AUDIT COMMITTEE AC-03-02(min)

MINUTES

Date:	18 April 2002	
Time:	2.00pm	
Venue:	Committee Room 2, National Assembly Building	
Attendance	**Members**	
	Dafydd Wigley (Chair)	Caernarfon
	Eleanor Burnham	North Wales
	Janet Davies	South Wales West
	Jocelyn Davies	South Wales East
	Janice Gregory	Ogmore
	Alison Halford	Delyn
	Ann Jones	Vale of Clwyd
	Val Lloyd	Swansea East
	Witnesses	
	Ann Lloyd	Director, NHS Directorate
	Sarah Beaver	Director, NHS Finance Division
	Jon Shortridge	Permanent Secretary, National Assembly for Wales
	Laurie Pavelin	Head of the Financial Accountability Division, National Assembly for Wales
	David Richards	Principal Finance Officer, National Assembly for Wales
	Officials	
	Sir John Bourn	Auditor General for Wales
	Ian Summers	National Audit Office
	Mike Usher	National Audit Office
	David Powell	Assembly Compliance Officer
	Howell Rees	Committee Clerk
	James Owen	Deputy Committee Clerk

Item 1

Evidence Taking Session - NHS Wales Summarised Accounts 2000-2001 and The Finances of NHS Wales 2002

Papers: AC-03-02(p.1) and AC-03-02(p.2)

1. The meeting commenced at 2.08pm as the committee resolved to exclude the public from the first part of the meeting under Standing Order 8.21(vi):

   'the committee is preparing itself to take evidence from any person'.

2. The Chair welcomed everyone to the meeting and recorded the committees thanks to his predecessor, Janet Davies, for all of her work as Chair of the committee. The Chair said that he was looking forward to the challenges of chairing this important committee and assuring the people of Wales that their money had been spent properly and effectively in providing public services. Apologies were received from Alun Cairns.
3. The Committee took evidence from Ann Lloyd and Sarah Beaver in connection with reports by the National Audit Office on behalf of the Auditor General for Wales on *NHS Wales Summarised Accounts 2000-2001* and *The Finances of NHS Wales 2002*.
4. A verbatim transcript of this item will be attached as annex 1 to these minutes.

Item 2

Evidence Taking Session - General Report on the Financial Audit Work of the Auditor General for Wales: 2000-2001 and the National Assembly for Wales Consolidated Resource Account: 2000-2001

Papers: AC-03-02(p.3), AC-03-02(p.4) and AC-03-02(p.7)

1. The Committee took evidence from Jon Shortridge, Laurie Pavelin and David Richards in connection with the report by the National Audit Office on behalf of the Auditor General for Wales on the *General Report on the Financial Audit Work of the Auditor General for Wales: 2000-2001*. The committee also took evidence on the *National Assembly for Wales Consolidated Resource Account: 2000-2001*.
2. A verbatim transcript of this item will be attached as annex 2 to these minutes.

Item 3

Papers to note

Papers: AC-03-02(p.5) and AC-03-02(p.6)

1. The committee noted the following papers:

- Correspondence from the Auditor General for Wales on the Cabinet response to the Audit Committee report 'Maximising Income from Prescription Charges'.

- Correspondence from Ann Lloyd, Director of NHS Wales, on the Audit Committee report

'NHS Wales Summarised Accounts 1999-2000'.

Item 4

Minutes of Previous Meeting

Paper: AC-02-02(min)

1. The minutes of the previous meeting were agreed.

The meeting closed at 4.49pm.

Cynulliad Cenedlaethol Cymru

Pwyllgor Archwilio

The National Assembly for Wales

Audit Committee

Cyllid GIG Cymru

NHS Wales Finance

Cwestiynau 1-95

Questions 1-95

Dydd Iau 18 Ebrill 2002
Thursday 18 April 2002

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

Swyddogion yn bresennol: Syr John Bourn, Archwilydd Cyffredinol Cymru; David Powell, Swyddog Cydymffurfio Cynulliad Cenedlaethol Cymru; Ian Summers, Swyddfa Archwilio Genedlaethol Cymru.

Tystion: Ann Lloyd, Cyfarwyddwr GIG Cymru; Sarah Beaver, Pennaeth Cyllid, GIG Cymru.

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

Officials present: Sir John Bourn, Auditor General for Wales; David Powell, National Assembly for Wales Compliance Officer; Ian Summers, National Audit Office Wales.

Witnesses: Ann Lloyd, Director, NHS Wales; Sarah Beaver, Head of Finance, NHS Wales.

Dechreuodd y sesiwn cymryd tystiolaeth am 2.07 p.m.

The evidence-taking session began at 2.07 p.m.

[1] **Dafydd Wigley:** It gives me great pleasure to welcome everybody to today's meeting of the Audit Committee and my first meeting as its Chair. I am looking forward to the challenges that chairing this Committee will pose. I hope that I will be able to undertake the duties impartially and to the satisfaction of my colleagues and, in particular, I hope that we can assure the people of Wales that they are getting value for money for the considerable sums that are within our responsibilities.

[1] **Dafydd Wigley:** Pleser mawr i mi yw croesawu pawb i gyfarfod y Pwyllgor Archwilio heddiw a'm cyfarfod cyntaf yn Gadeirydd arno. Yr wyf yn edrych ymlaen at yr heriau y bydd cadeirio'r Pwyllgor hwn yn eu cynnig. Gobeithiaf y byddaf yn gallu ymgymryd â'r dyletswyddau'n ddiduedd ac er boddhad i'm cyd-Aelodau ac, yn arbennig, gobeithiaf y gallwn sicrhau pobl Cymru eu bod yn cael gwerth am arian am y symiau sylweddol yr ydym yn gyfrifol amdanynt.

I also want to put on record the Committee's thanks to my predecessor, Janet Davies, for all her excellent work as Chair; we appreciate it very much. I have received one apology for today's meeting, from Alun Cairns.

Yr wyf hefyd am gofnodi diolch y Pwyllgor i'm rhagflaenydd, Janet Davies, am ei holl waith rhagorol fel Cadeirydd; yr ydym yn ei dra gwerthfawrogi. Yr wyf wedi derbyn un ymddiheuriad ar gyfer y cyfarfod heddiw, oddi wrth Alun Cairns.

I draw the witnesses' and the public's attention to the fact that there is a translation system available to those who want to avail themselves of it. The system can also be helpful if you have difficulty in hearing, as it provides an augmented hearing of the English spoken. Members and witnesses are free to speak in Welsh or English, as they wish.

Tynnaf sylw'r tystion a'r cyhoedd at y ffaith bod system cyfieithu ar gael i'r rhai sy'n dymuno'i defnyddio. Fe all y system fod o gymorth hefyd os ydych yn ei chael yn anodd clywed, gan ei bod yn chwyddo sain y Saesneg a siaredir. Mae'r aelodau a'r tystion yn rhydd i siarad yn y Gymraeg neu'r Saesneg, fel y dymunant.

Yr eitem gyntaf ar yr agenda yw sesiwn i gymryd tystiolaeth ynglyn ag adroddiadau a gyhoeddwyd gan y Swyddfa Archwilio Genedlaethol ar ran Archwilydd Cyffredinol Cymru. Yr adroddiad cyntaf yw 'Cyfrifon Cryno'r Awdurdodau Iechyd yng Nghymru 2000-01', a gyhoeddwyd ar 28 Chwefror eleni, a'r ail yw 'Cyllidebau Gwasanaeth Iechyd Gwladol Cymru 2002', a gyhoeddwyd ar 20 Mawrth eleni. Caiff y ddau adroddiad hyn eu trafod gyda'i gilydd. Byddwn yn torri am goffi tua 3.15 p.m., a bydd coffi ar gael i'r tystion a'r aelodau mewn ystafelloedd gwahanol; ymddengys bod yn rhaid cadw'r naill a'r llall ar wahân.

The first item on the agenda is an evidence-taking session in relation to reports published by the National Audit Office on behalf of the Auditor General for Wales. The first report is 'Summarised Accounts of Health Authorities 2002-01', published on 28 February this year, and the second is 'The Finances of NHS Wales 2002', published on 20 March this year. These reports will be discussed together. We will break for coffee at around 3.15 p.m., and coffee will be available for witnesses and members in different rooms; it seems that they must be kept apart.

Croesawaf y tystion i'r sesiwn cymryd tystiolaeth hwn. A wnewch chi gyflwyno'ch hunain i'r Pwyllgor?

I welcome the witnesses to this evidence-taking session. Will you please introduce yourselves to the Committee?

Ms Lloyd: I am Ann Lloyd, director of NHS Wales.

Ms Lloyd: Ann Lloyd, cyfarwyddwr GIG Cymru wyf fi.

Ms Beaver: I am Sarah Beaver, head of NHS finance.

Ms Beaver: Sarah Beaver, pennaeth cyllid GIG Cymru wyf fi.

[2] **Dafydd Wigley:** Diolch yn fawr. Byddaf i'n gofyn y cwestiynau cyntaf ar berfformiad gwasanaeth iechyd gwladol Cymru. Yn gyntaf, hoffwn edrych ar berfformiad cyllidol GIG Cymru. Ms Lloyd, yr wyf yn falch o nodi gwelliant ym mherfformiad cyllid cyffredinol GIG Cymru yn 2000-01, gyda gwarged o £24.3 miliwn o'i gymharu â diffyg o £1.6 miliwn yn y flwyddyn flaenorol. Fodd bynnag, ymddengys bod y gwelliant hwn wedi digwydd i raddau helaeth oherwydd darpariaeth o £19.2 miliwn o gyllid strategol. Sut allwch chi sicrhau bod cyllid o'r math hwn wir yn cynorthwyo proses o adferiad cyllidol, yn hytrach na bod yn ddim ond gwobr am berfformiad sâl?

[2] **Dafydd Wigley:** Thank you. I will open with the first questions on the performance of the national health service in Wales. First, I would like to look at NHS Wales's financial performance. Ms Lloyd, I am pleased to note an improvement in the overall financial performance of NHS Wales in 2000-01, with a surplus of £24.3 million compared with a deficit of £1.6 million in the previous year. However, this improvement appears to be due, in large measure, to the provision of £19.2 million in strategic funding. How can you ensure that such funding is truly aiding a financial recovery process, rather than simply acting as a reward for poor performance?

Ms Lloyd: Thank you, Chairman. As you know, from this current year, 2002-03, we will not be providing any further strategic assistance. Strategic assistance in the past has only been provided when we were clear and assured that the recovery plans of the organisations to whom the strategic assistance was provided were soundly based and could be met. Therefore, we provided strategic assistance to allow them to complete and conclude their recovery plans. From now on, we shall not be providing any more strategic assistance, but loans that must be repaid. It is very important that we restore financial balance within the NHS in Wales by the end of the current financial year. We must be assured, in authorising strategic assistance, that there is a real momentum for change within the organisations that receive it, and that they are clear about what is required from their recovery plans. We are now monitoring those plans on a very regular basis to ensure that the organisations stick to them, or so that we are alerted early on to any failure to meet the forecast recovery.

Ms Lloyd: Diolch, Gadeirydd. Fel y gwyddoch, o'r flwyddyn gyfredol hon, 2002-03, ymlaen ni fyddwn yn darparu unrhyw gymorth strategol pellach. Ni ddarparwyd cymorth strategol yn y gorffennol ond pan oeddem yn gwybod yn sicr bod cynlluniau adfer y cyrff y rhoddwyd cymorth strategol iddynt ar sail gadarn ac yn bosibl eu cyflawni. Felly, gwanethom ddarparu cymorth strategol i ganiatáu iddynt gwblhau a therfynu eu cynlluniau adfer. O hyn allan, ni fyddwn yn darparu rhagor o gymorth strategol, dim ond benthyciadau y bydd yn rhaid eu had-dalu. Mae'n bwysig iawn ein bod yn adennill y cydbwysedd ariannol yn y GIG yng Nghymru erbyn diwedd y flwyddyn ariannol bresennol. Rhaid inni gael sicrwydd, wrth awdurdodi cymorth strategol, fod symudiad gwirioneddol at newid yn y cyrff sy'n ei dderbyn, a'u bod yn deall yr hyn sy'n ofynnol o'u cynlluniau adfer. Yr ydym yn monitro'r cynlluniau hynny'n awr yn rheolaidd iawn i sicrhau bod y cyrff yn cadw atynt, neu fel y cawn rybudd cynnar am unrhyw fethiant i gyflawni'r adferiad a ragwelwyd.

[3] **Dafydd Wigley:** Mae sôn ym mharagraff 2.4 o adroddiad yr Archwilydd Cyffredinol eich bod wedi bwriadu darparu £9.15 miliwn o gyllid o'r fath ar gyfer 2001-02, sef y flwyddyn sydd newydd ddirwyn i ben. Gan fod y flwyddyn wedi dod i ben bellach, beth oedd y ffigur terfynol ar gyfer y flwyddyn honno?

Ms Lloyd: The final figure for that year was £9.16 million, so we were quite near.

[4] **Dafydd Wigley:** That was a remarkable coincidence, was it not? It sounds as if financial planning is getting very much on track. However, one matter arises from your comment in reply to the first question that, from now on, there will be a need for people to borrow money if they are getting into trouble. What guarantee is there that you will not simply write off debts when those borrowings become too high?

Ms Lloyd: You will be well aware of the importance that I attribute to managing the resources available for patient care very seriously in Wales. I think it would only be for very, very specific reasons that we would agree to write off a debt in the future. As you know, the Minister has announced a debt write-off for the current accumulated deficits in Wales to ensure that the successor organisations are not burdened with those debts. That is a unique and one-off proposal. The practice has been followed in the past, when other reorganisations have come along, to ensure that people were not burdened by debts accumulated by their predecessors. (1) However, the way in which the financial performance and other performance in Wales will be monitored from April this year onwards will allow us at the Assembly to have a much greater grip on and understanding, on a day-to-

[3] **Dafydd Wigley:** Paragraph 2.4 of the Auditor General's report notes that you had intended to provide £9.15 million of such funding for 2001-02, which is the year that has just ended. As the year has now come to an end, what was the final figure for that year?

Ms Lloyd: Y ffigur terfynol ar gyfer y flwyddyn honno oedd £9.16 miliwn, felly yr oeddem yn eithaf agos.

[4] **Dafydd Wigley:** Yr oedd hynny'n gyd-ddigwyddiad hynod, onid oedd? Mae'n ymddangos bod y cynllunio ariannol ar y trywydd iawn. Er hynny, un mater sy'n codi o'ch sylw mewn ymateb i'r cwestiwn cyntaf yw y bydd yn rhaid i bobl fencthyca arian, o hyn allan, os ydynt yn mynd i drafferthion. Pa sicrwydd sydd na fyddwch ond yn dileu dyledion pan yw'r benthyciadau hynny'n mynd yn rhy fawr?

Ms Lloyd: Byddwch yn dra ymwybodol o'r pwys mawr a roddaf ar reoli'r adnoddau sydd ar gael i ofalu am gleifion yng Nghymru. Credaf na fyddem ond yn cytuno i ddileu dyled am resymau penodol iawn yn y dyfodol. Fel y gwyddoch, mae'r Gweinidog wedi cyhoeddi y bydd yn dileu'r holl ddiffygion cyfredol yng Nghymru i sicrhau nad yw'r cyrff olynol yn cael eu llethu gan y dyledion hynny. Mae hynny'n gynnig unigryw na fydd ond yn digwydd unwaith. Dilynwyd yr arfer hwnnw yn y gorffennol, pan fu ad-drefnu ar adegau eraill, i sicrhau na châi neb ei lethu gan y dyledion a gronnwyd gan ei ragflaenwyr. (1) Fodd bynnag, bydd y dull o fonitro'r perfformiad ariannol a'r perfformiad arall yng Nghymru o Ebrill eleni ymlaen yn rhoi llawer mwy o afael a dealltwriaeth i ni yn y Cynulliad, o'r naill ddiwrnod i'r llall, o'r defnydd ar yr adnoddau fel bod gennym

day basis, of the use and utilisation of the resources so that we are very clear about the financial standing and performance of each of these organisations. We do not want the message to go out around Wales that poor performance will be rewarded.

ddarlun clir iawn o sefyllfa a pherfformiad ariannol pob un o'r cyrff hyn. Nid ydym am weld neges yn mynd allan ledled Cymru fod gwobr i'w chael am berfformiad gwael.

[5] **Dafydd Wigley:** Absolutely. Before I move on to the forecasting of expenditure, do you have a question on this, Janet?

[5] **Dafydd Wigley:** Yn hollol. Cyn imi symud ymlaen at ragweld gwariant, a oes gennych chi gwestiwn ar hyn, Janet?

[6] **Janet Davies:** Thank you, Chair. Briefly, the debts of health authorities are being written off in this restructuring and it seems to me that there is always a danger that you can have the tail wagging the dog and that if you want to write off debts, you restructure. Is there any danger of that in the future?

[6] **Janet Davies:** Diolch, Gadeirydd. Yn fyr, mae dyledion yr awdurdodau iechyd yn cael eu dileu yn yr ailstrwythuro hwn ac mae'n ymddangos i mi fod perygl bob amser o weld y gynffon yn siglo'r ci ac os yw rhywun am ddileu dyledion, ei fod yn ailstrwythuro. A oes unrhyw berygl o hynny yn y dyfodol?

