

THE NATIONAL ASSEMBLY FOR WALES: AUDIT COMMITTEE

REPORT 02-02 - Presented to the National Assembly for Wales on 24th January 2002
in Accordance with section 102(1) of the Government of Wales Act 1998

EDUCATING AND TRAINING THE FUTURE HEALTH PROFESSIONAL WORKFORCE FOR WALES

CONTENTS	Paragraph
Introduction	1
Overcoming NHS staff shortages	7
Delivering the required numbers of good quality new health professionals	19
Ensuring Value for Money	37
Recommendations	51
Concluding comments	52
Annexes	
Annex A: Relevant evidence session held 28 th June 2001	
Annex B: The Audit Committee	

INTRODUCTION

1. This report concerns the Committee's investigation into the education and training, in Wales, of health professional students – nurses, midwives and other health professionals such as physiotherapists and radiographers. The National Health Service (NHS) faces significant shortages of health professionals and a key way of overcoming these shortages is through educating and training new staff. Ensuring that the NHS trains the right numbers and types of health professional staff and that these staff are fit for practice requires good workforce planning and effective commissioning and delivery systems. It also depends on close co-operation between the NHS and other employers of health care staff, the education and training providers and various regulatory and professional bodies.¹
2. In 1999-2000, the National Assembly for Wales (the Assembly) spent £42 million on pre-registration training places and bursaries for some 3,200 nursing, midwifery and other health professional students. The majority of this education is provided under NHS contracts with six higher education institutions in Wales and leads to degree or diploma level qualifications.²
3. The Auditor General for Wales' report³ was the first to examine this important subject and to examine it from both the NHS and higher education perspectives. We therefore took evidence from witnesses representing both these sectors. Witnesses for NHS Wales were: **Ann Lloyd**, Director of NHS Wales; **Sarah Beaver**, Head of NHS Finance Division; and **Alan Hanna**, Head of Education and Training (Professional and Managerial) Branch, Human Resources Division, NHS Directorate, National Assembly for Wales. Witnesses representing the higher education institutions were **Steve Martin**, the Chief Executive and Accounting Officer of Education and Learning Wales; and **Roger Carter**, Head of Programmes, Education and Learning Wales.

¹ Auditor General for Wales (AGW) Report: Educating and Training the Future Health Professional Workforce for Wales (March 2001) paras 1 and 3

² Auditor General for Wales (AGW) Report Box A: Key Facts

³ Auditor General for Wales (AGW) Report: Educating and Training the Future Health Professional Workforce for Wales (March 2001)

4. An over-riding theme of the Auditor General for Wales' report was the importance of developing improved partnership working between the NHS and the higher education institutions. We were grateful to the witnesses for the positive and constructive responses to our questions, which assured us that the importance of partnership working was now firmly imbedded in the relationship between the two sectors.
5. Within this overall context our report focuses on three main areas:
 - the appropriateness of the measures used by NHS Wales to overcome staff shortages, including the need to improve the workforce planning system;
 - whether the education and training arrangements will deliver the necessary numbers of new staff, of the required quality; and
 - how the Assembly and the higher education sector intend to ensure that both parties obtain better value for money from the arrangements for educating and training health professional staff.
6. Our report sets out our main findings and conclusions, together with a number of recommendations for the Assembly, NHS Trusts and higher education institutions. These recommendations are intended to assist the health and education sectors to work together more effectively and in particular to: supply sufficient numbers of new healthcare professional staff; provide the education and training in the most efficient and effective way; and ensure that newly qualified health professional staff are capable of providing good quality patient care.

OVERCOMING STAFF SHORTAGES

7. Until recently, Wales has been relatively self-sufficient in terms of meeting the demands for new healthcare professional staff. However staff shortages have become an increasingly serious issue and in July 2000 the Minister for Health and Social Services noted that current commissioning levels were insufficient to meet current demand.⁴

⁴ AGW Report paras 4 and 1.3

8. As it takes 3-4 years to train a new health professional, increasing commissioning levels can only help to meet demand in the longer term. In the meantime Welsh NHS Trusts are recruiting increasing numbers of qualified staff from overseas, running “return to practice” campaigns and introducing a range of recruitment and retention initiatives aimed at improving the working lives of staff.⁵ They are also relying to an increasing extent on agency nurses to fill vacancy levels.⁶

Increasing commissioning levels to meet demand in the longer term

9. Over the past five years the numbers of pre-registration student training places commissioned by the Assembly have increased steadily to meet increasing demand. For example, the number of nurse pre-registration training places commissioned by the Assembly increased by 25 per cent between 1996 and 1999 (from 1,991 to 2,481). Despite these increases, over the last two years or so demand has increased faster than predicted in NHS Trust workforce planning assumptions.⁷ In July 2000, the Assembly notified universities that, in order to meet future service needs, they would be commissioning an additional 265 health professional education and training places, including 190 nursing and midwifery places, in 2001-02.⁸

Measures for overcoming staff shortages in the short term

10. We asked NHS Wales how successful the different measures for overcoming staff shortages in the short term had been, how the NHS ensure that these staff meet the required quality standards and what plans they had to reduce their reliance on short term fixes in the future.⁹

11. As in England, NHS Wales has been running “return to practice” campaigns to attract qualified staff back into the service. These campaigns targeted specific groups of nurses and health professionals, identifying what was needed to encourage these staff to return to work. The Director of the NHS in Wales told us that some

⁵ AGW Report para 5

⁶ Evidence Q9

⁷ AGW Report paras 1.4 and 2.13 - 2.14

⁸ AGW Report paras 1.6 and 2.19

£175,000 was allocated to the nurses return to practice scheme last year and that, in total, around 140 staff had returned to the service as a result the campaigns. Further work was also being undertaken, involving the Chief Nursing Officer for Wales, to see what changes in working practices were needed to continue to attract staff back to full or part time employment, for example measures such as term-time wards and family friendly working practices had been tried.¹⁰

12. Welsh NHS Trusts have also been quite successful in recruiting health professional staff from overseas, with around 500 nurses in post as at June 2001. Accreditation of these nurses is the responsibility of the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC), who check qualifications and experience. All overseas practitioners are also required to satisfy the UKCC as to their ability to practise effectively and that their language proficiency is good. The NHS told us there have been some problems obtaining UKCC accreditation, mainly because of the large numbers involved. However, these nurses are working for Trusts as nursing auxiliaries, under supervision, whilst waiting for accreditation.¹¹

13. In 2000-2001, NHS Wales spent around £17.7 million on Agency staff.¹² They told us that all NHS Trusts have to rely, to a varying extent, on agency staff but that work was under way to reduce this reliance. Also, a number of Trusts have set up their own Nurse Banks, either on their own or in collaboration with other Trusts, to provide a flexible alternative to agencies. However, for certain specialities such as Intensive Therapy Units (ITU), where appropriately qualified staff are very scarce, many Trusts have entered into arrangements with agencies for particular agency staff who then form part of the multidisciplinary team. Similarly, the NHS have increased the number of IT and coronary care beds over the last year and some Trusts have been reasonably successful in using named agency staff to work on regular shifts to support Trust staff. NHS Wales could not tell us when they

⁹ Evidence Qs 2, 8, 9 and 10

¹⁰ Evidence Q2

¹¹ Evidence Q8

¹² Annex A of Note to the Committee dated 10 August 2001

expected to see a reduction in the use of agency staff but agreed to provide us with a definitive answer after the quarterly review meeting later this year.¹³

14. We welcome the success, to date, of the “return to practice” campaign and consider that, provided such staff are given appropriate training, they are clearly a valuable source of staff for the NHS. We also acknowledge that there will be times when it is necessary to rely on overseas nurses, as well as on bank and agency staff. However, we are concerned at the apparent increase in such reliance and that these staff, particularly agency staff, may not be sufficiently experienced in the area to which they are assigned or may not receive appropriate training. **We recommend that NHS Wales should set and monitor targets for the use of overseas and agency staff and, in the meantime, NHS Trusts should check and maintain records of the training received and should seek to reduce their reliance on such staff within an agreed timeframe.**
15. We were concerned at the apparent failure of the workforce planning system to predict demand more accurately and asked the NHS what they planned to do to improve matters. The NHS told us that they agreed with the Auditor General’s criticism¹⁴ of workforce planning, in particular that at Trust level there were variations in terms of workforce planning skills and problems in understanding the process. Also there were weaknesses in terms of the quality, accuracy and timeliness of the information that is used for forecasting. They acknowledged that improved workforce planning was needed in order to overcome staff shortages.¹⁵
16. The Director of NHS Wales told us that they had established new guidelines for undertaking workforce planning in a much more accurate way, taking into consideration new developments, particularly the national service frameworks which are being produced. They also now scrutinise the workforce plans more rigorously, taking into account the age profile of their staff and changing practice, changing skill mixes, the issues of new nurse consultants and extended practitioners and the extension of the roles of physiotherapists, occupational

¹³ Evidence Qs 8 - 10

¹⁴ AGW Report paras 2.4 - 2.7

¹⁵ Evidence Q1 and Q13

therapists and radiographers. Workforce plans are now clearly mapped across to the human resource issues arising from health improvement programme and organisations are questioned quite closely on whether they have considered all the changes in practice that are necessary to provide the care that will be needed now and in five years' time.¹⁶ They also told us that a more collaborative approach to workforce planning is intended as part of the Assembly's Workforce Development review, launched in autumn 2000.

17. Until 1998 the Office of Manpower Economics collected vacancy data from NHS Trusts as part of its annual survey for the Pay Review Body. While comparable figures for recent years have not been available in Wales, vacancy rates are known to be on the increase.¹⁷ The Director of NHS Wales agreed that in order to have an effective workforce planning systems they need to assess, as accurately as possible, the vacancy levels in the NHS. However, she acknowledged that they do not have reliable vacancy rate data. While Trusts are responsible for collecting data on their vacancies they have found that the way in which they collect that data is extremely variable. She has now charged the Director of Human Resources to ensure that a great deal of attention is paid by Trusts to collecting appropriate vacancy data and also to investigating how vacancies are filled.¹⁸

18. We welcome the Assembly's actions in introducing new workforce planning guidelines. However, for the guidelines to be effective the Assembly also needs to address the problems of inadequate workforce planning skills in NHS Trusts and the quality, accuracy and timeliness of the information that is used for forecasting. **We recommend that the NHS Directorate should work with all NHS employers to ensure that they have appropriately skilled workforce planning personnel, use common data and planning systems and collect accurate comparable data on vacancy rates.**

DELIVERING THE REQUIRED NUMBERS OF GOOD QUALITY NEW STAFF

¹⁶ Evidence Qs 1, 13 and 16

¹⁷ Evidence AGW Report para 1.5

¹⁸ Evidence Qs 4 - 7

The capacity of institutions to accommodate the increase in commissioning levels

19. The Auditor General's report emphasised that, to date, higher education institutions have been able to accommodate the increases in student numbers but that most consider that they are at or near full capacity.¹⁹ We asked the Chief Executive of Education and Learning Wales whether he was confident that the higher education sector could continue to accommodate growth in the number of health professional students.²⁰

20. He told us that the higher education sector had responded to the demands of the NHS by accommodating increases in training places within their existing set up. There has been, and continues to be, close dialogue between the Assembly and the institutions as part of the contract negotiation process to identify what is needed in terms of extra capacity. While to some extent this is a three-way discussion between the Assembly, the higher education institutions and Education and Learning Wales, the primary link is between the Assembly and the higher education institutions. The role of Education and Learning Wales is to provide intelligence, based on their knowledge of the estate and the opportunities that exist for planning NHS and non-NHS developments, as well as making sure that there is Best Value for the total public money being invested.²¹

21. The Chief Executive told us that it was unlikely that the NHS would consider the possibility of increasing the number of higher educational institutions providing health professional training. The additional costs of disaggregating and providing services on a smaller scale could be formidable. They suggested that the Assembly would, in the first instance, want to examine value for money issues and that in most cases this would involve building on the expertise and economies of scale that already exist. However, if there was a need to accommodate additional places that could not be met from existing sources, then each case would be considered on merit.²²

¹⁹ AGW Report paras 7, 2.21 and 3.23

²⁰ Evidence Q11

²¹ Evidence Q11

²² Evidence Q12

22. The Chief Executive also explained that, in general, higher education institutions are expected to fund their own capital development that relates to additional demands from the NHS for training places. But he believed that if the need for capital provision arose directly, exclusively or largely from the demands of the NHS, then he would argue that it would be right that the NHS should pay for the provision.²³
23. We are concerned at the lack of clarity surrounding the issue of capital development that relates to additional demands from the NHS for training places. **We recommend that the NHS and higher education institutions should evaluate the capital investment needed to accommodate the current and planned expansion in student numbers arising from the NHS and agree explicitly how this will be funded**

The availability of sufficient good quality practice placements and teaching staff

24. A major constraint on expanding student numbers is insufficient numbers of good quality practice placements. While the statutory requirements on practice placements have been met, the Auditor General's report noted that the Assembly are aware that further initiatives are now needed to meet plans to increase commissioned numbers.²⁴ The Director of NHS Wales explained that this was a national problem, not just restricted to Wales. But one approach that has worked well in Wales has been to provide additional funds totalling some £275,000 to Trusts to fund staff to supervise Physiotherapy and Occupational Therapy placement students.²⁵
25. The NHS in Wales have re-introduced a scheme to pay for practice placements, which was stopped in 1998 because it was deemed inappropriate and unsustainable. This went against the policy in England that there should be no payment for placements. We asked why NHS Wales had decided to re-introduce

²³ Evidence Q41

²⁴ AGW Report paras 2.2 - 2.26 and paras 3.28 – 3.30

²⁵ Evidence Qs 21 - 22 and para 2 of note to the Committee

the scheme. They told us that the money was for clinical teaching allowances for staff in the allied health professions, who supervise students on placement. This was allowed under the Whitley agreement.²⁶

26. A further constraint to expanding student numbers is the need for more teaching staff. The Chief Executive of Education and Learning Wales noted that because of current staff shortages in the NHS, there are problems recruiting teaching staff to universities and that institutions have a problem finding sufficient staff of the right quality. Neither sector could address this issue in isolation, as it requires close dialogue between both parties. One solution has been the growth, over the past few years, of the post of lecturer-practitioner. This has avoided the displacement effect, where the best people move into teaching and are no longer available for service.²⁷

27. The planned expansion in student numbers needed to meet NHS demand in the long term cannot be met without expansion in practice placements and investment in teaching staff. **We recommend that the NHS and higher education institutions continue to seek innovative approaches to identify and use practice placements, and for overcoming problems with regard to teaching staff. The decision to fund placements should in due course be reviewed to assess whether this represents optimum value for money in the use of public funds, and the Committee informed of the conclusions reached.**

²⁶ Evidence Qs 23 - 27 and para 2 of note to the Committee

²⁷ Evidence Q37

Improving student recruitment and reducing student attrition

28. Higher education institutions fill commissioned places through a rigorous student recruitment, selection and enrolment process. They then aim to keep the students

on the course through minimising attrition so that they can deliver appropriately qualified new health professionals, ideally ones that want to work in the NHS.²⁸

29. In Wales, NHS funded health professional courses usually generate a favourable ratio of applications to places in most disciplines and as a result universities are able to fill all their commissioned places. In fact, for some popular courses universities are running waiting lists for up to two or three intakes ahead.²⁹ The NHS told us that they did have some problems recruiting and retaining certain staff groups, particular the mental health and learning disabilities branches of nursing. They identified that these posts require a particular type of person and that recruitment would in future be more targeted. They also hope to overcome problems recruiting diagnostic radiographers by making it a more attractive occupation, for example by including new activities such as ultrasonic work in the remit. Whilst there were no problems in recruiting physiotherapy students, shortages of trained staff were still being experienced, probably due to under-commissioning.³⁰

30. They told us that a significant proportion of recruits are mature students who have other commitments. Therefore, the NHS Wales is working with the higher education sector to look at much more accessible and creative ways of ensuring that people who want to work within the health service can do so. Some of the initiatives being explored include e-learning and localised training; the development of skills laboratories; and more appropriate clinical placements. We were pleased to hear that a high level joint working group with senior NHS and higher education representatives was being established to work constructively on the next five-year plan.³¹ At the same time the NHS has targeted primary schools to try and generate an interest in the NHS and its workings and are planning to introduce cadet schemes to get people involved in nursing at an early age.³²

²⁸ AGW Report para 2.27

²⁹AGW Report para 2.29

³⁰ Evidence Q2

³¹ Evidence Q42

³² Evidence Q2

31. The Committee considered that there was a need for Welsh speaking health professional staff in many parts of the country, especially in dealing with young and elderly patients. We asked whether linguistic needs were taken into account when planning for the future. The Director of NHS Wales agreed that this was a concern in certain parts of Wales and the ability to communicate bilingually was taken into account. She added that the Welsh Language Board had a proposal to ensure that speech therapists, general nurses and other professionals are fit for purpose and able to communicate with the populations they serve.³³
32. The Committee is pleased to note that the attrition rates for NHS funded courses in Wales compared favourably with that of other higher education courses and also with NHS funded courses in England. For example, 15 per cent of students who entered training in 1996-97 failed to complete their course compared with 17 per cent in England and 18 per cent for other non-NHS funded courses.³⁴ Nevertheless, attrition represents a waste of public resources and we asked what action was being taken by the higher education sector to reduce rates.³⁵
33. The Chief Executive of Education and Learning Wales told us that the UK generally does very well by international standards as regards retaining students (the attrition rate in France is approaching 50 per cent). However, while attrition on NHS funded courses in Wales appeared to be slightly better than in England, he acknowledged the overall position of NHS funded courses in the higher education sector was slightly worse. He believed that this was partly because the social mix of students in Welsh institutions tended to be more weighted towards those from disadvantaged areas and groups. He agreed that there was scope to do more to reduce attrition rates.³⁶
34. The reasons why people drop out are many and varied and are often to do with money. The Chief Executive drew attention to the Auditor General's Report, which highlights an initiative to identify why people drop out and to track students to find ways of mentoring and supporting them during their studies. He also drew

³³ Evidence Q15

³⁴ AGW Report para 2.33 and Q17

³⁵ Q17

³⁶ Q17

our attention to initiatives between institutions and schools aimed at making sure potential students have the learning skills needed to survive their higher education course.³⁷

35. A lot of work has gone on to identify best practice and to share that among institutions. Other actions taken include initiatives to ensure that schools provide potential students with the learning skills needed to survive higher education. As a result of these measures we were told there has been much improvement nationally in the attrition rate for the higher education sector.³⁸

36. The NHS emphasised that they do not want to see their money and resources wasted by dropouts from training courses or by recruiting people who think that a nursing degree is highly marketable and who are never actually going to be nurses. The Committee strongly endorses this view and notes that the NHS believes that the best way to avoid this is to ensure that the NHS is the employer of choice.³⁹ **We recommend that in order to achieve this the NHS needs to involve higher education institutions fully in planning education and training for the new health professional workforce and adopt a joint approach and shared responsibility for recruitment, selection and retention.**

ENSURING VALUE FOR MONEY FROM EDUCATION AND TRAINING

37. Value for money of health professional education and training is about cost and quality of the training and the ability of the student on qualification.⁴⁰ We therefore questioned the NHS and Education and Learning Wales about the value for money of the current arrangements.

