

Agenda – Y Pwyllgor Deisebau

Lleoliad: I gael rhagor o wybodaeth cysylltwch a:
Ystafell Bwyllgora 5 – Tŷ Hywel Gareth Price – Clerc y Pwyllgor
Hybrid 0300 200 6565
Dyddiad: Dydd Llun, 2 Mawrth 2026 Deisebau@senedd.cymru
Amser: 14.00

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

(Tudalennau 1 – 41)

2 Deisebau newydd

2.1 P-06-1558 Symleiddio a safoni'r broses ar gyfer trefnu apwyntiad gyda meddyg teulu yng Nghymru

(Tudalennau 42 – 46)

2.2 P-06-1559 Cynnal Hawl Plant ADY i Gymorth yn Seiliedig ar Anghenion ac Addysg Llawn Amser yng Nghymru

(Tudalennau 47 – 60)

2.3 P-06-1572 Arwain ar ddatrysiad hirdymor i liniaru llifogydd yn nalgylch y B4318 a Dinbych-y-pysgod, a chyllido datrysiad o'r fath

(Tudalennau 61 – 69)

2.4 P-06-1571 Dylai Llywodraeth Cymru a Bwrdd Iechyd Prifysgol Betsi Cadwaladr osod uned mân anafiadau wedi'i hariannu'n llawn yng Nghanolfan Iechyd Llangollen

(Tudalennau 70 – 74)

2.5 P-06-1575 Amddiffyn gwasanaethau meddyg teulu ym Meddygfa'r Sarn, Pont-iets

(Tudalennau 75 – 86)

2.6 P-06-1560 Adfer darpariaeth toiledau un rhyw mewn lleoliadau addysgol

(Tudalennau 87 – 100)



2.7 P-06-1570 Cyflwyno Cyfraith Martha yng Nghymru i warantu hawl cleifion a theuluoedd i gael ail farn

(Tudalennau 101 – 106)

2.8 P-06-1582 Adfer llwybr ariannu teg fel nad yw myfyrwyr Cymru yn cael eu hatal rhag dilyn graddau theatr gerdd/dawns yn Lloegr

(Tudalen 107)

3 Y wybodaeth ddiweddaraf am ddeisebau blaenorol

3.1 P-06-1232 Rhoi terfyn ar sefydlu unedau dofednod dwys trwy ddeddfu a chyflwyno moratoriwm hyd nes y gellir cyflawni hyn

(Tudalennau 108 – 110)

3.2 P-06-1479 Stopio cadw plant, pobl ifanc ac oedolion ag anableddau dysgu ac awtistiaeth mewn ysbytai.

(Tudalennau 111 – 113)

3.3 P-06-1521 Rhoi'r hawl i breswylwyr cartrefi mewn parciau yng Nghymru gael mesurydd dwr

(Tudalennau 114 – 120)

3.4 P-06-1538 Diogelu gwasanaethau strôc llawn yn Ysbyty Bronglais; atal yr israddio i Drin a Throsglwyddo

(Tudalennau 121 – 139)

3.5 P-06-1546 Dylai Llywodraeth Cymru ariannu ffordd liniaru Llanbedr!

(Tudalen 140)

3.6 P-06-1549 Cymorth brys ar gyfer perchnogion tai yn Hirwaun y mae concrit awyredig awtoclafiedig cyfnerth (RAAC) wedi effeithio arnynt

(Tudalennau 141 – 143)

4 Papurau i'w nodi

4.1 P-06-1464 Caniatáu i deuluoedd Cymru sydd wedi colli baban cyn 24 wythnos gael tystysgrif colli baban

(Tudalen 144)

4.2 P-06-1456 Ymchwiliad cyhoeddus llawn i gau canolfannau Ambiwlans Awyr Cymru yng nghanolbarth a gogledd Cymru

(Tudalennau 145 – 146)

4.3 P-06-1531 Mandadu Trefn Labelu Bwyd Gynhwysfawr a Phenodol er mwyn Cefnogi Pobl sydd ag Anghenion Deietegol ac Alergeddau

(Tudalen 147)

5 Cynnig o dan Reol Sefydlog 17.42(ix) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod

Mae cyfyngiadau ar y ddogfen hon

P-06-1558 Symleiddio a safoni'r broses ar gyfer trefnu apwyntiad gyda meddyg teulu yng Nghymru

Y Pwyllgor Deisebau | 2 Mawrth 2026
Petitions Committee | 2 March 2026

Cyfeirnod: RS26/13164-1

Cyflwyniad

Rhif y ddeiseb: [P-06-1558](#)

Teitl y ddeiseb: Symleiddio a safoni'r broses ar gyfer trefnu apwyntiad gyda meddyg teulu yng Nghymru

Geiriad y ddeiseb:

Ar hyn o bryd, mae'n anodd iawn trefnu apwyntiadau i weld meddyg teulu mewn meddygfeydd lleol. Mae hyn yn achosi straen diangen i gleifion ac mae hefyd yn achosi straen diangen i adrannau brys yn ein hysbytai.

Dylai pobl allu ffonio eu meddygfa ar unrhyw adeg (o fewn oriau agor) i drefnu apwyntiad gyda meddyg teulu. Nid yw pobl bob amser ar gael ar yr amseroedd a bennir gan feddygfeydd ac mae hyn yn atal pobl sy'n gweithio rhag cael apwyntiadau.



Un enghraifft yw meddygfeydd sy'n gofyn i bobl ffonio'r feddygfa am 10:00am er mwyn trefnu apwyntiad ar gyfer yr un diwrnod yr wythnos ganlynol. Nid yw'r diffyg hyblygrwydd hwn yn gweithio i bobl mewn swyddi penodol nad ydynt yn gallu aros ar y ffôn am 30 munud yn y gobaith o gael apwyntiad. Nid yw'r cyfyngiadau hyn yn gweithio i bobl a hoffai drefnu apwyntiad cyffredinol ar gyfer y dyfodol gan eu bod yn cael eu cyfyngu i allu gwneud apwyntiadau ar gyfer yr wythnos ganlynol yn unig. Mae nam clir ar y prosesau hyn sy'n anhyblyg ac yn gweithio yn erbyn aelodau penodol o'r cyhoedd.

The text provided above is submitted by the petitioner. The petitions team make every effort to ensure it preserves their authentic voice. This text has not been verified for accuracy, or errors, and may contain unverified opinions or assertions.

Mae'r testun uchod yn cael ei gyflwyno gan y deisebydd. Mae'r tîm deisebau yn gwneud pob ymdrech i sicrhau ei fod yn cadw ei lais dilys. Nid yw'r testun hwn wedi'i wirio am gywirdeb, neu wallau, a gall gynnwys barn neu honiadau heb eu gwirio.

Y cefndir

Mae'r rhan fwyaf o feddygon teulu yng Nghymru yn gweithredu fel contractwyr annibynnol o dan y contract Gwasanaethau Meddygol Cyffredinol.

Ym mis Rhagfyr 2021, cyhoeddodd y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ar y pryd newidiadau i'r contract meddygon teulu gyda'r nod o wella mynediad at apwyntiadau, gan gynnwys dod â'r "dagfa 8am" i ben. Bwriad y newidiadau, a gefnogwyd gan fuddsoddiad ychwanegol o £12 miliwn, oedd i gael gwared ar yr arfer o ryddhau pob apwyntiad am 8am ac i sicrhau bod cleifion yn cael eu blaenoriaethu'n briodol ac yn derbyn apwyntiad sy'n addas ar gyfer eu hanghenion clinigol.

Daeth yr ymrwymiad newydd i gael mynediad i feddygon teulu i rym ar 1 Ebrill 2022. Mewn canllawiau gan Lywodraeth Cymru mynegwyd y dylai meddygaethau gynnig cymysgedd o apwyntiadau yn cynnwys rhai o bell, rhai wyneb yn wyneb, apwyntiadau brys, rhai yr un diwrnod a rhai y gellir eu harchebu ymlaen llaw, a dywedwyd y dylai meddygaethau fabwysiadu dull wedi'i gynllunio yn well o ran amserlennu. Pwysleisiodd nad oedd rhyddhau pob apwyntiad am 8am yn dderbyniol mwyach.

Ym mis Mawrth 2023, cydnabu'r Gweinidog fod y newidiadau'n cynrychioli newid sylweddol i lawer o feddygfeydd, a nodwyd y byddent yn cymryd amser i'w

hymgorffori'n llawn, a bod llawer [o gleifion yn dal i gael trafferth](#) i sicrhau apwyntiadau meddyg yn amserol.

Yn fwy diweddar, ar ôl dod a thrafodaethau ar gyfer contract Gwasanaethau Meddygol Cyffredinol 2025-26 i ben yn llwyddiannus, [dywedodd Ysgrifennydd y Cabinet dros lechyd a Gofal Cymdeithasol, Jeremy Miles AS](#) y byddai camau pellach yn cael eu cymryd i wella'r safonau mynediad. Bydd gweithgor pwrpasol yn adolygu ac yn gwella'r safonau hyn, a disgwylir i welliannau ddod yn weithredol o fis Ebrill 2026 ymlaen.

Yn ei hymateb i'r Pwyllgor Deisebau (5 Ionawr 2026), dywedodd Llywodraeth Cymru ei bod wedi gwella cydymffurfiaeth ynghylch y dagfa 8am ac apwyntiadau y gellir eu harchebu ymlaen llaw, a bod canllawiau i feddygfeydd wedi'u diweddarau. Disgwylir i fyrddau iechyd wirio bod y safonau hyn yn cael eu cynnal fel rhan o'r broses arferol o reoli contractau meddygon teulu.

Tynnodd sylw hefyd at y ffaith bod [Ap GIG Cymru](#) bellach yn cynnig ffordd ddigidol i bobl weld a rheoli rhai apwyntiadau gyda meddygon teulu, ac mae diweddariadau pellach yn yr arfaeth.

Ymchwiliad y Pwyllgor Iechyd a Gofal Cymdeithasol

Mae'r Pwyllgor Iechyd a Gofal Cymdeithasol wedi gorffen y gwaith o gasglu tystiolaeth ar gyfer ei [ymchwiliad i ddyfodol meddygaeth deulu yng Nghymru](#). Cynhaliodd y Pwyllgor sesiwn dystiolaeth hefyd gyda [Llais](#), y sefydliad sy'n rhoi llais i gleifion, i ddeall profiadau pobl o gael mynediad at wasanaethau meddygon teulu yn well. Disgwylir i adroddiad y Pwyllgor gael ei gyhoeddi cyn diwedd tymor y Senedd bresennol.

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-06-1558
Ein cyf/Our ref JMHC/03183/25

Carolyn Thomas AS
Cadeirydd
y Pwyllgor Deisebau
deisebau@senedd.cymru

05 Ionawr 2026

Annwyl Carolyn,

Diolch ichi am eich llythyr dyddiedig 5 Rhagfyr ynghylch Deiseb P-06-1558: Symleiddio a safoni'r broses ar gyfer trefnu apwyntiad gyda meddyg teulu yng Nghymru.

Gwyddom fod galw uchel iawn am wasanaethau meddygon teulu yng Nghymru, gyda thua 1.6m o apwyntiadau'n cael eu mynychu yng Nghymru bob mis, sy'n cyfateb i tua hanner poblogaeth Cymru yn cael eu gweld bob mis.

Ym mis Ebrill 2022, lansiodd Llywodraeth Cymru yr Ymrwymiad Mynediad, sy'n nodi'r camau ar gyfer mynd i'r afael â'r tagfeydd am 8am. Roedd hwn yn addewid y byddai pobl yn cael ymateb i'w hanghenion y tro cyntaf iddynt gysylltu â'u practis, heb i'r practis ddweud wrthynt ffonio'n ôl ar adeg arall.

I gyflawni hyn, mae'n ofynnol i bractisau wneud y canlynol:

- Cynnig cymysgedd o apwyntiadau o bell, wyneb yn wyneb, brys, ar y diwrnod, ac apwyntiadau y gellir eu trefnu ymlaen llaw.
- Cynnal dull gweithredu pwrpasol sy'n edrych tua'r dyfodol ar gyfer trefnu apwyntiadau drwy gydol y dydd, neu ar gyfer dyddiadau yn y dyfodol, sy'n golygu nad yw'n dderbyniol mwyach rhyddhau pob apwyntiad ar gyfer y diwrnod hwnnw am 8.00am.
- Casglu adborth gan gleifion a'i ddefnyddio i ddatblygu cynllun gwella mynediad, gan ystyried sut yr ymgysylltir â chleifion.

Cafodd y safonau mynediad hyn eu lansio ochr yn ochr â buddsoddiad o £12m rhwng 2022 a 2025 i helpu practisau meddygon teulu i adeiladu capasiti drwy gael rhagor o staff i gefnogi'r gwelliannau mynediad hyn.

Y mis hwn, cyhoeddais fod [Trafodaethau Contract GMS 2025-26](#) wedi dod i ben. Mae hynny'n gweld cyfanswm o £41.9m o fuddsoddiad mewn ymarfer cyffredinol, sy'n cynnwys £37.9m o fuddsoddiad newydd a pharhad o £4m o gyllid ar gyfer capasiti ychwanegol.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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

Gohebiaeth.Jeremy.Miles@llyw.cymru
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.

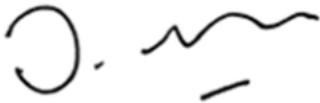
Rydym yn cymryd camau i werthuso'r safonau mynediad, a fydd yn helpu pobl i gael apwyntiadau pan fo angen. Bydd gweithgor pwrpasol yn adolygu ac yn gwella'r safonau hyn, gyda'r gwelliannau'n dod yn weithredol o fis Ebrill 2026.

Rydym wedi cryfhau cydymffurfiaeth mewn perthynas â'r tagfeydd 8am ac apwyntiadau y gellir eu trefnu ymlaen llaw, ac mae canllawiau wedi'u diweddarau wedi cael eu hanfon i bractisau. Fel rhan o'u trefniadau rheoli contractau meddygon teulu, rydym yn disgwyl i fyrddau iechyd wirio bod y safonau hyn yn cael eu cynnal.

Mae Ap GIG Cymru yn cynnig opsiwn digidol i bobl weld a rheoli apwyntiadau penodol i weld meddyg teulu. Bydd diweddariadau pellach yn cael eu darparu. Mae rhagor o wybodaeth ar gael ar wefan Ap GIG Cymru: [Hafan - Ap GIG Cymru](#)

Fel contractwyr annibynnol, mae practisau meddygon teulu yn gyfrifol am sicrhau bod eu prosesau ar gyfer trefnu apwyntiadau yn diwallu anghenion eu cleifion. Dylai unrhyw un, sy'n teimlo nad yw eu practis yn cyflawni'r safonau mynediad, roi adborth am hyn i reolwr y practis yn y lle cyntaf, a hefyd i dîm gofal sylfaenol y bwrdd iechyd. Mae gwybodaeth bellach am sut y gallwch godi pryder i'w chael [YMA](#)

Yn gywir,



Jeremy Miles AS/MS

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

Hawl Plant ADY i Gymorth yn Seiliedig ar Anghenion

Y Pwyllgor Deisebau | 2 Mawrth 2026
Petitions Committee | 2 March 2026

Cyfeirnod: SR2026/13164-2

Cyflwyniad

Rhif y ddeiseb: [P-06-1559](#)

Teitl y ddeiseb: Cynnal Hawl Plant ADY i Gymorth yn Seiliedig ar Anghenion ac Addysg Llawn Amser yng Nghymru

Geiriad y ddeiseb: Mae plant ag ADY yn cael eu gwrthod rhag cael addysg a chymorth amser llawn yng Nghymru – oni bai bod ganddyn nhw ddiagnosis ffurfiol. Mae hyn yn groes i gyfraith Cymru, sy'n dweud bod rhaid i gymorth fod yn seiliedig ar angen, nid diagnosis.

Er gwaethaf darpariaethau clir yn Neddff Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg (Cymru) 2018 a'r Cod ADY, mae llawer o awdurdodau lleol yn gwrthod darparu cymorth oni bai bod gan blentyn ddiagnosis ffurfiol. Nid yn unig y mae hyn yn anghyfreithlon – gan fod y gyfraith yn nodi bod yn rhaid i gymorth fod yn seiliedig ar angen – ond mae hefyd yn arwain at wrthod addysg amser llawn i blant, eu gadael ar amserlenni llai, neu allan o'r ysgol yn gyfan gwbl.

Fel rhiant i blentyn ag anghenion dysgu ychwanegol, rwyf wedi gweld, o brofiad uniongyrchol, pa mor anodd yw cael mynediad at gymorth yng Nghymru oni bai bod diagnosis ffurfiol ar waith. Mae hyn yn mynd yn uniongyrchol yn erbyn cyfraith Cymru, sy'n nodi'n glir bod rhaid i ddarpariaeth fod yn seiliedig ar anghenion. Mae fy mhlentyn, fel llawer o rai eraill, wedi cael ei wrthod o'r cymorth a'r addysg amser llawn y mae'n ei



haeddu – nid oherwydd bod ei anghenion yn aneglur, ond oherwydd bod y system yn rhoi blaenoriaeth anghywir i ddiagnosis dros gymorth.

1. Trosolwg

Mae'r deisebydd yn dadlau bod plant ag anghenion dysgu ychwanegol (ADY) yn cael eu hamddifadu o gefnogaeth briodol ac addysg amser llawn oni bai bod ganddynt **ddiagnosis ffurfiol**, sydd, yn ôl y deisebydd, yn mynd yn groes i Ddeddf Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg (Cymru) 2018 a'r Cod ADY, y mae'r ddau ohonynt yn gofyn am ddarpariaeth yn **seiliedig ar anghenion**, yn hytrach nag yn *seiliedig ar ddiagnosis*. Mae'n honni bod diffyg mynediad yn seiliedig ar ddiagnosis yn arwain at amserlenni llai, darpariaeth ran-amser, neu at dynnu plant allan o'r ysgol yn gyfan gwbl.

Mae'r ddeiseb wedi'i lleoli o fewn **dadl ehangach ynghylch gweithredu diwygiadau ADY**, lle codwyd pryderon ynghylch anghysondebau ym mhroses benderfynu awdurdodau lleol, gorddibyniaeth ysgolion weithiau ar 'ddarpariaeth gyffredinol', a nifer lai o ddysgwyr yn cael cymorth ADY (AAA gynt) ers cyflwyno'r system newydd.

Mewn ymateb, mae Llywodraeth Cymru wedi adolygu'r broses weithredu ac yn gweithredu i'w gwneud yn eglur pwy sy'n cael cymorth a sut, gan geisio datrys anghysondebau yn y ffordd y mae'r gyfraith yn cael ei dehongli a'i chymhwyso ledled Cymru. Canfu gwaith craffu'r Pwyllgor Plant, Pobl Ifanc ac Addysg ac adroddiad Estyn ym mis Rhagfyr 2024 hefyd fod y Cod ADY yn cael ei ddehongli'n anghyson, yn enwedig o ran paratoi cynlluniau datblygu unigol (CDU).

2. ADY: Deddfwriaeth, diffiniadau, a chymorth i ddysgwyr

2.1. Deddf Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg (Cymru) 2018

Gwnaeth Deddf Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg (Cymru) 2018 ddisodli'r hen system anghenion addysgol arbennig (AAA) gyda fframwaith anghenion dysgu ychwanegol (ADY) unedig ar gyfer dysgwyr 0-25 oed. Mae'n nodi'r fframwaith statudol ar gyfer nodi, cynllunio a darparu cefnogaeth i ddysgwyr ag ADY, ac yn cyflwyno un statws statudol, y cynllun datblygu unigol (CDU), ar gyfer pob plentyn a pherson ifanc ag ADY, gan ddileu'r rhaniad blaenorol rhwng cefnogaeth dan arweiniad yr ysgol a datganiadau awdurdodau lleol. Nod y

Ddeddf yw cryfhau cydweithio rhwng ysgolion, awdurdodau lleol, a byrddau iechyd, a gwella prosesau datrys anghydfodau drwy Dribiwnlys Addysg Cymru, sydd newydd gael ei ailenwi.

Mae [Adran 2](#) o'r Ddeddf yn diffinio ADY o ran a oes gan ddysgwr **anhawster dysgu neu anabledd sy'n galw am Ddarpariaeth Ddysgu Ychwanegol**, yn hytrach na chyfeirio at unrhyw ofyniad am ddiagnosis meddygol. Mae'n pwysleisio bod ADY yn codi lle mae'r dysgwr yn wynebu anawsterau o ran dysgu sydd lawer mwy na'r rhan fwyaf o bobl eraill o'r un oedran, neu anabledd sy'n rhwystr o ran cael mynediad at addysg. **Rhaid i'r anhawster dysgu neu anabledd fod angen Darpariaeth Ddysgu Ychwanegol**, y mae [adran 3](#) o'r Ddeddf yn ei diffinio fel darpariaeth sy'n ychwanegol neu'n wahanol i'r hyn sydd ar gael yn gyffredinol, i **gael ei ystyried yn ADY**. Mae'r angen am ddarpariaeth sy'n seiliedig ar anghenion wedi'i gynnwys mewn adrannau ar ddarpariaeth ddysgu ychwanegol a chynlluniau datblygu unigol.

2.2. Y Cod ADY

Mae'r [Cod Anghenion Dysgu Ychwanegol \(2021\)](#) yn ganllaw statudol sy'n bodoli ochr yn ochr â'r Ddeddf ac yn nodi sut mae'n rhaid i gyrff cyhoeddus ganfod, asesu a chefnogi dysgwyr ag ADY. Mae'n gosod **safbwyntiau, dymuniadau a theimladau** dysgwyr wrth wraidd y gwaith cynllunio, gan bwysleisio'r angen i ganfod achosion yn gynnar ac ymyrryd mewn da bryd. Mae'r Cod yn amlinellu dyletswyddau ar gyfer awdurdodau lleol, ysgolion, sefydliadau addysg bellach, byrddau iechyd ac eraill, gyda'r nod o sicrhau bod y system ADY yn cael ei gweithredu'n gyson a bod CDU yn cael eu defnyddio fel y dull cynllunio craidd ar gyfer pob dysgwr ag ADY. Mae'r Cod yn pwysleisio mai diben y system ADY yw sicrhau **y caiff anghenion eu nodi'n gynnar fel y gellir mynd i'r afael â hwy yn gyflym**. Unwaith eto, mae'r pwyslais ar *anghenion a welir*, nid labeli diagnostig.

2.3. Pecyn Cymorth ADY Llywodraeth Cymru

Ym mis Tachwedd 2025, cyhoeddodd Llywodraeth Cymru '[Pecyn cymorth i rieni a gofalwyr plant ag anghenion dysgu ychwanegol](#)'. Mae'r pecyn cymorth yn ganllaw ymarferol sydd wedi'i gynllunio i helpu rhieni a gofalwyr i ddeall sut mae'r system ADY yn gweithio a pha gymorth sydd ar gael. Cafodd ei ddatblygu gyda mewnbwn gan deuluoedd, addysgwyr, gweithwyr iechyd ac awdurdodau lleol, ac mae'n egluro cysyniadau allweddol er mwyn gwneud gwybodaeth yn gliriach ac yn fwy cyson i deuluoedd sy'n ceisio ddeall y system ADY.

Mae'r Pecyn Cymorth yn glir yn ei safbwynt ar gymorth sy'n seiliedig ar anghenion:

- “Nid oes angen diagnosis meddygol arnoch er mwyn i'ch plentyn allu cael eu hadnabod fel plentyn sydd ag ADY. Mae penderfyniadau ynghylch y cymorth y gall fod ei angen arnynt yn seiliedig ar arwyddocâd yr angen, nid ar asesiad meddygol.” (Tudalen 6, Pennod 1: 'Cefnogi anawsterau dysgu'. Pwyslais gwreiddiol)
- “Nid oes angen atgyfeiriad gan weithiwr proffesiynol arnoch, ac nid oes angen diagnosis ffurfiol ar eich plentyn. Yr hyn sydd bwysicaf yw deall ac adnabod y cymorth cywir y gallai fod ei angen ar eich plentyn er mwyn cyrraedd eu llawn botensial.” (Tudalen 9, Pennod 2: 'Ble i fynd am gymorth'. Pwyslais gwreiddiol)
- (o dan Bennod 16: 'Camsyniadau cyffredin'): “Mae angen diagnosis meddygol i'ch plentyn dderbyn CDU. Ddim yn wir.” Nid oes angen diagnosis meddygol i'ch plentyn allu cael eu hadnabod fel plentyn sydd ag ADY neu i gael CDU. Gall plentyn neu berson ifanc fod ag ADY heb ddiagnosis, ac nid yw penderfyniadau ar ddarpariaeth ddysgu ychwanegol yn dibynnu ar asesiad meddygol. Gellir rhoi CDU i blentyn neu berson ifanc heb aros am ddiagnosis, ac ni ddylid gohirio cymorth oherwydd amseroedd aros y GIG.” (Tudalen 50. Pwyslais gwreiddiol)

3. Crynodeb o'r dystiolaeth

3.1. Adolygiad thematig Estyn

Ym mis Rhagfyr 2024, cyhoeddodd Estyn adolygiad thematig o'r enw 'Y system anghenion dysgu ychwanegol: Cynnydd ysgolion, lleoliadau ac awdurdodau lleol o ran cefnogi disgyblion ag anghenion dysgu ychwanegol'. Tynnodd yr adolygiad sylw at ddryswch eang ymhlith ysgolion ac awdurdodau lleol ynghylch y gwahaniaeth rhwng darpariaeth gyffredinol a Darpariaeth Ddysgu Ychwanegol — yn ogystal â dehongliadau lleol anghyson o drothwyon ar gyfer ADY — gan greu heriau o ran canfod dysgwyr y dylid eu cofnodi fel ADY.

