Cynulliad Cenedlaethol Cymru

Pwyllgor Archwilio

The National Assembly for Wales

Audit Committee

Rheoli Ystâd y GIG yng Nghymru
Managing the Estate of the NHS in Wales

Cwestiynau 177-315
Questions 177-315

Dydd Iau 14 Mawrth 2002
Thursday 14 March 2002

Aelodau o'r Cynulliad yn bresennol: Janet Davies (Cadeirydd), Eleanor Burnham, Alun Cairns, Jocelyn Davies, Janice Gregory, Alison Halford, Ann Jones, Val Lloyd, Dafydd Wigley.

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

Tystion: Keith Thomson, Prif Weithredwr Ymddiriedolaeth GIG Gogledd Orllewin Cymru; John Potts, Cyfarwyddwr Ystadau a Chyfleusterau, Ymddiriedolaeth GIG Gogledd Orllewin Cymru; Martin Turner, Prif Weithredwr Ymddiriedolaeth GIG Gofal Iechyd Gwent; Glyn Griffiths, Cyfarwyddwr Cynllunio, Ymddiriedolaeth GIG Gofal Iechyd Gwent.

Assembly Members present: Janet Davies (Chair), Eleanor Burnham, Alun Cairns, Jocelyn Davies, Janice Gregory, Alison Halford, Ann Jones, Val Lloyd, Dafydd Wigley.

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

Witnesses: Keith Thomson, Chief Executive, North West Wales NHS Trust; John Potts, Director of Estates and Facilities, North West Wales NHS Trust; Martin Turner, Chief Executive, Gwent Healthcare NHS Trust; Glyn Griffiths, Director of Planning, Gwent Healthcare NHS Trust.

Dechreuodd y cyfarfod am 2 p.m.

The meeting began at 2 p.m.

[177] **Janet Davies:** Good afternoon. I welcome everybody to this session of the Audit Committee. First, I welcome Eleanor Burnham as a new member of the Committee, and thank Eleanor's predecessor, Kirsty Williams, for all the work that she did for the Committee. May I also say that this may well be my last meeting as Chair of the Committee, although I hope to remain a member of the Committee. I will give all good wishes to my successor once the appointment has been voted on in Plenary.

[177] **Janet Davies:** Prynhawn da. Croesawaf bawb i'r sesiwn hon o'r Pwyllgor Archwilio. Yn gyntaf, croesawaf Eleanor Burnham fel aelod newydd o'r Pwyllgor, a diolchaf i ragflaenydd Eleanor, Kirsty Williams, am yr holl waith a wnaeth dros y Pwyllgor. A gaf fi ddweud hefyd mai hwn efallai fydd fy nghyfarfod olaf innau fel Cadeirydd y Pwyllgor, er fy mod yn gobeithio parhau'n aelod o'r Pwyllgor. Rhoddaf bob dymuniad da i'm holynydd unwaith y bydd y penodiad wedi'i wneud trwy bleidlais yn y Cyfarfod Llawn.

[178] **Alison Halford:** May I, for the record—I am sure that the rest of the Committee would wish to endorse this—note the way in which you have chaired this challenging and very important Committee ever since its inception. You have done a superb job. The decisions that you have had to make and the chairmanship skills that you have had to show at times have been absolutely exemplary. I am sure that we would all wish to record the fact that you have done a superb job. It should be noted in the record that we will miss you, although, naturally, we welcome your successor. So thank you very much, and well done from all of us.

[178] **Alison Halford:** A gaf fi, er mwyn y cofnod—yr wyf yn siwr y byddai gweddill y Pwyllgor yn dymuno ategu hyn—nodi'r modd yr ydych wedi cadeirio'r Pwyllgor heriol a phwysig iawn hwn ers y cychwyn. Yr ydych wedi gwneud gwaith gwych. Bu'r penderfyniadau y bu'n rhaid ichi eu gwneud a'r sgiliau cadeiryddol y bu'n rhaid ichi eu dangos ar brydiau yn gwbl ragorol. Yr wyf yn siwr y byddem i gyd yn dymuno cofnodi'r ffaith ichi gyflawni gwaith ardderchog. Dylid nodi yn y cofnod y byddwn yn gweld eich colli, er, yn naturiol, y croesawn eich olynydd. Felly diolch yn fawr iawn, a da iawn chi gan bob un ohonom.

[179] **Janet Davies:** Thank you very much indeed. I have enjoyed the work.

[179] **Janet Davies:** Diolch yn fawr iawn, wir. Yr wyf wedi mwynhau'r gwaith.

I will move on to welcome our witnesses. I ask you to please introduce yourselves, and then I will go back to deal with some housekeeping issues.

Symudaf ymlaen i groesawu'n tystion. Gofynnaf ichi gyflwyno'ch hunain, os gwelwch yn dda, ac wedyn af yn ôl i ddelio â rhai materion cadw ty.

Mr Thomson: I am Keith Thomson, chief executive of North West Wales NHS Trust.

Mr Thomson: Keith Thomson wyf fi, prif weithredwr Ymddiriedolaeth GIG Gogledd Orllewin Cymru.

Mr Potts: I am John Potts, director of estates and facilities in North West Wales NHS Trust.

Mr Potts: John Potts wyf fi, cyfarwyddwr ystadau a chyfleusterau yn Ymddiriedolaeth GIG Gogledd Orllewin Cymru.

Mr Turner: I am Martin Turner, chief executive of Gwent Healthcare NHS Trust.

Mr Turner: Martin Turner wyf fi, prif weithredwr Ymddiriedolaeth GIG Gofal Iechyd Gwent.

Mr Griffiths: I am Glyn Griffiths, director of planning in Gwent Healthcare NHS Trust.

Mr Griffiths: Glyn Griffiths wyf fi, cyfarwyddwr cynllunio Ymddiriedolaeth GIG Gofal Iechyd Gwent.

[180] **Janet Davies:** Thank you. I will explain to you how the microphones and translation facilities operate, because they are always different at different venues. As you know, this Committee can take evidence in and members can speak in either Welsh or English. Translation of Welsh will be provided, if you need it. Coffee will be available some time after 3 p.m. and there will be a short break then.

[180] **Janet Davies:** Diolch. Fe egluraf ichi sut y mae'r meicroffonau a'r offer cyfieithu'n gweithio, oherwydd maent bob amser yn wahanol mewn gwahanol leoedd. Fel y gwyddoch, gall y Pwyllgor hwn dderbyn tystiolaeth a gall yr aelodau siarad naill ai yn Gymraeg neu yn Saesneg. Darperir cyfieithiad o'r Gymraeg, os oes arnoch ei angen. Bydd coffi ar gael ryw bryd wedi 3 p.m. a chymerir egwyl fer bryd hynny.

The first item on the agenda, as you know, is an evidence-taking session on managing the NHS estate in Wales. This is our second evidence-taking session in connection with the report published on this. I think that it is very important that we are able to take evidence from two levels: from the NHS Directorate and from people who actually work in the field. That gives us a better view, as we can actually see what your problems are. That helps us in preparing the eventual Committee report.

Yr eitem gyntaf ar yr agenda, fel y gwyddoch, yw sesiwn gymryd tystiolaeth ar reoli ystâd y GIG yng Nghymru. Dyma'n hail sesiwn gymryd tystiolaeth yng nghyswllt yr adroddiad a gyhoeddwyd ar hyn. Credaf ei bod yn bwysig iawn ein bod yn gallu cymryd tystiolaeth o ddwy lefel: gan Gyfarwyddiaeth y GIG a chan bobl sy'n gweithio yn y maes. Mae hynny'n rhoi golwg well inni, gan y gallwn weld yn union beth yw'ch problemau. Mae hynny'n ein helpu i baratoi adroddiad y Pwyllgor maes o law.

I would like to go straight into questions; I am sure that you probably want to as well. Most of the questions will apply to both trusts. We will try to alternate between who answers the questions first. There may be some instances where the second question will alter slightly depending on the first answer.

Hoffwn fynd yn syth at y sesiwn holi; mae'n siwr mai dyna yr hoffech chithau hefyd. Bydd y rhan fwyaf o'r cwestiynau'n berthnasol i'r ddwy ymddiriedolaeth. Ceisiwn adael i'r naill a'r llall ateb gyntaf bob yn ail. Fe all fod rhai enghreifftiau lle bydd yr ail gwestiwn yn newid fymryn yn sgîl yr ateb cyntaf.

Perhaps I could start with Mr Turner. I point out that the management of the NHS estate in Wales is an important matter, and I am very pleased to welcome you both. I would like to open by asking both of you what the main issues and priorities are as far as the estate is concerned in your respective trusts? Mr Turner, will you start?

Efallai y cawn ddechrau gyda Mr Turner. Nodaf fod rheoli ystâd y GIG yng Nghymru'n fater pwysig, ac yr wyf yn falch iawn o'ch croesawu chi'ch dau. Hoffwn ddechrau drwy ofyn ichi'ch dau beth yw'r prif faterion a blaenoriaethau o safbwynt yr ystâd yn eich ymddiriedolaethau chi? Mr Turner, a wnewch chi ddechrau?

Mr Turner: Yes. That is such a broad question, I do not know where to start. I will start by saying that we have an estate strategy—that is it at the end of the table there. It is a very voluminous document. However, any estate structure, I would suggest, must start from the basis of having a service structure. You must decide what you are trying to do with the service for patients. So, right at the beginning, when we were formed as a trust back in 1999, we set about developing a service strategy. If you look at the service strategy that we are developing—I will explain it very briefly to you, because I think that it will give you some indication of what it led us to think about the estate—we have four key components to it, and one is about expansion. When we started as a trust, we realised that the amount of services we had, from a capacity potential, was not enough to satisfy the demands that were being made upon us. Everybody in the NHS and, indeed, outside, understands that now. So we had a view that we needed to cope with expansion. That is quite an important issue as well, because I would argue that, for years, the district general hospital plan, which was originated 40 years ago, did not do that. It assumed a level of service requirement, but did not take expansion into account.

Mr Turner: Iawn. Mae hwnnw'n gwestiwn mor eang, nid wyf yn gwybod ble i ddechrau. Cychwynnaf drwy ddweud fod gennym strategaeth ystâd—dacw hi ar ben y bwrdd. Mae'n ddogfen drwchus iawn. Fodd bynnag, rhaid i unrhyw strwythur ystâd, awgrymwn i, ddechrau o'r sail fod ganddo strwythur gwasanaeth. Rhaid penderfynu beth yr ydych yn ceisio'i wneud gyda'r gwasanaeth i gleifion. Felly, o'r cychwyn cyntaf, pan ffurfiwyd ni fel ymddiriedolaeth yn ôl yn 1999, aethom ati i ddatblygu strategaeth gwasanaeth. Os edrychwch ar y strategaeth gwasanaeth yr ydym yn ei datblygu—fe'i hegluraf ichi'n gryno iawn, oherwydd yr wyf yn meddwl y rhydd ryw arwydd ichi o'r hyn yr arweiniodd ni i'w feddwl am yr ystâd—mae iddi bedair cydran allweddol, ac ehangu yw un ohonynt. Pan gychwynasom fel ymddiriedolaeth, sylweddolasom nad oedd nifer y gwasanaethau a oedd gennym, o ran y potensial capasiti, yn ddigon i fodloni'r gofynion oedd arnom. Mae pawb yn y GIG ac, yn wir, y tu allan iddo, yn deall hynny'n awr. Felly yr oeddem o'r farn fod angen inni ymdopi ag ehangu. Mae hynny'n fater eithaf pwysig hefyd, oherwydd byddwn yn dadlau fod cynllun yr ysbytai cyffredinol dosbarth, a sefydlwyd 40 mlynedd yn ôl, heb wneud hynny am flynyddoedd. Yr oedd wedi rhagdybio lefel o alw am wasanaeth, ond heb ystyried cwestiwn ehangu.

The second one is about modernisation. What I mean by that is—you will come to that later in the report, I am sure—the functional suitability: are the services that we currently provide up to date, and do they meet patients' expectations, both in a technological and, indeed, in an environmental sense?

Yr ail gydran yw moderneiddio. Yr hyn a olygaf wrth hynny yw—fe ddewch at hynny yn ddiweddarach yn yr adroddiad, yr wyf yn siwr—yr addasrwydd swyddogaethol: a yw'r gwasanaethau a ddarparwn ar hyn o bryd o'r safon ddiweddaraf, ac a ydynt yn diwallu disgwyliadau'r cleifion, mewn ystyr dechnolegol ac, yn wir, amgylcheddol?

The other component for us in Gwent was about localisation. Many people in Gwent, and in the Caerphilly area in particular, travel long distances for their health services. So the view we had, as a strategy, was that we needed to provide more locally-based services.

Y gydran arall i ni yng Ngwent oedd lleoliad. Mae llawer o bobl yng Ngwent, ac yn ardal Caerffili yn arbennig, yn teithio pellterau hir am eu gwasanaethau iechyd. Felly ein barn ni, fel strategaeth, oedd fod angen inni ddarparu mwy o wasanaethau lleol.

The fourth component of our strategy was about integration. One of the arguments that we put forward for having a trust as big as the Gwent one—which, if you count Caerphilly, has three district general hospital bases, or acute hospital bases—was that specialisation is coming along more and more these days. We are coming back to the issue I mentioned earlier about district general hospitals; the wisdom 40 years ago was that you needed a district general hospital, broadly speaking, for about 130,000 people. Today the colleges tell us, 'you should be planning for 500,000 people'. That would mean that, across Wales, you would have six district general hospitals rather than the 14 or 15 that we have. However, the view that we had was not that you should knock everything down, in an estate sense, and build one district general hospital that serves everybody. It was more about starting to use the premises that we had for specialisation. In other words, the doctors, not the patients, become peripatetic in terms of where they deliver services from.

Pedwaredd gydran ein strategaeth oedd integreiddio. Un o'n dadleuon dros gael ymddiriedolaeth mor fawr ag un Gwent—sydd, os ydych yn cyfrif Caerffili, yn cynnwys tri ysbyty cyffredinol dosbarth, neu dri ysbyty achosion aciwt—oedd y ceir mwyfwy o arbenigo y dyddiau hyn. Deuwn yn ôl at y mater a grybwyllais yn gynharach ynghylch ysbytai cyffredinol dosbarth; y farn gyffredinol 40 mlynedd yn ôl oedd fod angen ysbyty cyffredinol dosbarth, yn fras, ar gyfer rhyw 130,000 o bobl. Heddiw dywed y colegau wrthym, 'dylech fod yn cynllunio ar gyfer 500,000 o bobl'. Byddai hynny'n golygu, ar draws Cymru, y byddai gennych chwech neu saith ysbyty cyffredinol dosbarth yn hytrach na'r 14 neu 15 sydd gennym. Er hynny, ein barn ni oedd na ddylid dymchwel y cyfan, o ran yr ystâd, ac adeiladu un ysbyty cyffredinol dosbarth fyddai'n gwasanaethu pawb. Gwell fyddai dechrau defnyddio'r adeiladau a oedd gennym er mwyn arbenigo. Mewn geiriau eraill, bydd y meddygon, nid y cleifion, yn teithio o le i le i ddarparu gwasanaethau.

So that gave us some indication of what we would need to do with our estate. The view we have is that we should be building something substantial in Caerphilly at some stage and that we should be transferring services from the Newport area into the Caerphilly area and that we should take a lot more of our out-patient services away from Nevill Hall Hospital and back up into the Valleys, from where most of the people come for their services. So we have plans—estate plans if you like—that are based on that premise.

Felly rhoddodd hynny ryw amcan inni ynghylch beth y byddai angen inni ei wneud gyda'n hystâd. Y farn sydd gennym yw y dylem fod yn adeiladu rhywbeth sylweddol yng Nghaerffili ryw bryd ac y dylem drosglwyddo gwasanaethau o ardal Casnewydd i ardal Caerffili a chymryd llawer mwy o'n gwasanaethau cleifion allanol i ffwrdd o Ysbyty Nevill Hall ac yn ôl i fyny i'r Cymoedd, o ble y daw'r rhan fwyaf o bobl am eu gwasanaethau. Felly mae gennym gynlluniau—cynlluniau ystâd, os mynnwch—sy'n seiliedig ar y rhagosodiad

hwnnw.

The other component to an estate strategy, of course, is broadly what this is about; it is about asking, ‘Is it fit for its purpose, does it meet with statutory compliance and is the physical condition appropriate for the sort of services that we are trying to provide?’ What we do, in terms of the strategy and identifying that, is that we target statutory maintenance. Certainly, that is the thing that you must do first and foremost. The other issues about developing your estate come afterwards. I can elaborate on that a bit later, if you would like, but I have probably given you a flavour of where we have come from in terms of developing an estate strategy.

Y gydran arall i strategaeth ystâd, wrth gwrs, yw’r sail i hyn yn fras; mae a wnelo â gofyn , ‘A ydyw’n addas i’w phwrpas, a ydyw’n cydymffurfio â’r gofynion statudol ac a yw’r cyflwr ffisegol yn briodol ar gyfer y math o wasanaethau yr ydym yn ceisio’u darparu?’ Yr hyn a wnawn, yn nhermau’r strategaeth ac o nodi hynny, yw targedu gwaith cynnal a chadw statudol. Yn sicr, dyna’r peth y mae’n rhaid ei wneud yn anad dim arall. Yn ddiweddarach y daw’r materion eraill o ran datblygu ystâd. Gallaf ymhelaethu ar hynny ychydig yn ddiweddarach, os hoffech, ond mae’n debyg fy mod wedi rhoi rhyw flas ichi o’n sefyllfa ni o ran datblygu strategaeth ystâd.

[181] **Janet Davies:** Thank you very much. Could I ask, before I ask that question to Mr Thomson, what sort of priority do you give to the estate in relation to all the other very important management challenges that you have in the health service?

[181] **Janet Davies:** Diolch yn fawr. A gaf fi ofyn, cyn imi ofyn y cwestiwn hwnnw i Mr Thomson, pa fath o flaenoriaeth a roddwch i’r ystâd mewn perthynas â’r holl gwestiynau rheoli pwysig iawn eraill sydd gennych yn y gwasanaeth iechyd?

Mr Turner: Well, it is like everything else; there are 10 No. 1s on our agenda. You cannot say that it is No. 2 or No. 3. It is a huge part of our work. Certainly, coming back to statutory compliance, you miss that at your peril, and chief executives these days are now legally responsible—in other words, we are the ones who go to court—so we probably take more notice, as a consequence, of those subtle but perhaps important changes in legislation. It is important from that perspective. You, as politicians, can give us all the money that you can afford to give, but unless we have the estate to support it—whether that is in terms of operating theatres, waiting room areas or the like—we would not be able to deliver it. So it is hugely important. We have to get that; it is a key component in delivering on the targets that we are set.

Mr Turner: Wel, mae’r un fath â phopeth arall; mae deg rhif 1 ar ein hagenda. Ni allwch ddweud ei fod yn rhif 2 neu’n rhif 3. Mae’n rhan enfawr o’n gwaith. Yn sicr, â dod yn ôl at gydymffurfio statudol, gwae chi os methwch hynny; mae prif weithredwyr y dyddiau hyn yn gyfreithiol gyfrifol—mewn geiriau eraill, ni yw’r rhai fydd yn mynd i’r llys—felly mae’n debyg y cymerwn fwy o sylw, o ganlyniad, i’r newidiadau cynnil ond pwysig hynny mewn deddfwriaeth. Mae’n bwysig o’r safbwynt hwnnw. Gallwch chi wleidyddion roi inni’r holl arian y gallwch fforddio’i roi, ond os nad oes gennym yr ystâd i’w gefnogi—boed hynny yn nhermau theatrau llawfeddygaeth, ystafelloedd aros neu beth bynnag—ni fyddem yn gallu ei gyflawni. Felly mae’n aruthrol o bwysig. Rhaid inni gael hynny; mae’n gydran allweddol ar gyfer cyflawni’r targedau a osodir inni.

[182] **Janet Davies:** Okay. Thank you very much. Mr Thomson, perhaps you would like me to repeat the question; it is about your main issues and priorities as far as the estate is concerned, and perhaps the priority that you give to that compared to everything else that you have to cope with.

Mr Thomson: Certainly. Thank you very much indeed. I suppose that, when we became a trust, and because we were an amalgamation of two trusts—one acute trust and one community trust—one of the things that we were concerned about was maximising the use of our resources and, clearly, estate is one of the big resources that we have. I think that it is fair to say that the priority, as Martin Turner has indicated to you, from our point of view, is to have a safe environment for both patients and staff. Therefore, we really give priority to health and safety issues when we make any judgments across the board.

As I have indicated, as a trust, we wanted to utilise our resources efficiently, and we were therefore concerned to ensure that we used our community hospitals to their full potential. As a consequence, one of the underlying policies that we have is that, wherever possible, we wish to move services out of the district general hospital into the community, provided it is safe and viable, so that we can deliver services as close as possible to the local community. So, within the district general hospital, we are concerned about creating capacity, because, quite clearly, we are being expected to perform more operations and treat more patients. We are recruiting more staff and, quite clearly, they need the facilities. Part of that is, obviously, reconfiguring our services and our estate to meet that demand.

[182] **Janet Davies:** Iawn. Diolch yn fawr. Mr Thomson, efallai yr hoffech imi ailadrodd y cwestiwn; mae'n ymwneud â'ch materion pwysicaf a'ch prif flaenoriaethau o safbwynt yr ystâd, ac efallai y flaenoriaeth a roddwch i hynny o gymharu â phopeth arall y mae'n rhaid ichi ymdopi ag ef.

Mr Thomson: Siwr iawn. Diolch yn fawr iawn. Mae'n debyg, pan ddaethom yn ymddiriedolaeth, ac oherwydd mai cyfuniad o ddwy ymddiriedolaeth oeddem—un ymddiriedolaeth achosion aciwt ac un ymddiriedolaeth gymunedol—mai un o'r pethau yr oeddem yn bryderus yn ei gylch oedd yr angen i wneud y defnydd gorau o'n hadnoddau ac, yn amlwg, mae'r ystâd yn un o'r adnoddau mawr sydd gennym. Credaf ei bod yn deg dweud mai'r flaenoriaeth, fel y dywedodd Martin Turner wrthych, o'n safbwynt ni, yw cael amgylchedd diogel i gleifion a staff fel ei gilydd. Felly, rhoddwn wir flaenoriaeth i faterion iechyd a diogelwch pan wnawn unrhyw benderfyniadau cyffredinol.

Fel y soniais, fel ymddiriedolaeth yr oeddem yn awyddus i ddefnyddio'n hadnoddau'n effeithlon, ac felly yr oeddem yn awyddus i sicrhau ein bod yn defnyddio'n hysbytai cymunedol i'w llawn botensial. O ganlyniad, un o'r polisïau sylfaenol sydd gennym yw y dymunwn, lle bynnag y bo modd, symud gwasanaethau allan o'r ysbyty cyffredinol dosbarth i'r gymuned, ar yr amod fod hynny'n ddiogel ac yn ymarferol, er mwyn gallu darparu gwasanaethau mor agos ag sy'n bosibl at y gymuned leol. Felly, o fewn yr ysbyty cyffredinol dosbarth, yr ydym yn awyddus i greu capasiti, oherwydd, yn amlwg, disgwylir inni wneud mwy o lawdriniaethau a thrin mwy o gleifion. Yr ydym yn recriwtio mwy o staff ac, yn amlwg, mae arnynt angen y cyfleusterau. Rhan o hynny, wrth reswm, yw'r angen i ail-lunio'n gwasanaethau a'n hystâd i ateb y galw

hwnnw.

With regard to the priority given to estate, I would give it a very high priority, because it has to sit with our manpower arrangements and how we deliver. However, I would have to say that my first priority is, and always has been, to make sure that I hit my financial targets, because if I cannot do that, I cannot then address the issues of estate, capacity and manpower. I think that you will find in our submission to you that we have always met those targets, and I regard that as one of the key features of the trust.

O ran y flaenoriaeth a roddir i'r ystâd, byddwn yn rhoi blaenoriaeth uchel iawn iddi, oherwydd mae'n rhaid iddi gydweddu â'n trefniadau staff a'r modd y gwasanaethwn. Er hynny, byddai'n rhaid imi ddweud mai fy mlaenoriaeth uchaf, yn awr ac erioed, yw sicrhau fy mod yn taro fy nhargedau ariannol, oherwydd os na allaf wneud hynny, yna ni allaf fynd i'r afael â materion ystâd, capasiti a staff. Yr wyf yn meddwl y gwelwch yn ein cyflwyniad i chi ein bod bob amser wedi cyrraedd y targedau hynny, ac ystyriaf hynny'n un o brif nodweddion yr ymddiriedolaeth.

[183] **Janet Davies:** We will come back to the whole issue of health and safety as we go through the evidence session. To go back to Mr Turner, I wonder what you see as the key constraints in managing the estate effectively. How do you manage those constraints, because there must be quite a number of them?

[183] **Janet Davies:** Deuwn yn ôl at holl fater iechyd a diogelwch wrth inni fynd drwy'r sesiwn dystiolaeth. A throi'n ôl at Mr Turner, tybed beth a welwch chi fel y prif gyfyngiadau wrth reoli'r ystâd yn effeithiol. Sut fyddwch chi'n rheoli'r cyfyngiadau hynny, oherwydd mae'n rhaid fod nifer go lew ohonynt?

Mr Turner: We have quite an elaborate—no, not 'elaborate'; that is probably the wrong word—we have very robust management arrangements within the trust. Glyn Griffiths can talk more eloquently about his role in that, as he manages the capital programme, which is a key component of estate management. I manage the works and estates service directly, so I have a works and estates manager, and there are something like 27 key professional people who work within his department to support him.

Mr Turner: Mae gennym drefniadau rheoli eithaf cymhleth—na, nid 'cymhleth'; mae'n debyg nad dyna'r gair cywir—mae gennym drefniadau rheoli cadarn iawn yn yr ymddiriedolaeth. Gall Glyn Griffiths siarad yn fwy huawdl am ei rôl ef yn hynny, gan mai ef sy'n rheoli'r rhaglen gyfalaf, sy'n gydran allweddol o reolaeth ystâd. Fi sydd yn rheoli'r gwasanaeth gweithfeydd ac ystadau'n uniongyrchol, felly mae gennyf reolwr gweithfeydd ac ystadau, ac mae rhyw 27 o bobl broffesiynol allweddol yn gweithio yn ei adran ef i'w gefnogi.

I suppose that one of the biggest issues that faces us is that of investment. We spend £300 million a year on revenue—that is the running cost of the trust. We depreciate the value of the trust at 10 per cent a year—it is not, actually; it is a bit less than that; it is about £10 million a year. We get £7 million a year capital. If you just take those few figures and think about it, we are actually depreciating at a faster rate than the money we have to support the investment in keeping the estate up to date. Having said that, we spend something like £6 million of our revenue budget on what we call planned preventative maintenance—painting, decorating and those sorts of things. It is actually quite interesting that there is no mention in here of a target for revenue spending. I think that it is quite key and an important target that perhaps trusts should have. In other words, if you do not paint your windows for three years, you will end up replacing them, and that money comes out of a different pocket.

Mae'n debyg mai un o'r materion mwyaf sy'n ein hwynebu yw buddsoddiad. Gwariwn £300 miliwn y flwyddyn ar refeniw—dyna gost rhedeg yr ymddiriedolaeth. Byddwn yn dibrisio gwerth yr ymddiriedolaeth 10 y cant y flwyddyn—mewn gwirionedd, mae ychydig yn llai na hynny; mae oddeutu £10 miliwn y flwyddyn. Cawn £7 miliwn y flwyddyn o gyfalaf. Dim ond o gymryd yr ychydig ffigurau hynny a meddwl am y peth, gallwch weld ein bod mewn gwirionedd yn dibrisio'n gynt na'r arian a gawn i gynnal y buddsoddiad i ddiweddaru'r ystâd. Wedi dweud hynny, gwariwn rywbeth tebyg i £6 miliwn o'n cyllideb refeniw ar yr hyn a alwn yn waith cynnal a chadw ataliol wedi ei gynllunio—peintio, addurno a phethau o'r fath. Mae'n eithaf diddorol, mewn gwirionedd, nad oes dim sôn yn y fan hon am darged ar gyfer gwariant refeniw. Yr wyf yn meddwl ei fod yn eithaf allweddol ac yn darged pwysig y dylai ymddiriedolaethau ei gael efallai. Mewn geiriau eraill, os na pheintiwch eich ffenestri am dair blynedd, bydd raid ichi gael rhai newydd yn y pen draw, a daw'r arian hwnnw allan o boced wahanol.

So, we are keen to have an estates strategy that is, first of all, about planned preventative maintenance, or spending to save, if you like. That is key within our revenue budgets. The capital budget, though, is much more stretched. Gwent is not actually mentioned in the context of this document, but we have something like £12 million-worth of expenditure that we need to devote to statutory maintenance—fire regulations, health and safety regulations; that sort of stuff—which we have to spend over the next three years. We will do that out of this £7 million per year that we have available. That will be the first call on it.

Felly, yr ydym yn awyddus i gael strategaeth ystadau sydd, yn gyntaf oll, yn ymwneud â gwaith cynnal a chadw ataliol wedi ei gynllunio, neu wario er mwyn arbed, os mynnwch. Dyna'r allwedd o fewn ein cyllidebau refeniw. Ond mae'r gyllideb gyfalaf wedi'i hymestyn yn llawer mwy. Nid oes sôn yn benodol am Went yng nghyd-destun y ddogfen hon, ond mae gennym werth rhyw £12 miliwn o wariant y mae angen inni'i glustnodi ar gyfer gwaith cynnal a chadw statudol—rheoliadau tân, rheoliadau iechyd a diogelwch; y math yna o beth—y bydd yn rhaid inni ei wario yn ystod y tair blynedd nesaf. Fe wnawn hynny allan o'r £7 miliwn y flwyddyn hwn sydd ar gael gennym. Dyna fydd y galw cyntaf ar yr arian hwnnw.

After that, we try to target, within our estates strategy—from a financial perspective now—equipment replacement. We have £50 million-worth of equipment as a trust. We are probably no different in percentage terms from any other trust. We spend something like £2 million to £3 million a year replacing it. Again, you can see that, at some stage, all we are doing is breakdowns; we wait for the breakdowns and then we replace the equipment. It is not planned. Actually, we do not have enough money to put towards planned preventative maintenance in terms of equipment replacement. We are talking about big stuff—x-ray, pathology, theatres and those sorts of things. So if you ask what the biggest issue we face is, it is probably our ability to finance the sort of backlog maintenance programmes that we have, particularly in capital terms.

Wedi hynny, ceisiwn dargedu, o fewn ein strategaeth ystadau—o safbwynt ariannol yn awr—adnewyddu offer. Mae gennym werth £50 miliwn o offer fel ymddiriedolaeth. Mae'n debyg nad ydym yn ddim gwahanol mewn termau canrannol i unrhyw ymddiriedolaeth arall. Gwariwn rywbeth fel £2 filiwn i £3 miliwn y flwyddyn yn eu hadnewyddu. Eto, gallwch weld, ar ryw gam, mai'r cyfan a wnawn yw ymateb i offer yn torri i lawr; arhoswn i'r offer dorri ac wedyn cawn offer newydd yn eu lle. Nid yw wedi'i gynllunio. A dweud y gwir, nid oes gennym ddigon o arian i'w roi tuag at waith cynnal a chadw ataliol wedi ei gynllunio o ran adnewyddu offer. Yr ydym yn sôn am offer mawr—pelydr x, patholeg, theatrau ac ati. Felly os gofynnwch beth yw'r mater mwyaf sy'n ein hwynebu, mae'n debyg mai'r broblem yw ein hanallu i ariannu'r math o raglenni cynnal a chadw sydd gennym sydd wedi ôl-groni, yn enwedig yn nhermau cyfalaf.

