



**Ombwdsmon
Ombudsman**
Cymru • Wales

The investigation of a complaint
against
Cwm Taf Morgannwg University Health Board

A report by the
Public Services Ombudsman for Wales
Case: 202400797

Contents	Page
Introduction	1
Summary	2
The complaint	4
Investigation	4
Relevant National Guidance	4
The background events	5
What Ms A said	9
What the Health Board said	9
Analysis and conclusions	10
Recommendations	12

Introduction

This report is issued under s.23 of the Public Services Ombudsman (Wales) Act 2019.

We have taken steps to protect the identity of the complainant and others, as far as possible.

Summary

Ms A complained about the Health Board's delay in hip surgery for her father, Mr B. Mr B was told that his care had been transferred to a neighbouring health board. However, enquiries revealed he was not on the surgery waiting list at either health board. The investigation considered whether Mr B's hip surgery had been delayed due to administrative, rather than clinical, reasons.

The Ombudsman found that, without his knowledge, Mr B had been removed from the orthopaedic surgery waiting list. The reason for this is not clear from the Health Board's records. The Ombudsman was concerned that Mr B had not been notified about his removal from the list (as required by national guidance), and that the Health Board had failed to rectify the situation for well over a year despite complaints being made to it. The Ombudsman was satisfied that this constituted maladministration which had resulted in a considerably longer wait for surgery for Mr B. The Ombudsman **upheld the complaint**.

The Ombudsman made a number of recommendations which the Health Board accepted.

Within **1 month**:

- a) Arrange for the Chief Executive to make a written apology to Ms A and Mr B for the administrative error which delayed Mr B's surgery, and for the poor and delayed response to their complaint.
- b) Provide a redress payment of £750 to reflect the poor response to the complaint, and the additional stress for Mr B of having to chase up the issue with the Health Board.
- c) Provide a redress payment of £1,500 to reflect the additional pain and suffering experienced by Mr B during the 18 months he was not on the waiting list due to administrative error.

Within 4 months:

- d) Provide evidence to my office that it has audited its surgery waiting lists and the transferred patient lists to satisfy itself that there are no other surgery patients who have been similarly overlooked or wrongly removed from its lists.
- e) Share this report with its Board which should nominate a Committee to maintain oversight and monitoring of the Health Board's compliance with recommendation d).

The Complaint

1. Ms A complained about the delay in hip surgery for her father Mr B. Specifically, she stated that he had been waiting for several years for a hip replacement, but when enquiries were made, Mr B was told that he was no longer on the waiting list for surgery as his care had been transferred to another health board. However, further enquiries revealed he was not on the surgery list for that health board either. Ms A therefore complained to my office. My investigation considered whether Mr B's hip surgery had been delayed due to administrative, rather than clinical, reasons.

Investigation

2. My Investigation Officer obtained comments and copies of relevant documents from Cwm Taf Morgannwg University Health Board ("the Health Board") and considered those in conjunction with the evidence provided by Ms A. It is noted that Mr B had a number of health conditions and received care for those throughout the period referred to in this report; the content of this report focusses solely on the timeline of his orthopaedic surgery and the administrative handling of this.

3. Both Ms A and the Health Board were given the opportunity to see and comment on a draft of this report before the final version was issued.

Relevant National Guidance

4. Welsh Government Rules for Managing Referral to Treatment Waiting Times ("RTT guidance") Version 7, October 2017.¹

- Paragraph 96 states: "If a patient is removed from the waiting list for reasons other than treatment, the patient and their referrer must be informed of the removal and the reasons for it. The information given must include the full reasons for removal and guidelines specifying the requirements for a return to the pathway. A full audit trail of this communication must be maintained."²

¹ The RTT guidance was updated in April 2025. [Planned care waiting times guidance: April 2025](#)

² The same provision is in the updated version of the RTT guidance (paragraph 139)

The background events

5. Mr B had been previously referred to the orthopaedic team with pain and restricted movement in both hips. At a consultation with a consultant orthopaedic surgeon (“the Orthopaedic Consultant”) on 16 November **2021**, Mr B was placed on the waiting list for bilateral hip replacement surgery (the left hip to be replaced first on an urgent basis). It was noted that he had a number of other conditions, including high BMI, sleep apnoea, nephrotic syndrome (where protein leaks from the blood into the urine causing swelling) and diabetes.
6. He attended an orthopaedic pre-operative assessment clinic (“PAC”) on 21 January **2022** where he was seen by a consultant anaesthetist (“the Consultant Anaesthetist”). The Consultant Anaesthetist noted Mr B’s other health issues and recommended that surgery should take place at Princess of Wales Hospital.
7. Mr B was further reviewed by the Orthopaedic Consultant on 30 August. Dietary management to improve Mr B’s BMI was to be considered and the plan remained the same to continue with hip surgery.
8. A further PAC took place in April **2023**. The records of this indicated that Mr B was “desperate for surgery”. On 26 May **2023**, Mr B’s PAC results were reviewed by the Consultant Anaesthetist. Mr B’s condition was unchanged but his HbA1c (a measurement of average blood glucose levels over the past 2 to 3 months) was raised. A letter to Mr B’s GP from the Consultant Anaesthetist, dated 5 June, stated:

“Unfortunately, an HbA1c taken at Pre-Assessment was 80, suggesting that he is still diabetic. Ideally this needs to be improved before his hip replacement to reduce the risk of complications. I would be grateful if you could review this patient’s diabetic control and let me know when this has been improved.”

9. On 24 January **2024**, Mr B's GP contacted the Health Board to ask for confirmation about Mr B's status on the waiting list for hip surgery. The GP explained that Mr B had contacted the Health Board directly to check the current waiting time but was told that he was no longer on the list. A response from the Health Board to the GP, dated 13 March, stated:

"I can see a letter to yourselves from [the Consultant Anaesthetist] (26/5/23) requesting that you review p[atien]t for better control of HbA1c, asking to let us know when achieved. Patient has an [...]post[code] so now dealt with by [a neighbouring health board ("the Second Health Board")]. I have spoken to the original listing consultant and he is now going to refer to a colleague in the Second Health Board. Can you confirm that his diabetes is now under control and he is fit for surgery."

10. The GP's response, dated 24 March, stated:

"I note your comments with regards to this gentlemen's diabetes. Indeed looking historically at his HbA1c's, they have never crept above 65 so certainly not a poorly controlled type 2 diabetic by any means. To that end his HbA1c has improved to 55. As you can appreciate it is not for us in Primary Care to tell you whether or not he is fit for surgery and that will fall at the feet of the anaesthetist to make that decision. I hope you appreciate where we are coming from with regards to this."