3.2. Niferoedd yn gostwng

Er bod y diffiniad o ADY yr un fath â diffiniad AAA, mae ystadegau'n dangos bod nifer y disgyblion a gofnodwyd fel ADY/AAA wedi gostwng yn sylweddol ers cyflwyno'r diwygiad. Mae hyn yn codi cwestiynau ynghylch a yw dysgwyr yn cael eu nodi'n gywir, fel yr amlygwyd mewn erthygl gan Ymchwil y Senedd ym mis Hydref 2025.

Bu gostyngiad o 53% yn nifer y disgyblion a nodir / a gydnabyddir fel rhai sydd ag ADY dros y pedair blynedd ers cyflwyno'r system newydd gyntaf. O 92,668 (19.5% o'r holl ddisgyblion) yn 2020/21 i 43,885 (9.5% o'r holl ddisgyblion) yn 2024/25.

Daw hyn wrth i Lywodraeth Cymru gydnabod bod mwy o blant yn dod i'r amlwg sydd ag anghenion mwy cymhleth. Mae Llywodraeth Cymru yn flaenorol wedi priodoli'r gostyngiad yn niferoedd ADY i or-adrodd AAA yn y gorffennol ac i 'ddarpariaeth gyffredinol' fwy effeithiol drwy'r Cwricwlwm i Gymru, sy'n gallu diwallu anghenion llawer o ddisgyblion yn well (yn hytrach na gofyn am ddarpariaeth ddysgu ychwanegol) yn ôl y Llywodraeth.

3.3. Defnyddio amserlenni llai

Mae'r deisebydd yn nodi bod dysgwyr yn cael eu rhoi ar amserlenni llai heb gymorth ADY, bod cymorth yn cael ei atal tra bod asesiadau diagnostig yn cael eu cynnal, a bod teuluoedd yn wynebu ymatebion anghyson gan awdurdodau lleol.

Mae'r Sefyllfa Polisi ar ADY gan Gomisiynydd Plant Cymru yn nodi bod tua thraean o'r gwaith achos yr oeddent wedi'i gael drwy'r tîm gwasanaeth Cyngor a Chymorth ar Hawliau Plant yn ymwneud â "phroblemau a wynebwyd gan blant ag anghenion dysgu ychwanegol". Maent yn nodi eu bod wedi clywed achosion o blant yn "cael eu rhoi ar amserlenni cyfyngedig os nad yw ysgol yn gallu cwrdd â'r angen", ac yn nodi, o dan adran 'Beth rydyn ni'n gwybod?' ymwybyddiaeth o "defnydd cynyddol o amserlenni y cyfyngwyd arnynt yn sylweddol, gan arwain at ddiffyg mynediad at addysg addas a digonol".

4. Camau gweithredu Lywodraeth Cymru

Mewn ymateb i bryderon (gan gynnwys nifer o ddeisebau ar y mater a Gwaith Craffu'r Pwyllgor Plant, Pobl Ifanc ac Addysg), cychwynnodd Ysgrifennydd y Cabinet dros Addysg, Lynne Neagle AS, adolygiad a oedd yn canolbwyntio ar:

- eglurder a hygyrchedd y Ddeddf a'r canllawiau statudol;
- sicrhau bod y fframwaith deddfwriaethol yn adlewyrchu bwriad y polisi;
- adnabod unrhyw anghysondebau a meysydd lle gallai fod angen mwy o eglurder;
- deall sut mae'r fframwaith deddfwriaethol yn cael ei roi ar waith yn ymarferol; a

- nodi atebion polisi a deddfwriaethol.

Ym mis Hydref 2025, cyhoeddodd Llywodraeth Cymru grynodeb o'r dystiolaeth a gafodd yn ystod ei adolygiad a gwnaeth yr Ysgrifennydd Cabinet ddatganiad yn y Cyfarfod Llawn yn nodi pum maes gweithredu allweddol. Cyhoeddwyd hefyd gyflwyniad Llywydd y Tribiwnlys Addysg ac adroddiad ar arolwg o rieni a gofalwyr.

Bydd angen diwygio'r Cod ADY, a bydd angen gwaith ymgynghori ar gyfer hyn ac felly ni fydd yn cael ei gynnal tan ar ôl etholiad y Senedd. Yn y cyfamser, mae Llywodraeth Cymru yn bwriadu cyhoeddi canllawiau dros dro gyda'r nod o wella cysondeb y system, a dywedodd yr Ysgrifennydd Cabinet wrth y Pwyllgor Plant, Pobl Ifanc ac Addysg ar 4 Chwefror y bydd hyn yn cael ei gyhoeddi erbyn diwedd mis Mawrth eleni. Bydd ail gyfres o ganllawiau, a gyhoeddir ar yr un pryd â'r uchod, yn nodi'n benodol y disgwyliadau o ran sut y dylid cefnogi plant a phobl ifanc mewn amgylchiadau penodol, megis dysgwyr ag ADY sy'n derbyn gofal, dysgwyr sy'n cael eu haddysgu gartref yn ddewisol, a'r rhai sy'n cael addysg y tu allan i ysgol. Mae trydydd darn o ganllawiau pellach yn egluro beth a olygir gan 'ddarpariaeth sydd ar gael yn gyffredinol' yn cael ei ddatblygu ac ni fydd yn cael ei gyhoeddi tan dymor nesaf y Senedd.

4.1. Ymateb Llywodraeth Cymru i'r ddeiseb

Mae ymateb yr Ysgrifennydd Cabinet i'r ddeiseb yn ailddatgan safbwynt craidd y Llywodraeth, gan nodi:

"Mae'n nodi y dylai'r cymorth i blentyn ag ADY bob amser fod wedi'i seilio ar angen, ac nid oes angen diagnosis o gyflwr ar gyfer gwneud penderfyniad ynghylch ADY dysgwr nac ar gyfer darpariaeth ddysgu ychwanegol (DDdY). Yn yr un modd, nid yw diagnosis meddygol ffurfiol o reidrwydd yn golygu bod gan blentyn neu berson ifanc ADY."

Mae'r Ysgrifennydd Cabinet yn disgrifio'r system ADY fel un sy'n **canolbwyntio ar unigolion** ac sy'n **cael ei arwain gan anghenion**, wedi'i seilio ar y Ddeddf a'r Cod ADY. Fodd bynnag, mae hi'n cydnabod problemau o ran **cysondeb a gweithredu**, gan gynnwys anawsterau teuluoedd o ran cael mynediad at gymorth heb ddiagnosis, ac yn priodoli'r problemau hyn i **amrywiadau lleol** a **chamddealltwriaeth** o ofynion cyfreithiol. Mae ei llythyr yn nodi bod Llywodraeth Cymru yn parhau i ymgysylltu ag awdurdodau lleol, ysgolion a rhieni i wella ymwybyddiaeth a chefnogi gweithrediad cyson darpariaeth sy'n seiliedig ar anghenion, gan ddefnyddio monitro ac adborth gan deuluoedd i fynd i'r afael â rhwystrau.

O ran amserlenni llai/rhan-amser, mae'r llythyr yn nodi:

“Mae canllawiau Llywodraeth Cymru yn glir y dylid defnyddio amserlenni rhan-amser mewn amgylchiadau eithriadol yn unig ac fel mesur tymor byr, gyda'r nod o weld y dysgwyr yn dychwelyd i addysg amser llawn lle bo hynny'n bosibl. Rydym yn cydnabod y pryderon am y defnydd cynyddol ohonynt ac yn bwriadu cyhoeddi canllawiau pellach ar amserlenni rhan-amser a mathau eraill o waharddiadau cudd.”

Mae'r Ysgrifennydd Cabinet yn tynnu sylw at rôl y pecyn cymorth i rieni a gofalwyr ADY o ran mynd i'r afael â chamsyniadau (gan gynnwys ynghylch diagnosis) a rhoi gwybodaeth am gymorth ymarferol. Mae'r llythyr yn cynnwys linc ac yn gosod y pecyn cymorth fel rhan o wella'r ddealltwriaeth o'r system ymhlith teuluoedd.

5. Camau gweithredu Senedd Cymru

Mae adolygiad Llywodraeth Cymru o ddarpariaeth y system ADY a gwaith craffu'r Pwyllgor Plant, Pobl Ifanc ac Addysg wedi tynnu sylw at ddryswch ac anghysondeb parhaus yn y ffordd y mae'r diffiniad statudol o ADY yn cael ei ddehongli a'i gymhwyso. Mae hyn yn cynnwys ansicrwydd yn y ddau gam o'r asesiad: yn gyntaf, penderfynu a oes gan ddysgwyr anhawster sylweddol fwy i ddysgu nag eraill o'r un oedran, ac yn ail, penderfynu a yw'r anhawster hwnnw'n gofyn am Ddarpariaeth Ddysgu Ychwanegol yn hytrach na chefnogaeth sydd ar gael yn gyffredinol.

Mae'r Pwyllgor Plant, Pobl Ifanc ac Addysg wedi craffu ar weithrediad y diwygiadau ADY drwy gyfres o archwiliadau yn ystod tymor y Senedd hon. Cyhoeddodd [adroddiad ym mis Gorffennaf 2024](#), a oedd yn tynnu sylw at lawer o'r materion y byddai adolygiad Llywodraeth Cymru yn eu cadarnhau ymhellach. Mae'r Pwyllgor wedi cwblhau ei bedwerydd gwiriad a'r un olaf ac wedi amlinellu ei gasgliadau mewn [llythyr at yr Ysgrifennydd Cabinet ar 10 Chwefror](#).

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



Ein cyf/Our ref LN/01428/25

Carolyn Thomas AS
Cadeirydd y Pwyllgor Deisebau
Senedd Cymru
Bae Caerdydd
Caerdydd
CF99 1SN

14 Ionawr 2026

Annwyl Carolyn,

Diolch am eich llythyr ynglŷn â'r ddeiseb a gyflwynwyd gan Danielle Jones ynglŷn â mynediad at gymorth i blant ag anghenion dysgu ychwanegol (ADY) yng Nghymru.

Rwy'n rhannu'r pryder a amlygwyd yn y ddeiseb, sef bod rhai teuluoedd yn profi anawsterau wrth gael mynediad at gymorth heb gael diagnosis ffurfiol o gyflyrau niwroamrywiol. Mae'r gyfraith yn glir yn hyn o beth: mae'n nodi y dylai'r cymorth i blentyn ag ADY bob amser fod wedi'i seilio ar angen, ac nid oes angen diagnosis o gyflwr ar gyfer gwneud penderfyniad ynghylch ADY dysgwr nac ar gyfer darpariaeth ddysgu ychwanegol (DDdY). Yn yr un modd, nid yw diagnosis meddygol ffurfiol o reidrwydd yn golygu bod gan blentyn neu berson ifanc ADY. Rhaid i benderfyniadau am ADY fod yn seiliedig ar a yw anghenion y dysgwr yn galw am DDdY. Mae'r egwyddor hon yn ganolog i Ddeddf Anghenion Dysgu Ychwanegol a Thribiwnlys Addysg (Cymru) 2018 a'r Cod ADY, sy'n nodi'r fframwaith cyfreithiol ar gyfer sicrhau bod plant a phobl ifanc yn derbyn y cymorth cywir i gael mynediad at addysg yn effeithiol.

Mae'r system ADY yn mabwysiadu dull sy'n canolbwyntio ar yr unigolyn ac sy'n seiliedig ar anghenion, gan roi'r ffocws ar ddiwallu anghenion y dysgwr yn hytrach nag ar y math o anabledd neu anhawster dysgu sydd ganddo. Mae cyflawni rhagoriaeth, tegwch a lles i bob plentyn a pherson ifanc wrth wraidd ein system addysg. Rydym am greu system addysg gynhwysol lle gwrandewir ar anghenion dysgwyr ac yr ymatebir iddynt, a lle mae pob dysgwr yn cael ei gefnogi i gymryd rhan lawn mewn addysg.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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CF99 1SN

Gohebiaeth.Lynne.Neagle@llyw.cymru
Correspondence.Lynne.Neagle@gov.wales

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

Tudalen y pecyn 54
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.

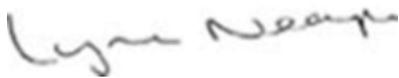
Rydym yn ymwybodol bod rhai teuluoedd yn cael anawsterau wrth gael at gymorth heb ddiagnosis ffurfiol. Gall y materion hyn ddeilio o amrywiadau mewn arferion yn lleol neu achosion o gamddeall y gofynion cyfreithiol. Mae Llywodraeth Cymru yn parhau i ymgysylltu ag awdurdodau lleol, ysgolion a rhieni i wella ymwybyddiaeth o'r fframwaith cyfreithiol a chefnogi gweithredu'r ddarpariaeth seiliedig ar anghenion y system ADY yn gyson. Mae monitro ac adborth gan deuluoedd yn ein helpu i nodi a mynd i'r afael â rhwystrau o ran mynediad.

Mae'r ddeiseb hefyd yn codi pryderon am blant yn cael eu hamddifadu o addysg amser llawn neu'n cael eu rhoi ar amserlenni byr neu ran-amser. Mae canllawiau Llywodraeth Cymru yn glir y dylid defnyddio amserlenni rhan-amser mewn amgylchiadau eithriadol yn unig ac fel mesur tymor byr, gyda'r nod o weld y dysgwyr yn dychwelyd i addysg amser llawn lle bo hynny'n bosibl. Rydym yn cydnabod y pryderon am y defnydd cynyddol ohonynt ac yn bwriadu cyhoeddi canllawiau pellach ar amserlenni rhan-amser a mathau eraill o waharddiadau cudd.

Mae hyn, ynghyd â chamsyniadau eraill, yn cael sylw yn [y pecyn cymorth](#) newydd i rieni a gofawyr plant ag ADY, sydd wedi'i gynllunio i helpu teuluoedd i ddeall sut mae'r system ADY yn gweithio a pha gymorth sydd ar gael os pennir bod gan blentyn neu berson ifanc ADY. Yn ogystal ag esbonio'r system anghenion dysgu ychwanegol, mae hefyd yn darparu canllawiau ymarferol clir ynghylch ble y gall teuluoedd ddod o hyd i gymorth a chefnogaeth.

Rwy'n cymryd pryderon a godir gan rieni o ddifrif, gan gynnwys y profiadau a amlygwyd yn y ddeiseb hon. Rwy'n parhau i fod yn benderfynol o sicrhau bod pob plentyn ag ADY yn cael y gefnogaeth sydd ei hangen arnynt i gymryd rhan lawn mewn addysg a chael y cyfle i ffynnu.

Yn gywir,



Lynne Neagle AS/MS

Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

P-06-1559 Uphold ALN Children’s Right to Needs-Based Support and Full-Time Education in Wales - Correspondence from the Petitioner to the Committee, 11 February 2026

Thank you for continuing to consider the concerns raised in this petition. I feel it is important to clearly set out the lived reality behind the policy language and assurances provided.

Invisible Disabilities and Unequal Treatment

There is a growing perception among families that if a child has a visible physical disability, support is more readily acknowledged. However, children with invisible disabilities — including neurodivergent conditions — are too often overlooked, minimised, or treated as behavioural issues rather than recognised as children with additional needs.

Many children cannot access community activities, clubs, or informal social spaces because environments are not accepting or inclusive of neurodivergent children who do not “fit in.” Families report exclusion, judgement, or being asked to leave. Inclusion exists in principle, but not consistently in practice.

There are extremely limited genuinely inclusive spaces. There are few breaks for families. Siblings receive little recognition or respite, despite being significantly affected by the pressures within the household.

Denial of Specialist Children’s Services – With and Without Diagnosis

The Cabinet Secretary’s letter reiterates that support should be needs-led and not dependent on diagnosis. However, this is not what families are experiencing.

My own son was refused support from Specialist Children’s Services on the basis that he did not have a formal diagnosis, despite clear and documented needs.

At the same time, within the parent group I run, I know families whose children have formal diagnoses and have still been denied appropriate support from Specialist Children’s Services.

This reveals two serious and contradictory failures:

Children without diagnoses are refused support because they lack a label.

Children with diagnoses are refused support despite having one.

In both situations, children’s needs remain unmet. Diagnosis is being used inconsistently as a gatekeeping mechanism, contrary to the needs-led framework set out in law.

Placement Decisions and Inconsistent Criteria

My son was assessed by Educational Psychologists, who advised that a split placement would benefit him. Despite this professional recommendation, the local authority denied this on the basis that he is “social.”

Many children who are social attend specialist settings successfully. Sociability does not negate additional learning needs, nor does it remove the requirement for an appropriate placement. To refuse provision on that basis raises serious questions about how professional advice is weighted in decision-making processes.

When educational psychology recommendations can be disregarded for subjective reasoning, families are left with little confidence that decisions are being made purely on assessed need.

Children Who "Don't Quite Tick the Boxes"

There is a significant gap for children who do not neatly meet thresholds. Those considered "not severe enough" for specialist placement but unable to cope in unsupported mainstream settings are left struggling.

There appears to be no meaningful SEN bridge between schools for these children.

My son was placed on a long-term reduced timetable at six years old because appropriate provision was not in place. He remained on that reduced timetable until Year 2. He is now almost seven and only recently has full-time education with full-time 1:1 support.

That prolonged period of reduced education during formative years had a detrimental impact on him educationally, socially, and emotionally. Reduced timetables caused by lack of provision are not neutral interventions — they are a consequence of systemic failure.

Mental Health Impact on Families

The cumulative impact on families is severe. Parents are forced to become advocates, coordinators, and often legal representatives for their children simply to secure statutory support.

The sustained pressure of caring full-time for a child with additional needs, while fighting for assessments and provision, has led to widespread mental health deterioration among families I speak to. Parents report anxiety, depression, burnout, and breakdowns.

I personally experienced a breakdown as a direct result of the prolonged stress and lack of support. This was not caused by my child's needs — it was caused by the continuous battle to access help.

Families should not have to reach crisis point before support is recognised.

Carer Assessments and Thresholds for Help

Following my first carer's assessment, I was told I did not require support because I was managing to care for my son, maintain my home, shop, and fulfil daily responsibilities.

But what choice does a parent have?

If I did not do those things, I would be neglecting my child. The ability to function at a basic survival level should not be interpreted as absence of need. It reflects resilience under pressure, not wellbeing.

The current approach appears reactive rather than preventative, with support only triggered when collapse occurs.

Conclusion

Across the parent community I support, the same themes repeatedly arise:

Invisible disabilities minimised.

Diagnosis used inconsistently to gatekeep services.

Specialist Children's Services denying support both with and without diagnosis.

Educational psychology recommendations being overridden without transparent justification.

Children left on reduced timetables due to lack of provision.

Carers deemed "coping" until they break.

Significant and escalating mental health harm to families.

The law is clear. The lived experience suggests implementation is not.

I respectfully ask the Committee to consider whether a broader review into cross-service implementation, accountability, and placement decision-making is required to ensure that children receive support based on assessed need — consistently, lawfully, and without avoidable harm to families.

Thank you for your continued consideration.

Kind regards

Danielle Jones

Dear Petitions Committee,

I wish to make one further clarification regarding my petition.

Everything described in the Cabinet Secretary's response — needs-led provision, person-centred practice, inclusion, and support not being dependent on diagnosis — is already clearly enshrined in legislation and statutory guidance under the Additional Learning Needs and Education Tribunal (Wales) Act 2018 and the ALN Code.

The issue raised in this petition is not the absence of law.

It is the failure of consistent implementation, oversight, and enforcement.

Families are not asking for new rights. We are asking for the rights that already exist to be applied lawfully and consistently in practice.

When legislation is strong but lived experience repeatedly contradicts it, this indicates a significant gap between policy intention and operational reality. That gap is where children and families are being harmed.

I respectfully ask the Committee to consider whether scrutiny should focus not on whether the framework is sufficient, but on whether it is being properly delivered.

Kind regards

Danielle Jones

Dear Petitions Committee,

I would also like to draw attention to the growing mental health crisis among parents and caregivers of children with Additional Learning Needs.

Within the parent networks I am part of, exhaustion, burnout, anxiety and depression are widespread. Families are operating in a constant state of advocacy — fighting for assessments, challenging refusals, managing reduced timetables, coordinating between services, and providing full-time care without adequate respite.

There have been reported cases nationally of parents taking their own lives following prolonged battles to secure support for their children. While every situation is complex, systemic stress, isolation, and lack of timely support are recurring themes raised in public reporting and parent communities.

When a system intended to protect vulnerable children results in severe mental health deterioration for caregivers, this should be treated as a safeguarding concern.

Caregivers need preventative support, access to respite, and recognition within the wider ALN framework. A system that only intervenes when families reach crisis point is neither sustainable nor humane.

The wellbeing of children cannot be separated from the wellbeing of those caring for them.

I respectfully ask the Committee to consider whether sufficient attention is being given to the mental health impact of systemic barriers on families, and whether caregiver support mechanisms require urgent review.

I would also like to highlight the mental and emotional impact on children themselves when support is delayed, denied, or inconsistently applied.

Children with Additional Learning Needs are already more vulnerable to anxiety, low self-esteem, and emotional dysregulation. When they experience repeated refusal of support, prolonged reduced timetables, exclusion from activities, or environments that are not inclusive of neurodivergence, this compounds their distress.

Children are acutely aware when they are treated as “the problem.” Being removed from class, placed on reduced hours, denied placements recommended by professionals, or excluded from community spaces can significantly affect a child’s confidence, sense of belonging, and long-term relationship with education.

Early experiences of exclusion or unmet need during formative years can have lasting consequences on mental health, attendance, and attainment.

When children are left without appropriate provision because they “do not quite meet thresholds,” or because services are delayed pending diagnosis, the message they internalise is often that their needs are not valid.

This is not a neutral outcome. It is a developmental risk.

If the ALN framework is to be genuinely needs-led, the psychological wellbeing of children must be considered as central — not secondary — to educational provision decisions.

I respectfully ask also that the Committee can consider the cumulative mental health impact on children, when statutory support is not delivered in a timely and consistent manner

Kind regards,

Danielle Jones

P-06-1572 Arwain ar ddatrysiad hirdymor i liniaru llifogydd yn nalgylch y B4318 a Dinbych-y-pysgod, a chyllido datrysiad o'r fath

Y Pwyllgor Deisebau | 02 Mawrth 2026
Petitions Committee | 02 March 2026

Cyfeirnod: RS26/13165/4

Cyflwyniad

Rhif y Ddeiseb: P-06-1572

Teitl y ddeiseb: Arwain ar ddatrysiad hirdymor i liniaru llifogydd yn nalgylch y B4318 a Dinbych-y-pysgod, a chyllido datrysiad o'r fath

Geiriad y ddeiseb:

Mae'r B4318 yn dioddef llifogydd dro ar ôl tro, sy'n amharu ar lwybr mynediad allweddol i Ddinbych-y-pysgod. Er mai Cyngor Sir Penfro sy'n cynnal a chadw'r ffordd, caiff llifogydd eu hachosi gan ddŵr ffo, lefelau uchel yr afon Ritec a chloi llanwol yng ngollynfa Traeth y De yn ystod y penllanw. Mae'r ffactorau cyfunol hyn yn golygu na all unrhyw fesurau lliniaru sy'n gysylltiedig â'r priffyrdd lleol ddatrys y broblem ar eu pennau eu hunain.

Mae llifogydd ar y B4318 yn ddigwyddiad cyson ac aflonyddol, gan effeithio ar drigolion, busnesau, y gwasanaethau brys, ysgolion a'r economi leol. Rydym



eisoes wedi mynd ar drywydd opsiynau lleol, ond mae'r opsiynau hyn wedi'u cyfyngu gan ffactorau y tu hwnt i reolaeth y cyngor, gan gynnwys capasiti afonydd, draeniad dalgylchoedd a chyfyngiadau ar ollwng arfordirol. Mae newid hinsawdd yn cynyddu amllder a difrifoldeb glaw a llifogydd sy'n gysylltiedig â'r llanw, gan wneud y sefyllfa'n anghynaliadwy.

Rydym yn gofyn i Lywodraeth Cymru gynnig arweinyddiaeth genedlaethol drwy gydgyssylltu'r cyrff perthnasol, megis Cyfoeth Naturiol Cymru a Chyngor Sir Penfro, i asesu'r dalgylch llawn, gan gynnwys dylanwadau dŵr wyneb, afonydd a'r llanw. Mae angen ateb hirdymor arnom sy'n wydn o ran newid hinsawdd, wedi'i gefnogi gan gyllid cyfalaf priodol, i warchod mynediad i Ddinbych-y-pysgod a lleihau'r risg barhaus i'r gymuned oherwydd llifogydd.

Mae'r testun uchod yn cael ei gyflwyno gan y deisebydd. Mae'r tîm deisebau yn gwneud pob ymdrech i sicrhau ei fod yn cadw ei lais dilys. Nid yw'r testun hwn wedi'i wirio am gywirdeb, neu wallau, a gall gynnwys barn neu honiadau heb eu gwirio.