[184] **Janet Davies:** Thank you. Mr Thomson, how do you find the constraints? What constraints are on you?

[184] **Janet Davies:** Diolch. Mr Thomson, beth yw'ch barn chi ar y cyfyngiadau? Pa gyfyngiadau sydd arnoch chi?

Mr Thomson: Well, they are very similar to Mr Turner's. Quite clearly, the constraint of resources is a problem for us all. We have to go through this regular issue—in fact we were doing it this week—of trying to balance all our priorities to see how we could meet all those demands. So the amount of resources that we have to address these matters is a big issue for us.

Mr Thomson: Wel, maent yn debyg iawn i rai Mr Turner. Yn amlwg, mae'r cyfyngiad ar adnoddau'n broblem inni i gyd. Mae'n rhaid inni fynd drwy'r busnes rheolaidd hwn—yn wir, yr oeddem yn ei wneud yr wythnos hon—o geisio mantoli'n holl flaenoriaethau i weld sut y gallem ateb yr holl alwadau hynny. Felly mae maint yr adnoddau sydd gennym i fynd i'r afael â'r materion hyn yn fater mawr i ni.

There are also some practical issues, because, quite obviously, there is a limit on how much work you can do in any case and in any given area without affecting services. So we have to plan that very carefully as well. I think that there is an issue, since how we manage the estate is affected, about how our commissioners want to see services delivered. Therefore, we need to have clarity about where our commissioners and, eventually, it will be the local health boards—I know that that may be an area that you want to pursue—see the future, because that is how we need to shape up the services.

Mae rhai materion ymarferol hefyd, oherwydd, yn gwbl amlwg, mae terfyn ar faint o waith y gallwch ei wneud mewn unrhyw achos ac mewn unrhyw faes arbennig heb effeithio ar wasanaethau. Felly mae'n rhaid inni gynllunio hynny'n ofalus iawn hefyd. Credaf fod yma gwestiwn, gan ei fod yn effeithio ar y modd y rheolwn ein hystâd, ynghylch sut y mae'n comisiynwyr am weld gwasanaethau'n cael eu cyflwyno. Felly, mae angen inni fod yn glir ynghylch ble mae ein comisiynwyr, a'r byrddau iechyd lleol maes o law—gwn efallai fod hwnnw'n faes y byddwch am fynd ar ei ôl—yn gweld y dyfodol, oherwydd dyna sut y mae angen i ni siapio'r gwasanaethau.

[185] **Janet Davies:** Thank you. Jocelyn, did you want to come in?

[185] **Janet Davies:** Diolch. Jocelyn, oedd arnoch chi eisiau dod i mewn?

[186] **Jocelyn Davies:** I just wanted to ask Mr Turner something, if that is okay. As somebody who lives in Caerphilly and who had to travel to the Royal Gwent Hospital today for an out-patient appointment, I was pleased to hear you say that you would be providing more locally-based services in Caerphilly. I think that you said that you would build something substantial—obviously, not in time for my next out-patient appointment. However, you did say that investment was a key issue, and that not having enough resources has really stretched you, and that £12 million is needed for statutory maintenance and £2 million to £3 million for equipment replacement. Where are you going to find the money for this substantial build—new build, I assume—in Caerphilly?

[186] **Jocelyn Davies:** Dim ond eisiau gofyn rhywbeth i Mr Turner yr oeddwn i, os yw hynny'n iawn. Fel rhywun sy'n byw yng Nghaerffili ac y bu raid iddi deithio i Ysbyty Brenhinol Gwent heddiw am apwyntiad claf allanol, yr oeddwn yn falch o'ch clywed yn dweud y byddech yn darparu mwy o wasanaethau lleol yng Nghaerffili. Yr wyf yn meddwl ichi ddweud y byddech yn adeiladu rhywbeth sylweddol—wrth reswm, nid mewn pryd i'm hapwyntiad claf allanol nesaf. Fodd bynnag, fe ddywedasoch fod buddsoddi'n fater allweddol, a bod bod heb adnoddau digonol wedi'ch ymestyn go iawn, a bod angen £12 miliwn ar gyfer gwaith cynnal a chadw statudol a £2 filiwn i £3 miliwn ar gyfer adnewyddu offer. O ble y cewch chi hyd i'r arian ar gyfer y gwaith adeiladu sylweddol hwn—adeiladu o'r newydd, yr wyf yn cymryd—yng Nghaerffili?

Mr Turner: I will probably defer to my colleague to answer that question, if I may, in a second. However, one of the things that we have done quite successfully so far within the trust is to use the private finance initiative as a way of financing, in particular, major development schemes. One of the hospitals that we developed, as some of you will know, is in Chepstow. It was about a £10 million development. That was financed through the private finance initiative.

We have to—as I understand it, but Glyn can elaborate on this—use PFI before we come back to the Assembly and say, 'this is the situation'. What we have done—what we have clarified with the Assembly, incidentally—is that existing services in Caerphilly are not good enough. That is the formal position that you take. That means that we are now at a stage where we come back to the Assembly with a formal proposition about what we are going to do differently. We are at that stage, and we will probably be coming back to the Assembly by the summer with a very specific proposition, together with some ideas about costs. Indeed, one of the things that is quite important is understanding, in the context of this, cost avoidance as well.

You know Caerphilly hospital; it would cost us something like £7 million over the next three years just to stay there. Our view is that we would rather do something much more substantial, much more modern, much more appropriate, and perhaps rationalise some of the estate—Ystrad Mynach hospital you are familiar with, Aberbargoed hospital is in the area as well—and take all those out. They will all mean huge financial bills for us if we stay in them. Therefore, there is a cost avoidance, as well, associated with this, which, from a financial perspective, is quite an important component of the scheme. However, it is really much more

Mr Turner: Mae'n debyg y gadawaf i'm cydweithiwr ateb y cwestiwn hwnnw, os caf, mewn eiliad. Fodd bynnag, un o'r pethau yr ydym wedi'u gwneud yn eithaf llwyddiannus hyd yma o fewn yr ymddiriedolaeth yw defnyddio'r fenter cyllid preifat (PFI) fel modd o ariannu, yn enwedig, gynlluniau datblygu mawr. Mae un o'r ysbytai a ddatblygwyd gennym, fel y gwyr rhai ohonoch, yng Nghas-gwent. Datblygiad gwerth rhyw £10 miliwn ydoedd. Talwyd am hwnnw drwy'r fenter cyllid preifat.

Mae'n rhaid inni—yn ôl a ddeallaf fi, ond gall Glyn ymhelaethu ar hyn—ddefnyddio PFI cyn y deuwn yn ôl at y Cynulliad a dweud, 'dyma'r sefyllfa'. Yr hyn yr ydym wedi'i ddweud—yr hyn yr ydym wedi'i gadarnhau gyda'r Cynulliad, gyda llaw—yw nad yw'r gwasanaethau sy'n bodoli yng Nghaerffili yn ddigon da. Dyna'r safbwynt ffurfiol a gymerir. Golyga hynny ein bod bellach mewn man lle deuwn yn ôl at y Cynulliad gyda chynnig ffurfiol ynghylch beth yr ydym yn mynd i'w wneud yn wahanol. Yr ydym yn y fan honno, ac mae'n debyg y deuwn yn ôl at y Cynulliad erbyn yr haf gyda chynnig penodol iawn, ynghyd â rhai syniadau am gostau. Yn wir, un o'r pethau sy'n eithaf pwysig yw deall, yng nghyd-destun hyn, egwyddor osgoi costau hefyd.

Gwyddoch am ysbyty Caerffili; byddai'n costio rhywbeth tebyg i £7 miliwn inni dros y tair blynedd nesaf ddim ond i aros yno. Ein syniad ni yw y byddai'n well gennym wneud rhywbeth llawer mwy sylweddol, llawer mwy modern, llawer mwy priodol, ac efallai resymoli rhywfaint o'r ystâd—yr ydych yn gyfarwydd ag ysbyty Ystrad Mynach, mae ysbyty Aberbargoed yn yr ardal hefyd—a thynnu'r rheini i gyd allan. Byddant i gyd yn golygu biliau ariannol enfawr inni os arhoswn ynddynt. Felly, mae ymgais i osgoi cost, hefyd, yn gysylltiedig â hyn, sydd, o safbwynt ariannol, yn ran eithaf pwysig o'r cynllun. Er hynny, mewn gwirionedd mae a

about taking services, or providing services, more locally in Caerphilly.

wnelo'r peth lawer mwy â mynd â gwasanaethau, neu ddarparu gwasanaethau, yn fwy lleol yng Nghaerffili.

[187] **Janet Davies:** Jocelyn, do you want to come back on that?

[187] **Janet Davies:** Jocelyn, a hoffech chi gyfrannu eto ar hynny?

[188] **Alun Cairns:** May I come in on it?

[188] **Alun Cairns:** A gaf fi ddweud rhywbeth arno?

[189] **Jocelyn Davies:** Go on, Alun, you go.

[189] **Jocelyn Davies:** Cewch, Alun, ewch chi.

[190] **Alun Cairns:** Thank you, Cadeirydd, and Jocelyn. When Jocelyn asked where the money was coming from and you went on to explain, you mentioned that PFI was obviously one of the routes in terms of large capital outlays. Clearly, the benefit of PFI is that there is no large capital outlay. However, it does incur a further revenue cost on an annual basis, in terms of leasing the building and the equipment and so on. Where would that normally come from? Would it come from your revenue budget, or is there a separate capital budget that would normally have paid for it if it was financed by traditional means?

[190] **Alun Cairns:** Diolch, Gadeirydd, a Jocelyn. Pan ofynnodd Jocelyn o ble y deuai'r arian ac aethoch chi ymlaen i egluro, fe sonioch fod PFI yn amlwg yn un o'r ffyrdd yn nhermau symiau mawr o wariant cyfalaf. Yn amlwg, mantais PFI yw nad oes raid gwario swm mawr o gyfalaf. Fodd bynnag, y mae'n golygu cost refeniw ychwanegol ar sail flynyddol, yn nhermau prydlesu'r adeilad a'r offer ac ati. O ble y deuai hynny fel arfer? A ddeuai allan o'ch cyllideb refeniw, ynteu a oes cyllideb gyfalaf ar wahân a fuasai fel arfer wedi talu amdano pe bai wedi'i ariannu drwy ddulliau traddodiadol?

Mr Turner: That comes from the revenue budget. Is it the revenue stream?

Mr Turner: Daw hynny o'r gyllideb refeniw. Ai'r ffrwd refeniw ydyw?

Mr Griffiths: It does indeed come from our revenue budget. One of the things that we would need to do in assessing how such a project would be financed would be to factor it into our financial plans, and ensure that, if we were going to finance it from the private finance initiative, our revenue budget would manage to pay the lease costs, for want of a better word, on a property of that type.

Mr Griffiths: Yn wir, fe ddaw o'n cyllideb refeniw. Un o'r pethau y byddai angen inni eu gwneud wrth asesu sut y telid am brosiect o'r fath fyddai cynnwys hynny yn ein cynlluniau ariannol, a sicrhau, os byddem am ei ariannu drwy'r fenter cyllid preifat, y byddai ein cyllideb refeniw'n gallu talu costau'r brydles, yn absenoldeb gair gwell, ar eiddo o'r math hwnnw.

[191] **Alun Cairns:** So, in order for me to clarify what you are saying, if something was financed through the traditional means, there would usually be a capital budget, allocated by the Assembly to the health authority or trust and so on, for that purpose. By building it through PFI, because of the lack of a capital budget, those funds now come from the revenue budget, which is usually spent on providing patient care.

[191] **Alun Cairns:** Felly, er mwyn imi fod yn glir ar yr hyn yr ydych yn ei ddweud, pe câi rhywbeth ei ariannu drwy'r dulliau traddodiadol, fel arfer fe geid cyllideb gyfalaf, wedi'i dyrannu gan y Cynulliad i'r awdurdod iechyd neu'r ymddiriedolaeth ac ati, ar gyfer y diben hwnnw. Wrth ei adeiladu drwy PFI, oherwydd diffyg cyllideb gyfalaf, daw'r arian hynny bellach o'r gyllideb refeniw, a gaiff ei wario fel arfer ar ddarparu gofal i gleifion.

Mr Turner: Yes, yes.

Mr Turner: Ie, ie.

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

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

[193] **Janet Davies:** Thank you, Alun. Alison, would you like to continue?

[193] **Janet Davies:** Diolch, Alun. Alison, a hoffech chi fynd ymlaen?

[194] **Alison Halford:** Thank you very much indeed. Good afternoon. Mr Thomson, Mr Turner has had quite a go, and we are not trying to leave you out of anything. I understand that both your trusts were reconfigured in 1999, three years ago now. What did this reorganisation mean for the estate now under your stewardship and how has it affected your ability to manage your estate effectively since then?

[194] **Alison Halford:** Diolch yn fawr iawn. Prynhawn da. Mr Thomson, mae Mr Turner wedi cael cynnig go dda, ac nid ydym yn ceisio'ch gadael chi allan o ddim. Deallaf y cafodd ymddiriedolaethau'r ddau ohonoch eu hail-lunio yn 1999, dair blynedd yn ôl bellach. Beth a olygodd yr ad-drefnu hwn i'r ystâd sydd bellach dan eich stiwardiaeth chi a sut y mae wedi effeithio ar eich gallu i reoli'ch ystâd yn effeithiol ers hynny?

Mr Thomson: Well, first of all, the reconfiguration process was quite an extensive exercise in itself, and we decided that we would reconfigure within a very short timescale, so that we could take the uncertainty for staff out of the equation. One of the things that we said in all our consultation exercises was that we wanted to provide integrated healthcare. That was about making sure that the community services linked up with the district general hospital, so that all services were complementary. Through reorganisation, we restructured all our services and all our infrastructure, including the estates function. We made substantial savings, some of which we reinvested into clinical services and

Mr Thomson: Wel, yn gyntaf oll, yr oedd y broses ail-lunio'n ymarfer eithaf helaeth ynddi'i hun, a phenderfynasom y byddem yn ail-lunio o fewn amserlen fer iawn, er mwyn gallu tynnu'r ansicrwydd i'r staff allan o'r broses. Un o'r pethau a ddywedasom ym mhob un o'n hymarferion ymgynghori oedd fod arnom eisiau darparu gofal iechyd integredig. Amcan hynny oedd sicrhau fod y gwasanaethau cymunedol yn gysylltiedig â'r ysbyty cyffredinol dosbarth, fel bod pob gwasanaeth yn gyflenwol. Trwy ad-drefnu, bu inni ailstrwythuro'n holl wasanaethau a'n holl isadeiledd, gan gynnwys y swyddogaeth ystadau. Gwnaethom arbedion mawr, gan fuddsoddi rhywfaint ohonynt mewn

also into addressing some staff issues. From an estates point of view, we are able now to use our resources better than we have previously done. An example of that, for us in particular, is how we deal with emergency cases. All hospitals are under—as you know—tremendous pressure when it comes to emergency admissions. We are able now to use the resources far more efficiently in our community hospitals than we did previously, and we also exchange staff and so on. Therefore, we are starting to ensure that all resources are being joined up and are being used better. That is how we have been able, quite honestly, to handle the emergency situation. We do not have a big problem, but we still have a problem, though not to the same extent as other places.

gwasanaethau clinigol a hefyd mewn datrys rhai problemau staff. O safbwynt ystadau, yr ydym bellach yn gallu defnyddio'n hadnoddau'n well nag a wnaethom o'r blaen. Un enghraifft o hynny, i ni yn arbennig, yw'r modd y deliwn ag achosion brys. Mae pob ysbyty—fel y gwyddoch—dan bwysau aruthrol wrth dderbyn achosion bry. Erbyn hyn yr ydym yn gallu defnyddio'r adnoddau'n llawer mwy effeithlon yn ein hysbytai cymunedol nag a wnaem o'r blaen, a byddwn hefyd yn cyfnewid staff ac yn y blaen. Felly, yr ydym yn dechrau sicrhau fod yr holl adnoddau'n cael eu cysylltu â'i gilydd ac yn cael eu defnyddio'n well. Dyna sut yr ydym wedi gallu ymdopi, a dweud y gwir, â'r sefyllfa achosion brys. Nid oes gennym broblem fawr, ond eto mae gennym broblem, er nad i'r un graddau â lleoedd eraill.

[195] **Alison Halford:** Bearing in mind that this is quite a dense report, and that we are not experts, can you roughly tell us or give us details of how you have saved money—something that I can understand? What sort of savings have you been able to make?

[195] **Alison Halford:** Gan gofio bod hwn yn adroddiad eithaf swmpus, ac nad ydym ni'n arbenigwyr, a allwch chi ddweud wrthym yn fras neu roi manylion inni sut yr ydych wedi arbed arian—rhywbeth y gallaf fi ei ddeall? Pa fath o arbedion yr ydych chi wedi llwyddo i'w gwneud?

Mr Thomson: We saved, I think, close to £1 million, and that, as a percentage of our income, was about the highest in Wales at the time. We did that by restructuring all our headquarters' staffing arrangements through amalgamation. That was quite a big exercise for us. That is how we did it, basically. We rationalised where departments were located and so on, so we made sure that the trust was integrated from very early on. What we did not want to do was to have the former community staff sitting in one office and the acute in the other and one not working with the other. We took the best of both organisations and brought them together. That has made a significant difference from our point of view. It has allowed the staff to settle down very quickly, and it also allowed us to move on to our agenda

Mr Thomson: Fe arbedasom, dybiwn i, bron i £1 filiwn, ac yr oedd hynny, fel canran o'n hincwm, oddeutu'r uchaf yng Nghymru ar y pryd. Gwnaethom hynny drwy ailstrwythuro trefniadau staffio'n holl brif swyddfeydd drwy uno. Yr oedd hynny'n ymarfer go fawr i ni. Dyna sut y'i gwnaethom, yn y bôn. Bu inni resymoli lleoliad adrannau ac ati, gan sicrhau felly fod yr ymddiriedolaeth yn integredig o adeg gynnar iawn. Yr hyn nad oedd arnom eisiau'i wneud oedd cael yr hen staff cymunedol yn eistedd mewn un swyddfa a'r staff achosion aciwt mewn swyddfa arall, heb gydweithio rhwng y naill a'r llall. Cymerasom y gorau o'r ddau sefydliad a dod â hwy at ei gilydd. Mae hynny wedi gwneud gwahaniaeth arwyddocaol o'n safbwynt ni. Mae wedi caniatáu i'r staff ddygymod yn gyflym

of treating patients. That is what it is all about at the end of the day.

[196] **Alison Halford:** Do you have anything to add, Mr Turner? You must be word perfect by now.

Mr Turner: It is useful going second, that is for sure. I only have a couple of things to add, I think. We certainly rationalised the estate. One of the arguments that we put forward about integrating community services with acute services was about rationalisation. Community nurses were segregated in estate terms, actually, from the district general hospitals and from our community hospitals. So, we were able to rationalise the estate quite effectively as a consequence. We also learned—we will talk about energy later, I am sure—that, regarding some of the schemes that we had successfully implemented in one part of the trust, which is coming back to picking up the best practices, if you like, of the previous trust, we were able to use that experience, take it over into other hospitals and reduce energy costs. There were savings in Nevill Hall as a consequence, for example.

[197] **Alison Halford:** The next question: you are aware that you are expecting an all-Wales strategic framework to be devised—next month, in fact. I will ask you, Mr Turner, first of all; what difficulties do you think that the fact that there was no all-Wales strategic framework actually caused you? Are you able to answer that?

iawn, ac wedi caniatáu hefyd i ni symud ymlaen at ein hagenda o drin cleifion. Dyna ddiben y cyfan ar ddiwedd y dydd.

[196] **Alison Halford:** A oes gennych chi unrhyw beth i'w ychwanegu, Mr Turner? Mae'n rhaid eich bod yn gwybod y geiriau'n iawn erbyn hyn.

Mr Turner: Mae'n ddefnyddiol mynd yn ail, mae hynny'n sicr. Dim ond un neu ddau o bethau sydd gennyf i'w hychwanegu, dybiaf fi. Yn sicr fe wnaethom resymoli'r ystâd. Yr oedd un o'r dadleuon a roesom ger bron ynghylch cyfuno gwasanaethau cymunedol a gwasanaethau achosion aciwt yn ymwneud â rhesymoli. O ran yr ystâd, yr oedd nyrsys cymunedol wedi'u gwahanu, mewn gwirionedd, oddi wrth yr ysbytai cyffredinol dosbarth ac oddi wrth ein hysbytai cymunedol. Felly, yr oedd modd inni resymoli'r ystâd yn eithaf effeithiol o ganlyniad. Dysgasom hefyd—fe soniwn am ynni yn nes ymlaen, yr wyf yn siwr—y gallem ddefnyddio'r profiad a gafwyd o weithredu rhai cynlluniau'n llwyddiannus mewn un rhan o'r ymddiriedolaeth, sy'n dod yn ôl, os mynnwch, i godi arferion gorau yr ymddiriedolaeth flaenorol a'i drosglwyddo i ysbytai eraill a lleihau costau ynni. Cafwyd arbedion yn Nevill Hall o ganlyniad, er enghraifft.

[197] **Alison Halford:** Y cwestiwn nesaf: gwyddoch eich bod yn disgwyl i fframwaith strategol gael ei ddyfeisio i Gymru gyfan—y mis nesaf, mewn gwirionedd. Gofynnaf i chi, Mr Turner, yn gyntaf; pa anawsterau dybiwch chi a achoswyd i chi mewn gwirionedd gan y ffaith nad oedd fframwaith strategol yn bodoli i Gymru gyfan? A ydych yn gallu ateb hynny?

Mr Turner: When we developed the service strategy, which I talked about right at the beginning, there was no back-cloth in Wales. There still is really no back-cloth, in the service sense, on what is going to happen with district general hospitals and acute services and so on. There is no real answer to it. So, what we have done—and we have been very clear with the Assembly about this issue—is that we have said that we have planned our strategy on the basis of providing a service for 600,000 people, not for a component of the 3 million people in Wales. That is quite important, but we, nevertheless, test that out against the Assembly, which must hold the ring on this and say whether that is consistent or not with its own strategies for developing acute services, mental health services, intermediate care and whatever services across Wales. It will be interesting to see whether it is. I would hope that whatever that we have done in an estate strategy or a service strategy is consistent with what is going to come out of the Assembly. However, it is important that we all, as trusts and, indeed, the local health boards of the future, have that back-cloth of a strategy for health services in Wales, against which we can measure the direction in which we are taking our services. I gave you a big example earlier about acute hospitals. What if somebody at Assembly level said, 'We need six district general hospitals and we need to rationalise the estate and so on'? That is a huge strategic issue, but it could be a direction of travel that the Assembly might wish to follow.

Mr Turner: Pan ddatblygasom y strategaeth gwasanaeth, y siaradais amdani yn ôl ar y dechrau, nid oedd cefnlen yng Nghymru. Nid oes cefnlen o hyd, mewn gwirionedd, yn yr ystyr gwasanaeth, i'r hyn sydd yn mynd i ddigwydd gydag ysbytai cyffredinol dosbarth a gwasanaethau achosion aciwt ac ati. Nid oes ateb gwirioneddol iddo. Felly, yr hyn yr ydym ni wedi'i wneud—ac yr ydym wedi bod yn glir iawn gyda'r Cynulliad ynglyn â'r mater hwn—yw dweud ein bod wedi cynllunio'n strategaeth ar sail darparu gwasanaeth i 600,000 o bobl, nid ar gyfer cydran o'r 3 miliwn o bobl yng Nghymru. Mae hynny'n eithaf pwysig, ond yr ydym, serch hynny, yn rhoi hynny ar brawf ger bron y Cynulliad. Rhaid iddo yntau ddal y ddysgl yn wastad ar hyn a dweud a yw hynny'n gyson ai peidio â'i strategaethau ei hun ar gyfer datblygu gwasanaethau aciwt, gwasanaethau iechyd meddwl, gofal canolradd a pha wasanaethau bynnag ledled Cymru. Bydd yn ddiddorol gweld a ydyw'n gyson. Byddwn yn gobeithio fod beth bynnag yr ydym ni wedi'i wneud mewn strategaeth ystadau neu strategaeth gwasanaeth yn gyson â'r hyn a ddaw allan o'r Cynulliad. Fodd bynnag, mae'n bwysig bod gennym i gyd, yn ymddiriedolaethau ac, yn wir, yn fyrddau iechyd lleol y dyfodol, y gefnlen honno o strategaeth ar gyfer gwasanaethau iechyd yng Nghymru, y gallwn fesur y cyfeiriad yr ydym yn mynd â'n gwasanaethau iddo yn ei herbyn. Rhoddais enghraifft amlwg ichi yn gynharach ynglyn ag ysbytai aciwt. Beth pe dywedai rhywun ar lefel y Cynulliad, 'Mae arnom angen chwe ysbyty cyffredinol dosbarth ac mae angen rhesymoli'r ystâd ac ati'? Mae hynny'n fater strategol anferth, ond gallai fod yn gyfeiriad y dymunai'r Cynulliad ei ddilyn.

[198] **Alison Halford:** Okay. I will ask the same question to you, Mr Thomson, unless it has all been said by Mr Turner.

[198] **Alison Halford:** O'r gorau. Fe ofynnaf yr un cwestiwn i chi, Mr Thomson, os nad yw'r cyfan wedi'i ddweud gan Mr Turner.

Mr Thomson: It has all been said by Mr Turner, I think.

[199] **Alison Halford:** All right. As it has all been said by Mr Turner, has the director of NHS Wales given you an opportunity, as trusts, to make some comment on what this framework is going to be?

Mr Thomson: Yes, we were able to comment on those issues that are in the framework, yes.

[200] **Alison Halford:** So you know what is going to happen next month?

Mr Thomson: Well, hopefully.

[201] **Alison Halford:** Okay, hopefully. Thank you very much.

[202] **Janet Davies:** Thank you, Alison. If we turn to the estate strategy guidance that you get and also your development of local estate strategies, I think that Eleanor would like to pursue those issues.

[203] **Eleanor Burnham:** I do not know who wants to go first; I am not really that bothered. What are your views on the guidance issued to assist you in developing your estate strategies? In particular, how do you view the quality, timeliness and relevance of this guidance to your particular circumstances?

Mr Thomson: Mae'r cyfan wedi'i ddweud gan Mr Turner, yr wyf yn meddwl.

[199] **Alison Halford:** Iawn. Gan fod y cyfan wedi'i ddweud gan Mr Turner, a ydyw cyfarwyddwr GIG Cymru wedi rhoi cyfle i chi, fel ymddiriedolaethau, wneud rhyw sylw ar beth fydd y fframwaith hwn?

Mr Thomson: Ydyw, cawsom gyfle i roi sylwadau ar y materion hynny sydd yn y fframwaith, do.

[200] **Alison Halford:** Yr ydych yn gwybod beth sydd yn mynd i ddigwydd y mis nesaf felly?

Mr Thomson: Wel, gobeithio.

[201] **Alison Halford:** Iawn, gobeithio. Diolch yn fawr ichi.

[202] **Janet Davies:** Diolch i chi, Alison. Os trown at yr arweiniad a gewch ar strategaeth ystadau a hefyd y modd y datblygwch strategaethau ystadau lleol, yr wyf yn meddwl yr hoffai Eleanor fynd ar ôl y materion hynny.

[203] **Eleanor Burnham:** Ni wn pwy sydd am fynd gyntaf; nid oes gymaint â hynny o ots gennyf fi, mewn gwirionedd. Beth yw'ch barn chi ar y canllawiau a gyhoeddwyd i'ch helpu i ddatblygu'ch strategaethau ystâd? Yn enwedig, beth yw'ch barn ar ansawdd, amseroldeb a pherthnasedd y canllawiau hyn i'ch amgylchiadau arbennig chi?

Mr Thomson: I think that the guidance that we have had from Welsh Health Estates has been good. I think that we have felt that we were able to move things on. It has certainly focused our attention on a lot of issues. The only criticism, I suppose, is that perhaps we should have been doing it earlier. Nevertheless, it is here and we have moved on. We have hit all the targets in relation to developing that, and we ourselves thought that the contribution of Welsh Health Estates was relevant and good.

Mr Thomson: Yr wyf yn meddwl bod y canllawiau a gawsom gan Ystadau Iechyd Cymru wedi bod yn dda. Credaf ein bod wedi teimlo y gallem symud pethau ymlaen. Yn sicr fe ganolbwyntiwyd ein sylw ar lawer o faterion. Yr unig feirniadaeth, am a wn i, yw efallai y dylasem fod yn gwneud hyn yn gynharach. Er hynny, y mae yma ac yr ydym wedi symud ymlaen. Yr ydym wedi taro'r targedau i gyd o ran datblygu hynny, ac yr oeddem ni'n hunain yn meddwl fod cyfraniad Ystadau Iechyd Cymru yn berthnasol a da.

Mr Turner: Other than endorsing that, the only view that I have is that some of the definitions used are vague and quite subjective. I can think of an example—the functional suitability issue. When you look at this, there is no consistency in my view. It is too difficult. We have had many an argument locally about what is satisfactory and what is not, and when you are categorising your estate and looking to benchmark it, there needs to be some tighter definitions of the A, B, C, and D categories within the system. A lot of people will spend a lot of time collecting data and then rubbishing it on the basis of vagueness of definition. Certainly, some of the definitions need to be tighter but, coming back to the generality of your question, it is very welcome, the support and advice that we get from the centre.

Mr Turner: Ar wahân i ategu hynny, yr unig sylw sydd gennyf yw bod rhai o'r diffiniadau a ddefnyddir yn niwlog ac yn eithaf goddrychol. Gallaf feddwl am enghraifft—cwestiwn addasrwydd swyddogaethol. Pan edrychwch ar hyn, nid oes dim cysondeb yn fy marn i. Mae'n rhy anodd. Cawsom sawl dadl yn lleol ynghylch beth sy'n foddhaol a beth sy'n anfoddhaol, a phan ydych yn categoreiddio'ch ystâd ac yn meddwl am ei meincnodi, mae angen diffiniadau tynnach o'r categorïau A, B, C a D yn y system. Bydd llawer o bobl yn treulio llawer o amser yn casglu data ac wedyn yn lladd arno am fod y diffiniad yn niwlog. Yn sicr, mae angen tynhau rhai o'r diffiniadau ond, a dod yn ôl at eich cwestiwn yn gyffredinol, mae croeso mawr i'r gefnogaeth a'r cyngor a gawn gan y ganolfan.

[204] **Eleanor Burnham:** Right. The next question is about the development of local estate strategies by trusts. At our last meeting, Mrs Lloyd told us that all trusts had produced a local estate strategy by December 2001, but that some trusts were being asked to do additional work. What feedback have you had from the NHS Directorate on the quality of your respective estates strategies? How will you be implementing the key actions flowing from them in practice?

