Wales.
2020 – present	<u>Non-Executive Chair of Hendre and Chair of Hafod Housing Association</u> I am responsible for leading the Board as a team, setting the strategic framework, providing challenge and support to the delivery of housing and social care solutions.
2021 – present	Advisor to Paul Davies MS and Dr Altaf Hussain MS on a part time basis
2017 – 2020	<u>Head of the Association of Directors of Social Services Business Unit</u> In this part-time role I managed 7 members of staff, setting priorities and providing strategic advice to Directors of Social Services, developing relationships with key partners including Welsh Government, NHS Confederation, WLGA, and social care regulatory and inspection bodies.
2011 – present	<u>Associate of Practice Solutions Ltd</u> The company specialises in health and social services transformation and strategic planning. As an Associate I have delivered the: <ul style="list-style-type: none"><li>• Evaluation of service delivery in individual local authorities</li><li>• Annual evaluation of social services performance and support to Directors of Social Services in writing their statutory reports</li><li>• Development of a self-evaluation framework for regional safeguarding boards</li></ul>
2011 – present	<u>Director of Insight Wales Consulting Ltd</u> I have managed a small consultancy based in the health and social care sphere, with clients including, for example, RCN Wales where we have supported their

campaigns to introduce new legislation, and a range of global pharmaceutical companies advising on health policy, messaging, and political engagement.

1999 – 2011: Member of the National Assembly for Wales  
Assembly Member for South Wales Central (1999 – 2007) and Cardiff North (2007 – 2011). I served as the Shadow Minister for Health and Social Services, and during my last term of office I chaired the high-profile Health, Well Being & Local Government Committee and the Public Accounts Committee. I introduced reform to mental health legislation in Wales (resulting in the passing of the Mental Health Measure) after successfully working with the Welsh and UK Governments.

## Public Appointments

2022 Appointed by the Minister for Health and Social Services to the Board at Health Education and Improvement Wales

2016 – present Member of the Future Generations Commissioner’s Audit and Risk Assurance Committee, advising on the risk, financial controls, and matters of governance.

2016 – 2020 Member and then Chair of the Public Services Ombudsman’s Audit and Risk Assurance Committee.

## Ministerial appointments

2014 – 2016 Appointed by the Welsh Government’s Economy Minister as a member of the review and subsequent Implementation team reforming the Blue Badge Scheme in Wales.

2013 – 2016 Member and then Chair of the Welsh Government Recovery Board in Monmouthshire Council, providing support and challenge to the Leader, Cabinet, and senior officers of the Council to improve their education service. I routinely advised the Minister for Education and senior Welsh Government officials on progress, resulting in a positive inspection by Estyn.

## Voluntary work

2012 – present: Chair of the Governing Body at Whitchurch Primary School.

2013 – present: Chair and Trustee of the Whitchurch Community Association responsible for the running of the local community centre and annual summer festival.

## Jonathan Morgan

As someone with Executive and Non-Executive board level experience in the private sector, with a major Housing Association and at HEIW, I am confident that I have the experience and passion to Chair the Cwm Taf Morgannwg University Health Board.

I became Chair of the Hendre Group Board and Chair of Hafod Housing Association Board in June 2020, at a time when the association was under a regulatory judgement, partly due to improvements needed in governance. My approach was one of compassionate leadership, honesty, and openness, building Board expertise and strength through recruitment, reforming our structures of governance, and working closely with both the housing and social care regulator to account for performance.

I was appointed by the Health and Social Services Minister as an Independent Member of HEIW in January and I now serve as Vice Chair of the Audit and Assurance Committee. I have in a short period of time recommended a range of improvements to strengthen our collective assurance role in accounting for the delivery of the IMTP, the joint National Workforce Strategy and the quality of finance reports to Board.

As Chair of Hafod I have led the development of our overall strategic direction, including the changes in our care strategy to modernise our social care services and the development of our wider partnerships with other public service providers. In the past year this has required a renewed focus through the financial challenges we face, around rising energy costs, development commitments, and decarbonisation, essential to deliver a greener Wales. I have enthused people about the value of housing as a key public service with a focus on the longer term, in line with the principles of the Wellbeing of Future Generations Act.

I spent 12 years in public office, representing and helping thousands of constituents. I have always believed in public duty and one that requires an active appreciation of the experiences of those who use those services. As Chair of Hafod I sit on our Tenant Engagement Panel working with, listening to, and respecting the views of those in our homes. In my recent visit to our extra care housing complex in Merthyr I was able to undertake the important ambassadorial role, meeting with our residents and staff, respecting their experiences and listening to their ideas. I have also engaged staff at the HEIW Board sessions, and spoke at an all-staff event, thanking our staff for their work.

In demonstrating my commitment to EDI, I was part of a team delivering a major study and report on behalf of Welsh Ministers examining whether people from BAME communities are accessing social care. As Chair of Hafod I have led the Board's review of our EDI policy and set expectations on Board member recruitment to attract those from diverse communities. I ensured our involvement in the *Pathway to Board* scheme supporting Black, Asian and Minority Ethnic participants to attend our Board meetings and mentored one of them throughout the process. In HEIW we have through our workforce consultation heard about the importance of the Welsh language as we deliver culturally sensitive services.

As an AM I chaired the Public Accounts Committee, working closely with the Auditor General to examine the performance of public services responding to a range of complex issues. I also chaired the Health, Wellbeing and Local Government Committee, scrutinising how the NHS could improve public health and delivered a range of policy reviews including **Publicly sensitive** on presumed consent for

organ donation. I was also successful in securing the devolution of legislative competence from Westminster to Wales to allow the Assembly to pass the Mental Health (Wales) Measure, having set out the case for changing the law in Wales, to Welsh Ministers and the UK Government. I presented evidence to committees of the Assembly and the House of Commons to articulate why the transfer of competence was needed.

As Chair of Hafod I meet regularly with Chairs and CEOs through Community Housing Cymru to find collective solutions to challenges and where we can work in partnership. I have led the annual Board member appraisal process and the board effectiveness review which has led to positive changes in our teamwork, such as additional board member sessions. The process identifies individual and collective contributions over the past 12 months, and how we can work collectively to support the organisation.

Between 2017 and 2020 I was head of the ADSS Cymru Business Unit working with all 22 Directors of Social Services, supporting their engagement with strategic partners, Welsh Ministers, and senior officials, developing a deep understanding of all key partnership arrangements.

I have worked with members to support independent challenge and scrutiny whilst maintaining constructive relationships where, at Hafod, I have led specific Board development sessions around our Care Strategy to provide space for members to examine proposals to reform our care offer. This has been done collectively with the Executive team in response to meeting the needs of our customers.

As Chair of the Monmouthshire Council Recovery Board, appointed by Welsh Ministers, I steered the Board through its period in special measures dealing with a complex range of recommendations and performance data, supporting, and motivating the council's officers and members, to address the recommendations of the inspectorate. I did this through building strong and reliable relationships with Board members and the authority's officers and elected members. It was a collaborative effort which had a dual focus on supporting the council to improve and for me to account to Ministers for performance on a regular basis.

In the past 6 years I have built significant experience in contributing to effective governance, where for example as chair of the Public Services Ombudsman's Audit and Risk Assurance Committee I supported the Ombudsman by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment, the integrity of financial statements and the development of the annual report. I am also currently a member of the Future Generations Commissioner's Audit and Risk Committee.



## **Recriwtio Cadeirydd– Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg**

### **Crynodeb o'r swyddi:**

Mae Bwrdd y Bwrdd Iechyd yn chwarae rhan allweddol yn y gwaith o lunio strategaeth, gweledigaeth, pwrpas a diwylliant y Bwrdd Iechyd. Mae'n dwyn y Bwrdd Iechyd i gyfrif o ran darparu gwasanaethau, ei berfformiad, cyflawni ei strategaeth a sicrhau gwerth am arian. Mae hefyd yn gyfrifol am sicrhau bod risgiau i'r Bwrdd Iechyd, staff a'r cyhoedd yn cael eu rheoli a'u lliniaru'n effeithiol.

Dan arweiniad Cadeirydd annibynnol a chan gynnwys cymysgedd o Aelodau Gweithredol ac Aelodau Annibynnol, mae gan y Bwrdd gyfrifoldeb cyfunol am berfformiad y Bwrdd Iechyd. Bydd y Cadeirydd yn atebol i'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol am berfformiad y Bwrdd a'i lywodraethiant effeithiol, am gynnal gwerthoedd y GIG, ac am ennyn hyder y cyhoedd a phartneriaid ledled Cymru.

### **Cefndir:**

Ffurfiwyd y Bwrdd Iechyd ar 1 Ebrill 2019, ac mae'n darparu a chomisiynu ystod lawn o wasanaethau ysbyty a chymuned ar gyfer trigolion Pen-y-bont ar Ogwr, Rhondda Cynon Taf a Merthyr Tudful

Amcangyfrifir fod y boblogaeth breswyl yn 449,836 (StatsCymru Llywodraeth Cymru, Mehefin 2021), gan gynyddu i 530,000 wrth gyfrif llif cleifion o ardaloedd eraill e.e. De Powys, Gogledd Caerdydd, Castell-nedd Port Talbot, Bro Morgannwg.

Mae'n gyfrifol am wneud trefniadau i breswylwyr gael mynediad at wasanaethau iechyd mwy arbenigol os nad yw'r rhain yn cael eu darparu o fewn ffin y Bwrdd Iechyd. Mae mwy nag 80% o'r gweithlu o 13,000 yn byw o fewn y rhanbarth, sy'n golygu bod y staff nid yn unig yn anadl einioes y sefydliad ond eu bod hefyd yn cynrychioli'r cymunedau amrywiol maent yn eu gwasanaethu.

### **Crynodeb Cyhoesurwydd:**

Dosbarthodd Llywodraeth Cymru fanylion y penodiad drwy restrau rhanddeiliaid a ddelir gan yr Uned Cyrff Cyhoeddus (PBU) a phostio'r swydd wag ar wefan penodiadau cyhoeddus Llywodraeth Cymru a gwefan Swyddfa Cabinet y DU.

Hyrwyddwyd y swydd wag gan y sianeli Cyfryngau Cymdeithasol canlynol a'i hysbysebu drwy'r cyfryngau a restrir isod:

The Welsh Government circulated details of the appointment through stakeholder :

- Safle Swyddi

- Golwg 360
- Fish 4
- The Guardian
- Diversity Jobsite
- Evenbreak
- Health Jobs UK

### **Crynodeb o'r broses recriwtio:**

Hysbysebwyd ar wefan Llywodraeth Cymru a Swyddfa'r Cabinet rhwng 29 Medi a 24 Hydref 2022

Sift – 28 Hydref 2022

Sesiwn Rhanddeiliaid – 29 Tachwedd 2022. Roedd aelodau'r sesiwn rhanddeiliaid yn gynrychiolwyr o'r Bwrdd Iechyd, ei bartneriaid a'i rhanddeiliaid a Llywodraeth Cymru. Gofynnwyd i'r ymgeiswyr gyflwyno cyflwyniad 15 munud ar y canlynol:

**Cafodd pandemig Covid-19 effaith anghymesur ar iechyd rhai o'n cymunedau ac amlygu annhegwch iechyd hanesyddol ehangach. Mae'n bwysig bod Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg yn ymateb yn briodol, fel darparwr a chomisiynydd gwasanaethau ac fel cyflogwr. A wnewch chi arwain trafodaeth sy'n archwilio rôl y Cadeirydd wrth oruchwylio'r Bwrdd a gofyn am sicrwydd bod y Bwrdd Iechyd yn mynd i'r afael ag anghydraddoldebau yn ei ddatblygiad strategaeth a darparu gwasanaethau.**

Cyfweliadau – 30 Tachwedd 2022

### **Aelodaeth panel cynghori asesu:**

Judith Paget, Cyfarwyddwr Iechyd a Gwasanaethau Cymdeithasol Cyffredinol, Llywodraeth Cymru a Phrif Weithredwr GIG Cymru (Cadeirydd)  
 Mick Giannasi, Cadeirydd, Gofal Cymdeithasol Cymru  
 Moawia bin Sufyan, Uwch Aelod Annibynnol y Panel  
 Helen Arthur, Cyfarwyddwr y Grŵp Gweithlu a Busnes Corfforaethol, Iechyd a Gwasanaethau Cymdeithasol, Llywodraeth Cymru.