1. Y cefndir

Mae'r papur briffio hwn gan Ymchwil y Senedd yn rhoi trosolwg o lifogydd ac erydu arfordirol yng Nghymru. Mae'n nodi'r cyd-destun o ran deddfwriaeth a pholisi, ac yn amlinellu'r trefniadau ariannu i fynd i'r afael â llifogydd.

Mae Deddf Rheoli Llifogydd a Dŵr 2010 yn deddfu ynghylch llifogydd ac erydu arfordirol yng Nghymru a Lloegr. Mae adran 6 o'r Ddeddf yn diffinio rolau a chyfrifoldebau Awdurdodau Rheoli Risg. Yng Nghymru, y rhain yw Cyfoeth Naturiol Cymru (CNC), pob un o'r 22 awdurdod lleol yng Nghymru (sy'n gweithredu fel awdurdodau llifogydd lleol arweiniol), awdurdodau priffyrdd, a chwmnïau dŵr a charthffosiaeth. Mae cyrff eraill sydd â rôl anstatudol o ran rheoli perygl llifogydd ac erydu arfordirol, gan gynnwys tîrfeddianwyr preifat a pherchnogion asedau seilwaith.

Mae'r Ddeddf hefyd yn gosod dyletswydd ar awdurdodau lleol i ddatblygu strategaethau lleol ar gyfer rheoli perygl llifogydd a'u rhoi ar waith. Mae'r strategaethau lleol yn gosod amcanion ar gyfer rheoli perygl llifogydd lleol o ddŵr wyneb, dŵr daear a chyrsgiau dŵr cyffredin, a rhaid iddynt gyd-fynd â Strategaeth Genedlaethol Llywodraeth Cymru ar gyfer Rheoli Perygl Llifogydd ac Erydu Arfordirol yng Nghymru (y 'Strategaeth Genedlaethol').

Gwnaeth Cyngor Sir Benfro ymgynghori ar ddrafft o strategaeth rheoli perygl llifogydd lleol (y 'strategaeth drafft') ym mis Mawrth 2025, ond ymddengys nad oes strategaeth leol derfynol wedi'i chyhoeddi hyd yn hyn. Mae'r strategaeth ddrafft yn ddweud:

...370 o eiddo preswyl yn Sir Benfro mewn perygl mawr o lifogydd o gyrsiau dŵr bach a dŵr wyneb, 114 o eiddo mewn perygl mawr o lifogydd afonydd, a 60 o eiddo preswyl mewn perygl mawr o lifogydd arfordirol.

1.1. Cyfrifoldeb dros Llifogydd

Mae Strategaeth Genedlaethol Llywodraeth Cymru yn rhoi trosolwg o rolau a chyfrifoldebau amrywiol yr Awdurdodau Rheoli Risg yng Nghymru. Yn gryno, mae'r rhain fel a ganlyn:

SEFYDLIAD	CYFRIFOLDEBAU
<u>CNC</u>	Arfordirol a phrif afonydd
<u>Awdurdodau lleol</u>	Dŵr wyneb a chysiau dŵr bach
<u>Dŵr Cymru</u>	Carthffosydd cyhoeddus
<u>Awdurdodau priffyrdd</u>	Draenio priffyrdd a ffosydd wrth ymyl y ffordd

Mae adran 13 o Ddeddf Rheoli Llifogydd a Dŵr 2010 yn dweud bod rhaid i'r awdurdodau perthnasol gydweithredu a rhannu gwybodaeth ag awdurdodau perthnasol eraill, megis Awdurdodau Rheoli Risg a Gweinidogion Cymru, at ddibenion rhaglenni rheoli perygl llifogydd ac erydu arfordirol.

1.2. Llifogydd ar B4318

Mae llifogydd ar y B4318 yng nghyffiniau Dinbych-y-pysgod yn bennaf yn cael eu heffeithio gan lifogydd o afon Rhydeg, llifogydd arfordirol a dŵr wyneb.

Mae'r strategaeth ddrafft yn dweud bod gan afon Rhydeg orlifdir ehangach wrth iddi lifo trwy Ddinbych-y-pysgod, gan nodi "Gwaethygir llifogydd gan gyfyngiadau a achosir gan gwlfertau o dan yr A4139 a'r rheilffordd, sy'n culhau'r llwybr sydd ar gael i lif yr afon".

Mae llifogydd wedi effeithio ar y B4318 sawl gwaith mewn blynyddoedd diweddar, sef rhywbeth sydd wedi cael llawer o sylw yn y cyfryngau newyddion lleol, gan gynnwys ym mis Rhagfyr 2025. Yn fwyaf diweddar, fe cafwyd llifogydd yno ym mis Ionawr 2026.

2. Camau gweithredu Llywodraeth Cymru

Mae Llywodraeth Cymru yn dyfarnu cyllid bob blwyddyn i Awdurdodau Rheoli Risg drwy'r Rhaglen Rheoli Perygl Llifogydd ac Erydu Arfordirol. Gall Awdurdodau Rheoli Risg wneud cais am gyllid "i ddarparu rhaglen o waith cyfalaf i leihau'r perygl o lifogydd ac erydu arfordirol i gymunedau ledled Cymru". Mae Ymchwil y Senedd yn cyfrifo i dros £6 miliwn gael ei ddyfarnu i Gyngor Sir Benfro ers 2022.

Mae grantiau gwaith ar raddfa fach hefyd ar gael i awdurdodau lleol ar gyfer mân waith i wella neu i help i liniaru'r risg o lifogydd. Mae 'na wedi bod nifer o grantiau bychan ar gyfer raddfa fach sydd wedi dyfarni'r Cyngor Sir Benfro gydag Ymchwil y Senedd cyfrifo'r cyfanswm o £148,750 ers 2021.

Wrth ymateb i'r ddeiseb, dywedodd Ysgrifennydd y Cabinet dros Newid Hinsawdd a Materion Gwledig, Huw Irranca-Davies AS, fod

CNC yn cynnal arfarniad manwl o opsiynau rheoli perygl llifogydd yn y dyfodol ar gyfer dalgylch Afon Ritec. Mae hyn yn cynnwys asesu perygl llifogydd afonol ac effaith y llanw. Mae rhestr fer o opsiynau yn cael ei datblygu, gyda disgwyl Achos Busnes Amlinellol yn haf 2026.

Mae Llywodraeth Cymru yn cydnabod “bydd angen i bob Awdurdod Rheoli Perygl gydweithio i ddatblygu datrysiad hirdymor “. Mae'r Ysgrifennydd y Cabinet yn ddweud tra bod “CNC yn gobeithio y bydd unrhyw waith y maent yn ei gyflawni yn helpu i leihau'r perygl o lifogydd”, mae'r cyfrifoldeb ar gyfer lifogydd o ddŵr arwyneb a llifogydd priffyrdd gan Awdurdodau Rheoli Risg eraill (fel y manylir uchod). O ran llifogydd priffyrdd, mae'r Ysgrifennydd y Cabinet yn tynnu sylw at “grantiau trafndiaeth penodol” sy'n gae eu darparu i awdurdodau lleol, ac yn ddweud:

Os byddai gweithredu ar y rhwydwaith priffyrdd yn lliniaru neu'n datrys y broblem, yna gallai Cyngor Sir Penfro ystyried hyn fel yr Awdurdod Priffyrdd perthnasol.

Dywedodd Ysgrifennydd y Cabinet hefyd y bydd Llywodraeth Cymru yn fonitor lleoliad “fel rhan o waith cynllunio ehangach i addasu i'r hinsawdd. Os bydd y perygl i gartrefi a busnesau yn cynyddu, bydd ei gymhwysedd ar gyfer cyllid FCERM yn cael ei ailystyried”.

3. Camau gweithredu Senedd Cymru

Ni fu unrhyw weithgarwch gan y Senedd ynghylch y llifogydd o'r afon Ritec yn Ninbych-y-pysgod neu ar hyd rheol B4318. Trafododd [Samuel Kurtz MS](#), am yr lifogydd o'r afon Ritec ddwywaith mewn perthynas ag ardal Dinbych-y-pysgod yn dilyn rhybuddion difrifol a llifogydd.

Mae'r [Pwyllgor Newid Hinsawdd, yr Amgylchedd a Seilwaith](#) wedi cynnal ymholiad blwyddyn dwedaf ar ymatebion stormydd ac oeddynt yn canolbwyntio ar lifogydd.

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

Huw Irranca-Davies AS/MS
Y Dirprwy Brif Weinidog ac Ysgrifennydd y Cabinet
dros Newid Hinsawdd a Materion Gwledig
Deputy First Minister and Cabinet Secretary for
Climate Change and Rural Affairs



Llywodraeth Cymru
Welsh Government

Eich cyf P-06-1572
Ein cyf HIDCC/00019/26

Carolyn Thomas AS
Cadeirydd y Pwyllgor Deisebau

26 Ionawr 2026

Annwyl Carolyn,

Diolch am ofyn ein barn ar Ddeiseb P-06-1572 ynglŷn â llifogydd ar y B4318 ac ar draws dalgylch ehangach Dinbych-y-pysgod.

Rydym yn cydnabod yr aflonyddwch y mae llifogydd yn ei achosi yn yr ardal hon, a'r pryderon a godwyd ynghylch dŵr ffo dŵr wyneb, lefelau uchel afonydd a chloi llanwol yn Nhraeth y De. Mae nifer o ffactorau yn dylanwadu ar berygl llifogydd yma gan gynnwys capasiti afonydd, draenio lleol a gollyngiad arfordirol. Rhennir cyfrifoldebau rhwng yr Awdurdodau Rheoli Perygl (RMAs) perthnasol fel a ganlyn:

- Cyngor Sir Penfro: y briffordd a'r cyrsiau dŵr i fyny'r afon
- Cyfoeth Naturiol Cymru (CNC): y cwrs dŵr i lawr yr afon o'r bont briffordd

Mae Rhaglen Rheoli Perygl Llifogydd ac Erydu Arfordirol (FCERM) Llywodraeth Cymru yn blaenoriaethu buddsoddiad sy'n cyflawni'r gostyngiad mwyaf o ran perygl i gartrefi a busnesau. Gan fod llifogydd yn y lleoliad hwn yn effeithio ar drafnidiaeth yn bennaf yn hytrach nag ar eiddo preswyl neu fasnachol, nid yw'n bodloni'r meini prawf ar gyfer cyllid cyfalaf FCERM ar hyn o bryd.

Mae'r Awdurdodau Rheoli Perygl, awdurdodau lleol a CNC, yn gyfrifol am ddatblygu cynlluniau rheoli perygl llifogydd yn unol â'r Strategaeth FCERM Genedlaethol, sy'n pennu mai lleihau perygl i fywyd yw'r flaenoriaeth fwyaf.

Ar hyn o bryd mae CNC yn cynnal arfarniad manwl o opsiynau rheoli perygl llifogydd yn y dyfodol ar gyfer dalgylch Afon Ritec. Mae hyn yn cynnwys asesu perygl llifogydd afonol ac effaith y llanw. Mae rhestr fer o opsiynau yn cael ei datblygu, gyda disgwyl Achos Busnes Amlinellol yn haf 2026.

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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.

Tudalen y pecyn 66
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 CNC yn cydnabod y rhyngweithio rhwng dŵr wyneb, draenio priffyrdd ac Afon Ritec, a bydd angen i bob Awdurdod Rheoli Perygl gydweithio i ddatblygu datrysiad hirdymor-. Er bod CNC yn gobeithio y bydd unrhyw waith y maent yn ei gyflawni yn helpu i leihau'r perygl o lifogydd i'r gymuned, mae perygl llifogydd o ran y briffordd a dŵr wyneb ehangach yn fater i'w ystyried gan Awdurdodau Rheoli Perygl eraill.

Os byddai gweithredu ar y rhwydwaith priffyrdd yn lliniaru neu'n datrys y broblem, yna gallai Cyngor Sir Penfro ystyried hyn fel yr Awdurdod Priffyrdd perthnasol. Mae Llywodraeth Cymru yn darparu grantiau trafndiaeth penodol i Awdurdodau Lleol, ac mae llawer ohonynt yn cael eu coladu mewn un Gronfa Drafndiaeth Ranbarthol ar gyfer Blwyddyn Ariannol 2026/27 i gyd-fynd â chyflawni'r Cynllun Trafndiaeth Rhanbarthol a gynhyrchwyd gan Gyd-bwyllgor Corfforaethol De-orllewin Cymru.

Bydd swyddogion Llywodraeth Cymru yn parhau i adolygu'r lleoliad hwn fel rhan o waith cynllunio ehangach i addasu i'r hinsawdd. Os bydd y perygl i gartrefi a busnesau yn cynyddu, bydd ei gymhwysedd ar gyfer cyllid FCERM yn cael ei ailystyried.

Diolch ichi am ysgrifennu ataf ar ran y Pwyllgor Deisebau ynghylch y mater pwysig hwn. Gobeithio y bydd yr ateb hwn o gymorth ichi.

Yn gywir,



Huw Irranca-Davies AS/MS

Y Dirprwy Brif Weinidog ac Ysgrifennydd y Cabinet dros Newid Hinsawdd
a Materion Gwledig

Response to the Petitions Committee

Petition P-06-1572 – Flooding on the B4318 and the Tenby Catchment

Thank you for providing the Cabinet Secretary's response dated 26 January 2026 for consideration.

I welcome the acknowledgement that flooding at this location is driven by compound factors including surface water run-off, elevated River Ritec levels and tidal locking at the South Beach outfall. I also welcome confirmation that Natural Resources Wales (NRW) is progressing a catchment-level appraisal, with an Outline Business Case anticipated in summer 2026.

1. A Structural Gap in the FCERM Funding Framework

The response confirms that the site does not currently meet Flood and Coastal Erosion Risk Management (FCERM) capital funding criteria because flooding primarily affects transport infrastructure rather than residential or commercial property.

This highlights a material policy gap. The B4318 is a key access route to Tenby, a major coastal settlement and nationally significant tourism destination. Repeated flooding results in isolation of the town, disruption to emergency access, economic impacts on local businesses and wider network resilience implications.

In the context of increasing extreme rainfall and rising sea levels, the exclusion of strategic transport isolation from funding eligibility appears increasingly difficult to justify.

2. Compound Flooding Requires Integrated Governance

The hydrological mechanism at this location is systemically interconnected. Surface water run-off, highway drainage, river capacity and tidal discharge constraints operate as a single hydraulic system.

I would welcome clarity on whether NRW's Outline Business Case will explicitly model compound flooding, quantify highway closure frequency and incorporate long-term climate projections, and whether the Welsh Government intends to require a formally integrated cross-authority delivery framework.

3. Climate Adaptation: Reactive or Preventative?

The response indicates eligibility for FCERM funding may be reconsidered should risk to homes and businesses increase. If funding is triggered only once damage escalates, the framework becomes reactive rather than preventative.

Flooding at this site is already recurrent and measurable. I respectfully ask what threshold must be reached before transport isolation risk is considered strategically significant, whether the current position is intended to be temporary or acceptable in the long term, and how long affected communities should reasonably be expected to endure repeat closures before coordinated intervention is triggered.

4. Transport Funding as an Alternative Pathway

If transport resilience is excluded from FCERM, yet flood mitigation exceeds transport funding scope, the site risks falling between funding regimes. I would welcome clarification on whether transport funding can be blended with FCERM capital funding and whether joint funding models could be supported.

Conclusion

Communities affected by repeated flooding deserve clarity on whether this is a transitional issue pending structured intervention or an ongoing condition they must accept indefinitely.

Residents and businesses are not asking for exceptional treatment. They are asking for clarity, accountability and a realistic pathway to resolution.

I remain grateful to the Committee for its scrutiny of this matter and am happy to provide further evidence if required.

Cllr Rhys Jordan

St Florence & St Mary Out Liberty

Pembrokeshire County Council

Uned mân anafiadau yng Nghanolfan Iechyd Llangollen

Y Pwyllgor Deisebau | 2 Mawrth 2026

Petitions Committee | 2 March 2026

Cyfeirnod: RS26/13165-3

Cyflwyniad

Rhif y Ddeiseb: P-06-1571

Teitl y ddeiseb: Dylai Llywodraeth Cymru a Bwrdd Iechyd Prifysgol Betsi Cadwaladr osod uned mân anafiadau wedi'i hariannu'n llawn yng Nghanolfan Iechyd Llangollen

Geiriad y ddeiseb: Mae adran Ddamweiniau ac Achosion Brys ysbyty Maelor Wrecsam wedi'i gorlwytho, gydag amseroedd aros o dros 12 awr. Byddai symud Unedau Mân Anafiadau allan yn helpu i liniaru'r pwysau ac amseroedd aros ar gyfer trin mân anafiadau.

Mae'r testun uchod yn cael ei gyflwyno gan y deisebydd. Mae'r tîm deisebau yn gwneud pob ymdrech i sicrhau ei fod yn cadw ei lais dilys. Nid yw'r testun hwn wedi'i wirio am gywirdeb, neu wallau, a gall gynnwys barn neu honiadau heb eu gwirio.



1. Y cefndir

Mae unedau mân anafiadau yn cael eu staffio gan ymarferwyr profiadol ym maes gofal brys sy'n cael eu cefnogi gan gynorthwywyr gofal iechyd. Nid oes unrhyw feddygon yn yr unedau hyn. Os nad oes modd trin person â'i gyflwr yn yr uned mân anafiadau, bydd y person yn cael ei gyfeirio at ei feddyg teulu, neu at yr adran achosion brys agosaf, neu at wasanaeth priodol arall.

Mae naw uned mân anafiadau wedi'u gwasgaru ar draws ardal Bwrdd Iechyd Prifysgol Betsi Cadwaladr.

Mae erthygl newyddion a gyhoeddwyd ar 10 Rhagfyr 2025 yn cyfeirio at y ddeiseb hon, sy'n galw am sefydlu uned mân anafiadau yng Nghanolfan Iechyd Llangollen. Yn yr erthygl, mae prif swyddog gweithredol Bwrdd Iechyd Prifysgol Betsi Cadwaladr yn datgan ei bod yn cydnabod y pwysau sylweddol sydd ar wasanaethau gofal argyfwng a brys yng ngogledd Cymru, ac yn nodi bod timau'n gweithio'n galed iawn i sicrhau bod pobl yn cael gofal diogel ac amserol. Mae'r prif swyddog gweithredol hefyd yn datgan: "MIUs are planned and spaced across north Wales to ensure fair and balanced access for all communities. The nearest MIU to Llangollen is in Mold, approximately a 30-minute journey."

2. Camau gan Lywodraeth Cymru

Mae llythyr gan Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol at y Pwyllgor Deisebau (dyddiedig 28 Ionawr 2026) yn tynnu sylw at y ffaith mai mater i fyrddau iechyd unigol yw penderfynu ym mhle i leoli unedau mân anafiadau a gwasanaethau iechyd eraill, gan mai'r byrddau hyn sy'n gyfrifol am gynllunio a darparu gwasanaethau gofal iechyd yn unol ag anghenion eu poblogaethau.

Yn y llythyr, mae'r Ysgrifennydd Cabinet yn datgan ei fod wedi gosod "disgwyliadau clir" ar gyfer gwelliannau mewn gofal brys yng ngogledd Cymru. Mae hefyd yn cydnabod bod pobl yn treulio'n rhy hir yn aros mewn adrannau argyfwng ar draws y rhanbarth, a bod hyn yn effeithio ar eu profiadau a'u canlyniadau.

Mae'r llythyr hefyd yn nodi bod Bwrdd Iechyd Prifysgol Betsi Cadwaladr yn cael cefnogaeth gan Lywodraeth Cymru, y rhaglen Chwe Nod ar gyfer Gofal Brys a Gofal mewn Argyfwng, a Pherfformiad a Gwella GIG Cymru i wneud y gwelliannau angenrheidiol i ansawdd ac amseroldeb ei wasanaethau gofal brys ac argyfwng. Ym mis Tachwedd 2025, cyhoeddodd yr Ysgrifennydd Cabinet y byddai cymorth ychwanegol yn cael ei ddarparu i'r bwrdd iechyd, gyda'r nod o wella gofal a

phrofiadau cleifion, a hynny fel rhan o'r ymyrraeth barhaus sy'n digwydd o dan fesurau arbennig.

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



Eich cyf/Your ref P-06-1571
Ein cyf/Our ref JMHSC/00030/26

Carolyn Thomas AS
Cadeirydd
y Pwyllgor Deisebau

deisebau@senedd.cymru

28 Ionawr 2026

Annwyl Carolyn,

Diolch ichi am eich llythyr dyddiedig 6 Ionawr ynghylch Deiseb P-06-1571: Dylai Llywodraeth Cymru a Bwrdd Iechyd Prifysgol Betsi Cadwaladr osod uned mân anafiadau wedi'i hariannu'n llawn yng Nghanolfan Iechyd Llangollen.

Cyfrifoldeb byrddau iechyd unigol yw penderfynu ynghylch ble i leoli unedau mân anafiadau a gwasanaethau iechyd eraill. Y rheswm dros hyn yw mai byrddau iechyd sy'n gyfrifol am gynllunio a darparu gwasanaethau gofal iechyd yn unol ag anghenion eu poblogaethau.

Rwyf wedi bod yn glir yn fy nisgwyliaid bod yn rhaid i wasanaethau fod yn ddiogel, yn gynaliadwy, ac yn ymatebol i anghenion y boblogaeth leol, a'u bod yn cael eu darparu'n unol â safonau proffesiynol a chanllawiau clinigol. Mae hynny'n cynnwys cynllunio trylwyr yn seiliedig ar y galw, y capasiti, y gweithlu, ac adnoddau ariannol er mwyn sicrhau bod gwasanaethau'n effeithiol ac yn wydn.

Rwyf hefyd wedi gosod disgwyliaid clir ar gyfer gwelliannau mewn gofal brys yng Ngogledd Cymru – nid yw safonau lle rydw i, y cyhoedd na staff y GIG yn disgwyl nac eisiau iddynt fod. Mae pobl yn treulio'n rhy hir yn aros mewn adrannau argyfwng ar draws y rhanbarth, ac mae hynny'n effeithio ar eu profiad a'u canlyniadau.

Mae'r bwrdd iechyd yn cael cefnogaeth gan Lywodraeth Cymru, y rhaglen Chwe Nod ar gyfer Gofal Brys a Gofal mewn Argyfwng, a Pherfformiad a Gwella GIG Cymru i'w helpu i weithredu'r gwelliannau angenrheidiol i ansawdd a phrydlondeb ei wasanaethau gofal brys ac argyfwng, a phrofiad y bobl sy'n defnyddio ei wasanaethau.

Ym mis Tachwedd, [cyhoeddais y byddai tîm allanol o arbenigwyr](#) yn gweithio ochr yn ochr â Bwrdd Iechyd Prifysgol Betsi Cadwaladr i ddarparu cymorth a:

- Lleihau'r oedi wrth drosglwyddo cleifion o ambiwlansys, a gwella'r llif
- Lleihau'r amseroedd aros ar gyfer triniaeth wedi'i chynllunio a phroffion diagnostig
- Gwella'r amseroedd aros ar gyfer diagnosis a thriniaeth canser

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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

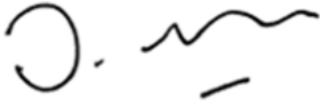
Gohebiaeth.Jeremy.Miles@llyw.cymru
Correspondence.Jeremy.Miles@gov.wales

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.

- Cryfhau llywodraethiant, sicrwydd a gallu arweinyddol ymhellach.

Yn gywir,

A handwritten signature in black ink, consisting of a large 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

Jeremy Miles AS/MS

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

P-06-1575 Amddiffyn gwasanaethau meddyg teulu ym Meddygfa'r Sarn, Pont-iets

Geiriad y ddeiseb:

Mae Meddygfa'r Sarn yn darparu gwasanaethau meddygol cyffredinol hanfodol i gleifion ym Mhont-iets a'r ardal wledig gyfagos. Bydd Bwrdd Iechyd Prifysgol Hywel Dda yn ystyried cynigion ar 29 Ionawr i adolygu'r trefniadau presennol a'r posibilrwydd o rannu cleifion rhwng practisau meddyg teulu cyfagos o 30 Mehefin 2026. Nid oes penderfyniad terfynol wedi'i wneud. Mae trigolion yn pryderu bod hyn yn eu gorfodi i deithio'n bellach ac yn amharu ar y parhad gofal iddynt. Mae'r deisebwyr yn gofyn i'r Senedd graffu ar y mater hwn cyn bod unrhyw benderfyniad yn cael ei wneud.

Gwybodaeth Ychwanegol:

Mae Meddygfa'r Sarn yn darparu gwasanaethau meddygol cyffredinol i gleifion ym Mhont-iets a'r ardal wledig gyfagos, gan gefnogi teuluoedd, trigolion hŷn, a'r rhai sydd â mynediad cyfyngedig at drafnidiaeth. Mae Bwrdd Iechyd Prifysgol Hywel Dda wedi cadarnhau y bydd yn ystyried y ffordd y caiff gwasanaethau eu darparu yn y dyfodol mewn cyfarfod Bwrdd ar 29 Ionawr. Mae papur yn argymhell adolygu'r trefniadau presennol ac yn cynnig rhannu cleifion rhwng practisau meddyg teulu cyfagos o 30 Mehefin 2026. Nid oes penderfyniad terfynol wedi'i wneud. Mae trigolion yn pryderu bod hyn yn eu gorfodi i deithio'n bellach, yn amharu ar y parhad gofal iddynt, ac yn rhoi mwy o bwysau ar bractisau cyfagos, gan effeithio ar gleifion hŷn ac agored i niwed yn arbennig. Mae'r deisebwyr yn gofyn i'r Senedd graffu ar y mater hwn i sicrhau y caiff barn y gymuned ei chlywed a bod effeithiau'n cael eu hystyried yn llawn cyn bod unrhyw benderfyniad yn cael ei wneud.