Ms Lloyd: No. I sincerely hope that it is not a good reason for restructuring, given the amount of work that has to be done to refocus a service. No, it is just that it was the Minister's wish that the new organisations would not be burdened by that debt repayment.

Ms Lloyd: Nac oes. Yr wyf yn gobeithio'n wir nad yw'n rheswm da dros ailstrwythuro, o ystyried cymaint o waith a wnaethpwyd i ailwampio'r gwasanaeth. Nace, yr unig beth oedd mai dymuniad y Gweinidog oedd na fyddai'r cyrff newydd wedi'u llethu gan yr ad-daliadau ar y ddyled honno.

[7] **Dafydd Wigley:** One could, in fact, argue that restructuring has the potential to create future debts.

[7] **Dafydd Wigley:** Mewn gwirionedd, gallai rhywun ddadlau y gallai ailstrwythuro greu dyledion yn y dyfodol.

Ms Lloyd: Hopefully not.

Ms Lloyd: Yr wyf yn gobeithio na fydd.

[8] **Dafydd Wigley:** I will not go after that at the moment. We come to the forecasting of expenditure, which obviously links to what you have said. I think that Janice has some questions on this.

[8] **Dafydd Wigley:** Nid af ar ôl hynny ar y funud. Yr ydym yn dod at ragweld gwariant, sy'n gysylltiedig â'r hyn yr ydych wedi'i ddweud, wrth gwrs. Credaf fod gan Janice rai cwestiynau ar hyn.

[9] **Janice Gregory:** Thank you, Chair, and I welcome you as the new Chair. I echo your sentiments about Janet and the way in which she has chaired the Audit Committee.

[9] **Janice Gregory:** Diolch, Gadeirydd, ac fe'ch croesawaf fel y Cadeirydd newydd. Ategaf eich teimladau ynghylch Janet a'r modd y cadeiriodd y Pwyllgor Archwilio.

Hello, Ann, and welcome to the meeting. My question relates to paragraph 2.6 on page 8 of the report, for anyone who is following it. The report states that in December 2000, your forecast out-turn for 2000-01 was an overall surplus for NHS Wales of £13.4 million. The final reported out-turn was, in fact, a surplus of £24.3 million, if I am reading the report correctly. I note from table 2, again on page 8, that the main reason for this variation was an underspend of some £9.7 million by the health authorities on the general medical services budget. Given this Committee's previous concerns about the accuracy of forecasting, could you outline the latest steps that you are taking to ensure that NHS Wales makes full and proper use of such funds made available by the National Assembly?

Helô, Ann, a chroeso i'r cyfarfod. Mae fy nghwestiwn yn ymwneud â pharagraff 2.6 ar dudalen 8 o'r adroddiad, i rywun sy'n ei ddilyn. Dywed yr adroddiad mai'ch rhagolwg o'r alldro yn Rhagfyr 2000 am 2000-01 oedd gwarged cyffredinol i GIG Cymru o £13.4 miliwn. Yr alldro terfynol a adroddwyd oedd gwarged o £24.3 miliwn, mewn gwirionedd, os wyf yn darllen yr adroddiad yn gywir. Sylwaf oddi wrth dabl 2, ar dudalen 8 eto, mai'r prif reswm dros yr amrywiad hwn oedd tanwariant o oddeutu £9.7 miliwn gan yr awdurdodau iechyd ar y gyllideb gwasanaethau meddygol cyffredinol. Yng ngolwg pryderon blaenorol y Pwyllgor hwn ynghylch pa mor fanwl gywir y mae'r rhagolygon, a allwch ddisgrifio'r camau diweddaraf yr ydych wedi'u cymryd i sicrhau bod GIG Cymru'n defnyddio arian o'r fath a ddarperir gan y Cynulliad Cenedlaethol yn llawn ac yn briodol?

Ms Lloyd: Thank you. Since we had our discussion last year about the better forecasting of the use of resources and the voted cash provision for NHS Wales, I have put into place a number of actions, some of which are highlighted in paragraph 2.9. This has enabled us to utilise our resources much more effectively this year. We were able to analyse cash against forecast on a month by month basis, which allowed us to move money, for example, into the provision of additional resources for removal of additional patients from the orthopaedic waiting lists early in September. Therefore, it meant that, instead of the surpluses accumulating, we were able, with the Minister's agreement and suggestion, to move those resources into other key target areas. When you look at the out-turn for the end of the year that we have just completed—those figures will be available shortly, but there is an estimate so far; we have tracked this very carefully and we have also

Ms Lloyd: Diolch. Ers ein trafodaeth y llynedd am well rhagweld ar y defnydd o adnoddau a'r arian a ddyfarnwyd i GIG Cymru, yr wyf wedi rhoi nifer o gamau ar waith, y tynnir sylw atynt ym mharagraff 2.9. Mae hyn wedi'n galluogi i ddefnyddio'n hadnoddau'n fwy effeithiol o lawer eleni. Yr oeddem yn gallu dadansoddi arian yn ôl y rhagolwg fis ar ôl mis, a oedd yn caniatáu inni symud arian, er enghraifft, at ddarparu adnoddau ychwanegol i dynnu rhagor o gleifion oddi ar y rhestrau aros orthopedig yn gynnar ym Medi. Felly, yr oedd yn golygu, yn hytrach na bod y gwargedau'n cronni, ein bod yn gallu symud yr adnoddau hynny, gyda chytundeb y Gweinidog ac ar ei hawgrym, at feysydd targed eraill. Os edrychwch ar yr alldro ar ddiwedd y flwyddyn sydd newydd ddod i ben—bydd y ffigurau hynny ar gael cyn hir, ond mae amcangyfrif hyd yma; yr ydym wedi dilyn hyn yn dra gofalus a hefyd wedi gwario £67 miliwn arall a ddaeth i law yn ystod y flwyddyn ar ben y ddarpariaeth a

spent another £67 million that came our way during the year over the initial voted provision—the figure is approximately £9 million not spent this year, largely due to a couple of structured settlements of clinical negligence cases, where we expected to have to pay the full sum up front, but we did not at the end of the day. That is a very, very tiny percentage of the overall voted budget. So we will never be complacent, because it is really important that all this money is utilised properly, but I think that we have a little more confidence that the measures that we put in place for this last year were effective and did allow us to use the money better.

[10] **Janice Gregory:** Thank you. Paragraph 2.28 on page 13 of the Auditor General's report indicates that your overall forecast for 2001-02 was a deficit of between £8.6 million and £16.8 million. You just mentioned end-of-year figures, so are you able to provide a more precise update now that that year has actually ended?

Ms Lloyd: Not as yet. It is only three weeks since the end of the year and that is just the forecast that we made at the end of February and the beginning of March. We are waiting, really, to see how those prescription prices have come in. It is the prescription pricing that is causing the uncertainty at the moment, together with some of the final payments for the clinical negligence cases.

ddyrannwyd inni'n gyntaf—mae'r ffigur am yr hyn nas gwariwyd eleni tua £9 miliwn, yn bennaf o ganlyniad i un neu ddau o setliadau trefnedig mewn achosion o esgeulustod clinigol, lle'r oeddem wedi disgwyl gorfod talu'r swm llawn yn syth, a ninnau heb orfod gwneud yn y pen draw. Mae honno'n ganran fach iawn o gyfanswm y gyllideb a ddyfarnwyd. Felly ni fyddwn byth yn ddifater, oherwydd ei bod yn wirioneddol bwysig defnyddio'r holl arian hwn yn briodol, ond credaf ein bod ychydig yn fwy hyderus bod y mesurau a roesom ar waith ar gyfer y flwyddyn ddiwethaf yn effeithiol ac wedi caniatáu inni ddefnyddio'r arian yn well.

[10] **Janice Gregory:** Diolch. Mae paragraff 2.28 ar dudalen 13 o adroddiad yr Archwilydd Cyffredinol yn nodi mai'ch rhagolwg cyffredinol am 2001-02 oedd diffyg o rhwng £8.6 miliwn a £16.8 miliwn. Yr ydych newydd sôn am y ffigurau diwedd blwyddyn, felly a ydych yn gallu rhoi gwybodaeth fanylach yn awr gan fod y flwyddyn honno wedi dod i ben?

Ms Lloyd: Dim eto. Nid oes ond tair wythnos ers diwedd y flwyddyn a dim ond y rhagolwg a wnaethom ar ddiwedd Chwefror a dechrau Mawrth yw hwnnw. Yr ydym yn aros, a dweud y gwir, i weld effaith y prisiau presgripsiynau hynny. Prisio presgripsiynau sy'n peri'r ansicrwydd ar hyn o bryd, ynghyd â rhai o'r taliadau terfynol am yr achosion o esgeulustod clinigol.

[11] **Janice Gregory:** It is difficult, I understand, and I think that the Committee would understand, Chair, that it is only three weeks since the end of the year, but we do talk so much about the extra funds that have been made available for the NHS. If you look at the other figures—and there has been quite a sharp downturn—have you any of your own ideas on why that should be when so much more money has gone into the NHS, or would you prefer to wait until the figures come out?

Ms Lloyd: Yes, I think so. The service has been under pressure this year despite the very helpful additional resources that were spent on particular things, particularly on renewing much of the equipment around Wales—which was very necessary and essential—and on providing more capacity within the service to manage the extra number of patients that are being referred from primary care to the secondary care service. So, there are pressures within the service itself. There has been a very considerable change in balances relating to the out-turn of the Welsh risk pool where additional resources had to be found at a very late stage because the bills arising largely from the Woolf reforms of the management of clinical liabilities have come through. A lot of claims that occurred many years ago were moving very quickly through the system, which is great as far as the claimants are concerned, but it did give us a very major hit this year and hence the deficits occurred.

[12] **Dafydd Wigley:** Janice, do you want to ask the questions relating to the Welsh risk pool now?

[13] **Janice Gregory:** They will fit in very neatly now, I think.

[11] **Janice Gregory:** Mae'n anodd, yr wyf yn deall, a chredaf y byddai'r Pwyllgor yn deall, Gadeirydd, nad oes ond tair wythnos ers diwedd y flwyddyn, ond yr ydym yn sôn cymaint am yr arian ychwanegol a ddarparwyd i'r GIG. Os edrychwch ar y ffigurau eraill—a bu cwymp eithaf serth—a oes gennych chi unrhyw syniadau pam y mae hynny, a chymaint yn rhagor o arian wedi mynd i'r GIG, neu a fyddai'n well gennych aros nes y cyhoeddir y ffigurau?

Ms Lloyd: Byddai, yr wyf yn meddwl. Bu'r gwasanaeth dan bwysau eleni er gwaethaf yr adnoddau ychwanegol tra defnyddiol a wariwyd ar bethau penodol, yn enwedig ar adnewyddu llawer o'r offer ledled Cymru—yr oedd hynny'n angenrheidiol ac yn hanfodol—ac ar ddarparu mwy o gynhwysedd yn y gwasanaeth i reoli'r nifer ychwanegol o gleifion a atgyfeirir o'r gwasanaeth gofal sylfaenol i'r gwasanaeth gofal eilaidd. Felly, mae pwysau o fewn y gwasanaeth ei hun. Bu cryn newid o ran y gweddillau mewn cysylltiad ag alldro cronfa risg Cymru lle y bu'n rhaid dod o hyd i adnoddau ychwanegol yn hwyr iawn am fod y biliau sy'n codi'n bennaf oherwydd diwygiadau Woolf ar reoli atebolrwydd clinigol wedi dod drwodd. Yr oedd llawer o hawliadau a ddigwyddodd flynyddoedd lawer yn ôl yn mynd drwy'r system yn gyflym iawn, sy'n wych o ran yr hawlwyr, ond yr oedd yn ergyd drom i ni eleni ac oherwydd hynny y bu'r diffygion.

[12] **Dafydd Wigley:** Janice, a ydych yn dymuno gofyn y cwestiynau ynghylch cronfa risg Cymru'n awr?

[13] **Janice Gregory:** Byddant yn ffitio'n daclus iawn yn awr, yr wyf yn credu.

[14] **Dafydd Wigley:** Some of those questions arise from Ms Lloyd's answer.

[15] **Janice Gregory:** If I may, I will just ask them as they are written in the brief. I note that the Welsh risk pool paid out £18.6 million more than expected in 2001-02 and expects to increase premiums by £29 million for 2002-03. Taken together, that amounts to an extra £47.6 million that has to be top-sliced from the NHS budget to meet the cost of claims. What are the reasons for this alarming increase?

Ms Lloyd: This is largely due to the vast number of claims that came through, some of which were very expensive and many of which related to injuries caused at birth some 10 or 12 years ago, as well as the normal liabilities that will occur and which are tracked. As you know, the Welsh risk pool has given rise to grave concern about its ability to manage what is now a very considerable amount of work and a very considerable amount of money. Therefore, I have established an external review into the future management and management arrangements for the Welsh risk pool.

I am very grateful to the Audit Commission and the NAO for agreeing to be part of my external review team. We are considering a better, more sustainable method of managing clinical negligence claims in the NHS for the future. The same set of circumstances has applied in England; it has also seen a major surge. I think that ours went up by around 360 per cent, and England has seen a similar surge. At the moment, we are looking at a better claims resolution system; a different way of managing claims; managing the legal tracking of claims as they come through the system; and the accruing of liabilities and risk in the trusts'

[14] **Dafydd Wigley:** Mae rhai o'r cwestiynau hynny'n codi o ateb Ms Lloyd.

[15] **Janice Gregory:** Os caf, fe'u gofynnaf fel y maent wedi'u hysgrifennu yn y brîff. Sylwaf fod cronfa risg Cymru wedi talu £18.6 miliwn yn fwy na'r disgwyl yn 2001-02 a'i bod yn disgwyl cynyddu'r premiymau o £29 miliwn am 2002-03. Gyda'i gilydd, mae hynny'n dod i £47.6 miliwn ychwanegol y mae'n rhaid ei frigdorri o gyllideb y GIG i dalu costau'r hawliadau. Beth yw'r rhesymau am y cynnydd brawychus hwn?

Ms Lloyd: Mae hyn yn ganlyniad yn bennaf i'r nifer anferth o hawliadau a ddaeth drwodd, llawer ohonynt yn ddrud iawn a llawer ohonynt yn ymwneud ag anafiadau a achoswyd ar enedigaeth tua 10 i 12 mlynedd yn ôl, yn ogystal â'r atebolrwydd arferol a fydd yn digwydd ac a gaiff ei gofnodi. Fel y gwyddoch, mae pryder difrifol wedi codi ynghylch gallu cronfa risg Cymru i reoli'r hyn sydd bellach yn swm sylweddol iawn o waith ac yn swm sylweddol iawn o arian. Felly, yr wyf wedi sefydlu adolygiad allanol o'r rheoli a'r trefniadau rheoli ar gyfer cronfa risg Cymru yn y dyfodol.

Yr wyf yn dra diolchgar i'r Pwyllgor Archwilio ac i'r Swyddfa Archwilio Genedlaethol am gytuno i fod yn rhan o'm tîm adolygu allanol. Yr ydym yn ystyried dull gwell a mwy cynaliadwy o reoli hawliadau esgeulustod clinigol yn y GIG at y dyfodol. Mae'r un set o amgylchiadau wedi bod yn Lloegr; gwelodd hithau ymchwydd mawr. Credaf fod ein rhai ni wedi codi 360 y cant, a gwelodd Lloegr ymchwydd tebyg. Ar hyn o bryd, yr ydym yn ystyried system well i benderfynu ar hawliadau; dull gwahanol o reoli hawliadau; rheoli'r dull o ddilyn hawliadau'n gyfreithiol wrth iddynt ddod drwy'r system; a

accounts, so that we can be assured that we do not suddenly have to have a very large amount of money top-sliced off the extra money given by Government to the NHS in Wales for this year.

chronni'r atebolrwydd a'r risg yng nghyfrifon yr ymddiriedolaethau, fel y gallwn fod yn sicr nad ydym yn sydyn yn gorfod brigdorri swm mawr iawn oddi ar yr arian ychwanegol a roddir gan y Llywodraeth i'r GIG yng Nghymru ar gyfer eleni.

[16] **Dafydd Wigley:** Before you follow that point through, Janice, I think that Eleanor wants to come in on a specific angle of that reply. I will come back you then, if that is alright, Janice.

[16] **Dafydd Wigley:** Cyn ichi ddilyn y pwynt drwodd, Janice, credaf fod Eleanor yn dymuno dweud rhywbeth ar agwedd benodol ar yr ateb hwnnw. Deuaf yn ôl atoch wedyn, os yw hynny'n iawn, Janice.

[17] **Janice Gregory:** Yes, no problem.

[17] **Janice Gregory:** Ydyw, mae hynny'n iawn.

[18] **Eleanor Burnham:** Do you believe that the money given to us by the Chancellor in yesterday's budget will have a beneficial effect and therefore lessen the number of negligence claims in future?

[18] **Eleanor Burnham:** A ydych yn credu y bydd yr arian a roddwyd i ni gan y Canghellor yn y gyllideb ddoe'n cael effaith fuddiol ac felly'n lleihau nifer yr hawliadau esgeulustod yn y dyfodol?

