

## Agenda – Y Pwyllgor Deisebau

---

Lleoliad: I gael rhagor o wybodaeth cysylltwch a:  
Ystafell Bwyllgora 1 – y Senedd Gareth Price – Clerc y Pwyllgor  
Dyddiad: Dydd Llun, 17 Chwefror 2025 0300 200 6565  
Amser: 14.00 [Deisebau@senedd.cymru](mailto:Deisebau@senedd.cymru)

---

- 1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau**  
(Tudalennau 1 – 18)
- 2 Deisebau newydd**
  - 2.1 P-06-1488 Sefydlu ‘Cymdeithas Gofal’ i Fynd i’r Afael â’r Argyfwng COVID  
Hir yng Nghymru  
(Tudalennau 19 – 30)
- 3 Y wybodaeth ddiweddaraf am ddeisebau blaenorol**
  - 3.1 P-06-1335 Dylai Llywodraeth Cymru gymryd camau i sicrhau y gall oedolion agored i niwed heb gerdyn banc dalu ag arian parod  
(Tudalennau 31 – 37)
  - 3.2 P-06-1350 Ailagor Ward Dyfi yn Ysbyty Tywyn ar unwaith  
(Tudalennau 38 – 46)
  - 3.3 P-06-1405 Mae eisiau ac mae angen uned lechyd Meddwl â gwelyau i ddynton arnom ni yng Ngogledd Cymru  
(Tudalennau 47 – 63)
- 4 Papurau i’w nodi**
  - 4.1 P-06-1449 Dylid dynodi Dyffryn Tywi yn Ardal o Harddwch Naturiol  
Eithriadol  
(Tudalennau 64 – 65)



- 4.2 P-06-1467 Cyfarwyddo GIG Cymru i ychwanegu Adenomyosis at y rhestr A i  
Y ar ei wefan 111  
(Tudalen 66)
- 4.3 P-06-1482 Gwahardd ffonau clyfar ym mhob ysgol yng Nghymru (gydag  
esemptiadau ar gyfer amgylchiadau eithriadol)  
(Tudalennau 67 – 84)
- 5 Cynnig o dan Reol Sefydlog 17.42(ix) i benderfynu gwahardd y  
cyhoedd o weddill y cyfarfod**
- 6 Trafodaeth Cynllunio Strategol**  
(14.30 – 15.00) (Tudalennau 85 – 97)

Mae cyfyngiadau ar y ddogfen hon

## P-06-1488 Sefydlu 'Cymdeithas Gofal' i Fynd i'r Afael â'r Argyfwng COVID Hir yng Nghymru

Y Pwyllgor Deisebau | 17 Chwefror 2025  
Petitions Committee | 17 February 2025

Cyfeirnod: SR2510372-1

Rhif y ddeiseb: P-06-1488

Teitl y ddeiseb: Sefydlu 'Cymdeithas Gofal' i Fynd i'r Afael â'r Argyfwng COVID Hir yng Nghymru

Geiriad y ddeiseb: Mae Cymru'n mynd i'r afael â gwaethygu afiechydon hirdymor oherwydd COVID Hir ymhlith plant a phobl sy'n gweithio a arferai fod yn iach. Yng Nghymru, mae mwy na 12,000 wedi marw gyda COVID. Mae cymaint â 300,000 yn brwydro yn erbyn COVID Hir. Mae teuluoedd yn colli darparwyr incwm. Mae sbytai o dan bwysau eithafol Mae absenoldebau mewn ysgolion wedi mwy na dyblu. Erbyn 2030, gallai 1 o bob 3 fod â COVID Hir

Rydym yn galw am 'Gymdeithas Gofal' i ddiogelu ein hiechyd a'n bywoliaeth.

Gwybodaeth ychwanegol - Cydrannau'r 'Gymdeithas Gofal'

- Iechyd:** Cyllid ar gyfer clinigau ac ymchwil COVID Hir
- Cyfranogiad Economaidd:** Addasiadau yn y gweithle fel oriau hyblyg, gweithio o bell, ac amddiffyniadau rhag gwahaniaethu. Cynllun Peilot Incwm Sylfaenol Cyffredinol, i ymchwilio i sut y gallai cymorth ariannol rymuso pobl i gyfrannu at y gymdeithas, waeth beth fo'u statws iechyd.
- Seilwaith:** Gwella ansawdd aer mewn adeiladau cyhoeddus, gan gynnwys ysgolion ac ysbytai. Buddsoddi mewn seilwaith gwyrdd i sbarduno twf



---

economaidd, gan gynnwys ailhyfforddi'r rhai sy'n trosglwyddo o'u rolau cyfredol oherwydd COVID Hir.

## Cefndir

### Y Gymdeithas Gofal

Mae'r term "**Cymdeithas Gofal**" wedi'i drafod mewn amryw gyd-destunau, yn enwedig mewn polisi cymdeithasol. Mae'n fodel cymdeithasol ac economaidd sy'n blaenoriaethu gofal fel gwerth sylfaenol mewn cymdeithas. Cyfeiria'r deisebydd at y term i bwysleisio pwysigrwydd polisiau sy'n canolbwyntio ar yr unigolyn ac i fynd i'r afael ag anghydraddoldebau strwythurol a waethygir gan bandemig Covid-19. Mae ei **gydrannau allweddol** yn cynnwys gofal iechyd ac ymchwil, grymuso economaidd, a buddsoddi mewn seilwaith.

Mae grwpiau eiriolaeth, gan gynnwys **COVID hir Cymru** - cangen Cymru o'r grŵp Long COVID Support, o dan arweiniad cleifion, **yn cefnogi'r ddeiseb**, gan alw am ymateb cynhwysfawr i'r argyfwng yng Nghymru.

### COVID Hir

Cafodd dros 15,000 o farwolaethau yn ymwneud â Covid-19 **eu cofrestru yng Nghymru** hyd at fis Ionawr 2025 (mae hyn yn cynnwys marwolaethau lle crybwyllwyd Covid-19 ar y dystysgrif marwolaeth, boed fel achos sylfaenol ai peidio).

Ar 5 Mawrth 2023, amcangyfrifwyd bod 108,000 o bobl yng Nghymru yn profi **effeithiau hirdymor** heintiau Covid, a elwir yn Covid Hir (mae'r ffigur hwn yn hunan-gofnodedig). Mae'r Swyddfa Ystadegau Gwladol (SYG) **wedi amcangyfrif** bod 2.9% o boblogaeth y DU yn profi Covid Hir hunan-gofnodedig.

Mae'r term Covid Hir yn disgrifio symptomau sy'n parhau, neu sy'n dechrau yn sgil haint Covid. Mae Covid yn glefyd fasgwlaidd difrifol sy'n gallu heintio pob prif organ a system, felly mae **dros 200 o symptomau posibl**. Mae'r rhain yn cynnwys materion niwrolegol fel problemau gyda'r cof a chanolbwyntio, anhwylderau hunanimiwn, blinder eithafol, a phroblemau cardiofasgwlaidd.

---

## Camau gweithredu gan Lywodraeth Cymru

Lansiodd Llywodraeth Cymru y **rhaglen Adferiad (Recovery)** i gefnogi pobl sy'n dioddef effeithiau tymor hir Covid-19, gan gynnwys Covid Hir, ym mis Mehefin 2021. Mae'r rhaglen Adferiad yn cynnwys llwybrau cleifion i gael diagnosis o Covid Hir ac asesu difrifoldeb y symptomau. Mae'n cynnig cynlluniau triniaeth a gwasanaethau adsefydlu er mwyn helpu i reoli symptomau fel diffyg anadl, blinder a niwl yr ymennydd, ac mae'n cynnig mynediad at dîm o weithwyr gofal iechyd proffesiynol, gan gynnwys meddygon, ffisiotherapyddion, therapyddion galwedigaethol a seicolegwyr. Mae'r rhaglen yn darparu arweiniad ac adnoddau i helpu unigolion i reoli eu symptomau gartref.

Dyrannodd Llywodraeth Cymru **£5 miliwn** i gefnogi'r rhaglen yn 2021. Ym mis Mawrth 2023, cyhoeddodd y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ar y pryd **gynnydd mewn cyllid blynyddol** ar gyfer gwasanaethau Adferiad, gydag £8 miliwn bellach yn cael ei ddyrannu'n barhaus i fyrddau iechyd. Bwriad y cynnydd yn y cyllid oedd galluogi byrddau iechyd i ehangu mynediad at wasanaethau a ariennir gan Adferiad i bobl â salwch ar ôl haint aciwt arall, gan gynnwys pobl â chyflyrau fel ME/CFS a ffibromyalgia, yn ogystal â'r rhai sydd â symptomau corfforol parhaus, ond dim diagnosis wedi'i gadarnhau.

Mae ymateb Llywodraeth Cymru i'r Pwyllgor hwn yn nodi sut y mae wedi blaenoriaethu cefnogaeth i gleifion Covid Hir ers dechrau'r pandemig:

### Gofal iechyd ac ymchwil

- Mae Llywodraeth Cymru yn esbonio bod ei dull o gefnogi pobl sy'n byw gyda Covid Hir yn cyd-fynd â chanllawiau NICE ac mae'n amlygu bod £6.93 miliwn wedi'i ddyrannu i Ganolfan Dystiolaeth Ymchwil Iechyd a Gofal Cymru i lywio dulliau polisi a thriniaeth. Mae'n amlinellu ei ddull o ddarparu gwasanaethau adsefydlu lleol, yn y gymuned, gyda mynediad at ofal arbenigol pan fo angen.

### Grymuso economaidd

- Dywed Llywodraeth Cymru bod yn rhaid i gyflogwyr ddarparu addasiadau rhesymol i weithwyr â Covid Hir, fel sy'n ofynnol gan Ddeddf Cydraddoldeb 2010. Mae hefyd yn cyfeirio at ganllawiau GIG Cymru a gyhoeddwyd ym mis Gorffennaf 2023, sy'n cynghori cymorth hyblyg i staff y GIG sy'n dychwelyd i'r gwaith, gan gynnwys tâl salwch uwch. Mae ymateb y Llywodraeth yn nodi

---

bod budd-daliadau anabled ar gyfer Covid Hir yn dod o dan awdurdodaeth Llywodraeth y DU.

### Gwelliannau seilwaith ac ansawdd aer

- Mae Llywodraeth Cymru yn tynnu sylw at ganllawiau awyru newydd i sicrhau rheolaeth effeithiol ar yr haint mewn adeiladau ysbytai, gan ddatgan mai byrddau iechyd sy'n gyfrifol am oruchwyllo awyru mewn ysbytai. Mae'n ychwanegu mai awdurdodau lleol sy'n gyfrifol am awyru mewn ysgolion.

## Camau gweithredu gan Senedd Cymru

Bu sawl dadl am Covid Hir yn y Senedd, a'r fwyaf diweddar oedd y dadl fer, 'Covid hir: Datblygu dull gweithredu Cymru gyfan i fynd i'r afael ag argyfwng iechyd sy'n tyfu.' ar 11 Rhagfyr 2024.

Ar 22 Hydref 2024, cyflwynodd Adam Price AS gwestiwn ysgrifenedig [WQ94701]:

Sut mae Llywodraeth Cymru yn cynnig sicrhau bod anghenion y cleifion mwyaf difrifol wael ag ME, gan gynnwys y rhai sydd â COVID hir sy'n bodloni meini prawf clinigol NICE difrifol/difrifol lawn ME yn cael eu diwallu'n briodol?

Cafodd ei ateb gan Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol ar 31/10/2024

Mae'r rhaglen Adferiad, a sefydlwyd i ddechrau i gefnogi pobl â Covid hir, yn gwella'r gefnogaeth i bobl ag ME/CFS. Mae £8m o gyllid rheolaidd wedi'i ddyrannu i fyrddau iechyd ers mis Mawrth 2023 er mwyn ehangu mynediad at wasanaethau a ariennir gan Adferiad i bobl â chyflyrau hirdymor eraill y mae eu hanghenion adsefydlu ac adfer yn debyg i bobl â Covid Hir, gan gynnwys ME/CFS, ac i barhau i ddatblygu ac ehangu gwasanaethau adsefydlu amlddisgyblaethol sy'n canolbwyntio ar y gymuned, gyda chymorth llwybrau atgyfeirio i ofal eilaidd i'r rhai sydd ei angen.

Mae pob un o'r byrddau iechyd yn datblygu gwasanaethau sy'n canolbwyntio ar ofal rhagweithiol a thargedu adferiad ac adsefydlu, gan hyrwyddo hunanreolaeth - a hunanreolaeth â chymorth - drwy ddull tîm amlddisgyblaethol. Mae cydgynhyrchu yn ffactor hanfodol wrth

---

ddatblygu gwasanaethau, ac rwy'n disgwyl i fyrddau iechyd, yn ystod y broses hon, ymgysylltu â phobl sydd â phrofiad bywyd.

Mae cynlluniau'n mynd rhagddynt i gynnwys llwybrau ar gyfer ME/CFS a Covid hir yn y rhaglen llwybrau iechyd cymunedol sy'n cael ei goruchwylio gan yr Arweinydd Clinigol Cenedlaethol ar gyfer y Rhaglen Gofal a Gynlluniwyd, Llwbrau Iechyd a Gofal. Mae llwybrau iechyd cymunedol yn cynnig gwybodaeth a gytunir yn lleol i glinigwyr i wneud y penderfyniadau cywir ynghyd â chleifion, ar adeg gofal. Mae'r llwybrau wedi'u cynllunio'n bennaf ar gyfer timau practisau cyffredinol, ond maent hefyd ar gael i arbenigwyr, gweithwyr proffesiynol perthynol i iechyd, a gweithwyr iechyd proffesiynol eraill.

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



Eich cyf/Your ref P-06-1488  
Ein cyf/Our ref JMHSC/11064/24

Carolyn Thomas AS  
Cadeirydd  
Y Pwyllgor Deisebau

[deisebau@senedd.cymru](mailto:deisebau@senedd.cymru)

17 Ionawr 2025

Annwyl Carolyn

## Deiseb P-06-1488 Sefydlu 'Cymdeithas Gofal' i Fynd i'r Afael â'r Argyfwng COVID Hir yng Nghymru

Diolch ichi am eich llythyr, dyddiedig 5 Rhagfyr, ynghylch y ddeiseb uchod.

Yng Nghymru, mae'r angen i fuddsoddi mewn gwasanaethau i helpu pobl sydd â COVID hir wedi cael ei gydnabod ers dechrau'r pandemig. Rydym yn glir bod parhau i helpu pobl sy'n dioddef effeithiau tymor hir COVID-19, a'r rheini sy'n gwella ohonynt, yn flaenoriaeth i Lywodraeth Cymru a'r GIG yng Nghymru.

Fe wnaethom lansio rhaglen Adferiad ym mis Mehefin 2021, gan fuddsoddi £10m rhwng 2021 a 2023. Datblygodd y byrddau iechyd wasanaethau adsefydlu integredig amlbroffesiynol sy'n canolbwyntio ar y gymuned, ac sy'n caniatáu atgyfeirio ar gyfer asesiad arbenigol pan fo angen. Gellir cael mynediad at wasanaethau a ariennir gan Adferiad drwy glinigwyr gofal sylfaenol neu glinigwyr eraill sy'n ymwneud â gofal yr unigolyn.

Ym mis Mawrth 2023, cyhoeddodd y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ar y pryd gynnydd yn y cyllid blyneddol ar gyfer gwasanaethau Adferiad, ac mae £8m yn cael ei ddyrannu bellach i'r byrddau iechyd ar sail reolaidd ([Datganiad Ysgrifenedig: Diweddariad ar Raglen Adferiad \(14 Mawrth 2023\) | LLYW.CYMRU](#)). Mae'r cyllid uwch wedi galluogi'r byrddau iechyd i ehangu mynediad at wasanaethau a ariennir gan Adferiad i bobl â mathau eraill o salwch sy'n deillio o haint blaenorol ar sail anghenion/symptomau, gan gynnwys pobl â chyflyrau fel ME/syndrom blinder cronig a ffibromyalgia, yn ogystal â'r rheini sydd â symptomau corfforol parhaus, ond lle nad oes diagnosis wedi'i gadarnhau.

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1SN

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

[Gohebiaeth.Jeremy.Miles@llyw.cymru](mailto:Gohebiaeth.Jeremy.Miles@llyw.cymru)  
[Correspondence.Jeremy.Miles@gov.wales](mailto:Correspondence.Jeremy.Miles@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.