Etholaeth a Rhanbarth y Senedd

- Dwyrain Caerfyrddin a Dinefwr
- Canolbarth a Gorllewin Cymru

Evidence Submission to the Senedd Petitions Committee

Re: Proposed Closure of Meddygfa'r Sarn Surgery

Consultation by Hywel Dda University Health Board (Closing 6 April 2026)

1. Introduction

We submit this evidence as a newly formed community working group. We have had only a few weeks to gather documentation and analyse the available material. This submission therefore represents early-stage evidence and we anticipate providing a full report at the end of the Hywel Dda public engagement period.

This submission concerns the proposal by Hywel Dda University Health Board (HDUHB) to close Meddygfa'r Sarn Surgery, which currently serves approximately 4,300 patients (4,347 registered patients as confirmed in the January 2026 Board Paper, Figure 3).

We respectfully request that the Petitions Committee examine:

- The impact of the proposed closure on a rural and vulnerable population;
 - The adequacy, fairness and openness of the consultation process;
 - Whether closure is genuinely a last resort after alternatives have been explored;
 - The implications for democratic accountability and public confidence.
-

2. Background and Community Context

Meddygfa'r Sarn serves a rural population characterised by:

- Limited and infrequent public transport;
- High reliance on private vehicles for essential services;
- Pockets of deprivation;
- An ageing patient demographic.

The Welsh Index of Multiple Deprivation (WIMD 2019 & 2025) shows that access to services is consistently the worst scoring domain across all local LSOAs within the area.

Access to primary care in rural Wales is not a matter of convenience — it is a determinant of health equality.

3. Demographic Profile and Age Characteristics

The Health Board's own report (January 2026 Board Paper, Figure 3) confirms that Meddygfa'r Sarn serves 4,347 registered patients.

The age distribution demonstrates a significant proportion of patients within older age bands, particularly:

- 60–64
- 65–69
- 70–74
- 75–79
- 80+

The demographic profile is not weighted toward younger working-age adults but reflects a substantial older population cohort.

Older patients are statistically more likely to:

- Live with chronic conditions;
- Require more frequent GP contact;
- Experience mobility limitations;
- Be reliant on public transport or family support.

In this context, the removal of a locally accessible GP practice would disproportionately affect those with the greatest clinical need and the least travel flexibility.

Any decision to disperse the patient list should therefore include a clear, published assessment of the impact on older residents and those with age-related mobility or health challenges.

4. Strategic Planning and Population Growth

The Carmarthenshire Local Development Plan (2018–2033) provides for approximately 9,704 new homes, 550 within our area, over a 15-year period. Development is concentrated in key growth areas, with Service Centres identified to ensure sustainable communities.

Within the catchment of Meddygfa'r Sarn, designated Service Centres include:

- Pontyates/Meincau
- Trimsaran
- Pontyberem

The period 2018–2033 broadly overlaps with the period during which Meddygfa'r Sarn experienced instability under Health Board management.

While housing delivery has progressed — including development at Ffos Las and other sites — there has not been corresponding visible investment in primary care infrastructure. Over the Plan period some 550 new houses could be built without any increase in GP provision, with up to 93 new homes in Pontyates alone.

The issue extends beyond a single village and must be assessed across the wider catchment area.

The County Council has fulfilled its statutory duty to allocate sufficient land for housing. However, healthcare infrastructure planning must align with that growth. Withdrawing a GP surgery from a designated Service Centre during a period of population increase appears inconsistent with sustainable development principles.

Public bodies in Wales are subject to the Well-being of Future Generations (Wales) Act 2015. Decisions should support cohesive communities, prevention and long-term resilience. Closure risks undermining those objectives.

5. Impact on Vulnerable Patients and Transport Barriers

Redistribution of 4,300 patients to neighbouring practices would result in:

- Longer journey times;

- Increased missed appointments;
- Reduced preventative engagement;
- Deterioration in chronic condition management.

Bus services can be up to two hours apart, with last return journeys typically around 5:00–5:30pm.

Example journeys (from the existing surgery):

- Ashgrove – uphill walk, 30-minute bus, further 11-minute walk;
- Pontyberem (Coalbrook Road) – 38-minute bus, two buses for patients on the 197 route, plus walking;
- Minafon (Kidwelly) – multi-stage journey, approximately 3-hour round trip minimum.

The 08:00 call-back system is incompatible with these transport constraints.

For elderly, disabled, low-income patients or carers with children, these journeys are not merely inconvenient — they are often impracticable.

6. Pressure on Neighbouring Practices

The proposed redistribution of approximately 4,300 patients raises significant capacity and quality considerations.

The Health Board report acknowledges that Meddygfa'r Sarn is the smallest practice in the Cluster. However, it does not provide detailed comparative analysis demonstrating that neighbouring practices have confirmed workforce capacity, estate space, and governance resilience to absorb substantial additional demand without impacting access standards.

Recent inspection findings at neighbouring practices have identified governance, safeguarding, storage and workforce challenges. Four-week waits for face-to-face GP appointments have also been reported in the Cluster.

In this context, transferring a large patient cohort into already stretched environments risks compounding existing operational pressures.

It is notable that the merger option with Meddygfa Minafon was considered potentially viable by the Vacant Practice Panel but discounted due to concerns about configuration across multiple sites and required investment.

This suggests that continuation of services at Pontyates as part of a reconfigured cluster model was not inherently unworkable, but would require appropriate planning and resource alignment.

Closure and dispersal should not be regarded as the only sustainable outcome where alternative stabilisation or satellite arrangements could preserve local access while addressing workforce and estate challenges in a phased manner.

7. Workforce Recruitment and Locum Dependency

The Board report states that Meddygfa'r Sarn is "entirely locum-dependent" and that this presents a sustainability concern. It further notes that 49% of projected pay expenditure relates to locum GP sessions.

While reliance on locum GPs is clearly not ideal as a long-term model, it is important to consider this in the wider workforce context. Locum use is widespread across Wales due to national GP recruitment pressures.

The report does not provide:

- Comparative data on locum usage across other practices in the Amman Gwendraeth Cluster;
- Evidence that Meddygfa'r Sarn's locum reliance is materially higher than neighbouring practices;
- Analysis of whether temporary locum reliance could be stabilised through active recruitment or partnership models.

Following publicity about closure, four GPs contacted the community expressing interest. One has formally written to the Health Board considering to take on the practice as a partnership.

It is unclear why substantive GP roles have not been visibly advertised over the past year.

During engagement regarding the proposed closure of Meddygfa'r Sarn, one GP advised that they had expressed a willingness to support the practice. They stated "I volunteered to go there as part of my current role but the health board seem set in closing in". The GP further commented on the current staffing position, noting, "They are actually well staffed on 'permanent' locums, I am lead to believe and haven't advertised for permanent staff".

In the absence of comparative workforce data and transparent recruitment evidence, it is difficult to conclude that locum dependency alone justifies permanent dispersal of 4,300 patients.

8. Estates, Maintenance and Building Viability

Inspection reports in 2017 and 2018 identified maintenance and governance issues while the practice was under Health Board management. The 2018 follow-up noted repeated contact with the Health Board estates department, with many matters outstanding.

Landlord Position and Lease

We have engaged directly with the landlords.

They have informed us that:

- Certain issues cited in inspection reports were not formally raised with them;
- They would have been willing to rectify such matters if notified;
- Rent has not been increased for ten years;
- Lease expiry is not a barrier — they are willing to extend or renew without rent increase;
- They own adjacent land and would consider expansion proposals.

Under the lease, some maintenance responsibilities fall to the Health Board. Issues within its control appear not to have been resolved.

Flood Risk Clarification

While mapping by Natural Resources Wales identifies medium river flood risk in the wider area, the surgery itself has never flooded. It was purpose-built on a raised plinth specifically to mitigate flood risk.

Historic Functionality

The building operated effectively for many years prior to Health Board management. Having reviewed building plans and historical operation, it is difficult to conclude that the premises are inherently unsuitable.

The more plausible explanation is either under-utilisation of space or deficiencies in estate and operational management.

Closure appears disproportionate to remediable estate issues.

9. Managed List Dispersal and Pre-Consultation Recommendation

The Vacant Practice Panel report (October 2025) indicates that the preferred option was “managed list dispersal” of the Meddygfa’r Sarn patient list, with a proposed implementation date of 30 June 2026.

The report states:

“There have been strong indications given to the Health Board by Coalbrook Surgery in Pontyberem that they are proactively interested in growing their list sizes to future-proof their own sustainability...”

This wording suggests that Coalbrook Surgery approached the Health Board expressing interest in increasing its patient list to secure its own sustainability. We have been unofficially told that this formed a significant part of the rationale for recommending dispersal.

It is unclear whether all neighbouring practices potentially affected by redistribution were formally consulted prior to the recommendation.

The report refers specifically to “strong indications” from Coalbrook Surgery but does not provide equivalent documentation evidencing feedback or structured consultation with other practices.

A managed dispersal of 4,300 patients would have material operational, workforce, governance and estate implications for multiple practices. It is difficult to understand how a recommendation could properly be formed without documented consultation with all affected providers.

We have also been informed that Coalbrook Surgery is not yet operationally ready to absorb additional patients, with building works still required before expansion can take place.

Patients of Meddygfa'r Sarn were not consulted prior to this recommendation being advanced.

A specific implementation date appears to have been identified prior to completion of public consultation.

Once patients are transferred to an independent contractor practice, they are no longer part of a Health Board-managed service. While oversight mechanisms exist, operational responsibility shifts to the contractor. This alters the governance relationship between patient and Health Board.

10. Internal Audit Findings and Strategic Context

An Internal Audit report (Managed Practices Final Report 2025/26) provided only “Reasonable” overall assurance, with “Limited” assurance regarding strategic planning for transitioning managed practices back to commissioned services.

The audit noted:

- The strategic vision for managed practices requires updating;
- It is unclear what the current strategic plans are;
- Risk management and financial oversight arrangements require improvement;
- Budgets are based on historic allocations not aligned to current requirements;
- Incomplete complaints oversight arrangements;
- Inconsistent risk management processes.

The audit also confirmed:

“A recommendation following a Vacant Practice Panel for Meddygfa'r Sarn will be considered by Board in January 2026.”

This indicates that a formal recommendation had progressed through internal governance mechanisms before public engagement commenced.

A major service change affecting over 4,000 patients should sit within a clearly articulated and updated managed practice strategy supported by robust alternatives appraisal.

11. Consultation, Engagement and Process Integrity

Concerns include:

- Internal recommendation progressing prior to public engagement;
- Consultation focusing on redistribution and mitigation rather than alternatives;
- Hywell Dda Survey design; requesting extensive equality data without clear explanation of safeguards; deterring participation. Community feedback indicates that; the approach was perceived as overly intrusive and appeared to focus more on data collection than on understanding the patient's perspective.
- Proposal becoming widely known via social media;
- Landlords reportedly not directly notified prior to publication;
- Possible cessation of blood collection services prior to consultation conclusion (unverified but concerning if accurate).

Correspondence from Llais West Wales (28 January 2026) stated:

- No prior conversations with the community regarding challenges at Meddygfa'r Sarn;
- The public had not been given opportunity to hear directly from the Health Board regarding findings;
- A Board decision at that stage would be premature and inconsistent with engagement duties.

These concerns align with those expressed locally.

12. Statutory Duties under the Well-being of Future Generations (Wales) Act 2015

The Act places statutory duties on public bodies including local health boards to apply five "ways of working":

1. Long-term
2. Prevention
3. Integration

4. Collaboration
5. Involvement

Application to this proposal raises questions regarding:

- Adequate long-term impact assessment;
- Prevention of worsening health inequalities;
- Integration with housing, transport and social care planning;
- Meaningful collaboration with stakeholders;
- Inclusive involvement of affected communities.

Failure to meaningfully demonstrate compliance risks undermining legal robustness.

13. Wider Welsh GP Context

The Wales Save Our Surgeries campaign reports:

- 100 practices closed since 2012;
- GP funding reduced by approximately 2.6% since 2005;
- 48% of GPs report compromised care due to workload;
- 95% feel negatively about the future of Welsh general practice.

This proposal must be viewed within that systemic context.

14. Community Engagement and Public Concern

The proposal has generated:

- Petition signatures submitted to this Committee;
- Public meetings;
- A dedicated Community Working Group and Volunteers group;
- Representations from local councillors who state they have “lost all confidence” in the process and warn that an independently overseen consultation may be required. <https://www.pressreader.com/uk/south-wales-evening-post/20260217/281629606728704>

There is strong local perception that the surgery is essential and viable.

15. Request to the Committee

We respectfully request that the Petitions Committee:

- Seek clarification regarding timing of the internal recommendation;
- Examine whether consultation meets required standards of fairness and openness;
- Assess whether estate and workforce alternatives have been properly explored;
- Consider whether independent review is warranted;
- Ensure rural access, housing growth and inequality impacts are fully assessed before any final decision.

This submission is provided in good faith and reflects the best evidence available at this early stage. We remain willing to provide further documentation as it becomes available.

P-06-1560 Adfer darpariaeth toiledau un rhyw mewn lleoliadau addysgol

Y Pwyllgor Deisebau | 2 Mawrth 2026
Petitions Committee | 2 March 2026

Cyfeirnod: RS26/13165

Cyflwyniad

Rhif y ddeiseb: [P-06-1560](#)

Teitl y ddeiseb: Adfer darpariaeth toiledau un rhyw mewn lleoliadau addysgol

Geiriad y ddeiseb: Yn ôl y gyfraith, mae'n ofynnol i bob ysgol ddarparu cyfleusterau toiled ar wahân i fechgyn a merched. Fodd bynnag, nid yw hyn wedi'i ddilyn, gyda llawer o ysgolion yn newid cyfleusterau i fannau cymysg rhyw ar y cyd. Ar ôl eglurhad diweddar y Goruchaf Lys bod rhyw yn fiolegol, mae angen adfer y manau un rhyw hyn a chynnal y gyfraith.

Toiledau ysgol Llywodraeth Cymru: Mae canllaw arfer da ar gyfer ysgolion yng Nghymru yn 2012 yn nodi bod rheoliadau'n ei gwneud yn ofynnol i fannau toiled ar wahân gael eu defnyddio ar gyfer dysgwyr gwrywaidd a benywaidd.

<https://www.llyw.cymru/sites/default/files/publications/2018-03/toiledau-ysgol-canllaw-arfer-da-ar-gyfer-ysgolion-yng-nghymru.pdf>

Fodd bynnag, mae ysgolion wedi cael caniatâd i anwybyddu'r gyfraith a'u disodli â thoiledau cymysg rhyw ar y cyd. Mae plant wedi bod yn dal ac yn osgoi defnyddio'r toiledau rhyw cymysg. Mae rhai yn osgoi'r ysgol yn gyfan gwbl yn



enwedig merched ar eu mislif. A pheidio ag yfed i osgoi mynd i'r toiled, gan arwain at broblemau iechyd fel haint ar y bledren.

<https://www.walesonline.co.uk/news/education/pupils-missing-school-because-dont-15839558.amp>

Ymchwil: "Mixed sex toilets in Wales' schools – breaking the law" - 2024.

<https://merchedcymru.wales/2024/01/24/mixed-sex-toilets-in-wales-schools-breaking-the-law/>

Mae'r testun a ddarperir uchod yn cael ei gyflwyno gan y deisebydd. Mae'r tîm deisebau yn gwneud pob ymdrech i sicrhau ei fod yn cadw ei lais dilys. Nid yw'r testun hwn wedi'i wirio am gywirdeb, neu wallau, a gall gynnwys barn neu honiadau heb eu gwirio.

1. Cyfleusterau toiled y mae'n rhaid i ysgolion eu darparu

Mae Rhan 2 o'r Rheoliadau Addysg (Mangreoedd Ysgolion) 1999 yn ymwneud â 'chyfleusterau ysgol'. Mae Rheoliad 3 yn nodi gofynion sy'n ymwneud ag 'ystafelloedd ymolchi i ddisgyblion', gan ddweud y bydd cyfleusterau ym mhob ysgol sy'n ddigonol ac yn ystyried oedrannau, rhywedd a nifer y disgyblion, ac unrhyw ofynion arbennig perthnasol a allai fod ganddynt.

Gan gyfeirio at gyfleusterau ystafelloedd ymolchi mae'r rheoliadau hyn yn dweud, ac eithrio fel y darperir yn rheoliad 4(3) (ar gyfer anghenion pobl anabl sy'n defnyddio'r safle), **“washrooms for male and female pupils who have attained the age of 8 years shall be separate.”**

Gellir crynhoi'r sefyllfa bresennol fel a ganlyn:

- Gellir darparu toiledau neillryw mewn ysgolion fel yr unig gyfleuster ystafell ymolchi i blant dan wyth oed.
- Er y gellir darparu toiledau neill ryw, rhaid bod toiledau ar wahân ar gael i ddisgyblion gwrywaidd a benywaidd wyth oed a hŷn.

Cadarnheir hyn gan Ysgrifennydd y Cabinet dros Addysg yn ei hymateb i'r ddeiseb hon, lle mae'n dweud:

Hoffwn egluro ei bod yn ofynnol yn gyfreithiol i ysgolion yng Nghymru ddarparu ystafelloedd ymolchi un rhyw ar wahân i fechgyn a merched wyth oed a hŷn, fel y nodir yn Rheoliadau Addysg (Adeiladau Ysgol) 1999. Rhaid i awdurdodau lleol, awdurdodau esgobaethol, ysgolion a chyrff llywodraethu sicrhau eu bod yn cydymffurfio â'r ddeddfwriaeth sy'n llywodraethu darparu a dylunio toiledau. [Fy mhwyslais i yw'r print trwm]

1.1. Canllawiau presennol o ran toiledau ysgol

Yn 2012, cyhoeddodd Llywodraeth Cymru ganllawiau arfer da o ran toiledau ysgol ar gyfer ysgolion yng Nghymru. Mae'n nodi fel a ganlyn:

Mae'r rheoliadau hefyd yn ei gwneud yn ofynnol i ysgolion gael ardaloedd toiled ar wahân ar gyfer bechgyn a merched dros wyth oed. Ni ddylai fod troethfeydd mewn toiledau merched.

Mae'n rhaid i doiledau staff, ac eithrio rhai a gynlluniwyd ar gyfer mynediad i'r anabl, fod ar wahân i doiledau dysgwyr.

Mae'n mynd ymlaen i ddweud:

Mae'r rheoliadau a'r canllawiau anstatudol a gynigir gan Gylchlythyr 15/99 y Swyddfa Gymreig wedi'u hanelu at awdurdodau lleol (ALLau) ac maen nhw'n nodi materion megis nifer y toiledau sydd eu hangen mewn ysgol yn dibynnu ar oedran a nifer y dysgwyr; gwahanu a lleoli'r cyfleusterau hyn yn dibynnu ar oedran a rhyw dysgwyr; a maint y cyfleusterau o fewn toiledau ysgol.

Mewn ateb i [gwestiwn ysgrifenedig yn 2023](#), dywedodd Llywodraeth Cymru:

The Education (School Premises) Regulations 1999 specify separate washrooms for male and female pupils over the age of 8. Gender-neutral toilets can be provided alongside single-sex toilets.

The provision and design of toilets, changing rooms and washing facilities for pupils is a matter for the school and local authority. The Welsh Government provides advice for governing bodies and head teachers on the facilities required: [school toilets good practice guidance](#).

Schools conducting a school-based consultation with learners will help ensure the needs of all pupils are met within new buildings and in making any changes to provision.

Cafodd [canllawiau drafft Llywodraeth y DU ar 'gadw plant yn ddiogel mewn ysgolion'](#) yn Lloegr eu cyhoeddi ar gyfer ymgynghoriad ar 12 Chwefror 2026. Dywed paragraff 106 o'r canllawiau drafft:

Schools must provide separate toilets for boys and girls aged 8 and over (apart from where individual toilets are in a room that can be locked from the inside, intended for use by one pupil at a time).

Mae paragraffau 108-111 yn darparu gwybodaeth ychwanegol.

1.2. Canllawiau gwrth-fwlio diwygiedig disgwylidig

Yn ei phapur mewn ymateb i'r ddeiseb hon mae'r Ysgrifennydd Cabinet yn cyfeirio at y canlynol:

Gofynnwyd y canlynol yn yr ymgynghoriad yn 2025 ar y canllawiau gwrth-fwlio Hawliau, parch, cydraddoldeb: "I ba raddau ydych chi'n cytuno y dylid diwygio Rheoliadau Addysg (Mangreuedd Ysgolion) 1999 i wneud yn glir y caiff ysgolion ddarparu toiledau rhywedd-niwtral yn ogystal â thoiledau ar wahân ar sail rhyw?". Dadansoddwyd yr ymatebion i'r ymgynghoriad a'u cyhoeddi ar wefan Llywodraeth Cymru. Bydd fersiwn derfynol y canllawiau gwrth-fwlio Hawliau, parch, cydraddoldeb yn cael ei chyhoeddi cyn diwedd tymor y llywodraeth hon.

Mae canlyniad yr ymgynghoriad ar fersiwn ddiwygiedig [Canllawiau Gwrthfwlio Hawliau, Parch, Cydraddoldeb](#), a gyhoeddwyd ym mis Gorffennaf 2025, yn cynnwys sawl cyfeiriad at doiledau ysgol.

Ynndo, cytunodd 64% o'r ymatebwyr yn gryf pan ofynnwyd "I ba raddau yr ydych yn cytuno y dylid diwygio Rheoliadau Addysg (Adeiladau Ysgolion) 1999 i wneud yn glir y gall ysgolion ddarparu toiledau niwtral o ran rhywedd yn ogystal â thoiledau sydd wedi'u gwahanu ar sail rhyw?". Mae dogfen canlyniadau'r ymgynghoriad yn nodi bod 'safbwyntiau'n tueddu i fod yn wahanol' ar y cwestiwn hwn. Dim ond 9% o'r ymatebwyr oedd o'r farn y dylai pob toiled fod yn niwtral o ran rhywedd.

1.3. Canllawiau eraill sydd ar ddod

Mewn diweddariad ym mis Ionawr 2026 i'r [Cynllun Gweithredu LHDTc+ Cymru: diweddariad ar gynnydd 2024 i 2025](#), rhoddodd Llywodraeth Cymru ddiweddariad ar y camau i ddarparu canllawiau traws cenedlaethol ar gyfer ysgolion ac awdurdodau lleol. Dywed:

"Mae gwaith yn mynd rhagddo i ymgysylltu ag ystod ehangach o rieni i sicrhau bod y canllawiau drafft yn ystyried eu blaenoriaethau'n llawn. Mae swyddogion yn gweithio i sicrhau bod y canllawiau'n barod ar gyfer Llywodraeth newydd ym mis Mai 2026 a byddant mewn sefyllfa i gadarnhau eu bod yn deillio o ymgysylltu cynhwysfawr ac yn gwbl gyfredol â'r sefyllfa gyfreithiol ddiweddaraf a Chod Ymarfer terfynol y Comisiwn Cydraddoldeb a Hawliau Dynol.

2. Deddfwriaeth cydraddoldeb

Mae Rhan 6 o [Ddeddf Cydraddoldeb 2010](#) ("y Ddeddf") yn ymwneud ag addysg ac yn gymwys i bob ysgol a gynhelir gan awdurdod lleol ac phob ysgol annibynnol. Mae Adran 85 yn ymwneud â thrin disgyblion. Mae'n dweud na ddylai corff cyfrifol ysgol o'r fath wahaniaethu yn erbyn disgybl, gan gynnwys ymhlith pethau eraill:

- yn y ffordd y mae'n rhoi mynediad i'r disgybl at fudd-dal, cyfleuster neu wasanaeth;
- drwy beidio â rhoi mynediad i'r disgybl at fudd-dal, cyfleuster neu wasanaeth.

Mae Adran 85 (6) yn cyfeirio at y ffaith bod dyletswydd i wneud addasiadau rhesymol yn berthnasol i gorff cyfrifol ysgol o'r fath.

Goblygiadau dyfarniad y Goruchaf Lys i ysgolion

Ym mis Ebrill 2025, roedd [dyfarniad Goruchaf Lys y DU ar ystyr 'rhyw' yn Neddf Cydraddoldeb 2010](#) yn dyfarnu bod cyfeiriadau at 'rhyw', 'dyn' a 'menyw' yn y Ddeddf yn cyfeirio at ryw biolegol (rhyw person ar adeg geni).

Mae gan y dyfarniad hwn oblygiadau i ysgolion, gan gynnwys sut mae ysgolion yn rheoli mynediad at fannau un rhyw. Rhaid i fynediad fod yn seiliedig nawr ar **ryw biolegol**, nid hunaniaeth rhywedd.