Ms Lloyd: There are two things there. Yes, we are very pleased indeed with the additional resources that have been given to the health service in Wales and the consequential that we have received. However, that does not really make any difference to the number of claims received. The way in which we can get a better handle on the management of claims is fundamentally a question of how we manage the risk. What standards are we providing for patients in Wales in the care that they receive? We will never be 100 per cent perfect. However, we must have a very clear view of the standard and quality of care that is provided and the risk associated in delivering that care. That is why we are concentrating so much on a new quality and regulation section within my department and in the Welsh risk pool controls assurance measures, so that we can be very clear, and openly very clear, about the standards to which we ascribe and the risk associated with care.

Ms Lloyd: Mae dau beth yn y fan honno. Ydym, yr ydym yn fodlon iawn ar yr adnoddau ychwanegol a roddwyd i'r gwasanaeth iechyd yng Nghymru a'r swm canlyniadol yr ydym wedi'i dderbyn. Fodd bynnag, nid yw hynny'n gwneud gwahaniaeth mewn gwirionedd o ran nifer yr hawliadau a dderbynnir. Mae'r modd yr ydym yn cael gwell gafael ar reoli hawliadau'n ymwneud â'r modd yr ydym yn rheoli'r risg, yn y bôn. Pa safonau yr ydym yn eu darparu i gleifion yng Nghymru o ran y gofal a dderbyniant? Ni fyddwn byth yn gwbl berffaith. Er hynny, rhaid inni gael golwg eglur iawn ar safon ac ansawdd y gofal a ddarperir a'r risg sy'n gysylltiedig â rhoi'r gofal hwnnw. Dyna pam yr ydym yn canolbwyntio cymaint ar is-adran ansawdd a rheoleiddio newydd yn fy adran i ac ar y mesurau i sicrhau rheolaethau cronfa risg Cymru, fel y gallwn fod yn glir iawn, ac yn agored wrth fod yn glir iawn, ynghylch y safonau yr ydym yn eu pennu a'r risgiau sy'n gysylltiedig â gofal.

[19] **Dafydd Wigley:** I interrupted you, Janice.

[20] **Janice Gregory:** Ann, it appears to me that you have given some deep thought to how best to take the external review forward. Are you confident that this will enable you to forecast better in coming years? I suppose it is a bit like asking how long is a piece of string. With more operations, there will perhaps be more claims; I suppose that you just do not know.

Ms Lloyd: I do think that we will have more appropriate management arrangements for the size of the clinical negligence world that we are now in. It has increased considerably over the past few years. That does not mean to say that we are creating more risk for patients, it is just that we have a vast number of patients coming through the system; some of the claims are very small indeed. People are more aware of their rights than they were in the past. However, we must ensure that the system that we have is fit for purpose, which is why, as far as I am concerned, it is really important that the NAO sits on that group to give that independent view along with the Audit Commission. We will produce our report for the Minister in July and, accompanying that, by the end of June, I will have provided her with a note of my suggestions and the group's suggestions on how we improve or equip the management of the Welsh risk pool in the short term so that the medium and long-term solution will have time to bed down.

[19] **Dafydd Wigley:** Torrais ar eich traws, Janice.

[20] **Janice Gregory:** Ann, mae'n ymddangos i mi eich bod wedi meddwl yn eithaf manwl ynghylch y dull gorau o fwrw ymlaen â'r adolygiad allanol. A ydych yn ffyddiog y bydd hyn yn eich galluogi i ragweld yn well yn y blynyddoedd i ddod? Tybiwn fod hynny'n debyg braidd i ofyn ichi beth yw hyd darn o linyn. Gyda mwy o lawdriniaethau, mae'n bosibl y bydd mwy o hawliadau; tybiwn nad ydych yn gwybod.

Ms Lloyd: Yr wyf yn credu y bydd gennym drefniadau rheoli mwy priodol ar gyfer maint y byd esgeulustod clinigol yr ydym ynddo bellach. Mae wedi cynyddu'n sylweddol dros y blynyddoedd diwethaf hyn. Nid yw hynny'n gyfystyr â dweud ein bod yn creu mwy o risg i gleifion, dim ond bod gennym nifer aruthrol o gleifion yn dod drwy'r system; mae rhai o'r hawliadau'n fach dros ben. Mae pobl yn fwy ymwybodol o'u hawliau nag yr oeddent yn y gorffennol. Fodd bynnag, rhaid inni sicrhau bod y system sydd gennym yn addas i'w diben, a dyna pam, o'm rhan i, y mae'n wirioneddol bwysig bod y Swyddfa Archwilio Genedlaethol yn eistedd ar y grwp hwnnw i gynnig y safbwynt annibynnol hwnnw ynghyd â'r Comisiwn Archwilio. Byddwn yn cynhyrchu ein hadroddiad i'r Gweinidog ym mis Gorffennaf ac, ar y cyd â hynny, erbyn diwedd Mehefin, byddaf wedi rhoi nodyn iddi am fy awgrymiadau i ac awgrymiadau'r grwp ynghylch sut y byddwn yn gwella neu'n galluogi rheolwyr cronfa risg Cymru yn y tymor byr fel y bydd yr ateb tymor canolig a thymor hir yn cael amser i ymwreiddio.

[21] **Janice Gregory:** This is my last question, Chair, and it is a specific one. Given the current difficulties, do you consider it appropriate for the pool to continue to be operated by Conwy and Denbighshire NHS Trust on behalf of the whole of NHS Wales?

Ms Lloyd: Conwy and Denbighshire NHS Trust has a great deal of experience in managing this particularly difficult area and it is enthusiastic about it. It has done a lot of very good work in the controls assurance field. However, it is a trust, and running a trust takes all of your time, really. That is why it is a party to the external review as an observer. It is very well aware of the difficulties that it has experienced in running this organisation. We shall be clarifying with the Audit Commission the district auditors' responsibilities in giving a view about the management arrangements within the organisation. That is why, in the short term, we will be coming back to the Minister to advise her of the way in which, in the interim—for the next year—the organisation in Conwy and Denbighshire will be enhanced. However, I think that clinical negligence and its management, given the size of the resource now being handled, will probably need to be taken from Conwy and Denbighshire. That is not to condemn the way in which it has managed it, because it has done a very good job of pushing forward an understanding throughout Wales of the importance of this area, but it is very much a different business these days.

[21] **Janice Gregory:** Dyma fy nghwestiwn olaf, Gadeirydd, ac mae'n un penodol. O ystyried yr anawsterau ar hyn o bryd, a ydych yn credu ei bod yn briodol i'r gronfa ddal i gael ei gweithredu gan Ymddiriedolaeth GIG Conwy a Sir Ddinbych ar ran GIG Cymru gyfan?

Ms Lloyd: Mae gan Ymddiriedolaeth GIG Conwy a Sir Ddinbych lawer iawn o brofiad o reoli'r maes anodd hwn ac mae'n frwdfrydig yn ei gylch. Gwnaeth lawer o waith da iawn yn y maes sicrwydd rheolaethau. Fodd bynnag, ymddiriedolaeth ydyw, ac mae rhedeg ymddiriedolaeth yn mynd â'r cwbl o'ch amser, mewn gwirionedd. Dyna pam y mae iddi ran yn yr adolygiad allanol fel sylwebydd. Mae'n ymwybodol iawn o'r anawsterau a brofodd wrth redeg y corff hwn. Byddwn yn rhoi gwedd eglurach gyda'r Comisiwn Archwilio ar gyfrifoldebau'r archwilwyr dosbarth wrth roi eu barn am y trefniadau rheoli o fewn y corff. Dyna pam y byddwn yn dod yn ôl at y Gweinidog, yn y tymor byr, i roi gwybod iddi am y modd y caiff y drefniadaeth yng Nghonwy a Sir Ddinbych ei gwella yn y cyfamser—ar gyfer y flwyddyn nesaf. Fodd bynnag, yng ngolwg maint yr adnoddau a drafodir bellach, credaf ei bod yn debyg y bydd yn rhaid mynd ag esgeulustod clinigol a'r rheolaeth arno oddi ar Gonwy a Sir Ddinbych. Nid yw hynny'n gyfystyr â chollfarnu'r modd y'i rheolodd, oherwydd gwnaeth waith da iawn wrth hyrwyddo dealltwriaeth ledled Cymru o bwysigrwydd y maes hwn, ond mae'n fusnes tra gwahanol y dyddiau hyn.

[22] **Dafydd Wigley:** But if we need to have a more rigorous way of going after this because of the size of the business—and in no way is this a reflection on Conwy and Denbighshire—is there an implication that more resources would be needed to do that job in a rigorous manner? Could potential savings be made by restructuring, if indeed you go down that avenue?

Ms Lloyd: I cannot answer that question with any accuracy at the moment, but there are considerable resources, particularly on the legal side, which are invested in running that pool at the moment. One of the tests of my external review group is how we can ensure value for money in running a clinical negligence scheme for Wales. We can learn from the work that has been done in England and in Scotland also, because they are faced with the same problems; there is no point in reinventing the wheel. However, I cannot answer that question accurately at the moment. I would have to wait until we have got two months further down the track.

[23] **Dafydd Wigley:** I have no doubt that there will be opportunities to come back to this because it is an issue that is likely to come before us. We will now turn to the public sector payment policy performance. I think Alison is going to take this on.

[22] **Dafydd Wigley:** Ond os oes rhaid inni gael dull mwy trwyadl o ymdrin â hyn oherwydd maint y busnes—ac nid yw hyn yn adlewyrchu o gwbl ar Gonwy a Sir Ddinbych—a oes goblygiad yn hynny y byddai angen rhagor o adnoddau i wneud y gwaith hwnnw'n drwyadl? A ellid gwneud arbedion drwy ailstrwythuro, os ydych yn dilyn y llwybr hwnnw, mewn gwirionedd?

Ms Lloyd: Ni allaf ateb y cwestiwn hwnnw'n fanwl ar hyn o bryd, ond buddsoddir adnoddau sylweddol, yn enwedig ar yr ochr gyfreithiol, wrth redeg y gronfa honno ar hyn o bryd. Un o brofion fy ngrwp adolygu allanol yw sut y gallwn sicrhau gwerth am arian wrth redeg cynllun esgeulustod clinigol i Gymru. Gallwn ddysgu oddi wrth y gwaith a wnaethpwyd yn Lloegr ac yn yr Alban hefyd, gan eu bod yn wynebu'r un anawsterau; nid yw'n werth ailddyfeisio'r olwyn. Fodd bynnag, ni allaf ateb y cwestiwn hwnnw'n fanwl ar hyn o bryd. Byddai'n rhaid imi ddisgwyl nes y byddwn wedi mynd ddau fis ymhellach.

[23] **Dafydd Wigley:** Nid wyf yn amau na fydd cyfleoedd i ddod yn ôl at hyn gan ei fod yn fater sy'n debygol o ddod o'n blaen. Fe drown yn awr at berfformiad y polisi taliadau sector cyhoeddus. Credaf fod Alison am fynd i'r afael â hyn.

[24] **Alison Halford:** A rare and wondrous event is going to take place, Director; you are going to be given some congratulations for improving the time taken to pay some bills. My brief tells me that you managed to knock up the percentage of bills paid within the 30-day period to 81 per cent from 76.8 per cent. In paragraph 2.25 of the Auditor General's report, a number of measures have been outlined to improve the pay performance of NHS bodies. When can we expect to see a noticeable improvement, bearing in mind that denying small businesses or contractors their money is not good for their financial health either?

[24] **Alison Halford:** Mae digwyddiad prin a rhyfeddol ar fin digwydd, Gyfarwyddwr; byddwch yn cael eich llongyfarch ryw ychydig am wella'r amser a gymerwyd wrth dalu rhai biliau. Mae fy mrîff yn dweud wrthyf eich bod wedi llwyddo i godi'r ganran o filiau a delir o fewn y cyfnod 30 diwrnod i 81 y cant o 76.8 y cant. Ym mharagraff 2.25 o adroddiad yr Archwilydd Cyffredinol, amlinellwyd nifer o fesurau i wella perfformiad talu cyrff y GIG. Pryd y gallwn ddisgwyl gweld gwelliant pendant, gan gofio nad yw gwrthod eu harian i fusnesau neu gontractwyr bach yn dda i'w hiechyd ariannol hwy ychwaith?

Ms Lloyd: No, I would agree with that. That is why one of the measures we have taken is not just to pay all the really expensive bills, but to ensure that there is a very good spread. There has been an improvement in this. There have been some dips but there is a general trend of improvement. I was hoping, as part of the new performance management system, to have public sector payment performance at 90 per cent or higher this year. However, at the moment a new financial ledger is going in throughout Wales and so there could be some difficulties in all trusts being compliant, but we are shadowing that 90 per cent target—and it will increase year-on-year—this year, for it to become a statutory requirement from 2003-04.

Ms Lloyd: Nac ydyw, fe gytunwn â hynny. Dyna pam mai un o'r camau a gymerasom yw nid talu'r holl filiau gwirioneddol ddrud yn unig, ond sicrhau bod lledaeniad da iawn. Bu gwelliant yn hyn o beth. Bu rhai gostyngiadau ond mae tuedd gyffredinol i wella. Yr oeddwn yn gobeithio cael, fel rhan o'r system rheoli perfformiad newydd, berfformiad taliadau sector cyhoeddus o 90 y cant neu'n uwch eleni. Fodd bynnag, ar hyn o bryd, mae cyfriflyfr ariannol newydd yn cael ei sefydlu ledled Cymru ac felly mae'n bosibl y gellid profi rhai anawsterau wrth sicrhau bod yr holl ymddiriedolaethau'n cydymffurfio, ond yr ydym yn agos iawn at y targed hwnnw o 90 y cant—a bydd yn cynyddu o flwyddyn i flwyddyn—eleni, fel y gall ddod yn ofyniad statudol o 2003-04 ymlaen.

[25] **Alison Halford:** A financial register, did you say?

[25] **Alison Halford:** Ai cofrestr ariannol a ddywedasoch?

Ms Lloyd: A financial ledger.

Ms Lloyd: Cyfriflyfr ariannol.

[26] **Alison Halford:** Ledger?

[26] **Alison Halford:** Cyfriflyfr?

Ms Lloyd: It is a new finance system that is going on.

Ms Lloyd: Mae'n system cyllid newydd sy'n mynd yn ei blaen.

[27] **Alison Halford:** Is that something that you could explain to me so that I could understand, please?

Ms Beaver: It is a computer-based accounting system that is used to manage what are, in fact, very complex financial systems, often multi-site and so on. It is a programme that started in Cardiff and Vale NHS Trust and it has been used in north-west Wales. They are rolling it out in phases across Wales. We are seeing, as it comes in, that there are initial teething problems and performance dips right down. Over the next 12 months, by April next year, it will be fully implemented in 12 of the 15 trusts in Wales. It always takes time to make a new system run smoothly but it is, basically, the computer-based financial system.

[28] **Alison Halford:** Okay.

[29] **Dafydd Wigley:** I was just going to ask for a little bit of clarification. I am a little bit mystified, and I may be looking in the wrong direction across the room—perhaps I ought to be turning to Sir John. However, I am told that the total value of bills, according to paragraph 2.20, was £2.8 billion. If the total amount of bills is £2.8 billion, that implies that salaries and wages are included in this item. Now, if that is the case, and I see you nodding—

Ms Lloyd: It must be.

[27] **Alison Halford:** A yw hynny'n rhywbeth y gallech ei egluro i mi fel y gallwn ei ddeall, os gwelwch yn dda?

Ms Beaver: Mae'n system gyfrifo gyfrifiadurol a ddefnyddir i reoli systemau ariannol sy'n gymhleth iawn, mewn gwirionedd, rhai sy'n aml yn cynnwys nifer o safleoedd ac yn y blaen. Mae'n rhaglen a ddechreuodd yn Ymddiriedolaeth GIG Caerdydd a'r Fro ac fe'i defnyddiwyd yn y Gogledd-orllewin. Maent yn ei hymestyn yn raddol ledled Cymru. Yr ydym yn gweld, wrth ei chyflwyno, fod problemau cychwynnol a bod y perfformiad yn disgyn yn isel. Dros y 12 mis nesaf, erbyn Ebrill y flwyddyn nesaf, bydd yn llwyr weithredol mewn 12 o'r 15 ymddiriedolaeth yng Nghymru. Mae angen amser bob tro i beri i system newydd redeg yn llyfn ond yr hyn ydyw, yn y bôn, yw system ariannol gyfrifiadurol.

[28] **Alison Halford:** O'r gorau.

[29] **Dafydd Wigley:** Yr oeddwn am ofyn am ychydig o eglurhad. Yr wyf yn dal i fod mewn ychydig o benbleth, ac efallai fy mod yn edrych i'r cyfeiriad anghywir ar draws yr ystafell—efallai y dylwn droi at Syr John. Fodd bynnag, dywedir wrthyf mai cyfanswm gwerth y biliau, yn ôl paragraff 2.20, oedd £2.8 biliwn. Os mai cyfanswm y biliau yw £2.8 biliwn, mae hynny'n awgrymu bod y cyflogau a'r taliadau wedi'u cynnwys yn yr eitem hon. Yn awr, os felly y mae, a gwelaf eich bod yn nodio'ch pen—

Ms Lloyd: Rhaid eu bod.