Penderfynwyd mai gwasanaethau lleol, wedi'u cefnogi gan fynediad at y gwasanaethau arbenigol angenrheidiol, oedd y model gorau posibl yng Nghymru i wella canlyniadau i bobl yr effeithiwyd arnynt gan COVID hir, ac i sicrhau model mynediad teg. Mae'r dull a fabwysiadwyd yng Nghymru yn gyson â [chanllawiau'r Sefydliad Cenedlaethol dros Ragoriaeth mewn Iechyd a Gofal \(NICE\)](#), a gefnogir ac a arweinir gan glinigwyr yng Nghymru. Bydd ein cyfeiriad polisi a'n model gwasanaeth yn parhau i addasu wrth inni ddysgu mwy am effeithiau tymor hir COVID-19. Wrth i'r sylfaen dystiolaeth dyfu, ochr yn ochr â thystiolaeth am driniaethau a gwahanol fathau o COVID hir neu ffyrdd o ymglyfwyno â'r cyflwr, bydd hyn yn llywio'r model a'r llwybrau gorau posibl sydd eu hangen ymhellach, ac yn cyflwyno cyfleoedd i ddatblygu gwasanaethau a ariennir gan Adferiad ymhellach.

Mae Ymchwil Iechyd a Gofal Cymru wrthi'n sganio am ymchwil a threialon i gynnig cyfleoedd i bobl sydd â COVID hir gael mynediad at driniaethau a therapïau posibl. Ym mis Ebrill 2023, fe wnaethom fuddsoddi £6.93m dros bum mlynedd i greu Canolfan Dystiolaeth Ymchwil Iechyd a Gofal Cymru i gynhyrchu tystiolaeth amserol ar gyfer y rheini sy'n gwneud penderfyniadau polisi ac ymarfer. Mae'r ganolfan hon yn croesawu cwestiynau gan ymarferwyr a gwneuthurwyr polisi ledled y sector iechyd a gofal cymdeithasol, gan gynnwys cwestiynau sy'n ymwneud â COVID hir. Mae hefyd yn ceisio mewnbwn gan y rheini sydd â phrofiad bywyd i fireinio ei gweithgareddau.

## Cyfranogiad Economaidd

Mae cyflogwyr yn gyfrifol am sicrhau bod eu gweithwyr yn cael eu helpu yn ystod cyfnodau o salwch ac i ddychwelyd i'r gwaith ar ôl unrhyw gyfnod o salwch, gan gynnwys COVID hir. Lle bo angen, dylent wneud addasiadau rhesymol i hwyluso hyn. Rydym yn disgwyl i sefydliadau fod yn cyflawni eu gofynion fel cyflogwyr i ddarparu addasiadau rhesymol i staff anabl, fel yr amlinellir yn Neddf Cydraddoldeb 2010. Y Comisiwn Cydraddoldeb a Hawliau Dynol yw'r rheoleiddiwr ar gyfer darpariaethau Deddf Cydraddoldeb 2010. Nid mater i Lywodraeth Cymru yw rheoleiddio cyrff cyhoeddus. Gall y Gwasanaeth Cyngor a Chymorth Cydraddoldeb ([equalityadvisoryservice.com](http://equalityadvisoryservice.com)) fod yn ffynhonnell ddefnyddiol o wybodaeth.

Gan gydnabod y materion penodol a oedd yn effeithio ar staff y GIG, ym mis Gorffennaf 2023, datblygodd Cyflogwyr GIG Cymru ddogfen ganllaw i [helpu cydweithwyr sydd â COVID-19 hir i ddychwelyd i'r gwaith](#). Roedd y canllawiau hyn yn atgoffa cyflogwyr o'r angen i ystyried, fesul achos yn dilyn trafodaethau rhwng y rheolwr a'r aelod o staff, a yw'n briodol darparu cymorth cyflog salwch uwch parhaus dros hanner cyflog neu ddim cyflog. Roedd y canllawiau hefyd yn gofyn i reolwyr llinell ystyried pob opsiwn sy'n agored iddynt, gan edrych ar unrhyw bosibiliadau o ran hyblygrwydd a gwneud eu gorau glas i helpu unigolion sydd â COVID hir i ddychwelyd i'r gweithle pan fo'n bosibl.

O ran budd-daliadau, mae hwn yn fater a gedwir yn ôl ac, o'r herwydd, rwy'n cyfeirio'r deisebydd at y gwefannau canlynol am wybodaeth: [Budd-daliadau anabledd COVID hir | Elusen anabledd Scope UK](#).

## Seilwaith

Yng Nghymru, mae Llywodraeth Cymru, gyda chymorth Partneriaeth Cydwasanaethau GIG Cymru – Gwasanaethau Ystadau Arbenigol ac Iechyd Cyhoeddus Cymru, yn parhau i gyflwyno mesurau i wella ansawdd aer ledled y sector iechyd a gofal cymdeithasol. Mae awyru a hidlo effeithiol yn allweddol i gyflawni hyn, ac felly i leihau'r risg o haint. Dyma rai camau gweithredu allweddol sydd wedi'u cynnal:

- Cyhoeddi Memorandwm Technegol Iechyd Cymru newydd (WHTM) 03-01 – Awyru Arbenigol ar gyfer Safleoedd arian penryn 26

dilysu a pherfformiad gweithredol. Mae'r dogfennau hyn yn rhoi argymhellion manwl o ran awyru ar gyfer pob safle gofal iechyd, gan gynnwys safleoedd gofal sylfaenol a gofal cymdeithasol.

- Mae pob bwrdd ac ymddiriedolaeth iechyd yng Nghymru wedi penodi Personau Awdurdodedig ar gyfer awyru. Maent yn sicrhau bod y gwaith o osod, cynnal a chadw a monitro systemau yn cyrraedd y safon cydymffurfio.
- Mae Grwpiau Diogelwch Awyru ar waith ym mhob bwrdd ac ymddiriedolaeth iechyd yng Nghymru. Mae gan y grwpiau hyn gyfrifoldeb i sicrhau bod pob system awyru yn cael ei dylunio, ei gosod, ei phrofi a'i chynnal yn unol â'r canllawiau.
- Mae Partneriaeth Cydwasanaethau GIG Cymru – Gwasanaethau Ystadau Arbenigol yn darparu gwasanaeth Peiriannydd Awdurdodi-Awyru sy'n cael ei benodi fel cynghorydd annibynnol gan fyrdau ac ymddiriedolaethau iechyd i gynnal asesiadau o Bersonau Awdurdodedig, systemau archwilio a'u rheolaeth weithredol gysylltiedig. Mae'r Peiriannydd Awdurdodi hefyd yn aelod o'r Grŵp Diogelwch Awyru.
- Mae peirianwyr Partneriaeth Cydwasanaethau GIG Cymru – Gwasanaethau Ystadau Arbenigol yn cynnal archwiliadau dilysu llawn o'r systemau awyru arbenigol pan gânt eu gosod yn y lle cyntaf. Yn ogystal, maent yn cynnal gwiriadau ar offer awyru critigol yn flynyddol a chaiff contractwyr allanol hefyd eu comisiynu i gyflawni'r gwaith hwn sy'n sicrhau bod yr holl systemau awyru arbenigol yn cael eu cynnwys.

Mae Iechyd Cyhoeddus Cymru a Llywodraeth Cymru wedi rhannu cyhoeddiadau cynghorol â'r sector gofal cymdeithasol yng Nghymru, gan ganolbwyntio ar drosglwyddiadau heintiau a chyfeirio'n glir at bwysigrwydd systemau awyru effeithiol i leihau'r risgiau hyn a gwella ansawdd aer. Mae lleoliadau gofal cymdeithasol, megis cartrefi gofal, yn gartrefi i unigolion ac nid ydynt yn lleoliadau clinigol. Dim ond ar gyfer lleoliadau gofal iechyd yn unig y mae termau "hidlo aer" a "sterileiddio" mewn perthynas ag ansawdd aer yn berthnasol.

Yn unol ag adran 44(4)(a) o Reoliadau Gwasanaethau Rheoleiddiedig (Darparwyr Gwasanaethau ac Unigolion Cyfrifol) (Cymru) 2017, rhaid i ddarparwyr gwasanaethau rheoleiddiedig sicrhau bod safleoedd yn hygyrch ac wedi eu goleuo, eu gwresogi a'u hawyru'n ddigonol. Mae'r corff rheoleiddio, sef Arolygiaeth Gofal Cymru, yn arolygu'r gwasanaethau yn rheolaidd ac mae'r amgylchedd yn un o'r meysydd yr adroddir amdano.

O ran awyru mewn ysgolion, mae'n ddyletswydd ar yr awdurdod lleol a/neu'r corff llywodraethu i wneud darpariaeth effeithiol ac addas i sicrhau bod pob gweithle caeedig yn cael ei awyru gan ddigon o aer ffres neu aer wedi'i buro yn unol â Rheoliadau Gweithle (Iechyd, Diogelwch a Lles) 1992.

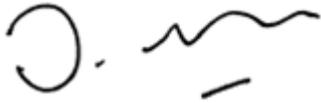
Cafodd 32,000 o ddyfeisiau monitro carbon deuocsid eu dosbarthu gan Lywodraeth Cymru i helpu i fonitro a rheoli awyru ac ansawdd aer ar draws ysgolion yn ystod y pandemig. Mae'r canllawiau ar gyfer monitro lefelau carbon deuocsid a ddatblygwyd yn ystod y cyfnod hwnnw yn parhau'n ddilys ac yn cael effaith gadarnhaol ar ansawdd aer, gan dderbyn mai dim ond un elfen o fonitro ansawdd aer yw hyn.

Lle mae systemau trin aer wedi'u gosod mewn adeiladau ysgol newydd, mae hidlo yn un o ofynion hanfodol y systemau a rhoddir pwyslais uwch ar hynny oherwydd natur aerdyn yr adeiladau newydd.

Yn olaf, rydym wedi ymrwmo, ar y cyd â Llywodraeth y DU, i brosiectau seilwaith gwyrdd ar raddfa fawr fel Bargeinion Twf Dinesig a Rhanbarthol, Porthladdoedd Rhydd a Pharthau Buddsoddi, ochr yn ochr â'n Rhaglen Ôl-osod (Tai) er mwyn Optimeiddio. Mae ystod o gymorth sgiliau ar gael, gan gynnwys hyfforddiant uwchsgilio ac ailsgilio wedi'i ariannu'n llawn o dan ein Cyfrifon Dysgu Porthladdoedd a Pharthau.

Mae ein rhaglen Cymunedau am Waith a Mwy yn darparu cymorth cynghori cyflogaeth arbenigol a mentora dwys i'r rheini sy'n 20 oed neu'n hŷn ac mae Cymru'n Gweithio yn darparu ystod o gymorth sy'n gysylltiedig â gyrfaedd, gan gynnwys adolygiadau gyrfa i gefnogi'r rheini sy'n ystyried posibiliadau gyrfa newydd/newid gyrfa.

Yn gywir

A handwritten signature in black ink, consisting of a circular mark on the left and a series of wavy lines extending to the right, ending in a short horizontal stroke.

**Jeremy Miles AS/MS**

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol  
Cabinet Secretary for Health and Social Care

## **P-06-1488 Establish a 'Care Society' to Tackle the Long COVID Crisis in Wales – Correspondence from the petitioners, 10 February 2025**

Dear Jeremy Miles AS/MS,  
Cabinet Secretary for Health and Social Care,

Thank you for your response to the petition calling for a 'Care Society' in Wales to address the Long COVID crisis. While I appreciate the Welsh Government's recognition of the issue and investment in rehabilitation services, this crisis is not just a medical issue—it is an economic and social one. The current approach does not address the structural changes needed to prevent mass social and economic exclusion as levels of chronic illness continue to rise.

### The Cost of Inaction

Without meaningful intervention, Wales faces:

- A long-term workforce crisis: ONS data already shows exponentially increasing rates of economic inactivity due to long-term illness. If Wales continues to rely on employer discretion and a work-first model, more people will be forced out of the workforce entirely, leading to reduced tax revenues, increased NHS costs, and a growing crisis in care sectors.
- A rise in poverty and destitution: The current disability benefit system (which remains under Westminster control) is failing thousands. The Welsh Government cannot change this, but it can mitigate the consequences by creating pathways for participation that do not rely on punitive assessments or means-testing.
- Further decline in local economies: A shrinking workforce means fewer people with disposable income to support local businesses, leading to more closures, particularly in rural areas. Without intervention, this will accelerate economic decline in already struggling Welsh communities.

### A Practical Welsh Response: Policies Within Devolved Powers

This may seem beyond Wales' capacity, but history shows otherwise. When Aneurin Bevan created the NHS, he did so in a time of economic hardship, and without full control over taxation or benefits. Today, Wales has more devolved powers than Bevan did—enough to lead the way again.

Here's what Wales can do within its existing powers:

#### 1. A Guaranteed Basic Income for People with Chronic Illness

The Welsh Government has already piloted a basic income scheme for care leavers. A similar model could be extended to those with Long COVID and other chronic illnesses through:

- A Basic Income for Health and Participation, providing financial security without the conditionality of Universal Credit or Personal Independence Payment (PIP).
- Initial pilot funding through the Welsh discretionary social care budget, in partnership with local authorities and health boards.

This would not only improve individual well-being but also increase participation in alternative economic models, such as cooperatives, local food production, and mutual aid networks—sectors that will be vital in a shifting economic landscape.

## 2. Expansion of Community-Based Work & Care Cooperatives

Many people with chronic illnesses can contribute to society outside of traditional employment, but the current system does not recognise this. Wales could:

- Fund worker-owned co-ops for people with Long COVID and other disabilities, focused on flexible work in areas like digital services, local food production, and peer support.
- Expand Social Prescribing Initiatives, linking those with chronic conditions to meaningful local engagement that does not require adherence to standard work schedules.
- Establish a national Care Economy Strategy, similar to the foundational economy work already being explored, but explicitly focused on supporting disabled and chronically ill people in participatory roles.

## 3. A Publicly-Owned Clean Air Strategy

While improvements to ventilation in healthcare and education are noted in your response, this needs to go further. The Welsh Government can:

- Establish a National Clean Air Fund to retrofit public buildings, libraries, and transport hubs with HEPA filtration.
- Use devolved planning powers to mandate HEPA filtration in new social housing and public infrastructure projects under the Optimised Retrofit Programme.
- Fund public awareness campaigns on airborne disease prevention as a collective responsibility, similar to past public health efforts on smoking and seatbelt use.

## The Opportunity Before Us

Wales cannot wait for Westminster to solve this crisis. The principles that built the NHS—collective responsibility, universal access, and the prioritisation of human well-being over profit—are within our grasp today. With bold leadership, we can prevent the worst-case scenario of economic collapse, rising poverty, and social isolation.

Bevan built the NHS under greater constraints than we face now. Wales has an opportunity to lead once again—not just in rehabilitation services but in redefining what a care-based society looks like in the 21st century.

We urge the Welsh Government to take this moment not just to treat, but to transform.

Yours sincerely,  
Charles A. Waltz  
Co-Founder, The Care Society Cymru

# Eitem 3.1

**P-06-1335 Dylai Llywodraeth Cymru gymryd camau i sicrhau y gall oedolion agored i niwed heb gerdyn banc dalu ag arian parod**

Cyflwynwyd y ddeiseb hon gan Mencap Cymru, ar ôl casglu 1,926 lofnodion ar-lein ac 578 o lofnodion ar bapur, sef cyfanswm o 2,504 lofnodion.

## **Geiriad y ddeiseb:**

Mae Mencap Cymru yn pryderu y gall y newid tuag at gymdeithas heb arian parod wneud cam â phobl anabl na allant gael mynediad at ddulliau electronig ar gyfer talu.

Yn ystod y misoedd diwethaf, mae pobl ag anableddau dysgu wedi methu talu am nwyddau a gwasanaethau ac wedi gorfod gadael busnesau'n waglaw. Ni chaniateir i weithwyr cymorth ddefnyddio'u cardiau eu hunain, ac ni ddylid disgwyl iddynt wneud hynny.

Mae'n mynd yn anoddach iddynt brynu nwyddau a gwasanaethau wrth i nifer o fusnesau a sefydliadau droi at systemau electronig o dalu.

## **Etholaeth a Rhanbarth y Cynulliad**

- Cwm Cynon
- Canol De Cymru

Jane Hutt AS/MS  
Ysgrifennydd y Cabinet dros Gyfiawnder Cymdeithasol, y  
Trefnydd a'r Prif Chwip  
Cabinet Secretary for Social Justice, Trefnydd and Chief Whip



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-06-1335  
Ein cyf/Our ref JH-/10468/24

Carolyn Thomas AS  
Cadeirydd y Pwyllgor Deisebau

20 Rhagfyr 2024

Annwyl Carolyn,

Diolch am eich llythyr, dyddiedig 6 Rhagfyr, yn gofyn am yr wybodaeth ddiweddaraf am fy nghyfarfod gyda Mencap Cymru. Cefais gyfarfod cadarnhaol iawn gyda Mencap ar 27 Tachwedd, lle buom yn trafod materion a godwyd yn y drafodaeth ar 23 Hydref.

Mae llawer o'r bobl sy'n dibynnu ar arian parod hefyd yn rhai sydd angen cymorth wyneb yn wyneb ar gyfer eu hanghenion bancio. Yn aml, dyma'r unigolion sydd fwyaf agored i niwed, gan gynnwys pobl oedrannus ac anabl, a'r rhai sydd wedi'u hallgáu'n ddigidol.