On prices and costs

³⁷ AGW Report 2.36 - 2.38 and Q17

³⁸ Q17

³⁹ Evidence Q1 - 2

⁴⁰ AGW Report para 3.10

38. The Assembly undertakes annual contract reviews with higher education institutions for all major pre-registration contracts. Part of these reviews include renegotiations of the contract prices based on the price per student. The use of negotiation rather than a competitive tendering process has meant that there is relatively little variation in price per student in NHS funded contracts. For example, price between the four nursing diploma contracts varies by just over 10 per cent (from £4, 842 to £5,464). This is much smaller than in England (£2,569 to £10, 570), although the average price per student in Wales was slightly higher (£5,131 compared with £4,991 in England).⁴¹
39. The Assembly believes that its negotiation process ensures good value for money for the NHS. However, as shown in the Auditor General's analysis of contracts, there is a lack of cost transparency, with wide variations in the proportion of price explained by staff costs and in the treatment of overheads. The report concluded that the university sector might not be charging the full cost of providing NHS funded courses.⁴²
40. The Chief Executive, Education and Learning Wales told us that he could not be fully confident that the price per student did cover the full cost of the education provision. He also told us that it was not possible to know for certain the extent to which institutions were cross subsidising NHS training. While the Funding Council does not rule out the possibility of institutions doing some cross-subsidising, what they are required to do is to be as clear as they can about what the costs are and to take that into account in making decisions about whether or not to cross-subsidise.⁴³
41. The Funding Councils across the UK have set up a body called the Joint Costing and Pricing Steering Group to look at the issue of transparency and to provide a suitable costing methodology for higher education institutions. Each institution in Wales received £25,000 to help them implement the new costing system and are expected to produce a proper set of accounts for 2000-2001 that distinguish

⁴¹ AGW report paras 3.2 and 3.3

⁴² AGW report paras 3.6 - 3.9 and Box B - Key Findings

⁴³ Evidence Qs 29 - 32

between: publicly-funded teaching; privately-funded teaching; publicly-funded research; privately-funded research; and other activities.⁴⁴

42. We agree with the Chief Executive's suggestion there should be detailed negotiations between that NHS, the Assembly and the institutions to determine what constitutes "a reasonable price to pay".⁴⁵ **We recommend that the contract negotiation process should include full transparency of costs and prices for NHS funded courses. There is a need to strike a balance between driving down the cost to the NHS, retaining quality and not adding to the financial difficulties of the institutions. There should be no surprises on either side and an efficient monitoring system is needed to ensure that both parties obtain good value for money from the relationship.**

Benchmarking and performance management of contracts

43. The Auditor General's report noted that attempts to review the effectiveness of education and training contracts is constrained because the quality of learning outcomes for health professional staff has not been well defined. The NHS as purchaser has had no clear definition of what it expects in terms of quality of outcomes/competencies.⁴⁶

44. Work had commenced to develop outcome-based measures, including competencies and benchmark standards and to monitor the quality of the education provided. The Chief Executive told us that the Quality Assurance Agency for Higher Education's standards were soon to take effect in Wales. These comprehensive standards were drawn up following discussions with the professional bodies and the higher education institutions. They plan to roll out the prototype in Wales during the next academic year to enable the Assembly to monitor outcomes in depth. In addition it is hoped that these standards would

⁴⁴ Evidence Qs 29 - 31

⁴⁵ Evidence Qs 32 - 33

⁴⁶ AGW report para 3.10

monitor whether staff are fit for purpose and where further action or intervention is needed.⁴⁷

45. We welcome the moves to make the contract review process more transparent and the adoption of the new quality assurance standards. **We recommend that the NHS and higher education institutions should agree a clear policy framework governing contracts. These should include nationally consistent input and output targets that facilitate benchmarking and performance management.**

Improving the Assembly's management of the commissioning process

46. The Education and Training Group was established in 1995 to provide strategic direction on the commissioning process. It was initially comprised of 18 representatives from NHS bodies in Wales plus observers from the Welsh National Board for Nursing, Midwifery and Health Visitors and the NHS Staff College (Wales). During 1996-97 the group agreed that an additional member representing Social Service interests should be invited onto the group. But while the group is quite large it lacks balance. For example, there is limited representation from the allied health professionals, social services and primary care and no representatives from the private or voluntary sector or from higher education.⁴⁸
47. Group meetings are scheduled on a quarterly basis but, in the past 4 years, the group has convened only nine out of 16 possible meetings. The Auditor General's report noted that the Assembly consider that the Group has, in practice, not provided the strategic direction envisaged but has acted as a reviewer of process.⁴⁹
48. We asked the Assembly what changes it deemed necessary and when it planned to implement them. The Director of NHS Wales confirmed that the Education and Training Group had served its purpose and that the Workforce Development Review, launched in autumn 2000, was looking at its future role and responsibilities. The Director of Human Resources has been asked to consider

⁴⁷ AGW Report paras 3.10 - 3.12 and evidence Qs 35 - 36

⁴⁸ AGW Report paras 4.2 - 4.7

whether a consortia/confederation model, as used in England,⁵⁰ would be more effective. She added that what she envisaged was that confederations would represent the health economies that are developing in the south, mid, west and north Wales. This would involve a more holistic approach and would take into account the training needs of the voluntary and independent sectors and include consideration of the medical professions and the changing boundaries between professionals.⁵¹

49. The Human Resources Division, Professional and Managerial Education and Training Branch, provides administrative, financial and management support to the Education and Training Group and manages the contracts with universities. While its complement is 8.5 staff, the Auditor General reported that 3 of the senior posts were vacant. We questioned the Assembly about the effectiveness of their performance under these circumstances. It told us that one post has now been filled and that a review and rescoping of the department was planned as part of the Workforce Development Review.⁵²
50. We welcome the Assembly's proposal to develop more purposeful arrangements for planning and commissioning of education for the professions. In particular we welcome the proposal to develop confederations and to rescope the Professional and Managerial Education and Training Branch as part of the Workforce Planning Review. **It is important that this developmental work is concluded in a timely way to provide a much needed strategic oversight and that the new arrangements are put in place at the earliest opportunity.** We look forward to learning what the Assembly's plans and timing are.

SUMMARY OF RECOMMENDATIONS

51. In the light of these findings and conclusions we make the following recommendations:

⁴⁹ AGW paras 4.7 - 4.8

⁵⁰ National Audit Office Report on Educating and Training the future health professional workforce for England (HC 277 Session 2000 - 2001)

⁵¹ Evidence Qs 43 - 44

⁵² AGW Report paras 4.9 - 4.12 and Q45

- i. NHS Wales should set and monitor targets for the use of overseas and agency staff; NHS Trusts should check and maintain records of the training received and should seek to reduce their reliance on such staff within an agreed timeframe;
- ii. the NHS Directorate should work with all NHS employers to ensure that they have appropriately skilled workforce planning personnel, use common data and planning systems and collect accurate comparable data on vacancy rates;
- iii. the NHS and higher education institutions should evaluate the capital investment needed to accommodate the current and planned expansion in student numbers arising from the NHS and agree explicitly how this should be funded;
- iv. the NHS and higher education institutions should continue to seek innovative approaches to identify and use practice placements and for overcoming problems with regard to teaching staff. The decision to fund placements should in due course be reviewed to assess whether this represents optimum value for money in the use of public funds, and the Committee informed of the conclusions reached;
- v. the NHS needs to involve higher education institutions fully in planning education and training for the new health professional workforce and adopt a joint approach and shared responsibility for recruitment, selection and retention;
- vi. the contract negotiation process should include full transparency of costs and prices for NHS funded courses. There is a need to strike a balance between driving down the cost to the NHS, retaining quality and not adding to the financial difficulties of the institutions. There should be no surprises on either side and an efficient monitoring system is needed to ensure that both parties obtain good value for money from the relationship;
- vii. the NHS and higher education institutions should agree a clear policy framework governing contracts. These should include nationally consistent input and output targets that facilitate benchmarking and performance management; and
- viii. the Workforce Planning review work to develop confederations and re-scope the Professional and Managerial Education and Training Group should be

completed in a timely way to provide the needed strategic oversight. That the new arrangements are put in place at the earliest opportunity.

CONCLUDING COMMENTS

52. Over the last two years or so, the NHS in Wales has started to experience some significant shortages of health professional staff. Those shortages are jeopardising the planned improvements in health care services. Closer partnership working between the NHS and higher education institutions is needed to ensure that the right numbers and types of health professional student places are commissioned, that the quality of the education and training provided, including practice placements, is maintained and attrition rates reduced. There is also an urgent need to address the need for investment in teaching accommodation and staffing.
53. It is also essential that the cost of the training provision and the price paid by the NHS is balanced and represents good value for money for both sectors. New pricing and costing structures are needed and the Assembly also needs to ensure that clear strategic direction is given to the commissioning of education and training.



**Cynulliad Cenedlaethol Cymru
Pwyllgor Archwilio**

**The National Assembly for Wales
Audit Committee**

**Addysgu a Hyfforddi Gweithlu Iechyd Proffesiynol
y Dyfodol i Gymru
Educating and Training the Future Health Professional
Workforce for Wales**

**Cwestiynau 1-47
Questions 1-47**

**Dydd Iau 28 Mehefin 2001
Thursday 28 June 2001**

Aelodau o'r Cynulliad yn bresennol: Janet Davies (Cadeirydd), Lorraine Barrett, Alun Cairns, Jocelyn Davies, Alison Halford, Dafydd Wigley.

Swyddogion yn bresennol: Lew Hughes, Swyddfa Archwilio Genedlaethol Cymru; Ian Summers, Swyddfa Archwilio Genedlaethol Cymru; Karen Taylor, Swyddfa Archwilio Genedlaethol Cymru; Dave Powell, Swyddog Cydymffurfio Cynulliad Cenedlaethol Cymru.

Tystion: Ann Lloyd, Cyfarwyddwr NHS Cymru; Sarah Beaver, Pennaeth yr Is-adran Cyllid, Cynulliad Cenedlaethol Cymru; Steve Martin, Prif Weithredwr, Dysgu ac Addysgu Cymru; Alan Hanna, Pennaeth Cangen Addysg a Hyfforddi (Proffesiynol a Rheolaethol), Is-adran Adnoddau Dynol, Cyfarwyddiaeth yr NHS, Cynulliad Cenedlaethol Cymru; Roger Carter, Pennaeth Rhaglenni, Cyngor Addysg Uwch, Dysgu ac Addysgu Cymru.

Assembly Members present: Janet Davies (Chair), Lorraine Barrett, Alun Cairns, Jocelyn Davies, Alison Halford, Dafydd Wigley.

Officials present: Lew Hughes, National Audit Office Wales; Ian Summers, National Audit Office Wales; Karen Taylor, National Audit Office Wales; Dave Powell, Compliance Officer of the National Assembly for Wales.

Witnesses: Ann Lloyd, Director of NHS Wales; Sarah Beaver, Head of NHS Finance Division, National Assembly for Wales; Steve Martin, Chief Executive, Education and Learning Wales; Alan Hanna, Head of Education and Training (Professional and Managerial) Branch, Human Resources Division, NHS Directorate, National Assembly for Wales; Roger Carter, Head of Programmes, Higher Education Division, Education and Learning Wales.

Dechreuodd y sesiwn cymryd tystiolaeth am 3.50 p.m.

The evidence-taking session began at 3.50 p.m.

[1] **Janet Davies:** We will now proceed [1] **Janet Davies:** Awn ymlaen yn awr i to take evidence on 'Educating and dderbyn tystiolaeth ar 'Addysgu a Training the Future Health Professional Hyfforddi Gweithlu Iechyd Proffesiynol

Workforce for Wales'. For this session, we are joined by Steve Martin, Roger Carter and Alan Hanna. I welcome you all to the Committee and thank you for giving evidence today.

I will start with the first question, which is a very broad one on overcoming staff shortages. We are all very much aware of the impact of staff shortages on patients. How confident are you that the education and training arrangements discussed in the Auditor General's report will meet the national health service's demand for nurses and other health professionals both in terms of numbers and quality?

Mrs Lloyd: I think that we need to go a bit further than the Auditor General's recommendations. Improving workforce planning so that we take into account the changes in our workforce and its age profile and underpin that with really good working practices is fundamental to our being able to ensure that we have the right staff for our patients throughout Wales. We have to make the NHS in Wales the employer of choice. That is not directly addressed in the Auditor

y Dyfodol i Gymru'. Ar gyfer y sesiwn hwn, mae Steve Martin, Roger Carter ac Alan Hanna wedi ymuno â ni. Fe'ch croesawaf i gyd i'r Pwyllgor a diolchaf i chi am roi tystiolaeth heddiw.

Dechreuaf â'r cwestiwn cyntaf, sydd yn un eang iawn ar oresgyn prinder staff. Yr ydym oll yn ymwybodol iawn o effaith prinder staff ar y cleifion. Pa mor ffyddiog yr ydych y bydd y trefniadau addysg a hyfforddiant a drafodir yn adroddiad yr Archwilydd Cyffredinol yn cwrdd â galw'r gwasanaeth iechyd gwladol am nyrsys a gweithwyr iechyd proffesiynol eraill o ran nifer ac ansawdd?

Mrs Lloyd: Credaf fod angen inni fynd ychydig yn bellach nag argymhellion yr Archwilydd Cyffredinol. Mae gwella cynllunio gweithlu, fel y gallwn gymryd i ystyriaeth y newidiadau yn ein gweithlu a'i broffil oedran ac ategu hynny ag arferion gweithio gwirioneddol dda, yn hanfodol i'n galluogi i sicrhau bod y staff iawn gennym ar gyfer ein cleifion ledled Cymru. Rhaid inni beri mai'r NHS yng Nghymru yw'r dewis gyflogwr. Nid ymdrinnir yn uniongyrchol â hynny yn

General's report, because it is not part of his brief.

adroddiad yr Archwilydd Cyffredinol, oherwydd nid yw'n rhan o'i faes gorchwyl.

In addition to the important messages on workforce planning in the report, one of my main charges this year is to ensure that the new style of workforce plan being developed in Wales—and we are receiving the results of the first tranche of workforce plans from trusts at the moment—looks at a much more creative way of training and educating staff so that they are fit for purpose and educationally competent. However, we must also look at the changing boundaries for health professionals in a much more creative way. To do that, we must be accurate in predicting what type of staff we need for a very changing health need in Wales. There is much greater demand than before; there are all sorts of issues arising in terms of Royal College guidelines and clinical governance guidelines, which direct the way in which our staff use their time and work generally. We must build those into accurate workforce plans for the future and then commission the right type of accessible education and training to ensure that we get staff who are fit for

Yn ogystal â'r negeseuon pwysig ar gynllunio gweithlu yn yr adroddiad, un o'm prif gyfrifoldebau eleni yw sicrhau bod yr arddull newydd o gynllunio gweithlu a ddatblygir yng Nghymru—ac yr ydym yn derbyn canlyniadau'r gyfran gyntaf o gynlluniau gweithlu oddi wrth yr ymddiriedolaethau ar hyn o bryd—yn edrych ar ddull mwy creadigol o lawer o hyfforddi ac addysgu staff fel eu bod yn addas i'w pwrpas ac yn gymwys yn addysgol. Fodd bynnag, rhaid inni edrych yn llawer mwy creadigol hefyd ar y ffiniau newidiol i weithwyr iechyd proffesiynol. I wneud hynny, rhaid inni fod yn fanwl gywir wrth ragweld y math o staff y bydd arnom ei angen ar gyfer angen iechyd newidiol iawn yng Nghymru. Mae llawer mwy o alw nag o'r blaen; mae pob math o faterion yn codi o ran canllawiau'r Coleg Brenhinol a chanllawiau llywodraethu clinigol, sydd yn cyfeirio'r modd y mae ein staff yn defnyddio eu hamser ac yn gweithio'n gyffredinol. Rhaid inni ymgorffori'r rheini mewn cynlluniau gweithlu manwl gywir ar gyfer y dyfodol ac wedyn

purpose and enough of them.

comisiynu'r math iawn o addysg a hyfforddiant hygyrch i sicrhau ein bod yn cael staff sydd yn addas i'w pwrpas a bod digon ohonynt.

[2] **Janet Davies:** Thank you. I just want to raise a couple of things that come out of this issue. I understand that you have had 'a return to practice' campaign. Could you tell me how effective that has been in terms of cost and more nurses rejoining? You mentioned changing needs; are there any staff groups that are specifically affected and have they been targeted?

[2] **Janet Davies:** Diolch. Hoffwn godi ychydig o bethau sydd yn codi o'r mater hwn. Deallaf eich bod wedi cael ymgyrch 'dychwelyd i ymarfer'. A allwch ddweud wrthyf pa mor effeithiol y bu honno o ran cost a chynnydd yn nifer y nyrsys sydd yn ailymuno? Soniasoch am anghenion newidiol; a oes unrhyw grwpiau staff yr effeithir arnynt yn benodol ac a dargedwyd hwy?

Mrs Lloyd: Around 140 staff returned to practice last year. In our return to practice courses I think that we need to look at how people can work for us in the health service. Therefore, the Chief Nursing Officer for Wales and I are discussing whether or not we should establish term-time wards and term-time practices within general practice so that we can reach a group of staff that we have not been able to employ appropriately in the past. We have to start cadet schemes so that we can get people latched into nursing at a very early age. There have

Mrs Lloyd: Dychwelodd tua 140 o staff i ymarfer y llynedd. Yn ein cyrsiau dychwelyd i ymarfer, credaf fod angen inni ystyried sut y gall pobl weithio i ni yn y gwasanaeth iechyd. Felly, mae Prif Swyddog Nyrsio Cymru a minnau'n trafod a ddylem sefydlu wardiau amser tymor a phractisiau amser tymor oddi mewn i feddygaeth deulu fel y gallwn gyrraedd grŵp o staff na fu modd inni ei gyflogi'n briodol yn y gorffennol. Rhaid inni gychwyn cynlluniau cadetiaid fel y gallwn dynnu pobl at nyrsio yn ifanc iawn. Bu ymgyrchoedd cyflogaeth mewn

been employment drives in primary schools to start to generate an interest in the NHS and its workings for the future. We put forward a sum of around £175,000 last year to attract people back to nursing, but we also have major problems in other groups.

To come back to medical staff, because they are a particular problem, mental health nurses are very difficult to recruit. You will see in the report that the uptake on training courses is not good and that we really must target a group of people to come to work with those with mental health needs in the community. We must describe carefully what mental health services we are aiming for in the future. That will be helped by the publication of our strategy next month for mental health services in Wales. Learning disabilities are also a big problem. The change in the way in which we manage patients with learning disabilities has to come into effect. It is now very much a social model and we need to attract a different type of individual. We have a problem with radiographers—not therapeutic ones, but diagnostic ones—particularly as we will be changing their practice to take on much of the work that formerly was not

ysgolion cynradd er mwyn creu diddordeb yn yr NHS a'i waith ar gyfer y dyfodol. Rhosom swm o tua £175,000 y llynedd i ddenu pobl yn ôl at nyrsio, ond mae gennym broblemau mawr mewn grwpiau eraill hefyd.