[204] **Eleanor Burnham:** Iawn. Mae'r cwestiwn nesaf ynghylch ymddiriedolaethau yn datblygu strategaethau ystadau lleol Yn ein cyfarfod diwethaf, dywedodd Mrs Lloyd wrthym fod pob ymddiriedolaeth wedi llunio strategaeth ystadau lleol erbyn Rhagfyr 2001, ond y gofynnid i rai ymddiriedolaethau wneud gwaith ychwanegol. Pa adborth a gawsoch gan Gyfarwyddiaeth y GIG ar ansawdd eich strategaethau ystadau? Sut y byddwch yn gweithredu'r anghenion gweithredu allweddol sy'n llifo ohonynt yn ymarferol?

Mr Turner: We have had no formal feedback; we have had informal feedback, which is quite positive. Again, it is iterative, I think: we are trying to help each other here—we need the information to help us decide on our own priorities, and it needs the information to get a feel for where the estate is in Wales. So it has been quite a positive reaction.

Mr Turner: Nid ydym wedi cael adborth ffurfiol; cawsom adborth anffurfiol, a oedd yn eithaf cadarnhaol. Eto, mae'n ailadroddol, gredaf fi: yr ydym yn ceisio helpu'n gilydd yn y fan yma—mae arnom angen y wybodaeth i'n helpu i benderfynu ar ein blaenoriaethau ein hunain, ac mae arni hi angen y wybodaeth i gael teimlad o ble mae'r ystâd yng Nghymru. Felly bu'n ymateb eithaf cadarnhaol.

Mr Thomson: Yes, we put our strategy in on time. We have had no formal response from Welsh Health Estates, but we have had informal responses which seem to suggest that we did a reasonable job of it. However, I am sure that there are areas that we will want to refine.

Mr Thomson: Do, fe roesom ein strategaeth i mewn yn brydlon. Nid ydym wedi cael ymateb ffurfiol gan Ystadau Iechyd Cymru, ond cawsom ymatebion anffurfiol sydd fel pe baent yn awgrymu inni wneud gwaith eithaf rhesymol ohoni. Er hynny, yr wyf yn siwr bod yna feysydd y bydd arnom eisiau eu mireinio.

[205] **Eleanor Burnham:** Did you not have a strategy for managing your estate before December 2001?

[205] **Eleanor Burnham:** Onid oedd gennych chi strategaeth ar gyfer rheoli'ch ystâd cyn Rhagfyr 2001?

Mr Thomson: No, we did not.

Mr Thomson: Na, nid oedd gennym.

Mr Turner: Yes, we have had one since 1999, which we have updated annually since.

Mr Turner: Oedd, mae gennym ni un ers 1999, a chafodd ei diweddaru bob blwyddyn ers hynny.

[206] **Eleanor Burnham:** I will move on to my last question. I assume that your estate strategies will be dynamic documents—probably just the same applies to them, no doubt—and will be updated periodically in the light of healthcare service developments and national estate priorities. I would like to ask you both how you will ensure that your estate strategies are live and useful documents.

[206] **Eleanor Burnham:** Symudaf ymlaen at fy nghwestiwn olaf. Yr wyf yn tybio y bydd eich strategaethau ystadau'n ddogfennau dynamig—mae'n debyg fod yr un peth yn wir amdanynt hwy, yn ddiamau—ac y cânt eu diweddaru'n gyfnodol yn wyneb datblygiadau yn y gwasanaeth gofal iechyd a blaenoriaethau'r ystâd genedlaethol. Hoffwn ofyn i'r ddau ohonoch sut y bwriadwch sicrhau fod eich strategaethau ystadau'n ddogfennau byw a defnyddiol.

Mr Thomson: Our intention is that we will track our actions against our strategy and, of course, the all-Wales strategy, by way of an annual report to the trust board. Quite clearly, we will be looking at it on a quarterly basis ourselves as we progress, and, obviously, as we direct resources on an annual basis. However, I think that it is important that we do involve the board, and that it is able to see how we progress against that strategy.

Mr Thomson: Ein bwriad ni yw y byddwn yn olrhain ein gweithredoedd yn erbyn ein strategaeth ac, wrth gwrs, strategaeth Cymru gyfan, drwy gyfrwng adroddiad blynyddol i fwrdd yr ymddiriedolaeth. Yn gwbl amlwg, byddwn yn edrych arno yn chwarterol ein hunain wrth inni fynd ymlaen, ac, yn amlwg, wrth inni gyfeirio adnoddau yn flynyddol. Fodd bynnag, credaf ei bod yn bwysig ein bod yn cynnwys y bwrdd, a bod hwnnw'n gallu gweld sut yr ydym yn symud ymlaen yn erbyn y strategaeth honno.

Mr Turner: We have a formal six-monthly review process within the trust, and an annual report that goes to our trust board on the estates strategy.

Mr Turner: Mae gennym broses adolygu chwe misol ffurfiol o fewn yr ymddiriedolaeth, ac adroddiad blynyddol a aiff i'n bwrdd ymddiriedolaeth ar y strategaeth ystadau.

[207] **Eleanor Burnham:** May I ask one other short question? I am very interested in your integration, where you talk of community and acute services. So you have sufficient community hospitals in your area, then, to care for the needs of the sparse population and to deal with the fact that Gwynedd is a very, very rural area?

[207] **Eleanor Burnham:** A gaf fi ofyn un cwestiwn byr arall? Mae gennyf ddiddordeb mawr yn eich integreiddiad, lle soniwch am wasanaethau cymunedol a gwasanaethau aciwt. Mae gennych ddigon o ysbytai cymunedol yn eich ardal, felly, i ofalu am anghenion y boblogaeth wasgaredig ac i ddelio â'r ffaith fod Gwynedd yn ardal wledig iawn, iawn?

Mr Thomson: Yes, there are some developments going on in relation to Porthmadog, which is to financed from the Welsh capital programme, as well as other developments that we have going in a number of our community hospitals. However, what we see is that, if the district general hospital is under considerable pressure and we are looking at creating capacity, we need to examine how we can deliver services differently. A consequence of that is that we have been trying to move services out to our community hospitals wherever possible. We have used telemedicine, and we are leading the project for north Wales on telemedicine at the moment. It is about making sure that we can deliver services as close as we possibly can to local communities and, in so doing, release capacity within the district general hospital continuously. Some of these exercises are quite interesting: in one that we did quite recently we sought the local community's views through the local press. We are in the process of revamping our plans as a consequence of that. We found it a very useful exercise in seeking the views of the community.

Mr Turner: Community hospitals was the question, was it? We have 11 community hospitals and, between them, they have about 600 beds. One of the issues for us, of course, is how you utilise those hospitals. I talked earlier about the rationalisation of some of the services and the relocating, if you like, of services. The plan that we have in north Gwent, or in Blaenau Gwent rather, is to rationalise the community hospitals in that part of the world and take a lot of the out-patient and ambulatory care away from the district general hospital and up into that part of the world. So that will sort out a few of these hospitals. It is the same picture in Caerphilly, with three or four hospitals around there.

Mr Thomson: Oes, mae rhai datblygiadau ar droed mewn perthynas â Phorthmadog, a ariennir o'r rhaglen gyfalaf i Gymru, yn ogystal â datblygiadau eraill sydd ar y gweill gennym mewn nifer o'n hysbytai cymunedol. Fodd bynnag, yn ein golwg ni, os yw'r ysbyty cyffredinol dosbarth dan gryn bwysau a'n bod yn edrych ar greu capasiti, mae angen inni archwilio sut y gallwn gyflwyno gwasanaethau'n wahanol. O ganlyniad i hynny yr ydym wedi bod yn ceisio symud gwasanaethau allan i'n hysbytai cymunedol lle bynnag y bo modd. Yr ydym wedi defnyddio telefeddygaeth, ac yr ydym yn arwain y prosiect telefeddygaeth i'r Gogledd ar hyn o bryd. Mater ydyw o wneud yn siwr y gallwn gyflwyno gwasanaethau mor agos ag sy'n bosibl at gymunedau lleol a'n bod, wrth wneud hynny, yn rhyddhau lle yn yr ysbyty cyffredinol dosbarth yn barhaus. Mae rhai o'r ymarferion hyn yn eithaf diddorol: mewn un ymarfer y bu inni gynnal yn ddiweddar gofynasom am sylwadau'r gymuned leol drwy'r wasg leol. Yr ydym yn y broses o ailwampio'n cynlluniau o ganlyniad i hynny. Fe'i cawsom yn ymarfer buddiol iawn o ran cael barn y gymuned.

Mr Turner: Ysbytai cymunedol oedd y cwestiwn, ie? Mae gennym 11 o ysbytai cymunedol ac mae ganddynt ryw 600 o welyau rhyngddynt. Un o'r materion i ni, wrth gwrs, yw sut y defnyddir yr ysbytai hynny. Siaradais yn gynharach am resymoli rhai o'r gwasanaethau ac adleoli gwasanaethau, os mynnwch. Y cynllun sydd gennym ni yng ngogledd Gwent, neu ym Mlaenau Gwent yn hytrach, yw rhesymoli'r ysbytai cymunedol yn y rhan honno o'r byd a chymryd llawer o'r gofal cleifion allanol, a gofal i gleifion nad ydynt yn gaeth i'r gwely, i ffwrdd o'r ysbyty cyffredinol dosbarth ac i fyny i'r rhan honno o'r byd. Felly bydd hynny'n ateb i rai o'r ysbytai hyn. Yr un yw'r darlun yng Nghaerffili, gyda thri neu bedwar ysbyty yn yr ardal honno.

However, coming back to something that Keith said is a fundamental issue—one of the issues is how we use community hospitals better and how we use these beds better. The pressure is on our acute services—we have 1,400 acute beds and 600 community hospital beds; a huge proportion of our bed stock supported by qualified nurses is out in the community sector. We probably do not use them as efficiently as we could in terms of either preventing admissions into district general hospitals, or, indeed, of limiting the time that patients are in acute hospitals, or using them for rehabilitation or what we call intermediate care. So there is a lot of work going on in terms of looking at how we use those hospitals, besides the rationalisation of the estate.

Fodd bynnag, a dod yn ôl at rywbeth y dywedodd Keith ei fod yn fater sylfaenol—un o'r materion yw sut y defnyddiwn ysbytai cymunedol yn well a sut y defnyddiwn y gwelyau hyn yn well. Mae'r pwysau ar ein gwasanaethau aciwt—mae gennym 1,400 o welyau achosion aciwt a 600 o welyau mewn ysbytai cymunedol; mae cyfran enfawr o'n stoc welyau a gynhelir gan nyrsys trwyddedig allan yn y sector cymunedol. Mae'n debyg nad ydym yn eu defnyddio mor effeithlon ag y gallem o ran naill ai cadw pobl rhag gorfod mynd i ysbytai cyffredinol dosbarth, neu, yn wir, o ran cyfyngu'r amser a dreulia cleifion mewn ysbytai achosion aciwt, neu eu defnyddio ar gyfer adfer neu'r hyn a alwn yn ofal canolradd. Felly mae llawer o waith yn digwydd o ran edrych ar y modd y defnyddiwn yr ysbytai hynny, ar wahân i resymoli'r ystâd.

[208] **Eleanor Burnham:** Thank you, Chair.

[208] **Eleanor Burnham:** Diolch, Gadeirydd.

[209] **Janet Davies:** Thank you, Eleanor. It seems to me, on that particular issue, that there is possibly work to be done on the relationship between the acute and the community hospitals. Clearly, it is also different from area to area because, geographically, perhaps—I know you still have Monmouthshire in Gwent—but if you were comparing, say, Cardiff with Gwynedd, there would be quite a stark difference.

[209] **Janet Davies:** Diolch i chi, Eleanor. Mae'n ymddangos i mi, ar y mater arbennig hwnnw, fod gwaith i'w wneud efallai ar y berthynas rhwng yr ysbytai achosion aciwt a chymunedol. Wrth reswm, mae'n wahanol hefyd o ardal i ardal oherwydd, yn ddaearyddol, efallai—gwn fod Sir Fynwy gennych o hyd yng Ngwent—ond pe baech yn cymharu, dyweder, Caerdydd â Gwynedd, byddai gwahaniaeth eithaf trawiadol.

Mr Turner: We have the same situation in Gwent, of course. If you look at Newport, there is no community hospital support. All the hospitals are in other parts of the catchment area.

Mr Turner: Mae gennym yr un sefyllfa yng Ngwent, wrth gwrs. Os edrychwch ar Gasnewydd, nid oes dim cefnogaeth ysbyty cymunedol. Mae'r holl ysbytai mewn rhannau eraill o'r dalgylch.

[210] **Janet Davies:** I am thinking, for the record, that perhaps this is an area that the NHS Directorate should be looking at a bit more closely.

[210] **Janet Davies:** Yr wyf yn meddwl, a dylid cofnodi hyn, fod hyn efallai'n faes y dylai Cyfarwyddiaeth y GIG fod yn edrych arni ychydig yn fwy manwl.

Could we move on to talk about estate management, organisation and staffing in your trusts? I will start with Mr Thomson. In her evidence to the Committee in January, Mrs Lloyd, the director of the NHS in Wales, told us that trusts had just completed workforce development plans for the next three years. What has that exercise told you about the size and skill mix of your respective trusts' estate management operations and what changes, if any, will you make as a result of that exercise?

A gawn ni symud ymlaen i siarad am reolaeth ystâd, trefniadaeth a staffio yn eich ymddiriedolaethau? Dechreuaf gyda Mr Thomson. Yn ei thystiolaeth i'r Pwyllgor ym mis Ionawr, dywedodd Mrs Lloyd, cyfarwyddwr y GIG yng Nghymru, wrthym fod ymddiriedolaethau newydd gwblhau cynlluniau datblygu gweithlu am y tair blynedd nesaf. Beth mae'r ymarfer hwnnw wedi'i ddweud wrthych am y cymysgedd maint a sgiliau yng ngweithrediadau rheoli ystâd eich ymddiriedolaethau, a pha newidiadau, os o gwbl, a wnewch chi o ganlyniad i'r ymarfer hwnnw?

Mr Thomson: Yes, we have completed that exercise. The workforce plans went to the trust board and were signed off by the trust board. They are our best estimate of our likely needs, given the assumptions that we can make in relation to service development. I am sure that you will appreciate that it is very difficult to be clear at this point in time because there are a lot of changes going on. However, we can assume that certain trends will occur and we must make judgments on that.

Mr Thomson: Ydym, yr ydym wedi cwblhau'r ymarfer hwnnw. Aeth y cynlluniau gweithlu at fwrdd yr ymddiriedolaeth ac fe'u llofnodwyd gan fwrdd yr ymddiriedolaeth. Dyna'n hamcangyfrif gorau o'n hanghenion tebygol, o gofio'r tybiaethau y gallwn eu gwneud mewn perthynas â datblygiad y gwasanaeth. Yr wyf yn siwr y sylweddolwch ei bod yn anodd iawn bod yn glir ar hyn o bryd oherwydd mae llawer o newidiadau ar droed. Er hynny, gallwn dybio y bydd rhai tueddiadau'n digwydd a rhaid inni wneud penderfyniadau ar sail hynny.

The workforce plans, of course, relate to an assessment of need; they do not relate to affordability. So that is a separate issue to be looked at. Therefore, we will eventually have look at how those two things marry up.

Mae cynlluniau'r gweithlu, wrth gwrs, yn seiliedig ar asesiad o'r angen; nid ydynt yn ystyried a ellir eu fforddio. Felly dyna fater arall i edrych arno. Felly, bydd yn rhaid inni edrych yn y diwedd ar y ffordd y mae'r ddau beth hyn yn cydasio.

[211] **Janet Davies:** Thank you. Could I ask you whether you have any concerns about the age profile of your management staff? [*Laughter*.] Sorry. Coming from me, that is not meant to be discriminatory, okay?

[211] **Janet Davies:** Diolch. A gaf fi ofyn ichi a oes gennych unrhyw bryderon ynghylch proffil oedran eich staff rheoli? [*Chwerthin.*] Mae'n ddrwg gennyf. O'm genau i, nid yw hynny i fod yn wahaniaethol, iawn?

Mr Thomson: I think you could separate professional staff from tradesmen. Clearly, the tradesmen get involved with a lot of the maintenance issues around a lot of our hospitals. From a professional point of view, we have been very fortunate as regards the retention of staff in North West Wales NHS Trust. It is fair to say that we have been developing our own staff. Some people who started off with us as apprentices have gone through all the educational arrangements and facilities and are now some of our best senior engineers, and they are staying with us. So, from a professional standpoint, we do have a development programme for our staff and they are encouraged to become qualified and to study. Therefore, it would be fair to say that, from a professional standpoint, we do not have a big issue with that. We are very fortunate that we have such good quality staff.

Mr Thomson: Yr wyf yn meddwl y gallech wahaniaethu staff proffesiynol oddi wrth grefftwyr. Yn amlwg, bydd y crefftwyr yn ymwneud â llawer o'r gwaith cynnal a chadw o gwmpas llawer o'n hysbytai. O safbwynt proffesiynol, buom yn ffodus iawn o ran cadw staff yn Ymddiriedolaeth GIG Gogledd Orllewin Cymru. Mae'n deg dweud ein bod wedi datblygu'n staff ein hunain. Mae rhai pobl a gychwynnodd gyda ni fel prentisiaid wedi mynd drwy'r holl drefniadau a chyfleusterau addysgol ac maent bellach yn rhai o'n uwch beirianwyr gorau, ac maent yn aros gyda ni. Felly, o safbwynt proffesiynol, y mae gennym raglen ddatblygu i'n staff ac fe'u hanogir i ennill cymwysterau ac i astudio. Felly, byddai'n deg dweud nad oes gennym broblem fawr gyda hynny, o safbwynt proffesiynol. Yr ydym yn ffodus dros ben fod gennym staff o ansawdd cystal.

With tradesmen, I think that there are always issues about the payscales within the commercial sector and the government sector. We are seeing a slight movement in terms of that group of staff.

Gyda chrefftwyr, yr wyf yn meddwl fod problemau bob amser ynglyn â'r graddfeydd cyflog yn y sector masnachol a'r sector llywodraethol. Yr ydym yn gweld ychydig o symud o ran y grwp staff hwnnw.

[212] **Janet Davies:** Okay, thank you. Mr Turner?

[212] **Janet Davies:** Iawn, diolch. Mr Turner?

Mr Turner: Glyn is our resident expert on the staffing side.

Mr Turner: Glyn yw'n harbenigwr ni ar yr ochr staffio.

Mr Griffiths: And he uses the word 'expert' in the loosest possible sense. We have about 200 staff working in our estates department at the moment. We do have something of a problem in age profiling among the tradesmen, but that is something that is not going to sneak up on us. We know it is coming and we can plan for it in the years to come.

Mr Griffiths: Ac mae'n defnyddio'r gair 'arbenigwr' yn ei ystyr llacaf posibl. Mae gennym ryw 200 o staff yn gweithio yn ein hadran ystadau ar hyn o bryd. Y mae gennym rywfaint o broblem gyda phroffilio oedran ymysg y crefftwyr, ond nid yw hynny'n rhywbeth sydd yn mynd i'n taro yn ddirybudd. Gwyddom ei fod yn dod a gallwn gynllunio ar ei gyfer yn y blynyddoedd i ddod.

To refer to the point about the workforce planning issue, when one is considering workforce planning in the context of estates staff, one cannot just take that in isolation. It needs to be taken in the context of defining what we need in terms of those people who support projects and project design, for example, against what, for us, is an enormously challenging agenda at the moment because, as Martin Turner has already indicated, we have a number of fairly major problems—sorry, projects; sometimes they sound like problems—in the pipeline at the moment.

Ynglyn â'r pwynt ynghylch cynllunio'r gweithlu, pan ystyrir cynllunio'r gweithlu yng nghyd-destun staff ystadau, ni ellir cymryd hynny ar ei ben ei hun. Mae angen ei gymryd yng nghyd-destun diffinio'r hyn sydd ei angen arnom yn nhermau'r bobl hynny sy'n cefnogi prosiectau a dyluniad prosiectau, er enghraifft, yn erbyn agenda sydd, i ni, yn cynnig her enfawr ar hyn o bryd oherwydd, fel y dywedodd Martin Turner yn barod, mae gennym nifer o broblemau reit fawr—mae'n ddrwg gennyf, prosiectau; weithiau byddant yn swnio fel problemau—ar y gweill ar y funud.

At this particular moment, I am not sure that we have got the balance right between the tradesmen maintaining the estate that we have got on the ground, and the chaps that are planning for the future of the estate. That is something that we need to balance out in the months and years to come.

Ar y funud arbennig hon, nid wyf yn siwr ein bod wedi taro'r cydbwysedd iawn rhwng y crefftwyr sy'n cynnal a chadw'r ystâd sydd gennym ar lawr gwlad, a'r hogiau sydd yn cynllunio ar gyfer dyfodol yr ystâd. Dyna rywbeth y mae angen inni ei fantoli yn y misoedd a'r blynyddoedd i ddod.

[213] **Janet Davies:** Thank you. Could I just ask you as well, I do not know to what extent you bring external professionals in but, if you do, are you able to get good quality advice?

[213] **Janet Davies:** Diolch. A gaf ofyn ichi hefyd, ni wn i ba raddau y deuwch â phobl broffesiynol o'r tu allan i mewn, ond, os gwnewch hynny, a ydych chi'n llwyddo i gael cyngor o ansawdd da?

Mr Griffiths: In general terms, yes, we are very satisfied with the external professional advice that we bring in. We bring in external professional advice where we consider it to be absolutely necessary. We consider that a new feature of a project, for example, might be seen as a training and development opportunity for somebody who works in our own works and estates department. So we would always try to explore that avenue first. However, if we consider that we do not have the appropriate level of professional expertise, we would either turn to Welsh Health Estates or to external professional advisers to bring that in.

Mr Griffiths: Yn gyffredinol, ydym, yr ydym yn fodlon iawn ar y cyngor proffesiynol allanol a gawn. Deuwn â chyngor proffesiynol allanol i mewn lle ystyriwn fod hynny'n gwbl angenrheidiol. Barnwn y gallai nodwedd newydd mewn prosiect, er enghraifft, fod yn gyfle hyfforddi a datblygu i rywun sy'n gweithio yn ein hadran gweithfeydd ac ystadau ni'n hunain. Felly byddem bob amser yn ceisio dilyn y trywydd hwnnw yn gyntaf. Fodd bynnag, os barnwn nad yw'r lefel briodol o arbenigedd proffesiynol gennym, byddem yn troi naill ai at Ystadau Iechyd Cymru neu at gynghorwyr proffesiynol allanol i ddod â hynny i mewn.

[214] **Janet Davies:** Thank you very much. I do not know whether you would like to say anything about that, Mr Thomson.

Mr Thomson: No, we are very much the same. We are well satisfied with the consultants that we employ.

[215] **Janet Davies:** Okay, thank you. Dafydd, you have some questions to ask?

[216] **Dafydd Wigley:** A gaf i ddweud pa mor falch ydwyf o weld Keith Thomson a John Potts i lawr yma yn y cyd-destun hwn. Fel arfer, yr ydym yn cyfarfod mewn cyd-destun gwahanol. Byddaf yn eu hadeilad hwy fore yfory.

Cyn troi at y pwnc yr oeddwn am ei ddilyn yn fanwl, a gaf godi pwynt a wnaeth Mr Thomson ynglyn â'r adnoddau sydd ganddo? Yr oedd yn dweud, mewn ateb i chi, Gadeirydd, eu bod wedi gweithio ar y rhaglen dair blynedd, wedi asesu beth sydd angen ei wneud, ond heb gael sicrwydd o ran a oedd yn fforddiadwy ai peidio. A oes perygl gwirioneddol fod yr hyn sydd angen ei wneud, a'r hyn yr ydych yn edrych arno, yn rhywbeth y byddwch ymhell iawn ohono o safbwynt yr adnoddau? A ydych yn dymuno dweud rhywbeth ynglyn â hynny yn awr?

Mr Thomson: We are not sure, quite clearly, because we are working through those issues. We know that the Assembly has all the workforce plans from all the trusts, and is bringing them together. I think that there are variations within each trust as to what they see as being required. However, that is an area that we need to try to pursue, because there could well be a gap, yes.

[214] **Janet Davies:** Diolch yn fawr. Ni wn a hoffech ddweud unrhyw beth am hynny, Mr Thomson.

Mr Thomson: Na, yr ydym ninnau fwy neu lai yr un fath. Yr ydym yn fodlon iawn ar yr ymgynghorwyr a gyflogwn.

[215] **Janet Davies:** Iawn, diolch. Dafydd, mae gennych gwestiynau i'w gofyn?

[216] **Dafydd Wigley:** May I say how pleased I am to see Keith Thomson and John Potts down here in this context. Usually, we meet in a different context. I will be in their building tomorrow morning.

Before turning to the subject that I wanted to discuss in detail, may I raise a point made by Mr Thomson about the resources that he has? He was saying, in response to you, Chair, that they had worked on the three-year programme, had assessed what needs to be done, but had not received assurance in terms of whether or not it was affordable. Is there a real danger that that which needs doing, and that which you are looking at, is something that you will be far from achieving in terms of resources? Do you wish to say anything on that now?

Mr Thomson: Nid ydym yn siwr, wrth reswm, oherwydd yr ydym yn gweithio trwy'r cwestiynau hynny. Gwyddom fod gan y Cynulliad yr holl gynlluniau gweithlu oddi wrth yr ymddiriedolaethau i gyd, a'i fod yn eu tynnu at ei gilydd. Yr wyf yn meddwl fod amrywiadau o fewn pob ymddiriedolaeth o ran beth sydd yn ofynnol yn eu barn hwy. Fodd bynnag, mae hwnnw'n faes y mae angen inni geisio mynd ar ei ôl, oherwydd gallai fod bwlch, yn wir, gallai.

[217] **Dafydd Wigley:** A yw'n rhywbeth sy'n poeni ein cyfeillion o Went? A oes prinder sylweddol?

Mr Turner: I am sorry, I missed the beginning of the question while I was trying to get the headphones on for the translation. It is the issue about resourcing the programme, is it?

[218] **Dafydd Wigley:** Yes.

Mr Turner: I made the point earlier about just having enough to keep pace with statutory compliance. After that, we are looking for external sources of funding to develop, and we talked briefly about PFI as one proposition, and coming back and looking to the Assembly as another source of additional resources for developments that it wishes to pursue. Some of them are about capital; I will give you an example of that. One of the things that we have been asked to pursue, which may have a capital component to it, is an elective centre for additional elective capacity—additional operating sessions and so on. It could be £10 million. That could not be found from within our existing resources or capital allocation, and probably would be something that would need central financing.

[219] **Dafydd Wigley:** Yr wyf yn deall hynny, ac nid wyf am edrych ar adnoddau ychwanegol o'r fath. Fodd bynnag, pe bai gennych arian digonol—ac edrychaf ar Went a Gwynedd—gallech gael arbedion yn y tymor hir. Drwy wario heddiw byddech yn osgoi llawer iawn mwy o wario yfory. Os oes elfennau felly o fewn eich rhaglen, a oes unrhyw beirianwaith i'ch galluogi i wneud cais am arian a fyddai'n arbed arian yn y tymor hir i'r sector cyhoeddus?

Whichever of you wishes can go first.

[217] **Dafydd Wigley:** Is it something that worries our friends from Gwent? Is there a serious deficit?

Mr Turner: Mae'n ddrwg gennyf, collais ddechrau'r cwestiwn tra'r oeddwn yn ceisio gwisgo'r clustffonau ar gyfer y cyfieithiad. Ai'r cwestiwn am adnoddau i'r rhaglen sydd yma?

[218] **Dafydd Wigley:** Ie.

Mr Turner: Gwneuthum y pwynt yn gynharach ynghylch dim ond cael digon i gadw i fyny â chydymffurfio statudol. Wedi hynny, yr ydym yn edrych am ffynonellau arian allanol i ddatblygu, a siaradasom yn fyr am PFI fel un posibilrwydd, a dod yn ôl ac edrych at y Cynulliad fel ffynhonnell arall o adnoddau ychwanegol ar gyfer datblygiadau y mae am eu cyflawni. Mae a wnelo rhai ohonynt â chyfalaf; rhoddaf enghraifft o hynny ichi. Un o'r pethau y gofynnwyd i ni ei ddilyn, a all gynnwys cydran gyfalaf, yw canolfan ddewisol ar gyfer gallu dewisol ychwanegol—sesiynau llawdriniaeth ychwanegol ac ati. Gallai fod yn £10 miliwn. Ni ellid dod o hyd i hynny oddi mewn i'n hadnoddau presennol na'n dyraniad cyfalaf, ac mae'n debyg y byddai'n rhywbeth a fyddai'n galw am gyllid canolog.

[219] **Dafydd Wigley:** I understand that, and I do not wish to consider such additional resources. However, if you had enough money—and I look to Gwent and Gwynedd—you could secure savings in the long term. By spending today you would avoid much more expenditure tomorrow. If there are such elements in your programme, is there any mechanism that allows you to apply for money which would save money for the public sector in the long term?

Caiff pwy bynnag a fynno fynd gyntaf.

Mr Turner: There used to be some spend-to-save schemes that were available from the Assembly that addressed that very issue. They were not big sums of money, but they were, nevertheless, sums of money that we could put into schemes. If we could establish either a revenue or a capital saving that could be supported, then there was that mechanism. I am not sure whether it is still there. It used to be there. I think that it has gone as a central funding mechanism.

Mr Thomson: That is correct. I do not think that there is a fund that we can tap into these days for spend-to-save arrangements. There had been proposals that we did have a year or two ago that would have allowed us to move in that direction—things like the changing site at Bryn-y-Neuadd and the use of energy and so on. Therefore, there are pockets of areas that we could move into to make savings. On the other hand, I think that it needs to be recognised that we have been under extreme pressure for many years to make savings, and we have stripped out, wherever possible, the easy areas in which to make savings. However, there are still pockets where we can move on.

[220] **Dafydd Wigley:** Yr wyf yn credu y byddwn yn dychwelyd at rai agweddau ar hynny yn ddiweddarach, Gadeirydd. Yr oeddech wedi holi ein cyfeillion o Went, Gadeirydd, ynglyn â chael gweithwyr ystadau proffesiynol cymwys. Edrychaf ar yr argymhellion ar dudalen 21 o'r adroddiad, ac mae'r ail bwynt bwled yn argymell y dylai gweithwyr ystadau proffesiynol cymwys fod wrth law i gynorthwyo prif weithredwyr ymddiriedolaethau o ran rheoli'r ystâd y maent yn gyfrifol amdani. Yn amlwg, mae hynny'n ofyniad go sylfaenol. Gan fod Gwent wedi ymateb i raddau, ac wedi dweud y gall wneud hynny, trof at y sefyllfa yng Ngwynedd. Mae hon yn sefyllfa wahanol iawn oherwydd natur

Mr Turner: Arferai fod cynlluniau gwario-i-arbed a oedd ar gael gan y Cynulliad ar gyfer yr union beth hwnnw. Nid oeddent yn symiau mawr o arian, ond yr oeddent, serch hynny, yn symiau o arian y gallem eu rhoi i mewn i gynlluniau. Pe gallem sefydlu arbediad naill ai refeniw neu gyfalaf y gellid ei gynnal, yna yr oedd y mecanwaith hwnnw ar gael. Nid wyf yn siwr a ydyw'n dal yno. Yr oedd yn arfer bod yno. Yr wyf yn meddwl ei fod wedi mynd fel mecanwaith ariannu canolog.