Mae opsiynau talu digidol yn unig heb unrhyw ddarpariaeth ar gyfer arian parod hefyd yn codi cwestiynau posibl o ran cydraddoldeb. Mae yna risg y gallai peidio â derbyn arian parod wahaniaethu'n anuniongyrchol yn erbyn pobl sydd â rhai nodweddion gwarchoddedig. Trafodwyd hyn gan y Tasglu Hawliau Pobl Anabl, ac mae'n bosibl y caiff ei nodi yn y Cynllun Gweithredu Hawliau Pobl Anabl sydd ar y gweill.

Mae sefydlu'r Tasglu Hawliau Pobl Anabl, a grewyd mewn ymateb uniongyrchol i adroddiad Drws Ar Glo, yn dangos y cynnydd pwysig rydym wedi'i wneud o ran gwrando ar bobl anabl a gweithio gyda nhw i gael gwared ar y rhwystrau y maent yn parhau i'w hwynebu bob dydd. Daeth deg gweithgor thematig y Tasglu â thros dri chant a hanner o randdeiliaid allanol ynghyd a thros ddau gant o arweinwyr polisi o bob rhan o'r Llywodraeth i greu argymhellion o ansawdd.

Mae'r argymhellion hyn yn cael eu defnyddio i ddatblygu Cynllun Gweithredu Hawliau Pobl Anabl, a fydd yn cynnwys y deilliannau sydd eu hangen i greu newid cadarnhaol hirdymor i bobl anabl, gan roi'r lle canolog i'r Model Cymdeithasol o Anabledd yn ein gweledigaeth ar gyfer Cymru.

Bydd holl dimau Llywodraeth Cymru yn cyfrannu at gyflawni'r weledigaeth, drwy weithredu'r camau a'r newidiadau y mae angen inni eu gweld. Bydd y Cynllun Gweithredu Hawliau Pobl Anabl yn destun ymgynghori ddechrau gwanwyn 2025.

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1SN

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

[Gohebiaeth.Jane.Hutt@llyw.cymru](mailto:Gohebiaeth.Jane.Hutt@llyw.cymru)  
[@gov.wales](https://twitter.com/Correspondence.Jane.Hutt)

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.

Er bod cynhwysiant ariannol yn fater cyfiawnder cymdeithasol allweddol ac wedi'i ddatganoli, mae gwasanaethau ariannol yn fater a gadwyd yn ôl. Yn y cyd-destun hwn, mae Llywodraeth Cymru yn gweithio'n agos gyda'r Awdurdod Ymddygiad Ariannol a sefydliadau a ariennir gan y sector, e.e. LINK, i sicrhau bod rheolau'r Awdurdod Ymddygiad Ariannol ar fynediad at beiriannau arian parod am ddim a mynediad at wasanaethau arian parod am ddim yn cael eu cynnal ledled Cymru.

Mae Llywodraeth Cymru yn cefnogi cyflwyno canolfannau bancio ar y cyd ac yn rhoi cefnogaeth uniongyrchol i undebau credyd i gynnig gwasanaethau benthyca a chredyd egwyddorol yng nghymunedau Cymru.

Yn ogystal â chynnig awgrymiadau i Mencap ar sefydliadau y byddant am gysylltu â nhw efallai, cytunais yn y cyfarfod i gwrdd â Mencap eto yn y Flwyddyn Newydd, pryd y gallwn symud ymlaen o ran y materion amrywiol dan sylw. Rhennais nodyn ag Ysgrifenyddion perthnasol y Cabinet hefyd o gynnwys y cyfarfod er mwyn iddynt weld y materion a godwyd sy'n berthnasol i'w portffolio.

Gobeithio y bydd yr wybodaeth hon o ddefnydd ichi.

Yn gywir,

A handwritten signature in black ink that reads "Jane Hutt". The signature is written in a cursive style with a long horizontal line above the first few letters.

**Jane Hutt AS/MS**

Ysgrifennydd y Cabinet dros Gyfiawnder Cymdeithasol, y Trefnydd a'r Prif Chwip



Eich cyf P-06-1335  
Ein cyf KSNWT/10969/24

Carolyn Thomas AS  
Cadeirydd y Pwyllgor Deisebau

15 Ionawr 2025

Annwyl Carolyn,

Diolch am eich llythyr dyddiedig 6 Rhagfyr ynghylch Deiseb Mencap Cymru P-06-1335 - dylai Llywodraeth Cymru gymryd camau i sicrhau bod oedolion bregus heb gardiau banc yn gallu talu gydag arian parod.

Rydym am i bawb allu defnyddio dull trafnidiaeth diogel, hygyrch a dibynadwy o'u dewis. Mae fy swyddogion wedi codi'r mater hwn gyda Trafnidiaeth Cymru (TrC) fel rhan o'u gwaith parhaus i wella profiad teithwyr ar drenau a bysiau, ac i gyflawni ein rhwymedigaethau cyfreithiol ar hygyrchedd a diogelwch.

Nid oes unrhyw gyfyngiadau mewn grym wrth brynu tocynnau gydag arian parod ar y mwyafrif helaeth o wasanaethau trafnidiaeth gyhoeddus yng Nghymru. Gallaf gadarnhau, os oes angen i gwsmer brynu tocyn trên neu fws gydag arian parod, gallant ei brynu o'r swyddfa docynnau os oes un yn yr orsaf neu brynu tocyn ar y trên neu'r bws. Os yw cwsmer yn teithio o orsaf reilffordd sydd â pheiriant hunanwasanaeth yn unig, neu os yw'r swyddfa archebu ar gau, gallant ddefnyddio'r peiriant i gael taleb addewid i dalu y gellir ei gyfnewid am docyn arferol gan y casglwr tocynnau, neu yn ei gyrchfan. Fodd bynnag, rydym yn deall na all pawb ddefnyddio ein peiriannau hunanwasanaeth a bydd yr opsiwn i brynu tocyn ar y trên neu'r bws ar gael bob amser.

Rwy'n ymwybodol nad yw TrC yn derbyn arian parod ar gyfer trafodion arlwygo ar ei wasanaethau rheilffyrdd, fel llawer o Gwmnïau Trenau eraill. Gwnaed y penderfyniad hwn i ddechrau oherwydd pandemig Covid-19 a pharhaodd fel mesur diogelwch i staff arlwygo oedd yn cario arian parod, a'r gost sy'n gysylltiedig â thrin a bancio arian parod. Os bydd person ar daith hir ar y tren gyda TrC lle nad yw'r dull o dalu gyda cherdyn ar gael iddynt, bydd staff arlwygo TrC yn defnyddio eu disgresiwn i weini lluniaeth am ddim yn ôl yr angen.

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

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1SN

[Gohebiaeth.Ken.Skates@llyw.cymru](mailto:Gohebiaeth.Ken.Skates@llyw.cymru)  
[Correspondence.Ken.Skates@gov.wales](mailto:Correspondence.Ken.Skates@gov.wales)

Rydym yn croesawu derbyn gohebiaeth yn y 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.

Er mwyn gwella profiad teithwyr ar drenau a bysiau, mae TrC yn rhedeg Panel Hygyrchedd a Chynhwysiant, ac mae'r aelodaeth yn cynnwys pobl anabl gydag ystod o amhariadau. Mae panel hygyrchedd Trafnidiaeth Cymru'n dylanwadu ar ei bolisiau hygyrchedd ac yn cynghori'r sefydliad ar sut i gefnogi cwsmeriaid anabl a hŷn i ddefnyddio ein gwasanaethau'n effeithiol. Mae'r panel yn cynghori Trafnidiaeth Cymru ar gynlluniau ar gyfer trenau a gorsafoedd newydd ac wedi'u hadnewyddu hefyd, yn ogystal â'i raglen hyfforddi staff. Mae TrC hefyd wedi gweithio i sicrhau bod eu dull gweithredu'n cyd-fynd â'u cynllun hyder i deithio, lle gall grwpiau lleol drefnu ymweliadau ymwybyddiaeth gan dîm Rheilffordd Gymunedol TrC i gael cymorth i brynu tocynnau. Mae rhagor o wybodaeth am fenter hyder i deithio TrC ar gael yma: [Hyder i deithio | TrC](#)

Mae Llywodraeth Cymru wedi sefydlu'r Tasglu Hawliau Anabledd hefyd i nodi'r problemau sy'n effeithio ar fywydau pobl anabl yng Nghymru a datblygu atebion sy'n dysgu o'u profiad byw, gan gynnwys sut i ddarparu cludiant cynhwysol a hygyrch: [Tasglu Hawliau Pobl Anabl | LLYW.CYMRU](#).

Gobeithio fod yr wybodaeth hon yn ddefnyddiol.

Yn gywir,



**Ken Skates AS/MS**

Ysgrifennydd y Cabinet dros Drafnidiaeth a Gogledd Cymru



## **P-06-1335 Welsh Government should take steps to ensure vulnerable adults without bank cards can pay with cash - Correspondence from the Petitioners, 10 February 2025**

Our Response:-

Mencap Cymru would like to thank the Senedd's Petitions Committee for its continued support for the issue which we raised in our petition:- **P-06-1335 Welsh Government should take steps to ensure vulnerable adults without bank cards can pay with cash**

We would also like to thank the Chair of the Committee for writing to the Cabinet Secretary for Social Justice, Trefnydd and Chief Whip, Jane Hutt MS, and the Cabinet Secretary for Transport and North Wales, Ken Skates MS regarding the issue of cashless payments.

### **Response to letter from Cabinet Secretary for Social Justice, Trefnydd and Chief Whip to Chair**

We were pleased to meet with the Cabinet Secretary for Social Justice, Trefnydd and Chief Whip, Jane Hutt MS on the 27th November to discuss the issue of publicly funded venues further alongside Dot Gallagher, Chair of Mencap Môn, and her two sons who have a learning disability. We are grateful for the Cabinet Secretary's offer to meet with us again. During the meeting, we were pleased to hear that the Cabinet Secretary recognised this issue as one which requires a cross-Government approach. We are still hearing stories of venues in the Higher Education sector and the Culture and Arts Sector who are refusing to accept cash payment, which excludes people with a learning disability who might not have access to digital forms of payment. As we have said throughout this process, access to venues for people who do not have digital forms of payment can be as great a barrier as physical access for those with physical impairments; the social model of disability must be the basis of provision of such services by venues who are in receipt of public funds.

We are grateful to the Cabinet Secretary for updating the relevant Cabinet Secretaries following the meeting. We would, however, appreciate a written response from each Cabinet Secretary as a result of this. Although recognition of the scale of this issue is welcomed, people with a learning disability who have experienced this issue and those who have supported the petition should have the opportunity to hear from the relevant Cabinet Secretaries about their commitment to this issue.

### **Response to letter from Cabinet Secretary for Transport and North Wales to Chair**

We are grateful to the Cabinet Secretary for his response, which addresses our concerns. There remains a concern that people with a learning disability may get fined for boarding a train without a valid ticket, but we are pleased that he has made it very clear that this will not happen.

We will share this update with members of the Wales Learning Disability Consortium so that they can inform their membership. We will also share with the Cross Party Group on Learning Disability at the next meeting.



Whilst we believe that the response was positive, we are still concerned that there will be no clear commitment to ensuring that future onboard catering contracts will require successful bids to accept cash. We noted in the Cabinet Secretary's response to a reference that catering staff will use their discretion to serve complimentary refreshments as required; we would like more clarification

about this offer as many people are still reporting of long train journeys without the ability to purchase food and drink.

#### **Additional Comments**

We were pleased to see how reference was made to this work at the Treasury Select Committee as part of their inquiry into the acceptance of cash. This shows how the voices of the most excluded within our society can influence public policy. We are grateful to the Petitions Committee for their continued support, understanding, and for leading the way on this issue.

### **P-06-1350 Ailagor Ward Dyfi yn Ysbyty Tywyn ar unwaith**

Cyflwynwyd y ddeiseb hon gan Jane Eleanor Seddon Barraclough, ar ôl casglu 1,314 o lofnodion ar-lein, ac 4,214 lofnodion ar bapur, sef cyfanswm o 5,528 lofnodion.

#### **Geiriad y ddeiseb:**

Rydym wedi ein llorio gan benderfyniad Betsi Cadwaladr i gau 'dros dro' ward cleifion mewnol Ysbyty Tywyn. Rydym am i'r ward gael ei hailagor ar unwaith.

Mae cau'r ward hon heb unrhyw ymgynghori na hysbysiad yn gam bwriadol ac anhryloyw; mae'n gamddefnydd o wasanaeth cyhoeddus ein cymuned. Gallwch ein cefnogi drwy lofnodi'r ddeiseb. Diolch am eich cefnogaeth.

#### **Gwybodaeth Ychwanegol:**

Cafodd staff a chleifion wybod ar y dydd lau y bydden nhw'n cael eu symud i ysbyty Dolgellau erbyn y dydd Mawrth dilynol.

Dim rhybudd, dim ymgynghori, dim trafod, dim rhesymeg.

Pe na bai staff am symud i Ddolgellau bydden nhw heb swydd. Mae Tywyn yn ysbyty newydd sydd ag offer a chyfleusterau rhagorol. Mae gan ein hysbyty staff gwych yn gweithio ynddo. Mae ein perthnasau a'n ffrindiau wedi cael y gofal gorau posibl y gallai rhywun ddymuno ei gael.

Mae'r bwrdd iechyd wedi dweud nad yw'n gallu recriwtio digon o staff i lenwi swyddi. Rydym am weld y dystiolaeth sydd gan y bwrdd iechyd sy'n dangos eu bod mewn gwirionedd wedi mynd ati i recriwtio staff ar gyfer ein hysbyty. Mae'r ysbyty hwn yn adnodd hanfodol yn ein cymuned. Os gwelwch yn dda, cefnogwch ein hymgyrch.

#### **Etholaeth a Rhanbarth y Cynulliad**

- Dwyfor Meirionnydd
- Canolbarth a Gorllewin Cymru



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanellwy,  
Llanellwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business  
Park, St Asaph, LL17 0JG

Carolyn Thomas MS,  
Cadeirydd,  
Y Pwyllgor Deisebau,  
Senedd Cymru,  
Bae Caerdydd,  
Caerdydd,  
CF99 1SN

**Ein cyf / Our ref:** CS/CT(CE24/1102)

**Ffôn:** 01745 448788 ext 6382

**Gofynnwch am / Ask for:** Emma Hughes

**E-bost / Email:** [emma.hughes19@wales.nhs.uk](mailto:emma.hughes19@wales.nhs.uk)

**Dyddiad / Date:** 23 Rhagfyr 2024

Trwy e-bost – [seneddCovid@Senedd.wales](mailto:seneddCovid@Senedd.wales)

Annwyl Cadeirydd,

### **Parthed: Deiseb P-06-1350 Ailagor Ward Dyfi yn Ysbyty Tywyn**

Diolch am eich llythyr diweddaraf ynglŷn â Ward Dyfi. Nodaf y pwynt fod y Pwyllgor Deisebau wedi trafod y ddeiseb hon am y pumed tro ar 30 Medi a bod hyn yn anarferol, ond rwy'n mawr obeithio y gallwch weld, o'n gohebiaeth gyson, fod y Bwrdd Iechyd yn gwneud popeth o fewn ei allu i recriwtio a chadw staff yn yr ardal wledig iawn hon, a'n bod yn rhannu rhwystredigaeth y Pwyllgor bod hi'n parhau i fod yn hynod o anodd er gwaethaf pob ymdrech.

### **Sut roedd y gwasanaeth yn arfer cael ei ddarparu**

Cyn cau ward Dyfi dros dro ym mis Ebrill 2023, roedd 10 gwely wedi'u staffio yn Ysbyty Tywyn. Roedd swyddi gwag hirdymor yn golygu bod staff yn gweithio oriau hir y tu hwnt i'w horiau contract fel goramser, ac yn aml yn methu â chymryd gwyliau blynyddol/yn canslo gwyliau blynyddol i sicrhau lefelau staffio diogel ar y ward. Roedd staff asiantaeth yn annibynadwy ac yn aml yn cael eu canslo ar fyr rybudd a oedd yn peri risg sylweddol i ddiogelwch cleifion.

Nid oedd unrhyw wasanaeth Tuag Adref, roedd y Gweithwyr Cymorth Gofal Iechyd i gyd wedi'u lleoli ar y ward. Nid oedd Gwasanaeth Mân Anafiadau, gan fod gofyn cyson ar staff a gyflogwyd i weithio yn yr Uned Mân Anafiadau i ddarparu lefel staffio diogel i gleifion mewnol. Cafodd hyn effaith negyddol ar gadw staff gan nad oedd staff yn gweithio yn y meysydd yr oeddynt wedi eu cyflogi i weithio ynddynt yn wreiddiol, ac roedd hyn yn lleihau'r gweithlu ymhellach fyth.