Mae gwefan y Comisiwn Cydraddoldeb a Hawliau Dynol yn nodi ei fod wedi ymgynghori ddwywaith ar [god ymarfer ar gyfer gwasanaethau, swyddogaethau cyhoeddus a chymdeithasau](#) yn ystod 2025. Yn tro cyntaf cyn dyfarniad y Goruchaf Lys ac ail ymgynghoriad yn dilyn y dyfarniad. Mae'r ail [god ymgynghori 2025: newidiadau i bennod 13](#) yn cynnwys adran ar wasanaethau ar wahân ac un rhyw, sy'n cynnwys enghreifftiau sy'n ymwneud â darparu toiledau. Nid yw'r rhain yn cynnwys cyfeiriad at ddarpariaeth mewn ysgolion.

Yn y cyfnod interim rhwng y ddau ymgynghoriad, roedd gan wefan y Comisiwn Cydraddoldeb a Hawliau Dynol adran ar [ddyfarniad Goruchaf Lys y DU ar ystyr rhyw yn y Ddeddf Cydraddoldeb: ein gwaith ni](#), a oedd yn cynnwys 'diweddariad interim' o fis Ebrill 2025 a ddywedodd:

Schools in England and Wales must provide separate single-sex toilets for boys and girls over the age of 8. It is also compulsory for them to provide single-sex changing facilities for boys and girls over the age of 11. [...] Pupils who identify as trans girls

(biological boys) should not be permitted to use the girls' toilet or changing facilities, and pupils who identify as trans boys (biological girls) should not be permitted to use the boys' toilet or changing facilities. Suitable alternative provisions may be required.

Aeth ymlaen i ddweud:

The consultation on proposed changes to our code of practice for services, public functions and associations (Code of Practice), resulting from the UK Supreme Court judgment, closed on 30 June 2025. We are reviewing the consultation responses received and will produce a revised Code of Practice in due course.

Mae'r testun hwn wedi'i ddileu ers hynny i gyfeirio at gau'r ail ymgynghoriad ar y cod ymarfer ac [ar hyn o bryd mae'n datgan](#):

Cyflwynwyd y cod drafft i'r Gweinidog dros Fenywod a Chydraddoldeb i'w gymeradwyo ar 4 Medi 2025. Y cam nesaf yw i osod y cod drafft, fel y cymeradwywyd ganddi, gerbron Senedd y DU.

Ar 15 Hydref 2025, ysgrifennom at y gweinidog i ofyn am:

- diweddariad ar y broses honno

- i ddirymu fersiwn 2011 o'r cod, gan ei fod bellach wedi dyddio mewn gwahanol agweddau

Safbwynt Llywodraeth Cymru ar ddyfarniad y Goruchaf Lys

Yn dilyn y dyfarniad ac yn y Cyfarfod Llawn ym mis Mai 2025, [ymatebodd y Cwnsler Cyffredinol i gwestiwn](#) a oedd yn cynnwys cyfeiriad at doiledau niwtral o ran rhywedd yn yr ysgol ac a fyddai Llywodraeth Cymru yn darparu canllawiau pellach i ysgolion "i sicrhau y bydd y mannau niwtral hyn o ran rhywedd yn cael eu diddymu?". Cyfeiriodd y Cwnsler Cyffredinol at ddyfarniad y Goruchaf Lys, a dywedodd:

Y cyfan maen nhw'n ei wneud yw tynnu sylw at y ffaith, at ddibenion mannau un rhyw, bod rhyw biolegol yn cyfrif. Ond ni nodwyd gofyniad penodol i gael gwared ar fannau niwtral o ran rhywedd, ac ni fyddwn ni'n edrych ar hynny.

Mewn ymateb i ymateb i gais Rhyddid Gwybodaeth, a gyhoeddwyd ym mis Gorffennaf 2025, ymatebodd Llywodraeth Cymru i'r cwestiwn:

Please indicate whether, in practice, trans girls aged eight and over may use facilities designated "girls"

Ymatebodd Llywodraeth Cymru, gan ddweud:

*The consultation on the updated guidance anti-bullying guidance, Rights, Respect, Equality, includes questions relating to amendments to the Education (School Premises) Regulations 1999 ("the 1999 Regulations"). **We propose to make very limited amendments to the 1999 Regulations so that schools are allowed (but not required) to provide gender neutral toilets.** This is alongside the existing requirement for schools to provide sex separate toilets for learners aged 8 and above. This maintains the requirement to provide single sex toilets and alongside this gives flexibility for schools to provide a range of toilet provision that will help ensure all learners are safe and comfortable using a toilet in school.*

- The Education (School Premises) Regulations currently specify separate washrooms for male and female pupils over the age of 8.*
- The provision and design of toilets, changing rooms and washing facilities for pupils is a matter for the school and local authority.*
- All children and young people need access to a school toilet that they comfortable to use.*
- Many schools in Wales make gender neutral toilets available to learners for a range of reasons.*

This can include to address behaviours that can impact health and wellbeing, for example, bullying or smoking. This flexibility of choice means that learners who do not feel comfortable in sex separate toilets are provided with a toilet that they able to use. This can be provided as a choice open to all learners. This provision can be particularly beneficial for learners who are trans, non-binary or gender questioning. [Saesneg yn unig. Ein pwyslais ni yw'r print trwm]

Mae'r briff hwn eisoes wedi amlinellu, yn ymateb ysgrifenedig yr Ysgrifennydd Cabinet i'r ddeiseb hon, fod Lynne Neagle AS yn dweud y bydd y canllawiau

gwrth-fwlio sydd wedi'u diweddarau, sef Hawliau, Parch, Cydraddoldeb, yn cael eu cyhoeddi cyn diwedd y tymor llywodraeth hwn.

Ar 22 Hydref 2025 roedd Jane Hutt, y Prif Chwip, eisoes wedi [cyfeirio at yr ymgynghoriad ar god ymarfer y Comisiwn Cydraddoldeb a Hawliau Dynol ar gyfer cyrff cyhoeddus yn y Cyfarfod Llawn](#), gan ddweud:

Ysgrifennodd y Gweinidog dros Fenywod a Chydraddoldeb a'r Ysgrifennydd Gwladol dros Addysg ataf ar 12 Hydref. O dan adran 14 yn y Ddeddf Cydraddoldeb, mae'n ofynnol i'r Ysgrifennydd Gwladol ymgynghori â Gweinidogion Cymru cyn cymeradwyo cod ymarfer drafft. Bydd y cod ymarfer yn diweddarau'r gofynion ar gyfer cydymffurfio o fewn swyddogaethau a gwasanaethau cyhoeddus. Felly, mae hynny'n ddiweddariad pwysig i'r Aelod sy'n cyflwyno'r ddadl hon, ac i'r Siambr heddiw. Cawsom y cod drafft ar 16 Hydref, a byddwn yn darparu'r ymateb priodol i gais Llywodraeth y DU.

Ar 2 Chwefror 2026, dywedodd Llywodraeth y DU ei bod [yn dal i adolygu'r Cod Canllawiau](#).

Hefyd, ar 2 Chwefror gofynnwyd i Lywodraeth y DU:

To ask His Majesty's Government whether they responded to the Equality and Human Rights Commission's Code of Practice for Services, Public Functions and Associations after consultation with the Scottish and Welsh Governments; whether they responded on 30 June 2025; and if not, on which date they responded.

Ymatebodd y Farwnes Smith o Malvern, gan [ddweud](#):

Consultation with Welsh and Scottish Ministers is required if, or in so far as, the Code relates to a duty imposed by or under the Public Sector Equality Duty. As part of the consultation, the draft Code has been shared with the Devolved Administrations.

Darperir diweddariadau pellach ar y drafodaeth ar ddyfarniad y Goruchaf Lys yn y Senedd yn Adran 5 o'r crynodeb hwn.

3. Adroddiadau eraill

- Mae Merched Cymru yn disgrifio ei hun fel 'grŵp llawr gwlad o fenywod cyffredin o bob cwr o Gymru sy'n gweithio i amddiffyn a chryfhau

hawliau sy'n seiliedig ar ryw menywod a merched'. Cyfeirir at yr [adroddiad](#) 'Toiledau rhyw cymysg yn ysgolion Cymru' yn y ddeiseb hon.

- Mae tudalen 18 o'r ddogfen hon: [Sex and gender identity: keep your pupils safe and comply with the law - for schools in Wales](#) yn cyfeirio at gyfleusterau newid. Fe'i cynhyrchwyd gan sefydliad ymgyrchu o'r enw Sex Matters ac nid yw'n ddogfen swyddogol.

4. Cwynion ysgolion

Mae [canllawiau Llywodraeth Cymru ar weithdrefnau cwyno ysgolion](#) yn ei gwneud yn ofynnol i bob ysgol sefydlu a chyhoeddi gweithdrefn ar gyfer ymdrin â chwynion am yr ysgol, neu am unrhyw gyfleusterau neu wasanaethau y mae'r corff llywodraethu yn eu darparu er budd disgyblion, eu teuluoedd, neu bobl sy'n byw neu'n gweithio yn ardal yr ysgol. Gall rhieni / gofalwyr, disgyblion, aelodau o staff, aelodau'r gymuned leol, llywodraethwyr, neu unrhyw un arall sydd â diddordeb yn yr ysgol gyflwyno cwyn, yn unol â'r [canllawiau](#).

5. Gwaith craffu yn y Senedd

Nid oes unrhyw waith craffu penodol gan bwyllgor wedi bod ar y ddarpariaeth na'r trefniadau ar gyfer toiledau ysgol. Gall adroddiad 2022 gan y Pwyllgor Plant, Pobl Ifanc ac Addysg gynnwys themâu perthnasol: [Aflonyddu rhywiol rhwng cyfoedion ymhlith dysgwyr](#). Edrychodd ar ystod eang o faterion ond nid oedd yn cyfeirio'n benodol at gyfleusterau. Mae'n cyfeirio at adroddiad 2021 Estyn, sef [Dydyn ni ddim yn dweud wrth ein hathrawon - Profiadau o aflonyddu rhywiol rhwng cyfoedion ymhlith disgyblion ysgolion uwchradd yng Nghymru](#). Unwaith eto, mae hyn yn edrych ar faterion ehangach ac nid yw'n sôn am gyfleusterau.

Yn y Cyfarfod Llawn, gofynnwyd y cwestiynau a ganlyn yn ddiweddar:

- Ym mis Hydref 2025, [gofynnodd Altaf Hussain AS](#), Ysgrifennydd y Cabinet dros Gyfiawnder Cymdeithasol, y Trefnydd a'r Prif Chwip, a fyddai Llywodraeth Cymru yn "ymrwymo nawr i gyhoeddi canllawiau i bob corff cyhoeddus yng Nghymru, gan ei gwneud yn glir na all aelodau o'r rhyw arall ddefnyddio gofodau un rhyw, pa un a ydynt yn meddu ar dystysgrif cydnabod rhywedd ai peidio?"
- Hefyd ym mis Hydref 2025, cododd Laura Ann Jones AS [y mater o doiledau ysgol](#), gan ddweud bod angen "rhoi canllawiau priodol i ysgolion. Ni ddylai plant gael eu heffeithio gan wrthdaro ideolegol. Dylid

dysgu ffeithiau iddynt. Rhaid i ysgolion ddarparu toiledau ac ystafelloedd newid ar wahân i fechgyn a merched, fel y mae'r gyfraith yn ei gwneud yn ofynnol iddynt ei wneud, a thoiledau i bawb.”

- Ar 11 Chwefror 2026, holodd Natahsa Asghar AS ynghylch y safbwynt diweddaraf ar ymateb Llywodraeth Cymru i ddyfarniad y Goruchaf Lys. Dywedodd Ysgrifennydd y Cabinet dros Gyfiawnder Cymdeithasol, y Trefnydd a'r Prif Chwip ei bod wedi:

...cyfarfod â chadeirydd newydd y Comisiwn Cydraddoldeb a Hawliau Dynol (CCHD) ar gyfer y DU, Dr Mary-Ann Stephenson, i drafod nifer o faterion, gan gynnwys goblygiadau dyfarniad y Goruchaf Lys a chod ymarfer CCHD sydd ar y ffordd. Felly, gallai hynny roi rhywfaint o sicrwydd i chi, y ffaith fy mod wedi cyfarfod â hi. Ac rwy'n dweud eto, fel y dywedais o'r blaen, fy mod yn glir y bydd Llywodraeth Cymru'n cydymffurfio'n llawn â'r cod ymarfer wedi iddo gael ei gyhoeddi.

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

Lynne Neagle AS/MS
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education



Llywodraeth Cymru
Welsh Government

Ein cyf/ Our ref LN/00013/26

Carolyn Thomas AS
Cadeirydd y Pwyllgor Deisebau

09 Chwefror 2026

Annwyl Carolyn,

Diolch ichi am eich llythyr dyddiedig 6 Ionawr 2026 ynghylch Deiseb P-06-1560: Adfer darpariaeth toiledau un rhyw mewn lleoliadau addysgol.

Rwy'n gwerthfawrogi'r pryderon a godwyd gan y ddeiseb ynghylch darparu toiledau un rhyw mewn ysgolion, ac rwy'n ymwybodol o adroddiad Merched Cymru. Hoffwn egluro ei bod yn ofynnol yn gyfreithiol i ysgolion yng Nghymru ddarparu ystafelloedd ymolchi un rhyw ar wahân i fechgyn a merched wyth oed a hŷn, fel y nodir yn [Rheoliadau Addysg \(Adeiladau Ysgol\) 1999](#). Rhaid i awdurdodau lleol, awdurdodau esgobaethol, ysgolion a chyrrff llywodraethu sicrhau eu bod yn cydymffurfio â'r ddeddfwriaeth sy'n llywodraethu darparu a dylunio toiledau.

Gofynnwyd y canlynol yn yr ymgynghoriad yn 2025 ar y canllawiau gwrth-fwlio *Hawliau, parch, cydraddoldeb*: "*I ba raddau ydych chi'n cytuno y dylid diwygio Rheoliadau Addysg (Mangreuedd Ysgolion) 1999 i wneud yn glir y caiff ysgolion ddarparu toiledau rhywedd-niwtral yn ogystal â thoiledau ar wahân ar sail rhyw?*". Dadansoddwyd yr ymatebion i'r ymgynghoriad a'u cyhoeddi ar [wefan Llywodraeth Cymru](#). Bydd fersiwn derfynol y canllawiau gwrth-fwlio *Hawliau, parch, cydraddoldeb* yn cael ei chyhoeddi cyn diwedd tymor y llywodraeth hon.

Rwy'n disgwyl i gyrff llywodraethu ysgolion ddatblygu polisïau synhwyrol ar gyfer defnyddio toiledau yn ystod y diwrnod ysgol sy'n ystyried anghenion disgyblion. Mae'n bwysig bod pob dysgwyr yn teimlo'n ddiogel i ddefnyddio cyfleusterau toiled ar unrhyw adeg.

Pan fo pryderon am ddarpariaeth toiledau mewn ysgolion, mae dulliau lleol ar gael a all fod yn effeithiol i'w datrys, megis adborth i'r pennaeth neu'r corff llywodraethu neu drwy weithdrefn gwyno ffurfiol yr ysgol lle bo angen.

Yn gywir,

Lynne Neagle AS/MS
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

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

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Gohebiaeth.Lynne.Neagle@llyw.cymru
Correspondence.Lynne.Neagle@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn y Gymraeg. Byddwn yn ateb i ohebiaeth a dderbynnir yn Gymraeg yn yr un iaith ac ni fydd gohebu yn y Gymraeg yn arwain at oedi.

Tudalen y pecyn 98
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.

Dear Petition Committee,

Thank you for the opportunity to comment further on the Minister's response regarding Petition P-06-1560: Reinstate single sex toilet provision in educational settings.

Having carefully considered the letter from Lynne Neagle MS, I do not believe the response adequately addresses the substance or urgency of the concerns raised.

1. Existing Law Is Clear – Yet Not Being Enforced

The Minister correctly states that under The Education (School Premises) Regulations 1999, schools in Wales are legally required to provide separate single-sex toilet facilities for boys and girls aged eight and over.

The Equality and Human Rights Commission has also clearly stated that schools in England and Wales must provide separate single-sex toilets for boys and girls over eight, and separate single-sex changing facilities over eleven.

However, the core issue raised in this petition is that many schools are not complying with this law. A number of schools have removed single-sex facilities entirely and replaced them with mixed-sex provision. In such cases, schools are operating in breach of the 1999 Regulations.

The Minister's letter reiterates what the law says, but does not address enforcement, oversight, or what action will be taken where schools are not complying.

2. “Gender Neutral” Is Not Neutral – It Is Mixed Sex

The 2025 consultation question referred to whether schools “may provide gender-neutral toilets in addition to sex-separated toilets.”

In practice, so-called “gender neutral” toilets in many schools are mixed-sex communal facilities. They are not neutral in any meaningful sense; they remove sex-separated provision. The summary of responses to Rights, Respect, Equality Anti-bullying Guidance Consultation made it clear that this is an area where there was little shared understanding, with some respondents assuming that all such provision would be in the form of fully enclosed, single user, lockable rooms (a legally compliant solution) whereas in practice it has been implemented as cubicles in shared spaces.

The evidence gathered by Merched Cymru through its School Toilets Campaign documents cases where girls report feeling unsafe, embarrassed, or avoiding toilet use entirely in mixed-sex facilities. Avoidance has clear safeguarding and health implications.

This is not a theoretical concern. It is a practical and documented one.

3. Legal Developments Strengthen the Case for Compliance

Recent rulings by the Supreme Court of the United Kingdom, alongside relevant High Court judgments, have reaffirmed the importance of clarity around sex in law and policy. These rulings underscore that where legislation specifies sex-based provision, it must be interpreted and applied accordingly.

[For Women Scotland v The Scottish Ministers <https://supremecourt.uk/cases/uksc-2024-0042>

Good Law Project Ltd v Commission for Equality & Human Rights <https://www.judiciary.uk/wp-content/uploads/2026/02/good-law-project-EHRC-AC-2025-1953-judgment-13Feb26.pdf>]

There should therefore be no delay in ensuring compliance with the 1999 Regulations. Awaiting updated guidance is not a lawful basis for non-compliance with existing statutory duties.

4. “In Addition To” Is Not What Is Happening

Even in schools that retain some single-sex toilets alongside mixed-sex facilities, there are practical inequities.

Tudalen y pecyn 99

Evidence from Merched Cymru indicates that single-sex toilets are often fewer in number and located further away from main teaching areas. This disproportionately affects girls, who are statistically more likely to need timely access to toilet facilities, particularly during menstruation.

Placing single-sex provision at a distance while situating mixed-sex facilities centrally effectively disadvantages girls in practice, even where technical compliance may be claimed.

5. Safeguarding and Staff Burden

In schools with open mixed-sex facilities, staff are frequently required to supervise entrances to prevent misconduct. The need for constant teacher presence at toilet entrances indicates that such arrangements are not functioning as safely or smoothly as suggested.

If facilities require ongoing adult monitoring to maintain order and safety, this raises serious questions about their suitability and sustainability.

6. Local Resolution Is Not Sufficient

The Minister suggests concerns may be resolved locally through headteachers, governing bodies, or complaints procedures.

However, where there is systemic non-compliance with statutory regulations, this is not a matter that should depend on individual parents or pupils pursuing complaints school by school.

The duty to comply with The Education (School Premises) Regulations 1999 rests with responsible authorities. Enforcement and clarity should come from government, not through piecemeal local disputes.

Conclusion

- The Minister's response restates existing law but does not address:
- The widespread evidence of non-compliance.
- The safeguarding and dignity concerns raised by girls.
- The implications of recent court rulings reinforcing sex-based legal protections.
- The need for proactive enforcement rather than reliance on local complaints.
- The responsibility of Welsh Government to direct and monitor that the bodies and organisations it creates, supervises and funds to provide public services operate within the law and to clearly set out procedures for monitoring and enforcement.

For these reasons, I do not consider the response adequate. I respectfully ask the Committee to continue scrutiny of this matter and to seek clarification from the Welsh Government on:

- How compliance with the 1999 Regulations is being monitored and enforced.
- What action will be taken where schools have removed single-sex provision.
- Whether clear direction will be issued confirming that mixed-sex facilities cannot replace required single-sex toilets.

This issue concerns dignity, privacy, safeguarding, and legal compliance. It warrants clear and decisive action rather than reliance on future guidance or localised approaches.

Thank you for your consideration.

Yours sincerely,
H Rowley

P-06-1570 Cyflwyno Cyfraith Martha yng Nghymru i warantu hawl cleifion a theuluoedd i gael ail farn

Geiriad y ddeiseb:

Rydym yn galw ar Lywodraeth Cymru i gyflwyno Cyfraith Martha yng Nghymru, gan roi hawl gyfreithiol glir i gleifion a theuluoedd ofyn am ail farn feddygol pan gaiff pryderon ynghylch diogelwch eu hanwybyddu. Mae marwolaethau y gellir eu hatal, fel marwolaeth Martha Mills, yn dangos yr angen brys am brosesau uwchgyfeirio cyson. Mae teuluoedd yng Nghymru yn haeddu'r un amddiffyniadau ag yn Lloegr, fel na chaiff unrhyw riant na pherthynas eu diystyru pan fydd bywyd mewn perygl.

Gwybodaeth Ychwanegol:

Datgelodd marwolaeth Martha Mills yn Lloegr sut gellir anwybyddu pryderon teuluoedd nes ei bod yn rhy hwyr. Cafodd rhybuddion ei rhieni eu diystyru, a bu farw o salwch y gellid ei atal. Mewn ymateb, mae Llywodraeth y DU yn cyflwyno 'Cyfraith Martha' yn Lloegr, gan roi hawl gyfreithiol glir i gleifion a theuluoedd gael ail farn feddygol os nad yw pryderon yn cael eu datrys. Mae teuluoedd yng Nghymru yn haeddu'r un amddiffyniad. Nid yw methiannau o ran uwchgyfeirio, cyfathrebu a diagnosis amserol wedi'u cyfyngu i Loegr. Yng Nghymru hefyd, mae teuluoedd yn dweud eu bod nhw wedi cael eu diystyru, eu gadael yn y tywyllwch, neu eu gorfodi i ymladd i gael eu clywed tra bod bywydau yn y fantol. Byddai hawl gyson, wedi'i chefnogi'n gyfreithiol, i uwchgyfeirio materion ar draws holl genhedloedd y DU yn adfer ymddiriedaeth y cyhoedd yn y GIG, yn sicrhau tryloywder, ac yn achub bywydau. Rydym yn annog y Senedd i weithredu fel nad yw cleifion a theuluoedd yng Nghymru yn cael eu gadael ar ôl. Mae data rhyddid gwybodaeth yn dangos dros 1,000 o farwolaethau sy'n gysylltiedig â sepsis mewn un ysbyty ers 2018, sy'n tynnu sylw at yr angen brys am gyfraith Martha yng Nghymru.

Etholaeth a Rhanbarth y Senedd

- Cwm Cynon

- Canol De Cymru



Eich cyf/Your ref P-06-1570
Ein cyf/Our ref JMHC/00029/26

Carolyn Thomas AS
Cadeirydd
Y Pwyllgor Deisebau

deisebau@senedd.cymru

12 Chwefror 2026

Annwyl Carolyn,

Diolch ichi am eich llythyr dyddiedig 6 Ionawr ynglŷn â Deiseb P-06-1570 Cyflwyno Cyfraith Martha yng Nghymru i warantu hawl cleifion a theluoedd i gael ail farn.

Ar 3 Hydref 2024, cyhoeddodd Llywodraeth Cymru Gylchlythyr Iechyd Cymru: [Mabwysiadu dull uwchgyfeirio sy'n rhoi lle canolog i'r claf a'r teulu](#). Mae'r Cylchlythyr hwn yn nodi ein disgwyliadau i fyrdau iechyd weithredu dull uwchgyfeirio cyson – mae hyn yn debyg i Reol Martha, ac yn galluogi unigolion a'u teuluoedd i ofyn am gymorth a chyngor ar unwaith os ydynt yn poeni bod iechyd y claf yn dirywio.

Yng Nghymru, yr enw ar y hyn yw "Call4Concern". Mae'n adeiladu ar yr hyn a ddysgwyd o gynlluniau peilot presennol yng Nghymru a modelau rhyngwladol megis Rheol Ryan yn Awstralia, ac mae'n cyd-fynd ag egwyddorion Rheol Martha yn GIG Lloegr.

Gwnaed y penderfyniad i fabwysiadu'r enw Call4Concern i anrhydeddu etifeddiaeth nid yn unig teulu Mills ond hefyd y teuluoedd eraill sydd wedi hyrwyddo pwysigrwydd gwrandao ar deuluoedd a chleifion. Nid yw hyn yn lleihau cyfraniad hanfodol teulu Mills, y mae eu heiriolaeth ddifflino wedi chwarae rhan sylweddol wrth symud y gwaith hwn yn ei flaen.

Gwelwyd cynnydd sylweddol eisoes yn 2025 drwy weithredu sgoriau rhybudd cynnar sydd wedi'u safoni ar gyfer helpu i gydnabod dirywiad aciwt a sepsis posibl yn gynnar a'u rheoli mewn modd cyson ar draws lleoliadau gofal iechyd yng Nghymru.

Disgwylir i Call4Concern gael ei gyflwyno eleni ym mhob lleoliad cleifion mewnol, a'i weithredu'n llawn rhwng Medi 2026 a Mawrth 2027. Unwaith y bydd wedi'i weithredu'n llawn, bydd ar gael ym mhob lleoliad cleifion mewnol sy'n darparu gwasanaethau oedolion, pediatrig, newyddenedigol, a mamolaeth yng Nghymru.