Mr Thomson: Mae hynny'n gywir. Nid wyf yn meddwl fod cronfa y gallwn fanteisio arni y dyddiau hyn am drefniadau gwario-i-arbed. Bu cynigion a fu gennym ni flwyddyn neu ddwy yn ôl a fuasai wedi caniatáu inni symud i'r cyfeiriad hwnnw—pethau fel y newid safle ym Mryn-y-Neuadd a defnydd ynni ac ati. Felly, y mae pocedi o leoedd y gallem symud i mewn iddynt i wneud arbedion. Ar y llaw arall, yr wyf yn meddwl fod angen cydnabod ein bod dan bwysau eithriadol ers blynyddoedd lawer i wneud arbedion, a'n bod wedi tynnu allan, lle bynnag y bu modd, y mannau hawdd i wneud arbedion ynddynt. Er hynny, mae pocedi o hyd lle gallwn symud ymlaen.

[220] **Dafydd Wigley:** I believe that we will return to some aspects of that later on, Chair. You had asked our colleagues from Gwent, Chair, about qualified professional estates workers. I am looking at the recommendations on page 21 of the report, and the second bullet point recommends that qualified professional estates workers should be on hand to assist trust chief executives with regard to managing the estate for which they are responsible. Clearly, that is quite a fundamental requirement. As Gwent has, to some extent, answered that point, and has said that it can do that, I turn to the situation in Gwynedd. This is a very different situation because of the sparse nature of the population.

wasgaredig y boblogaeth. A allwch gael staff neu gyngor proffesiynol? A yw'r cyngor hwnnw ar gael o fewn yr ardal?

Are you able to access professional staff or advice? Is that advice available in the area?

Mr Thomson: If we need consultants then, quite clearly, we will get them—quite often, locally. We are obviously concerned to ensure that we have good professional advice within the organisation. That is about having a good, qualified workforce. That is what we have done—we have made sure that we develop people who can give us that advice. However, if we need advice, depending on different projects, then, quite clearly, we will seek it either locally or nationally. I think that the main thing is that whoever gives us the advice gives us the best advice available. Therefore, we need to go to the best people always.

Mr Thomson: Os bydd arnom angen ymgynghorwyr, yna, yn amlwg, fe'u cawn—a hynny'n lleol yn aml. Yr ydym yn amlwg yn awyddus i sicrhau y cawn gyngor proffesiynol da o fewn y sefydliad. Mae a wnelo hynny â chael gweithlu da a chymwys. Dyna beth yr ydym wedi'i wneud—yr ydym wedi gwneud yn siwr ein bod yn datblygu pobl a all roi'r cyngor hwnnw inni. Fodd bynnag, os oes arnom angen cyngor, yn dibynnu ar wahanol brosiectau, yna, wrth reswm, fe chwiliwn amdano naill ai'n lleol neu'n genedlaethol. Credaf mai'r prif beth yw fod pwy bynnag sy'n rhoi'r cyngor hwnnw inni yn rhoi'r cyngor gorau bosibl. Felly, mae angen inni fynd at y bobl orau bob tro.

[221] **Dafydd Wigley:** A oes unrhyw ddealltwriaeth rhyngoch ag ymddiriedolaethau neu awdurdodau iechyd mewn rhannau eraill o Gymru ble, os oes arbenigedd ar gael mewn un ardal, eich bod yn gwybod beth sydd ar gael a'ch bod yn gallu troi atynt am gymorth?

[221] **Dafydd Wigley:** Do you have an understanding with trusts and health authorities in other parts of Wales whereby, if there is expertise available in one area, you know what is available and you can turn to them for assistance?

Mr Thomson: Yes. In those circumstances, we would go to Welsh Health Estates, because it clearly has an overall picture of what is going on in Wales and the various issues that are around. Therefore, quite obviously, with some of the big projects that we have in Ysbyty Gwynedd, such as copper piping—which I am sure that we will touch upon later, perhaps—we would certainly go to it for advice as to the best people to help us with those situations.

Mr Thomson: Oes. Yn yr amgylchiadau hynny, byddem yn mynd at Ystadau Iechyd Cymru, oherwydd yn amlwg mae ganddo ddarlun cyffredinol o'r hyn sydd yn digwydd yng Nghymru a'r gwahanol faterion sydd ar droed. Felly, wrth reswm, gyda rhai o'r prosiectau mawr sydd gennym yn Ysbyty Gwynedd, megis pibelli copr—pwnc yr wyf yn siwr y cyffyrddwn ag ef eto yn ddiweddarach, efallai—byddem yn sicr yn mynd ato am gyngor ynghylch pwy fyddai orau i'n helpu gyda'r sefyllfaoedd hynny.

[222] **Dafydd Wigley:** Y mae tudalen 21 hefyd yn cyfeirio at y ffaith y dylai staff rheoli ystâd—y rhai sy'n rheoli'n weithredol—fod yn derbyn hyfforddiant priodol ac y dylid gwerthuso eu perfformiad. A ydych yn fodlon â'r hyfforddiant a roddir i'r staff rheoli ystâd a'r modd y cânt eu hasesu yn eich ymddiriedolaethau? A gawn edrych ar Wynedd yn gyntaf ac efallai troi wedyn at Went?

Mr Thomson: Our professional staff are appraised on an annual basis and a development and training programme is set for each individual. That is a regular feature. Therefore, we are very much into training and developing our staff, in particular our estate staff, quite clearly, because there is some training that they need to do because they need to deliver statutory and technical aspects of their jobs. We also need to develop them as professional managers. So, there is a whole programme.

[223] Dafydd Wigley: A gaf ofyn cwestiwn arall i chi ac wedyn dof at Went gyda'r ddau bwynt? O glywed yr hyn a ddywedasoch, a ydych yn cael unrhyw broblem o safbwynt cadw staff rheoli ystâd ac o safbwynt eu datblygiad proffesiynol a pharhaus? A ydych yn gorfod cymryd unrhyw gamau er mwyn ymdrin â hyn? A oes perygl eich bod yn colli staff?

Mr Thomson: Well, that is always a problem in any organisation that develops staff. Hopefully, you give them the opportunities for continuous professional development. That is quite an important feature. I think, also, if you want to hang on to your staff, you need to be able to look after their interests.

[222] **Dafydd Wigley:** Page 21 also refers to the fact that estate management staff—those who manage operationally—should receive appropriate training and that their performance should be evaluated. Are you content with the training given to estate management staff and the way in which they are assessed in your trusts? May we look at Gwynedd first and then turn to Gwent perhaps?

Mr Thomson: Caiff ein staff proffesiynol eu gwerthuso'n flynyddol a gosodir rhaglen ddatblygu a hyfforddi i bob unigolyn. Mae hynny'n nodwedd reolaidd. Felly, credwn yn gryf mewn hyfforddi a datblygu'n staff, yn enwedig ein staff ystadau, wrth reswm, oherwydd mae rhywfaint o hyfforddiant y mae angen iddynt hwy ei wneud oherwydd bod arnynt angen cyflawni agweddau statudol a thechnegol ar eu swyddi. Mae angen eu datblygu fel rheolwyr proffesiynol hefyd. Felly, mae yna raglen gyfan.

[223] **Dafydd Wigley:** May I ask another question to you and then I will come to Gwent with both points? From listening to what you said, do you have any problems in terms of retaining estate management staff and in terms of their professional continuous development? Are you having to take any steps to deal with this? Is there a danger that you are losing staff?

Mr Thomson: Wel, mae hynny bob amser yn broblem mewn unrhyw sefydliad sy'n datblygu staff. Y gobaith yw y rhoddwch y cyfleoedd iddynt ddatblygu'n broffesiynol yn barhaus. Mae hynny'n nodwedd eithaf pwysig. Yr wyf yn meddwl, hefyd, os ydych am ddal gafael ar eich staff, fod angen ichi allu gofalu am eu buddiannau.

[224] **Dafydd Wigley:** A gaf droi at ein cyfeillion o Went? Yr ydych wedi ateb hyn yn rhannol wrth ateb cwestiwn a ofynnodd y Cadeirydd gwestiwn neu ddau yn ôl. Fodd bynnag, a oes unrhyw agweddau o hyn y buasech yn gwneud sylwadau arnynt?

[224] **Dafydd Wigley:** May I turn to our friends from Gwent? You have partially answered this in answering a question that the Chair asked one or two questions ago. However, are there any aspects of this on which you would comment?

Mr Turner: Well, the formal appraisal systems that we have go right across the workforce anyway. They have been around for a long, long time in the NHS, and, certainly, in the trusts in Gwent, the use of appraisal systems, both for setting objectives and reviewing performance, is well understood. Continuous professional development is a huge part of our agenda these days. One of the rules that I have, if you like, with my management staff is that they spend at least a week every year on their own personal development. They have to agree it with their managers, but I expect that level of professional development as a minimum from, certainly, that level of staff within our organisation.

Mr Turner: Wel, mae'r systemau gwerthuso ffurfiol sydd gennym yn delio â'r gweithlu cyfan, beth bynnag. Maent wedi bod o gwmpas ers amser maith iawn yn y GIG, ac, yn sicr, yn ymddiriedolaethau Gwent, mae'r defnydd o systemau gwerthuso, ar gyfer gosod targedau ac adolygu perfformiad fel ei gilydd, yn ddealledig gan bawb. Mae datblygiad proffesiynol parhaus yn rhan enfawr o'n hagenda y dyddiau hyn. Un o'r rheolau sydd gennyf, os hoffwch, gyda fy staff rheoli yw eu bod yn treulio o leiaf un wythnos bob blwyddyn ar eu datblygiad personol eu hunain. Rhaid iddynt gytuno arno gyda'u rheolwyr, ond disgwyliaf y lefel honno o ddatblygiad personol fel rhywbeth sylfaenol gan y lefel honno o staff, yn sicr, o fewn ein sefydliad.

[225] **Dafydd Wigley:** A gaf droi at rywbeth sy'n codi ar dudalen 19? Yr wyf yn edrych ar y pwynt bwled uchaf yn y gornel chwith sy'n tynnu sylw at y ffaith mai dim ond 20 y cant o wasanaethau Ystadau Iechyd Cymru, fel corff, oedd â'r pwrpas o ddiwallu anghenion cyfun ymddiriedolaethau, awdurdodau iechyd a grwpiau iechyd lleol yng Nghymru. A hoffech weld Ystadau Iechyd Cymru yn cynnig mwy o wasanaethau i adrannau rheoli ystâd eich ymddiriedolaethau chi? Os felly, pa fath o wasanaethau yr hoffech ei weld yn eu cynnig? Mr Thomson?

[225] **Dafydd Wigley:** May I turn to something that appears on page 19? I am looking at the top bullet point in the left hand corner, which draws attention to the fact that only 20 per cent of the services of Welsh Health Estates, as a body, were aimed at satisfying the combined needs of trusts, health authorities and local health groups in Wales. Would you like to see Welsh Health Estates offering more services to the estate management departments of your trusts? If so, what sort of services would you like to see it offering? Mr Thomson?

Mr Thomson: First of all, we regard Welsh Health Estates as a good organisation. I think that the advice that we get from it is good. Its competency is sound. We would like to see the strategic approach that it has now embraced being continued. I think that it is important that we keep on looking forward in that way. Specifically, I think that there is one aspect that we would welcome, and that is in relation to technical advisory arrangements, particularly in relation to defect co-ordination. That is when things go wrong, and they do so because of the type of equipment that we have. I think that, if it could co-ordinate that over Wales, that would be quite a useful event. In terms of the rest of the service that we get from it, it is good and we are happy with that. There is always an issue for a trust up in north-west Wales, or, in fact, north Wales, in how we take up services which are based in Cardiff, but that is not peculiar to Welsh Health Estates. That is another issue, probably. So, to sum up, we are happy with what we get from Welsh Health Estates; we would like it to continue with its strategic direction, but there are issues such as, because it has this overall view, perhaps it could look at developing advice in relation to defect co-ordination.

[226] **Dafydd Wigley:** That was helpful. Mr Turner?

Mr Thomson: Yn gyntaf oll, ystyriwn bod Ystadau Iechyd Cymru'n gorff da. Yr wyf yn meddwl fod y cyngor a gawn ganddo'n dda. Mae'n ddigon cymwys. Hoffem ni ei weld yn parhau gyda'r ffordd strategol sydd ganddo o fynd ati yn awr. Yr wyf yn meddwl ei bod yn bwysig ein bod yn dal i edrych ymlaen fel hynny. Yn benodol, credaf fod yna un agwedd y byddem yn ei chroesawu, sef mewn perthynas â'r trefniadau cyngor technegol, yn enwedig o ran cydgysylltu diffygion. Dyna pryd yr aiff pethau o chwith, a gwnânt hynny oherwydd y math o offer sydd gennym. Yr wyf yn meddwl, pe gallem gydgysylltu hynny ar draws Cymru, y byddai hynny'n ddigwyddiad eithaf buddiol. O ran gweddill y gwasanaeth a gawn oddi wrtho, mae'n dda ac yr ydym yn hapus â hynny. Mae problem o hyd i ymddiriedolaeth i fyny yn y Gogledd-orllewin, neu yn y Gogledd yn wir, ynghylch sut y gallwn fanteisio ar wasanaethau sy'n seiliedig yng Nghaerdydd, ond nid yw hynny'n gyfyngedig i Ystadau Iechyd Cymru. Mater arall yw hynny, mae'n debyg. Felly, i grynhoi, yr ydym yn hapus gyda'r hyn a gawn ni gan Ystadau Iechyd Cymru; hoffem iddo barhau gyda'i gyfeiriad strategol, ond y mae materion megis, oherwydd bod ganddo'r olwg gyffredinol hon, efallai y gallai edrych ar ddatblygu cyngor mewn perthynas â chydlynu diffygion.

[226] **Dafydd Wigley:** Yr oedd hynny'n fuddiol. Mr Turner?

Mr Turner: I will start by saying that I have a natural aversion to centralised services anyway. It was not that long ago that we had what was called the Welsh Health Common Services Agency in Wales, of which Welsh Health Estates—or its predecessor, if you like—was a component part. That service eventually, the totality of it, I think, employed something like 4,000 people. There might be an evolution here, that you need something centrally, but it will never get smaller and it will always get bigger. My view of that is that we need to be very, very careful to ensure that, if we do have a centralised service, it is adding value; that we are part and parcel of agreeing to its development; that it is not centrally financed, for example, and that we have a say, perhaps, in how it is financed. If we are going to use it, then we pay for it, perhaps—that sort of service—so that it is not top-sliced and does not become a distanced part of the NHS. Having said that, there is no doubt that the specialist advice that trusts cannot provide needs to be provided somewhere. Whether we buy it from the private sector or provide it ourselves centrally is an issue worth debating, perhaps. However, the monitoring and co-ordination function is essential. I will accept that. However, there needs to be something that advises the Assembly and perhaps gives us advice. Certainly, the benchmarking data that we expect from it is quite important and needs to be co-ordinated somewhere.

Mr Turner: Dechreuaf drwy ddweud fod gennyf anhoffter naturiol o wasanaethau canoledig beth bynnag. Nid oes gymaint o amser ers pan oedd gennym yng Nghymru yr hyn a elwid yn Asiantaeth Gwasanaethau Cyffredin Iechyd Cymru, yr oedd Ystadau Iechyd Cymru—neu ei ragflaenydd, os mynnwch—yn gydran ohoni. Erbyn y diwedd cyflogai'r gwasanaeth hwnnw, yn ei gyfanrwydd, yr wyf yn meddwl, rywbeth tebyg i 4,000 o bobl. Efallai fod esblygiad yma, a bod angen rhywbeth yn ganolog, ond nid aiff byth yn llai ac aiff yn fwy bob tro. Fy marn i am hynny yw fod angen inni fod yn ofalus iawn, iawn, os ydym am gael gwasanaeth canoledig, ei fod yn ychwanegu gwerth; ein bod ni'n ymwneud â chytuno ar ei ddatblygiad; na chaiff ei ariannu'n ganolog, er enghraifft, ac y cawn ni lais, efallai, yn y modd y'i hariennir. Os ydym ni am ei ddefnyddio, yna ni a ddylai dalu amdano, efallai—y math hwnnw o wasanaeth—fel na fydd wedi'i frig-dorri ac na fydd yn ymddieithrio oddi wrth y GIG. Wedi dweud hynny, nid oes amheuaeth fod angen i'r cyngor arbenigol na all ymddiriedolaethau ei ddarparu gael ei ddarparu yn rhywle. A ydym yn ei brynu o'r sector preifat ynteu'n ei ddarparu ein hunain yn ganolog sy'n fater gwerth ei ddadlau, efallai. Fodd bynnag, mae'r swyddogaeth fonitro a chydlynu yn hanfodol. Derbyniaf hynny. Ond mae angen cael rhywbeth sy'n cynghori'r Cynulliad ac efallai'n rhoi cyngor inni. Yn sicr, mae'r data meincnodi a ddisgwyliwn ganddo'n dra phwysig ac mae angen ei gydlynu yn rhywle.

[227] **Dafydd Wigley:** Is there anything specific of the sort that Mr Thomson mentioned that you would highlight?

[227] **Dafydd Wigley:** Oes yna unrhyw beth penodol o'r math a grybwyllwyd gan Mr Thomson yr hoffech chi ei danlinellu?

Mr Turner: No.

Mr Turner: Nac oes.

[228] **Dafydd Wigley:** Iawn, diolch yn fawr.

[228] **Dafydd Wigley:** Fine, thank you very much.

[229] **Janet Davies:** Thank you, Dafydd. We turn now to assessing the estate management performance. I will bring in Alun Cairns in a minute but, first of all, could I ask you about the issue of targets for estate performance? I will start with Mr Turner. What internal targets for estate performance do you set within your trust? Do you perhaps have local targets for all your key areas, such as statutory and physical condition, functional suitability—whatever that may be—space utilisation and energy performance, because that issue came out in the report?

[229] **Janet Davies:** Diolch, Dafydd. Trown yn awr at asesu perfformiad rheoli'r ystadau. Rhoddaf gyfle i Alun Cairns mewn munud, ond, yn gyntaf oll, a gaf i'ch holi ynghylch cwestiwn targedau ar gyfer perfformiad ystâd? Dechreuaf gyda Mr Turner. Pa dargedau mewnol ar gyfer perfformiad ystâd a osodwch chi o fewn eich ymddiriedolaeth? A oes gennych efallai dargedau lleol ar gyfer eich holl feysydd allweddol, megis cyflwr statudol a ffisegol, addasrwydd swyddogaethol—beth bynnag fo hynny—defnydd o le a pherfformiad ynni, oherwydd fe gododd y mater hwnnw yn yr adroddiad?

Mr Turner: We have agreed with our managers, and with our board in fact, a three-year programme of development against specific targets. Certainly, we see the statutory compliance target as something that we need to achieve within the next three years. That is the target that we have given ourselves—a three-year target to do that. When it comes to conditions B and C, it is an issue of available investment. We will target a lot of our investment into meeting what we regard as the most critical issues. Again, definition is quite important here, as I mentioned earlier. The definition says something like—not something like; it is this—that your estate could be or is imminently about to break down within the next three years, I think, for building services, and one year for engineering services. There is a bit of subjectivity to that and we have been very careful to get good advice from our technical experts on what is a 'must-do, cannot avoid' type of development and on what we can take risks. So we agree those sorts of targets. I will talk about energy performance later, if you like but, in terms of the estate, those are the sorts of targets that we set.

Mr Turner: Yr ydym wedi cytuno gyda'n rheolwyr, a chyda'n bwrdd, yn wir, ar raglen dair blynedd o ddatblygu yn erbyn targedau penodol. Yn sicr, gwelwn y targed cydymffurfio statudol fel rhywbeth y bydd angen inni ei gyflawni o fewn y tair blynedd nesaf. Dyna'r targed yr ydym wedi'i osod i ni'n hunain—targed tair blynedd i wneud hynny. O ran amodau B ac C, mater o'r buddsoddiad sydd ar gael ydyw. Byddwn yn targedu llawer o'n buddsoddiad i ddelio â'r hyn a welwn ni fel y materion mwyaf hollbwysig. Eto, mae'r diffiniad yn eithaf pwysig yma, fel y soniais ynghynt. Dywed y diffiniad rywbeth tebyg i—nid rhywbeth tebyg i; dyma ydyw—y gallai'ch ystâd fod yn neu ar fin torri i lawr o fewn y tair blynedd nesaf, yr wyf yn meddwl, o ran gwasanaethau adeiladu, ac un flwyddyn o ran gwasanaethau peirianyddol. Mae ychydig o oddrychedd i hynny a buom yn ofalus i gael cyngor da gan ein harbenigwyr technegol ar beth sydd yn fath o ddatblygiad 'rhaid-gwneud, ni ellir osgoi', ac ar beth y gallwn fentro. Felly cytunwn ar y mathau hynny o dargedau. Siaradaf am berfformiad ynni yn ddiweddarach, os hoffwch, ond yn nhermau'r ystâd, dyna'r mathau o dargedau a osodwn.

[230] **Janet Davies:** Thank you. I think that you have probably covered the other things that I was going to ask. Mr Thomson?

Mr Thomson: Thank you. Yes, on the internal targets, we, quite clearly, look at the estate performance, looking at the total cost of running the estate on a cost per square metre, and we compare that site by site. We also compare that with the English benchmarking system. We also, obviously, look at energy performance, which we quite clearly will be dealing with later, and, as Martin indicated, a backlog maintenance against category B, the state of our estate. However, one of the key features that I would always want to deal with is our statutory compliance. This is a key feature of making sure that we have a safe environment for both patients and staff.

[231] **Janet Davies:** Do you find these targets challenging? Obviously, the financial context is challenging, but do you find the targets challenging?

Mr Thomson: They are challenging, and I think that it is about how we prioritise our money and our activities. As a consequence of that, we have put a lot of money into meeting the fire code arrangements. Therefore, we may have taken money out that could have been directed towards maintenance. However, the fire code issue and health and safety issues are key for us. We have a programme but, clearly, some of that is dependent on some big issues for us. We would go back to the issues surrounding the risks for us in relation to copper piping and the arrangements regarding Bryn-y-Neuadd hospital, from which we are resettling a lot of our clients into the community. That is a huge site that we have to manage. We have a development control plan for

[230] **Janet Davies:** Diolch. Yr wyf yn meddwl eich bod, mae'n debyg, wedi ymdrin â'r pethau eraill yr oeddwn yn mynd i'w gofyn. Mr Thomson?

Mr Thomson: Diolch. Ie, ar y targedau mewnol, byddwn ni, wrth reswm, yn edrych ar berfformiad yr ystâd, gan edrych ar gyfanswm cost rhedeg yr ystâd ar sail cost y metr sgwâr, a chymharu honno o safle i safle. Cymharwn hynny hefyd â'r system feincnodi yn Lloegr. Edrychwn hefyd, wrth reswm, ar berfformiad ynni, y byddwn yn amlwg yn delio ag ef yn ddiweddarach, ac, fel y nododd Martin, ar waith cynnal a chadw sy'n aros i'w wneud yn erbyn categori B, cyflwr ein hystâd. Fodd bynnag, un o'r nodweddion allweddol y byddwn bob amser eisiau delio â hi yw ein cydymffurfiad statudol. Mae hyn yn nodwedd allweddol i wneud yn siwr fod gennym amgylchedd diogel i gleifion a staff fel ei gilydd.

[231] **Janet Davies:** A yw'r targedau hyn yn gosod her ichi? Yn amlwg, mae'r cyd-destun ariannol yn gosod her, ond a ydych yn canfod her yn y targedau?

Mr Thomson: Maent yn cynnig her, ac yr wyf yn meddwl mai her ydyw ynghylch y modd y blaenoriaethwn ein harian a'n gweithgareddau. O ganlyniad i hynny, yr ydym wedi rhoi llawer o arian i mewn i gyflawni'r trefniadau cod tân. Felly, efallai inni gymryd arian allan y gallesid ei gyfeirio at waith cynnal a chadw. Serch hynny, mae'r côd tân a materion iechyd a diogelwch yn allweddol i ni. Mae gennym raglen ond, yn amlwg, mae rhywfaint o honno'n dibynnu ar faterion mawr i ni. Byddem yn mynd yn ôl at y materion ynghylch y risgiau i ni mewn perthynas â phibelli copr a'r trefniadau ynglyn ag Ysbyty Bryn-y-Neuadd, o ble'r ydym yn symud llawer o'n cleientau allan i'r gymuned. Dyna safle enfawr y mae'n rhaid i ni ei reoli. Mae gennym

that, but we have to make sure that we keep to that programme, otherwise we will be at risk elsewhere.

gynllun rheoli datblygu ar gyfer hynny, ond rhaid inni sicrhau ein bod yn glynu at y rhaglen honno, neu fel arall byddwn mewn perygl yn rhywle arall.

[232] **Janet Davies:** Okay, thank you. Alun, do you want to come in now?

[232] **Janet Davies:** Iawn, diolch. Alun, oes arnoch chi eisiau dweud rhywbeth yn awr?

[233] **Alun Cairns:** Thank you, Cadeirydd. I want to talk to you about ERIC—the estates recording information collection system—which is about to be introduced in April 2002; next month, that is. How will ERIC help to facilitate your estate management?

[233] **Alun Cairns:** Diolch, Gadeirydd. Hoffwn sôn wrthych am ERIC—y system gasglu gwybodaeth gofnodi ystadau—sydd i'w chyflwyno yn Ebrill 2002; y mis nesaf, hynny yw. Sut y gwnaiff ERIC helpu i hwyluso'ch gwaith o reoli'ch ystadau?

Mr Thomson: Well, it certainly gives us a lot more information that we are able to collect, as you would expect. Mr Potts was involved with the project itself, so, hopefully, we are able to make sure that all the necessary features are in place. Perhaps I could ask Mr Potts to come in here, so that he can say a few words about something with which he has been intimately involved?

Mr Thomson: Wel, yn sicr mae'n rhoi llawer mwy o wybodaeth inni nag y gallwn ei chasglu, fel y disgwyliech. Bu Mr Potts yn ymhél â'r prosiect ei hun, felly, gobeithio, gallwn wneud yn siwr fod yr holl nodweddion angenrheidiol yn eu lle. Efallai y cawn ofyn i Mr Potts ddweud rhywbeth yn y fan yma, fel y gall ef ddweud ychydig eiriau am rywbeth y mae ef wedi ymwneud ag ef yn agos?

Mr Potts: We, as a trust, have been a member of—dare I say it—the English benchmarking club for some years, and we have used the manual version of ERIC now for five or six years. So, from our point of view, it is a natural and welcome progression that we are able to use ERIC in an electronic format and on an all-Wales basis. It is a fairly onerous data collection system but, nevertheless, most of what is in it is what a manager needs to be able to manage his or her estate. There are also facilities elements in it. If you get yourself geared, if you like, to collecting this information for management purposes, then doing the returns on ERIC is relatively easy and it becomes more of a discipline than a problem.

Mr Potts: Yr ydym ni, fel ymddiriedolaeth, wedi bod yn aelod o—a fentraf fi ddweud—glwb meincnodi Lloegr ers rhai blynyddoedd, ac wedi defnyddio'r fersiwn llaw o ERIC bellach ers pump neu chwe blynedd. Felly, o'n safbwynt ni, dilyniant naturiol ac un i'w groesawu ydyw inni allu defnyddio ERIC mewn fformat electronig ac ar sail Cymru-gyfan. Mae'n system gasglu data eithaf beichus, ond, er hynny, mae'r rhan fwyaf o'r hyn sydd ynddi yn bethau angenrheidiol i reolwr i allu rheoli'i ystâd. Ceir elfennau cyfleusterau ynddi hefyd. Os ewch chi i'r arfer o gasglu'r wybodaeth hon ar gyfer dibenion rheoli, yna bydd gwneud y cofnodion ar ERIC yn gymharol hawdd ac yn fwy o ddisgyblaeth nag o broblem.

[234] **Alun Cairns:** Thank you, Mr Potts. Mr Turner, what can you tell me about ERIC? How will it help you?

Mr Turner: It is going to provide us with much better management information on which we can make decisions. The comparative data is, if you like, what is missing. We know what we are doing, but we do not know how we compare with others as well as we ought to. What we want to find out is where the best practices are and pick up on those or, indeed, find out where we are in terms of a ranking, I suppose, alongside the benchmarking that comes out of this sort of system. There is also an operational component to it, which local managers are going to find really useful. When I talk to our folk—we have all been involved in its development, so we know what it is about and what it is capable of doing, and we are quite enthused by it all.

[235] **Alun Cairns:** Thank you. ERIC is essentially to help the NHS Directorate, but how will it explicitly help you or, I should say, specifically help you? Will there be any duplication in your current management information, and what implication will it have on resources? Will it release resources in terms of inputting and in terms of management information, or will it be an extra burden?

Mr Thomson: We do not see it releasing any resources but, since we are already doing it manually, we are really translating that onto a computer system. Hopefully, what it will allow us to do, by having comparisons, is ensure that we stay on top of any outliers or areas where we are not performing well. We are already nearing the programme because we need to undertake training developments, but we are ready to move in on ERIC, as it were.

[234] **Alun Cairns:** Diolch, Mr Potts. Mr Turner, beth allwch chi ei ddweud wrthyf am ERIC? Sut wnaiff ERIC eich helpu chi?

Mr Turner: Bydd yn rhoi gwybodaeth reoli lawer gwell inni i seilio penderfyniadau arni. Y data cymharol, os mynnwch, yw'r hyn sydd ar goll. Gwyddom beth yr ydym yn ei wneud, ond ni wyddom gystal ag y dylem sut yr ydym yn cymharu ag eraill. Yr hyn y mae angen inni'i ddarganfod yw ble mae'r arferion gorau, a phigo i fyny ar y rheini neu, yn wir, ganfod ble'r ydym ni yn nhermau tabl, mae'n debyg gennyf fi, ochr yn ochr â'r meincnodi a ddaw allan o'r math hwn o system. Mae cydran weithrediadol iddi hefyd, a fydd yn ddefnyddiol iawn i reolwyr lleol. Pan siaradaf â'n pobl ni—yr ydym i gyd wedi ymwneud â'i ddatblygiad, felly yr ydym yn gwybod beth ydyw a beth mae'n gallu ei wneud—yr ydym yn frwd ynghylch yr holl beth.

[235] **Alun Cairns:** Diolch. Amcan ERIC yn ei hanfod yw helpu Cyfarwyddiaeth y GIG, ond sut y gwnaiff eich helpu chi'n fanwl, neu, dylwn ddweud, eich helpu chi'n benodol? A fydd unrhyw ddyblygu yn eich gwybodaeth reoli gyfredol, a beth fydd ei goblygiadau i adnoddau? A fydd yn rhyddhau adnoddau yn nhermau mewnbynnu ac yn nhermau gwybodaeth reoli, ynteu a fydd yn faich ychwanegol?

Mr Thomson: Ni ragwelwn y bydd yn rhyddhau unrhyw adnoddau, ond, gan ein bod eisoes yn ei wneud â llaw, yr ydym mewn gwirionedd yn trosi hynny i system gyfrifiadur. Gobeithio mai'r hyn y bydd yn caniatáu inni ei wneud, wrth gael cymariaethau, fydd sicrhau yr arhoswn ar ben unrhyw elfennau ar-wahân neu feysydd lle nad ydym yn perfformio'n dda. Yr ydym eisoes yn agosáu at y rhaglen oherwydd mae angen inni ymgymryd â datblygiadau hyfforddi, ond yr ydym yn barod i symud i mewn ar ERIC, fel petai.