Derbyniwyd cyfanswm o 7 cais ar gyfer y rôl newydd. Cafodd **3 ymgeisydd eu hargymhell ar gyfer cyfweliad er i 1 ymgeisydd dynnu eu cais yn ôl cyn i'r cyfweliadau gael eu cynnal.** Ystyriodd y Panel Cynghori Asesu fod **1 ymgeisydd Penodedig.**

**Hoff ymgeisydd y Gweinidog Iechyd a Gwasanaeth Cymdeithasol - Jonathan Morgan**

### **Gwrthdaro Buddiannau**

Dim

**Gweithgaredd Gwleidyddol (fel y nodir ar y ffurflen gais)**

Gwasanaethais am 12 mlynedd tan 2011 fel Aelod Ceidwadol o Gynulliad Cenedlaethol Cymru

Diversity data of the candidates -Chair CTM UHB

	<b>Applied</b>	<b>Interviewed</b>
Number of Candidates	7	3(1 candidate withdrew)
<b>Gender</b>		
Female	2	0
Male	5	2
Other gender		
Gender self-description		
Gender prefer not to say		
<b>Disability</b>		
Declared disability	2	0
No declared disability		
Disability prefer not to say		
<b>Ethnicity</b>		
White	6	2
Mixed / Multiple ethnic groups		
Asian / Asian British		
Black / Black British	1	0
Other ethnic group		
Ethnicity self-description		
Ethnicity prefer not to say		
<b>Age</b>		
16-24		
25-34	1	0
35-44		
45-54	3	1
55-64	2	1
65-74	1	0
75-84		
85+		
Age prefer not to say		
<b>Sexual Orientation</b>		
Bisexual		
Gay or Lesbian	2	
Heterosexual	5	2
Other sexual orientation		
Sexual orientation self-description		
Sexual orientation prefer not to say		
<b>Religion</b>		
Buddhist		
Christian	6	2
Hindu		
Jewish	1	
Muslim		
Sikh		
Other religion		
Atheist / No religion		
Religion prefer not to say		

<b>Principal Residence</b>		
North East		
Yorkshire & Humberside		
East Midlands		
West Midlands		
East		
London		
South East		
South West		
Wales	7	2
Scotland		
Northern Ireland		
Other residence		
Residence prefer not to say		
<b>Principal Employment</b>		
Mostly Civil Service		
Mostly Private Sector	1	0
Mostly Third Sector	2	
Mostly Wider Public Sector	2	2
Mixed	2	0
Other principle employment		
Principle employment prefer not to say		
<b>Public Appointments Held</b>		
0 Public Appointments Held	5	
1 Public Appointments Held	2	1
2 Public Appointments Held		
3 Public Appointments Held		
4 Public Appointments Held		
5-9 Public Appointments Held		
10+ Public Appointments Held		
Public Appointments Held prefer not to say		
<b>Political Activity</b>		
Declared political activity	3	2
No declared political activity		
Political activity prefer not to say		
Conservative	1	1
Green		
Labour	2	1
Liberal Democrats		
Plaid Cymru		
Scottish National Party		
United Kingdom Independence Party		
Any other parties		

# Pecyn Gwybodaeth i Ymgeiswyr

## Cadeirydd i Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg



# Gwybodaeth am Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg

**Diolch i chi am fynegi diddordeb yn swydd Cadeirydd Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg. Mae'r ddogfen hon yn rhoi gwybodaeth i ymgeiswyr am y Bwrdd Iechyd, yn ogystal â manylion am rolau a chyfrifoldebau'r Cadeirydd a'r broses ddethol.**

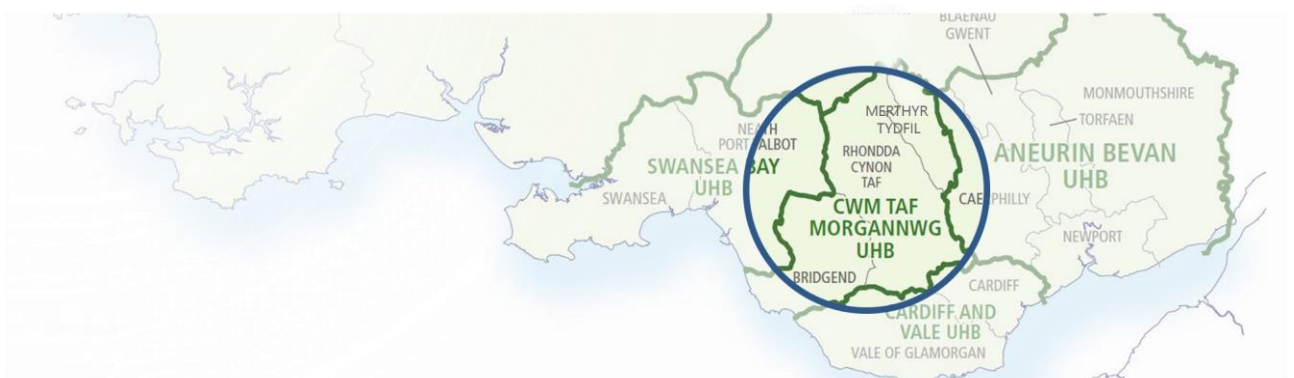
Ffurfiwyd y Bwrdd Iechyd ar 1 Ebrill 2019, ac mae'n darparu a chomisiynu ystod lawn o wasanaethau ysbyty a chymuned ar gyfer trigolion Pen-y-bont ar Ogwr, Rhondda Cynon Taf a Merthyr Tudful.

Amcangyfrifir fod ein poblogaeth breswyl yn 449,836 (StatsCymru Llywodraeth Cymru, Mehefin 2021), gan gynyddu i 530,000 wrth gyfrif llif cleifion o ardaloedd eraill e.e. De Powys, Gogledd Caerdydd, Castell-nedd Port Talbot, Bro Morgannwg.

Rydym hefyd yn gyfrifol am wneud trefniadau i breswylwyr gael mynediad at wasanaethau iechyd mwy arbenigol os nad yw'r rhain yn cael eu darparu o fewn ffin y Bwrdd Iechyd. Mae rhagor o wybodaeth am y gwasanaethau rydym yn eu darparu i'w gweld yn yr adran 'gwasanaethau' ar ein [gwefan](#).

Mae mwy nag 80% o'n gweithlu o 13,000 yn byw o fewn ein rhanbarth, sy'n golygu bod ein staff nid yn unig yn anadl einioes ein sefydliad ond eu bod hefyd yn cynrychioli'r cymunedau amrywiol rydym yn eu gwasanaethu.

Amcangyfrifir y bydd un o bob pedwar person yng Nghymru yn 65 oed neu'n hŷn erbyn y flwyddyn 2036. Felly, bydd gan hyn oblygiadau sylweddol i'n grwpiau oedran 65-84 a 85+ ac felly i'r ffordd y mae angen inni gynllunio a darparu ein gwasanaethau iechyd a chymdeithasol sy'n dod yn fwyfwy integredig.



# CTM 2030: Ein Hiechyd, Ein Dyfodol

Ym Medi 2021 dechreuwyd ar y gwaith ar ein strategaeth: 'CTM 2030: Ein Hiechyd, Ein Dyfodol'. Y nod yw amlinellu sut y byddwn yn datblygu gwasanaethau i ddiwallu anghenion y boblogaeth, a sut y gallwn weithio gyda'n cymunedau i sicrhau y gall pobl leol fyw bywydau hapusach ac iachach, am gyn hired â phosibl.

Fel rhan o CTM2030 byddwn hefyd yn datblygu strategaeth glinigol, hafan gymunedol, strategaeth werdd, strategaeth gweithlu a strategaeth ddigidol ac yn sefydlu'r Bwrdd Iechyd fel sefydliad angori.

Mae'r nodau canlynol wedi'u gosod i'n galluogi i ddatblygu ein strategaeth a fydd yn manylu ar yr hyn yr ydym yn ceisio ei gyflawni dros y blynyddoedd nesaf.

I gael gwybod mwy, [cliciwch yma](#)

**BUILDING HEALTHIER COMMUNITIES TOGETHER**

Visit our **CTM 2030** Hub

CTM 2030  
Ein Hiechyd  
Ein Dyfodol  
SICRHAU CHYMRU  
IACHACH DYFODOL

CTM 2030  
Our Health  
Our Future  
BUILDING HEALTHIER  
COMMUNITIES TOGETHER

The graphic features a central blue circle with four icons and text: 'CREATING HEALTH' (hands holding a person), 'IMPROVING CARE' (hand holding a pulse line), 'SUSTAINING OUR FUTURE' (person with a tree), and 'INSPIRING PEOPLE' (lightbulb). This central circle is surrounded by a ring of colorful segments (orange, teal, pink, purple, green, blue) that form a larger circle.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board



# Statws Uwchgyfeirio

**Mae Llywodraeth Cymru'n gweithredu Trefniadau Uwchgyfeirio ac Ymyrraeth GIG Cymru lle mae un o bedair lefel monitro yn cael eu neilltuo i gyrff iechyd ar sail elfennau allweddol o'u darpariaeth gwasanaethau.**

Ers mis Ebrill 2019, mae'r Bwrdd Iechyd yn y categori 'Mesurau Arbennig' ar gyfer Gwasanaethau Mamolaeth ac yn y categori 'Ymyrraeth wedi'i Thargedu' mewn perthynas â chyfres o faterion yn ymwneud ag Ymddiriedaeth a Hyder, Arweinyddiaeth a Diwylliant ac Ansawdd a Llywodraethiant.

Er gwaethaf pwysau gweithredol a phwysau COVID-19 parhaus ers yr adeg honno, cydnabuwyd bod y Bwrdd Iechyd yn gwneud cynnydd a gwelliant parhaus.

Mae'r gwelliannau parhaus yn ansawdd a gwasanaethau'r Bwrdd Iechyd yn parhau i gael eu monitro drwy strwythur llywodraethiant mewnol y Bwrdd Iechyd yn ogystal â thrwy gyrff adolygu allanol a Llywodraeth Cymru.

[Dolen at ein taith tuat at ofal mamolaeth gwell](#)



## Gwerthoedd ac Ymddygiadau CTM

Ym mis Hydref 2022, bydd Diwrnod Gwerthoedd y Byd, yn nodi dwy flynedd ers i'r Bwrdd Iechyd ddechrau cyflwyno ei Werthoedd a'i Ymddygiadau sydd wedi'u llunio i wneud gwahaniaeth cadarnhaol i'n gweithwyr yn ogystal ag i'n cleifion a'n defnyddwyr gwasanaethau ar draws y cymunedau amrywiol rydym yn eu gwasanaethu.

Mae ein ffocws sefydliadol yn gadarn ar wreiddio'r gwerthoedd a'r ymddygiadau hyn mewn ymarfer o ddydd i ddydd. Mae'r Bwrdd wedi ymrwymo i greu diwylliant y mae'n teimlo'n falch ohono, gyda gwerthoedd penodol wrth ei wraidd y gall pawb sy'n dod i gysylltiad â nhw eu teimlo a'u deall. Trwy weithio mewn ffordd sy'n gyson â'n gwerthoedd a'n hymddygiad sefydliadol ar bob cyfle, gallwn gyflawni'r tri hyn.

**OUR VALUES  
HELP US BE AT  
OUR BEST**



[Cliciwch yma i ddarganfod mwy](#)

**#CTMArEinGorau**



**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

## Gwasanaethau a Phartneriaid y Bwrdd Iechyd

### Y Gwasanaethau y mae Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg yn eu cynnal:

Mae'r Bwrdd Iechyd yn gyfrifol am gynnal y sefydliadau canlynol ar ran Llywodraeth Cymru a GIG Cymru:

- **Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru**
- **Y Pwyllgor Gwasanaethau Ambiwylans Brys**
- **Academi Ddelweddu Genedlaethol Cymru**

### Mae'r Bwrdd Iechyd yn gweithio gyda'r partneriaid canlynol:

Mae'r Bwrdd Iechyd yn gweithio gydag ystod eang o bartneriaid mewn amrywiaeth o swyddogaethau, gan gynnwys:

- **cyrff iechyd eraill**
- **awdurdodau lleol**
- **y gwasanaeth ambiwlans**
- **yr heddlu a'r gwasanaethau tân ac achub**
- **y sector gwirfoddol/elusennol**

**[Cliciwch yma i wylio ein Ffilm AGM ddiweddaraf](#)**

## Rôl y Bwrdd

**Mae pob un o aelodau Bwrdd Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg yn rhannu'r cyfrifoldeb corfforaethol am lunio strategaeth, sicrhau atebolrwydd, monitro perfformiad a llywio diwylliant, ynghyd â sicrhau bod y Bwrdd yn gweithredu mor effeithiol â phosib.**

Mae'r Bwrdd, sy'n cynnwys y Cadeirydd, yr Is-gadeirydd, naw Aelod Annibynnol, tri Aelod Cyswllt, y Prif Weithredwr ac wyth Cyfarwyddwr Gweithredol yn darparu arweiniad a chyfeiriad, gan sicrhau bod trefniadau llywodraethu cadarn ar waith.

Rydym yn chwilio am unigolyn sy'n deall anghenion poblogaeth y Bwrdd Iechyd a phwysigrwydd sicrhau amrywiaeth, cynhwysiant a hyrwyddo'r Gymraeg. Bydd gofyn i'r Cadeirydd newydd roi arweiniad cryf i'r Bwrdd a chynnal gwerthoedd GIG Cymru.

Mae hyn yn arbennig o bwysig oherwydd statws y sefydliad o dan Drefniadau Uwchgyfeirio ac Ymyrraeth GIG Cymru. Er bod cynnydd da wedi'i wneud ers mis Ebrill 2019 mae mwy i'w wneud o hyd o dan arweiniad y Cadeirydd a'r Prif Weithredwr.



