Annex A

Cynulliad Cenedlaethol Cymru
Pwyllgor Archwilio

The National Assembly for Wales
Audit Committee

Rheoli Ystâd y Gwasanaeth Iechyd Gwladol yng Nghymru
Managing the Estate of the National Health Service in Wales

Cwestiynau 1-176
Questions 1-176

Dydd Iau 24 Ionawr 2002
Thursday 24 January 2002

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

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

Tystion: Neil Davies, Cyfarwyddwr Ystadau Iechyd Cymru; Ann Lloyd, Swyddog Cyfrifo'r GIG yng Nghymru a Phennaeth Cyfarwyddiaeth y GIG, Cynulliad Cenedlaethol Cymru; John Morgan, Pennaeth yr Is-adran Rheoli a Thechnoleg Gwybodaeth Iechyd ac Ystadau, Cyfarwyddiaeth y GIG, Cynulliad Cenedlaethol Cymru.

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

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

Witnesses: Neil Davies, Director, Welsh Health Estates; Ann Lloyd, Accounting Officer for the NHS in Wales and Head of the NHS Directorate, National Assembly for Wales; John Morgan, Head of Health Information Management and Technology and Estates Division, NHS Directorate, National Assembly for Wales.

Dechreuodd y cyfarfod am 2.05 p.m.
The meeting began at 2.05 p.m.

[1] **Janet Davies:** Welcome to this meeting of the Audit Committee. Before we start, I will explain that Eleanor Burnham is substituting for Kirsty Williams. Ann Jones sends her apologies, and Brian Hancock is substituting for Jocelyn Davies, who has been taken ill today, which seems inappropriate for this particular meeting, perhaps.

Will the witnesses introduce themselves, please?

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

Mr Morgan: I am John Morgan. I am head of Health Information Management and Technology and Estates Division.

Mr Davies: Neil Davies, director of Welsh Health Estates.

[2] **Janet Davies:** Thank you very much. As you know, the purpose of this meeting is to take evidence on the report by the National Audit Office, 'Managing the Estate of the National Health Service in Wales'.

[1] **Janet Davies:** Croeso i'r cyfarfod hwn o'r Pwyllgor Archwilio. Cyn inni ddechrau, egluraf fod Eleanor Burnham yn dirprwyo dros Kirsty Williams. Mae Ann Jones yn anfon ei hymddiheuriadau, ac mae Brian Hancock yn dirprwyo dros Jocelyn Davies, sydd yn sâl heddiw, sydd yn ymddangos yn amhriodol i'r cyfarfod arbennig hwn, efallai.

A wnaiff y tystion eu cyflwyno eu hunain, os gwelant yn dda?

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

Mr Morgan: John Morgan wyf fi. Yr wyf yn bennaeth ar yr Is-adran Rheoli a Thechnoleg Gwybodaeth Iechyd ac Ystadau.

Mr Davies: Neil Davies, cyfarwyddwr Ystadau Iechyd Cymru.

[2] **Janet Davies:** Diolch yn fawr iawn i chi. Fel y gwyddoch, pwrpas y cyfarfod hwn yw cymryd tystiolaeth ar yr adroddiad gan y Swyddfa Archwilio Genedlaethol, 'Rheoli Ystâd y Gwasanaeth Iechyd Gwladol yng Nghymru'.

You may speak in Welsh or English. If you are unable to understand Welsh, there are translation facilities. For members of the public who may find it difficult to hear, you can sometimes hear more clearly using the headphones. We will have a break at some time, round about halfway through.

Cewch siarad yn y Gymraeg neu'r Saesneg. Os na allwch ddeall Cymraeg, mae cyfleusterau cyfieithu. Ar gyfer aelodau o'r cyhoedd a allai ei chael yn anodd clywed, gallwch glywed yn gliriach weithiau drwy ddefnyddio'r clustffonau. Cawn egwyl ryw bryd, tua hanner y ffordd drwodd.

I would like to get straight into the report, because we have quite a lot of questions on it. My first question is to Ms Lloyd. I welcome the opportunity for this Committee to consider the management of the NHS estate, because the effective and efficient management of these property assets is essential for the delivery of quality patient care in a well-maintained environment. This is the first of two meetings to consider this report. At our next meeting we will take evidence from the chief executives of two national health service trusts, because they are at the front line of managing the estate. We have done this previously with some reports, whereby we get a two-pronged evidence session. The Auditor General will produce a further report about renewal and disposal of the estate. Ms Lloyd, what priority do you give to the estate, and what do you see as the main issues relating to it?

Hoffwn fynd yn syth i'r adroddiad, oherwydd mae gennym gryn lawer o gwestiynau arno. Mae fy nghwestiwn cyntaf i Ms Lloyd. Croesawaf y cyfle i'r Pwyllgor hwn ystyried rheoli ystâd y GIG, oherwydd mae rheoli'r asedau eiddo hyn yn effeithiol ac yn effeithlon yn holl bwysig er mwyn cyflenwi gofal cleifion o ansawdd da mewn amgylchedd a gynhaliwyd yn dda. Hwn yw'r cyntaf o ddau gyfarfod i ystyried yr adroddiad hwn. Yn ein cyfarfod nesaf byddwn yn cymryd tystiolaeth oddi wrth brif weithredwyr dwy ymddiriedolaeth gwasanaeth iechyd gwladol, oherwydd maent hwy yn y rheng flaen wrth reoli'r ystâd. Gwnaethom hyn o'r blaen gyda rhai adroddiadau, fel y cawn sesiwn tystiolaeth deubig. Bydd yr Archwilydd Cyffredinol yn cynhyrchu adroddiad pellach am adnewyddu a gwerthu'r ystâd. Ms Lloyd, pa flaenoriaeth yr ydych yn ei rhoi i'r ystâd, a beth a farnwch yw'r prif faterion sydd yn ymwneud â hi?

Ms Lloyd: I think that the management of the estate is absolutely vital because, as you quite rightly said, the quality of the patient environment and experience in hospital, and what we are able to do for patients in hospital in a much more regenerated health service, is critical. It is very, very difficult for staff to work in estate that has been poorly maintained or is badly designed. We also need to start to put our energies towards making the absolute best use of the estate to extend the working hours of the accommodation in there, to ensure that we are able to adapt and change as patients' needs change. So I regard it as extremely important; it is a vital asset in providing quality patient care in Wales.

Ms Lloyd: Credaf fod rheoli'r ystâd yn hollol hanfodol oherwydd, fel y dywedasoch yn gwbl briodol, mae ansawdd amgylchedd a phrofiad y claf yn yr ysbyty, a'r hyn y gallwn ei wneud dros gleifion yn yr ysbyty mewn gwasanaeth iechyd llawer mwy adfywiedig, yn holl bwysig. Mae'n anodd iawn iawn i staff weithio mewn ystâd a gynhaliwyd yn wael neu a gynlluniwyd yn wael. Mae angen hefyd inni ddechrau cyfeirio ein hymdrechion at wneud y defnydd gorau posibl o'r ystâd i ymestyn oriau gwaith y llety sydd yno, i sicrhau ein bod yn gallu addasu a newid wrth i anghenion cleifion newid. Felly yr wyf yn ei ystyried yn bwysig dros ben; mae'n ased hanfodol wrth ddarparu gofal cleifion o ansawdd da yng Nghymru.

[3] **Janet Davies:** To come back on that, it is very important, as you say. You do have a lot of priorities in the health service, so what sort of level of priority are you able to give to this?

[3] **Janet Davies:** Gan ddod yn ôl at hynny, mae'n bwysig iawn, fel y dywedwch. Mae gennych lawer o flaenoriaethau yn y gwasanaeth iechyd, felly pa lefel o flaenoriaeth y gallwch ei rhoi i hyn?

Ms Lloyd: If I could put it into the context of the new performance management framework, which we will implement from April 2002, the estates management systems and the use made of the estate is placed in equal priority alongside financial management and clinical governance—the actual quality of the work undertaken by the staff in the units which we contract to provide that care. So, really, it is a triangular approach; they are all equally important.

Ms Lloyd: Os caf ei roi yng nghyd-destun y fframwaith rheoli perfformiad newydd, y byddwn yn ei roi ar waith o Ebrill 2002, rhoddir blaenoriaeth gyfartal i'r systemau rheoli ystâd a'r defnydd a wneir o'r ystâd ochr yn ochr â rheolaeth ariannol a llywodraethu clinigol—gwir ansawdd y gwaith a wneir gan y staff yn yr unedau yr ydym yn gosod iddynt y gwaith o ddarparu'r gofal hwnnw. Felly, mewn gwirionedd, mae'n ddull gweithredu trionglog; maent i gyd yr un mor bwysig.

[4] **Janet Davies:** Thank you. Val, you would like to ask some questions about estate strategy?

[4] **Janet Davies:** Diolch. Val, a hoffech ofyn cwestiynau am strategaeth ystâd?

[5] **Val Lloyd:** Good afternoon. I have a few questions for you, but you may want to redirect them. Paragraph 2.1 of the Auditor General's report points to the importance of a strategic approach to the management of the NHS estate in Wales. However, in the absence of a clearly articulated, overarching strategy for NHS Wales as a whole, are you confident that this deficit has not resulted in misdirected investment, both in maintaining and upgrading the condition of the estate? If you are confident, to what degree does that confidence extend?

[5] **Val Lloyd:** Prynhawn da. Mae gennyf ychydig o gwestiynau i chi, ond mae'n bosibl y byddwch yn dymuno eu hailgyfeirio. Mae paragraff 2.1 yn adroddiad yr Archwilydd Cyffredinol yn cyfeirio at bwysigrwydd dull strategol o reoli ystâd y GIG yng Nghymru. Fodd bynnag, yn niffyg strategaeth eglur, gyffredinol ar gyfer GIG Cymru yn ei gyfanrwydd, a ydych yn ffyddiog nad yw'r diffyg hwn wedi arwain at gamgyfeirio buddsoddiad, wrth gynnal ac wrth wella cyflwr yr ystâd? Os ydych yn ffyddiog, pa mor bell y mae'r ffydd honno'n ymestyn?

Ms Lloyd: I think that you are right in pointing out that one cannot have a 100 per cent degree of confidence that the money has been well directed, given a strategic framework which is to be produced in 2002 and against which the estate plans that have come in now from the organisations will be adjudged. I think that we need to take one step back. It might be helpful to look at what has happened over the past 10 years, when there has been no strategic service framework for Wales. Basically, the estates management and the strategies for the development of services over the past 10 years were largely undertaken by health authorities and trusts together, in looking at the range and quality of services that they wanted for their populations. The centre—the Welsh Office and now the Assembly—did not have a major strategic role to play in that. I think that you can see from the helpful report here that that has started to change, certainly since the advent of the Assembly. A considerable

Ms Lloyd: Credaf eich bod yn iawn wrth nodi na all rhywun fod yn gwbl ffyddiog bod yr arian wedi ei gyfeirio'n dda, o gael fframwaith strategol sydd i'w gynhyrchu yn 2002 ac y bernir y cynlluniau ystâd a ddaeth i mewn yn awr oddi wrth y cyrff yn ei erbyn. Credaf fod angen inni gymryd un cam yn ôl. Efallai y bydd yn fuddiol edrych ar yr hyn a ddigwyddodd dros y 10 mlynedd diwethaf, pan na fu fframwaith gwasanaeth strategol i Gymru. Yn y bôn, yr oedd y rheoli ystadau a'r strategaethau ar gyfer datblygu gwasanaethau dros y 10 mlynedd diwethaf wedi eu cyflawni'n bennaf gan yr awdurdodau iechyd a'r ymddiriedolaethau gyda'i gilydd, wrth edrych ar ystod ac ansawdd y gwasanaethau yr oeddent yn eu dymuno ar gyfer eu poblogaethau. Nid oedd gan y canol—y Swyddfa Gymreig a'r Cynulliad yn awr—rôl strategol fawr i'w chwarae yn hynny. Credaf y gallwch weld oddi wrth yr adroddiad buddiol yma fod hynny wedi dechrau newid, yn sicr ers

amount of work has been undertaken to ensure that we do have an estate strategic framework against which we can more appropriately adjudge and present the information to you about how we are utilising the money and the estate to effect quality patient care. So I would be hesitant to place 100 per cent confidence in our having used every single penny and every part of the estate to their maximum. However, what I do know is that, given the discretionary allocations which have been received by trusts, they will have determined their priorities in an open and public way. They will have been held to account for those priorities, for the use of the money given to them and for the estate vested in them to try to ensure that the quality of the patients' environment was improved and that the statutory obligations under which they are placed were met as far as they could be.

dyfodiad y Cynulliad. Ymgymerwyd â llawer iawn o waith i sicrhau bod gennym fframwaith strategol ystâd y gallwn farnu'n fwy priodol yn ei erbyn a chyflwyno'r wybodaeth i chi am y modd yr ydym yn defnyddio'r arian a'r ystâd i gyflawni gofal cleifion o ansawdd da. Felly byddwn yn petruso cyn dweud yn hollol ffyddiog ein bod wedi defnyddio pob ceiniog a phob rhan o'r ystâd i'r eithaf. Fodd bynnag, yr hyn a wn yw, o ystyried y dyraniadau dewisol y mae'r ymddiriedolaethau wedi eu derbyn, y byddant wedi penderfynu ar eu blaenoriaethau mewn modd agored a chyhoeddus. Byddant wedi eu galw i gyfrif am y blaenoriaethau hynny, am y defnydd o'r arian a roddwyd iddynt ac am yr ystâd a ymddiriedwyd iddynt i geisio sicrhau bod ansawdd amgylchedd y cleifion yn well a bod y rhwymedigaethau statudol a osodwyd arnynt wedi eu cyflawni i'r graddau mwyaf posibl.

[6] **Val Lloyd:** Thank you very much. From what you said, and from my reading of figure 5 on page 13, the national estate development plan will be a crucial element in consolidating and implementing the new strategic approach that you talked about. Could you tell me what progress is being made with the plan and when we can expect it?

[6] **Val Lloyd:** Diolch yn fawr iawn. Ar sail yr hyn a ddywedasoch, a'm dehongliad o ffigur 5 ar dudalen 13, bydd y cynllun datblygu ystâd cenedlaethol yn elfen hanfodol wrth gryfhau a gweithredu'r dull strategol newydd y soniasoch amdano. A allwch ddweud wrthyf pa gynnydd a wneir ar y cynllun a pha bryd y gallwn ei ddisgwyl?

Ms Lloyd: The plan should be available in April 2002. It will be an extremely informative document because it will look at a description of the current estate, what use is made of that, and the impact of trends in patient care on that estate for the future. So it will signal changes for the future. It will also look at what the estate priorities are and how they will fit into the service priorities, and at the key aims and objectives for managing the estate—because, as the Auditor General will inform us in a later report, there are issues around the disposal of estate and the way in which estate is being developed in Wales. It will look at the drivers for changing the use of buildings and whether we want to extend the use of many of our facilities—for example, operating theatres—over a longer period than that for which they are used now. It will also look at how we can use investment and technology better to make better use of the estate and to provide a better pathway for care, and at what we are going to

Ms Lloyd: Dylai'r cynllun fod ar gael yn Ebrill 2002. Bydd yn ddogfen addysgiadol iawn oherwydd bydd yn ystyried disgrifiad o'r ystâd bresennol, y defnydd a wneir ohoni, ac effaith tueddiadau mewn gofal cleifion ar yr ystâd honno ar gyfer y dyfodol. Felly bydd yn nodi newidiadau ar gyfer y dyfodol. Bydd hefyd yn edrych ar flaenoriaethau'r ystâd a sut y byddant yn ffitio i'r blaenoriaethau gwasanaeth, ac ar y nodau a'r amcanion allweddol ar gyfer rheoli'r ystâd—oherwydd, fel y bydd yr Archwilydd Cyffredinol yn rhoi gwybod i ni mewn adroddiad diweddarach, mae materion sydd yn gysylltiedig â gwerthu'r ystâd a'r modd y datblygir yr ystâd yng Nghymru. Bydd yn edrych ar yr ysgogyddion dros newid y defnydd o adeiladau ac a ydym yn dymuno ymestyn y defnydd o lawer o'n cyfleusterau—er enghraifft, ystafelloedd llawdriniaeth—dros gyfnod hwy na'r hyn y'u defnyddir ar eu cyfer yn awr. Bydd yn edrych hefyd ar y modd y gallwn ddefnyddio buddsoddi a

do in terms of our estate in relation to the primary care strategy and the big shift that there will be towards improving primary care services for the future—although it is not covered in this particular report—and at what effect that will have on secondary care and the better use of the services and buildings that we have. So I think that this is, really, a most important piece of work which has been undertaken over the past two years, which will inform the development of good estate strategies, combined with service strategies, in all the facilities and services that we have in Wales.

thechnoleg yn well i wneud gwell defnydd o'r ystâd a darparu gwell llwybr ar gyfer gofal, ac ar yr hyn yr ydym yn ei wneud o ran ein hystâd o ran y strategaeth gofal sylfaenol a'r symudiad mawr a fydd tuag at wella gwasanaethau gofal sylfaenol ar gyfer y dyfodol—er nad ymdrinnir â hynny yn yr adroddiad arbennig hwn—a'r effaith a gaiff hynny ar ofal eilaidd a defnydd gwell o'r gwasanaethau a'r adeiladau sydd gennym. Felly credaf mai hwn, mewn gwirionedd, yw'r darn gwaith pwysicaf a gyflawnwyd dros y ddwy flynedd diwethaf, a fydd yn goleuo datblygiad strategaethau ystâd da, ynghyd â strategaethau gwasanaeth, yn yr holl gyfleusterau a gwasanaethau sydd gennym yng Nghymru.

[7] **Val Lloyd:** Thank you, that is very helpful. I turn to page 17 and the box of highlighted key points and the recommendations at the bottom of that box. You may have covered some of them. Do you plan to take any action—or what action to do you plan to take; possibly I should rephrase it as that—to ensure that that estate strategy document includes appropriate strategic targets? I think that you have already mentioned corporate policies; there is also capital and revenue expenditure and key estate performance standards and benchmarking, which is very important, I think. You said that the document is due in April 2002. Will they be included in that?

[7] **Val Lloyd:** Diolch, mae hynny'n ddefnyddiol iawn. Trof at dudalen 17 a'r blwch o bwyntiau allweddol sydd wedi eu hamlygu a'r argymhellion ar waelod y blwch hwnnw. Efallai eich bod wedi ymdrin â rhai ohonynt. A ydych yn bwriadu cymryd unrhyw gamau—neu pa gamau yr ydych yn bwriadu eu cymryd; efallai y dylwn ei aralleirio felly—i sicrhau bod y ddogfen strategaeth ystâd honno yn cynnwys targedau strategol priodol? Credaf eich bod wedi crybwyll polisïau corfforaethol eisoes; mae gwariant cyfalaf a refeniw a safonau perfformiad ystâd allweddol a meincnodi hefyd, sydd yn bwysig iawn, yr wyf yn credu. Dywedasoch y bydd y ddogfen ar gael yn Ebrill 2002. A fyddant wedi eu cynnwys yn honno?

Ms Lloyd: Yes, and it will be supplemented by the performance management guidance that will also be implemented from April. The two things must go together because the overarching strategy document must be consistently updated to make sure that we do not become complacent and stick to one set of targets, but improve our understanding of the use of our estate and our understanding and use of the asset, given changing practice. So the two documents will run in parallel.

Ms Lloyd: Byddant, ac fe'i hategir gan y cyfarwyddyd rheoli perfformiad a gaiff ei weithredu hefyd o Ebrill. Rhaid i'r ddau beth fynd gyda'i gilydd oherwydd rhaid diweddaru'r ddogfen strategaeth gyffredinol yn gyson i sicrhau nad ydym yn mynd yn ddifater ac yn glynu wrth un set o dargedau, ond yn gwella ein dealltwriaeth o'r defnydd o'n hystâd a'n dealltwriaeth a'n defydd o'r ased, ar sail arfer newidiol. Felly bydd y ddwy ddogfen yn rhedeg yn gyfochrog.

[8] **Val Lloyd:** Thank you very much.

[8] **Val Lloyd:** Diolch yn fawr iawn.

[9] **Janet Davies:** Alun, you want to pursue strategy guidance, including local strategies?

[9] **Janet Davies:** Alun, yr ydych am fynd ar ôl cyfarwyddyd strategaeth, gan gynnwys strategaethau lleol?

[10] **Alun Cairns:** Certainly. Thank you very much. I would like to follow up some of the questions that Val Lloyd raised, Cadeirydd. Figure 5 clearly shows the plan and the policy, which is on page 13 of my paper, but figure 6 then shows the delays that have been experienced in terms of implementation. Is it a fair assessment to say that we have planned very effectively but have not been able to implement the policy?

[10] **Alun Cairns:** Yn sicr. Diolch yn fawr iawn i chi. Hoffwn ddilyn rhai o'r cwestiynau a gododd Val Lloyd, Gadeirydd. Mae ffigur 5 yn dangos yn eglur y cynllun a'r polisi, sydd ar dudalen 13 yn fy mhapur i, ond mae ffigur 6 wedyn yn dangos yr oedi a brofwyd o ran gweithredu. Ai asesiad teg yw dweud ein bod wedi cynllunio'n effeithiol iawn ond nad ydym wedi gallu gweithredu'r polisi?

Ms Lloyd: No, I do not think that that is quite accurate. I think that what has happened with the delay in actually providing the guidance really goes back to my first point that this was not a strategic issue for the centre and therefore we could not, or did not, drive it with the trusts and the health authorities. Additionally, guidance that came out in England, which we reviewed and updated so that it was relevant to us in Wales and then sent out, was obviously published there before we produced it here.

Ms Lloyd: Na, ni chredaf fod hynny'n gwbl gywir. Credaf fod yr hyn a ddigwyddodd o ran yr oedi wrth ddarparu'r cyfarwyddyd yn mynd yn ôl mewn gwirionedd at fy mhwynt cyntaf sef nad oedd hyn yn fater strategol i'r canol ac felly ni allem, neu ni wnaethom, ei hyrwyddo gyda'r ymddiriedolaethau a'r awdurdodau iechyd. Yn ogystal â hynny, yr oedd cyfarwyddyd a ymddangosodd yn Lloegr, a adolygasom a'i ddiweddaru fel ei fod yn berthnasol i ni yng Nghymru a'i anfon allan wedyn, wedi ei gyhoeddi yno, wrth gwrs, cyn inni ei gynhyrchu yma.

The position we have to reach is one where we know precisely what the state of the estate is going to be for the future, and what it is now, so that we have a baseline on which to adjudge an improvement in that estate: improvement in disposal, improvement in its use and, certainly, improvement in functional suitability, which has not been part of any estates code in the past and which is really important. However, we have to ensure that each of the organisations that will now report to us through this strategic framework and performance management system that I have mentioned are clear about the targets that it is really important for NHS Wales to reach and to try to aspire to, so that we can have a much better discussion with them, in the context of a new capital building programme, of what needs to be replaced and what is really tired and outdated. That will help us to plan better, with them, a more comprehensive estates strategy which will develop over the years and a much more comprehensive capital building programme, and will allow us to monitor more effectively with them the use that they are making of their discretionary capital to upgrade the accommodation that they have and will need for the future.

Y sefyllfa y mae'n rhaid inni ei chyrraedd yw un lle y gwyddom yn union beth fydd cyflwr yr ystâd ar gyfer y dyfodol, a'r hyn ydyw yn awr, fel bod gennym linell sylfaen y gallwn farnu gwelliant yn yr ystâd honno yn ei herbyn: gwelliant wrth ei gwerthu, gwelliant yn y defnydd ohoni ac, yn sicr, gwelliant yn ei haddasrwydd gweithrediadol, na fu'n rhan o unrhyw god ystadau yn y gorffennol ac sydd yn wirioneddol bwysig. Fodd bynnag, rhaid inni sicrhau bod pob un o'r cyrff a fydd yn adrodd i ni'n awr drwy'r fframwaith strategol a'r system rheoli perfformiad hon a grybwyllais yn deall y targedau y mae'n wirioneddol bwysig i GIG Cymru eu cyrraedd a cheisio dyheu amdanynt, fel y gallwn gael trafodaeth well o lawer gyda hwy, yng nghyd-destun rhaglen adeiladu cyfalaf newydd, am yr hyn y mae angen ei amnewid a beth sydd yn wirioneddol flinedig a henffasiwn. Bydd hynny'n ein helpu i gynllunio'n well, gyda hwy, strategaeth ystadau fwy cynhwysfawr a fydd yn datblygu dros y blynyddoedd a rhaglen adeiladu cyfalaf gynhwysfawr, a fydd yn caniatáu inni fonitro'n fwy effeithiol gyda hwy y defnydd a wnânt o'u cyfalaf dewisol i wella'r adeiladau sydd ganddynt ac y bydd arnynt eu hangen at y dyfodol.

[11] **Alun Cairns:** Thank you. Linked to that, to what extent did NHS trusts meet the end of December 2001 target for producing their estates strategies?

[11] **Alun Cairns:** Diolch. Yn gysylltiedig â hynny, i ba raddau y cyrhaeddodd yr ymddiriedolaethau GIG y targed o ddiwedd Rhagfyr 2001 ar gyfer cynhyrchu eu strategaethau ystâd?

Ms Lloyd: They all met them. One is still in draft due to sickness, but they are all in. They are, as you might imagine, of variable quality. Some of them are extremely good. They are being reviewed now to ensure that we are able to feed back to the trusts a positive message about what they need to do for the future. We will ask some of them to undertake extra work to ensure that the strategies are comprehensive. However, they did actually all meet the December 2001 target.

Ms Lloyd: Fe'i cyraeddasant bob un. Mae un ar ffurf ddrafft o hyd oherwydd salwch, ond maent i gyd wedi eu derbyn. Fel y gallwch ddychmygu, mae eu hansawdd yn amrywio. Mae rhai ohonynt yn dda iawn. Fe'u hadolygir yn awr i sicrhau ein bod yn gallu adborthi neges gadarnhaol i'r ymddiriedolaethau am yr hyn y mae angen iddynt ei wneud ar gyfer y dyfodol. Byddwn yn gofyn i rai ohonynt ymgymryd â gwaith ychwanegol i sicrhau bod y strategaethau'n gynhwysfawr. Fodd bynnag, yr oedd pob un ohonynt wedi cyrraedd y targed o Ragfyr 2001.

[12] **Alun Cairns:** Thank you. Paragraph 2.13 states that a few health authorities were not bothering to develop strategies, citing the low value of property holdings in justification of their policy. Is that fair, and do you accept that, in light of what you told me previously?

[12] **Alun Cairns:** Diolch. Noda paragraff 2.13 fod ychydig o awdurdodau iechyd nad oeddent yn trafferthu i ddatblygu strategaethau, gan grybwyll gwerth isel y daliadau eiddo er mwyn cyfiawnhau eu polisi. A yw hynny'n deg, ac a ydych yn derbyn hynny, yng ngoleuni'r hyn a ddywedasoch wrthyf yn gynharach?

Ms Lloyd: The amount of property held by health authorities is extremely small. The vast majority is held by the trusts. I would have expected them to have had some strategy for the way in which they were going to use their accommodation, and whether or not they still required it for the future. However, as we are now, I think that the most important thing for them to do is to review quickly the state of their residual estate, what needs to be disposed of, what is surplus to requirements and what will need to be maintained, particularly given the debate that is going on now about the accommodation requirements for the implementation of the new structures in Wales. So I can see more energy being expended on planning accommodation for the future rather than them now coming up with strategic plans for the use of their current accommodation, because we have to look to how the changes will affect them and their property in the next year.

Ms Lloyd: Mae maint yr eiddo a ddelir gan awdurdodau iechyd yn fach dros ben. Delir y rhan helaethaf gan yr ymddiriedolaethau. Byddwn wedi disgwyl iddynt fod â rhyw strategaeth ar gyfer y modd y byddant yn defnyddio eu hadeiladau, ac a oes arnynt eu hangen o hyd ar gyfer y dyfodol neu beidio. Fodd bynnag, fel yr ydym yn awr, credaf mai'r peth pwysicaf iddynt yw adolygu cyflwr eu hystâd weddillol yn gyflym, yr hyn y mae angen ei werthu, yr hyn sydd yn ddiangen a'r hyn y bydd angen ei gynnal, yn enwedig yng ngolwg y ddadl sydd yn digwydd yn awr ynglŷn â'r gofynion o ran adeiladau ar gyfer gweithredu'r strwythurau newydd yng Nghymru. Felly gallaf ragweld y bydd mwy o ymdrechion ar gynllunio adeiladau ar gyfer y dyfodol yn hytrach na dyfeisio cynlluniau strategol ganddynt yn awr ar gyfer defnyddio eu hadeiladau presennol, oherwydd rhaid inni ystyried sut y bydd y newidiadau yn effeithio arnynt ac ar eu heiddo yn y flwyddyn nesaf.

[13] **Dafydd Wigley:** May I come in with a

[13] **Dafydd Wigley:** A gaf ddod i mewn â

short question, Chair? Briefly, on the back of that, do you believe that the trusts have enough incentive to look quickly and rationally at their property? If they had more direct benefits from any disposal or rationalisation, would that speed things up?

chwestiwn byr, Gadeirydd? Yn fyr, ar ben hynny, a ydych yn credu bod digon o anogaeth ar yr ymddiriedolaethau i edrych yn gyflym ac yn rhesymegol ar eu heiddo? Pe caent fuddion mwy uniongyrchol o unrhyw werthu neu resymoli, a fyddai hynny'n cyflymu pethau?

Ms Lloyd: I am sorry, I was referring to health authorities rather than trusts.

Ms Lloyd: Mae'n ddrwg gennyf, yr oeddwn yn cyfeirio at awdurdodau iechyd yn hytrach nag ymddiriedolaethau.

[14] **Dafydd Wigley:** I know, but you said that the trusts held most of the property.

[14] **Dafydd Wigley:** Gwn hynny, ond dywedasoch mai'r ymddiriedolaethau a oedd yn dal y rhan fwyaf o'r eiddo.

Ms Lloyd: Yes, the trusts do hold most of it. Yes, I think that that is a very salient point. The other thing that we are trying to do in these business cases that they are coming forward with—and it will be mostly the trusts—is to ensure that the incentive is there, that they should be able to realise their assets, and they be then set against new developments or renewal of existing developments. So I think that, in part, incentives are in there.

Ms Lloyd: Ie, yr ymddiriedolaethau sydd yn dal y rhan fwyaf ohono. Ydwyf, credaf fod hynny'n bwynt amlwg iawn. Y peth arall yr ydym yn ceisio ei wneud yn yr achosion busnes hyn y maent yn eu cyflwyno—a'r ymddiriedolaethau fydd yn gwneud hynny'n bennaf—yw sicrhau bod anogaeth yno, y dylent allu sylweddoli eu hasedau, a'u gosod wedyn yn erbyn datblygiadau newydd neu adnewyddu datblygiadau presennol. Felly, credaf fod yr anogaethau yno, yn rhannol.

[15] **Alun Cairns:** May I finish my questions?

[15] **Alun Cairns:** A gaf orffen fy nghwestiynau?

[16] **Dafydd Wigley:** Sorry.

[16] **Dafydd Wigley:** Mae'n ddrwg gennyf.

[17] **Alun Cairns:** It is not a problem. Talking about the quality and the robustness of the trusts' strategies, what do you see as being the main challenges facing the trusts in preparing and periodically revising the estate strategies? You also touched on those that are not up to the standard that you expect. What targets have you in place, in terms of timescale, to bring that together?