[30] **Dafydd Wigley:** Yes, it must be, because the total bill is only three point something billion pounds. Surely, salaries and wages would automatically be going out on time, so the percentage missed may be substantially higher when you boil it down to those items that are missable. Am I being unduly perverse in thinking that way? Particularly, if you are required to work to a percentage total, it becomes very relevant to what we are talking about.

[30] **Dafydd Wigley:** Ie, rhaid eu bod, oherwydd nid yw cyfanswm y bil ond yn dri pwynt rhywbeth biliwn o bunnoedd. Siawns na fyddai'r cyflogau a'r taliadau yn mynd allan yn brydlon, felly gallai'r ganran a fethwyd fod yn uwch o lawer o'i chrynhoi i'r eitemau hynny y gellir eu methu. A ydwyf yn rhy wrthnysig wrth feddwl felly? Yn benodol, os yw'n ofynnol ichi weithio yn ôl canran o'r cyfanswm, mae'n dod yn berthnasol iawn i'r hyn yr ydym yn sôn amdano.

Ms Lloyd: Well, I had never thought of that, I have to say. The amount of money that you have quoted would sound as if it would include pay, but my understanding is that it is only non-pay expenditure that needs to comply with the public sector payment performance target. You are quite right; everybody does get paid more or less on time.

Ms Lloyd: Wel, nid oeddwn erioed wedi meddwl am hynny, rhaid imi ddweud. Mae'n edrych yn debyg y byddai'r swm o arian yr ydych wedi'i ddyfynnu yn cynnwys cyflogau, ond yn ôl yr hyn a ddeallaf, dim ond gwariant ar wahân i gyflogau sy'n gorfod cydymffurfio â'r targed perfformiad taliadau sector cyhoeddus. Yr ydych yn llygad eich lle; mae pawb yn cael ei dalu'n brydlon fwy neu lai.

Ms Beaver: I think that one of the factors in this—and we may need to write you a note to explain it—is that this is the all-Wales performance, and it includes health authority payments and trust payments. The trusts bill the health authorities. Do you see what I mean?

Ms Beaver: Credaf mai un o'r ffactorau yn hyn—ac efallai y bydd angen inni ysgrifennu nodyn i chi i'w egluro—yw mai perfformiad Cymru gyfan yw hwn, ac mae'n cynnwys taliadau awdurdodau iechyd a thaliadau ymddiriedolaethau. Mae'r ymddiriedolaethau'n anfon biliau at yr awdurdodau iechyd. A ydych yn gweld beth yr wyf yn ei olygu?

[31] **Dafydd Wigley:** Yes, I do.

[31] **Dafydd Wigley:** Ydwyf.

Ms Beaver: So, if the health authorities do not pay the trust bills promptly it affects the data. Inter-NHS trading is included in the data.

Ms Beaver: Felly, os nad yw'r awdurdodau iechyd yn talu'r ymddiriedolaethau'n brydlon, mae hynny'n effeithio ar y data. Mae masnachu o fewn y GIG wedi'i gynnwys yn y data.

[32] **Dafydd Wigley:** Yes, some of those will be very large bills that float from one body to another. Perhaps the focus should be on the other bills, which is really where public policy would be of most relevance. Perhaps we could have a note on that in due course. I am sorry, I have gone off on a tangent. Did you have any other questions, Alison?

[32] **Dafydd Wigley:** Ie, bydd rhai ohonynt yn filiau mawr iawn sy'n mynd o'r naill gorff i'r llall. Efallai y dylid canolbwyntio ar y biliau eraill, gan mai i'r rheini y byddai'r polisi cyhoeddus yn fwyaf perthnasol mewn gwirionedd. Efallai y gallem gael nodyn ar hynny yn ei dro. Mae'n ddrwg gennyf, yr wyf wedi crwydro oddi ar y testun. A oedd gennych unrhyw gwestiynau eraill, Alison?

[33] **Alison Halford:** One last thing, Chair. You raised some very interesting facts, and it is very rare that the director does not know the answer to every question. Will the changes in 2003 help your financial ledger and the capacity to pay your bills? Will that help in any way?

[33] **Alison Halford:** Un peth olaf, Gadeirydd. Yr ydych wedi codi rhai ffeithiau diddorol iawn, ac anaml iawn y cawn gwestiynau nad yw'r cyfarwyddwr yn gwybod yr ateb iddynt. A fydd y newidiadau yn 2003 yn helpu'ch cyfriflyfr ariannol a'r gallu i dalu'ch biliau? A fydd hynny o gymorth mewn rhyw fodd?

Ms Lloyd: It will certainly provide them with a much more accurate way of managing the whole of their finance.

Ms Lloyd: Bydd yn sicr o roi dull manylach o lawer iddynt reoli eu cyllid yn ei gyfanrwydd.

[34] **Alison Halford:** You have 22 bodies now, have you not?

[34] **Alison Halford:** Dau ar hugain o gyrff sydd gennych yn awr, onid ef?

Ms Lloyd: Well, we do not have them yet. We will have 37, actually. (2)

Ms Lloyd: Wel, nid ydym wedi'u cael eto. Bydd gennym 37, a dweud y gwir. (2)

[35] **Alison Halford:** That is what I was politely trying to say.

[35] **Alison Halford:** Dyna'r hyn yr oeddwn yn ceisio'i ddweud yn gwrtais.

Ms Lloyd: I think that the new financial ledger system will ensure that everybody is actually using the same type of data. The information that we are able to gather will be better, and it will be more consistent. The old systems had to be replaced.

Ms Lloyd: Credaf y bydd y system cyfriflyfr ariannol newydd yn sicrhau bod pawb yn defnyddio'r un math o ddata. Bydd y wybodaeth y gallwn ei chasglu yn well, a bydd yn fwy cyson. Yr oedd yn rhaid disodli'r hen systemau.

[36] **Alison Halford:** Thank you very much. Thank you, Chair.

[36] **Alison Halford:** Diolch yn fawr i chi. Diolch, Gadeirydd.

[37] **Ann Jones:** May I just pick up on something that Sarah said when she was replying on the financial ledger system? You said that three trusts would not be involved in that scheme. I wonder if you could tell us which three, and why they are not going to be involved?

Ms Beaver: They are Pembrokeshire and Derwen NHS Trust, Swansea NHS Trust and Velindre NHS Trust. The real reason for that is that they had already recently secured a new financial system for their bodies. I think that, perhaps, in the case of Velindre, there was a question of value for money in relation to the size of the trust as it then was. I think that the plan is that, in due course, they will move on to the same system, but if you have just gone to the expense of implementing a new system in the recent past you do not want to just go and do it straight away.

[38] **Ann Jones:** May I ask a little supplementary to that one, then? How long is it before we are going to have all the 15 trusts—and presumably the 22 health bodies in 12 months' time—actually being able to give us data that is comparable and compatible?

Ms Lloyd: There are two sections to this. As part of the restructuring programme we will be requiring the same information to be provided whether or not they are on this system. Those bodies have chosen to have a different system, but it has to be compatible, and we will require the same information from them as from the all-Wales financial ledger. So that is one issue. On a second point, and really relating back to Miss Halford's question, we are trying to ensure that there is real consistency throughout Wales in many of the general functions, like employment and so on. Therefore, much of the finance work—the high volume, routine

[37] **Ann Jones:** A gaf fynd ar ôl rhywbeth a ddywedodd Sarah pan oedd yn ateb ynghylch y system cyfriflyfr ariannol? Dywedasoch fod tair ymddiriedolaeth na fyddent yn cymryd rhan yn y cynllun hwnnw. Tybed a allech ddweud wrthym pa dair ydynt, a pham na fyddant yn cymryd rhan?

Ms Beaver: Ymddiriedolaeth GIG Sir Benfro a Derwen, Ymddiriedolaeth GIG Abertawe ac Ymddiriedolaeth GIG Felindre yw'r tair dan sylw. Y gwir reswm am hynny yw eu bod eisoes wedi sicrhau system ariannol newydd i'w cyrff. Credaf fod cwestiwn ynghylch gwerth am arian, efallai, yn achos Felindre, yn gysylltiedig â maint yr ymddiriedolaeth fel yr oedd ar y pryd. Credaf mai'r bwriad yw y bydd yn symud at yr un system, gyda hyn, ond os ydych newydd wario ar weithredu system newydd, ni fyddwch am wneud hyn yn syth.

[38] **Ann Jones:** A gaf ofyn un cwestiwn atodol bach i hwnnw, felly? Ymhen faint o amser y bydd pob un o'r 15 ymddiriedolaeth—a'r 22 corff iechyd ymhen 12 mis, gellid meddwl—yn gallu rhoi data i ni sy'n gymaradwy ac yn gyfaddas?

Ms Lloyd: Mae dwy ran i hynny. Fel rhan o'r rhaglen ailstrwythuro byddwn yn mynnu y caiff yr un wybodaeth ei darparu pa un a ydynt yn gweithredu'r system hon neu beidio. Mae'r cyrff hynny wedi dewis system wahanol, ond rhaid iddi fod yn gyfaddas, a byddwn yn mynnu cael yr un wybodaeth ganddynt hwy ag oddi wrth gyfriflyfr ariannol Cymru gyfan. Felly mae hynny'n un pwnc. Ar yr ail bwynt, ac mae hyn yn ymwneud mewn gwirionedd â chwestiwn blaenorol Miss Halford, yr ydym yn ceisio sicrhau bod cysondeb gwirioneddol ledled Cymru mewn llawer o'r swyddogaethau cyffredinol, fel cyflogaeth ac yn y blaen. Felly,

finance work—will be subject to a shared services project, which will be run as a central unit, therefore not replicating 22 paymasters and so on. Again, that will drive consistency throughout Wales.

bydd llawer o'r gwaith cyllid—y gwaith cyllid rheolaidd, swmpus—yn destun prosiect gwasanaethau ar y cyd, a gaiff ei redeg fel uned ganolog, felly ni fydd yn dyblygu 22 o dâl-feistri ac yn y blaen. Unwaith eto, bydd hynny'n hyrwyddo cysondeb ledled Cymru.

[39] **Dafydd Wigley:** I think that Eleanor wants to come in on this.

[39] **Dafydd Wigley:** Credaf fod Eleanor yn dymuno dweud rhywbeth ar hyn.

[40] **Eleanor Burnham:** Thank you, Chair. I am very grateful for your indulgence. Some of the trusts already complain—one complained to me recently—that there is an over-collection of data which is similar but has different nuances or slants. Will you be cutting down on that requirement? Obviously, they will be providing data, but will you not ask for the same data, with different nuances, about five or six times?

[40] **Eleanor Burnham:** Diolch, Gadeirydd. Yr wyf yn ddiolchgar iawn ichi am eich goddefgarwch. Mae rhai o'r ymddiriedolaethau eisoes yn cwyno— cwynodd un wrthyf yn ddiweddar—fod gormod o gasglu data sy'n debyg ond sydd â gwahanol arlliwiau neu ogwyddau. A fyddwch yn cwtogi'r gofyniad hwnnw? Wrth gwrs, fe fyddant yn darparu data, ond a wnewch beidio â gofyn am yr un data, gyda gwahanol arlliwiau, tua phum neu chwe gwaith?

Ms Lloyd: We shall.

Ms Lloyd: Gwnawn.

[41] **Eleanor Burnham:** Good.

[41] **Eleanor Burnham:** Da iawn.

Ms Lloyd: Using data in Wales is very difficult because there are these inconsistencies. The rigour that is being applied within my department is such that we will ask for one set of data, unless the Auditor General, or whoever, wishes to receive the data in a different way; if so, we will try to comply with his requirements.

Ms Lloyd: Mae defnyddio data yng Nghymru'n anodd iawn am fod anghysonderau o'r fath. Mae'r manylder a arferir yn fy adran i'n gyfryw fel y byddwn yn gofyn am un set o ddata, oni bai fod yr Archwilydd Cyffredinol, neu bwy bynnag, yn dymuno derbyn y data ar wahanol ffurf; os felly, byddwn yn ceisio cydymffurfio â'i ofynion.

[42] **Dafydd Wigley:** I am sure that the Auditor General is committed to acceptable systems that minimise the cost. [*Laughter*.]

[42] **Dafydd Wigley:** Yr wyf yn sicr bod yr Archwilydd Cyffredinol wedi ymrwymo i systemau derbyniol sy'n lleihau'r gost. [*Chwerthin*.]

We will now move on to questions on financial standing and financial management. I think that Janet has some questions on this.

Symudwn ymlaen yn awr at y cwestiynau ar y sefyllfa ariannol a rheoli ariannol. Credaf fod gan Janet rai cwestiynau ar hyn.

[43] **Janet Davies:** Thank you, Chair. This relates to paragraphs 2.14 to 2.18. To start with, I want to ask about the achievement of recovery plan targets. Initially, you had problems with four out of the 15 trusts. You seem to have got to grips with two of them, which leaves Cardiff and Vale NHS Trust and Carmarthenshire NHS Trust, where you are still very concerned about the achievement of recovery plan targets. Could you explain what the nature of the targets are, where those two trusts are falling short of what is expected, and what remedial action you plan to take?

[43] **Janet Davies:** Diolch, Gadeirydd. Mae hyn yn ymwneud â pharagraffau 2.14 i 2.18. I ddechrau, dymunaf holi ynghylch cyflawni targedau'r cynlluniau adfer. Yr oedd gennych broblemau, ar y dechrau, â phedair o'r 15 ymddiriedolaeth. Mae'n ymddangos eich bod wedi mynd i'r afael â dwy ohonynt, sy'n gadael Ymddiriedolaeth GIG Caerdydd a'r Fro ac Ymddiriedolaeth GIG Sir Gaerfyrddin, lle'r ydych yn bryderus iawn o hyd ynghylch cyflawni targedau'r cynlluniau adfer. A allwch egluro natur y targedau, ym mhle y mae'r ddwy ymddiriedolaeth honno'n siomi'r disgwyliadau, a pha gamau adferol yr ydych yn bwriadu eu cymryd?

Ms Lloyd: I will deal with Carmarthenshire first. The main issues arising in that trust and its difficulties in meeting its recovery plan have been a very, very heavy reliance on agency staff, and also the cost of locums covering posts occupied by consultant medical staff and others who are not available for work at the present time due to suspension from duty. That has had quite a considerable impact on the ability of the organisation to meet its targets. You will probably be aware that a new chairman and chief executive have been appointed in the last month to lead this trust through the next phase of its development. We are meeting the chief executive and his finance director on a month by month basis to ensure that they get their recovery plan back on track. The chief executive has a very clear view of what is required by the Assembly and the Minister to deliver a stable organisation with stable services. The trust has already taken some fairly rigorous action to reduce the reliance on agency staff and to overcome some of the problems and difficulties it has had with the prevalence of suspended consultants. That is Carmarthenshire.

Ms Lloyd: Trafodaf Sir Gaerfyrddin yn gyntaf. Y prif faterion a gododd yn yr ymddiriedolaeth honno a'i hanawsterau wrth gyflawni'i chynllun adfer oedd ei bod yn dibynnu'n helaeth iawn ar staff asiantaeth, a hefyd cost meddygon wedi'u dirprwyo i swyddi staff meddygol ymgynghorol ac eraill nad ydynt ar gael i weithio ar hyn o bryd am eu bod wedi'u hatal o'u dyletswyddau. Cafodd hynny gryn effaith ar allu'r corff i gyflawni'i dargedau. Byddwch yn gwybod, yn ôl pob tebyg, fod cadeirydd a phrif weithredwr newydd wedi'u penodi yn y mis diwethaf i arwain yr ymddiriedolaeth hon drwy'r cam nesaf yn ei datblygiad. Yr ydym yn cwrdd â'r prif weithredwr a'i gyfarwyddwr cyllid yn fisol i sicrhau eu bod yn rhoi eu cynllun adfer yn ôl ar y trywydd iawn. Mae gan y prif weithredwr ddarlun eglur iawn o'r hyn y mae'r Cynulliad a'r Gweinidog yn gofyn amdano er mwyn cael corff sefydlog gyda gwasanaethau sefydlog. Mae'r ymddiriedolaeth wedi cymryd rhai camau eithaf cadarn eisoes i leihau ei dibyniaeth ar staff asiantaeth a goresgyn rhai o'r problemau a'r anawsterau a gafodd am fod cynifer o ymgynghorwyr wedi'u hatal o'u swyddi. Dyna Sir Gaerfyrddin.

[44] **Dafydd Wigley:** Before you move on, do you have a supplementary question on that, Janet?

[45] **Janet Davies:** We have not yet heard about Cardiff, but shall I ask about Carmarthenshire, because an issue does arise from that?

[46] **Dafydd Wigley:** Indeed.

[47] **Janet Davies:** You mentioned a reliance on agency staff due to suspensions, and it sounds to me as though there must be quite a number of staff suspended if there is such a heavy reliance on agency staff. I was wondering what is being done about the length of suspensions of staff, whether they are justified or not and what action is being taken to either get those staff back to work or to terminate their contracts That is obviously a very important issue.

Ms Lloyd: The use of agency staff does not solely apply to medical staff. The use of agency staff is mainly on the nursing side, where action has been taken to increase recruitment. Permanent vacancies have now been filled, so the reliance will be reduced. In terms of suspended staff, this has been an issue of national concern, as you know. I am sure that I do not need to tell you that a couple of them are suspended pending legal proceedings, and so I am afraid that the trust can do very little about that. On the other cases, positive action has been taken to ensure that the clinicians concerned have access to retraining so that they can return to work.