## Rôl y Cadeirydd

### Cyfrifoldebau allweddol - Bydd y Cadeirydd yn:

**Mae Bwrdd y Bwrdd Iechyd yn chwarae rhan allweddol yn y gwaith o lunio strategaeth, gweledigaeth, pwrpas a diwylliant y Bwrdd Iechyd. Mae'n dwyn y Bwrdd Iechyd i gyfrif o ran darparu gwasanaethau, ei berfformiad, cyflawni ei strategaeth a sicrhau gwerth am arian. Mae hefyd yn gyfrifol am sicrhau bod risgiau i'r Bwrdd Iechyd, staff a'r cyhoedd yn cael eu rheoli a'u lliniaru'n effeithiol.**

Dan arweiniad Cadeirydd annibynnol a chan gynnwys cymysgedd o Aelodau Gweithredol ac Aelodau Annibynnol, mae gan y Bwrdd gyfrifoldeb cyfunol am berfformiad y Bwrdd Iechyd. Bydd y Cadeirydd yn atebol i'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol am berfformiad y Bwrdd a'i lywodraethiant effeithiol, am gynnal gwerthoedd y GIG, ac am ennyn hyder y cyhoedd a phartneriaid ledled Cymru.

### Strategaeth

- Arwain y gwaith o ddatblygu gweledigaeth strategol ar gyfer y Bwrdd Iechyd, gan nodi a gwireddu'r potensial a'r sgiliau cynhenid o fewn y sefydliad i ddatblygu gwasanaeth arloesol sydd ar flaen y gad yn rhyngwladol;
- Darparu barn a chynghor annibynnol ar faterion ansawdd, strategaeth, gweledigaeth, perfformiad, adnoddau, a safonau ymddygiad;
- Cynnig her adeiladol, dylanwad a chefnogaeth i'r Cyfarwyddwyr Gweithredol i ddatblygu cynigion ar strategaethau o'r fath;
- Cefnogi cyd-aelodau'r Bwrdd i ddarparu arweiniad o fewn fframwaith o reolaethau darbodus ac effeithiol i sicrhau cynaliadwyedd hirdymor y sefydliad;

### Cynllunio

- Bod yn atebol am berfformiad y Bwrdd ar lefelau cymunedol, rhanbarthol a chenedlaethol drwy gymeradwyo a chyflwyno cynllun tymor canolig tair blynedd a chynllun cyflawni blynyddol.
- Sicrhau bod y Bwrdd yn craffu'n effeithiol ar y cynllun tymor canolig tair blynedd, gan sicrhau ei fod yn sefydlu amcanion clir i gyflawni'r strategaeth; yn cwmpasu'r elfennau angenrheidiol o ran ansawdd, gweithlu, adnoddau gweithredol ac ariannol i'r sefydliad allu cyflawni ei amcanion; a'i fod yn adolygu ei berfformiad yn rheolaidd yn erbyn y cynllun.

### Perfformiad

## Rôl y Cadeirydd

### Cyfrifoldebau allweddol - Bydd y Cadeirydd yn:

- Derbyn, adolygu a defnyddio prosesau craffu priodol o ran ansawdd, perfformiad, gweithlu a data a gwybodaeth ariannol er mwyn cymharu cyflawniadau yn erbyn targedau a, lle bo angen, helpu i roi camau adferol ar waith.
- Chwilio am amcanion heriol i'r Prif Weithredwr a'r Bwrdd ar gyfer gwella;
- Sicrhau bod trefniadau rheoli effeithiol ar waith i reoli i sicrhau hyfywedd ariannol y Bwrdd lechyd.

### Llywodraethiant

- Sicrhau bod y Prif Weithredwr yn atebol am holl ystod ei gyfrifoldebau.
- Darparu arweinyddiaeth a chyfathrebu cryf, effeithiol a gweladwy ar draws ehangder cyfrifoldebau'r Bwrdd lechyd, yn fewnol drwy'r Bwrdd lechyd ac yn allanol drwy'r cysylltiadau ag ystod eang o randdeiliaid a phartneriaid o fewn a thu allan i'r GIG ar lefel genedlaethol, gymunedol ac awdurdodau lleol.
- Sicrhau ymrwymiad y Bwrdd lechyd i'r safonau llywodraethiant uchaf, fel ei fod yn gweithredu er budd y boblogaeth a'r partneriaid y mae'n eu gwasanaethu, a'i fod yn cael ei weld yn bod yn atebol am y gwasanaethau a ddarperir a'r adnoddau a ddefnyddir;
- Sicrhau bod gwybodaeth gywir, amserol a chlir yn cael ei darparu i'r Bwrdd a'r cyfarwyddwyr i fodloni gofynion statudol;
- Sicrhau bod rheolaethau mewnol a systemau rheoli risg yn gadarn ac yn cael eu llywodraethu'n dda;
- Dadansoddi a dehongli gwybodaeth a ddarperir i'r Bwrdd, gan ofyn am eglurhad, sicrwydd pellach, a rhannu gwybodaeth lle bynnag y bo modd;
- Sicrhau bod y Bwrdd lechyd yn cydymffurfio â'i Reolau Sefydlog, ac â'r polisiau, y ddeddfwriaeth a'r rheoliadau perthnasol;

## Rôl y Cadeirydd

### Cyfrifoldebau allweddol - Bydd y Cadeirydd yn:

#### Diwylliant ac Ymddygiad

- Dangos Saith Egwyddor Bywyd Cyhoeddus (sef Egwyddorion Nolan) - anhunanoldeb, uniondeb, gwrthrychedd, atebolrwydd, didwylledd, gonestrwydd, ac arweinyddiaeth a sicrhau bod holl aelodau'r Bwrdd yn cydymffurfio â'r egwyddorion;
- Sicrhau bod y Bwrdd lechyd yn dangos gwerthfawrogiad o ddwyieithrwydd a diwylliant, ac yn ymrwymo i hybu, cofleidio, a phrif ffrydio'r Gymraeg;
- Sefydlu diwylliant sy'n annog staff, cleifion, teuluoedd, a'r cyhoedd i godi pryderon sydd wedyn yn cael sylw priodol;
- Sicrhau bod y Bwrdd lechyd yn cofleidio ac yn hyrwyddo cydraddoldeb, amrywiaeth, a chynhwysiant ar gyfer ei holl boblogaeth, cleifion, staff, a rhanddeiliaid;
- Sicrhau'r safonau uchaf o dreiddgarwch, uniondeb, a llywodraethiant, a sicrhau bod trefniadau llywodraethiant y Bwrdd lechyd yn cydymffurfio â'r arferion gorau a'r gofynion statudol;
- Darparu arweiniad tosturiol gweladwy wrth gefnogi a hyrwyddo diwylliant iach i'r Bwrdd lechyd ac adlewyrchu hyn, a gwerthoedd y Bwrdd lechyd, yn ei ymddygiad ei hun;
- Dod â phrofiad, gwybodaeth a dylanwad y gorffennol i waith y Bwrdd er mwyn hyrwyddo arloesedd a chwilfrydedd a herio normau;

#### Ymgysylltu

- Meithrin a chynnal cysylltiadau agos rhwng partneriaid y Bwrdd lechyd a grwpiau rhanddeiliaid i hyrwyddo gweithrediad effeithiol gweithgareddau'r corff iechyd;
- Darparu arweinyddiaeth i gefnogi ac annog cydweithio effeithiol gyda phartneriaid, yn benodol gyda Byrddau lechyd, Ymddiriedolaethau GIG, Awdurdodau lechyd Arbennig, awdurdodau lleol, y trydydd sector a phartneriaid gofal cymdeithasol, er mwyn sicrhau cynllunio a darparu gwasanaethau diogel a gwasanaethau effeithiol;
- Mynychu cyfarfodydd Llywodraeth Cymru, grwpiau cymheiriaid cyrff iechyd a chyfarfodydd rhanddeiliaid eraill lle bo angen;
- Ymgymryd â rôl llysgennad allanol, gan gyflawni yn llygad y cyhoedd ac ennyn hyder y cyhoedd;
- Gyda chefnogaeth, bodloni'r digwyliad i ddeall busnes y Bwrdd lechyd trwy ymwneud gweithredol;



## Rôl y Cadeirydd

### Cyfrifoldebau allweddol - Bydd y Cadeirydd yn:

#### Gweithgareddau'r Bwrdd

- Cynllunio cyfarfodydd y Bwrdd gyda'r Prif Weithredwr ac Ysgrifennydd y Bwrdd.
- Hwyluso cyfraniad effeithiol gan Aelodau'r Bwrdd a sicrhau perthynas adeiladol o fewn y sefydliad a rhwng Cyfarwyddwyr Gweithredol ac Aelodau Annibynnol.
- Cadeirio cyfarfodydd bwrdd y Bwrdd lechyd a sesiynau datblygu arweiniol a chyfarfodydd eraill o aelodau fel y bo'n briodol;
- Cymryd rhan yn llawn yng ngwaith y Bwrdd a'r Pwyllgorau, gan gynnwys ymgysylltu cyn ac ar ôl cyfarfod a gwerthusiadau blynyddol i gefnogi llywodraethiant da;
- Ar y cyd ag Aelodau eraill y Bwrdd, cyflawni ei ddyletswyddau fel Cadeirydd Cronfa Elusennol y Bwrdd lechyd, y mae'r Bwrdd yn gweithredu fel yr ymddiriedolwr corfforaethol ar ei chyfer.
- Cael arfarniad perfformiad personol blynyddol, gan gymryd rhan mewn unrhyw hyfforddiant a datblygiad ychwanegol a amlygwyd o ganlyniad i'r broses werthuso er mwyn sicrhau bod amcanion personol yn cael eu cyflawni



## Manyleb y Person

**Er mwyn cael eich ystyried, rhaid ichi allu dangos bod gennych y rhinweddau, y sgiliau a'r profiad i fodloni pob un o'r meini prawf sy'n hanfodol ar gyfer y penodiad.**

### Meini Prawf Hanfodol

#### Gwybodaeth a Phrofiad

- Hanes o brofiad strategol ar lefel bwrdd mewn sefydliad cyhoeddus, preifat neu yn y trydydd sector;
- Y gallu i feithrin gweledigaeth ac arwain y gwaith o ddatblygu strategaethau diffiniedig wrth geisio cyflawni nodau hirdymor, tymor canolig a byrdymor;
- Y gallu i ddangos ymrwymiad i ymgysylltu â phobl sy'n defnyddio ein gwasanaethau, eu gofaluwr a'u teuluoedd i ddeall eu hanghenion a'u dyheadau;
- Dealltwriaeth o amrywiaeth a chynhwysiant ac ymrwymiad iddynt;
- Y gallu i ddangos gwerthfawrogiad o ddwyieithrwydd a diwylliant, ac ymrwymiad i hybu a phrif ffrydio'r Gymraeg.
- Y gallu i ddeall a hwyluso dealltwriaeth o faterion cymhleth
- Gallu amlwg i weithio ar y cyd ac fel rhan o dîm i gyflawni nodau cyffredin;
- Y gallu i ddarparu, ac i annog eraill i ddarparu, her annibynnol a chraffu wrth gynnal perthynas adeiladol;
- Y gallu i ysgogi a datblygu'r bwrdd i ddiffinio rolau a chyfrifoldebau er mwyn sicrhau perchnogaeth ac atebolrwydd;
- Tystiolaeth o ddealltwriaeth o lywodraethiant effeithiol

#### Priodoleddau Personol

- Ymrwymiad i Saith Egwyddor Bywyd Cyhoeddus (Egwyddorion Nolan) a gwerthoedd y corff iechyd;
- Sgiliau rhyngpersonol cryf a sgiliau dylanwadu, a'r gallu i weithredu fel eiriolwr a llysgennad effeithiol;
- Craffter, a'r crebwyll i ddeall materion perthnasol ac i ddeall y berthynas rhwng y rhai sydd â diddordeb, gan ddangos barn gadarn, sensitifrwydd ac ymwybyddiaeth wleidyddol;
- Y gallu i fod yn annibynnol ac yn wydn.



## Manyleb y Person

Er mwyn cael eich ystyried, rhaid ichi allu dangos bod gennych y rhinweddau, y sgiliau a'r profiad i fodloni pob un o'r meini prawf sy'n hanfodol ar gyfer y penodiad.

### Y Meini Prawf sy'n Ddymunol

- Profiad amlwg o arweinyddiaeth a rheoli newid strategol gan gynnwys newid diwylliant;
- Dealltwriaeth o reoli risg a systemau rheoli a sicrwydd mewnol;
- Sgiliau Cymraeg;

Mae sgiliau Cymraeg yn ddymunol; fodd bynnag, bydd disgwyl i bob ymgeisydd ddangos ymrwymiad i'r iaith a'r diwylliant, a dangos arweiniad i gryfhau a hyrwyddo darpariaeth gwasanaethau dwyieithog o fewn y GIG yng Nghymru (gweler yr Wybodaeth a'r Profiad Hanfodol uchod). Pan fydd ymgeiswyr am ddangos eu bod yn bodloni'r meini prawf dymunol, dylent roi syniad o'u sgiliau o ystyried y lefelau sgiliau canlynol.