[17] **Alun Cairns:** Nid yw o bwys. A sôn am ansawdd a chadernid strategaethau'r ymddiriedolaethau, beth a ystyriwch yw'r prif heriau sydd yn wynebu'r ymddiriedolaethau wrth baratoi'r strategaethau ystâd a'u hadolygu'n gyfnodol? Cyfeiriasoch at y rhai nad ydynt yn cyrraedd y safon a ddisgwyliwch. Pa dargedau yr ydych wedi eu gosod, o ran yr amserlen, i gyflawni hynny?

Ms Lloyd: To deal with the last point first, the timescale will be that, in April 2002, I will have the first of a set of performance management meetings with them and clearly outline to them what improvements I would expect to see over that year, 2002-03. They will be variable targets, depending on the state of the estate strategy that has been submitted. I would, however, expect every trust to have reviewed the state of their estate—you will see that there are some large

Ms Lloyd: Gan ddelio â'r pwynt olaf yn gyntaf, yr amserlen yw y byddaf yn cael y gyntaf o set o gyfarfodydd rheoli perfformiad gyda hwy, yn Ebrill 2002, ac yn disgrifio'n eglur iddynt y gwelliannau y disgwyliwn eu gweld dros y flwyddyn honno, 2002-03. Byddant yn dargedau amrywiol, gan ddibynnu ar gyflwr y strategaeth ystâd a gyflwynwyd. Fodd bynnag, byddwn yn disgwyl y bydd pob ymddiriedolaeth wedi adolygu cyflwr ei hystâd—gwelwch fod rhai

gaps in some of the trusts—within this next year, if they have not already taken action to do so since submitting their estate strategy in December. What is going to stand in the way of them doing it properly? Well, I think that they need a skilled workforce to do that effectively. They need to be clear about the quality of patient care that we are aiming to provide in Wales, so that they can adjudge their nearness to or distance away from that target. We also need to be able to support them through the support of Welsh Health Estates and the directorate to really develop the skills that they have. It is important that the management and the future management of the estate is owned by the board of the trust and that regular reports are submitted to the board of the trust, so that it can evaluate how well the trust is using its properties and how good its estate management strategies are, given the service developments that are necessary.

bylchau mawr mewn rhai o'r ymddiriedolaethau—yn ystod y flwyddyn nesaf hon, os nad ydynt wedi cymryd camau eisoes i wneud hynny ers cyflwyno eu strategaeth ystâd yn Rhagfyr. Beth fydd yn eu rhwystro rhag gwneud hynny'n iawn? Wel, credaf fod arnynt angen gweithlu medrus i wneud hynny'n effeithiol. Rhaid iddynt fod yn sicr ynghylch ansawdd y gofal am gleifion yr ydym yn anelu at ei ddarparu yng Nghymru, fel y gallant farnu pa mor agos neu bell y maent oddi wrth y targed hwnnw. Mae angen hefyd inni allu eu cynorthwyo drwy gymorth Ystadau Iechyd Cymru a'r gyfarwyddiaeth i ddatblygu'r sgiliau sydd ganddynt. Mae'n bwysig bod bwrdd yr ymddiriedolaeth yn berchen ar reolaeth yr ystâd a'i rheolaeth yn y dyfodol ac y caiff adroddiadau rheolaidd eu cyflwyno i fwrdd yr ymddiriedolaeth, fel y gall werthuso pa mor dda y mae'r ymddiriedolaeth yn defnyddio ei heiddo a pha mor dda y mae ei strategaethau rheoli ystâd, yng ngolwg y datblygiadau sydd eu hangen yn y gwasanaeth.

[18] **Alun Cairns:** Thank you for that answer. You said that you would expect the trusts to review their strategies some time this year. What monitoring will you have in place for that?

[18] **Alun Cairns:** Diolch am yr ateb hwnnw. Dywedasoch y byddech yn disgwyl i'r ymddiriedolaethau adolygu eu strategaethau rywbryd eleni. Pa fonitro a fydd ar waith gennych ar gyfer hynny?

Ms Lloyd: Quarterly monitoring through performance management.

Ms Lloyd: Monitro chwarterol drwy reoli perfformiad.

[19] **Alison Halford:** I must admit that I did not find this report the most scintillating bedtime reading, so this question is asking for clarification. You said that the position that we have to reach is to determine what the state of the estates is now. This is what you are actually saying. If you do not know what the snapshot of the estate situation is now, how can the trusts put in their various strategies, which they have all done since December 2001? Is it not chicken and egg, or cart before horse, or am I being totally thick?

[19] **Alison Halford:** Rhaid imi gyfaddef nad oeddwn yn cael yr adroddiad hwn yn ddeunydd gwefreiddiol i'w ddarllen yn fy ngwely, felly mae'r cwestiwn hwn yn gofyn am eglurhad. Dywedasoch mai'r sefyllfa y bydd yn rhaid inni ei chyrraedd yw canfod beth yw cyflwr yr ystadau yn awr. Dyna yr ydych yn ei ddweud mewn gwirionedd. Os na wyddoch beth yw'r ciplun o gyflwr yr ystâd yn awr, sut y gall yr ymddiriedolaethau gyflwyno eu gwahanol strategaethau, a wnaeth pob un ohonynt ers Rhagfyr 2001? Onid yw'n fater o'r iâr a'r ŵy, neu'r drol o flaen y ceffyl, neu a ydwyf yn hollol dwp?

Ms Lloyd: Part of the information that we have required from them is an evaluation of what their estate is now, almost as an opening statement.

Ms Lloyd: Rhan o'r wybodaeth yr ydym wedi gofyn amdani ganddynt yw gwerthusiad o beth yw eu hystâd yn awr, bron fel datganiad agoriadol.

[20] **Alison Halford:** Do you have it?

Ms Lloyd: Yes. These chaps, and those, have it.

[21] **Alison Halford:** So you have reached a state where you know what the estate of Wales is.

Ms Lloyd: I have not yet received the report on the state of the estate in Wales, but I know that that is being compiled from the returns that we have had.

[22] **Alison Halford:** So how can you make sense of these strategies then?

Ms Lloyd: I think that, because I will receive a report on the outcome of the trusts' plans prior to being asked to sign off the estates strategy, I will be able to make that judgment then.

[23] **Alison Halford:** I shall go back to bed then. Thank you.

[24] **Janet Davies:** I hope that we are not going to get into a terrible state of tongue twisters. I just want to ask one question on this. You talked about the health authorities' residual estate. Presumably, they are looking at that in the light of the structural changes that will be coming in in April next year, which might, in fact, mean that they need more premises rather than fewer.

Ms Lloyd: They may do, and that is part of the separate project that I have established to look at all the elements required to implement the structural change in Wales. Accommodation is a very important part of that.

[25] **Janet Davies:** Thank you. If we could go on to look at the NHS directorate's estate management functions, on page 21, the second bullet point in the key points mentions a review of the NHS directorate's central estates function being carried out as part of a wider organisational review. Purely relating to the central estates function, what is likely to come out of this review?

[20] **Alison Halford:** A ydyw gennych?

Ms Lloyd: Ydyw. Mae gan y bechgyn hynny, a'r rheini.

[21] **Alison Halford:** Felly yr ydych wedi cyrraedd sefyllfa lle y gwyddoch beth yw ystâd Cymru.

Ms Lloyd: Nid wyf wedi derbyn yr adroddiad ar gyflwr yr ystâd yng Nghymru eto, ond gwn ei fod yn cael ei lunio ar sail y ffurflenni ateb a dderbyniasom.

[22] **Alison Halford:** Felly sut y gallwch wneud synnwyr o'r strategaethau hyn?

Ms Lloyd: Credaf, oherwydd y byddaf yn derbyn adroddiad ar ganlyniad cynlluniau'r ymddiriedolaethau cyn y gofynnir imi lofnodi'r strategaeth ystadau'n derfynol, y byddaf yn gallu barnu ar hynny bryd hynny.

[23] **Alison Halford:** Af yn ôl i'r gwely felly. Diolch.

[24] **Janet Davies:** Gobeithiaf na fyddwn yn mynd i gyflwr ofnadwy o glymau tafod. Dim ond un cwestiwn y dymunaf ei ofyn ar hyn. Soniasoch am ystâd weddillol yr awdurdodau iechyd. Gellir cymryd eu bod yn edrych ar hynny yng ngoleuni'r newidiadau strwythurol a ddaw yn Ebrill y flwyddyn nesaf a allai olygu, mewn gwirionedd, y bydd arnynt angen mwy o adeiladau yn hytrach na llai ohonynt.

Ms Lloyd: Efallai y byddant, ac mae hynny'n rhan o'r prosiect yr wyf wedi ei sefydlu ar wahân i edrych ar yr holl elfennau sydd yn angenrheidiol i roi'r newid strwythurol ar waith yng Nghymru. Mae adeiladau yn rhan bwysig iawn o hynny.

[25] **Janet Davies:** Diolch. Os cawn fynd ymlaen i edrych ar swyddogaethau rheoli ystâd cyfarwyddiaeth y GIG, ar dudalen 21, mae'r ail bwynt bwled yn y pwyntiau allweddol yn sôn am gynnal adolygiad o swyddogaeth ystadau ganolog cyfarwyddiaeth y GIG fel rhan o adolygiad trefniadol ehangach. O ran y swyddogaeth ystadau ganolog yn unig, beth sydd yn debygol o ddeillio o'r adolygiad hwn?

Ms Lloyd: What I am doing is looking at the suitability of the estates function within my directorate in the light of some of the work that has already been outlined in this report and our changing relationship with the NHS in Wales. Mr Morgan took up his post in July 2000 and has already made changes to strengthen the competence and numbers in that part of the directorate. I will have to make a judgment about the strength that we need to put into that section of the directorate, given the renewed capital programme, given the outcome of the estate surveys that are going on with the trusts, and given what we would wish to acquire from Welsh Health Estates in terms of the technical advice that my directorate will need to receive in order to progress a renewed capital programme in Wales. So all these factors are being taken into consideration, as Mr Morgan and I discuss how we will strengthen his part of the directorate, because it does need strengthening. It has already gone one step forward, but the renewed capital programme and progressing major estates strategies, such as is outlined in this document, does require very careful attention and a lot of support, training and help to be given to the service. They look centrally to that support now.

Ms Lloyd: Yr hyn a wnaf yw edrych ar addasrwydd y swyddogaeth ystadau oddi mewn i'm cyfarwyddiaeth yng ngoleuni rhywfaint o'r gwaith a amlinellwyd eisoes yn yr adroddiad hwn a'n perthynas newidiol â'r GIG yng Nghymru. Ymgymerodd Mr Morgan â'i swydd yng Ngorffennaf 2000 ac mae eisoes wedi gwneud newidiadau i gryfhau'r cymhwysedd a'r niferoedd yn y rhan honno o'r gyfarwyddiaeth. Bydd yn rhaid imi farnu ynghylch y cryfder y mae angen inni ei roi yn yr is-adran honno o'r gyfarwyddiaeth, o ystyried y rhaglen gyfalaf adnewyddedig, o ystyried canlyniad yr arolygon ystâd sydd yn digwydd gyda'r ymddiriedolaethau, ac o ystyried yr hyn y dymunem ei gael oddi wrth Ystadau Iechyd Cymru o ran y cyngor technegol y bydd yn rhaid i'm cyfarwyddiaeth ei dderbyn er mwyn hyrwyddo rhaglen gyfalaf adnewyddedig yng Nghymru. Felly ystyrir yr holl ffactorau hyn, wrth i Mr Morgan a mi drafod sut y byddwn yn cryfhau ei ran ef o'r gyfarwyddiaeth, oherwydd mae angen ei chryfhau. Mae wedi symud un cam ymlaen yn barod, ond mae'r rhaglen gyfalaf adnewyddedig a hyrwyddo strategaethau ystadau mawr, fel yr amlinellir yn y ddogfen hon, yn gofyn am roi sylw manwl iawn a llawer o gefnogaeth, hyfforddiant a chymorth i'r gwasanaeth. Maent yn disgwyl cefnogaeth ganolog yn awr.

[26] **Janet Davies:** Right. So you are looking to bring in more resources with this technical capability?

[26] **Janet Davies:** Iawn. Felly yr ydych yn ystyried cyflwyno mwy o adnoddau gyda'r gallu technegol hwn?

Ms Lloyd: Yes.

Ms Lloyd: Ydwyf.

[27] **Janet Davies:** Right. Eleanor, I think that you have some questions about Welsh Health Estates?

[27] **Janet Davies:** Iawn. Eleanor, credaf fod gennych rai cwestiynau am Ystadau Iechyd Cymru?

[28] **Eleanor Burnham:** What do you see as the main role of Welsh Health Estates in the overall framework for managing the NHS Wales estate, and are you fully satisfied with the service that it provides?

[28] **Eleanor Burnham:** Beth a ystyriwch yw prif rôl Ystadau Iechyd Cymru yn y fframwaith cyffredinol ar gyfer rheoli ystâd GIG Cymru, ac a ydych yn gwbl fodlon ar y gwasanaeth y mae'n ei ddarparu?

Ms Lloyd: Its service, I think, has been fairly limited at the moment, because, basically, it dealt with the things that you could not parcel out to anybody else. It dealt with the difficulties of sterilisers and some of the statutory compliance work—very complex,

Ms Lloyd: Mae ei wasanaeth yn eithaf cyfyngedig ar hyn o bryd, yr wyf yn credu, oherwydd, yn y bôn, yr oedd yn ymdrin â'r pethau na allech eu dyrannu i neb arall. Yr oedd yn ymdrin ag anawsterau â diheintyddion a rhywfaint o'r gwaith

technical stuff. It also looked after our land and property portfolio, which was a vital piece of work. However, I think that, when we look at what is required for the future in terms of a renewed capital programme, I certainly think that there is value in looking at what increased contribution can be made by Welsh Health Estates to informing the work of the directorate, to really drive from the centre a renewal programme like that. It also looks after x-ray and technical NHS equipment for us, and keeps us very much up to date in terms of guidance. In fact, one of its major functions as far as the service was concerned was providing a very good information database, with all guidance and statutory instruments and all sorts of things that will govern the use of estate and, particularly, equipment throughout Wales. So that has been used a great deal. However, this is part of the review that we are undertaking and I think that we could make better use of it—not that it is inefficient, but its role has been limited at the moment to these particular functions. We might decide that it is necessary to have even greater technical experience and expertise and, as it has been fairly efficient so far, it might be that we go to Welsh Health Estates for that.

cydymffurfio statudol—pethau cymhleth, technegol iawn. Yr oedd hefyd yn gofalu am ein portffolio tir ac eiddo, a oedd yn waith hanfodol. Fodd bynnag, credaf, pan ystyriwn yr hyn sydd ei angen ar gyfer y dyfodol o ran rhaglen gyfalaf adnewyddedig, ei bod yn sicr yn fuddiol ystyried beth y gall Ystadau Iechyd Cymru ei gyfrannu ymhellach at oleuo gwaith y gyfarwyddiaeth, i yrru rhaglen o adnewyddiad o'r fath o'r canol. Mae hefyd yn gofalu am belydrau x ac offer technegol y GIG ar ein rhan, ac yn rhoi'r wybodaeth ddiweddaraf i ni o ran cyfarwyddyd. Mewn gwirionedd, un o'i brif swyddogaethau o ran y gwasanaeth oedd darparu cronfa ddata gwybodaeth dda iawn, gyda'r holl gyfarwyddyd ac offerynnau statudol a phob math o bethau a fydd yn llywodraethu defnydd yr ystâd ac, yn benodol, offer ledled Cymru. Felly gwnaethpwyd llawer iawn o ddefnydd o hynny. Fodd bynnag, mae hyn yn rhan o'r adolygiad yr ydym yn ei gynnal a chredaf y gallem wneud gwell defnydd ohono—nid ei fod yn aneffeithlon, ond cyfyngwyd ei rôl ar hyn o bryd i'r swyddogaethau arbennig hyn. Gallem benderfynu bod angen cael mwy fyth o brofiad ac arbenigedd technegol a, gan iddo fod yn eithaf effeithlon hyd yn hyn, mae'n bosibl yr awn at Ystadau Iechyd Cymru ar gyfer hynny.

[29] **Eleanor Burnham:** Thank you for that clarification. I had no idea that it dealt with equipment. Obviously, estates to me means land and buildings.

[29] **Eleanor Burnham:** Diolch am yr eglurhad hwnnw. Nid oedd gennyf yr un syniad ei fod yn delio ag offer. Wrth gwrs, i mi mae ystadau yn golygu tir ac adeiladau.

Ms Lloyd: Yes, estates is also equipment.

Ms Lloyd: Ydyw, mae ystadau yn golygu offer hefyd.

[30] **Eleanor Burnham:** Thank you, that is excellent. On page 19 of the report, the first bullet point notes that nearly 80 per cent of Welsh Health Estates support services were to meet Wales-wide and Assembly requirements, and 20 per cent to meet the demands of the trusts, health authorities and local health groups in Wales. What are your views about this balance of effort?

[30] **Eleanor Burnham:** Diolch, mae hynny'n rhagorol. Ar dudalen 19 yr adroddiad, mae'r pwynt bwled cyntaf yn nodi bod bron i 80 y cant o wasanaethau ategol Ystadau Iechyd Cymru ar gyfer cwrdd ag anghenion y Cynulliad ac anghenion ledled Cymru, a bod 20 y cant ar gyfer cwrdd â gofynion yr ymddiriedolaethau, awdurdodau iechyd a grwpiau iechyd lleol yng Nghymru. Beth yw'ch barn am y cydbwysedd gwaith hwn?

Ms Lloyd: As the capital programme is run largely from the centre now, that would seem appropriate. However, I think that, as we look

Ms Lloyd: Gan fod y rhaglen gyfalaf yn cael ei rhedeg yn bennaf o'r canol yn awr, byddai hynny'n ymddangos yn briodol. Fodd

at the balance shift that will occur over the next two years, with local health groups having a greater role to play as boards, then that is another thing that we are reviewing at the moment, what should the balance be. I think actually that both ends of the service need the support really, and it might just have to increase.

bynnag, credaf, wrth inni edrych ar y symudiad mewn cydbwysedd a fydd yn digwydd dros y ddwy flynedd nesaf, gyda mwy o rôl i'w chwarae gan y grwpiau iechyd lleol fel byrddau, fod hynny'n beth arall yr ydym yn ei adolygu ar hyn o bryd, sef pa gydbwysedd y dylid ei gael. Credaf, mewn gwirionedd, fod angen cymorth ar y ddau ben i'r gwasanaeth, a'i bod yn ddigon posibl y bydd yn rhaid iddo gynyddu.

[31] **Eleanor Burnham:** NHS trusts and health authorities can call on the services of Welsh Health Estates at no direct cost to themselves. Do you see scope for Welsh Health Estates to expand to meet these services, or do you see it moving in the direction of providing more strategic services?

[31] **Eleanor Burnham:** Gall ymddiriedolaethau ac awdurdodau iechyd GIG alw ar wasanaethau Ystadau Iechyd Cymru heb gost uniongyrchol iddynt hwy eu hunain. A ydych yn credu bod cyfle i Ystadau Iechyd Cymru ehangu i gyflawni'r gwasanaethau hyn, ynteu a ydych yn rhagweld y bydd yn symud i'r cyfeiriad o ddarparu mwy o wasanaethau strategol?

Ms Lloyd: I think that, given the major estates strategy in April, it probably will have to move to providing more strategic support but, again, that is something that I will be mulling over during the next two months, so that we do get the balance right in the estates section of the directorate.

Ms Lloyd: Credaf, yng ngolwg y strategaeth ystadau fawr yn Ebrill, ei bod yn fwy na thebyg y bydd yn gorfod symud tuag at ddarparu mwy o gymorth strategol ond, unwaith eto, mae hynny'n rhywbeth y byddaf yn myfyrio yn ei gylch dros y ddeufis nesaf, fel ein bod yn sicrhau'r cydbwysedd cywir yn is-adran ystadau'r gyfarwyddiaeth.

[32] **Eleanor Burnham:** You have probably just answered my next question—will you be reviewing the role, responsibilities and status of Welsh Health Estates before its current service agreement expires in March 2004, as the Auditor General's report recommends?

[32] **Eleanor Burnham:** Yr ydych newydd ateb fy nghwestiwn nesaf, yn ôl pob tebyg—a fyddwch yn adolygu rôl, cyfrifoldebau a statws Ystadau Iechyd Cymru cyn y daw ei gytundeb gwasanaeth cyfredol i ben ym Mawrth 2004, fel y mae adroddiad yr Archwilydd Cyffredinol yn ei argymell?

Ms Lloyd: Yes, indeed. We shall be doing that.

Ms Lloyd: Byddwn, yn wir. Byddwn yn gwneud hynny.

[33] **Janet Davies:** Dafydd Wigley has some questions on the management organisation and staffing of health trusts and authorities.

[33] **Janet Davies:** Mae gan Dafydd Wigley rai cwestiynau ar drefniadaeth rheoli a staffio ymddiriedolaethau ac awdurdodau iechyd.

[34] **Dafydd Wigley:** Mae adroddiad Archwilydd Cyffredinol Cymru ym mis Mawrth 2001, 'Cyfrifon Cryno y GIG (Cymru) 1999-2000'—cyfeiriaf at baragraff 4.27, ond efallai nad oes gennych gopi—yn nodi bod wyth o'r 15 ymddiriedolaeth yn dilyn cynlluniau adfer ariannol, a chofiwn gefndir hynny. I ba raddau yr arweiniodd yr angen i wireddu arbedion ariannol at leihau y nifer o staff proffesiynol a thechnegol a

[34] **Dafydd Wigley:** The Auditor General for Wales's report of March 2001, 'NHS (Wales) Summarised Accounts 1999-2000'—I refer to paragraph 4.27, but perhaps you do not have a copy with you—states that eight of the 15 trusts are following financial recovery plans, and we remember the background to that. To what extent did the need to achieve financial savings lead to a reduction in the number of professional and technical staff

gyflogwyd gan yr ymddiredolaethau? A yw lefel bresennol yr arbenigedd o ran rheoli ystadau o fewn ymddiriedolaethau yn achos pryder i chi? A yw'r lefel yn amrywio'n sylweddol o ymddiriedolaeth i ymddiriedolaeth, a beth yr ydych yn ei wneud i gyfeirio a chefnogi ymddiriedolaethau mewn materion o'r fath?

employed by the trusts? Does the current level of expertise in terms of estates management give you cause for concern? Does the level vary considerably from one trust to another, and what are you doing to direct and support the trusts in such matters?

Ms Lloyd: I will first deal with the question about trusts being in recovery and whether or not they cut too much, basically, out of the estates staff. It certainly was, in the middle of the 1990s, a trend that one reduced the in-house estates support, and many organisations went out to tender to see whether or not they could acquire their estates expertise more cost effectively. So you will find a reduction in the directly-employed estates staff throughout the UK over that period.

Ms Lloyd: Deliaf yn gyntaf â'r cwestiwn ynghylch a yw'r ymddiriedolaethau yn ymadfer ac a dorasant ormod, yn y bôn, o staff yr ystadau. Yr oedd tuedd, yn sicr, ynghanol y 1990au, i rywun leihau'r gefnogaeth ystadau fewnol, a chynigiodd llawer o'r cyrff waith ar dendr i weld a allent gael eu harbenigedd ystadau yn fwy cost-effeithiol. Felly cewch fod gostyngiad yn nifer y staff ystadau a gyflogid yn uniongyrchol ledled y DU dros y cyfnod hwnnw.

I think that, given the increased importance of the use and utilisation of the NHS estate, I would be, in the performance management meetings with trusts and other organisations, looking to see whether or not they believe, and can prove, that they have sufficient expertise in their estates managers to undertake the work that is now required, both for their sake and their patients' sake, and to assure us that they are using their resources effectively. That is one of the things that I will be taking up with them. There is, as is mentioned elsewhere in the Auditor General's report, an issue about the renewed employees and from where we get them. We will be taking up the question of what competence and skills we really need in NHS estates throughout Wales through 'Agenda for Change', the strategy that is being implemented throughout the United Kingdom. It is true to say that some parts of Wales are having great problems in recruiting. Given the balance of employment within particular areas, it is quite difficult to get that sort of staff. The recruiting of effective estates managers for the future will be part of the total recruitment project which is being undertaken by another part of my directorate at the moment. Some have extremely excellent estates staff; some have estates staff who are about to retire, so the age profile is difficult. That is why it has to be discussed individually with each

Credaf, o ystyried pwysigrwydd cynyddol y defnydd o ystâd y GIG, y byddwn, yn y cyfarfodydd rheoli perfformiad gyda'r ymddiriedolaethau a chyrff eraill, yn ceisio canfod a ydynt yn credu, ac yn gallu profi, bod ganddynt ddigon o arbenigedd ymysg eu rheolwyr ystadau i ymgymryd â'r gwaith sydd yn ofynnol yn awr, er eu mwyn hwy eu hunain ac er mwyn eu cleifion, ac i roi sicrwydd i ni eu bod yn defnyddio eu hadnoddau'n effeithiol. Mae hynny'n un o'r pethau y byddaf yn eu codi gyda hwy. Mae cwestiwn, fel y crybwyllir mewn lle arall yn adroddiad yr Archwilydd Cyffredinol, ynghylch y gweithwyr a gyflogir o'r newydd ac o ble yr ydym yn eu cael. Byddwn yn ymdrin â'r cwestiwn o ba gymhwysedd a sgiliau y mae arnom eu hangen mewn gwirionedd yn ystadau'r GIG ledled Cymru drwy 'Agenda ar gyfer Newid', y strategaeth a weithredir ledled y Deyrnas Unedig. Mae'n wir dweud bod rhai rhannau o Gymru yn cael problemau mawr wrth recriwtio. O wybod y cydbwysedd cyflogaeth oddi mewn i ardaloedd penodol, mae'n eithaf anodd cael staff o'r math hwnnw. Bydd recriwtio rheolwyr ystadau effeithiol at y dyfodol yn rhan o'r prosiect recriwtio cyfan yr ymgymerir ag ef gan ran arall o'm cyfarwyddiaeth ar hyn o bryd. Mae gan rai ohonynt staff ystadau rhagorol dros ben; mae gan rai ohonynt staff ystadau sydd ar fin ymddeol, felly mae'r proffil oedran yn peri

organisation, so that we can have a clear view of what their requirements are for the future. They have, of course, just concluded their workforce development plans for the next three years and from that we will be forming a judgment on what we need to do with them for the future to ensure that the estate is managed effectively.

anhawster. Dyna pam y mae'n rhaid ei drafod yn unigol gyda phob corff, fel y gallwn gael golwg clir ar eu hanghenion at y dyfodol. Wrth gwrs, maent newydd gwblhau eu cynlluniau datblygu gweithlu ar gyfer y tair blynedd nesaf a byddwn yn dyfarnu ar sail hynny ynghylch yr hyn y mae'n rhaid inni ei wneud gyda hwy at y dyfodol i sicrhau y caiff yr ystâd ei rheoli'n effeithiol.

[35] **Dafydd Wigley:** Yr ydych wedi cyffwrdd â chwestiwn yr oeddwn am ei ofyn ynglŷn â phroffil oedran, felly nid af ar ôl hynny. Yr ydych wedi cyfeirio at yr amrywiaeth o ardal i ardal ac o ymddiriedolaeth i ymddiriedolaeth a'r ffaith fod rhai wedi llwyddo yn well na'i gilydd, a bod gan rai, efallai, fwy o broblemau. Yr ydych yn cyfeiro at gynllun dros y tair blynedd nesaf, ac y bydd newidiadau o fewn strwythur y gwasanaeth iechyd yn ystod y cyfnod hwnnw. A ydych yn rhagweld y bydd y newidiadau hynny'n helpu neu'n rhoi mwy o her i chi o ran cyflawni'r math o newidiadau yr ydych yn cyfeirio atynt?

[35] **Dafydd Wigley:** You have touched on a question that I was going to ask regarding age profile, therefore I will not pursue that. You refer to the variations from area to area and from trust to trust and the fact that some have succeeded more than others, and that some, perhaps, have more problems. You refer to a plan for the next three years, and there will be changes in the structure of the NHS during that time. Do you foresee that those changes will help or will they pose a greater challenge to you in terms of achieving the kind of changes to which you refer?

Ms Lloyd: Fortunately, the bulk of the estate is managed by the trusts, and they are not likely to undergo very major change in the foreseeable future, except for Powys Health Care NHS Trust, where it will merge to be one of the big pathfinder schemes. So I do not think that structural change should interfere at all with the important job of getting the right staff in the estates management structures for the future.

Ms Lloyd: Yn ffodus, rheolir y rhan helaethaf o'r ystâd gan yr ymddiriedolaethau, ac nid ydynt yn debygol o fynd drwy newid mawr iawn hyd y gellir rhagweld, heblaw am Ymddiriedolaeth GIG Gofal Iechyd Powys, lle y bydd yn cyfuno i ddod yn un o'r cynlluniau pathfinder mawr. Felly ni chredaf fod newid strwythurol yn debygol o ymyrryd o gwbl â'r gwaith pwysig o gael y staff iawn yn y strwythurau rheoli ystadau at y dyfodol.

[36] **Janet Davies:** Thank you. If we look at page 21, the recommendation is that trust chief executives need good access to qualified estate professionals in managing the estate for which they are accountable and that operational estate management personnel should receive appropriate training and have their performance evaluated. Those seem to be fundamental requirements for effective management. What action do you plan to take in response to these recommendations?

[36] **Janet Davies:** Diolch. Os edrychwn ar dudalen 21, yr argymhelliad yw bod ar brif weithredwyr ymddiriedolaethau angen mynediad da at weithwyr ystadau proffesiynol cymwys wrth reoli'r ystâd y maent yn atebol drosti ac y dylai personél rheoli ystadau gweithredol dderbyn hyfforddiant priodol a chael gwerthuso eu perfformiad. Mae'r rheini'n ymddangos yn ofynion sylfaenol ar gyfer rheoli effeithiol. Pa gamau y bwriadwch eu cymryd mewn ymateb i'r argymhellion hyn?

Ms Lloyd: Regarding the chief executives, what I intend to do about this is what I do with many of the Auditor General's reports, which is to highlight to the chief executives the importance of the contents of these

Ms Lloyd: O ran y prif weithredwyr, yr hyn y bwriadaf ei wneud yw'r hyn a wnaf gyda llawer o adroddiadau'r Archwilydd Cyffredinol, sef tynnu sylw'r prif weithredwyr at bwysigrwydd cynnwys yr

reports; the importance that is placed by the Assembly on the effective management of these sorts of assets; and to ensure that I have a system whereby they can advise me of the difficulties that they are having in maintaining quality estates management in their organisations. I think that they do realise—they talk to me a lot about it—that the management of the estate is vitally important. I have been checking with them who is responsible for this, who talks to this subject at board level, and also what they are doing about ensuring that proper performance management and performance development is instituted for all their staff throughout their trusts. So I do not want to single estates staff out separately. It is important that all our staff are trained and developed against the competencies that they are required to have to undertake work in these days, in all the organisations. That, again, is part of the performance management framework that is being consulted on now. So that will again form part of the review that I am undertaking.

adroddiadau hyn; y pwys y mae'r Cynulliad yn ei roi ar reoli asedau o'r mathau hyn yn effeithiol; a sicrhau bod gennyf system y gallant ei defnyddio i roi gwybod i mi am yr anawsterau sydd ganddynt wrth gynnal rheolaeth ystadau o ansawdd da yn eu cyrff. Credaf eu bod yn sylweddoli—maent yn siarad amdani'n aml gyda mi—fod rheoli'r ystâd yn hanfodol bwysig. Bûm yn eu holi i ganfod pwy sydd yn gyfrifol am hyn, pwy sydd yn ymdrin â'r pwnc hwn ar lefel y bwrdd, a hefyd beth y maent yn ei wneud ynghylch sicrhau bod rheoli perfformiad a datblygu perfformiad priodol wedi eu sefydlu ar gyfer eu holl staff ym mhob rhan o'u hymddiriedolaethau. Felly ni ddymunaf neilltuo staff ystadau a'u rhoi ar wahân. Mae'n bwysig hyfforddi a datblygu ein holl staff yn ôl y cymwyseddau y mae'n ofynnol iddynt eu cael i ymgymryd â gwaith y dyddiau hyn, yn yr holl gyrff. Mae hynny, eto, yn rhan o'r fframwaith rheoli perfformiad yr ymgynghorir yn ei gylch yn awr. Felly bydd hynny eto yn rhan o'r adolygiad yr wyf yn ei gynnal.