I ddod yn ôl at y staff meddygol, oherwydd maent yn broblem benodol, mae'n arbennig o anodd recriwtio nyrsys iechyd meddwl. Gwelwch yn yr adroddiad nad yw'r derbyniad i gyrsiau hyfforddi yn dda ac mae gwir angen inni dargedu grŵp o bobl i ddod i weithio gyda'r rhai sydd ag anghenion iechyd meddwl yn y gymuned. Rhaid inni ddisgrifio'n ofalus y gwasanaethau iechyd meddwl yr ydym yn anelu atynt yn y dyfodol. Cynorthwyr hynny drwy gyhoeddi ein strategaeth i wasanaethau iechyd meddwl yng Nghymru y mis nesaf. Mae anawsterau dysgu yn broblem fawr hefyd. Mae'r newid yn y modd yr ydym rheoli cleifion ag anawsterau dysgu wedi dod i rym. Mae bellach yn fodel cymdeithasol i raddau helaeth iawn ac mae angen inni ddenu math gwahanol o unigolyn. Mae gennym broblem o ran radiograffwyr—nid y rhai therapiwtig, ond y rhai diagnostig—yn enwedig gan y

within their remit, so that they do ultrasonic work and so on.

Psychologists are difficult to recruit and we have this very grave problem outlined in this report about physiotherapists and occupational therapists. Without these people we will never build multi-disciplinary teams. I have asked the human resources director to come forward with proposals, in conjunction with the training organisations, to address the particular needs and what we can offer to fill those training posts. We get loads and loads of people applying for training in physiotherapy, but we are still very short. I think we might be under-commissioning, which is what the workforce plan will show.

In terms of doctors, we are at the moment, and have been for many years, in a consortium with England about workforce planning for doctors. That has been a variable feast as well. They take a long time to train and in the past we have

byddwn yn newid eu dull o ymarfer fel eu bod yn cymryd llawer o'r gwaith nad oedd yn eu cylch gwaith o'r blaen, fel eu bod yn gwneud gwaith uwchsonig ac yn y blaen.

Mae'n anodd recriwtio seicolegwyr ac mae gennym broblem ddifrifol iawn a ddisgrifir yn yr adroddiad hwn mewn perthynas â ffisiotherapyddion a therapyddion galwedigaethol. Heb y bobl hyn ni fyddwn byth yn adeiladu timau amlddisgyblaethol. Gofynnais i'r cyfarwyddwr adnoddau dynol gyflwyno cynigion, ar y cyd â'r cyrff hyfforddi, i ymdrin â'r anghenion penodol a'r hyn y gallwn ei gynnig er mwyn llanw'r swyddi hyfforddi hynny. Cawn ddigonedd o bobl yn ymgeisio am hyfforddiant mewn ffisiotherapi, ond yr ydym yn dal i fod yn brin iawn. Credaf ei bod yn bosibl ein bod yn tangomisiynu, sef yr hyn y bydd y cynllun gweithlu yn ei ddangos.

O ran meddygon, yr ydym ar hyn o bryd, a buom ers blynyddoedd lawer, mewn consortiwm â Lloegr ynghylch cynllunio gweithlu i feddygon. Bu hynny'n wyl symudol hefyd. Cymer amser hir i'w hyfforddi ac yn y gorffennol cawsom fod

found that we have had too many of x and too few of y. That is still prevalent. We have a major problem in terms of the recruitment of consultant radiologists and consultant histopathologists. All those people are absolutely vital to ensure that cancer screening is effective and that we can get rapid access to the service. So there is a major push on enticing specialist registrars into those fields, with flexible training, particularly for women or for men who want career breaks and a less onerous work lifestyle.

Again, the key is workforce planning and really becoming an attractive employer. The message at the moment is that staff are very overworked; they are under pressure; and that is leading to demoralisation. Indeed, if you go around our units they are under considerable pressure. We simply must get enough staff back into the system. We do not want to see our money and resources wasted by dropouts in training courses or by recruiting people who think that a nursing degree is highly marketable and were never actually going to be nurses at the end of the day. We must be more selective, but we have to be the employer

gennym ormod o x a dim digon o y. Mae hynny'n gyffredin o hyd. Mae gennym broblem fawr o ran recriwtio radiolegwyr ymgynghorol a histopatholegwyr ymgynghorol. Mae'r holl bobl hyn yn gwbl hanfodol er mwyn sicrhau bod sgrinio am ganser yn effeithiol a'n bod yn cael mynediad buan i'r gwasanaeth. Felly mae ymgyrch fawr i ddenu cofrestryddion arbenigol i'r meysydd hynny, gyda hyfforddiant hyblyg, yn enwedig i fenywod neu i ddynion sydd yn dymuno cael egwyl yn eu gyrfa a dull o weithio llai beichus.

Unwaith eto, yr allwedd yw cynllunio gweithlu a dod yn gyflogwr deniadol. Y neges ar hyn o bryd yw bod gan y staff ormod o waith; maent o dan bwysau; ac mae hynny'n arwain at ddigalondid. Yn wir, os ewch o gwmpas ein hunedau, maent o dan gryn bwysau. Yn syml, rhaid inni gael digon o staff yn ôl i'r system. Ni ddymunwn weld gwastraffu ein harian a'n hadnoddau am fod rhai'n rhoi'r gorau i gyrsiau hyfforddi neu drwy recriwtio pobl sydd yn credu bod gradd mewn nyrsio yn farchnadol iawn, nad oeddent erioed wedi bwriadu mynd yn nyrs yn y pen draw. Rhaid inni fod yn fwy dethol, ond rhaid inni fod yn ddewis gyflogwr.

of choice.

[3] **Alison Halford:** As I have said before, I do not know how you do your job, director. You have so many problems in all directions.

[3] **Alison Halford:** Fel y dywedais o'r blaen, ni wn sut yr ydych yn gwneud eich gwaith, gyfarwyddwr. Mae gennych gynifer o broblemau ym mhob cyfeiriad.

Mrs Lloyd: It is very worthwhile, though.

Mrs Lloyd: Mae'n fuddiol iawn, er hynny.

[4] **Alison Halford:** I am sure that you will get there in the end. Vacancies, please. I have been asked to look at paragraph 1.5 of the report. It states that the Assembly is collecting data on vacancies. What is the latest position? How do the vacancy rates compare with previous years? That is a simple starter for one.

[4] **Alison Halford:** Yr wyf yn sicr y llwyddwch yn y diwedd. Swyddi gwag, os gwelwch yn dda. Gofynnwyd imi edrych ar baragraff 1.5 yr adroddiad. Noda fod y Cynulliad yn casglu data ar swyddi gwag. Beth yw'r sefyllfa ddiweddaraf? Sut y mae'r cyfraddau o swyddi gwag yn cymharu â'r blynyddoedd blaenorol? Dyna gwestiwn cyntaf syml am un pwynt.

Mrs Lloyd: Sorry, can you tell me which paragraph?

Mrs Lloyd: Mae'n ddrwg gennyf, a allwch ddweud wrthyf pa baragraff ydyw?

[5] **Alison Halford:** Paragraph 1.5, page 7, I think. It is a simple question. The

[5] **Alison Halford:** Paragraff 1.5, tudalen 7, yr wyf yn credu. Mae'n

report states that the Office of Manpower Economics no longer collects vacancy figures and that comparable figures for later years are not available in Wales, but that the Assembly is collecting data on vacancies. Any comments on the Assembly's collection of data on vacancies would be useful.

Mrs Lloyd: I am ashamed to say that I cannot rely on the vacancy data that we have at the moment.

[6] **Alison Halford:** That is why I asked the question.

Mrs Lloyd: Yes, I know. It is the responsibility of the trusts to collect data on their vacancies. We have found that the way in which they collect that data is extremely variable. Again, that is why I have charged the director of human resources to ensure that a great deal of attention is paid by the trusts to collecting appropriate vacancy data and also to investigating how vacancies are filled. Often you can have vacancies outstanding for many months because the

gwestiwn syml. Noda'r adroddiad nad yw'r Swyddfa Economeg Gweithwyr yn casglu ffigurau am swyddi gwag bellach ac nad yw ffigurau cymaradwy ar gyfer blynyddoedd diweddarach ar gael yng Nghymru, ond bod y Cynulliad yn casglu data ar swyddi gwag. Byddai unrhyw sylwadau ar ddull y Cynulliad o gasglu data ar swyddi gwag yn ddefnyddiol.

Mrs Lloyd: Mae'n gywilydd gennyf ddweud na allaf ddibynnu ar y data am swyddi gwag sydd gennym ar hyn o bryd.

[6] **Alison Halford:** Dyna pam y gofynnais y cwestiwn.

Mrs Lloyd: Ie, gwn hynny. Cyfrifoldeb yr ymddiriedolaethau yw casglu data am eu swyddi gwag. Cawsom fod eu dulliau o gasglu'r data hynny'n amrywio'n fawr. Unwaith eto, dyna pam y siarsiais y cyfarwyddwr adnoddau dynol i sicrhau bod yr ymddiriedolaethau'n rhoi llawer iawn o sylw i gasglu data priodol am swyddi gwag a hefyd i ymchwilio i'r modd y llenwir swyddi gwag. Yn aml gallwch gael swyddi sydd yn aros yn wag am fisoedd lawer am nad yw'r systemau

human resources systems within the organisations cannot effectively predict vacancies, and in some instances where you do know you have a turnover rate, you actually go into over-establishment to keep up a certain number of staff. That is what I have urged him to do. So in my next three-monthly review with trusts and health authorities one of the issues on which they know that they are going to have to report to me is how they are now accurately predicting vacancies, whether indeed those vacancies are the ones that they actually want to fill, or whether they should be reviewing the skill mixes available to them, and also how appropriate are the human resources practices that they employ at the moment, to ensure that they are not waiting until people go before they start to think about recruitment.

[7] **Alison Halford:** Again being rather uncharitable, how do you know that they will not fudge the figures that they give you?

Mrs Lloyd: There is no purpose in fudging the figures, because they are not serving their staff and patients well if

adnoddau dynol oddi mewn i'r cyrff yn gallu rhagfynegi swyddi gwag yn effeithiol, ac mewn rhai achosion lle y gwyddoch fod gennych gyfradd trosiant, yr ydych yn gorstaffio er mwyn cadw nifer benodol o staff. Dyna'r hyn yr anogais ef i'w wneud. Felly yn fy adolygiad trimisol nesaf gyda'r ymddiriedolaethau a'r awdurdodau iechyd, un o'r materion y gwyddant y byddant yn gorfod adrodd arno i mi yw sut y maent yn rhagfynegi swyddi gwag yn fanwl gywir yn awr, ai'r swyddi gwag hynny yw'r rhai y dymunant eu llanw mewn gwirionedd, neu a ddylent adolygu'r cymysgedd o fedrau sydd ar gael iddynt, a hefyd pa mor briodol yw'r arferion adnoddau dynol a ddefnyddiant ar hyn o bryd, i sicrhau nad ydynt yn aros nes bydd pobl yn mynd cyn meddwl am recriwtio.

[7] **Alison Halford:** A bod braidd yn angharedig eto, sut y gwyddoch na fyddant yn ffugio'r ffigurau a roddant i chi?

Mrs Lloyd: Nid oes diben ffugio'r ffigurau, oherwydd nid ydynt yn rhoi gwasanaeth da i'w staff a'u cleifion os

they are fudging the figures for those vacancies. There is no point in it. We must try to assess as accurately as possible whether they are being accurate, because we cannot do workforce plans, we cannot help them with systems, and we cannot change the skill mixes until we know the basic make-up of their staff and what the turnover is. In my experience, in some instances turnover will be as much as 18 to 20 per cent. What are they doing about reducing turnover and ensuring that there is a constant level of staffing in each of the patient care areas? I can see no purpose in them fudging the figures. They are there to help them and their staff and to make them better employers.

dynt yn ffugio'r ffigurau am y swyddi gwag hynny. Nid oes pwrpas i hynny. Rhaid inni geisio asesu mor fanwl gywir ag y bo modd a dynt yn gwneud hynny'n fanwl gywir, oherwydd ni allwn lunio cynlluniau gweithlu, ni allwn eu helpu gyda systemau, ac ni allwn newid y cymysgedd o fedrau hyd nes y gwyddom beth yw cyfansoddiad sylfaenol eu staff a beth yw'r trosiant. Yn fy mhrofiad i, mewn rhai achosion bydd y trosiant yn gymaint â 18 i 20 y cant. Beth y maent yn ei wneud ynghylch lleihau'r trosiant a sicrhau bod lefel gyson o staffio ym mhob un o'r meysydd gofal cleifion? Ni allaf weld bod diben iddynt ffugio'r ffigurau. Maent yno i'w helpu hwy a'u staff ac i'w gwneud yn well cyflogwyr.

[8] **Alison Halford:** We accept that it is necessary to rely upon overseas recruiting to some extent. How successful have you been in getting overseas recruits and how do you ensure that the staff from abroad meet your standards?

[8] **Alison Halford:** Derbyniwn fod angen dibynnu ar recriwtio o dramor i ryw raddau. Pa mor llwyddiannus y buoch wrth recriwtio rhai oddi tramor a sut yr ydych yn sicrhau bod y staff oddi tramor yn cyrraedd eich safonau?

Mrs Lloyd: We have been quite successful in Wales in recruiting from overseas. We have 500 overseas practitioners in post at the moment. As

Mrs Lloyd: Buom yn eithaf llwyddiannus yng Nghymru wrth recriwtio oddi tramor. Mae gennym 500 o ymarferwyr tramor mewn swyddi ar hyn

you know, the UK Central Council for Nursing, Midwifery and Health Visiting is the governing body for the effectiveness, qualifications and experience of any nurse entering the register. All overseas practitioners, however comprehensively they have been trained in their own countries, must satisfy the requirements of the UKCC and show that they are able to practise effectively in this country and that their language proficiency is good. We have also had some problems—this has happened in England too—with the UKCC managing the vast numbers who are coming from overseas, to ensure that the qualifications are right and fit for purpose and that the staff are fit for purpose. That has led to a delay in staff getting accreditation. While those overseas recruits are awaiting accreditation, they are, of course, entitled to work as nursing auxiliaries under supervision—most of them are nurses—and that is how they are being used.

[9] **Alison Halford:** Bearing in mind that we have touched on this by pure chance, how many trusts have to overcome short-term vacancies by recruiting agency

o bryd. Fel y gwyddoch, Cyngor Canolog Nyrsio, Bydwreigiaeth ac Ymwelwyr Iechyd y Deyrnas Unedig yw'r corff llywodraethol ar gyfer effeithioldeb, cymwysterau a phrofiad unrhyw nyrs a dderbynnir ar y gofrestr. Rhaid i'r holl ymarferwyr tramor, pa mor gynhwysfawr bynnag y'u hyfforddwyd yn eu gwledydd eu hunain, fodloni gofynion cyngor canolog y DU a dangos y gallant ymarfer yn effeithiol yn y wlad hon a bod eu rhuglder iaith yn dda. Cawsom rai problemau hefyd—digwyddodd hyn yn Lloegr hefyd—gyda chyngor canolog y DU yn rheoli'r niferoedd aruthrol sydd yn dod oddi tramor, i sicrhau bod y cymwysterau'n iawn ac yn addas i'r pwrpas a bod y staff yn gymwys i'r pwrpas. Arweiniodd hyn at oedi cyn i staff gael eu hachredu. Tra bo'r rheini a gaiff eu recriwtio oddi tramor yn disgwyl eu hachredu mae ganddynt hawl, wrth gwrs, i weithio fel nyrsys cynorthwyol o dan oruchwyliaeth—nyrsys yw'r rhan fwyaf ohonynt—a dyna sut y'u defnyddir.

[9] **Alison Halford:** Gan gofio ein bod wedi cyffwrdd â hyn yn gwbl ddamweiniol, sawl ymddiriedolaeth sydd yn gorfod datrys problem swyddi gwag

nurses? How much does the NHS spend on agency nurses each year? How soon will we see this reduced? Sorry about the three-part question, but there we are.

Mrs Lloyd: That is all right. All trusts have to rely on agency nurses. A lot of work is going on to try to ensure that the utilisation of agencies is reduced considerably. Some trusts have been extremely successful in this. There are a number of ways of overcoming it. You can have different working practices and employ staff more flexibly. You can have your own dedicated bank so that you have your own staff to call upon, who may only want to work on an infrequent basis, but whom you are training and updating all the time. That has been quite successful. Groups of trusts have banded together to try to force out the necessity for using agencies, by having a very flexible bank used between them.

I will have to give you a note on the up-

tymor byr drwy recriwtio nyrsys asiantaeth? Faint y mae'r NHS yn ei wario ar nyrsys asiantaeth bob blwyddyn? Pa mor fuan y gwelwn ostyngiad yn hynny? Mae'n ddrwg gennyf am roi cwestiwn o dair rhan, ond dyna ni.

Mrs Lloyd: Mae hynny'n iawn. Mae pob ymddiriedolaeth yn gorfod dibynnu ar nyrsys asiantaeth. Mae llawer o waith yn mynd ymlaen i geisio sicrhau gostyngiad sylweddol yn y defnydd o asiantaethau. Bu rhai o'r ymddiriedolaethau'n llwyddiannus iawn yn hynny o beth. Mae nifer o ffyrdd i'w ddatrys. Gallwch fod â gwahanol arferion gweithio a chyflogi staff yn fwy hyblyg. Gallwch fod â'ch cronfa bwrpasol eich hun fel bod gennyh eich staff eich hun y gallwch alw arnynt, a allai ddymuno gweithio'n anfynd yn unig, ond yr ydych yn eu hyfforddi a'u diweddarau drwy'r amser. Bu hynny'n eithaf llwyddiannus. Daeth grwpiau o ymddiriedolaethau at ei gilydd i ddileu'r angen i ddefnyddio asiantaethau, drwy fod â chronfa hyblyg iawn a ddefnyddir ganddynt ar y cyd.

Bydd yn rhaid imi roi nodyn i chi ar y

to-date expenditure on agency staff if you do not mind, Chair, so that I can show you a trend of what that has been like.

gwariant diweddaraf ar staff asiantaeth os nad oes gwahaniaeth gennyh, Gadeirydd, fel y gallaf ddangos i chi sut y bu'r duedd.

I cannot remember the third question, I am afraid, Ms Halford.

Ni allaf gofio'r trydydd cwestiwn, mae arnaf ofn, Ms Halford.

[10] **Alison Halford:** When will you see a reduction? I have the question written in front of me; it is all right for me.

[10] **Alison Halford:** Pa bryd y gwelwch ostyngiad? Mae'r cwestiwn gennyf ar bapur o'm blaen; mae'n ddigon hawdd i mi.