Ar adeg y penderfyniad i gau ward Dyfi dros dro, roedd prinder o bedair nyrs gofrestredig Band 5, un swydd Dirprwy Reolwr Ward Band 6 ac un swydd Rheolwr Ward Band 7. Ddeunaw mis yn ddiweddarach mae un swydd wag ar gyfer nyrs gofrestredig Band 5 ac un swydd wag Band 6 Dirprwy Reolwr Ward ar y ward. Mae pedair nyrs a Hyfforddwyd yn Rhyngwladol wedi cael eu recriwtio i weithio yn Ysbyty Tywyn, ond mae cadw staff yn yr ardal wedi bod yn anodd gyda nifer o staff yn gadael i chwilio am waith y tu allan i'r ardal.

**Cyfeiriad Gohebiaeth ar gyfer y Cadeirydd a'r Prif Weithredwr / Correspondence address for Chairman and Chief Executive:**  
Swyddfa'r Gweithredwyr / Executives' Office  
Ysbyty Gwynedd, Penrhosgarnedd  
Bangor, Gwynedd LL57 2PW

**Tudalen y pwyllgor 40** [www.pbc.cymru.nhs.uk](http://www.pbc.cymru.nhs.uk) / **Web:** [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk)

Mae Swyddfa'r Prif Weithredwr yn croesawu gohebiaeth yn Gymraeg a bydd yn sicrhau y darperir ymateb yn Gymraeg heb oedi.  
The Chief Executive's Office welcomes correspondence through the medium of Welsh and will ensure that a response is provided in Welsh without incurring a delay

## **Ble mae gwasanaethau'n cael eu darparu ar hyn o bryd, a beth yw nifer y cleifion mewnol sydd angen y gwasanaeth.**

Mewn ymateb i fethiant i agor ward Dyfi yn ddiogel oherwydd niferoedd staff annigonol, canolbwyntiodd y Bwrdd Iechyd ar gyflwyno modelau darparu amgen a ddefnyddir yn aml mewn ardaloedd mwy gwledig lle mae recriwtio yn her. Roedd y rhain yn cynnwys darparu gwasanaethau iechyd a gofal yn uniongyrchol yng nghartrefi cleifion, gweithio'n agosach gyda chartrefi gofal yn yr ardal i ddarparu gwasanaethau i'w preswylwyr er mwyn medru aros yn eu lleoliad am gyfnod hwy, a darparu cymorth i gleifion i'w galluogi i dreulio eu hwythnosau a'u dyddiau olaf yn eu cartref eu hunain, gydag urddas. Rydym wedi amlinellu'r rhain i'r Pwyllgor eisoes yn ein gohebiaeth. Mae'r darpariaethau yma wedi eu croesawu gan gleifion a'u teuluoedd, cartrefi gofal a'r awdurdod lleol.

Mae gwelyau cleifion mewnol ychwanegol wedi'u hagor yn Ysbyty Dolgellau, a cheir yno 18 gwely erbyn hyn, sef cynnydd cyffredinol o 4 gwely i fodloni'r galw yn Nhywyn. Mae rhai aelodau staff o ysbyty Tywyn wedi cael eu defnyddio i gefnogi'r gwelyau ychwanegol. Yn ystod y cyfnod hwn, derbyniwyd 67 o gleifion mewnol o ardal Tywyn. Mae hyn yn cynrychioli cyfartaledd o 3.5 claf y mis.

Mae agor y gwelyau ychwanegol yn Nolgellau ac adleoli staff dros dro o Dywyn wedi cael effaith gadarnhaol ar hyd arhosiad cleifion. Cyn cau ward Dyfi, roedd Ffisiotherapyddion a Therapyddion Galwedigaethol yn gweithio ar draws wardiau cleifion mewnol Tywyn a Dolgellau. Ers cau ward Dyfi dros dro, mae staff therapi wedi gallu darparu lefelau uwch o gymorth therapi i gleifion gan wella eu hadsefydliad a'u hadferiad, a lleihau'r amser sydd angen i gleifion aros yn yr ysbyty.

Crëwyd capasiti cymunedol ychwanegol yn ardal Tywyn trwy weithredu gwasanaeth Tuag Adref. Mae'r gwasanaeth hwn yn cefnogi cleifion i aros gartref, gan leihau derbyniadau i'r ysbyty y gellir eu hosgoi yn ogystal â chefnogi rhyddhau'n gynt o'r Ysbyty a darparu cymorth lefel isel ac adsefydlu gartref ar ôl iddynt gael eu rhyddhau. Cafodd gweithwyr cymorth gofal iechyd a oedd yn arfer gweithio ar ward Dyfi eu hadleoli i ddarparu gwasanaeth Tuag Adref sy'n derbyn, ar gyfartaledd, 7 cyfeiriad yr wythnos.

Gwasanaeth arall a sefydlwyd ers cau'r ward dros dro yw'r Ystafell Driniaeth. Mae'r gwasanaeth hwn yn darparu amrywiaeth o driniaethau gofal clwyfau a gorchuddion yn ogystal â phroffion gwaed a rheolaeth cathetr, gyda'r bwriad o ehangu wrth i hyfforddiant a chymwyseddau ddatblygu. Mae sefydlu'r gwasanaeth hwn wedi lleihau'r galw ar ofal sylfaenol yn ogystal â rhyddhau capasiti Nyrsys Ardal gan ganiatáu iddynt ganolbwyntio ar y cleifion sy'n gaeth i'r tŷ a chleifion mwy cymhleth gartref. Mae'r ystafell driniaeth wedi bod yn weithredol ers mis Gorffennaf 2023 gyda mwy na 2,700 o ymweliadau hyd yma. Gan nad oes angen adleoli staff o ardaloedd eraill i ddarparu'r lefelau staffio gofynnol ar gyfer y ward cleifion mewnol yn Nhywyn, mae hyn wedi caniatáu ailagor yr Uned Mân Anafiadau yn llwyddiannus hefyd. Mae'r Uned ar agor 5 diwrnod yr wythnos ar hyn o bryd gyda chynlluniau i agor 7 diwrnod yr wythnos ac mae wedi gweld dros 1,300 yn mynychu ers iddo ailagor.

Mae'r Bwrdd Iechyd wedi gallu darparu'r gwasanaethau hyn lle mae'r galw'n uchel, oherwydd bod y staff a adleolwyd yn gweithio'n agos gyda'r timau cymunedol a'r gymuned ei hun.

Mae'n werth nodi hefyd bod ardal y ward yn yr ysbyty yn cael ei defnyddio bob dydd, gan yr Hwb Llesiant, y Tîm Iechyd Meddwl Pobl Hŷn, clinigau brechu rhag y fflw a Covid a chlinigau Fflebotomi. Mae nifer o glinigau cleifion allanol yn cael eu darparu gan Feddyg Ymgynghorol o BIPBC a Bwrdd Iechyd Hywel Dda yn ogystal, ac mae ystafell mewnwythiennol wedi'i chyflwyno.

Mae staff BIPBC wedi croesawu'r newidiadau, ac wedi manteisio ar y cyfle i uwchsgilio a datblygu, gyda gwell morâl ymhlith y staff a gwell cydweithio tîm.

### **Beth yw'r opsiynau ar gyfer y dyfodol**

Fel yr amlygwyd yn y drafodaeth yn y Pwyllgor Deisebau, mae angen gweithio gyda'r gymuned leol a'i chynrychiolwyr i ystyried beth yw'r model gorau ar gyfer darparu gwasanaethau ar gyfer yr ardal hon wrth symud ymlaen. Nid oes amheuaeth bod model diogel a chynaliadwy o ofal o ansawdd yn well na gofal lleol gwael.

Wrth ddymuno ceisio adfer ward Dyfi, ac mae'r bwrdd iechyd wedi nodi'n gyson mai dyna yw'r bwriad, mae pob ymdrech wedi'i chanolbwyntio ar sicrhau'r lefelau staffio digonol. Fodd bynnag, rydym wedi gweld dros y 18 mis diwethaf yr her wirioneddol o nid yn unig recriwtio ond hefyd o gadw staff mewn ardaloedd gwledig, fel y nodwyd yn ein gohebiaeth flaenorol gyda'r Pwyllgor, ar ôl i ni recriwtio rydym wedi gweld bod staff wedi dewis peidio ag aros am nifer o resymau.

Mae'n werth nodi, os a phan fydd recriwtio'n llwyddo i sicrhau'r isafswm diogel o lefelau staffio ar gyfer ward cleifion mewnol 24/7, mae'n sicr y byddai ailagor ward Dyfi yn effeithio ar allu'r Bwrdd Iechyd i gynnal gwasanaethau clinigol eraill a darpariaeth gymunedol yn y tymor hir. Byddai angen llenwi swyddi gwag yn ogystal ag absenoldebau o ddydd i ddydd (salwch tymor byr a thymor hir/absenoldeb mamolaeth/absenoldeb blynyddol ac ati) a fyddai'n golygu y byddai gwasanaethau fel Nyrsio Ardal, Tuag Adref a Mân Anafiadau yn cael eu heffeithio (lleihau capasiti/cau gwasanaeth) o ganlyniad i staff hyfforddedig y gwasanaethau hyn yn gorfod gweithio ar y ward i sicrhau'r lefelau staffio diogel cywir fyddai'n ofynnol ar gyfer y ward.

Mae'r bwrdd iechyd wedi cael trafodaeth gyda'r gymuned leol ynghylch beth yw'r blaenoriaethau ar gyfer gwasanaethau lleol. Nododd y gweithdy ymgysylltu a gynhaliwyd ym mis Ebrill 2024 nifer o wasanaethau roedd y grŵp wedi canfod iddynt fod yn ddiffygiol neu y gellid eu gwella yn yr ardal. Roedd y rhain yn cynnwys darpariaeth gwelyau cleifion mewnol, gofal diwedd oes, gofal seibiant a gwell cymorth iechyd meddwl. Mynychwyd y gweithdy gan randdeiliaid oedd yn cynnwys Cyngor Gwynedd, Grŵp Gweithredu Ysbyty Tywyn, Cynghorwyr Tref Lleol, Aelodau'r Senedd, cartrefi nyrsio lleol a Bwrdd Iechyd Prifysgol Hywel Dda. Mae ffrydiau gwaith i fynd i'r afael â'r themâu allweddol yn cael eu sefydlu gyda ffrwd waith Gofal yn Nes at y Cartref yn edrych ar ddatblygu llwybrau gofal



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

diogel a chynaliadwy ar gyfer y boblogaeth leol. Byddai hyn yn cynnwys archwilio cydweithio agosach gyda'r cartrefi gofal ac archwilio'r posibilrwydd o ddefnyddio model gweithio hybrid mewn ardaloedd gwledig eraill.

Ar 26 Tachwedd 2024, cynhaliodd Llais Gogledd Cymru fforwm cyhoeddus yn Nhywyn, i archwilio effaith cau Ward Dyfi ar gleifion Tywyn. Cynhaliwyd dwy sesiwn, un yn y bore ac un yn y prynhawn. Roedd y fforwm yn gyfle i'r cyhoedd gynnig mewnbwn ar effeithiau cau'r ward cleifion mewnol. Cefnogodd staff BIPBC y gweithdy hwn gan amlinellu'r hyn oedd wedi ei wneud i liniaru effaith cau'r ward cleifion mewnol tra'n sicrhau bod anghenion iechyd pobl Tywyn yn cael eu diwall.

Gan adlewyrchu trafodaeth y Pwyllgor Deisebau a chydweithio'n agos â LLAIS, mae ymgysylltu pellach â'r gymuned wedi'i gynllunio yn gynnar yn 2025 i drafod ffordd ymlaen sy'n fwy cynaliadwy.

Yn gywir,

A handwritten signature in black ink, appearing to read 'Carol Shillabeer'.

---

**Carol Shillabeer**  
Prif Weithredwr/Chief Executive



5<sup>th</sup> February 2025

Ms Carolyn Thomas MS  
Chair –Petitions Committee  
Senedd Cymru.  
Cardiff  
CF99 1SN

Glan Eifion  
Seaview  
Borth-Y-Gest  
Porthmadog  
Gwynedd LL49 9TP

Tel : 01766 513 337  
Mob: 07968 437 060  
e-mail: tom@communityhospitals.net

## **P-06-1350 Re-open Dyfi Ward at Tywyn Hospital**

Dear Ms Thomas,

Once again the petitioners have asked me to forward further observations to your Committee from the Community Hospitals Association. This follows the petitioners' receipt of a copy of the letter of 23<sup>rd</sup> December 2024, from the Chief Executive of Betsi Cadwaladr University Health Board (BCUHB), to the Petitions Committee, and LLAIS arranging a Public Forum in November 2024, which I attended.

### **STRUCTURAL FAILING**

This saga has now continued for some 21 months. With respect, I have to say that the complacency shown by Betsi Cadwaladr University Health Board (BCUHB) to correct the healthcare service deficiency is astounding! It is now amongst the worse examples of health authority failed management in a community hospital setting that the Community Hospitals Association has experienced.

The failing does not appear to be an isolated example. In the last few weeks, Audit Wales has reported via a "Structured Assessment of BCUHB". It concludes "ongoing instability within the BCUHB Executive Team, gaps in wider senior leadership structures, and ongoing challenges with the operating model are compromising the Health Board's ability to tackle the significant challenges it faces".

The Welsh Government statistics NHS "Activity and Performance Summary Report" to end 2024, shows BCUHB underperforming the rest of Wales in almost every category. The Health Board remains in special measures of course, but questions perhaps need to be asked by Senedd members as to why it consistently fails to recover? Is there a management style in BCUHB, that seeks to park a problem like that in Tywyn, rather than to solve it? Does the Board scrutinise service "not spots" thoroughly enough to make a difference?

### **STAFFING CHALLENGES**

Informal contact with staff throughout the BCUHB area indicates that the population in the centre and west of BCUHB's area simply does NOT contain enough staff with appropriate qualifications to fill the vacancies. Workforce planning will remain an unrealistic pipe dream unless significant effort is made to recruit out of area. Overseas recruitment has confirmed the need but has been insufficient to solve the problem.

It is possible to recruit out of area to a pleasant place to live! The BBC featured the success of Bishops Castle community hospital recruiting out of area and reopening their ward some six months ago, in the



same period that Tywyn ward has been without its inpatients. Their solution had been to retain a recruitment agent in the West Midlands and for the local authority to assign an appropriate staff member to ensure that family relocation issues were addressed and made easy.

At the LLAIS public forum in Tywyn in November I asked which recruitment agent out of area, BCUHB had retained and was told by the BCUHB management present, “none”. I asked a County Councillor present whether Cyngor Gwynedd has identified a person to address relocation issues and was told, that the County Councillor didn’t believe so.

#### COMPLACENCY

The BCUHB letter to the Petitions Committee of 23<sup>rd</sup> December suggest that the community is “managing”. The residents present at the LLAIS meeting would not agree. Medical literature supports the residents. Frail persons sent out of their community to recuperate receive far less community visitors and encouragement and are much slower to recover. No measurement appears to have been made in Tywyn as to whether the BCUHB informal Tuag Adre service produces rehabilitation results to approach those attainable from a local community hospital based pathway.

The BCUHB letter to the Petitions Committee of 23<sup>rd</sup> December also proposes, after more than 20 months, “another shuffling of the pack” that MIGHT produce a “safe and sustainable” model of care. BCUHB does not promise to achieve a standard of patient outcomes that would stand scrutiny. There appears to have been no involvement of HIW or Public Health Wales in the analysis of the Tywyn challenge or in the search for an equitable solution.

There was little purpose in the Senedd passing the laudable 2014 Health and Wellbeing Act when the principles enshrined in it are so easy forgotten at the Health Board level. We trust that your committee can find some method of encouraging NHS Wales to live up to its responsibilities and to take credible action to restore service to the Tywyn area. We seek your committee’s continued support.

Yours sincerely

Tom Brooks

**Committee Member**  
**Community Hospitals Association**

## **P-06-1350 reopen Dyfi Ward at Tywyn Hospital now**

Correspondence from the Petitioner to the Committee, 09 February 2025

At the beginning of her latest reply, Carol Shillabeer, as Chief Executive of Betsi Cadwaladr University Health Board, begins with a paragraph 'how the service used to be provided'. Much of this section of her letter is devoted to how many outpatient 'services' are being provided. The facilities Tywyn Hospital contains, and the large-scale refurbishment and hospital building which were opened in 2017, are a most important part of understanding of what services were and should and could be provided for inpatients. Often the inpatients facility is referred to as a ward, or 'Dyfi Ward', but in fact the whole of the inpatient physical resource is based in a new wing, which has two wards and several single rooms in order to accommodate up to 19 patients. The inpatients wing was built to contain state of the art facilities including treatment rooms, staffing areas, a day room, specialist bathing facilities, a recently installed patients and relatives' kitchen, lift access and so on. The whole wing, which is a modern, purpose built and advanced facility, was closed in April 2023, only 6 years after it was first opened. It is precisely two years ago, in February 2023, that the health board began to plan to close it and were discussing repurposing it. Below the inpatient wing is the health centre, again containing state of the art specialist accommodation consulting rooms, pharmacy, treatment rooms etc.. The older part of the hospital, which is still used, has different offices and treatment and consulting rooms, and is joined on to these two new floors.