[37] **Janet Davies:** Would you agree that it is, perhaps, only fairly recently that the importance of estates management has been fully realised?

[37] **Janet Davies:** A fyddech yn cytuno mai ond yn eithaf diweddar, efallai, y llawn sylweddolwyd mor bwysig oedd rheoli ystadau?

Ms Lloyd: I can only speak personally on this, because I think that we have all been very clear, since trusts were established, about the effect on one's balance sheet and financial health of poor estate, and the effect on patient care that poor estate can generate. Certainly, I think that the vast majority, if not all, of the chief executives in Wales do understand how important the management and productivity of the estate that they have had is on the care that we can give to patients. I think that one of the problems has been that, although the capital moneys that they have available to them for their discretionary use—which has to be spent on major equipment and small schemes and maintenance—has been fairly constant in Wales over the last 10 years, there has been a dip in the major capital building programme, so when you look at the quality of the estate, many buildings are having to be repaired to make them fit for purpose and compliant with the statutory regulations. However, without the major capital building programme and

Ms Lloyd: Ni allaf ond siarad yn bersonol ar hyn, oherwydd credaf inni i gyd fod yn glir iawn, ers sefydlu'r ymddiriedolaethau, ynghylch effaith ystâd wael ar fantolen ac iechyd ariannol rhywun, a'r effaith ar ofal am gleifion y gall ystâd wael ei chreu. Yn sicr, credaf fod y mwyafrif helaeth, os nad y cwbl, o'r prif weithredwyr yng Nghymru yn deall pa mor bwysig yw effaith rheolaeth a chynhyrchiant yr ystâd sydd ganddynt ar y gofal y gallant ei roi i gleifion. Credaf mai un o'r problemau oedd, er bod yr arian cyfalaf a fu ar gael iddynt i'w ddefnyddio'n ddewisol—y mae'n rhaid ei wario ar offer mawr a chynlluniau bach a chynnal a chadw—wedi bod yn eithaf cyson yng Nghymru dros y 10 mlynedd diwethaf, y bu gostyngiad yn y rhaglen adeiladu cyfalaf mawr, felly pan edrychwch ar ansawdd yr ystâd, rhaid atgyweirio llawer o adeiladau i'w gwneud yn addas i'w diben ac fel eu bod yn cydymffurfio â'r rheoliadau statudol. Fodd bynnag, heb y rhaglen adeiladu cyfalaf mawr a heb adolygiad strategol mawr a chynllun ar

without a major strategic review and plan for services, I think that the organisations have been trying to plan and manage in a vacuum really. That is why so much weight is being placed on ensuring that these two major pieces of work are put into effect now.

gyfer gwasanaethau, credaf fod llawer o'r cyrff wedi bod yn ceisio cynllunio a rheoli mewn gwactod mewn gwirionedd. Dyna pam y rhoddir cymaint o bwys ar sicrhau y rhoddir y ddau ddarn gwaith pwysig hyn ar waith yn awr.

[38] **Alison Halford:** A quick point of clarification, please, director. You say that you are having difficulty in some parts of Wales in recruiting estate managers. Does that mean that you will have to offer those more money, and does it mean that you are going to have more estate managers, which means that there is less money to make the savings that the Auditor General is promising us in his report?

[38] **Alison Halford:** Un pwynt cyflym o eglurhad, os gwelwch yn dda, gyfarwyddwr. Dywedwch eich bod yn cael anhawster mewn rhai rhannau o Gymru wrth recriwtio rheolwyr ystâd. A yw hynny'n golygu y bydd yn rhaid ichi gynnig mwy o arian i'r rheini, ac a yw'n golygu y bydd gennych fwy o reolwyr ystâd, sydd yn golygu bod llai o arian i wneud yr arbedion y mae'r Archwilydd Cyffredinol yn eu haddo i ni yn ei adroddiad?

Ms Lloyd: No. We cannot take the pay of estate managers out of the context of the pay that should be awarded to all staff within the NHS. That is what 'Agenda for Change' is all about. We want to make sure that we can provide an appropriate package, given the competence that we require, for estates managers in comparison with all our other staff whom we expect to undertake fairly difficult and onerous jobs. We will not be looking at them as an absolute separate to be dealt with exclusively. We need effective estate management. We have good estate management in many parts, but we need to ensure that, given the baseline surveys we now have and the estate strategies that we will have from April onwards, that we are using those estate managers really effectively. That goes for all the staff whom we have in the NHS.

Ms Lloyd: Nac ydyw. Ni allwn dynnu tâl rheolwyr ystâd o gyd-destun y tâl y dylid ei ddyfarnu i holl staff y GIG. Dyna holl bwrpas 'Agenda ar gyfer Newid'. Dymunwn sicrhau ein bod yn gallu darparu pecyn priodol, o ystyried y cymhwysedd y mae arnom ei angen, ar gyfer rheolwyr ystadau o'u cymharu â'n holl staff eraill y disgwyliwn iddynt ymgymryd â swyddi eithaf anodd a beichus. Ni fyddwn yn edrych arnynt fel rhai cwbl ar wahân i'w trin yn unigryw. Mae arnom angen rheolaeth ystâd effeithiol. Mae gennym reolaeth ystâd dda mewn sawl man, ond rhaid inni sicrhau, ar sail yr arolygon llinell sylfaen sydd gennym bellach a'r strategaethau ystâd a fydd gennym o Ebrill ymlaen, ein bod yn defnyddio'r rheolwyr ystâd hynny'n wirioneddol effeithiol. Mae hynny'n wir am yr holl staff sydd gennym yn y GIG.

[39] **Alison Halford:** Are you going to pay them in a different way, one which does not penalise patients?

[39] **Alison Halford:** A fyddwch yn eu talu mewn modd gwahanol, un nad yw'n cosbi cleifion?

It looks as if you want to sneeze.

Mae'n ymddangos eich bod am disian.

Ms Lloyd: Yes, I am afraid so.

Ms Lloyd: Ydyw, mae arnaf ofn.

[40] **Alison Halford:** Have a good sneeze. A rather good cough would help. Are you telling us that you will pay estate managers in a different way, one which will not penalise patients? Is that what you are saying? You will still have to employ more people to do a job.

[40] **Alison Halford:** Tisiwch yn iawn. Byddai pesychiad eithaf da o gymorth. A ydych yn dweud wrthym y byddwch yn talu rheolwyr ystâd mewn modd gwahanol, un na fydd yn cosbi cleifion? Ai hynny a ddywedwch? Bydd yn rhaid ichi gyflogi mwy o bobl i wneud y gwaith, er hynny.

Ms Lloyd: We might have to employ different skills from those that we employed in the past in order to undertake the job that is in front of us. Strategic planning has not been a major key feature of the work of estates managers in the past. They were very much dealing with the day-to-day maintenance of the estate that was under their control. We need strategic planning as well, because we are not going to make the best use of the buildings, the land or anything unless we do strategic planning too. That requires different skills, so we have to get the balance right. However, all of this is supposed to be for the benefit of patient care. If you do not have good estate management, you cannot make best use of the estate.

Ms Lloyd: Efallai y bydd yn rhaid inni ddefnyddio sgiliau gwahanol i'r rhai a ddefnyddiasom yn y gorffennol er mwyn ymgymryd â'r gwaith sydd o'n blaen. Ni fu cynllunio strategol yn nodwedd allweddol bwysig ar waith rheolwyr ystadau yn y gorffennol. Yr oeddent yn delio i raddau helaeth â gwaith cynnal a chadw beunyddiol yr ystâd yr oeddent yn ei rheoli. Mae arnom angen cynllun strategol hefyd, oherwydd ni fyddwn yn gwneud y defnydd gorau o'r adeiladau, y tir na dim by arall os na wnawn ni gynllunio'n strategol hefyd. Mae hynny'n gofyn gwahanol sgiliau, felly rhaid inni gael y cydbwysedd iawn. Fodd bynnag, mae hyn oll i fod er budd gofal am gleifion. Os nad oes gennych reolaeth ystâd dda, ni allwch wneud y defnydd gorau o'r ystâd.

[41] **Alison Halford:** Will you accept my point that if you need more and more, albeit of better quality, you are still going to detract from the savings that we hope will be achieved?

[41] **Alison Halford:** A wnewch dderbyn fy mhwynt, sef os oes arnoch angen mwy a mwy, er bod hynny o ansawdd gwell, y byddwch yn dal i leihau'r arbedion yr ydym yn gobeithio y cânt eu cyflawni?

Ms Lloyd: But they might be able to add value to patient care.

Ms Lloyd: Ond efallai y gallent ychwanegu gwerth at ofal am gleifion.

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

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

Ms Lloyd: It has to be a balance. We have caps on management costs. The caps will stay, but we need to have appropriate skills.

Ms Lloyd: Rhaid cael cydbwysedd. Yr ydym wedi capio costau rheoli. Bydd y capio yn aros, ond mae arnom angen y sgiliau priodol.

[43] **Eleanor Burnham:** Is it appropriate for me to discuss a particular trust? I had a briefing from Conwy and Denbighshire NHS Trust quite recently and I noted that it has an ongoing difficulty with asbestos clearance. Is there any strategy or moneys available perhaps to help it address the problem, or, for instance, to help if it is found to be a building defect? I could not quite work out why asbestos was being used, or had been used, in a building that is, what, 20 years old? I am sure that these are ongoing difficulties for some of these trusts. I note on page 33, figure 17, that the investment required by Conwy and Denbighshire far exceeds the amount allocated.

[43] **Eleanor Burnham:** A yw'n briodol imi drafod ymddiriedolaeth benodol? Cefais fy mriffio gan Ymddiriedolaeth GIG Siroedd Conwy a Dinbych yn eithaf diweddar a nodais fod ganddi anhawster cyfredol â chlirio asbestos. A oes strategaeth neu arian ar gael efallai i'w helpu i fynd i'r afael â'r broblem neu, er enghraifft, i'w helpu os ceir ei fod yn ddiffyg adeiladu? Ni allwn ddeall yn hollol pam y defnyddir, neu pam y defnyddiwyd, asbestos, mewn adeilad sydd yn rhyw 20 mlwydd oed? Yr wyf yn sicr bod y rhain yn anawsterau cyfredol i rai o'r ymddiriedolaethau hyn. Nodaf ar dudalen 33, ffigur 17, fod y buddsoddiad sydd yn ofynnol gan Gonwy a Sir Ddinbych yn fwy o lawer na'r swm a ddyrannwyd.

Ms Lloyd: We are looking at its business case at the moment. There is a similar issue

Ms Lloyd: Yr ydym yn edrych ar ei hachos busnes ar hyn o bryd. Mae mater tebyg yn

in Prince Charles hospital—the same hospitals, the same problem. Basically, whatever improvements we agree with them, and we have started in Prince Charles already, to remove the asbestos and other problems that they have in these two hospitals—I am afraid that we cannot make a claim against the builders because the buildings are all too old and, anyway, the guidance was different in those years—will be subject to a business case. Money has been put aside, because we recognise the problems of both these hospitals and others, particularly in north Wales, where significant amounts of capital will be required to get those buildings back into a suitable state. So we are having active discussions with them. Unfortunately, the renewal of these two particular hospitals will take place over time because they are both large and we cannot re-accommodate 400 patients overnight. Therefore, it will be a staged process, and we will gradually repair the building and make it good for a long time for the future.

ysbyty'r Tywysog Siarl—yr un ysbytai, yr un broblem. Yn y bôn, bydd pa bynnag welliannau y cytunwn arnynt â hwy, a dechreuasom yn ysbyty'r Tywysog Siarl eisoes, i waredu'r asbestos a'r problemau eraill sydd ganddynt yn y ddau ysbyty hyn—mae arnaf ofn na allwn wneud hawliad yn erbyn yr adeiladwyr oherwydd mae'r adeiladau yn rhy hen a, beth bynnag, yr oedd y cyfarwyddyd yn wahanol yn y blynyddoedd hynny—yn amodol ar achos busnes. Neilltuwyd arian, oherwydd yr ydym yn cydnabod problemau'r ddau ysbyty hyn ac eraill, yn enwedig yng ngogledd Cymru, lle y bydd angen symiau sylweddol o gyfalaf i adfer yr adeiladau hynny i gyflwr addas. Felly yr ydym yn cael trafodaethau gweithredol â hwy. Gwaetha'r modd, bydd adnewyddu'r ddau ysbyty arbennig hyn yn digwydd dros amser oherwydd mae'r ddau ohonynt yn fawr ac ni allwn ail-letya 400 o gleifion dros nos. Felly, bydd yn broses mewn camau, a byddwn yn atgyweirio'r adeilad yn raddol ac yn ei ddiogelu am gyfnod hir at y dyfodol.

[44] **Eleanor Burnham:** It has a huge negative impact on the ongoing management and knock-on effects on staffing and all sorts of complicated issues, does it not?

[44] **Eleanor Burnham:** Mae'n cael effaith negyddol aruthrol ar y rheolaeth gyfredol ac effeithiau cynyddol ar staffio a phob math o faterion cymhleth, onid yw?

Ms Lloyd: It is very complicated to try to upgrade when you have to work around areas, and the functionality has to be maintained.

Ms Lloyd: Peth cymhleth iawn yw ceisio uwchraddio pan ydych yn gorfod gweithio o gwmpas lleoedd, a phan fo'n rhaid cynnal yr ymarferoldeb.

[45] **Alison Halford:** When you talk about asbestos and hospitals, that could send warning signals, which is probably not the best thing to do. I am sure that the director will be able to thoroughly assure us that there is absolutely no danger to the patients, that that would go without saying.

[45] **Alison Halford:** Pan soniwch am asbestos ac ysbytai, gallai hynny anfon signalau rhybuddio, ac nid hynny yw'r peth gorau i'w wneud yn ôl pob tebyg. Yr wyf yn sicr y bydd y cyfarwyddwr yn gallu rhoi pob sicrwydd i ni nad oes dim perygl o gwbl i'r cleifion, y byddai'n afraid dweud hynny.

Ms Lloyd: Absolutely.

Ms Lloyd: Yn hollol.

[46] **Alison Halford:** It is just for the record.

[46] **Alison Halford:** Dim ond ar gyfer y cofnod y mae hynny.

[47] **Janet Davies:** That assurance will be in the record.

[47] **Janet Davies:** Bydd y sicrwydd hwnnw yn y cofnod.

[48] **Alison Halford:** That will be helpful.

[48] **Alison Halford:** Bydd hynny'n fuddiol.

[49] **Janet Davies:** It also would be helpful if

[49] **Janet Davies:** Byddai hefyd yn fuddiol

we could stick to the specific section that we are discussing, because we get a clearer picture if we do that than if we hop from one part to another.

os gallem gadw at yr adran benodol yr ydym yn ei thrafod, oherwydd cawn ddarlun cliriach os gwnawn hynny nag a gaem drwy neidio o un rhan i'r llall.

[50] **Eleanor Burnham:** I beg your pardon, Chair.

[50] **Eleanor Burnham:** Mae'n ddrwg gennyf, Gadeirydd.

[51] **Janet Davies:** Moving on to the strategic targets for performance, the Assembly wants to improve the use of the national health service estate, and it is keen for trusts to show that they are using their existing property assets effectively before making any new investment in the estate. If we turn to page 22, and look at figure 10, there is a target there for trusts to complete their utilisation surveys by December 2001. What sort of target do you see yourself setting to encourage trusts to use their property assets in a better way?

[51] **Janet Davies:** Gan symud ymlaen at y targedau strategol ar gyfer perfformiad, mae'r Cynulliad yn dymuno gwella'r defnydd o ystâd y gwasanaeth iechyd gwladol, ac mae'n awyddus i'r ymddiriedolaethau ddangos eu bod yn defnyddio eu hasedau eiddo presennol yn effeithiol cyn buddsoddi o'r newydd yn yr ystâd. Os trown at dudalen 22, ac edrych ar ffigur 10, mae targed yn y fan honno i'r ymddiriedolaethau gwblhau eu harolygon o ddefnydd erbyn Rhagfyr 2001. Pa fath o darged yr ydych yn rhagweld y byddwch yn ei osod i gymell yr ymddiriedolaethau i ddefnyddio eu hasedau eiddo yn well?

Ms Lloyd: Arising from the estates strategy, I will be able to set an overall target that we, as professionals, believe and consider is reasonable for them to be expected to meet, given the differential state of the estate that is owned by some of these organisations. We will work with them to ensure that they can meet those targets year on year. Therefore, until I receive the helpful report that I am about to get from Mr Morgan and his colleagues on the baseline, I would be hesitant to set absolutely cast-iron improvement targets. When I am able to make a judgment on what sort of support the organisations will need and which of the old buildings are going to go anyway in the next couple of years, I will be able to come out with a framework of the targets that we expect them to meet on all the headings, and the timeframe over which we expect them to achieve those targets. They will be reviewed every quarter.

Ms Lloyd: Ar sail y strategaeth ystadau, byddaf yn gallu gosod targed cyffredinol yr ydym ni, fel gweithwyr proffesiynol, yn credu ac yn ystyried ei bod yn rhesymol disgwyl iddynt ei gyrraedd, o wybod am gyflwr amrywiol yr ystâd sydd yn eiddo i rai o'r cyrff hyn. Byddwn yn gweithio gyda hwy i sicrhau y gallant gyrraedd y targedau hynny flwyddyn ar ôl blwyddyn. Felly, hyd nes y derbyniaf yr adroddiad buddiol yr wyf ar fin ei gael gan Mr Morgan a'i gydweithwyr ar y llinell sylfaen, byddwn yn petruso cyn gosod targedau gwella cwbl bendant. Pan fyddaf yn gallu dyfarnu ynghylch y math o gymorth y bydd ar y cyrff ei angen a pha rai o'r hen adeiladau a fydd yn mynd beth bynnag yn y flwyddyn neu ddwy nesaf, byddaf yn gallu cyflwyno fframwaith o'r targedau yr ydym yn disgwyl iddynt eu cyrraedd o dan yr holl benawdau, a'r amserlen y disgwyliwn iddynt gyrraedd y targedau hynny oddi mewn iddi. Fe'u hadolygir bob chwarter.

[52] **Janet Davies:** The policy that was published in August 2000 aimed to ensure that the estate is fit for purpose. I think that it is on page 9 of the report. Why was no target set for the functional suitability of the estate at that time, which would have complemented the targets for estate condition and energy performance set out on page 22?

[52] **Janet Davies:** Yr oedd y polisi a gyhoeddwyd yn Awst 2000 yn anelu at sicrhau bod yr ystâd yn addas i'w diben. Credaf ei fod ar dudalen 9 o'r adroddiad. Pam na osodwyd targed ar gyfer addasrwydd gweithrediadol yr ystâd bryd hynny, a fyddai wedi ategu'r targedau ar gyfer cyflwr yr ystâd a pherfformiad ynni a nodir ar dudalen 22?

Ms Lloyd: Would you mind if Mr Morgan answered this question? He was here at the time, and he will know the debate that will have gone on around that, and he would be better at answering that than me.

Ms Lloyd: A oes gwahaniaeth gennych os bydd Mr Morgan yn ateb y cwestiwn hwn? Yr oedd yma ar y pryd, a bydd yn gwybod am y ddadl a fu ynghylch hynny, a byddai'n well wrth ei ateb na mi.

Mr Morgan: In fact, the policy was developed shortly before I came into post. My understanding is that—and this is not a nice thing to have to say to Audit Committee members—my predecessor was focused on the particular issues that were raised in this policy and one of the key areas of development that this signalled was that the new estates performance management framework was a chunk of work to be done once that policy was issued. That has been done and the performance management framework swings into action in April this year. However, I think that it was, simply, that there was just not the capacity to develop all that much policy at the time.

Mr Morgan: Mewn gwirionedd, datblygwyd y polisi ychydig cyn imi ddod i'm swydd. Yn ôl yr hyn a ddeallaf fi—ac nid yw'n beth braf gorfod dweud hyn wrth aelodau'r Pwyllgor Archwilio—yr oedd fy rhagflaenydd yn canolbwyntio ar y materion penodol a godwyd yn y polisi hwn ac un o'r prif feysydd datblygu a ddangosodd hynny oedd bod y fframwaith rheoli perfformiad ystadau newydd yn ddarn o waith y dylid ei wneud ar ôl cyhoeddi'r polisi hwnnw. Gwnaethpwyd hynny a bydd y fframwaith rheoli perfformiad yn dechrau gweithredu yn Ebrill eleni. Fodd bynnag, credaf mai'r rheswm, yn y bôn, oedd nad oedd y gallu yno i ddatblygu cymaint â hynny o bolisi ar y pryd.

[53] **Janet Davies:** We understand that people have come into post after things have happened. This is not the first evidence session in which we have come across it.

[53] **Janet Davies:** Yr ydym yn deall bod pobl yn dechrau yn eu swydd ar ôl i bethau ddigwydd. Nid hwn yw'r sesiwn tystiolaeth cyntaf inni ddod ar draws hyn.

I turn to energy performance. The current central Government target is for a 15 per cent decrease in primary energy consumption between April 2000 and March 2010. I understand that the application of this target in Wales has been reviewed. Could you tell us what target figure you think is appropriate and achievable, and whether—and if so, when—you will set a target specifically for energy performance for the estate in Wales?

Trof at berfformiad ynni. Targed presennol y Llywodraeth ganolog yw 15 y cant o ostyngiad yn y defnydd o ynni cynradd rhwng Ebrill 2000 a Mawrth 2010. Deallaf fod cymhwysiad y targed hwn yng Nghymru wedi ei adolygu. A allwch ddweud wrthym ba ffigur targed a gredwch sy'n briodol ac yn gyraeddadwy, ac a fyddwch—ac os byddwch, pa bryd—yn gosod targed yn benodol ar gyfer perfformiad ynni i'r ystâd yng Nghymru?

Ms Lloyd: Perhaps we can explain why, possibly, the energy targets that were set originally were perhaps not met. I think that that again has to do with a reduction in the capital programme, because, really, we were not able to provide the pump-priming moneys that were required to help people utilise their energy appropriately. All organisations are also now required to produce green policies, which should help focus people's minds on using their energy more effectively. However, I see no reason, or have heard no argument to date, that would not make me minded to suggest to the Minister that the

Ms Lloyd: Efallai y gallwn egluro pam, o bosibl, na chyrhaeddwyd y targedau ynni a osodwyd yn wreiddiol. Credaf fod hynny eto'n ymwneud â'r gostyngiad yn y rhaglen gyfalaf oherwydd, mewn gwirionedd, nid oeddem yn gallu darparu'r arian sbarduno a oedd yn angenrheidiol i helpu pobl i ddefnyddio eu hynni'n briodol. Mae'n ofynnol yn awr i'r holl gyrff gynhyrchu polisïau gwyrdd, a ddylai fod o gymorth i ganoli sylw pobl ar ddefnyddio eu hynni'n fwy effeithiol. Fodd bynnag, ni welaf reswm, ac ni chlywais ddadl hyd yn hyn, na fyddai'n peri imi awgrymu i'r Gweinidog y dylid

targets that are set should be maintained and that we should stick with those targets. However, we should put much more energy into allowing and helping the NHS to achieve those targets through better policies, better utilisation, and better training of staff to use energy more effectively, and to be able to pump prime, through incentive schemes, a better use of energy.

cadw'r targedau a osodwyd ac y dylem gadw at y targedau hynny. Fodd bynnag, dylem ymroi'n fwy o lawer i ganiatáu a helpu'r GIG i gyrraedd y targedau hynny drwy well polisïau, gwell defnydd, a gwell hyfforddiant i staff fel eu bod yn defnyddio ynni'n fwy effeithiol, a gallu sbarduno gwell defnydd o ynni drwy gynlluniau anogaeth.

[54] **Janet Davies:** Alun, do you want to come back to this towards the end of the session?

[54] **Janet Davies:** Alun, a ydych yn dymuno dod yn ôl at hyn tua diwedd y sesiwn?

[55] **Alun Cairns:** I will review that point then.

[55] **Alun Cairns:** Byddaf yn ailedrych ar y pwynt hwnnw bryd hynny.

[56] **Janet Davies:** I know that you want to ask some questions on that, so I will not pre-empt you. I will leave it to you at the end. I ask Alison Halford to move on to the estates performance reporting by the trust and health authorities.

[56] **Janet Davies:** Gwn eich bod yn dymuno gofyn cwestiynau ar hynny, felly nid achubaf y blaen arnoch. Fe'i gadawaf i chi ar y diwedd. Gofynnaf i Alison Halford symud ymlaen at yr adrodd ar berfformiad ystadau gan yr ymddiriedolaethau a'r awdurdodau iechyd.

[57] **Alison Halford:** Did you give a target figure to the Chair, or did I miss it?

[57] **Alison Halford:** A roesoch ffigur targed i'r Cadeirydd, neu a fethais hynny?

Mr Morgan: On energy?

Mr Morgan: Ar ynni?

[58] **Alison Halford:** On energy.

[58] **Alison Halford:** Ar ynni.

Ms Lloyd: No.

Ms Lloyd: Naddo.

[59] **Alison Halford:** May we have it, please?

[59] **Alison Halford:** A allwn ei gael, os gwelwch yn dda?

Mr Morgan: We said that we were sticking to the one that was here.

Mr Morgan: Dywedasom ein bod yn glynu wrth yr un a oedd yma.

[60] **Alison Halford:** Okay, fine. We all know that good quality management information about the NHS Wales estate is central to managing the estate effectively and efficiently. What progress are you making in establishing a performance management framework specifically for the management of the NHS estate in Wales and what will be its key elements? You have, obviously, until 2002 to organise all this.

[60] **Alison Halford:** O'r gorau, iawn. Yr ydym oll yn gwybod bod gwybodaeth rheoli o ansawdd da am ystâd GIG Cymru yn ganolog er mwyn rheoli'r ystâd yn effeithiol ac yn effeithlon. Pa gynnydd yr ydych yn ei wneud wrth sefydlu fframwaith rheoli perfformiad yn benodol ar gyfer rheoli ystâd y GIG yng Nghymru a beth fydd ei elfennau allweddol? Mae gennych hyd at 2002 i drefnu hyn i gyd, wrth gwrs.

Ms Lloyd: Well, from April 2002, the estates performance management framework will form part of the overarching framework called 'Getting Better: A framework for

Ms Lloyd: Wel, o Ebrill 2002, bydd y fframwaith rheoli perfformiad ystadau yn ffurfio rhan o'r fframwaith cyffredinol o'r enw '*Getting Better: A framework for*

continuous improvement', which will be rolled out in NHS Wales from April. What it contains, in terms of the estate, is to what extent statutory compliance is being met; what the physical conditions will be; what the functional suitability is; what the utilisation is at the moment; energy performance; and backlog maintenance. It will be a description of what needs to be sorted out, and what is actually going to be replaced in the next couple of years, so that we get a balance. It is no use forcing them to improve accommodation if it is going to be replaced within the foreseeable future; we must have effective use of our moneys. That will be underpinned by the statutory plan that they are undertaking.

continuous improvement', a roddir ar waith yn GIG Cymru o Ebrill ymlaen. Yr hyn sydd ynddo, o ran yr ystâd, yw i ba raddau y cyflawnir cydymffurfiad statudol; beth fydd yr amodau ffisegol; beth yw'r addasrwydd gweithrediadol; beth yw'r defnyddiad ar hyn o bryd; perfformiad ynni; a'r ôl-groniad cynnal a chadw. Bydd yn ddisgrifiad o'r hyn y mae angen ei ddatrys, a beth a gaiff ei amnewid yn y flwyddyn neu ddwy nesaf, fel ein bod yn cael cydbwysedd. Nid yw'n dda i ddim inni eu gorfodi i wella adeilad os ydyw i'w amnewid yn y dyfodol rhagweladwy; rhaid inni ddefnyddio ein harian yn effeithiol. Ategir hynny gan y cynllun statudol y maent yn ymgymryd ag ef.

[61] **Alison Halford:** The next question is, in what way do you expect the new arrangements for estate performance reporting by trust and health authorities to you to address weaknesses in the current monitoring system?

[61] **Alison Halford:** Y cwestiwn nesaf yw, ym mha fodd yr ydych yn disgwyl y bydd y trefniadau newydd ar gyfer adrodd i chi gan yr ymddiriedolaethau a'r awdurdodau iechyd ar berfformiad ystâd yn ymdrin â'r gwendidau yn y system fonitro bresennol?

Ms Lloyd: I think it is going to be absolutely essential, because for the first time we will have a tool which allows us to get a clear picture of the complexities of the estate owned and organised by each organisation, what they are going to be doing with that estate for the future, and what investment we will need to make in the key priority areas, to ensure that, particularly, functional suitability comes right to the forefront.

Ms Lloyd: Credaf y bydd yn gwbl hanfodol, oherwydd am y tro cyntaf bydd gennym offeryn sydd yn caniatáu inni gael darlun clir o gymhlethdodau'r ystâd sydd yn eiddo ac sy'n cael ei threfnu gan bob corff, beth fyddant yn ei wneud gyda'r ystâd honno ar gyfer y dyfodol, a pha fuddsoddiad y bydd angen inni ei wneud yn y meysydd blaenoriaeth allweddol, i sicrhau bod yr addasrwydd gweithrediadol, yn benodol, yn cael y lle blaenaf.

[62] **Alison Halford:** Thank you very much indeed. Ploughing on, I have to look at page 24. Sorry, I should not say this, but I do not like this report; I do not know why. Paragraph 3.9 talks about the quality and validation of the estate performance data provided by trusts to the directorate and Welsh Health Estates. What action do you plan to take in response to the recommendation on page 26 that trust chief executives accept personal responsibility for ensuring the completeness, accuracy and timeliness of estate information and so on and so on? You have obviously got the gist of the question.

[62] **Alison Halford:** Diolch yn fawr iawn i chi. Gan fwrw ymlaen, rhaid imi edrych ar dudalen 24. Mae'n ddrwg gennyf, ni ddylwn ddweud hyn, ond nid wyf yn hoffi'r adroddiad hwn; nid wyf yn gwybod pam. Mae paragraff 3.9 yn sôn am ansawdd a dilysu'r data perfformiad ystâd a ddarperir gan yr ymddiriedolaethau i'r gyfarwyddiaeth ac i Ystadau Iechyd Cymru. Pa gamau yr ydych yn bwriadu eu cymryd mewn ymateb i'r argymhelliad ar dudalen 26 y dylai prif weithredwyr yr ymddiriedolaethau dderbyn cyfrifoldeb personol dros sicrhau cyflawnder, cywirdeb ac amseroldeb gwybodaeth ystâd ac yn y blaen? Mae'n amlwg eich bod wedi deall hanfod y cwestiwn.