Deall	Gallu deall rhai sgysiau sy'n gysylltiedig â gwaith
Darllen	Gallu darllen a deall rhai geiriau ac ymadroddion sylfaenol
Siarad	Gallu cyfrannu at rai sgysiau sy'n ymwneud â'r gwaith
Ysgrifennu	Gallu ysgrifennu negeseuon sylfaenol am bynciau pob dydd

### Safonau mewn bywyd cyhoeddus

Bydd disgwyl i chi ddangos safonau uchel o ymddygiad corfforaethol a phersonol. Bydd gofyn i bob ymgeisydd llwyddiannus gydymffurfio â [Chod Ymddygiad Aelodau Byrddau Cyrff Cyhoeddus](#).

## Ffeithiau allweddol am y swydd

**Lleoliad:** Tŷ Ynysmeurig, Parc Navigation, Abercynon, CF45 4SN.

Bydd hefyd angen i ddeiliad y swydd fynychu safleoedd y Bwrdd Iechyd a mynychu cyfarfodydd rhanbarthol a chenedlaethol y Bwrdd. Er ein bod yn ailddechrau cynnal cyfarfodydd wyneb yn wyneb, mae rhai yn parhau i gael eu cynnal yn rhithwir o hyd, fel y bo'n briodol. Bydd cyfle hefyd i wneud rhywfaint o waith o bell.

**Ymrwymiad Amser:** 15 diwrnod y mis

**Hyd y penodiad:** Penodiad o 4 blynedd i ddechrau

**Tâl cydnabyddiaeth:** £69,840 y flwyddyn a chostau teithio a chynhaliaeth rhesymol



## Ffeithiau allweddol am y swydd

### Gwneud cais

I wneud cais, ewch i wefan penodiadau cyhoeddus Llywodraeth Cymru:

<https://cymru-wales.tal.net/vx/lang-en-GB/mobile-0/appcentre-3/brand-2/candidate/jobboard/vacancy/7/adv/>.

I wneud cais am y rôl hon, cliciwch ar swydd wag Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg ac yna cliciwch y botwm 'Gwneud cais' ar waelod y dudalen ar yr ochr chwith. Y tro cyntaf y gwnewch gais am swydd, bydd angen ichi lenwi ffurflen gofrestru ar gyfer system ceisiadau ar-lein Llywodraeth Cymru. Dim ond unwaith y mae angen ichi gofrestru, a thrwy wneud hynny byddwch yn gallu dilyn hynt eich cais, ac unrhyw geisiadau eraill rydych yn eu cyflwyno, trwy'ch cyfrif.

Ar ôl cofrestru, bydd modd ichi weld y ffurflen gais.

I wneud cais bydd angen ichi gyflwyno dwy ddogfen ategol:

- Curriculum Vitae llawn, a
- Datganiad personol yn manylu ar eich profiad, sut rydych yn bodloni'r disgrifiad rôl a manyleb y person a sut y gallech gyfrannu at rôl Cadeirydd Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg.

Dylech lanlwytho'r ddwy ddogfen i'r adran 'Rhesymau dros ymgeisio' yn y ffurflen gais ar-lein. Gall methu â gwneud hynny neu fethu â dilyn y canllawiau isod olygu bod eich cais yn cael ei wrthod.

Os oes angen gwneud addasiadau i'ch galluogi i wneud cais neu os oes angen unrhyw gymorth neu ganllawiau arnoch, cysylltwch â'r Tîm Penodiadau Cyhoeddus yn [PenodiadauCyhoeddus@llyw.cymru](mailto:PenodiadauCyhoeddus@llyw.cymru)

### Curriculum Vitae

Sicrhewch fod eich CV yn cynnwys manylion bras eich swydd bresennol neu ddiweddaraf, a'ch dyddiadau yn y swyddi. Nodwch unrhyw benodiadau Gweinidogol presennol neu flaenorol.

**Ni ddylai'ch CV fod yn fwy na 3 tudalen.**



## Ffeithiau allweddol am y swydd

### Datganiad Personol

Y datganiad personol yw eich cyfle i ddangos sut rydych yn bodloni pob un o'r meini prawf ym manyleb y person yn y pecyn hwn.

Dylai'r datganiad gynnwys enghreifftiau sy'n dangos sut mae eich gwybodaeth a'ch profiad yn cyfateb i bob un o'r meini prawf. Dylai'r enghreifftiau hyn ddisgrifio beth oedd eich rôl, a'r dull a ddefnyddiwyd gennych i sicrhau canlyniad penodol. Mae croeso i chi ddefnyddio enghreifftiau o brofiad proffesiynol a phrofiadau yn eich bywyd personol.

Mater i chi yw sut byddwch yn cyflwyno'r wybodaeth, ond bydd angen i'r panel cynghori ar benodiadau allu asesu sut mae'r enghreifftiau a ddarperir yn ymwneud â'r meini prawf ac felly rydym yn eich annog i osgoi defnyddio datganiadau sydd ond yn cyfeirio at y meini prawf heb roi enghreifftiau.

Byddwch cystal â chyfyngu'ch datganiad personol i **1000 o eiriau**.

Gallai eich cais gael ei wrthod os byddwch yn mynd y tu hwnt i'r gofynion o ran hyd eich CV neu eich datganiad personol.

### Geirda

Rhowch ddau enw cyswllt y gallwn gysylltu â hwy i ofyn am eirda. Dim ond ar gyfer ymgeiswyr llwyddiannus y byddwn yn gwneud hyn.

Er mwyn cadw'r safonau uchaf o ran uniondeb a phriodoldeb, ni allwn dderbyn Aelodau'r Senedd na gweithwyr Llywodraeth Cymru fel enwau cyswllt i roi geirda ar gyfer ceisiadau am aelodaeth o gyrrff cyhoeddus.

## Y Broses Ddethol

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol fydd yn penodi Cadeirydd Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg.

Bydd y penodiad yn benodiad o bwys gan Weinidogion Cymru ac fe'i rheoleiddir o dan y [Cod Llywodraethiant Penodiadau Cyhoeddus](#).

Bydd y Gweinidog Iechyd a Gwasanaethau Cymdeithasol yn cael cymorth yn ei phenderfyniadau gan Panel Asesu Cynghorol. Bydd y panel hwn yn cynnwys Judith Paget, Cyfarwyddwr Cyffredinol a Phrif Weithredwr GIG Cymru, Moawia Bin-Sufyan, Uwch Aelod Annibynnol o'r Panel, Mick Giannasi, Cadeirydd Gofal Cymdeithasol Cymru a Helen Arthur, Cyfarwyddwr y Gweithlu a Busnes Corfforaethol, y Grŵp Iechyd a Gwasanaethau Cymdeithasol, Llywodraeth Cymru. Wrth gynnal eu hasesiad o'r ymgeiswyr, rôl y Panel yw penderfynu'n wrthrychol pwy sy'n bodloni'r meini prawf dethol cyhoeddedig ar gyfer y rôl - mewn geiriau eraill, pwy sy'n addas i gael ei benodi i'r rôl. Judith Paget fydd cadeirydd y panel.

Dim ond yr ymgeiswyr cryfaf a fydd, ym marn y panel, wedi dangos orau eu bod yn bodloni'r meini prawf ym manyleb y person fydd yn cael eu gwahodd i gyfweiliad. Fodd bynnag, os ydych wedi ymgeisio o dan y cynllun gwarantu cyfweiliad, a'ch bod yn **bodloni'r meini prawf hanfodol** ar gyfer y swydd, cewch chithau hefyd eich gwahodd i gyfweiliad.

Bydd sesiwn rhanddeiliaid hefyd yn rhan o'r broses ar gyfer ymgeiswyr ar y rhestr fer, a bydd y rhain yn cynnwys unigolion o'r Bwrdd Iechyd a'i sefydliadau partner. Yn y sesiwn bydd gofyn i ymgeiswyr ar y rhestr fer drafod pwnc penodol a phwysig gyda rhanddeiliaid – dewisir y pwnc yn nes at yr amser. Os na allwch fod yn bresennol ar y dyddiad hwnnw, fe wnawn ymdrechu i aildrefnu ond efallai na fydd hyn yn bosibl oherwydd cyfyngiadau amser o fewn yr amserlen benodi neu argaeledd y panel dethol.

Fe gewch e-bost gan system benodi Llywodraeth Cymru i roi gwybod ichi a ydych wedi eich gwahodd i gyfweiliad ai peidio. Os cewch eich gwahodd i gyfweiliad, bydd y panel yn eich holi am eich sgiliau a'ch profiad, gan ofyn cwestiynau penodol i farnu a ydych yn **bodloni'r meini prawf** penodedig ar gyfer y rôl.

Dyddiad cau'r hysbyseb	I'w gadarnhau	
Sifftio	w/c 24 Hydref 2022	
Sesiwn rhanddeiliaid	29 Tachwedd 2022	
Cyfweiliadau'n dechrau	30 Tachwedd 2022	
Cadarnhau'r penodiad	Ionawr/Chwefror 2023	
Dechrau yn y swydd	1 Ebrill 2023	

## Y Broses Ddethol

Bydd yr ymgeiswyr y bydd y panel yn credu eu bod yn addas i'w penodi yn cael eu hargymell i'r Gweinidogion, a fydd yn gwneud y penderfyniad terfynol. Gall y Gweinidog ddewis cyfarfod â'r ymgeiswyr hyn cyn gwneud penderfyniad. Os bydd yn dewis gwneud hynny, bydd yn cyfarfod â'r holl ymgeiswyr ym mhresenoldeb cadeirydd y panel neu ei gynrychiolydd enwebedig. Bydd bwlbh amser rhwng y cyfweiliad a'r penderfyniad penodi terfynol. Cedwir mewn cysylltiad â'r ymgeiswyr a gafodd eu cyf-weld, er mwyn rhoi'r wybodaeth ddiweddaraf iddynt.

Yn ogystal â'r sesiwn rhanddeiliaid a chyf-weld bydd yn ofynnol i'r Ymgeisydd a ffefrir gan y Gweinidogion fynychu gwrandawriad cyn penodi a gynhelir gan y [Pwyllgor Iechyd a Gwasanaethau Cymdeithasol](#). Bydd y Pwyllgor yn derbyn tystiolaeth gan yr ymgeisydd a ffefrir cyn i'r penodiad gael ei gadarnhau, ond ar ôl i'r broses ddethol gael ei chynnal.

## Datganiad am Amrywiaeth

Mae Llywodraeth Cymru o'r farn y dylai fod gan gyrff cyhoeddus aelodau bwrdd sy'n adlewyrchu cymdeithas Cymru - pobl o bob cefndir - er mwyn eu helpu i ddeall anghenion pobl a gwneud gwell penderfyniadau. Dyma pam mae Llywodraeth Cymru yn annog ystod eang ac amrywiol o unigolion i wneud cais am benodiadau i gyrff cyhoeddus.

Rydym yn croesawu'n arbennig geisiadau gan bob grŵp sydd heb gynrychiolaeth ddigonol gan gynnwys menywod, pobl dan 30 oed, pobl o gefndir du, Asiaidd ac ethnig leiafrifol, pobl anabl a phobl lesbiaidd, hoyw, deurywiol a thrawsryweddol.

### Hyderus o ran Anabledd

Mae Llywodraeth Cymru yn derbyn y diffiniad cymdeithasol o anabledd, sy'n cydnabod bod rhwystrau mewn cymdeithas yn gallu analluogi pobl sydd â nam neu gyflwr iechyd, neu sy'n defnyddio Iaith Arwyddion Prydain. Rydym wedi ymrwmo i ddileu rhwystrau fel y gall pob aelod o staff berfformio ar ei orau. Mae Deddf Cydraddoldeb 2010 yn defnyddio'r diffiniad meddygol o anabledd ("nam corfforol neu feddyliol sy'n cael effaith sylweddol a hirdymor ar allu person i gyflawni gweithgareddau arferol o ddydd i ddydd").

Rydym yn gwarantu y byddwn yn cynnig cyfweiliad i unrhyw un sy'n anabl os yw ei gais yn bodloni'r meini prawf sylfaenol ar gyfer y swydd. Mae bodloni'r 'meini prawf sylfaenol' yn golygu bod rhaid ichi ddarparu tystiolaeth yn eich cais i ddangos eich bod yn bodloni'r lefel cymhwysedd ar gyfer y swydd a'ch bod yn meddu ar unrhyw gymwysterau, sgiliau neu brofiadau a ddiffinnir yn rhai hanfodol.

Os hoffech gael cyfweiliad gwarantedig, cysylltwch â'r Tîm Penodiadau Cyhoeddus drwy e-bostio [PenodiadauCyhoeddus@llyw.cymru](mailto:PenodiadauCyhoeddus@llyw.cymru) i roi gwybod iddynt.

Os oes gennych nam neu gyflwr iechyd, neu os ydych yn defnyddio Iaith Arwyddion Prydain, ac yn dymuno trafod addasiadau rhesymol ar gyfer unrhyw ran o'r broses recriwtio hon, cysylltwch â'r Tîm Penodiadau Cyhoeddus gan ddefnyddio'r manylion cyswllt uchod cyn gynted â phosibl, a bydd aelod o'r tîm yn cysylltu â chi i drafod eich gofynion ac i ateb eich cwestiynau.