The health board often cite the number of beds available or 'funded' at around 4. The physical provision for inpatients in Tywyn can contain 19 beds with spacious and dedicated facilities, such as TV's and piped oxygen to each bed. The board have never fully staffed the inpatients facility from the outset and have not focused sufficient and serious effort on how to staff it properly, to capacity, in order to maximise the full potential of this publicly funded resource. It is quite absurd of Carol Shillabeer to say that 'an average of 3.5 patients per month' would have been placed at Tywyn since it was closed. This continuing narrative, of how few people would need to be placed in inpatient care, is wrong, and based on spurious and unsubstantiated information, and is in complete contradiction to all the evidence we not only see and hear on the news, but from firsthand accounts from paramedics queuing outside hospitals, to individuals and their relatives. The Royal College of Nursing mentions bed shortages 500 times in their latest report! 'Corridor Care' is a regular feature in local and national newspapers. For the health board to construct a rationale which shows very limited numbers of people requiring hospitalisation in Tywyn is beyond belief, because the hospital inpatient facility can accommodate any patient from the widest catchment required.

The letter refers to two staff vacancies the board says are necessary to reopen the inpatients facility. At a Tywyn Hospital Donations Committee meeting, held a fortnight ago, the Ward Manager stated unequivocally that there are sufficient staff to open the ward now, and that there are no live current vacancies for staff being advertised. A ward manager is being paid to manage a ward that the Chief Executive of the health board has no intention of opening. The latest veiled threat, stated in her letter, is that that reopening the inpatients facility would 'undoubtedly impact on the health board's ability to maintain other clinical services'. Staff were redeployed from inpatients to provide these services, many of which were already being delivered by health centre staff, district nurses and community carers. We now find that it is likely that those 'services' will no longer be provided if the inpatients wing is reopened.

Instead of focusing on how and when the inpatient facilities at Tywyn Hospital are going to be reopened and showing a concerted commitment to using our new hospital in full, the latest reply continues to reiterate how well the health board have been running peripheral services from Tywyn Hospital, how these services help the community and how many people have benefitted; all of which have been prioritised over inpatient care. The latest reply also shows that the health board have reached an all-time low in their management of Tywyn's health facilities, and threatening to remove other health services in order to reopen the inpatient wards shows an incapacity to respond with the required depth and level of integrity expected. To assert and insist that peripheral services, which are being staffed by nurses that could otherwise be staffing the inpatient wards, can replace inpatient care, providing real and essential hospital treatment, is wrong. This petition has always been about the closing of a new state of the art hospital inpatients facility, and it is shocking that the health board are not committed to ensuring that they provide the best possible health care service for each and every service they are required to deliver. To not open the inpatients facility, to let such an excellent public resource stay closed, when the health service in Wales is in crisis, is inexcusable.

The letter refers to 'discussions, meetings, workshops and consultations' with the local community and 'stakeholders'. 'Workstreams' is a term being introduced, to address 'key themes' such as 'Care Closer to Home', referred to as 'exploring' the use of care homes. Apparently 'further engagement' is yet again now planned with the community. Examples of these have already included two 'Llais' meetings, held recently in Tywyn in December 2024, in conjunction with the health board, which were very poorly attended, hardly advertised, and held mid-week during the daytime, when working people could not have attended. In April 2024 Ffion Johnstone, the health board's Integrated Health Community Director, led a 'workshop' with local community members and stated, 'the hospital (inpatients) ward will not close'. The public meeting with the Action Group held in November 2023 provided Carol Shillabeer and her managers, who were there, with a clear indication of the expectations of the people who signed the petition to reopen the ward and who attended the meeting. Time and again, continued procrastination has been the tactic the health board have used, in order to seek to wear down the public's resolve and to attempt to justify the closure of the inpatients service.

As ever, the Tywyn Hospital Action Group continues to endeavour to demonstrate in our replies to the Petitions Committee how BCUHB have mismanaged our facilities and health service. There is no reinforcement of the standards and attitudes required, and the continued obfuscation is a serious matter of concern. Almost two years later, it is clear that the health board has no sincere intention or will to reopen the inpatients facilities at Tywyn Hospital.

The 5,528 people who signed this petition have been ignored.

Yours sincerely

Jane Barraclough

Tywyn Hospital Action Group

## Eitem 3.3

**P-06-1405 Mae eisiau ac mae angen uned iechyd Meddwl â gwelyau i ddynion arnom ni yng Ngogledd Cymru**

Cyflwynwyd y ddeiseb hon gan Lynda Leigh, ar ôl casglu 261 o lofnodion.

### **Geiriad y ddeiseb:**

Mae cynifer o ddynion yn dioddef o broblemau iechyd meddwl. Roedd yn ddiogon drwg cyn y cyfnod clo ond nawr mae'n ofnadwy. Fel landleidi, gallaf wed drosof fy hun yr holl ddynion sy'n methu ymdopi â nifer o broblemau. Maen nhw'n galw'n daer am gymorth ac yn clywed bod angen iddyn nhw godi eu llais a gofyn am help, ond pan fyddan nhw'n gwneud hynny, does dim help ar gael.

### **Etholaeth a Rhanbarth y Cynulliad**

- Delyn
- Gogledd Cymru



Eich cyf/Your ref P-06-1405  
Ein cyf/Our ref SM/10341/24

Carolyn Thomas AS  
Cadeirydd  
Y Pwyllgor Deisebau

[deisebau@senedd.cymru](mailto:deisebau@senedd.cymru)

27 Ionawr 2025

Annwyl Carolyn,

**Deiseb P-06-1405 Mae eisiau ac mae angen uned Iechyd Meddwl â gwelyau i ddynion arnom ni yng Ngogledd Cymru**

Diolch am eich llythyr dyddiedig 15 Tachwedd ynghylch y ddeiseb uchod, yn gofyn am ragor o wybodaeth am ddarparu cymorth iechyd meddwl aciwt 24/7 yng Nghymru.

Ers i'm rhagflaenydd ysgrifennu atoch ym mis Mawrth, rydym wedi parhau i ddatblygu ein dull gweithredu ar gyfer cymorth iechyd meddwl aciwt, sy'n cynnwys y gwasanaeth 111 pwysu 2 sydd bellach wedi cefnogi dros 130,000 o bobl.

Yn ogystal â'i gwneud yn haws cael cymorth, mae'n hanfodol ein bod yn parhau i godi ymwybyddiaeth ac yn cynyddu dealltwriaeth a thosturi o fewn gwasanaethau a chymdeithas yn gyffredinol, er mwyn i bobl deimlo'n hyderus i ofyn am gymorth ar adegau o angen, heb ofni stigma na beirniadaeth.

Yn 2023/24, parhaodd rhagor o waith sy'n canolbwyntio ar ddynion, drwy fod gweithdai a dargedir yn cael eu cynnal gan Weithrediaeth y GIG, yn ogystal â gweithio gyda grwpiau cymorth iechyd meddwl i ddynion ledled Cymru, a chynnal gweminar ar hunanladdiad ymysg dynion. Bydd cynhadledd genedlaethol arall ar hunanladdiad a hunan-niweidio yng Nghymru yn cael ei chynnal ym mis Mawrth 2025, gyda'r nod o sicrhau bod rhan o'r digwyddiad hwnnw'n canolbwyntio ar faterion sy'n ymwneud â hunanladdiad ymysg dynion.

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

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1SN

[Gohebiaeth.Sarah.Murphy@llyw.cymru](mailto:Gohebiaeth.Sarah.Murphy@llyw.cymru)  
[Correspondence.Sarah.Murphy@gov.wales](mailto:Correspondence.Sarah.Murphy@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.

Mae'r byrddau iechyd hefyd yn darparu ystod o wasanaethau i ymateb i faterion iechyd meddwl aciwt. Mae'r rhain yn cynnwys darpariaeth i gleifion mewnol, timau ar gyfer datrys achosion argyfwng a darparu triniaeth yn y cartref, a gwasanaethau cyswllt seiciatrig i'r rheini sy'n dod i mewn i adrannau brys ac argyfwng. Mae byrddau iechyd hefyd yn cynnig manau diogel dynodedig i unigolion a gedwir gan yr heddlu o dan Adran 135 neu Adran 136 o'r Ddeddf Iechyd Meddwl.

Mae'r byrddau iechyd yn darparu ystod o wasanaethau noddfa i bobl sydd mewn perygl o ddioddef argyfwng iechyd meddwl, gyda llawer o'r gwasanaethau hyn yn cael eu gweithredu gan ein partneriaid trydydd sector. Mae'r byrddau yn treialu darpariaeth debyg i bobl ifanc, ac rwyf wedi cynnwys dolen at y prosiect yn Abertawe/Castell-nedd a Phort Talbot er gwybodaeth ichi: [NWJCC Commissioned Sanctuary for Children and Young Opens Officially - Cyd-bwyllgor Comisiynu GIG Cymru](#)

Rydym yn parhau â'n rhaglen waith sylweddol i wella gwasanaethau iechyd meddwl, sy'n cynnwys buddsoddiad o fwy na £2m yng Ngweithrediaeth y GIG i ysgogi gwelliannau o ran mynediad ac ansawdd. Mae hyn yn cynnwys canolbwyntio ar wella cefnogaeth i oedolion drwy'r rhwydwaith clinigol ar gyfer iechyd meddwl oedolion, a datblygu ffrwd waith Gofal Acíwt ac Argyfwng. Dechreuodd y ffrwd waith Gofal Acíwt ac Argyfwng ym mis Medi, a'i gweledigaeth yw datblygu un model gofal aciwt ac argyfwng i Gymru gyfan. Ei swyddogaeth yw:

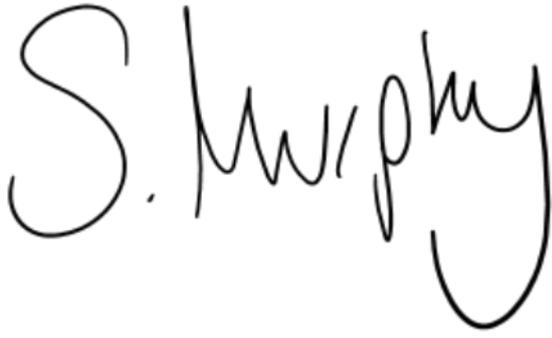
- Cefnogi'r grwpiau rhanbarthol presennol wrth iddynt ddatblygu a gwella eu gwasanaethau aciwt ac argyfwng lleol,
- Arwain y gwaith o bwysu a mesur y gwasanaethau aciwt ac argyfwng sydd ar waith ar hyn o bryd ledled Cymru,
- Dylunio'r llwybr gofal aciwt ac argyfwng gorau posibl yn seiliedig ar y dystiolaeth orau sydd ar gael,
- Goruchwyllo'r gwaith o weithredu'r llwybr newydd ledled Cymru

Megis dechrau y mae hyn ond rhoddir diweddariadau pellach ar y gwaith hwn [yma](#)

Er ein bod yn parhau i ddatblygu ein gwasanaethau iechyd meddwl arbenigol, ein nod yw atal yr angen i uwchgyfeirio, ac rydym yn defnyddio dull gweithredu trawslywodraethol i wneud hynny, er enghraifft gyda'n dull gweithredu system gyfan mewn ysgolion.

Mae gwaith y Rhaglen Strategol ar gyfer Iechyd Meddwl yn cael ei lywio gan yr ymgynghoriadau diweddar mewn perthynas â datblygu'r [strategaeth iechyd meddwl a llesiant meddyliol](#) a'r [strategaeth atal hunanladdiad a hunan-niweidio](#). Mae'r dogfennau hyn yn egluro ein blaenoriaethau ar gyfer y strategaethau newydd, sy'n cynnwys ffocws cryf ar atal a sicrhau mai trefn 'dim drws anghywir' sydd ar waith i'r rheini sydd am gael gafael ar y cymorth priodol. Mae'r crynodebau o'r ymgynghoriadau hefyd ar gael drwy'r dolenni hyn. Mae swyddogion wrthi'n gweithio ar y strategaethau terfynol a'r cynlluniau cyflawni cysylltiedig; a bwriedir eu cyhoeddi yn y flwyddyn newydd.

Yn gywir,

A handwritten signature in black ink, reading "S. Murphy". The signature is written in a cursive style with a large initial 'S' and a long, sweeping underline.

**Sarah Murphy AS/MS**

Y Gweinidog Iechyd Meddwl a Llesiant  
Minister for Mental Health and Wellbeing



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board



**Cyfeiriad Dychwelyd/ Return Address:**

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
Pencadlys  
Parc Navigation,  
Abercynon  
CF45 4SN

Cwm Taf Morgannwg  
University Health Board  
Headquarters  
Navigation Park  
Abercynon  
CF45 4SN

**Ffôn/Tel:** 01443 744803

**Eich cyf/Your Ref:**

P-06-1405

**Ein cyf/Our Ref:**

PM/JD

**Ebost Email:**

[Paul.Mears@wales.nhs.uk](mailto:Paul.Mears@wales.nhs.uk)

**Dyddiad/Date:**

27 November 2024

Carolyn Thomas  
Chair, Petitions Committee  
Welsh Parliament  
Cardiff Bay  
Cardiff  
CF99 1SN

By email : [petitions@senedd.wales](mailto:petitions@senedd.wales)

Dear Chair

**Senedd Petitions Committee Question**

Please find below the response from Mental Health and Learning Disabilities Care Group, Cwm Taf Morgannwg University Health Board following your letter dated 15 November 2024.

- (1) Clarification on the number of mental health in-patient places available for adults;**
- (2) Whether any of these are designated according to gender.**

Cwm Taff Morgannwg University Health Board currently has in total 126 acute beds across Adult and Older Adult and 14 beds in Psychiatric Intensive Care Unit.

The breakdown across the care group of the beds and designation according to gender is detailed below:

**Adult Mental Health**

The Royal Glamorgan Hospital (RGH) and Princess of Wales (POW) Hospital currently has 58 Adult acute beds and 14 Psychiatric intensive care unit (PICU) beds available across the care group.

**Cadeirydd/Chair:** Jonathan Morgan **Prif Weithredwr/Chief Executive:** Paul Mears

*Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at eiddi.*

*You are welcome to correspond with the Health Board in Welsh or English. We will respond accordingly and this will not delay the response.*

<https://ctmuhb.nhs.wales>

Across both sites, wards are mixed gender as there are individual rooms dependent on need. Adult Mental Health does not have specific gender designated beds and takes a pragmatic approach to bed allocation.

#### Princess of Wales (POW)

- ❖ Ward 14 – 8 Single Rooms (no en suite)
  - 1 four bedroom dormitory
  - 2 two bedroom dormitory

Dormitories are kept to the same gender. Female and Male toilets available.

#### Royal Glamorgan Hospital (RGH)

- ❖ Admissions Ward – 6 Single Rooms and 4 Double Rooms
- ❖ Ward 21 – 8 Single rooms and 3 Double Rooms
- ❖ Ward 22 - 8 Single rooms and 3 Double Rooms

Within RGH all single rooms have en suites. There are separate male and female bathroom and toilet facilities available to patients within the dormitories. The dormitories are kept to the same gender.

#### Psychiatric Intensive Care Unit (PICUs)

- ❖ RGH have 6 individual bedrooms with en suite facilities
- ❖ POW have 8 individual bedrooms with Female and Male bathroom and toilet facilities.

There is no gender designation in PICU beds across the care group.

### **Older Adult**

Within the older adult inpatient bed estate there are 68 open beds. Older Adult don't have specific gender designated beds but do take a pragmatic approach to bed allocation.

- ❖ Angleton Clinic Ward 2 is generally split into a Male & Female side, but utilises beds for either gender on each side dependant on demand and available capacity. Each bedroom has en suite.
- ❖ Royal Glamorgan Hospital, Seren and St Davids Wards have bay rooms. same gender is kept in those rooms, which extends to the bathrooms in those spaces also.

**Cadeirydd/Chair:** Jonathan Morgan **Prif Weithredwr/Chief Executive:** Paul Mears

*Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.*  
*You are welcome to correspond with the Health Board in Welsh or English. We will respond accordingly and this will not delay the response.*

- ❖ Ysbyty Cwm Cynon, Ward 7 has individual bedrooms (3 have en suite), and is shared gender ward.