Ms Lloyd: They are accountable officers for

Ms Lloyd: Maent yn swyddogion atebol dros

the whole of the resource that is owned and occupied by that organisation, and, as such, the estate is a very large part of that. I would expect all chief executives to take a personal responsibility for that, as they have to sign the annual accounts, and that forms a very large part of the annual accounts.

y cyfan o'r adnodd sydd yn eiddo i'r corff hwnnw ac yn cael ei feddiannu ganddo, ac, fel y cyfryw, mae'r ystâd yn rhan fawr iawn o hynny. Disgwyliwn i'r holl brif weithredwyr dderbyn cyfrifoldeb personol am hynny, gan eu bod yn gorfod arwyddo'r cyfrifon blynyddol, ac mae hynny'n rhan fawr iawn o'r cyfrifon blynyddol.

[63] **Alison Halford:** Should they not, by virtue of their very high rank, take personal responsibility for most things that go on under their command?

[63] **Alison Halford:** Oni ddylent, yn rhinwedd eu safle uchel iawn, dderbyn cyfrifoldeb personol dros y rhan fwyaf o bethau sydd yn mynd ymlaen o dan eu rheolaeth?

Ms Lloyd: They usually do.

Ms Lloyd: Maent yn gwneud fel arfer.

[64] **Alison Halford:** Right, so this question is rather superfluous, then?

[64] **Alison Halford:** Iawn, felly mae'r cwestiwn hwn braidd yn ddiangen, felly?

Ms Lloyd: No, I think that it is important that the question has been asked, so that the answer can reinforce the requirement.

Ms Lloyd: Nac ydyw, credaf ei bod yn bwysig bod y cwestiwn wedi ei ofyn, fel y gall yr ateb gadarnhau'r gofyniad.

[65] **Alison Halford:** Okay, fine. One more question, please. Turning to the timeliness of estate performance reporting, given that trusts have shown a history of delay in the submission of estate data returns to the centre—that is presumably you—how will you be making sure that that situation improves, especially if you will be monitoring a wider range of estate activity? Perhaps I could be naughty and ask this supplementary as well: do you envisage problems in 2003 when the strategy changes and health authorities go off-line?

[65] **Alison Halford:** O'r gorau, iawn. Un cwestiwn ychwanegol, os gwelwch yn dda. Gan droi at amseroldeb yr adrodd ar berfformiad ystâd, o wybod bod yr ymddiriedolaethau wedi amlygu hanes o oedi cyn cyflwyno ffurflenni data ystâd i'r canol—sef chi, gellir cymryd—sut byddwch yn sicrhau bod y sefyllfa honno'n gwella, yn enwedig os byddwch yn monitro ystod ehangach o weithgaredd ystâd? Efallai y gallwn fod yn ddrygionus a gofyn y cwestiwn atodol hwn hefyd: a ydych yn rhagweld y bydd problemau yn 2003 pan fydd y strategaeth yn newid a'r awdurdodau iechyd yn dod i ben?

Ms Lloyd: I will come back to the latter question.

Ms Lloyd: Deuaf yn ôl at y cwestiwn olaf.

[66] **Alison Halford:** Sorry about that. It was not in the script.

[66] **Alison Halford:** Mae'n ddrwg gennyf am hynny. Nid oedd yn y sgript.

Ms Lloyd: That is all right, it is perfectly reasonable. Since I came into post last February, I have instituted quarterly reviews of all the organisations. Those reviews have been growing in scope, so that it has been better, I think, from their point of view and my point of view, to be clear about the targets that they are to achieve and my ability to interpret for the Minister their ability to

Ms Lloyd: Mae hynny'n iawn, mae'n gwbl resymol. Ers imi ddechrau yn fy swydd Chwefror diwethaf, yr wyf wedi cychwyn adolygiadau chwarterol o'r holl gyrff. Mae cwmpas yr adolygiadau hynny wedi ehangu, felly bu'n well, yr wyf yn credu, o'u safbwynt hwy ac o'm safbwynt i, fod yn bendant ynghylch y targedau y maent i'w cyrraedd a'm gallu i gyfleu i'r Gweinidog eu

achieve those targets. Estates now becomes another one of those targets. They will be reviewed on a quarterly basis—in a constructive way, but they will be reviewed quarterly. The trusts have a lot to do in terms of a huge agenda over the whole of the NHS, but this will be one of the issues that will be debated regularly with them.

gallu i gyrraedd y targedau hynny. Mae ystadau'n dod yn un arall o'r targedau hynny'n awr. Fe'u hadolygir yn chwarterol—mewn modd adeiladol, ond fe'u hadolygir yn chwarterol. Mae gan yr ymddiriedolaethau lawer i'w wneud o ran agenda anferth ar gyfer y cyfan o'r GIG, ond bydd hyn yn un o'r materion a drafodir â hwy'n rheolaidd.

[67] **Alison Halford:** Will information technology help?

[67] **Alison Halford:** A fydd technoleg gwybodaeth o gymorth?

Ms Lloyd: Yes, it should do. It is quite difficult. Some of the information is not fit for purpose, right throughout the United Kingdom. Therefore, I would expect to see a continuous improvement over the next few years in our understanding of each other's estate, so that we get a very clear view of the whole complexity of the organisation and the services that it is delivering.

Ms Lloyd: Bydd, mae'n debygol o fod. Mae'n eithaf anodd. Mae rhywfaint o'r wybodaeth nad yw'n addas i'w diben, yn y Deyrnas Unedig drwyddi draw. Felly, byddwn yn disgwyl gweld gwelliant parhaus dros y blynyddoedd nesaf yn ein dealltwriaeth o ystadau ein gilydd, fel ein bod yn cael gweld yn eglur iawn holl gymhlethdod y corff a'r gwasanaethau y mae'n eu cyflenwi.

On the second part of the question, as I said previously, most of the estate is actually managed by the trusts, which will be largely unaffected at the moment in terms of structural change. The health authorities have never really held the trusts to account for the use of their estate, although they have been asked to support trusts and sign off business cases for improved capital accommodation. So, the demise of the health authorities should not really affect the management of the bulk of the estate. As I said, we are dealing with the remaining estate that is the responsibility of health authorities through my other project group.

Ynghylch ail ran y cwestiwn, fel y dywedais o'r blaen, rheolir y rhan fwyaf o'r ystâd gan yr ymddiriedolaethau mewn gwirionedd, ac ni fydd fawr o effaith ar hynny ar y funud o ran newid strwythurol. Nid yw'r awdurdodau iechyd erioed wedi galw'r ymddiriedolaethau i gyfrif am y defnydd o'u hystâd mewn gwirionedd, er y gofynnwyd iddynt gynorthwyo ymddiriedolaethau a chytuno ar achosion busnes ar gyfer gwell adeiladau cyfalaf. Felly, ni ddylai tranc yr awdurdodau iechyd effeithio ar reolaeth y rhan helaethaf o'r ystâd mewn gwirionedd. Fel y dywedais, yr ydym yn delio â'r ystâd sydd yn weddill sydd yn gyfrifoldeb i'r awdurdodau iechyd drwy fy ngrŵp prosiect arall.

[68] **Alison Halford:** Would it be very rude of me to challenge you? My brief is that North Wales Health Authority has property valued at £42.3 million, so it has something under its command.

[68] **Alison Halford:** A fyddai'n ddigywilydd iawn ar fy rhan i'ch herio? Y cyfarwyddyd a gefais i yw bod gan Awdurdod Iechyd Gogledd Cymru eiddo sydd wedi ei brisio ar £42.3 miliwn, felly mae ganddo rywbeth o dan ei reolaeth.

Ms Lloyd: It does indeed. The management of that estate and the residual estate will be enacted through my project team, which is specifically looking at the accommodation owned by health authorities. It is really important, in making any changes, that people do not take their eye off the ball, that we are very, very clear where all the money

Ms Lloyd: Oes, yn wir. Gweithredir y rheolaeth ar yr ystâd honno a'r ystâd weddillol drwy fy nhîm prosiect, sydd yn edrych yn benodol ar yr adeiladau sydd yn eiddo i'r awdurdodau iechyd. Mae'n wirioneddol bwysig, wrth wneud unrhyw newidiadau, nad yw pobl yn tynnu eu llygaid oddi ar y bêl, ein bod yn deall yn iawn lle y

is, where all the efforts are, and that they are properly redesignated to successor bodies.

[69] **Alison Halford:** So you are not going to sell all the land and pay the money for Holywell hospital then?

Ms Lloyd: We have just had the results of the consultation on Holywell.

[70] **Alison Halford:** Thank you very much.

[71] **Brian Hancock:** May I ask a question on something that the director said?

[72] **Janet Davies:** Yes.

[73] **Brian Hancock:** Director, you said 'not fit for purpose' when you were talking about estates management and linking that with IT. Which is not fit for purpose—estates management or the IT that you have?

Ms Lloyd: I think that, in terms of IT for the future, the information that we are collecting, rather than the information technology, needs to be very clearly reorganised so that we have a shared understanding of information and that information is able to pass around the system better, so that people are not constantly challenging each other's statistics, which is a common wheeze, really. In terms of estate management, thus far it has not had a significant role to play in strategic planning and we need to move that slightly, too. We are not criticising IT—well, in terms of information, I am criticising it. We have a scheme to move that forward in terms of estate management; we are not criticising it, it just needs a different armamentarium.

[74] **Brian Hancock:** I was just clarifying your 'fit for purpose'. Thank you.

[75] **Janet Davies:** Janice, you want to look at this from the point of view of the trusts and health authorities?

[76] **Janice Gregory:** Yes, I do. Thank you, Chair. I take this opportunity to apologise for my late arrival.

mae'r arian, lle y mae'r holl ymdrechion, ac y cânt eu hailddynodi'n briodol i gyrff olynol.

[69] **Alison Halford:** Felly ni fyddwch yn gwerthu'r tir ac yn talu am ysbyty Treffynnon felly?

Ms Lloyd: Yr ydym newydd dderbyn canlyniadau'r ymgynghoriad ar Dreffynnon.

[70] **Alison Halford:** Diolch yn fawr i chi.

[71] **Brian Hancock:** A gaf ofyn cwestiwn am rywbeth a ddywedodd y cyfarwyddwr?

[72] **Janet Davies:** Cewch.

[73] **Brian Hancock:** Gyfarwyddwr, dywedasoch 'nid yn addas i'w ddiben' pan oeddech yn sôn am reoli ystadau a chysylltu hynny â thechnoleg gwybodaeth. Pa un sydd heb fod yn addas i'w ddiben—rheoli ystadau neu'r dechnoleg gwybodaeth sydd gennych?

Ms Lloyd: Credaf, o ran TG ar gyfer y dyfodol, mai'r wybodaeth a gasglwn, yn hytrach na'r dechnoleg gwybodaeth, yw'r hyn y mae angen ei ad-drefnu'n bendant iawn fel bod gennym gyd-ddealltwriaeth o'r wybodaeth ac fel bod y wybodaeth honno'n gallu mynd o gwmpas y system yn well, fel nad yw pobl yn herio ystadegau ei gilydd yn gyson, sydd yn sgêm gyffredin, mewn gwirionedd. O ran rheoli ystâd, hyd yn hyn nid yw wedi chwarae rhan bwysig mewn cynllunio strategol ac mae angen inni newid hynny ychydig, hefyd. Nid ydym yn beirniadu TG—wel, yr wyf yn ei beirniadu o ran gwybodaeth. Mae gennym gynllun i fwrw ymlaen â hynny o ran rheoli ystâd; nid ydym yn ei beirniadu, mae angen arfogaeth newydd arni, dyna'r cwbl.

[74] **Brian Hancock:** Dim ond rhoi gwedd eglurach ar eich geiriau 'addas i'w ddiben' yr oeddwn. Diolch.

[75] **Janet Davies:** Janice, yr ydych yn dymuno edrych ar hyn o safbwynt yr ymddiriedolaethau a'r awdurdodau iechyd?

[76] **Janice Gregory:** Ydwyf. Diolch, Gadeirydd. Achubaf ar y cyfle hwn i ymddiheuro am gyrraedd yn hwyr.

Hello, Ann. Turning to page 25, in the second bullet point of paragraph 3.12 the Auditor General says that the absence of a core suite of mandatory estate performance indicators inhibits standardised analysis of performance between trusts. Do you see merit in NHS property-holding bodies in Wales adopting a mandatory set of key indicators and measures for assessing their own estate management performance? What difficulties would arise in doing that? If you feel that difficulties would arise, how would you overcome them?

Helô, Ann. Gan droi at dudalen 25, o dan yr ail bwynt bwled ym mharagraff 3.12 dywed yr Archwilydd Cyffredinol fod diffyg cyfres graidd o ddangosyddion perfformiad ystâd gorfodol yn cyfyngu ar ddadansoddi safonol o berfformiad rhwng yr ymddiriedolaethau. A ydych yn ystyried y byddai'n fuddiol i gyrff GIG yng Nghymru sydd yn dal eiddo fabwysiadu set orfodol o ddangosyddion a mesurau allweddol i asesu eu perfformiad rheoli ystâd eu hunain? Pa anawsterau a godai wrth wneud hynny? Os teimlwch y byddai anawsterau'n codi, sut y byddech yn eu trechu?

Ms Lloyd: I do think that there should be performance indicators, and I do think that we should benchmark ourselves much more effectively. With the advent of this extraordinary thing called ERIC, which is an estates recording functional system, we should be able to get better information about our estates. The performance management framework for NHS estates will include the indicators against which they will be performance managed. So I think that we can move forward on all those points. However, I do think that they have a benchmark and that they have to be clear about the improvements that they will need to effect for patient care.

Ms Lloyd: Credaf y dylid cael dangosyddion perfformiad, a chredaf y dylem feincnodi ein hunain yn llawer mwy effeithiol. Gyda dyfodiad y peth rhyfeddol hwn o'r enw ERIC, sydd yn system swyddogaethol cofnodi ystadau, dylem allu cael gwell gwybodaeth am ein hystadau. Bydd y fframwaith rheoli perfformiad ar gyfer ystadau GIG yn cynnwys dangosyddion y rheolir eu perfformiad yn eu herbyn. Felly credaf y gallwn symud ymlaen ar yr holl bwyntiau hynny. Fodd bynnag, credaf fod ganddynt feincnod a bod rhaid iddynt fod yn eglur ynglŷn â beth yw'r gwelliannau y bydd yn rhaid iddynt eu cyflawni ar gyfer gofal am gleifion.

[77] **Janice Gregory:** Do you foresee any difficulties?

[77] **Janice Gregory:** A ydych yn rhagweld unrhyw anawsterau?

Ms Lloyd: I think that it will be an evolving process, because I think that we have to say that the information is not the best, and we need to work on developing that.

Ms Lloyd: Credaf y bydd yn broses sydd yn datblygu, oherwydd credaf fod yn rhaid inni ddweud nad hon yw'r wybodaeth orau, a bod angen inni ymdrechu i ddatblygu hynny.

[78] **Janice Gregory:** My second question relates to page 26. What action do you plan to take in response to the Auditor General's recommendations that the key outputs from the various estate management information systems should be standardised as far as possible, within NHS trusts and for the transmission of data from trusts to Welsh Health Estates and yourself, so that you can compare like with like?

[78] **Janice Gregory:** Mae'r ail gwestiwn sydd gennyf yn ymwneud â thudalen 26. Pa gamau yr ydych yn bwriadu eu cymryd mewn ymateb i argymhellion yr Archwilydd Cyffredinol y dylid safoni'r allbynnau allweddol o'r gwahanol systemau gwybodaeth rheoli ystâd hyd y gellir, oddi mewn i ymddiriedolaethau GIG ac er mwyn trosglwyddo data o'r ymddiriedolaethau i Ystadau Iechyd Cymru a chithau, fel y gallwch gymharu tebyg â'i debyg?

Ms Lloyd: That will be developed over this next year, as we actually implement the performance management framework, and

Ms Lloyd: Datblygir hynny dros y flwyddyn nesaf hon, wrth inni roi'r fframwaith rheoli perfformiad ar waith, a ninnau'n gallu gweld

can see the different interpretations that sometimes are put on data coming forward. I will be looking particularly to Mr Morgan and Mr Davies to advise me on what changes need to be made, so that we get a consistent picture.

y gwahanol ddehongliadau a roddir weithiau ar y data sydd yn dod ymlaen. Byddaf yn disgwyl yn arbennig i Mr Morgan a Mr Davies fy nghynghori ynghylch y newidiadau sydd eu hangen, fel ein bod yn cael darlun cyson.

[79] **Janice Gregory:** Going back to page 25, figure 11 shows us, graphically, a great picture. The use of benchmarking varies widely between trusts, and I think that we can see that in figure 11 better than by reading about it. Can you tell me what you are doing generally to improve benchmarking by property-holding bodies in Wales? What progress have you made with the development of guidance to encourage and assist trusts to undertake benchmarking and what links have been established with England, Scotland and Northern Ireland to provide comparative information to assess estate performance? As a lay person, I look at that and it means nothing. You can see that some attempt has been made but it is obvious that it is not a mandatory requirement on them. I would have thought that that has to be absolutely essential in order for you to make any type of judgment?

[79] **Janice Gregory:** Gan fynd yn ôl at dudalen 25, mae ffigur 11 yn rhoi darlun gwych i ni, yn graffigol. Mae'r defnydd o feincnodi yn amrywio'n fawr rhwng yr ymddiriedolaethau, a chredaf y gallwn weld hynny yn ffigur 11 yn well na drwy ddarllen amdano. A allwch ddweud wrthyf beth yr ydych yn ei wneud yn gyffredinol i wella meincnodi gan gyrff sydd yn dal eiddo yng Nghymru? Pa gynnydd a wnaethoch wrth ddatblygu cyfarwyddyd i gymell a chynorthwyo ymddiriedolaethau i gynnal meincnodi a pha gysylltiadau a sefydlwyd â Lloegr, yr Alban a Gogledd Iwerddon i ddarparu gwybodaeth gymharol i asesu perfformiad ystâd? Fel lleygwr, yr wyf yn edrych ar hynny ac nid yw'n golygu dim. Gallwch weld bod rhywfaint o ymdrech wedi bod ond mae'n amlwg nad yw'n ofyniad gorfodol iddynt. Byddwn wedi tybio bod yn rhaid i hynny fod yn gwbl hanfodol er mwyn ichi wneud unrhyw fath o ddyfarniad?

Ms Lloyd: I would agree, and that is why the advent of ERIC is going to be really important. That will give us a standard view. It might be helpful, Chair, for Mr Davies to explain how we will do that.

Ms Lloyd: Byddwn yn cytuno, a dyna pam y bydd dyfodiad ERIC yn wirioneddol bwysig. Bydd hynny'n rhoi golwg safonol i ni. Gallai fod yn fuddiol, Gadeirydd, i Mr Davies egluro sut y byddwn yn gwneud hynny.

Mr Davies: ERIC is the system currently used in England to collect information from NHS trusts in England. We are using the same server that they will use, to enable our trusts to access data and be able to compare themselves to the 400 trusts in England. At the moment, they can only compare themselves to the 14 trusts and the ambulance trust in Wales. It is not a very good data set to enable comparisons to take place. Therefore, the ERIC system, which we will link into, will provide the facility for NHS trusts in Wales to benchmark. It will also provide the facility for the Assembly to look at their performance management indicators as part of that. So it has a dual role. It is an online system, so trusts will be able to access it through the intranet system within Wales. It will give immediate feedback in terms of

Mr Davies: ERIC yw'r system a ddefnyddir yn Lloegr ar hyn o bryd i gasglu gwybodaeth oddi wrth ymddiriedolaethau GIG yn Lloegr. Yr ydym yn defnyddio'r un gwasanaethydd ag y byddant hwy'n ei ddefnyddio, i alluogi ein hymddiriedolaethau i weld data a gallu eu cymharu eu hunain â'r 400 o ymddiriedolaethau yn Lloegr. Ar hyn o bryd, gallant ond cymharu eu hunain â'r 14 ymddiriedolaeth a'r ymddiriedolaeth ambiwlans yng Nghymru. Nid yw'n set ddata dda iawn I hwyluso cymariaethau. Felly, bydd system ERIC, y byddwn yn cysylltu â hi, yn darparu'r cyfleuster fel y gall ymddiriedolaethau GIG yng Nghymru feincnodi. Bydd hefyd yn rhoi'r cyfleuster i'r Cynulliad edrych ar ei ddangosyddion rheoli perfformiad fel rhan o hynny. Felly mae iddi rôl ddeuol. Mae'n system ar-lein, felly bydd

their statistical analysis against similar acute trusts, if you have an acute trust, or mental illness hospitals. We think that it is a very encouraging and significant development. It will be online from April 2002.

ymddiriedolaethau'n gallu ei chyrraedd drwy'r system mewnrwyd oddi mewn i Gymru. Bydd yn rhoi adborth ar unwaith o ran eu dadansoddiad ystadegol yn erbyn ymddiriedolaethau aciwt tebyg, os ymddiriedolaeth aciwt sydd gennych, neu ysbytai salwch meddwl. Credwn ei fod yn ddatblygiad calonogol a phwysig iawn. Bydd ar lein o Ebrill 2002.

Ms Lloyd: We will supplement this by the provision of additional training to use the systems in the trusts.

Ms Lloyd: Byddwn yn ategu hyn drwy ddarparu hyfforddiant ychwanegol i ddefnyddio'r systemau yn yr ymddiriedolaethau.

[80] **Janice Gregory:** May I come in very briefly on that? You are obviously extremely keen on the gathering and benchmarking of information. So I take it that the relaxed attitude towards them not carrying out this practice will not continue; the trusts will be required to use ERIC.

[80] **Janice Gregory:** A gaf ddod i mewn yn fyr iawn ar hynny? Mae'n amlwg eich bod yn frwdfrydig iawn ynghylch casglu a meincnodi gwybodaeth. Felly cymeraf na fydd yr ymagwedd ddigyffro tuag atynt pan nad ydynt yn cynnal yr ymarfer hwn yn parhau; bydd yn ofynnol i'r ymddiriedolaethau ddefnyddio ERIC.

Mr Davies: ERIC will be a mandatory requirement. It will replace the current estate data returns, which are very limited in terms of the data that they collect from trusts; they concentrate purely on the physical condition and energy performance of trusts. As you will have noticed, the National Audit Office report criticises the fact that no space utilisation and functional suitability data are collected. The new system will include that, as well as many other data fields which will enable trusts to benchmark their own performance against, as I said, many other trusts. There certainly will be a requirement for trusts to benchmark. It is difficult to tell them what to benchmark because, clearly, an individual trust has its own particular set of circumstances. The performance management system will require certain things—the five facets that we talked about—to be part of the mandatory performance management system. The benchmarking will very much depend on how trusts perform in the various categories of estate management. So this would be as diverse as how much they spend on grounds and maintenance, which clearly depends on how much ground a particular trust has. You cannot possibly benchmark trusts of completely different sizes on that issue. However, it will also deal with issues such as catering. So it will open the door to trusts to

Mr Davies: Bydd ERIC yn ofyniad gorfodol. Bydd yn cymryd lle'r ffurflenni data ystâd presennol, sydd yn gyfyngedig iawn o ran y data y maent yn eu casglu oddi wrth yr ymddiriedolaethau; maent yn canolbwyntio'n gyfan gwbl ar gyflwr ffisegol a pherfformiad ynni'r ymddiriedolaethau. Fel y byddwch wedi sylwi, mae adroddiad y Swyddfa Archwilio Genedlaethol yn beirniadu'r ffaith na chesglir data am y defnydd o le ac addasrwydd gweithrediadol. Bydd y system newydd yn cynnwys hynny, yn ogystal â llawer o feysydd data eraill a fydd yn galluogi'r ymddiriedolaethau i feincnodi eu perfformiad eu hunain, fel y dywedais, yn erbyn llawer o ymddiriedolaethau eraill. Mae'n sicr y bydd gofyniad i'r ymddiriedolaethau feincnodi. Mae'n anodd dweud wrthynt beth i'w feincnodi oherwydd, wrth gwrs, mae gan bob ymddiriedolaeth unigol ei set amgylchiadau benodol ei hun. Bydd y system rheoli perfformiad yn mynnu bod rhai pethau—y pum ffased y soniasom amdanynt—yn rhan o'r system rheoli perfformiad gorfodol. Bydd y meincnodi'n dibynnu i raddau helaeth iawn ar y modd y mae'r ymddiriedolaethau'n perfformio yn y gwahanol gategorïau o reoli ystâd. Felly byddai hynny mor amrywiol â faint y maent yn ei wario ar diroedd a chynnal a chadw, sydd yn dibynnu, wrth gwrs, ar faint o dir

all this information for them to benchmark. It will be for the Assembly to determine how many of those benchmarking arrangements will develop into mandatory standards as the system develops. Initially, it will be concentrated around the five facets survey information.

sydd gan ymddiriedolaeth benodol. Nid oes modd ichi feincnodi ymddiriedolaethau o faint cwbl wahanol ar y mater hwnnw. Fodd bynnag, bydd yn ymdrin hefyd â materion megis arlwyo. Felly bydd yn agor y drws i'r ymddiriedolaethau at yr holl wybodaeth hon i'w meincnodi. Mater i'r Cynulliad fydd penderfynu pa nifer o'r trefniadau meincnodi hynny a fydd yn datblygu'n safonau gorfodol wrth i'r system ddatblygu. Ar y dechrau, bydd yn canolbwyntio ar wybodaeth arolygu'r pum ffased.

[81] **Janice Gregory:** May I just ask a further brief question? All this information that will be inputted—which sounds quite mind-boggling, actually—who will update it?

[81] **Janice Gregory:** A gaf ofyn un cwestiwn byr pellach? Yr holl wybodaeth a gaiff ei mewnbynnu—sydd yn swnio'n eithaf syfrdanol, a dweud y gwir—pwy fydd yn ei diweddaru?

Mr Davies: The trusts.

Mr Davies: Yr ymddiriedolaethau.

[82] **Janice Gregory:** The trusts themselves?

[82] **Janice Gregory:** Yr ymddiriedolaethau eu hunain?

Mr Davies: The whole performance management system has been developed with the service. The project implementation team involves members of the service and we have been very careful in ensuring that the information on there is information that should be available to the trusts anyway. It will just be bringing it all together to enable them to properly benchmark their own performance.

Mr Davies: Mae'r cwbl o'r system rheoli perfformiad wedi ei ddatblygu gyda'r gwasanaeth. Mae'r tîm gweithredu prosiect yn cynnwys aelodau o'r gwasanaeth a buom yn ofalus iawn wrth sicrhau bod y wybodaeth sydd arni yn wybodaeth a ddylai fod ar gael i'r ymddiriedolaethau beth bynnag. Y cwbl a wnaiff yw dod â'r cwbl at ei gilydd i'w galluogi i feincnodi eu perfformiad eu hunain yn iawn.

[83] **Janice Gregory:** But you would be able to access the information?

[83] **Janice Gregory:** Ond byddech yn gallu gweld yr wybodeth?

Mr Davies: Absolutely.

Mr Davies: Yn hollol.

[84] **Janice Gregory:** Because with the best will in the world—I am sure that the trusts will do it absolutely perfectly, but somebody somewhere also needs to keep their eye on the ball.

[84] **Janice Gregory:** Oherwydd gyda'r ewyllys gorau yn y byd—yr wyf yn sicr y bydd yr ymddiriedolaethau'n ei gwneud yn hollol berffaith, ond mae angen i rywun yn rhywle gadw ei lygad ar y bêl hefyd.

Mr Davies: Absolutely, the whole process will be co-ordinated through Welsh Health Estates. We are closely involved with NHS Estates in England, and there is a whole series of training events over the next two months, for example, with estate officers of trusts, who will input the majority of this data.

Mr Davies: Yn hollol, cydlynir yr holl broses drwy Ystadau Iechyd Cymru. Yr ydym mewn cysylltiad agos ag Ystadau GIG yn Lloegr, ac mae cyfres gyfan o ddigwyddiadau hyfforddi dros y ddeufis nesaf, er enghraifft, gyda swyddogion ystâd yr ymddiriedolaethau, a fydd yn mewnbynnu'r rhan fwyaf o'r data hyn.

[85] **Janice Gregory:** Lovely, that is great. Thank you very much.

[86] **Janet Davies:** So, what you are saying is that ERIC will give us a major increase in transparency in terms of comparative costs in England and Wales?

Mr Davies: There is a cost element to it. The five facets surveyed are outside costs. They are about physical condition, the energy performance—how much energy is used—the energy efficiency of trusts. There is some cost data in there. The benchmarking will be against similar hospitals, whether they be in England, Scotland or Wales. The Scottish health department is not linked in with the ERIC system at the moment. We have met representatives from Scotland and we are very careful about the fact that, if we attempt to use Scottish data, it has to be consistent in terms of its definitions with the data that has been submitted by English and Welsh trusts.

[87] **Dafydd Wigley:** You clearly see this as very important information as a development and management tool, and I agree with you. Do you find it absolutely mind-blowing that it is only now that it is happening?

Mr Davies: It is surprising, perhaps, that some of these elements have not been collected through a performance management system.

[88] **Eleanor Burnham:** May I come in here?

[89] **Janet Davies:** On this issue?

[90] **Eleanor Burnham:** Yes, it is on this issue. It is obviously mind-boggling, and it is obviously to be commended that we are going to go this way, so that we can see exactly what is happening. I am just concerned about whether there will be an extra allocation of funds for the extra staff that are required to collate this data, or will this be another strain on the overworked trusts?

Mr Davies: As I mentioned, the NHS service has been involved in this and the information that has been collected is information that is

[85] **Janice Gregory:** Ardderchog, mae hynny'n wych. Diolch yn fawr i chi.

[86] **Janet Davies:** Felly, yr hyn a ddywedwch yw y bydd ERIC yn rhoi cynnydd mawr i ni mewn tryloywder o ran costau cymharol yng Nghymru a Lloegr?

Mr Davies: Mae elfen costau iddo. Mae'r pum ffased a arolygir yn gostau allanol. Maent yn ymwneud â chyflwr ffisegol, y perfformiad ynni—faint o ynni a ddefnyddir—effeithlonrwydd ynni'r ymddiriedolaethau. Mae rhywfaint o ddata costau yno. Bydd y meincnodi yn erbyn ysbytai tebyg, boed y rheini yn Lloegr, yr Alban neu Gymru. Nid yw adran iechyd yr Alban wedi ei chysylltu â system ERIC ar hyn o bryd. Cyfarfuom â chrynrychiolwyr o'r Alban ac yr ydym yn ofalus iawn o'r ffaith, os ceisiwn ddefnyddio data o'r Alban, fod yn rhaid iddynt fod yn gyson o ran eu diffiniadau â'r data a gyflwynwyd gan ymddiriedolaethau Cymru a Lloegr.

[87] **Dafydd Wigley:** Mae'n amlwg eich bod yn ystyried hyn yn wybodaeth bwysig iawn fel offeryn datblygu a rheoli, a chytunaf â chi. A ydych yn ei chael yn gwbl syfrdanol mai dim ond yn awr y mae'n digwydd?

Mr Davies: Mae'n peri syndod, efallai, na chasglwyd rhai o'r elfennau hyn drwy system rheoli perfformiad.

[88] **Eleanor Burnham:** A gaf ddod i mewn ar hyn?

[89] **Janet Davies:** Ar y mater hwn?

[90] **Eleanor Burnham:** Ie, mae ar y mater hwn. Mae'n syfrdanol, wrth gwrs, ac mae'n amlwg yn rhywbeth i'w ganmol ein bod yn dilyn y ffordd hon, fel y gallwn weld beth yn union sydd yn digwydd. Yr unig bryder sydd gennyf yw a fydd dyraniad ychwanegol o adnoddau ar gyfer y staff ychwanegol sydd ei angen i gasglu'r data hwn, neu a fydd hyn yn straen arall ar yr ymddiriedolaethau gorbrysur?

Mr Davies: Fel y soniais, bu'r gwasanaeth GIG yn gysylltiedig â hyn ac mae'r wybodaeth a gasglwyd yn wybodaeth sydd ar

currently available or, at least, should be currently available, to all trusts. So we have been very careful to ensure that it does not involve additional staff time. We hope that it will actually streamline the system.

gael ar hyn o bryd neu, o leiaf, a ddylai fod ar gael ar hyn o bryd, i'r holl ymddiriedolaethau. Felly buom yn ofalus iawn i sicrhau nad yw'n golygu amser staff ychwanegol. Yr ydym yn gobeithio y bydd yn symleiddio'r system, mewn gwirionedd.

[91] **Brian Hancock:** May I come in here, very quickly?

[91] **Brian Hancock:** A gaf ddod i mewn ar hyn, yn gyflym iawn?

[92] **Janet Davies:** Okay, very quickly.

[92] **Janet Davies:** O'r gorau, yn gyflym iawn.

[93] **Brian Hancock:** If you are going to network them, or online them, will there be additional costs in having a significant fibre optic so that you can have quick communication?

[93] **Brian Hancock:** Os byddwch yn eu rhoi mewn rhwydwaith, neu eu rhoi ar lein, a fydd costau ychwanegol o gael llawer o opteg ffibr fel y gallwch gael cyfathrebu cyflym?

Mr Davies: The NHS in Wales already has an appropriate network and we would be utilising that. In fact, all of Welsh Health Estates information centre is already online to all trusts. So it will come through the same mechanism.

Mr Davies: Mae gan y GIG yng Nghymru rwydwaith priodol eisoes a byddem yn defnyddio hwnnw. A dweud y gwir, mae holl ganolfan wybodaeth Ystadau Iechyd Cymru ar lein eisoes i'r holl ymddiriedolaethau. Felly bydd yn dod drwy'r un mecanwaith.

[94] **Brian Hancock:** The real question I wanted to ask is why one trust, and the ambulance trust, has not done any benchmarking? I am looking at page 25, paragraph 3.12, the final bullet point, which begins '13 of the 15 trusts'.

[94] **Brian Hancock:** Y gwir gwestiwn yr oeddwn am ei ofyn yw pam y mae un ymddiriedolaeth, a'r ymddiriedolaeth ambiwlans, heb wneud unrhyw feincnodi? Yr wyf yn edrych ar dudalen 25, paragraff 3.12, y pwynt bwled olaf ond un, sydd yn dechrau 'yr oedd 13 o'r 15 ymddiriedolaeth'

Mr Davies: I think, perhaps, that the ambulance trust must answer that for itself. I think, perhaps, that it could be simply because there is not another ambulance trust that it has linked in with. Clearly it could not benchmark its services against acute trusts or other combinations of trusts in Wales. The facility that we are developing will allow it to benchmark.

Mr Davies: Credaf, efallai, y bydd yn rhaid i'r ymddiriedolaeth ambiwlans ateb drosti ei hun ar hynny. Credaf, efallai, mai'r rheswm syml am hynny yw nad oes ymddiriedolaeth ambiwlans arall y mae wedi cysylltu â hi. Mae'n amlwg na allai feincnodi ei gwasanaethau yn erbyn ymddiriedolaethau aciwt neu gyfuniadau eraill o ymddiriedolaethau yng Nghymru. Bydd y cyfleuster yr ydym yn ei ddatblygu'n awr yn caniatáu iddi feincnodi.

[95] **Brian Hancock:** Good. And Carmarthenshire?

[95] **Brian Hancock:** Da iawn. A Sir Gaerfyrddin?

Ms Lloyd: I think that we should ask Carmarthenshire why, and we will obtain a note for the Committee, if that would be appropriate.

Ms Lloyd: Credaf y dylem ofyn i Sir Gaerfyrddin am y rheswm, a chawn nodyn ar gyfer y Pwyllgor, os byddai hynny'n briodol.

[96] **Janet Davies:** We would be very

[96] **Janet Davies:** Byddem yn ddiolchgar

grateful for a note from Carmarthenshire, yes. We will break now.

iawn o gael nodyn oddi wrth Sir Gaerfyrddin. Cawn egwyl yn awr.

[*Cynhaliwyd egwyl rhwng 3.14 p.m. a 3.35 p.m.*]
[*A break was held between 3.14 p.m. and 3.35 p.m.*]

[97] **Janet Davies:** Welcome back. I would like to go on to questions about the performance of the NHS estate. Looking through the section of the report that deals with that, I was struck by the relatively high percentages of property floor that had not been surveyed by trusts and key aspects of estate management, despite the fact that they should be keeping reliable and up-to-date information. I will go through a couple of them—a Welsh couple, I might add—for functional suitability, 35 per cent not surveyed; for space utilisation, 31 per cent not surveyed; for physical condition, 23 per cent not surveyed; for statutory conditions, 20 per cent not surveyed; and for energy performance, 17 per cent not surveyed. Can you tell me whether the trusts have improved their survey coverage recently, Ms Lloyd, and what are you doing to ensure that a more comprehensive picture of the estate will emerge in future for strategic management purposes?

[97] **Janet Davies:** Croeso'n ôl. Hoffwn fynd ymlaen at gwestiynau am berfformiad ystâd y GIG. Wrth edrych drwy'r adran o'r adroddiad sydd yn ymdrin â hynny, fe'm trawyd gan y canrannau cymharol uchel o loriau adeiladau nad oeddent wedi eu harolygu gan yr ymddiriedolaethau ac agweddau allweddol ar reoli ystâd, er gwaethaf y ffaith y dylent fod yn cadw gwybodaeth ddibynadwy a chyfoes. Af drwy un neu ddau ohonynt—un neu ddau Gymreig, gallwn ychwanegu—ar gyfer addasrwydd gweithrediadol, 35 y cant heb ei arolygu; ar gyfer y defnydd o le, 31 y cant heb ei arolygu; ar gyfer cyflwr ffisegol, 23 y cant heb ei arolygu; ar gyfer cyflwr statudol, 20 y cant heb ei arolygu; ac ar gyfer perfformiad ynni, 17 y cant heb ei arolygu. A allwch ddweud wrthyf a yw'r ymddiriedolaethau wedi gwella eu sylw arolygu'n ddiweddar, Ms Lloyd, a beth a wnewch i sicrhau y bydd darlun mwy cynhwysfawr o'r ystâd yn dod i'r golwg yn y dyfodol i ddibenion rheoli strategol?

Ms Lloyd: Thank you, Chair. Yes, they have improved slightly, but we must assure ourselves that the way in which they are surveying their estate is equitable across Wales. That is why I have said that those trusts which have not surveyed parts of their estate now, must do so within the next six months. Then we will have a basis of comparison for the first set of performance management reviews that we will undertake with them. One would put a question mark over any of their statements about their estate if some of them have not surveyed it.

Ms Lloyd: Diolch, Gadeirydd. Ydynt, maent wedi gwella ychydig, ond rhaid inni gael sicrwydd bod eu dull o arolygu eu hystâd yn gyfartal ledled Cymru. Dyna pam y dywedais y bydd yr ymddiriedolaethau sydd heb arolygu rhannau o'u hystâd yn awr yn gorfod gwneud hynny o fewn y chwe mis nesaf. Wedyn bydd gennym sail cymharu ar gyfer y set gyntaf o adolygiadau rheoli perfformiad a wnawn gyda hwy. Byddai rhywun yn rhoi gofynnod ar unrhyw un o'u datganiadau am eu hystâd os yw rhai ohonynt heb ei harolygu.

[98] **Janet Davies:** Yes, quite. How, precisely, will you hold chief executives of trusts and health authorities accountable for the performance of the estate assets under their custody and control? We have heard something about the general mechanisms and processes for performance monitoring and I was wondering what specific matters you focus on, the sort of questions you seek answers to, and the key facts and figures you

[98] **Janet Davies:** Ie, yn hollol. Sut, yn union, y byddwch yn dal prif weithredwyr ymddiriedolaethau ac awdurdodau iechyd yn atebol am berfformiad yr asedau ystâd sydd o dan eu gofal a'u rheolaeth? Clywsom rywbeth am y mecanweithiau a'r prosesau cyffredinol ar gyfer monitro perfformiad ac yr oeddwn yn meddwl tybed ar ba faterion penodol yr ydych yn canolbwyntio, pa fath o gwestiynau yr ydych yn ceisio atebion

use to enable you to use them effectively.

Ms Lloyd: Well, we have not done this yet. We will start from April onwards. However, it will largely cover the features that I outlined in terms of what we are looking for in the performance management framework. We want to build in some incentive for those organisations that have benchmarked appropriately and that have surveyed and managed their estate appropriately. I would also be looking to them to provide me with an analysis of the risk against which they are managing their estate. They have to establish risk in everything they do these days, and quite right too. That will be the basis of the discussion that we start to have with them about the improvements that we will be seeking from the organisations over time. I have found, in undertaking performance reviews over the last year on other elements, that it does alter the dialogue between the centre and the organisations, in that they know that they will provide us with information for which we will hold them to account in three months' time. That does tend to sharpen up an interest in making sure that the information is accurate and enables us to have an accurate discussion about this. Chief executives have to sign off that the data that they submit is accurate as part of their annual accounts and other statutory requirements that are placed on them. That, again, improves the scrutiny that is given to important things like this.

[99] **Janet Davies:** As part of this, I think that the fact that the NAO had to send out questionnaires that did not tie up with some of the information from you may well have increased the attention paid to that.

Ms Lloyd: Yes.

[100] **Janet Davies:** Dafydd, you want to ask some questions about tenure and valuation?

[101] **Dafydd Wigley:** Ydw, yn wir, ond cyn imi wneud hynny, Gadeirydd, a gaf ymateb i ateb diwethaf Ann Lloyd a'r ateb blaenorol cyn yr egwyl gan Neil Davies, mai dim ond

iddynt, a beth yw'r ffeithiau a'r ffigurau allweddol a ddefnyddiwch i'ch galluogi i'w defnyddio'n effeithiol.

Ms Lloyd: Wel, nid ydym wedi gwneud hyn eto. Byddwn yn dechrau o Ebrill ymlaen. Fodd bynnag, bydd yn ymdrin yn bennaf â'r agweddau a ddisgrifiais o ran yr hyn yr ydym yn chwilio amdano yn y fframwaith rheoli perfformiad. Yr ydym am gynnwys rhywfaint o anogaeth i'r cyrff hynny sydd wedi meincnodi'n briodol ac wedi arolygu a rheoli eu hystadau'n briodol. Byddwn hefyd yn disgwyl iddynt ddarparu dadansoddiad i mi o'r risg y maent yn rheoli eu hystâd yn ei erbyn. Rhaid iddynt ganfod y risg ym mhopeth a wnânt y dyddiau hyn, ac mae hynny'n gwbl briodol. Dyna fydd sylfaen y drafodaeth a ddechreuwn â hwy am y gwelliannau y byddwn yn eu ceisio gan y cyrff dros amser. Cefais, wrth gynnal adolygiadau perfformiad dros y flwyddyn ddiwethaf ar elfennau eraill, ei bod yn newid y ddeialog rhwng y canol a'r cyrff, i'r graddau eu bod yn gwybod y byddant yn darparu gwybodaeth i ni y byddwn yn eu galw i gyfrif amdani ymhen tri mis. Mae hynny'n dueddol i ddeffro diddordeb mewn sicrhau bod y wybodaeth yn gywir ac mae'n ein galluogi i gael trafodaeth fanwl am hyn. Rhaid i brif weithredwyr gadarnhau bod y data a gyflwynant yn gywir fel rhan o'u cyfrifon blynyddol a gofynion statudol eraill a osodir arnynt. Mae hynny, hefyd, yn gwella'r archwilio ar bethau pwysig fel hyn.

[99] **Janet Davies:** Fel rhan o hyn, credaf ei bod yn ddigon posibl bod y ffaith bod y Swyddfa Archwilio Genedlaethol wedi gorfod anfon holiaduron nad oeddent yn cyd-fynd â rhywfaint o'r wybodaeth oddi wrthych chi wedi cynyddu'r sylw a roddwyd i hynny.

Ms Lloyd: Ydyw.

[100] **Janet Davies:** Dafydd, yr ydych yn dymuno gofyn rhai cwestiynau am ddaliadaeth a phrisio?

[101] **Dafydd Wigley:** Yes, indeed, but before I do that, Chair, may I respond to Ann Lloyd's last response and the previous response before the break from Neil Davies,

yn awr y mae rhai o'r systemau hyn yn dechrau cael eu sefydlu. Mae hynny'n gofyn y cwestiwn syfrdanol o beth a fu'n digwydd yn y gorffennol. Byddwn wedi tybio y dylai'r cwestiynau fod yn mynd trwodd i'r adran. Nid cyfrifoldeb y rhai sydd yma yn awr ydynt, ond beth goblyn a fu'n digwydd yn y gorffennol? Ond dyna ni, symudaf ymlaen—

that it is only now that some of these systems are beginning to be set up. That leads to the astonishing question of what has been happening in the past. I would have assumed that these questions should be fed through to the department. They are not the responsibility of those who are here now, but what on earth has been happening in the past? But there we are, I will move on—

[102] **Janet Davies:** I think that Alun wants to come in on this, if you will let him, Dafydd.

[102] **Janet Davies:** Credaf fod Alun yn dymuno dod i mewn ar hyn, os caniatewch iddo, Dafydd.

[103] **Alun Cairns:** Thank you, Cadeirydd. My question ties in very closely with the statement Dafydd Wigley has just made. Clearly, ERIC is obviously a great advance forward, but I am quite staggered to hear that there are not going to be many cost comparisons built into it, bearing in mind the culture that we have in the NHS in terms of cost savings. Can it be adapted to develop cost comparisons with counterparts in England and Scotland in the future?

[103] **Alun Cairns:** Diolch, Gadeirydd. Mae fy nghwestiwn yn cyd-fynd yn agos â'r datganiad y mae Dafydd Wigley newydd ei wneud. Wrth gwrs, mae'n amlwg bod ERIC yn gam mawr ymlaen, ond yr wyf yn synnu'n fawr o glywed na fydd llawer o gymariaethau costau yn rhan ohoni, o gofio'r diwylliant sydd gennym yn y GIG o ran arbed costau. A ellir ei haddasu i ddatblygu cymariaethau costau â chymheiriaid yn Lloegr a'r Alban yn y dyfodol?

Ms Lloyd: Yes, I think that it needs to be. We need to be able to evaluate effectiveness on a number of fronts. The effectiveness of the investment that is being placed into the estate needs to be evaluated as well. You will have cost comparisons in terms of energy consumption per cubic metre and so on. However, I think that, as we go through this first year of performance management using ERIC and other techniques and start to benchmark the organisations against common criteria, we need, as part of the financial performance management development of organisations within the NHS, to be able to put in cost comparators against estate and against other things. However, they must mean something; they must be valuable.

Ms Lloyd: Gellir, credaf y bydd yn rhaid gwneud hynny. Rhaid inni allu gwerthuso effeithiolrwydd mewn sawl cyfeiriad. Mae angen gwerthuso effeithiolrwydd y buddsoddiad yn yr ystâd hefyd. Ni chewch gymariaethau costau o ran y defnydd o ynni y metr ciwbig ac yn y blaen. Fodd bynnag, credaf, wrth inni fynd drwy'r flwyddyn gyntaf hon o reoli perfformiad gan ddefnyddio ERIC a thechnegau eraill a dechrau meincnodi'r cyrff yn ôl meini prawf cyffredin, y bydd yn rhaid inni allu cynnwys cymaryddion cost yn erbyn ystâd ac yn erbyn pethau eraill, fel rhan o ddatblygu rheolaeth perfformiad ariannol cyrff oddi mewn i'r GIG. Fodd bynnag, rhaid iddynt olygu rhywbeth; rhaid iddynt fod yn werthfawr.

[104] **Dafydd Wigley:** Hoffwn symud ymlaen, Gadeirydd, i'r adran sydd yn ymwneud â gwerthuso deiliadaeth eiddo ar dudalen 27 o'r adroddiad. Yr oeddwn eisiau mynd ymlaen heibio i baragraffau 3.15 a 3.16 i sôn am ddau bwynt bwled, sef y trydydd a'r pedwerydd, ym mharagraff 3.17. Mae'r trydydd yn cyfeirio at y ffaith mai

[104] **Dafydd Wigley:** I would like to move on, Chair, to the section that deals with evaluating property tenure on page 27 of the report. I wanted to go on past paragraphs 3.15 and 3.16 to discuss two bullet points, namely the third and the fourth, in paragraph 3.17. The third refers to the fact that

'dim ond dau o'r saith ymddiriedolaeth y buom ymweld â nhw (Gofal Iechyd Gwent,

'only two of the seven trusts we visited (Gwent Healthcare, North West Wales)

Gogledd Orllewin Cymru) oedd yn rheoli yn weithredol eu cofnodion perchnogaeth, er enghraifft i fanteisio ar gyfleoedd fel toriad prydlesol er mwyn rheoli rhesymoliad ystadau'.

actively managed their ownership records, for example to take advantage of such opportunities as lease break points to manage estate rationalisation'.

Os yw gweddill y 14 yn dilyn yr un patrwm, dim ond rhyw draean neu chwarter sydd yn gwneud gwaith mor sylfaenol â hyn. A gredwch fod hyn yn foddhaol?

If the rest of the 14 follow the same pattern, only about a third or quarter undertake such fundamental work as this. Do you believe that this is satisfactory?

Ms Lloyd: No, I do not, and that is why the guidance will require them to undertake this sort of work, and to very actively manage the leases they have, both for which they are tenants and where they have tenants. I do not regard that as satisfactory.

Ms Lloyd: Na chredaf, a dyna pam y bydd y cyfarwyddyd yn mynnu eu bod yn ymgymryd â gwaith o'r math hwn, ac yn rheoli'n weithredol iawn y prydlesi sydd ganddynt, y rhai y maent yn denantiaid odanynt a'r rhai lle y mae ganddynt denantiaid. Nid wyf yn ystyried bod hynny'n foddhaol.

[105] **Dafydd Wigley:** Dyna bwynt arall, Gadeirydd. Gallem deimlo'n bur anfodlon ynglŷn â'r perfformiad yn y gorffennol ar hyn. Symudaf ymlaen, felly, i'r pwynt nesaf ar dudalen 27. Yr oeddwn eisiau gofyn beth yw'r sefyllfa a beth yw eich barn chi ynglŷn â datblygu cytundeb tenantiaid safonol ar gyfer ymddiriedolaethau, er mwyn sicrhau eu bod yn gwarchod eu hawliau a'u cyfrifoldebau fel landlordiaid yn briodol ac yn gyson mewn perthynas â meddygon teulu a thenantiaid eraill. Yr wyf yn cyfeirio at y paragraff yr oeddwn yn sôn amdano, sef y pedwerydd pwynt bwled dan 3.17. Yr wyf yn meddwl yn bennaf am y dasg o annog yr ymddiriedolaethau hyn i gasglu'r holl rent sy'n ddyledus iddynt yn y sefyllfaoedd hyn. Fodd bynnag, mae materion iechyd a diogelwch ac atebolrwydd cyhoeddus hefyd yn faterion sydd angen eu hystyried. Felly, pa rôl sydd i gytundeb tenantiaid safonol?

[105] **Dafydd Wigley:** That is another point, Chair. We could feel most dissatisfied about the performance on this in the past. I move on, therefore, to the next point on page 27. I wanted to ask what the situation is and what your opinion is regarding developing a standard tenancy agreement for the trusts, in order to ensure that they are safeguarding their rights and responsibilities as landlords appropriately and consistently in relation to general practitioners and other tenants. I am referring to the paragraph that I was discussing, which is the fourth bullet point under 3.17. I am thinking in particular of the task of encouraging these trusts to collect all the rent that is due to them in these situations. However, health and safety issues and public accountability are also issues that need to be considered. Therefore, what role is there for a standard tenancy agreement?

Ms Lloyd: I think that that is a very helpful point. I know that work has been undertaken in the past few years to try to establish such a tenancy agreement, but I think that it is particularly important now, as we develop the implementation of the primary care strategy and try to encourage an improvement in the minimum standards against which the local health boards of the future will access primary care for their populations. I will be urging my department and the primary care directorate, which I am due to establish now, to work hard over the next year; to have positive discussions with general

Ms Lloyd: Credaf fod hynny'n bwynt buddiol iawn. Gwn fod gwaith wedi ei wneud yn y blynyddoedd diwethaf hyn i geisio sefydlu cytundeb tenantiaeth o'r fath, ond credaf ei bod yn arbennig o bwysig yn awr, wrth inni ddatblygu gweithrediad y strategaeth gofal sylfaenol a cheisio hybu gwelliant yn y safonau sylfaenol y bydd byrddau iechyd lleol y dyfodol yn asesu gofal sylfaenol yn eu herbyn ar gyfer eu poblogaethau. Byddaf yn pwyso ar fy adran ac ar y gyfarwyddiaeth gofal sylfaenol, yr wyf i fod i'w sefydlu'n awr, i weithio'n galed dros y flwyddyn nesaf; i gael trafodaethau

practitioners, in particular; to develop standard tenancy agreements; and to be clear about the health and safety requirements of any of our properties that we lease out to general practitioners and others, to ensure that there is a consistency of approach. I think that that was a very important point made by the Auditor General, which will be extremely helpful in developing new-style general practice in parts of Wales.

cadarnhaol gyda meddygon teulu, yn benodol; i ddatblygu cytundebau tenantiaeth safonol; ac i fod yn glir ynghylch gofynion iechyd a diogelwch unrhyw un o'n hadeiladau y byddwn yn ei osod ar brydles i feddygon teulu ac eraill, i sicrhau bod dull gweithredu cyson. Credaf fod hynny'n bwynt pwysig iawn a wnaethpwyd gan yr Archwilydd Cyffredinol, a fydd o gymorth mawr wrth ddatblygu meddygaeth deuluol arddull newydd mewn rhannau o Gymru.

[106] **Dafydd Wigley:** A allwn gymryd yn ganiataol, felly, y byddwch yn gweithredu'r argymhelliad ar dudalen 29—y dylid arddel dull mwy rhagweithiol o reoli perthynas perchennog a thenant—yn llawn ac mor fuan ag sy'n bosibl, ac y bydd mewn bod y tro nesaf y byddwn yn siarad, ymhen blwyddyn neu bryd bynnag?

[106] **Dafydd Wigley:** Can we, therefore, take it for granted that you will implement the recommendation on page 29—that a more proactive approach to managing the relationship between owner and tenant should be adopted—in full and as quickly as possible, and that it will be in place the next time we speak, be that in a year's time or whenever?

Ms Lloyd: Yes.

Ms Lloyd: Gallwch.

[107] **Janet Davies:** Thank you, Dafydd. Eleanor, did you want to come in on this?

[107] **Janet Davies:** Diolch, Dafydd. Eleanor, a oeddech yn dymuno dod i mewn ar hyn?

[108] **Eleanor Burnham:** Yes, I have a brief question. Can you clarify—I could not quite work this out—whether you overarch all the information technology that is involved in all hospital activities?

[108] **Eleanor Burnham:** Oeddwn, mae gennyf gwestiwn byr. A allwch egluro—ni allwn ddeall hyn yn hollol—a ydych yn cydgysylltu'r holl dechnoleg gwybodaeth sydd yn gysylltiedig â phob gweithgaredd ysbyty?

Ms Lloyd: Yes.

Ms Lloyd: Ydym.

[109] **Eleanor Burnham:** Is that all up to scratch? Are all hospitals computerised in all their activities, so that data is readily available now? Obviously, you will be putting an extra burden on them now, and I am just wondering what stage they have all reached in respect of any data that hospitals normally collate.

[109] **Eleanor Burnham:** A yw hynny i gyd yn cyrraedd y safon? A yw'r holl ysbytai wedi eu cyfrifiaduro yn eu holl weithgareddau, fel bod data ar gael yn rhwydd yn awr? Wrth gwrs, byddwch yn rhoi baich ychwanegol arnynt yn awr, ac yr wyf yn meddwl tybed pa gam y maent wedi ei gyrraedd o ran unrhyw ddata y mae ysbytai yn ei goladu fel arfer.

Ms Lloyd: Again, this is a variable feast too. In north-east Wales at the moment, we are pursuing a new clinical information system, in partnership with two of the trusts up there, to see whether or not it would be an ideal model for Wales. Some of the information that feeds into those systems needs replacing now. Some parts of Wales have replaced very

Ms Lloyd: Unwaith eto, mae hyn yn amrywio hefyd. Yng ngogledd-ddwyrain Cymru ar hyn o bryd, yr ydym yn ystyried system gwybodaeth glinigol newydd, mewn partneriaeth â dwy o'r ymddiriedolaethau yno, i weld a fyddai'n batrwm delfrydol i Gymru neu beidio. Mae angen amnewid rhywfaint o'r wybodaeth sydd yn mynd i'r

frequently. Again, although we provided the network, as Mr Davies has said, and we have a good intranet service throughout Wales, and the Health of Wales Information Service has been developed, nevertheless, information technology and its development was a matter devolved to trusts. We now have an information technology and management strategy against which we are testing organisations. It might be helpful, Chair, if we gave you real details of where the variability in information services is throughout Wales, so that you would have a complete picture of where we believe the main improvements need to be made against that strategy. Again, they will be measured against the strategy.

systemau hynny yn awr. Mae rhai rhannau o Gymru wedi ei hamnewid yn aml iawn. Unwaith eto, er mai ni a ddarparodd y rhwydwaith, fel y dywedodd Mr Davies, ac mae gennym wasanaeth mewnrwyd da ledled Cymru, ac mae Gwasanaeth Gwybodaeth Iechyd Cymru wedi ei ddatblygu hefyd, er hynny, yr oedd technoleg gwybodaeth a'r datblygiad ohoni yn fater a ddatganolwyd i'r ymddiriedolaethau. Mae gennym strategaeth technoleg gwybodaeth a rheoli yn awr yr ydym yn profi cyrff yn ei herbyn. Gallai fod yn fuddiol, Gadeirydd, pe baem yn rhoi manylion gwirioneddol ynghylch lle y mae'r amrywioldeb mewn gwasanaethau gwybodaeth ledled Cymru, fel y byddai gennych ddarlun cyflawn ynghylch lle y credwn fod angen y prif welliannau yn ôl y strategaeth honno. Unwaith eto, fe'u mesurir yn ôl y strategaeth.

Could I just return to Mr Dafydd Wigley's point, just to amplify what we are trying to do on GP practices? It had slipped my mind. We are just starting a pilot project with Rhondda Cynon Taff local health group—shortly to be board—to look at the whole of the primary care premise there, how we can really develop that to meet a minimum standard of patient privacy, patient access and so on, and to put that into an estates framework, among other things, to roll out to primary care for the future. That work has started now. It has a really enthusiastic project team. Knowing the particular individuals involved in that project, I think that they will be coming up with some really strong recommendations about how we manage the estate relating to general practice and other primary care services in Wales in the future. I think that that might be helpful to feed back in a year when it is completed.

A gaf fynd yn ôl at bwynt Mr Wigley, dim ond i ymhelaethu ar yr hyn yr ydym yn ceisio ei wneud ynghylch practisiau meddygon teulu? Yr oeddwn wedi ei anghofio. Yr ydym ar fin cychwyn prosiect peilot gyda grŵp iechyd lleol Rhondda Cynon Taf—a fydd yn fwrdd cyn hir—i edrych ar y cwbl o'r adeiladau gofal sylfaenol yno, sut y gallwn eu datblygu i gyrraedd safon sylfaenol o breifatrwydd cleifion, mynediad cleifion ac yn y blaen, a chynnwys hynny mewn fframwaith ystadau, ymysg pethau eraill, i ymestyn gofal sylfaenol ar gyfer y dyfodol. Mae'r gwaith hwnnw wedi dechrau bellach. Mae iddo dîm prosiect gwirioneddol frwdfrydig. O adnabod yr unigolion arbennig sydd yn ymwneud â'r prosiect hwnnw, credaf y byddant yn meddwl am rai argymhellion gwirioneddol gryf ynghylch sut yr ydym yn rheoli'r ystâd o ran meddygaeth deuluol a gwasanaethau gofal sylfaenol eraill yng Nghymru yn y dyfodol. Credaf y gallai fod yn fuddiol rhoi adborth ar hynny ar ôl ei gwblhau ymhen blwyddyn.

[110] **Dafydd Wigley:** Will this be a model from which the lessons learned will be applied throughout Wales?

[110] **Dafydd Wigley:** A fydd hwn yn fodel y bydd y gwersi a ddysgir oddi wrtho yn cael eu cymhwyso ledled Cymru?

Ms Lloyd: Yes.

Ms Lloyd: Bydd.

[111] **Brian Hancock:** May I return to a point that was raised a moment ago about tenancy and so on? There is a tenancy

[111] **Brian Hancock:** A gaf fynd yn ôl at bwynt a godwyd funud yn ôl ynghylch tenantiaeth ac yn y blaen? Mae cytundeb

agreement with a GP in my constituency. When the trust and health authority board went in, they found that they really had to look at the health and safety and welfare standards in there. It will almost be a total rebuild. There are already examples of tenancy agreements; we do not want to re-invent the wheel.

tenantiaeth â meddyg teulu yn fy etholaeth i. Pan aeth bwrdd yr ymddiriedolaeth a'r awdurdod iechyd yno, cawsant eu bod yn gorfod edrych yn wirioneddol ar y safonau iechyd a diogelwch yno. Bydd yn rhaid ei ailadeiladu'n llwyr bron. Mae enghreifftiau o gytundebau tenantiaeth eisoes; nid ydym yn dymuno ailddyfeisio'r olwyn.

Ms Lloyd: No, exactly. We have to pick up the best practice.

Ms Lloyd: Nac ydym, yn union. Rhaid inni arddel yr arfer gorau.

[112] **Brian Hancock:** I hope that ERIC does not become an Eric and Ernie job.

[112] **Brian Hancock:** Gobeithiaf na fydd ERIC yn mynd yn fater o Eric ac Ernie.

It has been 10 years since Crown immunity was removed from NHS estates. However, less than half of the estate is fully compliant with current health and safety statutory requirements. That is very worrying, particularly as I declare that, prior to becoming an Assembly Member, I was a health and safety and environment consultant. What are you doing to ensure that this poor state of affairs is improved, and what do you consider to be the main constraint to achieving full compliance across the estate? Are hospitals in Wales safe places to be?

Mae 10 mlynedd ers dileu breinryddid y Goron yn ystadau'r GIG. Fodd bynnag, llai na hanner yr ystâd sydd yn cydymffurfio'n llawn â'r gofynion iechyd a diogelwch statudol cyfredol. Mae hynny'n peri pryder mawr, yn enwedig gan fy mod yn datgan fy mod, cyn dod yn Aelod Cynulliad, yn ymgynghorydd iechyd a diogelwch a'r amgylchedd. Beth yr ydych yn ei wneud i sicrhau bod y sefyllfa wael hon yn gwella, a beth, yn eich barn chi, yw'r cyfyngiad pennaf ar sicrhau cydymffurfiad llawn yn yr ystâd drwyddi draw? A yw ysbytai yng Nghymru yn lleoedd diogel i fod ynddynt?

Ms Lloyd: The situation has improved since this report was undertaken and, as you will know, we have just been granted a further £6 million by the Ministers and the Assembly for an improvement in fire code compliance. I think that that will greatly advance the ability of the organisations to become compliant with that code and other statutory requirements. I would expect to see a gradual improvement in statutory compliance right throughout Wales as we go through the performance management meetings. What I would be expecting organisations to be doing is very, very clearly evaluating any risk against statutory compliance and putting into place factors and features which will ensure that the risk is absolutely minimised, that people are clear about the risk and so on.

Ms Lloyd: Mae'r sefyllfa wedi gwella ers gwneud yr adroddiad hwn ac, fel y gwyddoch, yr ydym newydd dderbyn £6 miliwn ychwanegol oddi wrth y Gweinidogion a'r Cynulliad i wella'r cydymffurfiad â'r cod tân. Credaf y bydd hynny'n hwb mawr i allu'r cyrff i gydymffurfio â'r cod hwnnw a gofynion statudol eraill. Disgwyliwn weld gwelliant graddol mewn cydymffurfiad statudol ledled Cymru wrth inni fynd drwy'r cyfarfodydd rheoli perfformiad. Yr hyn y disgwyliwn i'r cyrff ei wneud yw gwerthuso'n glir iawn iawn unrhyw risg yn erbyn cydymffurfiad statudol a rhoi ar waith ffactorau a nodweddion a fydd yn sicrhau bod y risg wedi ei leihau i'r eithaf, a bod pobl yn deall y risg ac yn y blaen.

The other thing that I think is really vitally important—and I shall be taking this up with the chief executives as we debate the outcome of this report—is that we must ensure that staff understand the environment in which they are working so that they make

Y peth arall y credaf ei fod yn hanfodol bwysig—a byddaf yn codi hyn gyda'r prif weithredwyr wrth inni drafod canlyniad yr adroddiad hwn—yw bod rhaid inni sicrhau bod y staff yn deall yr amgylchedd lle y maent yn gweithio fel eu bod yn ei wneud yn

it a much safer place for patients, and that they are open to looking at an environment in terms of the different type of patients that they have. Many of them are already extremely good at this, but they must raise and heighten awareness in the environment in which they are working, and ensure that, with the change in the type of patients that they are having in the hospitals today, risk is absolutely minimised for all patients. In looking at care plans for patients, you will see risk analyses of tripping, falling and so on and the capabilities of the patients themselves to manage their environment. So I feel that an awareness of risk is much more clearly embedded into the organisation, but we need to ensure that we can constantly update the staff in terms of risk and the management of risk in their daily lives, for patients and themselves.

lle mwy diogel o lawer i gleifion, a'u bod yn barod i edrych ar amgylchedd o ran y gwahanol fath o gleifion a allai fod ganddynt. Mae llawer ohonynt yn dda iawn wrth wneud hyn eisoes, ond rhaid iddynt hybu a deffro ymwybyddiaeth yn yr amgylchedd lle y maent yn gweithio, a sicrhau, gyda'r newid yn y math o gleifion sydd ganddynt yn yr ysbytai heddiw, fod risg wedi ei leihau i'r eithaf ar gyfer pob claf. Pan edrychwch ar gynlluniau gofal ar gyfer cleifion, gwelwch ddadansoddiadau risg o faglu, disgyn ac yn y blaen a gallu'r cleifion eu hunain i reoli eu hamgylchedd. Felly teimlaf fod ymwybyddiaeth o risg wedi ei wreiddio'n llawer mwy eglur yn y corff, ond rhaid inni sicrhau y gallwn hysbysu'r staff yn gyson am risg a rheoli risg yn eu bywydau beunyddiol, ar gyfer cleifion a hwy eu hunain.

[113] **Brian Hancock:** That is very interesting, but what about the question, are hospitals safe places to be?

[113] **Brian Hancock:** Mae hynny'n ddiddorol iawn, ond beth am y cwestiwn, a yw ysbytai yn lleoedd diogel i fod ynddynt?

Ms Lloyd: The trust chief executives are the accountable officers for that question. I am sure you would like to address that question to the two that will attend your next meeting. However, if they believed, having due responsibility for risk within their organisations, that they were admitting patients to hospitals that were not safe, I would have been informed and we would have taken action with them.

Ms Lloyd: Prif weithredwyr yr ymddiriedolaethau yw'r swyddogion atebol ar gyfer y cwestiwn hwnnw. Yr wyf yn sicr yr hoffech gyfeirio'r cwestiwn hwnnw at y ddau a fydd yn bresennol yn eich cyfarfod nesaf. Fodd bynnag, os credent, gan fod ganddynt gyfrifoldeb dyladwy am risg yn eu sefydliadau, eu bod yn derbyn cleifion i ysbytai nad oeddent yn ddiogel, byddwn wedi cael fy hysbysu a byddem wedi cymryd camau gyda hwy.

[114] **Brian Hancock:** May I just go back a little bit? You talked a great deal about risk. Please excuse me while I get on a soapbox and display a bit of knowledge on this. In actual fact, this is about the identification of the hazard—because it is the hazard that actually causes the harm—and what you do to manage that hazard or, in other words, to reduce the risk. That is where risk comes in. It is not just about minimising, surely. It is about eliminating this, wherever possible.

[114] **Brian Hancock:** A gaf fynd yn ôl ychydig bach? Dywedasoch lawer iawn am risg. Esgusodwch fi, os gwelwch yn dda, wrth imi fynd ar ben bocs sebon a dangos ychydig o wybodaeth am hyn. Mewn gwirionedd, mae hyn yn ymwneud â chanfod y perygl—oherwydd y perygl sydd yn achosi'r niwed—a beth a wnewch i reoli'r perygl hwnnw neu, mewn geiriau eraill, leihau'r risg. Dyna lle y mae risg yn codi. Siawns nad yw'n ymwneud â lleihau yn unig. Mae'n ymwneud â dileu hynny, lle bynnag y bo modd.

Ms Lloyd: Of course.

Ms Lloyd: Wrth gwrs.

[115] **Brian Hancock:** And, surely, it is not only about patients, it is about employees or

[115] **Brian Hancock:** A siawns nad yw'n ymwneud â chleifion yn unig, mae'n

members of staff as well. The typical nurse's back should be a thing of the past.

ymwneud â gweithwyr neu aelodau staff hefyd. Dylai cefn nodweddiadol y nyrs berthyn i'r gorffennol.

Ms Lloyd: Yes, I would agree.

Ms Lloyd: Dylai, byddwn yn cytuno.

[116] **Eleanor Burnham:** May I come in briefly on this, Chair? We are having quite a topical conversation, because I read only the other day that several hospitals in Scotland and elsewhere are shut because of a risk of a different sort—that is, bugs. It brings to mind anecdotal evidence that has been given to me that nurses do not even wash their hands. That kind of risk—

[116] **Eleanor Burnham:** A gaf ddod i mewn ar hyn yn fyr, Gadeirydd? Yr ydym yn cael sgwrs eithaf amserol, oherwydd darllenais yn ddiweddar iawn am sawl ysbyty yn yr Alban ac mewn mannau eraill sydd wedi eu cau oherwydd risg o fath gwahanol—sef, pryfed. Mae'n dwyn i gof tystiolaeth anecdotaidd a roddwyd i mi nad yw nyrsys hyd yn oed yn golchi eu dwylo. Y math hwnnw o risg—

[117] **Janet Davies:** I will stop you there, Eleanor. We are expecting a report on the cleanliness of hospitals, so that will be the time to raise that issue.

[117] **Janet Davies:** Fe'ch ataliaf yn y fan honno, Eleanor. Yr ydym yn disgwyl adroddiad ar lendid ysbytai, felly honno fydd yr adeg i godi'r mater hwnnw.

[118] **Brian Hancock:** I will now move on, Chair. We mentioned fire code standards and fire legislation and the £6 million. It must be of particular concern, if we are now addressing the fact that we need fire code compliance and this kind of regulation and £6 million. If you look at page 31, and at paragraph 3.25 and figure 14—I had it a moment ago—

[118] **Brian Hancock:** Af ymlaen yn awr, Gadeirydd. Crybwyllasom safonau'r cod tân a deddfwriaeth tân a'r £6 miliwn. Mae'n peri pryder arbennig, os ydym yn ymdrin yn awr â'r ffaith bod angen inni gydymffurfio â'r cod tân a'r math hwn o reoleiddio a £6 miliwn. Os edrychwch ar dudalen 31, ac ar baragraff 3.25 a ffigur 14—yr oedd gennyf funud yn ôl—

[119] **Eleanor Burnham:** It is figure 14 on page 30. Do you want to borrow my copy of the report, Brian?

[119] **Eleanor Burnham:** Ffigur 14 ydyw, ar dudalen 30. A hoffech fenthyg fy nghopi i o'r adroddiad, Brian?

Ms Lloyd: Is it figure 14?

Ms Lloyd: Ai ffigur 14 ydyw?

[120] **Brian Hancock:** Yes, figure 14. I have my notes now. We started talking about it a moment ago when Eleanor asked the question about asbestos and so on. When you look at figure 14, we see that there are four hospitals there with major issues. The risk in carrying out the assessment of the situation must be fairly high there. I am worried. What has this work revealed and what remedial work is being implemented, particularly in terms of the recommendations that I have seen on that page?

[120] **Brian Hancock:** Ie, ffigur 14. Mae fy nodiadau gennyf yn awr. Dechreuasom sôn amdano funud yn ôl pan ofynnodd Eleanor gwestiwn am asbestos ac yn y blaen. Pan edrychwch ar ffigur 14, gwelwn fod pedwar ysbyty yno sydd â phroblemau sylweddol. Rhaid bod y risg wrth gyflawni'r asesiad o'r sefyllfa yn eithaf uchel yno. Yr wyf yn bryderus. Beth y mae'r gwaith hwn wedi ei ddatgelu a pha waith adfer a weithredir, yn enwedig o ran yr argymhellion a welais ar y tudalen hwnnw?

Ms Lloyd: Chair, might I ask Mr Morgan, who is directly dealing with this, to answer that in detail?

Ms Lloyd: Gadeirydd, a gaf ofyn i Mr Morgan, sydd yn delio â hyn yn uniongyrchol, ateb hynny'n fanwl?

Mr Morgan: I have several things to say in response. First, I will make a general point, and then I will come back to the specific cases in the report, if I may. Generally, the trusts are asked to submit fire code certificates every year. Last summer, we followed up an audit in each trust, which Neil's organisation did for us, to look at the state of things, because it was quite clear that, at that stage, none of the trusts were going to reach compliance—in fact, one has since—and that was far short of our target, because our target for this year was for everybody to reach compliance. We were very concerned about that, and we asked for an audit in order to understand the nature of the risk. Was it something relatively—you will know better than us, that these things come in different shapes and sizes. Is it that there is not good fire compartmentalisation, which is a serious issue, or is it just something about signage? Is it something about fire resistant doors? What is it? Is it something capable of being put right quite quickly, and is there a major hazard related to it?

Mr Morgan: Mae gennyf sawl peth i'w ddweud wrth ymateb. Yn gyntaf, gwnaf bwynt cyffredinol, ac wedyn deuaf yn ôl at yr achosion penodol yn yr adroddiad, os caf. Yn gyffredinol, gofynnir i'r ymddiriedolaethau gyflwyno tystysgrifau cod tân bob blwyddyn. Yr haf diwethaf, gwnaethom archwiliad ym mhob ymddiriedolaeth, a wnaed gan sefydliad Neil ar ein rhan, i edrych ar gyflwr pethau, oherwydd ei bod yn eithaf amlwg, bryd hynny, na fyddai'r un o'r ymddiriedolaethau'n cydymffurfio—mae un wedi gwneud ers hynny, a dweud y gwir—ac yr oedd hynny'n bell iawn o'n targed, oherwydd ein targed ar gyfer eleni oedd y byddai pawb yn cydymffurfio. Yr oeddem yn bryderus iawn ynghylch hynny, a gofynasom am archwiliad er mwyn deall natur y risg. A oedd yn rhywbeth cymharol—byddwch yn gwybod yn well na ni, bod y pethau hyn yn amrywiol eu ffurf a'u maint. Ai diffyg adrannu tân da ydyw, sydd yn fater difrifol, neu a ydyw'n rhywbeth sydd yn ymwneud ag arwyddion yn unig? A yw'n rhywbeth sydd yn ymwneud â drysau atal tân? Beth ydyw? A yw'n rhywbeth y gellir ei gywiro'n gyflym, ac a oes perygl mawr yn gysylltiedig ag ef?

We have had the results of those audits back now, and it was because of that that the Ministers decided that the programme needed accelerating, notwithstanding the special action that we have already sorted out for the Prince Charles hospital and Glan Clwyd hospital, which are probably the biggest ones. In the next month, we will be visiting each of the trusts to discuss with them how that extra money will be targeted on the biggest hazards, and how they will, as a result of that, be able to accelerate their projected fire code compliance. It is very variable, and I do not think that it would be realistic for us to say that we are going to set a single date by which everybody complies, because there is such variability in the buildings and the estate that that simply would not be possible. I can tell you straight away, for example, that Glan Clwyd hospital and Prince Charles hospital are going to take a long time to reach compliance for reasons that we have discussed earlier.

Yr ydym wedi cael canlyniadau'r archwiliadau hynny bellach, ac oherwydd hynny y penderfynodd y Gweinidogion fod angen cyflymu'r rhaglen, er gwaethaf y camau arbennig yr ydym eisoes wedi eu trefnu ar gyfer ysbyty'r Tywysog Siarl ac ysbyty Glan Clwyd, sef y rhai mwyaf yn ôl pob tebyg. Y mis nesaf, byddwn yn ymweld â phob un o'r ymddiriedolaethau i drafod â hwy sut yr anelir yr arian ychwanegol hwnnw at y peryglon mwyaf, a sut y byddant, o ganlyniad i hynny, yn gallu cydymffurfio â'r cod tân yn gynt nag y rhagwelwyd. Mae'n amrywiol iawn, ac ni chredaf y byddai'n realistig inni ddweud y byddwn yn pennu un dyddiad pryd y bydd pawb yn cydymffurfio, oherwydd bod cymaint o amrywioldeb yn yr adeiladau a'r ystâd fel na fyddai hynny'n bosibl o gwbl. Gallaf ddweud wrthych yn syth, er enghraifft, y bydd yn cymryd amser hir iawn i ysbyty Glan Clwyd ac ysbyty'r Tywysog Siarl gydymffurfio oherwydd rhesymau yr ydym wedi eu trafod yn gynharach.

So that is the situation generally. In respect of

Felly dyna'r sefyllfa yn gyffredinol. O ran y

these particular places, the trusts have individually reviewed the hazards and have risk management plans for dealing with them. That is the case for all of those examples—the copper pipe corrosion as well as the fire ones. We have discussed those plans in three of the four cases—we have not yet discussed Nevill Hall hospital, but that will come up when we do the fire code visit next month. Neil may be able to say more if you want to drill down into any of that, but we are satisfied that the trusts are keenly aware of the hazards here, and are actively trying to manage them. They do so, of course, in relation to fire risks, with the aid, input and chasing of the local fire authority, which is also very healthy. So, from our point of view, we have an additional outside independent inspectorate looking at it as well. Have I answered everything?

lleoedd penodol hyn, mae'r ymddiriedolaethau wedi adolygu'r peryglon yn unigol ac mae ganddynt gynlluniau rheoli risg i ddelio â hwy. Mae hynny'n wir am yr holl enghreifftiau hynny—cyrydu pibellau copr yn ogystal â'r rhai sydd yn ymwneud â thân. Yr ydym wedi trafod y cynlluniau hynny mewn tri o'r pedwar achos—nid ydym wedi trafod ysbyty Nevill Hall eto, ond bydd hynny'n codi wrth inni gynnal yr ymweliad cod tân y mis nesaf. Efallai y bydd Neil yn gallu dweud rhagor os ydych yn dymuno turio ymhellach i hynny o gwbl, ond yr ydym yn sicr bod yr ymddiriedolaethau'n ymwybodol iawn o'r peryglon yma, a'u bod yn ceisio'n weithredol i'w rheoli. Gwnânt hynny, wrth gwrs, o ran peryglon tân, gyda chymorth, mewnbwn ac ymlid gan yr awdurdod tân lleol, sydd hefyd yn iach iawn. Felly, o'n safbwynt ni, mae gennym arolygiaeth annibynnol allanol ychwanegol sydd yn edrych ar hyn hefyd. A wyf wedi ateb popeth?

[121] **Brian Hancock:** Yes. You have also partly answered my next question, but let us just go back for a minute. I am concerned that, if Crown immunity is being taken away, some of our hospitals could be prosecuted under health and safety at work regulations and law for doing things that put people at risk, be they employees, visitors or patients. Up to now, I have not heard enough to say that we are confident enough that we will not get a prosecution in any of our trusts or hospitals.

[121] **Brian Hancock:** Ydych. Yr ydych hefyd wedi ateb fy nghwestiwn nesaf yn rhannol, ond gadewch inni fynd yn ôl am funud. Yr wyf yn bryderus, os dileir breinryddid y Goron, y gallai rhai o'n hysbytai gael eu herlyn o dan reoliadau a chyfraith iechyd a diogelwch yn y gweithle am wneud pethau sydd yn peri risg i bobl, boed hwy'n weithwyr, yn ymwelwyr neu'n gleifion. Hyd yn hyn, ni chlywais ddigon i ddweud ein bod yn ddigon ffyddiog na chawn erlyniad mewn un o'n hymddiriedolaethau neu ysbytai.

Mr Morgan: First of all, in my experience, chief executives are very keenly aware of this threat and are very concerned by it. Indeed, some of them have come to us. In the case of the Prince Charles hospital, Bob Lewis came to us some while ago to share his concerns about it and to ensure that he had some corporate cover for the way he was managing the risk. I think that that is the right and proper and responsible way to do it. So they are very keenly aware of that. They do not like the exposure at all, and it really does motivate them. As you know there are health and safety prosecutions from time to time, so it is not an idle threat, and I think that it does keep them sharp. This ex-chief executive will know better than I.

Mr Morgan: Yn gyntaf oll, yn fy mhrofiad i, mae'r prif weithredwyr yn ymwybodol iawn o'r bygythiad hwn ac maent yn bryderus iawn yn ei gylch. Yn wir, mae rhai ohonynt wedi dod atom ni. Yn achos ysbyty'r Tywysog Siarl, daeth Bob Lewis atom beth amser yn ôl i rannu ei bryderon yn ei gylch ac i sicrhau bod ganddo rywfaint o yswiriant corfforaethol ar gyfer y modd yr oedd yn rheoli'r risg. Credaf mai dyna'r modd iawn a phriodol a chyfrifol i'w wneud. Felly maent yn ymwybodol iawn o hynny. Nid ydynt yn hoff o fod yn agored iddo o gwbl, ac mae'n rhoi cymhelliant iddynt. Fel y gwyddoch, ceir erlyniadau iechyd a diogelwch o bryd i'w gilydd, felly nid yw'n fygythiad ofer, a chredaf ei fod yn eu cadw'n effro. Bydd y

cyn brif weithredwr hwn yn gwybod yn well na mi.

Ms Lloyd: Yes.

Ms Lloyd: Ydwyf.

[122] **Brian Hancock:** Thank you for that. I will skip my next question, because I think that you have tackled that, and I will move on. About 50 per cent of the estate is reported to be in new or sound physical condition, and over 25 per cent will need major work in the next three years to make it sound—I refer to figure 16 and paragraph 3.27 on page 31. In January 2000, the Assembly set a target—which can be seen in figure 10 on page 22—that 90 per cent of the active NHS Wales estate should be in a new or sound condition by 2002-03. From the Assembly's last strategic plan, published in October 2001, I see that the target date has now been moved to 2003-04. Why is this, and will NHS Wales be able to meet this revised target?

[122] **Brian Hancock:** Diolch i chi am hynny. Ni ofynnaf fy nghwestiwn nesaf, oherwydd credaf eich bod wedi ymdrin â hynny, a symudaf ymlaen. Adroddir bod 50 y cant o'r ystâd mewn cyflwr ffisegol newydd neu gadarn, ac y bydd angen gwaith mawr ar dros 25 y cant ohoni yn y tair blynedd nesaf i'w gwneud yn gadarn—cyfeiriaf at ffigur 16 a pharagraff 3.27 ar dudalen 31. Yn Ionawr 2000, gosododd y Cynulliad darged—y gellir ei weld yn ffigur 10 ar dudalen 22—y dylai 90 y cant o ystâd weithredol GIG Cymru fod mewn cyflwr newydd neu gadarn erbyn 2002-03. Yn ôl cynllun strategol diwethaf y Cynulliad, a gyhoeddwyd yn Hydref 2001, gwelaf fod y dyddiad targed wedi ei symud yn awr i 2003-04. Pam y mae hynny, ac a fydd GIG Cymru yn gallu cyrraedd y targed diwygiedig hwn?

Ms Lloyd: Mr Davies will deal with the detail, and then we will come to the last part.

Ms Lloyd: Bydd Mr Davies yn delio â'r manylion, ac wedyn deuwn ni at y rhan olaf.

Mr Davies: In respect of the target referred to in paragraph 3.28, to assess whether that will be achieved or not really requires far greater analysis of the estates strategies that were submitted in December 2001. I think it is likely that that particular target will not be addressed, from the initial information that we have through the estates strategies.

Mr Davies: O ran y targed y cyfeirir ato ym mharagraff 3.28, i allu asesu a gyflawnir hynny ai peidio, bydd angen dadansoddiad mwy o lawer o'r strategaethau ystadau a gyflwynwyd yn Rhagfyr 2001. Credaf ei bod yn debygol na chyrhaeddir y targed penodol hwnnw, yn ôl y wybodaeth gyntaf a gawsom drwy'r strategaethau ystadau.

[123] **Brian Hancock:** Is that why another date has been given, to reach that target?

[123] **Brian Hancock:** Ai dyna pam y rhoddwyd dyddiad arall, er mwyn gallu cyrraedd y targed hwnnw?

Mr Davies: Yes.

Mr Davies: Ie.

Ms Lloyd: We need to be clear about the targets that we are setting. If what is regarded as the residual estate, such as Sully—if we have disposed of places such as Sully and other residual parts of the estate, then the achievement of these targets is feasible. So that is why, in terms of the disposal of estate, our next piece of work throughout Wales is to look at how we are going to dispose of the estate in the most effective way and how does that disposal count against the replacement and so on.

Ms Lloyd: Mae angen inni fod yn glir ynghylch y targedau yr ydym yn eu gosod. Os yw'r hyn a ystyrir yn ystâd weddillol, fel yr hyn sydd yn Sili—os ydym wedi gwerthu lleoedd fel Sili a rhannau gweddillol eraill o'r ystâd, yna mae cyflawni'r targedau hynny'n ymarferol. Felly dyna pam, o ran gwerthu'r ystâd, mai ein darn gwaith nesaf ledled Cymru yw ystyried sut y byddwn yn gwerthu'r ystâd yn y modd mwyaf effeithiol a sut y mae'r gwerthu hwnnw yn cyfrif yn erbyn amnewid ac yn y blaen.

Mr Morgan: May I add something, Chair? The director's last comments show that the statistics are not actually helping us here. What we need to do is to separate the state of the live property from the state of the property that we are, really, putting in mothballs prior to disposal. We are looking at how we can separate out those two statistics, so that when we see something here we know that this is telling us something real about premises that patients are actually occupying, rather than it being distorted by premises that are not being used. If there is something to be frightened about, let us be sure that it is something to be frightened about.

Mr Morgan: A gaf ychwanegu rhywbeth, Gadeirydd? Mae sylwadau diwethaf y cyfarwyddwr yn dangos nad yw'r ystadegau yn ein helpu yn y fan hon mewn gwirionedd. Yr hyn y mae angen inni ei wneud yw gwahanu cyflwr yr eiddo byw oddi wrth gyflwr yr eiddo yr ydym yn ei roi o'r neilltu, mewn gwirionedd, cyn ei werthu. Yr ydym yn ystyried sut y gallwn wahanu'r ddwy set o ystadegau hynny, fel y gwyddom, pan welwn rywbeth yma, ei fod yn dweud rhywbeth gwirioneddol wrthym am yr adeiladau y preswylia cleifion ynddynt, yn hytrach na'i fod yn cael ei gamliwio gan adeiladau nas defnyddir. Os oes rhywbeth i boeni amdano, gadewch inni sicrhau ei fod yn rhywbeth y dylid poeni amdano.

[124] **Brian Hancock:** Are we talking about grade B premises, or grade C?

[124] **Brian Hancock:** A ydym yn sôn am adeiladau gradd B, neu rai gradd C?

Ms Lloyd: Grades C and D, because they have already been regarded as unsuitable.

Ms Lloyd: Graddau C a D, oherwydd eu bod eisoes wedi eu hystyried yn anaddas.

[125] **Brian Hancock:** That is right, yes. That is what I was concerned about in paragraph 3.28, which notes that 75 per cent of essential buildings which have a life of five years are in grade B condition.

[125] **Brian Hancock:** Mae hynny'n iawn, ydyw. Am hynny yr oeddwn yn bryderus ym mharagraff 3.28, sydd yn nodi bod 75 y cant o'r adeiladau hanfodol sydd ag oes o bum mlynedd mewn cyflwr gradd B.

To move on, paragraph 3.29 on page 32 notes that between £320 million and £370 million may be needed to bring all properties up to at least a sound and operationally safe condition. The third bullet point in paragraph 3.30 notes that trusts have allocated over £150 million over five years for that purpose. How do you ensure that spending by trusts on upgrading the condition of estates is prioritised and targeted at areas of greatest strategic and operational need, and not just thrown at the latest problem?

Er mwyn symud ymlaen, mae paragraff 3.29 ar dudalen 32 yn nodi ei bod yn bosibl y bydd angen rhwng £320 miliwn a £370 miliwn i godi'r holl adeiladau i gyflwr sydd o leiaf yn un cadarn a gweithrediadol ddiogel. Mae'r trydydd pwynt bwled ym mharagraff 3.30 yn nodi bod yr ymddiriedolaethau wedi dyrannu dros £150 miliwn dros bum mlynedd i'r diben hwnnw. Sut yr ydych yn sicrhau bod y gwariant hwnnw gan ymddiriedolaethau ar uwchraddio cyflwr ystadau wedi ei flaenoriaethu a'i dargedu at yr ardaloedd lle y mae'r angen strategol a gweithrediadol mwyaf, ac nid wedi ei daflu at y broblem ddiweddaraf?

Mr Davies: Shall I take this? The current figures show an increase on that—the figure is now £435 million. The increase, we believe, is through the greater scrutiny given to the condition surveys, very much following the higher profile of estates at the Assembly. In terms of the strategic management of that money, it should be

Mr Davies: A gymeraf fi hwn? Mae'r ffigurau cyfredol yn dangos cynnydd ar ben hynny—y ffigur yn awr yw £435 miliwn. Daeth y cynnydd, yr ydym yn credu, drwy archwilio'r arolygon cyflwr yn fanylach, gan ddilyn y proffil uwch a roddir i ystadau yn y Cynulliad i raddau helaeth. O ran rheoli'r arian hwnnw'n strategol, dylai gael ei

reflected in the trusts' estates strategies. Clearly, they should be investing the bulk of their money in their long-term operational estate, nevertheless ensuring that that estate with a short-term life is not in an unsafe condition. So, it will be done through the estate strategy process and be complemented by the national development framework, which is being developed for April this year.

adlewyrchu yn strategaethau ystadau'r ymddiriedolaethau. Wrth gwrs, dylent fuddsoddi'r rhan helaethaf o'u harian yn eu hystâd weithrediadol dymor hir, gan sicrhau, er hynny, nad yw'r ystâd sydd ag oes dymor byr mewn cyflwr anniogel. Felly, fe'i gwneir drwy'r broses strategaeth ystâd ac fe'i hategir gan y fframwaith datblygu cenedlaethol, a ddatblygir erbyn Ebrill eleni.

[126] **Brian Hancock:** I would like to ask a question on this increased figure, which is up from £370 million to £435 million. That is quite a considerable jump, is it not?

[126] **Brian Hancock:** Hoffwn ofyn cwestiwn ar y ffigur uwch hwn, sydd wedi codi o £370 miliwn i £435 miliwn. Mae hynny'n gryn naid, onid yw?

Mr Davies: Yes, it is.

Mr Davies: Ydyw.

[127] **Brian Hancock:** How do you explain that? I know that the more you look at it, the bigger the problem is becoming. Is it a question of VAT, is it the cost of doing the work, or is it the cost of doing work on premises and sites that have more inherent value?

[127] **Brian Hancock:** Sut yr ydych yn egluro hynny? Gwn mai po hwyaf y byddwch yn edrych arni, mwyaf yn y byd y bydd y broblem. A yw'n fater o dreth ar werth, ai'r gost o wneud y gwaith, neu ai'r gost ydyw o wneud gwaith ar adeiladau a safleoedd sydd â gwerth mwy cynhenid?

Mr Davies: The reason that—we have obviously gone back to the trusts that have indicated the highest increases to their figures reported over the years. We believe that the majority of the increase is just more accurate reporting from trusts rather than any significant deterioration of the estate over the previous year.

Mr Davies: Y rheswm—wrth gwrs, aethom yn ôl at yr ymddiriedolaethau a nododd y cynnydd mwyaf yn y ffigurau a adroddwyd ganddynt dros y blynyddoedd. Credwn fod y rhan fwyaf o'r cynnydd yn deillio o adrodd cywirach gan yr ymddiriedolaethau yn hytrach nag unrhyw ddirywiad sylweddol yn yr ystâd dros y flwyddyn flaenorol.

[128] **Brian Hancock:** I would have thought that, if they were being reviewed at regular intervals, an increase of—what are we talking about here—£65 million in, let us say, £400 million, is an awful lot of money, and I would have thought that their estimates would have been fairly accurate up to then. After all, they would be charged to achieve that sort of repair backlog and maintenance within their budgets. Is it the case here that the trusts are coming to NHS Wales to ask for more money to do other things, perhaps?

[128] **Brian Hancock:** Byddwn wedi credu, os oeddent yn cael eu hadolygu'n rheolaidd, fod cynnydd o—am beth yr ydym yn sôn yma—£65 miliwn mewn, dyweder, £400 miliwn, yn llawer iawn o arian, a byddwn wedi meddwl y byddai eu hamcangyfrifon wedi bod yn eithaf cywir hyd at hynny. Wedi'r cwbl, byddent yn cael eu siarsio i gyflawni'r math hwnnw o ôl-groniad atgyweiriadau a gwaith cynnal a chadw oddi mewn i'w cyllidebau. Ai'r hyn sydd yn digwydd yma yw bod yr ymddiriedolaethau'n dod at GIG Cymru i ofyn am fwy o arian i wneud pethau eraill, efallai?

Mr Davies: One would hope not. One would hope that the figure accurately reflects the survey information on the ground. I am sure that the director, in conversations with the chief executives involved in those particular trusts, will be asking some very detailed

Mr Davies: Byddai rhywun yn gobeithio nad oeddent. Byddai rhywun yn gobeithio bod y ffigur yn adlewyrchiad cywir o'r wybodaeth arolygu yn y maes. Yr wyf yn sicr y bydd y cyfarwyddwr, mewn sgyrsiau â'r prif weithredwyr sydd yn gysylltiedig â'r

questions around these particular increases.

ymddiriedolaethau arbennig hynny, yn gofyn rhai cwestiynau manwl iawn am y codiadau arbennig hyn.