# Datganiad am Amrywiaeth

## Cymhwysedd

Bydd unigolyn yn anghymwys i'w benodi:

- os y'i cafwyd yn euog yn y 5 mlynedd diwethaf yn y DU, Ynysoedd y Sianel neu Ynys Manaw o unrhyw drosedd a'i ddedfrydu i garchar (boed yn garchar gohiriedig neu fel arall) am gyfnod o 3 mis o leiaf a heb gael yr opsiwn o ddirwy;
- os yw'n destun gorchymyn cyfyngu methdaliad neu orchymyn interim neu os yw wedi gwneud cyfaddawd neu drefniant â'r credydwy
- os yw wedi cael ei ddiswyddo, ac eithrio pan fo swydd wedi'i dileu neu pan nad adnewyddwyd contract tymor penodol, o unrhyw swydd gyflogedig yn un o gyrff y gwasanaeth iechyd;
- os yw'n aelod cyfredol o fwrdd corff gwasanaeth iechyd arall yng Nghymru;
- os yw'n unigolyn y terfynwyd ei gyfnod fel cadeirydd, aelod neu gyfarwyddwr un o gyrff y gwasanaeth iechyd am nad yw ei benodiad er budd y gwasanaeth iechyd, am beidio â mynychu cyfarfodydd neu am beidio â datgelu buddiant ariannol;
- os yw, neu os yw wedi bod o fewn y flwyddyn flaenorol, mewn cyflogaeth â thâl yn un o Ymddiriedolaethau neu Fyrddau Iechyd Cymru.

Dylai ymgeiswyr nodi hefyd fod fod swydd Cadeirydd Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg yn swydd sy'n anghymhwysu unigolyn rhag bod yn aelod o Senedd Cymru, a hynny o dan [Orchymyn Senedd Cymru \(Anghymwysu\) 2020](#).

## Gwrthdaro buddiannau

Wrth ichi wneud cais, gofynnir ichi ddatgan unrhyw fuddiannau preifat a allai fod, neu y gellid dehongli eu bod, yn gwrthdaro â'ch rôl a'ch cyfrifoldebau fel Aelod Annibynnol o Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg, gan gynnwys buddiannau busnes neu swyddi o awdurdod y tu allan i'ch rôl ym Mwrdd Iechyd Prifysgol Cwm Taf Morgannwg.

Bydd unrhyw wrthdaro buddiannau yn cael ei drafod yn y cyfweiliad. Os byddwch yn cael eich penodi, bydd disgwyl ichi hefyd ddatgan y buddiannau hyn ar gofrestr sydd ar gael i'r cyhoedd.

## Diwydrwydd Dyladwy

Bydd Uned Cyrff Cyhoeddus Llywodraeth Cymru yn cynnal gwiriadau diwydrwydd dyladwy ar bob ymgeisydd sy'n cael ei ddidoli'n llwyddiannus i gyfweiliad. Bydd hynny'n cynnwys ymhlith pethau eraill, chwiliadau yn y cyfryngau cymdeithasol a'r rhyngwyd. O ganlyniad, gallem ofyn cwestiynau ichi yn y cyfweiliad am ffrwyth yr archwiliadau diwydrwydd dyladwy hyn.

# Datganiad am Amrywiaeth

## Gwneud penodiad

Os byddwch yn llwyddiannus, cewch lythyr oddi wrth y Gweinidog Iechyd a Gwasanaethau Cymdeithasol yn eich penodi'n Gadeirydd Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg, a fydd yn cadarnhau'r telerau ar gyfer cynnig y penodiad. Bydd eich penodiad yn amodol ar broses gwirio geirdaon, a gynhelir gan Uned Cyrff Cyhoeddus Llywodraeth Cymru a gwiriad y Gwasanaeth Datgelu a Gwahardd a gynhelir gan Bartneriaeth Cydwasanaethau GIG Cymru.

## Enwau Cyswllt:

I gael rhagor o wybodaeth am y broses ddethol neu i wneud cais am y rôl, cysylltwch â: Tîm Penodiadau Cyhoeddus, Uned Cyrff Cyhoeddus, E-bost: [PenodiadauCyhoeddus@llyw.cymru](mailto:PenodiadauCyhoeddus@llyw.cymru)

I gael rhagor o wybodaeth bellach am rôl Cadeirydd Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg, cysylltwch â:

Judith Paget, Cyfarwyddwr Cyffredinol, Iechyd a Gwasanaethau Cymdeithasol/Prif Weithredwr GIG Cymru, Llywodraeth Cymru E-bost: [pstodgforhsscenhswales@llyw.cymru](mailto:pstodgforhsscenhswales@llyw.cymru) /

Georgina Galletly, Cyfarwyddwr Llywodraethu ac Ysgrifennydd y Bwrdd, Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg, Anfonwch e-bost at: [georgina.galletly2@wales.nhs.uk](mailto:georgina.galletly2@wales.nhs.uk)

I gael rhagor o wybodaeth am Benodiadau Cyhoeddus yng Nghymru, ewch i [www.llyw.cymru/penodiadau-cyhoeddus](http://www.llyw.cymru/penodiadau-cyhoeddus)

## Ymholiadau

Os oes gennych gwestiynau ynglŷn â'ch cais, cysylltwch â [PenodiadauCyhoeddus@llyw.cymru](mailto:PenodiadauCyhoeddus@llyw.cymru).

## Os nad ydych yn hollol fodlon

Nod Llywodraeth Cymru yw prosesu'r holl geisiadau mor gyflym â phosibl a thrin pob ymgeisydd yn gwrtais. Os oes gennych unrhyw gwynion am y ffordd y deliwyd â'ch cais, cysylltwch â [PenodiadauCyhoeddus@llyw.cymru](mailto:PenodiadauCyhoeddus@llyw.cymru).

Yn ogystal, gallwch ysgrifennu at: Swyddfa'r Comisiynydd Penodiadau Cyhoeddus G/08, 1 Horse Guards Road, Llundain SW1A 2HQ.

Russell George MS  
Chair, Health and Social Care Committee  
Senedd Cymru / Welsh Parliament  
Cardiff Bay  
Cardiff  
CF99 1SN

1 February 2023

Dear **Russell**

### **Prioritisation of the Rare Disease Action Plan for Wales 2022-26**

I am writing to the Committee in light of the recent budget scrutiny session that the Committee undertook with Ministers and officials on 11 January 2023.

While it is understood that the Welsh NHS continues to find itself in an extremely challenging and pressurised environment both operationally and financially during this winter period, I am concerned that in the evidence provided by the Health Minister, she failed to prioritise the Welsh Government's commitment to improving the lives of people living with a rare disease in Wales during the forthcoming 2023-24 financial year.

As a founding member of the Cross Party Group on Rare, Genetic and undiagnosed conditions, you will recall when the Rare Disease Action Plan for Wales (RDAPW) 2022-26 was published last summer, the Welsh Health Circular (WHC) that accompanied the Plan, set out clear expectations for Health Boards to facilitate and implement the priorities and actions in the Plan over its lifetime. The WHC said:

*"Health boards should take account of the priorities for rare diseases when planning their services and developing their Integrated Medium-Term Plans (IMTPs)."*<sup>1</sup>

However, in the Health Minister's evidence to the Committee, she was unambiguous in stating that she had issued new guidance to Health Boards, for this forthcoming financial year, based on six identified priorities. She said:

*"What we've got to do is to try and give them (Health Boards) an indication of where we'd like them to focus their spend. In the guidelines in preparation for their IMTPs, I've just made it absolutely clear that I want them to focus on six areas."*<sup>2</sup>

She went on to set out what those six priorities were:

1. Delayed transfers of care
2. Improving access to primary and community care
3. Urgent and emergency care (six goals)
4. Planned care and recovery
5. Cancer
6. Mental Health (including CAMHs)

We know from the *National Clinical Framework: A Learning Health and Care System* published in 2021, that the Government's strategic vision of a health system in Wales is one that is "co-ordinated nationally", because greater central direction helps shape behaviour but is "delivered locally" by those directly responsible for their respective populations, through collaborations, between health organisations and partners. The Government states that this approach "ensures local ownership" and a "thriving innovation agenda."

That means if the Welsh Government does not prioritise and coordinate the delivery of a particular policy agenda with Health Board partners, then there is no formal requirement for those partners to implement that agenda into their medium-term planning cycle.

Given that the RDAPW is still in its first year of implementation, it is absolutely critical that Health Boards do not lose sight of embedding the four key priorities, both in financial and operational terms, into their IMTPs. Those four priorities are:

**Priority 1 - Helping patients get a final diagnosis faster**

**Priority 2 - Increasing awareness of rare diseases amongst healthcare professionals**

**Priority 3 - Better coordination of care**

**Priority 4 - Improving access to specialist care, treatment, and medicines**

As you know, the Rare Diseases Implementation Group (RDIG) brings together delivery partners to develop and monitor Wales progress. Unlike other clinical implementation groups in Wales, the RDIG has had no core funding to help them facilitate this work; so they are already at a disadvantage. Moreover, as the new NHS Executive, which will bring together all the national clinical programme networks and implementation groups, continues to evolve, this will also impact on the operating function of the RDIG in terms of its monitoring and reporting timelines.

We know that people with rare diseases and their families often face a lifetime of complex care, which is often disjointed and that has a significant and detrimental impact on their education, financial stability, mobility and mental health. Therefore, it is vitally important that the voice of the rare disease community is not lost in this current extremely challenging period. Only by fully prioritising and committing to the comprehensive implementation of the RDAPW, will Wales have the ability and opportunity to achieve significant change and improvement in the care and treatment of people living with a rare disease.

I hope that as a Committee, through your scrutiny deliberations and reporting to the Senedd, you will take this matter into account and request that Government do not lose sight of the many policy commitments it has made beyond the six priority areas highlighted by the Minister, particularly those that effect this particularly vulnerable group of patients and their families.

Best wishes,

A handwritten signature in black ink that reads "Victoria Hayes".

Victoria Hayes

Director of Public Affairs, Northern Cluster, Kyowa Kirin

## References

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<sup>1</sup> Welsh Health Circular (2022/017), *Wales Rare Diseases Action Plan 2022 – 2026*, Welsh Government, 16 June 2022.  
[https://www.gov.wales/sites/default/files/publications/2022-06/wales-rare-diseases-action-plan-2022–2026-whc-2022-017\\_3.pdf](https://www.gov.wales/sites/default/files/publications/2022-06/wales-rare-diseases-action-plan-2022–2026-whc-2022-017_3.pdf)  
(As accessed on 1 February 2023).

<sup>2</sup> Transcript of Health and Social Care Committee (Section 8), 11 January 2023.  
<https://record.senedd.wales/Committee/13294>  
(As accessed on 1 February 2023).



Llywodraeth Cymru  
Welsh Government

Russell George AS  
Cadeirydd  
Pwyllgor Iechyd a Gwasanaethau  
Cymdeithasol  
Senedd Cymru  
Bae Caerdydd  
CF99 1SN

Annwyl Russell,

13 Chwefror 2023

### **Bil Caffael y Gwasanaeth Iechyd (Cymru) - Datganiad o fwriad polisi**

Yn sgil cyflwyno Bil Caffael y Gwasanaeth Iechyd (Cymru) i'r Senedd ar 13 Chwefror 2023, amgaeaf gopi o ddatganiad o fwriad polisi. Darperir y ddogfen hon i helpu'r Pwyllgor wrth iddo graffu ar y Bil.

Edrychaf ymlaen at ddarparu tystiolaeth i'r Pwyllgor maes o law.

Rwyf yn anfon copi o'r llythyr hwn at Gadeirydd y Pwyllgor Deddfwriaeth, Cyfiawnder a'r Cyfansoddiad.

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](mailto:Gohebiaeth.Eluned.Morgan@llyw.cymru)  
[Correspondence.Eluned.Morgan@gov.wales](mailto: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.



Llywodraeth Cymru  
Welsh Government

# **Bil Caffael y Gwasanaeth Iechyd (Cymru)**

**Datganiad o Fwriad Polisi ar gyfer Is-  
ddeddfwriaeth**

**13 Chwefror 2023**

## **Bil Caffael y Gwasanaeth Iechyd (Cymru)**

### **Datganiad o Fwriad Polisi ar gyfer Is-ddeddfwriaeth**

#### **Cyflwyniad**

1. Mae'r ddogfen hon yn dynodi'r bwriad polisi presennol ar gyfer yr is-ddeddfwriaeth y byddai gan Weinidogion Cymru y grym i'w gwneud yn rhinwedd y diwygiadau a wneir i Ddeddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006 a Deddf Caffael 2023 (Bil sy'n mynd drwy Senedd y DU ar hyn o bryd, ac a allai fod yn destun gwelliannau pellach wrth i'r Bil fynd drwy'r broses seneddol) gan Fil Caffael y Gwasanaeth Iechyd (Cymru) ("y Bil").
2. Lluniwyd y Datganiad i gynorthwyo pwyllgorau wrth iddynt graffu ar y Bil. Dylid ei ddarllen ar y cyd â'r Bil a'r Memorandwm Esboniadol a'r Nodiadau Esboniadol cysylltiedig. Mae manylion llawn am weithdrefn Senedd Cymru ("y Senedd") sy'n gysylltiedig â phob un o'r pwerau hyn wedi eu nodi yn Nhabl 1 ym Mhennod 5 o'r Memorandwm Esboniadol ac nid ydynt yn cael eu hailadrodd yn y ddogfen hon.
3. Mae'r Bil yn darparu pwerau mewn deddfwriaeth sylfaenol i alluogi Gweinidogion Cymru i gyflwyno is-ddeddfwriaeth i gyflwyno cyfundrefn gaffael newydd ar gyfer gwasanaethau iechyd a ddarperir fel rhan o'r gwasanaeth iechyd yng Nghymru. Wrth ddatblygu is-ddeddfwriaeth, bydd Llywodraeth Cymru yn gweithio'n agos gyda GIG Cymru a rhanddeiliaid i sicrhau bod y darpariaethau'n berthnasol, yn ddilys ac yn gymesur.
4. Yn gryno, mae darpariaethau'r Bil yn seiliedig ar y ddau bŵer canlynol:
  - i. "Pŵer datgymhwyso" i alluogi Gweinidogion Cymru i ddatgymhwyso, drwy reoliadau, ddarpariaethau yn y Ddeddf Caffael a fyddai (wedi iddi gael ei phasio) fel arall yn gymwys i gaffael gwasanaethau iechyd GIG yng Nghymru; a
  - ii. "Pŵer creu" i alluogi Gweinidogion Cymru i ddatblygu a gweithredu cyfundrefn gaffael amgen newydd ar gyfer gwasanaethau iechyd GIG yng Nghymru, a hynny drwy is-ddeddfwriaeth.
5. Mae tabl sy'n disgrifio'r pŵer a'r bwriad polisi ar gael yn **Atodiad A**.