Yours sincerely



**Paul Mears**  
**Prif Weithredwr/Chief Executive**

**Cadeirydd/Chair:** Jonathan Morgan **Prif Weithredwr/Chief Executive:** Paul Mears

*Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.*

*You are welcome to correspond with the Health Board in Welsh or English. We will respond accordingly and this will not delay the response.*

**Tudalen y pecyn 64**

Ein cyf/ Our ref: CEO.15994  
Gofynnwch am/ Please ask for: Katie Jenner  
Rhif Ffôn / Telephone: 01267239730  
Dyddiad/ Date: 29 November 2024

Swyddfeydd Corfforaethol, Adeilad  
Ystwyth  
Hafan Derwen, Parc Dewi Sant, Heol  
Ffynnon Job  
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building  
Hafan Derwen, St Davids Park, Job's  
Well Road, Carmarthen,  
Carmarthenshire, SA31 3BB

Carolyn Thomas  
Chair, Petitions Committee  
Senedd Cymru

Email: [petitions@senedd.wales](mailto:petitions@senedd.wales)

Dear Carolyn,

**Re: P-06-1405 We want and need a Mental Health unit for men in North Wales with beds**

Thank you for your letter of 15 November 2024 regarding inpatient mental health beds available for adults.

I can confirm that in Hywel Dda University Health Board, the Adult Mental Health Service has provision for 42 inpatient beds, none of which are designated according to gender. The Low Secure Unit is gender designated for male patients and there are 14 beds. The Older Adult Mental Health Service has provision for 41 inpatient beds, none of which are designated according to gender.

I trust that this information is of assistance.

Yours sincerely,



**Prof. Phil Kloer**  
Chief Executive

Correspondence from Aneurin Bevan University Health Board

MHL D Inpatient Beds					Core			Surge		
Specialty	Site	Ward	Core Beds	Optional Surge	Mixed	Male	Female	Mixed	Male	Female
Adult	STC	Pillmawr	13	1		13	0		1	0
Adult	STC	Belle Vue	6	0		0	6		0	0
Adult	STC	Adferiad	22	0	22			0		
Adult	STC	Beechwood PICU	9	0	9			0		
Adult	STC	North Lodge	3	0	3			0		
Adult	STC	South lodge	3	0	3			0		
Adult	County	Talgarn	20	2	20			2		
Adult	Maindiff	Lindisfarne	3	0		3	0		0	0
Adult	Maindiff	Ty Skirrid	12	0		12	0		0	0
Adult	YYF	Ty Cyfannol	24	0	24			0		
Adult	YAB	Carn-Y-Cefn	11	1	11			1		
Older Adult	County	Hafan Deg (Functional)	20	0	20			0		
Older Adult	YYF	Annwylfan (Dementia)	16	3	16			3		
Older Adult	YTC	Cedar Ward (Dementia)	14	2	14			2		
Older Adult	STW	Sycamore (Dementia)	14	0	14			0		
LD	LGH	Ty Lafant	7	0	7			0		
LD	Mitchell Close	Mitchell Close	1	0		1	0	0	0	0
LD	Twyn Glas	Twyn Glas	5	0	5		5			0
<b>TOTAL MHL D</b>			<b>203</b>	<b>9</b>	<b>168</b>	<b>34</b>	<b>6</b>	<b>8</b>	<b>1</b>	<b>0</b>
<b>TOTAL MH</b>			<b>190</b>	<b>9</b>	<b>156</b>	<b>28</b>	<b>6</b>	<b>8</b>	<b>1</b>	<b>0</b>
<b>TOTAL LD</b>			<b>13</b>	<b>0</b>	<b>12</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL OAMH</b>			<b>64</b>	<b>5</b>	<b>64</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>
<b>TOTAL AMH</b>			<b>126</b>	<b>4</b>	<b>92</b>	<b>28</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>0</b>



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

Cadeirydd/Chair: **Jan Williams**  
Prif Weithredwr dros dro/Interim Chief Executive: **Abigail Harris**

Rydym yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg. Atebir gohebiaeth Gymraeg yn y Gymraeg, ac ni fydd hyn yn arwain at oedi.

We welcome correspondence in Welsh or English. Welsh language correspondence will be replied to in Welsh, and this will not lead to a delay.

Dyddiad / Date: 27/12/24

Ein Cyf / Our Ref: Petition Response

Name

clerking team at petitions@senedd.wales

**Please reply to:**

Mental Health and Learning  
Disability Delivery Unit  
Caswell Clinic  
Glanrhyd Hospital  
Tondu Road  
BRIDGEND  
CF31 4LN

 01656 753035

 dermot.nolan@wales.nhs.uk

Dear Sir/Madam

In relation to the response requested by the Petitions Committee I can provide the following response on behalf of Swansea Bay University Health Board.

Currently in relation to adult mental health inpatient services we can provide the following details;

Ward F, Neath Port Talbot Hospital provides 21 mixed gender acute mental health assessment beds.

Fendrod Ward, Cefn Coed Hospital provides 20 male acute mental health treatment beds.

Clyne Ward, Cefn Coed Hospital provides 14 female acute mental health treatment beds.

It seems from the details in the letter and on the website that it is acute mental health inpatient services the focus is on, hence the information provided above.

We provide other specialist inpatient services for Mental Health Forensic, Rehab and Older Peoples Mental Health services and if you require further details in relation to these then please let us know

Your sincerely

**DERMOT NOLAN**  
**INTERIM SERVICE GROUP DIRECTOR**  
**MENTAL HEALTH AND LEARNING DISABILITIES SERVICES**  
**SWANSEA BAY UNIVERSITY HEALTH BOARD**

## **Correspondence from Powys Teaching Health Board, 6 January 2025**

Good Afternoon

In response to your request seeking clarification on the number of inpatient places available for adults and whether these are designated according to gender, please see below the current operating position at Powys Teaching Health Board (PTHB).

PTHB provides one Adult (18 years +) Mental Health Acute Inpatient Unit in Bronllys Hospital, called Felindre Ward, which operates with 16 bed capacity plus two admission beds. The Ward is mixed gender but there are separate accommodation corridors of the unit, with 8 designated male places and 8 designated female places.

PTHB also provides two Older Persons' (65 years +) Mental Health Acute Inpatient Units operating in Powys at present. Tawe Ward in Ystradgynlais Hospital with capacity for 8 places, and Clywedog Ward in Llandrindod Wells Hospital with capacity for 10 places. Both Units are mixed gender and the Wards work together to ensure patients are accommodated according to their needs.

There is also commissioning arrangements established with Shropshire and Telford Hospital NHS Trust and Swansea Bay University Health Board, both of which are mixed gender. This is to support both the geographical considerations of patients receiving services as close to home as possible, as well as the ability to have a resilient service if the in-county inpatients settings are at full capacity. The arrangements are based on a number of days purchased annually.

I trust this clarifies the position but please contact Louisa Kerr, Assistant Director Mental Health & Learning Disability Services – [louisa.kerr@wales.nhs.uk](mailto:louisa.kerr@wales.nhs.uk) - if any further information is required.

Many thanks

**Annamarie Price**

*Cynorthwy-ydd Gweithredol i / Executive Assistant to*

*Hayley Thomas*

*Prif Weithredwr / Chief Executive Officer*

*Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board*



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanelwy,  
Llanelwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business  
Park, St Asaph, LL17 0JG

Carolyn Thomas MS,  
Cadeirydd,  
Y Pwyllgor Deisebau,  
Senedd Cymru,  
Bae Caerdydd,  
Caerdydd,  
CF99 1SN

**Ein cyf / Our ref:** CS/CT(CE24/1198)

**Ffôn:** 01745 448788 ext 6382

**Gofynnwch am / Ask for:** Emma Hughes

**E-bost / Email:** [emma.hughes19@wales.nhs.uk](mailto:emma.hughes19@wales.nhs.uk)

**Dyddiad / Date:** 6 Ionawr 2025

Trwy e-bost – [petitions@senedd.wales](mailto:petitions@senedd.wales)

Annwyl Cadeirydd,

**Parthed: P-06-1405 Mae eisiau ac mae angen uned lechyd meddwl â gwelyau i ddynion arnom ni yng Ngogledd Cymru**

Mae'r Bwrdd Iechyd yn croesawu'r cyfle hwn i roi diweddariad i'r Pwyllgor Deisebau. Rydym yn ymateb o ystyried eich cais i geisio eglurhad ar **nifer y lleoedd iechyd meddwl i gleifion mewnol sydd ar gael i oedolion, a pha un a yw unrhyw rai o'r rhain yn cael eu dynodi yn ôl rhywedd.**

Mae Bwrdd Iechyd Prifysgol Betsi Cadwaladr (BIPBC) yn darparu gwasanaethau iechyd meddwl ar gyfer poblogaeth Gogledd Cymru. Mewn ymateb i'r cwestiwn penodol - mae pob un o'r tri ysbyty'n darparu gwelyau ar gyfer derbyniadau aciwt ym maes iechyd meddwl oedolion:

- Yn **Uned Hergest** (yn Ysbyty Gwynedd), mae Ward Cynan (sydd â 17 o welyau ar gyfer cleifion gwrywaidd) a Ward Aneurin (sydd â 17 o welyau ar gyfer cleifion benywaidd).
- Yn **Uned Ablett** (yn Ysbyty Glan Clwyd, mae Ward Dinas i Wrywod (sydd â 10 gwely ar gyfer cleifion gwrywaidd) a Ward Dinas i Fenywod (sydd â 10 o welyau ar gyfer cleifion benywaidd).
- Mae **Uned Heddfan** (yn Ysbyty Maelor Wrecsam) yn cynnwys Ward Clywedog a Ward Dyfrdwy. (Mae i'r ddwy 19 o welyau). Gall ardaloedd y wardiau ddiwallu anghenion derbyniadau rhyw cymysg oherwydd cynllun yr ystad y gellir ei gwahanu'n ffurfiol gyda drysau dwbl y gellir eu cloi.

Mae gan y Bwrdd Iechyd (BI) gyfanswm o 92 o welyau aciwt i gleifion mewnol sy'n oedolion - 27 yn benodol i ddynion a 27 i fenywod, a 38 o welyau eraill y gellir eu defnyddio'n fwy hyblyg.

*(Mae gan y BI welyau eraill yn uwch adran Iechyd Meddwl ac Anableddau Dysgu - yn anuniongyrchol ar gyfer cleifion oedolion hŷn ag anghenion gweithredol, cleifion*

**Cyfeiriad Gohebiaeth ar gyfer y Cadeirydd a'r Prif Weithredwr / Correspondence address for Chairman and Chief Executive:**  
Swyddfa'r Gweithredwyr / Executives' Office  
Ysbyty Gwynedd, Penrhosgarnedd  
Bangor, Gwynedd LL57 2PW

**Tudalen 59** [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk) / **Web:** [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk)

*dementia a chleifion ag anghenion dysgu. Mae gan y BI welyau yn Uned Diogelwch Canolig Tŷ Llewelyn), ar y Wardiau Gofal Dwys Seiciatrig ac ar wardiau adsefydlu).*

I gynorthwyo gyda phenderfyniadau'r Pwyllgor - mae'r BI wedi darparu'r diweddariad isod ar rai o'i wasanaethau allweddol ac iechyd meddwl i ddynion.

Dylid nodi bod modd cyrchu Hybiau Fedra' i Iechyd Meddwl ar sail 'galw heibio'. Yn ogystal, mae gan y Bwrdd Iechyd (BI) raglen i gysylltwyr Fedra' i sy'n gallu helpu cyfeirio pobl at wasanaethau priodol, ac mae rhaglen therapi galwedigaethol Fedra' i ym maes gofal sylfaenol hefyd ar y gweill. Yn fwyaf diweddar, cytunwyd ar gynllun peilot 'Fedra' i - Ffermio' (gan ddefnyddio cronfeydd elusenol). Mae hyn ar gam caffael/tendro, ac mae iddo gysylltiad penodol ag iechyd dynion mewn cymunedau gwledig.

Mae'r BI yn datblygu ei waith ar ymgysylltu â defnyddwyr gwasanaeth/gofalwyr a'u cynnwys, ac mae gweithdai (ar-lein ac wyneb yn wyneb) yn cael eu cynnal. Mae'r BI wedi gofyn i bobl ar draws Gogledd Cymru helpu i gydgyhychu strategaeth newydd. Yn ystod Wythnos Iechyd Meddwl Dynion 2025 (Mehefin), mae trafodaeth rithiol yn cael ei chynllunio gyda rhanddeiliaid yn fewnol ac yn allanol i BIPBC gyda ffocws ar iechyd dynion. Y nod yw codi ymwybyddiaeth am faterion iechyd dynion, ac annog dynion i ofalu am eu lles corfforol, meddyliol ac emosiynol eu hunain. Rhagwelir y bydd trafodaeth rithiol eleni yn canolbwyntio ar drais a thrawma yn enwedig ymysg y grŵp oedran 18 - 30.

Mae Bwrdd Partneriaeth Law yn Llaw at Iechyd Meddwl Gogledd Cymru hefyd yn weithredol, o dan gadeiryddiaeth Is-gadeirydd y Bwrdd Iechyd. Mae'r Bwrdd Partneriaeth yn creu cysylltiadau â Llywodraeth Cymru, gan felly sicrhau bod y BI a phartneriaid yn cael eu halinio â'r Strategaeth Iechyd Meddwl a Llesiant Meddyliol newydd ar gyfer Cymru a hefyd y Strategaeth Atal Hunanladdiad a Hunan-niwed newydd (pan gaiff ei chyhoeddi).

O fewn y BI, mae'r gwasanaeth Lles, Gwaith ac Iechyd hefyd yn cydnabod yr angen i roi cymorth i ddynion sy'n gweithio o fewn yr Uwch Adran Iechyd Meddwl ac Anableddau Dysgu (MHLD). Mae grŵp Atal Hunanladdiad a Hunan-niwed Gogledd Cymru hefyd yn weithredol ac yn cyfarfod yn rheolaidd gyda'r BI gyda chefnogaeth cydgysylltydd atal hunanladdiad a hunan-niwed Gweithrediaeth y GIG ar gyfer Gogledd Cymru. Mae'r grŵp hefyd yn edrych ymlaen at gyhoeddi'r strategaeth genedlaethol newydd ar atal hunanladdiad a hunan-niwed.

Lle bo'r gwasanaeth yn y cwestiwn, mae gwasanaeth '111, pwysu 2' ar gael saith niwrnod o'r wythnos, tra bo gwybodaeth am argyfwng iechyd meddwl ar gael ar wefan y BI. Yn ychwanegol o ran Gwasanaethau Cymunedol, mae gan y BI nifer o Dimau Iechyd Meddwl Cymunedol (CMHT) ar draws Gogledd Cymru. Mae'r BI hefyd yn cynnal llinell CALL (Linell Wrando a Chymorth Cymunedol) i Gymru sydd hefyd yn cynnig cymorth emosiynol a gwybodaeth/llynyddiaeth yn ymwneud ag iechyd meddwl a materion cysylltiedig ar gyfer pawb yng Nghymru.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Gobeithiaf fod y diweddariad hwn yn fodd o ategu sgysiau'r Pwyllgor Deisebau. Os bydd gennych unrhyw gwestiynau, mae croeso i chi gysylltu â'r Bwrdd Iechyd unwaith yn rhagor.

Yn gywir,

---

**Carol Shillabeer**  
**Prif Weithredwr/Chief Executive**

**P-06-1405 We want and need a Mental Health unit for men in North Wales with beds – Correspondence from the Petitioner to the Committee, 11 February 2025**

I am very grateful to the Senedd for hearing my petition for more local Mental Health beds in North Wales particularly Flint.

I Have spoken to many people regarding this matter and it is upsetting to find out the number of men suffering with Mental Health issues.

I Have also noticed in many of the cases NWP were involved in the first instance and who willingly admit they have no Mental Health training.

Can I ask you to look at the statement that was made in the paperwork sent to me.

MENTAL HEALTH REPORT FROM BETSI CADWALDER UNIVERSITY HEALTH BOARD.

Urgent Mental Health Report 24hrs a day , seven days a week is available to people of all ages.

This statement is untrue as you will see from a letter a lady has submitted to me regarding her sons treatment and I find it absolutely shocking.

Through my own experience with a very dear friend. I witnessed just how absolutely appalling Mental Health is treated at Glan Clywd hospital.

My friend went to the hospital with his son first thing in the morning in a very desperate state, he was told to sit in the waiting room to be seen, this he did for 8 hours

to be then told there was no mental health doctors available till the next day and could he go home and return the next day, which he did in a coffin [REDACTED]

it is unimaginable what his last hours felt like he had just been sent away whilst literally begging for help.

I have asked 12months ago that there be a separate waiting area if flagged up with Mental Health issues, rather than sitting amongst others in mental torment. This has not happened WHY?

The time has come to stop sitting around meeting tables saying what is needed we now need no Demand action to help these poor people who are literally begging for help.