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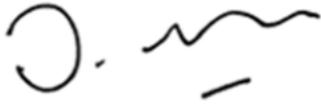
Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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

Mae Cylchlythyr Iechyd Cymru arall, a gyhoeddwyd ar 8 Ionawr 2026: [Call4Concern: amserlenni a chyfrifoldebau](#), yn nodi'r disgwyliadau clir ar gyfer byrddau Iechyd ynghylch arweinyddiaeth, amserlenni cyflawni, ac atebolrwydd o ran gweithredu.

Mae Llywodraeth Cymru yn ymrwymedig i gryfhau diogelwch cleifion a gwella canlyniadau gofal Iechyd i bobl Cymru, gan sicrhau bod cleifion a theuluoedd yn cael eu clywed a bod modd sicrhau gweithredu prydlon pan fo ganddynt bryderon.

Yn gywir,

A handwritten signature in black ink, consisting of a stylized 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

Jeremy Miles AS/MS

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

P-06-1582 Adfer llwybr ariannu teg fel nad yw myfyrwyr Cymru yn cael eu hatal rhag dilyn graddau theatr gerdd/dawns yn Lloegr

Geiriad y ddeiseb:

Mae myfyrwyr o Gymru sy'n gwneud cais am raddau arbenigol mewn theatr gerdd a dawns yn Lloegr bellach yn wynebu rhwystrau newydd oherwydd bod y ffordd y mae cyllid a'r cyrsiau a ddynodir yn gweithio'n ymarferol wedi newid. Nid yw llawer o gyrsiau bellach yn bodloni amodau Cyllid Myfyrwyr Cymru, gan roi ymgeiswyr o Gymru dan anfantais o gymharu â myfyrwyr mewn mannau eraill yn y DU. Mae'r newid hwn wedi creu ansicrwydd ac wedi gwneud ceisiadau cynllunio yn llawer anoddach.

Gwybodaeth Ychwanegol:

Mae'r rhan fwyaf o hyfforddiant theatr gerdd a dawns arbenigol yn cael ei ddarparu gan golegau cydnabyddedig yn Lloegr, felly mae myfyrwyr Cymru yn dibynnu ar Gyllid Myfyrwyr Cymru i gael mynediad at y llwybrau hyn. Mae'r rheolau presennol yn golygu nad yw llawer o gyrsiau'n cael eu dynodi'n awtomatig oni bai bod y brifysgol a'r coleg partner wedi cofrestru gyda'r Swyddfa Myfyrwyr, ond nid yw hynny'n wir am lawer o golegau arbenigol. Mae hyn yn gadael ymgeiswyr o Gymru heb lwybrau ariannu clir neu wedi'u cyfyngu i fenthyciad ffioedd dysgu is sy'n creu bylchau anfforddiadwy. Ers i Medr gymryd cyfrifoldeb am y dynodiad ym mis Gorffennaf 2024, dywedwyd wrth deuluoedd am gysylltu â cholegau yn unigol, ond yn aml mae gwybodaeth yn aneglur neu ddim ar gael. Mae myfyrwyr Cymru bellach yn wynebu risg wirioneddol o fethu â derbyn lleoedd maen nhw'n eu sicrhau trwy glyweliadau cystadleuol. Gan fod myfyrwyr eisoes yn gwneud cais ac yn cael clyweliadau yn y cylch presennol, mae eglurder ar frys a llwybr ariannu teg yn hanfodol fel nad yw dysgwyr Cymru yn cael eu cau allan o hyfforddiant proffesiynol oherwydd ble maent yn byw yn unig.

Etholaeth a Rhanbarth y Senedd

- Preseli Sir Benfro
- Canolbarth a Gorllewin Cymru

Eitem 3.1

P-06-1232 Rhoi terfyn ar sefydlu unedau dofednod dwys trwy ddeddfu a chyflwyno moratoriwm hyd nes y gellir cyflawni hyn

Cyflwynwyd y ddeiseb hon gan Gill Marshall, ar ôl casglu 4,338 llofnodion ar-lein, a 1,582 ar bapur, sef cyfanswm o 5,920 lofnodion.

Geiriad y ddeiseb:

Mae llawer o unedau ffermio dofednod dwys yng Nghymru. Powys yw un o'r manau â'r nifer fwyaf o'r unedau hynny. Mae 147 o geisiadau unedau dofednod dwys wedi'u cymeradwyo gan Gyngor Sir Powys. Mae'r unedau hyn yn dod â llawer o broblemau gyda nhw gan gynnwys llygredd afonydd a thir, arogl, amonia, traffig, sŵn a golau bob awr o'r dydd. I lawer o bobl, mae'r arfer o ffermio dofednod dwys yn greulon ac yn ddiangen.

Er i lawer o bentrefi gael eu difetha gan yr unedau hyn, nid oes unrhyw beth yn cael ei wneud i'w hatal. Mae angen i'n gwleidyddion weithredu.

Gwybodaeth Ychwanegol:

Pentref bach arall ym Mhowys yw'r diweddaraf mewn rhestr hir i gael ei fygwth gan adeiladu uned dofednod ddwys. Ardal wledig yw hon, ac mae trigolion y pentref ac ymwelwyr yn cerdded ar y ffyrdd yn rheolaidd. Mae'r dirwedd yn ysblennydd, nid oes llygredd golau ac mae'r distawrwydd yn fyddarol, sy'n hyfryd. Mae afon Cain yn llifo drwy'r pentref yn agos at y safle ac yn llifo i afon Hafren.

Er i lawer o bentrefi gael eu difetha gan yr unedau hyn, nid oes unrhyw beth yn cael ei wneud i'w hatal. Mae angen i'n gwleidyddion weithredu. Felly, mae'r ddeiseb hon yn ceisio cymell y gwleidyddion i ddeddfu; maent wedi addo gwneud hynny ers blynyddoedd; maent yn derbyn bod hwn yn fater difrifol ond nid oes deddfwriaeth o hyd.

Addawyd TAN ynghylch unedau dofednod dwys yn 2019. Mae Lesley Griffiths, y Gweinidog Amaeth, wedi dweud bod yn rhaid gwneud rhywbeth, yn enwedig o ran yr unedau llai. Ond rydym yn dal i aros.

Etholaeth a Rhanbarth y Cynulliad

- Sir Drefaldwyn

- Canolbarth a Gorllewin Cymru

P-06-1232 Stop the proliferation of intensive poultry units (IPUs) - Petitioner to Committee, 19 February 2026

Good morning

Thank you for the opportunity to respond.

The questions raised in December 2022 have not yet been answered by PCC and have been attached.

Questions raised in response to the letter from Julie James (2 June 2023) have not been responded to; attached to this email.

In response to County Councillor Berriman's statement I would also like to raise the following:

The Leader's statement focuses on providing "clarity" for applicants and mitigating "financial implications" for farm diversification. However, this perspective overlooks the core purpose of my petition and the concerns of its **5,920 signatories**. I request the Committee considers the following points:

- **Reactive vs. Proactive Regulation:** The "call-in" of these 11 applications is a reactive, case-by-case measure that does not address the systemic failure of current planning policy. My petition specifically calls for a **legislative moratorium** to halt *all* new IPU developments across Wales until a specific **Technical Advice Note (TAN)** for intensive agriculture is implemented.
- **The "Uncertainty" Argument:** The Council Leader laments the "uncertainty" faced by applicants. I would argue that this uncertainty is a direct result of the Welsh Government's failure to deliver the dedicated TAN promised since 2019. A moratorium would provide the ultimate clarity by pausing development while a robust, science-led policy framework is established to protect our environment.
- **Failure of Local Oversight:** The fact that the Welsh Government has stepped in to determine these cases—some of which have been delayed since May 2023—proves that the current local planning process is unable to adequately assess the **cumulative environmental impacts** of IPUs.
- **Ecological Crisis:** While the Council emphasises the need for farm diversification, this must not come at the cost of our rivers. The **River Wye** and other catchments are facing ecological collapse due to phosphate and ammonia levels largely attributed to the [proliferation of over 150 IPUs in Powys](#).

I urge the Committee to maintain pressure on the Welsh Government to move beyond individual "call-ins" and instead enact the requested moratorium. Only a national legislative

pause can ensure that Welsh agriculture develops in harmony with our environmental obligations under the **Environment (Wales) Act** and the **Well-being of Future Generations Act**.

The primary issue for smaller units (under 40,000 birds) remains the "**regulatory gap**." Because they do not require an [Environmental Permit from Natural Resources Wales \(NRW\)](#), they are solely dependent on the [planning system](#), which currently lacks specific, up-to-date national technical guidance.

Please note; at present the total number of poultry in approved sheds in Powys, assuming the numbers in the planning applications are respected, is 9.9 million and would be 10.8 million if the outstanding applications are approved. These numbers are based on the history of planning applications.

I would also like to bring to the Committee's attention the rules and guidance included in the Powys Local Development Plan where many of the identified elements and criteria are breached by these applications, to the detriment of local people.

I look forward to the hearing.

Regards

Gill Marshall

P-06-1479 Stopio cadw plant, pobl ifanc ac oedolion ag anableddau dysgu ac awtistiaeth mewn ysbytai.

Cyflwynwyd y ddeiseb hon gan Stolen Lives ôl casglu 1,754 o lofnodion.

Geiriad y ddeiseb:

Mae yna bobl ag anableddau dysgu a/neu awtistiaeth o Gymru sy'n byw mewn ysbytai. Mae hyn yn sgandal hawliau dynol sydd wedi cael ei anwybyddu ers gormod o amser.

Mae llawer o bobl ag anableddau dysgu a/neu awtistiaeth wedi'u dal mewn ysbytai oherwydd diffyg tai a chymorth priodol yn eu cymuned. Mae llawer yn cael eu dal o dan y Ddeddf Iechyd Meddwl oherwydd methiant lleoliad a'r ffaith eu bod wedi cael eu rhoi mewn lleoliad amhriodol.

Rhaid i Lywodraeth Cymru gydnabod nad dal pobl dan y Ddeddf Iechyd Meddwl yw'r ateb.

Gwybodaeth Ychwanegol:

Mae Stolen Lives yn grŵp ymgyrchu ar gyfer teuluoedd sydd ag anwyliaid ag anabledd dysgu a/neu awtistiaeth sydd yn cael, neu sydd wedi cael, eu dal mewn ysbyty.

Maen nhw'n cael eu cefnogi gan aelodau o Consortiwm Anabledd Dysgu Cymru: Anabledd Dysgu Cymru, Fforwm Rhieni a Gofalwyr Cymru Gyfan, Mencap Cymru, Pobl yn Gyntaf Cymru Gyfan, Cymdeithas Syndrom Down, a Cymorth Cymru.

Nid yw ysbytai yn gartrefi. Mae llawer o ysbytai yn bell oddi wrth deuluoedd pobl, ac mae achosion o gam-drin ac esgeulustod yn llawer rhy gyffredin. Mae'n rhaid i Lywodraeth Cymru ddweud wrthym sut y mae'n bwriadu rhoi'r gorau i ddefnyddio'r Ddeddf Iechyd Meddwl yn y modd hwn a sut y mae'n bwriadu dod â phlant, pobl ifanc ac oedolion sy'n cael eu dal o dan y Ddeddf yn nes adref ac allan o ysbytai, a dweud wrthym faint yn union o blant, pobl ifanc ac mae oedolion ag anableddau dysgu a/neu awtistiaeth sydd oddi cartref ar hyn o bryd mewn ysbytai iechyd meddwl ac unedau asesu a thrin fel y'u gelwir.

Etholaeth a Rhanbarth y Cynulliad

- Preseli Sir Benfro
- Canolbarth a Gorllewin Cymru

P-06-1479 Stop the detention of learning disabled and autistic children, young people and adults in hospitals - Correspondence from the Petitioner to the Committee, 20 February 2026

Stolen Lives are unsure what it all actually means in practice. There is no detail about the three year integrated learning disability service transformation plan. There is no action plan with timelines.

There is widespread lack of progress in improving the lives of people with learning disabilities in Wales. Hospitalisation is just one area. It constitutes social murder. We should be all disgusted. Where is the urgency?

Eitem 3.3

P-06-1521 Rhoi'r hawl i breswylwyr cartrefi mewn parciau yng Nghymru gael mesurydd dwr

Cyflwynwyd y ddeiseb hon gan Sam Swash, ar ôl casglu 447 lofnodion ar lein a 173 lofnodion ar bapur, sydd yn wneud cyfanswm o 620 lofnodion.

Geiriad y ddeiseb:

Mae trigolion rhai safleoedd cartrefi mewn parciau yng Nghymru yn talu dros £60 y mis mewn biliau dŵr, er eu bod yn byw mewn unedau sengl a dwbl bach. Ar hyn o bryd, mae llawer o berchnogion safleoedd yn rhannu cyfanswm eu bil â nifer y cartrefi yn y parc, cyn trosglwyddo'r bil i breswylwyr. Ystyr hyn yw nad oes dim cymhelliant i berchnogion safleoedd atgyweirio gollyngiadau, gan eu bod yn gwybod y bydd preswylwyr yn talu'r bil beth bynnag.

Gallai Llywodraeth Cymru atal yr anghyfiawnder hwn drwy roi'r hawl i breswylwyr cartrefi mewn parciau gael mesurydd dŵr.

Gwybodaeth Ychwanegol:

Byddai rhoi'r hawl i breswylwyr cartrefi mewn parciau gael gosod mesurydd dŵr fel mai dim ond am eu defnydd unigol eu hunain y codir tâl arnynt yn adlewyrchu'r sefyllfa i'r mwyafrif o berchnogion tai ledled y wlad.

Byddai gwneud hynny yn sicrhau bod preswylwyr cartrefi mewn parciau ond yn talu am yr hyn y maent yn ei ddefnyddio, gan roi diwedd ar yr anghyfiawnder sydd ar hyn o bryd pan godir tâl ar lawer o bobl am ollyngiadau nad ydynt yn gyfrifoldeb iddynt.

Byddai'r cam hwn hefyd yn wir yn gwneud cynnal a chadw pibellau a thrwsio gollyngiadau yn gyfrifoldeb perchennog y safle (fel y dylai fod), gan eu hannog i wneud gwaith atgyweirio ac uwchraddio.

Yn ei dro, byddai hyn yn lleihau'r difrod amgylcheddol sy'n cael ei achosi gan lawer iawn o ddŵr yn gollwng o dan safleoedd cartrefi mewn parciau preifat yng Nghymru.

Mae preswylwyr cartrefi parc ar un safle yn Sir y Fflint, Gogledd Cymru wedi wynebu tâl o fwy na £65 y mis am ddŵr gan berchennog eu safle, pan fo tystiolaeth yn awgrymu y dylent fod yn talu tua £16 y mis. Rhaid atal yr anghyfiawnder hwn.

Etholaeth a Rhanbarth y Senedd

- Alun a Glannau Dyfrdwy
- Gogledd Cymru

Huw Irranca-Davies AS/MS
Y Dirprwy Brif Weinidog ac Ysgrifennydd y Cabinet
dros Newid Hinsawdd a Materion Gwledig
Deputy First Minister and Cabinet Secretary for
Climate Change and Rural Affairs



Llywodraeth Cymru
Welsh Government

Eich cyf P-06-1521
Ein cyf HIDCC/02232/25

Carolyn Thomas AS
Cadeirydd y Pwyllgor Deisebau

04 Chwefror 2026

Annwyl Carolyn,

Diolch am eich llythyr ynglŷn â Deiseb P-06-1521, Rhoi'r hawl i breswylwyr cartrefi mewn parciau yng Nghymru gael mesurydd dŵr, ac am roi'r wybodaeth ddiweddaraf i mi ar ystyriaeth y Pwyllgor Deisebau o'r mater hwn yn ei gyfarfod ar 24 Tachwedd. Rwyf yn ymddiheuro am yr oedi cyn ymateb.

Nodaf yr ymatebion a ddarparwyd gan Ofwat a Dŵr Cymru, gan gynnwys eu cydnabyddiaeth o'r pryderon a godwyd gan y deisebydd a'r cyfyngiadau o fewn y fframwaith rheoleiddio a deddfwriaethol presennol. Rwyf hefyd yn croesawu penderfyniad y Pwyllgor i dynnu'r mater hwn at sylw Cadeirydd y Pwyllgor Newid Hinsawdd, yr Amgylchedd a Seilwaith, ac i ofyn am eglurder pellach gan Dŵr Cymru ar y pwyntiau a godwyd.

Mae pryderon ychwanegol y deisebydd — yn enwedig ynghylch tryloywder, tegwch, a gallu preswylwyr cartrefi mewn parciau i gael mynediad at fesuryddion unigol — yn bwysig ac yn haeddu ystyriaeth ofalus. Rwy'n cydnabod y gall y trefniadau presennol adael rhai preswylwyr yn teimlo dan anfantais, ac rwy'n gwerthfawrogi ymdrechion y Pwyllgor i sicrhau bod y materion hyn yn cael eu harchwilio'n llawn.

Rwyf hefyd yn cefnogi anogaeth y Pwyllgor i'r deisebydd ymwneud yn uniongyrchol â'r ymgynghoriad parhaus ar Bapur Gwyrdd Llywodraeth Cymru a Phapur Gwyn Llywodraethau'r DU ar ddiwygiadau dŵr. Mae'r ymgynghoriadau hyn yn rhoi cyfle amserol i unigolion a chymunedau gyfrannu at ddatblygu polisi yn y dyfodol yn y maes hwn, gan gynnwys newidiadau posibl a allai effeithio ar hawliau o ran mesuryddion a threfniadau bilio ar gyfer preswylwyr cartrefi mewn parciau.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Correspondence.Huw.Irranca-Davies@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb i ohebiaeth a dderbynnir yn Gymraeg yn yr un iaith ac ni fydd gohebu yn y Gymraeg yn arwain at oedi.

Tudalen y pecyn 114
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.

Byddaf yn parhau i ddilyn gwaith y Pwyllgor ar y ddeiseb hon yn frwd ac yn parhau i fod yn ymrwymedig i sicrhau bod pryderon preswylwyr cartrefi mewn parciau yn cael eu deall a'u hystyried yn briodol fel rhan o ddiwygiadau'r sector dŵr ehangach.

Diolch ichi am dynnu fy sylw at y mater hwn.

Yn gywir,

A handwritten signature in black ink, consisting of several overlapping loops and horizontal strokes, enclosed within a thin black rectangular border.

Huw Irranca-Davies AS/MS

Y Dirprwy Brif Weinidog ac Ysgrifennydd y Cabinet dros Newid Hinsawdd
a Materion Gwledig

Trwy e-bost: petitions@senedd.wales

Annwyl Gadeirydd,

Deiseb P-06-1521: Rhowch yr hawl i drigolion cartrefi mewn parciau gael mesurydd dŵr

Ysgrifennaf atoch mewn ymateb i'ch llythyr dyddiedig 10 Rhagfyr 2025 mewn perthynas â Deiseb P-06-1521: Rhowch yr hawl i drigolion cartrefi mewn parciau yng Nghymru gael mesurydd dŵr.

Gallaf gadarnhau nad ydym wedi cyflwyno hysbysiad ffurfiol o dan Adran 75 o Ddeddf y Diwydiant Dŵr 1991 ("y Ddeddf"). Fel y mae'r deisebydd yn ei nodi, mae Adran 75 o'r Ddeddf yn ein galluogi ni i gymryd camau i ddatrys gollyngiad ar gyflenwad preifat, lle nad yw'r rhai sy'n gyfrifol am y cyflenwad yn gwneud hynny, ac adfer costau'r gwaith. Ni fyddai'n ymarferol nac yn ddarbodus i ni gamu i mewn a thrwsio pob gollyngiad preifat gan ddefnyddio'r pŵer yma. Yn yr achos o dan sylw, buom yn glir fod angen datrys y gollyngiad, ac er na chafodd ei ddatrys o fewn yr amserlen a bennwyd, roeddem ni'n deall fod maint y safle'n golygu y gallai'r broses o ddod o hyd i'r gollyngiad a'i drwsio fod yn gymhleth ac yn ddrudd.

Nid ydym wedi dwyn erlyniad am y dŵr a gollwyd yn sgil y gollyngiad. Mae pwerau statudol gennym i wneud hyn yn unol ag Adran 73 o'r Ddeddf, o dan amgylchiadau lle mae'r dŵr a gyflenwir yn cael ei wastraffu, ei gamddefnyddio neu ei ddefnyddio'n ddiangen. Mae'r drosedd yn amodol ar y profion perthnasol a bennir yn Adran 73 o'r Ddeddf, lle disgrifir yr amddiffyniadau perthnasol hefyd. Byddwch chi'n deall fod penderfyniad i erlyn yn fater difrifol, ac yn un y byddwn ni'n ei ystyried yn ofalus ac yn annibynnol ar ddylanwad cwsmeriaid. Rydyn ni'n ystyried amgylchiadau pob achos, gan gynnwys gweithredoedd y darpar-ddiffynnydd wrth fynd i'r afael â'r gollyngiad.

Mae perchennog/deiliad pob eiddo sy'n gysylltiedig â chyflenwad a rennir yn gyfrifol am ei gynnal a'i drwsio, ac fel y defnyddiwr/wyr, gellir gofyn iddynt ddatrys gollyngiadau, a gellir erlyn perchennogion neu ddeiliaid eiddo perthnasol o dan Adran 73 o'r Ddeddf (sy'n pennu manylion y drosedd berthnasol). Rhoddwyd ystyriaeth i hyn wrth wneud ein penderfyniad, ynghyd â'r ffaith fod perchennog y safle wedi ymgysylltu â'r broses ac wedi datrys y broblem yn y pen draw, sy'n rhywbeth nad ydym yn ei weld mewn nifer o achosion.

Yn gywir

Rebecca Price

Cyfarwyddwr Gwasanaethau Cwsmeriaid

**Response from petitioner, Cllr Sam Swash, to correspondence shared via the Senedd
Petition's Committee re: Petition P-06-1521**

Taken together, the responses to the Committee from Welsh Water and the Deputy First Minister and Cabinet Secretary for Climate Change and Rural Affairs reinforce the central concern raised by this petition: that park home residents remain uniquely exposed to unfair charging and environmental harm because the current legal and regulatory framework provides them with neither individual consumer rights, nor effective regulatory protection.

It is reassuring to see that the Deputy First Minister and Cabinet Secretary is now recognising that this is the case in his latest response. However, and despite increasingly widespread acknowledgement of the problem, park home residents continue to bear financial responsibility for water they have neither used, nor have the ability to control.

Welsh Water's response

Welsh Water confirms that it did not serve a formal notice under Section 75 of the Water Industry Act 1991, nor did it pursue prosecution under Section 73, despite acknowledging prolonged and significant leakage on the network.

I think it is important at this point to reiterate the scale of the injustice: millions of gallons of water was leaked over a five year period for which residents paid more than £350,000 – and Welsh Water did not use its discretion to statutorily intervene.

Despite Welsh Water's assertion that the issues on Willow Park have been 'resolved', this is not the case. Just this week, a significant leak has again been ongoing at Willow Park for more than 5 days. Under the current arrangements, the residents of the park, many elderly and on fixed incomes, will once again bear the financial cost of water they have not used.

Deputy First Minister's Response

The petitioners welcome the Deputy First Minister's acknowledgement of the problem. However, directing residents toward engagement with the Green and White Paper processes is not sufficient in light of the scale of the injustice exposed at this site.

These processes are necessarily lengthy and complex, and in the meantime, park home residents will continue to face serious financial harm.

It is important to also note that park home residents represent a small and often vulnerable demographic. Many are elderly and digitally excluded, making meaningful participation in inadequately promoted national consultation exercises inherently difficult. Suggesting this as the primary route to justice risks excluding precisely those who are most affected.

Further Concerns

Given the above, it is difficult to reconcile suggestions made previously by some members of the Petitions Committee to close this petition in the face of clear evidence that the underlying injustice persists.

As it stands, the situation at Willow Park is:

- Residents have already paid an estimated £350,000 for water lost through leaks beyond their control
- A further leak is currently ongoing (for which they will be charged)
- Residents remain legally treated as a single customer despite living in 159 separate homes
- Neither the water undertaker nor the regulator is required to intervene
- Regulators describe disputes as 'private matters'

If a petition demonstrating ongoing financial harm, environmental waste, and acknowledged regulatory gaps does not justify continued scrutiny, it is unclear what threshold would.

Whilst wider water reform is being considered at UK and Welsh Government level (and is cautiously welcomed by the petitioners), this should not be viewed as a reason for inaction.

Both primary and secondary legislative options are available to the Welsh Government now, including granting park home residents a statutory right to individual water meters, or by amending the model standards under the Mobile Homes (Wales) Act 2013 to impose duties on mobile home site owners to install individual water meters.

It does not require waiting for wholesale reform of the water sector to begin addressing this injustice.

Conclusion

Closing the petition at this stage would not provide a resolution to the issues raised; it would simply leave affected residents to continue navigating a system already acknowledged to produce unfair outcomes whilst hoping that government reform might at some point in the future address the problem.

The petitioners therefore respectfully urge the Committee to keep the petition open and to press the Welsh Government to pursue immediate legislative or regulatory remedies alongside longer-term reform work.

Park home residents are not asking for special treatment – they're asking for the same basic protections which every other household in Wales already takes for granted.