[129] **Brian Hancock:** Again on page 32, I would like to look at the Auditor General's recommendations and ask what action you plan to take in response to these recommendations and to ensure that spending to improve the condition of properties is undertaken as part of an overall strategy for estate improvement across Wales. There may be merit in adopting a minimum standard, which we touched on a little earlier, for physical condition to help prioritise spending.

[129] **Brian Hancock:** Eto ar dudalen 32, hoffwn edrych ar argymhellion yr Archwilydd Cyffredinol a gofyn pa gamau y bwriadwch eu cymryd mewn ymateb i'r argymhellion hyn ac i sicrhau yr ymgymerir â gwario i wella cyflwr adeiladau fel rhan o strategaeth gyffredinol i wella'r ystâd ledled Cymru. Efallai y byddai'n werth mabwysiadu safon sylfaenol, y cyfeiriasom ati ychydig yn gynharach, ar gyfer cyflwr ffisegol i helpu i flaenoriaethu gwario.

Ms Lloyd: We intend to address these two recommendations through the performance management programme and, with regard to condition grade C, this may be suitable as an interim measure, but, basically, we would want all used patient accommodation to go to grade B over time. That is what we must be aiming for.

Ms Lloyd: Bwriadwn ymdrin â'r ddau argymhelliad hyn drwy'r rhaglen rheoli perfformiad ac, o ran cyflwr gradd C, gallai hynny fod yn addas fel cam dros dro, ond, yn y bôn, byddem yn dymuno i'r holl lety cleifion a ddefnyddir godi i radd B dros amser. At hynny y mae'n rhaid inni anelu.

[130] **Brian Hancock:** Have you any idea how long that will take?

[130] **Brian Hancock:** A oes gennych ryw syniad pa mor hir y cymer hynny?

Ms Lloyd: It will vary, depending on the organisation concerned and depending on whether or not any of their lower grade accommodation is due to be replaced over the next five years. So, we will have profiles of each of the organisations with a timeframe against which they will achieve condition B for all their patient accommodation and the likely cost of maintaining that residual accommodation at that level.

Ms Lloyd: Bydd yn amrywio, yn ôl y corff dan sylw ac a oes rhywfaint o'u llety gradd is i fod i'w amnewid dros y pum mlynedd nesaf. Felly, bydd gennym broffilau o bob un o'r cyrff gydag amserlen y byddant yn ei dilyn i gyrraedd cyflwr B yn achos eu holl lety cleifion a chost debygol cynnal y llety gweddillol hwnnw ar y lefel honno.

[131] **Brian Hancock:** At this point in time, although you say that it will be individual cases, will you be setting a target for which they will all have to move from grade C to grade B?

[131] **Brian Hancock:** Ar yr adeg hon, er y dywedwch y bydd yn fater o achosion unigol, a fyddwch yn gosod targed ar gyfer yr amser pan fyddant oll wedi gorfod symud o radd C i radd B?

Ms Lloyd: We would wish to, but I think that it will probably be on an individual basis in the first instance. We know what the target is; we want them all at grade B. How they get there will be a matter of negotiation with us.

Ms Lloyd: Hoffem wneud, ond credaf ei bod yn debygol y bydd ar sail fesul achos yn y lle cyntaf. Gwyddom beth yw'r targed; yr ydym am eu cael i gyd ar radd B. Bydd y modd y byddant yn cyrraedd yno yn fater i'w negodi gyda ni.

[132] **Brian Hancock:** Thank you.

[132] **Brian Hancock:** Diolch.

[133] **Janet Davies:** I just want to ask one

[133] **Janet Davies:** Nid wyf ond yn dymuno

quick question that is not covered in the report. It is to do with hospital buildings, obviously. You may think that it is frivolous, but I happen to think that it is very important. When you build new hospitals, will you, in the future, be trying to ensure that a high proportion of patients in beds in hospital can actually see out of the windows, because I think that it would have an effect on recovery?

gofyn un cwestiwn cyflym nad ymdrinnir ag ef yn yr adroddiad. Mae'n ymwneud ag adeiladau ysbytai, wrth gwrs. Efallai y byddwch yn meddwl ei fod yn ddibwys, ond yr wyf yn digwydd meddwl ei fod yn bwysig iawn. Pan godwch ysbytai newydd, a fyddwch, yn y dyfodol, yn ceisio sicrhau bod cyfran uchel o gleifion mewn gwelyau yn yr ysbyty yn gallu gweld drwy'r ffenestri, oherwydd credaf yr effeithiai hynny ar adfer?

Ms Lloyd: I think that you are absolutely right. The environment in which patients are managed is really, really important. Some excellent research has been undertaken into what actually makes people feel much better than they actually are and there is nothing more frustrating than looking at grey or blue sky instead of looking at something going on. Particularly in premises in which the elderly are cared for, it has been well known for a fairly long time that having them overlooking a busy road is one of the best things to engage their attention and it has a positive benefit. So I think that the more active involvement of patient groups and patient representatives and their advocates in the design of buildings for the future is vitally important because they are the ones who are there all the time. We must design an environment in which they feel safe, which they can use, which allows them to gain the maximum benefit from the environment and which is not difficult to manage for them. I think that what you can see, if you can see anything, is really important.

Ms Lloyd: Credaf eich bod yn llygad eich lle. Mae'r amgylchedd lle y rheolir cleifion yn wirioneddol bwysig. Gwnaethpwyd rhywfaint o ymchwil rhagorol i'r hyn sydd yn peri i bobl deimlo'n well o lawer nag y maent mewn gwirionedd ac nid oes dim sydd yn achosi mwy o rwystredigaeth nag edrych ar wybren lwyd neu las yn lle edrych ar rywbeth sydd yn digwydd. Yn enwedig mewn adeiladau lle y gofalir am yr henoed, mae'n hysbys ers cryn amser mai eu cael yn edrych dros ffordd brysur yw un o'r pethau gorau i ennyn eu sylw ac mae o fudd pendant. Felly credaf fod cyfraniad mwy gweithredol gan grwpiau cleifion a chynrychiolwyr cleifion a'u heiriolwyr wrth gynllunio adeiladau yn y dyfodol yn hanfodol bwysig oherwydd hwy yw'r rhai sydd yno drwy'r amser. Rhaid inni gynllunio amgylchedd lle y teimlant yn ddiogel, y gallant ei ddefnyddio, sydd yn caniatáu iddynt gael y budd mwyaf posibl o'r amgylchedd ac nad yw'n anodd ei reoli ar eu cyfer. Credaf fod yr hyn y gallwch ei weld, os gallwch weld rhywbeth, yn wirioneddol bwysig.

[134] **Janet Davies:** It seems unfortunate that, at the new hospital at Llantrisant, only a few patients can see out of the windows in what is a particularly beautiful piece of countryside.

[134] **Janet Davies:** Mae'n ymddangos yn anffodus, yn yr ysbyty newydd yn Llantrisant, mai dim ond ychydig o gleifion a all weld drwy'r ffenestri mewn rhan o gefn gwlad sydd yn arbennig o brydferth.

Ms Lloyd: Yes.

Ms Lloyd: Ydyw.

[135] **Janet Davies:** Alison, you want to come back on functional suitability?

[135] **Janet Davies:** Alison, yr ydych yn dymuno sôn eto am addasrwydd gweithrediadol?

[136] **Alison Halford:** Yes. Thank you, Chair. The Auditor General, on page 34, paragraph 3.3, tells us that around a fifth of the estate is below standard or unacceptable. What are the main challenges for NHS Wales to ensure that the situation is improved?

[136] **Alison Halford:** Ydwyf. Diolch, Gadeirydd. Dywed yr Archwilydd Cyffredinol, ar dudalen 34, paragraff 3.3, wrthym fod tua un rhan o bump o'r ystâd yn is na'r safon neu'n annerbyniol. Beth yw'r prif heriau i GIG Cymru er mwyn sicrhau

Ms Lloyd: Again, the challenges will vary from organisation to organisation. I am very pleased, in line with the Chair's last question, that functional suitability has really come to the top of the agenda. We are dealing with much more infirm patients than we have dealt with in the past in NHS Wales. We must make sure that the buildings in which we, and the staff, are trying to manage patients are suitable for the purpose. We must become much more flexible and much more understanding about the conditions that are best for patient care. We will be monitoring functional suitability very much with them. As you know, there has been a big drive in terms of unisex accommodation, which is an issue of functional suitability of accommodation. I am carefully monitoring trusts on that indicator at the moment. However, when you go around the hospitals, it is clear that you have a checklist in your mind about how suitable the building is for the purpose that it is being used for at that moment. I think that functional suitability is an issue that is at the forefront of many of the chief executives' minds now as they assess risk in their organisations.

bod y sefyllfa yn gwella?

Ms Lloyd: Unwaith eto, bydd yr heriau yn amrywio o gorff i gorff. Yr wyf yn falch iawn, yn unol â chwestiwn diwethaf y Cadeirydd, fod addasrwydd gweithrediadol wedi codi i ben yr agenda. Yr ydym yn delio â chleifion llawer iawn mwy eiddil na'r rhai y buom yn delio â hwy yn y gorffennol yn GIG Cymru. Rhaid inni sicrhau bod yr adeiladau lle'r ydym ni, a'r staff, yn ceisio rheoli cleifion yn addas i'r diben. Rhaid inni ddod yn llawer mwy hyblyg ac yn llawer mwy deallgar ynghylch yr amodau sydd orau ar gyfer gofal am gleifion. Byddwn yn monitro addasrwydd gweithrediadol gyda hwy i raddau helaeth iawn. Fel y gwyddoch, bu ymgyrch fawr o ran llety i'r ddau ryw, sydd yn fater o addasrwydd gweithrediadol llety. Yr wyf yn monitro'r ymddiriedolaethau'n ofalus ar y dangosydd hwnnw ar hyn o bryd. Fodd bynnag, pan ewch o gwmpas yr ysbytai, mae'n amlwg bod gennych restr wirio yn eich meddwl ynghylch pa mor addas y mae'r adeilad i'r diben y'i defnyddir ar ei gyfer ar y pryd. Credaf fod addasrwydd gweithrediadol yn fater sydd ar flaen meddwl llawer o brif weithredwyr yn awr wrth iddynt asesu risg yn eu cyrff.

[137] **Alison Halford:** Thank you. What issues arise in operating with an estate that is significantly below standard?

[137] **Alison Halford:** Diolch. Pa faterion sydd yn codi wrth weithredu gydag ystâd sydd yn is o lawer na'r safon?

Ms Lloyd: The issues that arise if you have unsuitable accommodation are that it can be cold and draughty; you lose energy efficiency; it is not easy to nurse patients in it; it can become overcrowded; it can intrude on privacy; it can be jolly uncomfortable; the facilities that patients need to use are a long distance away and some of the patients may be very immobile; and, generally, life as a patient or a member of staff is made much more difficult. Staff generally feel very dissatisfied in having to manage in unsuitable accommodation, although there is still a view expressed by many of the staff that they love Nightingale wards because they can see everybody. However, patients might feel a bit differently.

Ms Lloyd: Y materion sydd yn codi os oes gennych lety anaddas yw y gall fod yn oer ac yn ddrafftiog; yr ydych yn colli effeithlonrwydd ynni; nid yw'n hawdd nyrsio cleifion ynddo; gall fod yn orlawn; gall ymyrryd â phreifatrwydd; gall fod yn hynod o anghyfforddus; mae'r cyfleusterau y mae ar y cleifion angen eu defnyddio yn bell iawn ac mae'n bosibl bod rhai o'r cleifion yn ansymudol iawn; ac, yn gyffredinol, mae bywyd fel claf neu aelod staff yn llawer mwy anodd o'r herwydd. Mae'r staff yn gyffredinol yn teimlo'n anfodlon wrth orfod ymdopi mewn llety anaddas, er bod barn o hyd a fynegir gan lawer o'r staff eu bod yn hoff iawn o wardiau Nightingale am eu bod yn gallu gweld pawb. Fodd bynnag, gallai'r cleifion fod â barn braidd yn wahanol.

[138] **Alison Halford:** The next question impinges upon the cost of meeting the

[138] **Alison Halford:** Mae'r cwestiwn nesaf yn cyffwrdd â chost cwrdd â gofynion Deddf

requirements of the Disability Discrimination Act 1995, which is tied up with improving the functional suitability. How well are trusts doing in assessing what structural changes are needed?

Gwahaniaethu ar sail Anabledd 1995, sydd ynghlwm wrth wella'r addasrwydd gweithrediadol. Pa mor dda y mae'r ymddiriedolaethau yn ei wneud wrth asesu pa newidiadau mewn adeiladwaith sydd eu hangen?

Ms Lloyd: Many of the trusts have been encouraged and have included representatives of the disabled community in reviewing with them the suitability of their accommodation for those who are disabled in a number of ways. Again, as part of the estate surveys that are coming back to us, the suitability of their accommodation, for a range of disabilities, is being highlighted. We will, again, discuss with them how they are going to take forward the implementation of that very important Act. Many of them have already done a great deal, as you will have noticed as you go around their accommodation. However, I think that, with every year that passes, we have a much more heightened awareness of the importance of taking into consideration a range of disabilities experienced by the people who are going to use the accommodation. So, to my knowledge, this again has gone up the agendas of chief executives quite considerably in the past five years.

Ms Lloyd: Mae llawer o'r ymddiriedolaethau wedi cael eu hanog ac wedi cynnwys cynrychiolwyr o'r gymuned anabl wrth adolygu gyda hwy addasrwydd eu llety ar gyfer y rhai sydd yn anabl mewn sawl ffordd. Unwaith eto, fel rhan o'r arolygon ystadau sydd yn dod yn ôl atom, tynnir sylw at addasrwydd eu llety, ar gyfer amryw o anableddau. Byddwn, unwaith eto, yn trafod gyda hwy sut y byddant yn mynd ymlaen â gweithredu'r Ddeddf bwysig iawn honno. Mae nifer mawr ohonynt wedi gwneud llawer iawn eisoes, fel y byddwch wedi sylwi wrth fynd o gwmpas eu hadeiladau. Fodd bynnag, credaf, gyda phob blwyddyn sydd yn mynd heibio, ein bod yn fwy ymwybodol o lawer mor bwysig yw cymryd i ystyriaeth amryw o anableddau a brofir gan bobl a fydd yn defnyddio'r adeiladau. Felly, yn ôl yr hyn a ddeallaf fi, mae hyn hefyd wedi codi'n eithaf uchel ar agendâu prif weithredwyr yn y pum mlynedd diwethaf.

[139] **Alison Halford:** This is my final question, which again is not on the crib sheet. I am sorry to keep on picking on ERIC, because, clearly, you are very, very interested and excited about ERIC. However, being cynical, I have not met one computer system that has made the staff savings and changes that have been required, including the one for air traffic over Heathrow and so on, which has increased costs considerably.

[139] **Alison Halford:** Dyma fy nghwestiwn olaf, ac nid yw hwn ar y ddalen gopi ychwaith. Mae'n ddrwg gennyf fy mod yn dal i bigo ar ERIC oherwydd, mae'n amlwg eich bod yn ymddiddori'n fawr iawn ac yn llawn cyffro ynghylch ERIC. Fodd bynnag, a bod yn sinigaidd, ni ddeuthum ar draws yr un system gyfrifiadur erioed a wnaeth yr arbedion staff a'r newidiadau a oedd yn ofynnol, gan gynnwys yr un ar gyfer traffig awyr dros Heathrow ac yn y blaen, sydd wedi cynyddu costau'n sylweddol.

Secondly, you have clearly thought about the issues of data protection and security of information?

Yn ail, a ydych wedi meddwl yn glir ynghylch y materion diogelu data a gwarchod gwybodaeth?

Mr Davies: Yes. Perhaps I should just add that ERIC has operated in England for a number of years. You are quite right about some of the teething problems that you can get with computer systems. We are very satisfied, having dealt with NHS Estates in England for some time on this, that those

Mr Davies: Ydym. Efallai y dylwn ychwanegu bod ERIC yn gweithredu yn Lloegr ers sawl blwyddyn. Yr ydych yn llygad eich lle ynghylch rhai o'r problemau cychwynnol y gallwch eu profi gyda systemau cyfrifiadur. Yr ydym yn fodlon iawn, ar ôl delio ag Ystadau GIG yn Lloegr

problems are ironed out. We will continue to monitor the situation with NHS Estates to ensure that we get a very smooth introduction of this service into Wales.

ers cryn amser ar hyn, fod y problemau hynny wedi eu datrys. Byddwn yn parhau i fonitro'r sefyllfa gydag Ystadau GIG i sicrhau y caiff y gwasanaeth hwn ei gyflwyno'n ddidrafferth iawn yng Nghymru.

The individual trusts will not require any additional information technology equipment to run this system. We previously provided personal computers in estates departments, under an initiative a number of years ago, to feed into Welsh Health Estates' intranet library service. This system can be accessed through those machines.

Ni fydd ar yr ymddiriedolaethau unigol angen unrhyw offer technoleg gwybodaeth ychwanegol i redeg y system hon. Darparasom gyfrifiaduron personol o'r blaen mewn adrannau ystadau, o dan un fenter nifer o flynyddoedd yn ôl, i borthi i wasanaeth llyfrgell mewnrwyd Ystadau Iechyd Cymru. Gellir cyrraedd y system hon drwy'r peiriannau hynny.

Ms Lloyd: Could I answer your last question about saving money from IT? As a principle, I have never believed that the introduction of IT by itself saves anything. However, the active use of the information that you acquire from it can allow you to make considerable changes to the way in which you use your assets and the way in which you deliver the service. That is where the value of IT comes along. You have a much better database, as you know, on which to take decisions.

Ms Lloyd: A gaf ateb eich cwestiwn diwethaf ynghylch arbed arian drwy dechnoleg gwybodaeth? Mewn egwyddor, nid wyf erioed wedi credu bod cyflwyno TG ohono'i hun yn arbed dim. Fodd bynnag, mae'r defnydd gweithredol o'r wybodaeth a gewch ohoni yn gallu caniatáu ichi wneud newidiadau sylweddol i'r modd yr ydych yn defnyddio'ch asedau a'r modd yr ydych yn cyflenwi'r gwasanaethau. Dyna lle y ceir gwerth o dechnoleg gwybodaeth. Mae gennych gronfa ddata well o lawer, fel y gwyddoch, i wneud penderfyniadau ar ei sail.

[140] **Alison Halford:** Finally, what does ERIC stand for? Erogenous ripe interactive communication or something similar?

[140] **Alison Halford:** Yn olaf, dros beth y mae ERIC yn sefyll? Cyfathrebu rhyngweithiol aeddfed erogenaidd neu rywbeth o'r fath?

Ms Lloyd: No, unfortunately not.

Ms Lloyd: Nage, gwaetha'r modd.

Mr Davies: We had anticipated that question, but we have all forgotten the answer. [*Laughter.*]

Mr Davies: Yr oeddem wedi disgwyl y cwestiwn hwnnw, ond yr ydym i gyd wedi anghofio'r ateb. [*Chwerthin.*]

[141] **Alison Halford:** Blame Alun for that question, not me.

[141] **Alison Halford:** Rhowch y bai ar Alun am y cwestiwn hwnnw, nid myfi.

Mr Davies: It stands for estates recording information collection system.

Mr Davies: Saif dros system casglu gwybodaeth cofnodi ystadau.

Ms Lloyd: So it should be ERICS.

Ms Lloyd: Felly dylai fod yn ERICS.

[142] **Alison Halford:** I will settle for that. Thank you very much, Chair.

[142] **Alison Halford:** Derbyniaf hynny. Diolch yn fawr i chi, Gadeirydd.

[143] **Janet Davies:** Val, you want to come back with a few questions?

[143] **Janet Davies:** Val, yr ydych am ddod yn ôl ag ychydig o gwestiynau?

[144] **Val Lloyd:** Yes. Thank you, Chair. My first question might have been touched on slightly by the Chair and by Alison, but this is perhaps a more direct—

[144] **Val Lloyd:** Ydwyf. Diolch, Gadeirydd. Mae'n bosibl bod y Cadeirydd ac Alison wedi braidd gyffwrdd â'm cwestiwn cyntaf, ond efallai fod hwn yn fwy uniongyrchol—

[145] **Alison Halford:** Sorry.

[145] **Alison Halford:** Mae'n ddrwg gennyf.

[146] **Val Lloyd:** There is no need to apologise. I am working from page 34 at the moment. If you take the information in paragraphs 3.35 and 3.36, you come to the conclusion that almost a quarter of the floor area within the surveyed properties was underused or empty. In terms of maintenance and heating costs, do you think that is good value for money?

[146] **Val Lloyd:** Nid oes angen ymddiheuro. Yr wyf yn gweithio oddi ar dudalen 34 ar hyn o bryd. Os cymerwch y wybodaeth ym mharagraffau 3.35 a 3.36, yr ydych yn dod i'r casgliad bod ymron i chwarter o'r arwynebedd llawr oddi mewn i'r adeiladau a arolygwyd wedi ei danddefnyddio neu'n wag. O ran costau cynnal a chadw a gwresogi, a ydych yn credu bod hynny'n werth da am arian?

Ms Lloyd: Well, it might be redundant. We have a number of notable examples in Wales where we have redundant property and parts of the accommodation where, certainly in mental health, alternative models of care have been delivered. It is difficult to take a top ward out of a three-storey building. So that is a dilemma for us and that is what we have to try to manage and move the strategies forward so that we concentrate in fewer buildings. However, some of them are quite difficult to get rid of and you just have to keep up minimum maintenance. One of the things about the disposal of the estate in Wales is that we must really reduce the amount of money that is spent in maintaining redundant or part-redundant estate to the absolute minimum so that we can invest that in improving the standard of the rest of the accommodation.

Ms Lloyd: Wel, gallai fod yn ddiangen. Mae gennym nifer o enghreifftiau nodedig yng Nghymru lle y mae gennym eiddo diangen a rhannau o'r llety, mewn iechyd meddwl yn sicr, lle y cyflwynwyd modelau gofal amgen. Mae'n anodd tynnu'r ward uchaf o adeilad trillawr. Felly mae hynny'n peri cyfyng-gyngor i ni a dyna pam yr ydym yn gorfod ymdopi â symud y strategaethau yn eu blaen fel ein bod yn ymganoli mewn llai o adeiladau. Fodd bynnag, mae'n eithaf anodd cael gwared â rhai ohonynt a rhaid ichi ddal i wneud y gwaith cynnal a chadw sylfaenol. Un o'r pethau am werthu'r ystâd yng Nghymru yw bod gwir angen inni leihau'r swm o arian a werir ar gynnal a chadw ystâd ddiangen neu rannol ddiangen i'r eithaf fel y gallwn fuddsoddi hynny mewn gwella safon gweddill yr adeiladau.

[147] **Val Lloyd:** Thank you very much. Figure 10 on page 22 tells me that all trusts are to have completed their space utilisation surveys by December 2001. What results do you have from that exercise?

[147] **Val Lloyd:** Diolch yn fawr. Yn ôl ffigur 10 ar dudalen 22 mae'r holl ymddiriedolaethau i fod i gwblhau eu harolygon defnyddio lle erbyn Rhagfyr 2001. Pa ganlyniadau a gawsoch o'r ymarfer hwnnw?

Mr Davies: This figure is in the estate strategies that were returned to us in December. As I said earlier, we have not been able to formally audit those in a complete way, simply because of the time since we received them. What I can say is that, on an initial inspection of those—particularly as I was obviously aware that it may come up as a question—there is

Mr Davies: Mae'r ffigur hwn yn y strategaethau ystâd a ddychwelwyd i ni yn Rhagfyr. Fel y dywedais yn gynharach, nid ydym wedi gallu eu hadolygu'n ffurfiol mewn modd cyflawn, dim ond oherwydd yr amser ers inni eu derbyn. Yr hyn y gallaf ei ddweud, ar sail archwiliad cychwynnol ohonynt—yn enwedig gan fy mod yn ymwybodol, wrth gwrs, y gallai godi fel

certainly a vast improvement in the number of trusts that have undertaken space utilisation surveys and indicated that in their estate strategies. A number of other trusts have not made specific reference to it in their estate strategies, but I cannot, at the moment, confirm whether they have undertaken space surveys and just simply not included it as part of the information that they have sent to us. I am certainly prepared to send a note to the Committee, if that would help, when we finish the analysis of the estate strategies.

cwestiwn—yw bod gwelliant aruthrol yn sicr yn nifer yr ymddiriedolaethau a wnaeth arolygon defnyddio lle ac a nododd hynny yn eu strategaethau ystâd. Mae nifer o ymddiriedolaethau eraill nad ydynt wedi cyfeirio'n benodol ato yn eu strategaethau ystâd, ond ni allaf, ar y funud, gadarnhau a ydynt wedi gwneud arolygon lle a heb ei gynnwys fel rhan o'r wybodaeth a anfonasant atom. Yr wyf yn sicr yn barod i anfon nodyn at y Pwyllgor, os byddai hynny o gymorth, wedi inni gwblhau'r dadansoddiad o'r strategaethau ystâd.

[148] **Janet Davies:** I hope that we will not be asking you for too many notes, but that would be helpful.

[148] **Janet Davies:** Gobeithiaf na fyddwn yn gofyn i chi am ormod o nodiadau, ond byddai hynny o gymorth.

Mr Davies: It is part of the work that we must undertake anyway, so I would be quite happy to do that.

Mr Davies: Mae'n rhan o'r gwaith y mae'n rhaid inni ei wneud beth bynnag, felly byddwn yn gwbl fodlon gwneud hynny.

[149] **Val Lloyd:** Is it redundant to ask again what will you do when you have analysed that information to ensure that trusts improve utilisation?

[149] **Val Lloyd:** Ai diangen yw gofyn eto beth fyddwch yn ei wneud ar ôl dadansoddi'r wybodaeth honno i sicrhau bod yr ymddiriedolaethau'n gwella defnyddiad?

Mr Davies: I think that we need to fully understand, as the director has indicated, precisely where this empty space is. Clearly, the majority of it is actually in redundant and surplus property around the NHS, not necessarily on independent sites—it is often integrated into other hospital sites, which gives us great difficulty in disposing of those sites. Nevertheless, we have to undertake that work to properly understand where the under-utilised space is, and then take appropriate action.

Mr Davies: Credaf fod angen inni lawn ddeall, fel y nododd y cyfarwyddwr, ym mhle yn union y mae'r lle gwag. Mae'n amlwg bod y rhan fwyaf ohono'n eiddo diangen a gormodol o gwmpas y GIG, nid o reidrwydd ar safleoedd annibynnol—fe'i hintegreiddir yn aml â safleoedd ysbyty eraill, sydd yn ei gwneud yn anodd iawn inni werthu'r safleoedd hynny. Er hynny, rhaid inni ymgymryd â'r gwaith hwnnw i ddeall yn iawn ym mhle y mae'r lle tanddefnyddiedig, ac wedyn cymryd camau priodol.

As a further point, we also have to balance that with the overcrowded areas in hospitals and, again, that has changed slightly from the information that the National Audit Office uncovered in its investigation. Our initial analysis of the estate strategies tends to indicate that the overcrowded element of the estate is far higher than the responses to the National Audit Office's questionnaire revealed. Unfortunately, it is not simple—obviously, given the very specific functions of different departments in hospitals—to simply shunt overcrowded departments into empty space. A lot of work needs to be undertaken in this area to get the best use of

Fel pwynt pellach, rhaid inni gydbwyso hynny hefyd â'r mannau gorlawn mewn ysbytai ac, unwaith eto, mae hynny wedi newid ychydig o'i gymharu â'r wybodaeth a ddatgelodd y Swyddfa Archwilio Genedlaethol yn ei hymchwiliad. Mae ein dadansoddiad cychwynnol o'r strategaethau ystâd yn tueddu i ddangos bod yr elfen orlawn o'r ystâd yn fwy o lawer nag y dangosodd yr ymatebion i holiadur y Swyddfa Archwilio Genedlaethol. Gwaetha'r modd, nid yw'n syml—mae'n amlwg, o ystyried swyddogaethau penodol iawn y gwahanol adrannau mewn ysbytai—symud adrannau gorlawn i leoedd gwag. Mae angen

space throughout all our estates.

gwneud llawer o waith yn y maes hwn i gael y defnydd gorau o le yn ein holl ystadau drwyddynt draw.

[150] **Val Lloyd:** You have partially answered my next question. What timescale do you envisage for this? It will result in potential savings, however you go about it.

[150] **Val Lloyd:** Yr ydych wedi ateb fy nghwestiwn nesaf yn rhannol. Pa amserlen a ragwelwch ar gyfer hyn? Bydd yn arwain at arbedion posibl, ym mha ffordd bynnag yr ydych yn mynd yn ei gylch.

Mr Davies: I think that we need to be careful with savings here. While you may—and hopefully we will be able to release revenue expenditure in terms of maintaining these buildings—in the NHS as in many other organisations that have a heavy bias on property, you then have to re-provide services if it shunts people out. Many of these buildings are under-used in terms of patients, but there are still patients there. I think that the examples given in the report itself illustrate that well—the example of the University Hospital of Wales and its development of an ambulatory care unit, which was an example of good space utilisation, and the maternity example from Withybush General Hospital. Both those actually needed an injection of capital to address the problem of space utilisation. So there is a revenue saving, but often there is a capital implication to deliver that revenue saving. I think that we just need to be aware of that.

Mr Davies: Credaf fod yn rhaid inni fod yn ofalus gydag arbedion yma. Er y gallech—ac yr wyf yn gobeithio y byddwn yn gallu rhyddhau gwariant refeniw o ran cynnal a chadw'r adeiladau hyn—yn y GIG fel mewn llawer o gyrff eraill sydd â gogwydd mawr at eiddo, rhaid ichi ailddarparu gwasanaethau wedyn os yw'n gwthio pobl allan. Mae llawer o'r adeiladau hyn wedi eu tanddefnyddio o ran cleifion, ond mae cleifion yn dal i fod yno. Credaf fod yr enghreifftiau a roddir yn yr adroddiad ei hun yn dangos hynny'n dda—yr enghraifft o Ysbyty Athrofaol Cymru a'i ddatblygiad o uned gofal cerdded, a oedd yn enghraifft o ddefnydd da o le, a'r enghraifft mewn mamolaeth yn Ysbyty Cyffredinol Llwynhelyg. Yr oedd angen chwistrelliad o gyfalaf ar y ddau hynny, mewn gwirionedd, i ymdrin â phroblem defnydd lle. Felly mae arbediad refeniw, ond yn aml mae goblygiad cyfalaf er mwyn cyflawni'r arbediad refeniw hwnnw. Credaf fod angen inni fod yn ymwybodol o hynny.

[151] **Val Lloyd:** Perhaps that capital outlay would have been made anyway, because, as Ms Lloyd has said, it is needed for an improvement in patient care.

[151] **Val Lloyd:** Efallai y byddai gwariant cyfalaf wedi digwydd beth bynnag, oherwydd, fel y dywedodd Ms Lloyd, mae ei angen ar gyfer gwelliant mewn gofal am gleifion.

Mr Davies: Absolutely. It is clearly important to integrate these two aspects to maximise the efficiency of the use of money.

Mr Davies: Yn hollol. Mae'n amlwg yn bwysig integreiddio'r ddwy agwedd hyn er mwyn mwyhau effeithlondeb defnydd arian.

[152] **Val Lloyd:** Perhaps the view will change, because there is still a lot of floor space which has not been surveyed, as we heard earlier. So that may change your view later on.