Atodiad A

Adran o'r Bil	Disgrifiad o'r pŵer	Rheswm dros y pŵer, a'i fwriad polisi
<b>Pŵer i ddatgymhwyso darpariaethau yn Neddf Caffael 2023 mewn perthynas â chaffael GIG yng Nghymru ("pŵer datgymhwyso")</b>		
2	<p>Pŵer i Weinidogion Cymru ddatgymhwyso darpariaethau yn Neddf Caffael 2023, i'r graddau y maent yn anghyson â darpariaethau amgen a wneir mewn cysylltiad â chaffael gwasanaethau iechyd yng Nghymru. Mae hyn i'w wneud drwy fewnosod adran newydd (y bwriedir iddi fod yn adran 116A ar hyn o bryd) yn Neddf Caffael 2023 Llywodraeth y DU.</p> <p>Mae is-adran (1) o'r adran newydd 116A yn darparu'r pŵer y cyfeirir ato uchod i Weinidogion Cymru, sydd i'w arfer drwy wneud rheoliadau (drwy offeryn statudol).</p> <p>Nid yw'r pŵer ond yn gymwys i 'gaffael gwasanaethau iechyd wedi ei reoleiddio yng Nghymru' ('<i>regulated health service procurement in Wales</i>'). Mae is-adran (2)(a) o'r adran newydd 116A yn diffinio hyn fel caffael nwyddau a gwasanaethau a gyflawnir gan 'awdurdod</p>	<p><b>Rheswm dros y pŵer:</b></p> <p>Mae'r pŵer hwn yn galluogi Gweinidogion Cymru i ddatgymhwyso deddfwriaeth gaffael mewn perthynas â chaffael gwasanaethau iechyd GIG wedi ei reoleiddio yng Nghymru. Mae'r pŵer datgymhwyso yn angenrheidiol er mwyn sicrhau nad oes gorgyffwrdd rhwng darpariaethau Deddf Caffael 2023 a'r gyfundrefn caffael gwasanaethau iechyd newydd ar gyfer Cymru sydd i'w sefydlu gan y rheoliadau dilynol.</p> <p><b>Bwriad polisi'r pŵer:</b></p> <p>Bydd y pŵer yn caniatáu i Weinidogion Cymru ddatgymhwyso darpariaethau yn y Bil Caffael a fyddai fel arall yn gymwys i gaffael gwasanaethau iechyd GIG yng Nghymru i'r graddau y mae darpariaeth amgen wedi ei gwneud yn hynny o beth yn unol â'r pŵer creu a ddisgrifir isod. Nid dadreoleiddio gwasanaethau iechyd yng Nghymru yw bwriad y pŵer hwn; yn hytrach, ei fwriad yw datgymhwyso deddfwriaeth gaffael pan fo caffael</p>

Tudalen y pecyn 55

	<p>perthnasol' (<i>'relevant authority'</i>) sy'n ddarostyngedig i ddarpariaethau a wneir gan reoliadau o dan adran newydd 10A sydd i'w mewnosod yn Neddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006. Mae i 'awdurdod perthnasol' yr ystyr a roddir iddo yn yr adran newydd 10A (gweler isod i gael rhagor o fanylion).</p>	<p>gwasanaethau at ddibenion y gwasanaeth iechyd yng Nghymru yn cael ei reoleiddio o dan y gyfundrefn newydd.</p> <p>Mae'r diffiniad o 'awdurdod perthnasol' yn cael ei adlewyrchu yn y "pŵer creu" a ddisgrifir isod.</p> <p>Bydd y rheoliadau'n dilyn y <b>weithdrefn gadarnhaol ddrafft</b> ac felly byddant yn ddarostyngedig i graffu gan y Senedd ac i gytundeb y Senedd.</p>
<p><b>Pŵer i ddatblygu a gweithredu cyfundrefn gaffael newydd ar gyfer gwasanaethau iechyd yng Nghymru ("pŵer creu")</b></p>		
<p>3</p>	<p>Pŵer i Weinidogion Cymru wneud rheoliadau sy'n nodi'r gofynion sy'n gymwys i awdurdodau perthnasol mewn perthynas â chaffael gwasanaethau a ddarperir fel rhan o'r gwasanaeth iechyd yng Nghymru, yn ogystal â nwyddau a gwasanaethau eraill sy'n gysylltiedig â'r gwasanaethau iechyd hynny.</p> <p>Bydd hyn yn cael ei wneud drwy ddiwygio Deddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006 i fewnosod adran newydd (adran 10A).</p>	<p><b>Rheswm dros y pŵer:</b></p> <p>Mae'r pŵer creu hwn yn angenrheidiol i wneud rheoliadau sy'n gosod gofynion ar awdurdodau perthnasol mewn perthynas â chaffael gwasanaethau iechyd at ddibenion y gwasanaeth iechyd yng Nghymru.</p> <p>Un o brif ddibenion cymryd y pŵer yw rhoi opsiwn i sefydlu cyfundrefn caffael gwasanaethau iechyd newydd sydd, i raddau, yn alinio â chynigion a gyflwynir gan yr Adran Iechyd a Gofal Cymdeithasol (DHSC) yn Lloegr, o'r enw'r Gyfundrefn Dethol Darparwyr (<i>'Provider Selection Regime'</i> neu PSR)<sup>1</sup>.</p>

<sup>1</sup> Y Gyfundrefn Dethol Darparwyr: ymgynghoriad ategol ar fanylion y cynigion ar gyfer rheoliadau - GOV.UK ([www.gov.uk](http://www.gov.uk))

		<p>Nid yw'r pŵer creu yn y Bil yn rhagnodi manylion ynghylch cynnwys unrhyw gyfundrefn caffael gwasanaethau iechyd newydd ac mae manylion terfynol y rheoliadau PSR a'r canllawiau gweithredol cysylltiedig wrthi'n cael eu datblygu gan DHSC. Felly, i roi'r hyblygrwydd i Weinidogion Cymru addasu'n briodol unwaith y mae manylion terfynol y PSR arfaethedig yn Lloegr yn hysbys, bydd cynnwys y gyfundrefn newydd arfaethedig yn cael ei ddatblygu fel rhan o'r rheoliadau yn y dyfodol a chanllawiau gweithredol y gyfundrefn newydd. Bydd hyn hefyd yn darparu elfen o hyblygrwydd i lunio'r gyfundrefn newydd i ddiwallu heriau ac anghenion dinasyddion Cymru yn y dyfodol.</p> <p><b>Bwriad polisi'r pŵer:</b></p> <p>Nod cyflwyno'r PSR yn Lloegr yw rhoi'r hyblygrwydd i'r rhai sy'n gwneud penderfyniadau yn GIG Lloegr a sefydliadau llywodraeth leol yn Lloegr drefnu gwasanaethau iechyd sy'n hyrwyddo orau fuddiannau cleifion a'r boblogaeth yn eu hardaloedd, yn ogystal ag ystyried y gwerth am arian cyhoeddus. Cynigir y bydd y PSR yn symud i ffwrdd o sefyllfa o gystadleuaeth o dan yr holl amgylchiadau, a thuag at system o gydweithio a phartneriaeth gyda darparwyr gwasanaethau iechyd annibynnol.</p> <p>O ganlyniad, mae'n bosibl y bydd y newidiadau gweithredol i gaffael gwasanaethau iechyd yn Lloegr o dan y PSR yn cael</p>
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		<p>effaith ar allu GIG Cymru i gynnal a sicrhau gwasanaethau iechyd yng Nghymru, gan gynnwys:</p> <ul style="list-style-type: none"><li>• Aflunio'r platform caffael gwasanaethau iechyd cyfochrog presennol rhwng Cymru a Lloegr;</li><li>• Cyfyngu ar y gallu i gomisiynu gwasanaethau iechyd gan ddarparwyr iechyd ar y cyd rhwng GIG Lloegr a GIG Cymru, a manteision cysylltiedig arbedion maint ariannol ac adnoddau;</li><li>• Cyfyngu ar GIG Cymru o ran cael mynediad at fframweithiau gwasanaethau gofal iechyd sy'n bodoli eisoes;</li><li>• Cyfyngu ar awydd cyflenwyr i gyflenwi gwasanaethau iechyd yng Nghymru, er ei bod yn anodd rhagfynegi graddau'r effaith ar hyn o bryd gan y bydd yn dibynnu ar ffactorau megis ymateb y farchnad a chyflenwyr i'r newidiadau a gyflwynir.</li></ul> <p><b>Bwriad polisi posibl rheoliadau yn y dyfodol:</b> Bydd y rheoliadau yn y dyfodol yn ceisio lleddfu'r effeithiau a ddisgrifir uchod drwy ddatblygu rheoliadau a chyfundrefn caffael gwasanaethau iechyd newydd yng Nghymru sydd, i raddau, yn alinio â PSR DHSC a gyflwynir yn Lloegr.</p> <p>Nod y dull gweithredu hwn fydd sicrhau bod caffael gwasanaethau iechyd yng Nghymru a Lloegr yn parhau i weithredu ar sail debyg. Bydd hyn yn adfer tegwch wrth</p>
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		<p>gaffael, gan sicrhau bod y farchnad yng Nghymru yn parhau'n atyniadol i ddarparwyr gwasanaethau iechyd annibynnol. Bydd hyn yn helpu'r GIG yng Nghymru i gynnal parhad darpariaeth gwasanaethau iechyd i ddinasyddion Cymru.</p> <p>Mae DHSC wedi ymgynghori ar ei chynigion o dan y PSR<sup>2</sup> - <b>gallai</b> alinio cyfundrefn caffael gwasanaethau iechyd newydd yng Nghymru â'r PSR yn Lloegr gynnwys newidiadau i weithdrefnau caffael gweithredol yng Nghymru, megis:</p> <ul style="list-style-type: none"><li>• Symud i ffwrdd o sefyllfa o gystadleuaeth yn ddiodyn;</li><li>• Galluogi trefniadau contractio i barhau gyda darparwr gwasanaeth iechyd presennol o dan amgylchiadau penodol pan asesir bod parhau â'r trefniadau presennol yn fuddiol;</li><li>• Caniatáu opsiynau ar gyfer dyfarnu'n uniongyrchol gyda darparwr addas a nodir;</li><li>• Opsiynau i ddilyn proses gaffael gystadluol newydd pan fo hynny er lles cleifion, trethdalwyr a'r boblogaeth.</li></ul> <p>Nod y dulliau gweithredu uchod yw annog mwy o gydweithio a phartneriaethau rhwng y GIG a darparwyr gwasanaethau</p>
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<sup>2</sup> Rhagolwg o gynigion ar gyfer y Gyfundrefn Dethol Darparwyr - GOV.UK ([www.gov.uk](http://www.gov.uk))

		<p>iechyd annibynnol ac o bosibl roi mwy o hyblygrwydd i barhau ag ymgysylltiad â darparwyr gwasanaethau sy'n bodoli eisoes pan asesir bod y trefniadau presennol yn gweithio'n dda. Bydd hefyd angen i unrhyw newidiadau sicrhau bod gweithdrefnau cyfundrefn gaffael newydd yn seiliedig ar dryloywder, craffu ac atebolrwydd.</p> <p>Mewn perthynas â chwmpas 'gwasanaethau iechyd', mae'n debygol y bydd y rheoliadau yn y dyfodol yn ceisio alinio â'r codau geirfa gaffael gyffredin (CPV) sydd wedi'u nodi hyd yma yn y PSR<sup>3</sup>. Bydd yr ystod o wasanaethau sy'n cael ei chynnwys ar y rhestr hon yn cael ei hadolygu wrth ddatblygu rheoliadau yn y dyfodol i ddeall cymhwysedd i wasanaethau iechyd GIG yng Nghymru.</p> <p>O dan y Bil, cynigir bod rhaid i ganllawiau statudol gyd-fynd â'r rheoliadau yn y dyfodol, a bod rhaid i 'awdurdodau perthnasol' roi sylw iddynt. Mae 'awdurdodau perthnasol' yn cynnwys cynghorau sir, byrddau ac ymddiriedolaethau iechyd ac awdurdodau iechyd arbennig yng Nghymru. Bydd canllawiau o'r fath yn cael eu hystyried wrth ddatblygu a chyd-ddylunio'r gyfundrefn newydd a gyflawnir mewn partneriaeth â'r 'awdurdodau perthnasol' sy'n caffael gwasanaethau iechyd yng Nghymru.</p>
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<sup>3</sup> [Y Gyfundrefn Dethol Darparwyr: ymgynghoriad ategol ar fanylion y cynigion ar gyfer rheoliadau - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