[44] **Dafydd Wigley:** Cyn ichi symud ymlaen, a oes gennych gwestiwn atodol ar hynny, Janet?

[45] **Janet Davies:** Nid ydym wedi clywed am Gaerdydd eto, ond a holaf ynghylch Sir Gaerfyrddin, gan fod un mater yn codi o hynny?

[46] **Dafydd Wigley:** Gwnewch hyny.

[47] **Janet Davies:** Gwnaethoch sôn am y ddibyniaeth ar staff asiantaeth oherwydd atal staff o'u swyddi, ac mae'n swnio i mi fel pe bai cryn nifer o staff wedi'u hatal os oes cymaint o ddibyniaeth ar staff asiantaeth. Yr oeddwn yn meddwl tybed beth a wneir ynghylch hyd yr ataliadau staff, a oes cyfiawnhad drostynt neu beidio a pha gamau a gymerir naill ai i gael y staff hynny'n ôl wrth eu gwaith neu i derfynu eu contractau. Mae'n amlwg bod hynny'n fater pwysig iawn.

Ms Lloyd: Nid yw'r defnydd o staff asiantaeth yn ymwneud â staff meddygol yn unig. Mae'r defnydd o staff asiantaeth ar yr ochr nyrsio'n bennaf, lle y cymerwyd camau i gynyddu recriwtio. Mae swyddi parhaol a oedd yn wag wedi'u llenwi bellach, felly bydd llai o ddibyniaeth. O ran y staff a atalwyd, bu hyn yn destun pryder cenedlaethol, fel y gwyddoch. Yr wyf yn sicr nad oes angen imi ddweud wrthych fod dau ohonynt wedi'u hatal wrth ddisgwyl achos cyfreithiol, ac felly mae arnaf ofn mai ychydig iawn y gall yr ymddiriedolaeth ei wneud am hynny. Ynghylch yr achosion eraill, cymerwyd camau cadarnhaol i sicrhau bod y clinigwyr yn gallu cael eu hailhyfforddi fel y gallant ddychwelyd i'w gwaith.

[48] **Janet Davies:** May I just take up that last point? Carmarthenshire is quite a long way from other hospitals on the whole; Llanelli is quite near but that is also part of Carmarthenshire NHS Trust. Is a realistic offer of retraining being given, because, presumably, staff would have to travel quite a long way to get outside their own hospitals, would they not?

[48] **Janet Davies:** A gaf ddilyn y pwynt olaf hwnnw? Mae sir Gaerfyrddin yn eithaf pell o ysbytai eraill, at ei gilydd; mae Llanelli'n eithaf agos ond mae hwnnw hefyd yn rhan o Ymddiriedolaeth GIG Sir Gaerfyrddin. A roddir cynnig realistig i ailhyfforddi, oherwydd, gellid meddwl, byddai'r staff yn gorfod teithio'n eithaf pell i fod y tu allan i'w hysbytai eu hunain, oni fyddent?

Ms Lloyd: Yes. This has been the subject of much discussion within the organisation because it has been really important that arrangements are made that can be complied with by the members of staff who require retraining for whatever reason. That can be very difficult at times because of isolation, because of the nature of some of the specialities and the people who are able to retrain or reaccredit the members of staff. However, I understand from the organisation that the offers that have been made have now been accepted and are proceeding.

Ms Lloyd: Byddent. Bu llawer o drafod ar hynny o fewn y corff oherwydd bu'n wirioneddol bwysig gwneud trefniadau y gall yr aelodau staff y mae arnynt angen eu hailhyfforddi am ba bynnag reswm gydymffurfio â hwy. Gall hynny fod yn anodd iawn ar brydiau oherwydd arwahanrwydd, oherwydd natur rhai o'r arbenigaethau a'r rhai sy'n gallu ailhyfforddi neu ailachredu'r aelodau staff. Er hynny, mae'r corff wedi fy hysbysu bod y cynigion wedi'u gwneud a'u derbyn bellach a'u bod yn mynd rhagddynt.

[49] **Janet Davies:** Okay. Thank you.

[49] **Janet Davies:** O'r gorau. Diolch i chi.

[50] **Dafydd Wigley:** Before you go on to the next question, Janet, I will press a little further on the need for agency staff in Carmarthenshire more than anywhere else, other than where there may be disciplinary cases and people suspended or whatever. Is there any particular reason why Carmarthenshire should need more agency staff? Is it covered by just those exceptional problems to which you referred?

[50] **Dafydd Wigley:** Cyn ichi symud ymlaen at y cwestiwn nesaf, Janet, pwysaf ychydig ymhellach ar yr angen am staff asiantaeth yn Sir Gaerfyrddin yn fwy nag yn unman arall, ac eithrio lle y bu achosion disgyblaethol, efallai, a rhai wedi'u hatal o'u gwaith neu beth bynnag. A oes rheswm penodol pam y dylai fod ar Sir Gaerfyrddin angen mwy o staff asiantaeth? A yw'r problemau eithriadol hynny y cyfeiriasoch atynt yn ei egluro'n llwyr?

Ms Lloyd: No, it is not covered solely by those. There were a large number of vacancies within the organisation and it has conducted a successful recruitment campaign so that many of the long-term vacancies have now been filled. However, I think that, basically, it needed to look very carefully at its procedures for rostering and using its staff more flexibly, and it has been encouraged to set up recruitment processes which allow staff to work flexibly. We are trying to encourage the organisation to flex itself so that it can allow people to work for it. A much greater control will be exercised over the requirement for additional agency staff. Some of the agency staff were needed because the case mix of the patients entering the hospitals has risen. Patients required more intensive care than previously and that also had to be covered. That is part of the discussion that the trust is having with its health authority to ensure that the health authority will fund the increase in intensity of the case mix that is coming through the unit. In the meantime, the trust had to ensure that the patients were properly cared for.

Ms Lloyd: Nac ydynt, nid ydynt yn ei egluro'n llwyr. Yr oedd nifer fawr o swyddi gwag o fewn y corff ac mae wedi cynnal ymgyrch recriwtio lwyddiannus fel bod llawer o'r swyddi a fu'n wag ers tro bellach wedi'u llanw. Fodd bynnag, yn y bôn, credaf fod angen wedi bod iddo edrych yn ofalus iawn ar ei weithdrefnau ar gyfer cylchrestru a defnyddio'i staff yn fwy hyblyg, ac fe'I hanogwyd i sefydlu prosesau recriwtio sy'n caniatáu i'r staff weithio'n fwy hyblyg. Yr ydym yn ceisio annog y corff i ymystwytho fel y gall ganiatáu i bobl weithio iddo. Arferir llawer mwy o reolaeth dros yr angen am staff asiantaeth ychwanegol. Yr oedd angen rhai o'r staff asiantaeth am fod cymysgedd achosion y cleifion sy'n mynd i'r ysbytai wedi codi. Yr oedd ar y cleifion angen mwy o ofal dwys nag o'r blaen ac yr oedd yn rhaid delio â hynny hefyd. Mae hynny'n rhan o'r drafodaeth y mae'r ymddiriedolaeth yn ei chael â'i hawdurdod iechyd i sicrhau y bydd yr awdurdod iechyd yn ariannu'r cynnydd yn arddwysedd y cymysgedd achosion sy'n dod drwy'r uned. Yn y cyfamser, yr oedd yn rhaid i'r ymddiriedolaeth sicrhau gofal cleifion priodol.

[51] **Janet Davies:** Thank you. There is also the Cardiff and Vale situation.

[51] **Janet Davies:** Diolch. Ceir y sefyllfa yng Nghaerdydd a'r Fro hefyd.

Ms Lloyd: Cardiff, again, has had huge problems in terms of having to spend large amounts of money on agency staff. It is also under great pressure—it has had a very considerable increase in workload and I think that it has spent around £14 million on agency staff this year. (3)

Ms Lloyd: Bu problemau aruthrol gan Gaerdydd hefyd o ran gorfod gwario symiau mawr o arian ar staff asiantaeth. Mae o dan bwysau mawr hefyd—bu cynnydd sylweddol iawn yn ei baich gwaith a chredaf ei bod wedi gwario tua £14 miliwn ar staff asiantaeth eleni. (3)

Ms Beaver: It is very high.

Ms Beaver: Mae'n uchel iawn.

Ms Lloyd: Yes, about £14 million. Some of that will be covered by vacancies which are funded, but, nevertheless, it indicates again that it is an organisation which has had a rise in its workload, a rise in the intensity of the mix of patients that have come through and their requirement for care. I meet the chief executive of Cardiff and Vale NHS Trust on a fortnightly basis to go through his proposals for refocusing the organisation. It has had considerable problems with medical admissions this year and real pressure, which has caused us all concern. We recognise the problems that face it and, again, we do look to it to boost up its recruitment campaign. It is complying with us. It is a two-week by two-week monitoring that is going on.

[52] **Dafydd Wigley:** Val, did you have a question on this specifically?

[53] **Val Lloyd:** Well, specifically, I was just pretty amazed at the £14 million for agency staff, and I wondered if there was any way that that was going to be reduced in the coming years. It seems an enormous amount for one trust.

Ms Lloyd: Yes, it is a large amount, but as I said, a fair chunk of that will be covered by the cost of the vacancies that it has, so the net effect is about £4 million at the moment. We can provide the detailed figures for you.

Ms Lloyd: Ie, tua £14 miliwn. Eglurir rhywfaint o hynny gan y swyddi gwag sydd wedi'u hariannu, ond, er hynny, mae'n dangos eto ei fod yn gorff a gafodd gynnydd yn ei faich gwaith, cynnydd yn arddwysedd y cymysgedd o gleifion a ddaeth drwodd a'u hangen am ofal. Yr wyf yn cyfarfod prif weithredwr Ymddiriedolaeth GIG Caerdydd a'r Fro bob pythefnos i fynd drwy ei gynigion ar gyfer ailwampio'r corff. Bu ganddi broblemau sylweddol mewn cysylltiad â derbyniadau meddygol eleni a phwysau gwirioneddol, sydd wedi peri pryder i bob un ohonom. Yr ydym yn cydnabod y problemau y mae'n eu hwynebu ac, eto, yr ydym yn disgwyl iddi hybu ei hymgyrch recriwtio. Mae'n cydymffurfio â'n gofynion. Mae'r monitro'n digwydd fesul pythefnos.

[52] **Dafydd Wigley:** Val, a oedd gennych gwestiwn ar hyn yn benodol?

[53] **Val Lloyd:** Wel, yn benodol, yr oeddwn yn synnu'n fawr at y £14 miliwn am staff asiantaeth, ac yr oeddwn yn meddwl tybed a fyddai unrhyw fodd i leihau hynny yn y blynyddoedd i ddod. Mae'n ymddangos yn swm aruthrol i un ymddiriedolaeth.

Ms Lloyd: Ydyw, mae'n swm mawr, ond fel y dywedais, eglurir cryn dipyn o hynny gan gost y swyddi gwag sydd ganddi, felly yr effaith glir yw tua £4 miliwn ar hyn o bryd. Gallwn ddarparu'r ffigurau manwl i chi.

[54] **Dafydd Wigley:** We would be grateful for those figures. In producing them, could you look at one other thing that fits in with that in the generality? To what extent would we be in much greater financial problems if it were not for a whole raft of posts that are not filled, be they nursing, consultant or administrative posts? I was wondering—and I am sure that you do have this information—if you were running with the full complement of staff, what would the financial outcome have been, perhaps in the last financial year. I think that there may be some lessons to be learned there, and perhaps we should look at it. Sorry, Janet. I have cut across you twice now. I will behave myself.

[55] **Janet Davies:** That is okay. Just on that question, the sense I am getting is that you still have not agreed the recovery plan targets, and you are still not happy with the situation. You have still got to get this together.

Ms Lloyd: Yes. I think that we have got to offer it every support that we can to ensure that its recovery plan can be met, but it is under significant pressure.

[56] **Janet Davies:** Right. Thank you. May I move on to the recovery plan for Gwent Healthcare NHS Trust? You have concerns about the robustness of this recovery plan in general, and have not yet—according to my brief, anyway—been able to approve it. What is the latest position on that?

[54] **Dafydd Wigley:** Byddem yn ddiolchgar am y ffigurau hynny. Wrth eu cynhyrchu, a allech edrych ar un peth arall sy'n cyd-fynd â hynny'n gyffredinol? I ba raddau y byddem mewn mwy o drafferthion ariannol oni bai am y doreth o swyddi sydd heb eu llanw, boed yn swyddi nyrsio, ymgynghori neu weinyddu? Yr oeddwn yn meddwl tybed—ac yr wyf yn siwr bod y wybodaeth hon gennych—pe byddech yn rhedeg â'r nifer lawn o staff, beth fyddai'r canlyniad ariannol, yn y flwyddyn ariannol ddiwethaf efallai. Credaf ei bod yn bosibl bod rhai gwersi i'w dysgu yn hynny o beth, ac efallai y dylem ei ystyried. Mae'n ddrwg gennyf, Janet. Yr wyf wedi torri ar eich traws ddwywaith bellach. Byddaf yn dda o hyn allan.

[55] **Janet Davies:** Mae hynny'n iawn. Dim ond ar y cwestiwn hwnnw, yr wyf yn rhyw gasglu nad ydych wedi cytuno byth ar dargedau'r cynllun adfer, a'ch bod yn anfodlon o hyd ar y sefyllfa, bod angen o hyd ichi roi trefn ar y pethau hyn.

Ms Lloyd: Oes. Credaf fod yn rhaid inni gynnig pob cymorth posibl iddi i sicrhau y gellir cyflawni ei chynllun adfer, ond mae o dan bwysau sylweddol.

[56] **Janet Davies:** Iawn. Diolch i chi. A gaf symud ymlaen at y cynllun adfer i Ymddiriedolaeth GIG Gofal Iechyd Gwent? Mae gennych bryderon ynghylch cryfder y cynllun adfer hwn yn gyffredinol, ac nid ydych eto—yn ôl fy mrîff i, beth bynnag—wedi gallu ei gymeradwyo. Beth yw'r sefyllfa ddiweddaraf ynghylch hynny?

Ms Lloyd: I have still not approved it, and I expect the final version of its recovery plan, signed off by its external district auditor, to come in by the end of this month. The trust and the health authority are very well aware that I expect them to work in collaboration to complete this recovery plan, so that it is sustainable. We had a meeting with them some three or four weeks ago, and they were submitting a second—well, a third—go of the recovery plan by today. I will wait for the district auditor to agree that this is a recovery plan that might be signed off. He was at the meeting that we held with them recently.

Ms Lloyd: Yr wyf yn dal i fod heb ei gymeradwyo, ac yr wyf yn disgwyl y bydd fersiwn terfynol ei chynllun adfer, wedi'i arwyddo'n derfynol gan ei harchwilydd dosbarth allanol, yn dod i law erbyn diwedd y mis yma. Mae'r ymddiriedolaeth a'r awdurdod iechyd yn dra ymwybodol fy mod yn disgwyl iddynt weithio ar y cyd i gwblhau'r cynllun adfer hwn, fel ei fod yn gynaliadwy. Cawsom gyfarfod â hwy rhyw dair neu bedair wythnos yn ôl, ac yr oeddent i gyflwyno ail—wel, trydydd—cynnig ar y cynllun adfer erbyn heddiw. Byddaf yn disgwyl i'r archwilydd dosbarth gytuno ei fod yn gynllun adfer y gellid ei arwyddo'n derfynol. Yr oedd yn y cyfarfod a gawsom â hwy'n ddiweddar.

[57] **Janet Davies:** Clearly, there are major problems here with the three of these trusts that we have been talking about. I noticed, somewhere in all the reading that we have done over the last few days, that there was reference to a Welsh staff college, and I presume that that is a national health service staff college in Wales. Is it? What I am really trying to get at is, do you think that there is adequate training? I hope that I am not going on to anybody else's questions with this, but do you feel that adequate training for senior management is available in Wales?

[57] **Janet Davies:** Mae'n amlwg bod problemau mawr ynglyn â'r tair ymddiriedolaeth y buom yn eu trafod. Sylwais, rywle ymysg yr holl ddeunydd y buom yn ei ddarllen dros y dyddiau diwethaf hyn, fod cyfeiriad at goleg staff Cymreig, ac yr wyf yn cymryd bod hwnnw'n goleg staff gwasanaeth iechyd gwladol yng Nghymru. A ydyw? Yr hyn yr wyf yn ceisio dod ato yw, a ydych yn credu bod hyfforddiant digonol ar gael? Gobeithiaf nad wyf yn tresmasu ar gwestiynau neb arall wrth ofyn hyn, ond a ydych yn teimlo bod hyfforddiant digonol ar gael i uwch reolwyr yng Nghymru?

Ms Lloyd: Well, I think that the role of management has changed considerably over the past five years, as accountability has really come to rest very heavily on their shoulders and mine. The college is called the Centre for Health Leadership now, and as part of the restructuring we are taking the opportunity to ensure that our managers have access to continuing professional development and have the tools to enable them to manage very complex organisations and very large numbers of patients in a really effective way. We have to ensure, as well, that the information that they have to allow and help them to manage is accurate and timely. It is really quite difficult to manage when you do not have the information at your fingertips, because there will always be a delay. Therefore, I think that this is something to do with training and development, and us making it clear what our expectations of management right throughout the health service will be and, also, accurate and timely information, which will help them and their clinical colleagues to manage the environment in which they now work.