Mrs Lloyd: I cannot give you a definitive answer to that until I have my three-monthly reviews. Certainly, it is in everybody's interests to employ staff whom we are training and continuing to update and who are part of the multi-disciplinary team. One of the problems for agency staff is that they dip in and dip out. If you are looking for a more holistic approach to patient care, it is very, very difficult for agency staff to fulfil the requirements of a multi-disciplinary team approach. That is why, I think, we really have to push the trusts to ensure that their bank arrangements are really good so that you have a consistent approach. In some

Mrs Lloyd: Ni allaf roi ateb pendant i chi ar hynny hyd nes y caf fy adolygiadau trimisol. Yn sicr, mae er budd pawb cyflogi staff yr ydym yn eu hyfforddi ac yn parhau i'w diweddarau ac sydd yn rhan o'r tîm amlddisgyblaethol. Un o'r problemau yn achos staff asiantaeth yw eu bod yn gwibio i mewn ac allan. Os ydych yn chwilio am ddull mwy cyfannol o ofalu am gleifion, mae'n anodd dros ben i staff asiantaeth fodloni gofynion dull gweithredu tîm ddisgyblaethol. Dyna pam, yr wyf yn credu, y mae gwir angen inni bwysu ar yr ymddiriedolaethau i sicrhau bod eu trefniadau cronfa yn wirioneddol dda fel bod gennyh ddull

areas, particularly intensive therapy units where staff are very scarce, many trusts have entered into arrangements with agencies for particular agency staff, who then form part of that multi-disciplinary team, because they know that there is always a time lag in recruiting up to establishment in those specialised areas.

That is a sensible way forward, when you know that there will be a continuing problem. We have increased the number of intensive care and coronary care beds quite considerably in Wales over the last year. They have overcome the problem of the necessity of having a strong team whose members can rely on each other by specifying particular staff from agencies who will work regular shifts with them and, therefore, can be trained alongside them. That has been reasonably successful in the face of that dilemma. I shall be able to give you a note, after my three-monthly reviews, on when the trusts are planning to eliminate the use of agencies.

gweithredu cyson. Mewn rhai meysydd, yn enwedig unedau therapi dwys lle y mae staff yn brin iawn, mae llawer o ymddiriedolaethau wedi gwneud trefniadau gydag asiantaethau ar gyfer staff asiantaeth penodol, sydd wedyn yn ffurfio rhan o'r tîm amlddisgyblaethol hwnnw, am y gwyddant y bydd oediad bob amser wrth recriwtio nes cael staff cyflawn yn y meysydd arbenigol hynny.

Mae honno'n ffordd synhwyrol ymlaen, pan wyddoch y bydd problem barhaus. Yr ydym wedi cynyddu nifer y gwelyau gofal dwys a gofal coronaidd yn eithaf sylweddol yng Nghymru dros y flwyddyn ddiwethaf. Maent wedi datrys problem yr angen i fod â thîm cryf y gall ei aelodau ddibynnu ar ei gilydd drwy bennu staff penodol o asiantaethau a fydd yn gweithio stemiau rheolaidd gyda hwy ac y gellir eu hyfforddi ochr yn ochr â hwy oherwydd hynny. Bu hynny'n weddol lwyddiannus yn wyneb y cyfyng-gyngor hwnnw. Gallaf roi nodyn i chi, ar ôl fy adolygiadau trimisol, ynghylch pa bryd y mae'r ymddiriedolaethau'n bwriadu diddymu'r defnydd o asiantaethau.

[11] **Janet Davies:** I would like to ask Mr

[11] **Janet Davies:** Hoffwn ofyn

Martin a question about meeting demands. Mr Martin, many universities and colleges seem to be approaching full capacity, according to paragraph 7 of the report at least. How confident are you that the higher education sector can accommodate the growth in the number of trainees and provide them with sufficient quality teaching and clinical placements—which seems to be a particular problem—at the same time as meeting other challenges, such as widening participation?

Mr Martin: The first thing to say is that the institutions have responded pretty heroically to the demands on them to make additional provision. That has been done through a process of dialogue with the National Assembly colleagues sitting on my left. In terms of the future, there is, I understand, a process of direct dialogue as part of the contracting negotiations between the Assembly colleagues responsible in this area and the institutions to talk about what is necessary to provide any additional capacity to accommodate new people coming in. We can help at the Higher Education Funding Council for Wales. We need to have a continuing dialogue

westiwn i Mr Martin ynghylch cwrdd â gofynion. Mr Martin, ymddengys bod llawer o brifysgolion a cholegau bron yn llawn, yn ôl paragraff 7 yr adroddiad, beth bynnag. Pa mor ffyddiog ydych y gall y sector addysg uwch ddarparu ar gyfer y cynnydd yn nifer yr hyfforddeion a rhoi iddynt ddigon o ddysgu o ansawdd da a lleoliadau clinigol—a ymddengys yn broblem arbennig—ar yr un pryd ag ateb heriau eraill, fel ehangu cyfranogiad?

Mr Martin: Y peth cyntaf i'w ddweud yw bod y sefydliadau wedi ymateb yn eithaf glew i'r galwadau arnynt i wneud darpariaeth ychwanegol. Gwnaethpwyd hynny drwy broses o ddeialog â'm cydweithwyr yn y Cynulliad Cenedlaethol sydd yn eistedd ar y chwith i mi. O ran y dyfodol, deallaf fod proses o ddeialog uniongyrchol fel rhan o'r negodiadau contractio rhwng fy nghydweithwyr yn y Cynulliad Cenedlaethol sydd yn gyfrifol yn y maes hwn a'r sefydliadau i sôn am yr hyn sydd ei angen i ddarparu unrhyw le ychwanegol i gynnwys pobl newydd a ddaw i mewn. Gallwn helpu yng Nghyngor Cyllido Addysg Uwch Cymru.

with Assembly colleagues, because of our general understanding of the estate and of the opportunities that exist for planning NHS and non-NHS developments together, for instance, and for making better use of the space that is available in HE institutions. It is a three-way dialogue. However, the primary one has to be between the NHS commissioner paying for these services which produce people for the NHS and the institutions. At the Funding Council, we need to make sure that we are providing all the intelligence that is needed to make sure that we are getting best value from the total public money that is being invested.

Mae angen inni gael deialog barhaus â'n cydweithwyr yn y Cynulliad, oherwydd ein dealltwriaeth gyffredinol o'r stad a'r cyfleoedd sydd yn bodoli i gynllunio datblygiadau yn yr NHS a'r tu allan gyda'n gilydd, er enghraifft, ac i wneud gwell defnydd o'r lle sydd ar gael mewn sefydliadau addysg uwch. Mae'n ddeialog dairochrog. Fodd bynnag, yr un bennaf o reidrwydd yw'r un rhwng y comisiynydd NHS sydd yn talu am y gwasanaethau hyn sydd yn cynhyrchu pobl ar gyfer yr NHS a'r sefydliadau. Yn y Cyngor Cyllido, mae angen inni sicrhau ein bod yn darparu'r holl wybodaeth sydd ei hangen i sicrhau ein bod yn cael y gwerth gorau o'r cyfanswm o arian cyhoeddus a fuddsoddir.

[12] **Janet Davies:** Thank you. Have you thought about increasing the number of higher education institutions that take part in this?

[12] **Janet Davies:** Diolch. A ydych wedi ystyried cynyddu nifer y sefydliadau addysg uwch sydd yn cymryd rhan yn hyn?

Mr Martin: One would only do that if one were clear that it was not possible to do it sensibly with those who already have expertise. The overhead costs of disaggregating and doing things on a smaller scale could be quite formidable, I

Mr Martin: Ni fyddai rhywun yn gwneud hynny oni bai ei fod yn bendant nad oedd modd gwneud hynny'n synhwyrol gyda'r rhai sydd yn meddu ar yr arbenigedd eisoes. Gallai'r costau cyffredinol o ddatgrynhoi a gwneud

think. The report points out some areas where there are some diseconomies of scale now. However, they are justified because of the need to locate some things on a decentralised basis. I imagine that colleagues with responsibility for purchasing these services would want to look first at the issue of value for money and make sure that we could produce that in the best possible way. I would guess that, in most cases, that will be done by building on the expertise and economies of scale that already exist. However, if there were a case for additional places elsewhere, then that is something that could be looked at on its merits.

pethau ar raddfa lai fod yn eithaf enbyd, fe gredaf. Mae'r adroddiad yn tynnu sylw at rai meysydd lle y mae diffyg arbedion maint yn awr. Fodd bynnag, mae cyfiawnhad dros y rhain oherwydd yr angen i leoli rhai pethau'n ddatganoledig. Tybiaf y byddai fy nghydweithwyr sydd yn gyfrifol am brynu'r gwasanaethau hyn yn dymuno ystyried mater gwerth am arian yn gyntaf a sicrhau y galleu gyflawni hynny yn y modd gorau posibl. Yn y rhan fwyaf o achosion, tybiaf y gwneir hynny drwy ddatblygu'r arbenigedd a'r arbedion maint sydd yn bod eisoes. Fodd bynnag, os oedd dadl dros leoedd ychwanegol mewn mannau eraill, mae hynny'n rhywbeth y gellid ei ystyried yn ôl ei rinweddau.

[13] **Dafydd Wigley:** Cyfeiriaf y cwestiwn hwn at Mrs Lloyd. Mae paragraffau 2.4 i 2.7 o adroddiad yr Archwilydd Cyffredinol yn amlinellu amrywiadau o ran sgiliau cynllunio gweithlu a phroblemau o ran deall y broses ar lefel yr ymddiriedolaethau. Mae hefyd yn nodi gwendidau o ran ansawdd, cywirdeb ac amseroldeb yr wybodaeth a ddefnyddir i ddarogan. Sut y byddwch yn sicrhau y gall yr ymddiriedolaethau a chyflogwyr eraill gynhyrchu

[13] **Dafydd Wigley:** I direct this question to Mrs Lloyd. Paragraphs 2.4 to 2.7 of the Auditor General's report outline variations in terms of workforce planning skills and problems in understanding the process on a trust level. It also notes weaknesses in terms of the quality, accuracy and timeliness of the information that is used for forecasting. How will you ensure that the trusts and other employers can produce better estimates of the demand in future?

amcangyfrifon gwell o'r galw yn y dyfodol?

Mrs Lloyd: I agree with the Auditor General's criticism of workforce planning. That is why this year we have established new guidelines for undertaking workforce planning in a much more accurate way, taking into consideration the new developments, particularly the national service frameworks which are being produced, so that we scrutinise more rigorously the workforce plans that are coming out, taking into account the age profile of their staff and the changing boundaries between the professions. As these workforce plans are coming in—and they are doing so now—we are scrutinising them rigorously to make sure that they have taken into account changing practice, changing skill mixes, the issues of new nurse consultants and extended practitioners, the extension of the roles of physiotherapists, occupational therapists and radiographers, so that the organisations are questioned quite closely on whether or not the plans that they are now putting before us are really fit for purpose for five years, and whether or not they have considered all the changes in

Mrs Lloyd: Cytunaf â beirniadaeth yr Archwilydd Cyffredinol am gynllunio gweithlu. Dyna pam y sefydlasom ganllawiau newydd eleni er mwyn ymgymryd â chynllunio gweithlu mewn modd mwy manwl gywir o lawer, gan gymryd i ystyriaeth y datblygiadau newydd, yn enwedig y fframweithiau gwasanaeth cenedlaethol sydd yn cael eu llunio, fel ein bod yn archwilio'r cynlluniau gweithlu sydd yn dod allan yn fwy trylwyr, gan gymryd i ystyriaeth proffil oedran eu staff a'r ffiniau newidiol rhwng y proffesiynau. Wrth i'r cynlluniau gweithlu hyn ddod i mewn—ac maent yn dod i mewn yn awr—yr ydym yn eu harchwilio'n drylwyr i sicrhau eu bod wedi cymryd i ystyriaeth y newid mewn ymarfer, y newid mewn cymysgeddau o sgiliau, materion y nyrsys ymgynghorwyr newydd a'r ymarferwyr estynedig, ehangu rolau ffisiotherapyddion, therapyddion galwedigaethol a radiograffwyr, fel y caiff y cyrff eu cwestiynu'n eithaf manwl ynghylch a yw'r cynlluniau a gyflwynant inni'n awr yn ateb eu diben yn wirioneddol am bum mlynedd, ac a ydynt wedi ystyried yr holl

practice that are necessary to providing the care that we will need now and in five years' time.

I have also asked the director of human resources to investigate very thoroughly what the trusts are doing with the money that they have within their baseline budgets for postgraduate and post-registration training, because that money must be used to develop scarce skills—the skills that you will find in intensive treatment units or with extended practice. To date, the Assembly does not manage that money centrally, and we have not, I feel, kept a sufficient check on whether or not that money is being used appropriately to fill some of the skills gaps that they should be identifying to us. As part of the dialogue on the new workforce plan, some of the postgraduate and post basic training issues are now being taken into consideration.

[14] **Dafydd Wigley:** Wrth geisio darogan, yr ydych yn gorfod ystyried, os na allwch recriwtio pobl ar gyfer gwaith

newidiadau mewn ymarfer sydd eu hangen er mwyn darparu'r gofal y bydd arnom ei angen yn awr ac ymhen pum mlynedd.

Gofynnais hefyd i'r cyfarwyddwr adnoddau dynol ymchwilio'n drwyadl iawn i'r hyn y mae'r ymddiriedolaethau'n ei wneud â'r arian sydd ganddynt oddi mewn i'w cyllidebau llinell sylfaen ar gyfer hyfforddiant i ôl-raddedigion ac i rai cofrestredig, oherwydd rhaid defnyddio'r arian hwnnw i ddatblygu sgiliau prin—y sgiliau a gewch mewn unedau triniaeth ddwys neu mewn ymarfer estynedig. Hyd yn hyn, nid yw'r Cynulliad wedi rheoli'r arian hwnnw'n ganolog, a theimlaf nad ydym wedi gwirio'n ddigonol a yw'r arian hwnnw'n cael ei ddefnyddio'n briodol i lenwi rhai o'r bylchau o ran sgiliau y dylent eu canfod ar ein rhan. Fel rhan o'r ddeialog ar y cynllun gweithlu newydd, cymerir rhai o'r materion hyfforddiant ôl-raddedig ac ôl-hyfforddiant sylfaenol i ystyriaeth yn awr.

[14] **Dafydd Wigley:** In trying to forecast, you have to consider whether, if you cannot recruit people for work which

sydd yn gofyn am lefel arbenigol o hyfforddiant, a oes angen hollti gwaith. Mae bron pawb sydd yn hyfforddi i fod yn nyrsys y dyddiau hyn yn raddedigion, ac mae teimlad nad oes angen y lefel honno o hyfforddiant ar gyfer peth o'r gwaith a wneir gan nyrsys. A ydych chi'n bwydo yn ôl yn ddigonol i'r system addysg er mwyn sicrhau ein bod yn cymryd sylw o realiti y gweithlu a fydd ar gael ac nid dim ond gosod safonau delfrydol sydd yn amhosibl i'w cyrraedd ar adegau?

Mrs Lloyd: Yes, you are quite right. This is an issue that has given rise to some concern over the years. There has always been a dilemma about the Project 2000 nurse and now the degree nurse. When you go around hospitals, you have to question in your mind, when you are reviewing the workforce generally, whether highly qualified staff are using their skills appropriately and whether there is any way in which their jobs can be undertaken by others. In many areas those sort of discussions have borne fruit in the application of a different type of workforce, where the highly-skilled graduate nurse will do the job that she, and only she, can do and also supervise

requires a specialist level of training, you need to split the work. Almost everybody who trains to be a nurse these days is a graduate, and there is a feeling that some work is being done by nurses that does not require that level of training. Are you giving adequate feedback to the education system to ensure that we are taking into account the reality of the workforce that will be available and not just setting ideal standards that are sometimes impossible to attain?

Mrs Lloyd: Yr ydych yn hollol gywir. Mae hyn yn fater a barodd beth bryder dros y blynyddoedd. Bu cyfyng-gyngor erioed ynghylch y nyrs Prosiect 2000 ac yn awr y nyrs raddedig. Pan ewch o gwmpas yr ysbytai, rhaid ichi ofyn i chi'ch hun, pan ydych yn adolygu'r gweithlu'n gyffredinol, a yw staff â chymwysterau uchel yn defnyddio eu sgiliau'n briodol ac a oes rhyw fodd i eraill wneud eu gwaith. Mewn llawer o feysydd mae trafodaethau o'r fath wedi dwyn ffrwyth yn y defnydd o fath gwahanol o weithlu, lle y bydd y nyrs raddedig dra medrus yn gwneud y gwaith y mae hi, a neb ond hi, yn gallu ei wneud a hefyd goruchwylio ac addysgu eraill.

and educate others. We have grown another tranche of workforce using national vocational qualifications levels 2, 3 and 4, so that there are skills and those skills are maintained, but they are fit for the purpose of the whole nursing practice. Again, we are discussing that with higher education and other educational providers to ensure that we have appropriate training and development to ensure that the whole range of staff that we employ are fit for purpose and that we are not wasting scarce skills. That is really important.

Yr ydym wedi tyfu cyfran arall yn y gweithlu gan ddefnyddio cymwysterau galwedigaethol cenedlaethol ar lefelau 2, 3 a 4, fel bod sgiliau a'r sgiliau hynny'n cael eu cadw, ond maent yn addas i bwrpas yr holl ymarfer niysio. Unwaith eto, yr ydym yn trafod hynny ag addysg uwch a darparwyr addysgol eraill i sicrhau bod yr hyfforddiant a'r datblygu priodol gennym i sicrhau bod holl amrediad y staff a gyflogwn yn gymwys i'w pwrpas ac nad ydym yn gwastraffu sgiliau prin. Mae hynny'n wirioneddol bwysig.

[15] **Dafydd Wigley:** Mater na chododd yn yr adroddiad hwn, yn anffodus—gallai'r adroddiad hwn fod am Loegr yn hyn o beth—yw bod yr iaith Gymraeg yn ffactor mewn rhannau helaeth o Gymru. Ar gyfer plant a phobl mewn oed yn arbennig, mae galw am o leiaf ran o'r gwasanaeth mewn ysbytai drwy gyfrwng y Gymraeg. I ba raddau yr ydych yn ystyried anghenion ieithyddol wrth gynllunio ar gyfer y dyfodol?

[15] **Dafydd Wigley:** A matter that was not raised in this report, unfortunately—this report could be about England in this respect—is that the Welsh language is a factor in many parts of Wales. For children and elderly people especially, there is a wish to have at least part of the service in hospitals through the medium of Welsh. To what extent do you consider linguistic needs when you plan for the future?

Mrs Lloyd: As you say, those issues are particularly important in certain parts of Wales. In terms of patient choice and the

Mrs Lloyd: Fel y dywedwch, mae'r materion hynny'n arbennig o bwysig mewn rhai rhannau o Gymru. O ran

problems of dealing with elderly communities in particular, it is vital that staff are able to communicate bilingually. That is taken into account. Specific questions are asked about it. We encourage the trusts to ensure that access to the Welsh language and Welsh language training is available to their staff, particularly those who deal with the elderly. As we all know, people will use their first language if they become particularly elderly or confused. I am monitoring the Welsh language policies in those trusts. I have recently met the Welsh Language Board to take forward a renewed proposal to ensure that, particularly in terms of speech therapists, general nurses and so on, we have people practising in our communities who are fit for purpose and are able to communicate with their population.

[16] **Dafydd Wigley:** Dyma fy nghwestiwn olaf am y tro. Cyfeiriaf at baragraff 2.8. Noda nad yw anghenion addysg a hyfforddiant wedi'u cysylltu'n ddigonol â rhaglenni gwella iechyd ac nad ydynt yn ystyried yn llawn oblygiadau mentrau cenedlaethol

dewis y cleifion a'r problemau a geir wrth ymwneud â chymunedau oedrannus yn arbennig, mae'n holl bwysig bod y staff yn gallu cyfathrebu'n ddwyieithog. Cymerir hynny i ystyriaeth. Gofynnir cwestiynau penodol yn ei gylch. Anogwn yr ymddiriedolaethau i sicrhau bod mynediad at y Gymraeg a hyfforddiant Cymraeg ar gael i'w staff, yn enwedig y rhai sydd yn ymwneud â'r henoed. Fel y gwyddom i gyd, bydd pobl yn defnyddio eu hiaith gyntaf os byddant yn mynd yn arbennig o hen neu ddryslyd. Yr wyf yn monitro'r polisiau iaith Gymraeg yn yr ymddiriedolaethau hynny. Cyfarfûm â Bwrdd yr Iaith Gymraeg yn ddiweddar er mwyn bwrw ymlaen â chynnig o'r newydd i sicrhau, yn enwedig o ran therapyddion lleferydd, nyrsys cyffredinol ac yn y blaen, fod gennym bobl sydd yn ymarfer yn ein cymunedau sydd yn addas i'r pwrpas ac yn gallu cyfathrebu â'u poblogaeth.

[16] **Dafydd Wigley:** This is my final question for now. I refer to paragraph 2.8. It states that education and training needs are not adequately linked to health improvement programmes and do not consider fully the implications of new national initiatives, such as better

newydd, fel gofal coronaidd gwell. Pa gamau yr ydych yn eu cymryd i sicrhau bod cynllunio gweithlu wedi'i integreiddio'n llawn â rhaglenni gwella iechyd ehangach?

Mrs Lloyd: The human resource issues arising from health improvement programmes are absolutely vital because you cannot deliver services without staff. That is why the new workforce plans that are coming in must be mapped across to the health improvement programme. It is on that basis that they are being tested. As each development for the future is being rolled out, we are asking the questions in advance, because the national service framework takes some time to develop. As they are being developed, the consequences of those new standards for the workforce are being taken into consideration and discussed with the trusts and the health authorities.

[17] **Janet Davies:** This is to Mr Martin again, about the issue of reducing attrition in order to meet demand. On pages 20 and 21, paragraph 2.33 and figure 7 show that attrition rates for NHS

coronary care. What steps are you taking to ensure that workforce planning is integrated fully with wider health improvement programmes?

Mrs Lloyd: Mae'r materion adnoddau dynol sydd yn codi o raglenni gwella iechyd yn gwbl hanfodol oherwydd ni allwch gyflwyno gwasanaethau heb staff. Dyna pam y mae'n rhaid mapio'r cynlluniau gweithlu newydd sydd yn dod i mewn i'r rhaglen gwella iechyd. Ar y sail honno y cânt eu profi. Wrth i bob datblygiad ar gyfer y dyfodol gael ei gyflwyno, yr ydym yn gofyn y cwestiynau ymlaen llaw, oherwydd mae'r fframwaith gwasanaeth cenedlaethol yn cymryd cryn amser i'w ddatblygu. Wrth eu datblygu, cymerir canlyniadau'r safonau newydd hynny i'r gweithlu i ystyriaeth ac fe'u trafodir gyda'r ymddiriedolaethau a'r awdurdodau iechyd.

[17] **Janet Davies:** Un ar gyfer Mr Martin yw hwn eto, ynghylch mater lleihau athreuliad er mwyn cwrdd â'r galw. Ar dudalennau 20 a 21, paragraff 2.33 a ffigur 7 dangosir bod cyfraddau

courses are slightly better than those for other higher education programmes, and also compared with those for NHS courses in England. Nevertheless, attrition clearly represents a waste of public resources. What are you doing to reduce it?

athreuliad cyrsiau NHS ychydig yn well na rhai rhaglenni addysg uwch eraill, a hefyd o'u cymharu â rhai'r cyrsiau NHS yn Lloegr. Er hynny, mae'n amlwg bod athreuliad yn wastraff ar adnoddau cyhoeddus. Beth yr ydych yn ei wneud i'w leihau?

Mr Martin: First of all, I just want to confirm our understanding. In the area in question in this report, we are doing rather better than England. However, overall, the position on attrition in Wales compared with that of England is slightly worse. We measure it in a slightly different way from this report. It is mainly based on attrition at the end of the first year, with some calculations based on historic data for subsequent years. The picture is pretty clear. It has been getting better to a degree. However, I think that it is important to remember that the social mix in Welsh higher education institutions is actually very much more weighted towards those from disadvantaged areas and disadvantaged groups. In fact, we have received a measure of praise for the sector in recent years for the efforts that have been made on that. Clearly, it is not acceptable to take people on and then see them fail,

Mr Martin: Yn gyntaf oll, hoffwn gadarnhau ein dealltwriaeth o hyn. Yn y maes dan sylw yn yr adroddiad hwn, yr ydym yn gwneud cryn dipyn yn well na Lloegr. Fodd bynnag, at ei gilydd, mae'r sefyllfa ynghylch athreuliad yng Nghymru o'i chymharu â Lloegr ychydig yn waeth. Yr ydym yn ei fesur mewn modd ychydig yn wahanol i'r adroddiad hwn. Mae'n seiliedig yn bennaf ar athreuliad ar ddiwedd y flwyddyn gyntaf, gyda rhai cyfrifiadau sydd yn seiliedig ar ddata hanesyddol am y blynyddoedd wedyn. Mae'r darlun yn eithaf clir. Mae wedi gwella i ryw raddau. Fodd bynnag, credaf ei bod yn bwysig cofio bod y cymysgedd cymdeithasol mewn sefydliadau addysg uwch yng Nghymru yn tueddu'n fwy o lawer at rai o ardaloedd difreintiedig a grwpiau difreintiedig. Mewn gwirionedd, cawsom rywfaint o glod i'r sector yn y blynyddoedd diwethaf hyn am yr

perhaps because they do not have the same learning experiences and confidence that the more traditional groups that have entered higher education have.

ymdrechion ar hynny. Mae'n amlwg nad yw'n dderbyniol cymryd pobl ac wedyn eu gweld yn methu, efallai am nad oes ganddynt yr un profiadau dysgu a hyder ag sydd gan y grwpiau mwy traddodiadol a dderbynnir i addysg uwch.

A lot of work has gone on to try to identify best practice and to share that among institutions. The reasons why people drop out in this sector and others are many and various. They are to do with money and, of course, the Assembly itself has recently commissioned a report on hardship. I know that the Minister for Education and Lifelong Learning made a statement on that yesterday. It is also true that there is a wide diversity of personal reasons why people drop out. I believe that there is reference in this report to an initiative that has been taken to identify why people drop out, to track students and to find ways of mentoring and supporting them, which, perhaps, concentrates on those where behaviours are beginning to manifest themselves that suggest that they might be likely to drop out.

Gwnaethpwyd llawer o waith i geisio canfod yr arfer gorau a'i rannu ymysg y sefydliadau. Mae llawer o resymau gwahanol pam y mae pobl yn rhoi'r gorau iddi yn y sector hwn. Maent yn ymwneud ag arian ac, wrth gwrs, mae'r Cynulliad ei hun wedi comisiynu adroddiad yn ddiweddar ar gyni. Gwn fod y Gweinidog dros Addysg a Dysgu Gydol Oes wedi gwneud datganiad ar hynny ddoe. Mae hefyd yn wir bod amrywiaeth mawr o resymau personol pam y mae pobl yn rhoi'r gorau iddi. Credaf fod cyfeiriad yn yr adroddiad hwn at fenter a gychwynnwyd er mwyn canfod pam y mae pobl yn rhoi'r gorau iddi, i dracio myfyrwyr a darganfod dulliau i'w mentori a'u cynorthwyo sydd, efallai, yn canolbwyntio ar y rhai lle mae ymddygiadau'n dechrau dod i'r golwg sydd yn awgrymu y gallent fod yn debygol o roi'r gorau iddi.

You also need, I think, to go back. Initiatives are being taken by many of our institutions that go back to before people start their higher education courses; for instance, compacts between higher education institutions and schools, so that they are preparing potential students and making sure that they have the learning skills and so on that they will need to survive their higher education course. However, in all of this, what we are doing is improving on an already very good international position. The attrition rate in France for higher education is approaching 50 per cent. By international standards, the UK does very well.

Credaf fod angen ichi fynd yn ôl, hefyd. Cynhelir mentrau gan lawer o'n sefydliadau sydd yn mynd yn ôl i'r adeg cyn i bobl ddechrau eu cyrsiau addysg uwch; er enghraifft, compactau rhwng sefydliadau addysg uwch ac ysgolion, fel eu bod yn paratoi myfyrwyr posibl ac yn sicrhau eu bod yn meddu ar y sgiliau dysgu ac yn y blaen y bydd arnynt eu hangen i barhau yn eu cwrs addysg uwch. Fodd bynnag, yn yr holl bethau hyn, yr hyn a wnawn yw gwella ar safle rhyngwladol sydd eisoes yn dda iawn. Mae'r gyfradd athreuliad yn Ffrainc ar gyfer addysg uwch yn agos i 50 y cant. Yn ôl safonau rhyngwladol, mae'r DU yn gwneud yn dda iawn.

[18] **Janet Davies:** Thank you. Dafydd, you had a question?

[18] **Janet Davies:** Diolch. Dafydd, a oedd cwestiwn gennyh?

[19] **Dafydd Wigley:** I think to a large extent my question has been covered.

[19] **Dafydd Wigley:** Credaf fod fy nghwestiwn wedi ei ateb i raddau helaeth.

[20] **Janet Davies:** I believe that Alun Cairns wants to ask a question about practice placements.

[20] **Janet Davies:** Credaf fod Alun Cairns yn dymuno gofyn cwestiwn am leoliadau ymarfer.

[21] **Alun Cairns:** I refer Mrs Lloyd to paragraph 2.21, which states that the availability of practice placements is

‘a major constraint to increasing commissioning levels’.

Paragraphs 2.22 to 2.26 identify some of the initiatives to address the problem. Will you tell us a little more about them?

Mrs Lloyd: We have provided an additional £200,000 to try to ensure that placements are available. That particularly arose for physiotherapy and occupational therapy students, where, as part of the contract of the supervising physiotherapist and occupational therapist, they were entitled to be paid. The budgets were not available to the trusts, so we increased their budgets so that those placements could be made. That has been a national problem—by which I do not mean a Welsh one—it has been a problem for England and Wales.

The issue on placements is that we have

[21] **Alun Cairns:** Cyfeiriaf Mrs Lloyd at baragraff 2.21, sydd yn datgan bod argaeledd lleoliadau ymarfer

‘yn orfodaeth bwysig i gynyddu’r lefelau comisiynu’.

Mae paragraffau 2.22 i 2.26 yn enwi rhai o’r mentrau i roi sylw i’r broblem. A wnewch chi ddweud ychydig mwy amdanynt wrthym ni?

Mrs Lloyd: Darparasom £200,000 ychwanegol i geisio sicrhau bod lleoliadau ar gael. Cododd hynny’n benodol ar gyfer myfyrwyr ffisiotherapi a therapi galwedigaethol lle’r oedd ganddynt hawl i dderbyn tâl fel rhan o gontract y ffisiotherapydd goruchwyliol a’r therapydd galwedigaethol. Nid oedd y cyllidebau ar gael i’r ymddiriedolaethau, felly cynyddasom eu cyllidebau fel y gellid gwneud y lleoliadau hynny. Bu hynny’n broblem genedlaethol—ac nid wyf yn golygu problem Gymreig wrth hynny—bu’n broblem i Gymru a Lloegr.

Y mater ynghylch lleoliadau yw bod

to ensure that the placements are of good quality. The quality assessment that is undertaken by the higher education organisations is currently being pursued in both England and Wales. Placements are difficult. Sometimes we do not plan them very well and you will find five or six students on a ward. On a busy 20-bed ward, having five or six students means that you are supposed to have five or six supervisors, but you probably only have five staff. We have to ensure that, with our higher education colleagues, we plan the placements better and spread them out a bit and that we have outposted supervisors and trainers from the higher education institutions to help the staff on the ward to train their students well, to ensure that we do not have an unmanageable mix of first years, who want something different, and third years, who are quite capable of doing a very different job. The contract between the higher education organisations and the wards that are going to take the individuals, and the community services that take the individuals, is much more clearly stated.

rhaid inni sicrhau bod y lleoliadau o ansawdd da. Mae'r asesiad ansawdd a wneir gan y cyrff addysg uwch o dan ystyriaeth yng Nghymru a Lloegr ar hyn o bryd. Mae lleoliadau'n fater anodd. Weithiau nid ydym yn eu cynllunio'n dda iawn a chewch bump neu chwech o fyfyrwyr mewn un ward. Mewn ward brysur o 20 o welyau, mae cael pump neu chwe myfyriwr yn golygu eich bod i fod i gael pump neu chwech o oruchwylwyr, ond dim ond pump o staff fydd gennych yn ôl pob tebyg. Rhaid inni sicrhau ein bod, gyda'n cydweithwyr mewn addysg uwch, yn cynllunio'r lleoliadau'n well ac yn eu gwasgaru ychydig a bod gennym oruchwylwyr a hyfforddwyr allanol o'r sefydliadau addysg uwch i helpu'r staff yn y ward i hyfforddi eu myfyrwyr yn dda, i sicrhau nad oes gennym gymysgedd anodd ei drin o rai blwyddyn gyntaf, sydd am gael rhywbeth gwahanol, a rhai trydedd flwyddyn, sydd yn ddigon galluog i wneud gwaith gwahanol iawn. Mae'r contract rhwng y cyrff addysg uwch a'r wardiau a fydd yn derbyn yr unigolion, a'r gwasanaethau cymunedol sydd yn derbyn yr unigolion, wedi ei ddatgan yn fwy eglur o lawer.

Good work is being done on eradicating Gwneir gwaith da ar ddileu rhai o'r

some of the major problems that were occurring two to three years ago in both England and Wales in securing high quality clinical placements. In doing that, and in supporting the staff who are the trainers on the ward, you will find that staff are generally really enthusiastic about having trainees because it stimulates them; they actually enjoy training as part of their role. However, we have to ensure that the numbers of students are manageable; that proper support comes from the higher educational institutes so that the staff who are going to train know explicitly what is expected of them; and that we have good support networks for the students while they are on placements. Having only been in university for six weeks, walking onto some of the acute medical wards can be a real shock to some of the students, so we have to place them carefully.

In that way, people are really willing to train. However, it has to be in a system where they can operate properly, so they do not feel pulled every which way. In the trusts, we are insisting that they are careful about how they offer clinical

problemau mawr a oedd yn digwydd ddwy neu dair blynedd yn ôl yng Nghymru ac yn Lloegr wrth sicrhau lleoliadau clinigol o ansawdd uchel. Wrth wneud hynny, ac wrth gynorthwyo'r staff sydd yn hyfforddwyr yn y ward, cewch fod y staff yn wirioneddol frwdfrydig ynghylch cael hyfforddeion oherwydd mae hynny'n eu symbylu; maent yn gwir fwynhau hyfforddi fel rhan o'u rôl. Fodd bynnag, rhaid inni sicrhau bod modd ymdopi â'r nifer o fyfyrwyr; bod cymorth priodol yn dod oddi wrth yr athrofeydd addysgol uwch fel bod y staff a fydd yn hyfforddi yn gwybod yn bendant beth a ddisgwylir ganddynt; a bod gennym rwydweithiau cymorth da i'r myfyrwyr tra ydynt mewn lleoliadau. A hwythau ond wedi bod mewn prifysgol am chwe wythnos, mae cerdded i mewn i rai o'r wardiau meddygol aciwt yn gallu bod yn ysgytwad gwirioneddol i rai o'r myfyrwyr, felly rhaid inni eu lleoli'n ofalus.

Drwy hynny, mae pobl yn wirioneddol awyddus i hyfforddi. Fodd bynnag, rhaid i hynny fod mewn system lle gallant weithredu'n briodol, fel nad ydynt yn teimlo eu bod yn cael eu tynnu i bob cyfeiriad. Yn yr ymddiriedolaethau, yr

placements so that they are sustainable.
That again is being monitored.

ydydym yn mynnu eu bod yn ofalus
ynghylch y modd y cynigiant leoliadau
clinigol fel eu bod yn gynaliadwy. Mae
hynny hefyd yn cael ei fonitro.

[22] **Alun Cairns:** I was interested to
hear about the additional £200,000 that
you said had been made available. Is that
part of the incentivisation of the trust
mentioned in paragraph 2.25?

[22] **Alun Cairns:** Yr oedd o ddiddordeb
imi glywed am y £200,000 ychwanegol y
dywedasoed ei fod wedi ei ddarparu. A
yw hynny'n rhan o'r anogaeth i'r
ymddiriedolaeth a grybwyllir ym
mharagraff 2.25?

Mrs Lloyd: In part, yes. However, it was
really to make good something that had
not been made good before. If the staff
were entitled to payment to train, then
they should have been paid to train, but
they were not. The physiotherapists and
occupational therapists took a stand
nationally. We were able to break that
deadlock, whereas in many parts of
England they were not.

Mrs Lloyd: Yn rhannol, ydyw. Fodd
bynnag, ei bwrpas mewn gwirionedd
oedd cywiro rhywbeth nad oedd wedi ei
gywiro cynt. Os oedd gan y staff hawl i
dderbyn tâl i hyfforddi, dylasant fod wedi
eu talu i hyfforddi, ond ni chawsant eu
talu. Gwnaeth y ffisiotherapyddion a'r
therapyddion galwedigaethol safiad
ledled y wlad. Yr oeddem wedi gallu
datrys yr anghytundeb, tra nad oeddent
wedi gallu gwneud mewn llawer o rannau
o Loegr.

[23] **Alun Cairns:** May I draw you back
to paragraph 2.25? The incentivisation to
provide places was stopped in 1998 as it
was deemed inappropriate and

[23] **Alun Cairns:** A gaf eich tynnu'n ôl
at baragraff 2.25? Rhoddwyd y gorau i'r
anogaeth i ddarparu lleoedd yn 1998 am
ei bod yn cael ei hystyried yn amhriodol

unsustainable. Can you tell me why that was the case?

ac yn anghynaliadwy. A allwch ddweud wrthyf pam yr oedd hynny?

Mrs Lloyd: Could I ask Mr Hanna to deal with that?

Mrs Lloyd: A gaf ofyn i Mr Hanna ymdrin â hynny?

Mr Hanna: May we provide you with a note on that?

Mr Hanna: A gawn ddarparu nodyn i chi ar hynny?

[24] **Alun Cairns:** Sorry?

[24] **Alun Cairns:** Mae'n ddrwg gennyf?

Mrs Lloyd: May we provide a note on that?

Mrs Lloyd: A gawn ddarparu nodyn ar hynny?

[25] **Alun Cairns:** Yes, certainly. I was interested in hearing about the £200,000 when you talked nationally, meaning England and Wales. It seems, according to paragraph 2.25, that this policy is not employed in England. I am a little confused, therefore, about this £200,000. Is it part of the incentivisation as paragraph 2.25 highlights, or is it not?

[25] **Alun Cairns:** Cewch, yn sicr. Yr oedd o ddiddordeb imi glywed am y £200,000 pan oeddech yn siarad yn genedlaethol, gan olygu Cymru a Lloegr. Ymddengys, yn ôl paragraff 2.25, na ddilynir y polisi hwn yn Lloegr. Yr wyf mewn penbleth, felly, ynghylch y £200,000 hwn. A yw'n rhan o'r anogaeth y tynnir sylw ati ym mharagraff 2.25, neu beidio?

Mrs Lloyd: No, it was additional to the

Mrs Lloyd: Nac ydyw, yr oedd yn

incentivisation.

ychwanegol at yr anogaeth.

[26] **Alun Cairns:** Right, it was in addition to the incentivisation, was it?

[26] **Alun Cairns:** Iawn, yr oedd yn ychwanegol at yr anogaeth, a ydoedd?

Mrs Lloyd: Yes, it broke a deadlock.

Mrs Lloyd: Oedd, datrysodd anghytundeb.

[27] **Alun Cairns:** Right, so can you tell me about the incentivisation that is used, or are you in a position now to tell me about the incentivisation that is used at the moment?

[27] **Alun Cairns:** Iawn, felly a allwch ddweud wrthyf am yr anogaeth a ddefnyddir, neu a ydych mewn sefyllfa'n awr i ddweud wrthyf am yr anogaeth a ddefnyddir ar hyn o bryd?

Mrs Lloyd: No. Might I please give you a note on that? I am sorry, I cannot answer that. I will go back and find out. I will also find out what they are doing now.

Mrs Lloyd: Nac ydwyf. A gaf roi nodyn i chi ar hynny, os gwelwch yn dda? Mae'n ddrwg gennyf, ni allaf ateb hynny. Af yn ôl a chael gwybod. Caf wybod hefyd beth y maent yn ei wneud yn awr.

[28] **Alun Cairns:** Thank you for being frank and straight with me.

[28] **Alun Cairns:** Diolch am siarad yn agored ac yn onest â mi.

[29] **Janet Davies:** One thing that is very important is getting good value for money from the arrangements for

[29] **Janet Davies:** Un peth sydd yn bwysig iawn yw cael gwerth da am arian o'r trefniadau ar gyfer addysgu a

educating and training staff. Mr Martin, how confident are you that the price per student paid by the NHS to each of the institutions covers the full cost of the education provision?

Mr Martin: I am not fully confident—I do not think that anyone can be at the moment. What there is is negotiation between Ann Lloyd and her colleagues and the institutions about what is a reasonable price. I am sure that Ann could say more about that. Perhaps I could say something, though, about what we have been doing more generally, not just in Wales, but across the UK, to get more transparency into the costing, because I think historically it has been done on a pretty much ‘by and large’ basis and it has required a lot of effort to move beyond that. There is a financial memorandum between the Higher Education Funding Council and each of the institutions, and we do not rule out the possibility of them doing some cross-subsidising. What we do require them to do is to be as clear as they can about what the costs are and to take that into account in making decisions about whether or not to cross-subsidise.

hyfforddi staff. Mr Martin, pa mor sicr yr ydych bod y pris a delir am bob myfyriwr gan yr NHS i bob un o’r sefydliadau yn cynnwys holl gost y ddarpariaeth addysg?

Mr Martin: Nid wyf yn gwbl sicr—ni chredaf y gall neb fod ar hyn o bryd. Yr hyn a geir yw negodi rhwng Ann Lloyd a’i chydweithwyr a’r sefydliadau ynghylch yr hyn sydd yn bris rhesymol. Yr wyf yn sicr y gallai Ann ddweud mwy am hynny. Efallai y caf ddweud rhywbeth, er hynny, am yr hyn a wnaethom yn fwy cyffredinol, nid yng Nghymru’n unig, ond ledled y DU, i gynnwys mwy o dryloywder wrth bennu costau, oherwydd credaf fod hyn wedi ei wneud ar sail fras i raddau helaeth yn hanesyddol ac mae wedi gofyn llawer o ymdrech i symud y tu hwnt i hynny. Mae memorandwm ariannol rhwng y Cyngor Cyllido Addysg Uwch a phob un o’r sefydliadau, ac nid ydym yn diystyru’r posibilrwydd y byddant yn croesnoddi rhyw ychydig. Yr hyn yr ydym yn mynnu eu bod yn ei wneud yw bod mor bendant ag y gallant ynghylch beth yw’r costau ac i ystyried hynny wrth benderfynu croesnoddi neu beidio.

What has happened subsequently, because, clearly, that was not a very satisfactory way of accounting for public money, even though there may be very good arguments for cross-subsidising particular activities, is that three years ago the funding councils across the UK set up a body called the joint costing and pricing steering group to look at these issues and to provide a suitable costing methodology for higher education institutions. We put quite a lot of money into it—£25,000 per institution in Wales—to help that happen. A costing methodology has been developed as a result and a manual has been issued to all the higher education institutions. Next month, we are due to have from all the UK higher education institutions—so all those in Wales—a proper set of accounts that distinguish between a number of categories: publicly-funded teaching; privately-funded teaching; publicly-funded research; privately-funded research; and other activities. That does not take you down to the level of detail about which you have just asked me, but it is a start.

Yr hyn a ddigwyddodd wedyn, oherwydd mae'n amlwg nad oedd hynny'n ddull boddhaol iawn o roi cyfrif am arian cyhoeddus, er ei bod yn bosibl bod dadleuon da iawn dros groesnoddi rhai gweithgareddau, yw bod y cynghorau cyllido ledled y DU wedi sefydlu corff dair blynedd yn ôl a alwyd yn grŵp llywio pennu costau a phrisiau ar y cyd i ystyried y materion hyn a darparu methodoleg pennu costau addas ar gyfer sefydliadau addysg uwch. Rhoesom swm eithaf mawr o arian iddo—£25,000 am bob sefydliad yng Nghymru—i hwyluso hynny. Datblygwyd methodoleg pennu costau o ganlyniad a dosbarthwyd llawlyfr i'r holl sefydliadau addysg uwch. Y mis nesaf, yr ydym i fod i dderbyn oddi wrth yr holl sefydliadau addysg uwch yn y DU—ac felly pob un yng Nghymru—set briodol o gyfrifon sydd yn gwahaniaethu rhwng nifer o gategoriâu: dysgu a ariennir yn gyhoeddus; dysgu a ariennir yn breifat; ymchwil a ariennir yn gyhoeddus; ymchwil a ariennir yn breifat; a gweithgareddau eraill. Nid yw hynny'n rhoi'r math o fanylder yr ydych newydd ofyn imi amdano, ond mae'n fan cychwyn.

The intention is that this work will Y bwriad yw y bydd y gwaith hwn yn

continue, and also that some work will now be done on the pricing methodology. So the work has been done on the costing methodologies, and it must now be done on the pricing methodologies, so that the two can be brought together. We will have some first figures at that very broad aggregate level in the accounts that are coming through shortly. We will have the figures for the academic year 1999-2000 in July, and for 2000-01 by December. We need to go on then and make sure that there is further transparency that can inform these discussions. I have to say that nobody is making the higher education institutions accept these prices. There is negotiation and a degree of flexibility about exactly what price is paid.

[30] **Janet Davies:** Thank you.

[31] **Alun Cairns:** Mr Martin, I draw your attention to paragraphs 3.6 to 3.9 on page 25 of the report, which suggest a lack of consistency in pricing by institutions, particularly in the recovery of overheads. The average overhead rate charged by higher education institutions in NHS-funded contracts is much lower

parhau ac y gwneir rhywfaint o waith yn awr ar y fethodoleg prisio. Felly gwnaethpwyd y gwaith ar y methodolegau pennu costau, ond rhaid ei wneud yn awr ar y methodolegau prisio, fel y gellir dod â'r ddau at ei gilydd. Bydd gennym rai ffigurau cychwynnol ar y lefel gyfansymiol fras iawn honno yn y cyfrifon a ddaw drwodd cyn hir. Cawn y ffigurau am y flwyddyn academiaidd 1999-2000 yng Ngorffennaf, ac am 2000-01 erbyn Rhagfyr. Mae angen inni fynd ymlaen wedyn a sicrhau bod tryloywder pellach a all oleuo'r trafodaethau hyn. Rhaid imi ddweud nad oes neb yn gorfodi'r sefydliadau addysg uwch i dderbyn y prisiau hyn. Mae negodi a rhywfaint o hyblygrwydd ynghylch pa bris a delir yn union.

[30] **Janet Davies:** Diolch.

[31] **Alun Cairns:** Mr Martin, tynnaf eich sylw at baragraffau 3.6 i 3.9 ar dudalen 25 yn yr adroddiad, sydd yn awgrymu diffyg cysondeb mewn prisio gan y sefydliadau, yn enwedig wrth adfer costau cyffredinol. Mae'r gyfradd costau cyffredinol gyfartalog a godir gan sefydliadau addysg uwch mewn

than that for the Higher Education Funding Council-funded contracts. To what extent does this mean that institutions are cross-subsidising NHS training from Higher Education Funding Council for Wales funding? Obviously it is a worthy cause, but is it equitable?

Mr Martin: Clearly, one would need to look at the situation in each of those institutions and understand the reasons for that policy decision. However, I have just explained why it is that we cannot know for certain the extent of the cross-subsidisation that is going on. Something called the transparency review of research, which the Treasury is leading across the UK, is part of the process that I was just describing. We are involved in that, as are higher education institutions in Wales. What is interesting is that the early work from that review shows that almost certainly—these are not final figures—but almost certainly, publicly-funded teaching and research is being subsidised by the other activities of higher education institutions, not least by the income that they receive from overseas students.

As the process that I described earlier unfolds, we are beginning to see patterns emerging about what is cross-subsidising what. At the moment, all we can say is that the early figures suggest that both publicly-funded teaching and research is actually being subsidised by other sources of income.

[32] **Alun Cairns:** In your answer, you

contractau a ariennir gan yr NHS yn is o lawer na honno ar gyfer contractau a ariennir gan y Cyngor Cyllido Addysg Uwch. I ba raddau y golyga hynny fod sefydliadau'n croesnoddi hyfforddiant NHS ag arian Cyngor Cyllido Addysg Uwch Cymru? Mae'n achos teilwng, wrth gwrs, ond a yw'n deg?

Mr Martin: Wrth gwrs, byddai angen i rywun edrych ar y sefyllfa ym mhob un o'r sefydliadau hynny a deall y rhesymau am y penderfyniad polisi hwnnw. Fodd bynnag, yr wyf newydd egluro pam na allwn wybod yn sicr am y graddau o groesnoddi sydd yn digwydd. Mae rhywbeth a elwir yn adolygiad tryloywder o ymchwil, a arweinir gan y Trysorlys ledled y DU, yn rhan o'r broses yr wyf newydd ei disgrifio. Yr ydym yn ymwneud â hynny, fel y mae'r sefydliadau addysg uwch yng Nghymru. Yr hyn sydd yn ddi-ddorol yw bod y gwaith cynnar o'r adolygiad hwnnw'n dangos yn sicr bron—nid ffigurau terfynol mo'r rhain—ond bron yn sicr, fod dysgu ac ymchwil a ariennir yn gyhoeddus yn cael eu noddi gan weithgareddau eraill sefydliadau addysg uwch, nid lleiaf gan yr incwm a dderbyniant gan fyfyrwyr tramor.

Wrth ddatblygu'r broses a ddisgrifiais yn gynharach, yr ydym yn dechrau gweld patrymau'n dod i'r golwg ynghylch beth sydd yn croesnoddi beth. Ar hyn o bryd, y cwbl y gallwn ei ddweud yw bod y ffigurau cynnar yn awgrymu bod dysgu ac ymchwil a ariennir yn gyhoeddus yn cael eu noddi gan ffynonellau incwm eraill.

[32] **Alun Cairns:** Yn eich ateb,

stated that there are a number of issues of which we cannot be sure. Therefore, what plans do you have in place to clarify the situation, to ensure that the right balance is struck, so that there is value for money for the NHS as well as for the institutions?

Mr Martin: It is the process that I described. It is the continued development of these costing and pricing methodologies and their application, so that we can produce that disaggregation. In the meantime, I think that it is very important—and I do not know whether colleagues want to add anything to this—to say that there is a detailed negotiation between the NHS arm of the Assembly and the institutions about what is a reasonable price to pay. It is possible in those discussions for the institutions to place all of the factors on the table, including the overhead costs that are relevant to the price that they believe is reasonable that they should charge.

Mr Martin: Y broses a ddisgrifiais yw hynny. Datblygu'n barhaus y methodolegau pennu costau a phrisiau hyn a'r defnydd ohonynt ydyw, fel y gallwn gynhyrchu'r datgrynhoi hwnnw. Yn y cyfamser, credaf ei bod yn bwysig iawn dweud—ac ni wn a yw fy nghydweithwyr yn dymuno ychwanegu rhywbeth at hyn—fod negodi manwl yn digwydd rhwng is-adran NHS y Cynulliad a'r sefydliadau ynghylch yr hyn sydd yn bris rhesymol i'w dalu. Yn y trafodaethau hynny mae modd i'r sefydliadau osod yr holl ffactorau ar y bwrdd, gan gynnwys y costau cyffredinol sydd yn berthnasol i'r pris y credant ei bod yn rhesymol iddynt ei godi.

In the meantime, of course, the fact that NHS colleagues base these negotiations on an average price, around which there is then some negotiation, puts pressure on

Yn y cyfamser, wrth gwrs, mae'r ffaith bod cydweithwyr yr NHS yn seilio'r negodiadau hyn ar bris cyfartalog, y mae rhywfaint o negodi yn ei gylch wedyn, yn

the institutions to make sure that they are being run efficiently.

rhoi pwysau ar y sefydliadau i sicrhau eu bod yn cael eu rhedeg yn effeithlon.

[33] **Alun Cairns:** Thank you. I ask my final question to Mrs Lloyd. How do you ensure that the NHS strikes the right balance between driving down the cost of the NHS, retaining quality staff, and not adding to the financial difficulties of the institutions?

[33] **Alun Cairns:** Diolch. Gofynnaf fy nghwestiwn olaf i Mrs Lloyd. Sut yr ydych yn sicrhau bod yr NHS yn cadw'r ddysgl yn wastad rhwng gyrru i lawr cost yr NHS, cadw staff o ansawdd da, a pheidio ag ychwanegu at drafferthion ariannol y sefydliadau?

Mrs Lloyd: That is part of the business planning process every year. We know well what the income and expenditure of the institutions are. We know what their cost pressures are too, and why they have arisen. Many of those will be because they will not be able to get the right numbers of staff and have to pay agency rates and what they are going to do about that. We are costing more accurately the consequences of the implementation of the new developments and the new standards, so that we are able to apply in the budget planning round for the resources to drive forward those developments. So the whole thing comes together in a budget planning round that we have with the organisations concerned and the Assembly, to look at the cost

Mrs Lloyd: Mae hynny'n rhan o'r broses cynllunio busnes bob blwyddyn. Gwyddom yn iawn beth yw incwm a gwariant y sefydliadau. Gwyddom beth yw'r pwysau costau arnynt hefyd, a pham y maent wedi codi. Y rheswm am lawer o'r rheini yw na fyddant yn gallu cael y niferoedd staff iawn a'u bod yn gorfod talu cyfraddau asiantaethau a beth fyddant yn ei wneud am hynny. Yr ydym yn pennu costau canlyniadau gweithredu'r datblygiadau newydd a'r safonau newydd yn fwy manwl, fel ein bod yn gallu ymgeisio yn y cylch cynllunio cyllideb am yr adnoddau i yrru'r datblygiadau hynny yn eu blaen. Felly mae'r holl beth yn dod at ei gilydd mewn cylch cynllunio cyllideb sydd gennym gyda'r cyrff dan sylw a'r

pressures within the organisations: where their real staffing problems are and what their likely abilities to recruit the right types of staff are. We must definitely get into the habit of ensuring that we do not just plan developments without noting the staffing consequences. In addition, we need a good handle on how those staff are going to be trained, where they are going to come from, what they are expected to do, and how much they are going to cost. So you have a more rounded discussion now, which, again, I take forward every three months.

[34] **Janet Davies:** Thank you.

[35] **Jocelyn Davies:** Mrs Lloyd, the report states that steps are in hand to develop outcome-based measures, including competencies and benchmark standards to monitor the quality of the education provided. I understand that, in the past, the NHS had no clear definition of what was expected in terms of outcome—as you said earlier, staff fit for purpose.

Cynulliad, i edrych ar bwysau'r costau oddi mewn i'r cyrff: ym mhle y mae eu problemau staffio gwirioneddol a beth yw eu gallu tebygol i recriwtio'r mathau iawn o staff. Yn sicr, rhaid inni fynd i'r arfer o sicrhau nad ydym yn cynllunio datblygiadau heb nodi'r canlyniadau o ran staffio. Yn ogystal â hynny, mae angen inni ddeall yn iawn sut y caiff y staff hynny eu hyfforddi, o ble y deuant, beth y disgwylir iddynt ei wneud, a faint y byddant yn ei gostio. Felly mae gennych drafodaeth fwy cynhwysfawr yn awr y byddaf, unwaith eto, yn bwrw ymlaen â hi bob tri mis.

[34] **Janet Davies:** Diolch.

[35] **Jocelyn Davies:** Mrs Lloyd, noda'r adroddiad fod camau ar y gweill i ddatblygu mesurau ar sail canlyniad, gan gynnwys cymwyseddau a safonau meincnodi i fonitro ansawdd yr addysg a ddarperir. Deallaf nad oedd gan yr NHS ddiffiniad eglur, yn y gorffennol, o'r hyn a ddisgwylid o ran canlyniad—fel y dywedasoeh yn gynharach, staff sydd yn addas i'r pwrpas.

Mrs Lloyd: Yes.

Mrs Lloyd: Ie.

[36] **Jocelyn Davies:** What progress has been made in that direction and when can we expect to see these measures included in contracts?

[36] **Jocelyn Davies:** Pa gynnydd a fu yn y cyfeiriad hwnnw a pha bryd y gallwn ddisgwyl gweld cynnwys y mesurau hyn mewn contractau?

Mrs Lloyd: As you will know, the Quality Assurance Agency benchmarks will shortly come into effect in Wales. They are extremely comprehensive and have been developed by the professions and higher education institutions throughout the United Kingdom to obtain a quality assurance system that will be introduced and monitored rigorously to make sure that educational standards throughout the United Kingdom are maintained and are similar, so that staff can move from one country to another without having to retrain. For some staff, retraining was a necessity in the past. It was a complete waste of time and very frustrating for them. We have undertaken a consultation exercise on the applicability of those standards to Wales. The Quality Assurance Agency will shortly report back to us on their final goods. I would expect to take that forward as a prototype review, which will

Mrs Lloyd: Fel y gwyddoch, bydd meincnodau'r Asiantaeth Sicrwydd Ansawdd yn dod i rym yng Nghymru cyn hir. Maent yn gynhwysfawr dros ben ac fe'u datblygwyd gan y proffesiynau a'r sefydliadau addysg uwch ledled y Deyrnas Unedig er mwyn cael system sicrwydd ansawdd a gaiff ei chyflwyno a'i monitro'n drwyadl i sicrhau bod y safonau addysgol ledled y Deyrnas Unedig yn cael eu cynnal a'u bod yn debyg, fel bod staff yn gallu symud o un wlad i'r llall heb orfod ailhyfforddi. I rai staff, yr oedd ailhyfforddi yn anghenraid yn y gorffennol. Yr oedd yn wastraff llwyr ar amser ac yn peri llawer o rwystredigaeth iddynt. Ymgymerasom ag ymarfer ymgynghori ar gymhwysedd y safonau hynny i Gymru. Bydd yr Asiantaeth Sicrwydd Ansawdd yn adrodd yn ôl i ni cyn hir ar eu cynnyrch terfynol. Disgwyliaf fwrw ymlaen â hynny fel adolygiad prototeip, a roddir ar waith yn

be rolled out in the next academic year. In the contract that we have with educational providers, and in the feedback that we have from the clinical placements evaluation, the Quality Assurance Agency, and in our contract negotiations and contract review with higher educational providers—which are undertaken on an annual basis—we will be able to monitor the outcome explicitly. We will be able to monitor, for example, whether or not nurses were fit for purpose; whether or not the Quality Assurance Agency standards have been achieved; where we need to make progress and to have a compact with the higher education institutions; and whether we have to either extend training or tweak or change it slightly to ensure that the standards described in the Quality Assurance Agency model are applied throughout Wales. It is a fairly formidable document. The reviewers have been trained over the past six months, because it is fairly comprehensive training. We are expecting staff from the service to undertake this, together with staff from the higher educational institutions. It is not something that you can do in two minutes. However, I think that it is a very good way forward. It has been worked up over the past two years and I think that it

gyffredinol yn y flwyddyn academaidd nesaf. Yn y contract sydd gennym â'r darparwyr addysgol, ac yn yr adborth a gawn o'r gwerthuso ar leoliadau clinigol, yr Asiantaeth Sicrwydd Ansawdd, ac yn ein negodiadau ar gontractau a'r adolygiad o gontractau gyda darparwyr addysg uwch—a wneir yn flynyddol—byddwn yn gallu monitro'r canlyniad yn fanwl. Byddwn yn gallu monitro, er enghraifft, a oedd nyrsys yn addas i'r pwrpas; a gythaeddwyd safonau'r Asiantaeth Sicrwydd Ansawdd; ym mhle y mae angen inni wneud cynnydd a chael compact â'r sefydliadau addysg uwch; ac a oes rhaid inni un ai ymestyn hyfforddi neu ei addasu neu ei newid ychydig i sicrhau y cymhwysir y safonau a ddisgrifir ym model yr Asiantaeth Sicrwydd Ansawdd ledled Cymru. Mae'n ddogfen eithaf anodd. Hyfforddwyd yr adolygwyr dros y chwe mis diwethaf, gan ei fod yn hyfforddiant eithaf cynhwysfawr. Yr ydym yn disgwyl i staff o'r gwasanaeth ymgymryd â hyn, ynghyd â staff o'r sefydliadau addysg uwch. Nid yw'n rhywbeth y gallwch ei wneud mewn dau funud. Fodd bynnag, credaf ei bod yn ffordd dda iawn i fynd ymlaen. Fe'i paratowyd dros y ddwy flynedd diwethaf a chredaf y bydd yn arf monitro da iawn i ni. Byddwn yn gallu defnyddio hwnnw, yn ogystal â'r gofynion medrau ar gyfer

will be a very good monitoring tool for us. We will be able to use it, as well as the skill requirements, for staff change. They can be built into this new model.

[37] **Jocelyn Davies:** Okay. Mr Martin, the rise in student numbers will obviously increase the demand for teaching staff. If there is currently a staff shortage in the NHS, and there are problems recruiting staff to universities to teach generally, where will institutions find these staff? Will there be enough staff and will they be of the right quality?

Mr Martin: That is something on which I would want to have a close dialogue with NHS colleagues, because it is not something that we could do in isolation. The institutions will be well placed. They will understand the market for the people that they are trying to attract. However, you are quite right, what we must not have is an inadvertent displacement effect, whereby the best people move into teaching and are no longer available for service. I do not think that I can give you a pat answer in terms of 'that is the approach and we would need to address

newid staff. Gellir eu hymgorffori yn y model newydd hwn.

[37] **Jocelyn Davies:** Iawn. Mr Martin, mae'n amlwg y bydd y cynnydd yn niferoedd y myfyrwyr yn cynyddu'r galw am staff dysgu. Os oes prinder staff yn yr NHS ar hyn o bryd, ac mae problemau o ran recriwtio staff i brifysgolion i ddysgu'n gyffredinol, ym mhle y bydd y sefydliadau'n dod o hyd i'r staff hyn? A fydd digon o staff ac a fyddant o'r ansawdd iawn?

Mr Martin: Mae hynny'n rhywbeth yr hoffwn gael deialog fanwl amdano â'm cydweithwyr yn yr NHS, oherwydd nid yw'n rhywbeth y galleim ei wneud ar wahân i'n gilydd. Bydd y sefydliadau mewn sefyllfa dda i wneud hyn. Byddant yn deall y farchnad i'r bobl y maent yn ceisio eu denu. Fodd bynnag, yr ydych yn llygad eich lle, rhaid inni beidio â chael effaith dadleoli drwy amryfusedd, lle y mae'r rhai gorau'n mynd i ddysgu a heb fod ar gael bellach ar gyfer gwasanaeth. Ni chredaf y gallaf roi ateb parod i chi yn nhermau 'dyma'r dull gweithredu a

that'. I think that most of that needs to flow from the detailed discussions that colleagues will be having with the institutions. Rather than suggesting some kind of general answer in the abstract, I think that you need to aggregate all those discussions, play that into wider considerations about workforce planning and make sure the total workforce available has the right skills at the right levels to do all these jobs.

Mrs Lloyd: May I add something to that? Over the past few years there has been a growth in a type of member of staff called the lecturer-practitioner to overcome some of the problems of the best people being ripped away from the health service and put into higher education, and to ensure that the best practitioners can contribute fully to higher education and training. So we have instituted lecturer-practitioners. A considerable amount of research was undertaken in Leeds approximately two years ago into the effectiveness of lecturer-practitioners. That is one way of ensuring that both needs are met. These are jobs that people really seek out. These

byddai angen inni roi sylw i hynny'. Credaf fod yn rhaid i'r rhan fwyaf o hynny ddeillio o'r trafodaethau manwl a gaiff fy nghydweithwyr â'r sefydliadau. Yn hytrach nag awgrymu rhyw fath o ateb cyffredinol haniaethol, credaf fod angen ichi gyfansymio'r holl drafodaethau hynny, porthi hynny i ystyriaethau ehangach am gynllunio gweithlu a sicrhau bod y cwbl o'r gweithlu sydd ar gael yn meddu ar y medrau iawn ar y lefelau iawn i wneud yr holl swyddi hyn.

Mrs Lloyd: A gaf ychwanegu rhywbeth at hynny? Dros y blynyddoedd diwethaf hyn bu cynnydd yn nifer y math o aelod staff a elwir yn ddarlithydd-ymarferwr er mwyn osgoi'r broblem o dynnu'r bobl orau oddi wrth y gwasanaeth iechyd a'u rhoi mewn addysg uwch, ac i sicrhau bod yr ymarferwyr gorau'n gallu cyfrannu'n llawn at addysg uwch a hyfforddiant. Felly sefydlasom y darlithwyr-ymarferwyr. Gwnaethpwyd llawer iawn o ymchwil yn Leeds tua dwy flynedd yn ôl i effeithioldeb darlithwyr-ymarferwyr. Dyna un modd i sicrhau y cyflawnir y ddau angen. Mae'r rhain yn swyddi y mae pobl yn chwilio amdanynt o ddifrif. Y rhain yw'r math o fentrau y mae'n

are the kind of initiatives that, together, we have to take forward.

rhaid inni fwrw ymlaen â hwy gyda'n gilydd.

[38] **Lorraine Barrett:** Have we time for one more question?

[38] **Lorraine Barrett:** A oes gennym amser i un cwestiwn arall?

[39] **Janet Davies:** We are running out of time. You have three questions to ask at the end.

[39] **Janet Davies:** Mae ein hamser yn mynd yn brin. Mae gennych dri chwestiwn i'w gofyn ar y diwedd.

[40] **Lorraine Barrett:** I know. I will throw it in then.

[40] **Lorraine Barrett:** Gwn hynny. Fe'i taflaf i mewn bryd hynny.

[41] **Janet Davies:** On the issue of funding, Mr Martin, paragraph 3.21 on page 27 states that teaching accommodation is a constraint on expansion in all of the higher education institutions. Paragraphs 3.23 to 3.26 note some of the actions being taken by the Assembly to address this. How confident are you that those initiatives will tackle the issue and ensure that institutions make the investments necessary to deliver the ambitious expansion plan?

[41] **Janet Davies:** Ar fater cyllido, Mr Martin, noda paragraff 3.21 ar dudalen 27 fod lle ar gyfer dysgu yn gyfyngiad ar ehangu ym mhob un o'r sefydliadau addysg uwch. Mae paragraffau 3.23 i 3.26 yn nodi rhai o'r camau a gymerir gan y Cynulliad i ymdrin â hyn. Pa mor ffyddiog yr ydych y bydd y mentrau hynny'n mynd i'r afael â'r mater hwn ac yn sicrhau bod sefydliadau'n buddsoddi'n ôl yr angen i gyflawni'r cynllun ehangu uchelgeisiol?

Mr Martin: I am sure that NHS

Mr Martin: Yr wyf yn sicr na fyddai fy

colleagues would not conclude negotiations with an institution that was not making adequate arrangements for people to be trained, including accommodation arrangements. As I said earlier, expertise about the estate is available in the Funding Council as well as in the institutions, and in some areas expansion will be best done by looking at the use of the total estate. There is obviously a danger, if we did not do that, that you would be looking just at add-ons without making the best use of what is available. I recall, for instance, Public Accounts Committee hearings on the question of the use of accommodation in higher education, and targets that were set for better use. We need to look at all the opportunities for making additional accommodation available.

I ought to make clear to the Committee that my relationship with higher education institutions is very different to that Ann has with the NHS. We are not responsible for managing institutions. We fund them, we steer them, we have a strategic relationship with them, but we are by no means their only source of income. They have many sources of income and, in some cases—I think that

nghydweithwyr yn yr NHS yn cwblhau negodiadau â sefydliad nad oedd yn gwneud trefniadau digonol i hyfforddi pobl, gan gynnwys y trefniadau lle. Fel y dywedais yn gynharach, mae arbenigedd ynghylch y stad ar gael yn y Cyngor Cyllido yn ogystal ag yn y sefydliadau, ac mewn rhai meysydd cyflawnir yr ehangu orau drwy ystyried y defnydd o'r stad gyfan. Mae'n amlwg bod perygl, pe na wnaem hynny, y byddech yn ystyried ychwanegiadau'n unig heb wneud y defnydd gorau o'r hyn sydd ar gael. Cofiaf, er enghraifft, wrandawiadau'r Pwyllgor Cyfrifon Cyhoeddus ar fater y defnydd o le mewn addysg uwch, a'r targedau a osodwyd ar gyfer gwell defnydd. Mae angen inni edrych ar yr holl gyfleoedd i ddarparu lle ychwanegol.

Dylwn egluro i'r Pwyllgor fod fy mherthynas i â sefydliadau addysg uwch yn wahanol i'r hyn sydd gan Ann â'r NHS. Nid ydym yn gyfrifol am reoli sefydliadau. Yr ydym yn eu cyllido, yn eu llywio, mae gennym berthynas strategol â hwy, ond nid ni yw eu hunig ffynhonnell incwm o bell ffordd. Mae ganddynt lawer o ffynonellau incwm ac, mewn rhai achosion—credaf mai Coleg

the University of Wales College of Medicine is the most striking example at 23 per cent, but it is one of a number—only something between 40 and 65 per cent of their total income comes from the Funding Council. We expect them to fund their own capital development and to generate surpluses and so on to do that. It is of concern to us—it is a bigger subject, I guess, than the one before you today—that the majority of our institutions in Wales are not generating sufficient surpluses for capital investment. That is a more general issue and not just to do with the provision for the NHS. Of all our institutions, the only one with really massive reserves, in terms of something that enables it to endow substantially all it needs in terms of accommodation and so on, is Cardiff. Otherwise, it is something that is a challenge for them. We have one or two institutions, particularly Swansea and Bangor, which for various reasons, have very severe problems with their estate. However, we have not regarded it as our responsibility, except where there has been an emergency in terms of health and safety issues and some money has perhaps become available within the year, to support out of special capital allocations the repair of buildings. We expect institutions to plan for that. What we do

Meddygaeth Prifysgol Cymru yw'r enghraifft fwyaf trawiadol ar 23 y cant, ond mae'n un o nifer—dim ond rhwng tua 40 a 65 y cant o gyfanswm eu hincwm a ddaw oddi wrth y Cyngor Cyllido. Disgwyliwn iddynt gyllido eu datblygiad cyfalaf a chynhyrchu gwarged ac yn y blaen i wneud hynny. Mae'n destun pryder i ni—mae'n bwnc ehangach, tybiwn i, na'r un sydd o'ch blaen heddiw—nad yw'r rhan fwyaf o'n sefydliadau yng Nghymru'n cynhyrchu gwarged digonol ar gyfer buddsoddi cyfalaf. Mae hynny'n fater mwy cyffredinol nad yw'n ymwneud â'r ddarpariaeth i'r NHS yn unig. O blith ein holl sefydliadau, yr unig un a chanddo gronfeydd gwirioneddol anferth, yn nhermau rhywbeth sydd yn ei alluogi i waddoli'n sylweddol y cwbl y mae arno ei angen o ran lle ac yn y blaen, yw Caerdydd. Fel arall, mae'n rhywbeth sydd yn her iddynt. Mae gennym un neu ddau o sefydliadau, yn enwedig Abertawe a Bangor, sydd, am wahanol resymau, yn profi problemau difrifol iawn gyda'u stad. Fodd bynnag, nid ystyriasom hynny'n gyfrifoldeb i ni, heblaw pan fu argyfwng o ran materion iechyd a diogelwch a lle'r oedd rhywfaint o arian ar gael yn ystod y flwyddyn, i roi cymorth i atgyweirio adeiladau o ddyraniadau cyfalaf arbennig.

require of them generally, and not just in this area, is an estates strategy. We have a dialogue with them to ensure, as part of the general health of the institution, that they have an estates strategy that concerns the long-term health of their estate at large.

All of this needs dialogue between ourselves, the institutions and NHS colleagues. I was asked earlier how we ensure that there is not cross-subsidy between these areas in the NHS. Clearly, that is also important in terms of capital. If the need for capital provision arises directly, exclusively or largely from the demands of the NHS, then I would argue that it would be right that the NHS should pay for that. I expect that the Assembly would expect to see some clarity about how public budgets are being used.

[42] **Janet Davies:** I certainly think that clarity is important. I would like to ask a question about improving partnership working because, obviously, that is very

Disgwyliwn i'r sefydliadau gynllunio ar gyfer hynny. Yr hyn a ddisgwyliwn ganddynt yn gyffredinol, ac nid yn y maes hwn yn unig, yw strategaeth stadau. Cynhaliwn ddeialog â hwy i sicrhau bod ganddynt strategaeth stadau, fel rhan o iechyd cyffredinol y sefydliad, sydd yn ymwneud ag iechyd tymor hir eu stad yn gyffredinol.

Mae hyn oll yn gofyn am ddeialog rhyngom ni, y sefydliadau a'n cydweithwyr yn yr NHS. Gofynnwyd imi'n gynharach sut yr ydym yn sicrhau nad oes croesnodd rhwng y meysydd hyn yn yr NHS. Wrth gwrs, mae hynny'n bwysig hefyd o ran cyfalaf. Os yw'r angen am ddarpariaeth cyfalaf yn codi'n uniongyrchol, yn gyfan gwbl neu'n bennaf o anghenion yr NHS, byddwn yn dadlau ei bod yn iawn i'r NHS dalu am hynny. Tybiaf y byddai'r Cynulliad yn disgwyl gweld rhywfaint o eglurder ynghylch y modd y defnyddir cyllidebau cyhoeddus.

[42] **Janet Davies:** Yr wyf yn sicr yn credu bod eglurder yn bwysig. Hoffwn ofyn cwestiwn am wella gweithio mewn partneriaeth oherwydd, wrth reswm, mae

important in this field. I ask it to both Mrs Lloyd and Mr Martin. Perhaps you would like to fight out who goes first. The Auditor General's report identifies the scope for developing more effective partnerships in educating and training health professional students. What are the main issues you would like to see covered in such an approach?

hynny'n bwysig iawn yn y maes hwn. Fe'i gofynnaf i Mrs Lloyd ac i Mr Martin. Efallai yr hoffech ymladd i benderfynu pwy a aiff yn gyntaf. Mae adroddiad yr Archwilydd Cyffredinol yn nodi'r cyfle i ddatblygu partneriaethau mwy effeithiol mewn addysgu a hyfforddi myfyrwyr iechyd proffesiynol. Beth yw'r prif faterion yr hoffech weld eu cynnwys mewn dull gweithredu o'r fath?

Mrs Lloyd: Do you want to answer first?

Mrs Lloyd: A ydych yn dymuno ateb yn gyntaf?

Mr Martin: Go ahead.

Mr Martin: Ewch ymlaen.

Mrs Lloyd: I will answer first, then. I think that it is very much about making sure that we walk hand in hand towards developing the right sort of staff for the future, and that we look at more creative methods by which people can be taught, particularly as we are trying to attract the married workforce back. We have to go in for e-learning and localised training; we must develop skills labs; and we must have appropriate clinical placements. We are not now dealing with a vast majority

Mrs Lloyd: Atebaf fi'n gyntaf, felly. Credaf ei bod yn ymwneud yn bennaf â sicrhau ein bod yn cerdded law yn llaw tuag at ddatblygu'r math iawn o staff ar gyfer y dyfodol, a'n bod yn ystyried dulliau mwy creadigol o ddysgu pobl, yn enwedig gan ein bod yn ceisio denu'r gweithlu o bobl briod yn ôl. Rhaid inni ymroi i ddysgu electronig a hyfforddiant lleol; rhaid inni ddatblygu labordai medrau; rhaid inni gael y lleoliadau clinigol priodol. Nid ydym yn ymwneud

of students who are aged 16, 18, or 20. Many of the students coming back, or coming in for the first time, are older than that and have other commitments. Therefore, we have to work with higher education to look at much more accessible and creative ways of ensuring that people who want to work within the health service can do so. We also have to use our facilities and accommodation in the best interests of securing an appropriate workforce for the future. So that is what we would hope to be doing. A high-level working group is being established to allow professionals in health and higher education institutions to work constructively on the next five-year plan to ensure that there are no surprises for either of us and that we can have a joint plan agreed between us.