		Bydd y rheoliadau yn y dyfodol yn dilyn y <b>weithdrefn gadarnhaol ddrafft</b> ac felly byddant yn ddarostyngedig i graffu gan y Senedd ac i gytundeb y Senedd.
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<b>Gwybodaeth arall</b>	
<b>Amseriad y ddeddfwriaeth sylfaenol</b>	<p>Mae'r Bil yn nodi y bydd y ddeddfwriaeth sylfaenol yn dod i rym drannoeth y diwrnod y caiff y Bil y Cydsyniad Brenhinol.</p> <p>Yn amodol ar brydlondeb a chanlyniadau proses graffu'r Senedd, cynigir bod y Bil yn cael y Cydsyniad Brenhinol yn haf 2023.</p>
<b>Amseriad yr is-ddeddfwriaeth arfaethedig a'i gweithredu</b>	<p>Yn amodol ar y Bil yn dod yn Ddeddf, bydd datblygu is-ddeddfwriaeth a chanllawiau statudol cysylltiedig, a fydd yn cael eu datblygu ar y cyd â'r 'awdurdodau perthnasol' gan gynnwys arweinwyr caffael GIG Cymru, yn dechrau ar ôl y Cydsyniad Brenhinol.</p> <p>Bydd cyfnod ymgynghori cyhoeddus o 12 wythnos ar egwyddorion gweithredol cyfundrefn caffael gwasanaethau iechyd newydd ar gyfer Cymru yn cael ei gynnal.</p> <p>Yn dilyn yr ymgynghoriad, bydd llunio canllawiau'r gyfundrefn newydd yn dechrau a bydd is-ddeddfwriaeth yn cael ei datblygu a'i gosod gerbron y Senedd. Bydd y rheoliadau'n cael eu gwneud o dan y <b>weithdrefn gadarnhaol ddrafft</b> yn y Senedd.</p>

	Yn amodol ar ganlyniad proses graffu'r Senedd, cynigir mai'r nod yw y bydd y rheoliadau caffael gwasanaethau iechyd newydd a chanllawiau'r gyfundrefn yn dod i rym yng ngwanwyn 2024.
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Peredur Owen Griffiths AS  
Cadeirydd y Pwyllgor Cyllid

15 Chwefror 2023

Annwyl Peredur,

### **Craffu ar oblygiadau ariannol Biliau**

Yn dilyn eich llythyr dyddiedig 19 Rhagfyr 2022 at y Prif Weinidog ynglŷn â chraffu ar oblygiadau ariannol Biliau'r Llywodraeth, rwyf wedi ystyried cais pellach y Pwyllgor Cyllid.

Byddaf yn rhoi ymrwymiad y bydd pob un o Weinidogion Cymru yn ymdrechu i ymateb i Adroddiad Cam 1 y Pwyllgor Cyllid ar gyfer Biliau'r Senedd cyn y cynhelir y ddadl Egwyddorion Cyffredinol ar y Bil hwnnw.

Fodd bynnag, dylai'r Pwyllgor Cyllid nodi wrth roi'r ymrwymiad hwn, bydd achosion yn codi pan na fydd y manylion y mae'r Pwyllgor yn gofyn amdanynt ar gael yn hawdd o fewn yr amser hwnnw.

Mae'r Llywodraeth yn parhau i ddilyn gofynion Rheolau Sefydlog y Senedd sy'n pennu mai nod y penderfyniad ariannol yw ceisio cytundeb ar oblygiadau ariannol unrhyw Fil nid fel y'i cyflwynwyd, ond fel y'i diwygiwyd ar ôl cwblhau'r broses graffu. At hynny, bydd Gweinidogion Cymru yn parhau i roi manylion i'r Pwyllgor Cyllid a'r pwyllgorau sy'n craffu ar bolisi pan fo datblygiadau wedi bod neu ddiwygiadau wedi cael eu gwneud sy'n arwain at newidiadau sylweddol i oblygiadau ariannol pob Bil.

Rwyf wedi gofyn i'm swyddogion ystyried ymhellach unrhyw oblygiadau sy'n deillio o symud y ddadl penderfyniad ariannol i wythnos ar ôl y ddadl Egwyddorion Cyffredinol, a'r effaith ar y rhaglen ddeddfwriaethol yn y dyfodol.

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1SN

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

[Gohebiaeth.Lesley.Griffiths@llyw.cymru](mailto:Gohebiaeth.Lesley.Griffiths@llyw.cymru)  
[Correspondence.Lesley.Griffiths@gov.wales](mailto:Correspondence.Lesley.Griffiths@gov.wales)

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

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

Rwyf wedi anfon copi o'ch llythyr ynghyd â'r ymateb hwn at bob un o Weinidogion Cymru. Anfonir yr ymateb hwn at y Pwyllgor Busnes a Chadeiryddion y Pwyllgorau Polisi hefyd.

Yn gywir,

A handwritten signature in black ink that reads "Lesley Griffiths". The signature is written in a cursive style with a large, sweeping initial 'L'.

**Lesley Griffiths AS/MS**  
**Y Gweinidog Materion Gwledig a Gogledd Cymru, a'r Trefnydd**  
**Minister for Rural Affairs and North Wales, and Trefnydd**



Sue Tranka  
Prif Swyddog Nyrsio  
Chief Nursing Officer  
Cyfarwyddwr Nyrsio GIG Cymru  
Nurse Director NHS Wales

Y Pwyllgor Iechyd a Gofal Cymdeithasol  
Mewnflwch y Llywodraeth ar gyfer Busnes y Pwyllgorau  
[government.committee.business@llyw.cymru](mailto:government.committee.business@llyw.cymru)

17 Chwefror 2023

Annwyl Gadeirydd,

Diolch am eich gwahoddiad i fynychu sesiwn graffu gyffredinol gyda'r Pwyllgor Iechyd a Gofal Cymdeithasol ddydd Iau 26 Ionawr i drafod fy mlaenoriaethau a'r materion ehangach sy'n effeithio ar nyrsys a nyrsio yng Nghymru.

Fe wnaethoch ofyn am ragor o wybodaeth ynghylch:

- y rhwystrau technolegol sy'n atal casglu a chyhoeddi data am swyddi gwag nyrsio ar lefel Cymru gyfan, a'r gwaith sy'n cael ei wneud i fynd i'r afael â hyn; a
- gwybodaeth am y gwaith a wnaed i leihau'r gwariant ar nyrsio asiantaeth cyn y pandemig, a sut mae'r lefel bresennol o wariant ar asiantaethau yn cymharu â'r lefel cyn y pandemig.

Nodwch gyhoeddiad y [Cynllun Gweithredu Cenedlaethol ar gyfer y Gweithlu](#) ar 1 Chwefror 2023 sy'n amlinellu cyfres o gamau gweithredu amser-benodol gan gynnwys cyhoeddi data swyddi gwag a lleihau gwariant ar asiantaethau. Bydd hyn yn helpu i gyflymu'r gwaith sydd ar y gweill fel rhan o "Cymru Iachach: Ein Strategaeth Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol".

Mae'r cynllun gweithredu hwn yn nodi'r camau canlynol:

#### Erbyn mis Mehefin 2023

- Bydd Llywodraeth Cymru'n cyhoeddi data swyddi gwag GIG Cymru ar gyfer y gweithlu sydd wedi'i gyflogi'n uniongyrchol.

#### Erbyn mis Medi 2023

- Gyda chyrrff y GIG, bydd Llywodraeth Cymru yn adolygu'r dull o gasglu data'r gweithlu a'i gadernid, a sicrhau bod y data hwn yn cynnig sail gywir a chyson i ddeall ein gweithlu a'n proses o wneud penderfyniadau ar draws Cymru;
- Yn seiliedig ar yr adolygiad data, bydd Llywodraeth Cymru yn sefydlu amserlen ar gyfer cyhoeddi dangosfwrdd gweithlu cenedlaethol i ddod â thryloywder i'r cynnydd a'r blaenoriaethau ar draws y gweithlu yng Nghymru;
- Bydd AaGIC yn gweithio gyda phartneriaid i wella ansawdd, argaeledd a mynediad at ddata'r gweithlu, a bydd yn datblygu methodoleg a model data gweithlu cenedlaethol i asesu faint o weithlu sydd ar gael, a'r galw am weithlu.



### Erbyn mis Gorffennaf 2023

- Bydd Llywodraeth Cymru'n gweithio gyda phartneriaid i safoni cyfraddau tâl ar gyfer oriau ychwanegol mewn gofal eilaidd a gofal sylfaenol er mwyn sicrhau eu bod yn ddeniadol i'r gweithlu ac yn gynaliadwy i'r sefydliadau;
- Bydd Llywodraeth Cymru'n gweithio gyda phartneriaid i gyflwyno fframwaith rheoli ar ei newydd wedd i sicrhau llai o wariant ar staff asiantaeth er mwyn sicrhau'r gwerth gorau posib am arian.

### **Rhagor o fanylion am y rhwystrau technolegol sy'n atal casglu a chyhoeddi data am swyddi gwag nyrsio ar lefel Cymru gyfan, a'r gwaith sy'n cael ei wneud i fynd i'r afael â hyn;**

Oherwydd natur sut mae data swyddi gwag y GIG yn cael ei ddiffinio a'i gasglu'n lleol gan fyrdau ac ymddiriedolaethau iechyd unigol, mae'n bwysig darparu un ffordd gyson o adrodd am swyddi gwag i sicrhau bod data cadarn ar gael i randdeiliaid a defnyddwyr. Mae swyddogion wedi ystyried nifer o ffynonellau data sydd eisoes yn bodoli am y gweithlu, sef Warws Data'r Cofnod Staff Electronig a gynhelir gan Addysg a Gwella Iechyd Cymru (AaGIC), a'r system Trac a gynhelir gan Bartneriaeth Cydwasanaethau GIG Cymru (NWSSP). Ar ôl trafod gydag AaGIC a NWSSP mae'r ddau sefydliad yn cytuno na fyddai'r ffynonellau hyn yn gallu darparu nifer cyson, dibynadwy a chywir o swyddi gwag yn GIG Cymru. Mae swyddogion hefyd wedi bod yn gweithio gyda Chyfarwyddwyr Cynorthwyol y Gweithlu a Datblygu Sefydliadol GIG Cymru ac arweinwyr cyllid i weithredu dull a fydd yn nodi'r gwahaniaeth rhwng nifer y staff parhaol neu dymor penodol cyfwerth ag amser llawn a adroddir a lefelau gweithlu sydd wedi'u cynllunio. Mae Llywodraeth Cymru wedi ymrwmo i gyhoeddi data swyddi gwag GIG Cymru erbyn mis Mehefin 2023.

Mae gwaith ar y gweill i ddeall, lleihau a rhoi sylw i'r ddibyniaeth gynyddol ar weithlu asiantaeth. Er y deallir bod y pwysau ar weithlu a gwasanaethau craidd y GIG dros y blynyddoedd diwethaf wedi golygu bod angen yr adnodd hyblyg ac ychwanegol hwn, bydd camau yn cael eu cymryd eleni, yn unol â chynllun gweithredu ehangach ar gyfer gweithlu'r GIG, er mwyn canolbwyntio ar weithlu sy'n fwy cynaliadwy yn y GIG yng Nghymru.

	Gwariant Asiantaeth/Locwm (premiwm)				Fel % o Gyfanswm y Tâl %
	Meddygol a Deintyddol	Nyrsio a Bydwreigiaeth	Staffio Arall Dros Dro	Cyfanswm	
	£000au	£000au	£000au	£000au	
Gwariant Blynyddol 2014-15	40,956	28,720	18,110	87,787	
Gwariant Blynyddol 2015-16	62,057	45,903	27,257	135,218	
Gwariant Blynyddol 2016-17	77,348	53,846	33,163	164,358	4.7%
Gwariant Blynyddol 2017-18	60,033	51,431	24,259	135,724	3.7%
Gwariant Blynyddol 2018-19	54,622	65,440	23,577	143,640	3.8%
Gwariant Blynyddol 2019-20	60,646	81,605	34,544	176,795	4.2%
Gwariant Blynyddol 2020-21	58,600	94,429	46,115	199,144	4.1%
Gwariant Blynyddol 2021-22	66,468	133,429	71,134	271,031	5.3%

Nid yw'r cynnydd yng ngwariant y GIG ar weithlu Asiantaeth dros y blynyddoedd diwethaf yn gynaliadwy yn y tymor hwy. Yn lle hynny, mae angen buddsoddi'n bwrpasol i gynyddu a defnyddio'n effeithiol weithlu craidd sy'n cael ei gyflogi'n uniongyrchol gan y GIG yng Nghymru. Bydd hyn yn golygu bod angen cydbwysedd rhwng sicrhau digon o gapasiti i ddarparu gwasanaethau diogel, tra bod camau gweithredu ar y gweill sy'n darparu gweithlu cynaliadwy a gwerth am arian yn y tymor hwy.