Ms Lloyd: Wel, credaf fod rôl y rheolwyr wedi newid yn sylweddol dros y pum mlynedd diwethaf, gan fod atebolrwydd wedi dod i bwyso'n drwm iawn ar eu hysgwyddau hwy a minnau. Enw'r coleg hwnnw bellach yw'r Ganolfan Arweinyddiaeth Iechyd ac, fel rhan o'r ailstrwythuro, yr ydym yn manteisio ar y cyfle i sicrhau bod ein rheolwyr yn gallu derbyn datblygu proffesiynol parhaus a bod ganddynt yr offer priodol i'w galluogi i reoli cyrff cymhleth iawn a niferoedd mawr iawn o gleifion mewn modd effeithiol dros ben. Rhaid inni sicrhau, hefyd, fod y wybodaeth sydd ganddynt i'w galluogi a'u helpu i reoli'n gywir ac yn amserol. Mae'n eithaf anodd rheoli pan nad yw'r wybodaeth ar gael wrth law, oherwydd bydd hynny'n peri oedi bob amser. Felly, credaf fod a wnelo hyn â hyfforddi a datblygu, a'r angen inni egluro beth fyddwn yn ei ddisgwyl gan y rheolwyr yn y gwasanaeth iechyd drwyddo draw a, hefyd, gwybodaeth fanwl gywir ac amserol, a fydd yn eu helpu hwy a'u cydweithwyr clinigol i reoli'r amgylchedd y maent yn gweithio ynddo bellach.

[58] **Janet Davies:** Thank you very much.

[58] **Janet Davies:** Diolch yn fawr iawn.

[59] **Dafydd Wigley:** We are now moving onto a very important area, namely prescription pricing and income.

[59] **Dafydd Wigley:** Symudwn ymlaen yn awr at faes pwysig iawn, sef prisio ac incwm presgripsiynau.

Mae paragraffau 3.49 i 3.55 o adroddiad yr Archwilydd Cyffredinol yn disgrifio'r problemau parhaus sy'n wynebu Atebion Iechyd Cymru o ran yr ôl-groniad mewn prisio presgripsiynau ac adennill gordaliadau. Pa mor ffyddiog ydych y bydd yr ôl-groniad wedi'i glirio erbyn Awst eleni, fel yr awgrymir ym mharagraff 3.54?

Paragraphs 3.49 to 3.55 of the Auditor General's report describe the constant problems faced by Health Solutions Wales with regard to the backlog in prescription pricing and recovering overpayments. How confident are you that the backlog will have been cleared by August this year, as suggested in paragraph 3.54?

Ms Lloyd: The backlog will be completed—if I can explain what will happen by August, it has increased its workload so that the number of prescriptions being priced will be up to date by July. Therefore, in August, it will be pricing the July prescriptions, so that there is only that one-month delay. It will then start on the backlog, which will be cleared by November.

Ms Lloyd: Bydd yr ôl-groniad yn cael ei glirio—os caf i egluro beth fydd yn digwydd erbyn Awst, mae wedi cynyddu ei faich gwaith fel bod nifer y presgripsiynau sy'n cael eu prisio yn gyfredol erbyn Gorffennaf. Felly, yn Awst, bydd yn prisio presgripsiynau Gorffennaf, fel mai dim ond yr un mis hwnnw fydd ar ei hôl hi. Bydd wedyn yn dechrau ar yr ôl-groniad, a fydd wedi'i glirio erbyn Tachwedd.

[60] **Dafydd Wigley:** So there is some further slippage from the August date already?

[60] **Dafydd Wigley:** Felly mae rhywfaint o lithriad pellach o fis Awst yn barod?

Ms Lloyd: Yes. It did slip because the expected productivity levels were not achieved and the prescription numbers increased by 7 per cent also. We had grave problems in retaining temporary staff. I have now transferred this organisation from the health authority to the care of Velindre NHS Trust, as the health authority will cease to exist in just under a year.

Ms Lloyd: Oes. Digwyddodd y llithriad gan na chyrhaeddwyd y lefelau cynhyrchu disgwyliedig a gwelwyd cynnydd o 7 y cant yn nifer y presgripsiynau hefyd. Cawsom broblemau difrifol wrth geisio cadw staff dros dro. Erbyn hyn yr wyf wedi trosglwyddo'r sefydliad hwn o ofal yr awdurdod iechyd i ofal Ymddiriedolaeth GIG Felindre, gan y bydd yr awdurdod iechyd yn dod i ben mewn ychydig llai na blwyddyn.

[61] **Dafydd Wigley:** On that specific point, is making the transfer likely to cause a further dislocation and problem?

[61] **Dafydd Wigley:** Gyda golwg ar y pwynt penodol hwn, a yw trosglwyddo yn debygol o achosi mwy o anhrefn a phroblemau?

Ms Lloyd: No, because the staff were well aware six months ago that it would transfer to the trust's ownership and they were all prepared for it. That has not generated a drop-off in productivity. Therefore, they are absolutely confident that they will get themselves up to date by the end of July and that all the backlog will be cleared by November. There is every indication that productivity is being maintained.

Ms Lloyd: Nac ydyw, oherwydd gwyddai'r staff yn iawn chwe mis yn ôl y byddai'n trosglwyddo i fod dan adain yr ymddiriedolaeth ac yr oedd pob un wedi ei baratoi ar gyfer hynny. Nid yw hynny wedi arwain at leihad mewn cynhyrchiant. Felly, maent yn gwbl hyderus y byddant yn gyfredol erbyn diwedd Gorffennaf ac y bydd yr ôl-groniad cyfan wedi'i glirio erbyn Tachwedd. Mae popeth yn awgrymu bod cynhyrchiant yn gyson.

[62] **Dafydd Wigley:** Are you pretty firm in your commitment to November? You will be aware of the saga—I would almost say fiasco—that we have had over recent years in this area. What is the effect of this backlog likely to be on your efforts to improve financial forecasting in respect of the general medical services budget, because, clearly, if you do not have this base information, it makes forecasting very difficult indeed?

[62] **Dafydd Wigley:** A ydych yn eithaf sicr o'ch ymrwymiad i fis Tachwedd? Byddwch yn ymwybodol o'r saga—bron na ddywedwn ffiasgo—a gawsom yn ystod y blynyddoedd diwethaf yn y maes hwn. Pa effaith y mae'r ôl-groniad hwn yn debygol o'i gael ar eich ymdrechion i wella rhagamcanion ariannol gyda golwg ar gyllideb gyffredinol y gwasanaethau meddygol, oherwydd, yn amlwg, heb y wybodaeth sylfaenol hon, mae'n anodd iawn gwneud rhagamcanion?

Ms Lloyd: Exactly. (4) It is really essential that this matter is put to bed because we do need this information. We need it to manage the prescribing habits of general practitioners. One of the requirements of the new local health boards coming in next April will be to manage the prescribing habits in a much more structured way, and they have to have up-to-date information available in order to do that. So, it is really important.

Ms Lloyd: Yn union. (4) Mae'n gwbl hanfodol bod y mater hwn yn cael ei ddatrys oherwydd mae arnom angen y wybodaeth hon. Mae arnom ei hangen er mwyn rheoli arferion meddygon teulu gyda golwg ar roi presgripsiynau. Un o ofynion y byrddau iechyd lleol newydd a ddaw i rym fis Ebrill nesaf fydd rheoli'r arferion rhoi presgripsiynau mewn ffordd lawer mwy strwythuredig, ac mae'n rhaid iddynt gael gwybodaeth gyfredol er mwyn gwneud hynny. Felly, mae'n wirioneddol bwysig.

[63] **Dafydd Wigley:** Clearly we have a paucity of information available on prescribing practices, and that is having an effect on the ability to control the cost of drugs. I understand that such information is readily available from the Prescription Pricing Authority in England, but the English data is not suitable for economic modelling in Wales. Clearly, we desperately need that data for Wales, but it still seems to be some time off. When do you expect an analysis to be available, arising from genuine information that is based on firm fact and not an estimate?

[63] **Dafydd Wigley:** Mae'n amlwg nad oes digon o wybodaeth ar gael i ni ynghylch arferion rhoi presgripsiynau, a bod hynny yn effeithio ar y gallu i reoli cost cyffuriau. Deallaf ei bod yn hawdd cael gwybodaeth o'r fath gan yr Awdurdod Prisio Presgripsiynau yn Lloegr, ond nid yw data Lloegr yn addas ar gyfer modelu economaidd yng Nghymru. Yn amlwg, mae gwir angen y data hwn ar gyfer Cymru, ond ymddengys na fydd ar gael am beth amser eto. Pa bryd y disgwyliwch y bydd dadansoddiad ar gael, a hwnnw'n deillio o wybodaeth ddilys sy'n seiliedig ar ffeithiau cadarn yn hytrach nag amcangyfrif?

Ms Lloyd: There are two things there. Some information has always been available on the prescribing habits of individual GPs for the prescribing advisers in health authorities, but that has not been publicly available. However, I am pleased to report, Chair, that today, on the intranet, the prescribing data is now available, in the public domain, with analyses of what would happen in terms of cost-effectiveness if generic prescribing was more prevalent within Wales. (5) This is the base data, and it is for 2000. This is the base data with which we will start off with the local health groups for this year, so that they can start to make better inroads into better prescribing habits throughout the general medical services.

Ms Lloyd: Mae dau beth yna. Mae rhywfaint o wybodaeth am arferion rhoi presgripsiynau meddygon teulu unigol wedi bod ar gael erioed ar gyfer ymgynghorwyr presgripsiynau mewn awdurdodau iechyd, ond nid yw wedi bod ar gael i'r cyhoedd. Fodd bynnag, mae'n bleser gennyf ddweud, Gadeirydd, bod y data rhoi presgripsiynau ar gael ar y fewnrwyd heddiw, ar gyfer y cyhoedd, gyda dadansoddiadau o'r hyn a fyddai'n digwydd gyda golwg ar effeithiolrwydd cost pe bai presgripsiynau cyffredinol yn fwy cyffredin yng Nghymru. (5) Dyma'r data sylfaenol, ac mae ar gyfer 2000. Dyma'r data sylfaenol y byddwn yn ei ddefnyddio i ddechrau gyda'r grwpiau iechyd lleol ar gyfer eleni, fel y gallant ddechrau ymgyrchu'n gadarnach dros well arferion rhoi presgripsiynau yn y gwasanaethau meddygol cyffredinol.

[64] **Dafydd Wigley:** Before coming to Eleanor, I think that Val has a question.

[64] **Dafydd Wigley:** Cyn dod at Eleanor, credaf fod gan Val gwestiwn.

[65] **Val Lloyd:** Yes, I have a question on prescription income. I note from the summarised accounts that the appointed auditors for all of the health authorities in Wales qualified their opinions for 2000-01 in relation to the fact that they were unable to quantify the loss of income from incorrect claiming of prescription charges. I think that you may have already touched on some of this, but what actions do the health authorities have in hand to ensure that a reasonable estimate of such lost income can be made for the next financial year, 2001-02?

[65] **Val Lloyd:** Oes, mae gennyf gwestiwn ar incwm presgripsiynau. Sylwaf o'r cyfrifon cryno fod archwilwyr penodedig pob awdurdod iechyd yng Nghymru wedi amodi eu tybiaethau ar gyfer 2000-01 mewn perthynas â'r ffaith na allent fesur yr incwm a gollwyd o ganlyniad i hawlio taliadau presgripsiynau'n amhriodol. Credaf eich bod, o bosibl, wedi cyffwrdd â hyn yn barod i ryw raddau, ond pa gamau y gall yr awdurdodau iechyd eu cymryd er mwyn sicrhau bod modd gwneud amcangyfrif rhesymol o incwm o'r fath sy'n cael ei golli ar gyfer y flwyddyn ariannol nesaf, 2001-02?

Ms Lloyd: Well, some of the health authorities have done better than others, and certainly, North Wales Health Authority has made sterling efforts to be able to quantify better the prescription costs in its community. We wait to hear what the district auditors say about whether or not they are going to qualify the health authority accounts again, but certainly, after last year, efforts have been made by all health authorities to gain more accurate information about the estimated cost of prescription charge evasion within their areas. However, I have to say that north Wales has done a very good job.

[66] **Dafydd Wigley:** With regard to the qualification of accounts, this is the area of all the public accounts that we have in Wales that I think causes most concern—that we have qualifications here. I think that we would all be happy—Sir John, you would certainly be very happy—to see the day when we do not need any qualifications on any of our accounts. It would be a matter of pride for us in Wales that we had reached that stage. In the meantime, everything that you can do to get to that happy situation would be something that we would welcome very much indeed.

Eleanor, you had a question on prescriptions.

[67] **Eleanor Burnham:** Thank you, Chair, I am grateful for your indulgence. Does that have much impact on the backlog of payments to individual pharmacists? There was one—I will not become too parochial—dear to my heart, and the lady got very stressed because she was waiting for about £50,000 in back payment of prescriptions. Are you hoping to be able to cut through all of that?

Ms Lloyd: Wel, mae rhai awdurdodau iechyd wedi gwneud yn well na'i gilydd, ac mae Awdurdod Iechyd Gogledd Cymru yn sicr wedi ymdrechu'n galed i sicrhau ei fod yn gallu mesur costau presgripsiynau yn ei gymuned yn well. Rhaid aros i glywed a yw'r archwilwyr dosbarth am amodi cyfrifon awdurdodau iechyd eto ai peidio, ond yn sicr, ar ôl y llynedd, mae pob awdurdod iechyd wedi ceisio cael gwybodaeth gywirach am gost dybiedig osgoi taliadau presgripsiwn yn eu hardaloedd. Fodd bynnag, rhaid i mi ddweud bod gogledd Cymru wedi gwneud gwaith arbennig o dda.

[66] **Dafydd Wigley:** Gyda golwg ar amodi cyfrifon, credaf mai dyma'r agwedd ar yr holl gyfrifon cyhoeddus sydd gennym yng Nghymru sy'n peri'r pryder mwyaf—bod gennym amodau yma. Credaf y byddem i gyd yn falch—Syr John, byddech chi'n sicr yn falch iawn—o weld y dydd pan na fydd arnom angen unrhyw amodau ar unrhyw rai o'n cyfrifon. Byddai cyrraedd y nod hon yn rhywbeth y gallem ni yng Nghymru ymfalchïo ynddo. Yn y cyfamser, byddem yn croesawu â breichiau agored bopeth y gallwch ei wneud er mwyn bod yn y sefyllfa braf honno.

Eleanor, yr oedd gennych chi gwestiwn ar bresgripsiynau.

[67] **Eleanor Burnham:** Diolch, Gadeirydd, yr wyf yn ddiolchgar ichi am eich goddefgarwch. A yw hynny'n cael llawer o effaith ar ôl-groniad y taliadau i fferyllwyr unigol? Yr oedd un—nid wyf am fod yn rhy blwyfol—a oedd yn agos at fy nghalon, a rhoddwyd y wraig dan bwysau mawr gan ei bod yn disgwyl am oddeutu £50,000 fel ôl-daliad am bresgripsiynau. A ydych yn gobeithio gallu mynd drwy'r rhain i gyd?

Ms Lloyd: Well, that is why we have paid an average. As a result of the stress being felt by the independent contractors waiting for payments—it is as bad as the public payments policy—HSW undertook this piece of work, which paid an average. It is quite complicated, but it is an average. Now, it is going through to accurately detail what those prescriptions really did cost. It was up to the pharmacists to agree whether or not they wanted that sort of block payment. Many did accept, but now part of the problem of the prescription pricing is that HSW are going through much more accurately, assessing what the cost of those prescriptions actually were.

Ms Lloyd: Wel, dyna pam ein bod wedi talu cyfartaledd. O ganlyniad i'r pwysau y mae'r contractwyr annibynnol sy'n aros am daliadau'n ei deimlo—mae cynddrwg â'r polisi taliadau cyhoeddus—ymgymerodd HSW â'r gwaith hwn, a dalai gyfartaledd. Mae'n eithaf cymhleth, ond mae'n gyfartaledd. Yn awr, mae'n mynd ymlaen i roi manylion cywir am wir gost y presgripsiynau hynny. Yr oedd gan y fferyllwyr hawl i gytuno a oeddent am gael y math hwnnw o daliad bloc ai peidio. Derbyniodd llawer, ond rhan o'r broblem prisio presgripsiynau yn awr yw bod HSW yn mynd drwy'r gwaith yn llawer cywirach, gan asesu faint yn union oedd cost y presgripsiynau hynny.

[68] **Dafydd Wigley:** Thank you. Alison, you wanted to come in on this.

[68] **Dafydd Wigley:** Diolch. Alison, yr oeddech chi am ofyn cwestiwn ar hyn.

[69] **Alison Halford:** On this very point, is it not possible that you could insist upon the sample assessment procedure, and impose it upon all pharmacists, rather than allowing, it would appear to be, them to select the full pricing of each prescription situation, which we are told will not be achieved until 2003? Why can you not impose upon all pharmacists a general regime under the sampling assessment exercise?

[69] **Alison Halford:** Ar yr union bwynt hwn, oni fyddai'n bosibl i chi fynnu defnyddio'r weithdrefn asesu sampl, a gorfodi pob fferyllydd i'w dilyn, yn hytrach na gadael, fel y mae'n ymddangos, iddynt hwy ddewis prisiad llawn ar gyfer pob sefyllfa roi presgripsiynau, y dywedir wrthym na fydd yn cael ei gyflawni hyd 2003? Pam na allwch chi ei gwneud yn ofynnol i bob fferyllydd ddilyn trefniadau cyffredinol dan yr ymarfer asesu sampl?

Ms Lloyd: I would have to take advice on that, but I understand that we are not able to do that. We do not have the powers to do it. It has to be a mutual agreement.

Ms Lloyd: Byddai'n rhaid i mi ofyn am gyngor ar hynny, ond deallaf na allwn wneud hynny. Nid oes gennym bwerau i'w wneud. Rhaid iddo fod yn gytundeb rhwng y ddwy ochr.

[70] **Dafydd Wigley:** There may well be a contractual situation there, I imagine. In circumstances such as when one pharmacist, perhaps, is selling a business to another, there is a need for a specific, detailed account. I know of an incident where that did arise. We would be grateful for any advice that you can send through on that, because it is an important matter.

I will move on to what is obviously a very important area, namely fraud. I am very pleased to see that the counter fraud operational services team is now fully operational in Wales. That is something to be greatly welcomed. What are the benefits that you expect to see from the establishment of this team?

Ms Lloyd: Well, hopefully, a reduction in fraud, and certainly a heightening—

[71] **Dafydd Wigley:** Good. [*Laughter.*] I am glad that you said that. What are your commitments to the reduction in fraud as a consequence of the establishment of the team?

Ms Lloyd: What I think is important about all this is, really, a heightened awareness right throughout the service that fraud might take place, and that it is a misappropriation of public resources, which could be better spent on patient care. Therefore, one of the important functions of this team is to educate and heighten awareness of the prevalence of fraud throughout the service. We have to ensure that the fraud service itself is cost-effective, of course. However, I think that, generally, the issue is how aware we all are of the possibility of fraud and how it might be avoided.

[70] **Dafydd Wigley:** Mae'n eithaf posibl, yr wyf yn credu, bod sefyllfa gytundebol yn y fan honno. Mewn amgylchiadau megis pan fo un fferyllydd, efallai, yn gwerthu busnes i un arall, mae angen adroddiad penodol, manwl. Gwn am achos lle cododd hynny. Byddem yn falch o dderbyn unrhyw gyngor y gallwch ei anfon atom ynghylch hynny, oherwydd mae'n fater pwysig.

Symudaf ymlaen at faes sy'n amlwg yn un pwysig iawn, sef twyll. Yr wyf yn falch iawn o weld bod y tîm gwasanaethau gweithredol gwrth-dwyll yn gwbl weithredol yng Nghymru erbyn hyn. Mae hynny i'w groesawu'n fawr. Beth yw'r manteision y disgwyliwch eu gweld yn sgil sefydlu'r tîm hwn?

Ms Lloyd: Wel, gobeithiwn weld, llai o dwyll, ac yn sicr mwy o—

[71] **Dafydd Wigley:** Da iawn. [*Chwerthin.*] Mae'n dda gennyf eich bod wedi dweud hynny. Ym mha ffordd yr ydych yn ymroi i leihau twyll o ganlyniad i sefydlu'r tîm?

Ms Lloyd: Credaf mai'r peth pwysig am hyn oll, mewn gwirionedd, yw mwy o ymwybyddiaeth yn y gwasanaeth drwyddo draw y gallai twyll ddigwydd, a'i fod yn gamddefnydd o adnoddau cyhoeddus, y gellid eu gwario'n well er mwyn gofalu am gleifion. Felly, un o swyddogaethau pwysig y tîm hwn yw addysgu a chynyddu ymwybyddiaeth o gyffredinrwydd twyll yn y gwasanaeth drwyddo draw. Rhaid i ni sicrhau bod y gwasanaeth twyll ei hun yn gost effeithiol, wrth gwrs. Fodd bynnag, credaf mai'r pwnc sydd i'w ystyried, yn gyffredinol, yw pa mor ymwybodol yw pob un ohonom o'r posibilrwydd o dwyll a sut y gellid ei osgoi.

[72] **Dafydd Wigley:** Eleanor, do you want to come in on this?

[73] **Eleanor Burnham:** Going back to the previous question I asked about the fact that there are people who are pressured, there are many small independent pharmacists who are under enormous pressure and sometime give up because of, I suppose, a lack of proper management—which you are obviously going to put right. What is your view about the general cultural attitude towards fraud as it affects the NHS, and what benefits do you see from the measures being taken in this regard by the NHS Directorate and the counter fraud operational services? I think that you have already answered that, actually, but it is in my brief, so I might as well ask it again.

Ms Lloyd: If they are accountable officers, the chief executives have to make sure that they can properly account for all the resources voted by this Assembly. We are not sure—though there are calculations all over the place—how much money is utilised, because it is fraudulent. It is our responsibility to make sure that the ability of anyone to defraud the NHS is reduced to an absolute minimum.

[74] **Eleanor Burnham:** But then we have a situation such as that of the optician that has come to the fore in the newspapers, which is a sad scenario. He obviously felt as though he had an almost moral obligation but, obviously, it is, in law, fraudulent to give an extra pair of spectacles to all those children who he felt needed them. Does that kind of activity pose a real threat?

[72] **Dafydd Wigley:** Eleanor, ydych chi am ofyn cwestiwn ar hyn?

[73] **Eleanor Burnham:** Gan fynd yn ôl at y cwestiwn blaenorol a ofynnais ynghylch y ffaith bod pobl yn cael eu rhoi dan bwysau, mae nifer o fferyllwyr annibynnol bychain sydd dan bwysau aruthrol ac sydd ambell waith yn rhoi'r ffidil yn y to, oherwydd, debygwn i, diffyg rheolaeth briodol—yr ydych yn amlwg yn mynd i'w gywiro. Beth yw eich barn chi am yr agwedd ddiwylliannol gyffredinol tuag at dwyll fel y mae'n effeithio ar y GIG, a beth gredwch chi yw manteision y camau sy'n cael eu cymryd gyda golwg ar hyn gan Gyfarwyddiaeth y GIG a'r gwasanaethau gweithredol gwrth-dwyll? Credaf eich bod wedi ateb hynny'n barod, mewn gwirionedd, ond mae'n rhan o'r brîff a roddwyd i mi, felly waeth i mi ei ofyn eto.

Ms Lloyd: Os ydynt yn swyddogion atebol, rhaid i'r prif weithredwyr wneud yn siwr eu bod yn gallu rhoi cyfrif priodol am yr holl adnoddau a ddyfarnwyd gan y Cynulliad hwn. Ni wyddom i sicrwydd—er bod amcangyfrifon ym mhobman—faint o arian sy'n cael ei ddefnyddio, oherwydd ei fod yn dwyllodrus. Ein cyfrifoldeb ni yw sicrhau bod gallu unrhyw un i dwyllo'r GIG cyn lleied ag sy'n bosibl.

[74] **Eleanor Burnham:** Ond wedyn mae gennym sefyllfa fel un yr optegydd y rhoddwyd sylw iddi yn y papurau newydd, sy'n sefyllfa drist. Yr oedd ef, mae'n amlwg, yn teimlo fel pe bai ganddo ddyletswydd foesol bron, ond, yn amlwg, mae rhoi pâr ychwanegol o sbectolau i'r holl blant hynny y teimlai ef bod arnynt eu hangen, yn dwyllodrus yn ôl y gyfraith. A yw'r math hwn o weithgaredd yn peri bygythiad gwirioneddol?

Ms Lloyd: I think that he should have checked precisely what the rules were and have been clear about why he was doing what he did. At the end of the day, money was lost from the NHS that could not be used for other purposes.

[75] **Dafydd Wigley:** I think that Janice wants to pick up on a few points.

[76] **Janice Gregory:** Last year, we went into some considerable detail about prescription fraud, and representatives of pharmacists came to talk to us. While I accept Eleanor's point that there are pharmacists who are under pressure, we should not lose sight of the fact that we provide some £800,000 per annum to pharmacists for them to instigate some kind of training or at least for them to try to avoid this as far as possible. I, like other Assembly Members no doubt, have waited in pharmacy queues, and, personally, I do not see any difference now from when this news broke some 12 or 18 months ago. I do not see any checks at all being made in the pharmacies that I attend. I am quite surprised about that and was hoping that, at some point, we would return to this.

[77] **Dafydd Wigley:** We will.

[78] **Janice Gregory:** Yes, hopefully we will. I think that we were at great pains the last time we discussed this to say that, a lot of the time, it comes down to ignorance. I would like to see some kind of television or media campaign to make people aware that, if they sign that prescription, they are committing an offence under the law because they are misappropriating public funds. I would like to see a public information campaign to aid pharmacists and the public at large. I have

Ms Lloyd: Credaf y dylai fod wedi edrych beth yn union oedd y rheolau a bod yn sicr pam ei fod yn gwneud yr hyn a wnaeth. Ar ddiwedd y dydd, collwyd arian o'r GIG na ellid ei ddefnyddio ar gyfer dibenion eraill.

[75] **Dafydd Wigley:** Credaf fod Janice am godi ychydig o bwyntiau.

[76] **Janice Gregory:** Y llynedd, aethom i gryn dipyn o fanylder ynghylch twyll presgripsiynau, a daeth cynrychiolwyr fferyllwyr i siarad gyda ni. Derbyniaf bwynt Eleanor bod rhai fferyllwyr dan bwysau, ond ni ddylem golli golwg ar y ffaith ein bod yn darparu oddeutu £800,000 y flwyddyn i fferyllwyr er mwyn eu hannog i gael rhyw fath o hyfforddiant neu o leiaf er mwyn iddynt geisio osgoi hyn i'r graddau y mae hynny'n bosibl. Yr wyf i, fel Aelodau eraill o'r Cynulliad mae'n siwr, wedi sefyll mewn ciwiau mewn fferyllfeydd ac, yn bersonol, ni welaf fod pethau'n wahanol yn awr i'r hyn oeddent tua 12 i 18 mis yn ôl pan glywsom y newyddion am hyn. Ni welaf unrhyw wiriadau o gwbl yn cael eu gwneud yn y fferyllfeydd yr af i iddynt. Mae hyn yn fy synnu i raddau ac yr oeddwn yn gobeithio y byddem, ar ryw adeg, yn dychwelyd at hyn.

[77] **Dafydd Wigley:** Fe fyddwn.

[78] **Janice Gregory:** Byddwn, gobeithio y byddwn ni. Credaf ein bod wedi mynd i gryn drafferth y tro diwethaf i ni drafod hyn i ddweud mai anwybodaeth, yn aml iawn, sy'n achosi hyn. Hoffwn weld rhyw fath o ymgyrch ar y teledu neu yn y cyfryngau i wneud pobl yn ymwybodol eu bod yn cyflawni trosedd yn ôl y gyfraith os ydynt yn arwyddo'r presgripsiwn hwnnw, gan eu bod yn camddefnyddio arian cyhoeddus. Hoffwn weld ymgyrch gwybodaeth gyhoeddus er mwyn helpu fferyllwyr a'r

serious concerns about what is still continuing to happen within pharmacies and we are still paying them this £800,000 a year, I believe, for them to ensure that this does not happen as far as they can do. I do not see value for money from that at the moment, frankly, Chair.

cyhoedd yn gyffredinol. Yr wyf yn bryderus iawn ynghylch yr hyn sy'n dal i ddigwydd mewn fferyllfeydd ac yr ydym yn dal i dalu'r swm hwn o £800,000 y flwyddyn iddynt, am wn i, er mwyn iddynt sicrhau orau y gallant nad yw hyn yn digwydd. Ni allaf weld ein bod yn cael gwerth am arian ar hyn o bryd, a bod yn onest, Gadeirydd.

[79] **Dafydd Wigley:** I assume that you would concur with that very much, Ms Lloyd.

[79] **Dafydd Wigley:** Yr wyf yn cymryd y byddech chi'n cytuno'n llwyr â hynny, Ms Lloyd.

Ms Lloyd: Yes, I do. We have started a media campaign about this area. I think that you are absolutely right; it needs reinforcing all the time. The counter fraud service is putting on presentations. It did one in November to coincide with the media campaign, and it will run frequent educational programmes for practitioners about the issues surrounding counter fraud and the strategy that the Minister recently promoted so that they can access these properly.

Ms Lloyd: Byddwn. Yr ydym wedi dechrau ymgyrch yn y cyfryngau ar y maes hwn. Credaf eich bod yn hollol gywir; mae angen atgyfnerthu'r neges drwy'r adeg. Mae'r gwasanaeth gwrth-dwyll yn gwneud cyflwyniadau. Gwnaeth un ym mis Tachwedd i gyd-fynd â'r ymgyrch yn y cyfryngau, a bydd yn cynnig rhaglenni addysgol cyson ar gyfer ymarferwyr ynghylch materion sy'n gysylltiedig ag ymladd yn erbyn twyll a'r strategaeth a hyrwyddwyd gan y Gweinidog yn ddiweddar fel bod modd iddynt fanteisio'n llawn ar y rhain.

[80] **Jocelyn Davies:** I think that it was a cost of something like £15 million, which is a lot of money, because people were getting medication by claiming that they were entitled to free prescriptions. However, you indicated when we questioned you on this before that that was—not the tip of the iceberg; I do not think that that was the term that you used—but that the rest of the fraud that goes on in the NHS is much larger than the £15 million on prescription charges. Where do you think the rest of this fraud is going on? I imagine that, if we looked at it, it would be huge sums.

[80] **Jocelyn Davies:** Credaf fod y gost oddeutu £15 miliwn, sy'n swm mawr o arian, gan fod pobl yn cael moddion drwy honni bod ganddynt hawl i gael presgripsiwn am ddim. Fodd bynnag, dywedasoch pan gawsoch eich holi gennym o'r blaen ynghylch hyn mai dyma—nid crib y rhewfryn; nid wyf yn credu mai dyna oedd y term a ddefnyddiwyd gennych—ond bod gweddill y twyll sy'n digwydd yn y GIG yn llawer mwy na'r £15 miliwn ar daliadau presgripsiynau. Ym mhle, yn eich barn chi, y mae gweddill y twyll hwn yn digwydd? Yr wyf yn tybio, pe baem yn edrych arno, y byddai'r symiau'n enfawr.

Ms Lloyd: I sincerely hope that it would not be huge sums, but fraud is a cumulative experience. I think that it will be impossible for us to find out where fraud, in all the corners of the NHS in England and Wales, might be occurring. However, I think that it is incumbent on us to ensure that all our staff understand what fraud looks like and what action will be taken if fraud is discovered. There have been—not particularly in Wales—some major frauds conducted within the NHS in recent times, amounting to many millions of pounds. We must ensure, for the sake of our staff and for the sake of the voted provision, that we heighten staff's awareness to the possibilities of fraud.

Ms Lloyd: Yr wyf yn gobeithio'n fawr na fyddai'r symiau'n enfawr, ond mae twyll yn rhywbeth cynyddol. Credaf y bydd yn amhosibl i ni ganfod ym mhle, o holl gilfachau'r GIG yng Nghymru a Lloegr, y gallai twyll fod yn digwydd. Fodd bynnag, credaf ei bod yn ddyletswydd arnom i sicrhau bod pob aelod o'n staff yn deall sut beth yw twyll a pha gamau a gymerir os canfyddir twyll. Mae rhai gweithredoedd sylweddol o dwyll, gwerth miliynau lawer o bunnoedd, wedi eu cyflawni yn y GIG yn ddiweddar—er nad yng Nghymru at ei gilydd. Rhaid i ni sicrhau, er mwyn ein staff ac er mwyn y ddarpariaeth a ddyrannwyd, ein bod yn cynyddu ymwybyddiaeth y staff o'r posibiliadau o dwyll.

[81] **Jocelyn Davies:** Yes, because sometimes it is the people working in the NHS that are committing the fraud, and not just the public going in and pretending that they are entitled to free prescriptions. We are talking about people that may very well be earning their living in the NHS.

[81] **Jocelyn Davies:** Rhaid, oherwydd ambell waith y bobl sy'n gweithio yn y GIG sy'n cyflawni'r twyll, ac nid dim ond y cyhoedd yn mynd i mewn ac yn cymryd arnynt bod ganddynt hawl i gael presgripsiwn am ddim. Yr ydym yn siarad am bobl sydd, mae'n eithaf posibl, yn ennill eu tamaid yn y GIG.

Ms Lloyd: Yes. Hopefully, it might be that many of the staff do not understand that what they might be doing could be classified as fraud, and it is our responsibility to ensure that they have that kind of information.

Ms Lloyd: Ydym. Mae'n bosibl, gobeithio, nad yw llawer o'r staff yn deall y gallai'r hyn y maent yn ei wneud gael ei ddisgrifio fel twyll, a'n cyfrifoldeb ni yw sicrhau bod gwybodaeth o'r fath ganddynt.

[82] **Dafydd Wigley:** Janet, do you want to come in quickly on this?

[82] **Dafydd Wigley:** Janet, ydych chi am ofyn cwestiwn yn gyflym ar hyn?

[83] **Janet Davies:** Yes, very quickly. It is on the same subject. You are talking about the general cultural attitude and I think that must be changed. It is obviously very difficult to change because prescription fraud is not just back of the form prescription fraud. It is also claiming and wanting things that people feel that they need. However, you also have the tension of ensuring that people who are entitled to free prescriptions and need them do not feel, because of any campaign, as if they should not claim them. I wondered if you have any ideas on how to balance out this tension, which I realise must be difficult to achieve.

[83] **Janet Davies:** Ydwyf, yn gyflym iawn. Mae'n ymwneud â'r un pwnc. Yr ydych yn siarad am yr agwedd ddiwylliannol gyffredinol a chredaf fod rhaid newid hynny. Mae'n amlwg yn anodd iawn i'w newid oherwydd mae twyll presgripsiynau yn fwy na thwyll cefn ffurflen presgripsiwn. Mae'n ymwneud hefyd â hawlio a bod eisiau pethau y mae pobl yn teimlo bod arnynt eu hangen. Fodd bynnag, mae gennych chi hefyd y tensiwn o sicrhau nad yw pobl sydd â hawl i bresgripsiynau am ddim ac sydd eu hangen yn teimlo, oherwydd unrhyw ymgyrch, na ddylent eu hawlio. Tybed oes gennych chi unrhyw syniadau sut i wrthbwyso'r tensiwn hwn—rhywbeth sydd, fe sylweddolaf, yn anodd iawn i'w wneud.

Ms Lloyd: It is difficult, and I think that is why we must make the people of Wales much more aware about what they are entitled to so that they do not feel hesitant about claiming that to which they are entitled. However, we must also ensure that the pharmacists become the regulators and apply the rules effectively.

Ms Lloyd: Mae'n anodd, a chredaf mai dyna pam bod rhaid i ni wneud pobl Cymru'n llawer mwy ymwybodol o'r hyn y mae ganddynt hawl iddo fel nad ydynt yn teimlo'n ansicr ynghylch hawlio'r hyn y mae ganddynt hawl iddo. Fodd bynnag, rhaid i ni hefyd sicrhau bod y fferyllwyr yn dod yn rheolyddion ac yn gweithredu'r rheolau'n effeithiol.

[84] **Dafydd Wigley:** I would like to get one round of questions in again on an important area. In leaving fraud, I think that this Committee will look forward very much to seeing the outcome of the work being done by the team that you have set up and that you will have found ways of quantifying what you are trying to work to eliminate and the success that you are having in eliminating it. I realise that it is difficult to quantify by definition, but I am sure that we will come back to this and I hope that the team succeeds.

[84] **Dafydd Wigley:** Hoffwn gael un rownd o gwestiynau i mewn eto ar faes pwysig. Wrth adael twyll, credaf y bydd y Pwyllgor hwn yn edrych ymlaen yn fawr i weld canlyniad y gwaith sy'n cael ei wneud gan y tîm a sefydlwyd gennych ac y byddwch yn canfod ffyrdd o fesur yr hyn yr ydych yn ceisio'i ddileu a pha mor llwyddiannus yr ydych wrth wneud hynny. Sylweddolaf ei bod yn anodd mesur drwy ddiffiniad, ond yr wyf yn siwr y byddwn yn dychwelyd at hyn a gobeithiaf y bydd y tîm yn llwyddo.

[85] **Alison Halford:** May I just ask two very quick questions?

[85] **Alison Halford:** A gaf i ofyn dau gwestiwn cyflym iawn?

[86] **Dafydd Wigley:** Run the two into one.

[86] **Dafydd Wigley:** Gwnewch y ddau yn un.

[87] **Alison Halford:** Do you have a policy of prosecuting people who actually steal items from the NHS? I used to work within the area of a large hospital and quite a lot of theft went out of the door. Secondly, were we not promised that, when doctors' records were computerised, it would be easier to close down on prescription charge problems because the computerised system would give pharmacists an easier ride at looking at dates of births and so on?

[88] **Dafydd Wigley:** Thank you for those quick questions. May we have quick answers, please?

Ms Lloyd: The answer to the second question is that not all doctors have computerised systems and that not all of them use them.

[89] **Alison Halford:** We were told that a year ago.

Ms Lloyd: That is a problem. In my experience, prosecuting theft is done in the NHS.

[90] **Dafydd Wigley:** The final area that we want to look at is restructuring.

Mae adroddiad yr Archwilydd Cyffredinol yn crynhoi argymhellion blaenorol a wnaed gan y Pwyllgor hwn ar reoli ailstrwythuro GIG Cymru. Mae Llywodraeth Cymru wedi derbyn yr argymhellion hynny. A fyddech cystal â'n hysbysu o'r cynnydd a wnaed hyd yn hyn, ac, yn enwedig, pryd y gallwch roi inni amcangyfrif o gostau'r ailstrwythuro a'r arbedion a fydd yn deillio o hynny?

[87] **Alison Halford:** A oes gennych bolisi o erlyn pobl sy'n mynd mor bell â dwyn eitemau oddi ar y GIG? Arferwn weithio o fewn ardal ysbyty mawr ac yr oedd cryn dipyn o bethau'n mynd allan drwy'r drws. Yn ail, oni chawsom addewid y byddai'n haws mynd i'r afael â phroblemau taliadau presgripsiwn pan fyddai cofnodion meddygon ar gyfrifiaduron, gan y byddai'r system gyfrifiadurol yn gwneud pethau'n haws i fferyllwyr wrth edrych ar ddyddiadau geni ac yn y blaen?

[88] **Dafydd Wigley:** Diolch i chi am y cwestiynau cyflym hynny. A gawn ni atebion cyflym, os gwelwch yn dda?

Ms Lloyd: Yr ateb i'r ail gwestiwn yw nad oes gan bob meddyg system gyfrifiadurol ac nad yw pob un yn ei defnyddio.

[89] **Alison Halford:** Dywedwyd hynny wrthym flwyddyn yn ôl.

Ms Lloyd: Mae hynny'n broblem. O'm profiad i, mae lladron yn cael eu herlyn yn y GIG.

[90] **Dafydd Wigley:** Y maes olaf yr ydym am edrych arno yw ailstrwythuro.

The Auditor General's report summarises the recommendations previously made by this Committee on managing the restructuring of NHS Wales. The Assembly Government has accepted those recommendations. Could you please update us on the progress made to date and, in particular, when you expect to be able to provide us with an estimate of the costs of restructuring and the savings that will flow from that?

Ms Lloyd: I intend to provide the Minister with a report by mid May on the costs of restructuring the NHS in Wales.

Ms Lloyd: Bwriadaf gyflwyno adroddiad ar gostau ailstrwythuro'r GIG yng Nghymru i'r Gweinidog erbyn canol Mai.

[91] **Dafydd Wigley:** And will that include an estimate of the savings resulting from it?

[91] **Dafydd Wigley:** Ac a fydd yr adroddiad hwnnw'n cynnwys amcangyfrif o'r arbedion a fydd yn deillio o hynny?

Ms Lloyd: It will include the cost of restructuring the NHS in Wales. At the moment, we are not sure that there will be savings because restructuring is not simply moving the system as it is today to the system that it will be in future. Accompanying that will be a fairly radical culture change with performance management coming in and where accountability will be tightened. Therefore, included in the restructuring is a great deal of additional work that must be included—.

Ms Lloyd: Bydd yn cynnwys cost ailstrwythuro'r GIG yng Nghymru. Ar hyn o bryd, ni allwn fod yn sicr y bydd arbedion, oherwydd mae mwy i ailstrwythuro na dim ond symud y system fel y mae heddiw i'r system a fydd yn y dyfodol. Yn ogystal â hynny bydd newid gweddol radical mewn diwylliant gyda rheoli perfformiad yn dod i mewn ac atebolrwydd yn cael ei dynhau. Felly, ynghlwm wrth yr ailstrwythuro y mae llawer o waith ychwanegol y mae'n rhaid ei gynnwys—.

[92] **Dafydd Wigley:** I think that I understand what you are saying, but I want to be clear. There are two elements in any such change, are there not? There is the one-off cost, which inevitably will be a cost, and then there is the ongoing effect, which may be either a cost or a saving. You are saying that you will consider both, although both may be costs. These will be available sometime from May onwards.

[92] **Dafydd Wigley:** Credaf fy mod yn deall yr hyn a ddywedwch, ond hoffwn fod yn sicr. Mae dwy elfen yn perthyn i unrhyw newid o'r fath, onid oes? Y gost unwaith ac am byth, a fydd yn anorfod yn gost, ac yna'r effaith barhaus, a all fod naill ai'n gost neu'n arbediad. Yr ydych yn dweud y byddwch yn ystyried y naill a'r llall, er y gallai'r ddau fod yn gostau. Bydd y rhain ar gael ryw dro o fis Mai ymlaen.

Ms Lloyd: Yes, in the middle of May.

Ms Lloyd: Byddant, ganol Mai.

[93] **Dafydd Wigley:** In that case, we look forward to that. Ann, do you want to come in on this?

[93] **Dafydd Wigley:** Os felly, edrychwn ymlaen at hynny. Ann, ydych chi am ofyn cwestiwn ar hyn?

[94] **Ann Jones:** Yes, thank you. On pages 16 and 17 of the report, it is noted that the appointed auditors have raised concerns about the interpretation and application of guidelines issued to NHS bodies on early retirement and redundancies. They have suggested that perhaps some cases for early retirement and redundancies are not as robust as they should be. In paragraph 3.14, the Auditor General emphasises that any such settlements must be publicly defensible. We with must agree with that. With the ongoing restructuring, there is likely to be an increase in such settlements, either in early retirement or redundancies. What action do you plan to take in response to the concerns that the auditors have picked up on already?

[94] **Ann Jones:** Ydwyf, diolch. Ar dudalennau 16 ac 17 yr adroddiad, nodir bod yr archwilwyr a bennwyd wedi mynegi pryder ynghylch dehongli a chymhwyso canllawiau a ddosbarthwyd i gyrff y GIG ar ymddeol yn gynnar a diswyddiadau. Awgrymasant nad yw rhai dadleuon dros ymddeoliadau cynnar a diswyddiadau o bosibl mor gadarn ag y dylent fod. Ym mharagraff 3.14, mae'r Archwilydd Cyffredinol yn pwysleisio y dylai unrhyw setliadau o'r fath fod yn rhai y gellir eu hamddiffyn yn gyhoeddus. Rhaid i ni gytuno â hynny. Gyda'r ailstrwythuro presennol, mae'n debygol y bydd cynnydd mewn setliadau o'r fath, naill ai mewn ymddeoliadau cynnar neu mewn diswyddiadau. Pa gamau y bwriadwch eu cymryd mewn ymateb i'r pryderon a fynegwyd yn barod gan yr archwilwyr?

Ms Lloyd: I have published guidelines for the health service about severance terms for staff, particularly senior staff. In restructuring, we will, as usual, endeavour to minimise any redundancies because it is hardly over-managed and, therefore, we need to be able to use the talents that we have available to us. I will be looking at all the redundancy settlements that are coming through from now on. The guidelines, which have been approved by the NAO, have now been issued to the service. (6)

Ms Lloyd: Yr wyf wedi cyhoeddi canllawiau ar gyfer y gwasanaeth iechyd ynghylch telerau diswyddo staff, yn enwedig uwch aelodau o'r staff. Wrth ailstrwythuro, byddwn, fel arfer, yn ceisio sicrhau bod cyn lleied ag sy'n bosibl o ddiswyddiadau oherwydd prin bod gormod o reolwyr ac, felly, mae angen i ni allu defnyddio'r talentau sydd ar gael. Byddaf yn edrych ar bob setliad diswyddo a wneir o hyn ymlaen. Mae'r canllawiau, a gymeradwywyd gan y Swyddfa Archwilio Genedlaethol, wedi eu dosbarthu i'r gwasanaeth yn awr. (6)

[95] **Dafydd Wigley:** Yr oeddwn am ofyn cwestiynau pellach ar y gost o ddiddymu benthyciadau. Ni chredaf fod angen inni ddilyn trywydd hynny, gan eich bod wedi ateb cwestiynau yn barod ar hynny. Fodd bynnag, byddem yn falch pe bai modd cadw costau o'r math hynny mor isel â phosibl. Cawn glywed am hynny yn llawnder amser gyda'r amcangyfrif o'r costau.

[95] **Dafydd Wigley:** I wanted to ask further questions about the costs of writing off loans. I do not think that we need to follow that point through, because you have already answered questions on that. However, we would appreciate it if those costs could be kept as low as possible. We will hear about that in the fullness of time, along with the estimate of the costs.

Oni bai bod gan aelodau unrhyw gwestiynau eraill, hoffwn ddiolch i'r tystion am eu hatebion parod a llawn. Cyfeiriasoch at y ffaith y byddwch yn llythyru â ni ymhellach ar rai materion, a byddwn yn falch o dderbyn y wybodaeth honno. Danfonir trawsysgrif drafft atoch a bydd cyfle i chi gywiro unrhyw gamgymeriadau ffeithiol. Pan gyhoeddir adroddiad y Pwyllgor, fe gynhwysir y trawsysgrif fel atodiad i'r ddogfen. Diolch yn fawr iawn ichi am ddod.

If colleagues do not have any further questions, I would like to thank all the witnesses for their full and ready answers. You mentioned that you will be in further correspondence with us regarding some issues and we will be pleased to receive that information. A draft transcript will be sent to you, and you will have an opportunity to correct any factual errors. The transcription will be included as an appendix to the Committee's report when it is published. Thank you very much for coming.

I am sure that we will see you again before long, Ann, as you are a fairly regular visitor here. We are very grateful to you.

Yr wyf yn sicr y byddwn yn eich gweld eto cyn bo hir, Ann, gan eich bod yn ymwelydd eithaf rheolaidd â ni. Yr ydym yn ddiolchgar iawn i chi.

Daeth y sesiwn cymryd tystiolaeth i ben am 3.15 p.m.

The evidence-taking session ended at 3.15 p.m.

Mae'r tyst wedi ychwanegu'r nodiadau canlynol:

The witness has added the following notes:

(1) Mae diffygion yn y gorffennol wedi cael eu dileu pan, er enghraifft, y cyfunodd ymddiriedolaethau; nid yw dyledion y GIG, mewn gwirionedd, wedi eu dileu o'r blaen yng Nghymru er y cawsant eu dileu yn yr Alban.

Deficits have in the past been written off when, for example, trusts merged; NHS debts have not, in fact, previously been cancelled in Wales although they have been in Scotland.

(2) Y ffigur ar hyn o bryd yw 20, sef pum awdurdod iechyd a 15 ymddiriedolaeth.

The current number is 20, namely five health authorities and 15 trusts.

(3) Mae'r ffigur hwn yn cynnwys costau staff banc ac asiantaeth. Amcangyfrifon diweddaraf Ymddiriedolaeth GIG Caerdydd a'r Fro ar gyfer 2001-02 yw £6.5 miliwn ar gyfer costau asiantaeth ac £8.7 miliwn ar gyfer costau bancio, cyfanswm o ryw £15.2 miliwn.

This figure includes the costs of bank and agency staff. Latest Cardiff and the Vale NHS Trust estimates for 2001-02 are £6.5 million for agency costs and £8.7 million for bank costs, a total of some £15.2 million.

(4) Mae'r ateb hwn yn gysylltiedig â gwariant rhoi presgripsiynau, oherwydd ymddangosai mai dyna oedd bwriad y cwestiwn. Mae gwariant rhoi presgripsiynau meddygon teulu yn elfen wahanol o gyllideb unedig yr awdurdodau iechyd o'i chymharu â gwariant gwasanaethau meddygol cyffredinol, y mae elfennau ohoni sydd wedi eu cyfyngu yn ariannol ar gyfer ad-dalu gwariant practis ymarferwyr meddygol cyffredinol.

This answer relates to prescribing expenditure, as that appeared to be the intention of the question. General practitioner prescribing expenditure is a different element of the health authorities' unified budget from general medical services expenditure, the cash limited elements of which are to cover reimbursement of general medical practitioners' practice expenditure.

(5) Mae'r data a gyhoeddwyd ar ryngrwyd a mewnrwyd GIG Cymru yn rhoi gwybodaeth ar bresgripisynau a ddosberthir yng Nghymru. Cynhyrchwyd y data gan uned gwasanaethau presgripsiynau Atebtion Iechyd Cymru ac mae ar ffurf ffeil ddata fawr ynghyd â nodiadau esboniadol ond dim dadansoddiad.

The data published on the NHS Wales internet and intranet gives information on prescriptions dispensed in Wales. The data has been produced by the prescribing services unit of Health Solutions Wales and takes the form of a large data file together with explanatory notes but no analysis.

(6) Mae'r canllawiau, sydd yn cyfeirio at y pryderon a godwyd gan y Swyddfa Archwilio Genedlaethol wedi eu copïo i, yn hytrach nag wedi eu clirio, â'r Swyddfa Archwilio Genedlaethol.

The guidelines, which address the concerns raised by the National Audit Office were copied to, rather than cleared with, the NAO.