11. The Orthopaedic Consultant referred Mr B to another orthopaedic consultant ("the Second Orthopaedic Consultant") at the Second Health Board in a letter dated 21 March. The letter explained that Mr B's home address fell within the Second Health Board's current geographic area. The letter explained that:

"when the restructuring happened, [Mr B's] case should have been transferred to [the Second Health Board], but for some reason his case was lost. I have been asked recently to refer this gentleman to one of the hip surgeons in [the Second Health Board]."

This gentleman has been waiting for hip replacement for a long time and when he enquired he was told that he is not on the waiting list, therefore, he has been quite angry, as we can understand and he has put in a complaint. Following his complaint, I have been asked to transfer his care to one of the hip surgeons in the Second Health Board and I would be grateful if you could take over his care and review his history”.

12. The Health Board provided a formal response to Mr B’s complaint about the delay in surgery. Its letter, dated 16 April, set out a chronology of treatment provided to Mr B, and explained that:

“In the summer of 2023 your GP was asked to assist you with your diabetic control. At this time [the] Health Board transferred all patients with an [...] prefix postcode to [the Second Health Board]. You were not transferred at this time because you were not fit to proceed with surgery (until your Diabetes control had improved). I am pleased to confirm that [the Orthopaedic Consultant] has recently written a referral to [the Second Orthopaedic Consultant] to take over your care and to establish the best option for you to undergo hip replacement.”

13. There was further email correspondence in early May 2024 between the Health Board and the Second Health Board following a request from Ms A’s advocate for a copy of the referral letter. This prompted further communication between the Health Boards about the status of the referral. It was noted that the Health Board had “not received any confirmation yet” that the referral had been accepted by the Second Health Board. Further emails explained that the Second Health Board’s Planned Care Team had not accepted Mr B’s case onto its list. This was because “the patient was never transferred to [the Second Health Board] and [...] has missed the cut off for transferring so either he is treated at [the Health Board] or he comes across to us as a new referral”. It was further noted that the Second Health Board had not been aware of the patient as he was not on the WPAS [Wales Patient Access Scheme – this is the administrative system used in Wales for patient details and hospital visits] and that matter “had been raised back in November” 2023 following the complaint.

14. The Second Health Board confirmed in an email of 10 May that they were “not accepting this referral as it has been sent after the repatriation cut-off date”.

15. It remained that Mr B was not on the waiting list at either the Health Board or the Second Health Board despite ongoing communication from Mr B, Ms A, Ms A’s advocate and my office. Mr B was eventually seen at the Health Board by another orthopaedic consultant to assess his suitability for surgery in January **2025**. He was placed back on the urgent orthopaedic surgery waiting list in January 2025. His hip replacement surgery took place in May 2025.

Outline Chronology of the complaint

16. Ms A initially emailed the Health Board on 2 June **2023** about Mr B’s lengthy wait for surgery and asked for his surgery to be expedited. This was acknowledged on 5 June. Mr B sent an email to the Health Board dated 19 October raising a concern about his ongoing wait for surgery. At the same time, Ms A sought support from an advocate to assist her in pursuing the complaint to the Health Board. Additionally, Mr B said that he had phoned the Health Board about his surgery only to be told that he was not on the surgery waiting list. In December, Mr B’s local Member of the Senedd (“MS”) wrote to the Health Board, on Mr B’s behalf, to chase up a response about the delay in Mr B’s orthopaedic surgery.

17. Ms A made a complaint to my office in February **2024** as she remained concerned about Mr B’s wait for surgery and she had received no response to her complaint from the Health Board. In response to our enquiries, the Health Board informed my office that Mr B’s care had been transferred to the Second Health Board as Mr B was a patient in its area; it had therefore passed the complaint to the Second Health Board to respond to. The Health Board accepted that it should have informed Ms A about this and agreed to write to her to apologise. Ms A’s advocate emailed my office on 21 March stating that the Second Health Board had received no complaint concerning Mr B’s surgery delay and also that Mr B was not on its surgery waiting list. Following various emails to chase up a response, the Health Board issued its formal complaint response on 16 April. Following the Health Board’s formal response to the complaint (see paragraph 12 above), Ms A referred the matter back to my office as she was concerned that the

Health Board had stated that Mr B had been referred to the Second Health Board and yet, on enquiry, it had confirmed to her that Mr B was not on its waiting list for surgery.

What Ms A said

18. Ms A complained about the delay in her father, Mr B, getting surgery. She said that it was distressing to witness his ongoing wait for surgery when he was in considerable pain. The ongoing uncertainty about his situation on the waiting list, indeed about which Health Board was supposed to be treating him, had added to his stress. She referred to poor communication from the Health Board and the lack of clarity, and contradictions, in the Health Board's response to her complaint. She also had to keep contacting the Health Board to chase up what was happening and getting no response.

What the Health Board said

19. The Health Board's response to the complaint was set out in its formal response to Mr B dated 16 April 2024 (see paragraph 12 above). It confirmed that Mr B was placed on the urgent waiting list for hip replacement surgery on 16 November 2021. It stated that he should have been transferred over the Second Health Board in the Summer of 2023.

20. In later responses to my office, the Health Board confirmed that records indicated that Mr B was removed from the surgery waiting list on 7 July 2023. It is not clear from the records why he was removed. The Health Board referred to the letter to Mr B's GP about his elevated HbA1c results as a potential reason for this.

21. The Health Board confirmed that Mr B was reinstated on the urgent list for hip surgery in January 2025.

22. Having seen a draft version of this report, the Health Board stated its view that the raised HbA1c result meant that Mr B was medically unfit for surgery in May 2023. It said that this is why Mr B was removed from the waiting list in July 2023. However, it acknowledged this was not communicated to Mr B or his GP, nor was it evident from its own clinical or waiting list records. It stated that it was unfortunate that this period coincided with the transfer of the orthopaedic patient list to the Second Health Board

following restructuring, resulting in Mr B's case being overlooked. However, the Health Board also accepted that it had missed opportunities to reinstate Mr B onto the waiting list, and that there was an unacceptable delay before it did so.

Analysis and conclusions

23. I am satisfied that there is evidence that administrative failings led to Mr B's orthopaedic surgery being delayed and that throughout this time he continued to experience pain and restricted mobility. Mr B was accepted onto the Health Board's waiting list for hip replacement surgery in November 2021 as an urgent patient. It is acknowledged that Mr B had various co-existing health conditions which made his situation more complex. However, he was removed from this list on 7 July 2023. The Health Board has suggested that this was following a high HbA1c result in May 2023, however the reason for Mr B's removal from the waiting list is not evidenced in any of the Health Board's records. Neither Mr B nor his GP were informed about his removal from the waiting list, contrary to the RTT guidance. An attempt to transfer Mr B's care to the Second Health Board failed and no further action was taken to progress his care. He was never reinstated onto the waiting list despite considerable correspondence.

24. Mr B was eventually reviewed by the Health Board's surgical team in January 2025 and reinstated on the urgent surgery waiting list. This represents a period of 18 months when he had been removed from the urgent waiting list, without being told, and was not reinstated even when the Health Board became aware that he should be on the waiting list. I am satisfied that his absence from the waiting list during this period related to administrative errors by the Health Board, rather than any clinical reason. I **uphold** the complaint.

25. The Health Board's administration and communication throughout this complaint has been poor. Its responses to the complaint and to requests for information from my office have been delayed and incomplete. Whilst it may be understandable for an error to have occurred during the transfer arrangements of a number of patients to the Second Health Board, it is extremely concerning that the Health Board neither recognised nor rectified the error that had occurred. There were significant and numerous opportunities for the

Health Board to have discovered the situation and corrected it, including approaches from June 2023 onwards from Ms A, Mr B, Mr B's MS, Mr B's GP and my office highlighting the situation.

26. In its responses, including the formal response to Mr B under Putting Things Right ("PTR"), the Health Board has given incomplete and misleading information. It repeatedly stated that Mr B had been referred to the Second Health Board when he had not been. Indeed, a referral letter was only sent in March 2024 less than a month before its formal response to Mr B under PTR. When that referral was refused by the Second Health Board in May 2024, the Health Board did nothing to remedy the situation, nor did it contact Mr B. The result of this has been that Mr B remained off the surgery waiting list from July 2023 until January 2025. It has also meant additional time and stress over a prolonged period for him and Ms A in chasing up the situation with the Health Board and dealing with its wholly inadequate responses.

27. Finally, the findings from my investigation of this complaint raise significant concerns about the way in which waiting lists are managed and how waiting times are represented and recorded by the Health Board. Mr B was removed from the urgent surgery list (after already waiting 19 months) without either him or his GP being informed. The reason he was removed is unclear. This is unacceptable and contrary to the RTT guidance.

28. Because Mr B was only reinstated on the surgical waiting list in January 2025, and his surgery took place in May 2025, the official figures will record his waiting time (referral to treatment time) as 5 months. In actual fact, he had been waiting for urgent surgery since November 2021, a total of 42 months. Even taking into account the short periods of time when Mr B was undergoing other treatment, and that his surgery was listed for a major hospital only, this is an excessive difference and calls into question the consistency of recording and therefore the accuracy of some of the Health Board's waiting list data.

29. The numerous failings highlighted in this investigation, and the Health Board's inability to explain or remedy Mr B's situation even once it became aware of it, suggest that there may be other patients who have been similarly affected by removal from the waiting list without notification.

It further raises significant concerns about the consistency of how waiting list data is recorded, and the need to be transparent with patients about any change in waiting list status. In light of this, I intend to share a copy of this report with the Cabinet Secretary for Health and Social Care.

Recommendations

30. I **recommend** that the Health Board should:

Within **1 month** of the date of this report:

- a) Arrange for the Chief Executive to make a written apology to Ms A and Mr B for the administrative error which delayed Mr B's surgery, and for the poor and delayed response to their complaint.
- b) Provide a redress payment of £750 to reflect the poor response to the complaint, and the additional stress for Mr B of having to chase up the issue with the Health Board.
- c) Provide a redress payment of £1,500 to reflect the additional pain and suffering experienced by Mr B during the 18 months he was not on the waiting list due to administrative error.

Within **4 months** of the date of this report:

- d) Provide evidence to my office that it has audited its surgery waiting lists and the transferred patient lists to satisfy itself that there are no other surgery patients who have been similarly overlooked or wrongly removed from its lists.
- e) Share this report with its Board which should nominate a Committee to maintain oversight and monitoring of the Health Board's compliance with recommendation d).

31. I am pleased to note that, in commenting on the draft version of this report, the Health Board agreed to implement these recommendations.

32. In addition, the Health Board stated it was committed to learning from this case and ensuring that improvements were embedded within its services. It said that a current patient pathway audit was already ongoing. It explained it had already ensured that there was continuous validation of its waiting lists and started training all staff on the waiting list process, and the new guidance.

Michelle Morris

Michelle Morris

20 November 2025

Ombwdsmon Gwasanaethau Cyhoeddus | Public Services Ombudsman

Public Services Ombudsman for Wales
1 Ffordd yr Hen Gae
Pencoed
CF35 5LJ

Tel: 0300 790 0203
Website: www.ombudsman.wales
Email: ask@ombudsman.wales
Follow us on X: [@OmbudsmanWales](https://twitter.com/OmbudsmanWales)





**Ombwdsmon
Ombudsman**
Cymru • Wales

Yr ymchwiliad i gŵyn
yn erbyn
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg

Adroddiad gan
Ombwdsmon Gwasanaethau Cyhoeddus Cymru
Achos: 202400797

Cynnwys	Tudalen
Cyflwyniad	1
Crynodeb	2
Y gŵyn	4
Ymchwiliad	4
Canllawiau cenedlaethol perthnasol	4
Y digwyddiadau cefndir	5
Beth a ddywedodd Ms A	9
Beth a ddywedodd y Bwrdd Iechyd	9
Dadansoddiad a chasgliadau	10
Argymhellion	12

Cyflwyniad

Cyhoeddwyd yr adroddiad hwn o dan a.23 o Ddeddf Ombwdsmon Gwasanaethau Cyhoeddus (Cymru) 2019.

Rydym wedi cymryd camau i ddiogelu hunaniaeth yr achwynydd ac eraill, cyn belled ag y bo modd.

Crynodeb

Cwynodd Ms A am oedi gan y Bwrdd Iechyd cyn rhoi llawdriniaeth ar y glun i'w thad, Mr B. Dywedwyd wrth Mr B fod ei ofal wedi cael ei drosglwyddo i fwrdd iechyd cyfagos. Fodd bynnag, gwelwyd ar ôl gwneud ymholiadau nad oedd Mr B ar y rhestr aros am lawdriniaeth yn y naill fwrdd iechyd na'r llall. Yn yr ymchwiliad, ystyriwyd a oedd yr oedi cyn rhoi llawdriniaeth ar y glun i Mr B yn ganlyniad i resymau gweinyddol, yn hytrach na rhai clinigol.

Canfyddiad yr Ombwdsmon oedd bod enw Mr B wedi cael ei dynnu oddi ar y rhestr aros am lawdriniaeth orthopedig, heb iddo gael gwybod am hynny. Nid yw'n glir o gofnodion y Bwrdd Iechyd beth yw'r rheswm am hyn. Roedd yn bryder i'r Ombwdsmon nad oedd Mr B wedi cael ei hysbysu bod ei enw wedi ei dynnu oddi ar y rhestr (yn unol â gofynion canllawiau cenedlaethol), a bod y Bwrdd Iechyd wedi methu ag unioni'r sefyllfa am ymhell dros flwyddyn er bod cwynion wedi eu gwneud iddo. Roedd yr Ombwdsmon wedi ei argyhoeddi bod hyn yn gyfystyr â chamweinyddu a oedd wedi arwain at arhosiad hirach o lawer am lawdriniaeth i Mr B. Roedd yr Ombwdsmon **wedi cadarnhau'r gŵyn**.

Gwnaeth yr Ombwdsmon nifer o argymhellion a dderbyniwyd gan y Bwrdd Iechyd.

O fewn 1 mis:

- a) Trefnu i'r Prif Weithredwr wneud ymddiheuriad ysgrifenedig i Ms A a Mr B am y gwall gweinyddol a arweiniodd at oedi llawdriniaeth Mr B, ac am yr ymateb gwael a hwyr i'w cwyn.
- b) Darparu iawndal o £750 am yr ymateb gwael i'r gŵyn, a'r straen ychwanegol a brofodd Mr B o orfod mynd ar ôl y mater gyda'r Bwrdd Iechyd.
- c) Darparu iawndal o £1,500 am y poen a dioddef ychwanegol a brofodd Mr B yn ystod y 18 mis pan nad oedd ar y rhestr aros o ganlyniad i wall gweinyddol.

O fewn **4 mis**:

- d) Darparu tystiolaeth i'm swyddfa ei fod wedi archwilio ei restrau aros am lawdriniaeth a'i restrau o gleifion a drosglwyddwyd er mwyn ei sicrhau ei hun nad oes cleifion llawdriniaeth eraill sydd wedi eu hanghofio yn yr un modd neu sydd â'u henwau wedi eu tynnu oddi ar ei restrau ar gam.

- e) Rhannu'r adroddiad hwn â'i Fwrdd a ddylai enwebu Pwyllgor i oruchwylio a monitro cydymffurfiaeth y Bwrdd lechyd ag argymhelliad d).

Y gŵyn

1. Cwynodd Ms A am yr oedi cyn rhoi llawdriniaeth ar y glun i'w thad Mr B. Yn benodol, dywedodd hi ei fod wedi aros am rai blynyddoedd am glun newydd ond, pan wnaed ymholiadau, dywedwyd wrth Mr B nad oedd ef bellach ar y rhestr aros am lawdriniaeth gan fod ei ofal wedi cael ei drosglwyddo i fwrdd iechyd arall. Fodd bynnag, gwelwyd ar ôl gwneud ymholiadau pellach nad oedd ar restr llawdriniaeth y bwrdd iechyd hwnnw ychwaith. Felly, cwynodd Ms A i'm swyddfa. Yn fy ymchwiliad, ystyriwyd a oedd yr oedi cyn rhoi llawdriniaeth ar y glun i Mr B yn ganlyniad i resymau gweinyddol, yn hytrach na rhai clinigol.

Ymchwiliad

2. Cafodd fy Swyddog Ymchwilio sylwadau a chopïau o ddogfennau perthnasol gan Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg ("y Bwrdd Iechyd") ac ystyried y rheini ynghyd â'r dystiolaeth a ddarparwyd gan Ms A. Nodir bod nifer o anhwylderau iechyd gan Mr B a'i fod wedi derbyn gofal am y rheini drwy gydol y cyfnod sydd dan sylw yn yr adroddiad hwn; mae cynnwys yr adroddiad hwn yn ymwneud yn unig â llinell amser ei lawdriniaeth orthopedig a'r gwaith gweinyddol a oedd ynglŷn â hynny.

3. Roedd Ms A a'r Bwrdd Iechyd wedi cael cyfle i weld drafft o'r adroddiad hwn a gwneud sylwadau amdano cyn cyhoeddi'r fersiwn derfynol.

Canllawiau cenedlaethol perthnasol

4. Rheolau Llywodraeth Cymru ar gyfer Rheoli Amseroedd Aros rhwng Atgyfeirio a Thriniaeth ("canllawiau RTT") Fersiwn 7, Hydref 2017.¹

- Mae paragraff 96 yn dweud: "Os caiff claf ei dynnu oddi ar y rhestr aros am resymau heblaw triniaeth, rhaid hysbysu'r claf a'r sawl a'i hatgyfeiriodd am dynnu ei enw ac am y rhesymau dros wneud hynny. Rhaid cynnwys yn y wybodaeth y rhesymau llawn dros dynnu'r enw a

¹ Diweddarwyd y canllawiau RTT yn Ebrill 2025. [Planned care waiting times guidance: April 2025](#)

chanllawiau yn dynodi'r gofynion am ddychwelyd i'r llwybr gofal. Rhaid cadw trywydd archwilio cyflawn o'r cyfathrebu hwn.”²

Y digwyddiadau cefndir

5. Roedd Mr B wedi cael ei atgyfeirio o'r blaen i'r tîm orthopedig gyda phoen a symud cyfyngedig yn y ddwy glun. Mewn ymgynghoriad gyda llawfeddyg orthopedig ymgynghorol (“y Llawfeddyg Orthopedig Ymgynghorol”) ar 16 Tachwedd **2021**, rhoddwyd Mr B ar y rhestr aros am lawdriniaeth i osod dwy glun newydd (y glun chwith newydd i'w gosod gyntaf ar sail frys). Nodwyd bod ganddo nifer o anhwylderau eraill, yn cynnwys BMI uchel, dal anadl wrth gysgu, syndrom neffrotig (lle mae protein yn gollwng o'r gwaed i'r wrin gan achosi chwyddo) a diabetes.

6. Cafodd ei dderbyn i glinig asesu cynlawdriniaethol orthopedig (“PAC”) ar 21 Ionawr **2022** lle cafodd ei weld gan anesthetydd ymgynghorol (“yr Anesthetydd Ymgynghorol”). Nododd yr Anesthetydd Ymgynghorol y problemau iechyd eraill a oedd gan Mr B ac argymhell y dylai gael llawdriniaeth yn Ysbyty Tywysoges Cymru.

7. Cafodd Mr B ei asesu ymhellach gan y Llawfeddyg Orthopedig Ymgynghorol ar 30 Awst. Roedd rheolaeth ddeietegol i gael ei hystyried i wella BMI Mr B a'r bwriad o hyd oedd bwrw ymlaen â'r llawdriniaeth ar y cluniau.

8. Cynhaliwyd PAC pellach yn Ebrill **2023**. Roedd y cofnodion am hyn yn dangos bod Mr B “yn ddesbrad am gael y llawdriniaeth”. Ar 26 Mai **2023**, adolygwyd y canlyniadau o'r PAC ar gyfer Mr B gan yr Anesthetydd Ymgynghorol. Nid oedd cyflwr Mr B wedi newid ond roedd ei lefel HbA1c (mesur o lefelau cyfartalog y glwcos yn y gwaed dros y 2 i 3 mis blaenorol) wedi codi. Mewn llythyr at feddyg teulu Mr B oddi wrth yr Anesthetydd Ymgynghorol, dyddiedig 5 Mehefin, dywedwyd:

“Yn anffodus, lefel y mesur HbA1c a gymerwyd yn yr Aseiad Cynlawdriniaethol oedd 80, sydd yn awgrymu ei fod yn dal i fod yn ddiabetig. Os oes modd, mae angen gwella hyn cyn gosod

² Ceir yr un ddarpariaeth yn y fersiwn wedi ei diweddarau o'r canllawiau RTT (paragraff 139)

ei gluniau newydd er mwyn lleihau'r risg o gael cymhlethdodau. Byddwn yn ddiolchgar os gallech adolygu rheolaeth ddiabetig y claf hwn a rhoi gwybod i mi pan fydd hyn wedi gwella.”

9. Ar 24 Ionawr **2024**, cysylltodd meddyg teulu Mr B â'r Bwrdd Iechyd i ofyn am gadarnhad ynghylch statws Mr B ar y rhestr aros am lawdriniaeth ar y glun. Eglurodd y meddyg teulu fod Mr B wedi cysylltu'n uniongyrchol â'r Bwrdd Iechyd i wirio'r amser aros ar y pryd ond ei fod wedi cael gwybod nad oedd ar y rhestr aros bellach. Mewn ymateb oddi wrth y Bwrdd Iechyd i'r meddyg teulu, dyddiedig 13 Mawrth, dywedwyd:

“Gallaf weld llythyr atoch chi oddi wrth [yr Anesthetydd Ymgynghorol] (26/5/23) yn gwneud cais i chi asesu'r claf am well rheolaeth ar ei lefel HbA1c, gan ofyn i chi roi gwybod i ni pan fydd hyn wedi ei sicrhau. Cod post [...] sydd gan y claf felly mae [bwrdd iechyd cyfagos (“yr Ail Fwrdd Iechyd”)] yn delio ag ef yn awr. Rwyf wedi siarad â'r meddyg rhestru ymgynghorol gwreiddiol ac mae ef am ei atgyfeirio yn awr at gydweithiwr yn yr Ail Fwrdd Iechyd. A allwch gadarnhau bod diabetes y claf o dan reolaeth yn awr a'i fod yn ffit ar gyfer llawdriniaeth.”

10. Yn ymateb y meddyg teulu, dyddiedig 24 Mawrth, dywedwyd:

“Nodaf eich sylwadau am ddiabetes y gŵr bonheddig hwn. Yn wir, wrth edrych yn hanesyddol ar ei lefelau HbA1c, nid ydynt erioed wedi codi'n uwch na 65 felly, yn sicr, nid yw'r rheolaeth ar ei ddiabetes math 2 yn wael o bell ffordd. Gyda golwg ar hynny, mae ei lefel HbA1c yn well ar 55. Fel y byddwch yn gwerthfawrogi, nid mater i ni ym maes Gofal Sylfaenol yw dweud wrthyhych chi a yw'n ffit ar gyfer llawdriniaeth ai peidio a bydd hynny'n fater i'w benderfynu gan yr anesthetydd. Gobeithio eich bod yn deall beth yw ein safbwynt yn hyn o beth.”

11. Roedd y Llawfeddyg Orthopedig Ymgynghorol wedi atgyfeirio Mr B at lawfeddyg orthopedig ymgynghorol arall (“yr Ail Lawfeddyg Orthopedig Ymgynghorol”) yn yr Ail Fwrdd Iechyd mewn llythyr dyddiedig 21 Mawrth. Eglurwyd yn y llythyr fod cyfeiriad cartref Mr B o fewn dalgyrch presennol yr Ail Fwrdd Iechyd. Yn y llythyr, eglurwyd:

“pan ddigwyddodd yr ailstrwythuro, dylai achos [Mr B] fod wedi ei drosglwyddo i [yr Ail Fwrdd Iechyd], ond am ryw reswm aeth ei achos

ar goll. Gofynnwyd yn ddiweddar i mi atgyfeirio'r gŵr bonheddig hwn at un o lawfeddygon y glun yn [yr Ail Fwrdd Iechyd].

Mae'r gŵr bonheddig hwn wedi bod yn aros am glun newydd ers amser hir a phan wnaeth ymholiadau dywedwyd wrtho nad yw ar y rhestr aros, felly mae wedi bod yn eithaf dig am hyn, fel y gallwn ddeall, ac mae wedi gwneud cwyn. Yn dilyn ei gŵyn, gofynnwyd i mi drosglwyddo ei ofal i un o lawfeddygon y glun yn yr Ail Fwrdd Iechyd a byddwn yn ddiolchgar os gallech gymryd drosodd ei ofal ac adolygu ei hanes”.

12. Darparodd y Bwrdd Iechyd ymateb ffurfiol i gŵyn Mr B am yr oedi cyn rhoi llawdriniaeth. Yn ei lythyr, dyddiedig 16 Ebrill, nodwyd cronoleg y driniaeth a ddarparwyd i Mr B, ac eglurwyd:

“Yn haf 2023 gofynnwyd i'ch meddyg teulu eich cynorthwyo gyda'ch rheolaeth ddiabetig. Ar yr adeg hon, trosglwyddodd y Bwrdd Iechyd yr holl gleifion sydd â chod post â'r rhagddodiad [...] i [yr Ail Fwrdd Iechyd]. Ni chawsoch eich trosglwyddo ar yr adeg hon am nad oeddech yn ffit i fwrw ymlaen â'r llawdriniaeth (nes bod y rheolaeth ar eich diabetes wedi gwella). Rwyf yn falch o gadarnhau bod [y Llawfeddyg Orthopedig Ymgynghorol] wedi ysgrifennu atgyfeiriad yn ddiweddar at [yr Ail Lawfeddyg Orthopedig Ymgynghorol] i gymryd drosodd eich gofal a chadarnhau beth fydd yr opsiwn gorau i chi ar gyfer llawdriniaeth i osod clun newydd.”

13. Cafwyd gohebu pellach drwy e-byst ar ddechrau Mai 2024 rhwng y Bwrdd Iechyd a'r Ail Fwrdd Iechyd yn dilyn cais gan eiriolwr Ms A am gopi o'r llythyr atgyfeirio. Roedd hyn wedi sbarduno cyfathrebu pellach rhwng y Byrddau Iechyd ynghylch statws yr atgyfeiriad. Nodwyd bod y Bwrdd Iechyd “heb gael unrhyw gadarnhad eto” bod yr atgyfeiriad wedi cael ei dderbyn gan yr Ail Fwrdd Iechyd. Mewn e-byst pellach, eglurwyd nad oedd Tîm Gofal a Gynlluniwyd yr Ail Fwrdd Iechyd wedi derbyn achos Mr B i'w restr. Y rheswm am hyn oedd “nad oedd y claf erioed wedi cael ei drosglwyddo i [yr Ail Fwrdd Iechyd] a bod [...] wedi methu'r torbwynt ar gyfer trosglwyddo felly un ai y caiff ei drin yn [y Bwrdd Iechyd] neu y bydd yn dod draw atom ni fel atgyfeiriad newydd”. Nodwyd ymhellach nad oedd yr Ail Fwrdd Iechyd yn gwybod am y claf am nad oedd ar WPAS [Cynllun Mynediad Cleifion Cymru – hon yw'r system weinyddol a ddefnyddir yng Nghymru i gofnodi manylion

cleifion ac ymweliadau ysbyty] a bod y mater “wedi cael ei godi yn ôl ym mis Tachwedd” 2023 yn dilyn y gŵyn.

14. Cadarnhaodd yr Ail Fwrdd Iechyd mewn e-bost ar 10 Mai “nad oedd yn derbyn yr atgyfeiriad hwn am ei fod wedi cael ei anfon ar ôl y dyddiad torbwynt ar gyfer ei drosglwyddo”.

15. Y sefyllfa o hyd oedd nad oedd Mr B ar y rhestr aros yn y Bwrdd Iechyd nac yn yr Ail Fwrdd Iechyd er gwaethaf y cyfathrebu parhaus oddi wrth Mr B, Ms A, eiriolwr Ms A a’r swyddfa i. Cafodd Mr B ei weld yn y diwedd yn y Bwrdd Iechyd gan lawfeddyg orthopedig ymgynghorol arall i asesu ei addasrwydd ar gyfer llawdriniaeth yn Ionawr **2025**. Rhoddwyd ei enw yn ôl ar y rhestr aros am lawdriniaeth orthopedig frys yn Ionawr 2025. Cwblhawyd y llawdriniaeth i osod ei gluniau newydd ym mis Mai 2025.

Cronoleg fras y gŵyn

16. Roedd Ms A wedi anfon e-bost yn gyntaf i’r Bwrdd Iechyd ar 2 Mehefin **2023** ynghylch arhosiad hir Mr B am lawdriniaeth a gofyn am gwblhau ei lawdriniaeth yn fuan. Cafwyd cydnabyddiaeth i hyn ar 5 Mehefin. Anfonodd Mr B e-bost i’r Bwrdd Iechyd, dyddiedig 19 Hydref, yn codi pryder am ei arhosiad hir am lawdriniaeth. Ar yr un pryd, gofynnodd Ms A am gymorth gan eiriolwr i’w helpu i fynd ar ôl y gŵyn a wnaeth i’r Bwrdd Iechyd. Yn ogystal â hyn, dywedodd Mr B ei fod ef wedi ffonio’r Bwrdd Iechyd am ei lawdriniaeth dim ond i gael gwybod nad oedd ar y rhestr aros am lawdriniaeth. Ym mis Rhagfyr, roedd yr Aelod o’r Senedd (“AS”) lleol i Mr B wedi ysgrifennu i’r Bwrdd Iechyd, ar ran Mr B, i geisio cael ymateb ynghylch yr oedi cyn rhoi llawdriniaeth orthopedig i Mr B.

17. Gwnaeth Ms A gŵyn i’r swyddfa yn Chwefror **2024** am ei bod yn pryderu o hyd am arhosiad Mr B am lawdriniaeth ac am nad oedd wedi cael ymateb i’w chŵyn gan y Bwrdd Iechyd. Mewn ymateb i’n hymholiadau, hysbyswyd fy swyddfa gan y Bwrdd Iechyd fod gofal Mr B wedi cael ei drosglwyddo i’r Ail Fwrdd Iechyd am fod Mr B yn glaf yn ei ddalgylch; felly roedd wedi trosglwyddo’r gŵyn i’r Ail Fwrdd Iechyd iddo gael ymateb iddi. Derbyniodd y Bwrdd Iechyd y dylai fod wedi hysbysu Ms A am hyn a chytunodd i ysgrifennu ati i ymddiheuro. Roedd eiriolwr Ms A wedi anfon e-bost i’r swyddfa ar 21 Mawrth yn dweud nad oedd yr Ail Fwrdd Iechyd wedi cael cwyn am oedi cyn rhoi llawdriniaeth i Mr B a hefyd nad oedd enw

Mr B ar ei restr aros am lawdriniaeth. Yn dilyn nifer o wahanol e-byst yn ceisio cael ymateb, rhoddodd y Bwrdd Iechyd ei ymateb ffurfiol i'r gŵyn ar 16 Ebrill. Yn dilyn yr ymateb ffurfiol i'r gŵyn gan y Bwrdd Iechyd (gweler paragraff 12 uchod), cyfeiriodd Ms A y mater yn ôl i'm swyddfa am ei bod yn bryderus bod y Bwrdd Iechyd wedi dweud bod achos Mr B wedi cael ei atgyfeirio i'r Ail Fwrdd Iechyd ac eto, ar ôl gwneud ymholiadau, fod yr Ail Fwrdd Iechyd wedi rhoi cadarnhad iddi nad oedd enw Mr B ar ei restr aros am lawdriniaeth.

Beth a ddywedodd Ms A

18. Cwynodd Ms A am yr oedi cyn i'w thad, Mr B, gael llawdriniaeth. Dywedodd ei bod yn peri gofid iddi ei weld yn aros am lawdriniaeth ac yntau mewn poen mawr. Roedd yr ansicrwydd parhaus ynghylch ei sefyllfa ar y rhestr aros, ac yn wir ynghylch pa Fwrdd Iechyd a oedd i fod i roi triniaeth iddo, wedi ychwanegu at y straen roedd ef yn ei brofi. Cyfeiriodd hi at gyfathrebu gwael gan y Bwrdd Iechyd a diffyg eglurder, a gwrth-ddweud, yn ymateb y Bwrdd Iechyd i'w chŵyn. Roedd hi hefyd wedi gorfod cysylltu droeon â'r Bwrdd Iechyd i geisio cael gwybod beth oedd yn digwydd a heb gael ymateb.

Beth a ddywedodd y Bwrdd Iechyd

19. Amlinellwyd yr ymateb i'r gŵyn gan y Bwrdd Iechyd yn ei ymateb ffurfiol i Mr B dyddiedig 16 Ebrill 2024 (gweler paragraff 12 uchod). Cadarnhaodd fod Mr B wedi cael ei roi ar y rhestr aros am lawdriniaeth frys i osod cluniau newydd ar 16 Tachwedd 2021. Dywedodd y dylai fod wedi ei drosglwyddo i'r Ail Fwrdd Iechyd yn haf 2023.

20. Mewn ymatebion diweddarach i'm swyddfa, cadarnhaodd y Bwrdd Iechyd fod cofnodion yn dangos bod enw Mr B wedi cael ei dynnu oddi ar y rhestr aros am lawdriniaeth ar 7 Gorffennaf 2023. Nid yw'n glir o'r cofnodion beth yw'r rheswm dros dynnu ei enw oddi ar y rhestr. Cyfeiriodd y Bwrdd Iechyd at y llythyr at feddyg teulu Mr B ynghylch y lefelau HbA1c uchel yng nghanlyniadau profion y claf fel rheswm posibl dros hyn.

21. Cadarnhaodd y Bwrdd Iechyd fod enw Mr B wedi cael ei roi yn ôl ar y rhestr aros am lawdriniaeth frys ar y glun yn Ionawr 2025.

22. Ar ôl gweld fersiwn ddrafft o'r adroddiad hwn, dywedodd y Bwrdd Iechyd mai ei farn oedd bod y lefelau HbA1c uchel yng nghanlyniadau profion y claf yn golygu nad oedd Mr B yn feddygol ffit i gael llawdriniaeth ym Mai 2023. Dywedodd mai hyn oedd y rheswm dros dynnu enw Mr B oddi ar y rhestr aros ym mis Gorffennaf 2023. Fodd bynnag, roedd yn cydnabod nad oedd wedi rhoi gwybod am hyn i Mr B nac i'w feddyg teulu, ac nad oedd hyn yn glir ychwaith o'i gofnodion ei hun am achosion clinigol neu restrau aros. Dywedodd ei bod yn anffodus bod y cyfnod hwn yn cyd-ddigwydd â throsglwyddo'r rhestr cleifion orthopedig i'r Ail Fwrdd Iechyd yn dilyn ailstrwythuro, gan arwain at anghofio achos Mr B. Fodd bynnag, roedd y Bwrdd Iechyd hefyd yn derbyn ei fod wedi colli cyfleoedd i roi enw Mr B yn ôl ar y rhestr aros, a bod oedi annerbyniol cyn iddo wneud hynny.

Dadansoddiad a chasgliadau

23. Rwyf wedi cael fy argyhoeddi bod tystiolaeth sy'n dangos bod diffygion gweinyddol wedi arwain at oedi cyn rhoi llawdriniaeth orthopedig i Mr B a'i fod, drwy gydol yr amser hwn, wedi parhau i brofi poen a symud cyfyngedig. Cafodd Mr B ei dderbyn i restr aros y Bwrdd Iechyd am lawdriniaeth frys i osod cluniau newydd ym mis Tachwedd 2021. Cydnabyddir bod nifer o wahanol anhwylderau iechyd gan Mr B a oedd yn cydfodoli a bod y rhain yn gwneud ei sefyllfa yn fwy cymhleth. Fodd bynnag, tynnwyd ei enw oddi ar y rhestr hon ar 7 Gorffennaf 2023. Mae'r Bwrdd Iechyd wedi awgrymu bod hyn yn dilyn canlyniad HbA1c uchel ym Mai 2023. Fodd bynnag, nid oes tystiolaeth o'r rheswm dros dynnu enw Mr B oddi ar y rhestr aros mewn unrhyw gofnodion sydd gan y Bwrdd Iechyd. Ni hysbyswyd Mr B na'i feddyg teulu am dynnu ei enw oddi ar y rhestr aros, yn groes i'r canllawiau RTT. Roedd ymgais i drosglwyddo gofal Mr B i'r Ail Fwrdd Iechyd wedi methu ac ni chymerwyd camau pellach i fwrw ymlaen â'i ofal. Nid oedd erioed wedi cael ei roi yn ôl ar y rhestr aros er gwaethaf yr ohebiaeth helaeth.

24. Cafodd achos Mr B ei adolygu o'r diwedd gan dîm llawfeddygol y Bwrdd Iechyd yn Ionawr 2025 a chafodd ei roi yn ôl ar y rhestr aros am lawdriniaeth frys. Mae hyn yn golygu bod cyfnod o 18 mis wedi mynd heibio pan oedd ei enw wedi ei dynnu oddi ar y rhestr aros frys, heb iddo gael ei hysbysu am hynny, ac ni roddwyd ei enw yn ôl ar y rhestr hyd yn oed pan ddaeth y Bwrdd Iechyd i wybod y dylai fod ar y rhestr aros. Rwyf wedi cael fy argyhoeddi bod ei absenoldeb o'r rhestr aros yn ystod y cyfnod hwn yn gysylltiedig â gwallau

gweinyddol gan y Bwrdd Iechyd, yn hytrach nag unrhyw reswm clinigol. Rwyf yn **cadarnhau'r** gŵyn.

25. Mae'r gweinyddu a chyfathrebu gan y Bwrdd Iechyd wedi bod yn wael drwy gydol y gŵyn hon. Mae ei ymatebion i'r gŵyn ac i geisiadau am wybodaeth gan fy swyddfa wedi bod yn araf ac anghyflawn. Er y gallai fod yn ddealladwy bod gwall wedi digwydd wrth weithredu'r trefniadau i drosglwyddo nifer o gleifion i'r Ail Fwrdd Iechyd, mae'n destun pryder mawr nad oedd y Bwrdd Iechyd wedi canfod nac unioni'r gwall a ddigwyddodd. Cafwyd cyfleoedd amlwg a niferus i'r Bwrdd Iechyd fod wedi darganfod y sefyllfa a'i hunioni, yn cynnwys y camau a gymerwyd i gysylltu ag ef o fis Mehefin 2023 ymlaen gan Ms A, Mr B, AS Mr B, meddyg teulu Mr B a'm swyddfa i, yn tynnu sylw at y sefyllfa.

26. Yn ei ymatebion, yn cynnwys yr ymateb ffurfiol i Mr B o dan y broses Gweithio i Wella, mae'r Bwrdd Iechyd wedi rhoi gwybodaeth anghyflawn a chamarweiniol. Dywedodd droeon fod Mr B wedi cael ei atgyfeirio i'r Ail Fwrdd Iechyd ac yntau heb gael ei atgyfeirio iddo. Yn wir, anfonwyd llythyr atgyfeirio cyn hwyred â mis Mawrth 2024, llai na mis cyn ei ymateb ffurfiol i Mr B o dan y broses Gweithio i Wella. Pan wrthodwyd yr atgyfeiriad hwnnw gan yr Ail Fwrdd Iechyd ym mis Mai 2024, ni wnaeth y Bwrdd Iechyd ddim i unioni'r sefyllfa, na chysylltu â Mr B. O ganlyniad i hyn, roedd Mr B wedi bod oddi ar y rhestr aros am lawdriniaeth rhwng Gorffennaf 2023 ac Ionawr 2025. Mae hefyd wedi golygu ei fod ef a Ms A wedi treulio mwy o amser a phrofi straen ychwanegol dros gyfnod hir wrth fynd ar ôl y mater gyda'r Bwrdd Iechyd a delio â'i ymatebion cwbl annigonol.

27. Yn olaf, mae'r canfyddiadau o'm hymchwiliad i'r gŵyn hon yn codi pryderon pwysig am y ffordd y mae rhestrau aros yn cael eu rheoli a sut mae amseroedd aros yn cael eu dangos a'u cofnodi gan y Bwrdd Iechyd. Tynnwyd enw Mr B oddi ar y rhestr aros am lawdriniaeth frys (ar ôl aros am 19 mis yn barod) heb ei hysbysu ef na'i feddyg teulu. Mae'r rheswm dros dynnu ei enw yn aneglur. Mae hyn yn annerbyniol ac yn groes i'r canllawiau RTT.

28. Am nad oedd Mr B wedi ei roi yn ôl ar y rhestr aros am lawdriniaeth tan Ionawr 2025, a bod ei lawdriniaeth wedi digwydd ym Mai 2025, yr amser aros (rhwng yr atgyfeiriad a'r driniaeth) a gaiff ei gofnodi yn y ffigurau swyddogol fydd 5 mis. Mewn gwirionedd, bu'n aros am

lawdriniaeth frys ers mis Tachwedd 2021, cyfanswm o 42 mis. Hyd yn oed ar ôl ystyried y cyfnodau byr pan oedd Mr B yn derbyn triniaeth arall, a'r ffaith bod ei lawdriniaeth wedi ei rhestru ar gyfer prif ysbyty yn unig, mae hyn yn ormod o wahaniaeth ac yn codi amheuon ynghylch cysondeb y cofnodi ac felly cywirdeb rhai o'r data yn rhestrau aros y Bwrdd Iechyd.

29. Mae'r diffygion niferus a nodwyd yn yr ymchwiliad hwn, ac anallu'r Bwrdd Iechyd i egluro neu unioni sefyllfa Mr B hyd yn oed ar ôl iddo ddod i wybod amdani, yn ffactorau sy'n awgrymu'r posibilrwydd bod cleifion eraill sydd wedi profi effaith debyg drwy dynnu eu henwau oddi ar y rhestr aros heb eu hysbysu am hynny. Yn ogystal â hynny, mae'n codi pryderon pwysig ynghylch cysondeb wrth gofnodi data ar restrau aros, ac yn wir ynghylch yr angen i fod yn dryloyw gyda chleifion am unrhyw newid yn eu statws ar restrau aros. O ystyried hyn, rwyf yn bwriadu rhannu copi o'r adroddiad hwn gydag Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol.

Argymhellion

30. Rwyf yn **argymell** y dylai'r Bwrdd Iechyd:

O fewn **1 mis** i ddyddiad yr adroddiad hwn:

- a) Trefnu i'r Prif Weithredwr wneud ymddiheuriad ysgrifenedig i Ms A a Mr B am y gwall gweinyddol a arweiniodd at oedi llawdriniaeth Mr B, ac am yr ymateb gwael a hwyr i'w cwyn.
- b) Darparu iawndal o £750 am yr ymateb gwael i'r gŵyn, a'r straen ychwanegol a brofodd Mr B o orfod mynd ar ôl y mater gyda'r Bwrdd Iechyd.
- c) Darparu iawndal o £1,500 am y poen a dioddef ychwanegol a brofodd Mr B yn ystod y 18 mis pan nad oedd ar y rhestr aros o ganlyniad i wall gweinyddol.

O fewn **4 mis** i ddyddiad yr adroddiad hwn:

- d) Darparu tystiolaeth i'm swyddfa ei fod wedi archwilio ei restrau aros am lawdriniaeth a'i restrau o gleifion a drosglwyddwyd er

mwyn ei sicrhau ei hun nad oes cleifion llawdriniaeth eraill sydd wedi eu hanghofio yn yr un modd neu sydd â'u henwau wedi eu tynnu oddi ar ei restrau ar gam.

e) Rhannu'r adroddiad hwn â'i Fwrdd a ddylai enwebu Pwyllgor i oruchwylio a monitro cydymffurfiaeth y Bwrdd lechyd ag argymhelliad d).

31. Rwyf yn falch o nodi bod y Bwrdd lechyd, yn ei sylwadau am y fersiwn ddrafft o'r adroddiad hwn, wedi cytuno i weithredu'r argymhellion hyn.

32. Yn ogystal â hyn, dywedodd y Bwrdd lechyd ei fod wedi ymrwymo i ddysgu gwersi o'r achos hwn a sicrhau bod gwelliannau'n cael eu sefydlu yn ei wasanaethau. Dywedodd fod archwiliad o'r llwybr gofal presennol i gleifion wedi dechrau eisoes. Eglurodd ei fod eisoes wedi sicrhau bod proses barhaus ar gyfer dilysu ei restrau aros ac wedi dechrau hyfforddi'r holl staff ar broses y rhestrau aros, ac ar y canllawiau newydd.

Michelle Morris

Michelle Morris

20 Tachwedd 2025

Ombwdsmon Gwasanaethau Cyhoeddus | Public Services Ombudsman

Ombwdsmon Gwasanaethau Cyhoeddus Cymru
1 Ffordd yr Hen Gae
Pencoed
CF35 5LJ

Ffôn: 0300 790 0203
Gwefan: www.ombudsman.wales
E-bost: ask@ombudsman.wales
Dilynwch ni ar X: [@OmbudsmanWales](https://twitter.com/OmbudsmanWales)