P-06-1538 Diogelu gwasanaethau strôc llawn yn Ysbyty Bronglais; atal yr israddio i Drin a Throsglwyddo

Cyflwynwyd y ddeiseb hon gan Bryony Davies, ar ôl casglu 10,867 lofnodion ar lein a 7,016 lofnodion ar bapur, sydd yn wneud cyfanswm o 17,883 lofnodion.

Geiriad y ddeiseb:

Mae ymgynghoriad Bwrdd Iechyd Prifysgol Hywel Dda yn cynnig cael gwared ar wasanaethau strôc llawn o Ysbyty Bronglais, gan orfodi cleifion o Geredigion, Powys, a De Meirionnydd i wynebu trosglwyddiadau peryglus a phell i ysbytai yn Llanelli neu Hwlfordd. Rydym yn annog y Senedd a Llywodraeth Cymru i ymyrryd ar unwaith, gan fynnu bod Bwrdd Iechyd Prifysgol Hywel Dda yn asesu'r effeithiau hyn yn llawn ac yn ymrwymo i gynnal Bronglais fel uned adsefydlu strôc, gan amddiffyn gwasanaethau iechyd hanfodol yng Nghanolbarth Cymru.

Gwybodaeth Ychwanegol:

Mae'r ymgynghoriad yn cynnig israddio uned strôc Bronglais i fodel 'Trin a Throsglwyddo', a fyddai'n gorfodi cleifion ar daith anniogel o 90 munud hyd at ddwy awr i Lanelli neu Hwlfordd.

*Nid oes tystiolaeth sy'n rhoi sylw i risgiau'r trosglwyddiadau hyn o ystyried daearyddiaeth wledig, poblogaethau sy'n heneiddio a thrafnidiaeth wael.

*Bydd cefnogaeth deuluol, sy'n hanfodol ar gyfer adferiad, yn amhosibl oherwydd pellteroedd, gan niweidio canlyniadau.

*Mae Bronglais yn gyson yn sgorio'n uwch mewn archwiliadau strôc na'i gymheiriaid ym Mwrdd Iechyd Prifysgol Hywel Dda.

*Mae Bwrdd Iechyd Prifysgol Hywel Dda yn derbyn bod prinder staff sylweddol a chyllid ansicr, sy'n golygu bod y newidiadau hyn yn anniogel ac yn afrealistig.

*Bronglais yw'r unig Ysbyty Cyffredinol Dosbarth mewn radiws o 60–100 milltir (ar ffyrdd nad ydynt yn draffyrdd) sy'n gwasanaethu ardaloedd ymhell y tu hwnt i ffiniau ffurfiol Bwrdd Iechyd Prifysgol Hywel Dda, i Dde Meirionnydd a Phowys.

Mae'r cynlluniau yn yr ymgynghoriad yn tanseilio egwyddorion mynediad teg at ofal iechyd, gan roi trigolion Canolbarth Cymru o dan anfantais anghymesur.

Rydym am i'r Senedd sicrhau gwasanaethau strôc teg a lleol yng Nghanolbarth Cymru.

Etholaeth a Rhanbarth y Senedd

- Ceredigion
- Canolbarth a Gorllewin Cymru



Ein cyf/Our ref: CEO/18867/2026
Gofynnwch am/Please ask for: Anna Alderson
Rhif Ffôn /Telephone: 01267 239730
Dyddiad/Date: 04 February 2026

Ail Llawr, Bloc C,
Adeiladau'r Llywodraeth, Teras Picton,
Caerfyrddin, SA31 3BT

Second Floor, Block C
Government Buildings, Picton Terrace,
Carmarthen, SA31 3BT

Petitions Committee
Carolyn Thomas MS
Chair

Email: petitions@senedd.wales

Dear Carolyn

**Re: Petition P-06-1538 Protect full stroke services at Bronglais Hospital;
prevent downgrade to Treat and Transfer**

Thank you for your correspondence of 18 November 2025 in respect of the above-named petition.

We have asked our Clinical Services Plan programme team to review the details of the debate and transcriptions so that they can be considered within both the decision making part of our programme and also to understand the implications of the content.

We would like to take this opportunity to provide clarity on some of the comments made, to give you and Senedd Members assurance on key aspects of the Clinical Service Plan programme within Hywel Dda.

We received over 4,000 responses to our questionnaire and 190 unique alternative ideas during the Clinical Services Plan consultation. More than 30 of the suggestions focused on Stroke services. Two of these, which propose services for Stroke patients in Bronglais (one proposing a satellite stroke unit in Bronglais and the other proposing a stroke rehabilitation unit in Bronglais), are currently under review through our Alternative Options process and will be considered by our Board alongside other consultation options on 19 February 2026.

Assurance Response: Hywel Dda Stroke Services

We value all feedback and are committed to providing transparent, evidence-based responses to the issues raised. Regarding the Stroke petition about the proposed changes to stroke services, we address these discussions below, grouped by theme, and provide references for further information where relevant.

Additional supporting information is available on the Clinical Services Plan [supporting information section](#) of our website.

This includes technical information about our services that will be considered during our decision-making process.

1. Downgrading of Bronglais Stroke Unit

Concern: The consultation proposes downgrading Bronglais's stroke unit to a 'Treat and Transfer' model, raising fears of unsafe patient journeys and the start of a broader downgrade.

Response: The proposed options aim to deliver improved standards in stroke care, ensuring the best possible service for our patients. We have actively consulted with communities to gather views on all options, including engaging on concerns and alternative ideas. Bronglais plays an important part in our delivery of healthcare services to our mid Wales population. No decisions have been made at this stage and the Board has no preference in relation to the options consulted on or alternative ideas emerging from the consultation. Outside of the services included within the Clinical Services Plan, where future models have not yet been decided, Bronglais will continue to offer a range of urgent, emergency, planned, and outpatient services.

2. Assurance on Transfer Risks

Concern: There is no evidence addressing the risks of patient transfers, especially given rural geography and poor transport.

Response: Evidence from other clinical models using 'Treat and Transfer' approaches demonstrates that safe transfers are achievable. Bronglais already supports safe transfers in trauma, cardiology, and stroke thrombectomy pathways. For further information, see our appendices.

3. Clinical Standards and Audit Scores

Concern: Bronglais scores higher in stroke audits than other sites; why not support further improvement?

Response: All Hywel Dda units fall short of meeting the required Stroke standards in areas such as timely admission, consultant review, and therapy targets. The proposed changes aim to co-locate skilled staff and improve access to specialist services, which is expected to raise audit scores and patient outcomes across the region. See the [Stroke Dashboard](#) for detailed performance data. With the release of the new Stroke standards in 2024, all four sites have a marked deterioration against the new SSNAP standards (October 2024), reflecting the distance from the highest quality care. The performance against these is illustrated below.

Link to Stroke standards: [Stroke Dashboard](https://www.strokeaudit.org/) <https://www.strokeaudit.org/> (Patient Key Indicators: Apr-Jun25)¹

¹From Dashboard, select 'results' > 'Performance Tables' > 'Routinely Admitting Teams' > 'Patient Centred' > Select ISDN as 'WALES' > Select date as 'Apr-Jun 2025'

Trust	Team Name	Overall Performance				Domain Performance								
		SSMAP Level	CA	AC	Combined K3 Level	D1 Hypertensive	D2 Specialist	D3 Reperfusion	D4 MDT	D5 Therapy Int	D6 Therapy Freq	D7 Discharge	PC K3 Level	
Wales	Bronglais Hospital	D	A	C	D	D	B	E	E	E	D	D	D	
	Glan Clwyd District General Hospital	E	A	B	E	E	E	E	D	D	D	B	E	
	Grange University Hospital	E	A	B	E	D	E	E	E	E	E	E	E	
	Maelor Hospital	E	A	B	E	E	E	E	D	E	E	E	E	
	Morriston Hospital	D	A	A	D	D	E	C	C	D	D	D	D	
	Prince Philip Hospital	D	A	B	D	B	E	B	C	D	E	C	D	
	Royal Glamorgan	E	A	B	E	E	E	E	E	E	E	D	E	
	University Hospital of Wales	D	A	A	D	E	D	D	C	C	D	E	D	
	West Wales General	E	A	C	E	C	E	E	C	E	E	C	E	
	Withybush General Hospital	D	A	C	C	A	B	C	C	D	D	D	C	
	Ysbyty Gwynedd	E	A	B	E	E	E	D	E	E	D	E	E	

4. Workforce Sustainability

Concern: Significant staffing shortfalls and uncertain funding make changes unsafe and unrealistic.

Response: The Issues Paper and workforce reviews highlight the challenge: Hywel Dda’s stroke clinical teams are spread across multiple sites, resulting in inadequate staffing for specialist consultants, nursing, and therapies. The Board’s decision in July 2023 was to review stroke services to ensure sustainability, aligning with the National Stroke Programme. This approach is designed to address workforce fragility and improve service resilience. See Page 4, [Clinical Services Plan Update Paper](#), Board meeting held 27 July 2023.

5. Impact Assessments and Equity

Concern: The plans compromise equitable access, especially for Mid Wales residents.

Response: Impact assessments, including equality and quality impact assessments, were completed for the options we consulted upon. These were shared during the consultation and remain available on our website. We have developed impact assessments for the alternative options that were proposed by members of the public during the consultation, that passed hurdle criteria assessment, so that these can be considered by the Health Board in February 2026. All options aim to improve care quality by bringing together services and enhancing therapy access. We recognise the impact of travel and are committed to supporting patients and families through virtual platforms and community services.

You can read more in our Quality Impact Assessments available [here](#)

6. Transport and Transfers

Concern: Concerns about patient transfers, ambulance resources, and return journeys.

Response: Adequate inter-hospital transfer arrangements are a key dependency, with input from the Welsh Ambulance Services University NHS Trust and Adult Critical Care Transfer Service engaging with the Clinical Services Plan programme. The Health Board has experience of managing transfers for time-dependent emergencies. Further details are in the supporting documents and can be seen through the [Patient and Travel Insights document](#).

7. Family Involvement and Rehabilitation

Concern: Distance and digital barriers may hinder family involvement in rehabilitation.

Response: We acknowledge these challenges and have considered them in our impact assessments. While some inpatient care may be further from home, we aim to facilitate family connections through virtual means and prioritise early discharge with community support. General rehabilitation services remain unaffected, and patients can be repatriated to local hospitals for non-acute rehabilitation, but preferably directly to their home or place of safety with support from our Community Integrated Stroke Teams.

8. Consultation Process and Alternative Options

Concern: The consultation lacked detail and did not consider all options.

Response: The Clinical Services Plan programme was intended to respond to fragilities within nine services and develop a series of clinically-led ideas that could be implemented within two to four years, to address these fragilities. This meant that we did not have a full range of options available, so the consultation was designed to capture alternative views, and over 30 alternative ideas for stroke services were received.

Two additional proposals regarding stroke services at Bronglais have completed the appraisal process and will be reviewed by the Board.

One option suggests establishing a main stroke unit at Glangwili, with a satellite unit at Bronglais. Another alternative proposes designating Bronglais as a stroke rehabilitation centre, while Prince Philip and Withybush would continue to operate as acute stroke units.

	Bronglais	Glangwili	Prince Philip	Withybush
Option 106	<i>Treat and Transfer Stroke rehabilitation unit</i>	<i>Treat and Transfer</i>	<i>Stroke Unit (specialist cover 12-hours a day)</i>	<i>Stroke Unit (specialist cover 12-hours a day)</i>
		<i>Stroke Unit (specialist cover 24-hours a day)</i>		
Option 210	<i>Stroke Unit (specialist cover 12-hours a day)</i>	Then <i>Create regional stroke centre in Morriston Hospital Treat and Transfer</i>	<i>Treat and Transfer</i>	<i>Treat and Transfer</i>

9. Welsh Language and Cultural Needs

Concern: The needs of Welsh speakers may not be met if services are moved.

Response: Equality impact assessments have considered the impact on Welsh language provision. We are committed to ensuring that language and cultural needs are addressed in all service changes.

Please refer to the EqIA details [here](#).

We hope this letter provides clarity and reassurance regarding the proposed changes. We remain committed to transparent communication and ongoing engagement with all stakeholders. If you need any additional information, please refer to the linked documents or contact our team directly.

Yours sincerely,



Professor Phil Kloer
Chief Executive

Appendices

Stroke Questions and Answers (Q&A) – derived from continuous engagement and the Clinical Services Plan programme process comprising of:

CSP consultation - Stroke Q&A

Why are we doing this when Bronglais have the highest SSNAP scores for the HB?

Bronglais Hospital performs well in comparison to Welsh peers, as do our stroke services at other hospital sites within the Health Board

Link to Stroke standards: [Stroke Dashboard](https://www.strokeaudit.org/) https://www.strokeaudit.org/ (Patient Key Indicators: Apr-Jun25)

Trust	Team Name	Overall Performance				Domain Performance							
		SSNAP Level	CA	AC	Combined K1 Level	D1 Hyperacute	D2 Specialist	D3 Reperfusion	D4 MDT	D5 Therapy Int	D6 Therapy Freq	D7 Discharge	PC K1 Level
Wales	Bronglais Hospital	D	A	C	D	D	B	E	E	E	D	D	D
	Glan Clwyd District General Hospital	E	A	B	E	E	E	E	D	D	D	B	E
	Grange University Hospital	E	A	B	E	D	E	E	E	E	E	E	E
	Maelor Hospital	E	A	B	E	E	E	E	D	E	E	E	E
	Morrison Hospital	D	A	A	D	D	E	C	C	D	D	D	D
	Prince Philip Hospital	D	A	B	D	B	E	B	C	D	E	C	D
	Royal Glamorgan	E	A	B	E	E	E	E	E	E	E	D	E
	University Hospital of Wales	D	A	A	D	E	D	D	C	C	D	E	D
	West Wales General	E	A	C	E	C	E	E	C	E	E	C	E
	Withybush General Hospital	D	A	C	C	A	B	C	C	D	D	D	C
	Ysbyty Gwynedd	E	A	B	E	E	E	D	E	E	D	E	E

The issue is that different stroke units in Hywel Dda score poorly in different standard measures and clinical areas.

For example:

- getting patients to stroke unit on time
- consultant review within 24 hours
- therapy targets etc.

Additionally, there are other reasons why we need to change stroke services in the Hywel Dda area. These include:

- working towards a regional model to improve clinical standards
- working towards 7-day sustainable medical cover and three-hours per day therapy to meet new SSNAP standards and improve patient outcomes
- a fragile medical workforce (our stroke clinical teams are spread across multiple sites, which means we have inadequate staffing levels for specialist stroke consultants, nursing, and therapies)
- alignment to national stroke programme and strategic direction for stroke
- changes in stroke services in Wales (i.e. thrombectomy in Cardiff)
- proximity to other specialist interventions like vascular surgery and cardiology

Bringing the staff required for stroke units together to fewer sites would improve skilled staff cover and allow access to specialist services across more hours of the day and days of the week. This would potentially improve stroke audit scores (SSNAP scores) which are not currently being met in any of our stroke units.

If there is no stroke unit at Bronglais, what will happen when people who have a stroke turn up to BGH, there will be no skilled staff to deal with patients?

In both options for stroke, all four main hospitals in Hywel Dda University Health Board area would maintain the ability to provide life-saving thrombolysis for stroke. Patients in the 'Treat and Transfer' hospitals, as suggested for Bronglais, would then be transferred onwards for further treatment as necessary.

The acute on-call medical team would provide that initial care and response as standard and as they already do currently out-of-hours and on weekends. The team have competencies efficient for this element of stroke care. Additionally, within the proposed options, the consultant and stroke clinical nurse specialist for Bronglais would be retained on the site Monday to Friday and could provide training and support to staff covering stroke calls in Bronglais.

In Option 1 (A) for stroke services, Withybush and Prince Philip hospitals would provide stroke units with stroke clinical nurse specialist support 12-hours a day. In Option 2 (B), Prince Philip Hospital would have stroke clinical nurse specialist support 24-hours a day, and 12-hours a day at Withybush Hospital.

Bronglais and Glangwili, and Withybush in Option 2 (B), would 'Treat and Transfer' stroke patients and a protocol would be agreed and put in place. A key dependency for both options, or consideration of any new options, is that there needs to be adequate inter-hospital transfer arrangements through either Welsh Ambulance Services NHS Trust (WAST) or the Adult Critical Care Transfer Service (ACCTs) to support timely patient transfers.

If there were a suspected stroke at a community hospital site, they would follow the 999 processes as they do now.

For any future change in stroke services that may be supported by the Health Board, there would need to be further work to refine and agree protocols and processes and this would involve work with Emergency Department teams, as well as stroke teams and stroke ward staff.

Does WAST have the capacity to transfer people between sites?

A key dependency for both options, or consideration of any new options, is that there needs to be adequate inter-hospital transfer arrangements through either Welsh Ambulance Services NHS Trust (WAST) or the Adult Critical Care Transfer Service (ACCTs) to support timely patient transfers.

WAST and ACCTs representatives have been involved in the option development process. This involved assessment of what is feasible and deliverable. How future services would be commissioned and delivered, is dependent on the decisions within stroke and other service options.

(The SWOT analysis within the supporting documents highlights this feedback (Evaluation Criteria, Safe, 2.3, Impact on external service SWOT))

What about our families/loved ones who provide the bedside support and may have difficulties travelling far to visit loved ones who are receiving care in a stroke unit?

All options for stroke services aim to improve the quality of care by bringing staff together to fewer sites, improving skilled-staff cover and providing better access to therapy and availability of specialist clinical nurses.

We have carried out assessments to consider the impacts options may have, and this has included a quality impact assessment, and you can read more about stroke from page 109 hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/

We acknowledge that options may mean that inpatient care is delivered further away from home for some patients, and this has an impact for families and carers. Virtual platforms would be provided to keep families connected and we would aim to get people home sooner with community service support.

Is this the start of the downgrade of BGH?

No, the option in relation to stroke considers how the Health Board can best meet the increasing standards in stroke care, so we are providing the best service and care we can for our stroke patients.

We are in consultation with our communities and want to hear people's views on which options you think are best able to meet our challenges, concerns you may have about any of the options or impacts you think they may have, thoughts you may have on the future role of our hospitals and anything else you think we need to consider, including alternative options or ideas you may have.

Overall, Bronglais would continue to offer a range of services, both urgent and emergency care as well as planned care and outpatient services.

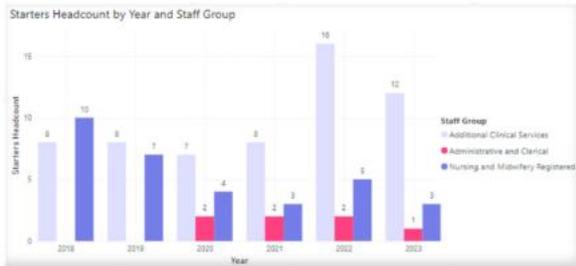
What has been done to promote recruitment to stroke in BGH? When was it last advertised? Is it advertised now?

Due to the way in which stroke services are organised in the Health Board certain roles within wards, therapies and consultants are managed within their respective directorates. As such, consultant and ward recruitment may be more hospital site based than stroke service driven.

The Workforce data utilised to support the issues paper illustrates some of the workforce risks and workforce data that was considered in assessing the issues within Stroke Services. The image below shows the new starters in relation to cost codes at these sites during the period analysed:

Starters

As the Medical and Therapy workforce within Stroke services sit within wider cost codes, the starters data below is reflective of the 4 Stroke wards only.



Additional Clinical Services roles had the highest number of starters across the sites with a total of 59 new starters across the period. The highest proportion can be seen in 2022 and 2023 with the majority starting in Prince Philip and Withybush hospital.

hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/board-agenda-and-papers-28-march-2024/appendix-e-stroke-pdf/#page=52

Why don't you put in a formal rotation between sites?

Currently, there is not enough stroke consultants to maintain services on each site. For some hospitals, such as Withybush Hospital, some clinicians are competency trained and practicing stroke care but their job roles are much wider and as such they contribute to local-site medical rotas and this would be put at risk if a rotation was put in place.

The options consider a virtual Stroke Clinician of the Day (SCotD) to provide support during weekend and out of hours.

Why isn't Bronglais an option, only Prince Philip / Withybush

Within the options development process all four sites were considered. The process involved an appraisal of the options against minimum requirements (called hurdle criteria). A three-site stroke model, or an option to consider a stroke unit at Bronglais was not taken forward.

Factors that were considered in this included:

- Unsustainable medical workforce and inability to recruit consultants in stroke.
- Prince Philip and Withybush hospitals have an established and sustainable Consultant workforce supporting stroke services.
- The current Consultant workforce in Prince Philip and Withybush hospitals would be unable to provide on-site support to Bronglais due to other clinical commitments in key services (e.g. osteoporosis and movement disorders) within their respective units and elsewhere in the Health Board.
- GGH faces the similar threat of unsustainable medical workforce.
- Low critical mass of patients for a Hyper Acute Stroke Unit (HASU) model, no less than 600 patients (option B)
- Proposed 7-day model will require the critical workforce as described above to be safe and sustainable.
- To preserve the existing medical workforce in BGH from burnout as they would be vital to continue stroke services- TIA clinics, inpatient support where necessary, medical lead for ESD team (early supported discharge team), effective follow up process etc.

- The volume of stroke admissions at different hospitals within Hywel Dda. Carmarthenshire and Pembrokeshire constitute more than 80% of stroke admissions in Hywel Dda
- Preparedness for the future proposed comprehensive regional stroke unit (CRSC)
- The national direction of strategic travel of Stroke services. Within this clinical evidence is demonstrating the consolidation of Stroke as a speciality in Health Boards and Trusts throughout the UK. Current more local examples include Aneurin Bevan, Swansea Bay and recent changes in Cwm Taf Morgannwg University Health Board (CTMUHB). Wider examples include but are not limited to Northumberland and rural parts of the Scotland.

Can you run a full stroke unit at PPH if critical care option isn't selected for PPH - would this see patients being bounced back and forth between GGH/PPH?

Stroke patients can be managed by enhanced care units supported by a critical care middle grade, 24-hours of the day, seven days of the week, as would be available in options for critical care.

In exceptional circumstances, if a stroke patient at Prince Philip Hospital required a higher level of critical care support (i.e. level 3 care) they would either be directly taken to Glangwili Hospital, or would be transferred through the ACCTS service, or in some circumstances, would remain within the hospital on the stroke ward.

What's the regional/national set-up and direction for stroke services in Wales?

There is a national stroke programme, aimed at making improvements in stroke services across Wales. Currently this work suggests there should be four stroke centres (Comprehensive Regional Stroke Centres or referred to as Hyper Acute Stroke Units) working as a network in Wales. This would have an impact on all stroke services within Wales. It would likely mean that local delivery of stroke care would be initial treatment and then transfer onwards to stroke centres, before returning locally to a stroke unit to receive specialist stroke rehabilitation.

Where will the Hyper Acute Stroke Unit (HASU) be?

Although work has been ongoing, it has not yet been decided where these would be in Wales. A business case was written by the ARCH regional stroke programme. This was considered by Hywel Dda UHB's Strategic Development and Operational Delivery Committee (SDODC) where the Executive Team indicated support in principle for the development of a Comprehensive Regional Stroke Centre. The Executive Team recognised a significant amount of work will be required between now and the unit potentially being in a position to serve our communities. This is currently anticipated to be in year three of the implementation plan. The whole stroke pathway would need to be considered to ensure Hywel Dda units have the staffing levels to meet national standards and support timely repatriation (return home) for patients.

You can read more here: [hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-27-july-2023/board-agenda-and-papers-27-july-2023/item-3-5-clinical-operations-130](https://www.hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-27-july-2023/board-agenda-and-papers-27-july-2023/item-3-5-clinical-operations-130)

Why are we building a service around the location of a consultant, can't the consultant move?

Medical consultant fragilities are only one of the issues affecting stroke services within the Hywel Dda area. Over a five-year period, there has been a worsening position in meeting the SSNAP audit scores, as well as nurse staffing level at certain sites, although nurse staffing level issues at some sites have now improved.

What about the impact of Hereford closing their stroke unit?

At the time we explored the issues and challenges facing our nine services in the Clinical Services Plan (which resulted in the drafting of the Issues Paper) and the options development process, we were not aware of the changes taking place in [Hereford](#) (more information, page 24 [https://www.hwics.org.uk/application/files/7117/2319/7869/b. HW_JFP - Appendix 1. Core areas of focus 2425.pdf](https://www.hwics.org.uk/application/files/7117/2319/7869/b. HW_JFP_-_Appendix_1. Core_areas_of_focus_2425.pdf))

Now we are aware of this, and we will be contributing and supporting a Mid Wales Stroke Task and Finish group, which has met since July 2025.

Will patients move back to BGH after initial treatment? Will we have trained staff there to deal with patients appropriately?

Under the current options, patients would have their treatment and acute stroke rehabilitation at the Stroke Unit. However, once they reach the stage of needing non-acute, more general rehabilitation they could be repatriated (return) to their local hospital to a general ward. In addition to this, we would aim to get patients home from hospital sooner with Integrated Community Stroke Services.

How were Bronglais staff included in the development of the options?

We have engaged with staff in the early stages of work on our nine clinical services and representative staff have been involved both in developing options and in the check and challenge process.