[236] **Alun Cairns:** Mr Turner, in an earlier answer, Mr Thomson mentioned that his trust had followed the English benchmarking system up to now, so it is possibly a question of moving from a paper-based exercise to a computer-based exercise. Have you followed the English-based system up to now? If not, what different implications will it have for you?

Mr Turner: We have used two benchmarking processes, one which is associated with this. The other is a more industrial-based British—I cannot remember the name of it—

Mr Griffiths: The building maintenance information system.

Mr Turner: Thank you. We have been using that. This system, probably, will mean that we will rely fairly heavily on this new system. As Keith said, it is not going to save money in terms of management time, effort and energy, it will just give us better information, by which we can hopefully make indirect savings, if you like, by targeting management and investment in the right areas.

[237] **Alun Cairns:** But if the system is different to the system that Mr Thomson has been working with, which is a paper-based system, what about training and additional costs in order to implement ERIC effectively in your trust?

Mr Turner: Our staff have been involved in its development to this stage. They know as much about it as they need to in terms of taking it on from 1 April. They have no apprehension about it and are really looking forward to it.

[236] **Alun Cairns:** Mr Turner, mewn ateb cynharach, soniodd Mr Thomson fod ei ymddiriedolaeth ef wedi dilyn system meincnodi Lloegr hyd yma, felly mae'n bosibl mai cwestiwn ydyw o symud oddi wrth ymarferiad ar bapur at ymarferiad ar gyfrifiadur. A ydych chithau wedi dilyn system Lloegr hyd yma? Os na, pa oblygiadau gwahanol fydd gan hyn i chi?

Mr Turner: Yr ydym wedi defnyddio dwy broses feincnodi, un ohonynt yn gysylltiedig â hyn. Mae'r llall yn system Brydeinig fwy seiliedig ar ddiwydiant—ni allaf gofio'i henw—

Mr Griffiths: System wybodaeth cynnal a chadw adeiladau.

Mr Turner: Diolch. Yr ydym wedi bod yn defnyddio hynny. Golyga'r system hon, mae'n debyg, y byddwn yn dibynnu'n weddol drwm ar y system newydd hon. Fel y dywedodd Keith, nid yw'n mynd i arbed arian yn nhermau amser rheoli, ymdrech ac ynni, ond mi wnaiff roi gwybodaeth well inni, a fydd, gobeithio, yn ein galluogi i wneud arbedion anuniongyrchol, os mynnwch, drwy dargedu rheoli a buddsoddiad yn y mannau iawn.

[237] **Alun Cairns:** Ond os yw'r system yn wahanol i'r system y mae Mr Thomson wedi bod yn gweithio â hi, sy'n system ar bapur, beth am gostau hyfforddi ac ychwanegol er mwyn gweithredu ERIC yn effeithiol yn eich ymddiriedolaeth chi?

Mr Turner: Mae'n staff ni wedi ymwneud â'i ddatblygiad hyd at y cam yma. Gwyddant gymaint amdano ag y mae angen iddynt ei wybod o ran mynd ag ef ymlaen o 1 Ebrill. Nid oes ganddynt ddim ofnau yn ei gylch ac maent yn wirioneddol edrych ymlaen ato.

[238] **Alun Cairns:** That is obviously commendable. What would you say about the other trusts in Wales? Both of the trusts here have been involved in the implementation. What about the other trusts that are not represented?

[238] **Alun Cairns:** Mae hynny'n amlwg yn rhywbeth i'w ganmol. Beth fyddech chi'n ei ddweud am yr ymddiriedolaethau eraill yng Nghymru? Mae'r ddwy ymddiriedolaeth yma wedi cyfranogi i'r gweithredu. Beth am yr ymddiriedolaethau eraill sydd heb gynrychiolaeth?

Mr Turner: I cannot answer for them.

Mr Turner: Ni allaf ateb drostynt hwy.

Mr Thomson: I am sorry, I cannot respond to that.

Mr Thomson: Mae'n ddrwg gennyf, ni allaf ymateb i hynny.

Mr Potts: I am able to answer that. Welsh Health Estates is, in fact, providing training for all trusts during April, and it has set up a training forum to be located somewhere down in south Wales—the venue has not been decided yet—so that all trusts can send the people who will be involved in the ERIC implementation to be trained in how to use it. It is a fairly simple web-based system anyway.

Mr Potts: Gallaf fi ateb hynny. Mae Ystadau Iechyd Cymru, mewn gwirionedd, yn darparu hyfforddiant i bob ymddiriedolaeth yn ystod Ebrill, ac mae wedi sefydlu fforwm hyfforddi i'w leoli yn rhywle yn y De—ni phenderfynwyd ar y lleoliad eto—fel y gall pob ymddiriedolaeth anfon y bobl a fydd yn ymwneud â gweithredu ERIC i gael eu hyfforddi sut i'w defnyddio. Mae'n system weddol syml wedi'i leoli ar y we, beth bynnag.

[239] **Alun Cairns:** Finally, ERIC provides information on costs. Is the quality of your financial information good enough, or does it need improving in order to make ERIC work?

[239] **Alun Cairns:** Yn olaf, mae ERIC yn darparu gwybodaeth ar gostau. A yw ansawdd eich gwybodaeth ariannol yn ddigon da, neu a oes angen ei wella er mwyn gwneud i ERIC weithio?

Mr Thomson: I will direct that to Mr Potts, as he has been involved in ERIC.

Mr Thomson: Cyfeiriaf hynny at Mr Potts, gan mai ef a fu'n ymwneud ag ERIC.

Mr Potts: I think that it is good enough. You have to be very careful because the way that the finance people report and, perhaps, the way that we need to report with ERIC are slightly different. However, if people do what we are doing—and I am sure that they will—and involve the finance department in the ERIC system and its implementation, then they can start to present some of their financial data in the format that we want it. Obviously, we brought these people in right at the beginning, so that we did not come to them at the end of the year and say, 'By the way, can we have this like this, please?', and then find that they had not collected it for a year. So, involve the finance department and amend some of the systems, and it will work.

Mr Potts: Credaf i ei fod yn ddigon da. Mae'n rhaid bod yn ofalus iawn oherwydd sut y bydd pobl ariannol yn adrodd yn ôl ac, efallai, y ffordd y mae angen inni adrodd yn ôl gydag ERIC ychydig yn wahanol. Fodd bynnag, os gwna pobl yr hyn yr ydym ni'n ei wneud—ac yr wyf yn siwr y gwnânt—a chael yr adran gyllid i ymwneud â system ERIC a'r modd y'i gweithredir, gallant ddechrau cyflwyno peth o'u data ariannol yn y fformat yr hoffem ni ei gael. Yn amlwg, daethom â'r bobl hyn i mewn ar y dechrau un, fel na fyddem yn mynd atynt ar ddiwedd y flwyddyn a dweud, 'Gyda llaw, a gawn ni hyn fel hyn, os gwelwch yn dda?', ac wedyn canfod nad oeddent wedi'i gasglu ers blwyddyn. Felly, cynhwyswch yr adran gyllid ac addaswch rai o'r systemau, ac fe wnaiff weithio.

[240] **Alun Cairns:** What about your financial information, Mr Turner?

[240] **Alun Cairns:** Beth am eich gwybodaeth ariannol chi, Mr Turner?

Mr Turner: Our financial information is quite well refined and is aligned to the ERIC system, so we do not see a problem with it.

Mr Turner: Mae'n gwybodaeth ariannol ni mewn trefn eithaf da ac wedi'i hymochri ac yn unol â system ERIC, felly ni welwn broblem â hi.

[241] **Janet Davies:** Val, would you like to pursue this?

[241] **Janet Davies:** Val, a hoffech chi holi ynghylch hyn?

[242] **Val Lloyd:** Yes, certainly, Chair. I refer you to page 26 of the Auditor General's report—and I believe that you touched on this earlier—where it recommends that chief executives should accept personal responsibility for ensuring the completeness, accuracy and so on of the estate management information. I ask both of you, are you or would you be quite comfortable with that position?

[242] **Val Lloyd:** Hoffwn, yn sicr, Gadeirydd. Fe'ch cyfeiriaf at dudalen 26 adroddiad yr Archwilydd Cyffredinol—a chredaf ichi gyffwrdd ar hyn yn gynharach—lle mae'n argymell y dylai prif weithredwyr dderbyn cyfrifoldeb personol am sicrhau fod y wybodaeth reoli ystadau'n gyflawn, yn gywir ac ati. Gofynnaf ichi'ch dau, a ydych neu a fyddech yn gwbl gyfforddus â'r sefyllfa honno?

Mr Thomson: Yes. It is not unusual for us to be accountable for most things that are around in our organisations, and we clearly have to sign off a tremendous range of information that is used centrally as well. So we have no problems with that.

Mr Turner: It is the same here.

[243] **Val Lloyd:** Thank you very much. I rather expected that answer; I would not have expected anything different. I turn now to assessing estate performance within your trusts. I think that you have already commented that good quality information is central to managing your trust estate. You commented on that earlier. How do you rate the estate management information within your respective trusts? By ‘rate’, I mean that the indicators I would be interested in are how comprehensive the information is, and how accurate it is, and how up-to-date it is for your day-to-day and long-term estate management needs.

Mr Turner: Shall I start? On the long-term information issue, I think that we need some more. I mentioned earlier this issue of definition. One of the things that I find quite hard to understand when it comes to prioritisation is whether our estate is adequate or not in most people’s terms. It would be helpful to have better information that tells us how we compare to everybody else. I have talked about these conditions—condition C, particularly under physical condition, is one, and, under functional suitability, is another. They are, to me, so ill defined as to probably be, not meaningless, but almost close to it. So, some tighter definitions there I would find particularly helpful.

Mr Thomson: Byddwn. Nid yw’n anarferol inni fod yn atebol am y rhan fwyaf o bethau sydd yn digwydd yn ein sefydliadau, ac yn amlwg mae’n rhaid inni lofnodi am amrediad aruthrol o wybodaeth a ddefnyddir yn ganolog hefyd. Felly nid oes gennym unrhyw broblemau gyda hynny.

Mr Turner: Yr un yw’r sefyllfa yma.

[243] **Val Lloyd:** Diolch yn fawr. Yr oeddwn yn disgwyl yr ateb hwnnw braidd, ni fuaswn wedi disgwyl dim gwahanol. Trof yn awr i asesu perfformiad ystadau o fewn eich ymddiriedolaethau. Credaf eich bod eisoes wedi gwneud y sylw fod gwybodaeth o ansawdd da yn ganolog i reoli ystâd eich ymddiriedolaeth. Dywedasoch hynny yn gynharach. Sut yr ydych yn asesu’r wybodaeth reoli ystâd o fewn eich ymddiriedolaethau eich dau? Wrth ‘asesu’, yr wyf yn golygu mai’r dangosyddion a fyddai o ddiddordeb i mi fyddai pa mor gynhwysfawr yw’r wybodaeth, pa mor gywir, a pha mor gyfoes ydyw i’ch anghenion rheoli ystâd o ddydd i ddydd ac yn y tymor hir.

Mr Turner: A wnaf fi ddechrau? Ar fater gwybodaeth dymor hir, tybiaf fod arnom angen rhagor. Soniais yn gynharach am y mater o ddiffinio. Un o’r pethau y caf anhawster i’w ddeall pan sonnir am flaenoriaethu yw a ydyw’n hystâd ni’n ddigonol ai peidio yng ngolwg y rhan fwyaf o bobl. Byddai’n ddefnyddiol cael gwybodaeth well sy’n dweud wrthym sut y cymharwn â phawb arall. Yr wyf wedi sôn am yr amodau hyn—mae amod C, yn enwedig dan gyflwr corfforol, yn un, ac, o dan addasrwydd swyddogaethol, yn un arall. Y maent, i mi, wedi’u diffinio mor wael nes eu bod, nid yn ddiystyr, ond yn agos at hynny. Felly byddai diffiniadau manylach yn y fan honno yn arbennig o ddefnyddiol i mi.

The other thing that is quite interesting is that, when we look at the Royal Gwent Hospital—we were talking about this the other day; it will give you an example of why this definition is a problem—it is dealing with, I do not know, double the number of patients that it was originally built to cope with. Yet, if you look at this process, it says that it goes onto a ward, you have 30 beds on the ward, you have 30 patients in the beds, so it is adequate. So you tick it. Yet, you go down to your accident and emergency department, where you have people stacked up in the corridors waiting to find beds, but because of the way that we define it within this system it is only a small part of your hospital, so it gets a tick in the C bit of it, and there is no relative weighting given to the significance of that. What we should be doing is developing that end of the service, if you like. This information does not give us that—does not tell us that bit of the jigsaw, if you like—and probably could do. On the day-to-day stuff that you talked about, the ERIC system is probably going to provide a lot more information. The day-to-day management information that we want would be provided through that programme.

Y peth arall sy'n eithaf diddorol yw, pan edrychwn ar Ysbyty Brenhinol Gwent—yr oeddem yn sôn am hyn y dydd o'r blaen; rhydd hyn enghraifft ichi o pam y mae'r diffiniad hwn yn broblem—mae'n delio ag, wn i ddim, dwywaith nifer y cleifion y'i hadeiladwyd yn wreiddiol i ymdopi â hwy. Eto, os edrychwch ar y broses hon, dywed ei fod yn mynd ar ward, mae gennych 30 o welyau ar y ward, mae gennych 30 o gleifion yn y gwelyau, felly mae'n ddigonol. Felly rhoddwch dic yn ei erbyn. Eto, ewch i lawr i'ch adran ddamweiniau ac achosion brys, lle gwelwch bobl yn pentyrru yn y coridorau'n aros i ganfod gwelyau, ond oherwydd y ffordd y'i diffiniwn o fewn y system hon dim ond un rhan fach o'ch ysbyty yw hon, felly rhoddir tic iddo ar gyfer C, ac ni roddir unrhyw bwyslais perthynol ar arwyddocâd hynny. Beth y dylem ei wneud yw datblygu pen hwnnw'r gwasanaeth, os hoffwch. Nid yw'r wybodaeth yn rhoi hynny inni—nid yw'n dweud wrthym am y darn hwnnw yn y jig-so, os mynnwch—ac mae'n debyg y gallai wneud hynny. Ar y materion dydd-i-ddydd y soniasoch amdanynt, mae'n debyg y rhydd y system ERIC lawer mwy o wybodaeth. Câi'r wybodaeth reoli o ddydd i ddydd y byddai arnom ei heisiau ei darparu drwy'r rhaglen honno.

Mr Thomson: I would echo the comments of Mr Turner. In addition, I think, in relation to things like fire code, we do an annual assessment of our situation and we make a risk assessment of that. We want to keep that up to date at all times. It goes back to this concern that chief executives have about statutory responsibilities.

Mr Thomson: Byddwn i'n ategu sylwadau Mr Turner. Yn ogystal, dybiaf i, mewn perthynas â phethau fel cod tân, gwnawn asesiad blynyddol o'n sefyllfa a gwnawn asesiad risg o hynny. Mae arnom eisiau sicrhau fod hwnnw wedi'i ddiweddaru bob amser. Mae'n deillio o'r pryder hwn sydd gan brif weithredwyr ynglyn â chyfrifoldebau statudol.

[244] **Val Lloyd:** That ties in with one of my previous questions. My final question at this stage again relates to benchmarking and, from the table on page 25 of the Auditor General for Wales's report and the comments above it, it is quite obvious that the use of benchmarking varies very widely between trusts, from nothing to a much higher performance. That jumps out at you, really. From that, and from what you said earlier, do you see scope for improving and extending the benchmarking of estate performance? I know that you have already indicated some of them, Mr Turner, but what improvements in guidance and support would help you? Perhaps Mr Thomson should have first go this time.

[244] **Val Lloyd:** Mae hynny'n berthnasol i un o'm cwestiynau blaenorol. Mae a wnelo fy nghwestiwn olaf ar hyn o bryd â meincnodi, ac, o ystyried y tabl ar dudalen 25 adroddiad Archwilydd Cyffredinol Cymru a'r sylwadau uwch ei ben, mae'n gwbl amlwg fod cryn dipyn o amrywiaeth yn y defnydd o feincnodi rhwng ymddiriedolaethau, o ddim i berfformiad llawer uwch. Mae hynny'n neidio allan atoch, mewn gwirionedd. Yn sgîl hynny, a'r hyn a ddywedasoch yn gynharach, a welwch chi le i wella ac ymestyn y gwaith o feincnodi perfformiad ystadau? Gwn eich bod wedi nodi rhai ohonynt eisoes, Mr Turner, ond pa welliannau o ran arweiniad a chefnogaeth a fyddai o gymorth i chi? Efallai y dylai Mr Thomson gael mynd yn gyntaf y tro hwn.

Mr Thomson: Well, we have been benchmarking with the English arrangements, and therefore we have been working on that, making sure that we are addressing some of the issues. I think that what we have not been able to do is to look at how we fare compared with other trusts in Wales. That will be interesting. I think that it is important that we do have comparisons with England and Wales, because sometimes, if we just generate all-Wales information, we can get quite comfortable and think that we are doing quite well, when in fact there are other areas that we need to look at. We are working on that, so it is something that we would see as continuing, basically.

Mr Thomson: Wel, yr ydym wedi bod yn meincnodi yn ôl trefniadau Lloegr, ac felly yr ydym wedi bod yn gweithio ar hynny, gan sicrhau ein bod yn mynd i'r afael â rhai o'r materion. Credaf mai'r hyn nad ydym wedi gallu ei wneud yw edrych ar sut yr ydym yn gwneud o gymharu ag ymddiriedolaethau eraill yng Nghymru. Bydd hynny'n ddiddorol. Yr wyf yn meddwl ei bod yn bwysig ein bod yn cael cymariaethau gyda Chymru a Lloegr, oherwydd weithiau, os cynhyrchwn wybodaeth i Gymru'n unig, gallwn fynd yn eithaf cysurus a meddwl ein bod yn gwneud yn eithaf da, a ninnau mewn gwirionedd angen edrych ar feysydd eraill. Yr ydym yn gweithio ar hynny, felly mae'n rhywbeth y byddem yn ei weld yn parhau, yn y bôn.

[245] **Val Lloyd:** I am encouraged by that. Thank you. Mr Turner, did you want to add anything?

[245] **Val Lloyd:** Mae hynny'n galonogol i mi. Diolch. Mr Turner, a oeddech am ychwanegu unrhyw beth?

Mr Turner: Only briefly. One of the things that we do outside of the sort of more formal benchmarking process is to try to look for other trusts—normally in England, actually—that look similar to our own. I do not mean necessarily the trusts, but certainly the hospitals. The Royal Gwent Hospital is quite unique in many senses, but it is a non-teaching hospital, it is big, it has been built over a 30-year period—you know, it was not a new build 20 years ago, it has been knocked down and built and knocked down and built. So, we look for a hospital like that in England, which we have found. I think that Bradford was the one that we actually looked at. We go and look at the way that they run their hospital and at their costs. Do they manage it in any different way? They do the same. These benchmarking clubs, this principle, has been around for about 10 years, and are really, really helpful, but are not always reliable, if you like, in terms of the data sets. However, it is a matter of actually going and finding a hospital that looks like yours, and learning from each other.

Mr Turner: Dim ond yn fyr. Un o'r pethau a wnawn y tu allan i'r math o broses feincnodi fwy ffurfiol yw ceisio edrych am ymddiriedolaethau eraill—yn Lloegr fel arfer, a dweud y gwir—sy'n edrych yn debyg i'n hymddiriedolaeth ni. Nid yr ymddiriedolaeth ei hun o reidrwydd, ond yn sicr yr ysbytai. Mae Ysbyty Brenhinol Gwent yn unigryw mewn sawl ystyr, ond mae'n ysbyty nad yw'n dysgu, mae'n fawr, fe'i hadeiladwyd dros gyfnod 30 mlynedd—wyddoch chi, nid adeilad newydd ydoedd 20 mlynedd yn ôl, cafodd ei ddymchwel a'i godi a'i ddymchwel a'i godi. Felly, edrychwn am ysbyty tebyg yn Lloegr, a chawsom hyd i un. Yr wyf yn credu mai Bradford oedd yr un a ystyriwyd gennym. Awn i edrych ar y ffordd y maent yn rhedeg eu hysbyty ac ar eu costau. A ydynt yn ei reoli mewn ffordd wahanol? Gwnânt hwy yr un fath. Mae'r clybiau meincnodi hyn, yr egwyddor hon, o gwmpas ers rhyw 10 mlynedd, ac maent yn wirioneddol ddefnyddiol, ond nid bob amser yn ddibynadwy o ran y setiau data. Er hynny, mater ydyw o fynd a chanfod ysbyty sy'n debyg i'ch ysbyty chi, a dysgu oddi wrth eich gilydd.

[246] **Janet Davies:** Mr Turner, I want to go back to this point you made about having 30 beds filled on a 30-bed ward, and therefore it goes into category A, while at the same time the accident and emergency department has people waiting on trolleys and goodness knows what. Clearly, that is a problem. Have you put this forward to the NHS Directorate in the Assembly? Have you drawn its attention to this?

[246] **Janet Davies:** Mr Turner, hoffwn fynd yn ôl at y pwynt yma a wnaethoch ynghylch cael 30 gwely yn llawn ar ward 30 gwely, a'i fod felly'n mynd i gategori A, tra bod yr adran ddamweiniau ac achosion brys ar yr un pryd yn llawn pobl yn aros ar drolïau a dyn a wyr beth. Yn amlwg, mae hynny'n broblem. A ydych wedi cyflwyno hyn i Gyfarwyddiaeth y GIG yn y Cynulliad? A ydych wedi tynnu ei sylw at hyn?

Mr Turner: No, we have not. We will do.

Mr Turner: Naddo. Fe wnawn.

[247] **Janet Davies:** I think that it is clearly such an obvious and serious point.

[247] **Janet Davies:** Yr wyf yn meddwl ei fod yn bwynt mor amlwg a difrifol.

Mr Turner: It is.

Mr Turner: Y mae.

[248] **Janet Davies:** I think it needs to be made very clearly. Thank you.

I will just welcome the members of the public who have just come in. Unfortunately, we are about to take a break. I apologise that you have just arrived to see us all walk out. We will come back after quarter of an hour.

[248] **Janet Davies:** Yr wyf yn meddwl fod angen ei wneud yn glir iawn. Diolch.

Hoffwn groesawu aelodau'r cyhoedd sydd newydd ddod i mewn. Yn anffodus, yr ydym ar fin torri am egwyl. Ymddiheuraf eich bod newydd gyrraedd i'n gweld ni i gyd yn cerdded allan. Byddwn yn ôl ymhen chwarter awr.

Cafwyd egwyl rhwng 3.16 p.m. a 3.30 p.m.

A break was held between 3.16 p.m. and 3.30 p.m.

[249] **Janet Davies:** Welcome back. Let us turn now to the performance of the trusts estate in Wales. I will go to Mr Turner first this time—I am afraid that I cannot remember who was first last time. The Auditor General reported that significant proportions of the estate had not been surveyed by trusts for key aspects of estate management, despite the fact that trusts should be keeping reliable and up-to-date information on these aspects. For instance, 35 per cent of trust estates were not surveyed for functional suitability. In fact, I remember that the Gwent one was in 1993, was it not?

[249] **Janet Davies:** Croeso'n ôl. Trown yn awr at berfformiad yr ystâd ymddiriedolaethau yng Nghymru. Af at Mr Turner yn gyntaf y tro yma—mae arnaf ofn nad wyf yn cofio pwy aeth gyntaf y tro diwethaf. Adroddodd yr Archwilydd Cyffredinol fod rhannau sylweddol o'r ystâd heb eu harolygu gan ymddiriedolaethau ar gyfer agweddau allweddol ar reolaeth ystâd, er gwaethaf y ffaith y dylai ymddiriedolaethau fod yn cadw gwybodaeth ddibynadwy a diweddar ar yr agweddau hyn. Er enghraifft, nid oedd 35 y cant o ystadau ymddiriedolaethau wedi'u harolygu o ran eu haddasrwydd swyddogaethol. Yn wir, cofiaf mai yn 1993 yr arolygwyd ysbyty Gwent, onid e?

Mr Turner: No.

Mr Turner: Nage.

[250] **Janet Davies:** Anyway, you will answer that in a minute.

[250] **Janet Davies:** Beth bynnag, cewch ateb hynny mewn munud.

Mr Turner: Keith can field that one—ours was up to date.

Mr Turner: Gall Keith ddelio â hynny—yr oeddem ni ar ben y gwaith.

[251] **Janet Davies:** Right. However, in January, Mrs Lloyd told the Committee that she had asked those trusts that had not carried out comprehensive surveys to do so within six months. I wanted to ask you both what your position is and do you now have a clear picture of your entire estates, based on recent surveys?

Mr Turner: Ours was completed in December and went in with the submission to the Assembly, so we have a very clear view, albeit that the problems associated with definitions that I have talked about on a number of occasions are still inherent in the submissions that we made.

[252] **Janet Davies:** I apologise for mixing them both up. Mr Thomson, before you answer, I also thank you for giving us a written presentation—reading through it was very helpful.

Mr Thomson: We are undertaking those surveys at the moment and we have them planned for this coming year.

[253] **Janet Davies:** So how good a picture do you have of your estate at this moment? You do not have too good a picture?

Mr Thomson: The issue with undertaking surveys is always that you need it down on paper. We know the situation quite confidently—we have people on the ground and we have an understanding of the issues. The issue is bringing that information clearly into one particular document.

[251] **Janet Davies:** Iawn. Beth bynnag, ym mis Ionawr, dywedodd Mrs Lloyd wrth y Pwyllgor ei bod wedi gofyn i'r ymddiriedolaethau hynny nad oedd wedi gwneud arolygon cynhwysfawr i wneud hynny o fewn chwe mis. Yr oedd arnaf eisiau gofyn ichi'ch dau beth yw'ch sefyllfa ac a oes gennych bellach ddarlun clir o'ch ystadau cyfan, yn seiliedig ar arolygon diweddar?

Mr Turner: Cwblhawyd ein harolwg ni ym mis Rhagfyr ac aeth i mewn gyda'r cyflwyniad i'r Cynulliad, felly mae gennym olwg clir iawn, er bod y problemau cysylltiedig â diffiniadau y siaredais amdanynt ar sawl achlysur yn dal i fod ynghlwm yn y cyflwyniadau a wnaethom.

[252] **Janet Davies:** Ymddiheuraf am gymysgu rhwng y ddau. Mr Thomson, cyn i chi ateb, diolchaf ichi hefyd am roi cyflwyniad ysgrifenedig inni—yr oedd darllen drwyddo'n fuddiol dros ben.

Mr Thomson: Yr ydym yn ymgymryd â'r arolygon hynny ar hyn o bryd ac maent ar y gweill ar gyfer y flwyddyn hon sy'n dod.

[253] **Janet Davies:** Felly pa mor dda yw'r darlun sydd gennych o'ch ystâd ar hyn o bryd? Nid oes gennych ddarlun rhy dda?

Mr Thomson: Y peth gyda gwneud arolygon bob amser yw fod angen ei gael i lawr ar bapur. Yr ydym yn eithaf hyderus yn ein hadnabyddiaeth o'r sefyllfa—mae gennym bobl ar lawr gwlad a deallwn y materion. Y pwynt yw dod â'r wybodaeth honno'n glir at ei gilydd mewn un ddogfen benodol.

[254] **Val Lloyd:** I have a single question on property tenure and valuation, though I may have a supplementary. It was very pleasing and commendable, in looking at page 27 of the Auditor General's report, to see that your trusts actively manage ownership records, both for where you are tenants and where you have tenants. It was pleasing to see that. Could you tell us, please, what benefits you have gained from this action?

[254] **Val Lloyd:** Mae gennyf un cwestiwn ar ddeiliadaeth a phrisiad eiddo, er efallai y bydd gennyf gwestiwn atodol. Braf a chanmoladwy iawn oedd gweld, wrth edrych ar dudalen 27 adroddiad yr Archwilydd Cyffredinol, fod eich ymddiriedolaethau'n mynd ati i reoli cofnodion perchenogaeth, ar gyfer mannau lle'r ydych chi'n denantiaid a mannau lle mae gennych denantiaid. Yr oedd yn dda gweld hynny. A allech ddweud wrthym pa fanteision a gawsoch o weithredu fel hyn?

Mr Turner: Certainly, from a legal perspective, you would expect us to do that. One of the things that is quite important for us is to have a legal framework around these tenancies. We have tenancies with general practices, for example; they rent our premises, and vice versa. What we established, quite early on in fact, was a joint management arrangement with our health authority for the management of these properties, so the health authority that looks after the general practices and us has invested in one manager to look after all these properties. So that has paid a lot of dividends, particularly in terms of the relationship that we have with tenants and that they have with us.

Mr Turner: Yn sicr, o safbwynt cyfreithiol, fe ddisgwyliech inni wneud hynny. Un o'r pethau sy'n eithaf pwysig i ni yw cael fframwaith cyfreithiol o amgylch y tenantiaethau hyn. Mae gennym denantiaethau gyda meddygfeydd teulu, er enghraifft; maent yn rhentu'n hadeiladau, ac i'r gwrthwyneb. Yr hyn a sefydlwyd gennym, yn weddol gynnar mewn gwirionedd, oedd trefniant cyd-reoli gyda'n hawdurdod iechyd ar gyfer rheoli'r eiddo hyn, felly mae'r awdurdod iechyd sy'n edrych ar ôl y meddygfeydd teulu a ni wedi buddsoddi mewn un rheolwr i edrych ar ôl yr holl eiddo hyn. Felly mae hynny wedi talu ar ei ganfed, yn enwedig o ran y berthynas sydd gennym gyda thenantiaid ac sydd ganddynt hwy gyda ni.

Mr Thomson: We employ a buildings and property officer who has particular responsibility for the management of all properties, and this includes landlord-tenant relationships, rental income—and we make sure that we keep up to date with that, which is quite important, obviously—and property evaluations and tenure issues. In addition, the property officer is responsible for the active management of the trust's centralised deeds and property relating to our document registers. So all the documentary arrangements surrounding our estates are kept up to speed as well.

Mr Thomson: Cyflogwn swyddog adeiladau ac eiddo sydd â chyfrifoldeb arbennig am reoli pob eiddo, ac mae hyn yn cynnwys perthynas rhwng landlord a thenant, incwm rhent—a gwnawn yn siwr ein bod yn cadw'n gyfoes ar hynny, sydd yn eithaf pwysig, wrth reswm—a phrisiadau eiddo a materion deiliadaeth. At hynny, mae'r swyddog eiddo'n gyfrifol am reolaeth weithredol dros weithredoedd ac eiddo canolog yr ymddiriedolaeth ynghylch ein cofrestrau dogfennau. Felly cedwir holl drefniadau dogfennol ynghylch ein hystadau yn gyfoes hefyd.

[255] **Val Lloyd:** Thank you very much. I do not have a supplementary question.

[256] **Jocelyn Davies:** Looking now at the statutory health and safety requirements that you mentioned earlier on, how well does your trust comply with the requirements? How do you manage health and safety risks? Are all your hospitals safe places for patients and staff to be?

Mr Thomson: Well, we certainly try to work to that end. This is a continuous process, quite obviously, because there are changes both in legislation and in the arrangements of how we use our properties. As I indicated before, we see this as a significant feature in the management of the estate, particularly in relation to health and safety, and fire code arrangements. We do an annual assessment of our fire arrangements, and we will put a risk assessment against any requirements. As a consequence, we have been putting a considerable amount of money into fire code work and, as I indicated in the written submission, we anticipate that, by April 2003, we will be fully compliant with the fire code.