Kind Regards

Lynda Leigh

Yn rhinwedd paragraff(au) ii o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon

Our Ref: CX24-182  
Your Ref: P-06-1449

Carolyn Thomas MS  
Chair, Petitions Committee  
Welsh Parliament

By email only: [petitions@senedd.wales](mailto:petitions@senedd.wales)

31 January 2025

Dear Carolyn

### **Petition P-06-1449 Designate the Tywi Valley as an Area of Outstanding Natural Beauty (AONB)**

Further our correspondence regarding the above petition, I'm pleased to confirm that as requested by your Committee, NRW met with the Tywi Valley petitioners on 19 December 2024.

In the meeting, we provided details of the statutory designation process for landscape designations in Wales and outlined our and Welsh Government's respective roles. We explained that our current designation work is focused on undertaking the Programme for Government commitment to examine the case for a new National Park in Wales, and that due to the complexity and legal requirements of the process, our limited resources and expertise are being concentrated on this significant piece of work.

The petitioners' proposal was discussed in greater detail and we clarified that landscape designation does not prevent lawful development from taking place. We advised that understanding the level of support from relevant local authorities, establishing the views of democratic representatives and local communities would be beneficial before consideration of any future proposals. We also discussed how the current NRW project to map natural beauty across Wales will provide an evidence base to inform initial assessments of any proposals for new landscape designations in the future.

We understand that the petitioners found our discussion useful and we have provided them with further information on our guidance on the landscape designation process.

Yours sincerely



**Ceri Davies**  
Prif Swyddog Gweithredol Dros Do  
Acting Chief Executive Officer

Croesewir gohebiaeth yn Gymraeg a byddwn yn ymateb yn Gymraeg, heb i hynny arwain at oedi.  
Correspondence in Welsh is welcomed, and we will respond in Welsh without it leading to a delay.

Jeremy Miles AS/MS  
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol  
Cabinet Secretary for Health and Social Care



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-06-1467  
Ein cyf/Our ref JMHC/00098/25

Carolyn Thomas AS  
Cadeirydd  
Y Pwyllgor Deisebau

[deisebau@senedd.cymru](mailto:deisebau@senedd.cymru)

28 Ionawr 2025

Annwyl Carolyn,

**Deiseb P-06-1467 Cyfarwyddo GIG Cymru i ychwanegu Adenomyosis at y rhestr A i Y ar ei wefan 111**

Diolch am eich llythyr dyddiedig 9 Ionawr ynglŷn â'r ddeiseb uchod gan Dee Montague-Coast.

Gallaf gadarnhau bod Adenomyosis wedi'i ychwanegu at y rhestr A i Y ar wefan 111 ar 24 Ebrill 2024.

Mae Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru yn gyfrifol am ddiweddarau a chynnal gwefan GIG Cymru 111.

Yn gywir,

**Jeremy Miles AS/MS**  
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol  
Cabinet Secretary for Health and Social Care

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1SN

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

[Gohebiaeth.Jeremy.Miles@llyw.cymru](mailto:Gohebiaeth.Jeremy.Miles@llyw.cymru)  
[Correspondence.Jeremy.Miles@gov.wales](mailto:Correspondence.Jeremy.Miles@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.

**January 2025**

## **Supplementary Evidence for: Petition Committee on ‘Banning Smartphones in Schools’**

Dear Committee,

Please find the below as supplementary evidence to go alongside the round table discussion. We welcome the chance to explore this really important issue with you and others stakeholder and would like to take this opportunity to thank the committee for their time and interest in this important topic. If you would like further clarification or information please don't hesitate to get in touch.

### **About Platform**

Platform was born in 2019 from Gofal, a mental health charity established in Wales in the late 1980s. Through decades of working across housing and mental health, we gained real insight into the reality of mental health in society, the impact of trauma, and the causes of distress. That work led us to change our focus and become Platform, the charity for mental health and social change. We take a holistic and social justice approach to mental health.

Today we work with over 12,000 people a year. We support people of all ages, across urban and rural communities, in people's homes and alongside other services. Our work spans inpatient settings, crisis services, community wellbeing, supported housing and homelessness, businesses, employment, counselling, schools and youth centres.

## **The role of smartphone use, our mental health and relational needs**

We would like to draw particular attention to smartphone and digital technology use and our mental and relational health. This is a summary of our focused concerns and not an exhaustive list of issues. We would like to focus specifically on the addictive elements of the technology used within smartphones, social media and games and their impact on relationships, connection, development and our mental health.

### **Mental Health**

Our understanding of mental health has evolved as research and evidence has advanced, leading to an urgent need for a paradigm shift in approach. By this, we mean we must move away from seeking to cure individuals by targeting disorders and move towards prioritising policy innovation at the population level ([WHO, 2014](#); [Shim & Compton, 2018](#)). The World Health Organisation now sees mental health as existing on a complex continuum, with experiences ranging from an optimal state of well-being to debilitating states of great suffering and emotional pain ([WHO, 2022](#)).

Well-meaning statements like ‘one in four people will experience a mental health problem’ imply that poor mental health occurs equally and randomly across the population according to the fate of our levels of ‘personal resilience’ or biology. But this is not true.

Our mental health is largely determined by the conditions in which we are born, grow, work, live, age along with the wider set of forces shaping the conditions of our daily lives ([WHO, 2014](#)). It’s therefore not about what’s wrong with us. It’s about what’s happened to us, what relational needs we didn’t or aren’t getting met, what did we do to survive this and what impact it then has on our mind, body, and soul ([Perry & Oprah, 2021](#); [Johnstone & Boyle, 2018](#)).

At its simplest we can think of mental health as about nervous system regulation and connection to self, others, and the world. This means it is not just a problem for the ‘one in four’ of us, it is an issue for everyone.

jendaffin@platform.org

Every single one of us experiences degrees of distress, pain and suffering. This is part of our human condition. Therefore, mental health is relevant to all of us. It is by the luck of birth that our circumstances are protective or detrimental to our mental health. This makes mental health a human rights issue. The intergenerational nature of trauma and distress means this is a problem for our future generations too.

### **Relational health**

Relational health refers to the capacity to develop and sustain safe, stable and nurturing relationships (SSNR's), which in turn prevent the extreme or prolonged activation of the body's stress response systems ([Garner, 2021](#)). Not only do SSNRs buffer adversity and turn potentially toxic stress responses into tolerable or positive responses, but they are also the primary vehicle for building the foundational resilience skills that allow children to cope with future adversity in an adaptive, healthy manner.

Relational health is about having safe and supportive relationships with our families, our friends, our communities, and ourselves. It's about having our core needs of agency, security, connection, love, belonging, meaning, and trust met (PSC, 2015). We also need predictability, consistency, acceptance, empathic responses, and opportunity for repair when there are ruptures or breakdowns in our relationships.

We are not born with the ability to meet these needs ourselves. We first learn how to make sense of our emotions through our primary attachment figure tending to our needs. Through them tending to our cries and voicing back to us or 'organising our feelings' we learn to make sense of our emotional world and develop a sense of trust in others, ourselves and the world. What we are also learning here is how to feel safe and secure. A core need for happy healthy children and parents too. We call this developing a 'secure base' and it is how we learn to regulate our emotions as well as how we learn to do relationships. It gives us the blueprint for how we will respond in relationships with other people, as well as how we relate to ourselves, throughout the rest of our life. This is called our relational patterns.

Emotional regulation is a term generally used to describe a person's ability to effectively manage and respond to an emotional experience. We unconsciously use emotion regulation strategies to cope with stressful situations many times over throughout our day. But we are not islands and we can only ever be as regulated as the people around us ([Porges, 2011](#)). This is why our circumstances are so important but also deterministic of our mental health.

It is normal for all of us to feel overwhelmed and dysregulated throughout the day and periods of our lives. This does not make us broken or weak. But when we are persistently overwhelmed there are costs to our physical and mental health. You may know this as toxic stress or adverse childhood experiences. Too much stress in our daily lives, particularly our early years compromises our health and can lead to diabetes, heart disease, mental health issues including addiction as well as autoimmune issues, cancer and arthritis.

We know that we are more likely to experience emotional overwhelm if we're living in poverty, faced with injustice, forced to rely on fear and shame-based systems, and don't feel connected to our communities, ourselves, or the people around us.

We also know that the first two months of our lives have a disproportionate impact on our later life mental health outcomes than any other period in our development (Perry & Oprah, 2021). We therefore need to go back and ensure we create the right circumstances, right from birth for everyone. This means ensuring that we are meeting parents and caregivers needs too.

### **The role of Addiction**

“Animal models have shown that neuro-hormonal development, specifically the endogenous opioid and oxytocin systems, is shaped by early experiences possibly explaining the link between early adversity and later substance use patterns ([Panksepp, 2004](#); [Machin and Dunbar, 2011](#); [Panksepp and Biven, 2012](#)), and rodents with access to social interaction use fewer substances than those that are isolated ([Crofton et al., 2015](#)).

jendaffin@platform.org

In humans, having a cohesive support/social network and healthy attachments in childhood predict low risk of later addiction ([Heilig et al., 2016](#); [Christie, 2021](#)). Treatment and recovery regimens that often foster connection such as 12-step programs and therapeutic communities have shown benefit in reducing substance use ([De Leon and Unterrainer, 2020](#)). While having early, close human connection such as maternal/child bonding seems to predict low risk of problematic substance use, lack of such connection often predicts increased risk. Adverse Childhood Experiences (ACEs) including neglect or disruptions in attachment have repeatedly been shown to predict later addiction ([Felitti, 2004](#)) and individuals who are addicted to substances are often socially excluded and marginalized, findings which have been supported neurobiologically ([Heilig et al., 2016](#)). Individuals decrease pursuit of interpersonal connections and social bonds when they use substances that activate opioid receptors (substances of abuse and treatment medications such as methadone, buprenorphine, and naltrexone) ([Inagaki et al., 2015](#); [Torres, 2019](#); [Toubia and Khalife, 2019](#)). Granted, problematic substance use can be initiated or fueled by some types of social interaction, such as affiliation with a substance using social network, thus the investigation of qualitative aspects of human connection is paramount.

With this strong foundation of previous research, a next logical area of research is to investigate whether fostering healthy human connection can actually be used as an intervention or treatment for addiction. Our goal of exploring this question across disciplines was achieved as this issue includes contributions from addiction science, neurobiology, psychology, anthropology, theology, ethics, philosophy, ACEs, science, nursing, psychiatry, criminology, education, chemistry, political science, preventative medicine, and public health. In order to impose structure on this widely varying group of articles, we will group them into three sections according to focus: theoretical, methodological, and empirical.”

Clements, A., Unterrainer, H-F., & Cook, C., (2022). Editorial: Human Connection as a Treatment for Addiction. *Frontiers in Psychology*. Sec. Health Psychology

In summary addiction is connection seeking. It is the body trying to get back down to the ‘green’, to a regulated and balanced state. Dr Gabor Mate suggests we “Don’t ask why the addiction, ask why the pain

jendaffin@platform.org

addiction is a normal response to trauma.” He says “Many of the plights of modern society are, he says, natural responses to an unhealthy culture. Take addiction, something that he doesn’t just relate to drink and drugs, but also to “sex, gambling, pornography, extreme sports, cell phones”. His view is that there is no such thing as an “addictive personality”. Nor is addiction a disease.

### **Social Media, Smartphones and Addiction**

Social media helps to connect people around the world, but the documentary “The Social Dilemma” provides a new perspective on social media. “The Social Dilemma” is an original film created by Netflix, which contains interviews with staff that have previously worked for different social media platforms, such as Google, Facebook, Instagram, etc. These former social media staff explained how social media uses algorithms that contribute towards users becoming addicted to the apps. They also raised the issue that these practices could be unethical due to the negative impact social media can have on people, especially teenagers, both mentally and physically. The documentary is worth watching and it helps you to reflect on your life and your own social media habits!

### **Social Brain**

The following is the transcript from **What is the Social Brain?**

“The power of the social brain has been totally underestimated. It's a driving force in learning. It's the gateway to cognition. We have evidence that the social brain is operating to assist learning throughout the lifespan. We know in the development of language that there's a very important period between six months and 12 months of age where babies are mastering the sounds of language.

Experiments have been done in which babies are exposed to a foreign language right at that critical moment. They're listening to a Mandarin speaker when they're growing up in an English family. What we've demonstrated is that if a baby at nine months has 12 sessions of play with a live human speaker, they learn so well that they're statistically

jendaffin@platform.org

equivalent to the babies in the foreign country who've been listening for 10 months. However, if the babies are exposed to the same material at the same time, same room, same dosage, but not exposed to a live human being and instead on a beautiful DVD, they stare at it, you think they're learning, but the brain tests following exposure show that the kids in the machine group learned nothing.

The babies in the live group learned so well they matched the babies in the foreign country. So there's something about being in the presence of another human being and watching the eyes and watching the movements and paying attention to what that person is doing. That social context is extremely important to learning. We can see it in school-aged children who use the social brain when they're interacting with one another to collaborate, when they're studying how another person goes at it, when they're watching the eyes even unconsciously of their study partner to work towards a solution together.

In fact, I like to say the social brain gates human learning. That without the motivation and information provided by the social brain, learning just doesn't take off in the same way that it does when the social brain is engaged.

### **Comments from our Power up Young People led team**

Removing mobile phones from schools is a solution to the problem of young people's poor mental and relational health. But is it the only solution?

Figures on how much time young people spend online varies, with some recent research stating that young people may spend an average of 4 to 5 hours a day online ([Nominet and Fletcher, 2023](#)).

It is clear from various research that spending significant periods of time online can be detrimental to young people's development and wellbeing; including executive functioning, mental health outcomes and academic performance ([Cureus, 2023](#)).

Banning mobile phones may help young people be able to concentrate better in school. Young people may have more opportunity to form in-

**Platfform**  
Head Office  
Beaufort House, Beaufort Road  
Swansea  
SA6 8JG

**For mental health  
and social change**  
Dros iechyd meddwl  
a newid cymdeithasol

jendaffin@platfform.org

person connections and relationships with peers. They may be able to build their social skills. This also might reduce some bullying and harassment for young people.

But the issues around online safety, addiction, safe and healthy relationships and mental health will still exist even without phones on school grounds.

Young people can and still will be vulnerable to the dangers of using smartphones, social media and games outside of school.

They will still be at risk of forming unhealthy habits outside of school in terms of smartphone usage. They can still be exposed to or access harmful content. They can still experience bullying and discrimination in and outside of school, it may just look different. There needs to be opportunity for young people to learn about good habits online in a safe environment.

Yours Sincerely,

Dr Jen Daffin, Community Clinical Psychologist  
Director of Relational Practice, Policy and Campaigns, Platfform  
13/1/2025

**FORM**

**PLATF**

**Diabetes UK Cymru**  
Global Reach Celtic Gateway,  
Cardiff Bay,  
Dunleavy Drive,  
Cardiff,  
CF11 0SN

**6<sup>th</sup> of February 2025**

**Petitions Committee**

Welsh Parliament  
Cardiff Bay  
Cardiff  
CF99 1SN

**Dear Carolyn Thomas MS,**

I am writing on behalf of Diabetes UK Cymru regarding the petition to ban smartphones (Smart Devices) in all schools in Wales.

We understand the concerns around the potential negative impacts of smartphone use on children's wellbeing and learning. However, we want to highlight smartphones' critical role in managing certain medical conditions, such as type 1 diabetes.

Recent discussions in England have demonstrated the importance of ensuring that any policies regarding mobile phones in schools account for the needs of children with medical conditions. The advisory guidance published in February 2024 by the Department for Education in England rightly stated the need for reasonable adjustments for children living with medical conditions, using diabetes as an example.<sup>1</sup>

Technology such as continuous glucose monitoring (CGM) systems now allow people with diabetes, including children, to monitor their blood sugar levels directly through their mobile phones / smart devices, including watches. Research has shown that improved blood glucose control through such technology is associated with higher educational attainment in children with type 1 diabetes despite potentially more school absences.

Diabetes UK has been campaigning to ensure that schools use individual healthcare plans / Individual Development Plans to identify pupils who need to use their phones for medical reasons.

While we understand the desire to create a smartphone-free (smart devices) school environment, we urge the Petitions Committee to consider the needs of children with medical conditions like diabetes. Any policies around mobile phones in schools must

---

<sup>1</sup> Department for Education, Mobile Phones in Schools, Guidance for Schools on Prohibiting the use of mobile phones throughout the school day, February 2024,  
[https://assets.publishing.service.gov.uk/media/65cf5f2a4239310011b7b916/Mobile\\_phones\\_in\\_schools\\_guidance.pdf](https://assets.publishing.service.gov.uk/media/65cf5f2a4239310011b7b916/Mobile_phones_in_schools_guidance.pdf)

comply with the statutory duty to support children with medical conditions and ensure they can access the technology they need to manage their health effectively.

Further, we urge that any guidance recommended places the child who requires their smart devices for medical or other needs at the centre of the policy. The ban on smart devices at school will have the undesired effect of also highlighting the reasons why someone needs a smart device. This may not cause any added pressure on pupils' education, but it may highlight their condition/reason without their consent. In such instances, the smart devices may divide pupils and place some in awkward positions of explaining their condition/reason to their fellow pupils where they hadn't needed to before or had only confided to a close friend or network/group of friends. When a ban in a school is being considered, we ask that guidance reflects these concerns.