[152] **Val Lloyd:** Efallai y bydd y farn yn newid, oherwydd mae llawer iawn o arwynebedd llawr o hyd sydd heb ei arolygu, fel y clywsom yn gynharach. Felly gallai hynny newid eich barn yn ddiweddarach.

Mr Davies: Yes. Again, I must say that the initial indications, which we have managed to glean from our analysis of the estate strategies, is that the under-used and empty

Mr Davies: Gallai. Unwaith eto, rhaid imi ddweud mai'r arwyddion cyntaf, yr ydym wedi llwyddo i'w casglu o'n dadansoddiad o'r strategaethau ystâd, yw bod yr eiddo

property is actually somewhat less than was reported to the National Audit Office via that questionnaire. That could well be because they have now surveyed their other properties and the proportions have not stayed the same. However, I am afraid that I cannot give any further details on that at the moment.

tanddefnyddiedig a gwag yn rhywfaint yn llai na'r hyn a adroddwyd i'r Swyddfa Archwilio Genedlaethol drwy'r holiadur hwnnw. Mae'n ddigon posibl mai'r rheswm am hynny yw eu bod bellach wedi arolygu eu hadeiladau eraill ac nid yw'r cyfrannau wedi aros yr un fath. Fodd bynnag, mae arnaf ofn na allaf roi unrhyw fanylion pellach ar hynny ar hyn o bryd.

[153] **Val Lloyd:** My final question is: do you see any scope for introducing incentive arrangements to encourage trusts to make financial savings by improving their space utilisation and then to plough those back into improving the maintenance of existing sites?

[153] **Val Lloyd:** Fy nghwestiwn olaf yw: a ydych yn rhagweld y bydd unrhyw gyfle i gyflwyno trefniadau anogaeth i gymell ymddiriedolaethau i wneud arbedion ariannol drwy wella eu defnydd o le ac wedyn ailfuddsoddi'r rheini i wella gwaith cynnal a chadw'r safleoedd presennol?

Mr Davies: There is a natural incentive built in, of course, because if you can make savings in that area, you can use that money at a trust level to reinvest. If you go on to the disposal aspects, which I think will be the subject of a forthcoming National Audit Office report, there has also been a new incentive arrangement built into the disposal of surplus estate as well, that will ensure that trusts get more financial benefit from the disposal of properties than they presently get under the existing system. However, I think that the disposal aspects are actually part of a second report. So, yes, there is an incentive and it is part of the efficient management of the estate. It is the job of the NHS to do this. That is what we are about and what chief executives are about. Through the performance management regime that the director oversees, I would expect that to come through very strongly.

Mr Davies: Mae anogaeth naturiol annatod, wrth gwrs, oherwydd os gallwch wneud arbedion yn y maes hwnnw, gallwch ddefnyddio'r arian hwnnw ar lefel yr ymddiriedolaeth i ailfuddsoddi. Os ewch ymlaen at yr agweddau gwerthu, y tybiaf y byddant yn destun adroddiad gan y Swyddfa Archwilio Genedlaethol sydd ar ddod, mae trefniant anogaeth newydd wedi ei gynnwys hefyd mewn gwerthu ystâd ormodol hefyd, a fydd yn sicrhau bod ymddiriedolaethau'n cael mwy o fudd ariannol o werthu eiddo nag y maent ar hyn o bryd o dan y system bresennol. Fodd bynnag, credaf fod yr agweddau gwerthu yn rhan o ail adroddiad, mewn gwirionedd. Felly, oes, mae anogaeth ac mae'n rhan o reolaeth effeithlon yr ystâd. Gwaith y GIG yw gwneud hyn. Dyna ein pwrpas a dyna bwrpas prif weithredwyr. Drwy'r gyfundrefn rheoli perfformiad a oruchwylir gan y cyfarwyddwr, byddwn yn disgwyl i hynny ddod drwodd yn gryf iawn.

[154] **Val Lloyd:** Thank you very much. Thank you, Chair.

[154] **Val Lloyd:** Diolch yn fawr i chi. Diolch, Gadeirydd.

[155] **Janet Davies:** Eleanor, do you want to come in on this very quickly?

[155] **Janet Davies:** Eleanor, a ydych yn dymuno dod i mewn ar hyn yn gyflym iawn?

[156] **Eleanor Burnham:** Yes. Thank you. I was just thinking about what you were saying about space utilisation and disposal of property and so on. That can often be a very emotional and emotive topic in certain local communities, particularly where you have a long-standing institution that perhaps has to be closed and patients and staff have to be

[156] **Eleanor Burnham:** Ydwyf. Diolch. Nid oeddwn ond yn meddwl am yr hyn yr oeddech yn ei ddweud am y defnydd o le a gwerthu eiddo ac yn y blaen. Gall hynny fod yn bwnc emosiynol a chynyrfiadol iawn mewn rhai cymunedau lleol, yn enwedig lle y mae gennych sefydliad hir-sefydlog y mae'n rhaid ei gau efallai a'r cleifion a'r staff yn

relocated. I was just thinking about Penley hospital in my constituency and Trevalyn in Rossett. There are huge issues really, are there not? What are your main considerations, because it is obviously a balancing act in terms of getting the best efficiency? What have you got to say about that?

gorfod cael eu hail-leoli. Nid oeddwn ond yn meddwl am ysbyty Penley yn fy etholaeth i ac ysbyty Trefalyn yn yr Orsedd. Maent yn faterion aruthrol mewn gwirionedd, onid ydynt? Beth yw'ch prif ystyriaethau, oherwydd mae'n amlwg yn anodd cadw'r ddysgl yn wastad o ran sicrhau'r effeithlonrwydd gorau? Beth sydd gennych i'w ddweud am hynny?

Ms Lloyd: You have hit a particular problem that we encounter in Wales, in that there is so much local ownership of a hospital building and what it stands for and the service it has provided. I think that we just have to look at it in an entirely realistic way, bearing in mind the local sensitivities. We have to make sure, in terms of delivering high-quality patient care, that we deliver it in the best way possible, in the best accommodation possible. Hard decisions sometimes have to be taken about removing well-loved, been-there-for-ages hospitals in order to provide an improved quality of service to patients, bearing in mind access issues for visitors and all the rest of the really important things that one has to take into consideration, knowing the results of consultation on closures and redistribution of services and the re-establishing of a service in various places. So I think that one has to adjudge the options in an entirely objective way, knowing what the local sensitivities will be and always making your decisions or your recommendations to Ministers on the basis of what the options will actually do to improve the quality of patient care.

Ms Lloyd: Yr ydych wedi taro ar broblem benodol yr ydym yn dod ar ei thraws yng Nghymru, i'r graddau bod cymaint o berchnogaeth leol ar adeilad ysbyty a'r hyn y mae'n sefyll drosto a'r gwasanaeth a ddarparodd. Credaf fod yn rhaid inni edrych arni'n gwbl realistig, gan gofio'r teimladau lleol. Rhaid inni sicrhau, o ran cyflenwi gofal cleifion o ansawdd uchel, ein bod yn ei gyflenwi yn y modd gorau posibl, yn yr adeiladau gorau posibl. Rhaid gwneud penderfyniadau anodd weithiau ynghylch dileu ysbytai annwyl, hir-sefydlog er mwyn darparu gwasanaeth o ansawdd gwell i gleifion, gan gofio materion mynediad ar gyfer ymwelwyr a gweddill y pethau gwironeddol bwysig y mae'n rhaid i rywun eu hystyried, o wybod canlyniadau ymgynghori ar gau ac ailddosbarthu gwasanaethau ac ailsefydlu gwasanaeth mewn gwahanol leoedd. Felly credaf fod yn rhaid i rywun ddyfarnu ynghylch y dewisiadau yn gwbl wrthrychol, gan wybod beth fydd y teimladau lleol a gwneud eich penderfyniadau neu roi'ch argymhellion i Weinidogion bob amser ar sail yr hyn y bydd y dewisiadau yn ei wneud mewn gwirionedd i wella ansawdd gofal am gleifion.

[157] **Eleanor Burnham:** Thank you very much, Chair.

[157] **Eleanor Burnham:** Diolch yn fawr i chi, Gadeirydd.

[158] **Janet Davies:** Brian, do you want to come in on this?

[158] **Janet Davies:** Brian, a ydych yn dymuno dod i mewn ar hyn?

[159] **Brian Hancock:** Thank you, Chair. You mentioned chief executives; we have mentioned them quite a lot this afternoon. I was wondering, are you expecting a huge surplus of chief executives leaving post, not just because of re-organisation, but because of—I have started to make a list in front of me—their responsibilities: clinical, patients, staff, money and revenue, waiting lists, quality, quantity, health and safety, estate

[159] **Brian Hancock:** Diolch, Gadeirydd. Soniasoch am brif weithredwyr; yr ydym wedi sôn amdanynt yn eithaf aml y prynhawn yma. Yr oeddwn yn meddwl tybed a ydych yn disgwyl y bydd nifer mawr o brif weithredwyr dros ben sydd yn gadael eu swyddi, nid yn unig oherwydd ad-drefnu, ond oherwydd—yr wyf wedi dechrau gwneud rhestr o'm blaen—eu cyfrifoldebau: clinigol, cleifion, staff, arian a refeniw, rhestrau aros,

management and visitors? That is without even thinking about it. I wonder whether—chief executives have to sign for it, so do you expect many chief executives to resign?

ansawdd, maint, iechyd a diogelwch, rheoli ystâd ac ymwelwyr? Mae cymaint â hynny heb feddwl amdano hyd yn oed. Yr wyf yn meddwl tybed—rhaid i brif weithredwyr ei lofnodi, felly a ydych yn disgwyl i sawl prif weithredwr ymddiswyddo?

Ms Lloyd: This is the joy of being a chief executive. It is a highly rewarding, very stressful job and they read the requirements for their posts before they apply for them and they accept their posts knowing what they are responsible for. I think that it is a wonderful job.

Ms Lloyd: Dyma'r pleser o fod yn brif weithredwr. Mae'n swydd fuddiol iawn, lawn straen ac maent yn darllen y gofynion ar gyfer eu swyddi cyn iddynt ymgeisio amdanynt ac maent yn derbyn eu swyddi gan wybod am beth y maent yn gyfrifol. Credaf ei bod yn swydd fendigedig.

[160] **Brian Hancock:** There speaks an ex-chief executive.

[160] **Brian Hancock:** Dyna lais cyn-brif weithredwr.

Ms Lloyd: Well, mine was, very much so.

Ms Lloyd: Wel, yr oedd fy swydd i, i raddau helaeth.

[161] **Janet Davies:** I did say earlier that we would come back at the end of this evidence session to the energy performance. You will be pleased to know that we have got to that point now. Alun, did you want to raise some questions about energy performance?

[161] **Janet Davies:** Dywedais yn gynharach y byddem yn dod yn ôl ar ddiwedd y sesiwn dystiolaeth at y perfformiad ynni. Byddwch yn falch o wybod ein bod wedi cyrraedd yr adeg honno'n awr. Alun, a oeddech yn dymuno codi rhai cwestiynau ynghylch perfformiad ynni?

[162] **Alun Cairns:** Yes. Thank you, Cadeirydd. We focused very briefly earlier on the 1990-91 target that was set to reduce energy consumption by 20 per cent. Only an 8.7 per cent reduction was achieved. You said earlier that the energy target had not been met partly due to the reduction in the capital budget. The Auditor General's report tells us that not achieving that goal has cost us an additional £12 million in revenue. How much extra capital expenditure would have been necessary in order to achieve the 20 per cent reduction?

[162] **Alun Cairns:** Oeddwn. Diolch, Gadeirydd. Bu inni ganolbwyntio yn fyr iawn yn gynharach ar darged 1990-91 a oedd wedi ei osod i leihau defnydd ynni o 20 y cant. Dim ond gostyngiad o 8.7 y cant a sicrhawyd. Dywedasoch yn gynharach na chyrhaeddwyd y targed ynni yn rhannol oherwydd y gostyngiad yn y gyllideb gyfalaf. Dywed adroddiad yr Archwilydd Cyffredinol wrthym fod peidio â chyrraedd y nod honno wedi costio £12 miliwn ychwanegol i ni mewn refeniw. Faint o wariant cyfalaf ychwanegol a fuasai'n angenrheidiol i sicrhau'r gostyngiad o 20 y cant?

Mr Davies: I cannot answer that question—

Mr Davies: Ni allaf ateb y cwestiwn hwnnw—

[163] **Alun Cairns:** Let me come back before you give the full answer. Is it more or less than £12 million?

[163] **Alun Cairns:** Gadewch imi ddod yn ôl cyn ichi roi'r ateb llawn. A yw'n fwy neu'n llai na £12 miliwn?

[164] **Alison Halford:** Give us a note on it.

[164] **Alison Halford:** Rhowch nodyn i ni ar hynny.

Mr Davies: I will certainly give you a note

Mr Davies: Rhoddaf nodyn i chi ar hynny,

on that. What you have to remember here is that the energy savings are recurrent. So you will be saving, as the National Audit Office has mentioned, £200,000 to £300,000 per annum. Your capital would be a one-off. It is almost certain, in my experience, that it would cost more than £12 million to release that, but, of course, it is a release forever more. So you have to factor that in over the life cycle of the building, because you would be saving that amount of energy until you cease to operate from that building. So it is about a value for money calculation on discounted cash-flow really, linked to life-cycle costs.

yn sicr. Yr hyn y mae'n rhaid ichi ei gofio yma yw bod yr arbedion ynni yn rheolaidd. Felly byddwch yn arbed, fel y soniodd y Swyddfa Archwilio Genedlaethol, £200,000 i £300,000 y flwyddyn. Byddai'r cyfalaf yn wariant unigryw. Mae bron yn sicr, yn fy mhrofiad i, y byddai'n costio mwy na £12 miliwn i ryddhau hynny, ond, wrth gwrs, mae'n rhyddhad am byth. Felly rhaid ichi gynnwys hynny fel ffactor dros gylch oes yr adeilad, oherwydd byddech yn arbed y swm hwnnw o ynni hyd nes y byddwch yn peidio â gweithredu yn yr adeilad hwnnw. Felly mae'n ymwneud â chyfrifiad ariannol ar lif arian disgowntiedig mewn gwirionedd, yn gysylltiedig â chostau cylch oes.

I think that the other point with this, of course, is that what we are actually talking about here is a reduction in primary energy, and the reason why it is a primary energy reduction is because that is an environmental concern. What we are trying to get at here is not just a cost saving, but a reduction in carbon dioxide emissions and the consequent effects on the build-up of greenhouse gases. So this particular exercise goes beyond a cost exercise. Interestingly enough, there have been energy efficiency savings within trusts over the same period, but energy efficiency is a performance indicator based, in the NHS, on gigajoules per 100 cubic metres. The primary energy consumption is an absolute figure. So if you reduce the size of your estate, the individual components of your estate may be using energy on exactly the same basis as the whole estate did, but you would have achieved a primary energy reduction.

Credaf mai'r pwynt arall sydd ynghlwm wrth hynny, wrth gwrs, yw ein bod yn sôn yma mewn gwirionedd am ostyngiad mewn ynni cynradd, a'r rheswm pam y mae'n ostyngiad ynni cynradd yw bod hynny'n ystyriaeth amgylcheddol. Yr hyn yr ydym yn ceisio ei gael yma yw nid arbediad costau yn unig, ond gostyngiad mewn gollyngiadau carbon deuocsid a'r effeithiau canlynol ar y croniad o nwyon tŷ gwydr. Felly mae'r ymarfer arbennig hwn yn mynd ymhellach nag ymarfer costau. Mae'n ddiddorol nodi bod arbedion effeithlonrwydd ynni wedi bod oddi mewn i'r ymddiriedolaethau dros yr un cyfnod, ond mae effeithlonrwydd ynni yn ddangosydd perfformiad sydd yn seiliedig, yn y GIG, ar gigajoules y 100 medr ciwbig. Mae'r defnydd o ynni cynradd yn ffigur absoliwt. Felly os ydych yn lleihau maint eich ystâd, gallai elfennau unigol eich ystâd ddefnyddio ynni ar yr un sail yn union ag yr oedd yr ystâd gyfan, ond byddech wedi sicrhau gostyngiad mewn ynni cynradd.

One of the most successful ways to achieve primary energy reduction is through the introduction of combined heat and power systems into the NHS, which brings the electricity component used in hospitals onto site directly rather than going via power stations with their inherent inefficiencies, both in heat loss and distribution losses through the network. CHP has been very successful in the NHS. I think that, if you were looking at it—we have done some work on this in Welsh Health Estates—you would probably look to the volume of the estate we have as being the primary factor to address if

Un o'r dulliau mwyaf llwyddiannus o sicrhau gostyngiad mewn ynni cynradd yw cyflwyno systemau gwres a phŵer cyfunol yn y GIG, sydd yn dod â'r elfen trydan a ddefnyddir mewn ysbytai i'r safle yn uniongyrchol yn hytrach na mynd drwy orsafoedd trydan gyda'u haneffeithlonrwydd cynhenid, o ran colli gwres a cholledion dosbarthu drwy'r rhwydwaith. Bu gwres a phŵer cyfunol yn llwyddiannus dros ben yn y GIG. Credaf, os oeddech yn edrych arno—gwnaethom rywfaint o waith ar hyn yn Ystadau Iechyd Cymru—y byddech yn ôl pob tebyg yn ystyried ymdrin â maint yr ystâd sydd

you want to reduce primary energy. If you have a very large estate, it all needs energy. If you reduce the size of your estate, it automatically reduces primary energy. Outside that, as I mentioned, there is CHP, and a shift to less destructive fuels, which would generally mean a move from oil and coal to gas. In fact, Wales is probably a little ahead of the UK here insofar as we moved to those particular fuel sources prior to the introduction of this target. So if you had a target for 20 years, you would actually see quite a significant reduction in the first 10 years, as we shifted to gas as a primary fuel for heating and base load.

gennym fel y prif ffactor os oeddech yn dymuno lleihau ynni cynradd. Os oes gennych ystâd fawr iawn, mae angen ynni ar y cwbl ohoni. Os ydych yn lleihau maint eich ystâd, mae'n lleihau ynni cynradd yn awtomatig. Y tu allan i hynny, fel y crybwyllais, y mae gwres a phŵer cyfunol, a symudiad at danwyddau llai dinistriol, a fyddai'n golygu yn gyffredinol symud oddi wrth olew a glo at nwy. Mewn gwirionedd, mae Cymru ychydig ar y blaen i'r DU yn hyn o beth gan inni symud at y ffynonellau ynni arbennig hynny cyn cyflwyno'r targed hwn. Felly, pe byddai gennych darged ar gyfer 20 mlynedd, byddech yn gweld gostyngiad eithaf sylweddol yn y 10 mlynedd cyntaf, wrth inni symud at nwy fel tanwydd cynradd ar gyfer gwresogi a'r llwyth sylfaenol.

[165] **Alun Cairns:** In the first part of your answer you said that it was probably more than £12 million. I am not sure whether you intend to give us a note on that; I am not sure whether we have asked for one. I am conscious that the Chair does not want to place time pressure on you.

[165] **Alun Cairns:** Yn y rhan gyntaf o'ch ateb dywedasoch ei bod yn fwy na £12 miliwn yn ôl pob tebyg. Nid wyf yn sicr a ydych yn bwriadu rhoi nodyn i ni ar hynny; nid wyf yn sicr a ydym wedi gofyn am un. Yr wyf yn ymwybodol nad yw'r Cadeirydd yn dymuno rhoi pwysau amser arnoch.

Mr Davies: We can certainly give you some examples of that.

Mr Davies: Gallwn roi rhai enghreifftiau i chi o hynny, yn sicr.

[166] **Alun Cairns:** In your assumption, have you factored in, or will you be factoring in a note—if you are requested to provide a note—the effect of the climate change levy?

[166] **Alun Cairns:** Yn eich tŷb chi, a ydych wedi cynnwys fel ffactor, neu a fyddwch yn cynnwys fel ffactor yn y nodyn—os gofynnir ichi ddarparu nodyn—effaith y dreth newid hinsawdd?

Mr Davies: Yes, we will. Of course, the climate change levy in itself does not reduce primary energy, but—

Mr Davies: Byddwn. Wrth gwrs, nid yw'r dreth newid hinsawdd yn lleihau ynni cynradd ohoni ei hun, ond—

[167] **Alun Cairns:** No, but I am talking about the cost saving.

[167] **Alun Cairns:** Nac ydyw, ond yr wyf yn sôn am arbed costau.

Mr Davies: The cost saving, yes, certainly. I will certainly factor that into the note.

Mr Davies: Arbed costau, ie, yn sicr. Byddaf yn sicr o gynnwys hynny fel ffactor yn y nodyn.

[168] **Alun Cairns:** Thanks. This is my final question. Twenty per cent of the estate has not incorporated any energy conservation measures of any kind. It seems a relatively simple procedure: it is either housekeeping or capital investment. What support will you give to improve the overall energy efficiency, as well as targeting that 20 per cent that has

[168] **Alun Cairns:** Diolch. Hwn yw fy nghwestiwn olaf. Nid yw 20 y cant o'r ystâd wedi cynnwys unrhyw fesurau cadwraeth ynni o unrhyw fath. Mae'n ymddangos yn weithdrefn gymharol syml: un ai y mae'n gadw tŷ neu'n fuddsoddiad cyfalaf. Pa gymorth a roddwch i wella'r effeithlonrwydd ynni cyffredinol, yn ogystal â thargedu'r 20 y

not incorporated any measures at the moment?

cant hwnnw nad yw'n cynnwys unrhyw fesurau ar hyn o bryd?

Mr Davies: Perhaps I can just give a very specific example where Welsh Health Estates is involved in this. We are currently working very closely with Gwent Healthcare NHS Trust to try to determine, through energy audits of all its premises, the scope that there is in that trust to reduce its energy consumption. Along with that, there will be housekeeping measures. In fact, as you probably know, housekeeping measures play a very large part in energy conservation. We have entered into quite detailed discussions with Gwent and I think, from a trust perspective, you must balance that against the increasing demands for energy at a trust. I am talking here about the increased activity that we now expect from our hospitals: the increased hours that hospitals will work and also the increased use of information technology, for example. Fifteen years ago there were not that many PCs in trusts. You would be lucky now to go to a hospital where everyone does not have a PC. That is what we are doing as an organisation. Perhaps John or the director would like to pick up on some policy issues.

Mr Davies: Efallai y caf roi un enghraifft benodol iawn lle y mae Ystadau Iechyd Cymru yn ymwneud â hyn. Ar hyn o bryd, yr ydym yn gweithio'n agos iawn gydag Ymddiriedolaeth GIG Gofal Iechyd Gwent i geisio canfod, drwy archwiliadau ynni yn ei holl adeiladau, y cyfle sydd yn yr ymddiriedolaeth honno i leihau ei defnydd o ynni. Ochr yn ochr â hynny, bydd mesurau cadw tŷ. A dweud y gwir, fel y gwyddoch yn ôl pob tebyg, mae mesurau cadw tŷ yn chwarae rhan fawr mewn cadwraeth ynni. Yr ydym wedi dechrau trafodaethau eithaf manwl gyda Gwent a chredaf, o safbwynt yr ymddiriedolaeth, fod yn rhaid ichi bwyso a mesur hynny yn erbyn y galwadau cynyddol am ynni mewn ymddiriedolaeth. Yr wyf yn sôn yma am y gweithgaredd cynyddol yr ydym yn ei ddisgwyl yn awr gan ein hysbytai: yr oriau cynyddol y bydd ysbytai yn eu gweithio a hefyd y defnydd cynyddol o dechnoleg gwybodaeth, er enghraifft. Bymtheg mlynedd yn ôl nid oedd llawer o gyfrifiaduron personol mewn ymddiriedolaethau. Byddech yn ffodus yn awr o fynd i ysbyty lle nad oes cyfrifiadur personol gan bawb. Dyna'r hyn yr ydym yn ei wneud fel corff. Efallai yr hoffai John neu'r cyfarwyddwr ddilyn rhai o'r materion polisi.

Ms Lloyd: It is very much about undertaking the energy audits with them and then deciding what the programme is going to be to improve their performance, bearing in mind that some of the estate is not in a good state. It is quite difficult to reduce energy consumption in some of the areas.

Ms Lloyd: Mae'n ymwneud i raddau helaeth iawn â chynnal archwiliadau ynni gyda hwy ac wedyn penderfynu beth fydd y rhaglen i wella eu perfformiad, gan gofio nad yw rhywfaint o'r ystâd mewn cyflwr da. Mae'n eithaf anodd lleihau'r defnydd o ynni mewn rhai ardaloedd.

[169] **Alun Cairns:** My final question, Cadeirydd, with your permission. Bearing in mind that we did not come anywhere near the 20 per cent reduction target that was set in 1990-91, there is a new target in place of a 15 per cent reduction which was set in April 2000, and which is currently being reviewed. Is that 15 per cent target realistic, and do you expect to achieve it?

[169] **Alun Cairns:** Fy nghwestiwn olaf, Gadeirydd, gyda'ch caniatâd. Gan gofio na ddaethom yn agos o gwbl at y targed o ostyngiad o 20 y cant a osodwyd yn 1990-91, mae targed newydd wedi ei osod o 15 y cant o ostyngiad a osodwyd yn Ebrill 2000, ac sydd yn cael ei adolygu ar hyn o bryd. A yw'r targed hwnnw o 15 y cant yn realistig, ac a ydych yn disgwyl ei gyrraedd??

Ms Lloyd: Yes, we do expect to achieve it. If we got rid of the redundant properties alone we would go up to about 14 per cent.

Ms Lloyd: Ydym, yr ydym yn disgwyl ei gyrraedd. Pe baem yn cael gwared â'r adeiladau diangen yn unig, byddem wedi

codi i tua 14 y cant.

[170] **Alun Cairns:** So it is not stretching enough, then?

[170] **Alun Cairns:** Felly nid yw'n ddigon ymestynnol?

Ms Lloyd: Well, we will see where we get to.

Ms Lloyd: Wel, cawn weld i ba le y byddwn wedi cyrraedd.

[171] **Brian Hancock:** You were talking about gigajoules per 100 cubic metres and then you talked about the expectation of our hospitals to be open and more accessible and running longer hours. Therefore you might want to think in terms, as other people do, of kilowatt hours per 100 cubic metres because that would then give you a feel for your time allowances.

[171] **Brian Hancock:** Yr oeddech yn sôn am gigajoules fesul 100 medr ciwbig ac yn sôn wedyn am y disgwyliad i'n hysbytai fod yn agored ac yn fwy hygyrch ac yn rhedeg am oriau hwy. Felly gallech ddymuno meddwl, fel y mae pobl eraill, yn nhermau oriau kilowat y 100 medr ciwbig oherwydd byddai hynny wedyn yn rhoi ymdeimlad i chi o'ch lwfansau amser.

The other thing is: you were talking about discounted cash-flow, life-cycle costs and such things. Do you have any standard in the NHS for the return on investment to ensure that you have a set limit whereby your capital investments are actually repaid by the savings you make on an annual basis?

Y peth arall yw: yr oeddech yn sôn am lif arian disgowntiedig, costau cylch oes a phethau o'r fath. A oes gennych unrhyw safon yn y GIG ar gyfer elw ar fuddsoddiad i sicrhau eich bod wedi pennu terfyn fel bod eich buddsoddiadau cyfalaf yn cael eu had-dalu drwy'r arbedion a wnewch yn flynyddol?

Mr Davies: Clearly all trusts would wish to demonstrate value for money in terms of their calculations. If you are asking whether there is a five-year period, so that if it is within a five-year period you would do the work, and that if it was longer than that you would not—that is not a requirement of the NHS.

Mr Davies: Mae'n amlwg y byddai'r holl ymddiriedolaethau'n dymuno profi gwerth am arian o ran eu cyfrifon. Os ydych yn gofyn a oes cyfnod pum mlynedd, fel y byddech yn gwneud y gwaith os ydyw o fewn cyfnod pum mlynedd, ac yn peidio â'i wneud os oedd yn hwy na hynny—nid yw hynny'n ofynnol i'r GIG.

[172] **Brian Hancock:** Are you considering that?

[172] **Brian Hancock:** A ydych yn ystyried hynny?

Mr Davies: I have to say that it is not part of the considerations that Welsh Health Estates is involved with. It really comes back down back to the individual case: can you demonstrate value for money, given the particular circumstances of your trust? Clearly, if you go for a decentralised boiler plant on a particular trust, where there is a payback of three years, and you intend to occupy that site for 10 years, it would be a very good investment. If you intend to move away from that site within four years, you would have to think very carefully about it, as well as balancing the pressures of other things that happen in hospitals, and the demands for cash for other activities in the

Mr Davies: Rhaid imi ddweud nad yw'n rhan o'r ystyriaethau y mae Ystadau Iechyd Cymru yn ymwneud â hwy. Mewn gwirionedd mae'n dod yn ôl at yr achos unigol: a allwch brofi gwerth am arian, o dderbyn amgylchiadau penodol eich ymddiriedolaeth? Wrth gwrs, os penderfynwch ar foelerdy datganoledig mewn ymddiriedolaeth arbennig, lle y mae ad-daliad o dair blynedd, a chithau'n bwriadu defnyddio'r safle hwnnw am 10 mlynedd, byddai'n fuddsoddiad da iawn. Os bwriadwch adael y safle hwnnw o fewn pedair blynedd, byddai'n rhaid ichi feddwl yn ofalus iawn amdano, yn ogystal â phwyso a mesur pwysau'r pethau eraill sydd yn

NHS.

digwydd mewn ysbytai, a'r galwadau am arian ar gyfer gweithgareddau eraill yn y GIG.

[173] **Brian Hancock:** Like putting new windows in a grade C property.

[173] **Brian Hancock:** Fel gosod ffenestri newydd mewn adeilad gradd C.

Mr Davies: Absolutely.

Mr Davies: Yn hollol.

[174] **Brian Hancock:** And then whether or not you are talking about double glazing or triple glazing, or whatever.

[174] **Brian Hancock:** Ac wedyn a ydych yn ystyried gwydrau dwbl neu wydrau triphlyg, neu beth bynnag.

Mr Davies: Yes.

Mr Davies: Ie.

[175] **Brian Hancock:** Thank you. Thank you, Chair.

[175] **Brian Hancock:** Diolch. Diolch, Gadeirydd.

[176] **Janet Davies:** Thank you very much. We have now come to the end of the evidence session. I would like to thank all the witnesses for their very full and helpful answers. As you know, a draft transcript of what has been said will be sent to you so that you can check it for factual accuracy. It will then be a part of the minutes. When the Committee publishes its report, the transcript will be included as an annex, so it is important that you are happy with its factual accuracy. Thank you.

[176] **Janet Davies:** Diolch yn fawr. Yr ydym wedi dod i ddiwedd y sesiwn dystiolaeth yn awr. Hoffwn ddiolch i'r holl dystion am eu hatebion llawn a buddiol iawn. Fel y gwyddoch, anfonir trawsgrifiad drafft o'r hyn a ddywedwyd atoch fel y gallwch wirio ei fod yn ffeithiol gywir. Wedyn bydd yn rhan o'r cofnodion. Pan fydd y Pwyllgor yn cyhoeddi ei adroddiad, bydd y trawsgrifiad wedi ei gynnwys fel atodiad, felly mae'n bwysig eich bod yn fodlon ar ei gywirdeb ffeithiol. Diolch.

Daeth y sesiwn gymryd tystiolaeth i ben am 4.41 p.m.
The evidence-taking session ended at 4.41 p.m.