[257] **Jocelyn Davies:** Have you surveyed all your properties for fire code standards?

Mr Thomson: Yes.

[258] **Jocelyn Davies:** It is just that, looking at page 30, figure 15, it does suggest there that something like 20 per cent of properties have not been surveyed by trusts.

Mr Potts: All of ours have complied.

Mr Thomson: Yes, all of ours are included in the surveyed part of that figure.

[255] **Val Lloyd:** Diolch yn fawr. Nid oes gennyf gwestiwn atodol.

[256] **Jocelyn Davies:** O edrych yn awr ar y gofynion iechyd a diogelwch statudol a grybwyllwyd gennych yn gynharach, pa mor dda y mae'ch ymddiriedolaeth yn cydymffurfio â'r gofynion? Sut yr ydych yn rheoli risgiau iechyd a diogelwch? A yw'ch holl ysbytai yn lleoedd diogel i gleifion a staff fod ynddynt?

Mr Thomson: Wel, yn sicr ceisiwn weithio tua'r nod hwnnw. Mae hyn yn broses barhaus, wrth reswm, oherwydd ceir newidiadau mewn deddfwriaeth ac yn y trefniadau sydd gennym ar gyfer defnyddio'n heiddo. Fel y dywedais o'r blaen, gwelwn hyn fel nodwedd arwyddocaol yn rheolaeth yr ystâd, yn enwedig o safbwynt iechyd a diogelwch, a threfniadau'r cod tân. Gwnawn asesiad blynyddol o'n trefniadau ar gyfer tân, a rhoddwn asesiad risg yn erbyn unrhyw ofynion. O ganlyniad, yr ydym wedi bod yn rhoi swm sylweddol o arian i mewn i waith ar y cod tân ac, fel y nodais yn y cyflwyniad ysgrifenedig, rhagwelwn y byddwn, erbyn Ebrill 2003, yn cydymffurfio'n llawn â'r cod tân.

[257] **Jocelyn Davies:** A ydych wedi arolygu safonau'r cod tân yn eich holl eiddo?

Mr Thomson: Do.

[258] **Jocelyn Davies:** O edrych ar dudalen 30, ffigur 15, mae'n awgrymu bod rhywbeth fel 20 y cant o eiddo heb eu harolygu gan ymddiriedolaethau.

Mr Potts: Mae'n rhai ni i gyd wedi cydymffurfio.

Mr Thomson: Ydynt, mae'n rhai ni i gyd wedi'u cynnwys yn y rhan o'r ffigur hwnnw sydd wedi'u harolygu.

[259] **Jocelyn Davies:** I see. Mr Turner, did you want to come back on the first question?

Mr Turner: Yes. This is one of the areas where you know whether you are compliant or not, because there are fire regulations or health and safety agreements that we have with those statutory agencies, so we have a very clear idea of exactly what needs to be done. It is mainly around fire code; in fact, a substantial part of what we need to do is around fire code. It is our intention to be compliant within the next two to three years, and it requires an investment of about £12 million over that period.

[260] **Jocelyn Davies:** Mr Thomson, on the dreaded copper pipe problem that you have mentioned two or three times already, and which you knew we would come to sooner or later, page 30 of the report notes this problem. How did that come about? It states in the report that:

‘Copper pipe corrosion in cold water and hot water systems were identified on the site in 1993, since when leaks have increased and the problem has expanded. The corrosion problem had been known about in Scotland since 1983.’

There is a 10-year gap between when it was known about in Scotland and when it was identified here in Wales. Is there a reason for that 10-year gap, or is it irrelevant that it was spotted in Scotland?

[259] **Jocelyn Davies:** Gwelaf i. Mr Turner, a oedd arnoch eisiau cyfrannu eto ar y cwestiwn cyntaf?

Mr Turner: Oedd. Dyma un o’r meysydd lle y gwyddoch a ydych yn cydymffurfio ai peidio, oherwydd mae rheoliadau tân neu gytundebau iechyd a diogelwch rhyngom a’r asiantaethau statudol hynny, felly mae gennym syniad eglur iawn o beth yn union sydd angen ei wneud. Mae a wnelo hyn yn bennaf â’r cod tân; yn wir, mae rhan sylweddol o’r hyn y mae angen inni ei wneud yn ymwneud â’r cod tân. Ein bwriad yw cydymffurfio o fewn y ddwy i dair blynedd nesaf, a bydd angen buddsoddiad o ryw £12 miliwn dros y cyfnod hwnnw.

[260] **Jocelyn Davies:** Mr Thomson, ar broblem ofnadwy’r pibelli copr a grybwyllwyd gennych ddwywaith neu dair yn barod, ac y gwyddech y deuem ati yn hwyr neu’n hwyrach, mae tudalen 30 yn yr adroddiad yn nodi’r broblem hon. Sut y digwyddodd hynny? Mae’n dweud yn yr adroddiad:

Yn 1993 canfuwyd fod pibau copr wedi rhydu yn y systemau dwr oer a dwr poeth ar y safle, ac ers hynny mae nifer yr achosion o ddwr yn gollwng wedi cynyddu a'r broblem wedi dwysáu. Roedd y broblem rhydu yn wybyddus yn yr Alban ers 1983.’

Mae bwlch o 10 mlynedd rhwng yr adeg yr oedd yn hysbys yn yr Alban a’r adeg y’i canfuwyd yng Nghymru. Oes yna reswm dros y bwlch 10 mlynedd hwnnw, neu a yw’n amherthnasol i’r broblem gael ei chanfod yn yr Alban?

Mr Thomson: As I understand it, it was just one hospital in Scotland which had a similar problem, and as soon as the problems start, then you get the investigations. So, really, it was in 1993 that some of the problems started, and that is how we began to get more involved in doing the assessments on it.

[261] **Jocelyn Davies:** So the fact that it was spotted in Scotland in 1983 was irrelevant to you?

Mr Thomson: Yes.

[262] **Jocelyn Davies:** Right, but it is still almost 10 years since it was first identified. If you do leave something like that alone for 10 years it will only get worse.

Mr Thomson: Absolutely.

[263] **Jocelyn Davies:** So, can you give an explanation as to why 10 years have passed?

Mr Thomson: Well, we have clearly had to bring in experts to understand the scale of the corrosion. It is throughout the hospital. I think that you have to go back to understand what caused it. It was at the time when there was a shortage of copper in the world and, when Ysbyty Gwynedd was built, the decision was taken to put in thin-walled copper piping throughout the hospital, as well as some other issues about the size of runs of the copper piping. As a consequence, both the vertical and horizontal copper piping throughout the hospital, which is in theatres and x-ray, needs attention. We are just about to complete—probably this week—the main copper piping arrangements from the boiler house to the hospital, which, if we had not completed, would have closed down the hospital. That has been done at a cost in excess of £100,000 already. So, there has been this assessment going on since 1993 into the

Mr Thomson: Hyd y gwn i, dim ond un ysbyty yn yr Alban a gafodd broblem debyg, a chyn gynted ag y dechreua'r problemau, yna ceir yr ymchwiliadau. Felly, mewn gwirionedd, yn 1993 y dechreuodd rhai o'r problemau, a dyna sut y dechreuasom ymwneud mwy ag asesu'r peth.

[261] **Jocelyn Davies:** Felly yr oedd y ffaith i'r broblem gael ei gweld yn yr Alban yn 1983 yn amherthnasol i chi?

Mr Thomson: Oedd.

[262] **Jocelyn Davies:** Iawn, ond eto mae bron 10 mlynedd wedi mynd heibio ers ei chanfod gyntaf. Os gadewch lonydd i rywbeth fel hynny am 10 mlynedd, dim ond gwaethygu a wna.

Mr Thomson: Yn hollol.

[263] **Jocelyn Davies:** Felly, allwch chi egluro pam yr aeth 10 mlynedd heibio?

Mr Thomson: Wel, yn amlwg yr ydym wedi gorfod dod ag arbenigwyr i mewn i ddeall maint y cyrydu. Mae drwy'r ysbyty i gyd. Yr wyf yn meddwl fod yn rhaid ichi fynd yn ôl i ddeall beth a'i hachosodd. Yr oedd ar yr adeg pan oedd prinder copr yn y byd, a phan godwyd Ysbyty Gwynedd, penderfynwyd rhoi pibelli copr waliau tenau i mewn drwy'r ysbyty cyfan, yn ogystal â rhai materion eraill ynghylch hyd y pibelli copr. O ganlyniad, mae angen sylw ar y pibelli copr fertigol a llorweddol drwy'r ysbyty cyfan, sef mewn theatrau a'r lle pelydr x. Yr ydym ar fin cwblhau—yr wythnos hon, mae'n debyg—y prif drefniadau pibelli copr o'r boelerdy i'r ysbyty, a fyddai, pe na baem wedi cwblhau'r gwaith, wedi peri cau'r ysbyty. Mae hynny wedi'i wneud ar gost o dros £100,000 yn barod. Felly, mae'r asesu yma wedi bod yn digwydd ers 1993 i ganfod maint y broblem, a chymerwyd cyngor arbenigol. Wedyn rhoesom achos busnes i mewn

scale of it and expert advice has been taken. We then put in a business case to address these issues because, clearly, we have issues such as the decanting arrangements, because we have to decant all our wards and theatres while we do all this work. The business case then came back and we were asked to put in some more detail in relation to the changes that we expect because, quite obviously, if we are decanting the hospital, we will re-jig the hospital as we go along, because things may not line up as we expect that they should. There is some advantage in that for us, because we can create capacity as well as we go along. However, that has been put in and it has come back to us again for more information.

i fynd i'r afael â'r materion hyn oherwydd, yn amlwg, mae gennym faterion fel y trefniadau adleoli, oherwydd rhaid inni wagio'n holl wardiau a'n theatrau tra gwneir y gwaith hwn. Wedyn daeth yr achos busnes yn ei ôl a gofynnwyd inni gynnwys ychydig mwy o fanylion ynghylch y newidiadau a ddisgwyliwn oherwydd, yn gwbl amlwg, os ydym yn adleoli gwasanaethau yn yr ysbyty, byddwn yn symud pethau o gwmpas wrth fynd yn ein blaenau, oherwydd efallai na fydd pethau'n digwydd yn y modd y disgwyliwn y dylent ddigwydd. Mae rhyw fantais inni yn hynny, oherwydd gallwn greu capasiti hefyd wrth symud ymlaen. Fodd bynnag, mae hynny wedi'i roi i mewn ac wedi dod yn ôl atom eto am ragor o wybodaeth.

[264] **Jocelyn Davies:** So 10 years to assess and get the plan ready. You are about ready now, although they have asked for some more information. When is this work going to start and how long will it take?

[264] **Jocelyn Davies:** Felly 10 mlynedd i asesu'r cynllun a'i gael yn barod. Yr ydych yn agos at fod yn barod yn awr, er eu bod wedi gofyn am ragor o wybodaeth. Pa bryd y bydd y gwaith yma'n dechrau a pha mor hir a gymer?

Mr Thomson: Well, we are waiting for the money, quite honestly. That has not been finalised yet. We anticipate that the work would take in the region of five years.

Mr Thomson: Wel, yr ydym yn aros am yr arian, a dweud y gwir. Nid yw hynny wedi'i setlo'n derfynol eto. Rhagwelwn y cymerai'r gwaith oddeutu pum mlynedd.

[265] **Jocelyn Davies:** The assessment of it took 10 years and the work will take five years, assuming that you get the finance?

[265] **Jocelyn Davies:** Cymerodd yr asesiad 10 mlynedd ac fe gymer y gwaith bum mlynedd, a chymryd y cewch y cyllid?

Mr Thomson: Yes, and the situation from our point of view is causing us concern. As you rightly say, the situation is deteriorating and the number of leaks that we are getting is considerable. There is a possibility, quite obviously, of that—and so far we have been lucky—affecting some very sophisticated equipment around the place. However, we have disruption to our organisation because, if we get a leak, then, clearly, we have to close down that particular section while we address it.

Mr Thomson: Ie, ac mae'r sefyllfa o'n safbwynt ni'n peri pryder inni. Fel y dywedwch yn gywir, mae'r sefyllfa'n dirywio ac mae'r nifer o achosion a gawn o bibellau'n gollwng yn sylweddol. Mae posibilrwydd, wrth reswm, y gallai hynny—a hyd yma buom yn ffodus—effeithio ar offer soffistigedig iawn sydd o gwmpas y lle. Beth bynnag, y mae'n tarfu ar ein sefydliad, oherwydd os bydd pibell yn gollwng, yna, yn amlwg, mae'n rhaid inni gau'r adran benodol honno tra byddwn yn delio â'r mater.

[266] **Jocelyn Davies:** I think that Dafydd Wigley wants to ask a question.

[267] **Dafydd Wigley:** Thank you. May I ask a very small, focused question? What would be the worst case scenario if everything that could go wrong went wrong during this period until it has been completed? What are the possible costs associated with that?

Mr Thomson: Our problem would be, and always will be for a hospital, that we would not treat patients. Quite clearly, if we have to isolate certain areas or if big pieces of equipment are taken out, there is also a health and safety issue about people using electrical equipment with leaks around. So, we are pressing on this and we are concerned that this be progressed. We are hopeful that we can come to a conclusion with the Assembly on this matter.

[268] **Alison Halford:** May I pop in here? Is there not a danger of poisoning patients if the hot and cold systems are corroded in some way?

Mr Thomson: I am assured not.

[269] **Alison Halford:** How can you be so sure?

Mr Thomson: Well, the advice that we have gained from experts has indicated that, and it has been tested, I think, has it not, John, if I could bring him in?

[266] **Jocelyn Davies:** Yr wyf yn meddwl fod ar Dafydd Wigley eisiau gofyn cwestiwn.

[267] **Dafydd Wigley:** Diolch. A gaf fi ofyn un cwestiwn bach, penodol iawn? Beth fyddai'r sefyllfa waethaf bosibl pe bai popeth a allai fynd o'i le yn mynd o'i le yn ystod y cyfnod hwn hyd nes y bydd wedi'i gwblhau? Beth yw'r costau posibl cysylltiedig â hynny?

Mr Thomson: Ein problem—a hyn fydd y broblem i ysbyty bob tro—fyddai na fyddem yn trin cleifion. Yn gwbl amlwg, os oes rhaid inni ynysu rhai mannau neu os cymerir darnau mawr o offer allan, mae mater iechyd a diogelwch hefyd ynghylch pobl sy'n defnyddio offer trydanol tra bo pibelli'n gollwng. Felly, yr ydym yn pwyso ar hyn ac yr ydym yn awyddus i gamu ymlaen. Yr ydym yn obeithiol y gallwn ddod i gasgliad gyda'r Cynulliad ar y mater hwn.

[268] **Alison Halford:** A gaf fi roi fy mhig i mewn yn y fan yma? Onid oes perygl o wenwyno cleifion os yw'r systemau poeth ac oer wedi cyrydu rywfodd?

Mr Thomson: Yr wyf wedi cael sicrhad nad oes.

[269] **Alison Halford:** Sut y gallwch chi fod mor siwr?

Mr Thomson: Wel, mae'r cyngor a gawsom ni gan arbenigwyr wedi dangos hynny, ac mae wedi'i brofi, yr wyf yn meddwl, onid ydyw, John, os caf ddod ag ef i mewn?

Mr Potts: I think, to a certain extent, it explains some of the reasons why it has taken 10 years, perhaps, to reach a conclusion. There has been a lot of research done worldwide on copper pipe corrosion and it is a multiple problem. The difficulty that we have had is in homing in on the solution. We know that we have to replace it but, if we replace it with copper, it will rot again. There has been a lot of discussion and argument as to what materials we should replace it with. That is part of it. In this research, the water quality issues have been monitored and checked in many, many hospitals that have had this problem throughout the world, not just in the UK. We, ourselves, have, in fact, monitored our own water quality and there is no concern about poisoning patients at all.

[270] **Alison Halford:** I am grateful for that.

[271] **Jocelyn Davies:** Coming back to Scotland again, the corrosion problem has been known about in Scotland since 1983. Have they managed, in 20 years, to put it right in Scotland? Has this problem been solved in Scotland?

Mr Potts: Yes. They, in fact, made a brave decision, and it has proved to be the correct one, that they would repipe in stainless steel. It is because they did that that long ago that we are able to confidently say that the system works.

[272] **Jocelyn Davies:** How long after the stainless steel went in did you think that it was probably a good idea? Six years does seem quite a long time to wait to see whether something is a good idea.

Mr Potts: Yr wyf yn meddwl, i ryw raddau, ei fod yn egluro rhai o'r rhesymau pam y cymerodd 10 mlynedd, efallai, i ddod i ganlyniad. Gwnaethpwyd llawer o waith ymchwil ar draws y byd ar gyrydiad pibelli copr ac mae'n broblem luosog. Yr anhawster a gawsom ni yw canfod yr ateb. Gwyddom fod yn rhaid cael pibelli newydd, ond os gosodwn rai copr, pydru wnânt eto. Cafwyd llawer o drafod a dadlau ynghylch pa ddefnyddiau y dylid eu rhoi yn lle copr. Dyna ran o'r ateb. Yn yr ymchwil hwn, cafodd materion ansawdd dwr eu monitro a'u gwirio mewn llawer iawn o ysbytai a gafodd y broblem hon dros y byd, nid dim ond yn y DU. Yr ydym ni'n hunain, yn wir, wedi monitro ansawdd ein dwr ni ac nid oes dim pryder ynghylch gwenwyno cleifion o gwbl.

[270] **Alison Halford:** Yr wyf yn ddiolchgar am hynny.

[271] **Jocelyn Davies:** A dod yn ôl at yr Alban eto, mae'r broblem gyrydu'n hysbys yn yr Alban ers 1983. A ydynt wedi llwyddo, mewn 20 mlynedd, i'w chywiro yn yr Alban? A ydyw'r broblem hon wedi'i datrys yn yr Alban?

Mr Potts: Ydyw. Yn wir, gwnaethant hwy benderfyniad dewr, a brofodd yn un cywir, y byddent yn ailbibellu mewn dur di-staen. Am iddynt wneud hynny mor bell yn ôl â hynny gallwn ddweud yn hyderus bod y system yn gweithio.

[272] **Jocelyn Davies:** Pa mor hir wedi i'r dur di-staen fynd i mewn y dechreuasoch feddwl ei fod, mae'n debyg, yn syniad da? Mae chwe blynedd yn ymddangos yn amser hir i aros i weld a yw rhywbeth yn syniad da.

Mr Potts: We, as a trust, did not even become aware that we had copper pipe corrosion until 1993. It was a case then of evaluating our own position to see whether, in fact, it was an isolated occurrence, or hospital-wide. There are various types of corrosion, which can be particular to areas, without necessarily infecting the whole system.

[273] **Jocelyn Davies:** Ten years still seems rather a long time, when Scotland, with the same problem, managed to solve it some six years ago. There does seem to be a little gap there of four years where, probably, we could have learned lessons from other trusts, even if they were in another country. I do not have any other questions.

[274] **Eleanor Burnham:** May I ask a question very quickly? We are talking about best practice and looking at other hospitals and what they do. This must have been a design fault, and no doubt there are lessons to be learned. How can we be sure that this very major problem will not occur again on such a very vast scale? You are talking about, as you said, disrupting the whole of the hospital.

Mr Thomson: Yes. There is a Welsh working group on this particular issue. Quite obviously, the trust did not do this in isolation; we did it with Welsh Health Estates, because we needed its advice. Given the scale of it, quite clearly, we then needed its support on this.

[275] **Eleanor Burnham:** But it was a design fault, was it not?

Mr Thomson: It was a design fault—well, a materials fault—when it was built.

Mr Potts: Wel, fel ymddiriedolaeth, nid oeddem hyd yn oed yn ymwybodol fod gennym gyrydiad pibelli copr tan 1993. Mater ydoedd wedyn o arfarnu'n sefyllfa ni'n hunain i weld ai un digwyddiad ar ei ben ei hun ydoedd, ynteu a oedd yn broblem drwy'r ysbyty. Mae gwahanol fathau o gyrydiad, a all fod yn gyfyngedig i rai mannau, heb effeithio o reidrwydd ar y system gyfan.

[273] **Jocelyn Davies:** Mae 10 mlynedd yn dal i ymddangos braidd yn faith, wedi i'r Alban, gyda'r un broblem, lwyddo i'w datrys ryw chwe blynedd yn ôl. Mae'n ymddangos yn wir fod bwlch bach o ryw bedair blynedd yn y fan honno lle gallem, mae'n debyg, fod wedi dysgu gwersi gan ymddiriedolaethau eraill, hyd yn oed os oeddent mewn gwlad arall. Nid oes gennyf unrhyw gwestiynau pellach.

[274] **Eleanor Burnham:** A gaf fi ofyn cwestiwn yn gyflym iawn? Yr ydym yn sôn am arfer gorau ac edrych ar ysbytai eraill a beth a wnânt hwy. Mae'n rhaid mai gwall dylunio oedd hwn, ac yn ddi-os mae gwersi i'w dysgu. Sut y gallwn fod yn siwr na wnaiff y broblem fawr iawn hon ddim digwydd eto ar raddfa mor enfawr? Yr ydych yn sôn, fel y dywedasoch, am darfu ar yr ysbyty cyfan.

Mr Thomson: Ydym. Mae gweithgor i Gymru sy'n trafod y mater penodol hwn. Yn gwbl amlwg, ni wnaeth yr ymddiriedolaeth hyn ar ei phen ei hun; gwnaethom hyn gydag Ystadau Iechyd Cymru, oherwydd y bu angen eu cyngor arnom. Yn wyneb graddfa'r peth, yn gwbl glir, yr oedd angen eu cefnogaeth arnom wedyn ar hyn.

[275] **Eleanor Burnham:** Ond gwall dylunio ydoedd, onid e?

Mr Thomson: Gwall dylunio ydoedd—wel, gwall defnyddiau—pan gafodd ei adeiladu.

[276] **Janet Davies:** We are continuing with the condition of the NHS estate and Ann Jones wants to ask some questions.

[277] **Ann Jones:** ‘Betterwales.com’, the Assembly’s strategic plan, includes a target for 90 per cent of the active estate of the NHS in Wales to be in a new or a sound condition by 2003-04. What is the current situation in both of your trusts regarding estate condition, and how confident are you that you will be able to make a robust contribution to the NHS Wales as a whole achieving this target?

Mr Thomson: At the present time, we have 55 per cent of our estate in categories A or B and 45 per cent at C. We anticipate that we will have 90 per cent at category B by 2006-07, assuming that we continue with the level of maintenance that we do now, and that the issues surrounding copper piping are dealt with, because that affects those figures. Also, the figures are distorted because of Bryn-y-Neuadd, which is a large learning disabilities hospital that we are resettling. Obviously, there is a programme by which we are moving patients out. So there is a programme of retrenchment and our figures are affected by that.

Mr Turner: About 54 per cent of our estate is in either condition A or condition B. As the report indicates in figure 17 on page 33, in Gwent, we would require £80 million to bring our estate up to condition B. Given the figures that I talked about earlier, there is not a hope, without considerable investment, of us meeting that category B target, as a minimum, within that timescale—unless there is substantial investment in the estate.

[276] **Janet Davies:** Yr ydym yn dal i drafod cyflwr ystâd y GIG ac mae Ann Jones am ofyn rhai cwestiynau.

[277] **Ann Jones:** Mae ‘Gwellcymru.com’, sef cynllun strategol y Cynulliad, yn cynnwys targed y dylai 90 y cant o ystâd weithredol y GIG yng Nghymru fod mewn cyflwr newydd neu gadarn erbyn 2003-04. Beth yw’r sefyllfa gyfredol yn eich ymddiriedolaethau chi’ch dau ynghylch cyflwr yr ystâd, a pha mor hyderus ydych chi y gallwch wneud cyfraniad cryf i helpu GIG Cymru yn ei gyfanrwydd i gyrraedd y targed hwn?

Mr Thomson: Ar hyn o bryd, mae gennym 55 y cant o’n hystâd yng nghategorïau A neu B a 45 y cant yng nghategori C. Rhagwelwn y bydd 90 y cant ar gategori B erbyn 2006-07, a bwrw ein bod yn parhau â’r lefel o waith cynnal a chadw a wnawn yn awr, a’n bod yn delio â’r problemau o ran pibelli copr, oherwydd bod hynny’n effeithio ar y ffigurau hynny. Hefyd, mae’r ffigurau wedi’u llurgunio oherwydd Bryn-y-Neuadd, ysbyty mawr i bobl ag anawsterau dysgu, lle’r ydym yn adsefydlu cleifion. Yn amlwg, mae gennym raglen o symud cleifion allan. Felly mae gennym raglen o gwtogi ac mae hynny’n effeithio ar ein ffigurau.

Mr Turner: Mae oddeutu 54 y cant o’n hystâd ni naill ai yng nghyflwr A neu gyflwr B. Fel y dywed yr adroddiad yn ffigur 17 ar dudalen 33, yng Ngwent, byddai angen £80 miliwn i godi’n hystâd i gyflwr B. O gofio’r ffigurau y soniais amdanynt yn gynharach, nid oes gobaith, heb fuddsoddiad sylweddol, y gallwn gyrraedd y targed categori B hwnnw, fel lleiafswm, o fewn yr amser hwnnw—os na cheir buddsoddiad sylweddol yn yr ystâd.

[278] **Ann Jones:** May I press you a little bit more on figure 17 in the Auditor General's report, Mr Turner? You identified your big problem with a maintenance backlog at March 2000. You have made comments about the fire code and the fact that you need to be very clear about what needs to be done. However, is that the only reason you have that maintenance backlog? Why is yours a lot more than that of most of the other trusts across Wales?

[278] **Ann Jones:** A gaf fi eich pwyso ychydig yn fwy ar ffigur 17 yn adroddiad yr Archwilydd Cyffredinol, Mr Turner? Soniasoch am eich problem fawr gyda gwaith cynnal a chadw oedd yn aros i'w wneud ym Mawrth 2000. Gwnaethoch sylwadau am y cod tân a'r ffaith bod angen ichi fod yn glir iawn ynghylch beth sydd angen ei wneud. Ond ai dyna'r unig reswm pam y mae gennych waith cynnal sydd heb ei wneud? Pam y mae hynny'n llawer mwy yn eich achos chi nag yn y rhan fwyaf o'r ymddiriedolaethau eraill ledled Cymru?

Mr Turner: Well, relatively speaking, we own about a fifth of the estate in Wales, so you would expect us to have a substantial part of the £365 million backlog that is talked about for the whole of Wales. We are slightly over the average. If you took the whole estate, or the £365 million, as an average you would expect us to have about £70 million's worth of backlog maintenance. We have got about £80 million. So it is £10 million adrift from the rest of Wales. I cannot really give you an answer as to why it is £10 million above the rest of Wales without doing a lot more work, other than to say that that is the position.

Mr Turner: Wel, a siarad yn gymharol, yr ydym yn berchen ar ryw bumed rhan o'r ystâd yng Nghymru, felly gallech ddisgwyl inni fod yn gyfrifol am ran sylweddol o'r gwaith gwerth £365 miliwn sydd heb ei wneud dros Gymru gyfan. Yr ydym fymryn yn uwch na'r cyfartaledd. Pe cymerech yr ystâd gyfan, neu'r £365 miliwn, fel cyfartaledd fe ddisgwyliech i ni gael gwerth rhyw £70 miliwn o waith cynnal a chadw yn aros i'w wneud. Felly yr ydym £10 miliwn allan ohoni o gymharu â gweddill Cymru. Ni allaf yn wir roi ateb ichi pam yr ydym £10 miliwn yn uwch na gweddill Cymru heb wneud llawer mwy o waith, heblaw am ddweud mai dyna'r sefyllfa.

Having said that, I will still come back to something that I have said on a number of occasions, which is about definition and about establishing some better understanding, I suppose, of what people put into B and C categories when they make these judgments—because they are judgments, by and large, as opposed to very specific measurements. That is not the same for statutory compliance, because with that either you comply or you do not, so you know where you are. However, when it comes to physical condition, there is a high degree of subjectivity associated with that. So that is about the best answer that I can give you

Wedi dweud hynny, deuaf yn ôl eto at rywbeth a ddywedais ar sawl achlysur, ynghylch diffinio ac ynghylch sefydlu gwell dealltwriaeth, am a wn i, o'r hyn y bydd pobl yn ei roi yng nghategorïau B ac C pan luniant farn fel hyn—oherwydd barn ydyw, ar y cyfan, yn hytrach na mesuriad penodol iawn. Nid yw hynny yr un fath ar gyfer cydymffurfio statudol, oherwydd gyda hynny yr ydych naill ai'n cydymffurfio neu ddim, felly gwyddoch ym mhle'r ydych. Fodd bynnag, pan edrychir ar gyflwr ffisegol, mae elfen fawr o oddrychedd yn hynny. Felly dyna tua'r ateb gorau y gallaf ei roi ichi ar hyn o bryd ynglyn â hynny.

at this stage on that front.

[279] **Ann Jones:** Okay. You have mentioned that it would cost £80 million to put your backlog right. Realistically, how much can you afford to spend on dealing with the problem, to start to put your backlog right, given that £80 million is out of the question?

Mr Turner: Of that, we have established that about £12 million is statutory compliance. That we can afford. Of the rest, there is about another £24 million that, in our view, will have to be financed within the next three years, or avoided. Do not forget that I talked a bit earlier about how you can avoid some of this by investment in new estates, so you do not have to spend on maintenance. Caerphilly is perhaps one such example, and Ystrad Mynach is another. About £10 million is associated with those two estates that, we believe, could be avoided if we were able to invest in brand new infrastructure in those parts of our estate. Therefore, that aside, we would be looking for—and we are working with the Assembly on developing a strategy for—the replacement of those estates, and some avoidance.

Outside of that, we will probably be putting something like £10 million over the next three years from moneys that we expect to get, either through discretionary capital or other directions, into supporting that programme. That is what we will be doing and, hopefully, putting it into the highest priorities that our professional staff point us at.

[280] **Ann Jones:** Okay. Thanks, Chair.

[281] **Janet Davies:** Thank you, Ann. Alun, do you want to come in?

[279] **Ann Jones:** Iawn. Yr ydych wedi dweud y byddai'n costio £80 miliwn i gwblhau'r gwaith sy'n aros i'w wneud. Mewn gwirionedd, faint y gallwch chi fforddio ei wario ar ymdrin â'r broblem, i ddechrau cwblhau'r gwaith sy'n aros, o ystyried bod £80 miliwn allan o'r cwestiwn?

Mr Turner: O'r swm hwnnw, yr ydym wedi cyfrif bod rhyw £12 miliwn ar gyfer cydymffurfio statudol. Gallwn fforddio hynny. O'r gweddill, mae rhyw £24 miliwn wedyn y bydd yn rhaid, yn ein barn ni, ei wario yn y tair blynedd nesaf, neu ei osgoi. Cofiwch imi sôn yn gynharach am sut y gellir osgoi rhywfaint o hyn drwy fuddsoddi mewn ystadau newydd, fel nad oes raid gwario ar gynnal a chadw. Mae Caerffili efallai'n un enghraifft o'r fath, ac Ystrad Mynach yn un arall. Mae rhyw £10 miliwn yn gysylltiedig â'r ddwy ystâd hynny y gellid, fe gredwn ni, ei osgoi pe gallem fuddsoddi mewn isadeiledd newydd sbon yn y rhannau hynny o'n hystâd. Felly, ar wahân i hynny, byddem yn edrych am—ac yr ydym yn gweithio gyda'r Cynulliad ar ddatblygu strategaeth ar gyfer—adnewyddu'r ystadau hynny, a rhywfaint o osgoi.

Y tu allan i hynny, mae'n debyg y byddwn yn rhoi rhywbeth tebyg i £10 miliwn dros y tair blynedd nesaf allan o arian y disgwyliwn ei gael, un ai drwy gyfalaf dewisol neu o gyfeiriadau eraill, i mewn i gynnal y rhaglen honno. Dyna beth y byddwn yn ei wneud, gan roi'r arian, gobeithio, i mewn i'r blaenoriaethau uchaf a nodir inni gan ein staff proffesiynol.

[280] **Ann Jones:** Iawn. Diolch, Gadeirydd.

[281] **Janet Davies:** Diolch i chi, Ann. Alun, oes arnoch chi eisiau dod i mewn?

[282] **Alun Cairns:** Thank you, Cadeirydd. The situation that you have outlined is pretty alarming. I am sure that members of the Committee, as well as people throughout the whole of Wales, will be worried about the backlog and the lack of funds to resolve it. How close do you think you will get with your current projections, in terms of where you said that you could draw funds from? How close will you get to the required £83 million or £85 million?

Mr Turner: It depends. I cannot give you a straight answer. If you look at what happened last year, we can rely on a discretionary capital allocation of something like £7 million per annum. £5 million of that is going to go on urgent replacements, whether it is equipment, or what we just talked about, statutory compliance. However, there are also those additional moneys that we cannot rely on formally, but which we expect to get. Last year, we had an additional £6 million almost from the Assembly's modernisation fund. There were other bits of money that came from other directions, so, in total, we had something like a £15 million capital programme last year. If we thought that we were going to get that for the next three years—plus some of the support that we would get for the developments in Caerphilly and Blaenau Gwent, which would avoid some of this expenditure—we would probably get 80 per cent to 85 per cent of the way towards that target.

[283] **Alun Cairns:** So, taking into consideration what you can firmly account for, what would the shortfall then be?

Mr Turner: In financial terms?

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

[282] **Alun Cairns:** Diolch, Gadeirydd. Mae'r sefyllfa yr ydych wedi'i hamlinellu yn eithaf dychrynllyd. Yr wyf yn siwr y bydd aelodau'r Pwyllgor, ynghyd â phobl ar hyd a lled Cymru, yn poeni am y gwaith sydd heb ei wneud a'r diffyg arian i'w wneud. Pa mor agos yr ydych yn meddwl yr ewch chi gyda'ch rhagolygon cyfredol, o ran y mannau y dywedasoch y gallech dynnu arian ohonynt? Pa mor agos yr ewch chi at yr £83 miliwn neu £85 miliwn sy'n ofynnol?

Mr Turner: Mae'n dibynnu. Ni allaf roi ateb syth ichi. Os edrychwch ar yr hyn a ddigwyddodd y llynedd, gallwn ddibynnu ar ddyraniad cyfalaf dewisol o rywbeth tebyg i £7 miliwn y flwyddyn. Aiff £5 miliwn o hynny ar adnewyddu brys, boed offer, neu'r hyn yr ydym newydd sôn amdano, sef cydymffurfio statudol. Fodd bynnag, y mae hefyd y symiau arian ychwanegol hynny na allwn ddibynnu arnynt yn ffurfiol, ond y disgwyliwn eu cael. Y llynedd, cawsom bron £6 miliwn yn ychwanegol o gronfa foderneiddio'r Cynulliad. Daeth symiau eraill o arian o gyfeiriadau eraill, felly, yn gyfanswm, yr oedd gennym raglen gyfalaf rywbeth tebyg i £15 miliwn y llynedd. Pe meddyliem ein bod am gael hynny am y tair blynedd nesaf—ynghyd â pheth o'r gefnogaeth a gaem i'r datblygiadau yng Nghaerffili a Blaenau Gwent, a fyddai'n osgoi rhywfaint o'r gwariant hwn—mae'n debyg y byddem yn cyrraedd rhyw 80 i 85 y cant o'r ffordd tuag at y targed hwnnw.

[283] **Alun Cairns:** Felly, a chymryd i ystyriaeth yr hyn y gallwch gyfrif amdano yn sicr, beth wedyn fyddai'r diffyg?

Mr Turner: Mewn termau ariannol?

[284] **Alun Cairns:** Ie.

Mr Turner: Well, this is a five-year period, and we have talked about different sums. Probably about £20 million over that period.

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

[286] **Janet Davies:** Thank you, Alun. Right, Alison Halford will now talk about functional suitability again.

[287] **Alison Halford:** Thank you very much indeed. Before I ask my two questions on that to the chief executives, on the worrying non-funding of the dreaded corroded pipe situation, do you see no end to that problem at this particular moment?

Mr Thomson: Well, we have just received, in a matter of the last couple of weeks, another request for more information and we are seeking an urgent meeting to bring this to a head because, quite clearly, we need to set this in motion. In looking at the five-year programme, because we have to decant wards, we have to create the decanting arrangements before we even get to grips with the copper piping. So there is a lead-in on this. It is not an assumption that we start at day one; we have to work out a sophisticated plan, which we have been working on. There is a bell shape to this. We have got to build up on our decanting programme, have decanting facilities and, in some areas, we will have to work with people in situ. There are big logistical problems for us, because we will have to decant intensive care and so on. We need decant theatres, which we are building at the present time, from a different source. However, we need to make progress, and that is our concern. Eventually, you can no longer keep patching up.

Mr Turner: Wel, cyfnod pum mlynedd yw hwn, ac yr ydym wedi siarad am wahanol symiau. Rhyw £20 miliwn, mae'n debyg, dros y cyfnod hwnnw.

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

[286] **Janet Davies:** Diolch, Alun. Iawn, mae Alison Halford am siarad yn awr am addasrwydd swyddogaethol eto.

[287] **Alison Halford:** Diolch yn fawr iawn. Cyn imi ofyn fy nau gwestiwn am hynny i'r prif weithredwyr, ynghylch cwestiwn poenus y diffyg arian ar gyfer sefyllfa ofnadwy'r pibelli cyrydol, oni welwch chi ddim diwedd i'r broblem honno ar hyn o bryd?

Mr Thomson: Wel, yr ydym newydd gael, yn yr ychydig wythnosau diwethaf, gais arall am ragor o wybodaeth ac yr ydym yn ceisio cyfarfod brys i ddod â hyn i ben, oherwydd, yn gwbl amlwg, fod angen rhoi hyn ar droed. Wrth edrych ar y rhaglen bum mlynedd, oherwydd bod yn rhaid inni wagio wardiau, rhaid inni greu'r trefniadau adleoli cyn yr awn i'r afael â'r pibelli copr. Felly mae cyfnod sy'n arwain at hyn. Nid yw'n rhagdybiaeth y byddwn yn dechrau ar y diwrnod cyntaf; rhaid inni lunio cynllun soffistigedig, ac yr ydym wedi bod yn gweithio arno. Mae siâp cloch i hyn. Rhaid inni adeiladu ar ein rhaglen adleoli, cael cyfleusterau adleoli ac, mewn rhai mannau, bydd raid inni weithio heb symud pobl o'u lle. Mae problemau logistaidd mawr i ni, oherwydd bydd yn rhaid adleoli gofal dwys ac ati. Mae angen theatrau adleoli, yr ydym yn eu hadeiladu ar hyn o bryd, o ffynhonnell wahanol. Fodd bynnag, mae angen camu ymlaen, a dyna'n pryder. Yn y pen draw, ni allwch ddal i guddio beiau mwyach.

[288] **Alison Halford:** Do you think that there will be any relief when the national strategic framework kicks in next month?

Mr Thomson: No, I do not think so. It is a matter about this particular scheme. There is a substantial cost to the scheme, and it is about bringing it to an end and saying, ‘yes, we are going to finance it’, so that we can start all the arrangements, really.

[289] **Alison Halford:** Thank you very much for that. Right, turning to the crib sheet, I need to ask you—Mr Turner, we will start with you, if that is okay—what the main challenges are for your respective trusts to ensure that the fitness for purpose, which is something that you have mentioned a lot, of your estate is fully assessed and improved. How are you addressing these challenges, please?

Mr Turner: Functional suitability is, for us, one of the most important issues facing us. We talked earlier about what we think patients need and what services they want. The functional suitability issue is about comparing, certainly in estate terms, what we have now with the aspirations that we have for the future. This is largely about providing services in different places. I talked about that a bit at the beginning of this meeting. It is about providing appropriate services for people in the localities in which they live so that they are not travelling long distances to get their health services. It is about redesign as well. There are quite a lot of issues around what we call redesign within the service. An example of that is the way in which we look after the emergency services patients that come in—not the road traffic accidents so much as the medical patients. There are about 30,000 plus patients who come in with heart attacks and the like in Gwent. The way in which we manage those services will require redesigns in our district

[288] **Alison Halford:** A ydych yn meddwl y bydd unrhyw ryddhad pan ddechreua’r fframwaith strategol cenedlaethol y mis nesaf?

Mr Thomson: Na, nid wyf yn meddwl hynny. Mater ynghylch y cynllun arbennig hwn yw hyn. Mae cost sylweddol i’r cynllun, a mater ydyw o ddod ag ef i ben a dweud, ‘ydym, yr ydym yn mynd i dalu amdano,’ fel y gallwn ddechrau’r holl drefniadau, yn y bôn.

[289] **Alison Halford:** Diolch yn fawr ichi am hynny. Iawn, a throi at fy nodiadau, mae angen imi ofyn ichi—Mr Turner, fe ddechreuwn gyda chi, os yw hynny’n iawn—beth yw’r prif heriau i’ch ymddiriedolaethau sicrhau asesiad llawn a gwelliant i addasrwydd eich ystâd i’w phwrpas, rhywbeth yr ydych wedi sôn llawer amdano. Sut yr ydych yn ymateb i’r heriau hyn, os gwelwch yn dda?

Mr Turner: Mae addasrwydd swyddogaethol, i ni, ymhlith y materion pwysicaf sy’n ein hwynebu. Buom yn siarad yn gynharach am yr hyn yr ydym yn meddwl y mae ar gleifion ei angen a pha wasanaethau a ddymunant. Diben y cwestiwn ynghylch addasrwydd swyddogaethol yw cymharu, yn sicr o ran ystadau, beth sydd gennym yn awr â’r dyheadau sydd gennym ar gyfer y dyfodol. I raddau helaeth, mater o ddarparu gwasanaethau mewn lleoedd gwahanol yw hyn. Soniais ychydig am hynny ar ddechrau’r cyfarfod hwn. Mater ydyw o ddarparu gwasanaethau priodol i bobl yn y lleoliadau lle maent yn byw fel nad oes raid iddynt deithio pellteroedd maith i gael eu gwasanaethau iechyd. Mae’n fater o ailddylunio hefyd. Mae nifer o faterion ynghylch yr hyn a alwn yn ailddylunio o fewn y gwasanaeth. Enghraifft o hyn yw’r modd yr edrychwn ar ôl cleifion y gwasanaethau brys a ddaw i mewn—nid y damweiniau traffig ffyrdd yn gymaint â’r cleifion meddygol. Daw rhyw 30,000 a mwy o gleifion i mewn â thrawiad ar y

general hospitals. We have got some support already from the Assembly and we are in the process of developing what we call a medical assessment unit. That means that you have a physical location to which patients are taken, where they can be assessed by professional staff before they are either admitted or sent home. At the moment they are coming through a very congested accident and emergency department. That is totally unsatisfactory. It is issues like that. So, in answer to your question, we are well aware of where we want to be and, indeed, where we are in relation to that target. We have a number of investment programmes, some of which are financed and some which are not; they are in the planning stages, whether they are local or with the Assembly.

galon a phethau tebyg yng Ngwent. Bydd y modd y rheolwn y gwasanaethau hynny'n galw am ailddylunio yn ein hysbytai cyffredinol dosbarth. Cawsom ryw gymaint o gefnogaeth eisoes gan y Cynulliad ac yr ydym wrthi'n datblygu'r hyn a alwn yn uned asesu meddygol. Golyga hynny fod gennych leoliad ffisegol i fynd â chleifion iddo, lle gallant gael eu hasesu gan staff proffesiynol cyn iddynt naill ai gael eu derbyn neu eu hanfon adref. Ar hyn o bryd deuant drwy adran ddamweiniau ac achosion brys brysur iawn. Mae hynny'n gwbl anfoddhaol. Materion fel hynny sydd dan sylw. Felly, i ateb eich cwestiwn, yr ydym yn gwybod yn iawn ble yr ydym eisiau bod ac, yn wir, ble yr ydym mewn perthynas â'r targed hwnnw. Mae gennym nifer o raglenni buddsoddi, rhai ohonynt wedi'u hariannu a rhai heb; maent yn y cyfnod cynllunio, boed hynny'n lleol neu gyda'r Cynulliad.

[290] **Alison Halford:** Mr Thomson, is there anything that you wish to add to Mr Turner's full answer?

[290] **Alison Halford:** Mr Thomson, a oes unrhyw beth yr hoffech ei ychwanegu at ateb llawn Mr Turner?

Mr Thomson: No. I accept that, although we surveyed in 1993, we have been updating our survey. So, it has been kept up to date. However, we intend to probably go out—well, not probably, we will go out because we have already written a brief—to tender for a new survey. I think that we probably need to refresh everything that we have done.

Mr Thomson: Nac oes. Derbyniaf, er inni arolygu yn 1993, ein bod wedi bod yn diweddaru'n harolwg. Felly, mae'n seiliedig ar y wybodaeth ddiweddaraf. Fodd bynnag, bwriadwn, yn ôl pob tebyg, fynd allan—wel, nid yn ôl pob tebyg, yr ydym am fynd allan oherwydd yr ydym eisoes wedi ysgrifennu briff—i dendr am arolwg newydd. Credaf fod angen inni, mae'n debyg, ddiweddaru popeth yr ydym wedi'i wneud.

[291] **Alison Halford:** So, you are addressing these challenges how—by constantly resurveying?

[291] **Alison Halford:** Felly, yr ydych yn ymateb i'r heriau hyn sut—drwy ail-arolygu'n gyson?

Mr Thomson: We are resurveying, but we also know from our own work experience of how we want to deliver systems and services that we need to change how we use our accommodation. As a consequence, both within the community hospitals—and we have touched on how we are changing services there with telemedicine and so on—and, as well as looking at the copper piping arrangements and decanting, we are also looking at creating capacity within Ysbyty Gwynedd to see if we can take more patients through the system. We are doing that and changing the way we deliver things, with rapid access clinics. We also have rapid response teams out in the community and therefore that takes some pressure off. So it is about re-jigging our services, but making sure that the estate follows that re-jigging of services.

Mr Thomson: Yr ydym yn ail-arolygu, ond gwyddom hefyd o'n profiad gwaith ni'n hunain o sut yr ydym am gyflwyno systemau a gwasanaethau fod angen inni newid y modd y defnyddiwn ein hadeiladau. O ganlyniad, o fewn yr ysbytai cymunedol—ac yr ydym wedi crybwyll y modd yr ydym yn newid gwasanaethau yn y fan honno gyda thelefeddygaeth ac ati—ac, yn ogystal ag edrych ar drefniadau'r pibelli copr ac adleoli, yr ydym hefyd yn edrych ar greu capasiti yn Ysbyty Gwynedd i weld a allwn gymryd mwy o gleifion drwy'r system. Yr ydym yn gwneud hynny ac yn newid y ffordd y gwasanaethwn, gyda chlinigau mynediad cyflym. Mae gennym dimau ymateb cyflym hefyd allan yn y gymuned ac felly mae hynny'n tynnu rhywfaint o'r pwysau oddi arnom. Felly mater ydyw o ailwampio'n gwasanaethau, ond gwneud yn siwr fod yr ystâd yn dilyn yr ailwampio hwnnw.

[292] **Alison Halford:** While you have the floor, my last question is how well is your trust doing in assessing what structural needs are required, and also the costs that will be forthcoming under the Disability Discrimination Act 1995?

[292] **Alison Halford:** Tra eich bod ar eich traed, fy nghwestiwn olaf yw pa mor dda y mae'ch ymddiriedolaeth yn ei wneud o ran asesu pa anghenion adeileddol sydd gennych, a hefyd y costau a wynebir dan Ddeddf Gwahaniaethu ar Sail Anabledd 1995?

Mr Thomson: Yes, we have completed that survey. In fact, that is with us at the present time, and we are merely putting a price to that at the moment. So we do not have a quantum on cost. One thing that we have been doing is to have a disability access group in operation over many, many years. A lot of the requirements have been dealt with because we have been working with that particular access group. In fact, all of our development plans are put through that particular group, and it makes a significant contribution to the way that we shape up the functional content and the practical content of all our schemes. However, that is not to say that there will not be a price to meeting the Disability Discrimination

Mr Thomson: Ydym, yr ydym wedi cwblhau'r arolwg hwnnw. Yn wir, mae hynny gyda ni ar hyn o bryd, a dim ond prisio hynny yr ydym yn awr. Felly nid oes gennym fesuriad ar gost. Un peth yr ydym wedi'i wneud yw cael grwp mynediad anabledd ar waith dros flynyddoedd lawer. Deliwyd â llawer o'r gofynion wrth inni weithio gyda'r grwp mynediad arbennig hwnnw. Yn wir, rhoddir pob un o'n cynlluniau datblygu drwy'r grwp arbennig hwnnw, a gwnaiff gyfraniad arwyddocaol i'r modd y ffurfiwn gynnwys swyddogaethol a chynnwys ymarferol ein cynlluniau i gyd. Er hynny, nid yw hynny'n gyfystyr â dweud na fydd cost ynghlwm wrth ateb gofynion y Ddeddf Gwahaniaethu ar Sail

Act. We will have to see how that is financed.

Anabledd. Bydd yn rhaid inni weld sut yr ariennir hynny.

[293] **Alison Halford:** What is your priority—the copper pipes or the disability requirements?

[293] **Alison Halford:** Beth yw'ch blaenoriaeth—y pibelli copr ynteu gofynion yr anabl?

Mr Thomson: Well, I think that there are two different levels, actually, because I think that the Disability Discrimination Act raises a number of small issues that we need to tweak. However, put them together, and it is quite costly. That, then, has to compete against the fire code, and it is back to something that chief executives are continuously having to do, which is to make judgments as to where we can put our money.

Mr Thomson: Wel, yr wyf yn meddwl bod dwy lefel wahanol, a dweud y gwir, oherwydd credaf fod y Ddeddf Gwahaniaethu ar Sail Anabledd yn codi nifer o faterion bychain y mae angen inni wneud mân addasiadau iddynt. Er hynny, rhowch hwy at ei gilydd, ac mae'n eithaf costus. Rhaid i hynny, felly, gystadlu yn erbyn y cod tân, a deuwn yn ôl at rywbeth y mae'n rhaid i brif weithredwyr ei wneud o hyd, sef llunio barn ar ble y gallwn roi'n harian.

[294] **Alison Halford:** Mr Turner, do you have anything to add to that?

[294] **Alison Halford:** Mr Turner, a oes gennych chi unrhyw beth i'w ychwanegu at hynny?

Mr Turner: We have estimated the cost of the Act to be about £3 million, which is not inconsistent with the Assembly's rough estimate, which was included in this report. Having said that, we do not believe that we will ever fully comply with the requirements of the Disability Discrimination Act—every building having lift access to the second floor, for example. We would probably look within the Act for dispensation against some of the requirements of it, because of the cost impact on relatively small buildings.

Mr Turner: Yr ydym wedi amcangyfrif y bydd cost y Ddeddf oddeutu £3 miliwn, ac nid yw hynny'n anghyson ag amcangyfrif bras y Cynulliad, a gynhwyswyd yn yr adroddiad hwn. Wedi dweud hynny, ni chredwn y byddwn byth yn cydymffurfio'n llawn â gofynion y Ddeddf Gwahaniaethu ar Sail Anabledd—fod pob adeilad yn cynnwys lifft i fynd i'r ail lawr, er enghraifft. Mae'n debyg y byddem yn edrych o fewn y Ddeddf am gael ein hesgusodi rhag rhai o'i gofynion, oherwydd yr effaith ar adeiladau cymharol fach o ran cost.

[295] **Alison Halford:** Cardiff castle failed, so why not you? How are you assessing the structural changes that are needed?

[295] **Alison Halford:** Methodd castell Caerdydd, felly pam na ddylech chithau? Sut yr ydych yn asesu'r newidiadau adeileddol y mae eu hangen?

Mr Turner: The physical ones for the Act?

Mr Turner: Y rhai ffisegol ar gyfer y Ddeddf?

[296] **Alison Halford:** Yes.

[296] **Alison Halford:** Ie.

Mr Turner: Glyn is a bit more of an expert on this, but you see it, funnily enough, in the former Welsh Office building: the issue of the doors, and the lift access and the labelling, and the ability to listen to instructions in lifts. Those are the sorts of areas on which Glyn can elaborate.

Mr Griffiths: The assessment work that we have undertaken has been done using a model that was issued by the National Health Service Executive in Leeds. We need to do further work on it, because the assessments that we have undertaken to date have been fairly technical in a sense. One of the things that we want to do now is to take the work that we have done out to various groups of disabled people in local communities, and say to them, 'Look, how does this look in terms of, you know, what you think the needs of disabled people are in accessing particular local premises?'.

[297] **Alison Halford:** I will leave it there, thank you, Chair.

[298] **Janet Davies:** Thank you, Alison. Janice, I know that you are going to have to go at some point, but would you like to go as far as you can with your questions?

[299] **Janice Gregory:** Yes. I can complete them, Chair. Thank you.

I will just make one point before I start on my questions on the suitability of the estate. The Disability Discrimination Act was raised in the South East Wales Regional Committee meeting last Friday. One point that was very well made by a gentleman at that meeting was that yes, the Act talks about lifts and so on, but he was partially sighted and hospital signage needs to be seriously considered. You have not touched upon that matter. I know that it is just a small part of the issue, but it will obviously have a cost implication for all trusts.

Mr Turner: Mae Glyn yn dipyn mwy o arbenigwr ar hyn, ond fe'i gwelwch, yn rhyfedd ddigon, yn hen adeilad y Swyddfa Gymreig: mater y drysau, a'r lifftiau a'r labelu, a'r gallu i wrando ar gyfarwyddiadau mewn lifftiau. Dyna'r mathau o feysydd y gall Glyn ymhelaethu arnynt.

Mr Griffiths: Gwnaethom y gwaith asesu gan ddefnyddio model a gyhoeddwyd gan Weithrediaeth y Gwasanaeth Iechyd Gwladol yn Leeds. Mae angen inni wneud mwy o waith arno, oherwydd mae'r asesiadau a wnaethom hyd yn hyn wedi bod yn weddol dechnegol mewn un ystyr. Un o'r pethau y mae arnom eisiau ei wneud yn awr yw mynd â'r gwaith a wnaethom allan at amryfal grwpiau o bobl anabl mewn cymunedau lleol, a dweud wrthynt, 'Edrychwch, sut mae hyn yn edrych o ran, wyddoch chi, anghenion pobl anabl yn eich tyb chi o ran mynediad i rai adeiladau lleol?'.

[297] **Alison Halford:** Fe'i gadawaf yn y fan honno, diolch, Gadeirydd.

[298] **Janet Davies:** Diolch i chi, Alison. Janice, gwn y bydd rhaid ichi fynd ar ryw bwynt, ond a hoffech fynd cyn belled ag y gallwch gyda'ch cwestiynau?

[299] **Janice Gregory:** Hoffwn. Gallaf eu cwblhau, Gadeirydd. Diolch.

Mae gennyf un pwynt i'w wneud cyn dechrau ar fy nghwestiynau ynghylch addasrwydd yr ystâd. Codwyd mater y Ddeddf Gwahaniaethu ar Sail Anabledd yng nghyfarfod Pwyllgor Rhanbarth y De-ddwyrain ddydd Gwener diwethaf. Un pwynt a wnaethpwyd yn dda iawn gan wr bonheddig yn y cyfarfod hwnnw oedd bod y Ddeddf yn sôn am lifftiau ac ati, ydyw, ond ei fod ef yn rhannol ddall a bod angen ystyried arwyddion ysbytai o ddifrif. Nid ydych wedi crybwyll y mater hwnnw. Gwn mai dim ond rhan fechan o'r holl beth ydyw, ond yn amlwg bydd iddo oblygiadau

i bob ymddiriedolaeth o ran cost.

Mr Griffiths: We have, in fact, already identified that signage is an enormous problem. Hospital signage is an enormous problem for anybody with 20/20 vision who has worked in the place for the last 10 years. Therefore, for people who come in who are partially sighted—I empathise with them.

Mr Griffiths: Yr ydym, mewn gwirionedd, eisoes wedi nodi fod arwyddion yn broblem aruthrol. Mae arwyddion ysbytai'n broblem aruthrol i unrhyw un â golwg 20/20 a fu'n gweithio yn y lle am y 10 mlynedd diwethaf. Felly, i bobl rannol ddall sy'n dod i mewn—yr wyf yn uniaethu â hwy.

[300] **Janice Gregory:** Yes, so do I. I will now ask my questions on the utilisation of the NHS Wales estate. To me, as a lay person, I would have thought that the question of space, and what you have and what you can work with, has to be a key issue when you look at any type of strategy. So it is with some disappointment that I read, in paragraph 3.35 on page 34 of the report, that:

[300] **Janice Gregory:** Ie, a minnau hefyd. Yn awr gofynnaf fy nghwestiynau ar y modd y defnyddir ystâd GIG Cymru. I mi, fel lleygwr, buaswn wedi meddwl y byddai cwestiwn lle, a faint o le sydd gennych a ble y gallwch weithio, o reidrwydd yn fater allweddol wrth edrych ar unrhyw fath o strategaeth. Felly gyda chryn siom y darllenaf, ym mharagraff 3.35 ar dudalen 34 yn yr adroddiad, fod

'one third of the estate had not been surveyed for space utilisation'.

'traean o'r ystâd heb ei harolygu o ran defnydd o le'.

That has cost implications and many other implications. I am so disappointed that this is so. Can you tell me the current position within both your trusts and, obviously, if you read the Auditor General's report, the issue is underutilisation and, of course, the headline grabber, overcrowding?

Mae gan hynny oblygiadau cost a llawer o oblygiadau eraill. Yr wyf mor siomedig mai fel hyn y mae. A allwch ddweud wrthyf beth yw'r sefyllfa gyfredol yn eich ymddiriedolaethau ac, yn amlwg, os darllenwch adroddiad yr Archwilydd Cyffredinol, y pwnc llosg yw tanddefnydd ac, wrth gwrs, y gorboblogi sy'n cipio penawdau?

Mr Turner: If you look at the next paragraph down, it does indicate that Gwent has surveyed its estate and it is included in figure 19.

Mr Turner: Os edrychwch ar y paragraff nesaf, mae'n dweud bod Gwent wedi arolygu ei ystâd a bod hynny wedi'i gynnwys yn ffigur 19.

[301] **Janice Gregory:** I had better let you say that. Mr Thomson?

[301] **Janice Gregory:** Gwell imi adael i chi ddweud hynny. Mr Thomson?

Mr Thomson: We have surveyed 65 per cent of our estate, and we will have the survey finished in this new financial year. We will be using our own staff. However, quite clearly, we do understand where we have underuse and so on. That tends to centre around the areas I have touched on before, namely Bryn-y-Neuadd, because of that transitional arrangement, and the overcrowding and overuse tends to be at the district general hospital because of the sheer amount of activity that we are squeezing through. What we are trying to do is to re-examine now how we can create capacity, because we have more staff coming on stream, and we clearly need to bring down our waiting times. Although we have met all our targets, we still need to improve that and that is about making sure that people have the right facilities to deliver the goods.

Mr Thomson: Yr ydym wedi arolygu 65 y cant o'n hystâd, a byddwn wedi gorffen yr arolwg yn y flwyddyn ariannol newydd hon. Byddwn yn defnyddio'n staff ein hunain. Er hynny, wrth reswm, yr ydym yn deall ble mae tanddefnydd ac ati yn digwydd. Tuedda hynny i fod wedi'i ganoli o gwmpas y meysydd a grybwyllais o'r blaen, sef Bryn-y-Neuadd, oherwydd y trefniant trawsnewid hwnnw, a thuedda'r gorboblogi a'r gorddefnydd fod yn yr ysbyty cyffredinol dosbarth oherwydd maint y gweithgaredd yr ydym yn ei wasgu drwodd. Yr hyn yr ydym yn ceisio'i wneud yw edrych eto yn awr ar sut y gallwn greu capasiti, oherwydd mae gennym fwy o staff yn ymuno, ac yn amlwg mae angen inni leihau ein hamserau aros. Er ein bod wedi cyrraedd ein targedau i gyd, mae angen gwella ar hynny eto ac mae a wnelo hynny â gwneud yn siwr fod gan bobl y cyfleusterau iawn i ddarparu'r gwasanaeth.

[302] **Janice Gregory:** I will turn back to Mr Turner, because you have actually answered the supplementary, Mr Thomson. Yes, Mr Turner, full marks, you were mentioned in dispatches here, but if you have now done the survey, you have obviously identified that there is something that you can look at, so what is the trust doing? I refer the Committee to figure 20, and examples of good practice, on page 36. The University Hospital of Wales, Cardiff is one. It must be pretty innovative to remove an underground car park and put in its place an ambulatory day surgery unit that will accommodate 20,000 patients. That must be innovative in anyone's book. I would hope that you are going to tell me that you are going to do something like that. However, can you tell me what you have done with the information that you have gathered?

[302] **Janice Gregory:** Trof yn ôl at Mr Turner, oherwydd yr ydych chi wedi ateb fy nghwestiwn atodol, Mr Thomson. Ie, Mr Turner, marciau llawn, cawsoch glod yn y fan yma, ond os ydych wedi gwneud yr arolwg bellach, yr ydych yn amlwg wedi gweld bod rhywbeth y gallwch edrych arno, felly beth y mae'r ymddiriedolaeth yn ei wneud? Cyfeiriaf y Pwyllgor at ffigur 20, ac enghreifftiau o arferion da, ar dudalen 36. Mae Ysbyty Prifysgol Cymru, Caerdydd yn un enghraifft. Rhaid ei fod yn eithaf dyfeisgar i ddiddymu maes parcio tanddaearol a rhoi yn ei le uned meddygaeth ddydd i gleifion nad oes angen iddynt aros yn yr ysbyty gyda lle i 20,000 ohonynt. Rhaid bod hynny'n ddyfeisgar ym marn unrhyw un. Gobeithiaf eich bod yn mynd i ddweud wrthyf eich bod yn mynd i wneud rhywbeth felly. Fodd bynnag, a allwch ddweud wrthyf beth yr ydych wedi'i wneud gyda'r wybodaeth yr ydych wedi'i chasglu?

Mr Turner: One of the things is that we have established some clarity about the empty category, if you like. A lot of that is unused hospitals or unused sites. So one of the strategies that we have developed as a consequence of this survey is a rationalisation programme, which is about the sale and disposal of property. The other part of this is the overcrowding. However, I ought to say here that this is one of those I mentioned earlier. One of the thinnest and most unhelpful definitions is that in terms of what being overcrowded and adequate is. I referred to that earlier in terms of ward areas particularly. However, it did help us do that, so we have a fairly robust rationalisation programme that we will be pursuing over the next few years.