To support your consideration of the petition's calls, we submit the following evidence, Appendix:

1. Comments from Three Young Leaders of the Together Type 1 Diabetes Programme and the Youth Coordinator in Wales.
2. Comments from the National Paediatric Diabetes Education Lead for Wales and Diabetes Transitional Care National Coordinator.
3. Mobile Phone Statement from the Children and Young People's Wales Diabetes Network.
4. Further comments from members of the Children and Young People's Wales Diabetes Network.

Diabetes UK Cymru will continue to monitor the discourse around mobile phones in schools and emphasise the need for children with diabetes to access the tools they need to manage their condition. We hope the Petitions Committee will consider our concerns when considering this petition.

**Sincerely,**

Mathew Norman

**Diabetes UK Cymru.**

# Appendix 1

## Together Type 1 Response to the Petition

Together Type 1 (the new name for Our Lives, Our Choices, Our Voices) is a pioneering programme for young people aged 11 to 25 with type 1 diabetes. Developed by Diabetes UK, the UK's leading diabetes charity, and funded by the Steve Morgan Foundation, it was launched in September 2022 and was the first of its kind to be rolled out in-person and online across the UK.

Thousands of children and young people with type 1 diabetes report feeling down about their condition, that they don't feel in control and that it's holding them back. Many feel isolated, often having never met another young person with the condition. A diagnosis of type 1 diabetes also impacts the families and loved ones of children and young people affected, with parents or guardians often feeling isolated, anxious and exhausted.

Driven by their experiences and needs, young people with type 1 diabetes and their families are being supported by the programme through:

- Increasing knowledge and confidence on how to best manage type 1 diabetes
- Reducing feelings of isolation and loneliness through developing peer support networks
- Improving relationships with healthcare professionals

## Help Shape Policy: Share Your Thoughts on Smartphones in Schools:

To help inform the Committee, we asked the young leaders of the programme in Wales the following questions: three young people responded in the short time period available (27/01/25 – 31/01/25):

1. How would a smartphone ban affect you?
2. Have you had any negative experiences with teachers regarding smartphone use?

Name	Question 1	Question 2	Both Questions in one
Respondent 1			Firstly, a ban on phones in school could cause many problems when it comes to type 1 diabetes. This is because individuals with the illness are unable to check their

			<p>glucose levels when needed and wouldn't know whether to take action or not. I've had a few times where my phone has tried to be taken, and I've had to argue and teachers then say it's not a good enough excuse. This is really frustrating as being a type 1 diabetic no one really understands the consequences of not being able to see my glucose levels. I've had my mum and dad complain several times and have even requested teachers to learn more about the illness.</p>
<b>Respondent 2</b>	<p>If I was in school and they introduced a phone ban, it would heighten my anxiety around diabetes in an education setting, as I would not be able to focus on the actual education and more worried that I can't use my phone to check my blood sugars and if I do, I would get told off.</p>	<p>There's been many times when a teacher has spoken up about how my phone shouldn't be out of the desk, which then forces me to say out loud that it's there for my diabetes and now I've told the whole class, which at the time I was recently diagnosed so made me feel uncomfortable, it's imperative that all teachers are aware when a student gets a type one diagnosis so they feel as comfortable as possible when returning to school.</p>	
<b>Respondent 3</b>	<p>Having my smartphone banned</p>	<p>Over the years in high school and</p>	

	<p>in an educational setting would affect my health detrimentally. I rely on my phone to give me update on the state of my blood glucose levels as frequent as every five minutes. Without this, I don't know the direction of where my blood sugars are going. Some people say my phone is my life for me it actually is!</p>	<p>even now my second year of college, my type one diabetes and my phone. I've had a lot of trouble during exam times where I've needed to either take treatment or check my blood sugars during an exam both in class and externally.</p>	
--	--	--	--

**Comments from the Together Type 1 Diabetes Youth Coordinator, Wales  
Racheal Taylor DUK Cymru.**

A ban on smartphones would not only affect a young person's mental health but also have a knock-on effect on their education. Being at school should be a safe space for a young person to feel comfortable and enjoy learning.

Type 1 diabetes affects young people in many ways. Some can manage their type 1 easily, however, there is a large portion of young people who struggle on a daily basis. Besides managing blood sugar levels, worrying about insulin levels, finding a safe space to inject and mealtimes, young people want to fit in with their peers. If smartphones were banned from school and only given to young people who have type 1, this would then highlight that a young person has a medical condition. It is within a person's right to choose to disclose that they have a medical condition and not through a school policy of a phone ban.

We must remember that there can be a detrimental effect on mental health in connection with type 1 diabetes. Some young people may be diagnosed at an early age, at 2 or 3 years old, where they know no different and have adapted but will still have their challenges. However, for example, a young person diagnosed later in their teenage years will have to adapt to having the condition; this can be a challenge when returning to school after diagnosis and explaining their condition to friends and teachers. With all the challenges that young people are faced with, there can be a potential risk of young people becoming withdrawn at school and the possibility of depression and anxiety; there will be a considerable risk of the young person disengaging at school.

Having a smartphone for a person living with type 1 is a lifesaving treatment device, and every young person has the right to learn in the UK; let's not take this away from students because of the impact of a phone ban.

## Appendix 2

### **Comments from Lisa Daniels, National Paediatric Diabetes Education Lead, National Strategic Clinical Network for Diabetes:**

- We would support a mobile phone/smart device ban in educational settings, with the understanding that Children and young people with Diabetes would be exempt (exemptions for exceptional circumstances)
- With the exemption “exceptional circumstance”, we would advise that this needs to be based on an in-depth health care plan/assessment or review between educational staff and the health care professionals. Ensuring that the use of a mobile phone/smart device is a requirement of the diabetes plan.
- When noting Diabetes, this could be of different types (e.g., type 1, type 2 MODY, or pre-diabetes).
- During the development of the recommendation, it would be vital to include professionals directly involved with managing diabetes and ideally seek advice from children and young people living with diabetes in education.
- Many of the questions below would be aimed at educational staff on day-to-day issues in schools/colleges; however, in the planning stages, collaborative working with health colleagues on how this would work would be beneficial.

### **Comments from Sarah Crowley, Diabetes Transitional Care National Coordinator:**

- The additional consideration I would highlight is *how* this would be managed. It's important to ensure that young people who are exempt don't become targets or face additional inadvertent stigma, which can be a significant factor, particularly among adolescents. Often, this isn't a problem as exemptions are handled individually, but it could become an issue if not approached sensitively.
- Many young people with long-term health conditions want to be the same as everyone else, especially in situations where staff may not be aware of the child's exemption or the reason behind it.
- Clear communication and training for staff could help ensure exemptions are applied consistently and discreetly, reducing the risk of stigma.

## Appendix 3

### **Mobile Phone Statement from the Children and Young People's Wales Diabetes Network.**

#### **Use of mobile phone for diabetes management in school / college / education setting**

The paediatric diabetes team would like to explain the necessity of the use of mobile phones for the monitoring and treatment of children and young people with diabetes within all educational settings and should be considered a vital medical device.

The paediatric diabetes team understand that the use of mobile phones is normally prohibited within educational settings, and have provided the supporting information below as to why such devices need to be used and the rationale behind this. The aim is to both support teaching staff in the use of these essential devices, and to enable children and young people with diabetes in achieving their educational, and physical potential during teaching, examination and other activities carried out in school.

NICE guidelines now recommend that all children and young people on insulin treatment are offered real time continuous glucose monitoring devices, where their mobile phone is used as a receiver. Glucose levels are sent to the phone continually, where they can be tracked and the phone will alert the child / young person and or carer if the glucose level is rising or falling, too high or too low, enabling the child / young person to monitor and manage their glucose levels. Intermittently scanned continuous glucose monitoring (Flash), such as Freestyle Libre, where a mobile phone app is used to scan the sensor may be used by some children and young people as an alternative to real-time continuous glucose monitoring. Whether through real-time or intermittently scanned glucose monitoring, the mobile phone app is an essential component to enable children and young people to manage their diabetes.

This is particularly important during exams, as maintaining blood glucose within target will best enable the child / young person to perform to the best of their ability on the day. By monitoring their glucose levels during exams, they can correct levels that are too low or too high, or that are dropping or rising too quickly. Please refer to Joint council for qualifications guidance [FAQs---June-2022-special-consideration-process-for-centres-in-Wales\\_FINAL.pdf \(jqc.org.uk\)](https://www.jcq.org.uk/media/2022/06/22/FAQs---June-2022-special-consideration-process-for-centres-in-Wales_FINAL.pdf).

Some children/young people manage their diabetes using a hybrid/closed loop system. This includes software run on a smartphone which takes readings from a Continuous Glucose Monitor and sends automatic instructions to the child/young persons' insulin pump to increase or decrease the amount of insulin being delivered. It is important to note that in these cases the insulin pump needs to be in close proximity to the phone and that the child/young person may need to make additional manual adjustments to their insulin using the phone.

We understand there may be concerns about the use of mobile phones at school / college, and particularly in exams. As the connection of the glucose transmitter and

insulin pump is Bluetooth, the phone will still work as a receiver or with the pump without Wi-Fi and with the phone in airplane mode with Bluetooth on. The mobile phone does however need to be within six meters of the child/young person with appropriate alerts on. The high and low alerts can be put on vibrate, so not to disturb others; only the urgent low alarm, which requires immediate attention cannot be muted.

Restricted access to mobile phones will prevent the child or young person from managing their diabetes safely.

We acknowledge that schools restrict mobile phone use in education settings for other reasons including safeguarding concerns. Adapting school policies and procedures to accommodate this would be in accordance with the legal requirement to make reasonable adjustments to prevent discrimination. Please do not hesitate to speak to a member of the paediatric diabetes team to discuss any further concerns.

Yours sincerely

[Paediatric Diabetes Team]



## **I bwy y gallai fod yn berthnasol**

### **Defnyddio ffôn symudol ar gyfer rheoli diabetes yn yr ysgol / coleg / lleoliad addysg**

Hoffai'r tîm diabetes pediatriig egluro'r angen i ddefnyddio ffonau symudol ar gyfer monitro a thrin plant a phobl ifanc â diabetes ym mhob lleoliad addysgol, a dylid ei ystyried yn ddyfais feddygol hanfodol.

Mae'r tîm diabetes pediatriig yn deall bod y defnydd o ffonau symudol fel arfer yn cael ei wahardd mewn lleoliadau addysgol, ac wedi darparu'r wybodaeth ategol isod ynghylch pam mae angen defnyddio dyfeisiau o'r fath a'r rhesymeg y tu ôl i hyn. Y nod yw cefnogi staff addysgu i ddefnyddio'r dyfeisiau hanfodol hyn, a galluogi plant a phobl ifanc â diabetes i gyflawni eu haddysg, a photensial corfforol yn ystod addysgu, arholiad a gweithgareddau eraill a gynhelir yn yr ysgol.

Mae canllawiau NICE nawr yn argymhell bod pob plentyn a pherson ifanc sy'n cael triniaeth inswlin yn cael cynnig dyfeisiau monitro glwcos parhaus amser real, lle mae eu ffôn symudol yn cael ei ddefnyddio fel derbynnnydd. Anfonir lefelau glwcos at y ffôn yn barhaus, lle gellir eu hohrhain a bydd y ffôn yn rhybuddio'r plentyn/person ifanc a/neu'r gofalwr os yw'r lefel glwcos yn codi neu'n gostwng, yn rhy uchel neu'n rhy isel, gan alluogi'r plentyn / person ifanc i fonitro a rheoli ei lefelau glwcos. Monitro glwcos parhaus (Flash) wedi'i sganio'n ysbeidiol, fel Freestyle Libre, lle defnyddir ap ffôn symudol i sganio'r synhwyrdd gall rhai plant a phobl ifanc ei ddefnyddio fel dewis arall yn lle monitro glwcos parhaus amser real. P'un ai trwy fonitro glwcos amser real neu ysbeidiol yn ysbeidiol, mae'r ap ffôn symudol yn elfen hanfodol i alluogi plant a phobl ifanc i reoli eu diabetes.

Mae hyn yn arbennig o bwysig yn ystod arholiadau, gan mai'r ffordd orau o gynnal glwcos yn y gwaed o fewn targed fydd yn galluogi'r plentyn / person ifanc i berfformio hyd eithaf eu gallu ar y diwrnod. Drwy fonitro eu lefelau glwcos yn ystod arholiadau, gallant gywiro lefelau sy'n rhy isel neu'n rhy uchel, neu sy'n gostwng neu'n codi'n rhy gyflym. Cyfeiriwch at ganllawiau Cyngor ar y Cyd ar gyfer cymwysterau Cwestiynau Cyffredin - [FAQs—June-2022-special-consideration-process-for-centres-in-Wales FINAL.pdf \(jcq.org.uk\)](#)

Mae rhai plant/pobl ifanc yn rheoli eu diabetes gan ddefnyddio system dolen hybrid/caeedig. Mae hyn yn cynnwys meddalwedd sy'n cael ei redeg ar ffôn clyfar sy'n cymryd darlleniadau o Fonitro Glwcos Parhaus ac yn anfon cyfarwyddiadau awtomatig i bwmp inswlin y plentyn / person ifanc i gynyddu neu leihau faint o inswlin sy'n cael ei gyflwyno. Mae'n bwysig nodi bod angen i'r pwmp inswlin fod yn agos at y ffôn yn yr achosion hyn ac efallai y bydd angen i'r plentyn/person ifanc wneud addasiadau llaw ychwanegol i'w inswlin gan ddefnyddio'r ffôn.

Rydym yn deall y gallai fod pryderon ynghylch defnyddio ffonau symudol yn yr ysgol / coleg, ac yn enwedig mewn arholiadau. Gan fod cysylltiad y trosglwyddydd glwcos a'r pwmp inswlin yn Bluetooth, bydd y ffôn yn dal i weithio fel derbynnydd neu gyda'r pwmp heb Wi-Fi a chyda'r ffôn yn y modd awyren gyda Bluetooth ar. Fodd bynnag, mae angen i'r ffôn symudol fod o fewn chwe metr i'r plentyn/person ifanc gyda rhybuddion priodol ar gael. Gellir rhoi rhybuddion uchel ac isel ar ddirgrynu, felly i beidio ag aflonyddu ar eraill; Dim ond y larwm isel brys, sy'n gofyn am sylw ar unwaith na ellir ei dawelu.

Bydd mynediad cyfyngedig i ffonau symudol yn atal y plentyn neu'r person ifanc rhag rheoli ei ddiabetes yn ddiogel.

Rydym yn cydnabod bod ysgolion yn cyfyngu ar y defnydd o ffonau symudol mewn lleoliadau addysg am resymau eraill gan gynnwys pryderon diogelu. Byddai addasu polisïau a gweithdrefnau ysgolion i ddarparu ar gyfer hyn yn unol â'r gofyniad cyfreithiol i wneud addasiadau rhesymol i atal gwahaniaethu. Peidiwch ag oedi cyn siarad ag aelod o'r tîm diabetes pediatrig i drafod unrhyw bryderon pellach.

Yn gywir

**[Tîm Diabetes Pediatrig]**

## Appendix 4

### **Statement from Jessica Thomas, formerly paediatric parent rep for CYPWDN and the FWDNN in Wales**

Prior to the remote monitoring of blood glucose levels in children using smartphones, integration in school life could present various difficulties for students, teaching staff and parents. The personal and anecdotal experiences I collected in my role as a parent representative illustrated difficulties including shame, embarrassment and lower engagement with treatment plans, especially notable during vulnerable periods of adolescence. This was particularly exacerbated when finger-prick methods of monitoring blood glucose and injecting insulin during school hours were used. Being reluctant to monitor can lead to food restriction or guessing starting blood glucose levels, which in turn will cause blood glucose fluctuations that can profoundly affect cognitive function, impacting both learning and behaviour.

Since 2017, I have been involved in the use and development of blood glucose monitoring, which has had a hugely positive effect on most aspects of school life. Being able to manage blood glucose monitoring using a smartphone and subcutaneous device such as a Dexcom negates the issues of finger prick testing, allowing children to focus on education and social relationships. For parents, remote monitoring can alleviate some of the serious concerns about safely integrating a child with type 1 diabetes into school life.

This means that a proposal to remove smartphones from schools must include a robust framework for protecting children and young people who use smartphones as part of the technology that helps manage their condition. This framework should ensure that no child's use of smartphones for monitoring and insulin delivery is questioned or erroneously removed. It should also include developing procedures relating to the use of monitoring and insulin delivery during exams.

The effect of being questioned in front of peers about why they would be exempt should not be underestimated. Thus, any smartphone restriction in schools should not proceed without thorough consultation with diabetic health professionals, parents, young people, and educational staff.

# Eitem 6

Yn rhinwedd paragraff(au) vi o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon