Cynulliad Cenedlaethol Cymru

Pwyllgor Archwilio

The National Assembly for Wales

Audit Committee

Rheoli Absenoldeb oherwydd Salwch gan Ymddiriedolaethau'r GIG yng Nghymru

The Management of Sickness Absence by NHS Trusts in Wales

Cwestiynau 1-130
Questions 1-130

Dydd Iau 12 Chwefror 2004
Thursday 12 February 2004

Aelodau o'r Cynulliad yn bresennol: Janet Davies (Cadeirydd), Leighton Andrews, Alun Cairns, Jocelyn Davies, Mark Isherwood, Denise Idris Jones, Val Lloyd, Carl Sargeant, Christine Gwyther, Mick Bates.

Swyddogion yn bresennol: Syr John Bourn, Archwilydd Cyffredinol Cymru; Lew Hughes, Swyddfa Archwilio Genedlaethol Cymru; Gillian Body, Swyddfa Archwilio Genedlaethol Cymru; Ceri Thomas, Swyddog Cydymffurfio Dros Dro Cynulliad Cenedlaethol Cymru.

Tystion: Ann Lloyd, Cyfarwyddwr GIG Cymru; Stephen Redmond, Cyfarwyddwr Adnoddau Dynol, GIG Cymru.

Assembly Members present: Janet Davies (Chair), Leighton Andrews, Alun Cairns, Jocelyn Davies, Mark Isherwood, Denise Idris Jones, Val Lloyd, Carl Sargeant, Christine Gwyther, Mick Bates.

Officials present: Sir John Bourn, Auditor General for Wales; Lew Hughes, National Audit Office Wales; Gillian Body, National Audit Office Wales; Ceri Thomas, Acting Compliance Officer, National Assembly for Wales.

Witnesses: Ann Lloyd, Director, NHS Wales; Stephen Redmond, Human Resources Director, NHS Wales.

Dechreuodd y cyfarfod am 9.31 a.m.
The meeting began at 9.31 a.m.

[1] **Janet Davies:** Bore da. Croesawaf Aelodau'r Pwyllgor, y tystion a'r cyhoedd. Croeso cynnes i swyddogion o Swyddfa Archwilio Gogledd Iwerddon: Raymond Jones, yr Archwilydd Cyffredinol Cynorthwyol, Barry Edgar, Paul Craig, a Billy Fitzimmons.

[1] **Janet Davies:** Good morning. I welcome Committee Members, witnesses and members of the public. I extend a warm welcome to officers from the Northern Ireland Audit Office: Raymond Jones, the Assistant Auditor General, Barry Edgar, Paul Craig, and Billy Fitzimmons.

I remind everybody that the Committee operates bilingually. Headsets are available for a translation of Welsh into English, as well as to amplify the sound.

Atgoffaf bawb fod y Pwyllgor yn gweithredu'n ddwyieithog. Mae clustffonau ar gael ar gyfer cyfieithiad o'r Gymraeg i'r Saesneg, yn ogystal ag i gynyddu'r sain.

Atgoffaf pawb i ddifodd eu ffonau symudol, blipwyr, ac unrhyw ddyfeisiau electronig eraill, gan eu bod yn ymyrryd â'r offer cyfieithu a darlledu. Nid oes ymddiheuriadau heddiw. A oes gan unrhyw Aelodau ddatganiadau o fuddiant i'w gwneud? Na? Iawn.

I remind everybody to turn mobile phones, pagers, and other electronic devices off, as they interfere with the translation and broadcasting equipment. There are no apologies today. Do any Members have declarations of interest to make? No? Right.

Yr wyf yn falch bod gan y Pwyllgor y cyfle i drafod y mater pwysig hwn. Wrth wraidd y drafodaeth heddiw mae iechyd a lles staff y gwasanaeth iechyd yng Nghymru. Mae gan hyn, fel y noda'r adroddiad, effaith uniongyrchol ar safon y gwasanaethau a ddarperir gan y gwasanaeth iechyd, ac mae absendoldeb drwy salwch yn costio llawer o arian. Mae'n bwysig, felly, ein bod yn ystyried a yw ein hymddiriedolaethau iechyd ac adran GIG y Cynulliad yn rheoli absenoldeb oherwydd salwch yn effeithiol. Heddiw, yr ydym yn cymryd

I am pleased that the Committee has the opportunity to discuss this important matter. At the heart of today's discussion is the health and wellbeing of NHS staff in Wales. As the report notes, this has a direct effect on the quality of services provided by the health service, and sickness absence costs a lot of money. It is important, therefore, that we consider whether our health trusts and the Assembly's NHS department is managing sickness absence effectively. Today, we are taking evidence from Mrs Ann Lloyd, Director of NHS Wales, and

tystiolaeth gan Mrs Ann Lloyd, Cyfarwyddwr GIG Cymru, a swyddogion eraill. Prif ffocws y cyfarfod, felly, fydd rôl yr adran yn sicrhau bod absenoldeb yn y gwasanaeth iechyd yng Nghymru yn cael ei reoli'n effeithiol.

other officials. The meeting's main focus, therefore, will be the department's role in ensuring that absence in the health service in Wales is effectively managed.

Fel y gwyr Aelodau, bydd cyfarfod y Pwyllgor ym mis Mawrth yn rhoi cyfle inni gymryd tystiolaeth oddi wrth ddwy o ymddiriedolaethau'r GIG. Bydd hyn yn ein galluogi i edrych yn fwy manwl ar achosion ac effeithiau absenoldeb, yn ogystal ag ymdrechion yr ymddiriedolaethau i fynd i'r afael â'r broblem.

As Members know, the Committee's meeting in March will give us the opportunity to take evidence from two NHS trusts. This will allow us to address in more detail the causes and impacts of absence, as well as the efforts made by the trusts to address the problem.

I ask the witnesses to introduce themselves, please.

Gofynnaf i'r tystion gyflwyno eu hunain, os gwelwch yn dda.

Ms Lloyd: I am Ann Lloyd, the Director of NHS Wales.

Ms Lloyd: Ann Lloyd ydw i, Cyfarwyddwr GIG Cymru.

Mr Redmond: I am Stephen Redmond, the Human Resources Director of NHS Wales.

Mr Redmond: Stephen Redmond ydw i, Cyfarwyddwr Adnoddau Dynol GIG Cymru.

[2] **Janet Davies:** Thank you. I will start on the first item—the management of sickness absence. I would like to start, Mrs Lloyd, by asking you to clarify the relative roles and responsibilities of your department and the NHS trusts in Wales with regard to sickness absence management.

[2] **Janet Davies:** Diolch. Yr wyf am gychwyn gyda'r eitem gyntaf—rheoli absenoldeb oherwydd salwch. Hoffwn gychwyn, Mrs Lloyd, trwy ofyn i chi egluro swyddogaethau a chyfrifoldebau perthnasol eich adran a'r ymddiriedolaethau GIG yng Nghymru o ran rheoli absenoldeb oherwydd salwch.

Ms Lloyd: Thank you, Chair. The main employers of staff in NHS Wales obviously are local health boards and NHS trusts, and it is they who are responsible for ensuring the health and wellbeing of their staff. My responsibility, latterly, has been to ensure that we have available to us issues of best practice, and the way in which NHS trusts and the new local health boards are managing the issues that relate to the health and safety of their employees, to ensure that they are taking their wellbeing into consideration and are, therefore, able to execute their responsibilities effectively.

Ms Lloyd: Diolch, Gadeirydd. Y prif gyflogwyr staff yn GIG Cymru yn amlwg yw byrddau iechyd lleol ac ymddiriedolaethau GIG, a hwy sy'n gyfrifol am sicrhau iechyd a lles eu staff. Fy nghyfrifoldeb i, yn ddiweddar, yw sicrhau bod materion arfer gorau ar gael i ni, a'r ffordd y mae ymddiriedolaethau GIG a'r byrddau iechyd lleol newydd yn rheoli'r materion sy'n ymwneud ag iechyd a diogelwch eu gweithwyr, i sicrhau eu bod yn ystyried eu lles ac felly'n gallu cyflawni eu cyfrifoldebau'n effeithiol.

[3] **Janet Davies:** Thank you. The Auditor General's report notes that the characteristics of working life within the NHS present particular risks to health—I think that that is fairly obvious to everyone. Nevertheless, do you believe that the levels of sickness absence reported by the trusts in Wales, and the value in terms of lost staff time, which is estimated at £66 million annually, are acceptable?

[3] **Janet Davies:** Diolch. Mae adroddiad yr Archwilydd Cyffredinol yn nodi bod nodweddion bywyd gweithio yn y GIG yn achosi risgiau penodol i iechyd—credaf fod hynny'n eithaf amlwg i bawb. Fodd bynnag, a ydych yn credu bod y lefelau absenoldeb oherwydd salwch y mae'r ymddiriedolaethau yng Nghymru yn sôn amdanynt, a'r gwerth o ran amser staff sy'n cael ei golli - amcangyfrifir bod hynny'n £66 miliwn y flwyddyn - yn dderbyniol?

Ms Lloyd: No, I do not consider them to be acceptable at the moment, and, in particular, I am not at all happy that we are still unable to acquire from the vast majority of trusts the breakdown of for what reason their staff are unable to work. You are quite right, Chair, in saying that working in the NHS does, in itself, present risks and dangers to staff, and it is one of the responsibilities of their main employer to ensure that those risks are minimised. We have to separate general illness from the risks that their own work presents to staff, so that you can start to eliminate those risks in a much more systematic way. I do not consider 6 per cent to be satisfactory, but I would very much urge the NHS trusts to get into a proper system whereby they can adjudicate against general ill health and ill health caused through the employment itself, because then they can have a better action plan to try to eliminate those risks.

Ms Lloyd: Na, nid wyf yn ystyried eu bod yn dderbyniol ar hyn o bryd, ac yn arbennig nid wyf yn hapus o gwbl ein bod yn dal yn methu cael gan y mwyafrif helaeth o ymddiriedolaethau y dadansoddiad o'r rheswm pam nad yw eu staff yn gallu gweithio. Yr ydych yn hollol gywir, Gadeirydd, wrth ddweud bod gweithio yn y GIG, ynddo'i hun, yn achosi risgiau a pheryglon i staff, ac un o gyfrifoldebau eu prif gyflogwr yw sicrhau bod y risgiau hynny mor fychan â phosibl. Mae'n rhaid i ni wahanu salwch cyffredinol a'r risgiau y mae eu gwaith eu hunain yn eu creu i staff, er mwyn i chi allu dechrau dileu'r risgiau hynny mewn ffordd lawer mwy systematig. Nid wyf yn ystyried bod 6 y cant yn foddhaol, ond byddwn yn annog yr ymddiriedolaethau GIG yn frwd i ddilyn system fanwl er mwyn iddynt allu gwahaniaethu rhwng salwch cyffredinol a salwch a achosir gan y gwaith ei hun, oherwydd wedyn bydd modd iddynt gael gwell cynllun gweithredu i geisio dileu'r risgiau hynny.

[4] **Janet Davies:** Thank you. Jocelyn, you have some questions?

[4] **Janet Davies:** Diolch. Mae gennych gwestiynau, Jocelyn?

[5] **Jocelyn Davies:** Can you tell us, Ms Lloyd, why that does not happen? Why have the trusts not differentiated between work-related illnesses and non-work-related illnesses?

[5] **Jocelyn Davies:** A allwch ddweud wrthym, Ms Lloyd, pam nad yw hynny'n digwydd? Pam nad yw'r ymddiriedolaethau wedi gwahaniaethu rhwng salwch sy'n gysylltiedig â gwaith a salwch nad yw'n gysylltiedig â gwaith?

Ms Lloyd: That is a question that we have posed to the NHS trusts, because, as a good employer, that is the obvious thing that you should be doing. The core, I think, of a very good ill health prevention scheme within each of the organisations has to be based on accurate information and the rationale behind how you adjudge risk in the workplace and how, as an employer, you go about eliminating that risk. My colleague, Mr Redmond, met the chief executives on Tuesday to discuss the whole of the issue relating to sickness and absence in the NHS in Wales. I think that it is because we were not, until very recently, involved in more forceful direction of the trusts in respect of this particular aspect of their performance. It is only since we have built up the balance scorecard, and the staff targets have come in in 2002, that we have been more closely involved. However, they have all been urged on this, and, in fact, they take it very seriously and have taken the sort of admonishment that was given to them that they simply have to ensure that their staff are closely monitored in terms of help to ensure that workplace risk can be eliminated and that absence caused through general illness can be reduced also. So, I think that they have taken the messages from this report very seriously, as have I, and they have already put into place action to try to ensure that they keep a much more careful eye on it in the future.

[6] **Jocelyn Davies:** You have given them a row, then?

Ms Lloyd: They have been told that I think that this is very serious, and that they should know, as sensible employers.

[7] **Jocelyn Davies:** Okay. Thank you, Chair.

Ms Lloyd: Mae hwn yn gwestiwn yr ydym wedi'i ofyn i'r ymddiriedolaethau GIG, oherwydd, fel cyflogwr da, dyna'r peth amlwg y dylech fod yn ei wneud. Credaf fod yn rhaid i graidd sylfaen cynllun da iawn i atal salwch ym mhob sefydliad fod yn seiliedig ar wybodaeth gywir a'r rhesymeg wrth wraidd y ffordd yr ydych yn barnu risg yn y gweithle a'r ffordd yr ydych, fel cyflogwr, yn mynd ati i ddileu'r risg honno. Bu fy nghydweithiwr, Mr Redmond, mewn cyfarfod â'r prif weithredwyr ddydd Mawrth i drafod y mater salwch ac absenoldeb yn y GIG yng Nghymru yn ei gyfanrwydd. Credaf fod hyn oherwydd nad oeddem, hyd yn ddiweddar iawn, yn cyfrannu at gyfeirio'r ymddiriedolaethau yn fwy penderfynol o ran yr agwedd benodol hon ar eu perfformiad. Dim ond ers i ni adeiladu'r cerdyn sgorio cydbwysedd, ac ers cyflwyno'r targedau staff yn 2002, yr ydym wedi cymryd mwy o ran. Fodd bynnag, maent i gyd wedi'u hannog i wneud hyn, ac yn wir maent yn mynd i'r afael â hyn o ddifrif ac wedi derbyn y math o gerydd a roddwyd, sef ei bod yn rhaid iddynt sicrhau bod eu staff yn cael eu monitro'n agos o ran cymorth i sicrhau y gellir dileu risg yn y gweithle a hefyd leihau absenoldeb a achosir trwy salwch cyffredinol. Felly, credaf eu bod wedi derbyn y negeseuon o'r adroddiad hwn o ddifrif calon, fel yr wyf finnau wedi gwneud, ac maent eisoes wedi cymryd camau i geisio sicrhau eu bod yn cadw llygad llawer mwy gofalus ar hyn yn y dyfodol.

[6] **Jocelyn Davies:** Yr ydych wedi rhoi pryd o dafod iddynt, felly?

Ms Lloyd: Yr wyf wedi dweud wrthynt fy mod yn credu fod hwn yn fater difrifol iawn, ac y dylent wybod, fel cyflogwyr synhwyrol.

[7] **Jocelyn Davies:** Iawn. Diolch, Gadeirydd.

[8] **Janet Davies:** So, they will now understand that the impact of levels of sickness absence can be quite concerning in terms of the achievement of wider health policy objectives and waiting times?

Ms Lloyd: Yes, indeed. Obviously, ill health will vary throughout Wales, because most of our staff are drawn from the local population and, as you know, Wales already suffers from a higher level of ill health in its population than England does. However, quite a lot of work has already been done throughout the NHS in looking at, particularly, violence against staff. You will recall that the Minister proposed her policy on zero tolerance last year. That is certainly starting to work. We have devised a sort of passport scheme for the training of all our staff on managing violence and aggression from patients, the public or relatives. That is being reported in more. We have a violence and aggression group, and it will launch its new training system on 14 June 2004. All staff have to be able, and be enabled, to manage violence in the workplace, because, I am afraid, this is symptomatic right throughout the United Kingdom—violence against our staff is increasing, and we have to protect them.

[9] **Janet Davies:** I am very pleased to hear that, because that is really a matter of grave concern. So, I am very glad that there are better systems in place to deal with this and to try to stop it happening also, obviously.

Alun, do you wish to come in?

[10] **Alun Cairns:** Thank you, Cadeirydd. Mrs Lloyd, were you surprised by the contents of the report?

Ms Lloyd: I was disappointed by the contents of the report.

[8] **Janet Davies:** Felly, byddant yn deall yn awr y gall effaith lefelau absenoldeb oherwydd salwch fod yn achos cryn bryder o ran cyflawni amcanion polisi iechyd ehangach ac amseroedd aros?

Ms Lloyd: Byddant, yn wir. Yn amlwg, bydd salwch yn amrywio ledled Cymru, oherwydd bod mwyafrif ein staff yn dod o'r boblogaeth leol, ac fel y gwyddoch mae yng Nghymru eisoes lefel uwch o salwch ymhlith ei phoblogaeth nag yn Lloegr. Fodd bynnag, mae cryn waith eisoes wedi'i wneud trwy'r GIG i edrych, yn benodol, ar drais yn erbyn staff. Byddwch yn cofio i'r Gweinidog gynnig ei pholisi dim goddefgarwch y llynedd. Mae hwnnw'n sicr yn dechrau gweithio. Yr ydym wedi dyfeisio rhyw fath o gynllun pasport i hyfforddi'n holl staff ar reoli trais ac ymosodiadau gan gleifion, y cyhoedd neu berthnasau. Mae hyn yn cael ei adrodd yn amlach. Mae gennym grwp trais ac ymosodiadau, a bydd yn lansio ei system hyfforddi newydd ar 14 Mehefin 2004. Mae'n rhaid i'r holl staff allu rheoli trais yn y gweithle a chael eu galluogi i wneud hynny, oherwydd yn anffodus mae'r nodwedd gyffredin hon drwy'r Deyrnas Unedig i gyd - trais yn erbyn ein staff - yn cynyddu, a rhaid i ni eu hamddiffyn.

[9] **Janet Davies:** Yr wyf yn falch iawn o glywed, oherwydd bod hwn yn achos pryder difrifol. Felly, yr wyf yn falch iawn bod gwell systemau ar waith i ddelio â hyn a cheisio'i atal hefyd rhag digwydd, wrth gwrs.

Alun, a ydych am gyfrannu?

[10] **Alun Cairns:** Diolch, Gadeirydd. Mrs Lloyd, a oedd cynnwys yr adroddiad yn eich synnu?

Ms Lloyd: Yr oeddwn yn siomedig â gynnwys yr adroddiad.

[11] **Alun Cairns:** Were you surprised?

Ms Lloyd: I was very surprised that the trusts were not differentiating or really managing their sickness as I would have expected a good employer to do, although some are, I have to say. Some are managing it well.

[12] **Alun Cairns:** You mentioned in your opening statement to the Cadeirydd, Mrs Lloyd, that it was your responsibility and the Assembly health department's responsibility to spread best practice.

Ms Lloyd: Yes.

[13] **Alun Cairns:** Well, why, then, has your department not collated sickness absence data from across the NHS in Wales in order to spread best practice?

Ms Lloyd: There was never a requirement to do that, but I believe that we have failed in our responsibility.

[14] **Alun Cairns:** Okay. I refer you to paragraph 2.9 specifically, which refers to a target of reducing sickness absence by 30 per cent by the end of 2003-04—in effect, within a couple of months' time. If you were measuring and collating data from across the NHS in Wales, then how would you expect to achieve that target, or was that just something that was put out for good measure?

[11] **Alun Cairns:** A oeddech yn synnu?

Ms Lloyd: Yr oedd yn syndod mawr i mi nad oedd yr ymddiriedolaethau yn gwahaniaethu nac yn wir yn rheoli eu salwch fel y byddwn wedi disgwyl i gyflogwr da ei wneud, er bod rhai yn gwneud, mae'n rhaid i mi ddweud. Mae rhai yn ei reoli'n dda.

[12] **Alun Cairns:** Yr oeddech yn sôn yn eich datganiad agoriadol i'r Cadeirydd, Mrs Lloyd, mai eich cyfrifoldeb chi a chyfrifoldeb adran iechyd y Cynulliad oedd lledaenu arfer gorau.

Ms Lloyd: Oeddwn.

[13] **Alun Cairns:** Wel, pam, felly, nad yw eich adran wedi casglu data absenoldeb oherwydd salwch drwy'r GIG yng Nghymru er mwyn lledaenu arfer gorau?

Ms Lloyd: Ni oedd yn ofynnol gwneud hynny erioed, ond credaf ein bod wedi methu yn ein cyfrifoldeb.

[14] **Alun Cairns:** Iawn. Cyfeiriaf chi at baragraff 2.9 yn benodol, sy'n cyfeirio at darged o leihau absenoldeb salwch 30 y cant erbyn diwedd 2003-04—ymhen mis neu ddau, mewn gwirionedd. Os oeddech yn mesur a chrynhoi data ar draws y GIG yng Nghymru i gyd, sut oeddech yn disgwyl cyflawni'r targed hwnnw, neu a oedd hynny'n rhywbeth a gyflwynwyd dim ond i lenwi bwlch?

Ms Lloyd: It was not put out for good measure; it was part of the Government's 'Revitalising Health and Safety' initiative in the NHS. Now that we are aware of the precise nature of illness and the variability in illness throughout the NHS in Wales, I think that to ask people who are already down to 4.2 per cent to reduce by 30 per cent is unachievable. Certainly, we are collecting the figures for how they have performed against their baseline of 2001, to see exactly what measures they have put in place to achieve that target. My personal view is that it was too ambitious, particularly as the information source was so uncertain at the time. I have asked my director of human resources, Mr Redmond, to take this up with the organisations—indeed, he started so to do in the last month—to ensure that we get a more realistic target that means something to the people whom we employ.

Ms Lloyd: Ni er mwyn llenwi bwlch y gwnaed hynny; yr oedd yn rhan o fenter 'Adfywio Iechyd a Diogelwch' y Llywodraeth yn y GIG. Gan ein bod bellach yn ymwybodol o union natur salwch a'r amrywioldeb mewn salwch trwy'r GIG yng Nghymru, credaf fod gofyn i bobl sydd wedi dod i lawr i 4.2 y cant yn barod i ostwng 30 y cant yn amhosibl ei gyrraedd. Yn sicr, yr ydym yn casglu'r ffigurau ar y ffordd maent wedi perfformio yn erbyn eu llinell sylfaen yn 2001, i weld yn union pa fesurau y maent wedi'u rhoi ar waith i gyrraedd y targed hwnnw. Fy marn bersonol yw bod hynny'n rhy uchelgeisiol, yn arbennig gan fod y ffynhonnell wybodaeth mor ansicr ar y pryd. Yr wyf wedi gofyn i'm cyfarwyddwr adnoddau dynol, Mr Redmond, fynd i'r afael â'r mater hwn gyda'r sefydliadau—yn wir, mae wedi dechrau gwneud hynny yn ystod y mis diwethaf—i sicrhau ein bod yn cael targed mwy realistig sy'n golygu rhywbeth i'r bobl yr ydym yn eu cyflogi.

[15] **Alun Cairns:** I still do not quite understand. What was the purpose of the target then, if, as you have mentioned, it was so unachievable to some who had lower percentages?

[15] **Alun Cairns:** Nid wyf yn deall yn iawn o hyd. Beth oedd pwrpas y targed, felly, os oedd, fel y dywedech, mor amhosibl ei gyrraedd i rai a oedd â chanrannau is?

Ms Lloyd: The purpose of the target was to highlight the importance that we placed on managing sickness within the NHS in Wales.

Ms Lloyd: Pwrpas y targed oedd amlygu'r pwysigrwydd a roddem ar reoli salwch yn y GIG yng Nghymru.

[16] **Alun Cairns:** Okay. Why do you think that the average level of sickness absence—

[16] **Alun Cairns:** Iawn. Pam ydych chi'n credu bod cyfartaledd lefel absenoldeb salwch—

[17] **Leighton Andrews:** Sorry, can I come in on that?

[17] **Leighton Andrews:** Mae'n ddrwg gennyf, a gaf fi gyfrannu yn y fan hon?

[18] **Alun Cairns:** Yes.

[18] **Alun Cairns:** Iawn.

[19] **Leighton Andrews:** May I just ask what you did about consulting with the trusts on those targets?

[19] **Leighton Andrews:** A gaf fi ofyn beth wnaethoch chi o ran ymgynghori â'r ymddiriedolaethau am y targedau hynny?

Ms Lloyd: I will ask Mr Redmond to answer that, if I may, Chair, because I was not concerned with the consultation.

Ms Lloyd: Yr wyf am ofyn i Mr Redmond ateb hynny, os caf fi, Gadeirydd, oherwydd nid oeddwn yn ymwneud â'r ymgynghori.

Mr Redmond: Thank you. I have been here since the autumn of 1999, so I was here before Mrs Lloyd.

Mr Redmond: Diolch. Yr wyf wedi bod yma ers yr hydref 1999, felly, yr oeddwn yma cyn Mrs Lloyd.

Just to explain, I met all of the HR directors, after we had written the HR strategy for Wales, during the autumn of 2000 and early 2001. They reported to me verbally and in writing, because, being new to the post, I was taking an assessment of where they all were. At that stage, they reported to me that, on average, sickness was about 6 per cent across the board. Wanting to arrive at a corporate 4.2 per cent, I took advice from the Chartered Institute of Personnel and Development, the professional HR organisation. The 30 per cent was obviously 30 per cent of the 6 per cent, which would reduce it to 4.2 per cent. That is why I created the target, as loose as it may have sounded, to give them three years to try to achieve the 4.2 per cent. Where I failed, really, was in policing that and making sure that I got regular reports to bring them to that 4.2 per cent.

Er mwyn egluro, cefais gyfarfod â'r holl gyfarwyddwyr AD, ar ôl i ni ysgrifennu'r strategaeth AD ar gyfer Cymru, yn ystod yr hydref 2000 ac yn gynnar yn 2001. Yr oeddent yn adrodd i mi ar lafar ac yn ysgrifenedig, oherwydd, gan fy mod yn newydd i'r swydd, yr oeddwn yn asesu eu sefyllfaoedd i gyd. Bryd hynny, dywedwyd wrthyf fod salwch, ar gyfartaledd, oddeutu 6 y cant yn gyffredinol. Wrth geisio cyrraedd targed corfforaethol o 4.2 y cant, cefais gyngor gan y Sefydliad Siartredig Personél a Datblygiad, y sefydliad AD proffesiynol. Yr oedd y 30 y cant yn amlwg yn 30 y cant o'r 6 y cant, a fyddai'n ei ostwng i 4.2 y cant. Dyma pam y creais y targed, er ei fod hwyrach yn ymddangos yn rhydd, i roi tair blynedd iddynt geisio cyrraedd y 4.2 y cant. Methais, mewn gwirionedd, wrth blismona hynny a sicrhau fy mod yn cael adroddiadau rheolaidd i ddod â hwy i lawr i'r 4.2 y cant hwnnw.

[20] **Leighton Andrews:** Were you aware that some of the trusts did not have comparable baseline data when you were trying to set that target?

[20] **Leighton Andrews:** A oeddech yn ymwybodol nad oedd gan rai o'r ymddiriedolaethau ddata llinell sylfaen cymharol pan oeddech yn ceisio gosod y targed hwnnw?

Mr Redmond: I have been an HR director in the health service for some 15 years now, mostly in the NHS and then in government. Every one of the trusts had some sort of system. They were not brilliant, but they all had some sort of system. However, yes, it is true to say that they did not have a comprehensive approach and a technical approach to be able to get all of the information together in the sort of categories that we would have wanted.

Mr Redmond: Yr wyf wedi bod yn gyfarwyddwr AD yn y gwasanaeth iechyd ers oddeutu 15 mlynedd bellach, yn y GIG yn bennaf ac wedyn yn y llywodraeth. Yr oedd gan bob un o'r ymddiriedolaethau ryw fath o system. Nid oeddent yn wych, ond yr oedd gan bob un system o ryw fath. Fodd bynnag, ydy, mae'n wir dweud nad oedd ganddynt ddull cynhwysfawr a dull technegol i allu cael yr holl wybodaeth ynghyd yn y math o gategorïau yr oeddem am eu gweld.

[21] **Leighton Andrews:** Five of the trusts did not have comparable baseline data for 2000-01, so how are they going to measure performance against that target?

[21] **Leighton Andrews:** Nid oedd gan bump o'r ymddiriedolaethau ddata llinell sylfaen cymharol ar gyfer 2000-01, felly, sut maent am fesur perfformiad yn erbyn y targed hwnnw?

Mr Redmond: Part of my remit was—because, you know, in 1988, when I joined the health service, although we did not have all the data that we needed, it was not beyond the wit of people, through management accountants, to be able to at least get a handle on some broad sickness absence figures. Even if it was not going to be of the sort of specific nature that we needed, it was better to set some sort of target than none at all.

Mr Redmond: Rhan o'm cylch gorchwyl—oherwydd, fel y gwyddoch, yn 1988, pan ymunais â'r gwasanaeth iechyd, er nad oedd gennym yr holl ddata a oedd ei angen arnom, nid oedd y tu hwnt i allu pobl, trwy gyfrifwyr rheoli, i allu o leiaf cael gafael ar rai ffigurau bras am absenoldeb oherwydd salwch. Hyd yn oed os na fyddai o'r natur benodol yr oedd ei hangen arnom, yr oedd yn well cael rhyw fath o darged na dim o gwbl.

[22] **Janet Davies:** Okay, Leighton? Back to Alun.

[22] **Janet Davies:** Iawn, Leighton? Yn ôl at Alun.

[23] **Alun Cairns:** Mrs Lloyd, why do you think that the average levels of sickness absence reported by the NHS in Wales are so much higher than the rates in England? Is it a cultural thing, or is it that we generally accept it far more?

[23] **Alun Cairns:** Mrs Lloyd, pam ydych chi'n credu bod cyfartaledd y lefelau absenoldeb oherwydd salwch a nodwyd gan y GIG yng Nghymru gymaint uwch na'r cyfraddau yn Lloegr? Ai rhywbeth diwylliannol yw hyn, neu a ydym yn gyffredinol yn ei dderbyn lawer yr fwy?

Ms Lloyd: I do not think that it is a question of acceptance. It could be cultural. There is an issue within Wales about the levels of sickness right throughout industry, not just in the NHS. But, quite frankly, until and unless we get the information back from the trusts about the reason for those absences, I cannot give you anything but a speculative answer to that question. That is why it is so important that we get exact and precise details from the organisations as to why their staff are absent, because it could be for a vast variety of reasons—and it must be for a vast variety of reasons, because some of them are performing very well and others, which have extremely good management teams, are not performing very well. So, it is not a question of an inadequate management team causing this ill health, or not recording it or not managing it effectively, because it seems to be spread in quite an aberrant manner across Wales.

Ms Lloyd: Nid wyf yn credu mai mater o dderbyn yw hyn. Gallai fod yn fater o ddiwylliant. Mae lefelau salwch yn bwnc trafod trwy ddiwydiant i gyd yng Nghymru, nid yn y GIG yn unig. Ond, a bod yn blwmp ac yn blaen, nes i ni gael gwybodaeth yn ôl gan yr ymddiriedolaethau am y rheswm dros yr absenoldebau hynny, ac oni chawn y wybodaeth honno, ni allaf roi i chi ond ateb damcaniaethol i'r cwestiwn hwnnw. Dyna pam mae mor bwysig i ni gael manylion manwl a chywir gan y sefydliadau pam mae eu staff yn absennol, oherwydd gallai fod am amrywiaeth helaeth o resymau—ac mae'n rhaid bod amrywiaeth helaeth o resymau, oherwydd mae rhai ohonynt yn perfformio'n dda iawn ac eraill, sydd â thimau rheoli hynod o dda, heb fod yn perfformio'n dda iawn. Felly, nid yw'n gwestiwn o dîm rheoli annigonol yn achosi'r salwch hwn, neu'n peidio â'i gofnodi neu'n peidio â'i reoli'n effeithiol, oherwydd ymddengys ei fod wedi'i wasgaru'n afreolaidd ledled Cymru.

[24] **Alun Cairns:** Might part of the reason for that be that the NHS in England seems to have taken it far more seriously? For example, it has issued central guidance on it and it is also considered to be a performance indicator. So, is it not taking this much more seriously than we are here?

[24] **Alun Cairns:** A allai hyn yn rhannol fod oherwydd bod y GIG yn Lloegr fel pe bai wedi cymryd hyn lawer yn fwy o ddifrif? Er enghraifft, mae wedi cyhoeddi canllawiau canolog arno, ac mae hefyd yn cael ei ystyried yn ddangosydd perfformiad. Felly, onid yw'n cymryd hyn lawer yn fwy o ddifrif na ni?

Ms Lloyd: I think that it started to take it more seriously before we did here. However, you have to remember that we put other initiatives into the services, such as corporate health standards, that had to be acquired at some level by 2003, and people have done that, looking at health promotion and a healthy workplace for our staff in the NHS. This has become a performance measure, or a performance indicator, in the scorecard since 2002-03, and it now forms a part of it. The first results of that will be available in the next two months, when we do the review for

Ms Lloyd: Credaf ei fod wedi dechrau cymryd hyn yn fwy o ddifrif cyn i ni wneud hynny yma. Fodd bynnag, mae'n rhaid i chi gofio ein bod wedi rhoi mentrau eraill ar waith yn y gwasanaethau, fel safonau iechyd corfforaethol, a oedd yn gorfod cael eu gweithredu ar ryw lefel erbyn 2003, ac mae pobl wedi gwneud hynny, gan edrych ar hybu iechyd a gweithle iach i'n staff yn y GIG. Mae hyn wedi dod yn fesur perfformiad, neu'n ddangosydd perfformiad, yn y cerdyn sgorio ers 2002-03, ac mae bellach yn rhan ohono. Bydd canlyniadau cyntaf hynny ar

December. However, I do not think that organisations did not take sickness seriously: it is such an important thing for our staff, and all the trusts say in their mission statements that staff are their most important asset. Therefore, they should live by their mission statements and do something about trying to help their staff remain at work, and be supportive.

gael yn y deufis nesaf, pan fyddwn yn cynnal yr adolygiad ar gyfer Rhagfyr. Fodd bynnag, ni chredaf nad oedd sefydliadau'n cymryd salwch o ddifrif: mae'n beth mor bwysig i'n staff, ac mae'r holl ymddiriedolaethau'n dweud yn eu datganiadau cenhadaeth mai staff yw eu hased pwysicaf. Felly, dylent gadw at eu datganiadau cenhadaeth a mynd ati i geisio cynorthwyo eu staff i aros yn y gwaith, a bod yn gefnogol.

[25] **Alun Cairns:** Thank you. Figure 5 shows the unreliability of the data that the Auditor General collected—when he pursued it a bit further the unreliability was exposed. Do you think that, when the recording issues are corrected, the position will get worse before it gets better?

[25] **Alun Cairns:** Diolch. Mae ffigur 5 yn dangos mor annibynadwy yw'r data y mae'r Archwilydd Cyffredinol wedi ei gasglu—pan aeth i'r afael â'r mater ymhellach, datgelwyd ei fod yn annibynadwy. A ydych yn credu, ar ôl cywiro'r materion cofnodi, y bydd y sefyllfa'n gwaethygu cyn gwella?

Ms Lloyd: I cannot say whether I do or not. I think that there is an issue about recording. We are, fortunately, recording all staff groups and we are sure of that, which is important, because, in some recording systems, they do not report some of the softer staff groups like senior managers and consultants. So, at least we are capturing all the staff at the moment, and I think that, as we have asked the trusts, pending the implementation of the electronic staff record, to start recording against a common standard and against the principles contained within the ESR, we will be able to come back to you to tell you how accurate the assessment of the Auditor General is. Not that I am questioning his assessment at the moment, but I cannot tell you whether or not this is going to be accurate.

Ms Lloyd: Ni allaf ddweud a wyf yn credu hynny ai peidio. Credaf fod cofnodi yn bwnc trafod. Yn ffodus, yr ydym yn cofnodi pob grwp staff ac yr ydym yn sicr o hynny, sy'n bwysig, oherwydd mewn rhai systemau cofnodi nid ydynt yn adrodd am rai o'r grwpiau staff ysgafnach, fel uwch reolwyr ac ymgynghorwyr. Felly, o leiaf yr ydym yn casglu data am yr holl staff ar hyn o bryd, a chredaf, fel yr ydym wedi gofyn i'r ymddiriedolaethau, nes bydd y cofnod staff electronig ar waith, i ddechrau cofnodi yn ôl safon gyffredin ac yn ôl yr egwyddorion sydd wedi'u cynnwys yn yr ESR, y byddwn yn gallu dod yn ôl atoch i ddweud wrthych pa mor gywir yw asesiad yr Archwilydd Cyffredinol. Nid fy mod yn amau ei asesiad ar hyn o bryd, ond ni allaf ddweud a fydd hwn yn gywir ai peidio.

[26] **Alun Cairns:** If you cannot tell me that, how would you intend to account for this possibility in terms of revising sickness targets for each individual trust if the baseline data is potentially inaccurate?

[26] **Alun Cairns:** Os na allwch ddweud hynny wrthyf, sut fyddech yn bwriadu egluro'r posibilrwydd hwn o ran diwygio targedau salwch ar gyfer pob ymddiriedolaeth unigol os yw'n bosibl fod y data llinell sylfaen yn anghywir?

Ms Lloyd: That is why the baseline data is being checked and rechecked by my department at the moment, so that we have an accurate level against which to start to track down each of the organisations' performance against improving absence caused through the illness and injury of staff, because some, we believe, are already there. We have to check that that is the case and what more they can do, because they might be able to reduce their injuries further. Some are many percentages above where we would like them to be and where they would like to be. We must ensure—if we are going to set targets and individual targets for them against the baseline—that we are confident, and that they are too, that they are going to be able to achieve it. There is no use in setting targets that people cannot achieve.

Ms Lloyd: Dyna pam mae'r data llinell sylfaen yn cael ei archwilio a'i ailarchwilio gan fy adran ar hyn o bryd, er mwyn i ni gael lefel gywir i ddechrau olrhain perfformiad pob sefydliad yn erbyn gwella absenoldeb a achosir gan salwch ac anafiadau i staff. Oherwydd yn ein barn ni credwn fod rhai'n gwneud hynny eisoes. Mae'n rhaid i ni sicrhau bod hyn yn wir a beth arall y gallant ei wneud, oherwydd efallai y gallent ostwng eu hanafiadau ymhellach. Mae rhai ohonynt ar lefel lawer canran yn uwch nag y byddem ni'n dymuno iddynt fod arni a lle byddent hwy'n dymuno bod. Mae'n rhaid i ni sicrhau—os ydym am bennu targedau a thargedau unigol iddynt yn erbyn y llinell sylfaen—ein bod yn hyderus, a'u bod hwy'n hyderus hefyd, eu bod yn mynd i allu cyflawni hynny. Nid oes diben pennu targedau na all pobl eu cyrraedd.

[27] **Alun Cairns:** Figures 4 and 5 show, in very general terms, an increase in sickness over recent years. Then, figure 7 specifically highlights individual trusts where two trusts have experienced a considerable increase in sickness absence levels over the last three years. Has your department sought any explanation from these trusts as to the reason for those increases?

[27] **Alun Cairns:** Mae ffigurau 4 a 5 yn dangos, yn gyffredinol iawn, gynnydd mewn salwch yn ystod y blynyddoedd diwethaf. Yna, mae ffigur 7 yn amlygu'n benodol ymddiriedolaethau unigol lle mae dwy ymddiriedolaeth wedi gweld cynnydd sylweddol mewn lefelau absenoldeb salwch yn ystod y tair blynedd diwethaf. A yw eich adran wedi ceisio cael unrhyw esboniad gan yr ymddiriedolaethau hyn am y rheswm dros y cynnydd hwnnw?

Ms Lloyd: Yes, we have, and perhaps Mr Redmond can give the details.

Ms Lloyd: Do, ac efallai y gall Mr Redmond roi'r manylion.

Mr Redmond: What we have now asked of the individual trusts is a breakdown of whatever information that they have available that will show us in which categories those levels have increased. The bulk of sickness absence normally relates, in the health service in Wales and England, to nursing and midwifery—which is half of the workforce really—and to maintenance and estate staff and ancillary staff. What we have asked for, from the trusts, are breakdowns of the data that they currently have available of where these increases have occurred, and why. We do not have that information available yet, but we have sought that information.

Mr Redmond: Yr hyn yr ydym wedi gofyn i ymddiriedolaethau unigol ei wneud yn awr yw dadansoddi pa bynnag wybodaeth sydd ganddynt ar gael i ddangos i ni ym mha gategorïau y mae'r lefelau hynny wedi cynyddu. Mae'r rhan fwyaf o absenoldeb salwch fel rheol yn gysylltiedig, yn y gwasanaeth iechyd yng Nghymru a Lloegr, â nyrsio a bydwreigiaeth—sef hanner y gweithlu mewn gwirionedd—ac â staff cynnal a chadw a staff ystadau a staff cynorthwyol. Yr hyn yr ydym wedi gofyn amdano gan yr ymddiriedolaethau, yw dadansoddiadau o'r data sydd ganddynt ar gael ar hyn o bryd am ble mae'r codiadau hyn wedi digwydd a pham. Nid yw'r wybodaeth honno ar gael gennym eto, ond yr ydym wedi ceisio cael'i chael.

[28] **Alun Cairns:** Mrs Lloyd, if your department had had a firmer grip on the issue previously, do you believe that such increases could have been avoided?

[28] **Alun Cairns:** Mrs Lloyd, pe bai gan eich adran well gafael ar y mater cyn hyn, a ydych yn credu y gellid bod wedi osgoi codiadau o'r fath?

Ms Lloyd: I think that the importance of achieving targets for the NHS in Wales might have been heightened, so, yes, I think that we should have had a grip on this earlier.

Ms Lloyd: Credaf efallai y byddai pwysigrwydd cyrraedd targedau ar gyfer y GIG yng Nghymru wedi'i ddwysau, felly, ydwyf, yr wyf yn credu y dylem fod wedi mynd i'r afael â hyn yn gynharach.

[29] **Alun Cairns:** As a result of not having a grip on it, are you concerned with paragraph 2.6 that estimates the actual financial cost, and are you concerned that the trusts risk overpaying staff as a result of those recording errors?

[29] **Alun Cairns:** Oherwydd peidio â mynd i'r afael â hyn, a ydych yn pryderu am baragraff 2.6 sy'n amcangyfrif y gost ariannol wirioneddol, ac a ydych yn pryderu bod yr ymddiriedolaethau mewn perygl o or-dalu staff oherwydd y camgymeriadau cofnodi hynny?

Ms Lloyd: I am.

Ms Lloyd: Ydwyf.

[30] **Alun Cairns:** Thank you.

[30] **Alun Cairns:** Diolch.

[31] **Janet Davies:** Thank you, Alun. Denise, you have a question?

[31] **Janet Davies:** Diolch, Alun. Denise, mae gennych gwestiwn?

[32] **Denise Idris Jones:** Diolch, Gadeirydd. Figure 9 on page 13 demonstrates that the average rate of absence reported by the trusts hides particular problems in the maintenance, nursing, midwifery and ancillary staff groups. Do you know of any particular issues, or pressures possibly, that are contributing towards the high-level absence, especially among nurses and midwives?

Ms Lloyd: Nurses have traditionally suffered from a number of work-related injuries, particularly back injuries, needlestick injuries and that sort of problem. There has been a huge impetus in terms of manual handling training for all staff, and I know that no-one is allowed onto the ward, even as a temporary member of staff, without going through manual handling training. A great deal of work has been done by all staff and all management throughout the NHS in Wales to ensure that the right equipment is available to assist staff in managing patients more effectively. Therefore, you have, among the nurses and midwives in particular, a group of staff that will be more prone and exposed to work-related injury than any other.

I have to commend the service, because of the seriousness of this, for having done something about it. Nevertheless, I think that we have to retain vigilance. We have a manual handling group that constantly reviews and revises the sort of equipment that can be used and the sort of training that should be imparted. We have implemented a new manual handling training passport for all staff in the NHS in Wales who come into direct contact with patients. That is an initiative that is here, but not elsewhere in the UK. So, I think that, from the point of view of manual handling, we must always be diligent, but much has been done to eliminate the problems that we face. However, it still means that that

[32] **Denise Idris Jones:** Diolch, Gadeirydd. Mae ffigur 9 ar dudalen 13 yn dangos bod cyfartaledd yr absenoldeb a gofnodir gan yr ymddiriedolaethau yn celu problemau penodol yn y grwpiau staff cynnal a chadw, nyrsio, bydwreigiaeth a staff cynorthwyol. A wyddoch am unrhyw faterion penodol, neu bwysau o bosibl, sy’n cyfrannu at y lefel uchel o absenoldeb, yn arbennig ymhlith nyrsys a bydwragedd?

Ms Lloyd: Yn draddodiadol mae nyrsys yn dioddef nifer o anafiadau sy’n ymwneud â’r gwaith, yn enwedig anafiadau i’r cefn, anafiadau nodwydd, ac ati. Cafwyd hwb enfawr ymlaen o ran hyfforddiant i’r holl staff mewn trafod â llaw, a gwn na chaniateir unrhyw un ar y ward, hyd yn oed fel aelod o’r staff dros dro, heb gael hyfforddiant trafod â llaw. Mae cryn waith wedi’i wneud gan yr holl staff a’r rheolwyr i gyd trwy’r GIG yng Nghymru i sicrhau bod yr offer cywir ar gael i gynorthwyo staff i reoli cleifion yn fwy effeithiol. Felly, mae gennych, ymhlith y nyrsys a’r bydwragedd yn benodol, grwp o staff a fydd yn fwy tueddol ac agored nag eraill i anafiadau sy’n gysylltiedig â gwaith.

Mae’n rhaid i mi ganmol y gwasanaeth, oherwydd difrifoldeb hyn, am wneud rhywbeth i geisio datrys y sefyllfa. Fodd bynnag, credaf fod yn rhaid i ni barhau’n wyliadwrus. Mae gennym grwp trafod â llaw sy’n adolygu ac yn diwygio’n gyson y math o offer y gellir ei ddefnyddio a’r math o hyfforddiant y dylid ei gynnig. Yr ydym wedi gweithredu pasport newydd mewn hyfforddiant trafod â llaw ar gyfer holl staff y GIG yng Nghymru sy’n dod i gysylltiad uniongyrchol â chleifion. Mae’r fenter hon ar waith yma, ond nid mewn rhannau eraill o’r DU. Felly, credaf, o safbwynt trafod â llaw, fod yn rhaid i ni fod yn ddygn bob amser, ond mae llawer wedi’i wneud i gael gwared â’r problemau

particular group of staff will be exposed to more work-related risk than others. The accurate assessment of risk is part of the new manual-handling project, because, unless you assess risk effectively, you cannot possibly go about eliminating it.

[33] **Janet Davies:** Denise, could I just interrupt you for a minute? Jocelyn wants to follow up that particular answer, and then I will bring you back.

[34] **Jocelyn Davies:** How much of that absence is due to the work-related injuries that you just mentioned?

Ms Lloyd: We do not know. That is what we have asked the trusts to advise us on.

[35] **Jocelyn Davies:** So, on what evidence, then, are you basing the answer that you just gave to Denise Idris Jones?

Ms Lloyd: I am basing that answer on the evidence that is coming forward from the whole of the UK on the reduction of reported illness relating to manual handling. As the occupational health department has had to be handling this effectively on a day-to-day basis, and, certainly, looking at the work that is going on in the trusts, both in England and in Wales, and the impact of new techniques that are being taught, and the fact that we have put in a new programme because the issues of manual handling have been heightened in the consciousness of the management, we believe, from those that are collecting the data much more accurately, as is described by the Auditor General, and from our own knowledge, that manual handling risk is being effected much more universally through the NHS in Wales.

sy’n ein hwynebu. Fodd bynnag, mae’n golygu o hyd y bydd y grwp penodol hwnnw o staff yn agored i fwy risg sy’n gysylltiedig â gwaith nag eraill. Mae asesu risg yn gywir yn rhan o’r prosiect newydd trafod â llaw, oherwydd os nad asesir risg yn effeithiol mae’n amhosibl i chi geisio ei ddileu.

[33] **Janet Davies:** Denise, a gaf fi dorri ar eich traws am eiliad? Mae Jocelyn am ddilyn trywydd yr ateb penodol hwnnw, ac wedyn cewch ddod yn ôl.

[34] **Jocelyn Davies:** Faint o’r absenoldeb hwnnw sy’n deillio o’r anafiadau sy’n gysylltiedig â gwaith yr oeddech yn eu crybwyll yn awr?

Ms Lloyd: Nid ydym yn gwybod. Dyna beth yr ydym wedi gofyn i’r ymddiriedolaethau ei ddweud wrthym.

[35] **Jocelyn Davies:** Felly, ar sail pa dystiolaeth yr ydych yn seilio’r ateb a roddwyd gennych nawr i Denise Idris Jones?

Ms Lloyd: Yr wyf yn seilio’r ateb hwnnw ar y dystiolaeth sy’n dod o bob rhan o’r DU am y gostyngiad mewn salwch yn gysylltiedig â gwaith trafod â llaw sy’n cael ei gofnodi. Gan fod yr adran iechyd galwedigaethol wedi gorfod mynd i’r afael â hyn yn effeithiol o ddydd i ddydd, ac, yn sicr, o edrych ar y gwaith sy’n cael ei wneud yn yr ymddiriedolaethau, yng Nghymru ac yn Lloegr, ac effaith technegau newydd sy’n cael eu haddysgu, a’r ffaith ein bod wedi rhoi rhaglen newydd ar waith oherwydd bod y materion gwaith trafod â llaw wedi’u dwysau yn ymwybyddiaeth rheolwyr, credwn, o wybodaeth y rheiny sy’n casglu’r data lawer yn fwy cywir, fel y disgrifir gan yr Archwilydd Cyffredinol, ac o’n gwybodaeth ni, fod risg gwaith trafod â llaw yn cael ei drin lawer yn fwy cyffredinol drwy’r GIG yng Nghymru.

[36] **Jocelyn Davies:** So you have no idea how much of this absence is due to work-related illness? It could be half of it, it could be a third of it, or it could be 90 per cent of it—

[36] **Jocelyn Davies:** Felly, nid oes gennych syniad faint o'r absenoldeb hwn sy'n deillio o salwch sy'n gysylltiedig â gwaith? Gallai fod yn hanner, gallai fod yn draean, neu gallai fod yn 90 y cant—

Ms Lloyd: That is right.

Ms Lloyd: Mae hynny'n gywir.

[37] **Jocelyn Davies:** You have no idea at all?

[37] **Jocelyn Davies:** Nid oes gennych unrhyw syniad?

Ms Lloyd: I do not know at the moment.

Ms Lloyd: Nid wyf yn gwybod ar hyn o bryd.

[38] **Jocelyn Davies:** Okay. Thank you.

[38] **Jocelyn Davies:** Iawn. Diolch.

[39] **Denise Idris Jones:** If we move on to paragraph 2.14 on the next page, it tells us that the trusts can reclaim the salary costs of sickness due to incidents involving liable third parties, they being such incidents as road traffic accidents for example. Why are NHS trusts not reclaiming salary costs where third parties are liable?

[39] **Denise Idris Jones:** Os symudwn ymlaen at baragraff 2.14 ar y dudalen nesaf, mae'n dweud wrthym y gall yr ymddiriedolaethau adennill costau cyflog salwch sy'n gysylltiedig â digwyddiadau sy'n cynnwys trydydd parti, fel damweiniau traffig ar y ffyrdd, er enghraifft. Pam nad yw ymddiriedolaethau GIG yn adennill costau cyflog lle mae trydydd parti yn atebol?

Ms Lloyd: Some of them have been able to track this, as the Auditor General has pointed out, and they have accounted for it separately. I have asked the director of finance to take this one up with her directors of finance in the trusts, to ensure that, where they are reclaiming it—and I do not say that they are doing so; she needs to assure me that they are—much of the money has traditionally just gone into the general accounts. It is very difficult, therefore, to prove whether or not these organisations have been reclaiming, but they have all been informed that reclaiming where they can is absolutely essential, and that they should account for it separately, and that will come in on 1 April, as part of the new accounting regime.

Ms Lloyd: Mae rhai ohonynt wedi gallu olrhain hyn, fel y nododd yr Archwilydd Cyffredinol, ac wedi rhoi cyfrif amdano ar wahân. Yr wyf wedi gofyn i'r cyfarwyddwr cyllid drafod hyn gyda'i chyfarwyddwyr cyllid yn yr ymddiriedolaethau, er mwyn sicrhau, os ydynt yn adennill costau—ac nid wyf yn dweud eu bod yn gwneud hynny; mae angen iddi fy sicrhau eu bod—yn draddodiadol mae llawer o'r arian wedi ei roi yn y cyfrifon cyffredinol. Mae'n anodd iawn, felly, profi a yw'r sefydliadau hyn wedi bod yn adennill costau ai peidio. Ond maent i gyd wedi cael gwybod ei bod yn hollol hanfodol adennill costau lle gallant wneud hynny, ac y dylent roi cyfrif amdano ar wahân. Bydd hyn yn cael ei roi ar waith ar 1 Ebrill, fel rhan o'r drefn gyfrifo newydd.

[40] **Denise Idris Jones:** Do you not feel, therefore, that, in encouraging the reclamation of sickness salary costs from liable third parties, there is a risk that the NHS is promoting the claim culture, which costs it dear in other areas?

[40] **Denise Idris Jones:** Onid ydych yn teimlo, felly, wrth annog adennill costau cyflog salwch gan drydydd parti atebol, bod perygl i'r GIG hyrwyddo'r diwylliant hawliadau, sy'n costio'n ddrud iddo mewn meysydd eraill?

Ms Lloyd: No, I do not think so. If one has a road traffic accident, then reclaiming is part of the insurance that you pay. I mean, there is a litigiousness about the service, but if this is money that should rightfully return to the NHS in Wales, we should do everything that we can to reclaim it.

Ms Lloyd: Na, nid wyf yn credu hynny. Os oes rhywun yn cael damwain draffig ar y ffordd, mae adennill costau yn rhan o'r yswiriant yr ydych yn ei dalu. Mae cyfreithgarwch yn gysylltiedig â'r gwasanaeth, ond os yw hwn yn arian a ddylai yn hollol gywir fynd yn ôl i'r GIG yng Nghymru, dylem wneud popeth o fewn ein gallu i'w adennill.

[41] **Denise Idris Jones:** Good. Okay then, moving on to paragraph 2.16, it states quite clearly that is it estimated that the sickness absence related costs of replacement agency, bank and locum cover exceeded £14 million in 2001-02. Has your department taken any action to encourage trusts to address the overall costs of replacement staff, such as introducing internal bank systems, rather than relying on agency staff from outside?

[41] **Denise Idris Jones:** Da iawn. O'r gorau, i symud ymlaen i baragraff 2.16, sy'n nodi'n eithaf clir yr amcangyfrifir bod costau sy'n ymwneud ag absenoldeb oherwydd salwch asiantaethau cyflenwi, gweithwyr banc a locwm yn fwy na £14 miliwn yn 2001-02. A yw eich adran wedi cymryd unrhyw gamau i annog ymddiriedolaethau i fynd i'r afael â chostau cyffredinol staff cyflenwi, fel cyflwyno systemau banc mewnol, yn hytrach na dibynnu ar staff asiantaeth o'r tu allan?

Ms Lloyd: Well the answer to that, fortunately, is yes, because we have been very concerned over the past two years at the rise of bank and agency staff, and, of course, that figure is regarded as a lump sum. It does not differentiate between internal bank and external agency staff. There have been schemes tried in England to eradicate external agencies and to form almost an internal agency for the NHS. Unfortunately, they failed—that was in 2001-02—and we were tracking their progress before putting something in ourselves. I established a major project with both Gwent Healthcare Trust and Cardiff and the Vale Trust as pilots last year, as they were the trusts with the biggest expenditure in terms of bank and agency staff, to look at the ways in

Ms Lloyd: Yr ateb i hynny, yn ffodus, yw do, oherwydd i ni fod yn bryderus iawn yn ystod y ddwy flynedd diwethaf am y cynnydd mewn staff banc ac asiantaeth, ac wrth gwrs, ystyrir y ffigur hwnnw fel cyfanrif. Nid yw'n gwahaniaethu rhwng staff banc mewnol a staff asiantaeth allanol. Rhoddwyd cynnig ar gynlluniau yn Lloegr i gael gwared ag asiantaethau allanol a ffurfio asiantaeth fewnol bron ar gyfer y GIG. Yn anffodus, methodd y rheiny—yr oedd hynny yn 2001-02—ac yr oeddem yn olrhain eu cynnydd cyn cyflwyno rhywbeth ein hunain. Sefydlais brosiect sylweddol ar y cyd ag Ymddiriedolaeth Gofal Iechyd Gwent ac Ymddiriedolaeth Caerdydd a'r Fro fel arbrofion y llynedd, oherwydd mai hwy

which bank and agency costs can be eradicated. Most trusts, indeed, have their own internal bank and, of course, that does not cost as much as an agency, and it means that those members of staff will be more familiar with the wards and the environment in which they are asked to work. You have to be very careful about internal banks, because we cannot push our staff beyond—

oedd yr ymddiriedolaethau gyda'r gwariant mwyaf o ran staff banc ac asiantaeth, i edrych ar ffyrdd i gael gwared â chostau banc ac asiantaeth. Yn wir, mae gan y mwyafrif o ymddiriedolaethau eu banc mewnol eu hunain, ac wrth gwrs nid yw hynny'n costio cymaint ag asiantaeth, ac mae'n golygu y bydd yr aelodau staff hynny yn fwy cyfarwydd â'r wardiau a'r amgylchedd y gofynnir iddynt weithio ynddynt. Mae'n rhaid bod yn ofalus iawn ynglyn â banciau mewnol, oherwydd ni allwn wthio'n staff y tu hwnt i—

[42] **Denise Idris Jones:** You cannot put the extra pressure on them.

[42] **Denise Idris Jones:** Ni allwch roi'r pwysau ychwanegol arnynt.

Ms Lloyd: Yes—the European working time directive. So, the amount of internal bank staff that you can use is limited. However, of course, it is more appropriate to use those staff, but you have to be careful about it.

Ms Lloyd: Ie—y gyfarwyddeb oriau gwaith Ewropeaidd. Felly, mae nifer y staff banc mewnol y gallwch eu defnyddio yn gyfyngedig. Fodd bynnag, mae'n fwy priodol, wrth gwrs, i ddefnyddio'r staff hynny, ond rhaid i chi fod yn ofalus wrth wneud hynny.

[43] **Denise Idris Jones:** Thank you.

[43] **Denise Idris Jones:** Diolch.

[44] **Janet Davies:** Thank you, Denise. Leighton, you have a question?

[44] **Janet Davies:** Diolch, Denise. Leighton, mae gennych gwestiwn?

[45] **Leighton Andrews:** I ask you to look at paragraph 2.17, which looks at ill-health retirement. That shows us that ill-health retirements have pushed up the costs of NHS pensions quite significantly. Is there not a danger, given that the NHS Pensions Agency basically picks up the cost of those retirements, that trusts will push people with long periods of sickness in that direction, rather than redeploying them?

[45] **Leighton Andrews:** Gofynnaf i chi edrych ar baragraff 2.17, sy'n edrych ar ymddeol oherwydd salwch. Mae'n dangos i ni bod nifer yr ymddeoliadau oherwydd salwch wedi cynyddu costau pensiynau'r GIG yn sylweddol. Onid oes perygl, o gofio bod Asiantaeth Bensiynau'r GIG yn talu costau'r ymddeoliadau hynny, y bydd yr ymddiriedolaethau'n gwthio pobl sydd â chyfnodau hir o salwch i'r cyfeiriad hwnnw, yn hytrach na'u cyflogi rywle arall?

Ms Lloyd: My experience tells me that that is not the case. We have spent a great deal of money on training and developing the staff that we employ, and to just opt for ill-health retirement would be a huge waste of that asset. We are not exactly blossoming with too many staff in the NHS, and good practice dictates that, where you have an individual, say a nurse, who is no longer able to work as a nurse, every effort should be made to review the competence that they have, and to retrain them where necessary, so that they can be redeployed. Not all nursing jobs now require direct manual contact with patients, and many nurses have been deployed into advisory roles, which are becoming more prevalent in the NHS. I do not believe that ill-health retirement is an easy option, and certainly all ill-health retirements have to be reported to trust boards. As we have spent a lot of resources on ensuring that our staff are able to work, and as they have given a lot to us, our responsibility is to redeploy them, wherever possible. However, you should not deny them ill-health retirement if that is what is right for them.

[46] **Leighton Andrews:** No, sure, I accept that. However, if they are reported to trust boards, they are then, presumably, publicly available and reported to you?

Ms Lloyd: No, they would be in the private section, because it is confidential to individuals.

[47] **Leighton Andrews:** Okay—accepted, but are they reported to you?

Ms Lloyd: They are supposed to be reported to me, and many are coming in now.

Ms Lloyd: Mae fy mhrofiad yn dweud wrthyf nad yw hynny’n wir. Yr ydym wedi gwario llawer iawn o arian ar hyfforddi a datblygu’r staff a gyflogwn, a byddai dewis ymddeol oherwydd salwch yn unig yn wastraff enfawr ar yr ased hwnnw. Ni ellir dweud bod gormodedd o staff yn y GIG, ac mae arfer gorau yn awgrymu, lle mae yna unigolyn, fel nyrs, nad yw’n gallu gweithio mwyach fel nyrs, y dylid ymdrechu’n galed i adolygu’r cymhwysedd sydd ganddo ef neu hi, a’i ailhyfforddi os oes angen, er mwyn gallu ei cyflogi rywle arall. Nid yw pob swydd nyrsio yn golygu trafod cleifion â llaw yn uniongyrchol bellach, ac mae nifer o nyrsys wedi’u cyflogi mewn swyddi ymgynghorol, sy’n dod yn fwy amlwg yn y GIG. Nid wyf yn credu bod ymddeol oherwydd salwch yn ddewis hawdd, ac yn sicr mae’n rhaid rhoi gwybod i fyrddau ymddiriedolaethau am bob achos o ymddeol oherwydd salwch. Gan ein bod wedi gwario llawer o adnoddau ar sicrhau bod ein staff yn gallu gweithio, a chan eu bod nhw wedi rhoi llawer i ni, ein cyfrifoldeb ni yw eu cyflogi rywle arall, ble bynnag y bydd yn bosibl. Fodd bynnag, ni ddylid gwrthod iddynt gael ymddeol oherwydd salwch os hynny sy’n iawn ar eu cyfer.

[46] **Leighton Andrews:** Na, yn sicr, yr wyf yn derbyn hynny. Fodd bynnag, os rhoddir gwybod amdanynt i fyrddau ymddiriedolaethau, maent felly, yn ôl pob tebyg, ar gael yn gyhoeddus a chithau’n cael gwybod amdanynt?

Ms Lloyd: Na, byddent yn yr adran breifat, oherwydd ei fod yn gyfrinachol i unigolion.

[47] **Leighton Andrews:** Iawn—yr wyf yn derbyn hynny, ond a fyddwch chi’n cael gwybod amdanynt?

Ms Lloyd: Dylwn gael gwybod amdanynt, ac mae nifer yn cyrraedd yn awr.

[48] **Leighton Andrews:** So, not all of them are being reported?

Ms Lloyd: They should be. There are not that many coming through; some, unfortunately, cost a great deal of money.

[49] **Leighton Andrews:** If they are not all being reported to you, then you, presumably, do not have comprehensive data on the level or causes of ill-health retirement?

Ms Lloyd: The NHS has been advised that it should be reporting these to me, because they are usually large payments, and they fall into the contentious bracket.

[50] **Leighton Andrews:** So, are you saying that you have some recalcitrant trusts that are not doing that?

Ms Lloyd: No, I do not have such trusts. However, I have not yet seen the year-end reports.

[51] **Leighton Andrews:** Okay. What guidance have you issued to trusts to ensure that there is consistency in the way that ill-health retirement is managed?

Mr Redmond: It is not so much guidance from us at this moment in time, as every trust has its own policies for sickness absence, retirement, redundancy and so on. It is quite specific in all of them that there is quite a process to go through. If we accept that the person is ill and that that illness is likely to be a consideration for ill-health retirement, not only does their own general practitioner and a consultant need to support that, but the trust can call upon an independent consultant and their own occupational health service. Also, the pension agency itself, before it makes a decision, may even refer to another

[48] **Leighton Andrews:** Felly, nid ydynt i gyd yn cael eu cofnodi?

Ms Lloyd: Dylent gael eu cofnodi i gyd. Nid oes cymaint â hynny'n cael eu cyflwyno; mae rhai, yn anffodus, yn costio llawer o arian.

[49] **Leighton Andrews:** Os nad ydych yn clywed amdanynt i gyd, nid oes gennych, yn ôl pob tebyg, ddata cynhwysfawr am lefel neu achosion ymddeol oherwydd salwch?

Ms Lloyd: Cynghorwyd y GIG y dylai roi gwybod i mi am y rhain, oherwydd eu bod yn daliadau mawr fel arfer, ac maent yn y dosbarth cynhennus.

[50] **Leighton Andrews:** Felly, a ydych yn dweud bod yna rai ymddiriedolaethau ystyfnig nad ydynt yn gwneud hynny?

Ms Lloyd: Na, nid oes gennyf ymddiriedolaethau o'r fath. Fodd bynnag, nid wyf wedi gweld yr adroddiadau diwedd blwyddyn eto.

[51] **Leighton Andrews:** Iawn. Pa ganllawiau yr ydych wedi'u rhoi i ymddiriedolaethau i sicrhau bod ymddeol oherwydd salwch yn cael ei reoli mewn ffordd gyson?

Mr Redmond: Ni ellir eu galw'n ganllawiau gennym ni ar hyn o bryd, oherwydd bod gan bob ymddiriedolaeth ei pholisïau ei hun ar gyfer absenoldeb salwch, ymddeol, diswyddo, ac ati. Mae'n eithaf penodol ymhob un ohonynt fod proses go sylweddol i'w dilyn. Os derbyniwn fod yr unigolyn yn sâl a bod y salwch hwnnw'n debygol o fod yn rheswm dros ymddeol oherwydd salwch, mae angen nid yn unig i'w feddyg teulu ei hun ac ymgynghorydd ategu hynny, ond gall yr ymddiriedolaeth alw ar ymgynghorydd annibynnol a'i gwasanaeth iechyd galwedigaethol ei hun. Yn ogystal, gall yr

consultant. So, there is quite a procedure to go through, and, obviously, the unions and others are involved. You will see in the figure that something like 883 have been reported as suffering ill health, out of 81,400 NHS staff in NHS Wales—that is just over 1 per cent. There is quite a thorough procedure there, but, obviously, following this review, I shall make sure, on Ms Lloyd's behalf, that all the information is made available.

asiantaeth bensiynau ei hun, cyn dod i benderfyniad, gyfeirio at ymgynghorydd arall. Felly, mae gweithdrefn sylwseddol i'w dilyn, ac yn amlwg mae'r undebau ac eraill yn cyfrannu. Byddwch yn gweld yn y ffigur fod oddeutu 883 wedi cofnodi eu bod yn dioddef salwch, o 81,400 o staff y GIG yn GIG Cymru—mae hynny ychydig yn fwy nag 1 y cant. Mae gweithdrefn ddigon trylwyr ar waith, ond yn dilyn yr adolygiad hwn byddaf yn sicrhau, ar ran Ms Lloyd, bod yr holl wybodaeth ar gael.

[52] **Leighton Andrews:** Thank you. A few of my other questions have probably already been anticipated, but may I just go back to something that you said earlier in relation to the calculation of sickness absence? I think that you made a statement earlier about not having records in respect of senior managers and consultants—what you called 'softer areas'.

[52] **Leighton Andrews:** Diolch. Mae'n debyg eich bod wedi rhag-weld rhai o'm cwestiynau eraill, ond a gaf fi fynd yn ôl at rywbeth a ddywedsoch yn gynharach mewn cysylltiad â chyfrifo absenoldeb salwch? Credaf eich bod wedi gwneud gosodiad yn gynharach nad oedd gennych gofnodion ar gyfer uwch reolwyr ac ymgynghorwyr—yr hyn a alwech yn 'feysydd ysgafnach'.

Ms Lloyd: We do.

Ms Lloyd: Mae gennym gofnodion.

[53] **Leighton Andrews:** You have that information?

[53] **Leighton Andrews:** Mae gennych y wybodaeth honno?

Ms Lloyd: Yes, but in some parts of the UK they do not collect it.

Ms Lloyd: Oes, ond nid yw'n cael ei chasglu mewn rhai rhannau o'r DU.

[54] **Leighton Andrews:** Thank you. When do you think that you will be in a position to have a defined, agreed measure governing how people define their sickness levels in particular trusts?

[54] **Leighton Andrews:** Diolch. Pryd ydych chi'n credu y byddwch mewn sefyllfa i gael mesur diffiniedig wedi ei gytuno i reoli sut y mae pobl yn diffinio eu lefelau salwch mewn ymddiriedolaethau penodol?

Ms Lloyd: The HR directors established a group in October last year to look at the recommendations that they knew would be coming through this report, given the questions asked by the Auditor General. From 1 April, we will have one agreed definition. However, I will also ask them to ensure that they look at recording, not just that new standard definition, which is the definition recommended by the National Audit Office anyway, and the one used by most of the trusts at the moment, but also to look at the Bradford factors, because it is important to try to establish the disruption factor of short-term illness and to then concentrate on how we better manage long-term sickness in the NHS. Although the trusts will have a standard definition, we will also urge them to keep the Bradford factor calculation. You can see from the report that many of the trusts are now doing that.

Ms Lloyd: Sefydlwyd grwp gan y cyfarwyddwyr AD fis Hydref y llynedd i edrych ar yr argymhellion y gwyddent y byddent yn codi yn yr adroddiad hwn, o gofio'r cwestiynau a ofynnwyd gan yr Archwilydd Cyffredinol. O 1 Ebrill, bydd gennym un diffiniad wedi ei gytuno. Fodd bynnag, byddaf hefyd yn gofyn iddynt sicrhau eu bod yn edrych ar gofnodi, nid yn unig y diffiniad safonol newydd hwnnw, sef y diffiniad a argymhellir gan y Swyddfa Archwilio Genedlaethol beth bynnag, a'r un a ddefnyddir gan fwyafrif yr ymddiriedolaethau ar hyn o bryd, ond hefyd i edrych ar ffactorau Bradford. Oherwydd mae'n bwysig ceisio sefydlu ffactor tarfu salwch tymor byr ac yna ganolbwyntio ar y ffordd y gallwn reoli salwch hirdymor yn well yn y GIG. Er y bydd gan yr ymddiriedolaethau ddiffiniad safonol, byddwn hefyd yn eu hannog i gadw cyfrifiad y ffactor Bradford. Gallwch weld o'r adroddiad bod nifer o'r ymddiriedolaethau'n gwneud hynny bellach.

[55] **Janet Davies:** Thank you, Leighton. Mrs Lloyd, you mentioned that the very large payments made when a member of staff has to retire due to ill health are contentious payments. You are probably aware that this has been a matter of concern to this Committee in other arenas of the National Assembly's responsibility. It would seem to me that such payments will be picked up either by the Audit Commission initially and/or by the National Audit Office. How concerned are you that this could prove to be a major issue in future Audit Committee hearings?

[55] **Janet Davies:** Diolch, Leighton. Mrs Lloyd, yr oeddech yn crybwyll bod y taliadau mawr iawn a wneir pan fydd yn rhaid i aelod o staff ymddeol oherwydd salwch yn daliadau cynhennus. Mae'n sicr eich bod yn gwybod i hyn fod yn achos pryder i'r Pwyllgor hwn mewn meysydd eraill yng nghyfrifoldeb y Cynulliad Cenedlaethol. Ymddengys i mi y bydd taliadau felly'n cael eu nodi naill ai gan y Comisiwn Archwilio yn y lle cyntaf a/neu'r Swyddfa Archwilio Genedlaethol. Pa mor bryderus ydych chi y gallai hyn fod yn fater o bwys yng ngwrandawiadau'r Pwyllgor Archwilio yn y dyfodol?

Ms Lloyd: Well, we have to remember that our workforce is getting older, which is why the management of long-term sickness and the possibility of ill-health retirement is very important, and why it will be effectively highlighted by the work that the HR directors have been doing and in the recommendations that they have made in taking this whole issue forward. It is important that the NHS does report in what it believes its projections per year will be on ill-health retirement, because many of these cases have been prolonged and the staff absence has been prolonged. I have asked for a piece of work to be done on the profiling of employees throughout the NHS in Wales and the possible escalation of ill-health retirement or early retirement. As Mr Redmond said, to be able to grant ill-health retirement, one has to to go through quite a difficult and very rigorous process. It usually takes some time in order to get an adjudication from Fleetwood at the end of the day. So, we ask that each of the organisations should track and map across what they think the liability will be to the whole of the NHS because, although a trust will not personally bear the costs, the NHS will.

Ms Lloyd: Wel, mae'n rhaid i ni gofio bod ein gweithlu yn mynd yn hyn, a dyna pam mae rheoli salwch hirdymor a phosibilrwydd ymddeol oherwydd salwch yn bwysig iawn. A dyna pam y tynnir sylw ato mewn gwirionedd gan y gwaith y mae'r cyfarwyddwyr AD wedi bod yn ei wneud ac yn yr argymhellion y maent wedi'u gwneud wrth fynd â'r mater hwn yn ei flaen. Mae'n bwysig i'r GIG gofnodi yn yr hyn y mae'n credu fydd ei ragamcanion y flwyddyn ar ymddeol oherwydd salwch, oherwydd mae nifer o'r achosion hyn yn rhai maith ac absenoldeb y staff wedi bod yn faith. Yr wyf wedi gofyn am ddarn o waith ar broffilio gweithwyr cyflogedig ledled y GIG yng Nghymru a chynnydd posibl mewn ymddeol oherwydd salwch neu ymddeol yn gynnar. Fel y dywedodd Mr Redmond, er mwyn gallu cynnig ymddeoliad oherwydd salwch, mae'n rhaid mynd trwy broses ddigon anodd a manwl iawn. Fel rheol mae'n cymryd cryn amser i gael arfarniad gan Fleetwood yn y pen draw. Felly, gofynnwn i bob un o'r sefydliadau olrhain a nodi beth a gredant fydd yr atebolrwydd i'r GIG i gyd, oherwydd, er na fydd ymddiriedolaeth ei huj yn gorfod ysgwyddo'r costau, bydd y GIG yn gorfod gwneud hynny.

[56] **Janet Davies:** Thank you very much. I refer to that issue that you raised of some hands-on nurses moving into advisory roles. Presumably, there are limits to the number of nurses that can transfer in that way. What would you think was the ideal balance of advisory staff as compared with those with hands-on nursing experience?

[56] **Janet Davies:** Diolch yn fawr iawn. Cyfeiriaf at y mater a godwyd gennych am rai nyrsys ymarferol yn symud i swyddi ymgynghorol. Yn ôl pob tebyg, mae cyfyngiadau ar nifer y nyrsys a all gael eu trosglwyddo fel hynny. Beth feddyliech chi yw cydbwysedd delfrydol staff ymgynghorol o'u cymharu â'r rheiny sydd â phrofiad nyrsio ymarferol?

Ms Lloyd: Oh, it has to be quite small. They are taking particular roles such as that of nurse counsellor and so on. I have known a number of really high-quality nurses, who, unable to nurse any more, have transferred across and have performed some of the newer roles that we are seeing emerging in the NHS, and have been doing that really well. They bring a wealth of experience to those new roles.

Ms Lloyd: O, rhaid iddo fod yn ddigon isel. Maent yn ymgymryd â swyddi penodol fel cynghorydd nyrsio, ac ati. Fe wn am nifer o nyrsys o safon uchel sydd, am nad oeddent yn gallu nyrsio mwyach, wedi trosglwyddo ac wedi cyflawni rhai o'r swyddi mwy newydd sy'n ymddangos yn awr yn y GIG, ac wedi bod yn gwneud hynny'n dda iawn. Maent yn ychwanegu cyfoeth o brofiad at y swyddi newydd hynny.

[57] **Janet Davies:** I intended to refer to the target of 30 per cent reduction in sickness absence, but we have gone into that in some detail. Could I ask whether you were aware that five trusts did not have comparable baseline data for 2000-01 to measure those performances?

[57] **Janet Davies:** Yr oeddwn yn bwriadu cyfeirio at y targed o ostyngiad o 30 y cant mewn absenoldeb salwch, ond yr ydym wedi trafod hynny'n ddigon manwl. A gaf fi ofyn a oeddech yn ymwybodol nad oedd gan bum ymddiriedolaeth ddata llinell sylfaen cymharol ar gyfer 2000-01 i fesur y perfformiadau hynny?

Ms Lloyd: Well, I was not here, so I shall ask Mr Redmond to answer that.

Ms Lloyd: Wel, nid oeddwn i yma, felly, gofynnaf i Mr Redmond ateb hynny.

Mr Redmond: I will refer to my earlier answer: when I met with all the HR directors and some of their chief executives, they were telling me at that stage that maybe they had not been concentrating on it. I see it as one of the quite normal, basic duties of an HR practitioner and an HR team. This is routine work. I mean, again, I can only use my own experience, I was reporting to my boards, normally on a quarterly basis, on how much sickness we had, and whether we were into disciplinaries or redundancies, and also calculating how much ill health or sickness was costing us. Okay, I was in England doing that, but when I realised that some of them—they all, of course, gave me a commitment that they would have information available and so on. I suppose that, as chief executives admitted to me this week, their eye has been off this particular issue—that is not to defend it—and they have been concentrating on waiting times and other important issues. So, I was only aware by verbal briefing that we are having problems, which we

Mr Redmond: Cyfeiriaf at fy ateb cynharach. Yn fy nghyfarfod â'r holl gyfarwyddwyr AD a rhai o'u prif weithredwyr, yr oeddent yn dweud wrthyf bryd hynny efallai nad oeddent wedi canolbwyntio ar hyn. Yr wyf yn ystyried hyn yn un o ddyletswyddau arferol, sylfaenol ymarferydd AD a thîm AD. Gwaith o ddydd i ddydd yw hyn. Eto, ni allaf wneud dim mwy na defnyddio fy mhrofiad fy hun. Byddwn yn adrodd i'm byrddau, bob chwarter fel rheol, ar faint o salwch a oedd gennym, ac a oeddem yn wynebu achosion disgyblu neu ddiswyddiadau. Byddwn hefyd yn cyfrifo faint oedd salwch neu waeledd yn ei gostio i ni. Iawn, yn Lloegr yr oeddwn yn gwneud hynny. Ond pan sylweddolais fod rhai ohonynt—rhoddodd pawb, wrth gwrs, ymrwymiad i mi y byddai ganddynt wybodaeth ar gael ac ati. Mae'n debyg, fel y cyfaddefodd prif weithredwyr wrthyf yr wythnos hon, nad ydynt wedi canolbwyntio ar y mater penodol hwn—nid amddiffyn hynny yr wyf—ac maent wedi bod yn canolbwyntio ar amseroedd

are trying to identify. They are all also hanging on for—or waiting—in a way for the new England and Wales electronic staff record system that we have been trying to get to for the last handful of years. It is still in sight, but it is maybe a year away yet. So, we were aware that they were trying to bring their records and their systems up to date.

aros a materion pwysig eraill. Felly, trwy gyfarwyddyd llafar yn unig yr oeddwn yn ymwybodol fod gennym broblemau, ac yr ydym yn ceisio'u nodi. Maent i gyd hefyd yn disgwyl—neu'n aros—mewn ffordd am y system cofnodion staff electronig yng Nghymru a Lloegr yr ydym wedi bod yn ceisio'i chael ers blynyddoedd. Mae'n dal o fewn cyrraedd, ond efallai y bydd o leiaf blwyddyn tan hynny. Felly, yr oeddem yn ymwybodol eu bod yn ceisio diweddaru eu cofnodion a'u systemau.

Ms Lloyd: May I just add to that, Chair? The Welsh Risk Pool also had standards within it that related to trusts recording sickness absence and so on, and it was recording in 2002-03 that 87 per cent of organisations in Wales were compliant. So, because of that outcome and because of the National Audit Office report, what I have asked our HR director to do is to see where the differential in the monitoring of the Welsh Risk Pool standard is against the fact that there are lots of things that we need to do arising from this in terms of measurements, and recording and accuracy, to see why the Welsh Risk Pool was saying that it was recording it, and that violence and so on was all being recorded, when the Auditor General has, helpfully, found that it might not be as good as it looked. So, we must put that one to rest also.

Ms Lloyd: A gaf fi ychwanegu at hynny, Gadeirydd? Yr oedd gan Gronfa Risg Cymru hefyd safonau a oedd yn ymwneud ag ymddiriedolaethau'n cofnodi absenoldeb oherwydd salwch, ac ati. Yn 2002-03 yr oedd yn cofnodi bod 87 y cant o sefydliadau yng Nghymru yn cydymffurfio. Felly, oherwydd y canlyniad hwnnw ac oherwydd adroddiad y Swyddfa Archwilio Genedlaethol, yr wyf wedi gofyn i'n cyfarwyddwr AD weld ble mae'r gwahanrediad wrth fonitro safon Cronfa Risg Cymru yn erbyn y ffaith fod yna nifer o bethau y mae angen i ni eu gwneud oherwydd hyn o ran mesuriadau, a chofnodi a chywirdeb, i weld pam yr oedd Cronfa Risg Cymru yn dweud ei bod yn cofnodi hyn, a bod trais ac ati'n i gyd yn cael eu cofnodi. A hyn er bod yr Archwilydd Cyffredinol, yn ddefnyddiol iawn, wedi gweld nad yw efallai cystal ag yr oedd yn ymddangos. Felly, mae'n rhaid i ni gau pen y mwdwl ar hynny hefyd.

[58] **Janet Davies:** All right, thank you. Jocelyn, you have some questions?

[58] **Janet Davies:** Iawn, diolch. Jocelyn, mae gennych gwestiynau?

[59] **Jocelyn Davies:** You say that not all the trusts have been focusing on this and that not all of them have set targets for their sickness absence. Only four have set deadlines, I think. Is that good enough?

[59] **Jocelyn Davies:** Yr ydych yn dweud nad yw pob ymddiriedolaeth wedi bod yn canolbwyntio ar hyn, ac nad yw pob un wedi pennu targedau ar gyfer eu habsenoldeb salwch. Credaf mai dim ond pedair sydd wedi pennu terfynau amser. A yw hynny'n ddigon da?

Mr Redmond: No, not really. I think that where I could have been far more proactive is in saying, 'well, I have set the target of bringing it to 4.2 per cent', and in making sure—this is where I fail—that I manage that and say every six months, 'I want to see what you are doing'. No matter how poor some of their information was, I should have made sure that I had six-monthly reports and kept on pressing them to deliver it. I did not do that, and, equally, I do not believe that they have kept—not all of them anyhow—the same momentum and the same management regime on this that one would normally expect.

Mr Redmond: Nac ydyw, a dweud y gwir. Credaf y gallaswn fod lawer yn fwy rhagweithiol trwy ddweud, 'wel, yr wyf wedi pennu'r targed yn 4.2 y cant', ac wrth sicrhau—dyna lle yr wyf yn methu—fy mod yn rheoli hynny a dweud pob chwe mis, 'yr wyf am weld beth yr ydych yn ei wneud'. Waeth pa mor wael yr oedd rhywfaint o'u gwybodaeth, dylwn fod wedi sicrhau fy mod yn cael adroddiadau bob chwe mis a rhoi pwysau arnynt i'w cyflwyno. Ni wneuthum hynny, ac yn yr un modd nid wyf yn credu eu bod wedi cadw—nid pob un beth bynnag—yr un momentwm a'r un drefn reoli yn hyn ag y byddai disgwyl iddynt fel rheol.

[60] **Jocelyn Davies:** Earlier, Mrs Lloyd, you mentioned how vital it was to know exactly why people are off sick. Surely the NHS should be more than well placed to be working out the categories for the causes of absence. Can you think of any other organisation better placed than the NHS to say why people are sick?

[60] **Jocelyn Davies:** Yn gynharach, Mrs Lloyd, soniech mor hanfodol yr oedd gwybod yn union pam mae pobl yn absennol oherwydd salwch. Oni ddylai'r GIG fod mewn mwy na sefyllfa dda i bennu'r categorïau ar gyfer achosion absenoldeb? A allwch feddwl am unrhyw sefydliad arall sydd mewn gwell sefyllfa na'r GIG i ddweud pam mae pobl yn sâl?

Ms Lloyd: No.

Ms Lloyd: Na allaf.

[61] **Jocelyn Davies:** No, it would be very difficult, would it not?

[61] **Jocelyn Davies:** Na, byddai'n anodd iawn, oni fyddai?

Ms Lloyd: It would be.

Ms Lloyd: Byddai.

[62] **Jocelyn Davies:** So, why do you think that the trusts have made such little progress in this area?

[62] **Jocelyn Davies:** Felly, pam yr ydych yn credu bod yr ymddiriedolaethau wedi gwneud cyn lleied o gynnydd yn y maes hwn?

Ms Lloyd: I honestly do not believe that they have regarded this as a major priority for them, otherwise they would have done more.

Ms Lloyd: Nid wyf yn credu'n wirioneddol eu bod wedi ystyried hyn yn blaenoriaeth bwysig iddynt. Neu, byddent wedi gwneud mwy.

[63] **Jocelyn Davies:** You mentioned the ESR system, which is detailed on page 39 of the report, in appendix 3. Are you satisfied with this system, and do you think that those categories are appropriate?

Ms Lloyd: Well, in terms of whether I am satisfied with this system, I certainly think that North East Wales NHS Trust, from the experience that it has had as one of the three pilot areas, believes that it will be a much better way of looking at the actual numbers and the time lost in a much more accurate way within the NHS in Wales. However, I do not believe that this can stand alone. This is just one tool. We need very proactive management of absence within the NHS, and this is just the basic information that you need. So that has to be added. This includes the reasons why people are off, good occupational health services, and the very proactive management of absence by all line managers.

[64] **Jocelyn Davies:** We talked earlier about work-related illness and non-work-related illness. Can you tell us where you would find that information in the system? If this is basic information, it does not seem to me that it differentiates between work-related and non-work-related illnesses, which is something that you also said was vital.

Ms Lloyd: That is one of the things that we have added to the ESR.

[65] **Jocelyn Davies:** So it is not complete?

Ms Lloyd: No, it is not complete. That is what we have asked for from the ESR project.

[63] **Jocelyn Davies:** Yr ydych wedi crybwyll y system ESR, a drafodir yn fanwl ar dudalen 39 yn yr adroddiad, yn atodiad 3. A ydych yn fodlon â'r system hon, ac a ydych yn credu bod y categorïau hynny'n briodol?

Ms Lloyd: Wel, o ran bod yn fodlon â'r system, yr wyf yn sicr yn meddwl bod Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru, o'r profiad a gafodd fel un o'r tair ardal beilot, yn credu y bydd yn ffordd lawer gwell o edrych ar y niferoedd gwirioneddol a'r amser a gollir mewn ffordd lawer mwy cywir o fewn y GIG yng Nghymru. Fodd bynnag, ni chredaf y gellir gwneud hyn ar ei ben ei hun. Un arf yn unig yw hyn. Mae arnom angen dulliau rheoli absenoldeb rhagweithiol iawn yn y GIG, a'r wybodaeth sylfaenol angenrheidiol yn unig yw hyn. Felly, rhaid ychwanegu hynny. Mae hyn yn cynnwys y rhesymau dros absenoldeb pobl, gwasanaethau iechyd galwedigaethol da, a bod pob rheolwr llinell yn rheoli absenoldeb yn rhagweithiol iawn.

[64] **Jocelyn Davies:** Buom yn siarad yn gynharach am salwch sy'n gysylltiedig â gwaith, a salwch nad yw'n gysylltiedig â gwaith. A allwch ddweud wrthym ble y mae'r wybodaeth hon i'w chael yn y system? Os gwybodaeth sylfaenol yw hon, nid yw'n ymddangos i mi ei bod yn gwahaniaethu rhwng salwch sy'n gysylltiedig â gwaith a salwch nad yw'n gysylltiedig â gwaith, sy'n rhywbeth arall y dywedech ei fod yn hanfodol.

Ms Lloyd: Mae hyn yn un o'r pethau yr ydym wedi'i ychwanegu at yr ESR.

[65] **Jocelyn Davies:** Felly, nid yw'n gyflawn?

Ms Lloyd: Na, nid yw'n gyflawn. Dyna yr ydym wedi gofyn amdano gan y prosiect ESR.

Mr Redmond: I will just raise an issue, if I may, because I am able to input into all of this, both for Wales and the England and Wales project. There are many things missing that we are still discussing. The system shown is not final. Some people, just to give an example, might already have diabetes as a condition, but they get on with their work and so on, and then, for some reason, the diabetes becomes unbalanced, and they have some time off because of that, to rebalance. Well, there is nowhere in the list shown to reflect that, so there is a lot more to do. 'Not known' is of no help to anyone really. It has to be really rare that anyone would put 'not known', because if you are interviewing people at the end of sickness, and so on, it can be clarified, unless there are real reasons for confidentiality. So I think that this is certainly not exhaustive, and it needs to be exhaustive. It needs to be a full, comprehensive list.

Mr Redmond: Yr wyf am drafod un mater, os caf, oherwydd fy mod yn gallu cyfrannu at hyn i gyd, ar gyfer prosiect Cymru a phrosiect Cymru a Lloegr. Mae nifer o bethau ar goll yr ydym yn parhau i'w trafod. Nid yw'r system a ddangosir yn un derfynol. Efallai fod rhai pobl, er enghraifft, eisoes yn dioddef gan y cyflwr diabetes, ond yn mynd ymlaen â'u gwaith ac ati, ac yna, am ryw reswm, mae'r diabetes yn ansefydlogi, a byddant yn cael amser o'r gwaith oherwydd hynny, i'w sefydlogi. Wel, nid oes dim yn y rhestr a ddangosir i adlewyrchu hynny, felly mae llawer mwy i'w wneud. Nid yw 'anhysbys' yn helpu neb mewn gwirionedd. Rhaid mai achos prin iawn fydai i rywun roi 'anhysbys' fel ateb, oherwydd os ydych yn cyfweld pobl ar ddiwedd cyfnod o salwch, ac ati, gellir ei egluro, oni fydd rhesymau gwirioneddol dros gyfrinachedd. Felly, credaf yn sicr nad yw hon yn gynhwysfawr, ac mae angen iddi fod yn gynhwysfawr. Mae angen iddi fod yn rhestr lawn a chyflawn.

[66] **Jocelyn Davies:** May I just ask a question, Chair, about stress? The report says that trust staff say that staff shortages result in the remaining staff suffering from stress. There is even a figure of 14 per cent of other people then going off sick due to the stress that they are suffering because of staff shortages. So there is a vicious circle. What is being done to address that?

[66] **Jocelyn Davies:** A gaf fi ofyn cwestiwn, Gadeirydd, ynglyn â thyndra? Dywed yr adroddiad fod staff ymddiriedolaethau'n dweud bod prinder staff yn golygu bod gweddill y staff yn dioddef oherwydd tyndra. Mae hyd yn oed ffigur o 14 y cant o bobl eraill wedyn yn absennol oherwydd y tyndra maent yn ei ddioddef oherwydd prinder staff. Felly, mae yma gylch cythreulig. Beth sy'n cael ei wneud i fynd i'r afael â hynny?

Mr Redmond: We are certainly trying to advance occupational health. This is not only a matter for Wales, but for England as well. It has meant a further investment to form occupational health teams at trusts, because they are all large employers, if you think of the 81,400 people in the NHS in Wales. So, there has been a slow investment in more occupational health, and, yes, it does need breaking down because if the NHS, as an employer, is causing stress for various reasons, then that needs to be tackled, and some of those problems need to be resolved. So, you are right that people going off sick, using agency staff who are unfamiliar with practices, or the demands that we make on the service, and so on, are resulting in some internal pressure which is then resulting in stress. So the one stress item in the list there has to be broken down into work-related stress or stress that may come through personal, domestic issues. Occupational health staff, who are the experts really, need to spend some time—and we will ask them, or indeed instruct them, to do so—making sure that the trusts are getting an analysis, and we in Government and through the regional offices are making sure that we are trying to move progress to resolve some of these issues.

Mr Redmond: Yr ydym yn sicr yn ceisio datblygu iechyd galwedigaethol. Mae hwn nid yn unig yn fater i Gymru, ond i Loegr hefyd. Mae wedi golygu buddsoddiad pellach i greu timau iechyd galwedigaethol mewn ymddiriedolaethau, oherwydd eu bod i gyd yn gyflogwyr mawr, os meddyliwch am yr 81,400 o bobl yn y GIG yng Nghymru. Felly, bu buddsoddiad araf mewn mwy o iechyd galwedigaethol, ac oes, mae angen ei ddadansoddi oherwydd os yw'r GIG, fel cyflogwr, yn achosi tyndra am amrywiaeth o resymau, yna mae angen mynd i'r afael â hynny, ac mae angen datrys rhai o'r problemau hynny. Felly, yr ydych yn iawn i ddweud bod pobl sy'n absennol, defnyddio staff asiantaeth nad ydynt yn gyfarwydd ag arferion, neu'r gofynion a roddir ar y gwasanaeth, ac ati, yn arwain at rywfaint o bwysau mewnol sydd wedyn yn arwain at dyndra. Felly, rhaid dadansoddi'r un eitem tyndra ar y rhestr hon yn dyndra sy'n gysylltiedig â gwaith neu'n dyndra a alla ddeilio o faterion personol, domestig. Mae angen i staff iechyd galwedigaethol, sef yr arbenigwyr i bob pwrpas, dreulio amser—a byddwn yn gofyn iddynt wneud hynny, neu'n eu cyfarwyddo i wneud hynny—i sicrhau bod yr ymddiriedolaethau yn cael dadansoddiad, a'n bod ni yn y Llywodraeth a thrwy'r swyddfeydd rhanbarthol yn sicrhau ein bod yn ceisio gwneud cynnydd i ddatrys rhai o'r materion hynny.

[67] **Jocelyn Davies:** I will leave it there, Janet. I think that my other questions have been covered.

[67] **Jocelyn Davies:** Yr wyf am adael y mater hwn yn awr, Janet. Credaf fod fy nghwestiynau eraill wedi'u hateb.

[68] **Janet Davies:** Okay, thank you. We are really getting on to the electronic staff record issue now. Mrs Lloyd, you said that you felt that the NHS trusts had not regarded the management of sickness absence as a priority. Could I ask to what extent the Assembly's NHS department has regarded it as a priority and, if it has regarded it as a priority, why was something not done to address the issue sooner?

[68] **Janet Davies:** Iawn, diolch. Yr ydym, mewn gwirionedd, yn dod i'r mater o'r system cofnodion staff electronig yn awr. Mrs Lloyd, bu ichi ddweud eich bod yn meddwl nad oedd yr ymddiriedolaethau GIG wedi ystyried rhoi blaenoriaeth i absenoldeb oherwydd salwch. A gaf ofyn i ba raddau y mae adran GIG y Cynulliad wedi ei ystyried yn flaenoriaeth a pham, os yw wedi'i ystyried yn flaenoriaeth, na wnaethpwyd rhywbeth i fynd i'r afael â'r mater yn gynt?

Ms Lloyd: I think that the honest answer to that is that it was not until quite recently that we understood that so little was being done on the surface about the management of ill health. Once this was brought to our attention, of course, it became an essential priority for us and for the employers out there. That is why such an effort has been made now to ensure that the recommendations of the human resources directors are put into effect, and that the trust chief executives themselves take this extremely seriously, and the working group has been established now to push forward the proposals and the recommendations contained within the Auditor General's report. That will be chaired by a trust chief executive, and it is due to meet in the next 10 days. I think that I should have been sharper in realising, or recognising, that sickness absence was not being managed as effectively as I would have assumed that it was in Wales. I think that is an error on my part.

Ms Lloyd: Credaf mai'r ateb gonest i hyn yw nad oeddem yn sylweddoli hyd yn ddiweddar bod cyn lleied yn cael ei wneud ar y wyneb i reoli salwch. Unwaith y daeth hyn i'n sylw, wrth gwrs, daeth yn flaenoriaeth hanfodol i ni ac i'r cyflogwyr allan yno. Dyna pam mae cymaint o ymdrech wedi'i gwneud yn awr i sicrhau bod argymhellion y cyfarwyddwyr adnoddau dynol yn cael eu rhoi ar waith, a bod prif weithredwyr yr ymddiriedolaethau eu hunain yn rhoi'r pwys mwyaf ar hyn, ac mae'r gweithgor wedi'i sefydlu'n awr i yrru'r cynigion a'r argymhellion sydd wedi'u cynnwys yn adroddiad yr Archwilydd Cyffredinol ymlaen. Bydd hynny yn cael ei gadeirio gan brif weithredwr ymddiriedolaeth, ac mae disgwyl iddo gyfarfod yn y 10 diwrnod nesaf. Credaf y dylwn fod wedi sylweddoli, neu gydnabod, yn gynt nad oedd absenoldeb oherwydd salwch yn cael ei reoli mor effeithiol â'r hyn a ddisgwyliwn yng Nghymru. Credaf fod hynny'n gamgymeriad o'm rhan i.

[69] **Janet Davies:** Do you think that the NHS in Wales has too many priorities and that, perhaps, it is not humanly feasible to keep them all as priorities?

[69] **Janet Davies:** A ydych yn credu bod gan y GIG yng Nghymru ormod o flaenoriaethau ac, efallai, nad yw'n ymarferol eu cadw i gyd yn flaenoriaethau?

Ms Lloyd: The NHS is a complex business, but we have all managed it, and we have all had to manage it effectively. The staff account for 80 per cent of the money that is spent. They are really important, and it is a real priority to keep your staff healthy, to keep them happy working within the NHS, to support them when they are unwell and to ensure that they can return to work as effectively as possible. So, as far as I am concerned, the management of your staff is absolutely critical, because, without your staff, you cannot deliver care to patients.

Ms Lloyd: Mae'r GIG yn fusnes cymhleth, ond yr ydym i gyd wedi'i reoli, ac yr ydym i gyd wedi gorfod ei reoli'n effeithiol. Mae costau staff yn cyfrif am 80 y cant o'r arian sy'n cael ei wario. Maent yn bwysig iawn, ac mae'n flaenoriaeth bwysig i gadw staff yn iach, i'w cadw'n hapus yn gweithio yn y GIG, i'w cynorthwyo pan nad ydynt yn iach ac i sicrhau eu bod yn gallu dychwelyd i'r gwaith mor effeithiol â phosibl. Felly, o'm rhan i, mae rheoli eich staff yn hollol hanfodol, oherwydd, heb eich staff, ni allwch ofalu am gleifion.

Mr Redmond: I would like to come in on that one because, as I say, I do pre-date Mrs Lloyd. In the early days, as the very first human resources director for NHS Wales—there had not been one before—I did, as I say, manage to meet all the chief executives. They all came in, as I wanted to see that they had procedures for everything. I was content that they had procedures for everything. The trusts are admitting—well, some of them anyhow—that they were not managing in the way that they should have done. That is fair, as there are many pressures. Equally, as I have said before, I should have been more proactive. I was not encouraged—until Mrs Lloyd's arrival anyhow—to be more hands-on with the service, as we are now. So there was a time lag there, I would argue, for a couple of years when I could have been more proactive in the management, which I will be in the future, under Mrs Lloyd's direction, to make sure that we are far more proactive in at least monitoring and setting targets for sickness absence, along with other issues as well.

Mr Redmond: Hoffwn gyfrannu at hynny oherwydd, fel y dywedais, yr oeddwn yn gweithio i'r GIG cyn Mrs Lloyd. Yn y dyddiau cynnar, fel cyfarwyddwr adnoddau dynol cyntaf GIG Cymru—nid oedd un wedi bod o'r blaen—llwyddais, fel y dywedais, i gyfarfod yr holl brif weithredwyr. Daethant i gyd i'm gweld, oherwydd fy mod am weld bod ganddynt weithdrefnau ar gyfer popeth. Yr oeddwn yn fodlon fod ganddynt weithdrefnau ar gyfer popeth. Mae'r ymddiriedolaethau yn cyfaddef—wel, rhai ohonynt beth bynnag—nad oeddent yn rheoli yn y ffordd y dylent fod yn ei wneud. Mae hynny'n deg, oherwydd bod llawer o bwysau. Yn yr un modd, fel y dywedais eisoes, dylwn fod wedi bod yn fwy rhagweithiol. Ni chefais anogaeth—tan i Mrs Lloyd gyrraedd beth bynnag—i ymdrin â'r gwasanaeth yn fwy ymarferol, fel yr ydym ei wneud yn awr. Felly yr oedd oedi yma, yn fy marn i, am flwyddyn neu ddwy lle y byddwn wedi gallu bod yn fwy rhagweithiol wrth reoli, a byddaf yn y dyfodol, dan gyfarwyddyd Mrs Lloyd, i sicrhau ein bod yn llawer mwy rhagweithiol wrth o leiaf fonitro a phennu targedau ar gyfer absenoldeb oherwydd salwch, ynghyd â materion eraill hefyd.

[70] **Janet Davies:** Thank you. Do you have any idea why there was no encouragement before? You may not want to go into this; it may not be possible in a public arena.

Mr Redmond: I can answer that in a way. Bear in mind that it was the first such appointment. We have changed over the first few years of the Assembly, in forming a small group handling health from a Government perspective. Clearly, the emphasis now is on implementation, rather than just policy and then letting the NHS implement policy. We, as civil servants, are far more engaged now in the implementation and monitoring of policy. So, there has been a sea change really, and it has changed now. Clearly, there are no excuses now for not being more actively involved in management on the HR front.

Ms Lloyd: May I elaborate on that? When I was appointed, I was appointed as an adviser, and, as you know, the Minister required the accountability of the NHS in Wales to be tightened, and that is when my job changed, so that I became more directly accountable for the performance of the NHS. I think that that underlines the difference in approach that has had to be effected.

[71] **Janet Davies:** That also, of course, raises questions about how centralised the NHS in Wales is and how much local control there is, does it not? How do you meet that balance?

[70] **Janet Davies:** Diolch. A oes gennych unrhyw syniad pam nad oedd anogaeth cyn hyn? Efallai na fyddwch am ymhelaethu ar hyn; efallai na fyddai’n bosibl mewn arena gyhoeddus.

Mr Redmond: Gallaf ateb hynny i ryw raddau. Cofiwch mai hwn oedd y penodiad cyntaf o’i fath. Yr ydym wedi newid yn ystod blynyddoedd cyntaf y Cynulliad, drwy sefydlu grwp bach sy’n gyfrifol am iechyd o safbwynt y Llywodraeth. Yn amlwg, mae’r pwyslais yn awr ar weithredu, yn hytrach na pholisi yn unig ac yna gadael i’r GIG roi polisi ar waith. Yr ydym, fel gweision sifil, yn cyfrannu llawer mwy yn awr at weithredu a monitro polisi. Felly, bu newid mawr mewn gwirionedd, ac mae wedi newid yn awr. Yn amlwg, nid oes esgusodion yn awr am beidio â rheoli’n fwy gweithredol o safbwynt AD.

Ms Lloyd: A gaf fi ymhelaethu ar hynny? Pan gefais fy mhenodi, fe’m penodwyd fel cynghorydd, ac, fel y gwyddoch, yr oedd yn ofynnol gan y Gweinidog i dynhau atebolrwydd y GIG yng Nghymru, a dyna pryd y newidiodd fy swydd i, er mwyn imi fod yn fwy uniongyrchol atebol am berfformiad y GIG. Credaf fod hynny’n pwysleisio’r gwahaniaeth yn y dull y bu’n rhaid ei weithredu.

[71] **Janet Davies:** Onid yw hynny hefyd, yn amlwg, yn codi cwestiynau ynglyn â pha mor ganolog yw’r GIG yng Nghymru a faint o reolaeth leol sy’n bodoli? Sut yr ydych yn sicrhau’r cydbwysedd hwnnw?

Ms Lloyd: Well, the philosophy is that we set a national framework, which is delivered locally. It is true to say that, since I came, we have effected a performance management system, because one did not exist before. How on earth can I account to you unless there is a performance management system? I neither have the time, with everything else, to micromanage, and neither do I think, at the end of the day, that that is tremendously effective. However, I do think that we have to set certain standards that we expect the NHS to reach, and we do discuss those standards at intervals with it. The standards that we set will relate to the priorities that the Government has set for the performance of the organisations, which largely reflect, and will largely reflect, the best practice that one should find being used by any employer or any provider of services and care.

Ms Lloyd: Wel, yr athroniaeth yw ein bod yn pennu fframwaith cenedlaethol, sy'n cael ei gyflawni'n lleol. Mae'n wir dweud, ers i mi ddod i'r swydd, ein bod wedi rhoi system reoli perfformiad ar waith, oherwydd nad oedd un yn bodoli cyn hynny. Sut mewn difrif y gallaf fod yn atebol i chi os nad oes system reoli perfformiad? Nid oes gennyf yr amser, gyda phopeth arall, i ficroreoli, ac nid wyf yn credu, yn y pen draw, fod hynny'n effeithiol iawn. Fodd bynnag, credaf fod yn rhaid i ni osod safonau penodol yr ydym yn disgwyl i'r GIG eu cyrraedd, ac yr ydym yn trafod y safonau hynny'n gyson. Bydd y safonau y byddwn yn eu gosod yn ymwneud â'r blaenoriaethau y mae'r Llywodraeth wedi'u gosod ar gyfer perfformiad sefydliadau, sy'n bennaf yn adlewyrchu, ac a fydd yn bennaf yn adlewyrchu, yr arferion gorau y dylid eu defnyddio gan unrhyw gyflogwr neu unrhyw ddarparwr gwasanaethau a gofal.

[72] **Janet Davies:** Thank you. I will just go back to the actual electronic staff record system. Perhaps Mr Redmond could answer. What input does the NHS have in Wales? You did mention one thing that you have brought into that system. Do you feel that it is a problem that, with only 7 per cent of the overall contract, Wales might be sort of a bit swamped by other views?

[72] **Janet Davies:** Diolch. Yr wyf am fynd yn ôl at y system cofnodion staff electronig. Efallai y gallai Mr Redmond ateb. Pa fewnbwn sydd gan y GIG yng Nghymru? Bu i chi grybwyll un peth yr ydych wedi'i gyflwyno i'r system honno. A ydych yn credu bod problem y gallai Cymru, gyda dim ond 7 y cant o'r contract cyffredinol, gael ei boddi gan safbwyntiau eraill?

Mr Redmond: Well, I suppose that it is partially true if you are in an England and Wales sort of situation. England has 74 per cent of the NHS in the UK. However, we do make ourselves heard. I and the finance director for the NHS in Wales are both involved, and we have service representatives as well—chief executives, finance directors, and so on. I think that all you have to do is make sure that your voice is heard, and that you come up with some good ideas when we are in an England and Wales situation. However, based on common sense now, regardless of the England/Wales sort of scenario,

Mr Redmond: Wel, mae'n debyg fod hynny'n rhannol wir os ydych mewn sefyllfa Lloegr a Chymru. Lloegr yw 74 y cant o'r GIG yn y DU. Fodd bynnag, yr ydym yn mynnu bod gennym lais. Yr wyf i a chyfarwyddwr cyllid y GIG yng Nghymru yn cyfrannu, ac mae gennym gynrychiolwyr gwasanaethau hefyd—prif weithredwyr, cyfarwyddwyr cyllid, ac ati. Credaf mai'r hyn oll sy'n rhaid i chi ei wneud yw sicrhau bod eich llais yn cael ei glywed, a'ch bod yn cyflwyno rhai syniadau da yn wynebu sefyllfa Cymru a Lloegr. Fodd bynnag, o ran synnwyr cyffredin yn awr, heb ystyried senario fel Cymru/

as long as we have good ideas—for example, as I said earlier on in terms of the categories of sickness—that are obviously common sense and practical, they are listened to and amendments are made. However, financially, if you think of the 15 trusts in Wales—or the 14 now—and the 400-odd trusts in England, it is a massive exercise there. It is still big to us, but on the logistics sort of side we are much smaller. Nevertheless, our voice is heard, we are listened to and we can make amendments.

Lloegr, cyhyd â bod gennym syniadau da—er enghraifft, fel y dywedais yn gynharach o ran y categorïau salwch—sy'n amlwg yn synnwyr cyffredin ac yn ymarferol, bod pobl yn gwrando arnynt a bod diwygiadau'n cael eu gwneud. Fodd bynnag, yn ariannol, os ydych yn meddwl am y 15 ymddiriedolaeth yng Nghymru—neu'r 14 bellach—a'r oddeutu 400 ymddiriedolaeth yn Lloegr, mae'n ymarfer enfawr yno. Mae'n waith mawr i ni hefyd, ond yr ydym yn llawer llai o ran logisteg. Fodd bynnag, mae ein llais yn cael ei glywed, mae pobl yn gwrando arnom a gallwn wneud diwygiadau.

[73] **Janet Davies:** Thank you. Christine, you have some questions?

[73] **Janet Davies:** Diolch. Christine, mae gennych gwestiynau?

[74] **Christine Gwyther:** Thank you, Chair. I would like to just probe a little deeper on the electronic staff record, and the reasons for its delay. I think that public administration in the UK as a whole has been dogged by difficulties with electronic management systems. Can you tell me whether the delay has been due to not knowing how to use the interrogative in that system, or whether it has been due to technical problems? Can you reaffirm that it will be ready by the end of next year?

[74] **Christine Gwyther:** Diolch, Gadeirydd. Hoffwn drafod y system cofnodion staff electronig ymhellach, a'r rhesymau dros ei oedi. Credaf fod gweinyddiaeth gyhoeddus yn y DU gyfan wedi wynebu llu o anawsterau gyda systemau rheoli electronig. A allwch ddweud os mai peidio â gwybod sut i ddefnyddio'r gofyniad yn y system honno oedd y rheswm am yr oedi, neu a oedd oherwydd problemau technegol? A allwch ailddatgan y bydd yn barod erbyn diwedd y flwyddyn nesaf?

Mr Redmond: Right. I will come to the last one last. The main problems have not been particularly Welsh or English problems, or manifest from here. The software itself has not been totally robust enough for such a massive exercise, because it is quite a complex procedure. I mean, all the time that I have been in the health service, I have really wanted to see a system—and I know that chief executives have—where, at the end of each month, you could know how much your workforce has cost, what the sickness has been, the turnover and everything like that. We have waited years for this, in England and Wales. It is a big system. It has been designed so that it can also handle

Mr Redmond: Iawn. Byddaf yn dod at yr un olaf i orffen. Nid yw'r prif broblemau wedi bod yn rhai penodol i Gymru neu Loegr, nac yn dod i'r amlwg oddi yma. Nid yw'r feddalwedd ei hun wedi bod yn ddigon cryf i ymarfer mor fawr, oherwydd mae'n weithdrefn eithaf cymhleth. Ers i mi fod yn y gwasanaeth iechyd, yr wyf wedi bod gwir eisiau gweld system—ac yr wyf yn gwybod bod y prif weithredwyr yn cytuno—lle, ar ddiwedd pob mis, y gallech wybod faint mae eich gweithlu wedi'i gostio, faint o salwch sydd wedi bod, y trosiant a phopeth fel hynny. Yr ydym wedi disgwyl ers blynyddoedd am hyn, yng Nghymru ac yn Lloegr. Mae'n system fawr. Mae wedi'i chynllunio i allu ymdopi â

workforce planning and so on, and that it can be used for management accountancy reasons, but the software has let us down. That is the main reason for the delay. We have three pilot trusts, one of which is in north Wales, and it is nothing to do with the pilots other than that it is taking longer than they thought—the software has let us down. They had to rewrite and re-programme it. So, that is sad in itself. The pilots—particularly the English pilots rather than the Welsh one—were taking a lot longer to go through the robust testing of what was going to happen with ESR than anyone ever anticipated. There is a national England and Wales board; I sit on that. We have a Welsh board as well, and we have meetings coming up. So, it has been a corporate decision that has delayed it, because of software and the unsuitability of that software.

chynllunio gweithlu ac ati hefyd, ac i allu ei defnyddio ar gyfer rhesymau rheoli cyfrifyddiaeth, ond mae'r feddalwedd wedi ein siomi. Dyna'r prif reswm dros yr oedi. Mae gennym dair ymddiriedolaeth beilot, ac mae un yng ngogledd Cymru, ac nid oes a wnelo hyn â'r ymddiriedolaethau peilot eraill ac eithrio ei fod yn cymryd mwy o amser na'r disgwyl—mae'r feddalwedd wedi ein siomi. Yr oedd yn rhaid iddynt ei hailysgrifennu a'i hailraglennu. Felly, mae hynny'n drist yn ei hun. Yr oedd yr ymddiriedolaethau peilot—yn arbennig yr ymddiriedolaethau peilot o Loegr yn hytrach na'r rhai o Gymru—yn cymryd llawer mwy o amser na'r disgwyl i fynd trwy'r profi cadarn i weld beth a fyddai'n digwydd gyda'r system cofnodion electronig staff. Mae bwrdd Cymru a Lloegr gwladol; yr wyf yn aelod o hwnnw. Mae gennym fwrdd Cymru hefyd, a chynhelir cyfarfodydd cyn hir. Felly, penderfyniad corfforaethol sydd wedi'i ohirio, oherwydd meddalwedd ac anaddasrwydd y feddalwedd honno.

[75] **Christine Gwyther:** Thanks. So, if I can just confirm then that, as a body, you understand exactly what you need to know, and what you need to find out through that system? It has just been a technical problem so far.

[75] **Christine Gwyther:** Diolch. Felly, os caf fi gadarnhau eich bod, fel corff, yn deall yn iawn yr hyn sydd angen i chi ei wybod, a'r hyn sydd angen i chi ei gasglu trwy'r system honno? Problem dechnegol yn unig fu hon hyd yma?

Mr Redmond: Yes, it has been a technical problem. We have a project manager in for Wales who we have funded from the Assembly and who networks with the service. We have our own board. She is involved in all the technicalities at every stage.

Mr Redmond: Ie, mae wedi bod yn broblem dechnegol. Mae gennym reolwr prosiect ar gyfer Cymru sydd wedi ei gyllido gennym gan y Cynulliad ac sy'n rhwydweithio gyda'r gwasanaeth. Mae gennym ein bwrdd ein hunain. Mae'n cyfrannu at yr holl fanylion technegol ym mhob cam.

[76] **Christine Gwyther:** Right. Can you confirm that the system will be up and running by next year?

[76] **Christine Gwyther:** Iawn. A allwch gadarnhau y bydd y system ar waith erbyn y flwyddyn nesaf?

Mr Redmond: It is definitely the intention at the moment that, during 2005, we will go live, subject, of course, to all the software working and so on.

[77] **Christine Gwyther:** Okay. You say that you are going to go live. Will that be throughout all the trusts in Wales and are they all at a technical level to actually receive this kit and use it properly?

Mr Redmond: We have North East Wales NHS Trust running it as a pilot, and it is deliberately, and there are a couple of trusts in England. They will be the testers for everyone. There will be a package and a handbook written from the learning experience in those three pilot areas. We will be running training and development programmes, which will equip everybody in readiness for implementation.

[78] **Christine Gwyther:** Okay, thanks. In an earlier answer, I think that it might have been to Jocelyn Davies, either you or Mrs Lloyd said that it is not yet apparent whether the electronic staff record system will be able to distinguish between work-related and non-work-related absence.

Mr Redmond: It will. What we have to do is make sure that we are putting that down as a category, which, in answer to your question, we are not doing at the moment. We must make sure that that programme is written so that all the categories of absence can be recorded.

[79] **Christine Gwyther:** I asked you earlier if you were quite content with the questions that were being asked in that programme. Is the question whether absence is work-related or non-work-related built very comprehensively into that system?

Mr Redmond: Dyna'n ddiamau yw'r bwriad ar hyn o bryd ac, yn ystod 2005, byddwn yn fyw, yn amodol, wrth gwrs, y bydd yr holl feddalwedd yn gweithio ac ati.

[77] **Christine Gwyther:** Iawn. Yr ydych yn dweud eich bod am fynd yn fyw. A fydd hynny ar draws yr ymddiriedolaethau yng Nghymru i gyd ac a ydynt i gyd ar lefel dechnegol i allu derbyn y pecyn hwn a'i ddefnyddio'n iawn?

Mr Redmond: Mae Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru yn ei weithredu fel peilot, ac mae hynny'n bwyllog, ac mae llond llaw o ymddiriedolaethau yn Lloegr. Hwy fydd y profwyr ar gyfer pawb. Bydd pecyn a llawlyfr wedi'i ysgrifennu o'r profiad dysgu yn y tair ardal beilot hynny. Byddwn yn cynnal rhaglenni hyfforddi a datblygu, a fydd yn sicrhau bod pawb yn barod i'w rhoi ar waith.

[78] **Christine Gwyther:** Iawn, diolch. Mewn ateb cynharach, i Jocelyn Davies yr wyf yn credu, dywedasoch chi neu Mrs Lloyd nad yw'n amlwg eto a fydd y system cofnodion staff electronig yn gallu gwahaniaethu rhwng absenoldeb sy'n gysylltiedig â gwaith ac absenoldeb nad yw'n gysylltiedig â gwaith.

Mr Redmond: Bydd. Yr hyn sy'n rhaid i ni ei wneud yw sicrhau ein bod yn nodi hynny fel categori, ac, i ateb eich cwestiwn, nid ydym yn gwneud hynny ar hyn o bryd. Mae'n rhaid i ni sicrhau bod y rhaglen wedi'i hysgrifennu er mwyn gallu cofnodi pob categori absenoldeb.

[79] **Christine Gwyther:** Gofynnais yn gynharach a oeddech yn fodlon gyda'r cwestiynau a ofynnwyd yn y rhaglen honno. A yw'r cwestiwn a yw absenoldeb yn gysylltiedig â gwaith neu nad yw'n gysylltiedig â gwaith wedi'i adeiladu'n gynhwysfawr iawn i'r system honno?

Mr Redmond: Yes, and we are having similar talks on workforce planning as well.

[80] **Christine Gwyther:** Okay. Thanks.

[81] **Janet Davies:** Thank you, Christine. Mark, you have some questions?

[82] **Mark Isherwood:** Is it all right if I just touch on the management of sickness absence cases, and first on managing causes and managing effects? In organisations generally, it is recognised that the management culture is a factor in sickness absence. It can be expected that, within the NHS, greater exposure to infection will have some impact on the figures. You will be aware that, in management culture, issues such as pay, conditions and relationships with colleagues keep someone in a job, but it is issues such as recognition, development, growth and responsibility that actually motivate people and make them want to come into work, stay there and work to the best of their ability. So, we are talking about internal customer service as well as external—a bottom-up rather than a top-down approach. To what extent do you recognise this and what measures are you taking to address it? I am particularly interested in your reference to performance management. What does this mean for a front-line member of staff, and what measures are you taking to ensure that that is cultural rather than merely mechanistic?

Mr Redmond: Ydyw, ac yr ydym yn cael trafodaethau tebyg ar gynllunio gweithlu hefyd.

[80] **Christine Gwyther:** Iawn. Diolch.

[81] **Janet Davies:** Diolch, Christine. Mark, mae gennych gwestiynau?

[82] **Mark Isherwood:** A fyddai’n iawn i mi drafod rheolaeth achosion o absenoldeb oherwydd salwch yn gryno, ac yn gyntaf rheoli achosion a rheoli effeithiau? Mewn sefydliadau’n gyffredinol, cydnabyddir bod y diwylliant rheoli yn ffactor mewn absenoldeb oherwydd salwch. Gellir disgwyl y bydd bod yn fwy agored i heintiau yn y GIG yn cael rhywfaint o effaith ar y ffigurau. Byddwch yn ymwybodol bod materion fel cyflog, amodau a chysylltiadau â chydweithwyr mewn diwylliant rheoli yn cadw rhai mewn swydd, ond materion fel cydnabyddiaeth, datblygiad, twf a chyfrifoldeb sy’n ysgogi pobl mewn gwirionedd ac yn gwneud iddynt fod eisiau dod i’r gwaith, aros yno a gweithio hyd eithaf eu gallu. Felly yr ydym yn siarad am wasanaeth cwsmeriaid mewnol ynghyd ag allanol—dull o’r bôn i’r brig yn hytrach nag o’r brig i’r bôn. I ba raddau yr ydych yn cydnabod hyn a pha fesurau yr ydych yn eu cymryd i fynd i’r afael â hi? Mae gennyf ddiddordeb penodol yn eich cyfeiriad at reoli perfformiad. Beth y mae hyn yn ei olygu i aelod o staff rheng flaen, a pha fesurau yr ydych yn eu cymryd i sicrhau bod hynny’n ddiwylliannol yn hytrach nag yn fecanistig?

Ms Lloyd: In the balanced scorecard, there are a couple of quadrants that look at, first, the management of the resources, and one of the questions being posed there is: do you have an occupational health service that supports your staff, and what does it look like? There is another quadrant about customers. Some of your customers are the staff that work for you and, so, the suite of questions being developed—and, as you know, we have had a pilot over the last six months—are very much looking at the management culture, how it relates to its staff, and how it relates to the patients and their relatives and carers, so that we, and the local population, can form an ajudgment as to whether this a good employer to work for and what benefits it is able to offer. As you go around, you see very different types of ways in which staff are managed, some of which might be reflected in sickness, but I do not think that we can prove that at the moment.

Ms Lloyd: Yn y cerdyn sgorio cytbwys, mae ambell i gwadrant sy'n edrych, yn gyntaf, ar reolaeth yr adnoddau, ac un o'r cwestiynau a ofynnir yno yw: a oes gennych wasanaeth iechyd galwedigaethol sy'n cynorthwyo eich staff, a sut mae'n edrych? Mae cwadrant arall am gwsmeriaid. Mae'r staff sy'n gweithio i chi ymhlith rhai o'ch cwsmeriaid ac, felly, mae'r gyfres o gwestiynau a ddatblygir—ac, fel y gwyddoch, yr ydym wedi cynnal peilot ers chwe mis—yn edrych yn fanwl iawn ar y diwylliant rheoli, sut mae'n uniaethu â'i staff, a sut mae'n uniaethu â'r cleifion a'u perthnasau a'u gofalwyr, er mwyn i ni, a'r boblogaeth leol, allu barnu a yw hwn yn gyflogwr da i weithio iddo a pha fuddiannau y gall eu cynnig. Wrth i chi fynd o gwmpas, yr ydych yn gweld mathau gwahanol o reoli staff, a gall rhai gael eu hadlewyrchu mewn salwch, ond ni chredaf y gallwn brofi hynny ar hyn o bryd.

If we look at the mechanics and then the customer focus and put those together in a sort of holistic approach to how well does this trust or LHB serve its local population and its staff and deliver good-quality outcomes, then we get a balance. That is why we went for a balanced scorecard, rather than really hardnosed targets that you either pass or fail—that takes a much more holistic approach to assessing how good an employer this is and how good it is at serving the needs of its community. So, that is what we are trying to develop, and we are testing it now.

Os edrychwn ar y fecaneg ac yna ar y canolbwyntio ar gwsmeriaid a rhoi'r rhain gyda'i gilydd mewn rhyw fath o ymagwedd gyfannol at ba mor dda y mae'r ymddiriedolaeth hon neu'r BILl yn gwasanaethu ei phoblogaeth leol a'i staff a darparu canlyniadau o ansawdd da, yna cawn gydbwysedd. Dyna pam ein bod wedi dewis cerdyn sgorio cytbwys, yn hytrach na thargedau caled i'w pasio neu eu methu—sy'n cymryd ymagwedd lawer mwy cyfannol at asesu pa mor dda yw'r cyflogwr a pha mor dda y mae'n gwasanaethu anghenion y gymuned. Felly, dyna beth yr ydym yn ceisio'i ddatblygu, ac yr ydym yn ei roi ar brawf yn awr.

[83] **Mark Isherwood:** Right, that is clear. Therefore, clearly, you accept that management culture can have an impact on soft factors such as sickness absence and motivation within the place of work?

[83] **Mark Isherwood:** Iawn, mae hynny'n glir. Felly, yn amlwg, yr ydych yn derbyn y gall diwylliant rheoli effeithio ar ffactorau ysgafn fel absenoldeb oherwydd salwch a chymhelliant yn y gweithle?

Ms Lloyd: Oh yes, I think so. You may not know that we took the decision in Wales to adopt the Institute of Healthcare Management standards, principles and values as a mandatory part of the employment contract for all managers in Wales some 18 months ago and have developed a training and development manual for all managers, be they clinical or other general managers. This underlines the sorts of values that we expect to see coming through the management cadre, and that is associated with our succession planning and development scheme that I have started to run. This is all encapsulated in a document called 'Pathways to Performance'. My personal belief is that managers can make or break an organisation and its culture, and we want, in Wales, managers who are very knowledgeable about care systems and the outcomes of care, and about the standards that should be applied to clinical services and the standards that should be applied to the employment of individuals and the management of patients. That is why we took the decision to make compliance with the institute's charter mandatory. As a consequence of that, this has been rolled out across Wales in the past year to ensure that the sort of old-fashioned, or non-acceptable, behaviour in management is eradicated, and that all our managers are developed to a standard—which we hope that they will achieve, and certainly over-achieve—that ensures that the culture of working creatively with staff, as well as working creatively with unions, because they are a very important component in this, in order to ensure that we get the very best from our staff so that we can provide the very best service, is fundamentally embedded within all managers in the NHS in Wales.

Ms Lloyd: Gall, mae'n debyg. Efallai nad ydych yn gwybod ein bod yng Nghymru wedi penderfynu mabwysiadu safonau, egwyddorion a gwerthoedd y Sefydliad Rheoli Gofal Iechyd fel rhan orfodol o'r contract cyflogaeth ar gyfer pob rheolwr yng Nghymru oddeutu 18 mis yn ôl ac wedi datblygu llawlyfr hyfforddi a datblygu ar gyfer yr holl reolwyr, rhai clinigol neu reolwyr cyffredinol eraill. Mae hyn yn pwysleisio'r mathau o werthoedd yr ydym yn disgwyl eu gweld yn y fframwaith rheoli, ac mae hynny'n gysylltiedig â'n cynllun datblygu a chynllunio olyniaeth yr wyf wedi dechrau rhoi ar waith. Mae hyn i gyd wedi'i grynhoi mewn dogfen o'r enw 'Pathways to Performance'. Fy marn bersonol yw y gall rheolwyr hybu neu ddifetha sefydliad a'i ddiwylliant, ac yr ydym am gael rheolwyr, yng Nghymru, sy'n wybodus iawn am systemau gofal a chanlyniadau gofal, ac am y safonau y dylid eu defnyddio mewn gwasanaethau clinigol a'r safonau y dylid eu defnyddio o ran cyflogi unigolion a rheoli cleifion. Dyna pam ein bod wedi penderfynu cydymffurfio â mandod siarter y sefydliad. O ganlyniad i hynny, mae hyn wedi'i gyflwyno fesul cam ledled Cymru yn ystod y flwyddyn ddiwethaf i sicrhau bod yr ymddygiad hen ffasiwn, neu annerbyniol, mewn rheolaeth yn cael ei ddileu, a bod ein holl reolwyr yn datblygu i safon—yr ydym yn gobeithio y byddant yn ei chyflawni, ac yn sicr yn gor- gyflawni—sy'n sicrhau bod y diwylliant o weithio'n greadigol â staff, ynghyd â gweithio'n greadigol ag undebau, oherwydd eu bod yn bwysig iawn i hyn, er mwyn sicrhau ein bod yn cael y gorau o'n staff er mwyn i ni allu darparu y gwasanaeth gorau oll, wedi'i wreiddio'n ddwfn yn yr holl reolwyr yn y GIG yng Nghymru.

[84] **Mark Isherwood:** Moving on to managing effects, paragraph 4.2 of the report notes that NHS trusts have designed and developed their own internal sickness absence management procedures in the absence of central guidance from the Assembly's NHS Wales department. Given the differences in sickness absence management identified in parts 3 and 4 of this report, do you accept that formal guidance from the NHS Wales department could have delivered greater consistency in the management of sickness absence across the trusts in Wales?

[84] **Mark Isherwood:** Gan symud ymlaen at reoli effeithiau, mae paragraff 4.2 yr adroddiad yn nodi bod ymddiriedolaethau GIG wedi cynllunio a datblygu eu gweithdrefnau rheoli absenoldeb oherwydd salwch mewnol eu hunain yn absenoldeb canllawiau canolog gan adran GIG Cymru y Cynulliad. O ystyried y gwahaniaethau wrth reoli absenoldeb oherwydd salwch a nodir yn rhannau 3 a 4 yr adroddiad hwn, a ydych yn derbyn y gallai canllawiau ffurfiol gan adran GIG Cymru fod wedi darparu gwell cysondeb o ran rheoli absenoldeb oherwydd salwch ar draws yr ymddiriedolaethau yng Nghymru?

Ms Lloyd: Undoubtedly so, because if you tell them to collect it one way, they collect it that way. I think that it was only when we had the first returns back, around 18 months ago, that we recognised that they were not collecting absence in a systematic way and that some were applying Bradford factors and others were not. That is why the human resources directors have come forward with one proposition about common standards plus the Bradford factor to be applied on top.

Ms Lloyd: Heb amheuaeth, oherwydd os ydych yn dweud wrthynt i'w gasglu mewn un ffordd, maent yn ei gasglu yn y dull hwnnw. Credaf mai dim ond ar ôl cael yr adroddiadau cyntaf yn ôl, oddeutu 18 mis yn ôl, y bu i ni gydnabod nad oeddent yn casglu absenoldeb mewn ffordd systematig a bod rhai yn defnyddio ffactorau Bradford tra nad oedd eraill yn gwneud hynny. Dyna pam fod y cyfarwyddwyr adnoddau wedi cyflwyno un cynnig am safonau cyffredin yn ogystal â defnyddio ffactor Bradford.

[85] **Mark Isherwood:** So, what is your initial response to the recommendation by the Auditor General in the report on the merits of developing some common, routine sickness absence procedures?

[85] **Mark Isherwood:** Felly, beth yw eich ymateb cyntaf i'r argymhelliad gan yr Archwilydd Cyffredinol yn yr adroddiad ar rinweddau datblygu gweithdrefnau absenoldeb oherwydd salwch cyffredin, rheolaidd?

Ms Lloyd: We have accepted that, and we will implement it from 1 April this year.

Ms Lloyd: Yr ydym wedi derbyn hynny, a byddwn yn ei roi ar waith o 1 Ebrill eleni.

[86] **Mark Isherwood:** Moving on to paragraph 4.3, sickness absence management is one of the themes addressed as one of the Assembly's good practice visits to trusts as well as by a sub-group of NHS trusts deputy directors of human resources. What is the scope of the Assembly's good practice visits in relation to sickness absence management?

[86] **Mark Isherwood:** Gan symud ymlaen at baragraff 4.3, mae rheoli absenoldeb oherwydd salwch yn un o'r themâu a drafodir fel un o ymweliadau arferion da'r Cynulliad ag ymddiriedolaethau yn ogystal â chan is-grwp o ddirprwy gyfarwyddwyr adnoddau dynol ymddiriedolaethau GIG. Beth yw cwmpas ymweliadau arferion da'r Cynulliad o ran rheoli absenoldeb oherwydd salwch?

Mr Redmond: It covers other areas as well, but what the team—which was made up of trade union people, civil servants and HR people, but visiting other trusts—did was, where they found best practice, the idea now is to write that up and recommend it to the NHS. It will all get developed now in this committee that is being formed. So, trade unions and others deliberately went to look for good practice. Where we found it, that is what will form the new approach to sickness absence.

Mr Redmond: Mae'n cynnwys meysydd eraill hefyd, ond yr hyn yr oedd y tîm—a oedd yn cynnwys pobl undebau llafur, gweision sifil a phobl AD, ond ymweld ag ymddiriedolaethau eraill—yn ei wneud, lle yr oeddent yn dod ar draws arferion gorau, y syniad yn awr yw ysgrifennu hynny a'i argymell i'r GIG. Bydd hyn i gyd yn cael ei ddatblygu'n awr yn y pwyllgor hwn sy'n cael ei sefydlu. Felly, aeth undebau llafur ac eraill ati'n fwriadol i chwilio am arferion da. Ar ôl i ni eu canfod, dyna fydd yn ffurfio'r ymagwedd newydd at absenoldeb oherwydd salwch.

[87] **Mark Isherwood:** The Auditor General's report suggests that several trusts are still a long way short of the good practice standard that you referred to for sickness absence management. So, have your good practice visits told a similar story?

[87] **Mark Isherwood:** Mae adroddiad yr Archwilydd Cyffredinol yn awgrymu bod llawer o ymddiriedolaethau yn parhau ymhell o'r safon arferion da yr oeddech yn cyfeirio ati ar gyfer rheoli absenoldeb oherwydd salwch. Felly, ai'r un oedd y stori gyda'ch ymweliadau arferion da?

Mr Redmond: It is a mixed bag. As Mrs Lloyd said earlier, you might have one of her better management teams, but they might not have done this or that so well. As we have now gone out to nearly all of the trusts—I think that there is just one remaining—we have found a mixture of some really good practice in some parts and some that leaves a lot to be desired. They must bring themselves up to best practice. That was the idea of these visits, as I say. Good practice will be the norm—you can go beyond it, but it

Mr Redmond: Mae'r canlyniadau'n amrywio. Fel y dywedodd Mrs Lloyd yn gynharach, efallai na fydd un o'i thimau rheoli gorau wedi gwneud hyn neu'r llall cystal. Gan ein bod bellach wedi mynd allan at y mwyafrif o'r ymddiriedolaethau—credaf mai un yn unig sydd ar ôl—yr ydym wedi dod ar draws cymysgedd o arferion da iawn mewn rhai rhannau a rhai lle mae cryn le i wella. Mae'n rhaid iddynt i gyd roi arferion da ar waith. Dyna oedd diben yr ymweliadau hyn, fel y dywedais. Arferion da

needs to be the minimum, almost.

fydd y norm—gellir mynd y tu hwnt i hynny, ond mae'n rhaid i hyn fod y safon gofynnol, bron iawn.

[88] **Mark Isherwood:** Who carries out the visits? You mentioned the trade unions, but who else?

[88] **Mark Isherwood:** Pwy sy'n mynd ar yr ymweliadau? Bu i chi grybwyll yr undebau llafur, ond pwy arall?

Mr Redmond: We have an all-Wales partnership and then there are local ones. It is made up of members of the national partnership forum, so that will be civil servants from my division—the HR directorate—and trade unionists from UNISON and any of the 14 recognised trade unions, as well as someone from management: it might be the head of physiotherapy or it might be a trust HR director. However, they always visit trusts that they are not connected with themselves.

Mr Redmond: Mae gennym bartneriaeth Cymru gyfan ac yna mae rhai lleol. Mae'n cynnwys aelodau'r fforwm partneriaeth cenedlaethol, sef gweision sifil o'm hadran innau—y gyfarwyddiaeth AD—ac undebwyr llafur o UNSAIN ac unrhyw un o'r 14 undeb llafur cydnabyddedig arall, yn ogystal â rhywun o'r reolaeth: gallai fod yn bennaeth ffisiotherapi neu'n gyfarwyddwr AD yr ymddiriedolaeth. Fodd bynnag, maent wastad yn ymweld ag ymddiriedolaethau nad ydynt yn gysylltiedig â hwy eu hunain.

[89] **Mark Isherwood:** Have all trusts received these visits in the last two years?

[89] **Mark Isherwood:** A gafodd pob ymddiriedolaeth yr ymweliadau hyn yn y ddwy flynedd diwethaf?

Mr Redmond: I think that there is just one left outstanding. They will all be done, and the report will be published and it may even go to the Health and Social Services Committee.

Mr Redmond: Credaf mai dim ond un sydd ar ôl. Byddant i gyd yn cael eu gwneud, a bydd yr adroddiad yn cael ei gyhoeddi a gall hyd yn oed fynd gerbron y Pwyllgor Iechyd a Gwasanaethau Cymdeithasol.

[90] **Mark Isherwood:** What direct involvement did your department have with the work of the deputy HR directors sickness absence group?

[90] **Mark Isherwood:** Pa gyfraniad uniongyrchol a wnaeth eich adran at waith grwp absenoldeb oherwydd salwch y dirprwy gyfarwyddwyr AD?

Mr Redmond: Well, what will happen is that, when they have finished their work, it will come to me on behalf of the Government. I will discuss it with Mrs Lloyd and the management board of the NHS directorate, and then we will amend it or approve it as necessary. I will take it to the partnership forum as well, which means real trade union involvement, and then it will become the mandate across Wales.

Mr Redmond: Wel, yr hyn a fydd yn digwydd fydd, ar ôl iddynt orffen eu gwaith, bydd yn dod ataf i ar ran y Llywodraeth. Byddaf yn ei drafod â Mrs Lloyd a bwrdd rheoli cyfarwyddiaeth y GIG, ac yna byddwn yn ei ddiwygio neu yn ei gymeradwyo os oes angen. Byddaf yn ei gyflwyno i'r fforwm partneriaeth hefyd, sy'n golygu cyfraniad gwirioneddol gan undebau llafur, ac yna bydd yn fandod ledled Cymru.

[91] **Mark Isherwood:** Moving on, figure 18 shows that less than half of all NHS staff with responsibility for managing sickness absence had received any formal training in the application of sickness absence procedures, such as return to work interviews. Are you concerned by that figure, and what measures do you propose to remedy that?

[91] **Mark Isherwood:** Gan symud ymlaen, mae ffigur 18 yn dangos bod llai na hanner holl staff y GIG gyda chyfrifoldeb am reoli absenoldeb oherwydd salwch wedi derbyn unrhyw hyfforddiant ffurfiol i ddefnyddio gweithdrefnau absenoldeb oherwydd salwch, fel cyfweliadau dychwelyd i'r gwaith. A ydych yn bryderus am y ffigur hwnnw, a pha fesurau yr ydych yn eu cynnig i wella hynny?

Ms Lloyd: Yes, I am concerned about this figure, because they should not expect managers to try to manage sickness without having some basic and fundamental training because you can get into serious difficulties if you misapply questioning. The improvement of this is part of the best practice visits that are going on, so that the training that is being developed in various parts of Wales might be successfully shared, and this is again one of the things against which the organisations will be monitored.

Ms Lloyd: Ydwyf, yr wyf yn bryderus am y ffigur hwn, oherwydd ni ddylent ddisgwyl i reolwyr geisio rheoli salwch heb gael rhyw fath o hyfforddiant sylfaenol a hanfodol oherwydd y gellir wynebu anawsterau difrifol os ydych yn camgwestiynu. Mae gwella hyn yn rhan o'r ymweliadau arferion gorau sy'n digwydd, er mwyn sicrhau bod yr hyfforddiant sy'n cael ei ddatblygu mewn rhannau amrywiol o Gymru yn cael ei rannu'n llwyddiannus, ac mae hyn eto yn un o'r elfennau a fydd yn cael eu defnyddio i fonitro sefydliadau.

[92] **Mark Isherwood:** What do you see as your department's role in providing centralised training?

[92] **Mark Isherwood:** Beth yr ydych chi'n ei ystyried yw swyddogaeth eich adran wrth ddarparu hyfforddiant canolog?

Ms Lloyd: We do not generally provide centralised training. We can do two things. We can share with the service the type of training framework that has proved to be successful in other trusts, and we expect them, as part of the basic, internal training mechanisms that are established in all trusts—it is basic training—to ensure that they are picking up this very important issue. There are so many people that need to be trained, and on a very regular basis, that I do not think that it would be particularly successful if it was centrally organised. We must set out the overarching framework of what should or should not be done, and where it is being done best. That is for the internal training, which is the responsibility of trusts then to effect, and we will monitor what is happening with it.

Ms Lloyd: Yn gyffredinol, nid ydym yn darparu hyfforddiant canolog. Gallwn wneud dau beth. Gallwn rannu gyda'r gwasanaeth y math o fframwaith hyfforddi sydd wedi bod yn llwyddiannus mewn ymddiriedolaethau eraill, ac yr ydym yn disgwyl iddynt, fel rhan o'r mecanweithiau sylfaenol, mewnol a sefydlir ym mhob ymddiriedolaeth—sef hyfforddiant sylfaenol—i sicrhau eu bod yn mynd i'r afael â'r pwynt pwysig iawn hwn. Mae cymaint o bobl sydd arnynt angen eu hyfforddi, ac yn rheolaidd iawn, nad wyf yn credu y byddai'n llwyddiannus iawn pe bai'n cael ei drefnu'n ganolog. Mae'n rhaid i ni nodi fframwaith cyffredin yr hyn y dylid neu na ddylid ei wneud, ac ymhle y mae'n cael ei wneud orau. Mae hynny ar gyfer yr hyfforddiant mewnol, sydd yn gyfrifoldeb i'r ymddiriedolaethau ei roi ar waith, a byddwn yn monitro beth sy'n digwydd gyda hynny.

[93] **Mark Isherwood:** Okay, thank you.

[93] **Mark Isherwood:** Iawn, diolch.

[94] **Janet Davies:** Carl, you have some questions?

[94] **Janet Davies:** Carl, mae gennych gwestiynau?

[95] **Carl Sargeant:** I will just pick up on one of the particular cases on that then, if I may, which is case example D on page 27, regarding where the NHS trusts are prepared to invest additional resources in the management of sickness absence and in training. We have talked about good practice. What will you be doing to ensure that examples of good practice are being rolled out to individual trusts, such as the lessons learnt from Gwent Healthcare NHS Trust in reducing sickness absence levels, and to ensure that they are shared among the ones that are not perhaps achieving these results?

[95] **Carl Sargeant:** Yr wyf am drafod un o'r achosion penodol, os y caf fi, sef achos enghraifft D ar dudalen 27, sy'n ymwneud â lle mae'r ymddiriedolaethau GIG yn barod i fuddsoddi adnoddau ychwanegol ar gyfer rheoli absenoldeb oherwydd salwch ac mewn hyfforddiant. Yr ydym wedi trafod arferion da. Beth y byddwch yn ei wneud i sicrhau bod enghreifftiau o arferion da yn cael eu cyflwyno fesul cam i ymddiriedolaethau unigol, fel y gwersi a ddysgwyd gan Ymddiriedolaeth GIG Gofal Iechyd Gwent wrth ostwng lefelau absenoldeb oherwydd salwch, ac i sicrhau eu bod yn cael eu rhannu ymhlith y rhai nad ydynt o bosibl yn cyflawni'r canlyniadau hyn?

Mr Redmond: Once we have the results for all of these, and you are right to use examples such as Gwent, if that is found to be the best practice in Wales, that will be all written up and packaged for the service, and we will then give them the responsibility of saying that this is the standard that is being set. We are not going to fund it, as Mrs Lloyd said. I actually asked chief executives about that on Tuesday. I asked, ‘Do you want me to fund your sickness training?’, and they said ‘No, we can do it, we will do it’—maybe they have not been doing it, but they will. So, we will just set the standard of good practice. They will then have to do it, and we will monitor that that good practice training has taken place as part of the assessment of how they are tackling sickness absence.

Mr Redmond: Unwaith y bydd gennym ganlyniadau’r rhain i gyd, ac yr ydych yn iawn i ddefnyddio enghreifftiau fel Gwent, os mai dyna’r arferion gorau yng Nghymru, bydd hynny i gyd yn cael ei nodi a’i becynnu ar gyfer y gwasanaeth, a byddwn yn rhoi’r cyfrifoldeb iddynt ddweud mai hon yw’r safon sy’n cael ei gosod. Nid ydym am ei chyllido, fel y dywedodd Mrs Lloyd. Gofynnais i brif weithredwyr am hynny ddydd Mawrth. Gofynnais, ‘A ydych am i mi gyllido eich hyfforddiant salwch?’, a’r ateb oedd ‘Na, gallwn ni wneud hynny, gwnawn ni hynny’—efallai nad ydynt wedi bod yn ei wneud, ond byddant yn ei wneud. Felly, byddwn yn gosod safon arferion da. Bydd yn rhaid iddynt ei wneud wedi hynny, a byddwn yn monitro i weld a oes hyfforddiant arferion da wedi’i gynnal fel rhan o’r asesiad ar sut maent yn mynd i’r afael ag absenoldeb oherwydd salwch.

[96] **Carl Sargeant:** Okay, thank you. Moving on to the provision of occupational health services, figure 20 shows that, excluding income from external contracts, NHS trusts in Wales spent just under £2 million on occupational health during 2001-02. That works out as £34 per whole-time staff. Are you satisfied that the trusts are investing sufficient resources in occupational health provision and, if not, how much would you like to see being invested?

[96] **Carl Sargeant:** Iawn, diolch. Gan symud ymlaen at ddarpariaeth gwasanaethau iechyd galwedigaethol, mae ffigur 20 yn dangos trwy dynnu incwm o gontractau allanol, bod ymddiriedolaethau GIG yng Nghymru wedi gwario ychydig llai na £2 filiwn ar iechyd galwedigaethol yn ystod 2001-02. Mae hynny yn £34 i bob aelod o staff llawn amser. A ydych yn fodlon bod yr ymddiriedolaethau yn buddsoddi digon o adnoddau mewn darpariaeth iechyd galwedigaethol ac, os nad ydynt, faint yr hoffech chi ei weld yn cael ei fuddsoddi?

Ms Lloyd: I think that that all depends on how effective the occupational health service is. You can spend a huge amount of money on occupational health services, and not get the results that you require. I happen to be a big fan of occupational health services and there are very many different models of doing it. However, it is about whether or not it actually helps the individual member of staff to remain at work in a healthy condition, whether or not manual handling is effected properly, and whether or not the staff believe in and access the occupational health service as a resource for them, rather than a tool of management.

Ms Lloyd: Credaf fod hynny i gyd yn dibynnu ar ba mor effeithiol yw'r gwasanaeth iechyd galwedigaethol. Gallwch wario swm enfawr o arian ar wasanaethau iechyd galwedigaethol, a pheidio â chael y canlyniadau sy'n ofynnol gennych. Yr wyf yn gefnogwr brwd o'r gwasanaethau iechyd galwedigaethol ac mae sawl model gwahanol o fynd ati. Fodd bynnag, mae'n ymwneud ag a yw'n cynorthwyo'r aelod unigol o staff i aros yn y gwaith mewn cyflwr iach ai peidio, a yw gwaith trafod â llaw yn cael ei reoli'n effeithiol, ac a yw'r staff yn ymddiried yn y gwasanaeth iechyd galwedigaethol ai peidio ac yn cael mynediad iddo fel adnodd iddynt, yn hytrach na dull rheoli.

That again is a cultural issue. I have seen both models. It has to be a resource for staff, to enable them to remain at work and to be helped when they do become ill. It has to remain a very confidential service and not to be used as a tool—or, as I have heard it described in the past—a weapon of management. I do not think that it is particularly a question of how much you spend on it, it is about how much care you put into designing it, and into making sure that it is accessible, of high quality, and actually provides the range of services that staff require from it. Again, that is what the good practice visits are showing us, namely what the model of occupational health is. We were surprised, when we had the workforce requirement for education commissioning back, that there was no mention made of it in the trusts' return of occupational health staff. So, again, we have questioned them on that, to ensure that they are making sure that this important part of the staff service is being effectively commissioned. There is a dearth of occupational health physicians—we are linked with Bristol in terms of the training of occupational health physicians—this is nationwide, and it is really very difficult. There are other, and complementary, ways of providing

Mae hynny eto'n fater diwylliannol. Yr wyf wedi gweld y ddau fodel. Mae'n rhaid iddo fod yn adnodd i staff, i'w galluogi i barhau yn y gwaith a chael cymorth os ydynt yn sâl. Mae'n rhaid iddo barhau'n wasanaeth cyfrinachol iawn ac ni ddylid ei ddefnyddio fel dull—neu, fel yr wyf wedi'i glywed yn cael ei ddisgrifio yn y gorffennol—fel arf rheoli. Nid wyf yn credu bod hyn yn ymwneud yn benodol â faint sy'n cael ei wario arno, ond faint o ofal sy'n cael ei roi i'w gynllunio, ac i sicrhau ei fod yn hygyrch, o ansawdd uchel ac yn darparu'r ystod o wasanaethau sydd eu hangen ar staff. Eto, dyna beth y mae'r ymweliadau arferion da yn ei ddangos i ni, sef yn bennaf beth yw'r model iechyd galwedigaethol. Yr oedd yn syndod i ni, pan gawsom ofynion y gweithlu ar gyfer comisiynu addysg yn ôl, na chrybwyllwyd hynny yn adroddiad yr ymddiriedolaethau ar staff iechyd galwedigaethol. Felly, eto, yr ydym wedi'u cwestiynu ar hynny, i sicrhau eu bod yn sicrhau bod y rhan bwysig hon o wasanaeth staff yn cael ei chomisiynu'n effeithiol. Mae prinder meddygon iechyd galwedigaethol—yr ydym wedi'n cysylltu â Bryste o ran hyfforddi meddygon iechyd galwedigaethol—mae hyn ledled y wlad, ac mae'n anodd iawn. Mae ffyrdd

an effective occupational health service, and that is what we are drawing together as part of the best practice guide.

eraill, cyflenwol, o ddarparu gwasanaeth iechyd galwedigaethol effeithiol, a dyna beth yr ydym yn ei gasglu ynghyd fel rhan o'r canllawiau arferion gorau.

[97] **Carl Sargeant:** On the basis of that answer, there are some best value cases at £34 and some at £40, how will you measure the effectiveness of that and the recording of it?

[97] **Carl Sargeant:** Ar sail yr ateb hwnnw, mae rhai achosion gwerth gorau ar £34 a rhai ar £40, sut byddwch yn mesur effeithiolrwydd hynny ac yn ei gofnodi?

Mr Redmond: I think, just to add to what Mrs Lloyd has said, that in an ideal world you would have the use or the services of an occupational health physician who was a senior doctor, occupational health nurses, counsellors, possibly physiotherapists, and some coaching also—it all depends on the reasons for the sickness. It can be done on a shared basis, so it does not have to be per trust, because Cardiff and Vale NHS Trust employs 13,000, Gwent Healthcare NHS Trust employs 12,000 and Velindre NHS Trust employs 1,000 or so. I think that I would recommend a shared approach, so that people or employees can have all of the required occupational health services, even if they are sited in different places, and not necessarily just have them as part of one trust team. We are not looking so much at how much per person is invested per trust, as how comprehensive the service is. I think that that is a better approach to take, so that the quality is there.

Mr Redmond: Credaf, i ychwanegu at yr hyn a ddywedodd Mrs Lloyd, mewn byd delfrydol y byddai gennych ddefnydd neu wasanaethau meddyg iechyd galwedigaethol a oedd yn uwch feddyg, nyrsys iechyd galwedigaethol, cynghorwyr, ffisiotherapyddion o bosibl, a rhywfaint o hyfforddiant hefyd—mae hyn i gyd yn dibynnu ar y rhesymau dros y salwch. Gellir ei wneud trwy rannu'r gwaith, felly nid yw'n gorfod bod fesul ymddiriedolaeth, oherwydd mae Ymddiriedolaeth GIG Caerdydd a'r Fro yn cyflogi 13,000, mae Ymddiriedolaeth GIG Gofal Iechyd Gwent yn cyflogi 12,000 ac mae Ymddiriedolaeth GIG Felindre yn cyflogi oddeutu 1,000. Credaf y byddwn yn argymell dull a rennir, er mwyn i bobl neu gyflogwyr dderbyn yr holl wasanaethau iechyd galwedigaethol gofynnol, hyd yn oed os ydynt wedi'u lleoli mewn gwahanol leoedd, ac nid eu cael o reidrwydd fel rhan o un tîm ymddiriedolaeth. Nid ydym yn edrych cymaint ar faint a fuddsoddir fesul ymddiriedolaeth, ond ar ba mor gynhwysfawr yw'r gwasanaeth. Credaf fod hynny'n well dull i'w ddefnyddio, er mwyn sicrhau bod y safon yno.

[98] **Carl Sargeant:** Thank you for that. Paragraph 4.23, figure 21, demonstrates that some trusts are spending a disproportionate amount of time servicing external occupational health contracts relative to the income gained, to the possible detriment of NHS staff and its patients. Are you satisfied that these contracts are not being serviced at the expense of NHS staff, given the problems with the speed of referrals that were identified by the Auditor General?

[98] **Carl Sargeant:** Diolch am hynny. Mae paragraff 4.23, ffigur 21, yn dangos bod rhai ymddiriedolaethau yn treulio amser anghymesur yn gwasanaethu contractau iechyd galwedigaethol allanol sy'n berthnasol i'r incwm a enillir, ar draul staff a chleifion y GIG o bosibl. A ydych yn fodlon nad yw'r contractau hyn yn cael eu gwasanaethu ar draul staff y GIG, o ystyried y problemau gyda chyflymder cyfeiriadau a nodwyd gan yr Archwilydd Cyffredinol?

Ms Lloyd: No, I am not, and that is why I have asked my human resources director to investigate that for me. It is absolutely silly to be serving external contracts and, therefore, leaving your own organisation with a diminished service—although I would not discourage trusts from trying to go for external contracts, and many of the external contracts might be with the NHS elsewhere. Nevertheless, you have to get your own service right first, before you can start to offer it to other people.

Ms Lloyd: Nac ydwyf, a dyna pam fy mod wedi gofyn i'm cyfarwyddwr adnoddau dynol ymchwilio i hynny ar fy rhan. Mae'n hollol wirion gwasanaethu contractau allanol ac, felly, gadael eich sefydliad eich hun gyda gwasanaeth llai—er na fyddwn yn peidio ag annog ymddiriedolaethau rhag ceisio mynd am gontractau allanol, a gallai llawer o'r contractau allanol fod gyda'r GIG mewn mannau eraill. Fodd bynnag, mae'n rhaid cael eich gwasanaeth eich hun yn iawn yn gyntaf, cyn i chi allu dechrau ei gynnig i eraill.

Mr Redmond: I will just come in on that point, if I may, because we are really focusing attention on this now. I recently met all the heads of personnel or human resources and their lead committee members from local authorities across Wales, and they too are addressing issues like this. We have agreed that we can have talks now about amalgamating approaches, because all the local authorities are out there, along with the NHS. Again, there could be a shared approach to this where there is less need to generate income and more need to serve the employees, so that is something that we will obviously discuss in greater detail.

Mr Redmond: Yr wyf am gyfrannu at y pwynt hwn, os y caf, oherwydd yr ydym mewn gwirionedd yn canolbwyntio ein sylw ar hyn yn awr. Yn ddiweddar, bu i mi gyfarfod â phob pennaeth personél neu adnoddau dynol a'u prif aelodau pwyllgor o awdurdodau lleol ledled Cymru, ac maent hwythau hefyd yn mynd i'r afael â materion fel hyn. Yr ydym wedi cytuno i gynnal trafodaethau yn awr am ddulliau aruno, oherwydd mae'r holl awdurdodau lleol allan yna, ynghyd â'r GIG. Eto, gellid rhoi dull a rennir ar waith os oes llai o angen i gynhyrchu incwm a mwy o angen i wasanaethu'r gweithwyr cyflogedig, felly mae hynny'n rhywbeth y byddwn yn amlwg yn ei drafod yn fwy manwl.

[99] **Carl Sargeant:** So, that shared approach would complement other things in speeding up the referrals?

[99] **Carl Sargeant:** Felly, byddai'r dull wedi'i rannu hwnnw yn cyd-fynd â phethau eraill i gyflymu'r cyfeiriadau?

Mr Redmond: I believe so.

Mr Redmond: Credaf hynny.

[100] **Carl Sargeant:** What other ideas do you have on that?

[100] **Carl Sargeant:** Pa syniadau eraill sydd gennych ar hynny?

Mr Redmond: There is a sort of fast-tracking approach also. I am in discussion with the trade unions across Wales and the service about where we have health service employees who have to be referred to a doctor and go on a waiting list, whether we can fast-track them, so that they can be seen sooner, to get them back to work sooner, so that they can treat the patients.

Mr Redmond: Mae rhyw fath o ddull carlam hefyd. Yr wyf yn cynnal trafodaethau gydag undebau llafur ledled Cymru a'r gwasanaeth ynglyn ag a oes gennym weithwyr cyflogedig gwasanaeth iechyd sydd wedi'u cyfeirio at feddyg ac sy'n cael eu gosod ar restr aros, a allwn eu rhoi ar lwybr carlam, er mwyn iddynt allu gweld meddyg yn gyflymach, i'w cael yn ôl i'r gwaith yn gyflymach, er mwyn iddynt allu trin y cleifion.

There is some delay and discussion involving the British Medical Association, because it is a matter of clinical judgment, at the end of the day, as to when you treat somebody and how quickly that takes. We are in debate with the Chief Medical Officer and with the BMA, so that is the only stumbling block. We might be able to introduce a fast-track scheme for health service employees, particularly the patient-related ones, which would speed up treatment so that we can get them back, safely, to work as soon as they are ready.

Mae rhywfaint o oedi a thrafodaethau yn cynnwys Cymdeithas Feddygol Prydain, oherwydd ei fod yn fater o farn glinigol, yn y pen draw, o ran pryd yr ydych yn rhoi triniaeth i rywun a pha mor gyflym y mae hynny'n ei gymryd. Yr ydym mewn trafodaethau â'r Prif Swyddog Meddygol a chyda Cymdeithas Feddygol Prydain, felly dyna yw'r unig faen tramgwydd. Efallai y byddwn yn gallu cyflwyno cynllun carlam ar gyfer gweithwyr cyflogedig y gwasanaeth iechyd, yn arbennig y rhai sy'n gysylltiedig â chleifion, a fyddai'n cyflymu'r driniaeth er mwyn i ni allu eu cael yn ôl, yn ddiogel, i weithio cyn gynted â'u bod yn barod.

[101] **Janet Davies:** Thank you, Carl. Val, you have a question?

[101] **Janet Davies:** Diolch, Carl. Val, mae gennych gwestiwn?

[102] **Val Lloyd:** In England, specific guidance on the effective management of occupational health services has been provided to trusts. Why has there not been any central guidance to trusts in Wales, and do you have any plans to introduce such guidance or standards?

[102] **Val Lloyd:** Yn Lloegr, darparwyd canllawiau penodol ar reoli gwasanaethau iechyd galwedigaethol yn effeithiol i ymddiriedolaethau. Pam nad oes unrhyw ganllawiau canolog i ymddiriedolaethau yng Nghymru wedi'u darparu, ac a oes gennych gynlluniau i gyflwyno canllawiau neu safonau o'r fath?

Mr Redmond: Yes, we certainly do. I suppose, to a degree, I partially answered that earlier on.

Mr Redmond: Oes, yn sicr. Credaf, i ryw raddau, fy mod wedi ateb hynny'n rhannol yn gynharach.

[103] **Val Lloyd:** That is one of the penalties of coming late to the questioning.

[103] **Val Lloyd:** Dyna un o'r cosbau am ofyn y cwestiynau'n hwyr.

Mr Redmond: Yes. We were not as proactive as we could have been. We have apologised for that, and we have tried to explain that we are going to be far more proactive now and, as regards the sort of guidance that has been issued in England, we will probably have more comprehensive guidance issued, and monitored, in Wales in the future.

Mr Redmond: Ie. Nid oeddem mor rhagweithiol ag y gallem fod wedi bod. Yr ydym wedi ymddiheuro am hynny, ac yr ydym wedi ceisio egluro ein bod yn mynd i fod yn llawer mwy rhagweithiol yn awr, o ran y math o ganllawiau sydd wedi'u cyhoeddi yn Lloegr, mae'n debyg y byddwn yn cyhoeddi, a monitro, canllawiau mwy cynhwysfawr yng Nghymru yn y dyfodol.

[104] **Val Lloyd:** My next question has been touched on, in fact, in answers to Carl: it is in relation to fast-tracking staff. Both of you have expressed your commitment to staff, and you also touched on this issue of fast-tracking. Have you issued any guidance in relation to this, Mr Redmond?

[104] **Val Lloyd:** Yr ydym wedi trafod fy nghwestiwn nesaf yn gryno yn barod, mewn gwirionedd, mewn atebion i Carl: mae'n ymwneud â rhoi staff ar lwybr cyflym. Mae'r ddau ohonoch wedi mynegi eich ymrwymiad i staff, ac yr ydych hefyd wedi trafod y mater o ddull carlam. A ydych wedi cyhoeddi unrhyw ganllawiau mewn perthynas â hyn, Mr Redmond?

Mr Redmond: We cannot at the moment because we have not finally agreed it. I am just waiting for one trade union, an important one, to agree, and then it is back to the trade unions and the managers, and then we will be in a position to implement that. There is a question of equality and so on.

Mr Redmond: Nid ydym yn gallu ar hyn o bryd oherwydd nad ydym wedi cytuno arno'n derfynol. Yr wyf yn disgwyl i un undeb llafur, un pwysig, i gytuno, ac yna byddwn yn mynd yn ôl at yr undebau llafur a'r rheolwyr, ac yna byddwn mewn sefyllfa i roi hynny ar waith. Mae mater o gydraddoldeb ac ati.

[105] **Val Lloyd:** So, basically, plans are up and running—they are on track?

[105] **Val Lloyd:** Felly, yn y bôn, mae cynlluniau ar waith—maent ar amser?

Mr Redmond: Well, we have proposals. If we can just get them through one particular trade union, then we will be in a position to put them forward.

Mr Redmond: Wel, mae gennym gynigion. Os y gallwn eu cael trwy un undeb llafur penodol, yna byddwn mewn sefyllfa i'w cyflwyno.

Ms Lloyd: I think that we have to balance the ethics of this one, as there is an issue of equality. We have to run this very carefully through the ethics committee if this is what is going to be pursued.

Ms Lloyd: Credaf fod yn rhaid i ni gydbwyso moeseg hyn, oherwydd bod mater o gydraddoldeb. Mae'n rhaid i ni drafod hwn yn ofalus iawn gyda'r pwyllgor moeseg os mai hyn sydd am gael ei ddilyn.

[106] **Val Lloyd:** Thank you. I accept that. One of the recommendations on page 32 is that action designed to improve the provision of occupational health services to staff should be prioritised. It is the first recommendation in that box. What action has been taken, or will be taken, to address this issue?

[106] **Val Lloyd:** Diolch. Yr wyf yn derbyn hynny. Un o'r argymhellion ar dudalen 32 yw y dylid rhoi blaenoriaeth i'r camau sydd wedi'u cynllunio i wella darpariaeth gwasanaethau iechyd galwedigaethol i staff. Dyma'r argymhelliad cyntaf yn y blwch hwnnw. Pa gamau sydd wedi'u cymryd, neu a fydd yn cael eu cymryd, i fynd i'r afael â'r mater hwn?

Mr Redmond: Again, as part of the partnership working approach in Wales, with members of trust management, or representatives, and the trade unions and civil servants from my division, we have formed an occupational health sub-group. Clearly, there needs to be a greater investment—I am back to the answers given to Carl Sargeant in a way, in that the best way to do it is to make it comprehensive and to have a shared service. As I said, local authorities are also keen on helping. That is the sort of route that we are going down, and it is being done democratically and fairly. It will go back to the all-Wales partnership forum and then we will have recommendations to make on an all-Wales basis. Everyone at those talks is keen on getting a comprehensive occupational health service for the 81,500 NHS employees.

Mr Redmond: Eto, fel rhan o'r dull gweithio mewn partneriaeth yng Nghymru, gydag aelodau o reolwyr ymddiriedolaethau, neu gynrychiolwyr, a'r undebau llafur a gweision sifil o'm his-adran, yr ydym wedi sefydlu is-grwp iechyd galwedigaethol. Yn amlwg, mae angen rhagor o fuddsoddiad—yr wyf yn mynd yn ôl at yr atebion a roddwyd i Carl Sargeant mewn ffordd, oherwydd mai'r ffordd orau i wneud hyn yw i'w wneud yn gynhwysfawr a chael gwasanaeth a rennir. Fel y dywedais, mae awdurdodau lleol hefyd yn awyddus i gynorthwyo. Dyna'r math o lwybr yr ydym yn ei ddilyn, ac mae'n cael ei wneud yn ddemocrataidd ac yn deg. Bydd yn mynd yn ôl at y fforwm partneriaeth Cymru gyfan ac yna bydd gennym argymhellion i'w gwneud ar sail Cymru gyfan. Mae pawb sy'n rhan o'r trafodaethau hynny'n awyddus i gael gwasanaeth iechyd galwedigaethol cynhwysfawr ar gyfer yr 81,500 o weithwyr cyflogedig y GIG.

[107] **Val Lloyd:** I am pleased to hear it. Thank you, Chair.

[107] **Val Lloyd:** Yr wyf yn falch o glywed hynny. Diolch, Gadeirydd.

[108] **Janet Davies:** Thank you, Val. Mick, you have a question?

[108] **Janet Davies:** Diolch, Val. Mick, mae gennych gwestiwn?

[109] **Mick Bates:** Thank you, Chair. I would like to turn to paragraph 4.30, and, in particular, figure 22, which one might look at as the medal ceremony for all this work. It is quite disappointing to see that only two trusts have been given a gold medal, so to speak. Given the results in the corporate standard assessment, as well as the lack of progress in response to revitalising the health and safety strategy, are you satisfied that NHS trusts in Wales are doing enough to promote and protect the health of their staff?

[109] **Mick Bates:** Diolch, Gadeirydd. Yr wyf am droi at baragraff 4.30, ac, yn benodol, ffigur 22, y gall rhywun ei ystyried fel y seremoni fedalau ar gyfer yr holl waith hwn. Mae'n eithaf siom gweld mai dwy ymddiriedolaeth yn unig sydd wedi derbyn medal aur, fel petai. O ystyried y canlyniadau yn yr asesiad safonau corfforaethol, ynghyd â'r diffyg cynnydd mewn ymateb i adfywio'r strategaeth iechyd a diogelwch, a ydych yn fodlon bod yr ymddiriedolaethau GIG yng Nghymru yn gwneud digon i hyrwyddo ac amddiffyn iechyd eu staff?

Ms Lloyd: No, not at the moment. That is why we asked the HR directors to look at how we might take forward best practice on a universal basis and ensure that this really does rise up to the priorities of the NHS in Wales. We know already that one of them, which only has a bronze medal at the moment, namely Ceredigion, given its new chief executive, has started to affect the sickness levels of the staff of that trust enormously—not in the wrong way. Therefore, I think that, already, some of the action that has been taken as a consequence of the HR directors reporting in October last year, and promulgating the practice that they are espousing, has started to work. We have to question how accurate the information to get a gold medal is, but, nevertheless, when we re-look—I will do this with the chief medical officer—at the corporate health standard and at where all the organisations are on the scale this time next year, we hope to see that there is nobody in the bronze medal state and that many of those in the silver state have gone up to gold. It is quite difficult to get gold;

Ms Lloyd: Nac ydwyf, nid ar hyn o bryd. Dyna pam ein bod wedi gofyn i gyfarwyddwyr AD edrych ar sut y gallwn ddatblygu arferion gorau yn gyffredinol a sicrhau bod hyn mewn gwirionedd yn mynd i'r afael â blaenoriaethau'r GIG yng Nghymru. Gwyddom fod un ohonynt, sydd â medal efydd yn unig ar hyn o bryd, sef Ceredigion, o ystyried ei brif weithredwr newydd, wedi dechrau effeithio ar lefelau salwch staff yr ymddiriedolaeth honno'n sylweddol—nid yn y ffordd anghywir. Felly, credaf fod rhai o'r camau sydd wedi'u cymryd o ganlyniad i'r cyfarwyddwyr AD yn adrodd ym mis Hydref y llynedd, a lledaenu'r arferion y maent yn eu defnyddio, wedi dechrau gweithio eisoes. Mae'n rhaid i ni gwestiynu pa mor gywir yw'r wybodaeth i gael medal, ond, er hynny, wrth ailedrych—byddaf yn gwneud hyn gyda'r prif swyddog meddygol—ar y safon iechyd gorfforaethol ac ar sefyllfa'r holl sefydliadau yr amser yma y flwyddyn nesaf, yr ydym yn gobeithio gweld nad oes unrhyw un yn y cyflwr medal efydd a bod llawer o'r rhai hynny yn y

you must be an exemplar. I think that we are quite lucky to have two gold medals at the moment, because some of it is quite hard.

cyflwr arian wedi mynd i fyny i aur. Mae'n eithaf anodd cael aur; mae'n rhaid i chi fod yn esiampl. Credaf ein bod yn gymharol ffodus i feddu ar ddwy fedal aur ar hyn o bryd, oherwydd mae peth ohono'n anodd iawn.

[110] **Janet Davies:** I will just bring Christine in on this point, and then come back to you, Mick.

[110] **Janet Davies:** Yr wyf am ofyn i Christine gyfrannu ar y pwynt hwn, ac yna dod yn ôl atoch chi, Mick.

[111] **Christine Gwyther:** Thank you for your indulgence, Chair; I will be very brief. My question is on Pembrokeshire and Derwen NHS Trust's achieving the gold standard—obviously I am very proud, as this is one of my local trusts—I am slightly puzzled, as it has the fastest rising level of sickness in the whole of Wales. Can you explain that anomaly?

[111] **Christine Gwyther:** Diolch am eich goddefgarwch, Gadeirydd, byddaf yn gryno iawn. Mae fy nghwestiwn yn ymwneud ag Ymddiriedolaeth GIG Sir Benfro a Derwen yn cyflawni'r safon aur—yr wyf yn falch iawn yn amlwg, oherwydd bod hon yn un o'm hymddiriedolaethau lleol—yr wyf ychydig yn ddryslyd, oherwydd bod ganddi'r lefel salwch sy'n cynyddu gyflymaf yng Nghymru gyfan. A ellwch egluro'r anomaledd hwnnw?

Ms Lloyd: No. That is what we are investigating with it at the moment. The structures and principles are there, and yet it still has a rising sickness level. So, that is why we must investigate with it what more it can do, and where it needs to channel its efforts next.

Ms Lloyd: Na allaf. Dyna'r hyn yr ydym yn ymchwilio iddo ar hyn o bryd. Mae'r strwythurau a'r egwyddorion yno, ac eto mae ganddi lefel salwch gynyddol o hyd. Felly, dyna pam fod yn rhaid i ni ymchwilio i beth rhagor y gall ei wneud, ac i ba gyfeiriad y dylai sianelu ei hymdrechion nesaf.

[112] **Janet Davies:** Sorry about that, Mick.

[112] **Janet Davies:** Mae'n ddrwg gennyf am hynny, Mick.

[113] **Mick Bates:** That is quite all right, I think that that exemplifies what I was about to ask next. You made reference in your response to the lack of robust data. Is it acceptable, therefore, that some of these trusts have been given gold awards in their corporate standards assessments, despite being unable to evaluate the benefits of their workplace health promotion?

[113] **Mick Bates:** Mae hynny'n iawn, credaf fod hynny'n enghreifftio'r hyn yr oeddwn am ei ddweud nesaf. Bu i chi gyfeirio yn eich ymateb at y diffyg data cadarn. A yw'n dderbyniol, felly, bod rhai o'r ymddiriedolaethau hyn wedi derbyn dyfarniadau aur yn eu hasesiadau safonau corfforaethol, er nad ydynt yn gallu gwerthuso eu manteision hybu iechyd yn y gweithle?

Ms Lloyd: Well, I think that if you look at how the assessments are done—and they are done independently—the independent scrutineers will have been satisfied that they have been able to award a gold standard to these organisations, based on the data. What we must now do is make sure that the data remains accurate and reflects actual practice. When you look at the standard itself—I do not know whether it says in here—you will see that they will have gone around and interviewed vast wodges of staff about the issues that arise in the corporate health standard, and they will have to have satisfied themselves that what they were told was capable of being awarded a gold standard. However, because of the data, we must simply re-check all the time that we are confident that they are achieving the standards that are prescribed in the report. The external scrutineers will have been satisfied, but we will re-check it every year, just to make sure.

Ms Lloyd: Wel, credaf os edrychwch ar sut y cyflawnwir yr asesiadau—ac maent yn cael eu gwneud yn annibynnol—bydd yr archwilwyr annibynnol wedi bod yn fodlon eu bod wedi gallu dyfarnu safon aur i'r sefydliadau hyn, ar sail y data. Yr hyn sy'n rhaid i ni ei wneud yn awr yw sicrhau bod y data'n parhau'n gywir ac yn adlewyrchu arferion gwirioneddol. Wrth edrych ar y safon ei hun—nid wyf yn gwybod a yw'n dweud hyn yn hwn—byddwch yn gweld eu bod wedi mynd o gwmpas a chyfweld llawer o staff am y materion sy'n codi yn y safon iechyd gorfforaethol, a bydd yn rhaid iddynt fod yn fodlon bod gan yr hyn a ddywedwyd wrthynt y gallu i sicrhau'r safon aur. Fodd bynnag, oherwydd y data, mae'n rhaid i ni ail-gadarnhau drwy'r amser ein bod yn hyderus eu bod yn cyflawni'r safonau a nodir yn yr adroddiad. Bydd yr archwilwyr allanol wedi'u bodloni, ond bydd yn rhaid i ni ail-gadarnhau hynny bob blwyddyn, er mwyn bod yn siwr.

[114] **Mick Bates:** Two points, then, arise from that: are you saying that there is an ongoing review of corporate standard assessments?

[114] **Mick Bates:** Mae dau bwynt, felly, yn codi o hynny: a ydych yn dweud bod adolygiad parhaus o asesiadau safon gorfforaethol?

Ms Lloyd: Yes.

Ms Lloyd: Ydwyf.

[115] **Mick Bates:** Who undertakes that, then?

[115] **Mick Bates:** Felly, pwy sydd yn cynnal hynny?

Ms Lloyd: The external scrutineers, and then we will pick it up.

Ms Lloyd: Yr archwilwyr allanol, ac yna byddwn ni'n mynd ymlaen â'r gwaith.

[116] **Mick Bates:** Sorry, so it is external, but you will eventually take that up?

[116] **Mick Bates:** Mae'n ddrwg gennyf, felly mae'n allanol, ond byddwch chi'n mynd i'r afael â'r gwaith yn y pen draw?

Ms Lloyd: Yes, we will take it up in future.

Ms Lloyd: Ie, byddwn ni'n mynd i'r afael â'r gwaith yn y dyfodol.

[117] **Mick Bates:** You will then insert that into setting the standards?

[117] **Mick Bates:** Byddwch wedyn yn mewnosod hynny yn y safonau?

Ms Lloyd: We will insert it into the balanced scorecard, yes.

Ms Lloyd: Byddwn yn mewnosod hynny yn y cerdyn sgorio cytbwys, byddwn.

[118] **Mick Bates:** So, if those standards change, would you expect NHS trusts to re-apply for their gold medals?

[118] **Mick Bates:** Felly, os yw'r safonau hynny'n newid, a fyddech yn disgwyl i ymddiriedolaethau GIG ail-ymgeisio am eu medalau aur?

Ms Lloyd: Of course.

Ms Lloyd: Wrth gwrs.

[119] **Mick Bates:** Right. Very good. So, the trusts at the top might well lose them then?

[119] **Mick Bates:** Iawn. Da iawn. Felly, gallai'r ymddiriedolaethau ar y brig eu colli?

Ms Lloyd: They may well do, if they are not performing according to the standards any more.

Ms Lloyd: Gallai hynny ddigwydd, os nad ydynt yn perfformio'n unol â'r safonau bellach.

[120] **Mick Bates:** Very good. In using this information on the causes of sickness and absence, available through the ESR system, do you intend to target the funding of health promotion programmes, so that you look at your evidence and say 'right, this is working, so we will give this programme more money if it is working particularly effectively'?

[120] **Mick Bates:** Da iawn. Drwy ddefnyddio'r wybodaeth hon ar achosion salwch ac absenoldeb, sydd ar gael drwy'r system cofnodion electronig staff, a ydych yn bwriadu targedu'r cyllid ar gyfer rhaglenni hybu iechyd, fel eich bod yn edrych ar eich tystiolaeth a dweud 'iawn, mae hyn yn gweithio, felly yr ydym am roi rhagor o arian i'r rhaglen os yw'n gweithio'n hynod o effeithiol'?

Ms Lloyd: The trusts have said that they do not require more money at the moment. The chief medical officer holds the health promotion budget, and if we believe that there is a considerable impetus that has to be given to improving health promotion, or the effectiveness of health promotion, within organisations to ensure consistency in the corporate health standard, then she and I will discuss how that health promotion budget might be used to support that.

Ms Lloyd: Mae'r ymddiriedolaethau wedi dweud nad ydynt angen rhagor o arian ar hyn o bryd. Mae'r prif swyddog meddygol yn gyfrifol am y gyllideb hybu iechyd, ac os credwn fod yn rhaid rhoi ysgogiad sylweddol i wella hybu iechyd, neu effeithiolrwydd hybu iechyd, o fewn sefydliadau i sicrhau cysondeb yn y safon iechyd gorfforaethol, yna bydd yn rhaid iddi hi a mi drafod sut y gellid defnyddio'r gyllideb hybu iechyd i gynorthwyo hynny.

[121] **Mick Bates:** Right. So, in other words—we have heard a lot about the ESR—when you evaluate the information there, no-one would use that information to target funding on the basis of that now robust evidence?

[121] **Mick Bates:** Iawn. Felly, mewn geiriau eraill—yr ydym wedi clywed llawer am y cofnodion electronig staff—wrth werthuso'r wybodaeth yno, ni fyddai unrhyw un yn defnyddio'r wybodaeth honno i dargedu cyllid ar sail y dystiolaeth honno sydd bellach yn gadarn?

Ms Lloyd: That would be a matter for the trusts, which we will monitor.

Ms Lloyd: Byddai hynny'n fater i'r ymddiriedolaethau, a byddwn yn monitro hynny.

[122] **Mick Bates:** So if you are monitoring that, what role would you play in directing that funding—any, or none at all?

[122] **Mick Bates:** Felly, os ydych yn monitro hynny, pa swyddogaeth a fyddech yn ei chwarae wrth gyfarwyddo'r cyllid hwnnw—unrhyw un, neu ddim o gwbl?

Ms Lloyd: Well I might not. At the moment we have not had any bids and proposals—well, ESR is not in, but once it is up and running, then we will be discussing with them how they are using the balance of their budgets to support their staff.

Ms Lloyd: Wel, efallai na fyddwn. Ar hyn o bryd nid ydym wedi cael unrhyw gynigion—wel, nid yw'r system cofnodion electronig staff i mewn, ond unwaith y bydd ar waith, byddwn yn trafod gyda hwy sut y maent yn defnyddio'u cyllidebau i gynorthwyo eu staff.

[123] **Mick Bates:** Okay. Are there any current examples of national health promotional programmes, or workplace health promotion programmes that are targeted directly at NHS staff?

[123] **Mick Bates:** Iawn. A oes unrhyw enghreifftiau cyfredol o raglenni hybu iechyd cenedlaethol, neu raglenni hybu iechyd y gweithle sy'n cael eu targedu'n uniongyrchol at staff y GIG?

Ms Lloyd: I do not believe so, but I would have to get the lists from the chief medical officer.

Ms Lloyd: Nid wyf yn credu hynny, ond byddai'n rhaid i mi gael y rhestrau gan y prif swyddog meddygol.

[124] **Mick Bates:** I think that that could be quite useful.

[124] **Mick Bates:** Credaf y gallai hynny fod yn eithaf defnyddiol.

Ms Lloyd: We will do that. Can we give you a note?

Ms Lloyd: Byddwn yn gwneud hynny. A gawn ni roi nodyn i chi?

[125] **Mick Bates:** Yes. We have been talking about improving health all morning, but if there are no programmes that are targeted at staff, there seems to be a bit of a hole in the strategy.

[125] **Mick Bates:** Iawn. Yr ydym wedi bod yn trafod gwella iechyd drwy'r bore, ond os nad oes unrhyw raglenni wedi'u targedu at staff, ymddengys bod bwlch yn y strategaeth.

Ms Lloyd: Well, there are the usual range of programmes, like stopping smoking and proper alcohol management—

Ms Lloyd: Wel, mae'r amrywiaeth arferol o raglenni, fel atal ysmygu a rheoli yfed alcohol yn iawn—

[126] **Mick Bates:** But not targeted specifically at NHS staff?

[126] **Mick Bates:** Ond heb eu targedu'n benodol at staff GIG?

Ms Lloyd: Well, usually, you find that, because the staff who usually work for the NHS are within all those health promotion projects, they will have access to the usual range of programmes that are targeted at the general population. However, I will submit a note, if I may, Chair, having discussed with the chief medical officer whether or not she has invested anything that is specific for NHS staff. However, their problems are usually the same as the local population from which they are drawn.

Ms Lloyd: Wel, fel arfer, byddwch yn gweld, oherwydd bod y staff sy'n gweithio fel arfer i'r GIG o fewn yr holl brosiectau hybu iechyd hynny, bydd ganddynt fynediad i'r ystod arferol o raglenni sydd wedi'u targedu at y boblogaeth gyffredinol. Fodd bynnag, yr wyf am gyflwyno nodyn, os y caf fi, Gadeirydd, ar ôl trafod â'r prif swyddog meddygol a yw wedi buddsoddi unrhyw beth sy'n benodol i staff y GIG ai peidio. Fodd bynnag, mae eu problemau hwy fel arfer yr un fath â'r boblogaeth leol.

[127] **Mick Bates:** That may be, of course. Finally, it would appear that if there is not the evidence, then it is very hard to create programmes to improve sickness. However, from your last answer you say that you will do that anyway?

[127] **Mick Bates:** Gall hynny fod yn wir, wrth gwrs. Yn olaf, os na cheir y dystiolaeth, ymddengys ei bod yn anodd iawn creu rhaglenni i wella salwch. Fodd bynnag, o'ch ateb diwethaf yr ydych yn dweud y byddwch yn gwneud hynny beth bynnag?

Ms Lloyd: Yes.

Ms Lloyd: Byddaf.

[128] **Mick Bates:** Thank you very much.

[128] **Mick Bates:** Diolch yn fawr iawn.

[129] **Janet Davies:** To conclude, we have looked at a range of issues relating to the management of sickness absence this morning. Mrs Lloyd, could I ask you just to sum up what you would regard as the key priorities for action in response to the report, both for the NHS Wales department and for the trusts themselves?

[129] **Janet Davies:** I orffen, yr ydym wedi edrych ar amrywiaeth o faterion sy'n ymwneud â rheoli absenoldeb oherwydd salwch y bore yma. Mrs Lloyd, a gaf ofyn i chi grynhoi yr hyn y byddech yn ei ystyried fel y blaenoriaethau allweddol ar gyfer gweithredu mewn ymateb i'r adroddiad, i adran GIG Cymru ac i'r ymddiriedolaethau eu hunain?

Ms Lloyd: I have already written to NHS trusts in Wales and to the local health boards, telling them that, as a consequence of the Auditor General's report and the work that has been done by the human resources directors on this topic, which was informed largely by some of the evidence coming from the Auditor General, I have established this high-level group, chaired by Alison Williams, from whom I think you are taking evidence next time, to really push forward the proposals and the recommendations contained within this report. That is, first, so that we implement the common sickness definition, and that we start to manage long-term sickness against best practice. Then that we start to record, on the basis of ESR, before it is in, the sorts of sickness that are occurring in Wales, and, particularly, so that attention is drawn to work-related sickness and how we manage that, and how we get a grip on it. It is to look at the whole issue of occupational health and manual handling, how it is achieved in Wales and what best practice can be rolled out immediately, so that, by this time next year, we get a much better statement of how all the organisations are managing their sickness levels to ensure that the staff are well supported. It is also to set individual arrangements with trusts and local health boards for reducing the sickness levels within their organisations, and to ensure that they do have effective occupational health services and good systems in place in order to ensure that their staff can remain at work for as long as is possible. So, there is a lot of work to do, but the Auditor General's recommendations have been very helpful in informing us all, and in heightening the priority that is given to this very important area. So that is what we shall be doing.

Ms Lloyd: Yr wyf eisoes wedi ysgrifennu i ymddiriedolaethau GIG yng Nghymru a'r byrddau iechyd lleol yn dweud wrthynt, o ganlyniad i adroddiad yr Archwilydd Cyffredinol a'r gwaith sy'n rhaid ei wneud gan y cyfarwyddwyr adnoddau dynol ar y pwnc hwn, a gafodd y wybodaeth yn bennaf gan beth o'r dystiolaeth gan yr Archwilydd Cyffredinol, yr wyf wedi sefydlu'r grwp lefel uchel hwn, sy'n cael ei gadeirio gan Alison Williams, a fydd yn rhoi tystiolaeth i chi y tro nesaf yn ôl yr hyn a ddeallaf, i yrru'r cynigion a'r argymhellion yn yr adroddiad hwn ymlaen. Mae hynny, yn y lle cyntaf, er mwyn i ni allu gweithredu'r diffiniad o salwch cyffredin, a'n bod yn dechrau rheoli salwch hirdymor yn erbyn arferion gorau. Bydd yn rhaid i ni wedyn ddechrau cofnodi, ar sail y system cofnodion electronig staff, cyn ei fod i mewn, y mathau o salwch sy'n digwydd yng Nghymru, ac, yn benodol, er mwyn tynnu sylw at salwch sy'n gysylltiedig â gwaith a sut yr ydym yn rheoli hynny, a sut yr ydym yn cael gafael arno. Mae hyn er mwyn edrych ar fater iechyd galwedigaethol a thrafod â llaw yn ei gyfanrwydd, sut y caiff ei gyflawni yng Nghymru a pha arferion gorau ellir eu cyflwyno fesul cam yn syth, er mwyn sicrhau, erbyn yr adeg hon y flwyddyn nesaf, ein bod yn cael datganiad llawer gwell o sut y mae'r holl sefydliadau yn rheoli eu lefelau salwch i sicrhau bod y staff yn cael pob cymorth. Mae hyn hefyd er mwyn pennu trefniadau unigol gydag ymddirieolaethau a byrddau iechyd lleol ar gyfer lleihau lefelau salwch o fewn eu sefydliadau, ac i sicrhau bod ganddynt wasanaethau iechyd galwedigaethol effeithiol a systemau da ar waith er mwyn sicrhau bod eu staff yn parhau yn y gwaith cyhyd â phosibl. Felly, mae llawer o waith i'w wneud, ond mae argymhellion yr Archwilydd Cyffredinol wedi bod yn ddefnyddiol iawn i'n hysbysu i gyd, ac i amlygu'r flaenoriaeth a roddir i'r maes hynod bwysig hwn. Felly dyna beth y byddwn yn ei

wneud.

[130] **Janet Davies:** Thank you very much, Mrs Lloyd and Mr Redmond. That concludes the evidence-taking session. As you know, a verbatim transcript appears as an annex to the Committee's report, and you will be sent a draft transcript so that you can correct any inaccuracies. Thank you very much.

[130] **Janet Davies:** Diolch yn fawr iawn, Mrs Lloyd a Mr Redmond. Mae hynny'n cloi'r sesiwn cymryd tystiolaeth. Fel y gwyddoch, mae trawsgrifiad gair am air yn ymddangos fel atodiad i adroddiad y Pwyllgor, a byddwn yn anfon trawsgrifiad drafft er mwyn i chi allu cywiro unrhyw gamgymeriadau. Diolch yn fawr iawn.

Daeth y sesiwn cymryd tystiolaeth i ben am 11.04 a.m.
The evidence-taking session ended at 11.04 a.m.