Yn gywir



**CHIEF NURSING OFFICER  
NURSE DIRECTOR NHS WALES  
PRIF SWYDDOG NYRSIO  
CYFARWYDDWR NYRSIO GIG CYMRU**

# Eitem 3.5

## **Cancer Research UK – Further information for Senedd Health Committee**

**What data is currently available on health inequalities in relation to cancer, how the data that is available is being collected and analysed, and where there may be gaps in inequality data.**

Health inequalities impact every stage of the cancer pathway, including prevalence of cancer risk factors, screening uptake, stage of disease at diagnosis, and access to treatment, and these all contribute to stark differences in cancer incidence and outcomes. Generally, the strongest data available on cancer inequalities is on socioeconomic deprivation, namely due to smoking.

Understanding the root causes of cancer inequalities, who they impact, and how to eliminate them, is complex and multi-faceted; we need to do more to fully understand cancer inequalities.

Currently, the data available for many population groups on several cancer metrics are outdated, limited, or non-existent. Comprehensive collection of and access to data is critical to effectively developing policy interventions to reduce inequalities targeted at those who need it most.

On screening specifically, we know that screening participation varies hugely by socio-economic group in Wales. For bowel screening, data shows that uptake for those living in the most deprived areas in Wales is 53%, compared to 68% for those in the least deprived areas.<sup>i</sup>

The Senedd Cross Party Group on Cancer, chaired by David Rees MS with Cancer Research UK providing the secretariat, is currently conducting an inquiry into cancer and inequalities. The hope is that this work will help uncover the data that exists on inequalities and cancer, with a specific focus on deprivation. The report and recommendations will also highlight the data gaps. On publication, a copy of the report will be shared with the Committee.

We would welcome further inquiry by the Committee into health inequalities and cancer.

**Cancer Research UK's views on whether non-GI endoscopy should be included within the National Endoscopy Programme.**

Diagnostic testing and play an essential role in diagnosing a range of cancers, for example, colposcopy for cervical cancer, and cystoscopy for bladder cancer. However, given the specific aims of the National Endoscopy Programme, we do not believe that non-GI endoscopy should be included in the Programme.

The NEP was set up to aid with specific issues in GI-endoscopy and to help build capacity to prepare for the introduction of FIT and the optimisation of bowel screening. There is a specific need to focus on workforce and capacity issues within GI endoscopy in Wales, which are separate to any issues related to non-GI endoscopy. This is because it is a different workforce and specialisms in GI and non-GI endoscopy – for example, cystoscopies are conducted by a urologist and colposcopy by a specialist nurse [colposcopist] or gynaecologist. The equipment used and infrastructure needed to perform these types of endoscopies are also different, as well as the innovations (e.g. Cytosponge/TNE) and accreditations (e.g. JAG).

Whilst there are some areas of crossover (for example, all are impacted by shortages in the pathology workforce who analyse biopsy samples), the different specialities and equipment involved mean that conversations about non-GI endoscopy are best had when talking about site specific cancers. Colposcopy capacity and efficiency could be covered within the Committee’s inquiry into gynaecological cancers. In addition, for some cancers – including bladder cancer, for example, there are additional diagnostic tests alongside the cystoscopy that are performed including CT scans and MRI scans.

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<sup>i</sup> Public Health Wales. 2021. Bowel Screening Wales Annual Statistical report 2019-20. Accessed May 2022 via <https://phw.nhs.wales/services-and-teams/screening/bowel-screening/information-resources/programme-reports/bsw-annual-statistical-reports/bsw-annual-statistical-report-2019-2020/>.

# Beating Cancer for Everyone

Cancer Research UK Briefing – Cancer Inequalities in Wales, October 2022

## Introduction

Health and cancer inequalities are unfair, avoidable, and systematic differences in health across the population, and between different groups within society.<sup>1</sup> They impact every stage of the cancer pathway, including prevalence of cancer risk factors, screening uptake, stage of disease at diagnosis, and access to treatment, and these all contribute to stark differences in cancer incidence and outcomes.

When cancer is diagnosed at an early stage, it is more likely to be treated successfully, increasing chances of survival. Inequalities in stage at diagnosis can therefore worsen inequalities in cancer mortality and survival – and these impact multiple population groups as well as people from more deprived groups for some cancer types<sup>2</sup>. People from ethnic minority communities<sup>3</sup> and people with learning disabilities<sup>4</sup> are all more likely to be diagnosed at a later stage for certain cancer sites. People from more ethnically diverse areas,<sup>5</sup> people with a learning disability,<sup>6</sup> and men,<sup>7</sup> are also less likely to participate in screening programmes, and we know that the cervical screening system creates a number of barriers for trans men and non-binary people's access to appointments.<sup>8</sup>

Research also shows there are significant inequalities in patient experiences of cancer care, with a poorer average rating of care being reported by people from Asian, Black, Mixed and Other backgrounds compared to White respondents (survey categories) in England.<sup>9</sup> LGBTQIA+ people also have poorer experiences in the healthcare setting than heterosexual groups,<sup>10</sup> with research by Macmillan Cancer Support showing that LGBT+ people face poor communication and felt excluded from decision making in their experience of cancer care.<sup>11</sup>

It is unacceptable that these factors impact the likelihood of someone being diagnosed with cancer and their cancer outcomes, and this presents one of the greatest and most challenging barriers to improving cancer outcomes in Wales.

Effectively tackling cancer inequalities would have a major positive impact for the Welsh public. CRUK estimates that, in the UK, if all areas had the same cancer incidence rate as the least deprived quintile, this would result in around 22,000 fewer cancer cases a year.<sup>12</sup> It would also have a wider economic benefit. Public Health Wales estimate that improving health equity between the most and least deprived communities could save the health service £322 million a year, particularly through reducing emergency admission and A&E attendance which is higher for the most deprived communities.<sup>13</sup>

Understanding the root causes of cancer inequalities, who they impact, and how to eliminate them, is complex and multi-faceted; we need to do more to fully understand cancer inequalities<sup>14</sup>. Currently, the data available for many population groups on several cancer metrics are outdated, limited, or non-existent. Comprehensive collection of and access to data is critical to effectively developing policy and interventions to reduce inequalities targeted at those who need it most.

## Wider Context

The Welsh Government have recognised the importance of tackling health inequalities. *COVID-19: Looking Forward* (2021) notes that the pandemic exacerbated existing health inequalities in Wales and recognises the 'importance of ensuring that those in greatest need are central to the future health and social care system' to improve health for all.<sup>15</sup>



Health bodies and organisations have also highlighted the importance of tackling health inequalities. Along with 35 organisations, the Welsh NHS Confederation has called on the Welsh Government to take bold action to tackle health inequalities, through working cross-government, investing in prevention, and working in partnership with other organisations and communities.<sup>16</sup>

With disparities at every stage of the cancer pathway, tackling cancer inequalities must be a key part of this wider agenda. This will require action to better understand cancer inequalities and their drivers in Wales, as well as targeted activity to address inequalities in the shorter-term based on best practice. This inquiry aims to strengthen the Cross Party Group's understanding of both these areas.

### Cancer Inequalities in Wales

Understanding cancer inequalities is complex. Firstly, it is highly dependent on the availability of data which can be broken down by population group, so that we can better understand which groups face poorer outcomes and what may be driving this. Rich, accessible data are also key to assessing where variation between groups is unwarranted and therefore a sign of inequality.

Secondly, some differences between groups may be driven by unavoidable factors such as genetics. It is therefore necessary to distinguish between variation as a result of such factors and variation as a result of inequalities where possible, however this is often not straightforward. Differences between cancer sites – such as some cancers being closely linked to preventable risk factors, and others benefitting from effective, evidence-based screening programmes – mean that different actions may be required to address inequalities for different cancer types.

Intersectionality adds further complexity to understanding cancer inequalities. People's identities, and the circumstances that shape their behaviours and experiences, are multi-faceted. For many people, this means they face numerous, multi-layered barriers to good health, resulting in health inequalities, and these different inequalities intersect, compound, and reshape one another<sup>17</sup>. At present, data are often presented to compare groups along one demographic axis – such as gender or ethnicity. Comparing groups is practical and serves to help understand the scale of cancer inequalities. However, it can complicate or obscure the extent and experience of inequality faced by individuals that belong to more than one disadvantaged group.

Currently, there are major gaps in data which limit our ability to comprehensively identify and act on inequalities. The best available data are on socioeconomic variation.<sup>18</sup> These data clearly shows that more deprived groups face greater barriers to good health at every stage of the cancer pathway, creating unacceptable inequalities in cancer incidence and outcomes. We also know that there are major inequalities based on geography in Wales, with people's experience of getting cancer<sup>19</sup> and their cancer outcomes<sup>20</sup> differing depending on where they live.

However, there are other types of inequality that will undoubtedly act as a barrier to improving cancer outcomes in Wales for which we currently have less evidence. Surveys and studies from across the UK suggest that cancer inequalities also impact people depending on their ethnic background, disabled people and LGBT people, amongst other groups<sup>212223</sup>. This inquiry provides scope to explore these areas as well as furthering our understanding of how to tackle the better understood inequalities such as those in socio-economic status.

### Socioeconomic inequalities

Socio-economic deprivation is a major source of inequalities across the cancer pathway in Wales. Cancer incidence rates are higher for people from more deprived populations. The greatest differences in incidence rates between the most and least deprived areas are generally in smoking-related cancers. In 2018, the number of people in Wales diagnosed with lung cancer in the most

deprived areas more than double the number in the least deprived areas.<sup>24,25</sup> There is also evidence of major inequalities in cancer mortality and survival<sup>2, 26,27</sup>. In 2021, the overall cancer mortality rate for the most deprived quintile was almost 55% higher than the least deprived.<sup>20,28</sup>

The drivers of these inequalities are complex and multi-faceted. Key drivers include the wider determinants of health and variation in cancer risk factors, help seeking behaviour, access to and uptake of health services and health literacy<sup>29,30,31</sup>.

Around 4 in 10 cancer cases in the UK are caused by preventable risk factors, but these are more prevalent in certain groups compared to others, contributing to significant inequalities in cancer incidence. According to the National Survey for Wales 2019/20, 26% of people in the most deprived quintile currently smoke compared to 11% in the least deprived quintile<sup>32</sup>, and levels of childhood obesity are higher in the most deprived areas<sup>33</sup>.

Another driver of inequalities in cancer outcomes is disparities in cancer screening. Screening participation varies hugely by socio-economic group in Wales. For bowel screening, recent data shows that uptake for those living in the most deprived areas is 53%, compared to 68% for those in the least deprived areas.<sup>34</sup>

### Geographic inequalities

Another major type of cancer inequality in Wales is geography. Currently, where someone lives influences their likelihood of getting cancer, their outcomes and their experience of cancer care. For Cwm Taf Morgannwg health board, the cancer incidence rate is 8% higher than the rest of Wales – incidence rates for some cancer sites are particularly high, with lung cancer rates 20% higher and prostate cancer 15% higher than the rest of the country.<sup>19</sup> Cancer mortality varies substantially between health boards; the highest mortality rate is in Cwm Taf Morgannwg health board, which is 16% higher than the health board with the lowest mortality rate (Hywel Dda).<sup>20,35,36</sup>

There is also stark variation in cancer performance and waiting times between health boards. The average waiting time for an upper gastrointestinal endoscopy, a key diagnostic test for cancer, is around 114 days in Betsi Cadwaladr University Health Board, almost eleven weeks longer than in the Hywel Dda Health Board (around 38 days).<sup>37</sup>

Geographical cancer inequalities are often connected with deprivation, and this will in part be true in Wales – we know that (age-adjusted) cancer incidence rates are higher amongst more deprived communities, and the higher deprivation levels in Cwm Taf likely explain, at least in part, why this region has higher cancer incidence.<sup>38</sup> But there are other reasons for geographical inequalities too, including rurality and cultural differences. For example, the Welsh Cancer Patient Experience Survey found that people living in rural areas had greater concerns than others about the distance they had to travel to hospital for cancer treatment, with it being too far for those receiving daily treatment.<sup>39</sup>

### About Cancer Research UK

Cancer Research UK is the world's largest independent cancer charity dedicated to saving lives through research. We support research into all aspects of cancer, which is achieved through the work of over 4,000 scientists, doctors and nurses across the world. In 2020/21, Cancer Research UK funded over £4m of research in Wales. Our research in Wales focuses particularly on bowel, breast, urological and prostate cancers, as well as leukaemia. As part of our Cancer Awareness Roadshow, our friendly nurses go into the heart of communities with poorer cancer outcomes, helping people to take positive steps for their health and access support from local services. In 2019/20, the roadshow reached over 1,400 people in Wales.

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Mae cyfyngiadau ar y ddogfen hon

# Eitem 6

Mae cyfyngiadau ar y ddogfen hon