Mr Martin: Perhaps I could add that I shall be a member of that group, and am glad to be so.

Mrs Lloyd: So will I.

Mr Martin: I invited Ann to answer first

yn awr â mwyafrif helaeth o fyfyrwyr sydd yn 16, 18 neu 20 oed. Mae llawer o'r myfyrwyr sydd yn dod yn ôl, neu'n dod i mewn am y tro cyntaf, yn hŷn na hynny ac mae ganddynt ymrwymadau eraill. Felly, rhaid inni weithio gydag addysg uwch i ystyried dulliau llawer mwy hygyrch a chreadigol o ofalu bod pobl sydd yn dymuno gweithio yn y gwasanaeth iechyd yn gallu gwneud hynny. Rhaid inni hefyd ddefnyddio ein cyfleusterau a'r lle sydd gennym er mwyn sicrhau gweithlu priodol ar gyfer y dyfodol. Felly dyna'r hyn y gobeithiwn ei wneud. Sefydli'r gweithgor lefel uchel i ganiatáu i weithwyr proffesiynol mewn iechyd ac addysg uwch weithio'n adeiladol ar y cynllun pum mlynedd nesaf i sicrhau na fydd dim byd annisgwyl i'r naill na'r llall ac y gallwn gael cynllun ar y cyd a gytunwyd rhyngom.

Mr Martin: Efallai y gallwn ychwanegu y byddaf fi'n aelod o'r grŵp hwnnw, ac yr wyf yn falch o fod.

Mrs Lloyd: Byddaf fi hefyd.

Mr Martin: Gwahoddais Ann i ateb yn

because I think that one of the important principles, which was changed just a few years ago, was that it does put the NHS in the driving seat. That, I think, is right in terms of meeting the NHS's needs. However, it is a partnership. I have talked already about the importance of getting value for money from all the resources. It is also true that higher education makes a significant contribution to health and related services over and above those things that are commissioned directly by the Director of NHS Wales and her staff, and we must make sure that dialogue continues. There are many activities in higher education that provide a portfolio of support: for instance, psychology departments and law departments. There are all sorts of connections that need to be made. The purpose of this high-level group—I am delighted that it is being formed, and it will also include, I believe, the Vice Chancellor of the University of Wales College of Medicine—is that it can provide a strategic perspective. I think that we would accept that that has not always been there in the past and we need to make sure that it is driven from that very top level.

gyntaf oherwydd credaf mai un o'r egwyddorion pwysig, a newidiwyd dim ond ychydig o flynyddoedd yn ôl, oedd ei bod yn rhoi'r NHS wrth y llyw. Mae hynny'n iawn, yr wyf yn credu, yn nhermau cwrdd ag anghenion yr NHS. Fodd bynnag, mae'n bartneriaeth. Soniais eisoes am y pwysigrwydd o gael gwerth am arian o'r holl adnoddau. Mae hefyd yn wir bod addysg uwch yn cyfrannu'n sylweddol at iechyd a gwasanaethau cysylltiedig yn ychwanegol at y pethau hynny a gomisiynir yn uniongyrchol gan Gyfarwyddwr NHS Cymru a'i staff, a rhaid inni sicrhau bod y ddeialog honno'n parhau. Mae llawer o weithgareddau mewn addysg uwch sydd yn darparu portffolio o gymorth: er enghraifft, adrannau seicoleg ac adrannau'r gyfraith. Mae pob math o gysylltiadau y mae angen eu gwneud. Pwrpas y grŵp lefel uchel hwn—yr wyf wrth fy modd ei fod yn cael ei ffurfio, a bydd hefyd yn cynnwys, yr wyf yn credu, Is-ganghellor Coleg Meddygaeth Prifysgol Cymru—yw ei fod yn gallu cynnig safbwynt strategol. Credaf y byddem yn derbyn nad yw hynny wedi bod yno yn y gorffennol ac mae angen inni sicrhau y caiff ei yrru o'r lefel uchaf honno.

[43] **Lorraine Barrett:** I would like to preface my questions with a little comment, if you will indulge me, Chair. I still hanker after the good old days, back in 1968, when I started my nurse training in Llandough Hospital. It seemed so simple then—you just went into the school, which was based in the hospital, and did a couple of months there. You were already used to hospital atmospheres, so it was not so alien to go onto the ward. Also, as student nurses, we were paid; we were being trained and we were working at the same time. We were part of the team. I am never sure whether that has had something to do with the nurses shortage. We were part of the team, we did not have to be supervised on a one-to-one basis, we got stuck in and got on with the job. Maybe I am a bit old fashioned. I know that techniques have moved on and that medicine has moved on, and maybe we all need to move on. However, I still question the university degree education separation—not that there is anything wrong with that—but it is more education-based rather than hands-on nursing based. That is my preface.

[43] **Lorraine Barrett:** Hoffwn wneud ychydig o sylwadau o flaen fy nghwestiynau, os maddeuwch i mi, Gadeirydd. Yr wyf yn dal i hiraethu am yr hen ddyddiau dedwydd, yn ôl yn 1968, pan ddechreuais ar fy hyfforddant fel nyrs yn Ysbyty Llandochau. Yr oedd yn ymddangos mor syml bryd hynny—y cwbl a wnaech oedd mynd i'r ysgol, a oedd wedi ei lleoli yn yr ysbyty, a gwneud ychydig o fisoedd yno. Yr oeddech eisoes wedi arfer ag awyrgylch ysbyty, felly nid oedd mynd i'r ward yn beth mor ddieithr. Hefyd, fel nyrsys fyfyrwyr, caem ein talu; yr oeddem yn cael ein hyfforddi ac yn gweithio yr un pryd. Yr oeddem yn rhan o'r tîm. Nid wyf byth yn sicr a oes a wnelo hynny â phrinder nyrsys o gwbl. Yr oeddem yn rhan o'r tîm, nid oedd yn rhaid ein goruchwyllo un i un, yr oeddem yn bwrw iddi ac yn mynd ymlaen â'r gwaith. Efallai fy mod braidd yn hen ffasiwn. Gwn fod y technegau wedi symud ymlaen a bod meddygaeth wedi symud ymlaen, ac efallai fod angen i bob un ohonom symud ymlaen. Fodd bynnag, daliaf i gwestiynu'r rhaniad addysg gradd brifysgol—nid bod dim o'i le ar hynny—ond mae'n fwy seiliedig ar addysg yn hytrach nag ar nyrsio ymarferol. Dyna fy rhagarweiniad.

I have a question for Mrs Lloyd. Looking at paragraphs 4.2 to 4.8, which highlight the need for changes to the education and training group, the report notes that the workforce planning review, launched in November 2000, will consider the representation and role of that group. Can you outline what changes you now think are necessary, and when do you plan to implement them?

Mrs Lloyd: I think that the existing arrangements have served their purpose and that it is now time to move on. I suppose that I am prejudiced, because for three years, as part of being a trust chief executive, I was also the chairman of an education and training consortium for Avon, Wiltshire and Gloucestershire.

[44] **Lorraine Barrett:** That is handy.

Mrs Lloyd: Yes, it was handy. I think that what we have to do is to almost

Mae gennyf gwestiwn i Mrs Lloyd. Gan edrych ar baragraffau 4.2 i 4.8, sydd yn tynnu sylw at yr angen am newidiadau i'r grŵp addysg a hyfforddiant, mae'r adroddiad yn nodi y bydd yr adolygiad o gynllunio gweithlu, a lanswyd yn Nhachwedd 2000, yn ystyried cynrychiolaeth a rôl y grŵp hwnnw. A allwch amlinellu'r newidiadau a ystyriwch yn angenrheidiol yn awr, a pha bryd y bwriadwch eu rhoi ar waith?

Mrs Lloyd: Credaf fod y trefniadau presennol wedi cyflawni eu diben a'i bod bellach yn bryd symud ymlaen. Tybiaf fod gennyf ragfarn, oherwydd am dair blynedd, fel rhan o fod yn brif weithredwr ymddiriedolaeth, yr oeddwn hefyd yn gadeirydd ar gonsortiw m addysg a hyfforddiant i Avon, Wiltshire a Swydd Gaerloyw.

[44] **Lorraine Barrett:** Mae hynny'n ddefnyddiol.

Mrs Lloyd: Oedd, yr oedd yn ddefnyddiol. Credaf mai'r hyn y mae'n

recreate in Wales—given the health economies that are now developing in the south, the mid and west and the north—that consortium/confederation approach. The current arrangements look only at the health service. We know that we have to train for the voluntary sector, for the independent sector, with the medics—the medics are not part of that group at the moment—and we have to train for the changing boundaries between professionals. I have asked the director of human resources, given the new structures coming out within the health service, to consider the consortia approach, which has now gone to confederations in England, to see whether or not they would better serve a more concentrated, and yet more inclusive workforce, development and securing of placements than we have been able to achieve in the past.

I do think that it is a deficiency not to have included the requirements of voluntary services, and particularly the independent sector, which has been a major drain on NHS staff resources in the

rhaid inni ei wneud yw ail-greu bron yng Nghymru—o ystyried yr economïau iechyd sydd yn datblygu'n awr yn y de, y canolbarth a'r gorllewin a'r gogledd—y dull consortiwm/cydffederasiwn hwnnw. Mae'r trefniadau presennol yn ystyried y gwasanaeth iechyd yn unig. Gwyddom fod yn rhaid inni hyfforddi ar gyfer y sector gwirfoddol, ar gyfer y sector annibynnol, gyda'r myfyrwyr meddygol—nid yw'r myfyrwyr meddygol yn rhan o'r grŵp hwnnw ar hyn o bryd—a rhaid inni eu hyfforddi ar gyfer y ffiniau newidiol rhwng gweithwyr proffesiynol. Gofynnais i'r cyfarwyddwr adnoddau dynol, yng ngolwg y strwythurau newydd sydd yn codi oddi mewn i'r gwasanaeth iechyd, i ystyried y dull consortia, sydd bellach wedi mynd yn gydffederasiynau yn Lloegr, i weld a fyddent yn fwy addas ar gyfer datblygu gweithlu mwy cryno, ond mwy cynhwysol, a sicrhau lleoliadau, na'r hyn y gallasom ei gyflawni yn y gorffennol.

Credaf mai diffyg oedd peidio â chynnwys gofynion gwasanaethau gwirfoddol, ac yn enwedig y sector annibynnol, a fu'n dreth fawr ar adnoddau staff yr NHS yn y gorffennol,

past, although they tend to be coming back at the moment. Nevertheless, we have to be more holistic. We must also take into consideration the joint, shared needs of social care. I would like to see the development of confederations within Wales on an economy level so that we get more purposeful planning and commissioning of education for the professions.

[45] **Lorraine Barrett:** Let us go straight to the next question, which covers paragraphs 4.9 to 4.10. They detail the increased remit of the Assembly and the professional and managerial education branch. The branch was carrying three vacancies at the time that the Auditor General's report was finalised. How confident are you that an effective level of performance can be maintained under those circumstances and what is the present position on those vacancies?

Mrs Lloyd: The branch still has vacancies. I think it is two at the moment.

Mr Hanna: Yes, it is two at the moment.

er bod tuedd iddynt ddod yn ôl ar hyn o bryd. Er hynny, rhaid inni fod yn fwy cyfannol. Rhaid inni hefyd gymryd i ystyriaeth yr anghenion a rennir ar y cyd â gofal cymdeithasol. Hoffwn weld datblygu cydffederasiynau oddi mewn i Gymru ar lefel yr economïau fel y cawn gynllunio a chomisiynu mwy pwrpasol ar addysg ar gyfer y proffesiynau.

[45] **Lorraine Barrett:** Gadewch inni fynd yn syth at y cwestiwn nesaf, sydd yn ymwneud â pharagraffau 4.9 i 4.10. Maent yn nodi cylch gwaith ehangach y Cynulliad a'r gangen addysg broffesiynol a rheolaethol. Yr oedd tair swydd wag yn y gangen pan gwblhawyd adroddiad yr Archwilydd Cyffredinol. Pa mor ffyddiog yr ydych y gellir cynnal lefel perfformiad effeithiol o dan yr amgylchiadau hynny a beth yw'r sefyllfa bresennol ynghylch y swyddi gwag hynny?

Mrs Lloyd: Mae swyddi gwag yn y gangen o hyd. Credaf fod dwy ar hyn o bryd.

Mr Hanna: Ie, dwy ydyw ar hyn o bryd.

Mrs Lloyd: The branch has maintained the progress that we expected of it. The human resources director gives some considerable support, because this is a vital part of the work. It is good that it was acknowledged that this was a necessary part of the Human Resources Division and refocused the emphasis on training and education. When we look at the development of the education consortia in Wales and their confederations, we will be able to rescope the department that we need within the Assembly and the support that we need from the confederations. That is part of the review of the structures that is going on at the moment.

Mrs Lloyd: Mae'r gangen wedi parhau â'r cynnydd yr oeddem yn ei ddisgwyl ganddi. Mae'r cyfarwyddwr adnoddau dynol yn rhoi cryn gymorth, oherwydd mae'n rhan holl bwysig o'r gwaith. Yr oedd yn beth da cydnabod bod hyn yn rhan angenrheidiol o'r Is-adran Adnoddau Dynol a rhoddodd bwyslais o'r newydd ar addysg a hyfforddiant. Pan edrychwn ar ddatblygiad y consortia addysg yng Nghymru a'u cydffederasiynau, byddwn yn gallu newid cwmpas yr adran y mae arnom ei hangen oddi mewn i'r Cynulliad a'r cymorth y mae arnom ei angen gan y cydffederasiynau. Mae hynny'n rhan o'r adolygiad o'r strwythurau sydd yn digwydd ar hyn o bryd.

[46] **Lorraine Barrett:** My last question is to Mr Martin. The Auditor General's report stresses the need to ensure that the NHS and HE institutions share responsibility for the recruitment, selection and retention of students. The same applies to identifying and managing practice placements. What action are you taking to encourage greater collaboration between the two sectors?

[46] **Lorraine Barrett:** Mae fy nghwestiwn olaf i Mr Martin. Mae adroddiad yr Archwilydd Cyffredinol yn pwysleisio'r angen i sicrhau bod yr NHS a sefydliadau addysg uwch yn rhannu cyfrifoldeb am recriwtio, dethol a chadw myfyrwyr. Mae hynny'n berthnasol hefyd i ganfod a rheoli lleoliadau ymarfer. Pa gamau yr ydych yn eu cymryd i annog cydweithio rhwng y ddau sector?

Mr Martin: I do not believe that I need to take any. That is not a complacent answer; it is because I think that there is very effective dialogue going on between NHS colleagues and institutions. If I had any evidence of institutions not wanting to play that game then I would clearly be happy to weigh in and get them to get involved. I think that this direct dialogue between the NHS and higher education institutions is a very powerful instrument for change. In fact, if I may say so, it picks up on your opening statement about what is the right balance in terms of the levels of training and so on.

The generality of funding of education institutions by the higher education funding council is not specific to courses, but is rather more general and gives them a lot more freedom. The arrangements that we have been putting in place over the last few years actually enable the NHS to drive the process and ensure that the people being produced match the needs of the NHS. I am not aware, unless my colleague wants to contradict me, that there is a problem about those discussions

Mr Martin: Ni chredaf fod angen imi gymryd unrhyw gamau. Nid ateb difater yw hwnnw; y rheswm amdano yw fy mod yn credu bod deialog effeithiol iawn yn digwydd rhwng cydweithwyr a sefydliadau'r NHS. Pe bai gennyf unrhyw dystiolaeth nad oedd sefydliadau'n dymuno cymryd rhan yn hynny byddwn yn falch iawn, wrth gwrs, o ddod i'r adwy a pheri iddynt gymryd rhan. Credaf fod y deilaog uniongyrchol hwn rhwng yr NHS a sefydliadau addysg uwch yn offeryn grymus iawn er mwyn sicrhau newid. Mewn gwirionedd, os caf ddweud hynny, mae'n dilyn eich datganiad agoriadol ynghylch beth yw'r cydbwysedd iawn o ran y lefelau hyfforddiant ac yn y blaen.

Nid yw natur gyffredinol cyllido sefydliadau addysg gan y cyngor cyllido addysg uwch yn benodol ar gyfer cyrsiau, ond yn hytrach mae'n fwy cyffredinol ac yn rhoi llawer mwy o ryddid iddynt. Mae'r trefniadau a roesom ar waith dros y blynyddoedd diwethaf hyn yn galluogi'r NHS i lywio'r broses, mewn gwirionedd, a sicrhau bod y bobl a gynhyrchir yn cwrdd ag anghenion yr NHS. Nid wyf yn ymwybodol, os nad yw fy nghydweithiwr yn dymuno fy ngwrth-

and the willingness and the joint wish to find those placements and to do that planning together.

ddweud, fod problem ynghylch y trafodaethau hynny a'r parodrwydd a'r cyd-ddymuniad i ddod o hyd i'r lleoliadau hynny a gwneud hynny drwy gynllunio gyda'n gilydd.

[47] **Janet Davies:** We have come to the end of this evidence session. I thank you for your full and helpful answers. A draft transcript will be sent to you so that you can check its factual accuracy before it is published as part of the minutes. When the committee publishes its report, the transcript will be included as an annex.

[47] **Janet Davies:** Daethom i ddiwedd y sesiwn tystiolaeth hwn. Diolchaf i chi am eich atebion llawn a defnyddiol. Anfonir trawsgrifiad drafft atoch fel y gallwch wirio ei gywirdeb ffeithiol cyn ei gyhoeddi fel rhan o'r cofnodion. Pan fydd y pwyllgor yn cyhoeddi ei adroddiad, cynhwysir y trawsgrifiad fel atodiad.

Daeth y sesiwn cymryd tystiolaeth i ben am 4.59 p.m.

The evidence-taking session ended at 4.59 p.m.

THE AUDIT COMMITTEE

The National Assembly's Audit Committee ensures that proper and thorough scrutiny is given to the Assembly's expenditure. In broad terms, its role is to examine the reports on the accounts of the Assembly and other public bodies prepared by the Auditor General for Wales; and to consider reports by the Auditor General for Wales on examinations into the economy, efficiency and effectiveness with which the Assembly has used its resources in discharging its functions. The responsibilities of the Audit Committee are set out in detail in Standing Order 12.

Current Membership of the Committee as of publication is:

Chair: Janet Davies (Plaid Cymru)

Alun Cairns (Conservative)

Jocelyn Davies (Plaid Cymru)

Alison Halford (Labour)

Val Lloyd (Labour)(replaced Ann Jones - 27th November 2001)

Janice Gregory (Labour)(replaced Peter Law - 27th November 2001)

Lynne Neagle (Labour)

Dafydd Wigley (Plaid Cymru)

Kirsty Williams (Liberal Democrat)

If you wish to contact the Committee you can do so by e mailing it at audit.comm@wales.gsi.gov.uk or by writing or phoning the Committee Clerk at the National Assembly for Wales, Cardiff Bay, Cardiff, CF99 1NA. The phone number is (029) 20 898155.