Mr Turner: Un o'r pethau yr ydym wedi'i wneud yw sefydlu rhywfaint o eglurder ynglyn â'r categori gwag, os mynnwch. Ysbytai segur neu safleoedd nas defnyddir yw llawer o hynny. Felly un o'r strategaethau yr ydym wedi'i datblygu o ganlyniad i'r arolwg hwn yw rhaglen resymoli, sef gwerthu a gwaredu eiddo. Gorboblogi yw'r rhan arall o hyn. Fodd bynnag, dylwn ddweud yn y fan hon mai dyma un o'r rheini y soniais amdanynt yn gynharach. Un o'r diffiniadau teneuaf a lleiaf buddiol yw hwnnw ynghylch beth yw gorboblogi a beth yw bod yn ddigonol. Cyfeiriais at hynny yn gynharach yng nghyd-destun wardiau yn arbennig. Serch hynny, fe wnaeth ein helpu i wneud hynny, felly mae gennym raglen resymoli eithaf cryf i'w dilyn dros yr ychydig flynyddoedd nesaf.

The other issue is about overcrowding. We spend a lot of time talking to our staff about their views on the infrastructure that they have to deliver their services. There is no doubt that this is a big issue, particularly with out-patients. It comes back to the strategies we talked about earlier, about developing more locally-based services. That does two things: first, it takes services to the locality, and, secondly, it frees up accommodation in the overcrowded areas, particularly in our district general hospitals. The big issues around this are around district general hospitals. The other one that was quite interesting when we looked at it was in relation to learning disabilities. Our view about learning disabilities is that, in this categorisation process, we would put any hospital that looks after people with learning disabilities in 'inappropriate' or 'inadequate'. The way that this works, though, means that you would tick 'adequate' and 'appropriate', which is wrong, if you see what I am getting at. It is this issue of definition. There are huge parts of our estate that are totally inappropriate. The same with continuing care—we are looking after 100 or so people in

Gorboblogi yw'r mater arall. Treuliwn lawer o amser yn siarad â'n staff ynghylch eu barn hwy ar yr isadeiledd sydd ganddynt er mwyn cyflwyno'u gwasanaethau. Nid oes dim amheuaeth nad yw hwn yn fater pwysig, yn enwedig i gleifion allanol. Daw yn ôl at y strategaethau y buom yn siarad amdanynt yn gynharach, ynghylch datblygu gwasanaethau mwy lleol. Gwna hynny ddau beth: yn gyntaf, eir â gwasanaethau i'r ardal leol, ac yn ail, rhyddheir lle yn y mannau lle mae gorboblogi, yn enwedig yn ein hysbytai cyffredinol dosbarth. Mae'r cwestiynau mawr ynghylch hyn yn ymwneud â'r ysbytai cyffredinol dosbarth. Un arall oedd yn eithaf diddorol pan edrychasom arno oedd cwestiwn anableddau dysgu. Ein barn ni ynghylch anableddau dysgu yw y byddem, yn y broses gategoreiddio hon, yn gosod unrhyw ysbyty sy'n gofalu am bobl ag anableddau dysgu yn y categori 'amhriodol' neu 'annigonol'. Ond yn y ffordd y mae hwn yn gweithio, byddech yn ticio 'digonol' a 'phriodol', sy'n anghywir, os deallwch fy mhwynt. Y cwestiwn o ddiffiniad sydd dan sylw. Mae rhannau anferth o'n hystâd sydd yn gwbl amhriodol. Yr un modd gyda gofal

our community hospitals who require long-term care on wards. Yet, under this definition, you tick ‘adequate’ and it obviously, blatantly, is not. So some of these definitions do need refining so that we get a real picture of the position we are in, because those are the areas that we are trying to move away from.

parhaus—yr ydym yn edrych ar ôl rhyw 100 o bobl yn ein hysbytai cymunedol sydd angen gofal tymor hir ar wardiau. Eto, dan y diffiniad hwn, byddech yn ticio ‘digonol’, ac yn amlwg, yn drawiadol felly, nid ydyw. Felly mae angen caboli rhai o’r diffiniadau hyn er mwyn cael darlun gwirioneddol o’r sefyllfa yr ydym ynddi, oherwydd dyna’r meysydd yr ydym yn ceisio symud i ffwrdd oddi wrthynt.

[303] **Janice Gregory:** I understand what you are saying. In the Auditor General’s report, there is reference to savings of some £25 million per year if space utilisation could be improved upon. In the surveys that you have both undertaken, have you identified any potential savings?

[303] **Janice Gregory:** Deallaf beth yr ydych yn ei ddweud. Yn adroddiad yr Archwilydd Cyffredinol, cyfeirir at arbedion o ryw £25 miliwn y flwyddyn pe gellid gwella’r modd y defnyddir gofod. Yn yr arolygon a wnaethoch chi’ch dau, a ydych wedi canfod unrhyw arbedion posibl?

Mr Turner: They are limited. In revenue terms, in our estate they are limited, because a lot of them are empty properties—we are not paying rates on them. We might be paying for some upkeep, and they are absorbing money. However, in terms of the £20 million to £25 million, if we were a fifth of that—which broadly speaking is the sort of level of service—we do not think that there is anything like £5 million being wasted or to be saved, if you like, through rationalisation of estate, unless you start regarding it in terms of appropriateness, which is the way that I described it earlier. However, it is so difficult to cost. I assumed that that was an actual—you know, that you could save £25 million worth of revenue if you did this. I am not sure where that figure came from.

Mr Turner: Maent yn gyfyngedig. Yn nhermau refeniw, yn ein hystâd ni maent yn gyfyngedig, oherwydd eiddo gwag yw llawer ohonynt—nid ydym yn talu trethi lleol arnynt. Fe allem fod yn talu am beth cynnal a chadw, ac maent yn llyncu arian. Er hynny, yn nhermau’r £20 miliwn i £25 miliwn, pe baem yn bumed rhan o hynny—a dyna’r math o lefel o wasanaeth, yn fras—nid ydym yn meddwl bod unrhyw beth tebyg i £5 miliwn yn cael ei wastraffu nac i’w arbed, os mynnwch, drwy resymoli’r ystâd, oni bai eich bod yn dechrau edrych arni yn nhermau priodoldeb, sef y modd y’i disgrifiais hi yn gynharach. Fodd bynnag, mae mor anodd rhoi cost arni. Tybiais fod hynny’n swm gwirioneddol—wyddoch chi, y gallech arbed gwerth £25 miliwn o refeniw pe gwnaech hyn. Nid wyf yn siwr o ble y daeth y ffigur hwnnw.

[304] **Janice Gregory:** I think that it is in the report somewhere.

[304] **Janice Gregory:** Yr wyf yn meddwl ei fod yn yr adroddiad yn rhywle.

Mr Turner: Yes, it is here, but—

Mr Turner: Ydyw, y mae yma, ond—

Mr Thomson: I would agree with Mr Turner. I do not think that there are savings to be achieved really. Certainly, as I indicated, our centres are, in the main, around Bryn-y-Neuadd. I think that I would like to look at it more from the opportunities point of view, that we can change the way we deliver services. We have given an example in the written submission in relation to one of our community hospitals, where we know that, because of a change in service, there is going to be capacity, and we are now looking at how we can use that capacity to provide services better. I think that what we need to look at is underutilisation, not in terms of saving money, but in terms of how we can deliver a better service to patients.

[305] **Janice Gregory:** Thank you. My final question is on energy performance—it is quite simple. What are both of your trusts doing to improve the energy performance of your estate?

Mr Thomson: On energy, we lie within the target range that was indicated in the report. We are the second best performing trust in Wales on energy. Quite clearly, the issue for us centres around the 15 per cent decrease in primary energy. The difficulty is that, if you are already being very economical, applying a 15 per cent target is somewhat unfair, really, and perhaps it should have been a bit more selective. I am sure that there are others who are not as close to the target. So that is the problem with putting just a global figure in there. We are clearly looking at, predominantly, saving on electrical power. We have issues about the type of equipment that we are using. One of the examples that we have put in our written submission was the number of computers. We moved from 300 computers in our trust in 1994, to a situation where we now have 4,000. We are looking at things like putting

Mr Thomson: Byddwn i'n cytuno â Mr Turner. Nid wyf yn meddwl fod yno arbedion i'w gwneud mewn gwirionedd. Yn sicr, fel y nodais, mae ein canolfannau ni, ar y cyfan, o gwmpas Bryn-y-Neuadd. Yr wyf yn meddwl yr hoffwn edrych arno fwy o safbwynt y cyfleoedd, y gallwn newid y ffordd y cyflwynwn wasanaethau. Yr ydym wedi rhoi esiampl yn y cyflwyniad ysgrifenedig yng nghyd-destun un o'n hysbytai cymunedol, lle y gwyddom, oherwydd newid yn y gwasanaeth, y bydd capasiti, ac yr ydym yn edrych yn awr ar sut y gallwn ddefnyddio'r capasiti hwnnw i ddarparu gwasanaethau'n well. Yr wyf yn meddwl mai'r hyn y mae angen inni edrych arno yw tanddefnydd, nid o ran arbed arian, ond o ran sut y gallwn roi gwasanaeth gwell i gleifion.

[305] **Janice Gregory:** Diolch. Mae fy nghwestiwn olaf ar berfformiad ynni—mae'n eithaf syml. Beth mae eich ymddiriedolaethau chi'ch dau yn ei wneud i wella perfformiad ynni eich ystâd?

Mr Thomson: Ar ynni, yr ydym o fewn yr amrediad targed a nodwyd yn yr adroddiad. Ni yw'r ail ymddiriedolaeth orau yng Nghymru o ran perfformiad ynni. Wrth reswm, mae'r cwestiwn i ni yn troi o amgylch y 15 y cant o ostyngiad mewn ynni sylfaenol. Yr anhawster yw, os ydych eisoes yn bod yn ddarbodus iawn, mae gosod targed o 15 y cant ychydig yn annheg, mewn gwirionedd, ac efallai y dylasid bod yn fwy detholgar. Yr wyf yn siwr fod eraill nad ydynt mor agos at y targed. Felly dyna'r broblem gyda rhoi un ffigur cyffredin i bawb. Yn amlwg, yr ydym yn edrych, yn bennaf, ar arbed ynni trydanol. Mae gennym faterion ynghylch y math o offer a ddefnyddiwn. Un o'r enghreifftiau a roesom yn ein cyflwyniad ysgrifenedig oedd nifer y cyfrifiaduron. Yr ydym wedi symud o 300 cyfrifiadur yn ein hymddiriedolaeth yn 1994 i sefyllfa lle mae gennym bellach 4,000. Yr ydym

in flat screens, because they use less power; they do cost a little bit more, but the balance there is important. We are also building this into our procurement arrangements to make sure that energy consumption is examined when we buy equipment, so that we are proactive about some of these issues. The other issue, then, is about us generating our own electricity through our own generators. So those are the three areas that we are working on at the moment.

yn edrych ar bethau fel defnyddio sgriniau fflat, am eu bod yn defnyddio llai o ynni. Maent yn costio ychydig bach mwy, ond mae'r cydbwysedd hwnnw'n bwysig. Yr ydym yn cynnwys hyn i mewn i'n trefniadau caffael hefyd er mwyn sicrhau yr edrychir ar ddefnydd ynni pan brynwn offer, er mwyn bod yn rhagweithiol ynghylch rhai o'r materion hyn. Y mater arall, felly, yw inni gynhyrchu'n trydan ein hunain drwy'n generaduron ein hunain. Felly dyna'r tri maes yr ydym yn gweithio arnynt ar hyn o bryd.

Mr Turner: There are two ways of answering your question. The first is about investment. We have spent over £7 million in the last few years on what we call combined heat and power plant. This investment should produce significant financial savings. There is quite an issue in relation to this. The more I try to understand this, the more confused I am in relation to what it is actually saving. These combined heat and power plants certainly save money. Basically, what they do is that you buy gas, and you generate your own electricity locally, and that has two effects. One is in terms of the conversion rate. As I understand it, if it is generated in a power station, by the time it gets to you, for every kilowatt that you use, they need to generate 2.8 kW. So, if you generate it locally, you are saving power in terms of the total. It does not do one thing though, of course. What you are measuring is the amount of power that you use locally, which has not changed at all, actually, it has just been generated locally at a cheaper cost. It is much more efficient because the other thing about it is that it uses waste heat. So, those investments—one at the Royal Gwent and the other at Nevill Hall—have been the major plank of our investment over the last few years to try to reduce the amount of energy that we consume. A lot of it is about replacement central boilers as well, much more efficient equipment, refrigeration controls and insulation and so on.

Mr Turner: Mae dwy ffordd o ateb eich cwestiwn. Mae a wnelo'r gyntaf â buddsoddi. Yr ydym wedi gwario dros £7 miliwn yn yr ychydig flynyddoedd diwethaf ar yr hyn a alwn yn weithfeydd gwres a phwer cyfunol. Dylai'r buddsoddiad hwn roi arbedion ariannol sylweddol inni. Mae mater eithaf pwysig yn gysylltiedig â hyn. Po fwyaf y ceisiaf ddeall hyn, mwyaf yw fy nryswch ynghylch beth y mae'n ei arbed mewn gwirionedd. Mae'r gweithfeydd gwres a phwer cyfunol hyn yn sicr yn arbed arian. Yn y bôn, beth a wnânt yw eich bod yn prynu nwy, ac yn cynhyrchu'ch trydan eich hun yn lleol, a chaiff hynny ddwy effaith. Un yw'r gyfradd drosi. Yn ôl a ddeallaf fi, os caiff ei gynhyrchu mewn gorsaf bwer, erbyn iddo'ch cyrraedd chi, am bob cilowatt a ddefnyddiwch, mae angen iddynt hwy gynhyrchu 2.8 kW. Felly, os cynhyrchwch ef yn lleol, yr ydych yn arbed pwer o ran y cyfanswm. Ond nid yw'n gwneud un peth, serch hynny, wrth gwrs. Yr hyn yr ydych yn ei fesur yw faint o bwer yr ydych yn ei ddefnyddio'n lleol, sydd heb newid o gwbl, mewn gwirionedd, dim ond iddo gael ei gynhyrchu'n lleol ar gost ratach. Mae'n llawer mwy effeithlon, oherwydd y peth arall amdano yw ei fod yn defnyddio gwres gwastraff. Felly, bu'r buddsoddiadau hynny—un yn Ysbyty Brenhinol Gwent a'r llall yn Nevill Hall—yn gonglfaen i'n buddsoddiad dros yr ychydig flynyddoedd diwethaf i leihau faint o ynni a

Coming to the issue of the target, again I have a view. There is a lengthier report, which has not been made available to you, that looks at trusts across Wales, and it shows that we are all at a different level of efficiency. So, to impose a 15 per cent target across the board is totally inappropriate. For example, for us, we would have to achieve an efficiency level target that is outside of the range that we are capable of producing, according to the same report. What would happen is that people who are very inefficient could hit 15 to 16 per cent targets very easily and get patted on the head and told, 'congratulations, you have done well'. Other people, who start from a very efficient base, will never reach a 15 per cent target because of the investments that they have already made before the baseline, if you like, is put into place. So, we have some concern about the targeting of those efficiency savings across NHS Wales. Having said that, the one thing that we have not done, and we intend to do a lot more work on it over the next few years, is housekeeping. It is how the users of energy use it within the health service in Gwent. We believe that we are targeting a 5 per cent reduction across the board over the next three years.

[306] **Janice Gregory:** May I just ask a very brief supplementary to both of you, as I need to go. I understand what you are saying; if you have reached a target, and then one is imposed, it is difficult. On the condition of the hospitals, the day care centres and so on, obviously there are variations between new and existing buildings because, in a new building, you can actually bring into force every new innovation that there is in terms of energy saving. I am not putting words in your mouth, but, obviously, a trust that

ddefnyddiwn. Mae a wnelo llawer ohono â gosod boeleri canolog newydd hefyd, offer llawer mwy effeithlon, rheoliadau oeri ac ynysu ac ati.

A dod at gwestiwn y targed, eto mae gennyf farn. Mae adroddiad mwy swmpus, nas darparwyd i chi, sy'n edrych ar ymddiriedolaethau ledled Cymru, ac mae'n dangos ein bod i gyd ar lefel wahanol o effeithlonrwydd. Felly, mae gosod targed o 15 y cant yn gyffredinol yn gwbl amhriodol. Er enghraifft, i ni, byddai'n rhaid inni gyrraedd targed lefel effeithlonrwydd sydd y tu allan i'r amrediad y gallwn ei gyflawni, yn ôl yr un adroddiad. Beth fyddai'n digwydd yw y gallai pobl sy'n aneffeithlon iawn daro targedau 15 i 16 y cant yn hawdd iawn a chael eu canmol gyda'r geiriau 'llongyfarchiadau, gwnaethoch yn dda'. Ni fydd pobl eraill, sy'n dechrau o safle effeithlon iawn, byth yn cyrraedd targed 15 y cant oherwydd y buddsoddiadau a wnaethant eisoes cyn y sefydlwyd y llinell waelod, os mynnwch. Felly, mae gennym rywfaint o bryder ynghylch targedu'r arbedion effeithlonrwydd hynny ar draws GIG Cymru. Wedi dweud hynny, yr un peth nad ydym wedi'i wneud, ac y bwriadwn wneud llawer mwy o waith arno dros yr ychydig flynyddoedd nesaf, yw cadw ty. Edrychwn ar y modd y defnyddir ynni o fewn y gwasanaeth iechyd yng Ngwent. Credwn ein bod yn targedu gostyngiad o 5 y cant yn gyffredinol dros y tair blynedd nesaf.

[306] **Janice Gregory:** A gaf fi ofyn cwestiwn atodol byr iawn ichi'ch dau, gan fod rhaid imi fynd. Deallaf yr hyn yr ydych yn ei ddweud; os ydych wedi cyrraedd targed, a bod un yn cael ei osod wedyn, mae'n anodd. O ran cyflwr yr ysbytai, y canolfannau gofal dydd ac ati, yn amlwg ceir amrywiadau rhwng adeiladau hen a newydd oherwydd, mewn adeilad newydd, gallwch gynnwys pob dyfais newydd sydd ar gael o ran arbed ynni. Nid wyf yn rhoi geiriau yn eich ceg, ond, yn amlwg, byddai'n anos i

has a high percentage of older properties would have more difficulty in bringing everything up to the correct standards for energy saving. Do you both find that?

Mr Turner: Absolutely. The newer the building, the much more efficient they are.

Mr Thomson: Yes.

[307] **Janice Gregory:** Thank you.

[308] **Alun Cairns:** Mr Turner, you mentioned the combined heat and power unit, which obviously saves money and energy, which is obviously environmentally friendly and meets other strategies that the Assembly and UK Governments have. At the outset of the meeting you talked about the capital spend and some of the PFI units, and best practices in relation to those. What analysis have you conducted, during the planning stages of those PFI units, into using low-grade waste heat from other businesses within the area?

Mr Turner: I do not know that we have.

Mr Griffiths: We have not. We have undertaken four fairly major PFI projects, one of which was a community hospital in Chepstow, which, in fact, was not located in any way such that it could be linked to other industrial circumstances or complexes in the area. Two of them have been the combined heat and power projects at Nevill Hall Hospital and at the Royal Gwent Hospital. The final one was a day surgery unit at Nevill Hall Hospital, inside the hospital complex. Certainly, that, as a proposition, is something that we could take away and look at in relation to proposals that we are putting together for new hospital facilities in Blaenau Gwent, in Caerphilly, and a joint health and social care facility that we have plans for in Monmouth town.

ymddiriedolaeth sydd â chanran uchel o adeiladau hyn ddyrchafu popeth i'r safonau iawn ar gyfer arbed ynni. A ydyw hynny'n wir i chi'ch dau?

Mr Turner: Yn hollol. Po fwyaf newydd yw'r adeilad, mwyaf effeithlon ydyw o lawer.

Mr Thomson: Ie.

[307] **Janice Gregory:** Diolch.

[308] **Alun Cairns:** Mr Turner, fe grybwylloch chi yr uned gwres a phwer cyfun, sydd yn amlwg yn arbed arian ac ynni, sydd yn amlwg yn eco-gyfeillgar ac yn cyd-fynd â strategaethau eraill sydd gan Lywodraethau'r Cynulliad a'r DU. Ar ddechrau'r cyfarfod fe siaradoch am y gwariant cyfalaf a rhai o'r unedau PFI, a'r arfer gorau ynghylch y rheini. Pa ddadansoddiad a wnaethoch, yn ystod camau cynllunio'r unedau PFI hynny, i bosibiliadau defnyddio gwres gwastraff gradd isel oddi wrth fusnesau eraill yn yr ardal?

Mr Turner: Ni wn ein bod wedi gwneud hynny.

Mr Griffiths: Ni wnaethom. Yr ydym wedi ymgymryd â phedwar prosiect PFI gweddol fawr, un ohonynt yn ysbyty cymunedol yng Nghas-gwent nad oedd, mewn gwirionedd, yn y fath leoliad fel y gellid ei gysylltu ag amgylchiadau neu ganolfannau diwydiannol eraill yn yr ardal. Dau ohonynt oedd y prosiectau gwres a phwer cyfun yn Ysbyty Nevill Hall ac yn Ysbyty Brenhinol Gwent. Yr olaf oedd meddygfa ddydd yn Ysbyty Nevill Hall, sef uned o fewn yr ysbyty. Yn sicr, mae hynny, fel cynnig, yn rhywbeth y gallem ei ystyried ac edrych arno mewn perthynas â chynigion sydd ar y gweill gennym ar gyfer cyfleusterau ysbyty newydd ym Mlaenau Gwent, yng Nghaerffili, a chyfleuster iechyd a gofal cymdeithasol ar y cyd y mae gennym gynlluniau ar ei gyfer yn Nhrefynwy.

[309] **Alun Cairns:** So would you welcome some further direction from the Assembly in that regard, in relation to the use of low-grade waste heat from other businesses and industrial units in the area?

Mr Griffiths: Indeed we would; that would be very helpful.

[310] **Alison Halford:** I would like to ask a quick question, Chair. It does say under point 3.1—just to put the record straight, when you are, obviously, naturally unhappy with this overall 15 per cent target—that a new target from central Government is currently reviewing the application of this figure to Wales. Are we speaking about the right targets? If I have read that correctly, it would appear that there might be some flexibility in your target, when you are both doing very well?

Mr Turner: I am not sure to what that last sentence refers. I mean, I still think that 15 per cent is probably an achievable target across Wales. The issue is about differentiating between the basis from which we all start—

[311] **Alison Halford:** I understand what you are saying, but having just clocked to this, I was just curious to know whether, perhaps, the Assembly is not going to push you into what clearly is an impossible target. Do we need to raise this with Jane Hutt or—

Mr Turner: Having read it again, my understanding is that they are still looking at that target. The report that I have read, to which you have not had access, suggests that the 15 per cent will be across the board. So what I have seen does not suggest that that sentence is looking at differential applications of the target.

[309] **Alun Cairns:** Felly a fyddech yn croesawu mwy o gyfarwyddyd gan y Cynulliad yn hynny o beth, yng nghyswllt defnyddio gwres gwastraff gradd isel o fusnesau ac unedau diwydiannol eraill yn yr ardal?

Mr Griffiths: Byddem yn wir; byddai hynny o gymorth mawr.

[310] **Alison Halford:** Hoffwn ofyn cwestiwn cyflym, Gadeirydd. Y mae'n nodi dan bwynt 3.1—dim ond er mwyn cywirdeb, a chithau, yn amlwg, yn naturiol anhapus â'r targed 15 y cant cyffredinol hwn—fod targed newydd gan y Llywodraeth ganolog ar hyn o bryd yn adolygu defnydd y ffigur hwn yng Nghymru. A ydym yn sôn am y targedau iawn? Os wyf fi wedi darllen hynny'n gywir, mae'n ymddangos y gall fod rhywfaint o hyblygrwydd yn eich targed, a chithau'ch dau yn gwneud yn dda iawn?

Mr Turner: Nid wyf yn siwr at beth y mae'r frawddeg olaf honno'n cyfeirio. Hynny yw, yr wyf yn dal i feddwl bod 15 y cant, mae'n debyg, yn darged y gellir ei gyrraedd ledled Cymru. Y pwynt llosg yw'r gwahaniaethu rhwng y llinell waelod y dechreuwn i gyd ohoni—

[311] **Alison Halford:** Deallaf beth yr ydych yn ei ddweud, ond a minnau newydd sylwi ar hyn, yr oeddwn yn chwilfrydig i wybod a ydyw'r Cynulliad, efallai, yn mynd i'ch gwthio i daro targed sydd yn amlwg yn amhosibl. A oes angen inni godi hyn gyda Jane Hutt neu—

Mr Turner: Wedi ei ddarllen eto, fy nealltwriaeth i yw eu bod yn dal i edrych ar y targed hwnnw. Mae'r adroddiad a ddarllenais i, nad ydych chi wedi cael ei weld, yn awgrymu y bydd y 15 y cant yn gyffredinol. Felly nid yw'r hyn a welais i yn awgrymu fod y frawddeg honno'n ystyried gwahaniaethu yn y modd y cymhwysir y targed.

Mr Thomson: We have a copy of the draft Welsh circular on performance management systems, which is yet to be published. It does state that the Government has set the following energy reductions of 15 per cent.

[312] **Alison Halford:** The Government of Wales?

Mr Thomson: It just says the Government.

[313] **Alison Halford:** We need to explore this, do we not? It does not do the Assembly or anybody else any good to set targets that are unmatchable, unworkable and unfair.

[314] **Dafydd Wigley:** I just have a brief question. Obviously, from a public policy point of view, the best thing that can be done is to cut down on energy usage and to recirculate heat and so on. However, we are also in a very competitive price market as far as energy supply is concerned. How much freedom do you have to look for improved contracts of supply and to what extent do you exercise it?

Mr Potts: We negotiate on energy utility providers on a regular basis. We do it on an all-Wales basis, because it is felt that there is a benefit in terms of the size of the purchase, but we do have the ability, if we can show that we can do it cheaper elsewhere, to opt out as a trust on even a single site. The contracts are set up so that, if one trust or hospital opts out, it does not adversely affect the rest. So we have a reasonable amount of freedom to look around for the best price, but I have to say that the central purchasing organisation does quite well in doing it on our behalf.

Mr Thomson: Mae gennym gopi o'r cylchlythyr drafft i Gymru ar systemau rheoli perfformiad, sydd eto i'w gyhoeddi. Y mae'n datgan fod y Llywodraeth wedi pennu'r cwtogiadau ynni canlynol o 15 y cant.

[312] **Alison Halford:** Llywodraeth Cymru?

Mr Thomson: Y Llywodraeth yw'r unig beth a ddywedir.

[313] **Alison Halford:** Mae angen inni ymchwilio i hyn, onid oes? Nid yw'n gwneud dim lles i'r Cynulliad na neb arall osod targedau sydd yn anghyraeddadwy, yn anymarferol ac yn annheg.

[314] **Dafydd Wigley:** Mae gennyf fi gwestiwn byr. Yn amlwg, o safbwynt polisi cyhoeddus, y peth gorau y gellir ei wneud yw cwtogi ar ddefnydd ynni ac i ailgylchu gwres ac ati. Serch hynny, yr ydym hefyd mewn marchnad brisiau gystadleuol iawn o safbwynt cyflenwi ynni. Faint o ryddid sydd gennych i chwilio am well contractau cyflenwi ac i ba raddau yr arferwch y rhyddid hwnnw?

Mr Potts: Byddwn yn negodi yn rheolaidd ynghylch darparwyr cyfleustodau ynni. Gwnawn hynny ar sail Cymru gyfan, oherwydd teimlir fod mantais yn nhermau maint y pryniant, ond mae gennym yr hawl, os gallwn ddangos y gallwn ei wneud yn rhatach yn rhywle arall, i optio allan fel ymddiriedolaeth, hyd yn oed ar un safle unigol. Mae'r contractau wedi'u llunio fel y gall un ymddiriedolaeth neu ysbyty optio allan heb effeithio'n andwyol ar y lleill. Felly mae gennym ryddid rhesymol i chwilio am y pris gorau, ond mae'n rhaid imi ddweud fod y corff prynu canolog yn gwneud yn eithaf da o ran gwneud hynny ar ein rhan.

Mr Turner: That is it. That covers everything.

[315] **Janet Davies:** We are approaching the end of the session, but I want to make a couple of points. I have to say that I was a bit dismayed when you said that you felt that you could not make any of the savings that were suggested—your share of the £25 million. However, I think that it perhaps does need to be said that, as far as I am aware certainly, when the Assembly talks about saving money on the NHS, it is not then talking about grabbing it, and taking it off for something else. It is actually talking about it being there to be used for more effective patient care. So perhaps you would both like to think about that point.

My other point, going back half an hour or so, relates to the whole issue of the consistency or lack of consistency in capital funding and your not being able to know how much you are having each year. I think that that is something that we would probably wish to take up in the report because, clearly, it must be causing problems for other trusts as well as yours.

That is the end of the session. I thank you all for your full and helpful answers. You will be sent a draft transcript so that you can check it for factual accuracy before it is published as part of the minutes. We certainly do not want to publish anything that is not accurate. When the Committee publishes its report, the transcript will be included as an annex.

Mr Turner: Dyna fe. Mae hynny'n egluro'r cyfan.

[315] **Janet Davies:** Yr ydym yn nesáu at ddiwedd y sesiwn, ond hoffwn wneud un neu ddau o bwyntiau. Rhaid imi ddweud imi gael fy siomi braidd pan ddywedasoch eich bod yn teimlo na allech wneud unrhyw un o'r arbedion a awgrymwyd—eich cyfran chi o'r £25 miliwn. Er hynny, credaf efallai fod angen dweud, yn sicr hyd y gwn i, pan sonia'r Cynulliad am arbed arian ar y GIG, nad yw'n sôn am ei gipio, a'i gymryd ar gyfer rhywbeth arall. Mae'n sôn mewn gwirionedd am gadw'r arian yno i gael ei ddefnyddio ar gyfer gofal mwy effeithiol i gleifion. Felly efallai yr hoffech eich dau feddwl am y pwynt hwnnw.

Mae fy mhwynt arall yn cyfeirio at ryw hanner awr yn ôl ac yn ymwneud â holl fater cysondeb neu ddiffyg cysondeb mewn cyllid cyfalaf a'r ffaith nad ydych chi'n gallu cael gwybod faint a gewch chi bob blwyddyn. Yr wyf yn meddwl bod hynny'n rhywbeth yn yr adroddiad yr hoffem ymdrin ag ef, mae'n debyg, oherwydd, yn amlwg, rhaid ei fod yn achosi problemau i ymddiriedolaethau eraill yn ogystal â'ch un chi.

Dyna ddiwedd y sesiwn. Diolch ichi i gyd am eich atebion llawn a defnyddiol. Anfonir trawsysgrifiad drafft ichi fel y gallwch wirio'i gywirdeb ffeithiol cyn y caiff ei gyhoeddi fel rhan o'r cofnodion. Yn sicr nid oes arnom eisiau cyhoeddi dim nad yw'n gywir. Pan gyhoedda'r Pwyllgor ei adroddiad, cynhwysir y trawsysgrifiad fel atodiad.

Daeth y sesiwn cymryd tystiolaeth i ben am 4.25 p.m.
The evidence-taking session ended at 4.25 p.m.