For example:

- We undertook a survey with staff from the nine service areas early in the process to understand the issues.
- Like the other individual services, stroke services were represented by the clinical lead, service delivery manager and senior stroke specialist nurse, who provide leadership for the service across all our hospitals.
- The options development group also included other Bronglais based staff, such as the hospitals clinical site lead and others including a union representative.
- Representatives from Bronglais stroke services were also on the 'check and challenge' group reviewing the work. Their feedback following shortlisting of options, led to greater involvement from stroke clinical nurse specialists from all hospital sites in the programme of work

We have updated health board staff on the programme of work throughout and regularly reported on the work through our Public Board, with papers available to the public on our website.

We are now engaging more widely, including with staff and Trade Union representatives, patients, our wider communities, and stakeholders, as part of our consultation. We encourage everyone to get involved, read our documentation or attend events, and complete the questionnaire.



18th February 2026

Dear Member of the Senedd Petitions Committee,

Petition P-06-1538, 'Protect full stroke services at Bronglais Hospital; prevent downgrade to Treat and Transfer'

Thank you for this opportunity to respond to your Committee on behalf of Protect Bronglais Services (PBS) following your receipt of the letter from Professor Phil Kloer, Chief Executive of Hywel Dda University Health Board (HDdUHB) dated 4th February 2026. We are extremely disappointed by the considerable time lag between the Committee contacting HDdUHB in November 2025 and this response received in February. This has not only left PBS with just a few days to consider and respond to the letter, but also allowed your Committee no more than two weeks before the Health Board's meeting of the 18th and 19th of February during which they plan to decide on the future of Stroke Services and eight other service areas within Hywel Dda. We therefore anticipate that the Health Board's decision on Bronglais Stroke Unit will already have been taken by the time the Committee considers our petition on Monday 2nd March.

New alternative options under consideration

Professor Kloer's letter outlines two new options, labelled 106 and 210, which are now being considered by the Health Board alongside the existing options which have been the cause of so much concern in Mid and West Wales. It is surprising to see alternative proposals emerge so late in the day and with such limited detail and we have only recently received confirmation that the Health Board was considering them alongside the existing options for Stroke Services at such short notice prior to actual decisions being taken this week on which option to take forward. This makes it all the more frustrating that it has taken until early February for the Health Board to respond to your Committee.

We would anticipate the need for a further period of consultation to allow all stakeholders to adequately scrutinise each of these new options, but clearly there is no time for that to happen before the Health Board's decision-making process concludes this week.

Option 106 includes a 'Rehabilitation Unit' at Bronglais in addition to 'Treat and Transfer', but still only allows for full Stroke Units at Prince Philip and Withybush Hospitals, while Option 210 appears to be the only one to anticipate the establishment of a Regional Stroke Centre (although outside of Hywel Dda) and is effectively proposing the reverse of the other options, since it envisages retaining full Stroke Units at Bronglais and Glangwili and relegating Prince Philip and Withybush to 'Treat and Transfer'. Option 210

marks a significant change in direction from the other options and **we have cautiously welcomed it on condition that it may be amended to also include provision for a Rehabilitation Unit at Bronglais.**

Content of the letter

We consider this letter to be a very unsatisfactory response from HDdUHB to the Petitions Committee and to the concerns of our group, those raised by Senedd members in their debate on this petition and to the many patients and other service users who are extremely worried about whether existing Stroke Services at Bronglais General Hospital will be downgraded, as envisaged in two or more options currently under consideration by HDdUHB.

We have seen nothing in the letter to account for the time taken to respond to the Petitions Committee by an organisation which has a full contingent of well-paid executives. Far from providing the clarity and transparency which Professor Kloer commits to do, his letter is generally very woolly, repeatedly fails to

directly address the questions it purports to be answering, including by deflection, for instance by pointing out that no decision has yet been made in respect of the critical issue of concerns about the downgrading of Bronglais Stroke Unit to 'Treat and Transfer'.

Professor Kloer repeats information and refers to claims, statements and documents provided during the consultation process which we and those Senedd Members who spoke in the Petition Debate, have already identified as inadequate or insufficient to address our concerns. The sheer volume of documents in the Clinical Services Plan Supporting Information Section of the HDHB website is overwhelming and made participation in the consultation process extremely time-consuming and potentially inaccessible to members of the public, who could not reasonably have been expected to read hundreds of pages of material in order to participate.

The letter talks repeatedly in terms of Health Board 'aims', such as to facilitate, to improve, get people home etc., which are essentially meaningless in the absence of clear objectives with milestones against which to check progress.

Some sections of the letter and its appendices, such as the response to the concern 'The needs of Welsh speakers may not be fully met if services are moved', appear to have been cut and pasted from some other document as they completely fail to address the issue, in this case of transferring patients from mainly Welsh speaking areas in Mid Wales to a hospital in Llanelli where only 23% of people speak Welsh. Furthermore, the documents to which Professor Kloer refers do not necessarily support the points he seems to be trying to make. For instance, while Prof Kloer claims that "(e)quality impact assessments have considered the impact on Welsh language provision" the 'EqIA' referenced gives the impact as 'Unknown' and notes: "Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed."

What is missing from the letter:

1. Consideration of service users in Powys and Betsi Cadwaladr Health Boards

Prof Kloer has not attempted to address one of the major concerns for PBS, which is the impact on those requiring urgent interventions for potentially devastating conditions, including Stroke, who live outside HDdUHB boundaries, but for whom Bronglais is the nearest General Hospital. As we identified in our previous submission to your Committee, Bronglais serves Stroke sufferers and other patients who live a

considerable distance from it, including in Tywyn, Caersws, Llanidloes, Rhayadr and Llandrindod Wells, whose health care needs are not adequately served through their own Health Board, whether Betsi Cadwaladr or Powys.

It is very apparent that the architects of the two initial options put forward for Stroke Services have miscalculated how much local services are valued and relied upon by rural communities in Mid and West Wales and have underestimated the challenges and costs faced by these communities to access any alternative provision whether inside or outside their own Health Board region.

We reiterate the clear need for Bronglais to be treated as a special case, situated as it is in total isolation in every direction from all other General Hospitals in Wales. **The Longley Report's** recommendations from over ten years ago for closer, more collaborative and effective working arrangements between neighbouring Health Boards are either simply not working or else have yet to be properly implemented.

It is becoming increasingly clear to us in PBS that the administrative organisation of health care in Wales needs to be reconfigured to prevent significant numbers of service users in Mid and West Wales from falling through the cracks in provision between the three individual Health Boards covering this area. We are calling on the Senedd and Welsh Government to initiate much needed change to provide a service which is more equitable and better meets the needs of all communities in Wales.

2. Sufficient details to enable us to understand the individual categories for scoring of national stroke standards and the extent to which each of the proposed options might improve (or alternatively worsen) future SSNAP scores at individual sites.

Technical detail, where provided, is not necessarily straightforward to understand and interpret, such as graphics showing SSNAP scores which have been pasted into the letter and appendices without an accompanying key or satisfactory explanations.

3. Evidence that a 'Treat and Transfer' Unit will work for an ageing population in a rural area with poor transport infrastructure

The circumstances in Mid and West Wales are very different from an urban setting in which a number of large hospitals offering comprehensive services are situated within easy driving distance of each other. Professor Kloer returns to the issue of patient transport several times in his letter and appendices but gives no clarifying information about the frequency and timescales of transfers in existing service areas to which he refers or whether the Welsh Ambulance Service (WAST), Adult Critical Care Transfer Service (ACCTS) or another alternative is used in these cases. Neither are we aware of any firm commitment yet as to which service would be used in the case of Stroke transfers under the proposals in the Clinical Services Plan, nor whether patients in transit would be accompanied by a member of staff with expertise in Stroke care.

Under Point 6. Transport and Transfers, the statement: "adequate inter-hospital transfer arrangements are a key dependency" is not confirmation or evidence that these are either scheduled or resourced. Equally, the fact that WAST and ACCTS are "engaging" with the Clinical Services Plan process is confirmation of precisely nothing in terms of delivery of services. Similar remarks are made in the Appendices in answer to the Question "Does WAST have the capacity to transfer people between sites?"

We would like to have heard from Professor Kloer about what plans HDdUHB have made so far to address 'weaknesses' and 'threats' identified in the 'SWOT' document to which he refers for Stroke Options A and/or B in respect of travel for service users and staff, including patient transfers. Under the 'Safe'

heading, category 1.1 'Number of patients likely to need transport between sites when unwell' for instance, there are the following 'threats':

- 'Transfer requests would be categorised in accordance with their acuity and could experience delays'
- 'Resources will be lost due to secondary transfers for considerable periods of time', and
- 'Resources currently not available to deliver this option...'

Under Accessible '3.1 'Patient travel time to sites' comments for Option B include:

- May be a massive impact for Mid Wales/gap and Worthybush as we don't know what neighbouring HB are doing
- Threat of how this impacts the patient, and their families - will be more challenging for northerly patients
- Need to ensure we have infrastructure to transfer patients, need to have a dedicated transfer system to manage this and take pressure off/support WAST

Several potential problems are also identified under '3.4 'Impact on staff and patients needing to travel to access regional care pathways'

4. Evidence of efforts made to address service 'frailties' through effective recruitment

There is no attempt made in this letter to answer the specific questions: 'What has been done to promote recruitment to stroke in BGH? When was it last advertised? Is it advertised now'. The letter simply provides some generic statements and irrelevant data. By way of contrast, we note the following summary of comments from staff in the recently released ORS report on the consultation process:

"There was strong frustration about recruitment challenges and missed opportunities within stroke services, including rigid qualification requirements, short-lived job adverts, and reliance on costly agency staff. Staff emphasised the importance of investing in permanent, well-graded posts to attract and retain people, particularly in rural areas such as Bronglais and Worthybush; and called for better planning to avoid losing skilled clinicians."

The views described here appear to be backed up by numerous ad-hoc comments we have received in confidence from current staff who are reluctant to speak out publicly and lead us to question whether there has been a lack of genuine effort to recruit a full and sustainable staffing team for Bronglais.

5. Confirmed details, including locations and anticipated timescales for the development of the suggested four comprehensive Regional Stroke Units in Wales.

We understand that further details of progress on these plans are not necessarily in the gift of HDdUHB, but it makes no sense for the Health Board to take decisions to dismantle or downgrade Stroke services in any part of Hywel Dda before they and we, know the anticipated locations and reach of these proposed units.

We look forward to your committee's consideration of our petition in March. If there is anything further you need from us in the meantime, please don't hesitate to get in touch.

Yours faithfully,

FOR AND ON BEHALF OF PROTECT BRONGLAIS SERVICES

Lisa Francis (Chair of PBS)

Bryony Davies (Lead Petitioner PBS)

Eitem 3.5

P-06-1546 Dylai Llywodraeth Cymru ariannu ffordd liniaru Llanbedr!

Cyflwynwyd y ddeiseb hon gan Karl Ciz, ar ôl casglu 1,271 o lofnodion.

Geiriad y ddeiseb:

Cafodd ffordd liniaru Llanbedr ei chanslo gan Lywodraeth Cymru, a addawodd ffordd newydd i Lanbedr wedyn. Nawr bod cynlluniau'n cael eu cwblhau, rydym yn galw ar Lywodraeth Cymru i ariannu'r ffordd newydd a addawyd.

Mae'r gymuned ei hun yn byw mewn ofn, mae'r sefyllfa drafnidiaeth i dwristiaid yn enbyd, ac fe gafodd yr ateb a oedd gennym ni ei sgubo o'r neilltu gennych chi. Rydym ni, cymuned Llanbedr, ymwelwyr â Llanbedr, a'r rhai sy'n teithio drwy'r pentref, yn anfon deiseb atoch er mwyn i chi gymryd cyfrifoldeb ac ariannu'r ffordd.

Gwybodaeth Ychwanegol:

Addawodd Llywodraeth Cymru "gynllun enghreifftiol" i gymuned Llanbedr ar ôl iddi ganslo'r datrysiad wedi'i ariannu a oedd ar fin dechrau. Addawodd weithio gyda'n Sir i ddarparu ffordd llawer gwell – addawyd "ffordd liniaru cyflymder isel". Nawr bod y cynlluniau bron yn barod, fodd bynnag, mae'n ymddangos bod y Llywodraeth eisiau rhoi'r gorau i'w chyfrifoldeb a throsglwyddo'r cyfrifoldeb ariannu i gorff arall, ac mae am i'n cymuned ni "ymgeisio" am gyllid. Rydym yn teimlo mai eich cyfrifoldeb chi yw ariannu'r ffordd. Nid yw gwthio ein cymuned i sefyllfa loteri nawr yn deg nac yn gyfiawn.

Etholaeth a Rhanbarth y Senedd

- Dwyfor Meirionnydd
- Canolbarth a Gorllewin Cymru

P-06-1549 Cyflwynwyd y ddeiseb hon gan Wilson Chowdhry, ar ôl casglu 273 o lofnodion.

Geiriad y ddeiseb:

Ym mis Chwefror 2024, daethpwyd o hyd i RAAC mewn 77 o gartrefi ar ystâd Gŵyr (Gower estate) yn Hirwaun. Mae 14 o'r cartrefi hyn yn eiddo preifat a brynwyd drwy'r cynllun Hawl i Brynu. Mae'r trigolion bellach yn wynebu costau cyfartalog o £23,000 am waith atgyweirio dros dro, a hynny tra'n ceisio mynd i'r afael â pholisïau yswiriant annilys a thelerau morgais annheg. Mae RAAC yn ansefydlog ac yn dirywio'n gyflym, gan beri risgiau diogelwch difrifol. Ac eto, nid yw Trivallis na Chyngor Rhondda Cynon Taf wedi cynnig cymorth realistig.

Rydym yn annog Llywodraeth Cymru i ymyrryd, a darparu cymorth ariannol ac atebion hirdymor i berchnogion tai yr effeithir arnynt.

Gwybodaeth Ychwanegol:

Mae trigolion Hirwaun yn dod o gymunedau difreintiedig. Mae llawer wedi dod yn gaeth i'w morgeisi, gyda'u benthycwyr yn amharod i ailgyllido a darparwyr amgen yn gwrthod eu ceisiadau. Mae'r perchnogion tai hyn mewn sefyllfa ariannol hynod fregus, gan eu bod yn talu am bolisïau yswiriant cartref sy'n eithrio problemau sy'n gysylltiedig â RAAC, ac maent hefyd yn byw gyda'r bygythiad y bydd y to uwch eu pennau yn cwmpo i lawr. Cafodd y cartrefi hyn eu hadeiladu'n rhad gan y cyngor lleol, cyn cael eu gwerthu i Trivallis, ac yna eu trosglwyddo i drigolion diarwybod drwy'r cynllun Hawl i Brynu diffygiol, a hynny heb unrhyw ddatgelu o ran y risgiau strwythurol sy'n gysylltiedig â RAAC.

Rhaid i Lywodraeth Cymru greu cronfa unioni genedlaethol, gan ddefnyddio ei phwerau datganoledig neu drwy bwysu ar Lywodraeth y DU am gymorth. Rhaid iddi hefyd lansio ymchwiliad cyhoeddus i'r methiannau hanesyddol hyn. Anwybyddwyd rhybuddion: er enghraifft, yn nhref Basildon yn y 1990au, cafodd dros 400 o adeiladau eu dymchwel yn sgil materion a oedd yn ymwneud â RAAC, ac yng Ngorllewin Lothian yn 2004, cafodd 86 o gartrefi eu condemnio.

Rhaid i Lywodraeth Cymru weithredu yn awr, drwy ailddiffinio rheoliadau adeiladu a safonau tai i orfodi gwarantau 50 mlynedd fel sicrwydd rhag deunyddiau diffygiol, a thrwy greu cofrestr eiddo risg uchel yng Nghymru i atal sgandalau yn y dyfodol.

Etholaeth a Rhanbarth y Senedd

- Pontypridd
- Canol De Cymru

Jayne Bryant AS/MS
Ysgrifennydd y Cabinet dros Lywodraeth Leol a Thai
Cabinet Secretary for Housing and Local Government



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-06-1549
Ein cyf/Our ref JB/00005/26

Carolyn Thomas AS
Cadeirydd y Pwyllgor Deisebau
Senedd Cymru
Bae Caerdydd
Caerdydd
CF99 1SN

5 Chwefror 2026

Annwyl Carolyn,

Diolch am eich llythyr ynghylch Deiseb P-06-1549 - Cymorth brys ar gyfer perchnogion tai yn Hirwaun y mae concrit awyredig awtoclafiedig cyfnerth (RAAC) wedi effeithio arnynt a gyflwynwyd gan Wilson Chowdhry.

Mae Mr Chowdhry wedi cysylltu â mi'n uniongyrchol gyda chais i godi'r mater hwn gyda Llywodraeth y DU. Rwy'n hapus i wneud hynny a byddaf yn ysgrifennu at Weinidog Tai y DU, Samantha Dixon AS, i geisio cymorth i breswylwyr yng Nghymru y mae RAAC wedi effeithio arnynt.

Yr ystad yn Hirwaun yw'r unig un yng Nghymru y mae Llywodraeth Cymru yn ymwybodol y mae RAAC wedi effeithio arni.

Yn gywir,

Jayne Bryant AS/MS
Ysgrifennydd y Cabinet dros Lywodraeth Leol a Thai
Cabinet Secretary for Housing and Local Government

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

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Gohebiaeth.Jayne.Bryant@llyw.cymru
Correspondence.Jayne.Bryant@gov.Wales

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

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



Llywodraeth Cymru
Welsh Government

Carolyn Thomas AS
Cadeirydd
Y Pwyllgor Deisebau

deisebau@senedd.cymru

16 Chwefror 2026

Annwyl Carolyn,

Fel y gwyddoch, cyhoeddodd Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol Gyfarwyddyd Gweinidogol i Awdurdod Gwasanaethau Busnes y GIG i ddarparu gwasanaeth tystysgrif colli babi ar gyfer dinasyddion Cymru. Rwy'n ysgrifennu atoch i roi diweddariad ar y gwaith hwn.

Mae ymchwil defnyddwyr ar y gweill ar hyn o bryd, ac rydym yn cefnogi ymdrechion Awdurdod Gwasanaethau Busnes y GIG i gynyddu cyfranogiad gan ddinasyddion Cymru trwy hyrwyddo hyn ar sianeli cyfryngau cymdeithasol. Bu'r ymateb hyd yma yn gadarnhaol, a disgwylir i gam cyntaf yr ymchwil ddod i ben ar 13 Chwefror. Hefyd mae taith defnyddiwr ddwyieithog wedi'i datblygu at ddibenion ei threialu fel rhan o'r broses hon.

Rydym yn parhau i weithio drwy'r gofynion technegol sy'n gysylltiedig ag alinio'r systemau Cymraeg a Saesneg. Mae hyn yn ofyniad gan Safonau Digidol y Llywodraeth, ac mae'n hanfodol ar gyfer sicrhau y gellir dilysu ymgeiswyr yn briodol, gan alluogi'r ddau riant i gael yr opsiwn o gael eu henwi ar y dystysgrif.

Bydd adroddiad darganfod yn amlinellu'r costau gweithredu, a bydd amserlen arfaethedig yn cael ei baratoi i'w ystyried gan Lywodraeth Cymru yr wythnos sy'n dechrau ar 2 Mawrth.

Yn gywir,

Sarah Murphy AS/MS
Y Gweinidog Iechyd Meddwl a Llesiant
Minister for Mental Health and Wellbeing

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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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.

Tudalen y pecyn 142
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.

19 Eich cyf/Your ref P-06-1456
Ein cyf/Our ref JMHS/00229/26

Carolyn Thomas AS
Cadeirydd
y Pwyllgor Deisebau

deisebau@senedd.cymru

19 Chwefror 2026

Annwyl Carolyn,

Diolch ichi am eich llythyr dyddiedig 27 Ionawr ynglŷn â Deiseb P-06-1456 yn ymwneud â chynlluniau i ddarparu gwasanaethau Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS) Cymru o ganolfan newydd yn y Gogledd.

Cyd-bwyllgor Comisiynu GIG Cymru sy'n gyfrifol am wneud penderfyniadau am gomisiynu gwasanaethau EMRTS Cymru.

Mewn ymateb i'ch cwestiwn am amserlenni, yng nghyfarfod diweddaraf y cyd-bwyllgor ar 27 Ionawr, adolygodd yr aelodau y cynnydd sydd wedi ei wneud, gan gytuno ar y camau nesaf. Mae Ymddiriedolaeth GIG Gwasanaethau Ambiwllans Cymru yn cynnal adolygiad manwl o sut mae gwasanaethau ambiwlans yn gweithredu mewn ardaloedd gwledig, a fydd yn helpu i ddiweddarau cynigion, gan gynnwys:

- Sut y gall y gwasanaeth ambiwlans barhau i ddiwallu anghenion poblogaethau gwledig;
- Sut y mae angen sicrhau bod modelau gwasanaeth yn gydnaws â Fframwaith Perfformiad Cenedlaethol diwygiedig Llywodraeth Cymru ar gyfer Gwasanaethau Ambiwllans Brys, sy'n blaenoriaethu canlyniadau cleifion ac anghenion clinigol yn hytrach na chanolbwyntio ar amseroedd ymateb yn unig.

Bydd y gwaith hwn yn ganolog i ddatblygu ac adnewyddu cynnig ar gyfer argymhelliad 4.

O ran amserlen datblygu'r cynigion ar gyfer gwasanaeth pwrpasol ar y ffyrdd, mae'r cyd-bwyllgor wedi bod yn glir y bydd hyn yn cael ei ystyried ochr yn ochr â datblygu ei Gynllun Tymor Canolig Integredig ar gyfer 2026–29. Byddai'n amhriodol imi wneud sylwadau ar unrhyw gynigion cyn iddynt gael eu hystyried gan y cyd-bwyllgor.

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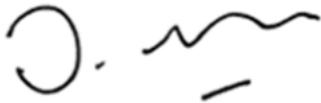
Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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

O ran cydgrynhoi'r gwasanaethau a ddarperir o ganolfan newydd, mae elusen Ambiwlans Awyr Cymru, sy'n gyfrifol am awyrennau, peilotiaid a chyfleusterau'r canolfannau, yn datblygu cynlluniau pontio sy'n gysylltiedig â dyfodol ei chanolfannau presennol yng Nghaernarfon a'r Trallwng. Er mwyn cynnal dilyniant yn y gwasanaeth, mae opsiynau megis estyniadau prydles dros dro ar gyfer y canolfannau presennol yn cael eu hystyried.

Er na ellir cadarnhau amserlenni terfynol eto gan fod y trafodaethau masnachol yn parhau, mae'r cyd-bwyllgor yn disgwyl derbyn rhagor o wybodaeth gan yr elusen y mis hwn, ac ar ôl hynny bydd diweddariadau cyhoeddus yn cael eu darparu.

Yn gywir,

A handwritten signature in black ink, consisting of a circular mark followed by a wavy line and a short horizontal stroke.

Jeremy Miles AS/MS

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

P-06-1531 Mandate Comprehensive and Specific Food Labelling to Support Dietary Needs and Allergies - Correspondence from Professor Adam Fox, 19 February 2026

Thank you for your letter of 27 January 2026 drawing attention to Petition P-06-1531, which raises an important, practical issue for some families of people with allergy: the difficulty of identifying the specific source of ingredients described using generic terms such as “starch”, including where a child has a specific allergy such as to potato. While the petition has been closed, the underlying concern is strongly aligned with the National Allergy Strategy (NAS)’s focus on improving how food businesses communicate potential allergens, so that people living with food allergy can make safe choices with confidence. In particular, the NAS recognises that clear, consistent and trustworthy allergen information—kept up to date when ingredients change—is a public health protection that reduces preventable harm and avoids placing unrealistic responsibility on families to “guess” risk from ambiguous labelling.

In response, I would highlight the following elements of the NAS that are directly relevant to food labelling and to the concerns raised by the petitioner. First, we call for strengthened requirements and collaboration with the Food Standards Agency to support clear and consistent declaration of allergens and of potential allergen presence, including improved use of Precautionary Allergen Labelling (PAL) so consumers have greater clarity and trust, and the development of a stronger evidence-based framework (including work on allergen thresholds/reference doses) to make precautionary statements more meaningful. Second, the Strategy emphasises the need to keep allergen declaration up to date, using validated approaches and ensuring changes to ingredients are clearly communicated—because for allergic consumers, “ingredient drift” can create real risk even when packaging looks familiar. Third, the Strategy supports “Owen’s Law” principles so that, beyond packaged food, allergen information is consistently available in writing at the point of ordering across food service settings, rather than relying on verbal exchanges or customers having to ask—an approach that also strengthens consistency for ingredients described generically.

Practical implications that follow from these commitments include: (1) exploring whether generic descriptors such as “starch” can be made more informative and consistent for allergic consumers (for example, declaring the botanical source where it is materially relevant to safety); (2) improving national consistency and enforcement so that allergen information is reliable across sectors, including SMEs; (3) ensuring that where precautionary statements are used, they are underpinned by clearer rules so they convey actionable information rather than broad uncertainty; and (4) supporting consumer confidence through better systems for communicating ingredient changes and learning from incidents (including clearer pathways for investigation and reporting of allergen-related events). I hope these comments are helpful to the Committee in noting how the petition’s concerns align with the National Allergy Strategy food-safety and labelling priorities, and I would welcome continued cross-sector collaboration with the relevant agencies to progress these improvements.

With kind regards,

Adam Fox